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: UM Upper Chesapeake Health	◉	○	
Your hospital's ID is: Harford - 210006, Upper Chesapeake - 210049	◉	○	
Your hospital is part of the hospital system called University of Maryland Medical System.	◉	○	

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.

Quantitative Data - A Statistical Secondary Data Profile depicting population and household statistics, education, and economic measures, morbidity rates, incident rates, and other health statistics for the Harford County community was compiled by the Harford County Health Department and reported through the Local Health Improvement Coalition Annual Meeting held on 10/20/2020. Harford County Community Health Survey: An online Community Survey of Harford County residents was conducted between October 2017 and February 2018. The survey was designed to assess health status, health risk and behaviors, preventative health practices, and health care access primarily related to chronic disease and injury. A total of 1,741 resident surveys were completed, representing the geographical, gender, and ethnic diversity of the community.

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

CBR Report supp docs.pdf
5.6MB
application/pdf

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

- [ ] Caroline County
- [ ] Carroll County
- [x] Cecil County
- [ ] Howard County
- [ ] Kent County
- [ ] Montgomery County
- [ ] Washington County
- [ ] Wicomico County
- [ ] Worcester County

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

This question was not displayed to the respondent.

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

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.

- [ ] 21901
- [ ] 21902
- [x] 21903
- [x] 21904
- [ ] 21911
- [ ] 21912
- [ ] 21913
- [ ] 21914
- [ ] 21915
- [ ] 21916
- [ ] 21917
- [ ] 21918
- [ ] 21919
- [ ] 21920
- [ ] 21921
- [ ] 21922
- [ ] 21930

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.

- [x] 21001
- [x] 21005
- [x] 21028
- [x] 21034
- [x] 21085
- [x] 21087

- [x] 21009
- [x] 21010
- [x] 21013
- [x] 21014
- [x] 21015
- [x] 21017
- [x] 21018
- [x] 21040
- [x] 21047
- [x] 21050
- [x] 21078
- [ ] 21082
- [x] 21084
- [x] 21111
- [x] 21130
- [x] 21132
- [x] 21154
- [x] 21160
- [x] 21161

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.

This question was not displayed to the respondent.

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.

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

- [ ]

Based on patterns of utilization. Please describe.

- [ ] Other. Please describe.

UM Upper Chesapeake Health functions as one organization with 2 hospitals located in and serving all of Harford County. Each of the two facilities offers certain services solely at that institution. Harford County residents, no matter their zip code, requiring a specific service must receive that specific service at the facility that offers that service, e.g. cancer services at the Kaufman Cancer Center at Upper Chesapeake Medical Center in Bel Air or behavioral health services at Harford Memorial Hospital in Havre de Grace. As a result of how services are provided between the two facilities, the CHNA was completed as a joint document for the two facilities.

The Harford County CHNA includes all 21 Harford County zip codes. This includes the zip codes where our most vulnerable populations reside (21009, 21040, 21001 and 21078). In keeping with University of Maryland Upper Chesapeake Health's mission of maintaining and improving the health of the people in its communities and providing high quality care to all, the CBSA was identified as all of Harford County. While the above four zip codes are identified as containing concentrated areas of poverty, there are pockets of poverty throughout many of the Harford County zip codes particularly in the northern zip codes where it is very rural. Identifying all of Harford County as the CBSA gives the organization a better opportunity to meet the needs of the vulnerable residents of Harford County.

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

The demographic profile of the respondents who completed the online survey: Approximately 55% of all respondents reside in zip codes 21014, 21015, 21009, 21078, and 21050. An additional 13.8% of respondents live in an "Other" zip code, the most common of which are 21901, 21918, and 21921. Of the total 1,735 respondents, 80.29% are female and 19.71% are male. Whites comprise 83.77% of study participants and Blacks/African-Americans represent 11.55%. Approximately 3% of all respondents identify as Latino/Hispanic. Approximately 49% of all respondents are between the ages of 45 and 64 years. An additional 34.8% of all respondents are between the ages of 25 and 44 years. The marital status, education level, employment status, and income level was also assessed for each respondent. The majority of respondents (63.09%) are married. Approximately 15% of respondents are single (never married) and 11.71% are divorced. 2.07% of respondents attained less than a high school diploma or GED. Approximately one-third (29.76%) of respondents attained some college, technical school or nursing school and 51.69% of respondents have an undergraduate degree or higher. The majority (72.29%) of respondents are currently employed and working full-time. In addition, half of respondents have an annual household income of $75,000 or more. Less than 14% of respondents have an income less than $25,000. / / A high proportion of respondents have health care coverage (97.92%) and at least one person who they think of as their personal doctor or health care provider (88.44%). In addition, 76.33% of respondents had a routine checkup within the past year and 13.95% had one within the past two years. The top 3 zip codes that our Medicaid population comes from are 21001, 21040 and 21078. The top 3 zip codes where our readmission high utilizers are coming from are 21014, 21001 and 21078. These 3 zip codes contain high concentrations of the Medicare population. While our primary service area contains two Cecil County zip codes, our CBSA does not. Due to limited resources, these zip codes were not included in the CBSA. There is a hospital located in Cecil County that serves these two zip codes. There is a collaboration between Cecil and Harford County hospitals to address the high utilizers through the WATCH Team, which is a team of community health workers and RNs that performs home visits to address the social determinates of health that prevent these patients from being able to successfully manage their health care.

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

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

https://www.umms.org/uch/about/mission-vision-values

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?

University of Maryland Upper Chesapeake Health includes the University of Maryland Upper Chesapeake Medical Center and the Patricia D. and M. Scot Kaufman Cancer Center on its Bel Air campus. Most recently, it opened The Klein Family Harford Crisis Center in Bel Air offering services for behavioral health. The Senator Bob Hooper House in Forest Hill is an assisted living facility that specializes in hospice. The University of Maryland Harford Memorial Hospital has been operating in the community for over a century and is located in Havre de Grace. The leading health care system and largest private employer in Harford County, UM Upper Chesapeake Health offers a broad range of health care services, specialty care, technology and facilities to the residents of northeastern Maryland.

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)

05/22/2018

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

https://www.umms.org/uch/community/assessment-and-implementation-plan

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.

Paper versions are available and the CHNA Community Survey was in Spanish.

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)	☐	☐	☑	☑	☑	☑	☑	☑	☐	☐	

	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)	☐	☐	☐	☑	☐	☐	☐	☑	☐	☐	
	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)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	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)	☐	☐	☑	☐	☐	☐	☑	☑	☐	☐	
	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)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Community Benefit staff (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Physician(s)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Nurse(s)	☐	☐	☑	☑	☑	☐	☑	☑	☐	☐	
Social Workers	☐	☐	☑	☐	☐	☐	☑	☑	☐	☐	
Community Benefit Task Force	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Hospital Advisory Board	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Other (specify)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

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:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	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: Harford 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: Harford County Local Health Improvement Coalition consists of 3 workgroups: Chronic Disease & Wellness, Family Health & Resilience, and Behavioral 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 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:
Maryland Department of Natural 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:
Maryland Department of the Environment	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	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 Transportation	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	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 Education	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	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:
Area Agency on Aging -- Please list the agencies here: Harford County Office on Aging	☐	☐	☐	☐	☐	☐	☑	☐	☐	
Local Govt. Organizations -- Please list the organizations here: Harford County Community Services; Harford County Government; and, Department of Community Services	☐	☑	☐	☐	☐	☑	☑	☐	☐	
Faith-Based Organizations	☐	☑	☐	☐	☐	☑	☑	☐	☐	
School - K-12 -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Colleges and/or Universities -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School of Public Health -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Medical School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Nursing School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Dental School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	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 - Pharmacy School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Behavioral Health Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	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:
Social Service 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:
Post-Acute Care Facilities -- please list the facilities 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:
Community/Neighborhood 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:
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: Emergency Management Services, Faith Based Community, Senior population	☐	☐	☐	☐	☐	☐	☐	☐	☑	Participated in focus groups
	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.

05/22/2018

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

https://www.umms.org/uch/community/assessment-and-implementation-plan

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.

- [x] Access to Health Services: Health Insurance
- [x] Access to Health Services: Practicing PCPs
- [x] Access to Health Services: Regular PCP Visits
- [ ] Access to Health Services: ED Wait Times
- [x] Access to Health Services: Outpatient Services
- [ ] Adolescent Health
- [x] Arthritis, Osteoporosis, and Chronic Back Conditions
- [x] Behavioral Health, including Mental Health and/or Substance Abuse
- [x] Cancer
- [ ] Children's Health
- [x] Chronic Kidney Disease
- [ ] Community Unity
- [ ] Dementias, Including Alzheimer's Disease
- [x] Diabetes
- [x] 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
- [x] Heart Disease and Stroke
- [ ] HIV
- [x] Immunization and Infectious Diseases
- [x] Injury Prevention
- [ ] Lesbian, Gay, Bisexual, and Transgender Health
- [x] Maternal & Infant Health
- [x] Nutrition and Weight Status
- [x] Older Adults
- [x] Oral Health
- [x] Physical Activity
- [x] Respiratory Diseases
- [ ] Sexually Transmitted Diseases
- [ ] Sleep Health
- [ ] Telehealth
- [x] Tobacco Use
- [ ] Violence Prevention
- [ ] Vision
- [ ] Wound Care
- [ ] Housing & Homelessness
- [x] Transportation
- [ ] Unemployment & Poverty
- [x] 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.

While the actual priorities have not changed, the categories expanded to include additional identified needs. For example, in 2015 chronic disease, tobacco use, mental health/addictions, access to care, maternal and child health, and injury and illness prevention were the identified needs in this order. In 2018, the priorities were identified as behavioral health, prevention and wellness and family stability and resilience in this order. Behavioral health rose to the top as the number 1 identified health need (includes mental health and addictions) where in 2015 it was 3rd. Prevention and wellness, the number 2 identified need, incorporates chronic disease, tobacco use, access to care, cancer, stroke, diabetes, heart disease, respiratory diseases, and injury and prevention. Family Health and Resiliency, the 3rd and new identified need, incorporates substance exposed newborns, access to care, housing, transportation, family stress, childhood trauma, and nutrition and lifestyle.

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

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

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)	☐	☐	☐	☐	☐	☑	☑	☐	☑	☐	
	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)	☐	☐	☐	☐	☐	☐	☐	☐	☑	☐	
	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)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
	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)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
	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)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	

	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)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☑	
	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)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
	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	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
	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 Task Force	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	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:
Hospital Advisory Board	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
	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:
Other (specify)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	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:

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:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	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 Health Department -- Please list the Local Health Departments here: Harford County Health Department	☐	☑	☑	☑	☑	☑	☑	☐	☑	

	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 Health Improvement Coalition -- Please list the LHICs here: Chronic Disease Prevention & Wellness, Family Health & Resilience, and Behavioral 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:
Maryland Department of 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:
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:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	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: Harford County Departmenth of Community Services, Housing and Community Development, Harford County Sheriff's Department	☐	☑	☑	☐	☐	☐	☐	☐	☐	
	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	☐	☑	☑	☐	☐	☐	☐	☐	☐	
	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:

Harford County 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:

Harford Community College

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:

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:

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 - Dental 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 - Pharmacy 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:
☑	☐	☐	☐	☐	☐	☐	☐	☐	

Behavioral Health Organizations -- Please list the organizations here:

Core Services or Harford County

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:
☐	☑	☑	☐	☐	☐	☐	☐	☐	

Social Service Organizations -- Please list the organizations here:

Department of Social Services

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:
☐	☑	☑	☐	☐	☐	☐	☐	☐	

Post-Acute Care Facilities -- please list the facilities 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:
☑	☐	☐	☐	☐	☐	☐	☐	☐	

Community/Neighborhood 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:
☑	☐	☐	☐	☐	☐	☐	☐	☐	

Consumer/Public Advocacy 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:
	☑	☐	☐	☐	☐	☐	☐	☐	☐	

Other -- If any other people or organizations were involved, please list them here: Harford County Emergency Operation	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:
	☐	☑	☑	☐	☐	☐	☐	☐	☐	

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 Director of Community Outreach and Health Improvement and the Community Benefit and Community Health Improvement Business Manager are responsible for the oversight and management of data collection and reporting of all activities. Data is collected throughout the year and validated and entered into CBISA, Lyon's Software's Community Benefit Inventory for Social Accountability program. The director and manager refer to the Catholic Health Association's "A Guide for Planning & Reporting Community Benefit" guide to determine which category is most appropriate for reporting activities. Once the narrative is complete, it is reviewed by the internal hospital Community Benefit Reporting Advisory Committee and the UMMS Senior Vice President of Government and Regulatory Affairs and Community Health. It is then presented through the Quality Care Council for Board of Director's approval.

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.

University of Maryland Upper Chesapeake Health incorporates community benefit planning into the annual strategic and operational planning process each Spring. This includes creating annual tactics that are tracked on a quarterly basis in the following fiscal year. In addition, UMUCH updates a long term strategic plan every couple of years in association with the community health needs assessment. The planning process allows the organization to invest in and develop programs that increase patient access to existing services, introduce new services, optimize prevention programs and explore how technology can be used to support the health needs of our patients. The planning process runs concurrently with the annual capital and operating budget process to ensure that these ideas are incorporated into the fiscal plan.

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

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

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.

The Klein Family Harford Crisis Center

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: Practicing PCPs, Access to Health Services: Regular PCP Visits, Access to Health Services: Outpatient Services, Arthritis, Osteoporosis, and Chronic Back Conditions, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Chronic Kidney Disease, Diabetes, Disability and Health, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Immunization and Infectious Diseases, Injury Prevention, Maternal & Infant Health, Nutrition and Weight Status, Older Adults, Oral Health, Physical Activity, Respiratory Diseases, Tobacco Use, Transportation, 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
- [x] 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
- [x] Behavioral Health, including Mental Health and/or Substance Abuse
- [ ] Cancer
- [ ] Children's Health
- [ ] 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

- [ ] 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
- [ ] 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)

Q82. When did this initiative begin?

10/2018

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.
- ( ) 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.).

The suicide rate of a community is considered to be a key indicator of its mental health status. Harford County's rate of 10.7 per 100,000 population far exceeds the 9.3 rate for the state of Maryland. According to the Maryland Behavioral Risk Factor Surveillance System (BRFSS) for 2014-2016, 21% of Harford County residents have been diagnosed with depressive disorder, compared to 15.6% for the state. In addition, 18.2% of high school students reported that they have seriously considered attempting suicide. While approximately 96% of Harford County residents are insured, there is a notable lack of mental health care providers to meet community needs. As such the Health Resources and Services Administration has designated all of Harford County as a Health Professional Shortage Area (HPSA) for mental health services. Since 2007 the number of drug and alcohol-related intoxication deaths has more than doubled in both Maryland and Harford County. The numbers of drug-related law enforcement incidents have also increased dramatically since 2011, by 78%. Another indicator of the severity of the addiction problem in Harford County is the number of substance-exposed newborns (SEN) born in the community. Between 2000 and 2017, Harford County has experienced nearly an eight-fold increase in the rate of hospital encounters for newborns with maternal drug/alcohol exposure. This not only indicates an increase in substance abuse but also a lack of access to treatment. The Klein Family Harford Crisis Center helps people in crisis overcome the challenges of all types of mental health conditions, including substance abuse, regardless of insurance and ability to pay.

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

22466

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

11595

Q87. 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
- [x] Acute condition-based intervention: treatment intervention
- [x] Acute condition-based intervention: prevention intervention
- [ ] Condition-agnostic treatment intervention
- [x] Social determinants of health intervention
- [x] Community engagement intervention
- [ ] Other. Please specify.

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

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

  Harford County Government, Healthy Harford/Healthy Cecil, Harford County Health Department, Office on Mental Health/Core Service Agency of Harford County, Inc. and the Affiliated Sante Group.

- ( ) No.

Q89. Please describe the primary objective of the initiative.

To treat and manage individuals with behavioral health or substance use issues, including walk-in urgent care and residential crisis services, and a 24/7 crisis hotline.

Q90. Please describe how the initiative is delivered.

24/7 crisis hotline and mobile crisis team, a 24/7 walk-in urgent care clinic, scheduled outpatient services and short-stay residential services for adult guests requiring an extended period of concentrated cared.

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: Number of people for 24/7 walk in urgent care clinic services; number of people for residential care services; Mobile Crisis Services: Number of open cases, number of telephone contacts, number of community education sessions
- [ ] Other process/implementation measures (e.g. number of items distributed)
- [x] Surveys of participants: Mobile Crisis Services: number of completed surveys
- [ ] Biophysical health indicators
- [ ] Assessment of environmental change
- [ ] Impact on policy change
- [ ] Effects on healthcare utilization or cost

- [ ] Assessment of workforce development
- [ ] Other

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

2719 patients for 24/7 walk-in urgent care clinic services; 390 residental guests; Mobile Crisis Services: 2017 cases opened in the Klein Family Harford Crisis Center by the Harford County Response System; 6370 incoming calls received via the crisis hotline; 99 community education presentations were conducted; 905 completed surveys were received.

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

Behavioral Health was the number three identified need through the 2015 CHNA, and the number one identified need through the 2018 CHNA. According to the National Institute of Health, 1 in 5 people suffers from a behavioral health issue; anxiety and depression are two of the most commonly occurring, the majority of people admitted to UM UCH hospitals have an underlying behavioral health issue, including mood disorders and alcohol/drug use.

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

The total cost in FY20 for the Klein Family Harford Crisis Center was $5,980,873 of which $3,729,479 was offset by revenue. The remaining $2,251,394 was incurred by UM UCH.

Q95. (Optional) Supplemental information for this initiative.

Initiative 1_FY20 KFHCC.xlsm
525.7KB
application/vnd.ms-excel.sheet.macroenabled.12

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

Q97. Name of initiative.

Connecting people with primary care and healthcare resources

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: Practicing PCPs, Access to Health Services: Regular PCP Visits, Access to Health Services: Outpatient Services, Arthritis, Osteoporosis, and Chronic Back Conditions, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Chronic Kidney Disease, Diabetes, Disability and Health, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Immunization and Infectious Diseases, Injury Prevention, Maternal & Infant Health, Nutrition and Weight Status, Older Adults, Oral Health, Physical Activity, Respiratory Diseases, Tobacco Use, Transportation, 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.

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

- [ ] Children's Health
- [x] 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
- [ ] Food Safety
- [ ] Global Health
- [ ] Health Communication and Health Information Technology
- [ ] Health Literacy
- [x] Health-Related Quality of Life & Well-Being
- [ ] Physical Activity
- [ ] Respiratory Diseases
- [ ] Sexually Transmitted Diseases
- [ ] Sleep Health
- [ ] Telehealth
- [x] Tobacco Use
- [ ] Violence Prevention
- [ ] Vision
- [ ] Wound Care
- [ ] Housing & Homelessness
- [x] Transportation
- [ ] Unemployment & Poverty
- [ ] Other Social Determinants of Health
- [ ] Other (specify)

Q100. When did this initiative begin?

6/30/2008

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.

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

Community members who are uninsured and underinsured.

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

3041

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

2549

Q105. 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
- [x] Acute condition-based intervention: treatment intervention
- [x] Acute condition-based intervention: prevention intervention
- [ ] Condition-agnostic treatment intervention
- [x] Social determinants of health intervention
- [ ] 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.

UMUCH Community Outreach
Faith Based Community
Community Services
Harford County Health Department

- ( ) No.

Q107. Please describe the primary objective of the initiative.

To identify and assist community members who are uninsured and/or uninsured and provide them with local healthcare resources to better manage their care.

Q108. Please describe how the initiative is delivered.

Perform telephonic follow-up with individual who have been identified as uninsured and/or underinsured to determine level of need for additional support and service.
Provide necessary healthcare resources through email, telephone or postal mail.

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: Number of self pay patients contacted
- [x] Other process/implementation measures (e.g. number of items distributed): Number of patients referred to a self-management class. Number of patients referred to Tobacco Cessation Classes.
- [ ] Surveys of participants
- [ ] Biophysical health indicators
- [x] Assessment of environmental change
- [ ] Impact on policy change
- [x] Effects on healthcare utilization or cost
- [ ] Assessment of workforce development
- [ ] Other

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

A total of 3,041 individuals were identified by the Emergency Department in FY20 to be self-pay. Of which 2,549 charts were reviewed to determine healthcare resource to better manage their care. 404 patients were provided referrals to tobacco cession classes. 231 patients were provided referrals to one of several self management classes.

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

The outcomes of this initiative directly impact the Access to Care priority and its focus on individuals who do not have access to consistent, regular, and preventative care.

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

$36,151

Q113. (Optional) Supplemental information for this initiative.

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

Q115. Name of initiative.

Addressing Health and Wellness through Self Management Programs

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: Practicing PCPs, Access to Health Services: Regular PCP Visits, Access to Health Services: Outpatient Services, Arthritis, Osteoporosis, and Chronic Back Conditions, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Chronic Kidney Disease, Diabetes, Disability and Health, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Immunization and Infectious Diseases, Injury Prevention, Maternal & Infant Health, Nutrition and Weight Status, Older Adults, Oral Health, Physical Activity, Respiratory Diseases, Tobacco Use, Transportation, 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
- [x] Access to Health Services: Regular PCP Visits
- [ ] Access to Health Services: ED Wait Times
- [ ] Access to Health Services: Outpatient Services
- [ ] Adolescent Health
- [x] Arthritis, Osteoporosis, and Chronic Back Conditions
- [ ] Behavioral Health, including Mental Health and/or Substance Abuse
- [x] Cancer
- [ ] Children's Health
- [x] Chronic Kidney Disease
- [ ] Community Unity
- [ ] Dementias, including Alzheimer's Disease
- [x] Diabetes
- [x] Heart Disease and Stroke
- [ ] HIV
- [ ] Immunization and Infectious Diseases
- [x] Injury Prevention
- [ ] Lesbian, Gay, Bisexual, and Transgender Health
- [ ] Maternal and Infant Health
- [x] Nutrition and Weight Status
- [x] Older Adults
- [ ] Oral Health
- [x] Physical Activity
- [x] Respiratory Diseases
- [ ] Sexually Transmitted Diseases
- [x] Sleep Health
- [ ] Telehealth

- [ ] Disability and Health
- [x] Educational and Community-Based Programs
- [ ] Environmental Health
- [ ] Family Planning
- [ ] Food Safety
- [ ] Global Health
- [x] Health Communication and Health Information Technology
- [x] Health Literacy
- [x] Health-Related Quality of Life & Well-Being
- [x] Tobacco Use
- [ ] Violence Prevention
- [ ] Vision
- [ ] Wound Care
- [ ] Housing & Homelessness
- [ ] Transportation
- [ ] Unemployment & Poverty
- [ ] Other Social Determinants of Health
- [ ] Other (specify)

Q118. When did this initiative begin?

February 1, 2016

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.

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

The initiative is for adults who currently exhibit chronic disease conditions, such as heart disease, arthritis and cancer. This initiative will continue to address participants who will be newly diagnosed with a chronic condition in the future. Harford County has a population of 250,105, of which 77% are adults age 18 and older (2020 County Health Rankings). Harford County Data – 166.8 heart disease deaths in Harford County per 100,000 population (2016-2018 Vital Statistics), 37.4 stroke deaths in Harford County per 100,000 population (source: 2016-2018 Vital Statistics). 17.5 diabetes deaths per 100,000 population (source: 2016-2018 Vital Statistics) 161.1 cancer deaths in Harford county per 100,000 population (source 2016-2018 Vital Statistics). Direct measurement from 2018 CHNA suggests: 1.76% of adult residents in Harford County diagnosed with stroke; 7.4 % adult residents in Harford County diagnosed with heart disease; 9.35% adults in Harford County diagnosed with diabetes; 22.78 of adults residents in Harford County diagnosed with arthritis, rheumatoid arthritis, gout, lupus or fibromyalgia.

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

140

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

116

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
- [ ] 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.

  UM UCH Community Outreach, Kaufman Cancer Center, Harford County Office on Aging, Harford County Libraries, DHMH, Faith Based Community.

- ( ) No.

Q125. Please describe the primary objective of the initiative.

The initiative educates participants on self-management strategies to improve their health and quality of life living which chronic disease, diabetes and/or cancer. Better management of their conditions in turn will potentially have a positive impact on health care expenditures. 1) Work with the community PCPs to identify patients with chronic disease, diabetes and/or cancer that would benefit from a self-management program. a. In person visits to local PCP offices for program information and participant criteria. b. Medical Staff Office distributes a blast fax of program times and locations to PCP's and specialty physician offices. c. Class information disseminated through social media, faith based community, Office on Aging, Maryland Health Matters and current events calendar. 2) Provide five classes per year with a 60% completion rate. Programs to be offered multi dates, locations and times to maximum accessibility. a. To collaborate with Office on Aging and county library for class locations. 3) Facilitate program to help participants gain self confidence in their ability to control their symptoms and learn how their health problems affect their lives. a. Program includes: i. Ways to maintain strength, flexibility and endurance. ii. Managing medications. iii. Dealing with frustrations, fatigue, pain and isolation. iv. Improving effective communication with family, friends and health professionals. v. Healthy eating and stress reduction.

Q126. Please describe how the initiative is delivered.

Living Well Programs are offered in a community setting and meet for 2 1/2 hours per week for 6 weeks. Workshops are facilitated by two trained leaders. Diabetes Prevention Programs are a year long program with weekly and bi-weekly sessions in a group, classroom setting facilitated by trained lifestyle coaches who teach participants how to lose weight, eat healthier, be more physically active, and manage stress.

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: Number of partipants
- [x] Other process/implementation measures (e.g. number of items distributed): Living Well Program: Number of participants who completed the program. Percentage of participants who feel more self-confidence, percentage of participants who better manage symptoms, percentage of participants who feel more motivated. Diabetes Prevention Program: Number of participants who completed the program. Percentage of participants with a weight loss. Percentage of participants with a 7% or greater weight loss.
- [ ] Surveys of participants:
- [x] Biophysical health indicators: Percentage of weight loss
- [ ] Assessment of environmental change:
- [ ] Impact on policy change:
- [ ] Effects on healthcare utilization or cost:

- [ ] Assessment of workforce development
- [ ] Other

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

Living Well Programs: 11 workshops were conducted during FY20: 5 Living Well with Diabetes, 3 Living Well with Chronic Pain, and 3 Living Well with Chronic Disease. 75 participants. 63 of the 75 participants completed the program (84%). Data collected at the end of workshops suggests: 67% strongly agree that they feel more self-confidence, 58% strongly agree that they can better manage symptoms, and 68% feel more motivated. Diabetes Prevention Program: 3 workshops were conducted. Data collected at the end of program suggests: 27 of the 41 participated completed the program (66%). 86% had a weight loss. 37% had a 7% or greater weight loss.

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

Chronic disease was the number one identified need through the 2015 CHNA, and the number two identified need through the 2018 CHNA. According to the CDD, six in ten adults in the US have a chronic disease and four in ten adults have two or more. 100% of the participants stated that they felt more prepared, confident and motivated in their ability to manage their health and symptoms then they did before they took the workshop.

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

$18,791

Q131. (Optional) Supplemental information for this initiative.

Initiative_3_FY20_Wellness Programs.pdf
1.3MB
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.

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: Practicing PCPs, Access to Health Services: Regular PCP Visits, Access to Health Services: Outpatient Services, Arthritis, Osteoporosis, and Chronic Back Conditions, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Chronic Kidney Disease, Diabetes, Disability and Health, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Immunization and Infectious Diseases, Injury Prevention, Maternal & Infant Health, Nutrition and Weight Status, Older Adults, Oral Health, Physical Activity, Respiratory Diseases, Tobacco Use, Transportation, 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.

This question was not displayed to the respondent.

Q137. Why were these needs unaddressed?

This question was not displayed to the respondent.

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.

Q140. Section V - Physician Gaps & Subsidies

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

- ☐ No gaps
- ☐ Primary care
- ☐ Mental health
- ☐ Substance abuse/detoxification
- ☐ Internal medicine
- ☐ Dermatology
- ☐ Dental
- ☐ Neurosurgery/neurology
- ☑ General surgery
- ☐ Orthopedic specialties
- ☐ Obstetrics
- ☐ Otolaryngology
- ☑ Other. Please specify. Anesthesiology, Emergency Department, Behavioral Health

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	Adult hosp ($6,083,787), ped hosp ($600,837), critical care ($2,346,392), psych ($384,183)
Non-Resident House Staff and Hospitalists	
Coverage of Emergency Department Call	Certain specialists (employed and non-employed) are paid to take ED call.
Physician Provision of Financial Assistance	This is for payment related to providing coverage for patients in the ED who need procedures, and follow up when referred by the ED physician while this Physician is on call. This is for self-pay patients who don't pay or for patients with insurance companies that these physicians do not participate with (i.e. MA).
Physician Recruitment to Meet Community Need	The total amount for direct salary and benefits expenses for medical staff recruiters is $42,916. The recruitment expense under the Physician Services division, excluding sign-on bonuses of employed physicians, is $73,798.
Other (provide detail of any subsidy not listed above)	
Other (provide detail of any subsidy not listed above)	
Other (provide detail of any subsidy not listed above)	

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

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

Q145. Section VI - Financial Assistance Policy (FAP)

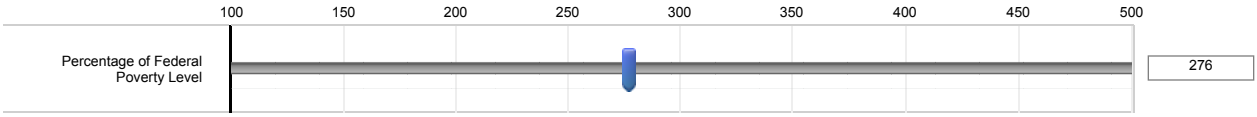
Q146. Upload a copy of your hospital's financial assistance policy.

Financial Assistance Policy - Final 10.23.20.docx
195.6KB
application/vnd.openxmlformats-officedocument.wordprocessingml.document

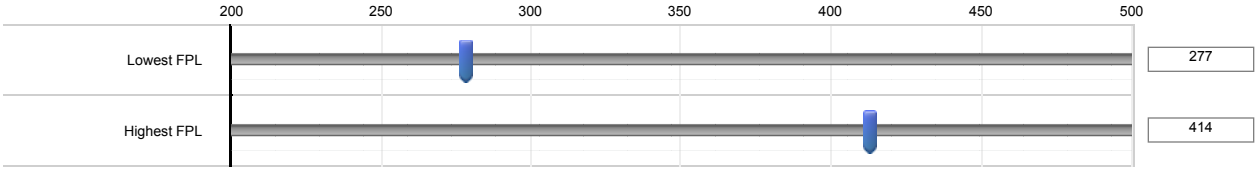
Q147. Upload a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e).

fap-financial-aid-plain-language-summary--umuch-10192018.pdf
541.2KB
application/pdf

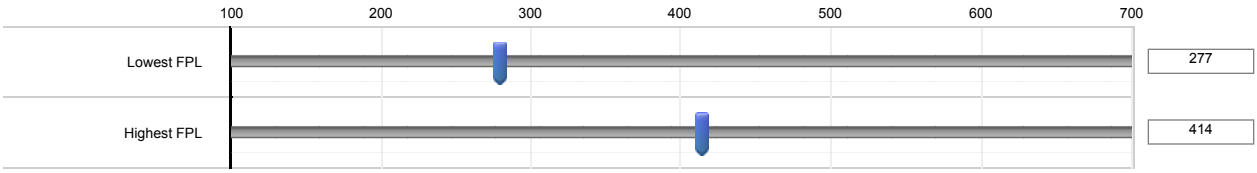
Q148. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(i) to provide free medically necessary care to patients with family income at or below 200 percent of the federal poverty level (FPL). Please select the percentage of FPL below which your hospital's FAP offers free care.



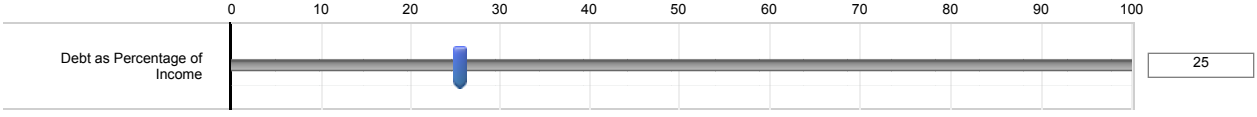
Q149. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level. Please select the range of the percentage of FPL for which your hospital's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

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: (39.33610534668, -76.538902282715)

Source: GeoIP Estimation

From:	Hilltop HCB Help Account
To:	kimberly.davidson@umm.edu; djacobs@umm.edu
Cc:	Hilltop HCB Help Account
Subject:	HCB Narrative Report Clarification Request - Upper Chesapeake
Date:	Thursday, May 27, 2021 8:28:28 AM
Attachments:	UM_Upper_Chesapeake_HCBNarrative_FY2020_20210331.pdf

Thank you for submitting the FY 2020 Hospital Community Benefit Narrative report for the University of Maryland Upper Chesapeake Health. In reviewing the narrative, we encountered a few items that require clarification:

- In Question 61 on page 13 of the attached, "Physicians" were identified as having been involved in your hospital's community benefit activities and their role was identified as "Other (explain)", but no further information was provided. Please describe the role of "Physicians" in your hospital's community benefit activities.
- In Question 63 on page 13 of the attached, "Harford County Health Department" was identified as having been involved in your hospital's community benefit activities and part of their role was identified as "Other (explain)", but no further information was provided. Please describe the role of "Harford County Health Department" in your hospital's community benefit activities that does not fit with any of the existing options.
- In Question 99 on page 20, it was reported that the "Connecting people with primary care and healthcare resources" initiative addressed the community need of "Access to Health Services: ED Wait Times", however this need was not selected in Question 56 on page 11 as being identified in your most recent CHNA. Please indicate whether this should be added as a CHNA-identified need in Question 56 or removed from Question 99.
- In Question 109 on page 22, it was reported that the success or effectiveness of the "Connecting people with primary care and healthcare resources" initiative would be in part based on "Assessment of environmental change" and "Effects on healthcare utilization or cost", however no description was provided as to how these have been or will be measured. Please provide examples of how these kinds of evidence are used to assess effectiveness.
- In Question 117 on page 23, it was reported that the "Addressing Health and Wellness through Self Management Programs" initiative addressed the community needs of "Health Communication and Health Information Technology", "Health Literacy", and "Sleep Health", however none of these needs were selected in Question 56 on page 11 as being identified in your most recent CHNA.
- In Question 121 on page 24, the size of the target population reported (140) for the "Addressing Health and Wellness through Self Management Programs" initiative seems low given the description of the target population reported in Question 120. Please clarify how the target population of 140 was determined.

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

UM Upper Chesapeake Health FY20 Community Benefit Report Clarifying Questions/Answers-

June 2021

- In Question 61 on page 13 of the attached, "Physicians" were identified as having been involved in your hospital's community benefit activities and their role was identified as "Other (explain)", but no further information was provided. Please describe the role of "Physicians" in your hospital's community benefit activities.

  Several of our employed physicians participated in community education for the community and community partners (i.e., faith based community, EMS), such as Webex presentations, tv, radio, and podcasts on various health topics.

- In Question 63 on page 13 of the attached, "Harford County Health Department" was identified as having been involved in your hospital's community benefit activities and part of their role was identified as "Other (explain)", but no further information was provided. Please describe the role of "Harford County Health Department" in your hospital's community benefit activities that does not fit with any of the existing options.

  "Other" should not have been selected for CB section.

- In Question 99 on page 20, it was reported that the "Connecting people with primary care and healthcare resources" initiative addressed the community need of "Access to Health Services: ED Wait Times", however this need was not selected in Question 56 on page 11 as being identified in your most recent CHNA. Please indicate whether this should be added as a CHNA-identified need in Question 56 or removed from Question 99.

  "Access to Health Services: ED Wait Times" should not have been selected in question 99 on page 20. All other boxes for Access to Health Services were selected appropriately.

- In Question 109 on page 22, it was reported that the success or effectiveness of the "Connecting people with primary care and healthcare resources" initiative would be in part based on "Assessment of environmental change" and "Effects on healthcare utilization or cost", however no description was provided as to how these have been or will be measured. Please provide examples of how these kinds of evidence are used to assess effectiveness.

  "Assessment of environmental change" and "Effects on healthcare utilization or cost" should not have been selected.

- In Question 117 on page 23, it was reported that the "Addressing Health and Wellness through Self-Management Programs" initiative addressed the community needs of "Health Communication and Health Information Technology", "Health Literacy", and "Sleep Health", however none of these needs were selected in Question 56 on page 11 as being identified in your most recent CHNA.

  "Health Communication and Health Information Technology", "Health Literacy" and "Sleep Health" should have been selected in question 56 on page 11. Our self-management programs

(chronic disease, pain and diabetes) address all of these above areas and teach the individual participants about the importance of each of these in managing their disease process.

- In Question 121 on page 24, the size of the target population reported (140) for the "Addressing Health and Wellness through Self-Management Programs" initiative seems low given the description of the target population reported in Question 120. Please clarify how the target population of 140 was determined.

  The number of 140 is the number of people that could have benefited based on the number of classes that we were able to offer based on resources we have available, both financial and human resources throughout the Fiscal Year. We offered 7 classes with a maximum enrollment per class of 20 participants; therefore, the maximum number of people that would have benefited from these programs was 140.

UNIVERSITY OF MARYLAND

Upper Chesapeake Health

CHNA 2018

ONLINE COMMUNITY SURVEY

Background

A customized survey tool consisting of approximately 46 questions to assess access to health care, health status and behaviors, and health-related community strengths and opportunities was used for this survey, which took approximately 15 minutes to complete. In total, 1,735 respondents completed the survey.

The following section provides an overview of the findings from the Online Community Survey, including highlights of important health indicators and health disparities.

Demographic Information

The demographic profile of the respondents who completed the online survey is depicted in Tables 1 and 2. Approximately 55% of all respondents reside in zip codes 21014, 21015, 21009, 21078, and 21050. An additional 13.8% of respondents live in an "Other" zip code, the most common of which are 21901, 21918, and 21921. As depicted in Table 2, of the total 1,735 respondents, 80.29% are female and 19.71% are male. Whites comprise 83.77% of study participants and Blacks/African-Americans represent 11.55%. Approximately 3% of all respondents identify as Latino/Hispanic. Approximately 49% of all respondents are between the ages of 45 and 64 years. An additional 34.8% of all respondents are between the ages of 25 and 44 years.

Table 1. Zip Code Representation

Zip Code	%	Zip Code	%	Zip Code	%	Zip Code	%
21014	17.18	21040	7.15	21084	1.61	21005	0.52
Other	13.83	21001	6.80	21028	1.21	21111	0.29
21015	11.87	21047	3.75	21034	1.15	21010	0.23
21009	9.91	21085	2.54	21013	0.75	21060	0.12
21078	8.24	21154	2.42	21087	0.69	21018	0.06
21050	7.32	21017	1.61	21132	0.69	21082	0.06

Table 2. Demographic Information

Demographics	%
Gender	
Male	19.71
Female	80.29

Age	
18-24	**4.97**
25 – 34	**16.94**
35 – 44	**17.86**
45 – 54	**24.10**
55 – 64	**24.97**
65 – 80	**10.69**
81+	**0.46**
Race/Ethnicity	
White	**83.77**
Black/African American	**11.55**
American Indian/Alaska Native	**0.40**
Asian/Pacific Islander	**1.68**
One or more races	**2.60**
Hispanic/Latino*	**3.06**

*** Hispanic/Latino respondents can be of any race, for example, White Hispanic or Black/African American Hispanic**

The marital status, education level, employment status, and income level was also assessed for each respondent. The majority of respondents (63.09%) are married. Approximately 15% of respondents are single (never married) and 11.71% are divorced. 2.07% of respondents attained less than a high school diploma or GED. Approximately one-third (29.76%) of respondents attained some college, technical school or nursing school and 51.69% of respondents have an undergraduate degree or higher.

The majority (72.29%) of respondents are currently employed and working full-time. In addition, half of respondents have an annual household income of $75,000 or more. Less than 14% of respondents have an income less than $25,000.

Table 2. Demographic Information Cont'd

Demographics	%
Marital Status	
Married	**63.09**
Divorced	**11.71**
Widowed	**4.15**
Separated	**2.08**
Never married	**15.11**
Member of an unmarried couple	**3.86**
Level of Education	
Never attended school or only attended kindergarten	**0.0**
Grades 1-8 (Elementary School)	**0.52**

Grades 9-11 (High school, no diploma)	1.55
High school diploma or GED	11.97
Some college or Technical school	32.30
College degree	29.76
Graduate degree	21.93
Other	1.96
Employment Status	**%**
Full-time employee	72.29
Part-time employee	12.99
Unemployed, looking for work	2.08
Unemployed, not looking for work	.064
Retired	6.93
Disabled, Not able to work	3.29
Student	0.75
Homemaker	1.04
Annual household income from all sources	
Less than $10,000	5.21
$10,000-$14,999	2.87
$15,000-$19,999	1.99
$20,000-$24,999	3.10
$25,000-$34,999	6.91
$35,000-$49,999	9.02
$50,000-$74,999	16.29
$75,000 and more	54.60

Access to Health Care

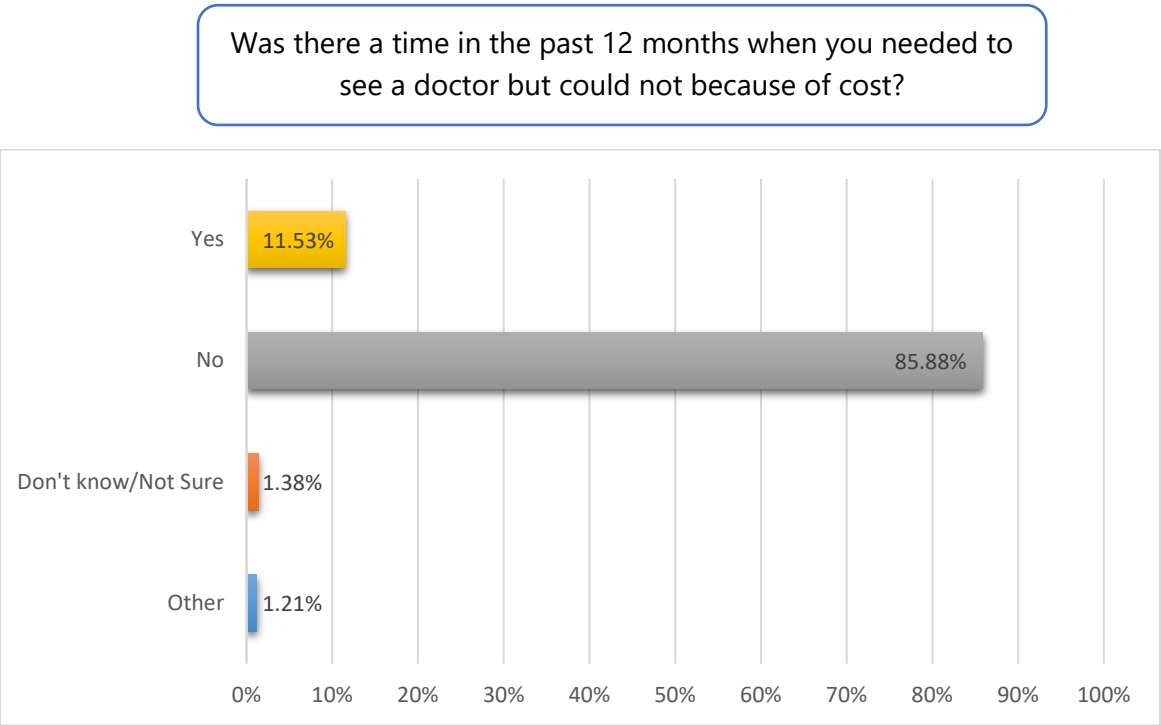
A high proportion of respondents have health care coverage (97.92%) and at least one person who they think of as their personal doctor or health care provider (88.44%). In addition, 76.33% of respondents had a routine checkup within the past year and 13.95% had one within the past two years. The source of respondent's health insurance coverage is detailed in Table 3.

Table 3. Source of Health Insurance Coverage

Health Insurance Source	%
Your employer	61.09
Someone else's employer	21.59
Medicaid or Medical Assistance, MCHiP	8.49
The military, CHAMPUS, or the VA	2.60
Some other source	5.60
A plan that you or someone else buys on your own	3.35

None/No Health Insurance	2.08

Despite primarily positive findings regarding health insurance and access to primary care, respondents for Harford County still cite the cost of care as a barrier. Nearly 12% of respondents said that there was a time in the past 12 months when they needed to see a doctor but could not because of cost. This finding may be an indicator that out-of-pocket expenses not covered by insurance (e.g. copays) are preventing respondents from seeking care when they need it. In addition, 21 respondents cited an "Other" reason for not being able to see a doctor due to cost. Of these 21 respondents, seven stated they were not able to afford dental care or they had transportation issues.



Next, respondents were asked if they had delayed needed medical care in the past 12 months. Nearly 71% of respondents did not delay or need medical care in the past 12 months. Of those who did delay medical care, 13.04% stated they could not get an appointment soon enough. Approximately 146 respondents (8.50%) cited an "Other" reason for delaying care. The most frequently mentioned themes are summarized below. The majority of respondents mentioned the inability to pay out-of-pocket costs as their main reason for delaying needed medical care. Others indicated being unable to take time off work.

Reason: Cost	Reason: Work
"No money."	"Time off work means no pay."
"No money for co-pays and couldn't get an appointment quick enough."	"Work gets in the way."
"High co-pay/deductible."	"Too busy at work to go."

"Not being able to afford the tests I knew they would order."	**"Put job before my health and the care of an elderly parent."**
"Had to pay out of pocket as the doctor was out of network and the deductible was too high, and there was not a similar doctor I could go to instead of the one I went to."	**"Stressors at work make it difficult to make time for personal calls during regular business hours."**
"Can't afford it."	**"Too hard to take off work to go."**
"I couldn't afford the co-pay."	**"Appointment times inconvenient because I work during business hours too."**
"Co-pay too expensive; cannot afford."	**"Work prevents me from follow up with care after diagnosis."**
"Dentist cost a lot of money."	**"I cannot take time off to go to my doctor's appointments because my job has a policy that two people cannot be off at the same time."**

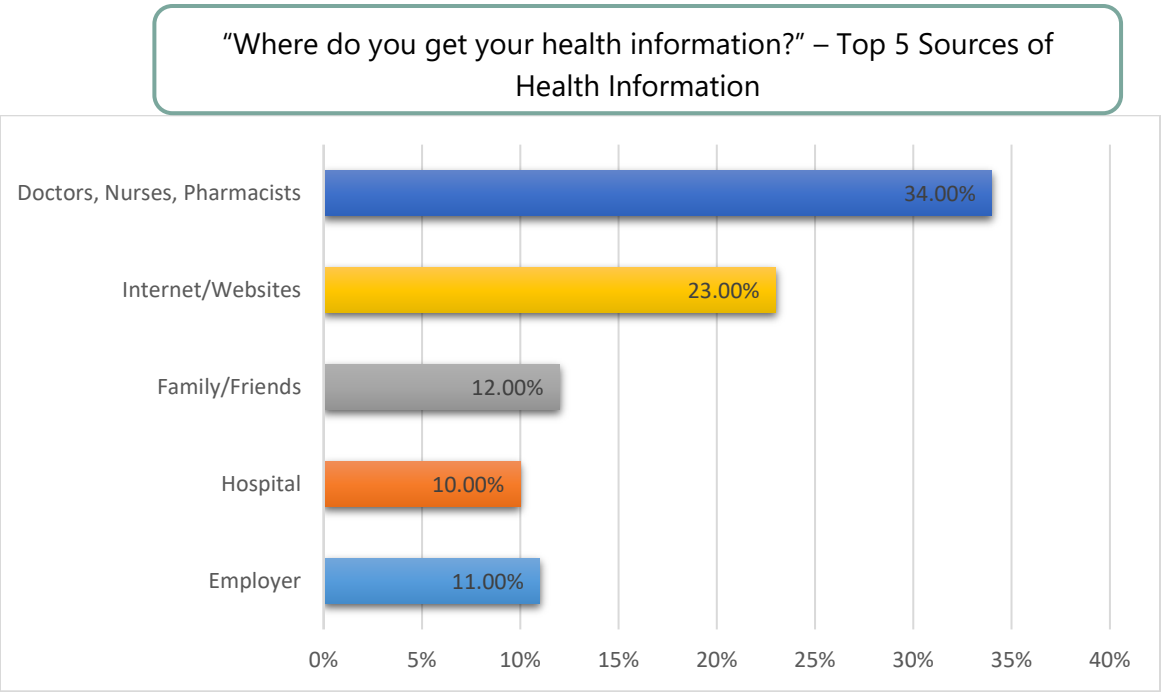
Next, respondents were asked if they travel outside of Harford County to get medical help. More than one-third of respondents (35.66%) travel outside of the County for medical help. Respondents travel outside of the county for primary care, obstetrics/gynecology, and specialty care. The following is a summary of the approximate number of times the most prominent types of care/providers were mentioned.

Table 4. "Other" Types of Care/Providers Respondents Travel Outside of the County to Visit

Type of Care/Provider	Number of Mentions
Primary care/Routine care	**122**
Obstetrics/Gynecology	**81**
Specialist	**49**
Dentist	**18**
Rheumatologist	**16**
Oncology	**13**
Surgery	**12**
Dermatology	**10**
Eye Doctor	**9**
Neurology	**8**
Mental Health	**8**
Orthopedics	**8**
Endocrinology	**7**
Pediatric	**7**
Gastrointestinal	**6**

Health Information

Respondents were asked to indicate where they get their health information. Approximately 90% of respondents get their information from one of the five sources shown in the graph below. More than one-third of participants (34%) reported that they get health-related information from health professionals (doctors, nurses, pharmacists). Respondents also indicated that they get health information from a variety of sources that were listed, not just one source.



Health Status & Chronic Health Issues

Overall Physical & Mental Health

Respondents were asked to rate their general health status. Approximately 56% of respondents stated their general health is very good or excellent. Approximately 11% of respondents stated their general health is fair or poor. Respondents were also asked to rate their overall physical and mental health. In general, self-reported measures of poor physical and mental health days are favorable among Harford County respondents. Nearly 50% of respondents reported having no poor physical health (including physical illness and injury) or mental health (including stress, depression, and problems with emotions) during the past 30 days. Thirty percent of respondents reported having poor physical health and 26% reported having poor mental health for a maximum of one to two days during the past 30 days.

Respondents were also asked how many hours of sleep they get in a 24 hour period on average. The vast majority of respondents (87.27%) reported getting 5 to 8 hours of sleep

and 7.93% reported getting 9 to 12 hours of sleep. An average of 7 to 9 hours of sleep is recommended for adults by the National Sleep Foundation.

Physical Activity

It is widely supported that physical activity can inhibit health concerns such as obesity and overweight, heart disease, joint and muscle pain, and many others. It is recommended that individuals regularly engage in at least 30 minutes of moderate physical activity, preferably daily, and at least 20 minutes of vigorous physical activity several days a week. Approximately 72% of respondents reported that they have participated in physical activities or exercises such as running, calisthenics, golf, gardening or walking during the past month.

Among respondents who participated in physical activity, the majority (51.50%) reported participating in exercise 1 to 5 times per week, and nearly 10% were physically active 6 to 10 times per week. The majority of respondents (59.29%) engaged in exercise for 30 minutes to 1 hour. These findings may indicate that the majority of respondents for Harford County engage in physical activity on a regular basis.

Dietary Behaviors

Respondents were asked about their consumption of fruits and vegetables. Approximately only 10% of respondents reported eating fruits and/or vegetables three or more times a day. Approximately one-third of respondents eat fruits and/or vegetables one to two times per day.

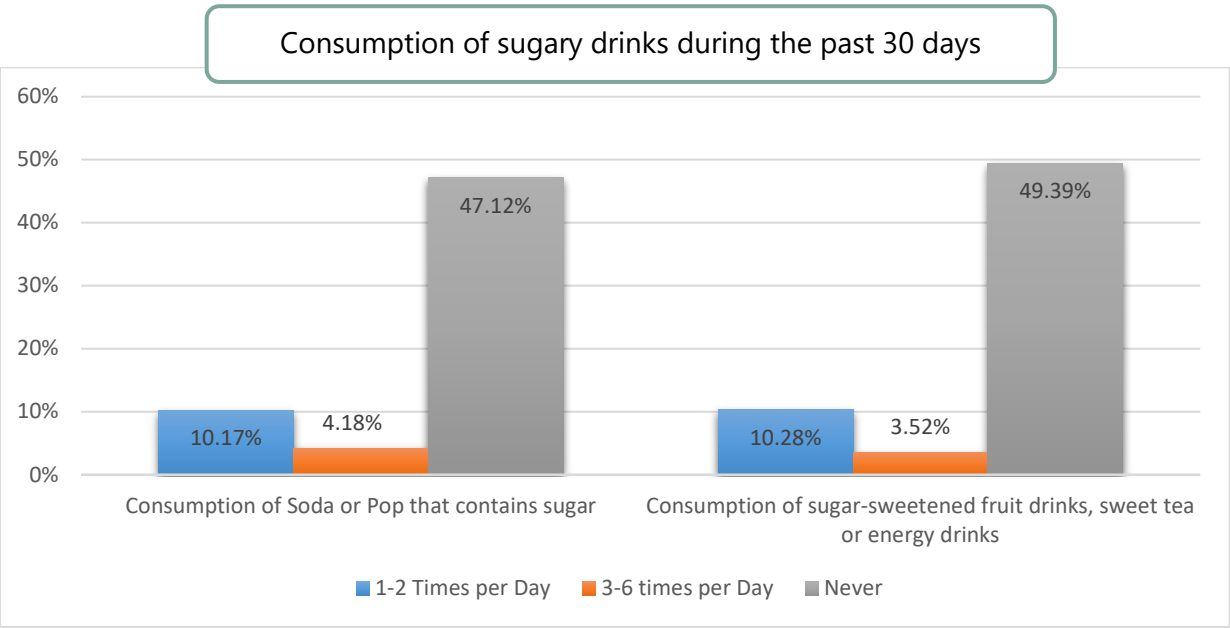
Table 6. Fruit and Vegetable Consumption

	Consumption of Fruits	Consumption of Vegetables
1 to 2 Times per Day	37.67%	31.31%
3 to 6 Times per Day	9.34%	9.78%
1 to 2 Times per Week	16.19%	18.23%
3 to 6 Times per Week	21.24%	29.92%
1 to 3 Times per Month	10.27%	8.04%
Never	3.89%	1.68%

The majority of respondents reported that they never drink soda or sugar-sweetened drinks (47.12% and 49.39% respectively). Nearly one quarter of respondents reported drinking soda and/or sugar-sweetened drinks one to nine times a month (25.28% and 22.70% respectively). In contrast, approximately 14% of respondents reported drinking soda and sugar-sweetened drinks respectively, one to six times per day. Strong evidence indicates that consumption of sugary drinks on a regular basis contributes to the development of type 2 diabetes, heart disease, and other chronic conditions.

Table 7. Regular Soda and Sugar-Sweetened Drink Consumption

	Consumption of Soda or Pop that contains sugar	Consumption of sugar-sweetened fruit drinks, sweet tea or energy drinks
1 - 2 Times per Day	10.17%	10.28%
3 - 6 Times per Day	4.18%	3.52%
1 - 6 Times per Week	8.31%	6.82%
7 - 15 Times per Week	1.28%	2.02%
More than 15 Times per Week	0.52%	0.64%
1 - 9 Times per Month	25.28%	22.70%
10 - 25 Times per Month	1.05%	2.08%
More than 25 Times per Month	0.52%	0.81%
Never	47.12%	49.39%



Next, respondents were asked if they are currently watching or reducing their sodium or salt intake. More than half of the respondents (51.59%) reported that they are not watching or reducing their salt or sodium intake currently and another 46.78% reported that they are currently watching or reducing their sodium or salt intake.

Chronic Conditions

Some chronic conditions are of concern in Harford County, including high cholesterol, high blood pressure, anxiety disorder and depressive disorder. Approximately 30% of respondents have been told they have high cholesterol and/or high blood pressure and 25% have been told they have an anxiety and/or depressive disorder. In addition, 22.8% of respondents have been told they have arthritis and 17.82% of respondents have been told they have asthma. Respondents also mentioned other chronic conditions that they have been diagnosed with, but were not included in the survey list.

Hyper/Hypothyroidism was the most frequently mentioned condition. A summary of chronic condition diagnoses among respondents is reported in Table 8.

Table 8. Chronic Condition Diagnoses

Chronic Condition	%
High blood pressure	30.30
High cholesterol	29.85
Anxiety disorder	25.18
Depressive disorder	24.63
Arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	22.78
Asthma	17.82
Diabetes	9.35
Cancer	7.77
Angina or coronary disease	2.94
Chronic Obstructive Pulmonary Disease	2.24
Heart attack	1.82
Stroke	1.76

Respondents who reported having cancer were asked to specify the type of cancer they were diagnosed with. The most common types of cancer reported by respondents were skin cancer other than melanoma, breast cancer, and melanoma. Table 9 highlights the top 12 cancer types reported by respondents.

Table 9. Most Common Cancer Types Reported

Cancer Types	%
Other skin cancer	38.89
Breast cancer	20.56
Melanoma	12.78
Cervical cancer	8.89
Lung cancer	4.44
Thyroid cancer	4.44
Prostate cancer	3.33
Ovarian cancer	3.33
Endometrial (uterus) cancer	2.22
Bladder cancer	2.22
Head and neck cancer	1.11
Stomach	1.11

Health Risk Factors

Health Behaviors

The survey respondents were asked to rate their level of health and safety practices on a scale of "1 – Always" to "5 - Never." As detailed in the table below, respondents were highly likely to use safety measures including wearing a seatbelt, practicing safe sex, using sunscreen regularly, and driving responsibly. In addition, respondents were less likely to eat fast foods more than once a week, use electronic cigarettes, get exposed to second-hand smoking, use marijuana, or misuse prescription drugs. However, 24.20% of respondents reported feeling stressed out or overwhelmed "Always" or "Most of the time."

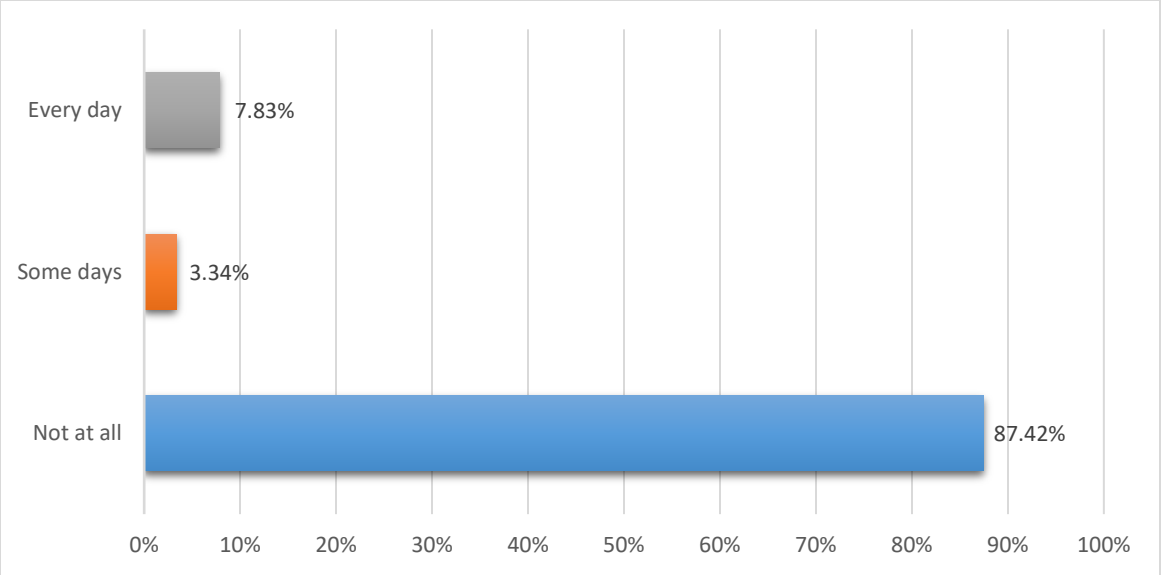
Table 10. Respondent Health and Safety Practices

Factor	Frequency of "Always" and "Most of the Time" Responses
Wear a seatbelt	97.7%
Wear a helmet while riding a bicycle, scooter, roller blading, etc.	33.81%
Eat fast food more than once a week	12.37%
Use electronic cigarettes	1.74%
Get exposed to second hand smoke or vaping mist at home or work	6.61%
Use marijuana	1.33%
Misuse prescription drugs, opioids, heroin, or other illegal drugs	0.41%
Exercise 30 minutes a day, 3 times a week	34.27%
Use sunscreen regularly	47.75%
Practice safe sex i.e. use a condom, monogamous, get tested	67.11%
Feel stressed out or overwhelmed	24.20%
Drive responsibly, follow safe rules of the road, drive within the speed limit	89.00%

Tobacco & Alcohol Use

Risky behaviors related to tobacco and alcohol use were measured as part of the survey. Approximately 34% of respondents reported smoking at least 100 cigarettes in their lifetime. Among this group, 87.42% reported they currently do not smoke at all, where as 7.832% smoke every day and 3.34% smoke some days.

Do you smoke cigarettes every day, some days, or not at all?



In regards to alcohol use, almost two-thirds of respondents (65.66%) did not have an alcoholic beverage during the past 30 days. Among respondents who did drink an alcoholic beverage, 22.16% participated in binge drinking one to two times during the past month. Only a very small percentage of respondents (approximately 11%) participated in binge drinking three or more times during the past month. Binge drinking is defined as four drinks or more on one occasion for women and five drinks or more on one occasion for men.

Preventive Health Practices

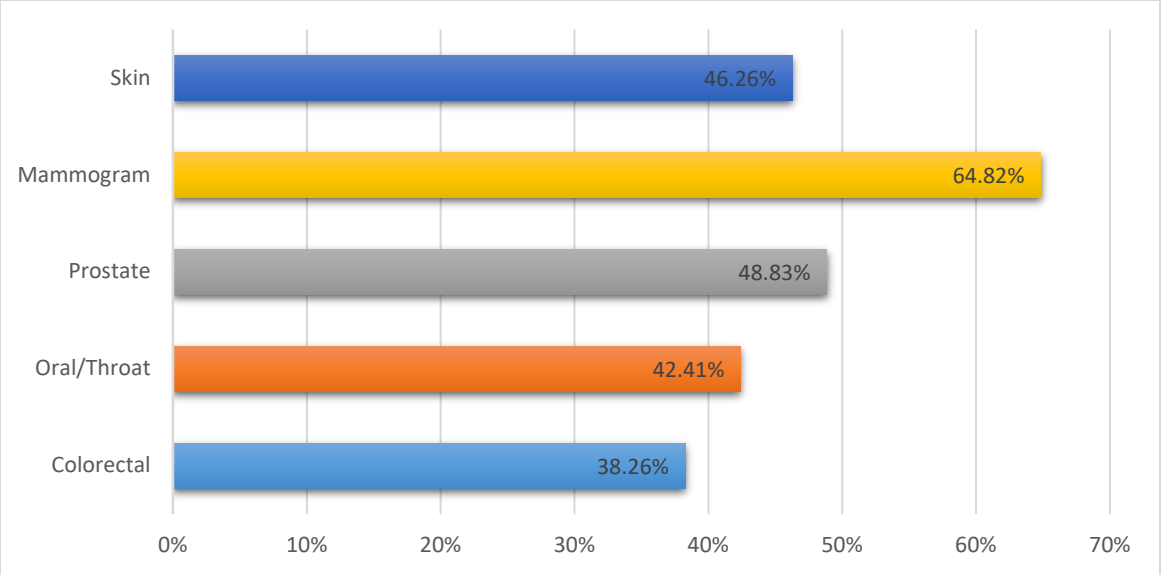
Immunizations

A positive finding among Harford County respondents is the prevalence of immunizations. In the past 12 months, 78.98% of respondents received a flu vaccine either as a shot or a nasal spray.

Screenings

The prevalence of routine health screenings among Harford County respondents varies based on the type of screening. In general, Harford County respondents are less likely to receive skin screenings. Only 46.26% of respondents have routine health screenings for skin-related conditions. Oral/throat health screenings and prostate screenings are also less prevalent among Harford County respondents (42.41% and 48.83% respectively). A low percentage of respondents also participate in routine health screenings for colorectal cancer (38.26%). In contrast, a larger proportion of respondents participate in routine mammogram screening (64.82%).

Percent of those participating in routine health screenings for:



Key Health Issues

Respondents were asked to rank the three most significant health issues facing Harford County. The respondents could choose from a list of 13 health issues as well as suggest their own that were not on the list. Drug/Alcohol abuse was the primary area of shared concern among Harford County respondents. Nearly 83% of respondents selected this issue as one of the top three most pressing health issues facing the county. Mental Health/Suicide was also a concern shared by 44.80% of respondents. The third most pressing health issue, as viewed by the respondents, was overweight/obesity with a 41.36% rating. The following table shows the breakdown of the percent of respondents who selected each health issue.

Table 11. Ranking of the Top Three Most Pressing Health Issues

Rank	Key Health Issues	Count	Percent of Respondents Who Selected The Issue
1	Drug Abuse/Alcohol Abuse	1,442	82.83%
2	Mental Health/Suicide	780	44.80%
3	Overweight/Obesity	720	41.36%
4	Cancer	442	25.39%
5	Access to Care/Uninsured	438	25.16%
6	Diabetes	324	18.61%
7	Heart Disease	302	17.35%
8	Tobacco Use/Smoking	254	14.59%
9	Alzheimer's Disease/Aging Issues	210	12.06%

10	Dental Health	150	8.62%
11	Sexually Transmitted Diseases	43	2.47%
12	Other	42	2.41%
13	Stroke	38	2.18%
14	Maternal/Infant Health (Pregnancy)	38	2.18%

In addition, respondents were asked through open-ended response to specify other pressing issues they think are facing Harford County. The most frequently voiced issues included drug abuse, transportation, homelessness and non-compliance. A complete listing of answers given by respondents is given below.

Most Pressing Health Issues Facing Harford County:

- **"Homeless people/we need Homes!"**
- **"Opioid use/overdose"**
- **"Transportation"**
- **"Dental health for adults on fixed income with Medical Assistance."**
- **"Doctor, not Urgent Care facilities, where you can get an appointment in under 2 weeks"**
- **"Medication costs"**
- **"Healthcare costs"**
- **"Noncompliance with care recommendations/medication"**
- **"Additional Treatment"**
- **"Kidney stones"**
- **"Opioids and liberal Rx writing by Practitioners"**
- **"Having to wait weeks or months for an appointment"**
- **"Lyme disease"**
- **"Counseling"**
- **"Glasses to wear"**
- **"Too much sugar"**

Barriers to Services

Respondents were asked to consider the most significant barriers that keep people in the community from accessing health services. The five most significant barriers included cost of out of pocket expenses (81.40%), lack of health insurance coverage (57.62%), lack of transportation (42.03%), difficult to understand/navigate health care system (37.15%), and can't find doctor/can't get appointment (35.58%). Responses are summarized in the table below.

Table 11. Barriers to Accessing Health Care

Rank	Key Health Issues	Count	Percent of Respondents Who Selected The Barrier

1	Cost/Paying Out of Pocket Expenses (Co-pays, Prescriptions, etc.)	1400	81.40%
2	Lack of Health Insurance Coverage	991	57.62%
3	Lack of Transportation	723	42.03%
4	Difficult to Understand/Navigate Health Care System	639	37.15%
5	Can't Find Doctor/Can't Get Appointment	612	35.58%
6	Basic Needs Not Met (Food/Shelter)	574	33.37%
7	Not Enough Time	333	19.36%
8	Lack of Child Care	252	14.65%
9	Lack of Trust	245	14.24%
10	Language/Cultural Issues	171	9.94%
11	Other	73	4.24%
12	None/No Barriers	58	3.37%

Respondents also identified through open-ended response other significant barriers that they perceived were keeping people in the community from accessing health care. The vast majority pointed out lack of education and awareness as the most significant barrier. Responses such as "people lack education on how to maintain general health" and "they lack understanding of common health issues such as stroke, heart attack and diabetes" were very common. Other barriers that were mentioned frequently included, conflicting work schedules, laziness, and the stigma or fear of addressing issues.

Resources Needed to Improve Access

Respondents were asked what resources or services are missing in the community. More than half of respondents (51.93%) indicated that free/low cost dental care services are missing in the community. A few other resources identified as missing included, mental health services (42.46%), substance abuse services (42.22%), free/low cost vision/eye care (38.13%), and free/low cost Medicare care (37.95%). In addition, respondents indicated through an open-ended question that they want to have more access to affordable senior living facilities, health insurance, and substance abuse programs. Table 12 includes a listing of missing resources in rank order.

Table 12: Listing of Resources Needed in the Community

Rank	Resources Needed	Count	Percent of Respondents Who Selected The Resource
1	Free/Low Cost Dental Care	888	51.93%

2	Mental Health Services	726	42.46%
3	Substance Abuse Services	722	42.22%
4	Free/Low Cost Vision/Eye Care	652	38.13%
5	Free/Low Cost Medicare Care	649	37.95%
6	Transportation	597	34.91%
7	Prescription Assistance	560	32.75%
8	Access to Affordable Fresh Fruits & Vegetables	529	30.94%
9	Health Education/Information/Outreach	428	25.03%
10	Elder Care/Senior Services	395	23.10%
11	Health Screenings	373	21.81%
12	Primary Care Providers (Family Doctors	315	18.42%
13	Immunization/Vaccination Programs	197	11.52%
14	Bilingual Services	186	10.88%
15	Medical Specialists (Ex. Cardiologist)	152	8.89%
16	Availability of Parks & Recreation Areas	149	8.71%
17	Prenatal Care Services	85	4.97%
18	Other	58	3.39%
19	None	53	3.10%

Risky Behaviors in our Community

Respondents were asked to rank the three most important "risky behaviors" in Harford County. The respondents could choose from a list of 12 risky behaviors as well as suggest their own that were not on the list. Drug abuse was the most identified risky behavior. Nearly 90% of respondents selected this issue as one of the top three most important risky behaviors of the county. Alcohol abuse was also a concern shared by 47.90% of respondents. The third most identified risky behavior, as viewed by the respondents, was being overweight with a 41.99% rating. In addition, respondents indicated through an open-ended question that texting while driving was an identified risky behavior. Table 13 includes a listing of risky behaviors in rank order.

Table 13. Ranking of the Top Three Most Important "Risky Behaviors"

Rank	Key Health Issues	Count	Percent of Respondents Who Selected The Issue
1	Drug Abuse	1555	89.32%
2	Alcohol Abuse	834	47.90%
3	Being overweight	731	41.99%

4	Poor eating habits	553	31.76%
5	Tobacco use	353	20.28%
6	Lack of exercise	303	17.40%
7	Unsafe sex	201	11.55%
8	Racism	194	11.14%
9	Not using birth control	141	8.10%
10	Dropping out of school	132	7.58%
11	Not getting "shots" to prevent disease	119	6.84%
12	Not using seat belts/child safety seats	57	3.27%
13	Other	50	2.87%

Needs for a Healthy Community/Quality of Life

Respondents were asked to rank the three most important needs for a "Healthy Community". The respondents could choose from a list of 16 things which most improve the quality of life in a community as well as suggest their own that were not on the list. Low crime/safe neighborhoods was the most identified need. More than half the respondents (54.51%) selected this issue as one of the top three needs for a healthy community. Access to health care was also a need shared by 37.51% of respondents. The third most identified need, as viewed by the respondents, was healthy behaviors and lifestyles with a 34.81% rating. Table 14 includes a listing of important needs for a "Healthy Community" in rank order.

Table 14. Ranking of the Top Three Most Important Needs for a "Healthy Community"

Rank	Key Health Issues	Count	Percent of Respondents Who Selected The Issue
1	Low crime/safe neighborhoods	949	54.51%
2	Access to health care (e.g., family doctor)	653	37.51%
3	Healthy behaviors and lifestyles	606	34.81%
4	Good jobs and healthy economy	560	32.17%
5	Good schools	503	28.89%
6	Strong family life	442	25.39%
7	Affordable housing	382	21.94%
8	Good place to raise children	337	19.36%

9	Religious or spiritual values	227	13.04%
10	Clean environment	197	11.32%
11	Parks and recreation	111	6.38%
12	Excellent race relations	95	5.46%
13	Low level of child abuse	74	4.25%
14	Low adult death and disease rates	36	2.07%
15	Arts and cultural events	25	1.44%
16	Other	23	1.32%
17	Low infant deaths	3	0.17%

Community Feedback

What Prevents You From Being Healthy In Harford County?
Respondents were asked to comment on what prevents them from being healthy in Harford County. The most common responses referenced lack of time, affordable health care, transportation, high cost of healthy foods, and work related issues.

Select Responses:

- **"Healthy food is too expensive, needs to be low cost healthy food."**
- **"Money, even with insurance, I am unable to afford the co-pays for the services my insurance covers, so I don't go."**
- **"Can't afford housing, no train, no buses that work."**
- **"Transportation challenges for those without a car."**
- **"Cost of fresh fruits and vegetables."**
- **"Lack of easy access to outdoor recreation."**
- **"Demanding full-time job, raising busy family."**
- **"No drug awareness education program in elementary school. The county and state must step up and make it a top priority to help our youth."**
- **"Out of pocket costs for healthcare."**
- **"Healthcare hours aren't convenient."**
- **"No doctor will see a new patient in a reasonable time."**
- **"Lack of resources, cost of healthcare, lack of mental health support."**
- **"Affordable exercise programs and flexible doctor hours."**
- **"Work too many hours for too little pay which leaves me stressed for time."**
- **"Getting doctor's appointments in a reasonable amount of time."**
- **"Exhausted, single parent, short staffed at work – no lunch, no breaks."**
- **"My job – they talk the talk, but don't walk the walk."**
- **"Cost of groceries."**
- **"I am living from paycheck to paycheck. I cannot afford to buy the healthier foods to eat due to their cost is higher than the cost of processed and pre-packaged**

foods. Time is another issues. Not enough community activities that young, single and older single adults can go to mingle and develop friendships."

- **"Cost of living and lack of good paying jobs."**
- **"Too many fast food options."**
- **"Horrible public transportation access."**
- **"Time to cook healthy and get outside to exercise."**
- **"Harford County needs engaging affordable activities for child, teens and elderly citizens."**
- **"Cost of living too high, pay is too low, co-pays just continue to increase."**
- **"Lack of adult dental care and good paying jobs."**

General/Additional Comments:

- **"Local transportation needs to be more readily available."**
- **"More mental health facilities/providers is desperately needed."**
- **"More community programs for Route 40 corridor."**
- **"Harford County and the State of MD need to address the heroin issue. Drug awareness education needs to be implemented in all elementary Social Studies curriculum. This is a serious issues and children must be educated by using a new high tech drug awareness program. The vhs tape program of the 1990's is completely obsolete."**
- **Harford County needs to up the pay rates for hard working employees and provide better more affordable housing."**
- **"WE NEED TO FIND PEDIATRIC PSYCH CARE!!!! How in the world can we raise children to be strong productive members of our community if we are not helping children in need of mental illness help!!! It's out of control."**
- **"Make health care affordable for everyone."**
- **"To help the people with no insurance to get the care and help the need."**
- **"Health education needs to have congruency starting in elementary schools all the way through high school. We cannot preach good eating habits and have vending machines in school or serve hot dogs and pizza in school cafeterias."**
- **"PCP involvement to stop the Opioid crisis."**
- **"Harford County also needs user friendly assistance for adults with prescription medication…and assistance with substance abuse treatments. Cost is a big issue."**
- **"Nutrition counseling services are grossly unattainable."**
- **"We desperately need drug abuse assistance as well as mental health assistance in this county."**
- **"Our county is in need of practical and affordable transportation options for community members, especially the senior community members."**
- **"There is a significant need for affordable access to healthy food and for affordable coverage for individuals who are on medical assistance."**
- **"Navigating a system while managing a family and full time job is difficult."**
- **"Need more specialists that you can see quickly."**

Data Links:
https://data.census.gov/cedsci/table?q=overall%20population&g=0400000US24_0500000US24025&tid=ACSDP1Y2019.DP05&hidePreview=true

HARFORD COUNTY LHIC

Harford County Health Department

The Health of Harford County

Annual LHIC Meeting
October 20, 2020

Marcy Austin
Acting Health Officer

Ronya Nassar, MPH
Christina Claypool, MPH, CHES
Shelby Graves, MPH, CHES

Public Health
Prevent. Promote. Protect.
Harford County Health Department

Accredited Health Department • Public Health Accreditation Board •
PHAB
Advancing public health performance

Agenda

- COVID-19 Update
- Snapshot of Harford County's Health
- Maternal and Infant Health
- Behavioral Health
- Chronic Diseases

Public Health
Prevent. Promote. Protect.
Harford County Health Department

COVID-19 Key Points
As of 10/19/2020

Public Health
Prevent. Promote. Protect.
Harford County Health Department

COVID-19 Key Points
As of 10/19/2020

- **COVID-19** is the name of the disease caused by a new strain of coronavirus called SARS-CoV-2.
  - The U.S. continues to be the area with the highest cases and deaths worldwide
- **Spreads** easily from person to person and most commonly spreads during close contact (within 6 feet) when infected people cough, sneeze, sing, talk, or breathe (respiratory droplets). Can sometimes be spread from airborne transmission and less commonly through contact with contaminated surfaces.
- **Very contagious** and appears to spread more efficiently than the flu, but not as efficiently as measles, which is among the most contagious viruses known to affect people.
- **Symptoms** may appear 2-14 days after virus exposure and can include Fever or chills, Cough, Shortness of breath or difficulty breathing, Fatigue, Muscle or body aches, Headache, New loss of taste or smell, Sore throat, Congestion or runny nose, Nausea or vomiting, and Diarrhea
- **Medication/Treatment** FDA has granted an Emergency Use Authorization for the use of Remdesivir to treat severe cases and convalescent plasma for hospitalized patients relatively early in the course of their disease. There are also evolving standards of care utilizing corticosteroids.

COVID-19 Key Points
As of 10/19/2020

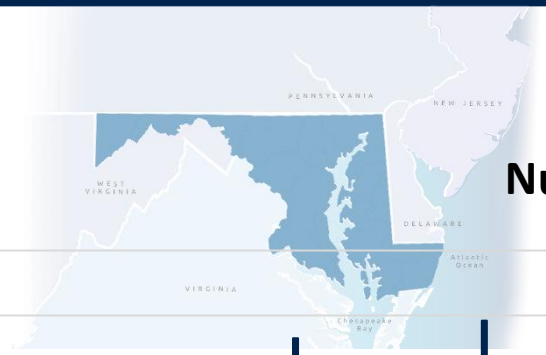
- **Highest risk groups** are older adults and people with medical conditions such as Cancer, Chronic kidney disease, COPD, Heart conditions, Immunocompromised state (weakened immune system) from solid organ transplant, Obesity, Sickle cell disease, Smoking, Type 2 diabetes.
- **Preventive measures** include washing hands, avoiding close contact (6 feet), cover your mouth and nose with a face covering, cover coughs and sneezes, clean and disinfect frequently touched surfaces, and monitor your health daily.
- **Social distancing or physical distancing** means staying at least 6 feet (about 2 arms' length) from other people who are not from your household in both indoor and outdoor spaces.
- **If I test positive for COVID-19, what do I do?**
  - Stay home for 10 days since symptoms first appeared and are 24 hours fever free without the use of fever reducing medications and other symptoms of COVID-19 are improving.
  - Follow care instructions from your healthcare provider, stay home, except to get medical care, separate yourself from other people, monitor your symptoms and look for emergency warning signs (i.e. shortness of breath), call ahead before visiting the doctor, practice good hygiene, wear a face covering if you must be around people, and most importantly…rest and take care of yourself !

COVID-19 Statistics

AREA	CASES	DEATHS
Worldwide	40.2 Million	1.1 Million
United States	8.1 Million	219,880
Maryland	136,154	3,895
Harford County	3,417	74

As of 10/12/20:
https://coronavirus.jhu.edu/map.html
https://coronavirus.maryland.gov/

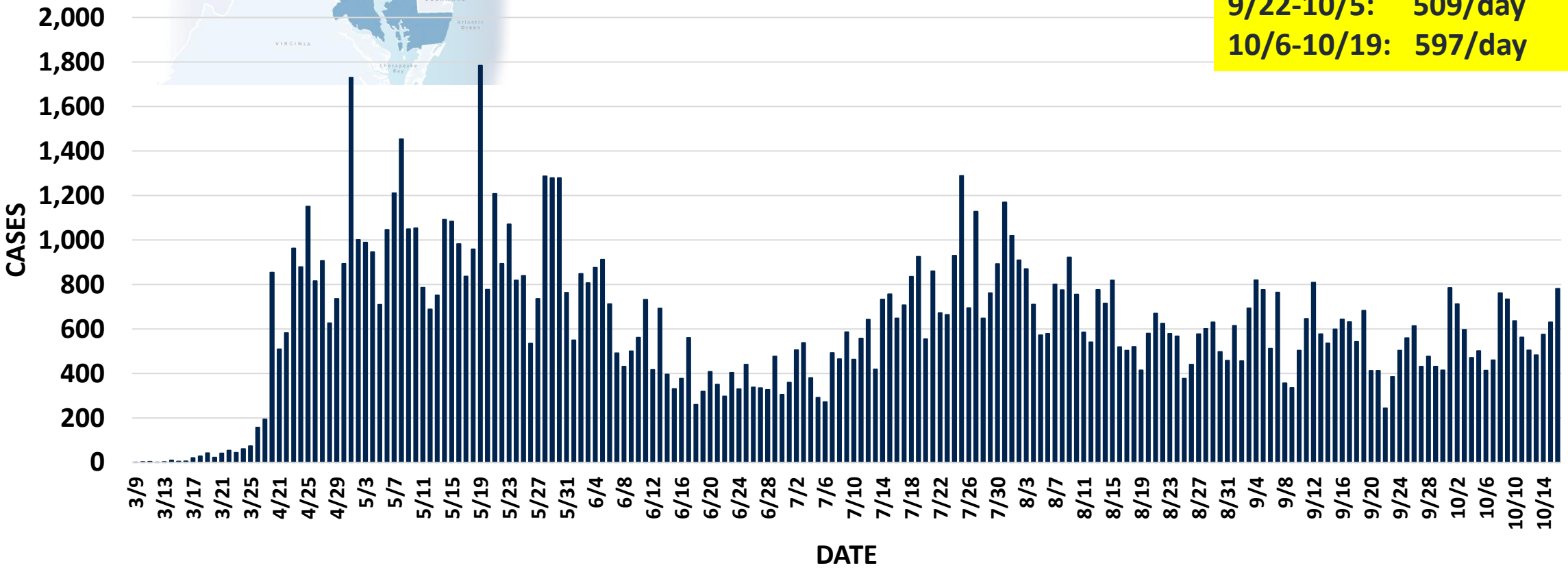
Epi Curve for Maryland COVID-19 New Cases



Number of New COVID-19 Cases in MD

MD new cases up 17%

9/22-10/5: 509/day
10/6-10/19: 597/day



https://coronavirus.maryland.gov/

Public Health
Prevent. Promote. Protect.
Harford County Health Department

Epi Curve for Harford COVID-19 New Cases

Number of New COVID-19 Cases in Harford County

Harford new cases up 27%

9/22-10/5: 15/day
10/6-10/19: 19/day

CASES

0 5 10 15 20 25 30 35 40 45

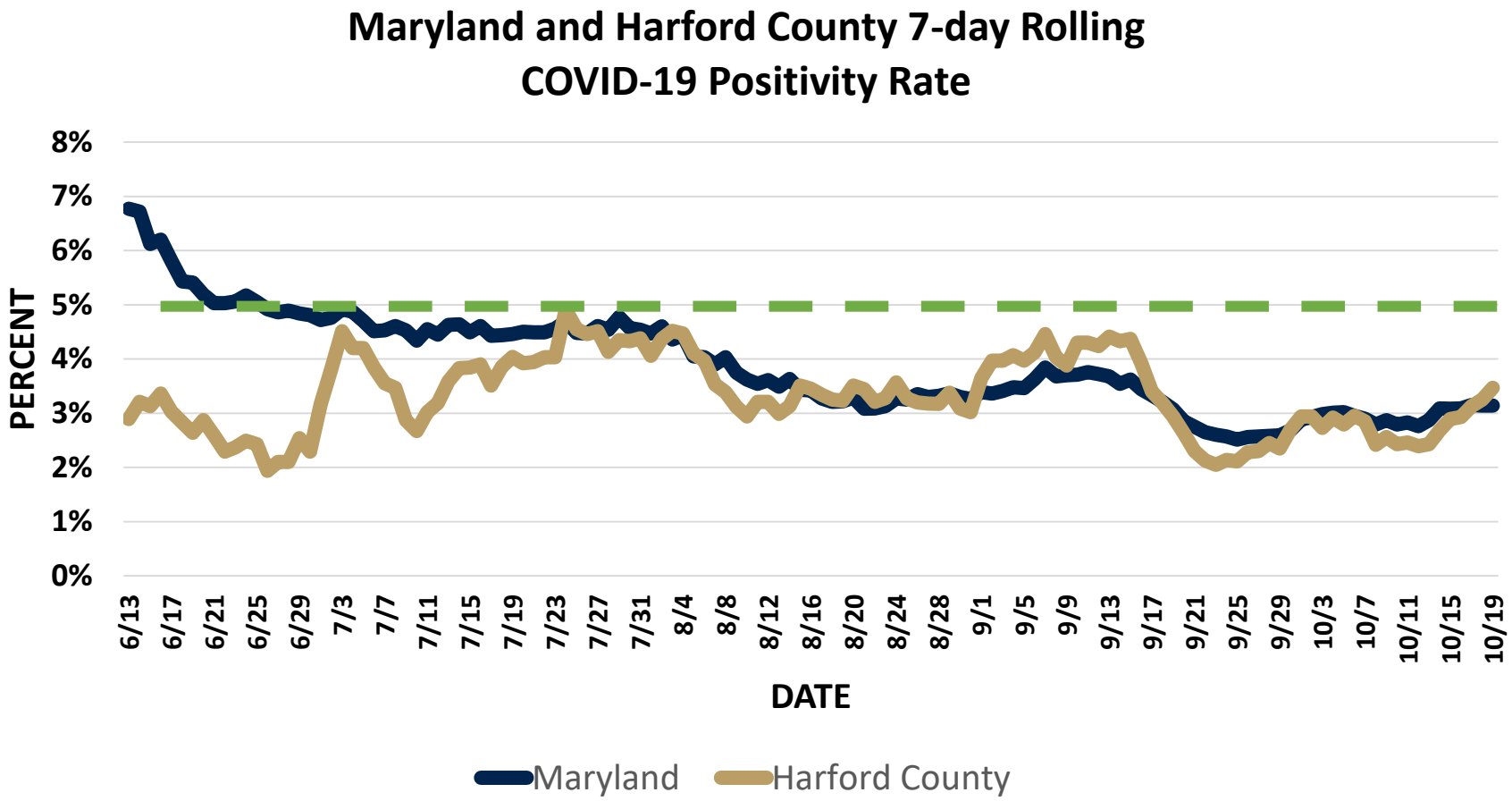
3/6 3/10 3/14 3/18 3/22 3/26 3/30 4/3 4/7 5/17 5/21 5/25 5/29 6/2 6/6 6/10 6/14 6/18 6/22 6/26 6/30 7/4 7/8 7/12 7/16 7/20 7/24 7/28 8/1 8/5 8/9 8/13 8/17 8/21 8/25 8/29 9/2 9/6 9/10 9/14 9/18 9/22 9/26 9/30 10/4 10/8 10/12 10/16

DATE

https://coronavirus.maryland.gov/

Public Health
Prevent. Promote. Protect.
Harford County Health Department

COVID-19 Positivity Rate
Maryland and Harford County



MD positivity rate up 8%

9/22-10/5: 2.72%/day
10/6-10/19: 2.96%/day

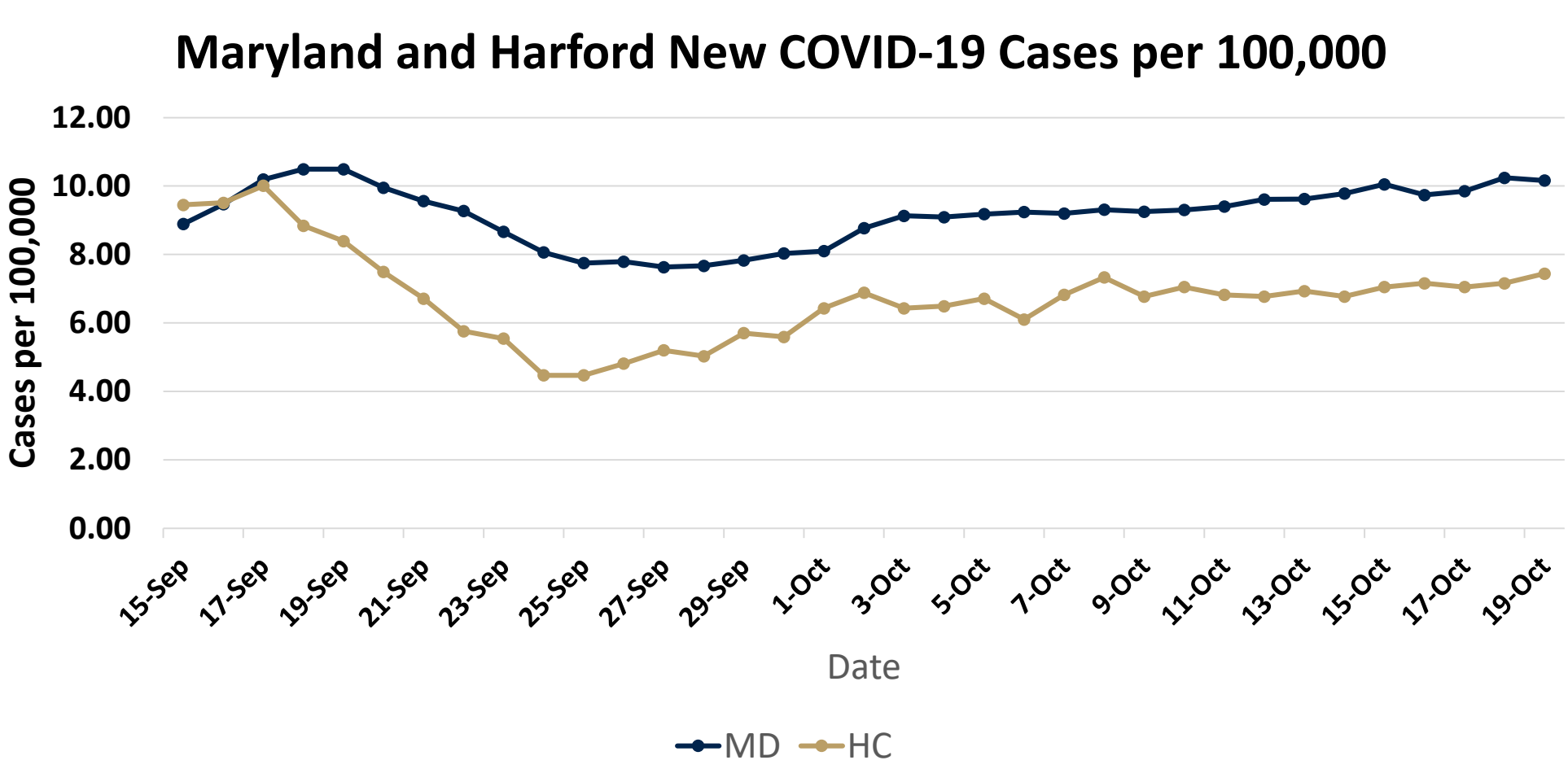
Harford positivity rate up 11%

9/22-10/5: 2.49%/day
10/6-10/19: 2.77%/day

https://coronavirus.maryland.gov/

Public Health
Prevent. Promote. Protect.
Harford County Health Department

New COVID-19 Cases per 100,000



MD new cases per 100,000 up 15%

9/22-10/5: 8.35/day
10/6-10/19: 9.63/day

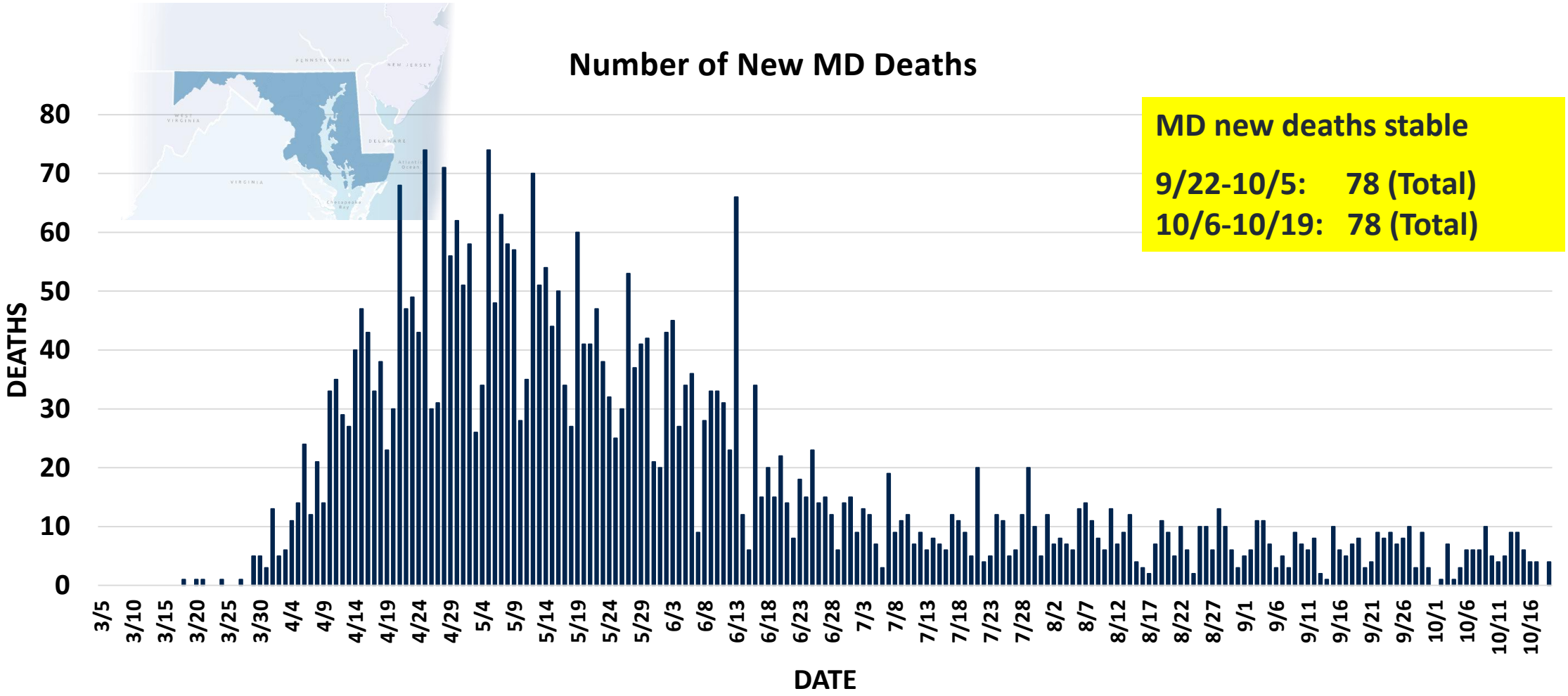
Harford new cases per 100,000 down 22%

9/22-10/5: 5.68/day
10/6-10/19: 6.94/day

https://coronavirus.maryland.gov/

Public Health
Prevent. Promote. Protect.
Harford County Health Department

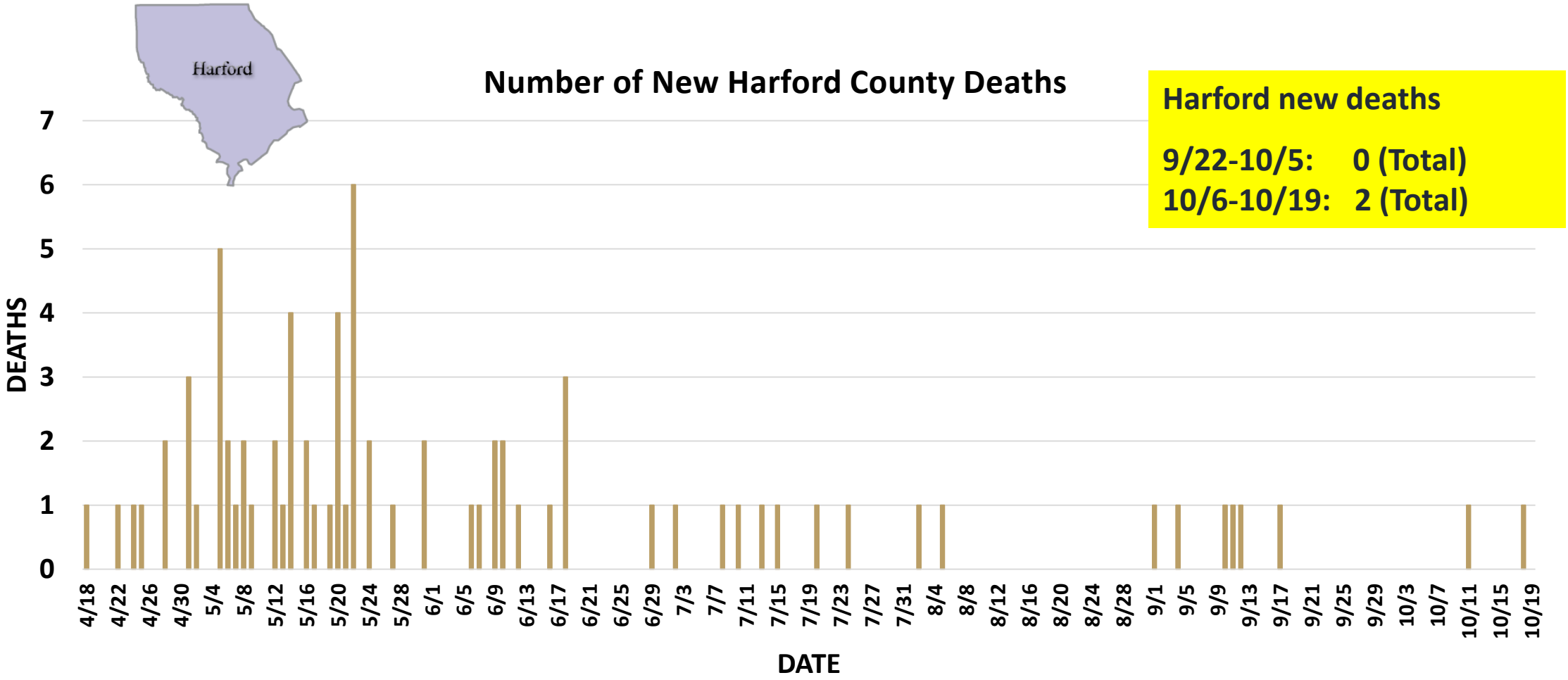
Epi Curve for Maryland COVID-19 New Deaths



https://coronavirus.maryland.gov/

Public Health
Prevent. Promote. Protect.
Harford County Health Department

Epi Curve for Harford COVID-19 New Confirmed Deaths



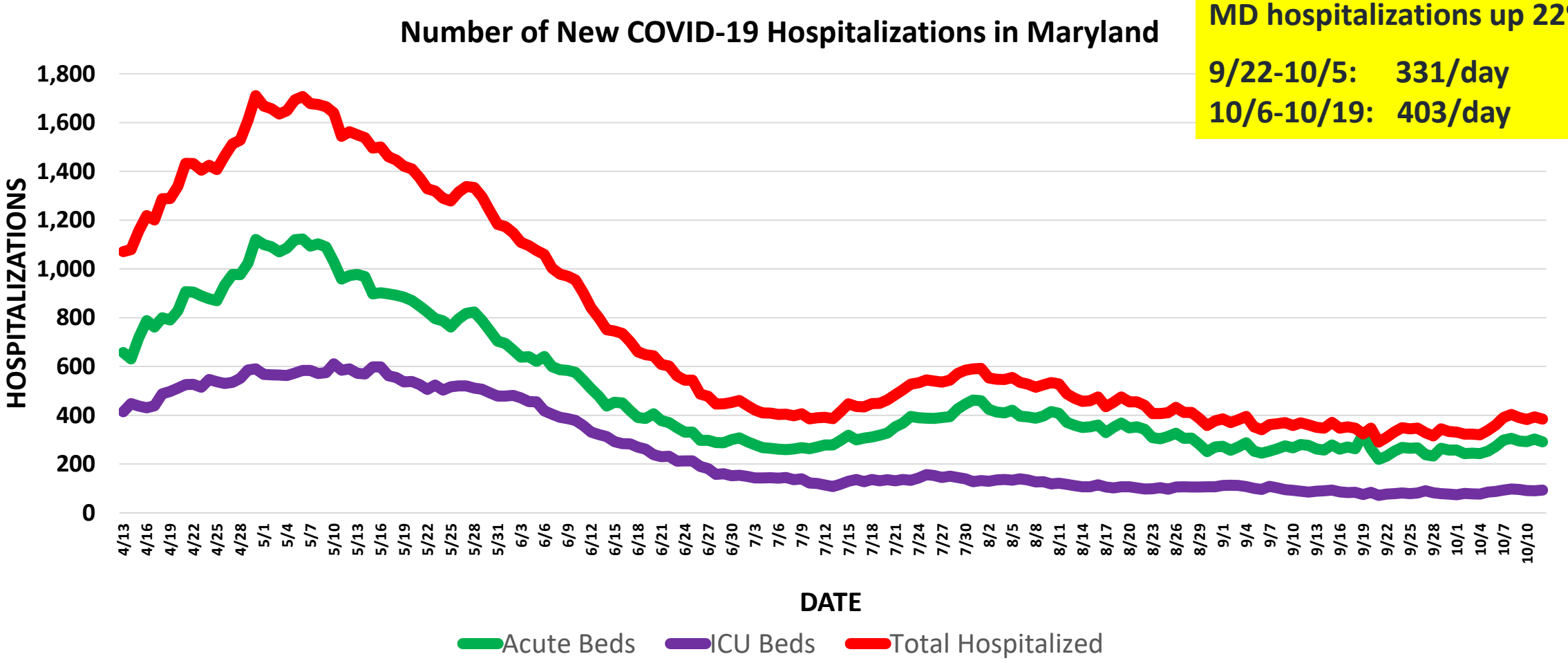
https://coronavirus.maryland.gov/

Public Health
Prevent. Promote. Protect.
Harford County Health Department

Maryland COVID-19 Total Hospitalizations

MD hospitalizations up 22%

9/22-10/5: 331/day
10/6-10/19: 403/day



https://coronavirus.maryland.gov/

Public Health
Prevent. Promote. Protect.
Harford County Health Department

Harford County COVID-19 Testing

COVID TESTING IS MOVING TO ABERDEEN ON OCTOBER 1ST!

NO DOCTOR'S ORDER. WEAR A MASK.

MUST BE AGES 5+ APPOINTMENTS REQUIRED.

REGISTER HERE:
https://crispcovid19.powerappsportals.com/new-patient/

Mondays – 10 a.m. to 12 noon
Wednesdays – 8 a.m. to 12 noon
Thursdays – 3 p.m. – 7 p.m.
Fridays – 10 a.m. to 12 noon

650 McHenry Road (next to Target)
beginning October 1st.

In partnership with: University of Maryland Upper Chesapeake Health

Public Health
Prevent. Promote. Protect.
Harford County Health Department

Public Health
Prevent. Promote. Protect.
Harford County Health Department

Snapshot of Harford County's Health

Of Maryland's 24 jurisdictions, what is Harford County's 2020 health ranking? (1= most healthy, 24= least healthy)

(A) # 1
(B) # 8
(C) # 10
(D) # 16
(E) # 24

2020 County Health Rankings: *By Maryland Jurisdiction*

2020 County Health Rankings for the 24 Ranked Counties in Maryland

Harford County ranks 8th of 24 for health outcomes and health factors.

County	Health Outcomes	Health Factors
Allegany	21	19
Anne Arundel	10	9
Baltimore	15	11
Baltimore City	24	24
Calvert	7	6
Caroline	19	21
Carroll	3	3
Cecil	18	18

County	Health Outcomes	Health Factors
Charles	13	12
Dorchester	23	22
Frederick	4	5
Garrett	12	14
Harford	8	8
Howard	2	1
Kent	16	10
Montgomery	1	2

County	Health Outcomes	Health Factors
Prince George's	11	16
Queen Anne's	9	4
Somerset	22	23
St. Mary's	6	13
Talbot	5	7
Washington	17	15
Wicomico	20	20
Worcester	14	17

For more information on how these ranks are calculated, view the tables at the end of this report and visit

www.countyhealthrankings.org

Life Expectancy

What is the average life expectancy of a Harford County resident?

(A) 82 years
(B) 81 years
(C) 78 years
(D) 77 years
(E) 72 years

Life Expectancy

What is the average life expectancy of a Harford County resident?

(A) 83.38 years – Howard County
(B) 84.44 years – Montgomery County
(C) 78.84 years – Harford County
(D) 76.19 years – Cecil County
(E) 72.78 years – Baltimore City

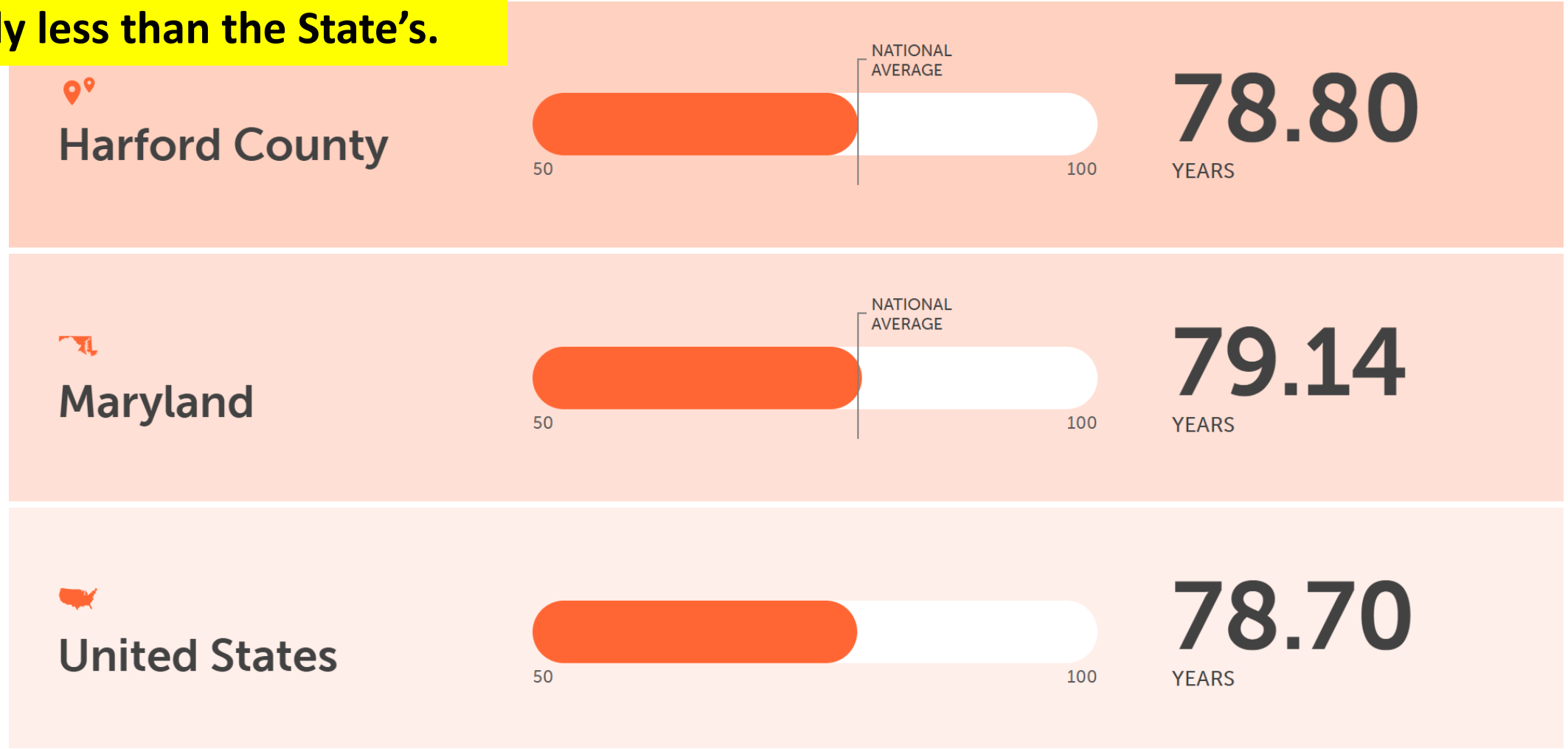
Location – Location - Location

There's a 10-year geographic disparity in average life expectancy within Maryland.

https://www.rwjf.org/en/library/interactives/whereyouliveaffectshowlongyoulive.html

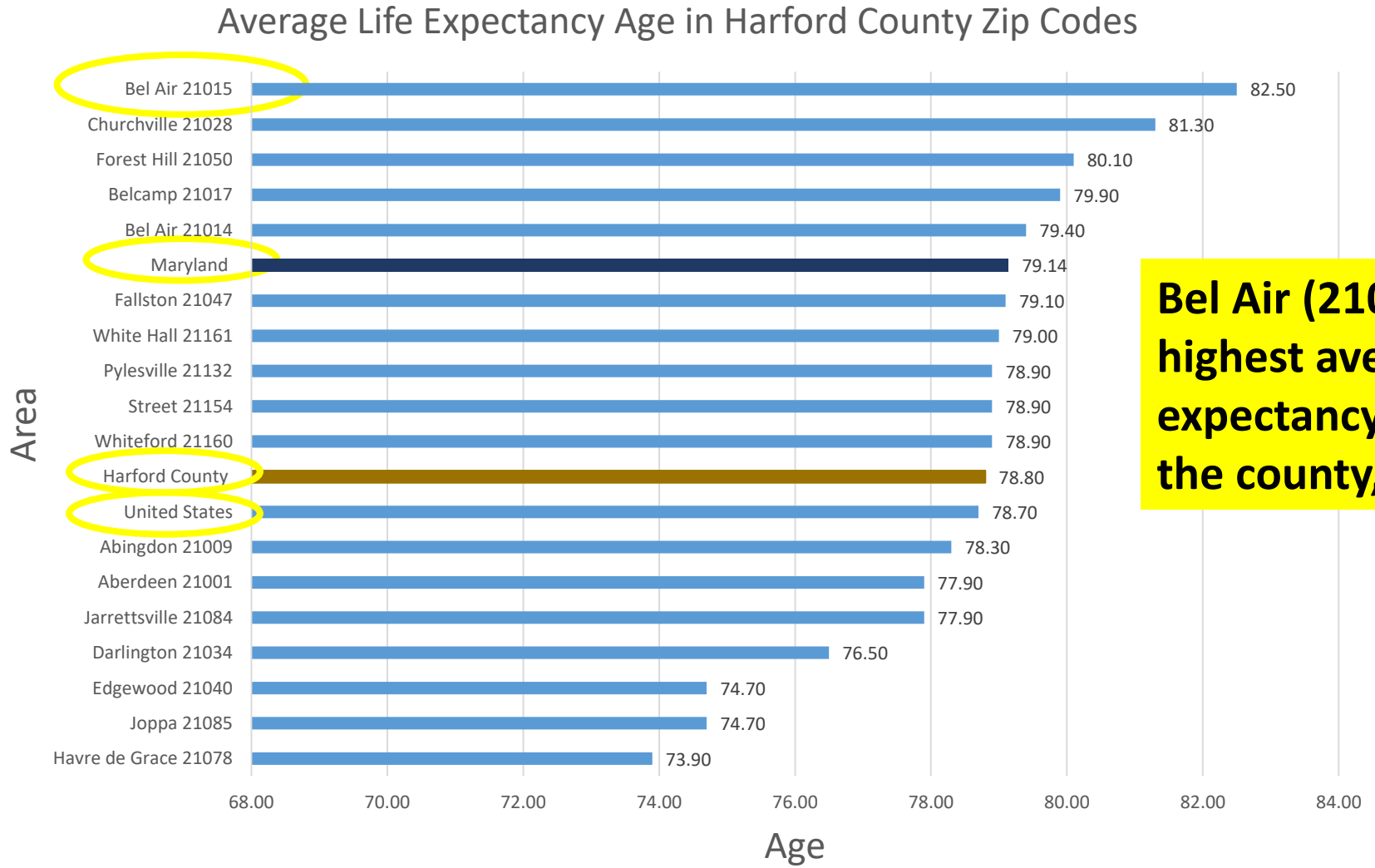
Life Expectancy

Harford County life expectancy is comparable to the U.S., but slightly less than the State's.



https://www.rwjf.org/en/library/interactives/whereyouliveaffectshowlongyoulive.html

Your Zip Code Matters More Than Your Genetic Code



Bel Air (21015) zip code has highest average life expectancy, compared to the county, state, and U.S.!

https://www.rwjf.org/en/library/interactives/whereyouliveaffectshowlongyoulive.html

2020 Health Indicators
Doing Better – Doing Worse

Health Indicators	Harford County	Maryland	Top U.S. Performers
HARFORD COUNTY DOING BETTER			
Dentists (ratio)	1,550:1	1,290:1	1,240:1
Mammography Screenings (%)	44%	41%	50%
Uninsured (%)	5%	7%	6%
HARFORD COUNTY DOING WORSE			
Adult Obesity (%)	32	31	26
Sexually Transmitted Infections (per 100k)	322.0	552.1	161.4
Children in Poverty (%)	10%	12%	11%

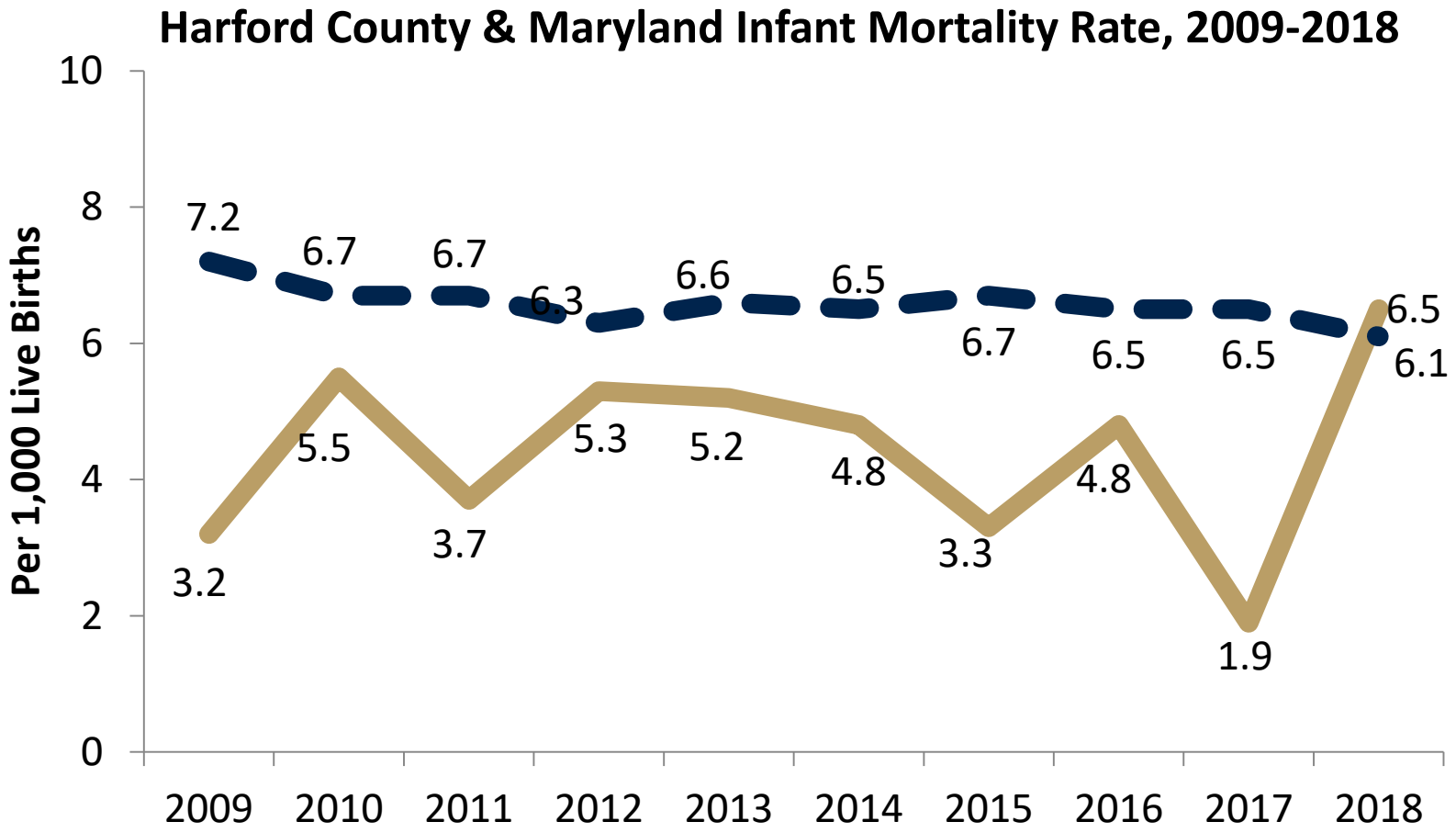
2020 County Health Rankings Report Data

Public Health
Prevent. Promote. Protect.
Harford County Health Department

Maternal and Infant Health

Public Health
Prevent. Promote. Protect.
Harford County Health Department

Infant Mortality

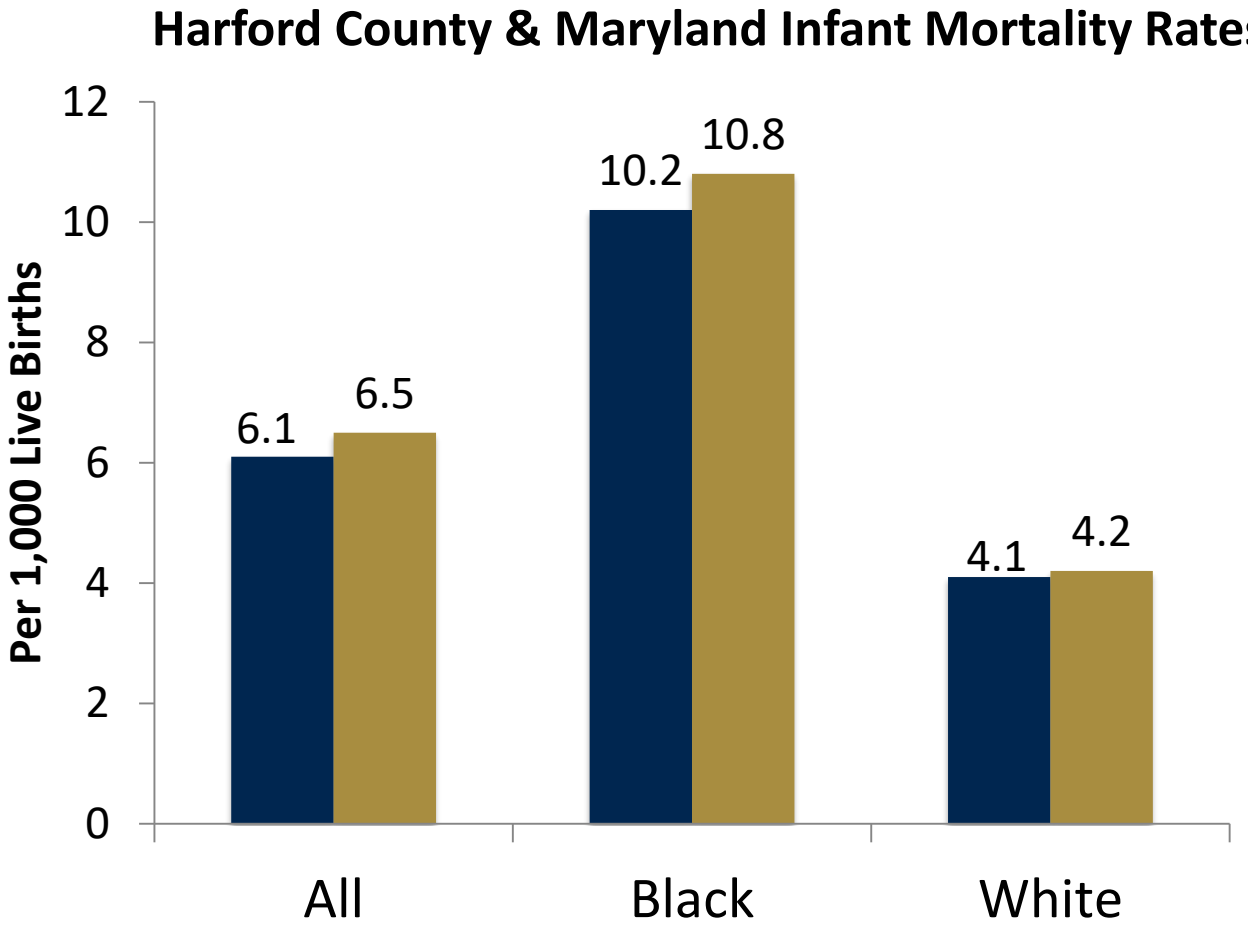


In 2018, Harford County's infant mortality rate exceeded the State for the first time.

Source: Maryland Vital Statistics

Public Health
Prevent. Promote. Protect.
Harford County Health Department

Infant Mortality

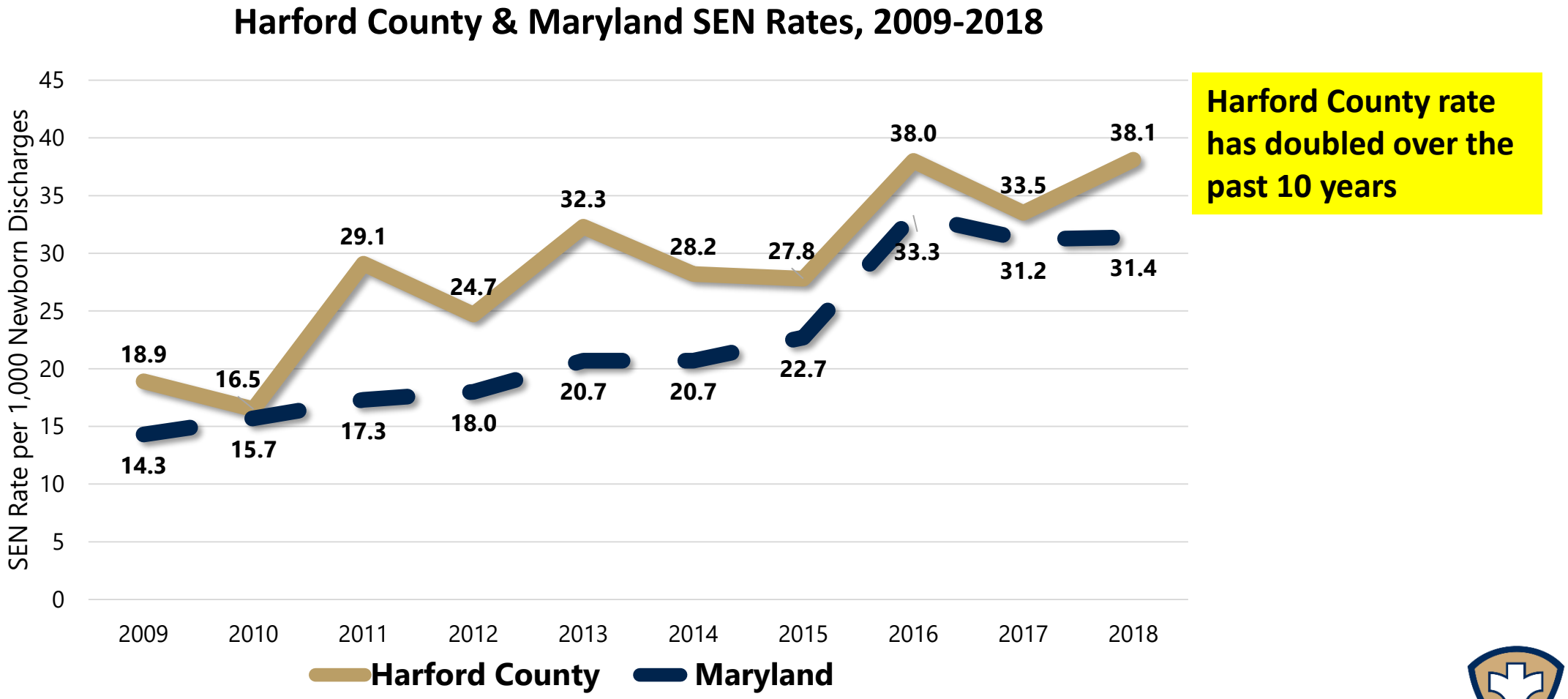


…but significant infant mortality racial disparities persist in Maryland and Harford County

Source: Maryland Vital Statistics

Public Health
Prevent. Promote. Protect.
Harford County Health Department

Substance Exposed Newborns (SEN)

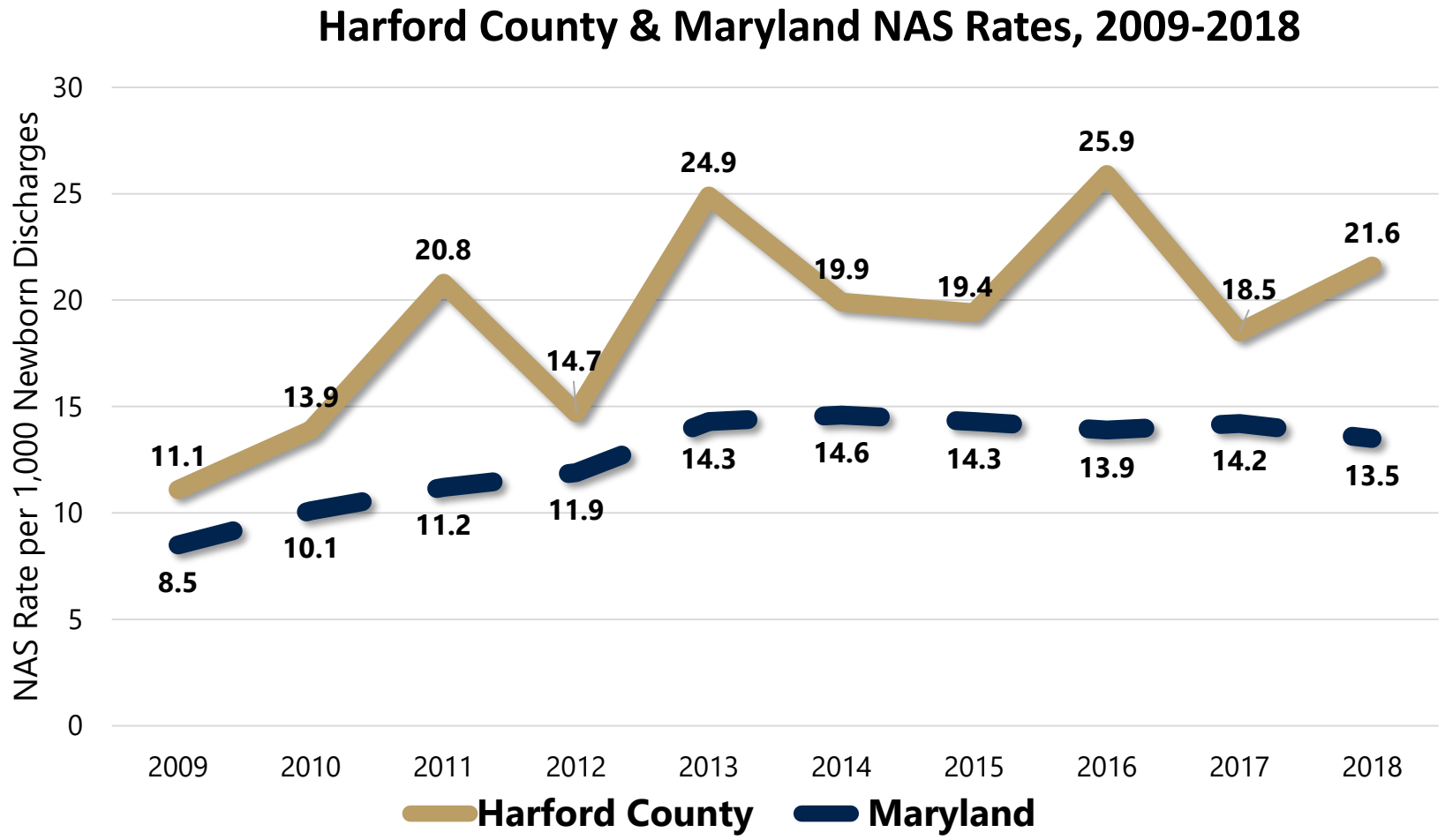


Harford County rate has doubled over the past 10 years

Source: HSCRC Hospital Inpatient Files (includes MD resident delivery discharges at MD hospitals only. Excludes MD resident newborns delivered out of state.

Public Health
Prevent. Promote. Protect.
Harford County Health Department

Neonatal Abstinence Syndrome (NAS)

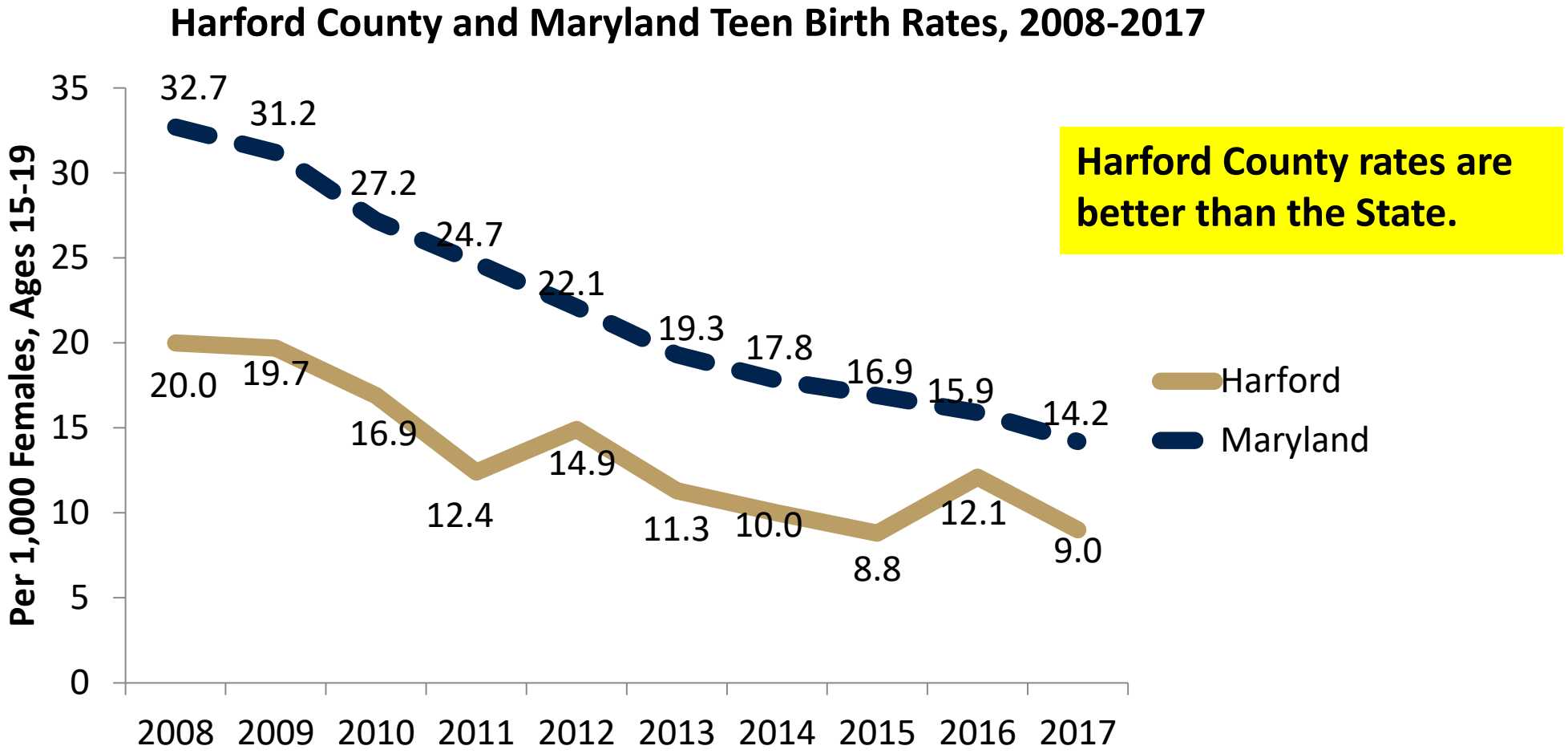


Harford County rate has been consistently higher than Maryland

Source: HSCRC Hospital Inpatient Files (includes MD resident delivery discharges at MD hospitals only. Excludes MD resident newborns delivered out of state.

Public Health
Prevent. Promote. Protect.
Harford County Health Department

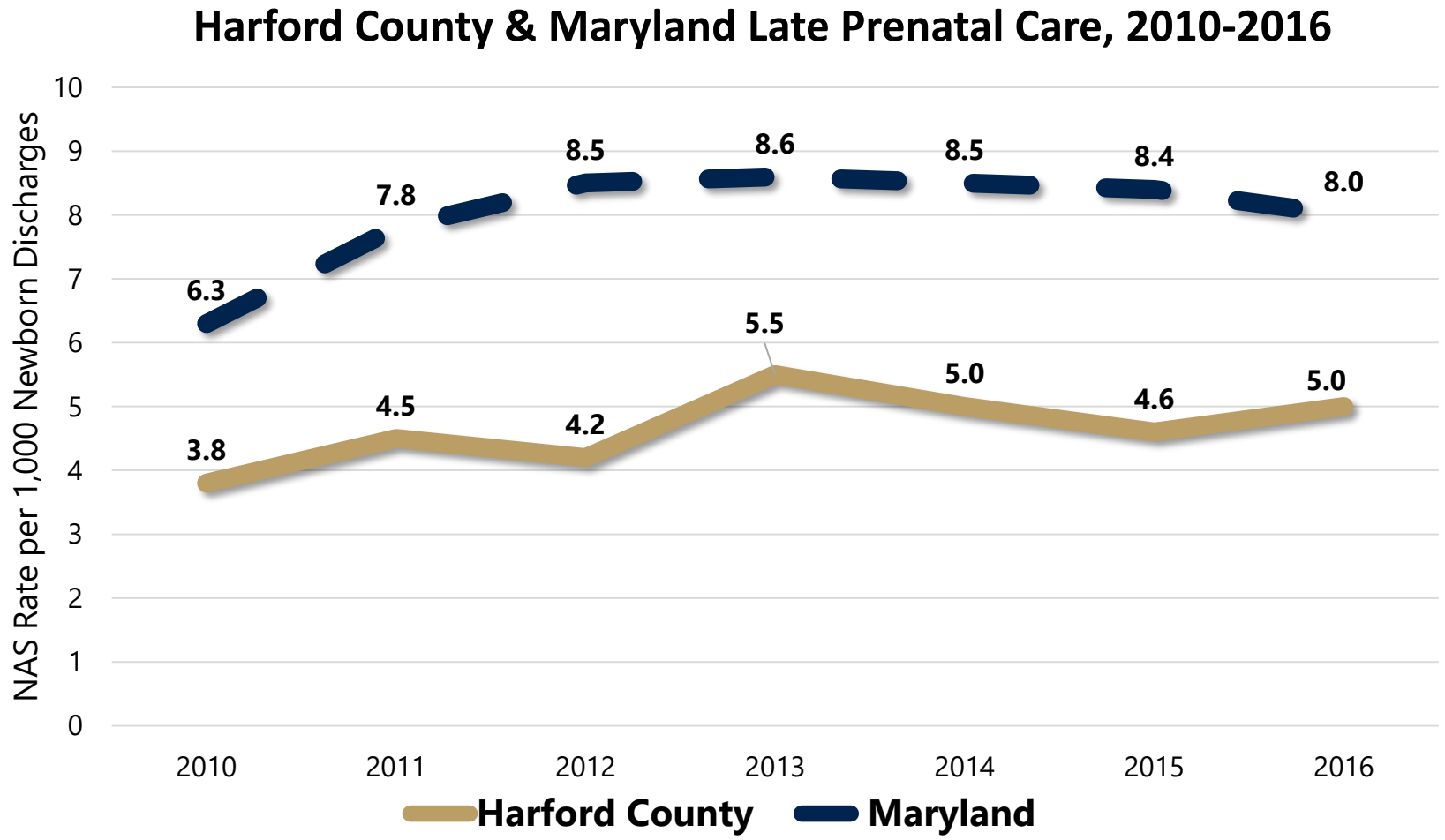
Teen Births



Source: Maryland Vital Statistics Reports

Public Health
Prevent. Promote. Protect.
Harford County Health Department

Late or No Prenatal Care (PNC)

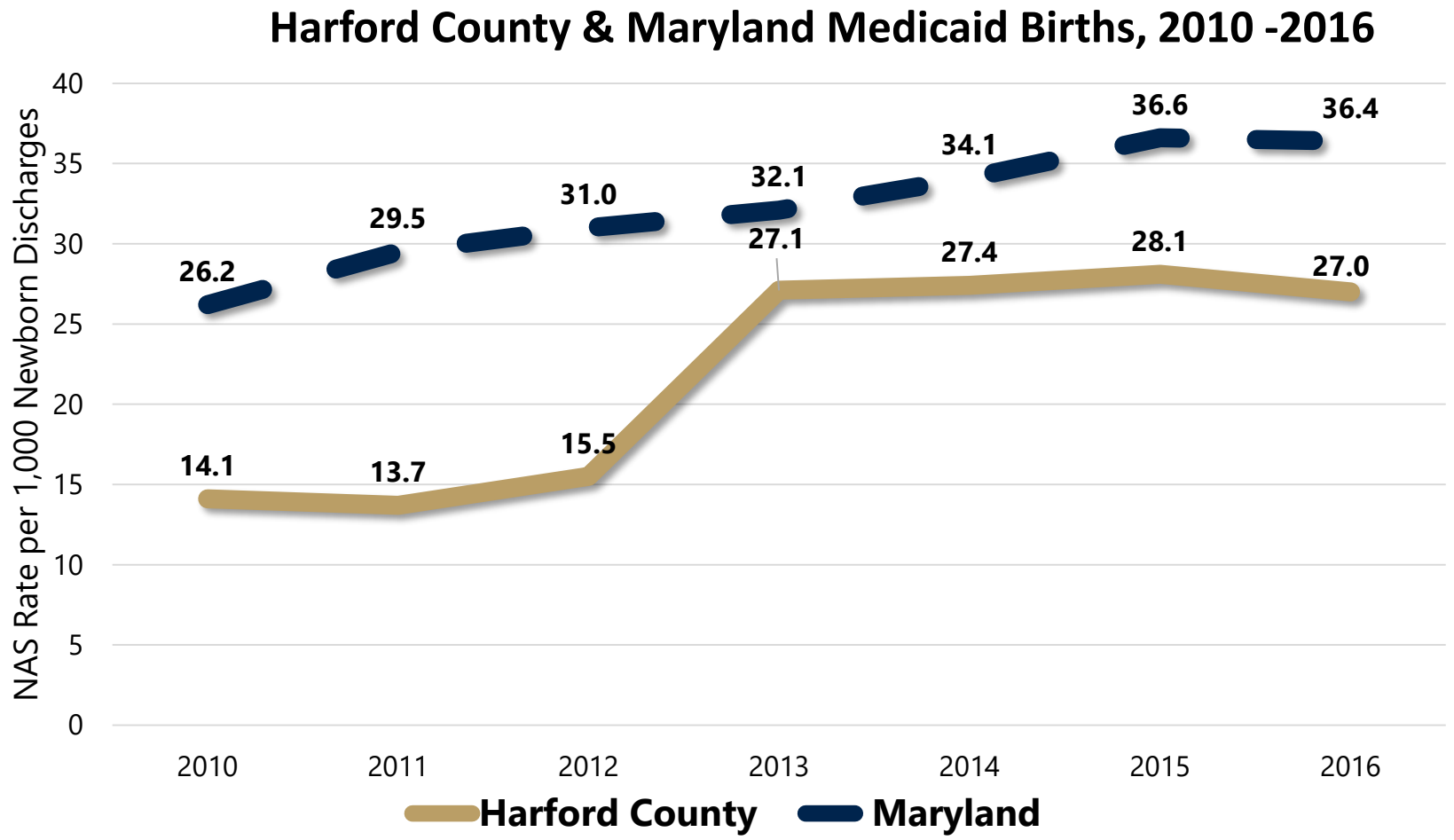


Of the 2,701 live births in Harford in 2016, 5% were to mothers who initiated late or no PNC.

Source: Maryland Department of Health. Harford County MCH Profile, 2018.

Public Health
Prevent. Promote. Protect.
Harford County Health Department

Medicaid Births



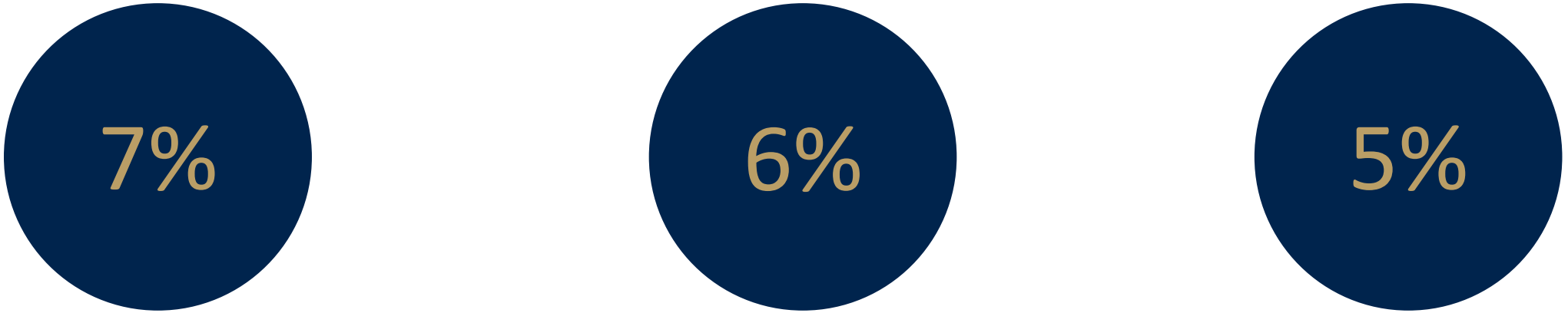
Of the 2,701 live births in Harford in 2016, 27% were Medicaid paid births.

Source: Maryland Department of Health. Harford County MCH Profile, 2018. .

Public Health
Prevent. Promote. Protect.
Harford County Health Department

Health Insurance

Percentage of population under age 65 without health insurance:

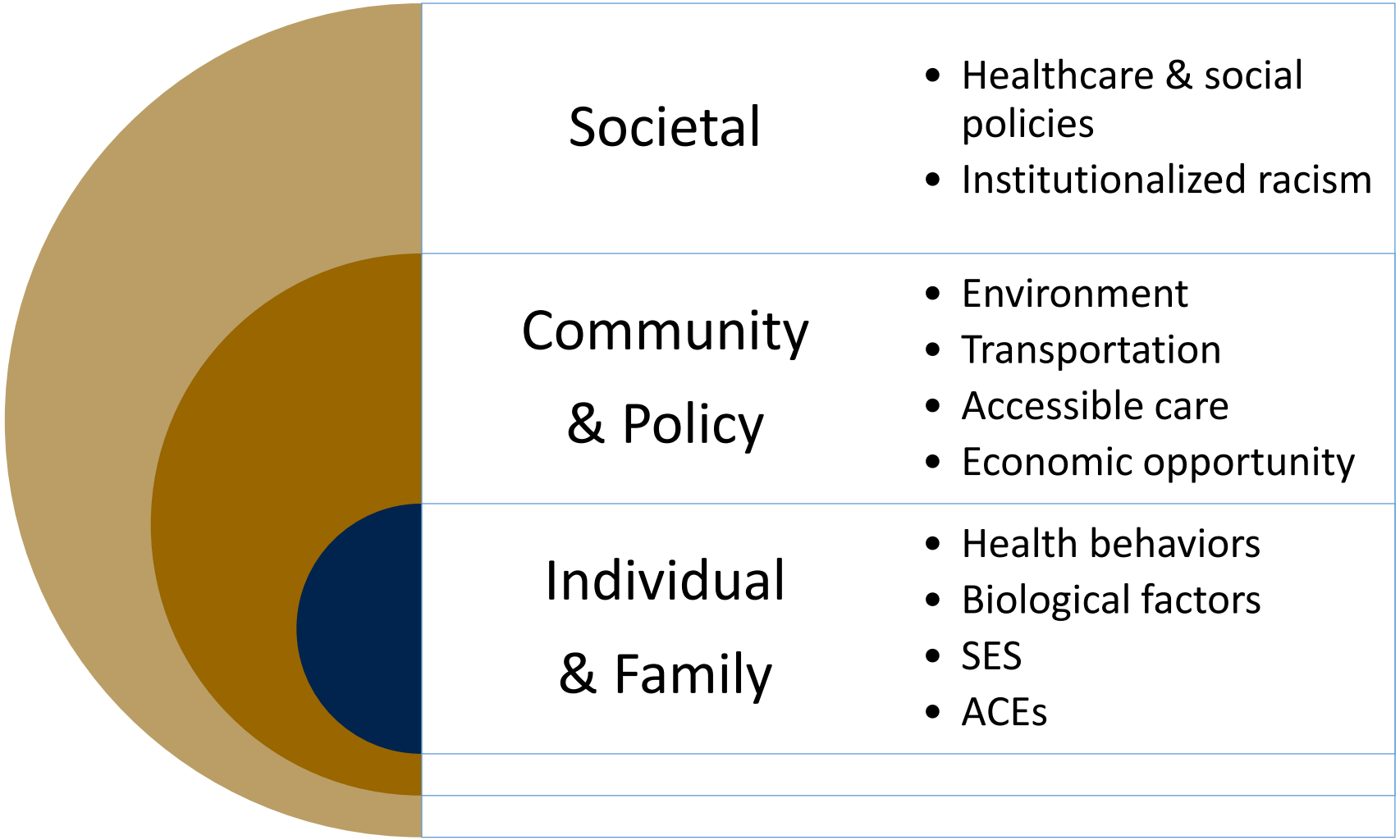


Harford County uninsured percentage better than the state and top US performers!

Source: 2019 County Health Rankings Data

Public Health
Prevent. Promote. Protect.
Harford County Health Department

Social Determinants of Infant Mortality & Family Health



Societal	• Healthcare & social policies • Institutionalized racism
Community & Policy	• Environment • Transportation • Accessible care • Economic opportunity
Individual & Family	• Health behaviors • Biological factors • SES • ACEs

The Impact of Racism on Maternal & Child Health

AJPH
A PUBLICATION OF THE AMERICAN PUBLIC HEALTH ASSOCIATION

Home

Home » American Journal of Public Health

Black Maternal and Infant Hea

Deirdre Cooper Owens PhD, and **Sharla M.**

[+] Author affiliations, information, and corres

Accepted: June 14, 2019 Published Online:

Abstract **Full Text** **Reference**

The legacies of slavery today are seer
maternal and infant death among Afr

The deep roots of these patterns of c
commodification of enslaved Black w
interests of slaveowners. Even certai
a debt to enslaved women who beca

Public health initiatives must acknow
racism and implicit bias in medicine v
disparities.

NICHQ National Institute for Children's Health Quality

Menu

Insights

The Impact of Institutional Racism on Maternal and Child Health

Infant mortality rates for America's Black babies are **more than twice** the rate of white babies

Black babies are more than **three times as likely** to die from complications related to low birthweight as compared to white babies in the U.S.

U.S. maternal mortality rates for Black women are **three to four times** higher than rates for white women

TH
ASSOCIATION

black maternal
Racism

Payne saw first-hand how poorly

ct that racism had," said Payne,
ferent standard, seen as more
n."

Public Health
Prevent. Promote. Protect.
Harford County Health Department

Reducing Infant Mortality Across the Lifespan

Family Planning	***Prenatal Care***	***Regionalization***
Preconception (Before Pregnancy)	Prenatal (During Pregnancy)	Perinatal (After Birth)

Healthier Children & Adults

Healthier women at the time of conception	Earlier entry into prenatal care	Comprehensive high quality perinatal & neonatal care

These interventions impact infant mortality, as well as other birth outcomes

The HCHD Maternal & Child Health Unit

MEGAN's Place:

- A trusted, safe, non-judgmental physical place for at-risk pregnant, postpartum women and their families to meet in Harford County – for information and guidance, referrals and services, care coordination and support.

Healthy Families America:

- HFA is a national evidence-based home visiting program was designed to promote positive parenting, enhance child health and development and prevent child abuse and neglect.

Home Visiting +

- The goal of the program is to reduce infant mortality, link families to community services, and promote safe sleep environments. Mothers are connected with an OB provider and mental health provider, as needed. They also complete home birth verifications, CFR activities, & lead follow-ups.

Public Health
Prevent. Promote. Protect.
Harford County Health Department

Coming Soon: 1 N. Main Family Health Center

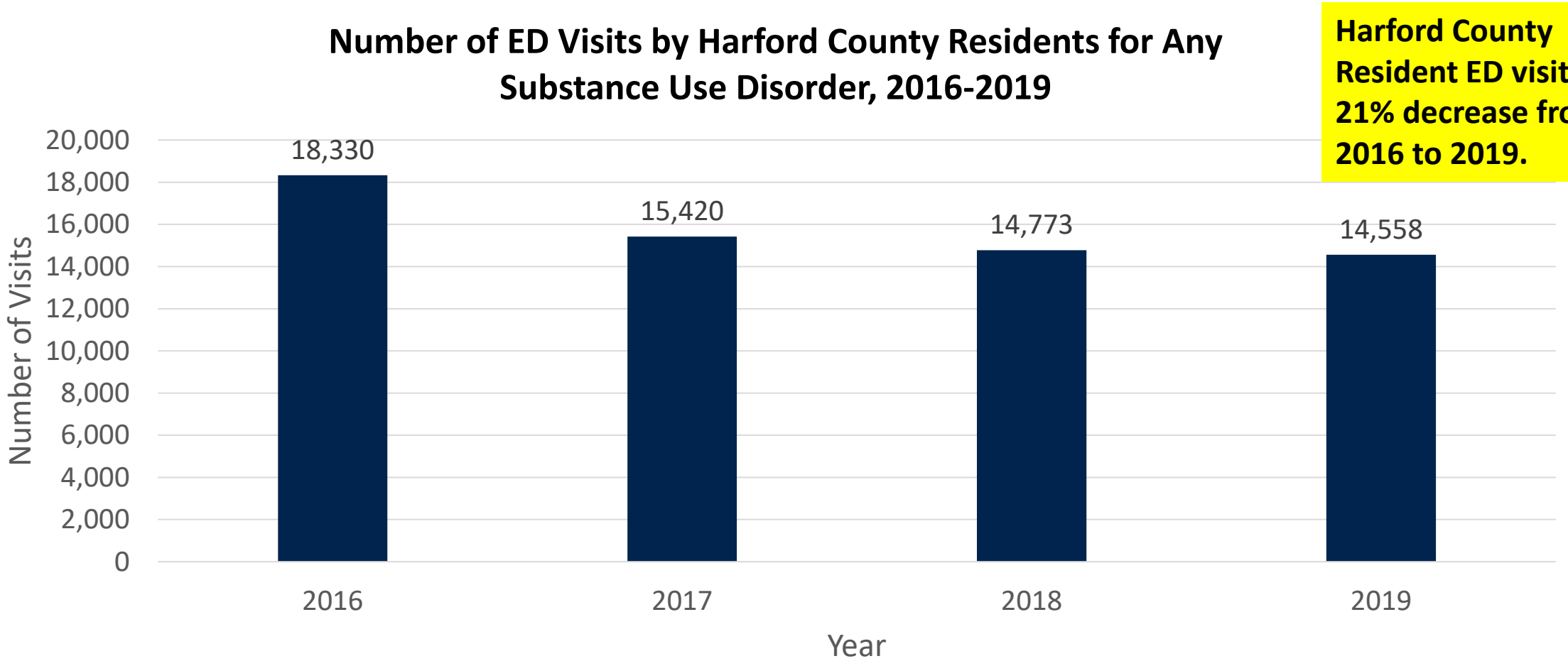
- 1 N. Main Family Health Center will soon offer:
  - MD Health Insurance (MCHP)
  - Women, Infants, and Children (WIC)- Nutrition Services
  - Dental Care for Pregnant Women and Children
  - Youth and Adolescent Behavioral Health
  - Women's Health Services
  - Care Coordination

Public Health
Prevent. Promote. Protect.
Harford County Health Department

Behavioral Health

Public Health
Prevent. Promote. Protect.
Harford County Health Department

Substance Use

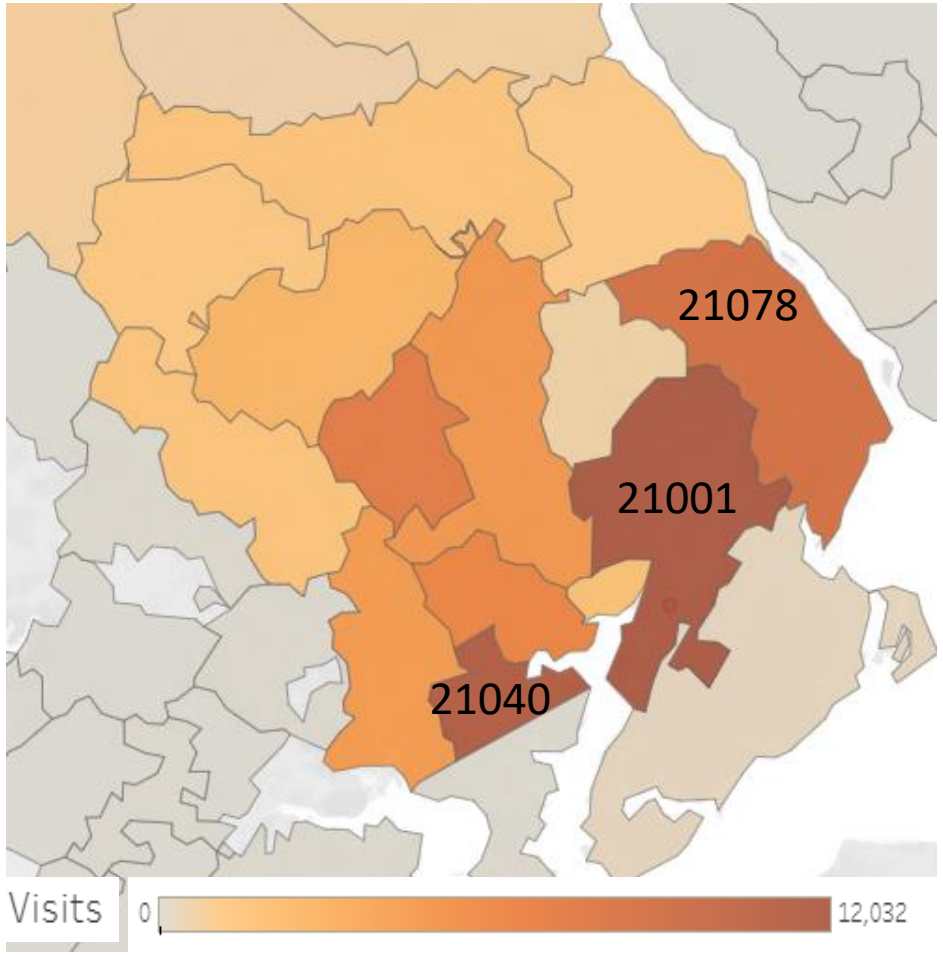


Harford County Resident ED visits had a 21% decrease from 2016 to 2019.

Source: CRISP Public Health Dashboard 2016 – 2019 ED Visits

Public Health
Prevent. Promote. Protect.
Harford County Health Department

Substance Use



Harford County Zip Codes with the Highest ED Visits for Any Substance Use Disorder Condition:

- 21001- 12,032
- 21040- 11,440
- 21078- 8,373

Harford County Races with the Highest ED Visits for Any Substance Use Disorder Condition:

- White- 82%
- Black/African American- 15%
- Other- 2%
- Biracial- 1%

Source: CRISP Public Health Dashboard 2016 – 2019 ED Visits

Substance Use and COVID-19

NIH National Institutes of Health
Turning Discovery Into Health

Search

Health Information | Grants & Funding | News & Events | Research & Training | In

COVID-19 is an emerging, rapidly evolving situation.

- Get the latest public health information from CDC »
- Get the latest research information from NIH »
- NIH staff guidance c

Home » News & Events » News Releases

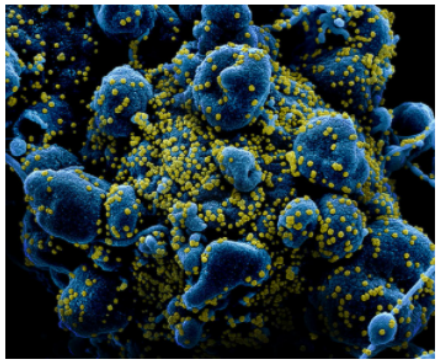
NEWS RELEASES

Monday, September 14, 2020

Substance use disorders linked to COVID-19 susceptibility

A National Institutes of Health-funded study found that people with substance use disorders (SUDs) are more susceptible to COVID-19 and its complications. The research, published today in Molecular Psychiatry, *was co-authored by Nora D. Volkow, M.D., director of the National Institute on Drug Abuse (NIDA). The findings suggest that health care providers should closely monitor patients with SUDs and develop action plans to help shield them from infection and severe outcomes.*

By analyzing the non-identifiable electronic health records (EHR) of millions of patients in the United States, the team of investigators revealed that while individuals with an SUD constituted 10.3% of the total study population, they represented 15.6% of the COVID-19 cases. The analysis revealed that those with a recent SUD diagnosis on record were more likely than those without to develop COVID-19, an effect that was strongest for opioid use disorder, followed by tobacco use disorder. Individuals with an SUD diagnosis were also more likely to experience worse COVID-19 outcomes (hospitalization, death), than people without an SUD.



Colorized scanning electron micrograph of an apoptotic cell (blue) heavily infected with SARS-COV-2 virus particles (yellow), isolated from a patient sample. Image captured and color-enhanced at the NIAID Integrated Research Facility (IRF) in Fort Detrick, Maryland. *NIAID*

A NIH-funded study found that people with substance use disorders (SUDs) are more susceptible to COVID-19 and its complications.

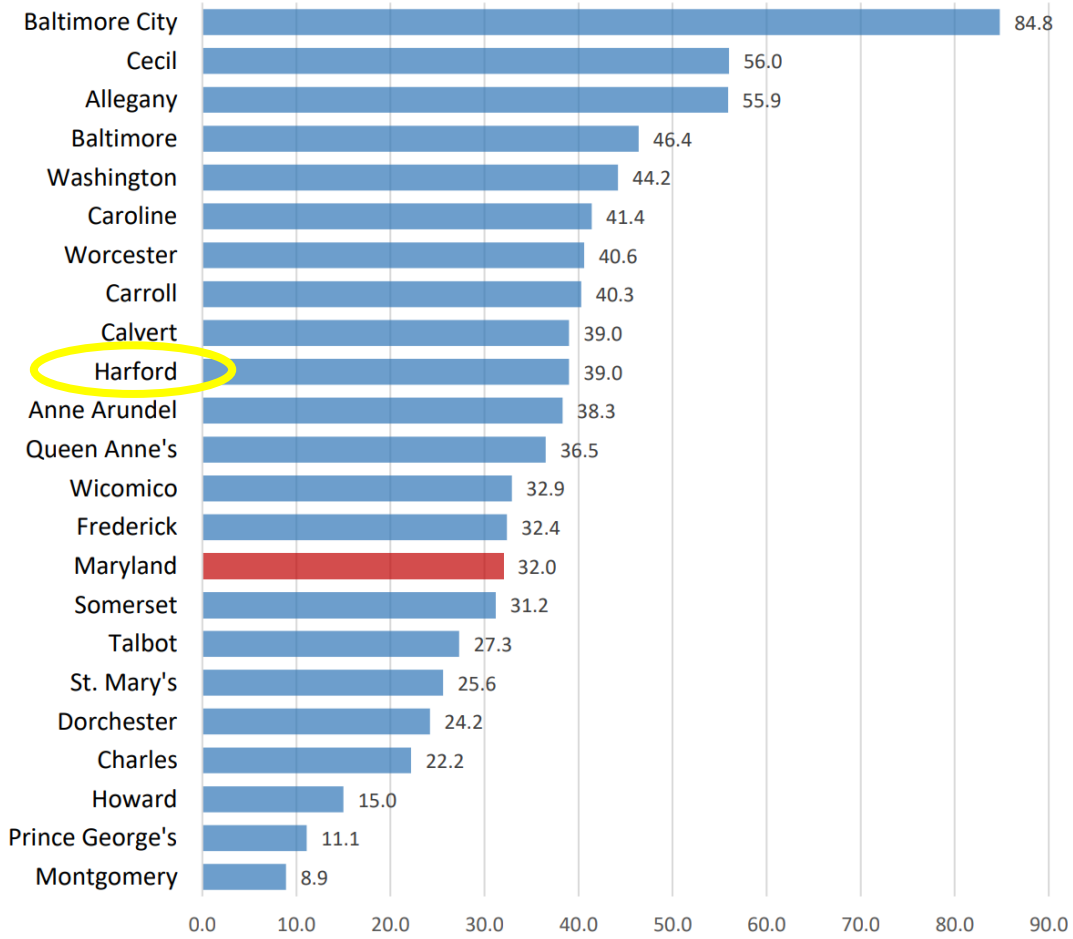
Other findings

- In the U.S., 15.6% of COVID-19 cases were individuals with a SUD.
- Strongest for opioid use disorder, followed by tobacco use disorder.
- Individuals with a SUD diagnosis were also more likely to experience worse COVID-19 outcomes (hospitalization, death), than people without a SUD.

https://www.nih.gov/news-events/news-releases/substance-use-disorders-linked-covid-19-susceptibility#:~:text=A%20National%20Institutes%20of%20Health,on%20Drug%20Abuse%20(NIDA).

Drug Overdose Crisis

Age-Adjusted Mortality Rates for Unintentional Opioid-Related Intoxication Deaths by County 2016-2018



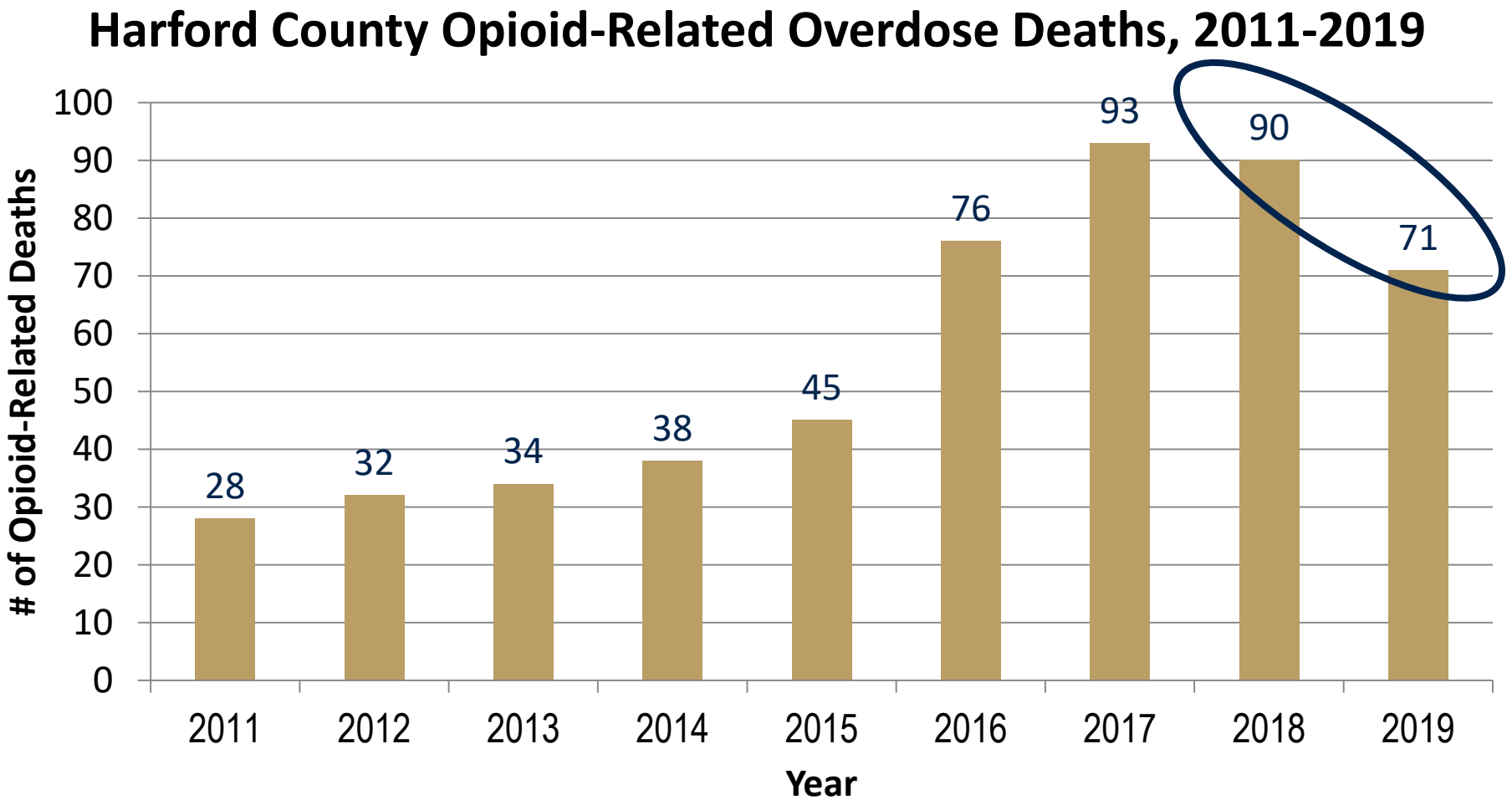
Harford County has the **10th worst drug overdose rate** in Maryland

* Age-adjusted to the 200 U.S. standard Population by the direct method.
** Rates for jurisdictions with fewer than 20 deaths during this time period are not displayed due to instability.

Source: Maryland Drug and Alcohol-Related Intoxication Deaths, 2018

Public Health
Prevent. Promote. Protect.
Harford County Health Department

Drug Overdose Crisis

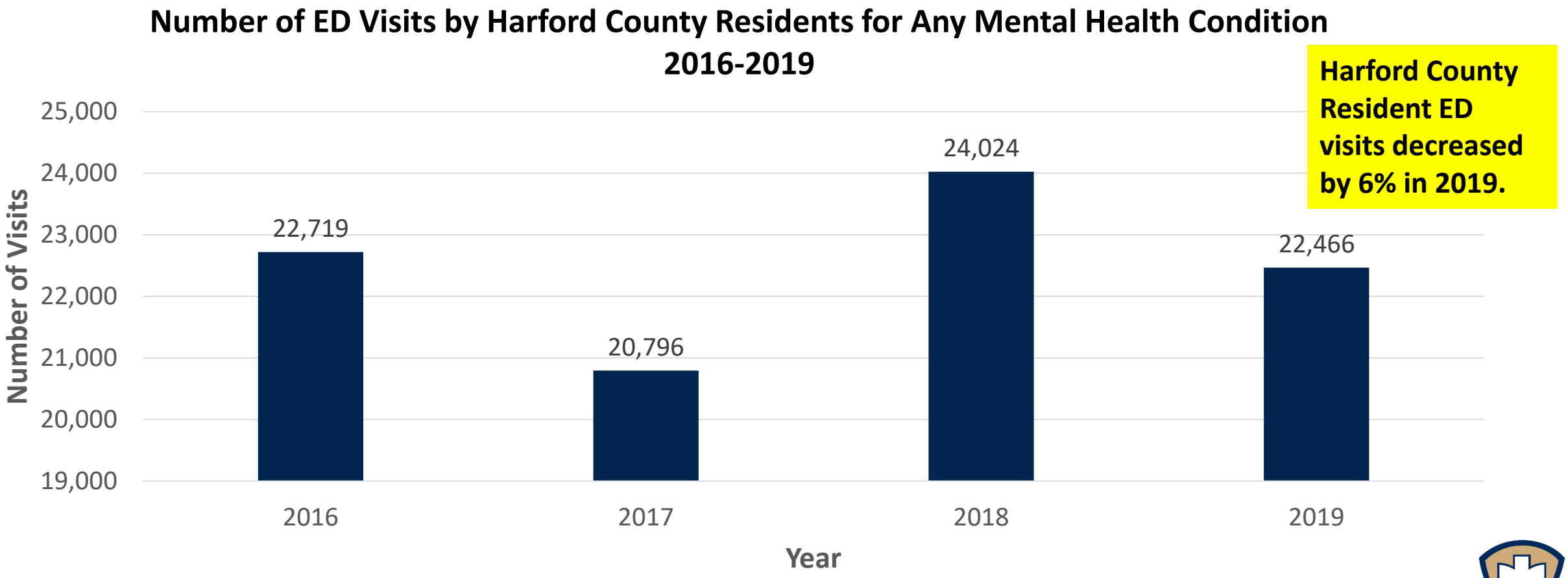


Source: Maryland Drug and Alcohol-Related Intoxication Deaths, 2018

Harford County deaths down 21.1% in 2019…the 2nd straight reduction after 7 straight years of increases.

Public Health
Prevent. Promote. Protect.
Harford County Health Department

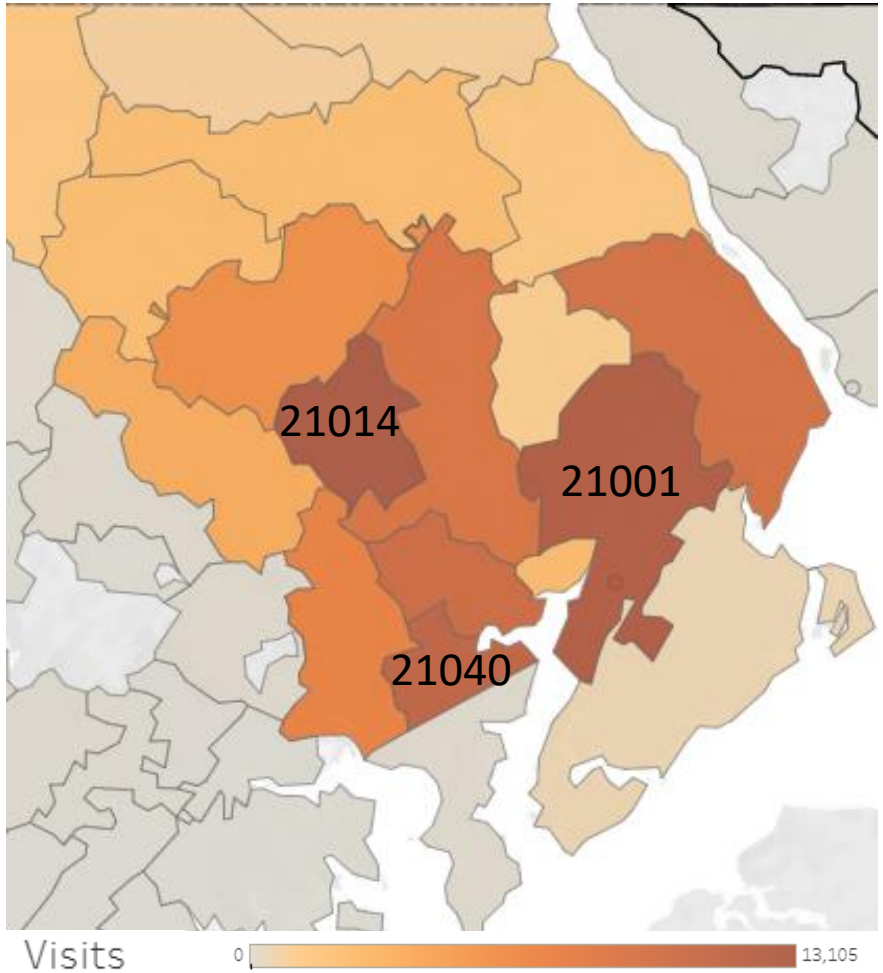
Mental Health



Source: CRISP Public Health Dashboard 2016 – 2019 ED Visits

Public Health
Prevent. Promote. Protect.
Harford County Health Department

Mental Health



Source: CRISP Public Health Dashboard 2016 – 2019 ED Visits

Harford County Zip Codes with the Highest ED Visits for Any Mental Health Condition:

- 21014- 13,105
- 21001- 12,452
- 21040- 11,264

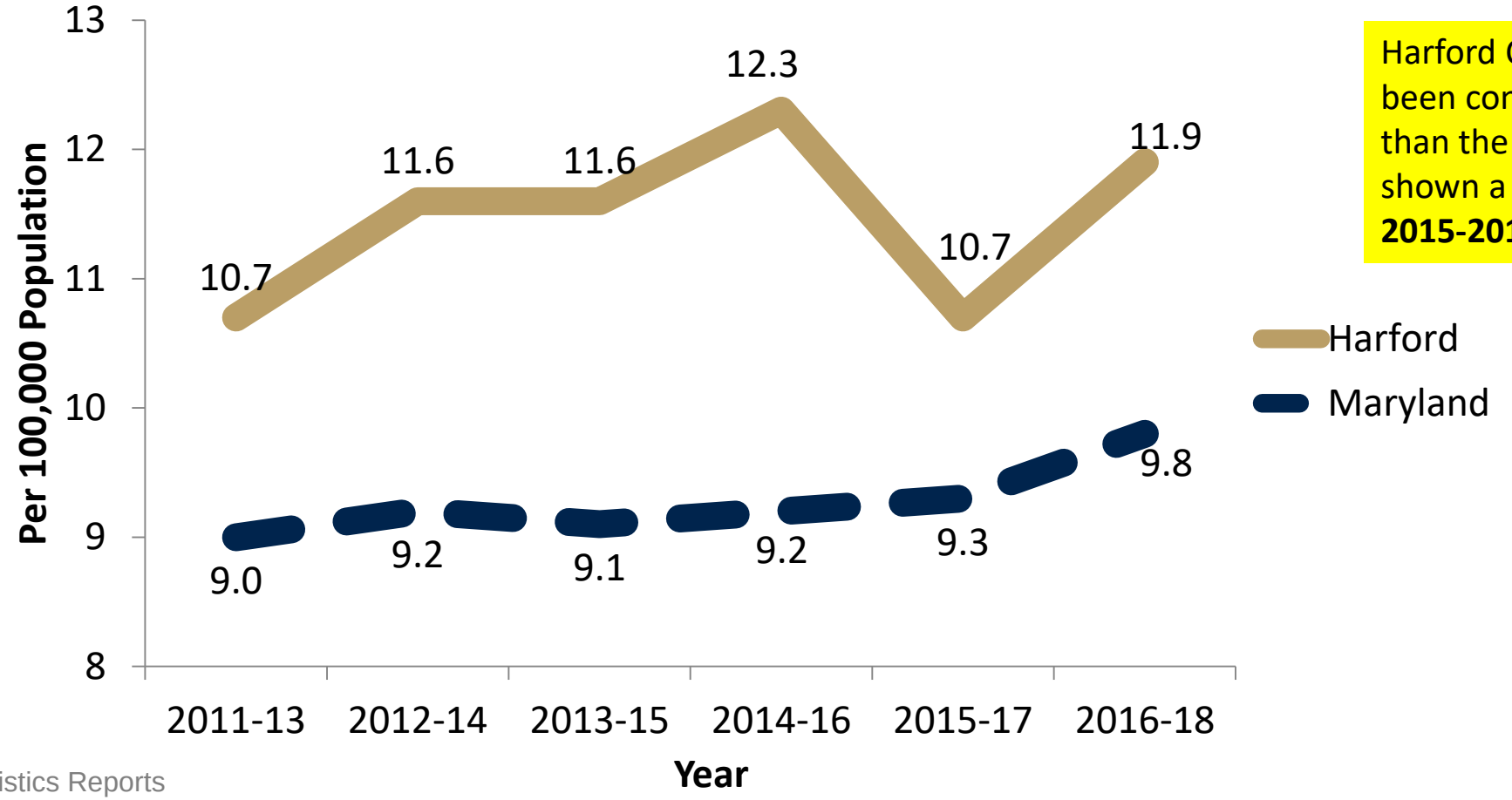
Harford County Races with the Highest ED Visits for Any Mental Health Condition:

- White- 77%
- Black/African American- 19%
- Other- 3%
- Biracial- 1%

Public Health
Prevent. Promote. Protect.
Harford County Health Department

Mental Health

Suicide Mortality Rates, Harford County and Maryland, 2011-2018



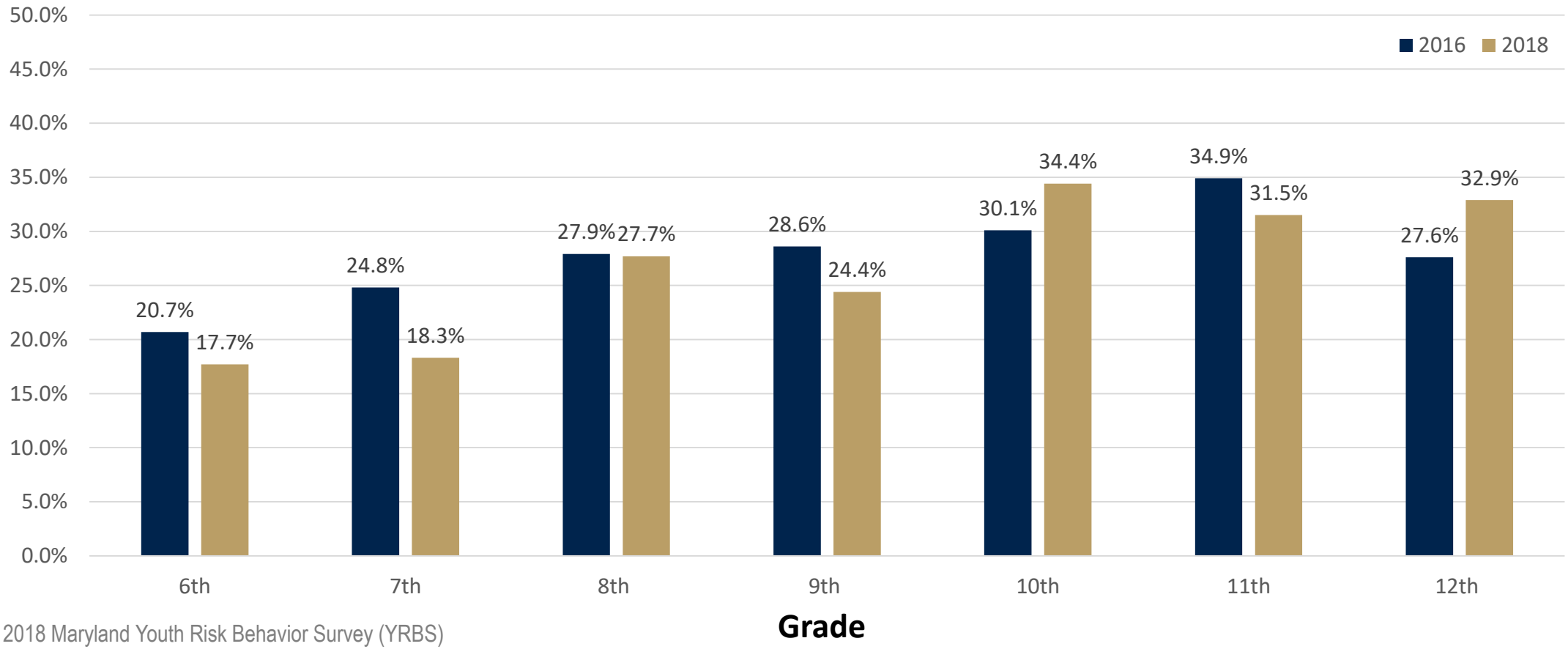
Harford County rates have been consistently higher than the state, but has shown a **13% decrease in 2015-2017 data.**

*Age-Adjusted Rates
Source: Maryland Vital Statistics Reports

Public Health
Prevent. Promote. Protect.
Harford County Health Department

Mental Health

Percentage of Harford County Students Who Felt Sad or Hopeless, 2016 and 2018



Source: 2016 & 2018 Maryland Youth Risk Behavior Survey (YRBS)

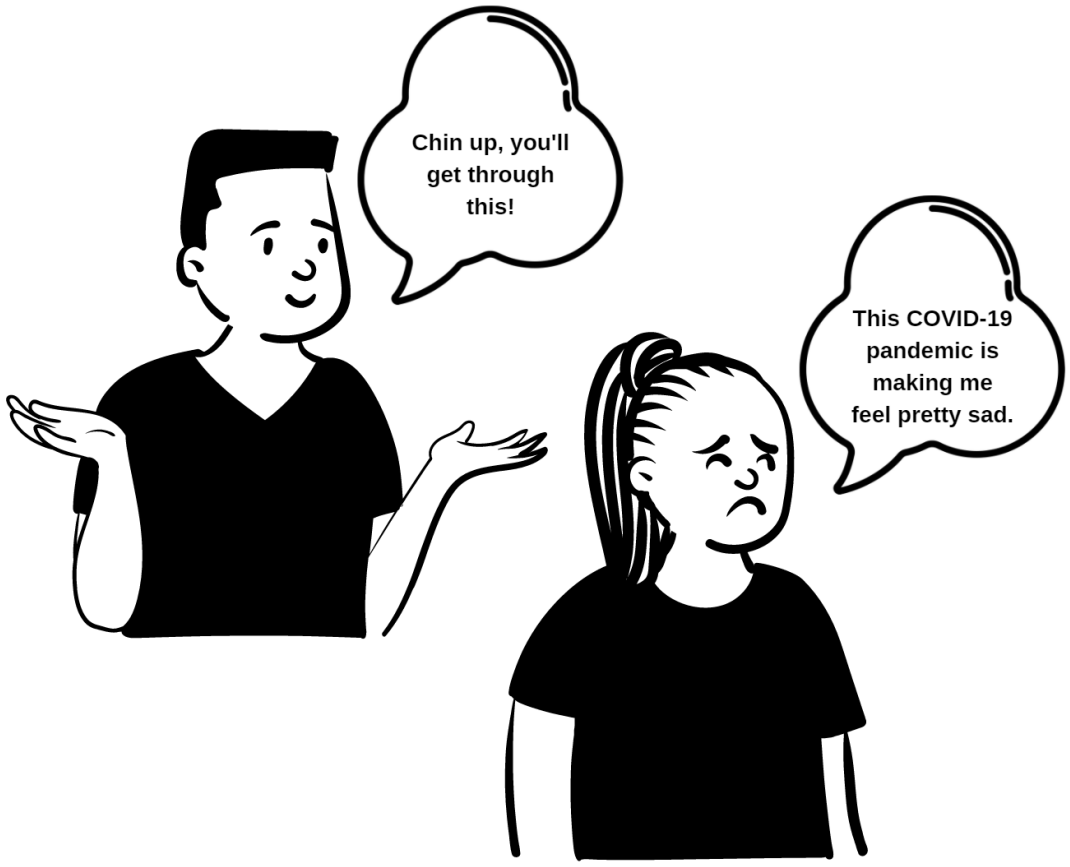
Public Health
Prevent. Promote. Protect.
Harford County Health Department

Mental Health and COVID-19

"Toxic positivity" refers to the concept that keeping positive, and keeping positive only, is the right way to live your life.

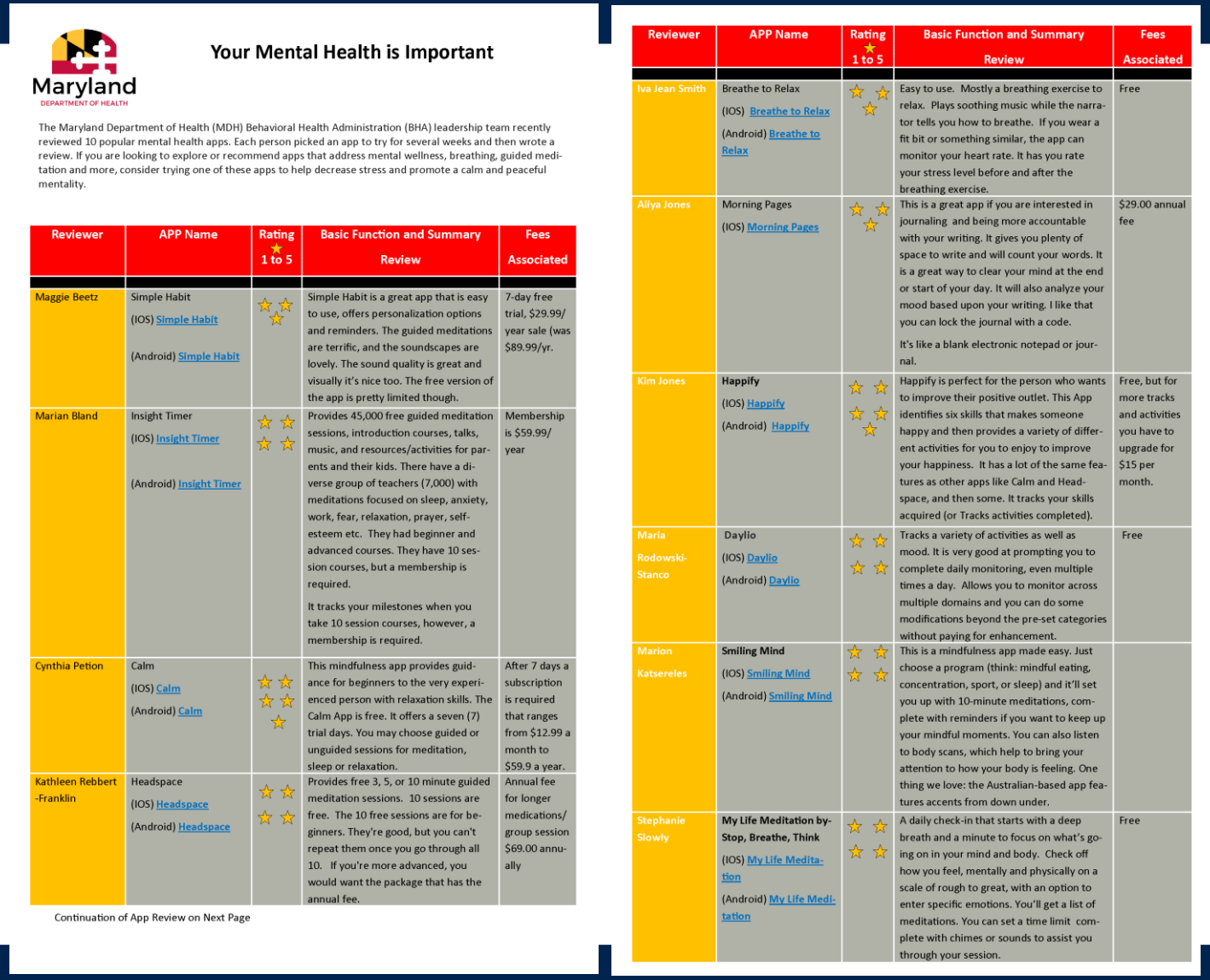
It's okay to not be okay!

Mental Health and COVID-19



Toxic Positivity	Non-Toxic Acceptance & Validation
“Don’t think about it, stay positive!”	“Describe what you’re feeling. I’m listening.”
“Don’t worry, be happy!”	“I see that you’re really stressed, anything I can do?”
“Failure is not an option.”	“Failure is a part of growth and success.”
“Everything will work out in the end.”	“This is really hard, I’m thinking of you.”
“Positive vibes only!”	“I’m here for you though, both good and bad.”
“If I can do it, so can you!”	“Everyone’s story, abilities, limitations are different, and that’s okay.”
“Delete negativity.”	“Suffering is a part of life, you are not alone.”

Mental Health and COVID-19



Maryland
DEPARTMENT OF HEALTH

Your Mental Health is Important

The Maryland Department of Health (MDH) Behavioral Health Administration (BHA) leadership team recently reviewed 10 popular mental health apps. Each person picked an app to try for several weeks and then wrote a review. If you are looking to explore or recommend apps that address mental wellness, breathing, guided meditation and more, consider trying one of these apps to help decrease stress and promote a calm and peaceful mentality.

Reviewer	APP Name	Rating ★ 1 to 5	Basic Function and Summary Review	Fees Associated
Maggie Beetz	Simple Habit (IOS) Simple Habit (Android) Simple Habit	★★★	Simple Habit is a great app that is easy to use, offers personalization options and reminders. The guided meditations are terrific, and the soundscapes are lovely. The sound quality is great and visually it's nice too. The free version of the app is pretty limited though.	7-day free trial, $29.99/ year sale (was $89.99/yr.
Marian Bland	Insight Timer (IOS) Insight Timer (Android) Insight Timer	★★★★	Provides 45,000 free guided meditation sessions, introduction courses, talks, music, and resources/activities for parents and their kids. There have a diverse group of teachers (7,000) with meditations focused on sleep, anxiety, work, fear, relaxation, prayer, self-esteem etc. They had beginner and advanced courses. They have 10 session courses, but a membership is required. It tracks your milestones when you take 10 session courses, however, a membership is required.	Membership is $59.99/ year
Cynthia Petion	Calm (IOS) Calm (Android) Calm	★★★★★	This mindfulness app provides guidance for beginners to the very experienced person with relaxation skills. The Calm App is free. It offers a seven (7) trial days. You may choose guided or unguided sessions for meditation, sleep or relaxation.	After 7 days a subscription is required that ranges from $12.99 a month to $59.9 a year.
Kathleen Rebbert -Franklin	Headspace (IOS) Headspace (Android) Headspace	★★★★	Provides free 3, 5, or 10 minute guided meditation sessions. 10 sessions are free. The 10 free sessions are for beginners. They're good, but you can't repeat them once you go through all 10. If you're more advanced, you would want the package that has the annual fee.	Annual fee for longer medications/ group session $69.00 annually

Continuation of App Review on Next Page

Reviewer	APP Name	Rating ★ 1 to 5	Basic Function and Summary Review	Fees Associated
Iva Jean Smith	Breathe to Relax (IOS) Breathe to Relax (Android) Breathe to Relax	★★★	Easy to use. Mostly a breathing exercise to relax. Plays soothing music while the narrator tells you how to breathe. If you wear a fit bit or something similar, the app can monitor your heart rate. It has you rate your stress level before and after the breathing exercise.	Free
Aliya Jones	Morning Pages (IOS) Morning Pages	★★★	This is a great app if you are interested in journaling and being more accountable with your writing. It gives you plenty of space to write and will count your words. It is a great way to clear your mind at the end or start of your day. It will also analyze your mood based upon your writing. I like that you can lock the journal with a code. It's like a blank electronic notepad or journal.	$29.00 annual fee
Kim Jones	**Happify** (IOS) Happify (Android) Happify	★★★★★	Happify is perfect for the person who wants to improve their positive outlet. This App identifies six skills that makes someone happy and then provides a variety of different activities for you to enjoy to improve your happiness. It has a lot of the same features as other apps like Calm and Headspace, and then some. It tracks your skills acquired (or Tracks activities completed).	Free, but for more tracks and activities you have to upgrade for $15 per month.
Maria Rodowski-Stanco	Daylio (IOS) Daylio (Android) Daylio	★★★★	Tracks a variety of activities as well as mood. It is very good at prompting you to complete daily monitoring, even multiple times a day. Allows you to monitor across multiple domains and you can do some modifications beyond the pre-set categories without paying for enhancement.	Free
Marion Katsereles	**Smiling Mind** (IOS) Smiling Mind (Android) Smiling Mind	★★★★	This is a mindfulness app made easy. Just choose a program (think: mindful eating, concentration, sport, or sleep) and it'll set you up with 10-minute meditations, complete with reminders if you want to keep up your mindful moments. You can also listen to body scans, which help to bring your attention to how your body is feeling. One thing we love: the Australian-based app features accents from down under.	
Stephanie Slowly	**My Life Meditation by- Stop, Breathe, Think** (IOS) My Life Meditation (Android) My Life Meditation	★★★★	A daily check-in that starts with a deep breath and a minute to focus on what's going on in your mind and body. Check off how you feel, mentally and physically on a scale of rough to great, with an option to enter specific emotions. You'll get a list of meditations. You can set a time limit complete with chimes or sounds to assist you through your session.	Free

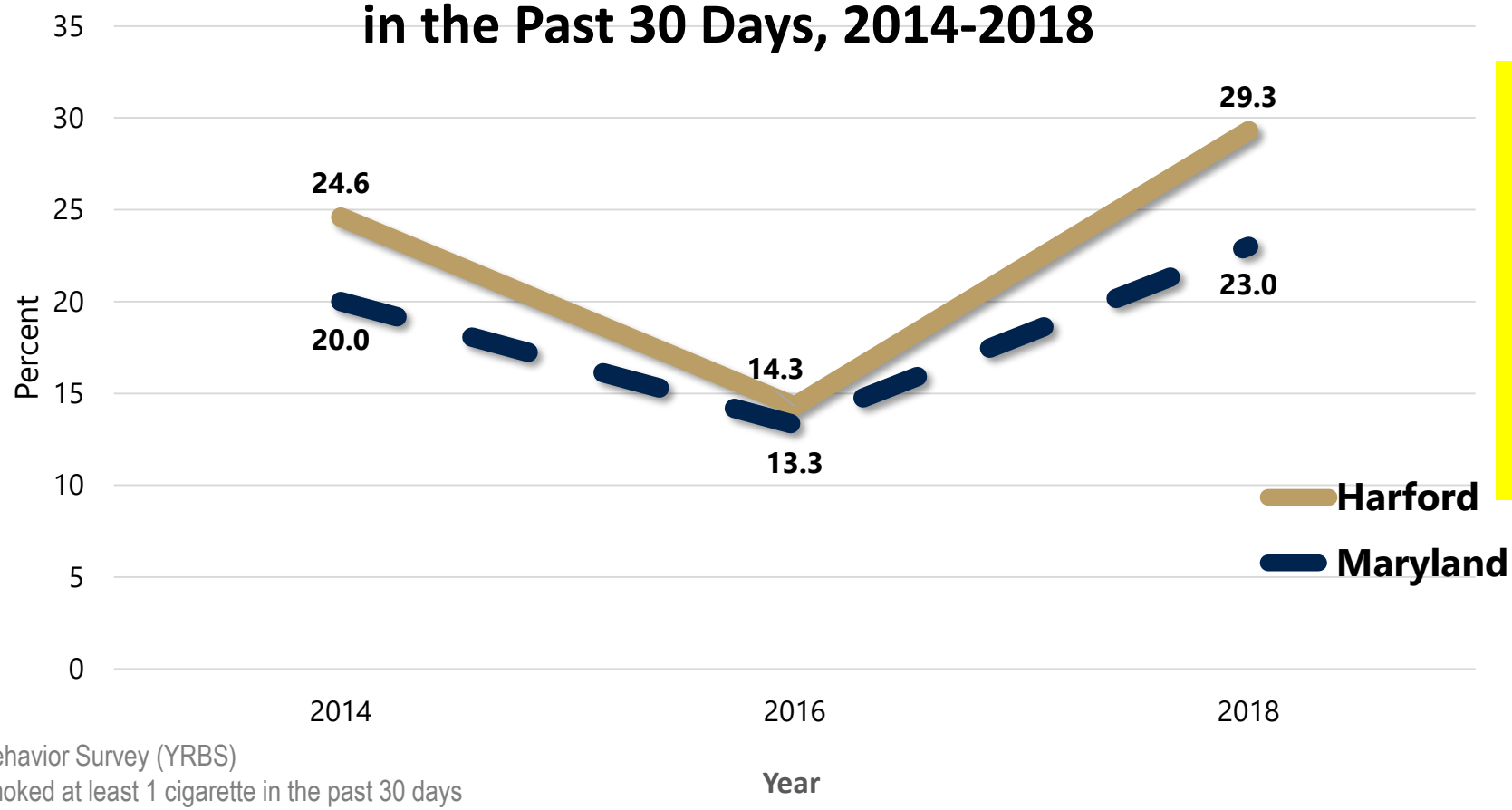
MDH BHA created a list of 10 popular mental health apps that were reviewed by their leadership team!

https://bha.health.maryland.gov/Documents/Mental%20Health%20App%20flyer%20revised%20Final%2010.6.2020.pdf

Chronic Disease

Smoking

Harford County & Maryland High School Electronic Vapor Product Use in the Past 30 Days, 2014-2018



Harford County rate for electronic vapor product use has doubled from 2016-2018. Harford County is about 6% worse than the State in 2018

Source: Maryland Youth Risk Behavior Survey (YRBS)
Note: Students, Gr 9-12 who smoked at least 1 cigarette in the past 30 days
* Data gap between 2010-2013 and 2014-2016

Public Health
Prevent. Promote. Protect.
Harford County Health Department

Smoking

2020 National Youth Tobacco Survey

In 2020, about 1.8 million fewer U.S. youth are current e-cigarette users compared to 2019.

However

3.6M

U.S. youth still currently use e-cigs

There is a notable uptick in use of

DISPOSABLE

e-cigs by youth

More than

8 out of 10

current youth e-cig users use flavored e-cigs

Although there was a national decrease in e-cigarette use, there are still 3.6 million U.S youths still using e-cigarettes.

Source: National Youth Tobacco Survey, 2020

Public Health
Prevent. Promote. Protect.
Harford County Health Department

Smoking

- Researchers at Stanford University found that those that vape are 5 to 7 times more likely to be infected with COVID-19 than those that do not vape.

Stanford MEDICINE | News Center

FRONT PAGE ALL NEWS TOPICS MULTIMEDIA

Email Share 7.3K Tweet

Vaping linked to COVID-19 risk in teens and young adults

Data collected in May shows that teenagers and young adults who vape face a much higher risk of COVID-19 than their peers who do not vape, Stanford researchers found.

AUG 11
2020

Vaping is linked to a substantially increased risk of COVID-19 among teenagers and young adults, according to a new study led by researchers at the Stanford University School of Medicine.

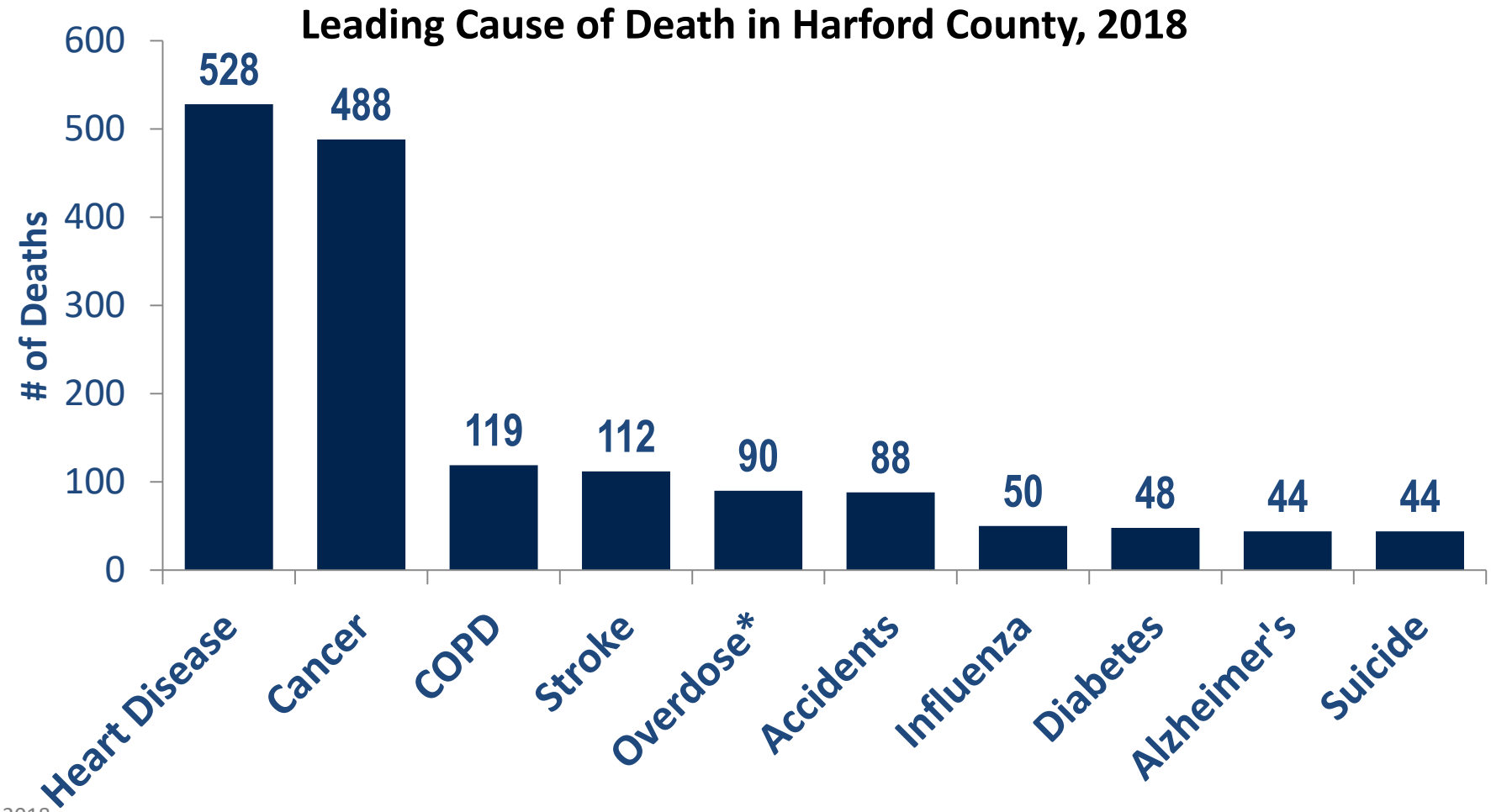
Teenagers and young adults who vape face a much higher risk of COVID-19 than their

The study, which was published online Aug. 11 in the *Journal of Adolescent Health*, is the first to examine connections between youth vaping and COVID-19 using U.S. population-based data collected during the pandemic.

Among young people who were tested for the

Source: Stanford Medicine

Leading Cause of Death

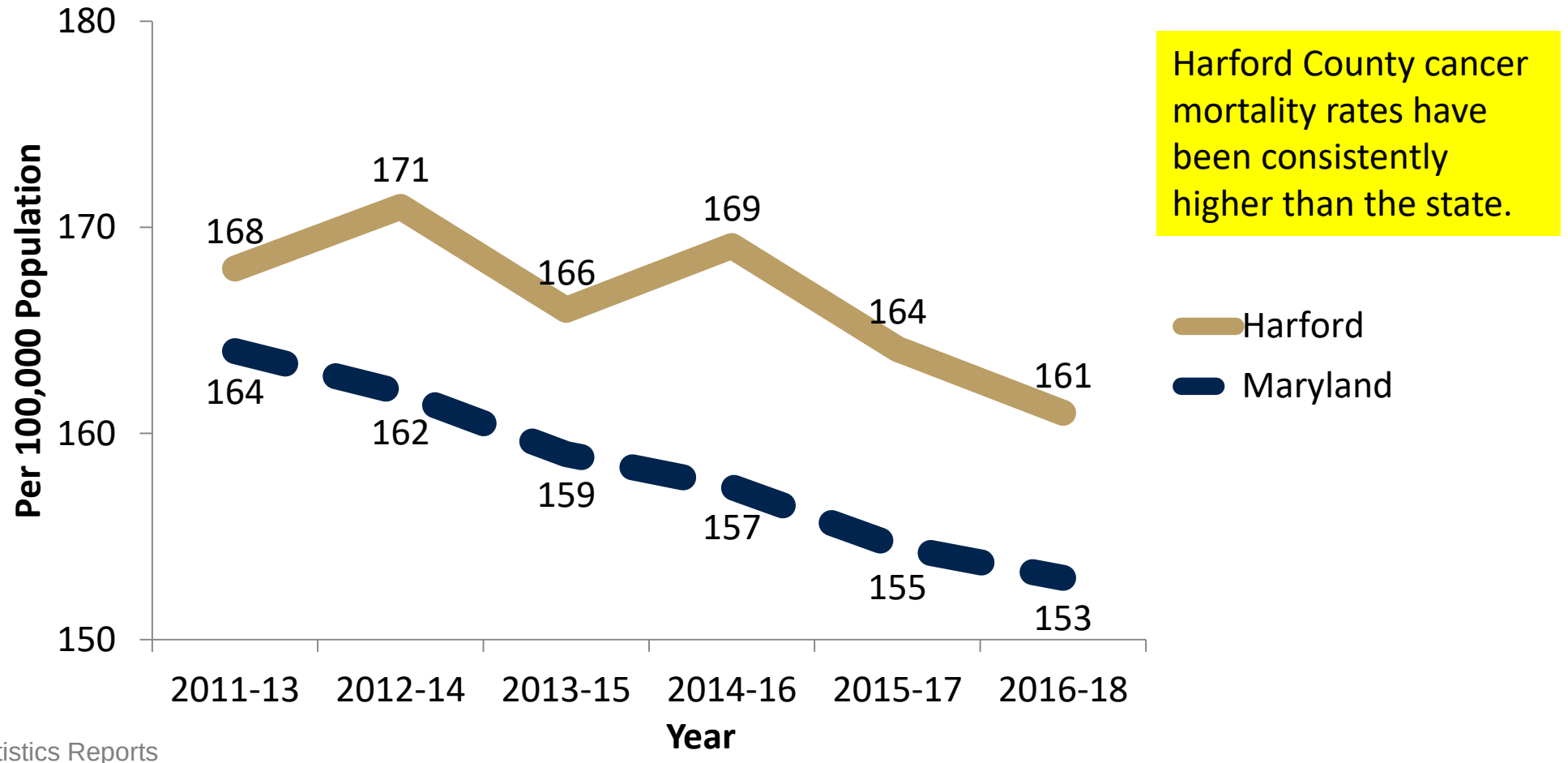


Source: Maryland Vital Statistics, 2018
Source: * Maryland Drug and Alcohol-Related Intoxication Deaths, 2018

Public Health
Prevent. Promote. Protect.
Harford County Health Department

Cancer

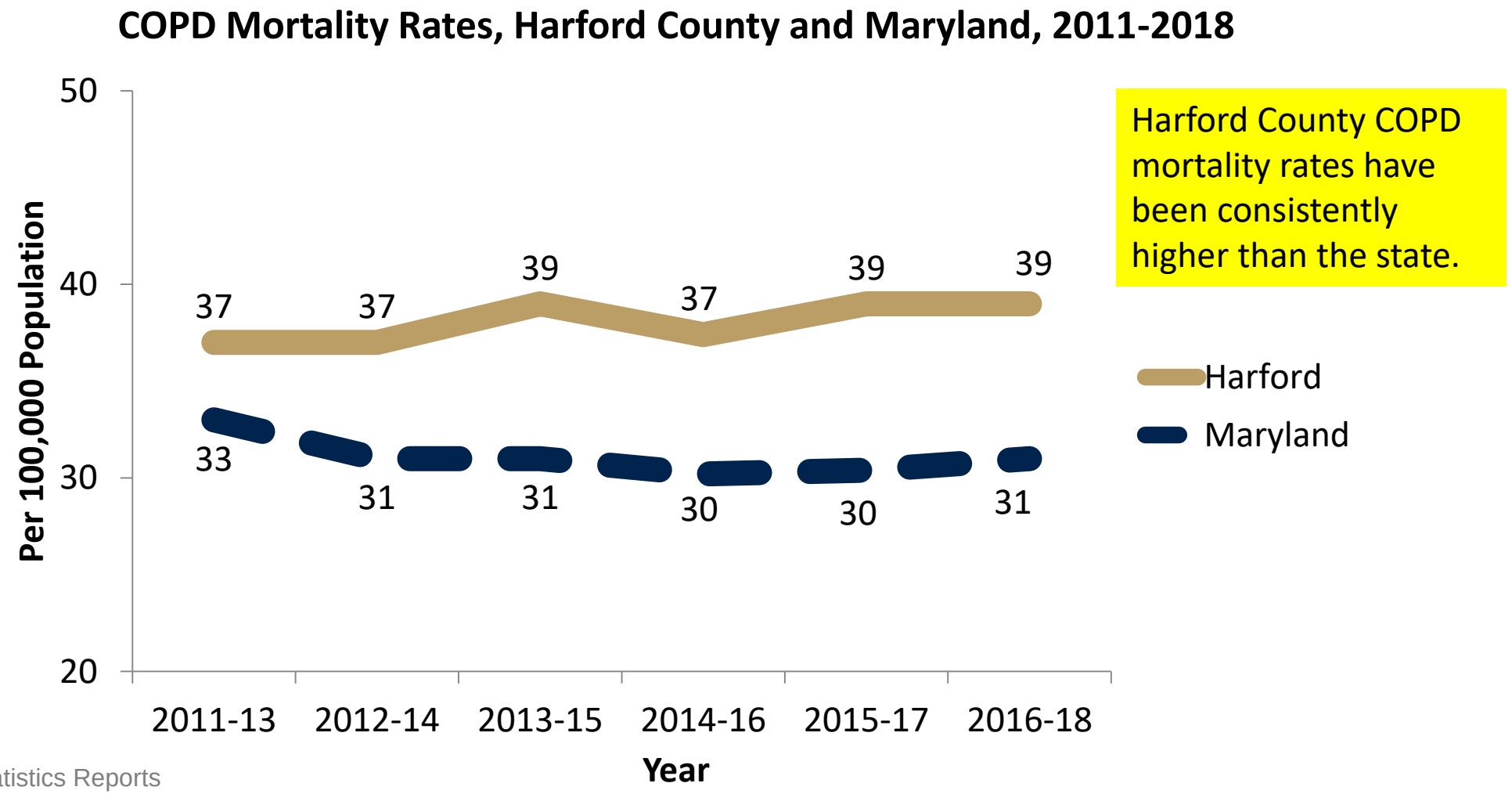
Cancer Mortality Rates, Harford County and Maryland, 2011-2018



Harford County cancer mortality rates have been consistently higher than the state.

* Age-Adjusted Rates
Source: Maryland Vital Statistics Reports

Chronic Obstructive Pulmonary Disease (COPD)



* Age-Adjusted Rates

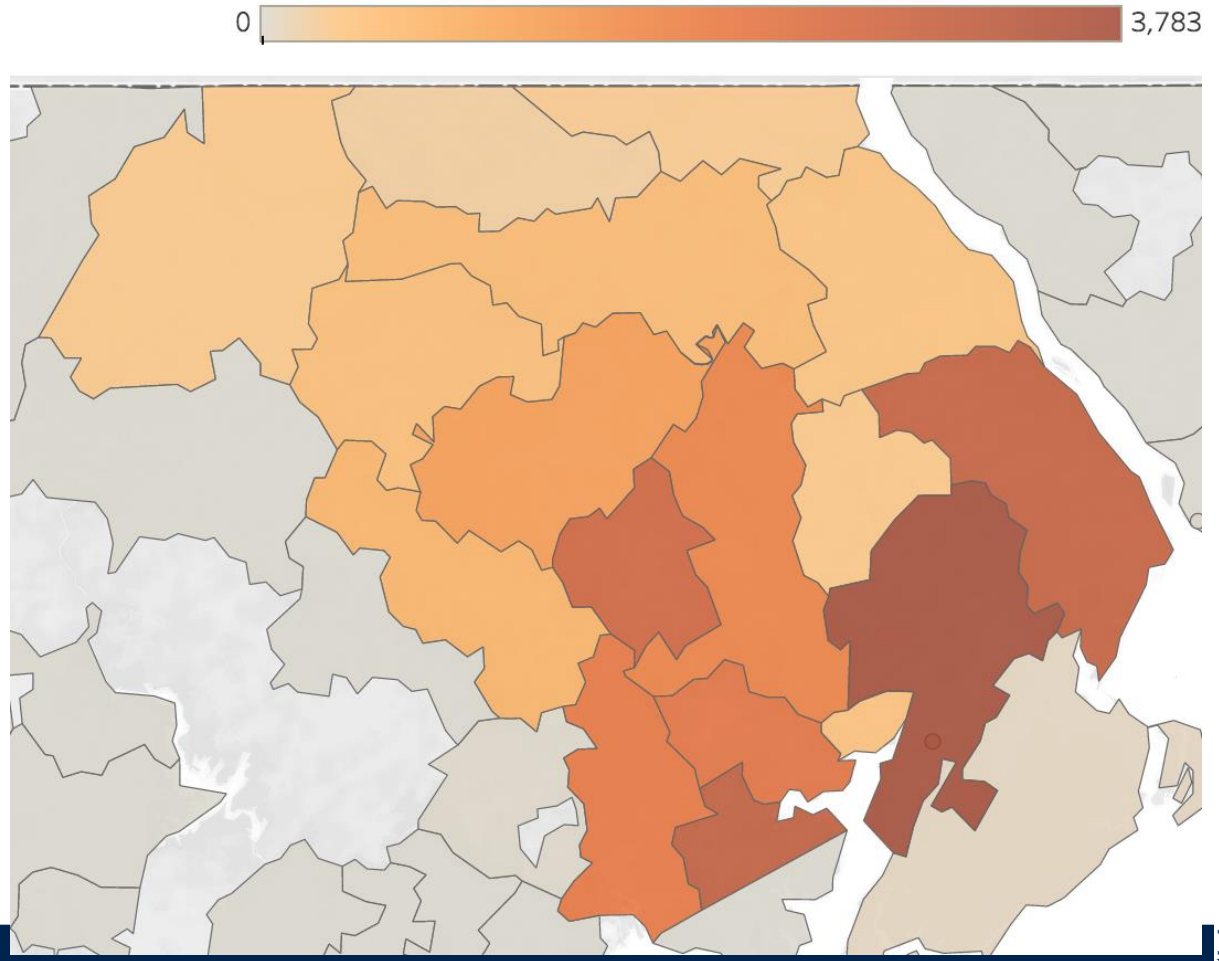
Source: Maryland Vital Statistics Reports

Public Health
Prevent. Promote. Protect.
Harford County Health Department

Chronic Obstructive Pulmonary Disease (COPD)

ED Visits for COPD from 2016-2019 in Harford County

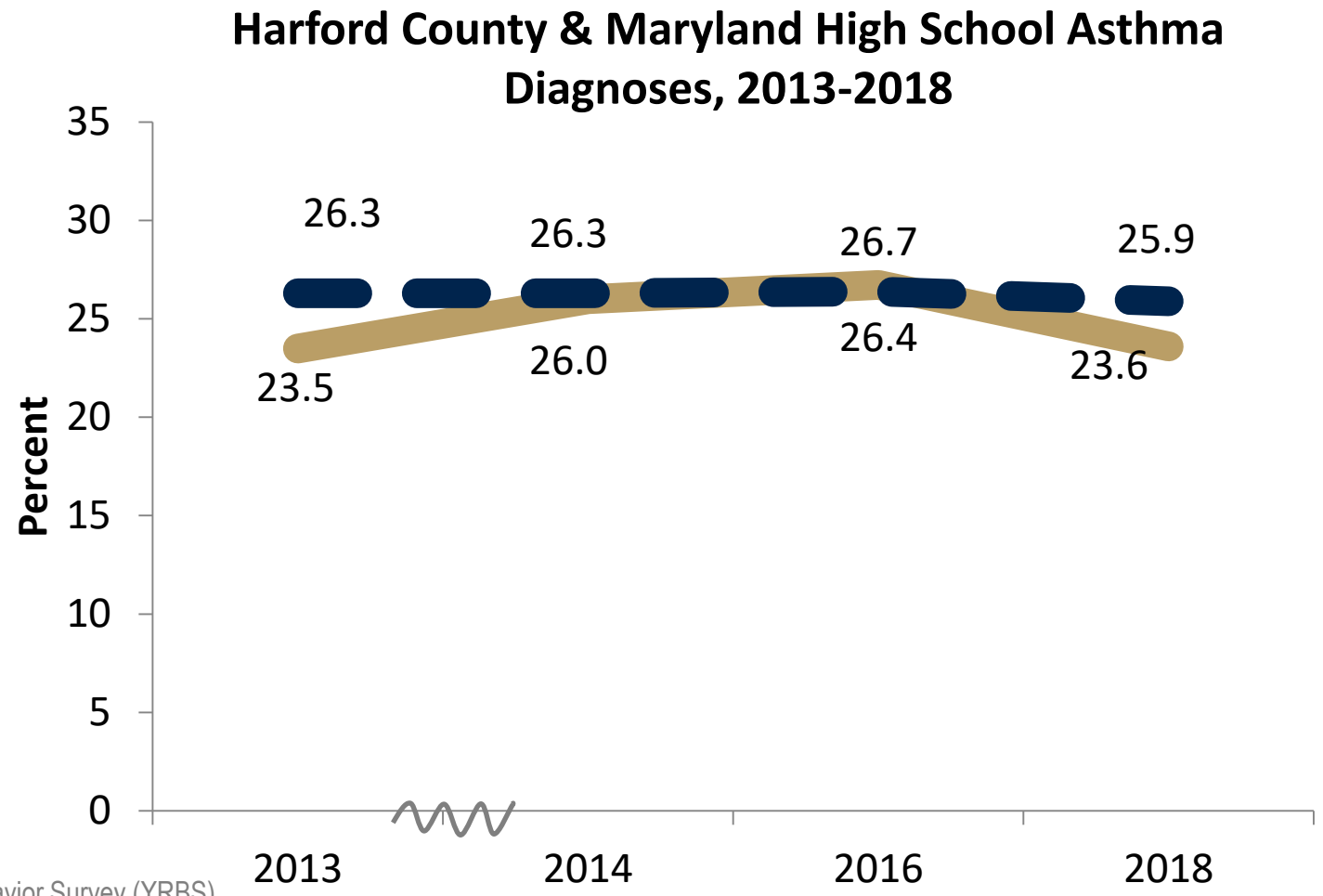
Zip Codes with The Most Visits	
21001	3,783
21040	3,088
21078	2,935



2019 CRISP Data, Hospital Visits COPD

Public Health
Prevent. Promote. Protect.
Harford County Health Department

Percentage of High School Students who had Ever Been Told by a Doctor or Nurse That They had Asthma



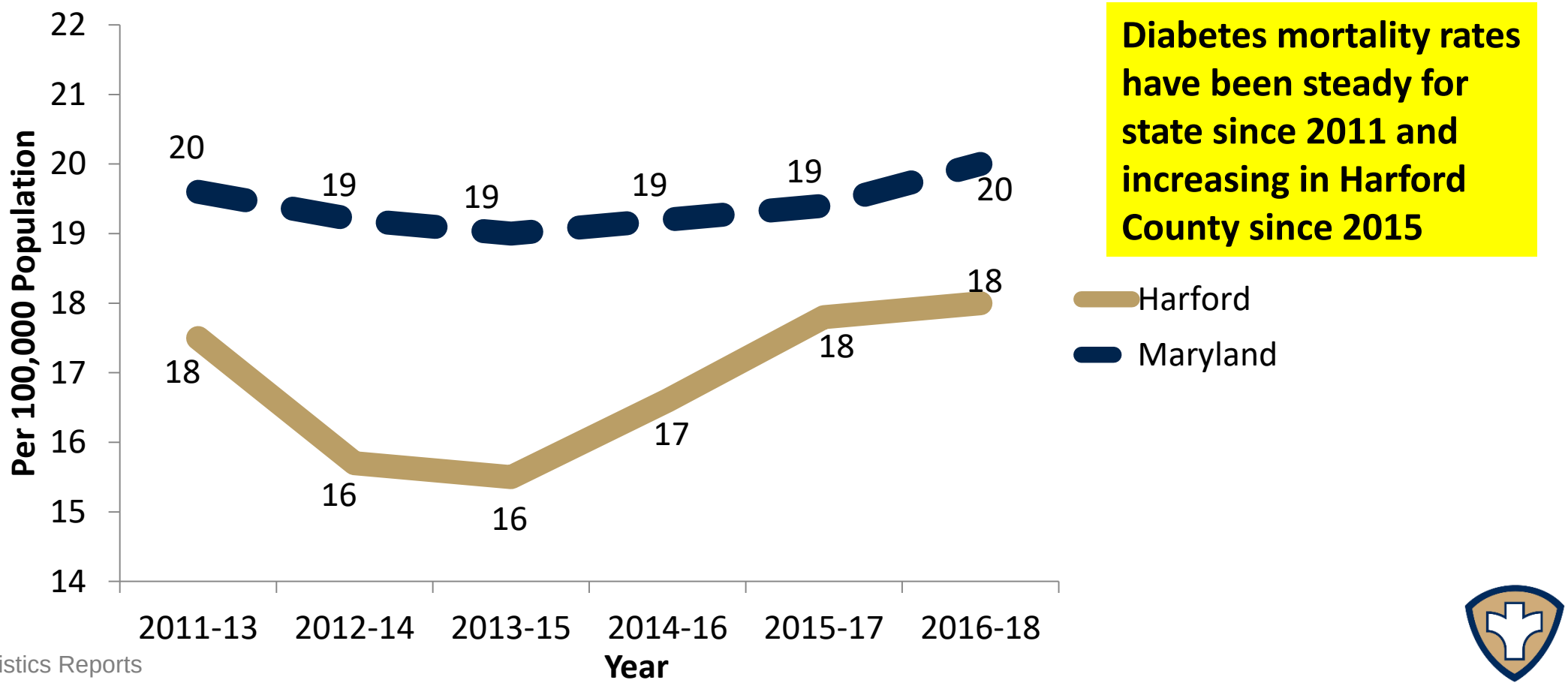
Rates of asthma diagnoses have been relatively steady over the years, but we are still seeing almost a quarter of high school students having asthma. Harford is slightly doing better than the state in 2018

Source: Maryland Youth Risk Behavior Survey (YRBS)
* Data gap between 2010-2013 and 2014-2016

Public Health
Prevent. Promote. Protect.
Harford County Health Department

Diabetes

Diabetes Mortality Rates, Harford County and Maryland, 2011-2018



Diabetes mortality rates have been steady for state since 2011 and increasing in Harford County since 2015

* Age-Adjusted Rates

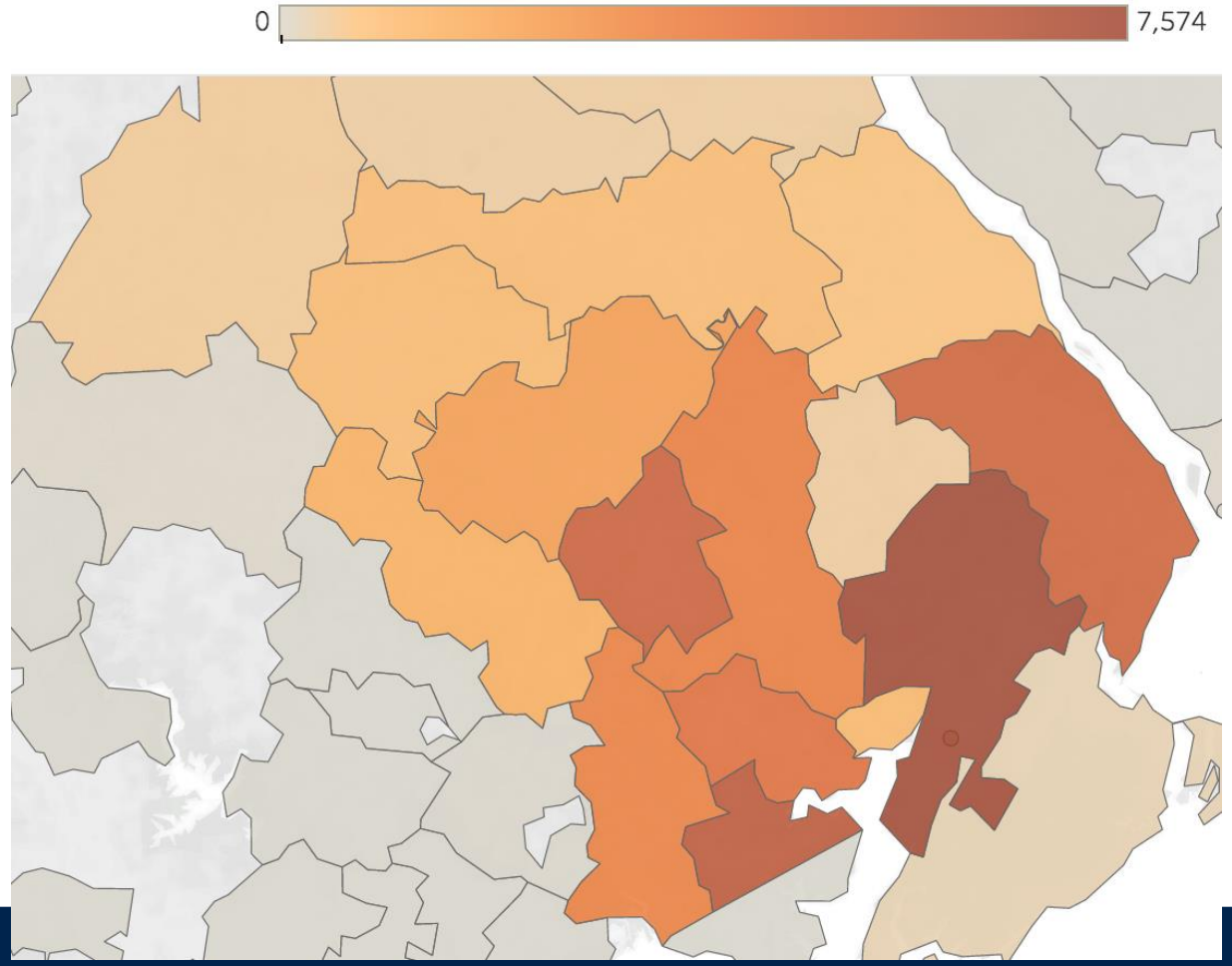
Source: Maryland Vital Statistics Reports

Public Health
Prevent. Promote. Protect.
Harford County Health Department

Diabetes

ED Visits for Diabetes from 2016-2019 in Harford County

Zip Codes with The Most Visits	
21001	7,574
21040	6,237
21014	5,561

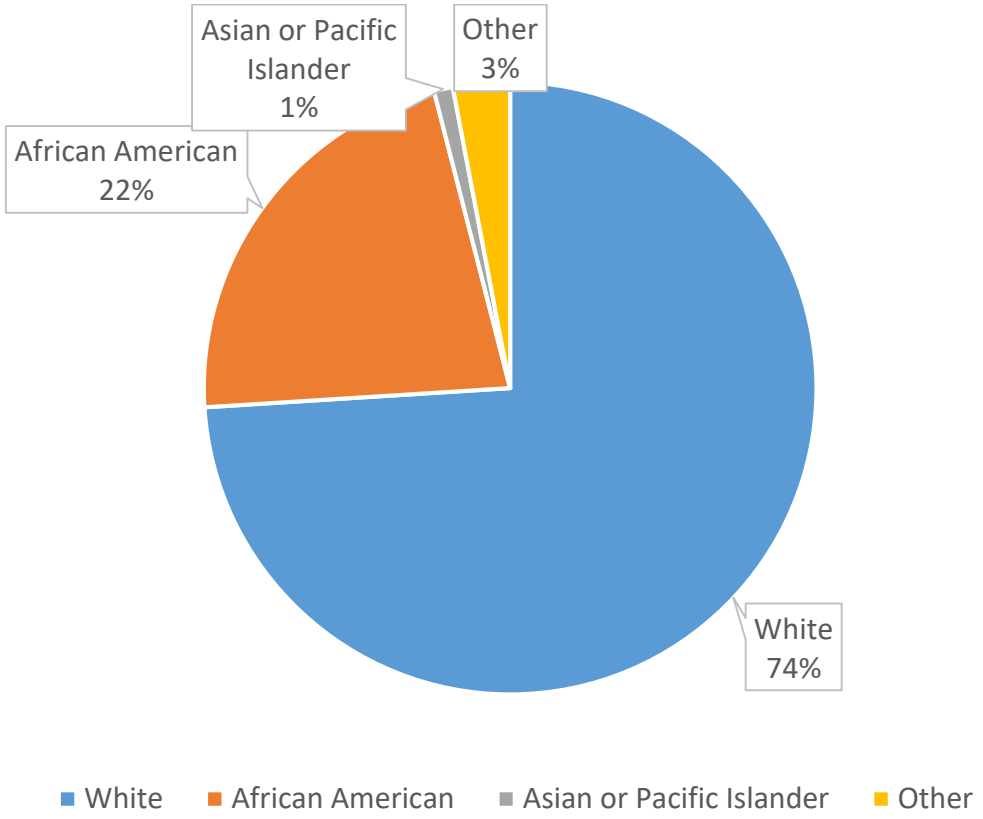


CRISP Data, Hospital Visits Diabetes

Public Health
Prevent. Promote. Protect.
Harford County Health Department

Diabetes

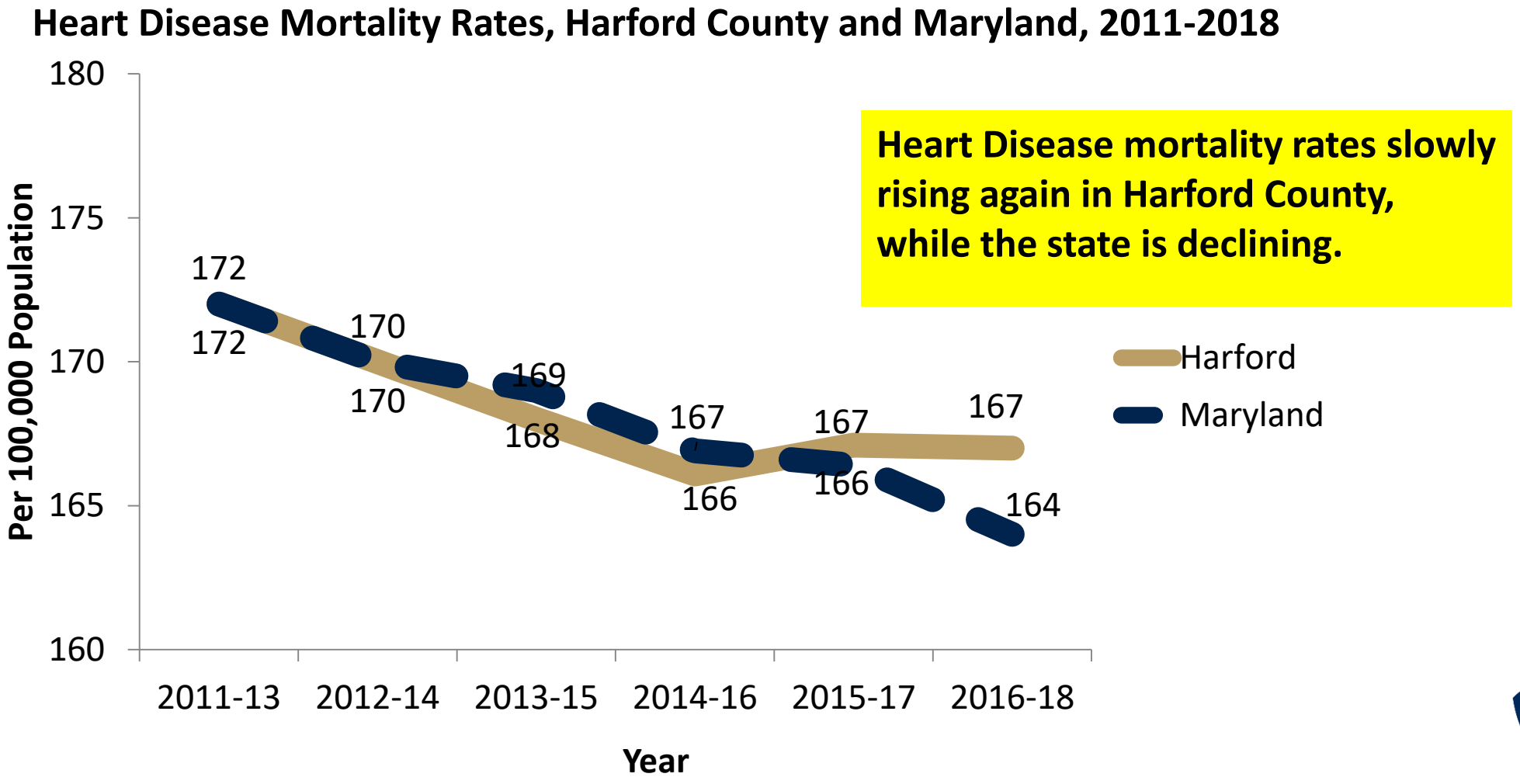
2016-2019 Hospital Visits for Diabetes in Harford County by Race



Although the highest rates of diabetes-related hospital admissions were in Whites, those in certain minority groups are at higher risk for developing type 2 diabetes.

Source: 2019 CRISP Data, Hospital Visits for Diabetes

Heart Disease

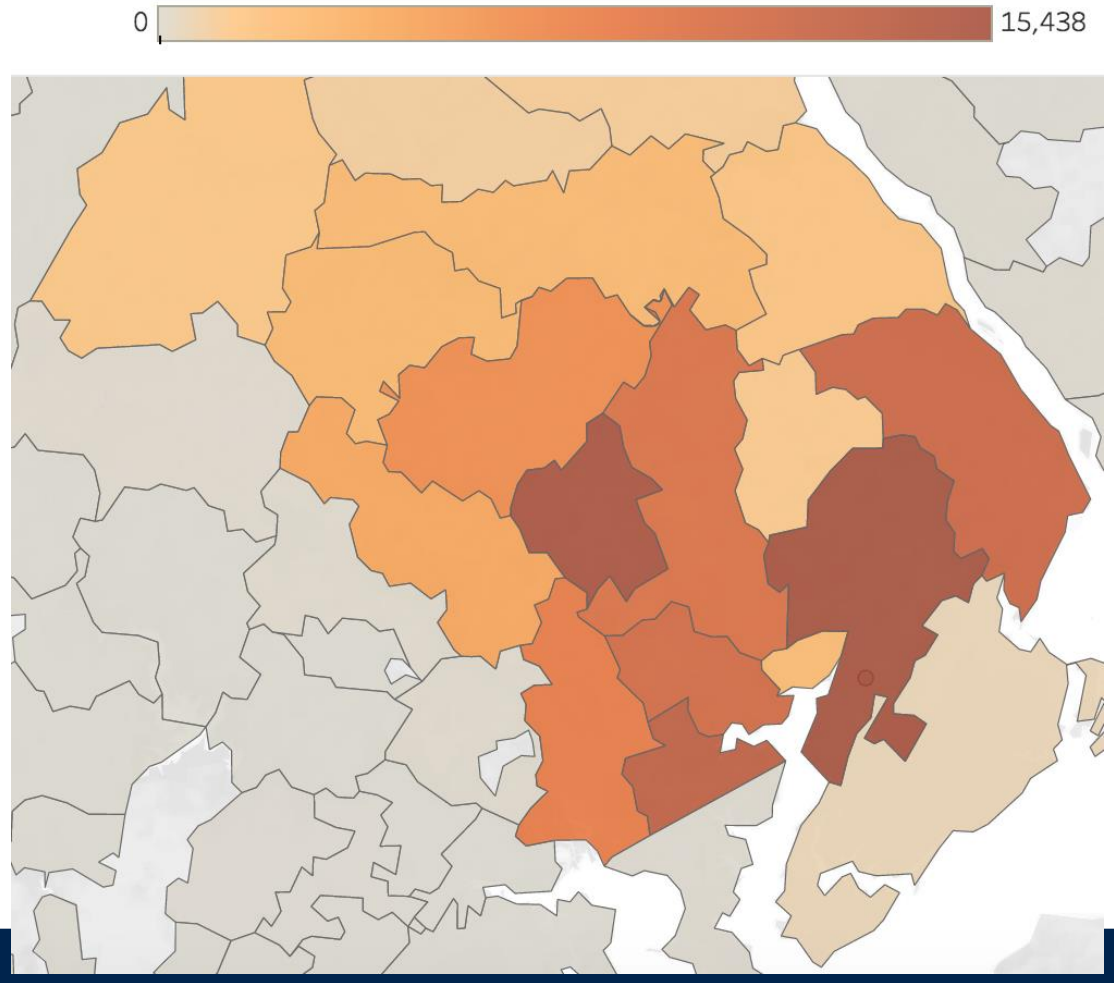


Public Health
Prevent. Promote. Protect.
Harford County Health Department

Hypertension

2016-2019 ED Visits for Hypertension in Harford County

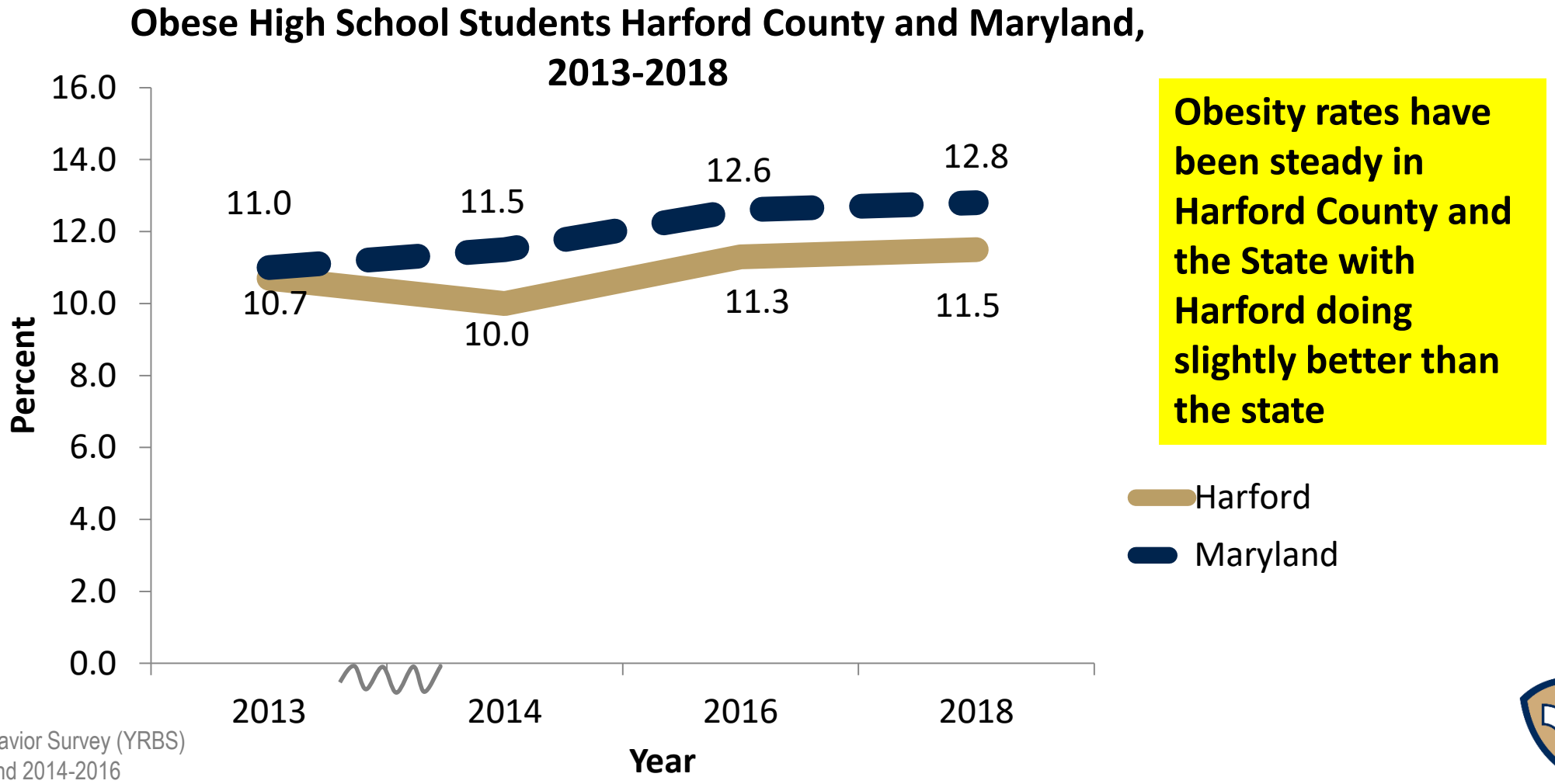
Zip Codes with The Most Visits	
21001	15,438
21014	15,145
21040	12,932



CRISP Data, Hospital Visits Hypertension

Public Health
Prevent. Promote. Protect.
Harford County Health Department

Obesity

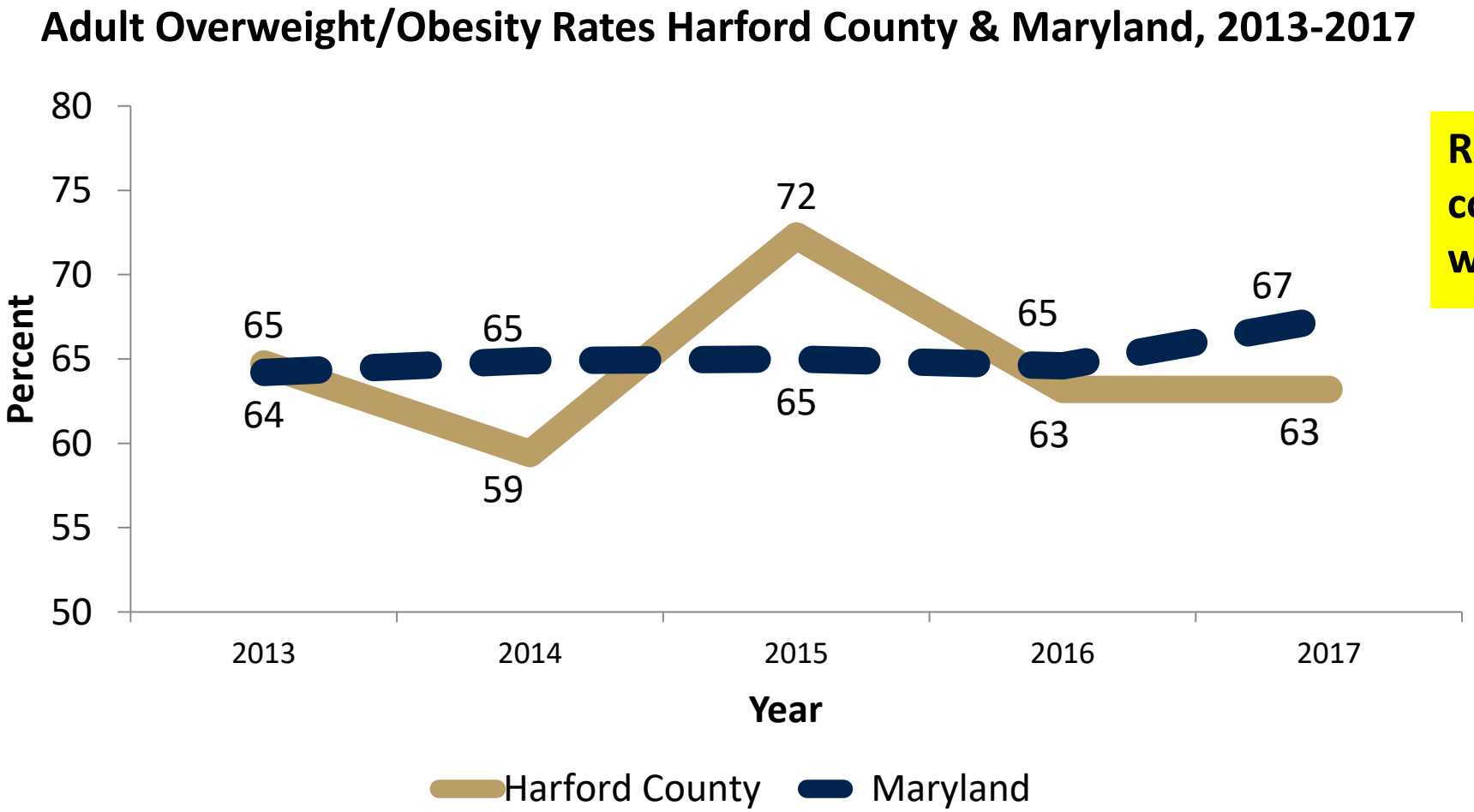


Obesity rates have been steady in Harford County and the State with Harford doing slightly better than the state

Source: Maryland Youth Risk Behavior Survey (YRBS)
* Data gap between 2010-2013 and 2014-2016

Public Health
Prevent. Promote. Protect.
Harford County Health Department

Obesity



Rates comparable with the state.

https://pophealth.health.maryland.gov/Pages/SHIP-Lite-Home.aspx

Public Health
Prevent. Promote. Protect.
Harford County Health Department

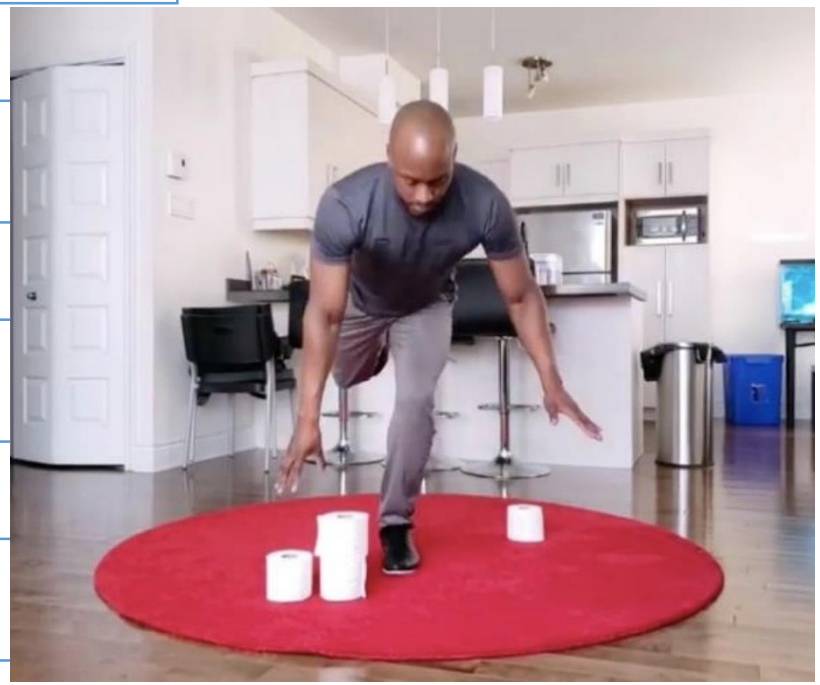
Chronic Disease and COVID-19

- Chronic Kidney Disease
- COPD
- Cancer
- Heart Conditions
- Immunocompromised State
- Obesity and Severe Obesity
- Sickle Cell Disease
- Smoking
- Type 2 Diabetes

Certain underlying conditions have an increased risk for severe complications from the virus

Chronic Disease and COVID-19

- Continue preventive services
- Stay physically active
- Eat healthy, well-balanced meals
- Get plenty of sleep
- Take care of your mental health



In Summary

- Harford County has made progress with:
  - The second decline in opioid deaths in 7 years
  - The lowest uninsured rate in the State
  - Lowest teen birth rate
  - Better than state average rates for diabetes and adolescent obesity rates
- Concerning trends in Harford County include:
  - Although teen smoking has decreased, teen vaping has increased
  - Infant mortality rate has exceeded the State rate for the 1st time
  - SEN and NAS rates have doubled over the past 10 years
  - Suicide, cancer, and COPD mortality rates higher than the State average
- We need to focus on:
  - Strengthening the behavioral health services system infrastructure, especially for adolescent health
  - Chronic disease prevention with an emphasis on smoking and vaping prevention efforts
  - Focus on prevention services for maternal-child and family health

Public Health
Prevent. Promote. Protect.
Harford County Health Department

Thank you!

410-838-1500

www.harfordcountyhealth.com

Public Health
Prevent. Promote. Protect.
Harford County Health Department

Accredited Health Department
PHAB
Advancing public health performance
Public Health Accreditation Board

Volume of Service Report July 2019-June 2020

SITE: HCCRS	Target	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	*Average*
Cases Opened															
Total Number of Cases Opened		153	131	107	152	152	136	152	227	247	224	269	67	**2017**	***168.1***
1. Opened by OPS		152	127	107	152	152	135	15	227	244	224	269	67	**1871**	***155.9***
2. Opened by MCT		0	1	0	0	0	1	0	0	3	0	0	0	**5**	***0.4***
Police/Community Education		0	2	2	0	7	8	0	3	5	0	0	0	**27**	***2.3***
Total cases for minors		10	19	11	33	22	20	30	30	23	13	13	3	**227**	***18.9***
Insurance:															
Medicaid		39	39	16	33	32	26	23	44	25	39	42	14	**372**	***31.0***
Medicare		12	10	10	5	9	12	7	13	11	14	17	4	**124**	***10.3***
Other		3	3	0	3	1	3	4	0	1	5	0	0	**23**	***1.9***
Private Insurance		29	35	29	40	48	46	22	52	40	59	72	15	**487**	***40.6***
Uninsured		6	6	5	6	3	2	2	6	9	4	11	4	**64**	***5.3***
Unknown		64	38	47	64	59	46	92	108	147	99	92	28	**884**	***73.7***
Veteran/Military (Tricare, VA, Champus)		0	0	0	1	0	1	2	4	2	2	0	2	**14**	***1.2***
Total Cases Closed this month															
Cases closed		146	130	124	143	154	142	111	112	124	127	154	61	**1528**	***127.3***
Calls															
Incoming Calls		312	280	267	746	665	506	724	677	644	619	706	224	**6370**	***530.8***
Outgoing Calls		235	178	168	297	239	153	286	277	337	386	354	116	**3026**	***252.2***
MHSS Visits															
Total # of new CSP clients		1	3	0	0	0	2	2	3	0	1	1	0	**13**	***1.1***
Scheduled		28	17	25	23	15	16	14	18	6	20	3	0	**185**	***15.4***
Completed		28	17	25	23	15	16	14	18	6	20	3	0	**185**	***15.4***
No Show Visits		0	0	**0**	0	0	0	0	0	0	0	0	0	**0**	***0.0***
MCT Visits															
Total # of Calls for Service		48	51	42	74	42	46	49	49	55	47	51	18	**572**	***47.7***
New		41	36	38	61	36	41	40	38	49	46	48	17	**491**	***40.9***
Follow Up		7	15	4	13	6	5	9	11	6	1	3	1	**81**	***6.8***
Diverted from Jail		1	1	1	1	0	0	1	2	3	0	0	0	**10**	***0.8***
Diverted from ER		15	20	13	17	10	13	16	12	17	12	10	4	**159**	***13.3***
TeleHealth - NEW											39	42	11	**92**	

TeleHealth - FOLLOW UP											1	3	1	**5**	
Interventions Used (MCT)															
Assist with EP		0	0	0	0	0	0	1	0	0	0	0	0	**1**	***0.1***
EP by MCT		0	0	0	0	0	0	0	0	0	0	0	0	**0**	***0.0***
Client Refused		1	1	1	2	3	3	2	2	2	1	4	0	**22**	***1.8***
BH Referral		1	1	2	0	1	1	1	2	1	0	2	0	**12**	***1.0***
Non BH Referral		0	1	2	0	0	2	0	0	0	0	2	0	**7**	***0.6***
Stable upon MCT arrival		7	8	3	11	4	10	10	8	10	8	6	4	**89**	***7.4***
Safety Plan		7	8	3	14	8	7	11	4	10	6	9	3	**90**	***7.5***
Outcomes															
Emergency Petition		0	4	2	0	0	3	1	3	2	1	2	0	**18**	***1.5***
ER/Voluntary		4	1	2	6	2	1	0	3	2	2	1	1	**25**	***2.1***
Inpatient		4	3	5	2	5	6	1	3	4	5	1	0	**39**	***3.3***
Stable/Improved		69	58	57	77	84	86	67	59	69	76	101	31	**834**	***69.5***
Unknown/Unable to Contact		22	27	24	32	23	24	17	15	25	24	17	17	**267**	***22.3***
Behavioral Health Linkage															
Linked prior		31	35	35	46	34	29	28	30	31	22	27	7	**355**	***29.6***
Linked during		35	54	33	33	32	34	31	22	27	24	36	11	**372**	***31.0***
not linked		7	4	10	8	5	3	2	6	3	7	8	6	**69**	***5.8***
crs provided resources		38	37	36	34	62	58	26	37	29	38	44	13	**452**	***37.7***
client refused services		6	6	2	6	7	4	6	6	9	9	5	4	**70**	***5.8***
not applicable (n/a)		29	4	6	17	14	12	18	9	24	27	22	19	**201**	***16.8***
Percent of Clients Linked		57.00%	61%	58	50%	47%	48%	63%	50%	58%	46%	47%	43%	**531%**	**531%**
Overall Client Satisfaction															
Total cases closed without survey		22	24	38	24	50	41	44	33	54	42	62	22	**456**	***38.0***
Total Cases with N/A Survey		1	7	4	5	13	9	10	9	11	12	23	2	**106**	***8.8***
Total number of complete surveys		120	91	73	46	97	96	62	74	56	71	85	34	**905**	***75.4***
Strongly agree		90	74	65	38	86	79	53	61	53	60	71	32	**762**	***63.5***
Agree		26	16	7	6	9	12	8	12	3	8	12	2	**121**	***10.1***
Neutral		1	1	1	1	0	2	1	0	0	0	1	0	**8**	***0.7***
Disagree		0	0	0	0	0	0	0	1	0	1	0	0	**2**	***0.2***
Strongly Disagree		1	0	0	0	0	0	0	0	0	0	0	0	**1**	***0.1***
N/A		2	0	0	1	2	0	0	0	0	0	0	0	**5**	***0.4***

Notes:

due by the tenth of the month

8486	Total people reached by this initiative - Mobile Crisis
2719	Urgent Care
390	Residential
11595	TOTAL

HARFORD COUNTY CRISIS RESPONSE SYSTEM

Community Education Report

July 2019 -June 2020

	1st Quarter				2nd Quarter				3rd Quarter				4th Quarter				FYTD	*YTD*
Community Education	**Jul**	**Aug**	**Sep**	**Total**	**Oct**	**Nov**	**Dec**	**Total**	**Jan**	**Feb**	**Mar**	**Total**	**Apr**	**May**	**Jun**	**Total**	**Total**	***Average***
By MCT	0	2	8	**10**	0	2	2	**4**	1	1	0	**2**	0	0	0	**0**	**16**	
By CSP	1	0	6	**1**	3	2	7	**12**	1	3	3	**7**	0	0	0	**0**	**20**	
By SIS	0	0	0	**0**	0	3	8	**11**	6	4	2	**12**	0	0	0	**0**	**3**	
Community Presentations	0	2	5	**7**	0	0	7	**7**	0	3	0	**3**	0	0	0	**0**	**17**	
Health Fair	0	0	1	**1**	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	**2**	
Police/Role Call Presentations	0	0	2	**2**	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	**3**	
School Presentations	0	1	0	**1**	0	4	8	**12**	5	3	2	**10**	0	0	0	**0**	**23**	
Other	1	1	0	**1**	3	3	1	**7**	2	2	3	**7**	0	0	0	**0**	**15**	
																	99	

SANTÉ AFFILIATED SANTÉ GROUP

HARFORD COUNTY CRISIS RESPONSE SYSTEM

INTAKE REPORT

July 2019 - June 2020

	1st Quarter				2nd Quarter				3rd Quarter				4th Quarter				FYTD	*YTD*
	Jul	**Aug**	**Sep**	**Total**	**Oct**	**Nov**	**Dec**	**Total**	**Jan**	**Feb**	**Mar**	**Total**	**Apr**	**May**	**Jun**	**Total**	**Total**	***Avg***
Number of Cases Opened	153	131	107	**391**	152	152	136	**440**	152	227	247	**626**	224	269	66	**559**	**2016**	
Opened by OPS	153	127	107	**387**	152	152	135	**439**	152	227	244	**623**	224	269	66	**559**	**2008**	
Opened by MCT	0	1	0	**1**	0	0	1	**1**	0	0	3	**3**	0	0	0	**0**	**5**	
Opened by CSP	0	3	0	**3**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**3**	
Primary Client:																		
Child (0-12 years)	5	3	3	**11**	18	11	9	**38**	12	14	9	**35**	4	4	1	**9**	**93**	
Teenager (13-17 years)	5	6	8	**19**	15	11	11	**37**	18	16	14	**48**	9	9	2	**20**	**124**	
Transitional Adult (18 - 21 years)	6	5	2	**13**	2	2	3	**7**	4	4	11	**19**	10	11	5	**26**	**65**	
Adult (22 - 64 years)	57	59	58	**174**	55	60	46	**161**	31	58	48	**137**	60	113	24	**197**	**669**	
Elderly (65+ years)	6	6	6	**18**	6	10	7	**23**	4	11	11	**26**	6	12	2	**20**	**87**	
Unknown	74	52	30	**156**	54	58	50	**162**	83	124	154	**361**	135	120	32	**287**	**966**	
Insurance:																		
Medicaid	39	39	16	**94**	33	32	26	**91**	23	44	25	**92**	39	42	81	**162**	**439**	
Medicare	12	10	10	**32**	5	9	12	**26**	7	13	11	**31**	14	17	31	**62**	**151**	
Other	3	3	0	**6**	3	1	3	**7**	4	0	1	**5**	5	0	5	**10**	**28**	
Private Insurance	29	35	29	**93**	40	48	46	**134**	22	52	40	**114**	59	72	131	**262**	**603**	
Uninsured	6	6	5	**17**	6	3	2	**11**	2	6	9	**17**	4	11	15	**30**	**75**	
Unknown	64	38	47	**149**	64	59	46	**169**	92	108	147	**347**	99	92	191	**382**	**1047**	
Veteran's Med Assistance	0	0	0	**0**	1	0	1	**2**	2	4	2	**8**	2	0	2	**4**	**14**	
Referred By:																		
BH Provider	2	9	9	**20**	7	7	16	**30**	6	10	20	**36**	22	13	1	**36**	**122**	
Client	5	4	3	**12**	13	9	7	**29**	3	3	14	**20**	5	7	0	**12**	**73**	
Community Resource	8	6	5	**19**	12	16	8	**36**	9	5	3	**17**	10	11	4	**25**	**97**	
Family / Friend	7	8	3	**18**	13	11	9	**33**	8	14	13	**35**	18	33	7	**58**	**144**	
Fire / EMS	0	1	1	**2**	0	0	1	**1**	0	0	1	**1**	1	0	0	**1**	**5**	
Government Agency	2	7	2	**11**	3	3	3	**9**	5	9	10	**24**	3	0	1	**4**	**48**	
Hospital ER	6	9	2	**17**	7	7	7	**21**	5	7	6	**18**	8	3	3	**14**	**70**	
Hotline	0	2	0	**2**	0	1	1	**2**	2	0	1	**3**	3	2	0	**5**	**12**	
KFHCC				**0**			3	**3**	3	6	7	**16**	3	1	1	**5**	**24**	
Other	18	12	8	**38**	20	23	19	**62**	5	32	23	**60**	5	20	0	**25**	**185**	
Police	8	11	7	**26**	10	6	3	**19**	9	13	15	**37**	7	8	4	**19**	**101**	
Primary Care Physician	5	8	5	**18**	6	9	10	**25**	6	10	6	**22**	13	11	2	**26**	**91**	
School	0	0	6	**6**	15	12	11	**38**	24	20	17	**61**	3	2	0	**5**	**110**	

How did you Hear about us?	Jul	Aug	Sep	Total	Oct	Nov	Dec	Total	Jan	Feb	Mar	Total	Apr	May	Jun	Total	Total	*Avg*
Unknown	92	54	56	**202**	45	44	34	**123**	67	96	111	**274**	118	157	43	**318**	**917**	
211	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	1	1	2	**4**	**5**	
Client	10	9	13	**32**	16	15	9	**40**	6	12	21	**39**	12	21	6	**39**	**150**	
Community Resource	16	9	11	**36**	24	15	7	**46**	7	16	6	**29**	10	10	3	**23**	**134**	
Emergency Responder	0	1	3	**4**	0	0	1	**1**	0	2	3	**5**	0	0	0	**0**	**10**	
Family / Friend	11	5	5	**21**	13	9	9	**31**	11	15	12	**38**	16	28	8	**52**	**142**	
Government	2	5	3	**10**	2	3	4	**9**	6	9	9	**24**	3	0	0	**3**	**46**	
Hospital	15	13	7	**35**	4	5	10	**19**	4	9	6	**19**	8	6	4	**18**	**91**	
Hotline	0	5	0	**5**	1	1	1	**3**	1	0	1	**2**	3	2	0	**5**	**15**	
Internet	18	17	9	**44**	14	23	25	**62**	14	47	45	**106**	38	55	18	**111**	**323**	
KFHCC				**0**				**0**	2	2	0	**4**	2	1	0	**3**	**7**	
Other	21	6	8	**35**	15	6	4	**25**	9	4	3	**16**	3	8	0	**11**	**87**	
Physician	7	6	3	**16**	4	9	10	**23**	5	6	5	**16**	15	10	2	**27**	**82**	
Police	12	13	10	**35**	14	4	3	**21**	11	14	12	**37**	7	7	5	**19**	**112**	
Provider	4	7	9	**20**	9	0	0	**9**	0	10	18	**28**	30	18	2	**50**	**107**	
Service Provider	12	11	6	**29**	9	26	11	**46**	26	22	15	**63**	2	12	3	**17**	**155**	
School	0	0	0	**0**	9	11	24	**44**	17	13	18	**48**	1	2	0	**3**	**95**	
Unknown	24	18	7	**49**	20	12	18	**50**	33	47	67	**147**	75	83	13	**171**	**417**	

Lethality

Total number of Lethality Reports																		
				Avg				**Avg**				**Avg**				**Avg**	**Avg**	*Avg*
Average Score																		
Minimum Score																		
Maximum Score																		

HARFORD COUNTY CRISIS RESPONSE SYSTEM

Mobile Crisis Team Report

July 2019 - June 2020

	1st Quarter				2nd Quarter				3rd Quarter				4th Quarter				FYTD	*YTD*
	Jul	**Aug**	**Sep**	**Total**	**Oct**	**Nov**	**Dec**	**Total**	**Jan**	**Feb**	**Mar**	**Total**	**Apr**	**May**	**Jun**	**Total**	**Total**	***Avg***
Number of Calls for Service	48	51	42	**141**	74	42	46	**162**	49	49	55	**153**	47	51	18	**116**	**572**	
Dispatch By:																		
911 Dispatch	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	**1**	
Fire	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	
IHIT	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	
MCT	5	11	1	**17**	9	6	2	**17**	4	10	5	**19**	1	0	0	**1**	**54**	
OPS	40	38	39	**117**	63	33	43	**139**	42	37	47	**126**	46	50	18	**114**	**496**	
Police/CIT	3	2	2	**7**	2	1	0	**3**	3	2	3	**8**	0	1	0	**1**	**19**	
Type of Dispatch:																		
New Dispatch	41	36	38	**115**	61	36	41	**138**	40	38	49	**127**	46	48	17	**111**	**491**	
Follow-up Dispatch	7	15	4	**26**	13	6	5	**24**	9	11	6	**26**	1	3	1	**5**	**81**	
TeleHealth - NEW													39	42	11	**92**	**92**	
TeleHealth-FOLLOW UP													1	3	1	**5**	**5**	
Dispatch Area:																		
Aberdeen PD	5	6	3	**14**	9	4	6	**19**	4	7	6	**17**	8	6	4	**18**	**68**	
APG Military Police	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**	
Bel Air PD	13	6	6	**25**	13	7	8	**28**	14	10	16	**40**	12	10	7	**29**	**122**	
Havre de Grace PD	3	10	3	**16**	5	2	0	**7**	6	5	3	**14**	5	4	0	**9**	**46**	
HCSO HQ	0	0	1	**1**	0	0	3	**3**	0	2	1	**3**	0	0	0	**0**	**7**	
HCSO Northern	7	9	7	**23**	9	6	7	**22**	10	7	9	**26**	9	17	2	**28**	**99**	
HCSO Southern	17	19	19	**55**	38	23	21	**82**	12	18	20	**50**	13	14	4	**31**	**218**	
EOC / 911	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	
Unknown	0	1	0	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**	
For Each Call:				**Avg**				**Avg**				**Avg**				**Avg**		
Mean Response Time (min)	16.82	20.57	19	**18.80**	23	18	18	**19.67**	20	22	18	**20**	25	15.33	20.5	**20.2778**	**19.68528**	
Mean Total Time Spent (min)	76.74	86.2	64	**75.65**	73	56	59	**62.67**	77	50	54.5	**60.5**	41	51.67	54.5	**49.0556**	**61.96722**	
Mean Total Travel Distance (mile)	15	19	18	**17.17**	20.0	15	14	**16.33**	17	17	15	**16.33333333**	26	10	16	**17.0556**	**16.72222**	
Gender of Client:				**Total**				**Total**				**Total**				**Total**		
Female	26	32	31	**89**	36	23	19	**78**	30	26	28	**84**	32	34	15	**81**	**332**	
Male	22	19	11	**52**	38	19	27	**84**	19	23	27	**69**	15	17	3	**35**	**240**	
Transgender	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	
Unknown	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	
Insurance Type per Client:																		
Medicaid	21	13	8	**42**	26	16	12	**54**	14	17	11	**42**	16	16	4	**36**	**174**	
Medicare	7	12	5	**24**	1	2	4	**7**	8	4	4	**16**	3	4	0	**7**	**54**	
Other	9	0	0	**9**	1	0	2	**3**	2	0	0	**2**	0	0	0	**0**	**14**	
Private	2	10	12	**24**	18	12	15	**45**	8	12	16	**36**	20	19	7	**46**	**151**	
Uninsured	3	3	1	**7**	3	1	1	**5**	0	1	2	**3**	0	3	3	**6**	**21**	
Unknown	6	14	16	**36**	24	11	12	**47**	17	13	20	**50**	8	9	3	**20**	**153**	
Veterans	0	0	0	**0**	1	0	0	**1**	0	2	2	**4**	0	0	1	**1**	**6**	
Client Age:																		
Child (1-12 years)	5	2	3	**10**	22	9	8	**39**	8	11	8	**27**	4	3	1	**8**	**84**	
Teenager (13-17 years)	5	3	8	**16**	15	12	15	**42**	16	14	13	**43**	7	6	2	**15**	**116**	
Transitional Adult (18-21 years)	5	3	2	**10**	5	2	2	**9**	3	1	3	**7**	6	2	2	**10**	**36**	
Adult (22-64 years)	22	31	13	**66**	17	12	17	**46**	16	18	16	**50**	19	35	12	**66**	**228**	
Elderly (65+ years)	3	2	6	**11**	1	2	3	**6**	5	3	6	**14**	2	1	0	**3**	**34**	
Unknown	8	10	6	**24**	14	5	2	**21**	0	2	8	**10**	9	4	1	**14**	**69**	

Additional Descriptive Stats:				**Avg**				**Avg**				**Avg**				**Avg**	**Total**	*Avg*
Mean age of client	30.68	40.76	32	**34.48**	22	26.5	25	**24.5**	34	28	29.0	**30.33333333**	21	34	32	**29**	**29.57833**	
Minimum age of client	17.9	19	17.5	**17.5**	10	8	7	**7**	7	6	7	**6**	6	11	6	**8**	**6**	
Maximum Age of client	46.3	60	56	**60**	45	62	78	**78**	87	84	87	**86**	90	67	62	**73**	**86**	
Call Location:				**Total**				**Total**				**Total**				**Total**		
Court/Jail	0	1	4	**5**	1	0	1	**2**	1	0	0	**1**	0	0	0	**0**	**8**	
Hospital	1	0	0	**1**	0	1	0	**1**	1	1	1	**3**	0	0	0	**0**	**5**	
Office	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**	
Other	4	6	7	**17**	2	2	3	**7**	5	2	3	**10**	0	0	0	**0**	**34**	
Provider	2	2	1	**5**	0	0	1	**1**	0	1	0	**1**	0	0	0	**0**	**7**	
Residence	41	41	27	**109**	57	35	35	**127**	30	38	39	**107**	7	6	5	**18**	**361**	
School	0	1	8	**9**	15	4	6	**25**	13	7	4	**24**	0	0	0	**0**	**58**	
TeleHealth (COVID-19)				**0**				**0**			8	**8**	40	45	13	**98**	**106**	
Workplace	0	0	0	**0**	31	0	0	**31**	0	0	0	**0**	0	0	0	**0**	**31**	
Clients Intoxicated at Time of Call	1	2	0	**3**	2	2	0	**4**	4	3	6	**13**	0	0	0	**0**	**20**	
Focal Issues: (3 per call)																		
Adult/Elder Abuse - Neglect	0	0	0	**0**	0	1	0	**1**	0	0	1	**1**	0	0	0	**0**	**2**	
Anxiety	7	5	3	**15**	14	5	4	**23**	15	8	6	**29**	16	13	5	**34**	**101**	
Autism Spectrum	4	0	1	**5**	5	2	8	**15**	1	4	5	**10**	1	1	1	**3**	**33**	
Child Abuse/Neglect	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**	
Child/Adol Behavior	6	4	6	**16**	18	13	11	**42**	9	11	9	**29**	5	4	1	**10**	**97**	
Child with Significant Illness	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	**1**	
Chronic MI	7	1	1	**9**	1	1	2	**4**	4	4	2	**10**	3	2	0	**5**	**28**	
Community Resources	1	4	1	**6**	3	1	0	**4**	1	0	3	**4**	2	1	0	**3**	**17**	
Confusion/Dementia	0	1	2	**3**	0	0	0	**0**	5	1	2	**8**	1	0	0	**1**	**12**	
Co-Occuring	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	2	1	0	**3**	**3**	
DART/LEAD				**0**				**0**			2	**2**	0	0	0	**0**	**2**	
Death By Suicide	0	0	0	**0**	2	0	0	**2**	1	1	0	**2**	0	0	0	**0**	**4**	
Death Other Than Suicide	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	**1**	
Delusional/Hallucinations	3	1	3	**7**	2	1	5	**8**	0	0	1	**1**	1	1	0	**2**	**18**	
Depression	7	13	7	**27**	18	13	11	**42**	1	2	10	**13**	11	14	6	**31**	**113**	
Developmental Disability	1	1	0	**2**	0	1	1	**2**	12	8	2	**22**	0	0	0	**0**	**26**	
Domestic Violence	0	2	0	**2**	3	1	2	**6**	0	0	0	**0**	1	0	1	**2**	**10**	
Emergency Petition	2	1	1	**4**	0	0	1	**1**	1	0	2	**3**	1	1	0	**2**	**10**	
Family Conflict	2	10	7	**19**	13	4	4	**21**	1	2	7	**10**	5	8	0	**13**	**63**	
Fatal Accident	0	0	0	**0**	0	0	0	**0**	9	4	0	**13**	0	0	0	**0**	**13**	
Financial	1	0	0	**1**	0	0	2	**2**	0	0	1	**1**	1	1	0	**2**	**6**	
Grief	0	0	0	**0**	0	0	0	**0**	0	0	1	**1**	1	1	0	**2**	**3**	
Homeless	4	1	1	**6**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**6**	
Homicide Ideation	1	0	1	**2**	1	0	1	**2**	2	0	0	**2**	0	0	0	**0**	**6**	
Legal	0	0	0	**0**	0	0	1	**1**	1	1	0	**2**	0	0	0	**0**	**3**	
Mania	0	2	1	**3**	2	1	0	**3**	0	0	0	**0**	3	0	0	**3**	**9**	
Marital Conflict	2	1	0	**3**	1	0	1	**2**	0	1	1	**2**	2	0	5	**7**	**14**	
Medical Issues, Primary	1	1	2	**4**	0	2	0	**2**	2	0	0	**2**	1	0	1	**2**	**10**	
Mood Disorder	1	0	0	**1**	5	1	6	**12**	3	0	0	**3**	0	2	1	**3**	**19**	
Non-Suicidal Self Injury	4	3	0	**7**	3	2	4	**9**	4	1	2	**7**	1	1	1	**3**	**26**	
Other	7	5	8	**20**	1	3	0	**4**	3	5	4	**12**	7	7	3	**17**	**53**	
Police/CIT	0	0	2	**2**	1	0	1	**2**	0	0	1	**1**	0	0	0	**0**	**5**	
Psychotic	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	3	3	0	**6**	**7**	
PTSD	5	2	3	**10**	3	3	2	**8**	0	2	0	**2**	1	3	1	**5**	**25**	
Runaway	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	
Sexual Assault	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	
Situational Crisis	11	15	6	**32**	12	4	8	**24**	5	8	14	**27**	15	11	3	**29**	**112**	

Substance Abuse	2	9	6	**17**	3	4	2	**9**	3	4	4	**11**	3	3	0	**6**	**43**	
Suicide Attempt	2	0	3	**5**	0	1	2	**3**	2	1	0	**3**	0	0	0	**0**	**11**	
Suicide Ideation	16	19	9	**44**	20	13	14	**47**	12	15	23	**50**	13	15	6	**34**	**175**	
Traumatice Brain Injury (TBI)	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	**1**	

Violence	0	0	0	**0**	1	0	0	**1**	0	0	1	**1**	0	0	0	**0**	**2**	
Diagnostic Category:				**Total**				**Total**				**Total**				**Total**	**Total**	***Avg***
Anxiety Disorder	5	1	1	**7**	8	3	2	**13**	4	3	3	**10**	2	1	1	**4**	**34**	
Bipolar/Related Disorder	2	1	0	**3**	0	2	3	**5**	0	1	2	**3**	1	2	2	**5**	**16**	
Depressive Disorder	10	14	7	**31**	14	10	8	**32**	9	6	9	**24**	9	5	2	**16**	**103**	
Diagnosis due to Medical Condition	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	
Disruptive/Impulse/Conduct Disorder	0	0	0	**0**	3	2	3	**8**	2	0	1	**3**	0	1	0	**1**	**12**	
Dissociative Disorder	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	
Neurocognitive Disorder	0	0	1	**1**	2	0	1	**3**	3	1	0	**4**	0	0	0	**0**	**8**	
Neurodevelopmental Disorder	4	1	0	**5**	3	2	6	**11**	1	3	5	**9**	0	0	0	**0**	**25**	
Not Applicable	1	2	1	**4**	1	0	1	**2**	0	0	3	**3**	1	2	0	**3**	**12**	
Other	0	3	3	**6**	1	0	3	**4**	2	0	1	**3**	1	0	0	**1**	**14**	
Personality Disorder	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	
Schizophrenia/Psychotic Disorder	4	0	1	**5**	1	0	2	**3**	1	1	1	**3**	2	1	0	**3**	**14**	
Substance/Addictive Disorder	0	5	5	**10**	1	4	0	**5**	2	3	2	**7**	1	2	0	**3**	**25**	
Trauma/PTSD	5	4	1	**10**	5	5	6	**16**	12	8	4	**24**	11	7	3	**21**	**71**	
Undetermined	17	20	22	**59**	30	14	9	**53**	13	19	24	**56**	19	28	10	**57**	**225**	
Intervention Used:																		
Assist Family with EP	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	**1**	
Assist Other with EP	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	
Assist Police with EP	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	
BH Referral	1	1	2	**4**	0	1	1	**2**	1	2	1	**4**	0	2	0	**2**	**12**	
CIST Call	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	
Client Education	0	0	3	**3**	2	0	0	**2**	0	1	1	**2**	0	2	0	**2**	**9**	
Client Refused Services	1	1	1	**3**	2	3	3	**8**	2	2	2	**6**	1	4	0	**5**	**22**	
Client Unavailable	0	1	2	**3**	5	0	0	**5**	0	1	1	**2**	0	0	1	**1**	**11**	
Contact APS	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	
Contact CPS	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	
Contact EMT	0	0	1	**1**	0	1	0	**1**	0	1	1	**2**	0	0	0	**0**	**4**	
Contact Law Enforcement	1	2	1	**4**	0	0	0	**0**	2	0	0	**2**	0	0	0	**0**	**6**	
Crisis Bed Placement	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	**1**	
Emergency Petition by MCT	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	
Escort to Hospital	0	3	0	**3**	1	1	0	**2**	0	0	0	**0**	0	0	0	**0**	**5**	
Family Education	1	3	2	**6**	3	0	2	**5**	2	2	2	**6**	1	2	1	**4**	**21**	
Grief Support	1	0	0	**1**	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	**2**	
Non-BH Referral	0	1	2	**3**	0	0	2	**2**	0	0	0	**0**	0	2	0	**2**	**7**	
Other	0	2	0	**2**	3	6	3	**12**	0	0	0	**0**	5	0	3	**8**	**22**	
Physical Intervention	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**	
Safety Plan	7	8	3	**18**	14	8	7	**29**	11	4	10	**25**	6	9	3	**18**	**90**	
School/Provider Education	0	0	1	**1**	1	1	4	**6**	2	2	0	**4**	0	0	0	**0**	**11**	
Stable upon MCT arrival	7	8	3	**18**	11	4	10	**25**	10	8	10	**28**	8	6	4	**18**	**89**	
Transport to Hospital	0	0	0	**0**	1	2	0	**3**	0	0	0	**0**	0	0	0	**0**	**3**	
Verbal De-escalation	8	2	3	**13**	8	3	3	**14**	7	2	3	**12**	10	8	3	**21**	**60**	
Voluntary ER	4	1	1	**6**	2	1	2	**5**	1	3	2	**6**	4	1	0	**5**	**22**	
Well-being Check	18	18	13	**49**	19	11	7	**37**	11	17	18	**46**	11	13	2	**26**	**158**	
Calls Diverted from ER:																		
Yes	15	20	13	**48**	17	10	13	**40**	16	12	17	**45**	12	10	4	**26**	**159**	
No	7	4	7	**18**	7	5	9	**21**	4	5	6	**15**	8	4	1	**13**	**67**	
N/A	26	27	22	**75**	50	27	24	**101**	29	32	32	**93**	27	37	13	**77**	**346**	
Calls Diverted from Jail:																		
Yes	1	1	1	**3**	1	0	0	**1**	1	2	3	**6**	0	0	0	**0**	**10**	

SANTÉ AFFILIATED SANTÉ GROUP

HARFORD COUNTY CRISIS RESPONSE SYSTEM

Telephone Calls Report

July 2019 - June 2020

INCOMING CALLS:	1st Quarter				2nd Quarter				3rd Quarter				4th Quarter				FY	*YTD*
	Jul	Aug	Sep	Total	Oct	Nov	Dec	Total	Jan	Feb	Mar	Total	Apr	May	Jun	Total	Total	*Average*
Total Incoming Calls	312	280	267	**859**	**746**	**665**	**506**	**1917**	**724**	**677**	**644**	**2045**	**619**	**706**	**224**	**1549**	**6370**	
Incoming INTAKE Calls	153	131	107	**391**	152	152	112	**416**	152	227	247	**626**	224	269	66	**559**	**1992**	
Incoming FOLLOW-UP Calls	159	149	160	**468**	184	145	119	**448**	174	86	81	**341**	94	90	18	**202**	**1459**	
Incoming KFHCC TRANSFERS				**0**	410	368	289	**1067**	398	364	316	**1078**	301	347	140	**788**	**2933**	
Number of Adult (18+)	277	263	245	**785**	678	602	467	**1747**	650	614	588	**1852**	572	681	215	**1468**	**5852**	
Number of Child (0-17)	35	17	22	**74**	65	63	46	**174**	74	63	56	**193**	47	25	9	**81**	**522**	
OPS	277	248	247	**772**	719	626	480	**1825**	655	644	608	**1907**	567	671	71	**1309**	**5813**	
CSP	13	9	5	**27**	10	12	13	**35**	6	3	20	**29**	28	5	0	**33**	**124**	
MCT	22	23	15	**60**	16	27	24	**67**	22	11	13	**46**	12	15	8	**35**	**208**	
PRS				**0**				**0**				**0**	1	10	2	**13**	**13**	
SIS				**0**		0	7	**7**	10	19	3	**32**	11	5	3	**19**	**58**	
CISM	0	0	0	**0**	0	0	9	**9**	0	0	0	**0**	0	0	0	**0**	**9**	
Supervisor	0	0	0	**0**	0	0	8	**8**	1	0	0	**1**	0	0	0	**0**	**9**	

OUTGOING CALLS:	1st Quarter				2nd Quarter				3rd Quarter				4th Quarter				FY	*YTD*
	Jul	Aug	Sep	Total	Oct	Nov	Dec	Total	Jan	Feb	Mar	Total	Apr	May	Jun	Total	Total	*Average*
Total Outgoing Calls	235	178	168	**581**	297	239	153	**689**	286	277	337	**900**	386	354	116	**856**	**3026**	
Number of Outgoing Adult (18+)	177	159	123	**459**	160	139	82	**381**	118	133	233	**484**	288	283	90	**661**	**1985**	
Number of Outgoing Child (0-17)	58	19	45	**122**	135	100	78	**313**	168	144	104	**416**	98	71	26	**195**	**1046**	
CSP	27	5	18	**50**	28	20	19	**67**	22	7	20	**49**	39	12	0	**51**	**217**	
MCT	116	106	100	**322**	163	127	83	**373**	134	120	185	**439**	200	179	68	**447**	**1581**	
OPS	91	65	50	**206**	103	81	42	**226**	75	72	104	**251**	105	101	31	**237**	**920**	
PRS				**0**				**0**				**0**	6	33	5	**44**	**44**	
SIS				**0**		7	30	**37**	53	76	27	**156**	35	26	12	**73**	**266**	
CISM	0	0	0	**0**	0	0	7	**7**	0	0	0	**0**	0	0	0	**0**	**7**	
Supervisor	1	2	0	**3**	3	4	7	**14**	2	2	1	**5**	1	3	0	**4**	**26**	

SANTÉ AFFILIATED SANTÉ GROUP

HARFORD COUNTY CRISIS RESPONSE SYSTEM
Schools Report
July 2019 - June 2020

MCT Dispatch	1st Quarter				2nd Quarter				3rd Quarter				4th Quarter				FY
	Jul	Aug	Sep	Tota	Oct	Nov	Dec	Tota	Jan	Fe	Ma	Tota	Apr	Ma	Jun	Tota	Total
Total Dispatched	0	0	1	**1**	15	7	15	**37**	17	17	5	**39**	0	0	0	**0**	**77**
MCT	0	0	1	**1**	15	5	7	**15**	15	10	4	**29**	0	0	0	**0**	**23**
SIS				**0**		2	8	**10**	2	7	1	**10**	0	0	0	**0**	**23**
Client Age:																	
Child (1-12 years)	0	0	1	**1**	9	4	9	**22**	8	9	3	**20**	0	0	0	**0**	**43**
Teenager (13-17 years)	0	0	0	**0**	5	3	6	**14**	9	7	2	**18**	0	0	0	**0**	**32**
Transitional Adult (18-21 years)	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	**1**
Adult (22-64 years)	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Elderly (65+)	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Unknown	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Focal Issues:																	
Anxiety	0	0	0	**0**	2	0	3	**5**	8	2	2	**12**	0	0	0	**0**	**17**
Autism Spectrum	0	0	0	**0**	1	0	2	**3**	0	2	0	**2**	0	0	0	**0**	**5**
Child Abuse/Neglect	0	0	0	**0**	0	0	3	**3**	0	0	0	**0**	0	0	0	**0**	**3**
Child With Significant Illness	0	0	0	**0**	0	4	0	**4**	3	0	0	**3**	0	0	0	**0**	**7**
Child/Adol. Behavior	0	0	0	**0**	8	0	5	**13**	0	9	2	**11**	0	0	0	**0**	**24**
Chronic MI	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Community Resources	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Confusion/Dementia	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Co-Occuring	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Death By Suicide	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Death Other Than Suicide	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Delusional/Hallucinations	0	0	0	**0**	0	1	1	**2**	6	0	0	**6**	0	0	0	**0**	**8**
Depression	0	0	1	**1**	3	0	2	**5**	0	1	2	**3**	0	0	0	**0**	**9**
Developmental Disability	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Domestic Violence	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Emergency Petition	0	0	0	**0**	0	1	0	**1**	2	0	0	**2**	0	0	0	**0**	**3**
Family Conflict	0	0	1	**1**	1	0	0	**1**	0	2	0	**2**	0	0	0	**0**	**4**
Fatal Accident	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**

NOTE: H
Closed Du
I
Up
All Ma
Closed th
2020 scho

Financial	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Homeless	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Homicide Ideation	0	0	0	**0**	1	0	1	**2**	0	0	0	**0**	0	0	0	**0**	**2**
Legal	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Marital Conflict	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	**1**
Mood Disorder	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Medical Issues, Primary	0	0	0	**0**	0	1	0	**1**	1	0	0	**1**	0	0	0	**0**	**2**
Non-Suicidal Self Injury	0	0	0	**0**	1	0	1	**2**	1	1	1	**3**	0	0	0	**0**	**5**
Other	0	0	0	**0**	0	0	0	**0**	2	0	0	**2**	0	0	0	**0**	**2**
Police/CIT	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
PTSD	0	0	0	**0**	1	0	0	**1**	1	0	1	**2**	0	0	0	**0**	**3**
Runaway	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Sexual Assault	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Situational Crisis	0	0	0	**0**	1	0	0	**1**	1	0	0	**1**	0	0	0	**0**	**2**
Substance Abuse	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Suicide Attempt	0	0	0	**0**	0	3	1	**4**	0	0	0	**0**	0	0	0	**0**	**4**
Suicide Ideation	0	0	0	**0**	7	1	1	**9**	9	6	4	**19**	0	0	0	**0**	**28**
Violence	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	**1**

OPS Intakes	1st Quarter				2nd Quarter				3rd Quarter				4th Quarter				**FY**
	Jul	**Aug**	**Sep**	**Total**	**Oct**	**Nov**	**Dec**	**Total**	**Jan**	**Feb**	**Mar**	**Total**	**Apr**	**May**	**Jun**	**Total**	**Total**
Number of Calls for Service	0	0	3	**3**	17	9	10	**36**	22	18	10	**50**	0	0	0	**0**	**89**
Client Age:																	
Child (1-12 years)	0	0	1	**1**	9	6	6	**21**	8	9	3	**20**	0	0	0	**0**	**42**
Teenager (13-17 years)	0	0	2	**2**	6	3	4	**13**	9	6	4	**19**	0	0	0	**0**	**34**
Transitional Adult (18-21 years)	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	**1**
Adult (22-64 years)	0	0	0	**0**	0	0	0	**0**	3	0	0	**3**	0	0	0	**0**	**3**
Elderly (65+)	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Unknown	0	0	0	**0**	2	0	0	**2**	2	2	3	**7**	0	0	0	**0**	**9**

HARFORD COUNTY CRISIS RESPONSE SYSTEM

MHSS Report

July 2019 - June 2020

	1st Quarter				2nd Quarter				3rd Quarter				4th Quarter				FY	*YTD*
	Jul	**Aug**	**Sep**	**Total**	**Oct**	**Nov**	**Dec**	**Total**	**Jan**	**Feb**	**Mar**	**Total**	**Apr**	**May**	**Jun**	**Total**	**Total**	***Avg***
Number of New CSP Clients	1	3	0	**4**	0	0	2	**2**	2	3	0	**5**	1	1	0	**2**	**13**	
Primary Client:																		
Child (1-12 yrs)	6	3	5	**14**	3	2	4	**9**	3	1	2	**6**	4	1	0	**5**	**34**	
Teenager (13 -17 yrs)	3	3	2	**8**	3	3	2	**8**	5	3	2	**10**	2	2	0	**4**	**30**	
Transitional Adult (18-21 yrs)	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	
Face to face Visits																		
Completed	28	17	25	**70**	23	15	16	**54**	14	18	6	**38**	20	3	0	**23**	**185**	
No Show	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	
Rescheduled	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	
Same Day Cancellation	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	
Scheduled	28	17	25	**70**	23	15	16	**54**	14	18	6	**38**	20	3	0	**23**	**185**	
Location																		
Community	5	1	3	**9**	1	1	3	**5**	1	3	1	**5**	20	3	0	**23**	**42**	
DSS	8	0	0	**8**	5	0	2	**7**	2	3	0	**5**	0	0	0	**0**	**20**	
Home	15	16	12	**43**	9	10	9	**28**	6	12	3	**21**	0	0	0	**0**	**92**	
Office	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	
Schools	0	0	10	**10**	8	4	2	**14**	5	0	2	**7**	0	0	0	**0**	**31**	
Other	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	
Phone Contacts																		
Admin/DSS	20	8	11	**39**	16	14	8	**38**	16	2	18	**36**	39	9	0	**48**	**161**	
F/U Outreach	5	4	0	**9**	1	2	0	**3**	1	4	0	**5**	11	5	0	**16**	**33**	
Parents/Client	17	1	12	**30**	20	18	17	**55**	16	5	17	**38**	29	5	0	**34**	**157**	
Schools	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	**1**	
Total Calls	42	13	23	**78**	37	34	25	**96**	34	11	35	**80**	79	19	0	**98**	**352**	
Transition/Discharged																		
Total CSP Clients Transition/Dishcarged	1	4	3	**8**	0	2	2	**4**	4	1	1	**6**	2	3	2	**7**	**25**	
Families served *UNDUPLICATED*																		
Unduplicated FAMLIES served	2	3	2	**7**	2	0	2	**4**	4	0	1	**5**	3	1	0	**4**	**20**	
Total Number of Meetings (both client specific and general community)																		
Family Involvement Meeting (FIM)	1	3	0	**4**	0	2	0	**2**	0	1	0	**1**	0	1	0	**1**	**8**	
Inter-agency Coordination (and Community ED)	2	5	8	**15**	3	5	7	**15**	3	7	3	**13**	1	3	0	**4**	**47**	
Local Care Team Meeting	2	2	2	**6**	2	1	2	**5**	2	2	1	**5**	2	3	0	**5**	**21**	
With DSS	7	14	14	**35**	8	6	4	**18**	9	2	6	**17**	6	4	0	**10**	**80**	
With MH Professional	7	2	7	**16**	11	9	4	**24**	2	3	5	**10**	17	7	0	**24**	**74**	
Total	19	26	31	**76**	24	23	17	**64**	16	15	15	**46**	26	18	0	**44**	**230**	

HARFORD COUNTY CRISIS RESPONSE SYSTEM

School Intervention Services Report

July 2019 - June 2020

	1st Quarter				2nd Quarter				3rd Quarter				4th Quarter				FYTD
	JUL	AUG	SEP		OCT	NOV	DEC		JAN	FEB	MAR		APR	MAY	JUN	Total	Total
Number of NEW SIS Clients				**0**		2	7	**9**	7	6	1	**14**	4	1	0	**5**	**28**
Assessments / Visits																	
New				**0**		2	7	**9**	7	6	1	**14**	4	1	0	**5**	**28**
Follow-Up				**0**		0	6	**6**	6	4	0	**10**	0	0	0	**0**	**16**
TeleHealth - New				**0**				**0**				**0**	4	1	0	**5**	**5**
TeleHealth - FollowUp				**0**				**0**				**0**	0	0	0	**0**	**0**
Dispatch By:																	
OPS				**0**		2	6	**8**	4	9	1	**14**	2	0	0	**2**	**24**
MCT				**0**		0	0	**0**	3	1	0	**4**	0	1	0	**1**	**5**
SIS				**0**		0	7	**7**	6	0	0	**6**	0	0	0	**0**	**13**
POLICE / SRO				**0**		0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Other						0	0	**0**	0	0	0	**0**	2	0	0	**2**	**2**
Client Age:																	
Child (1-12 years)				**0**		1	5	**6**	10	5	1	**16**	1	1	0	**2**	**24**
Teenager (13-17 years)				**0**		1	2	**3**	3	5	0	**8**	3	0	0	**3**	**14**
Transitional Adult (18-21 years)				**0**		0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Unknown				**0**		0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Additional Descriptive Stats:																	
Mean age of client				**0**		10	9	**9.5**	10	11	6.0	**10.5**	14	11	0	**12.5**	**11**
Minimum age of client				**0**		7	6	**6**	6	5	6	**5**	12	11	0	**11**	**5**
Maximum Age of client				**0**		13	13	**13**	13	16	6	**16**	16	11	0	**16**	**16**
Gender of Client:																	
Female				**0**		1	0	**1**	5	6	0	**11**	2	0	0	**2**	**14**
Male				**0**		1	7	**8**	8	4	1	**13**	2	1	0	**3**	**24**
Transgender				**0**		0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Unknown				**0**		0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Insurance																	
Medicaid				**0**		0	1	**1**	1	1	0	**2**	0	1	0	**1**	**4**
Medicare				**0**		0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Other				**0**		0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Private				**0**		0	0	**0**	3	1	0	**4**	1	0	0	**1**	**5**
Tricare / Veteran Benefits				**0**		0	0	**0**	0	0	0	**0**	1	0	0	**1**	**1**
Uninsured				**0**		0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Unknown				**0**		2	6	**8**	3	8	1	**12**	2	0	0	**2**	**22**
Visit Location:																	
School				**0**		2	6	**8**	8	8	1	**17**	0	0	0	**0**	**25**
Residence				**0**		0	1	**1**	5	2	0	**7**	0	0	0	**0**	**8**
Other				**0**		0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
TeleHealth													4	1	0	**5**	**5**
Number of Follow-up Visits																	
Scheduled				**0**		4	6	**10**	5	7	3	**15**	6	7	0	**13**	**38**
Completed				**0**		4	4	**8**	5	7	3	**15**	6	7	0	**13**	**36**
Cancelled / Rescheduled				**0**		0	1	**1**	1	0	0	**1**	0	0	0	**0**	**2**
No Show				**0**		0	1	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Phone Contacts																	
Parent/Guardian				**0**		7	22	**29**	40	73	23	**136**	26	26	12	**64**	**229**
School				**0**		0	4	**4**	13	21	8	**42**	13	1	0	**14**	**60**
Providers				**0**		0	0	**0**	4	0	2	**6**	4	2	0	**6**	**12**
Interagency / DHS				**0**		0	0	**0**	3	1	4	**8**	3	3	0	**6**	**14**

Follow Up / Outreach					0	0	**0**	0	0	0	**0**	4	0	3	**7**	**7**
Total of Phone Contacts				**0**		7	26	**33**	60	95	37	**192**	50	32	15	**97**	**322**
Intervention Used:																	
Assist Family with EP				**0**		0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
BH Referral				**0**		0	1	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Client Parent / Guardian Refused				**0**		0	1	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Client Unavailable				**0**		0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Contact CPS				**0**		0	1	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Contact EMT				**0**		0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Contact Law Enforcement				**0**		0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Crisis Bed Placement				**0**		0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Escort to Hospital				**0**		0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Family Education				**0**		0	0	**0**	0	1	0	**1**	0	0	0	**0**	**1**
Grief Support				**0**		0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Non-BH Referral				**0**		0	0	**0**	1	0	0	**1**	0	0	0	**0**	**1**
Other						0	0	**0**	0	3	0	**3**	0	0	0	**0**	**3**
Physical Intervention				**0**		0	0	**0**	3	0	0	**3**	0	0	0	**0**	**3**
Safety Plan				**0**		0	1	**1**	0	0	0	**0**	1	0	0	**1**	**2**
School/Provider Education				**0**		0	2	**2**	1	2	0	**3**	0	0	0	**0**	**5**
Stable upon MCT arrival				**0**		2	1	**3**	1	4	1	**6**	3	1	0	**4**	**13**
Transport to Hospital				**0**		0	0	**0**	1	0	0	**1**	0	0	0	**0**	**1**
Verbal De-escalation				**0**		0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Voluntary ER				**0**		0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Well-being Check				**0**		0	0	**0**	0	1	0	**1**	0	0	0	**0**	**1**
Focal Issues: (3 per call)																	
Anxiety				**0**		0	2	**2**	3	1	0	**4**	0	0	0	**0**	**6**
Autism Spectrum				**0**		0	1	**1**	0	1	0	**1**	1	0	0	**1**	**3**
Child Abuse/Neglect				**0**		0	1	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Child/Adol Behavior				**0**		2	4	**6**	4	6	1	**11**	2	1	0	**3**	**20**
Child with Significant Illness				**0**		0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Community Resources				**0**		0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Death By Suicide				**0**		0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Death Other Than Suicide				**0**		0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Delusional/Hallucinations				**0**		0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Depression				**0**		0	0	**0**	1	0	0	**1**	0	0	0	**0**	**1**
Developmental Disability				**0**		0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Domestic Violence				**0**		0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Emergency Petition				**0**		0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Family Conflict				**0**		0	0	**0**	1	1	0	**2**	2	1	0	**3**	**5**
Fatal Accident				**0**		0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Homeless				**0**		0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Homicide Ideation				**0**		0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Medical Issues, Primary				**0**		0	0	**0**	1	0	0	**1**	0	0	0	**0**	**1**
Mood Disorder				**0**		0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Non-Suicidal Self Injury				**0**		0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Other				**0**		0	0	**0**	4	0	0	**4**	0	0	0	**0**	**4**
PTSD				**0**		0	0	**0**	0	0	1	**1**	0	0	0	**0**	**1**
Runaway				**0**		0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Sexual Assault				**0**		0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Situational Crisis				**0**		0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Substance Abuse				**0**		0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Suicide Attempt				**0**		0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Suicide Ideation				**0**		0	0	**0**	2	1	0	**3**	0	0	0	**0**	**3**
Traumatice Brain Injury (TBI)				**0**		0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**

Violence				**0**		1	0	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Calls Diverted from ER:																	
Yes				**0**		0	2	**2**	1	3	1	**5**	0	0	0	**0**	**7**
No				**0**		0	0	**0**	1	0	0	**1**	0	0	0	**0**	**1**
N/A				**0**		2	5	**7**	5	7	0	**12**	4	1	0	**5**	**24**
Calls Diverted from EP:																	
Yes				**0**		0	0	**0**	2	2	1	**5**	0	0	0	**0**	**5**
No				**0**		0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
N/A				**0**		2	7	**9**	5	8	0	**13**	4	1	0	**5**	**27**
Referrals To:																	
KFHCC Walk-in				**0**		0	1	**1**	2	9	0	**11**	0	0	0	**0**	**12**
Crisis Residential				**0**		0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Emergency Medication Evaluation				**0**		0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Other				**0**		0	3	**3**	12	39	2	**53**	14	7	2	**23**	**79**
Total Referrals				**0**		0	4	**4**	14	48	2	**64**	14	7	2	**23**	**91**
Total Transition / Discharge				**0**		0	6	**6**	5	11	7	**23**	1	2	4	**7**	**36**
Total Number of Meetings																	
Family Involvement Meeting				**0**		1	5	**6**	0	2	1	**3**	0	0	0	**0**	**9**
School (Client Specifc)				**0**		1	8	**9**	0	3	2	**5**	0	0	0	**0**	**14**
504 / IEP Meetings				**0**		0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Community / School Education of SIS				**0**		3	8	**11**	5	4	3	**12**	0	0	0	**0**	**23**
Other				**0**		0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**

NEW SIS CASES

CLIENT ID	SCHOOL	MONTH
28355		May 2020
32933		Apr 2020
32131	referred by CSP	Apr 2020
33072		Apr 2020
29327	referred by CSA	Apr 2020
31979	Dublin Elementary School	Mar 2020
31837	Bel Air ES	Feb-20
31454	William Paca ES	Feb-20
31658	Patterson Mill MS	Feb-20
31582	Patterson Mill HS	Feb-20
31593	Southhampton MS	Feb-20
31451	Patterson Mill MS	Feb-20
29783	Red Pump ES	Jan-20
30917	Halls Cross Road ES	Jan-20
31169	Hickory ES	Jan-20
31267	Wakefield ES	Jan-20
31153	Patterson Mill MS	Jan-20
29422	Joppatown Elementary	Dec - 19
29465	Norrisville Elementary	Dec - 19
28025	Church Creek Elementary	Dec - 19
29341	Deerfield Elementary	Dec - 19
29295	Northbend Elementary	Dec - 19
29336	Teen Diversion	Dec - 19
26351	Edgewood Middle / Teen Diversion	Dec - 19
28948	Halls Cross Road Elementary School	Nov - 19
28998	High Roads School	Nov - 19

COMMUNITY EDUCATION

AGENCY	TOPIC	MONTH
Homestead/Wakefield ES	Use of Visual Aids to Reduce Challenging Behaviors	Mar 2020
HCPS Director of Elementary	SIS Services	Mar 2020

HCPS Board of Education	Crisis Intervention & Resources	Feb 2020
Cardivascular Associates	SIS/MCT Services	Feb 2020
Prospect Mill ES	SIS/MCT Services	Feb 2020
HCPS Alternate Ed	met with HCPS Psychologists, Dr. Richards & Mr. Hennigan re: MCT/SIS	Feb 2020
Progressive Radiology	Advised Staff of MCT Services	Jan-20
Joppa Elementary	Presentation - Crisis Events	Jan-20
HCPS Board of Ed	Introduction & Proactive Approach in Schools	Jan-20
Bakerfield Elementary	Discussed Behavior Observations with Administration	Jan-20
Wakefield Elementary	SIS Servcies & Behavior Concerns	Jan-20
Bakerfield Elementary	Discussed Strategies with Special Educators	Jan-20
Roye Williams ES	SIS Services	Dec - 19
Harford Glen	SIS Services	Dec - 19
Joppa ES	SIS Services	Dec - 19
Northbend ES	SIS Services	Dec - 19
HCPS Board of Education	Reviewed SIS Services with HCPS Social Workers	Dec - 19
Red Pump ES	MCT Services	Dec - 19
HCPS Board MS & HS	SIS Services with HCPS Counselors for Middle & High Schools	Dec - 19
Joppatown ES	SIS Services	Dec - 19
Board of Education	Introduction & Review SIS Services	Nov - 19
TUNE	Introduction, Review SIS Services, HCPS Reporting Polices	Nov - 19
Deerfield ES	Met with Asst Prinicipal, School Counselor & SW to discuss specific needs of	Nov - 19

HARFORD COUNTY CRISIS RESPONSE SYSTEM

PRS Services Report

July 2019 - June 2020

	1st Quarter				2nd Quarter				3rd Quarter				4th Quarter				FYTD
	JUL	AUG	SEP		OCT	NOV	DEC		JAN	FEB	MAR		APR	MAY	JUN	Total	Total
Number of NEW PRS Clients				**0**				**0**				**0**	4	10	0	**14**	**14**
Dispatches																	
New				**0**				**0**				**0**	4	10	0	**14**	**14**
Follow-Up				**0**				**0**				**0**	0	0	0	**0**	**0**
TeleHealth - New				**0**				**0**				**0**	4	10	0	**0**	**0**
TeleHealth - Follow Up				**0**				**0**				**0**	0	0	0	**0**	**0**
Performance Measures																	
# of Individuals Referred to PRS				**0**				**0**				**0**	4	10	0	**14**	**14**
# of Individuals Referred to Tx by PRS				**0**				**0**				**0**	3	10	0	**13**	**13**
# of Inidviduals Admitted to Treatment				**0**				**0**				**0**	2	9	0	**0**	**0**
Total Admitted to SUD Treatment																	
In-Patient/Residential SUD				**0**				**0**				**0**	2	7	0	**9**	**9**
OP MAT Methadone				**0**				**0**				**0**	0	0	0	**0**	**0**
OP MAT Suboxone				**0**				**0**				**0**	0	1	0	**1**	**1**
SUD Sober Home Setting				**0**				**0**				**0**	0	1	0	**0**	**0**
OP Detox				**0**				**0**				**0**	0	0	0	**0**	**0**
In-Patient Detox				**0**				**0**				**0**	0	0	0	**0**	**0**
OP IOP				**0**				**0**				**0**	0	0	0	**0**	**0**
Dispatch By:																	
EMS				**0**				**0**				**0**	0	0	0	**0**	**0**
OPS				**0**				**0**				**0**	3	9	0	**12**	**12**
MCT				**0**				**0**				**0**	1	1	0	**2**	**2**
POLICE LEAD				**0**				**0**				**0**	0	0	0	**0**	**0**
POLICE / CIT				**0**				**0**				**0**	0	0	0	**0**	**0**
Client Age (New Only):																	
Child (1-12 years)				**0**				**0**				**0**	0	0	0	**0**	**0**
Teenager (13-17 years)				**0**				**0**				**0**	0	0	0	**0**	**0**
Transitional Adult (18-21 years)				**0**				**0**				**0**	0	0	0	**0**	**0**
22-64 years				**0**				**0**				**0**	4	10	0	**14**	**14**
65+ years				**0**				**0**				**0**	0	0	0	**0**	**0**
Unknown				**0**				**0**				**0**	0	0	0	**0**	**0**
Additional Descriptive Stats:																	
Mean age of client				**0**				**0**				**0**	41.5	43	0	**28.17**	**28.17**
Minimum age of client				**0**				**0**				**0**	36	27	0	**27**	**27**
Maximum Age of client				**0**				**0**				**0**	46	61	0	**61**	**61**
Gender of Client:																	
Female				**0**				**0**				**0**	4	4	0	**8**	**8**
Male				**0**				**0**				**0**	0	6	0	**6**	**6**
Transgender				**0**				**0**				**0**	0	0	0	**0**	**0**
Unknown				**0**				**0**				**0**	0	0	0	**0**	**0**
Insurance																	
Medicaid				**0**				**0**				**0**	3	4	0	**7**	**7**
Medicare				**0**				**0**				**0**	0	1	0	**1**	**1**
Other				**0**				**0**				**0**	0	0	0	**0**	**0**
Private				**0**				**0**				**0**	1	3	0	**4**	**4**
Tricare / Veteran Benefits				**0**				**0**				**0**	0	0	0	**0**	**0**
Uninsured				**0**				**0**				**0**	0	0	0	**0**	**0**
Unknown				**0**				**0**				**0**	0	2	0	**2**	**2**

Visit Location:

Hospital/ER				**0**				**0**				**0**	0	0	0	**0**	**0**
Residence				**0**				**0**				**0**	0	0	0	**0**	**0**
Other				**0**				**0**				**0**	0	0	0	**0**	**0**
TeleHealth/Virtual				**0**				**0**				**0**	4	10	0	**14**	**14**

Intervention Used:

BH Referral				**0**				**0**				**0**	0	0	0	**0**	**0**
SUD Referral													0	10	0	**10**	**10**
Client Education													0	2	0	**2**	**2**
Client Unavailable				**0**				**0**				**0**	0	0	0	**0**	**0**
Contact EMS				**0**				**0**				**0**	0	0	0	**0**	**0**
Contact Law Enforcement				**0**				**0**				**0**	0	0	0	**0**	**0**
Family Education													0	1	0	**1**	**1**
In-Patient/Residential SUD				**0**				**0**				**0**	0	0	0	**0**	**0**
Non-BH Referral				**0**				**0**				**0**	1	1	0	**2**	**2**
Psyical Intervention													0	1	0	**1**	**1**
Safety Plan				**0**				**0**				**0**	0	0	0	**0**	**0**
Stable upon PRS arrival				**0**				**0**				**0**	1	0	0	**1**	**1**
Transport to Hospital				**0**				**0**				**0**	0	0	0	**0**	**0**
Verbal Deescalation													0	1	0	**1**	**1**
Voluntary ER				**0**				**0**				**0**	0	0	0	**0**	**0**
Well-being Check				**0**				**0**				**0**	2	2	0	**4**	**4**

Focal Issues: (3 per call)

SUD Opiates				**0**				**0**				**0**	4	10	0	**14**	**14**
SUD Cocaine				**0**				**0**				**0**	0	0	0	**0**	**0**
SUD Alcohol				**0**				**0**				**0**	0	0	0	**0**	**0**
SUD Benzos				**0**				**0**				**0**	0	0	0	**0**	**0**
SUD Other				**0**				**0**				**0**	0	0	0	**0**	**0**
Child Abuse/Neglect				**0**				**0**				**0**	0	0	0	**0**	**0**
Child/Adol Behavior				**0**				**0**				**0**	0	0	0	**0**	**0**
Community Resources				**0**				**0**				**0**	0	0	0	**0**	**0**
Delusional/Hallucinations				**0**				**0**				**0**	1	0	0	**1**	**1**
Domestic Violence				**0**				**0**				**0**	0	0	0	**0**	**0**
Emergency Petition				**0**				**0**				**0**	0	0	0	**0**	**0**
Family Conflict				**0**				**0**				**0**	0	1	0	**1**	**1**
Fatal Accident				**0**				**0**				**0**	0	0	0	**0**	**0**
Homeless				**0**				**0**				**0**	1	3	0	**4**	**4**
Homicide Ideation				**0**				**0**				**0**	0	0	0	**0**	**0**
Medical Issues, Primary				**0**				**0**				**0**	0	0	0	**0**	**0**
Non-Suicidal Self Injury				**0**				**0**				**0**	0	0	0	**0**	**0**
Other				**0**				**0**				**0**	0	0	0	**0**	**0**
Situational Crisis				**0**				**0**				**0**	0	0	0	**0**	**0**
Suicide Attempt				**0**				**0**				**0**	0	0	0	**0**	**0**
Suicide Ideation				**0**				**0**				**0**	0	0	0	**0**	**0**

Violence				**0**				**0**				**0**	0	0	0	**0**	**0**
Referrals To:																	
Inpatient/Residential SUD Providers				**0**				**0**				**0**	3	10	1	**14**	**14**
KFHCC Crisis Residential				**0**				**0**				**0**	0	0	0	**0**	**0**
Emergency Medication Evaluation				**0**				**0**				**0**	0	0	0	**0**	**0**
Outpatient SUD Providers				**0**				**0**				**0**	0	6	0	**0**	**0**
Outpatient BH Providers				**0**				**0**				**0**	0	0	0	**0**	**0**
NBH Providers				**0**				**0**				**0**	0	0	0	**0**	**0**
Other				**0**				**0**				**0**	0	0	1	**1**	**1**
Total Referrals				**0**				**0**				**0**	3	16	2	**21**	**21**
Total Admitted				**0**				**0**				**0**	2	7	1	**10**	**10**
Total Transition / Discharge				**0**				**0**				**0**	4	9	2	**15**	**15**
Outcomes at Case Closure:																	
Temporary Housing Bed													0	0	0	**0**	**0**
Deceased													0	0	0	**0**	**0**
Emergency Petition													0	0	0	**0**	**0**
Emergency Room/Voluntary													0	0	0	**0**	**0**

HARFORD COUNTY CRISIS RESPONSE SYSTEM

Veteran Report

July 2019 - June 2020

	1st Quarter				2nd Quarter				3rd Quarter				4th Quarter				FY
	Jul	**Aug**	**Sep**	**Total**	**Oct**	**Nov**	**Dec**	**Total**	**Jan**	**Feb**	**Mar**	**Total**	**Apr**	**May**	**Jun**	**Total**	**Total**
Number of Cases Opened	0	2	1	**3**	2	0	2	**4**	0	1	3	**4**	3	3	2	**8**	**19**
Opened by Ops	0	2	1	**3**	2	0	2	**4**	0	1	3	**4**	3	3	2	**8**	**19**
Opened by MCT	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Primary Client:																	
Teenager (13-17 years)	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Transitional Adult (18 - 21 years)	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Adult (22 - 64 years)	0	0	1	**1**	2	0	0	**2**	0	1	2	**3**	3	1	1	**5**	**11**
Elderly (65 + years)	0	0	0	**0**	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	**1**
Unknown	0	2	0	**2**	0	0	1	**1**	0	0	0	**0**	0	2	1	**3**	**6**
Insurance:																	
Medicaid	0	0	0	**0**	1	0	1	**2**	0	0	0	**0**	1	0	0	**1**	**3**
Medicare	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Other	0	1	0	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**
Private Insurance	0	0	0	**0**	1	0	0	**1**	0	0	1	**1**	1	1	0	**2**	**4**
Uninsured	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Unknown	0	1	1	**2**	0	0	0	**0**	0	1	1	**2**	0	2	0	**2**	**6**
Veteran's Med Assistance	0	0	0	**0**	0	0	0	**0**	0	0	1	**1**	1	0	2	**3**	**4**
Referred By:																	
Client	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Community Resource	0	0	0	**0**	1	0	1	**2**	0	0	0	**0**	1	0	0	**1**	**3**
Family / Friend	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	0	2	0	**2**	**3**
Fire / EMS	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Government Agency	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**
Hospital ER	0	1	0	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**
Hotline	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
MH Provider	0	0	0	**0**	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	**1**
Other	0	1	0	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**
Police	0	0	0	**0**	0	0	0	**0**	0	1	1	**2**	0	0	1	**1**	**3**
Primary Care Physician	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	1	0	0	**1**	**2**
School	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Unknown	0	0	0	**0**	0	0	0	**0**	0	0	1	**1**	1	1	1	**3**	**4**

Note: The following stats are pulled at the time of discharge. Discharge may not occur in the same month as Intake.

CRS Action (@ time of d/c):

	Jul	Aug	Sep	Total	Oct	Nov	Dec	Total	Jan	Feb	Mar	Total	Apr	May	Jun	Total	Total
911	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
APS/CPS/GST	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
CISM	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
CSP	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Information Only	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	**1**
MCT	0	0	1	**1**	0	0	1	**1**	0	1	2	**3**	1	0	1	**2**	**7**
Behavioral Health Provider	0	1	0	**1**	0	0	1	**1**	0	0	0	**0**	0	1	1	**2**	**4**
Non-Behavioral Health Provider	0	1	0	**1**	0	0	0	**0**	0	0	0	**0**	0	0	1	**1**	**2**
Safety Plan	0	0	0	**0**	2	0	0	**2**	0	0	0	**0**	1	0	0	**1**	**3**
Substance Use Treatment Provider	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
UCC	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
None	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**

Focal Issues (@ time of d/c):

	Jul	Aug	Sep	Total	Oct	Nov	Dec	Total	Total	Feb	Mar	Total	Apr	May	Jun	Total	Total
Anxiety	0	0	0	**0**	1	0	1	**2**	0	0	0	**0**	0	0	0	**0**	**2**
Child Abuse/Neglect	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Child With Significant Illness	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Child/Adol. Behavior	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Chronic MI	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Community Resources	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Confusion/Dementia	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Co-Occuring	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Death By Suicide	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Death Other Than Suicide	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Delusional/Hallucinations	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	**1**
Depression	0	1	0	**1**	1	0	0	**1**	0	0	0	**0**	1	0	0	**1**	**3**
Developmental Disability	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Domestic Violence	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Emergency Petition	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Family Conflict	0	0	0	**0**	0	0	1	**1**	0	0	1	**1**	0	0	0	**0**	**2**
Fatal Accident	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Financial	0	0	0	**0**	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	**1**
Homeless	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Homicide Ideation	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Legal	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Marital Conflict	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	1	**1**	**1**
Medical Issues, Primary	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Other	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	**1**
Police/CIT	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
PTSD	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Runaway	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Sexual Assault	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Situational Crisis	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	1	2	3	**6**	**6**
Substance Abuse	0	2	1	**3**	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	**4**

Suicide Attempt	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**

Suicide Ideation	0	1	0	**1**	1	0	0	**1**	0	0	1	**1**	1	0	0	**1**	**4**
Violence	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**

Veteran Case Numbers	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**
		27451	348976	28450		29563		31635	31878	32610	33151	34216
		27472		28619		29656			32267	33011	33844	34303
		27531							32323	33151	33973	34462

SANTÉ AFFILIATED SANTÉ GROUP

HARFORD COUNTY CRISIS RESPONSE SYSTEM

UCC Referral Report

July 2019 - June 2020

***This report is specific to Harford County and was added at the request of the Harford County Core Service Agency.**

UCC REFERRALS TO HCCRS	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FY TOTAL
KFHCC Walk-In Clinic	72	85	81	109	79	77	75	104	75	13	52	18	**840**
Call Transfers to KFHCC Walk-in Clinic				410	368	289	398	364	316	301	347	0	**2793**
UCC REFERRALS TO OTHER AGENCIES	**JUL**	**AUG**	**SEP**	**OCT**	**NOV**	**DEC**	**JAN**	**FEB**	**MAR**	**APR**	**MAY**	**JUN**	**FY TOTAL**
	0	0	0	0	0	0	0	0	0	0	0	0	0

SANTÉ AFFILIATED SANTÉ GROUP

HARFORD COUNTY CRISIS RESPONSE SYSTEM
INPATIENT BEHAVIORAL HEALTH REFERRALS
JULY 2019- - JUNE 2020

This report is specific to Harford County and was added at the request of the Harford County Core Service Agency.

AGENCY / FACILITY	JUL	AUG	SEP	TOTAL	OCT	NOV	DEC	TOTAL	JAN	FEB	MAR	TOTAL	APR	MAY	JUNE	TOTAL	TOTAL
Klien Family Harford County Crisis - Residential Referrals					23	1	0	**24**	0	0	0	**0**	0	0	0	**0**	**24**

INPATIENT BEHAVORIAL HEALTH REFERRALS

AGENCY / FACILITY	JUL	AUG	SEP	TOTAL	OCT	NOV	DEC	TOTAL	JAN	FEB	MAR	TOTAL	APR	MAY	JUNE	TOTAL	FY TOTAL
Agape House	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	1	1	**2**	**2**
Amatus Recovery Center	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	**1**
Ashley Addiction Treatment	0	0	1	**1**	0	2	3	**5**	3	3	0	**6**	2	6	0	**8**	**20**
Awakenings Recovery Center	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	1	1	1	**3**	**3**
Carroll County Hospital	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	**1**
Covered Bridge	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	1	**1**	**1**
Dover Behavorial Health Center	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	**1**
Franklin Square Medical Center	0	0	0	**0**	1	1	0	**2**	0	0	0	**0**	0	0	0	**0**	**2**
Gaudenzia	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	1	1	0	**2**	**2**
Harbor of Grace	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	1	0	0	**1**	**2**
Harford Memorial Hospital	1	0	0	**1**	0	0	2	**2**	1	0	1	**2**	0	0	0	**0**	**5**
Hope's Horizon	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	4	0	**4**	**4**
Hope House	0	0	5	**5**	2	3	0	**5**	0	4	6	**10**	2	2	0	**4**	**24**
INNOVA Detox (PA)	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	3	0	0	**3**	**3**
John Hopkins - Bayview	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	**1**
John Hopkins Child & Adolescent	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	0	0	0	**0**	**1**
John Hopkins Hospital	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	**1**
Kennedy Kreiger	0	0	1	**1**	0	0	0	**0**	0	2	1	**3**	0	0	0	**0**	**4**
Lighthouse Recovery	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Mann House	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Maryland House Detox	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	0	2	0	**2**	**1**
Maryland Recovery Center	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	3	3	0	**6**	**7**
Meadowwood	0	0	0	**0**	2	2	1	**5**	1	1	0	**2**	0	2	2	**4**	**11**
Mercy Medical Center	0	0	2	**2**	8	6	9	**23**	1	10	6	**17**	0	3	0	**3**	**45**
Pathways	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	2	0	0	**2**	**2**
Phoenix Recovery	0	0	1	**1**	2	2	2	**6**	1	3	3	**7**	1	4	0	**5**	**19**
Powell Recovery Center	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	2	0	0	**2**	**3**
Recovery Centers of America	0	0	2	**2**	0	0	0	**0**	0	2	0	**2**	1	2	0	**3**	**7**
Rockford Center	0	0	2	**2**	3	4	2	**9**	2	2	0	**4**	2	1	2	**5**	**20**
Serenity Health	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	**1**
Shepherd Pratt	0	0	1	**1**	1	3	2	**6**	1	0	2	**3**	1	1	0	**2**	**12**

Shoemaker	0	0	1	**1**	2	1	0	**3**	0	1	6	**7**	4	5	0	**9**	**20**
Spring Grove Hospital Center	0	0	0	**0**	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	**1**
Sun Behavioral Health	0	0	0	**0**	0	0	0	**0**	0	0	1	**1**	5	5	0	**10**	**11**
Tranquility Woods	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	**1**
Turning Corners	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Upper Chesapeake Medical Center	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	**1**
Villa Maria	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Walden Anchor & North Star Rehabilitation	0	0	1	**1**	1	1	3	**5**	0	5	7	**12**	7	4	1	**12**	**30**
Warwick Manor	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Whitsitt Center	0	0	1	**1**	1	2	2	**5**	0	1	1	**2**	1	0	0	**1**	**9**

SANTÉ AFFILIATED SANTÉ GROUP

HARFORD COUNTY CRISIS RESPONSE SYSTEM
OUTPATIENT BEHAVIORAL HEALTH REFERRALS
JULY 2019 - JUNE 2020

OUTPATIENT BEHAVORIAL HEALTH REFERRALS																	FY
AGENCY / ORGANIZATION	JUL	AUG	SEP	TOTAL	OCT	NOV	DEC	TOTAL	JAN	FEB	MAR	TOTAL	APR	MAY	JUN	TOTAL	TOTAL
18Percent.org	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	**1**
#BREAKTHESTIGMA	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	**1**
#MENTALHEALTHAWARENESS	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	**1**
A1 Wellness & Counseling	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Addiction Connection Resources	27	24	19	**51**	18	22	27	**67**	23	27	20	**70**	21	23	2	**46**	**234**
Addiction Recovery System	0	0	0	**0**	1	0	0	**1**	2	0	0	**2**	0	0	0	**0**	**3**
Advantage Psychiatric	0	0	0	**0**	2	5	4	**11**	9	4	2	**15**	4	2	2	**8**	**34**
After Hours United Way	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**
Ahimsa Counseling	0	0	0	**0**	1	2	0	**3**	1	3	0	**4**	0	0	0	**0**	**7**
Alcoholic Anonymous	0	2	1	**3**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**3**
Al-Anon	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**
Alpha Counseling	0	0	1	**1**	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	**1**
Alternative Wellness & Counseling	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	2	1	0	**3**	**4**
American Psychiatric Care	1	1	0	**2**	2	1	2	**5**	2	6	5	**13**	31	21	5	**57**	**77**
Anne Arundel County Crisis Hotline	1	0	0	**1**	0	0	0	**0**	2	0	0	**2**	0	0	0	**0**	**3**
Applied Behavioral Mental Health Counseling - ABA	0	0	2	**2**	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	**3**
Artful Grief	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	**1**
Ashley Addiction Treatment	5	3	0	**8**	2	0	4	**6**	3	1	0	**4**	2	2	0	**4**	**22**
Aspire Wellness Clinic	0	1	0	**1**	0	1	0	**1**	0	0	0	**0**	3	0	0	**3**	**5**
Augementing Ability, LLC	0	0	0	**0**	1	0	1	**2**	0	0	0	**0**	0	0	0	**0**	**2**
Badders, Katie LCSW-C	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**
Balance Point Wellness	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	30	33	6	**69**	**69**
Balog, Cynthia LCPC	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	**1**
Baltimore City Crisis	0	0	0	**0**	1	1	0	**2**	1	0	2	**3**	0	1	0	**1**	**6**
Baltimore County Health Department	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**
Baltimore Station	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**
Bay Counseling	1	1	1	**3**	1	2	1	**4**	0	1	1	**2**	4	5	0	**9**	**18**
Baltimore County CRS	3	0	3	**6**	2	1	4	**7**	3	8	5	**16**	3	3	2	**8**	**37**
Beacon Health Center	0	0	0	**0**	0	4	0	**4**	1	2	2	**5**	0	0	0	**0**	**9**
Bel Air Psych Associates	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	0	2	0	**2**	**3**
Bereavement Support Group	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Bergand Group	6	6	6	**18**	2	2	2	**6**	0	2	2	**4**	3	4	0	**7**	**35**
Boden, Robert LCPC	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Breuer, Levi PsyD	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	**1**
Brinkerhoff & Associates	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	0	1	0	**1**	**2**
Brookman, Cathy PhD	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	**1**
Burris Behavioral Health	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	**1**
CALM APP	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Carol Porto Center	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**

Center for Child & Adolescent Therapy	0	0	0	**0**	1	1	0	**2**	0	0	0	**0**	0	0	0	**0**	**2**
Center for Trauma, Stress & Anxiety	0	1	0	**1**	1	1	2	**4**	1	3	2	**6**	5	7	3	**15**	**26**
Changing Turn	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	**1**
Chesapeake Counseling	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	0	0	1	**1**	**2**
Chesapeake Mental Health Collaborative	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	0	1	0	**1**	**2**
Clients Therapist of Record	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**
Compassionate Mental Health	0	0	0	**0**	1	0	0	**1**	0	0	1	**1**	0	0	0	**0**	**2**
Congruent Counseling	2	1	1	**4**	0	1	1	**2**	2	1	2	**5**	1	2	0	**3**	**14**
Crew, Candice LCSW-C	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	**1**
Crisis Text Line	1	1	0	**2**	2	1	2	**5**	1	2	3	**6**	3	0	1	**4**	**17**
Deel, Carol LCPC LCMFT	0	0	0	**0**	1	0	2	**3**	0	0	0	**0**	0	1	0	**1**	**4**
Dehn, Rosemary LSW	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Delaware CRS	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Delphi Behavioral Health	0	1	0	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**
Depression & Bipolar Support Alliance	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	**1**
DiCarlo, Gina LCPC	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	**1**
Drumgoole Counseling	0	0	0	**0**	0	0	0	**0**	1	1	2	**4**	2	1	0	**3**	**7**
Eagles Nest Family & Children Counseling	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	**1**
Eastside Counseling	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	**1**
EHP Behavioral Health	1	0	0	**1**	0	0	0	**0**	1	2	0	**3**	0	0	0	**0**	**4**
Eastern Shore CRS	1	2	3	**6**	2	5	3	**10**	0	3	4	**7**	7	1	1	**9**	**32**
Emmorton Psych	0	0	0	**0**	0	0	0	**0**	1	0	1	**2**	1	0	1	**2**	**4**
Emotional Listening Support	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	0	3	0	**3**	**4**
Emotions Anonymous	0	0	0	**0**	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	**1**
Empowering Minds Resource Center	0	3	2	**5**	2	6	2	**10**	2	2	0	**4**	1	4	2	**7**	**26**
Family & Children Services of Central Maryland	6	11	14	**31**	15	12	10	**37**	11	6	17	**34**	21	29	10	**60**	**162**
Family Preservation Services	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**
Forka, Audrey MD, Psychiatrist	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**
Franklin Square Medical Center - Counseling Center	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**
Gaudenzia	2	0	0	**2**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**2**
Getz, Mark LCPC	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	**1**
Global Healthcare	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	4	0	**4**	**4**
Gomel, Jessica LCPC	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	**1**
Grassroots Crisis Center	0	0	0	**0**	0	0	1	**1**	1	4	0	**5**	1	1	0	**2**	**8**
Griefshare	2	0	0	**2**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**2**
Harbor of Grace	2	0	1	**3**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**3**
Harford Counseling	5	8	7	**20**	3	5	3	**11**	0	5	12	**17**	6	11	8	**25**	**73**
Harford County Health Department	17	12	7	**36**	9	5	9	**23**	7	6	7	**20**	1	4	0	**5**	**84**
Harford County Department of Social Services	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Harford County Office on Mental Health (CSA)	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	**1**
Harford Memorial Hospital	19	14	12	**45**	11	9	6	**26**	5	10	4	**19**	9	17	3	**29**	**119**
Harford Psychological Services	0	0	1	**1**	1	0	1	**2**	0	1	2	**3**	1	1	0	**2**	**8**
HCCRS - MCT	40	69	62	**171**	97	69	77	**243**	55	97	70	**222**	83	85	27	**195**	**831**
HCCRS - PEER	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	2	3	0	**5**	**5**
HCCRS - SIS	0	0	0	**0**	0	2	3	**5**	1	1	0	**2**	0	0	0	**0**	**7**
Healing from Within	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	**1**

Healing Roots Counseling	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Hedlund, Mark PhD Psycologist	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Hetzer, Eric LCSW-C	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	0	0	1	**1**	**2**
Hope's Herizon	0	0	1	**1**	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	**2**
Hope House	2	5	0	**7**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**7**
Hospelhorn, Kerry LCSW-C	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	**1**
Hudson Health	2	0	0	**2**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**2**
Hughes, Rebecca LCPC	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	**1**
Human Development Center	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	**1**
Humanim	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**
IAFF Recovery	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	
IMAlive	0	0	0	**0**	0	0	0	**0**	0	0	1	**1**	1	0	0	**1**	**2**
Inspirit Counseling	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	
Integrated Counseling Professionals	0	1	0	**1**	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	**2**
John Hopkins Hispanic Clinic	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Jones, Stephanie NCP, LCPC	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	**1**
Joppa Health Services	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Kaplan, Desmond MD, Psychiatrist	0	0	1	**1**	2	0	0	**2**	0	1	0	**1**	0	0	0	**0**	**4**
Kennedy Kreiger	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	0	0	1	**1**	**2**
Keypoint	2	5	2	**9**	4	3	3	**10**	3	1	3	**7**	5	2	2	**9**	**35**
Kuessner, Eric LCSW-C	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	**1**
Lancaster County, PA Crisis Services	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Leading by Example	0	0	0	**0**	0	0	0	**0**	1	2	0	**3**	0	0	0	**0**	**3**
Leg Up Counseling	1	1	0	**2**	0	1	1	**2**	1	5	0	**6**	0	0	0	**0**	**10**
Lightfoot, Joel LCSW-C	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Lighthouse Play Therapy	0	0	0	**0**	2	0	0	**2**	0	0	0	**0**	0	0	0	**0**	**2**
Mane Focus Therapy	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	2	0	0	**2**	**3**
Maryland Coalition for Families	2	4	3	**9**	6	4	2	**12**	1	0	0	**1**	0	0	0	**0**	**22**
Maryland Health Connection	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**
Maryland House	2	2	0	**4**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**4**
Maryland Youth Crisis Hotline	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	**1**
Medically Assisted Treatment Clinic of Towson	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Medmark	0	0	0	**0**	1	0	0	**1**	1	0	0	**1**	0	0	0	**0**	**2**
Meeting Ground	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**
Mercy Medical Center	12	7	3	**22**	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	**23**
Mindful Living	0	0	0	**0**	1	1	1	**3**	0	2	2	**4**	1	2	0	**3**	**10**
Mosiac	3	0	1	**4**	2	0	0	**2**	0	0	0	**0**	0	2	0	**2**	**8**
Mountain Manor	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	**1**
NAMI	2	4	0	**6**	2	3	0	**5**	1	0	0	**1**	0	0	0	**0**	**12**
NAR-ANON	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**
National Helpline	0	0	0	**0**	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	**1**
National Suicide Prevention Hotline	1	0	0	**1**	0	1	0	**1**	0	0	0	**0**	0	1	0	**1**	**3**
Neenmann, Jennifer MD	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**
New Day Wellness & Recovery	0	0	0	**0**	0	1	0	**1**	0	1	0	**1**	0	0	0	**0**	**2**
New Genesis Consulting Services	0	0	0	**0**	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	**1**
Nolan, Carla LCSW-C	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	**1**

Norkis Services	3	5	4	**12**	6	4	6	**16**	12	9	8	**29**	10	10	10	**30**	**87**
North Harford Counseling	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	**1**
Northern Chesapeake Counseling	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Notable Life	1	0	0	**1**	0	1	1	**2**	0	1	0	**1**	0	0	0	**0**	**4**
OIC Counseling	7	5	4	**16**	4	4	6	**14**	5	5	12	**22**	9	6	4	**19**	**71**
On Our Own	1	1	0	**2**	0	0	0	**0**	0	1	0	**1**	0	1	0	**1**	**4**
Palmer, Hanna LCSW-C	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	1	**1**	**1**
Pathfinders	2	1	1	**4**	4	1	0	**5**	0	1	0	**1**	0	0	0	**0**	**10**
Pathways Through Grief Support Group	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Penzo.com - Free Private Online Journal	0	0	0	**0**	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	**1**
Peske, Merrilee LCMFT	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	**1**
Phoenix Recovery	14	7	1	**22**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**22**
Pivot Point Counseling	0	0	0	**0**	0	0	0	**0**	0	0	1	**1**	0	1	0	**1**	**2**
Pixel Thoughts - 60 Second Guided Meditation	0	0	0	**0**	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	**1**
Polley, Christie LCPC	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Poretti, Anne-Marie, LCPC	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	0	1	0	**1**	**2**
Premier Wellness	0	1	0	**1**	1	3	0	**4**	2	4	5	**11**	0	2	4	**6**	**22**
Primary Care Physician	0	1	0	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**
Prince Georges County Crisis Response	0	0	0	**0**	0	1	0	**1**	1	0	1	**2**	0	0	0	**0**	**3**
Pro Bono Counseling	0	0	0	**0**	0	0	0	**0**	0	3	0	**3**	0	0	0	**0**	**3**
Project Seek	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**
Prologue, Inc	0	1	0	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**
Psych Associates	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Psychhub.com	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	**1**
PsychologyToday.com	1	0	0	**1**	0	0	1	**1**	1	0	0	**1**	2	2	1	**5**	**8**
ReachOut.com	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	1	**1**	**1**
Real Life Counseling	0	1	0	**1**	2	2	0	**4**	0	0	0	**0**	0	1	0	**1**	**6**
Recovery Centers of America	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Redmon, Theresa, LCPC	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	**1**
Renewal Counseling	0	0	1	**1**	1	2	0	**3**	1	2	0	**3**	0	1	0	**1**	**8**
S.A.F.E. Alternative	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	1	**1**	**1**
Safe Harbor	0	0	0	**0**	2	2	2	**6**	0	3	5	**8**	3	2	2	**7**	**21**
School Counselor	0	0	1	**1**	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	**2**
Scoville, Ralph MD Psychiatrist	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**
Serenity Health	2	0	0	**2**	1	0	0	**1**	0	1	0	**1**	0	0	0	**0**	**4**
Sheesley, Paul LCPC	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	**1**
Shepherd Pratt	8	7	10	**25**	8	7	3	**18**	5	5	6	**16**	9	7	3	**19**	**78**
Shin, Donna, LCPC	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	**1**
Shoemaker	2	1	0	**3**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**3**
Smith, Linda LCPC	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Spice, Ella LCPC	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Steiner, Karey LCSW-C	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	**1**
Talkspace.com	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**
Taylor-Bodhi, Cristina LCPC	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	**1**
Taylor Wellness	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Teen Crisis Text Line	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	2	2	0	**4**	**4**

The ARC	2	0	0	**2**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**2**
The Neuroscience Team	0	0	0	**0**	1	1	0	**2**	0	0	0	**0**	0	0	0	**0**	**2**
The Resource Group	0	0	0	**0**	0	1	1	**2**	0	0	0	**0**	0	0	0	**0**	**2**
The Trellis School	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**
Thrive Behavioral Health	0	0	0	**0**	0	0	0	**0**	0	0	2	**2**	0	1	0	**1**	**3**
Tracy, Dale Elizabeth LCPC CCDC	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Tristate Health	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	**1**
Truss, Thomas PhD PC	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	**1**
Turning Corners	0	0	3	**3**	1	0	0	**1**	0	2	0	**2**	1	0	0	**1**	**7**
Union Memorial Hospital (Medstar-Baltimore)	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**
University of Maryland Center for Addiction Medicine	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	
Upper Bay Counseling	0	5	3	**8**	4	2	1	**7**	9	3	5	**17**	5	1	2	**8**	**40**
Upper Chesapeake Medical Center	13	9	12	**34**	13	11	16	**40**	3	3	5	**11**	13	17	4	**34**	**119**
Urgent Care Facility	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**
VENI VIDI VICI Treatment Services LLC	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Veterans Crisis Text Line	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	**1**
Villa Maria	1	0	1	**2**	0	0	0	**0**	1	0	0	**1**	1	0	0	**1**	**4**
Voices of Hope	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	**1**
Walden	2	0	0	**2**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**2**
Well Life Counseling	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	1	**1**	**1**
Wells, Carolyn LCPC	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	**1**
West Cecil Health	1	0	1	**2**	0	1	0	**1**	3	3	2	**8**	0	0	0	**0**	**11**
White Marsh Psychiatric Assoc	1	0	0	**1**	1	1	0	**2**	0	0	0	**0**	0	0	0	**0**	**3**
Whitsell & Assoc	1	0	1	**2**	0	1	1	**2**	0	4	0	**4**	0	1	2	**3**	**11**
Whitsitt	0	2	0	**2**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**2**
Wiejaczka, Jennifer LCSW-C	0	0	0	0	0	0	0	0	1	0	0	**1**	0	0	0	**0**	**1**
Williamson, Joy LCSW-C	0	0	0	0	0	0	0	0	0	1	0	**1**	0	0	0	**0**	**1**
Win Family Services	0	0	0	0	0	0	0	0	1	1	0	**2**	0	0	0	**0**	**2**
Wise Mind	0	0	0	0	0	0	0	0	0	1	0	**1**	0	0	0	**0**	**1**
Wright, Jessica LCSW-C	0	0	0	0	0	0	0	0	1	0	0	**1**	0	0	0	**0**	**1**
York County Crisis Hotline	0	0	0	0	0	0	0	**0**	0	2	0	**2**	1	0	0	**1**	**3**
Your Life, Your Voice	0	0	0	0	0	0	0	**0**	0	0	1	**1**	0	0	1	**1**	**2**
Youth Crisis Hotline	0	0	0	0	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	**1**

SANTÉ AFFILIATED SANTÉ GROUP

HARFORD COUNTY CRISIS RESPONSE SYSTEM
NON-BEHAVIORAL HEALTH REFERRALS
JULY 2019 - JUNE 2020

NON - BEHAVORIAL HEALTH REFERRALS																	FY
AGENCY / ORGANIZATION	JUL	AUG	SEP	TOTAL	OCT	NOV	DEC	TOTAL	JAN	FEB	MAR	TOTAL	APR	MAY	JUN	TOTAL	TOTAL
211	0	0	0	**0**	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	**1**
911	0	0	0	**0**	0	2	2	**4**	1	1	0	**2**	1	1	0	**2**	**8**
2 God B the Glory	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Aberdeen Police Department	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**
Abilities Network Harford County	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	**1**
ACT Team	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Adult Protective Services	1	1	0	**1**	2	1	0	**3**	2	3	3	**8**	1	1	1	**3**	**15**
AL-ANON	0	0	0	**0**	0	0	0	**0**	0	2	1	**3**	2	2	1	**5**	**8**
Alzheimer Association	0	0	1	**1**	0	0	0	**0**	0	1	2	**3**	1	0	0	**1**	**5**
Alzheimers Hotline	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	0	1	0	**1**	**2**
American Red Cross	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	**1**
Angels of Elder Care	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	**1**
Anna's House	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Anne Arundel Community Action Agency	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	**1**
Anne Arundel CRS	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	**1**
Anxiety & Depression Association of America (ADAA)	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	**1**
ASafePlaceOnline.com	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	**1**
Ashely Addiction - Children & Youth Program	0	0	0	**0**	0	0	0	**0**	0	2	0	**2**	0	0	0	**0**	**2**
Augmenting Ability	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	**1**
Autism Response Team	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	**1**
Autism Society Affiliates	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	**1**
Baltimore City Crisis	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	**1**
Baltimore County CRS	0	0	0	**0**	0	0	0	**0**	0	1	1	**2**	2	1	0	**3**	**5**
Baltimore County Department of Social Services	0	1	0	**1**	0	1	0	**1**	0	0	0	**0**	0	0	0	**0**	**2**
Baltimore County Police Department	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**
Baltimore County Shelter Line	0	1	0	**1**	0	3	0	**3**	0	0	0	**0**	0	0	0	**0**	**4**
Baltimore Outreach Services	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	**1**
Baltimore Rescue Mission	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	**1**
Baltimore VA Medical Center	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	**1**
Behavioral Sleep Medicine Clinic @ John Hopkins	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	**1**
Bel Air Police Department	0	1	0	**1**	0	0	0	**0**	0	0	0	**0**	0	2	0	**2**	**3**
Bel Air United Methodist Church	0	0	0	**0**	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	**1**
Big Brothers & Big Sisters Program	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**
Boys & Girls Club	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**
careerbuilder.com	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**
Catholic Charities - CSA Respite Program	0	0	1	**1**	2	0	1	**3**	0	0	0	**0**	0	0	0	**0**	**1**
Catholic Charities - Safe Start Program	0	0	1	**1**	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	**1**

Clients Health Insurance Company	0	0	0	**0**	2	0	0	**2**	0	0	0	**0**	0	0	0	**0**	**2**
Community Advocate	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**
Community Assistance Network	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	**1**
Community First Choice (Medicaid)	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	**1**
COVID-19 Testing Information Line	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	2	0	0	**2**	**2**
DART/LEAD	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	**1**
Department of Veteran Affairs - Benefits	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	**1**
Developmental Disabilities Administration	0	1	1	**2**	1	1	1	**3**	1	2	0	**3**	0	0	0	**0**	**8**
Division of Rehabilitative Services	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	**1**
EpiCenter	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	**1**
Emmanuel Episcopal Church	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	**1**
Empowering Minds Resource Center (EMRC)	0	0	0	**0**	0	0	0	**0**	1	3	0	**4**	1	1	0	**2**	**6**
Emotional Suppport Listening Line	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	2	2	2	**6**	**6**
Emotional Support Hotline	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	**1**
EMS/EMT	0	0	0	**0**	0	0	0	**0**	0	0	2	**2**	0	0	0	**0**	**2**
Eastern Shore CRS	0	0	0	**0**	0	0	1	**1**	2	0	1	**3**	1	3	0	**4**	**8**
Esperenza Center	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Family Preservation	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Food Pantries	0	0	0	**0**	1	1	0	**2**	0	0	0	**0**	0	0	0	**0**	**2**
Food Pantry - Prince of Peace Catholic Church - Sharing Table	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	**1**
Food Pantry - Trinity Lutheran Church	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	**1**
Found in Faith Ministries	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	**1**
Friends in Self Help (FISH)	0	0	0	**0**	0	0	1	**1**	2	0	1	**3**	0	0	0	**0**	**4**
Gilchrest - Grief Support	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	**1**
Grief Share (non specified)	0	0	0	**0**	0	0	0	**0**	0	0	2	**2**	1	0	0	**1**	**3**
Grief Share - Bel Air United Methodist Church	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	**1**
Grief Share - Grace United Methodist Church	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	**1**
Grief Share - Journey Church	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	**1**
Grief Share - Mountain Chrisitan Church	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	**1**
Grieving Book Club	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	**1**
Harford County Alternative Education	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**
Harford County Autism Society	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	**1**
Harford County Board of Ed Pupil Services	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Harford County Board of Ed Pupil Services - Home School	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Harford County Board of Ed Pupil Services - Hospital School	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Harford County Child Advocacy Center	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	0	0	1	**1**	**1**
Harford County Child Protective Services	0	0	2	**2**	0	2	0	**2**	0	0	1	**1**	0	0	1	**1**	**2**
Harford County Community Action Agency	13	7	7	**27**	12	10	5	**27**	6	5	16	**27**	14	13	2	**29**	**110**
Harford County Core Service Agency	1	0	0	**1**	3	1	0	**4**	0	3	1	**4**	0	0	0	**0**	**9**
Harford County Dept of Social Services	2	4	2	**8**	8	6	3	**17**	5	5	9	**19**	1	7	4	**12**	**56**
Harford County Detention Center	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**
Harford County District Court	4	2	1	**7**	2	0	1	**3**	1	4	3	**8**	0	2	2	**4**	**22**
Harford County Health Department	1	0	1	**2**	3	1	0	**4**	0	0	2	**2**	2	0	0	**2**	**10**

Harford County Office on Aging	0	0	1	**1**	3	0	1	**4**	2	5	4	**11**	0	1	0	**1**	**17**
Harford County Probation Officer	0	1	1	**2**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**2**
Harford County Public Library	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	**1**
Harford County School Resource Officer	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Harford County Senior Centers	0	2	0	**2**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**2**
Harford County Sherrifs Office	3	3	2	**8**	0	0	0	**0**	0	1	6	**7**	8	2	2	**12**	**27**
Harford County Sherrifs Office - Victims Services	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Harford County Teen Diversion Program	0	0	1	**1**	0	3	4	**7**	0	0	0	**0**	0	0	0	**0**	**8**
Harford Development Center	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	**1**
Havre de Grace Police Department	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	0	0	0	**0**	**1**
HCCRS - CSP	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**
Headspace for Meditation	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	1	**1**	**1**
Healthcare for Homeless	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Heads Up Mission	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	**1**
House of Ruth	0	0	0	**0**	2	1	1	**4**	0	0	0	**0**	2	0	2	**4**	**8**
Housing & Economic Development - Housing Referral	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	**1**
Human Development Center	0	0	0	**0**	0	0	0	**0**	0	4	0	**4**	1	1	0	**2**	**6**
IGIVUWINGS.com	0	0	0	**0**	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	**1**
indeed.com	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**
Joppatowne Christian Church	0	0	0	**0**	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	**1**
Karis Home	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	**1**
Kinship Navigator	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**
Kirk US Army Health Clinic	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	**1**
Leading by Example	0	0	0	**0**	0	0	0	**0**	1	1	0	**2**	0	0	0	**0**	**2**
Legal Aid	5	2	0	**7**	3	0	2	**5**	3	8	6	**17**	5	2	3	**10**	**39**
Lutheran Mission of Maryland	0	1	0	**1**	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	**2**
Marian House	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Maryland Autism Waiver	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Maryland Brain Injury Resource Network	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	**1**
Maryland Coalition of Families	0	0	0	**0**	0	0	2	**2**	10	8	3	**21**	4	4	1	**9**	**32**
Maryland DHR Benefits	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	**1**
Maryland Health Connection	0	0	1	**1**	0	1	1	**2**	0	2	0	**2**	0	10	0	**10**	**15**
Maryland Parole & Probation	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	**1**
MCAF for Children	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Meals on Wheels	0	0	0	**0**	0	0	0	**0**	0	0	2	**2**	0	0	0	**0**	**2**
Medicaid Transportation	0	0	0	**0**	1	1	0	**2**	0	0	0	**0**	0	0	0	**0**	**2**
Medical Assistance Insurance	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	**1**
Mental Health America	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	**1**
Mental Health Association of Maryland	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	**1**
Modest Needs	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	**1**
Mosaic	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	**1**
Mountain Christian Church	0	1	0	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**
NAMI	0	0	0	**0**	0	0	0	**0**	0	0	2	**2**	2	1	0	**3**	**5**

Narcotics Anonymous	0	0	0	**0**	0	1	0	**1**	0	0	1	**1**	0	1	0	**1**	**3**
needymeds.org	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**
NET SMARTZ (Teen Media Usage)	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	**1**
New Genesis Consulting	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	**1**
North Chesapeake SNAG	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	**1**
Oak Grove Baptist Church	0	0	0	**0**	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	**1**
Office of Mental Health	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	**1**
Pathfinders for Autism	0	0	0	**0**	0	0	1	**1**	1	3	0	**4**	0	0	0	**0**	**5**
Perry Point VA Medical Center	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	**1**
Premier Service Animals	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	**1**
Primary Care Physcian - Medical	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	2	0	0	**2**	**3**
Priority Partners	0	0	0	**0**	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	**1**
Project SEEK	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	2	0	0	**2**	**3**
Remedy Wellness	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	**1**
Safe Start	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	**1**
Salvation Army	0	0	0	**0**	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	**1**
SARC	1	3	2	**6**	3	6	2	**11**	4	5	3	**12**	4	3	3	**10**	**39**
Senior Helpers	0	0	0	**0**	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	**1**
Shopping - Stores w/Senior Hours (COVID-19)	0	0	0	**0**	0	0	0	**0**	0	0	3	**3**	0	0	0	**0**	**3**
Sleep Disorders Center @ HMH	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	**1**
snagajob.com	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**
St Patricks Catholic Church	0	0	0	**0**	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	**1**
St Paul's Lutheran Church (Aberdeen)	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Story Board for Novel Situations	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	**1**
Substance Abuse National Helpline	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	**1**
Supplemental Social Security Income (SSI)	0	1	0	**1**	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	**2**
Susequehanna Workforce Network	0	1	0	**1**	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	**2**
Susequehanna Youth Counsel	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	**1**
Tabitha's House	0	0	0	**0**	0	0	0	**0**	1	0	1	**2**	0	0	0	**0**	**2**
The Arrow School	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**
The ARC	0	0	0	**0**	0	0	0	**0**	1	2	0	**3**	0	0	0	**0**	**3**
The Franciscan Center of Baltimore	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	1	2	0	**3**	**3**
The Samaritans	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	**1**
TBI Rehailitation (UMMS)	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	**1**
Teen Diversion	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	**1**
Transformation Education Institute	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	**1**
Transportation Service: AAA All American	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	**1**
Transportation Service: Heart to Heart	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	**1**
Transportation Service: Eye Care Family	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	**1**
Uber/Lyft Transport	0	0	0	**0**	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	**1**
Uniterian Universalist Church	0	0	0	**0**	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	**1**
Urgent Care Clinic	0	0	1	**1**	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	**2**
Veteran Affairs - Medical	0	0	0	**0**	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	**1**

Villa Maria - Safe Start Program	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	2	0	0	**2**	**2**
Watch Team	0	0	1	**1**	1	0	2	**3**	1	1	0	**2**	0	0	0	**0**	**6**
Wayfarer's House for Women & Children	1	1	0	**2**	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	**3**
Weinberg Housing & Resource Center	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	0	0	0	**0**	**1**
Welcome One	0	0	0	**0**	0	0	0	**0**	0	0	1	**1**	1	0	0	**1**	**2**
Win Family Services	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	**1**
Woman's Housing Coalition	0	0	0	**0**	2	0	0	**2**	0	0	0	**0**	0	0	0	**0**	**2**
Women's Law Center - Family Law Hotline	0	1	0	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**
Youth & Family Resource Festival	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	**1**
Young Marines	0	0	0	**0**	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	**1**

SANTÉ AFFILIATED SANTÉ GROUP

HARFORD COUNTY CRISIS RESPONSE SYSTEM
TRANSITION and DISCHARGE REPORT
July 2019 - June 2020

	1st Quarter				2nd Quarter				3rd Quarter				4th Quarter				FY	*YTD*
	Jul	**Aug**	**Sep**	**Total**	**Oct**	**Nov**	**Dec**	**Total**	**Jan**	**Feb**	**Mar**	**Total**	**Apr**	**May**	**Jun**	**Total**	**Total**	***Avg***
Total Cases Closed	146	130	124	**400**	143	154	142	**439**	111	112	124	**347**	127	154	61	**342**	**1528**	
Outcomes at Case Closure:																		
Temporary Housing Bed	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	
Deceased	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	
Crisis Bed / Crisis Center	0	0	0	**0**	1	4	6	**11**	2	2	1	**5**	1	0	1	**2**	**18**	
Emergency Petition	0	4	2	**6**	0	0	3	**3**	1	3	2	**6**	1	2	0	**3**	**18**	
Emergency Room/Voluntary	4	4	2	**10**	6	2	1	**9**	0	3	2	**5**	2	1	1	**4**	**28**	
EP/ER, Hospital Discharged	1	1	0	**2**	1	1	0	**2**	1	0	1	**2**	0	1	0	**1**	**7**	
Inpatient - Behavioral Health	4	3	5	**12**	2	5	6	**13**	1	3	4	**8**	5	1	0	**6**	**39**	
Inpatient - Medical	0	0	6	**6**	0	1	0	**1**	1	3	1	**5**	1	0	0	**1**	**13**	
No Change	37	28	21	**86**	16	28	10	**54**	19	9	11	**39**	13	14	6	**33**	**212**	
Refused Services	7	5	6	**18**	8	6	6	**20**	3	13	8	**24**	4	12	5	**21**	**83**	
Stable/Improved	69	58	57	**184**	77	84	86	**247**	67	59	69	**195**	76	101	31	**208**	**834**	
Unknown/Unable to Contact	22	27	24	**73**	32	23	24	**79**	17	15	25	**57**	24	17	17	**58**	**267**	
Length of Service (hours):																		
				Avg				Avg				Avg				Avg		
Average Length Of Service	2.45	3.16	3.5	**3.03667**	2.5	3	4	**3.167**	7.5	6.5	6	**6.667**	4	3.5	8.5	**5.33333**	**4.55**	
Minimum Length Of Service	1	1	1	**1**	1	1	1	**1**	1	1	1	**1**	1	1	1	**1**	**1.00**	
Maximum Length Of Service	14.3	40	95	**95**	13	94	116	**116**	242	104	94	**242**	82	84	136	**84**	**242.00**	
Behavioral Health Linkage* (users can select more than one linkage option where appropriate)																		
Linked Prior to CRS Involvement	31	35	35	**101**	46	34	29	**109**	28	30	31	**89**	22	27	7	**56**	**355**	
Linked During CRS Involvement	35	54	33	**122**	33	32	34	**99**	31	22	27	**80**	24	36	11	**71**	**372**	
Not Linked	7	4	10	**21**	8	5	3	**16**	2	6	3	**11**	7	8	6	**21**	**69**	
CRS Provided Resources	38	37	36	**111**	34	62	58	**154**	26	37	29	**92**	38	44	13	**95**	**452**	
Client Refused Services	6	6	2	**14**	6	7	4	**17**	6	6	9	**21**	9	5	4	**18**	**70**	
Not Applicable (N/A)	29	4	6	**39**	17	14	12	**43**	18	9	24	**51**	27	22	19	**68**	**201**	
				Avg				Avg				Avg					Avg	
Percent of Clients Linked	57%	61%	58%	**58.67%**	50%	47%	48%	**59%**	63%	50%	58%	**57%**	46%	47%	43%	**45%**	**55%**	

CRS Actions																		
	Jul	**Aug**	**Sep**	**Total**	**Oct**	**Nov**	**Dec**	**Total**	**Jan**	**Feb**	**Mar**	**Total**	**Apr**	**May**	**Jun**	**Total**	**Total**	**Avg**
911	1	4	1	**6**	1	0	0	**1**	2	4	6	**12**	2	2	0	**4**	**23**	
APS/CPS/GST	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	**1**	
CISM	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	
CSP	1	4	3	**8**	0	2	2	**4**	3	1	1	**5**	2	3	2	**7**	**24**	
SIS	0	0	0	**0**	0	0	3	**3**	5	11	6	**22**	3	14	4	**21**	**46**	
Information Only	20	5	8	**33**	10	5	2	**17**	18	4	4	**26**	28	34	7	**69**	**145**	
MCT	26	22	19	**67**	38	25	28	**91**	29	26	37	**92**	1	40	15	**56**	**306**	
Behavioral Health Provider	48	62	58	**168**	60	75	62	**197**	9	32	26	**67**	28	9	9	**46**	**478**	
Non-Behavioral Health Provider	32	16	11	**59**	11	18	13	**42**	33	13	6	**52**	15	32	6	**53**	**206**	
Safety Plan	16	12	17	**45**	27	24	25	**76**	3	17	16	**36**	27	3	9	**39**	**196**	
Substance Use Treatment Provider	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	
UCC	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	
None	2	3	6	**11**	4	5	5	**14**	7	4	5	**16**	15	17	8	**40**	**81**	

FOCAL ISSUES

	Jul	Aug	Sep	Total	Oct	Nov	Dec	Total	Jan	Feb	Mar	Total	Apr	May	Jun	Total	Total	Avg
Adult Abuse / Neglect	1	1	3	**5**	0	0	1	**1**	1	0	2	**3**	1	1	0	**2**	**11**	
Anxiety	24	22	11	**57**	23	17	15	**55**	15	20	15	**50**	22	20	11	**53**	**215**	
Autism Spectrum SX/BX	3	3	4	**10**	3	4	4	**11**	6	7	6	**19**	1	2	1	**4**	**44**	
Child Abuse/Neglect	3	2	2	**7**	1	0	1	**2**	0	0	1	**1**	1	3	2	**6**	**16**	
Child/Adol. Behavior	13	12	20	**45**	20	20	16	**56**	15	15	18	**48**	12	7	5	**24**	**173**	
Child With Significant Illness	1	0	1	**2**	7	3	0	**10**	0	1	3	**4**	1	1	0	**2**	**18**	
Chronic MI	13	12	7	**32**	2	12	9	**23**	2	7	3	**12**	3	0	1	**4**	**71**	
Co-Occuring	3	2	1	**6**	1	2	0	**3**	0	0	0	**0**	3	2	0	**5**	**14**	
Community Resources	12	3	5	**20**	3	2	1	**6**	3	2	3	**8**	4	5	2	**11**	**45**	
DART/LEAD	0	0	0	**0**	0	0	0	**0**	0	1	2	**3**	0	0	0	**0**	**3**	
Death By Suicide	0	0	0	**0**	1	0	0	**1**	1	0	0	**1**	0	0	0	**0**	**2**	
Death Other Than Suicide	0	0	0	**0**	0	2	1	**3**	0	0	0	**0**	1	0	0	**1**	**4**	
Delusional/Hallucinations	9	3	4	**16**	2	4	5	**11**	1	3	1	**5**	2	2	0	**4**	**36**	
Developmental Disability	3	2	1	**6**	0	0	2	**2**	2	0	3	**5**	0	0	0	**0**	**13**	
Depression	30	22	13	**65**	27	28	22	**77**	0	18	17	**35**	13	20	13	**46**	**223**	
Domestic Violence	1	4	1	**6**	2	0	2	**4**	15	1	0	**16**	1	4	1	**6**	**32**	
Confusion/Dementia	2	0	3	**5**	1	1	1	**3**	3	2	2	**7**	0	1	0	**1**	**16**	
Emergency Petition	6	2	2	**10**	1	2	4	**7**	3	2	5	**10**	3	6	1	**10**	**37**	
Family Conflict	23	12	16	**51**	15	15	20	**50**	1	19	21	**41**	9	25	3	**37**	**179**	
Fatal Accident	1	4	0	**5**	0	0	0	**0**	13	0	0	**13**	0	0	0	**0**	**18**	
Financial	5	0	1	**6**	0	3	7	**10**	0	1	6	**7**	1	2	0	**3**	**26**	
Grief	0	0	1	**1**	0	3	0	**3**	1	2	1	**4**	2	0	0	**2**	**10**	
Homeless	13	6	8	**27**	3	9	2	**14**	2	2	0	**4**	4	8	1	**13**	**58**	
Homicide Ideation	1	0	0	**1**	1	1	1	**3**	1	1	0	**2**	0	0	0	**0**	**6**	
Informattion Only	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**	
Legal	3	1	1	**5**	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	**6**	
LGBTQ/Trans	0	0	0	0	0	1	0	**1**	0	0	0	**0**	0	0	0	**0**	**1**	
Mania	1	0	0	**1**	3	2	0	**5**	0	0	0	**0**	3	2	0	**5**	**11**	
Marital Conflict	4	6	5	**15**	4	2	3	**9**	1	1	4	**6**	7	2	5	**14**	**44**	
Medical Issues, Primary	4	0	6	**10**	2	3	6	**11**	1	1	0	**2**	1	2	1	**4**	**27**	
Mood Disorder	3	1	1	**5**	2	1	1	**4**	2	0	0	**2**	2	0	1	**3**	**14**	
Non-Suicidal Self Injury	6	3	1	**10**	5	2	4	**11**	4	2	2	**8**	2	0	1	**3**	**32**	
Other	29	11	7	**47**	9	6	8	**23**	9	6	6	**21**	15	6	8	**29**	**120**	
Paranoia	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**	
Police/CIT	3	0	1	**4**	2	0	0	**2**	0	0	1	**1**	0	0	0	**0**	**7**	
Psychotic	1	1	0	**2**	3	1	2	**6**	1	3	0	**4**	3	6	0	**9**	**21**	
PTSD	5	9	2	**16**	5	5	0	**10**	3	0	3	**6**	1	4	1	**6**	**38**	
Runaway	0	1	0	**1**	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	**2**	
Sexual Assault	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	**1**	
Situational Crisis	47	22	27	**96**	41	41	38	**120**	36	25	34	**95**	50	52	22	**124**	**435**	
Substance Abuse	40	35	22	**97**	14	22	26	**62**	12	13	2	**27**	16	19	6	**41**	**227**	
Suicide Attempt	2	1	11	**14**	0	0	3	**3**	2	1	2	**5**	0	0	0	**0**	**22**	
Suicide Ideation	23	24	9	**56**	26	30	16	**72**	14	20	31	**65**	16	27	10	**53**	**246**	
Traumatice Brain Injury (TBI)	0	1	0	**1**	0	1	1	**2**	0	0	0	**0**	0	0	0	**0**	**3**	
Violence	1	0	0	**1**	1	0	0	**1**	0	1	1	**2**	0	0	0	**0**	**4**	

SANTÉ AFFILIATED SANTÉ GROUP

HARFORD COUNTY CRISIS RESPONSE SYSTEM

Satisfaction Survey - Length of Service Report

July 2019 - June 2020

	Jul	Aug	Sep	Total	Oct	Nov	Dec	Total	Jan	Feb	Mar	Total	Apr	May	June	Total	FY Total	YTD Avg
Total Incomplete Surveys	22	24	38	**84**	24	50	41	**115**	44	33	54	**131**	42	62	22	**126**	**456**	
Client Declined Follow Up	1	1	6	**8**	4	8	6	**18**	2	4	3	**9**	4	4	2	**10**	**45**	
Client Declined Participation	7	4	6	**17**	2	8	3	**13**	5	5	4	**14**	6	8	2	**16**	**60**	
Inpatient Treatment	1	1	4	**6**	0	2	3	**5**	3	3	6	**12**	1	2	1	**4**	**27**	
Completed Previous Survey	0	0	0	**0**	0	0	3	**3**	1	0	2	**3**	0	0	0	**0**	**6**	
No Contact Information	0	1	0	**1**	0	0	0	**0**	1	0	0	**1**	0	1	0	**1**	**3**	
Survey Not Appropriate	1	7	4	**12**	5	13	9	**27**	10	9	11	**30**	12	23	2	**37**	**106**	
Unable to Contact	12	10	18	**40**	13	19	17	**49**	22	12	28	**62**	19	24	15	**58**	**209**	
Total Complete Surveys	120	91	73	**284**	46	97	96	**239**	62	74	56	**192**	71	85	34	190	**905**	
Response Time																		
Strongly Agree	94	80	64	**238**	40	86	84	**210**	56	55	51	**162**	62	69	31	162	**772**	
Agree	23	11	9	**43**	5	10	12	**27**	5	10	4	**19**	9	14	3	26	**115**	
Neutral	2	0	0	**2**	1	0	0	**1**	1	2	0	**3**	0	2	0	2	**8**	
Disagree	0	56	0	**56**	0	0	0	**0**	0	0	0	**0**	0	0	0	0	**56**	
Strongly Disagree	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	0	**0**	
N/A	1	0	0	**1**	0	1	0	**1**	0	1	1	**2**	0	0	0	0	**4**	
Provided Resources																		
Strongly Agree	84	67	58	**209**	37	80	76	**193**	50	59	49	**158**	60	68	31	159	**719**	
Agree	27	22	15	**64**	6	16	16	**38**	11	14	6	**31**	10	17	3	30	**163**	
Neutral	3	1	0	**4**	2	0	1	**3**	0	0	0	**0**	0	0	0	0	**7**	
Disagree	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	0	**0**	
Strongly Disagree	1	0	0	**1**	0	0	0	**0**	0	1	0	**1**	0	0	0	0	**2**	
N/A	4	1	0	**5**	0	1	1	**2**	0	0	1	**1**	1	1	0	2	**10**	
Client's Involvement																		
Strongly Agree	76	60	53	**189**	34	73	75	**182**	51	54	48	**153**	54	66	28	148	**672**	
Agree	29	17	10	**56**	8	15	15	**38**	9	16	6	**31**	8	14	4	26	**151**	
Neutral	3	7	2	**12**	2	2	1	**5**	0	0	1	**1**	3	0	1	4	**22**	
Disagree	0	1	0	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	0	**1**	
Strongly Disagree	1	0	0	**1**	0	0	0	**0**	0	1	0	**1**	0	0	0	0	**2**	
N/A	11	6	4	**21**	2	7	5	**14**	2	3	1	**6**	3	5	1	9	**50**	
Sensitivity to Client's Needs																		
Strongly Agree	73	69	61	**203**	38	77	81	**196**	51	60	46	**157**	71	69	28	168	**724**	
Agree	34	13	7	**54**	6	12	13	**31**	5	10	5	**20**	8	12	3	23	**128**	
Neutral	0	3	1	**4**	1	1	0	**2**	1	0	0	**1**	0	0	0	0	**7**	
Disagree	0	1	0	**1**	0	0	0	**0**	0	1	0	**1**	0	0	0	0	**2**	
Strongly Disagree	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	0	**1**	
N/A	9	4	3	**16**	0	5	2	**7**	6	2	5	**13**	2	4	3	9	**45**	
Overall Satisfaction																		
Strongly Agree	90	74	65	**229**	38	86	79	**203**	53	61	53	**167**	60	71	32	163	**762**	
Agree	26	16	7	**49**	6	9	12	**27**	8	12	3	**23**	8	12	2	22	**121**	
Neutral	1	1	1	**3**	1	0	2	**3**	1	0	0	**1**	0	1	0	1	**8**	
Disagree	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	1	0	0	1	**2**	
Strongly Disagree	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	0	**1**	
N/A	2	0	0	**2**	1	2	0	**3**	0	0	0	**0**	0	0	0	0	**5**	
Crisis Decreased After Services																		
Strongly Agree	66	60	48	**174**	27	58	66	**151**	36	47	44	**127**	54	64	28	146	**598**	
Agree	27	7	13	**47**	13	24	11	**48**	15	19	8	**42**	10	14	4	28	**165**	
Neutral	12	14	9	**35**	1	4	3	**8**	3	4	2	**9**	2	3	0	5	**57**	
Disagree	0	1	0	**1**	0	0	0	**0**	5	0	1	**6**	0	0	0	0	**7**	
Strongly Disagree	1	0	0	**1**	0	0	0	**0**	0	1	0	**1**	0	0	0	0	**2**	
N/A	14	9	3	**26**	2	11	16	**29**	6	3	1	**10**	5	4	2	11	**76**	

Comments

SANTÉ AFFILIATED SANTÉ GROUP

HARFORD COUNTY CRISIS RESPONSE SYSTEM

CISM Report

July 2019 - June 2020

	1st Quarter				2nd Quarter				3rd Quarter				4th Quarter				FY	*YTD*
	Jul	**Aug**	**Sep**	**Total**	**Oct**	**Nov**	**Dec**	**Total**	**Jan**	**Feb**	**Mar**	**Total**	**Apr**	**May**	**Jun**	**Total**	**Total**	***Average***
Total Calls for CISM	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	
Total CISMs Performed	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	
Number of People Served	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	
Response Time Average (Avg hrs)	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	

Living Well Chronic Disease 7/01/19 - 06/30/20

- ☑ Oct 25, 19—Harford Co. Public Library - Whiteford Branch
- ☑ Dec 3, 19—Bel Air Library - Harford County Public Library
- ☑ Jun 3, 20—UM Upper Chesapeake Health Pav II

Number of workshops: 3

Average participants per workshop: 9.5
Number of participants: 19
Participants with attendance data: 19
Completers: 18 of 19 (95%)
Number who are caregivers: 4 of 18 (22%)

Age	Count	Percent
0-44	6	35%
44-49	1	6%
60-64	1	6%
65-69	3	18%
70-74	5	29%
75-79	1	6%
Unknown	2	

Can Manage Condition	Count	Percent
8	3	30%
9	2	20%
5	2	20%
10	1	10%
6	1	10%
7	1	10%
Unknown	9	

Caregiver	Count	Percent
No	14	78%
Yes	4	22%
Unknown	1	

Chronic Condition	Count	Percent
Arthritis	10	56%
Hypertension	8	44%
Chronic Pain	7	39%

...on or Mental ...s	7	39%
Lung Disease	5	28%
Obesity	4	22%
Schizophrenia	3	17%
Heart Disease	2	11%
Cancer	2	11%
Diabetes	2	11%
MS	1	6%
Osteoporosis	1	6%
Other	3	17%
Unknown	1	

Completers	Count	Percent
Yes	18	95%
No	1	5%

Condition Count	Count	Percent
Multiple chronic conditions	16	89%
One chronic condition	2	11%
Unknown	1	

Disabilities	Count	Percent
Limited Phy/Men/Emotial	6	32%
Diff. remembering	5	26%
Diff. walking or climbing stairs	4	21%
Diff. dressing	2	11%
Diff. with errands	2	11%
Hearing impaired	1	5%
Visually impaired	1	5%

Disability Count	Count	Percent
No disabilities	8	44%
One disability	5	28%
Multiple disabilities	5	28%

	1	

Education	Count	Percent
Completed College	7	39%
Some College	6	33%
Completed High School	3	17%
Some High School	2	11%
Unknown	1	

Ethnicity/Race	Count	Percent
White/Caucasian	15	88%
Black or African American	2	12%
Unknown	2	

GDM	Count	Percent
No	9	47%

Gender	Count	Percent
Female	9	53%
Male	8	47%
Unknown	2	

Health	Count	Percent
Good	9	50%
Fair	6	33%
Excellent	2	11%
Poor	1	6%
Unknown	1	

How Did You Hear	Count	Percent
Not reported	19	100%

Insurance	Count	Percent
Medicare Part B ("Regular" Medicare)	12	67%

Medicaid	4	22%
BC/BS	4	22%
Veterans Health	2	11%
Cigna	1	6%
Other	3	17%
Unknown	1	

Lives Alone	Count	Percent
No	16	89%
Yes	2	11%
Unknown	1	

Number of Sessions Attended	Count	Percent
1	0	0%
2	0	0%
3	1	5%
4	6	32%
5	5	26%
6	7	37%

Organization	Count	Percent
UM Upper Chesapeake Health	19	100%

Participant County	Count	Percent
Harford, MD	16	84%
York, PA	3	16%

Payment Source	Count	Percent
Not reported	19	100%

Referred	Count	Percent
No	13	81%
Yes	3	19%
Unknown	3	

Felt welcomed	Count	Percent
Strongly Agree (1)	10	83%
Agree (2)	2	17%
Average Value	1.2	

Teaching was shared	Count	Percent
Strongly Agree (1)	8	67%
Agree (2)	4	33%
Average Value	1.3	

Leaders were prepared	Count	Percent
Strongly Agree (1)	9	75%
Agree (2)	3	25%
Average Value	1.2	

I have more self-confidence	Count	Percent
Strongly Agree (1)	5	42%
Agree (2)	7	58%
Average Value	1.6	

Book was helpful	Count	Percent
Strongly Agree (1)	9	75%
Agree (2)	3	25%
Average Value	1.2	

Learned action plans	Count	Percent
Strongly Agree (1)	8	67%
Agree (2)	4	33%
Average Value	1.3	

Better manage symptoms	Count	Percent
Strongly Agree (1)	6	55%
Agree (2)	5	45%

Average Value	1.5	

Site was conducive	Count	Percent
Strongly Agree (1)	6	50%
Agree (2)	6	50%
Average Value	1.5	

Part. valued contributions	Count	Percent
Strongly Agree (1)	4	33%
Agree (2)	8	67%
Average Value	1.7	

Leaders managed group	Count	Percent
Strongly Agree (1)	9	75%
Agree (2)	3	25%
Average Value	1.2	

Leaders valued contributions	Count	Percent
Strongly Agree (1)	7	58%
Agree (2)	5	42%
Average Value	1.4	

Leaders got along	Count	Percent
Strongly Agree (1)	10	83%
Agree (2)	2	17%
Average Value	1.2	

Valued break time	Count	Percent
Strongly Agree (1)	4	36%
Agree (2)	6	55%
Disagree (3)	1	9%
Average Value	1.7	

Noticed participants missing	Count	Percent

Strongly Agree (1)	1	9%
Agree (2)	4	36%
Disagree (3)	6	55%
Average Value	2.5	

Feel more motivated	Count	Percent
Strongly Agree (1)	7	58%
Agree (2)	5	42%
Average Value	1.4	

Living Well Chronic Pain 7/01/19 - 06/30/20

Number of workshops: 3

Average participants per workshop: 10.0
Number of participants: 20
Participants with attendance data: 20
Completers: 14 of 20 (70%)
Number who are caregivers: 3 of 16 (19%)

- ☑ Nov 6, 19—UM Upper Chesapeake Health Pav II
- ☑ Feb 11, 20—Aberdeen Court (Catholic Charities of Baltimore)
- ☑ May 28, 20—UM Upper Chesapeake Health Pav II

Age	Count	Percent
0-44	2	12%
60-64	2	12%
65-69	4	25%
70-74	5	31%
75-79	2	12%
90+	1	6%
Unknown	4	

Can Manage Condition	Count	Percent
10	3	33%
7	2	22%
8	2	22%
5	1	11%
6	1	11%
Unknown	11	

Caregiver	Count	Percent
No	13	81%
Yes	3	19%
Unknown	4	

Chronic Condition	Count	Percent
Chronic Pain	13	81%
Hypertension	9	56%
Arthritis	9	56%
Depression or Mental	8	50%

ıbetes	8	50%
Heart Disease	7	44%
Cancer	5	31%
Lung Disease	4	25%
Kidney Disease	3	19%
Obesity	3	19%
Osteoporosis	2	12%
Stroke	2	12%
Schizophrenia	2	12%
Other	2	12%
Unknown	4	

Completers	Count	Percent
Yes	14	70%
No	6	30%

Condition Count	Count	Percent
Multiple chronic conditions	15	94%
One chronic condition	1	6%
Unknown	4	

Disabilities	Count	Percent
Diff. walking or climbing stairs	7	35%
Diff. with errands	6	30%
Limited Phy/Men/Emotial	5	25%
Diff. remembering	4	20%
Hearing impaired	2	10%
Visually impaired	1	5%
Diff. dressing	1	5%

Disability Count	Count	Percent
Multiple disabilities	8	50%
No disabilities	7	44%
One disability	1	6%

,n	4	

Education	Count	Percent
Some College	9	60%
Completed College	3	20%
Some High School	2	13%
Completed High School	1	7%
Unknown	5	

Ethnicity/Race	Count	Percent
White/Caucasian	15	94%
Asian or Asian American	1	6%
Unknown	4	

GDM	Count	Percent
No	14	70%

Gender	Count	Percent
Female	14	74%
Male	5	26%
Unknown	1	

Health	Count	Percent
Good	8	50%
Fair	5	31%
Poor	2	12%
Very Good	1	6%
Unknown	4	

How Did You Hear	Count	Percent
Not reported	20	100%

Insurance	Count	Percent
Medicare Part B ("Regular" Medicare)	11	69%
Medicaid	6	38%

BC/BS	3	19%
Cigna	3	19%
Veterans Health	2	12%
Other	1	6%
Unknown	4	

Lives Alone	Count	Percent
No	9	56%
Yes	7	44%
Unknown	4	

Number of Sessions Attended	Count	Percent
1	5	25%
2	1	5%
3	0	0%
4	6	30%
5	4	20%
6	4	20%

Organization	Count	Percent
UM Upper Chesapeake Health	20	100%

Participant County	Count	Percent
Harford, MD	19	95%
Baltimore City, MD	1	5%

Payment Source	Count	Percent
Not reported	20	100%

Referred	Count	Percent
No	14	88%
Yes	2	12%
Unknown	4	

Felt welcomed	Count	Percent
Strongly Agree (1)	7	100%
Average Value	1	

Teaching was shared	Count	Percent
Strongly Agree (1)	5	83%
Agree (2)	1	17%
Average Value	1.2	

Leaders were prepared	Count	Percent
Strongly Agree (1)	6	86%
Agree (2)	1	14%
Average Value	1.1	

I have more self-confidence	Count	Percent
Strongly Agree (1)	7	100%
Average Value	1	

Book was helpful	Count	Percent
Strongly Agree (1)	6	86%
Agree (2)	1	14%
Average Value	1.1	

Learned action plans	Count	Percent
Strongly Agree (1)	5	71%
Agree (2)	2	29%
Average Value	1.3	

Better manage symptoms	Count	Percent
Strongly Agree (1)	4	57%
Agree (2)	3	43%
Average Value	1.4	

Site was conducive	Count	Percent

Strongly Agree (1)	3	43%
Agree (2)	2	29%
Disagree (3)	2	29%
Average Value	1.9	

Part. valued contributions	Count	Percent
Strongly Agree (1)	4	57%
Agree (2)	3	43%
Average Value	1.4	

Leaders managed group	Count	Percent
Strongly Agree (1)	6	86%
Agree (2)	1	14%
Average Value	1.1	

Leaders valued contributions	Count	Percent
Strongly Agree (1)	5	71%
Agree (2)	2	29%
Average Value	1.3	

Leaders got along	Count	Percent
Strongly Agree (1)	6	86%
Agree (2)	1	14%
Average Value	1.1	

Valued break time	Count	Percent
Strongly Agree (1)	4	57%
Agree (2)	3	43%
Average Value	1.4	

Noticed participants missing	Count	Percent
Strongly Agree (1)	3	43%
Agree (2)	4	57%
Average Value	1.6	

Feel more motivated	Count	Percent
Strongly Agree (1)	5	71%
Agree (2)	2	29%
Average Value	1.3	

Living Well Diabetes 7/01/19 - 06/30/20

Number of workshops: 5

Average participants per workshop: 12.0
Number of participants: 36
Participants with attendance data: 36
Completers: 31 of 36 (86%)
Number who are caregivers: 7 of 33 (21%)

- ☑ Oct 15, 19—Havre de Grace Library
- ☑ Oct 21, 19—Fallston United Methodist Church
- ☑ Nov 4, 19—UM Upper Chesapeake Medical Center
- ☑ May 11, 20—Harford Co Library - Aberdeen Branch
- ☑ Jun 17, 20—Jarrettsville Library

Age	Count	Percent
44-49	3	9%
55-59	3	9%
60-64	6	19%
65-69	9	28%
70-74	4	12%
75-79	3	9%
80-84	2	6%
85-89	2	6%
Unknown	4	

Can Manage Condition	Count	Percent
10	10	48%
9	8	38%
7	3	14%
Unknown	15	

Caregiver	Count	Percent
No	26	79%
Yes	7	21%
Unknown	3	

Chronic Condition	Count	Percent
Hypertension	22	73%
Diabetes	20	67%
Obesity	11	37%
Arthritis	7	23%

Depression or Mental Illness	6	20%
Lung Disease	5	17%
Chronic Pain	4	13%
Heart Disease	4	13%
Cancer	4	13%
Osteoporosis	2	7%
Kidney Disease	2	7%
Other	4	13%
Unknown	5	

Completers	Count	Percent
Yes	31	86%
No	5	14%

Condition Count	Count	Percent
Multiple chronic conditions	22	71%
One chronic condition	8	26%
No chronic conditions	1	3%
Unknown	5	

Disabilities	Count	Percent
Visually impaired	1	3%
Diff. remembering	1	3%
Diff. walking or climbing stairs	1	3%
Diff. dressing	1	3%
Diff. with errands	1	3%
Limited Phy/Men/Emotial	1	3%
Hearing impaired	1	3%

Disability Count	Count	Percent
No disabilities	31	94%
Multiple disabilities	1	3%
One disability	1	3%
Unknown	3	

Education	Count	Percent
Completed College	13	45%
Some College	11	38%
Completed High School	5	17%
Unknown	7	

Ethnicity/Race	Count	Percent
White/Caucasian	30	94%
Black or African American	2	6%
Asian or Asian American	1	3%
American Indian or AK Native	1	3%
Unknown	4	

GDM	Count	Percent
No	25	69%

Gender	Count	Percent
Female	25	69%
Male	11	31%

Health	Count	Percent
Good	13	39%
Very Good	13	39%
Excellent	4	12%
Fair	3	9%
Unknown	3	

How Did You Hear	Count	Percent
Not reported	36	100%

Insurance	Count	Percent
Medicare Part B ("Regular" Medicare)	18	56%
BC/BS	17	53%

United	4	12%
Veterans Health	2	6%
Aetna	1	3%
Medicaid	1	3%
Kaiser	1	3%
Cigna	1	3%
Other	2	6%
Unknown	4	

Lives Alone	Count	Percent
No	22	71%
Yes	9	29%
Unknown	5	

Number of Sessions Attended	Count	Percent
1	4	11%
2	1	3%
3	0	0%
4	6	17%
5	18	50%
6	7	19%

Organization	Count	Percent
UM Upper Chesapeake Health	36	100%

Participant County	Count	Percent
Harford, MD	34	94%
Baltimore, MD	2	6%

Payment Source	Count	Percent
Not reported	36	100%

Referred	Count	Percent
No	21	72%
Yes	8	28%

Unknown	7	

Felt welcomed	Count	Percent
Strongly Agree (1)	22	100%
Average Value	1	

Teaching was shared	Count	Percent
Strongly Agree (1)	21	95%
Agree (2)	1	5%
Average Value	1.0	

Leaders were prepared	Count	Percent
Strongly Agree (1)	22	100%
Average Value	1	

I have more self-confidence	Count	Percent
Strongly Agree (1)	13	59%
Agree (2)	9	41%
Average Value	1.4	

Book was helpful	Count	Percent
Strongly Agree (1)	16	73%
Agree (2)	6	27%
Average Value	1.3	

Learned action plans	Count	Percent
Strongly Agree (1)	16	73%
Agree (2)	6	27%
Average Value	1.3	

Better manage symptoms	Count	Percent
Strongly Agree (1)	13	62%
Agree (2)	8	38%
Average Value	1.4	

Site was conducive	Count	Percent
Strongly Agree (1)	20	91%
Agree (2)	2	9%
Average Value	1.1	

Part. valued contributions	Count	Percent
Strongly Agree (1)	18	82%
Agree (2)	4	18%
Average Value	1.2	

Leaders managed group	Count	Percent
Strongly Agree (1)	20	91%
Agree (2)	2	9%
Average Value	1.1	

Leaders valued contributions	Count	Percent
Strongly Agree (1)	19	86%
Agree (2)	3	14%
Average Value	1.1	

Leaders got along	Count	Percent
Strongly Agree (1)	22	100%
Average Value	1	

Valued break time	Count	Percent
Strongly Agree (1)	12	55%
Agree (2)	10	45%
Average Value	1.5	

Noticed participants missing	Count	Percent
Strongly Agree (1)	2	13%
Agree (2)	9	60%
Disagree (3)	3	20%

Strongly Disagree (4)	1	7%
Average Value	2.2	

Feel more motivated	Count	Percent
Strongly Agree (1)	16	76%
Agree (2)	5	24%
Average Value	1.2	

DPP data 07/01/19 – 6/30/20

Number of workshops: 3

Average participants per workshop: 13.7
Number of participants: 41
Participants with attendance data: 41
DPRP-Attend-Qual. Participants: 27 of 41 (66%)
DPRP-Qual. Participants: 27 of 41 (66%)
Number who are caregivers: 0 of 0

Age	Count	Percent
44-49	2	5%
50-54	4	10%
55-59	5	12%
60-64	10	24%
65-69	9	22%
70-74	7	17%
75-79	4	10%

Attended Session	Count	Percent
1	34	83%
2	40	98%
3	39	95%
4	39	95%
5	38	93%
6	35	85%
7	38	93%
8	34	83%
9	34	83%
10	32	78%
11	30	73%
12	26	63%
13	30	73%
14	26	63%
15	26	63%
16	28	68%

P

17	23	56%
18	24	59%
19	25	61%
20	19	46%
21	19	46%
22	20	49%
23	15	37%
24	16	39%
25	20	49%
26	22	54%

Completers	Count	Percent
Yes	27	66%
No	14	34%

Disabilities	Count	Percent
Hearing impaired	3	7%
Diff. walking or climbing stairs	3	7%
Diff. remembering	2	5%
Diff. dressing	1	2%

Disability Count	Count	Percent
No disabilities	34	83%
One disability	5	12%
Multiple disabilities	2	5%

Education	Count	Percent
Completed College	20	49%
Some College	14	34%
Completed High School	5	12%
Some High School	2	5%

Ethnicity/Race	Count	Percent
White/Caucasian	39	95%
Black or African American	3	7%

GDM	Count	Percent
No	31	78%
Yes	5	12%
Unknown	1	

Gender	Count	Percent
Female	37	90%
Male	4	10%

Health System	Count	Percent
UMMS	41	100%

How Did You Hear	Count	Percent
Other: Mail or any other	9	22%
Community-based org or comm health worker	8	20%
Media: Poster/flyer, etc.	7	17%
Media: Radio, newspaper	4	10%
Not reported	4	10%
Family or friends	3	7%
Primary care provider	3	7%
Employer or Employer's wellness program	2	5%
Self	1	2%

Last Session Attended	Count	Percent
1	0	0%
2	0	0%
3	0	0%
4	0	0%
5	0	0%
6	0	0%
7	2	5%
8	1	2%
9	2	5%

10	0	0%
11	2	5%
12	0	0%
13	2	5%
14	3	7%
15	0	0%
16	1	2%
17	1	2%
18	0	0%
19	0	0%
20	0	0%
21	0	0%
22	0	0%
23	0	0%
24	2	5%
25	3	7%
26	22	54%

Minutes of Activity for DPRP-Qual. Participants	Count	Percent
0-19 Minutes	0	0%
30-74 Minutes	0	0%
75-149 Minutes	6	22%
150+ Minutes	21	78%

Number of Sessions Attended	Count	Percent
1	0	0%
2	0	0%
3	0	0%
4	0	0%
5	1	2%
6	2	5%
7	1	2%
8	1	2%
9	2	5%
10	1	2%

dyp

11	1	2%
12	2	5%
13	1	2%
14	1	2%
15	0	0%
16	0	0%
17	3	7%
18	1	2%
19	1	2%
20	3	7%
21	2	5%
22	5	12%
23	5	12%
24	5	12%
25	3	7%

Organization	Count	Percent
UM Upper Chesapeake Health	41	100%

Participant County	Count	Percent
Harford, MD	41	100%

Payment Source	Count	Percent
Not reported	5	100%
Unknown	36	

Percent Weight Change For DPRP-Qual. Participants (21)	Count	Percent
7.00%+ Loss	10	37%
5.00%-6.99% Loss	4	15%
3.00%-4.99% Loss	5	19%
1.00%-2.99% Loss	4	15%
0.99% Loss-0.99% Gain	2	7%
1.00%-2.99% Gain	1	4%
3.00%-4.99% Gain	1	4%

A1cs (27)
17 lowered A1c
10 remained same or went up

5.00%-6.99% Gain	0	0%
7.00%+ Gain	0	0%
Average Weight Loss Percent		5.97%

Prediabetes	Count	Percent
Yes	25	66%
No	13	34%
Unknown	3	

Type of Test	Count	Percent
A1C	35	85%
Risk Test	35	85%
Fasting Glucose	5	12%
OGTT	1	2%

Do you need an accommodation to attend the Diabetes Prevention Program class?	Count	Percent
No	41	100%

Have you used tobacco/smoked in the past 30 days?	Count	Percent
Yes	1	2%
No	40	98%

If yes, are you thinking about quitting tobacco/smoking?	Count	Percent
Yes	1	100%

How did you hear about the Diabetes Prevention Program?	Count	Percent
Comm Org	9	26%

Mail	4	12%
Doctor	3	9%
Employer	2	6%
Flyer	7	21%
Friend	3	9%
Newspaper	6	18%

I eat healthily	Count	Percent
Strongly agree	3	8%
Agree	16	40%
Not sure	9	22%
Disagree	10	25%
Strongly disagree	2	5%

I get enough physical activity	Count	Percent
Strongly agree	1	2%
Agree	10	25%
Not sure	6	15%
Disagree	16	40%
Strongly disagree	7	18%

I want to eat more healthily	Count	Percent
Strongly agree	27	68%
Agree	13	32%

I want to be more physically active	Count	Percent
Strongly agree	24	60%
Agree	15	38%
Not sure	1	2%

Get physical activity more often	Count	Percent
Sure I can	22	55%
Think I can	15	38%

Not sure I can	3	8%

Be physically active for longer time	Count	Percent
Sure I can	20	51%
Think I can	15	38%
Not sure I can	4	10%

Eat more healthful food	Count	Percent
Sure I can	28	70%
Think I can	11	28%
Not sure I can	1	2%

Overeat less often	Count	Percent
Sure I can	21	52%
Think I can	17	42%
Not sure I can	2	5%

UNIVERSITY of MARYLAND MEDICAL SYSTEM Central Business Office	PAGE: 1 OF 14	POLICY NO: CBO - 01
	EFFECTIVE DATE: 09/18/19	REVISION DATE(S): 10/19/2020
SUBJECT: Financial Assistance		

KEY WORDS: Financial Assistance

OBJECTIVE/BACKGROUND:

The University of Maryland Medical System ("UMMS") is committed to providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for emergent and medically necessary care based on their individual financial situation.

APPLICABILITY:

PROGRAM ELIGIBILITY

Consistent with their mission to deliver compassionate and high quality healthcare services and to advocate for those who do not have the means to pay for medically necessary care, UMMC, MTC, UMROI, UMSJMC, UMBWMC, UMSMCC, UMSMCD, UMSMCE, UMCRMC, UCHS, and UM Capital hospitals strive to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

Specific exclusions to coverage under the Financial Assistance Program:

The Financial Assistance Program generally applies to all emergency and other medically necessary care provided by each UMMS hospital; however, the Financial Assistance Program does not apply to any of the following:

1. Services provided by healthcare providers not affiliated with UMMS hospitals (e.g., durable medical equipment, home health services).
2. Patients whose insurance program or policy denies coverage for services by their insurance company (e.g., HMO, PPO, or Workers Compensation), are not eligible for the Financial Assistance Program.
   a. Generally, the Financial Assistance Program is not available to cover services that are denied by a patient's insurance company; however, exceptions may be made on a case by case basis considering medical and programmatic implications.

3. Cosmetic or other non-medically necessary services.
4. Patient convenience items.
5. Patient meals and lodging.
6. Physician charges related to the date of service are excluded from this UMMS financial assistance policy. Patients who wish to pursue financial assistance for physician-related bills must contact the physician directly.
   a. A list of providers, other than the UMMS hospital itself, delivering medically necessary care in each UMMS hospital that specifies which such as providers are not covered by this policy (as well as certain such providers that are covered) may be obtained on the website of each UMMS Entity.

Patients may be ineligible for Financial Assistance for the following reasons:

1. Have insurance coverage through an HMO, PPO, Workers Compensation, Medicaid, or other insurance programs that deny access to the Medical Center due to insurance plan restrictions/limits.
2. Refusal to be screened for other assistance programs prior to submitting an application to the Financial Clearance Program.
3. Refusal to divulge information pertaining to a pending legal liability claim.
4. Foreign-nationals traveling to the United States seeking elective, non-emergent medical care.

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.

Unless they meet Presumptive Financial Assistance Eligibility criteria, patients shall be required to submit a complete Financial Assistance Application (with all required information and documentation) and determined to be eligible for financial assistance in order to obtain financial assistance. Patients who indicate they are unemployed and have no insurance coverage shall be required to submit a Financial Assistance Application before receiving non-emergency medical care unless they meet Presumptive Financial Assistance Eligibility criteria. If the patient qualifies for COBRA coverage, patient's financial ability to pay COBRA insurance premiums shall be reviewed by the Financial Counselor/Coordinator and recommendations shall be made to Senior Leadership. 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 and for their overall personal health.

Those with income up to 200% of Maryland State Department of Health and Mental Hygiene Medical Assistance Planning Administration Income Eligibility Limits for a Reduced Cost of Care ("MD DHMH") are eligible for free care. Those between 200% to 300% of MD DHMH are eligible for discounts on a sliding scale, as set forth in Attachment A.

Presumptive Financial Assistance

Patients may also be considered for Presumptive Financial Assistance Eligibility. There are instances when a patient may appear eligible for financial assistance, but there is no financial assistance form on file. There is adequate information provided by the patient or through other sources, which provide sufficient evidence to provide the patient with financial assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, UMMS reserves the right to use outside agencies or information in determining estimated income amounts for the basis of determining financial assistance eligibility and potential reduced care rates. Once determined, due to the inherent nature of presumptive circumstances, the only financial assistance that can be granted is a 100% write-off of the account balance. Presumptive Financial Assistance Eligibility shall only cover the patient's specific date of service. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

a. Active Medical Assistance pharmacy coverage
b. Specified Low Income Medicare (SLMB) coverage
c. Primary Adult Care (PAC) coverage
d. Homelessness
e. Medical Assistance and Medicaid Managed Care patients for services provided in the ER beyond the coverage of these programs
f. Medical Assistance spend down amounts
g. Eligibility for other state or local assistance programs
h. Patient is deceased with no known estate
i. Patients that are determined to meet eligibility criteria established under former State Only Medical Assistance Program
j. Non-US Citizens deemed non-compliant
k. Non-Eligible Medical Assistance services for Medical Assistance eligible patients
l. Unidentified patients (Doe accounts that we have exhausted all efforts to locate and/or ID)

m. Bankruptcy, by law, as mandated by the federal courts
n. St. Clare Outreach Program eligible patients
o. UMSJMC Maternity Program eligible patients
p. UMSJMC Hernia Program eligible patients

Specific services or criteria that are ineligible for Presumptive Financial Assistance include:

a. Uninsured patients seen in the Emergency Department under Emergency Petition will not be considered under the presumptive financial assistance program until the Maryland Medicaid Psych program has been billed.

POLICY:

This policy was approved by the UMMS Executive Compliance Committee (ECC) Board on October 19, 2020. This policy applies to the following hospital facilities of the University of Maryland Medical System ("UMMS hospitals"):

- University of Maryland Medical Center (UMMC)
- University of Maryland Medical Center Midtown Campus (MTC)
- University of Maryland Rehabilitation & Orthopaedic Institute (UMROI)
- University of Maryland St. Joseph Medical Center (UMSJMC)
- University of Maryland Baltimore Washington Medical Center (UMBWMC)
- University of Maryland Shore Medical Center at Chestertown (UMSMCC)
- University of Maryland Shore Medical Center at Dorchester (UMSMCD)
- University of Maryland Shore Medical Center at Easton (UMSME)
- University of Maryland Charles Regional Medical Center (UMCRMC)
- University of Maryland Upper Chesapeake Health (UCHS)
- University of Maryland Capital Region Health (UM Capital)

It is the policy of the UMMS hospitals to provide Financial Assistance based on indigence or high medical expenses for patients who meet specified financial criteria and request such assistance. The purpose of the following policy statement is to describe how applications for Financial Assistance should be made, the criteria for eligibility, and the steps for processing applications.

UMMS will post notices of financial assistance availability in each UMMS hospital's emergency room (if any) and admissions areas, as well as the Billing Office. Notice of availability will also be sent to the patient with patient bills. Signage in key patient access areas will be made available. A Patient Billing and Financial Assistance Information Sheet will be provided before discharge, and it (along with this policy and the Financial Assistance Application) will be available to all patients upon request and without charge, both by mail and in the emergency room (if any) and admissions areas. This policy, the Patient Billing and Financial Assistance Information Sheet, and the Financial Assistance Application will also be conspicuously posted on the UMMS website (www.umms.org).

Financial Assistance may be extended when a review of a patient's individual financial circumstances has been conducted and documented. This should include a review of the patient's existing medical expenses and obligations (including any accounts having gone to bad debt except those accounts that have gone to lawsuit and a judgment has been obtained) and any projected medical expenses. Financial Assistance Applications may be offered to patients whose accounts are with a collection agency.

UMMS retains the right in its sole discretion to determine a patient's ability to pay. All patients presenting for emergency services will be treated regardless of their ability to pay. For emergent/urgent services, applications to the Financial Clearance Program will be completed, received, and evaluated retrospectively and will not delay patients from receiving care.

This policy was adopted for University of Maryland St. Joseph Medical Center (UMSJMC) effective June 1, 2013.

This policy was adopted for University of Maryland Medical Center Midtown Campus (MTC) effective September 22, 2014.

This policy was adopted for University of Maryland Baltimore Washington Medical Center (UMBWMC) effective July 1, 2016.

This policy was adopted for University of Maryland Shore Medical Center at Chestertown (UMSMCC) effective September 1, 2017.

This policy was adopted for University of Maryland Shore Medical Center at Dorchester (UMSMCD) effective September 1, 2017.

This policy was adopted for University of Maryland Shore Medical Center at Easton (UMSMCE) effective September 1, 2017.

This policy was adopted for University of Maryland Charles Regional Medical Center (UMCRMC) effective December 2, 2018.

This policy was adopted for University of Maryland Upper Chesapeake Health (UCHS) effective July 1, 2019

This policy was adopted for University of Maryland Capital Region Health (UM Capital) effective September 18, 2019

PROCEDURE:

1. There are designated persons who will be responsible for taking Financial Assistance applications. These staff can be Financial Counselors, Patient Financial Receivable Coordinators, Customer Service Representatives, etc.

2. When possible effort will be made to provide financial clearance 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 Medicaid program for Self Pay patients to verify whether the patient has current coverage.
   b. Preliminary data will be entered into a third party data exchange system to determine probably eligibility. To facilitate this process each applicant must provide information about family size and income. To help applicants complete the process, we will provide an application that will let them know what paperwork is required for a final determination of eligibility.
   c. Applications initiated by the patient will be tracked, worked and eligibility determined within the third party data and workflow tool. A letter of final determination will be submitted to each patient that has formally requested financial

assistance. Determination of Probable Eligibility will be provided within two business days following a patient's request for charity care services, application for medical assistance, or both.

d. If a patient submits a Financial Assistance Application without the information or documentation required for a final determination of eligibility, a written request for the missing information or documentation will be sent to the patient. This written request will also contain the contact information (including telephone number and physical location) of the office or department that can provide information about the Financial Assistance Program and assistance with the application process.
e. The patient will have thirty (30) days from the date this written request is provided to submit the required information or documentation to be considered for eligibility. If no data is received within the 30 days, a letter will be sent notifying the patient that the case is now closed for lack of the required documentation. The patient may re-apply to the program and initiate a new case by submitting the missing information or documentation 30 days after the date of the written request for missing information/documentation.
f. For any episode of care, the Financial Assistance Application process will be open up to at least 240 days after the first post-discharge patient bill for the care is sent.
g. Individual notice regarding the hospital's Financial Assistance Policy shall be provided at the time of preadmission or admission to each person who seeks services in the hospital.

3. There will be one application process for UMMC, MTC, UMROI, UMSJMC, UMBWMC, UMSMCC, UMSMCD, UMSMCE, UMCRMC, UCHS, and UM Capital. The patient is required to provide a completed Financial Assistance Application orally or in writing. In addition, the following may be required:
   a. A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy spouse's tax return); proof of disability income (if applicable), proof of social security income (if applicable). If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc ...
   b. A copy of their most recent pay stubs (if employed) or other evidence of income.
   c. A Medical Assistance Notice of Determination (if applicable).
   d. Copy of their Mortgage or Rent bill (if applicable), or written documentation of their current living/housing situation.

If a patient submits both a copy of their most recent Federal Income Tax Return and a copy of their most recent pay stubs (or other evidence of income), and only one of the two documents indicates eligibility for financial assistance, the most recent document will dictate eligibility. Oral submission of needed information will be accepted, where appropriate.

4. In addition to qualifying for Financial Assistance based on income, a patient can qualify for Financial Assistance either through lack of sufficient insurance or excessive medical expenses based on the Financial Hardship criteria discussed below. Once a patient has submitted all the required information, the Financial Counselor will review and analyze the application and forward it to the Patient Financial Services Department for final determination of eligibility based on UMMS guidelines.
    a. If the patient's application for Financial Assistance is determined to be complete and appropriate, the Financial Coordinator will recommend the patient's level of eligibility and forward for a second and final approval.
        i. If the patient does qualify for Financial Assistance, the Financial Coordinator will notify clinical staff who may then schedule the patient for the appropriate hospital-based service.
        ii. If the patient does not qualify for Financial Assistance, the Financial Coordinator will notify the clinical staff of the determination and the non-emergent/urgent hospital-based services will not be scheduled.
            1. A decision that the patient may not be scheduled for hospital-based, non-emergent/urgent services may be reconsidered by the Financial Clearance Executive Committee, upon the request of a Clinical Chair.

5. Once a patient is approved for Financial Assistance, Financial Assistance coverage is effective for the month of determination and a year prior to the determination. However, an UMMS hospital may decide to extend the Financial Assistance eligibility period further into the past or the future on a case-by-case basis. If additional healthcare services are provided beyond the eligibility period, patients must reapply to the program for clearance. In addition, changes to the patient's income, assets, expenses or family status are expected to be communicated to the Financial Assistance Program Department. All Extraordinary Collections Action activities, as defined below, will be terminated once the patient is approved for financial assistance and all the patient responsible balances are paid.

6. Account balances that have not been paid may be transferred to Bad Debt (deemed uncompensated care) and referred to an outside collection agency or to the UMMS hospital's attorney for legal and/or collection activity. Collection activities taken on behalf of the hospital by a collection agency or the hospital's attorney may include the following Extraordinary Collection Actions (ECAs):
    a. Reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus.
    b. Commencing a civil action against the individual.

c. Placing a lien on an individual's property. A lien will be placed by the Court on primary residences within Baltimore City. The hospital will not pursue foreclosure of a primary residence but my maintain its position as a secured creditor if a property is otherwise foreclosed upon.
d. Attaching or seizing an individual's bank account or any other personal property.
e. Garnishing an individual's wage.

7. ECAs may be taken on accounts that have not been disputed or are not on a payment arrangement. ECAs will occur no earlier than 120 days from submission of first post-discharge bill to the patient and will be preceded by a written notice 30 days prior to commencement of the ECA. This written notice will indicate that financial assistance is available for eligible individuals, identify the ECAs that the hospital (or its collection agency, attorney, or other authorized party) intends to obtain payment for the care, and state a deadline after which such ECAs may be initiated. It will also include a Patient Billing and Financial Assistance Information Sheet. In addition, the hospital will make reasonable efforts to orally communicate the availability of financial assistance to the patient and tell the patient how he or she may obtain assistance with the application process. A presumptive eligibility review will occur prior to any ECA being taken. Finally, no ECA will be initiated until approval has been obtained from the CBO Revenue Cycle. UMMS will not engage in the following ECAs:
    a. Selling debt to another party.

    b. Charge interest on bills incurred by patients before a court judgement is obtained

8. If prior to receiving a service, a patient is determined to be ineligible for financial assistance for that service, 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.

9. A letter of final determination will be submitted to each patient who has formally submitted an application. The letter will notify the patient in writing of the eligibility determination (including, if applicable, the assistance for which the individual is eligible) and the basis for the determination. If the patient is determined to be eligible for assistance other than free care, the patient will also be provided with a billing statement that indicates the amount the patient owes for the care after financial assistance is applied.

10. Refund decisions are based on when the patient was determined unable to pay compared to when the patient payments were made. Refunds will be issued back to the patient for credit balances, due to patient payments, resulting from approved financial assistance on considered balance(s). Payments received for care rendered during the financial assistance eligibility window will be refunded, if the amount exceeds the patient's determined responsibility by $5.00 or more.

11. If a patient is determined to be eligible for financial assistance, the hospital (and/or its collection agency or attorney) will take all reasonably available measures to reverse any ECAs taken against the patient to obtain payment for care rendered during the financial assistance eligibility window. Such reasonably available measures will include measures to vacate any judgment against the patient, lift levies or liens on the patient's property, and remove from the patient's credit report any adverse information that was reported to a consumer reporting agency or credit bureau.

12. Patients who have access to other medical coverage (e.g., primary and secondary insurance coverage or a required service provider, also known as a carve-out), must utilize and exhaust their network benefits before applying for the Financial Assistance Program.

13. The Financial Assistance Program will accept the Faculty Physicians, Inc.'s (FPI) completed financial assistance applications in determining eligibility for the UMMS Financial Assistance program. This includes accepting FPI's application requirements.

14. The Financial Assistance Program will accept all other UMMS hospital's completed financial assistance applications in determining eligibility for the program. This includes accepting each facility's application format.

15. The Financial Assistance Program does not cover Supervised Living Accommodations and meals while a patient is in the Day Program.

16. Where there is a compelling educational and/or humanitarian benefit, Clinical staff may request that the Financial Clearance Executive Committee consider exceptions to the Financial Assistance Program guidelines, on a case-by-case basis, for Financial Assistance approval.

a. Faculty requesting Financial Clearance/Assistance on an exception basis must submit appropriate justification to the Financial Clearance Executive Committee in advance of the patient receiving services.
b. The Chief Medical Officer will notify the attending physician and the Financial Assistance staff of the Financial Clearance Executive Committee determination.

Financial Hardship

The amount of uninsured medical costs incurred at either, UMMC, MTC, UMROI, UMSJMC, UMBWMC, UMSMCC, UMSMCD, UMSMCE, UMCRMC, UCHS, and UM Capital will be considered in determining a patient's eligibility for the Financial Assistance Program. The following guidelines are outlined as a separate, supplemental determination of Financial Assistance, known as Financial Hardship. Financial Hardship will be offered to all patients who apply for Financial Assistance and are determined to be eligible.

Medical Financial Hardship Assistance is available for patients who otherwise do not qualify for Financial Assistance under the primary guidelines of this policy, but for whom:

1. Their medical debt incurred at UMMC, MTC, UMROI, UMSJMC, UMBWMC, UMSMCC, UMSMCD, UMSMCE, UMCRMC, UCHS, and UM Capital exceeds 25% of the Family Annual Household Income, which is creating Medical Financial Hardship.

For the patients who are eligible for both, the Reduced Cost Care under the primary Financial Assistance criteria and also under the Financial Hardship Assistance criteria, UMMC, MTC, UMROI, UMSJMC, UMBWMC, UMSMCC, UMSMCD, UMSMCE, UMCRMC, UCHS, and UM Capital will grant the reduction in charges, which is balance owed that is greater than 25% of the total annual household income.

Financial Hardship is defined as facility charges incurred at UMMC, MTC, UMROI, UMSJMC, UMBWMC, UMSMCC, UMSMCD, UMSMCE, UMCRMC, UCHS, and UM Capital for medically necessary treatment by a family household over a twelve (12) month period that exceeds 25% of that family's annual income.

Medical Debt is defined as out of pocket expenses for the facility charges incurred at UMMC, MTC, UMROI, UMSJMC, UMBWMC, UMSMCC, UMSMCD, UMSMCE, UMCRMC, UCHS, and/or UM Capital for medically necessary treatment.

Once a patient is approved for Financial Hardship Assistance, coverage will be effective for the month of the first qualifying date of service and a year prior to the determination. However, an UMMS hospital may decide to extend the Financial Hardship eligibility period further into the past or the future on a case-by-case basis according to their spell of illness/episode of care. It will cover the patient and the eligible family members living in the household for the approved reduced cost and eligibility period for medically necessary care.

All other eligibility, ineligibility, and procedures for the primary Financial Assistance program criteria apply for the Financial Hardship Assistance criteria, unless otherwise stated above.

Appeals

- Patients whose financial assistance applications are denied have the option to appeal the decision.
- Appeals can be initiated verbally or written.
- Patients are encouraged to submit additional supporting documentation justifying why the denial should be overturned.
- Appeals are documented within the third party data and workflow tool. They are then reviewed by the next level of management above the representative who denied the original application.
- If the first level of appeal does not result in the denial being overturned, patients have the option of escalating to the next level of management for additional reconsideration.
- The escalation can progress up to the Chief Financial Officer who will render a final decision.
- A letter of final determination will be submitted to each patient who has formally submitted an appeal.

ATTACHMENTS:

ATTACHMENT A

Sliding Scale – Reduced Cost of Care

2020 Federal Poverty Limits (FPL) and Maryland Dept of Health & Mental Hygiene (DHMH) Annual Income Eligibility Limit Guidelines			UMMS 100% Charity	UMMS 90% Charity	UMMS 80% Charity	UMMS 70% Charity	UMMS 60% Charity	UMMS 50% Charity	UMMS 40% Charity	UMMS 30% Charity	UMMS 20% Charity	UMMS 10% Charity
			Equals Up to 200% of MD DHMH Annual Income limits	Equals Up to 210% of MD DHMH Annual Income limits	Equals Up to 220% of MD DHMH Annual Income limits	Equals Up to 230% of MD DHMH Annual Income limits	Equals Up to 240% of MD DHMH Annual Income limits	Equals Up to 250% of MD DHMH Annual Income limits	Equals Up to 260% of MD DHMH Annual Income limits	Equals Up to 270% of MD DHMH Annual Income limits	Equals Up to 280% of MD DHMH Annual Income limits	Equals Up to 290% of MD DHMH Annual Income limits
House-hold (HH) Size	2020 FPL Annual Income Elig Limits	2020 MD DHMH Annual Income Elig Limits	If your total annual HH income level is at or below:	If your total annual HH income level is at or below:	If your total annual HH income level is at or below:	If your total annual HH income level is at or below:	If your total annual HH income level is at or below:	If your total annual HH income level is at or below:	If your total annual HH income level is at or below:	If your total annual HH income level is at or below:	If your total annual HH income level is at or below:	If your total annual HH income level is at or below:
Size	Up to	Up to	Up to Max	Up to Max	Up to Max	Up to Max	Up to Max	Up to Max	Up to Max	Up to Max	Up to Max	Up to Max
1	12,490	**$17,620**	$35,240	$37,002	$38,764	$40,526	$42,288	$44,050	$45,812	$47,574	$49,336	$52,859
2	16,910	**$23,797**	$47,594	$49,974	$52,353	$54,733	$57,113	$59,493	$61,872	$64,252	$66,632	$71,390
3	21,330	**$29,974**	$59,948	$62,945	$65,943	$68,940	$71,938	$74,935	$77,932	$80,930	$83,927	$89,921
4	25,750	**$36,167**	$72,334	$75,951	$79,567	$83,184	$86,801	$90,418	$94,034	$97,651	$101,268	$108,500
5	30,170	**$42,344**	$84,688	$88,922	$93,157	$97,391	$101,626	$105,860	$110,094	$114,329	$118,563	$127,031
6	34,590	**$48,521**	$97,042	$101,894	$106,746	$111,598	$116,450	$121,303	$126,155	$131,007	$135,859	$145,562

*All discounts stated above shall be applied to the amount the patient is personally responsible for paying after insurance reimbursements.
*Amounts billed to patients who qualify for Reduced-Cost of Care on a sliding scale (or for Financial Hardship Assistance) will be less than the amounts generally billed to those with insurance (AGB), which in Maryland is the charge established by the Health Services Cost Review Commission (HSCRC). UMMS determines AGB by using the amount Medicare would allow for the care (including the amount the beneficiary would be personally responsible for paying, which is the HSCRC amount; this is known as the "prospective Medicare method".

Effective 7/1/20

POLICY OWNER:

UMMS CBO

APPROVED:

Executive Compliance Committee Approved Initial Policy: 09/18/19
Executive Compliance Committee Approved Revisions: 10/19/2020

UNIVERSITY of MARYLAND
UPPER CHESAPEAKE HEALTH

UM Harford Memorial Hospital
443-843-5000
UM Upper Chesapeake Medical Center
443-643-1000

Help for Patients to Pay Hospital Care Costs

If you cannot pay for all or part of your care from our hospital, you may be able to get **free** or **lower cost** services.

PLEASE NOTE:

1. We treat all patients needing emergency care, no matter what they are able to pay.
2. There may be services provided by physicians or other providers that are not covered by the **hospital's** Financial Assistance Policy. For a **list of physicians** providing emergency and other medically necessary care in the hospital facility, whose services are not covered under this policy, please visit our website or contact our Financial Assistance Department at (443) 843-5092.
3. You will never be charged for emergency and other medically necessary care more than **amounts generally billed** to patients who are not eligible for financial assistance under the financial assistance policy. Rates are set by the State of Maryland.

HOW THE PROCESS WORKS:

When you become a patient, we ask if you have any health insurance. We will not charge you more for hospital services than we charge people with health insurance. The hospital will:

1. Give you information about our financial assistance policy or
2. Offer you help with a counselor who will help you with the application.

HOW WE REVIEW YOUR APPLICATION:

The hospital will look at your ability to pay for care. We look at your income and family size. You may receive free or lower costs of care if:

1. Your income or your family's total income is at 300% or less of the federal poverty level.
2. Your income or your family's income is at 500% or less of the federal poverty level **and** your medical debt incurred at an UMMS hospital facility exceeds 25% of your family's annual household income.

PLEASE NOTE: If you are able to get financial help, we will tell you how much you can get. If you are not able to get financial help, we will tell you why not.

HOW TO APPLY FOR FINANCIAL HELP:

1. Fill out a **Financial Assistance Application Form**. (see below for website address of application form)
2. Give us all of your information to help us understand your financial situation.
3. Turn the Application Form into us.

PLEASE NOTE: The hospital must screen patients for Medicaid before giving financial help. Cosmetic and other non-medically necessary services may not be covered.

OTHER HELPFUL INFORMATION:

1. You can get a **free copy** of our Financial Assistance Policy and Application Form:
- *Online* at www.umuch.org/patients/financial-assistance
- *In person* at UM Upper Chesapeake Health, 2027 Pulaski Highway Ste 215, Havre De Grace MD 21078
- *By mail* by calling (443) 843-5092 to request a copy.

2. You can call the Financial Assistance Department at (443) 843-5092 if you have questions or need help applying.
3. The FAP, FAP application or Plain Language Summary are also available in Spanish. If you need information translated in another language, please call (443) 843-5092.