Adventist HealthCare
Behavioral Health & Wellness Services

COMMUNITY BENEFIT NARRATIVE
Effective for FY2015 Community Benefit Reporting

Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, MD 21215

December 15, 2015

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

1. Please list the following information in Table I below. For the purposes of this section, "primary services area" means the Maryland postal ZIP code areas from which the first 60 percent of a hospital's patient discharges originate during the most recent 12 month period available, where the discharges from each ZIP code are ordered from largest to smallest number of discharges. This information will be provided to all acute care hospitals by the HSCRC. (Specialty hospitals should work with the Commission to establish their primary service area for the purpose of this report).

Table I

Bed Designation:	**Inpatient Admissions** *(CY2014)*:	**Primary Service Area Zip Codes:**	**All other Maryland Hospitals Sharing Primary Service Area:**	**Percentage of Uninsured Patients, by County** *(CY2014)*:	**Percentage of Patients who are Medicaid Recipients, by County** *(CY2014)*:
107	2,962	20874 20850 20878 20877 20886 20906 20879 20876 20852 20902 20904 20854 20853 20851 20910 20871 20855 20901 20832	**Shady Grove Adventist** 20874, 20850, 20878, 20877, 20886, 20876, 20879, 20852 **Washington Adventist** 20904, 20901, 20910, 20902, 20906 **Adventist HealthCare Physical Health & Rehabilitation** 20906, 20850, 20878, 20874, 20854, 20852, 20902, 20901, 20904, 20853, 20877, 20886, 20855, 20910, 20876, 20879 **Holy Cross Silver Spring** 20874, 20878, 20877, 20906, 20902, 20910, 20901 **Johns Hopkins** 20854 **Montgomery General** 20906, 20853, 20904, 20874, 20832 **Suburban** 20852, 20854, 20850, 20906, 20902, 20878, 20874	**Montgomery County:** 4.59% **Prince George's County:** 0.12%	**Montgomery County:** 20.02% **Prince George's County:** 2.48%

			Hospital Brook Lane 20906		

2. For purposes of reporting on your community benefit activities, please provide the following information:

a) Describe in detail the community or communities the organization serves. Based on findings from the CHNA, provide a list of the Community Benefit Service Area (CBSA) zip codes. These CBSA zip codes should reflect the geographic areas where the most vulnerable populations reside. Describe how the CBSA was determined, (such as highest proportion of uninsured, Medicaid recipients, and super utilizers, i.e. individuals with > 3 hospitalizations in the past year). This information may be copied directly from the section of the CHNA that refers to the description of the Hospital's Community Benefit Community.

Adventist HealthCare Behavioral Health & Wellness Services Rockville primarily serves residents of Montgomery County, Maryland. Below, Figure 1 shows the percentages of discharges by county for Adventist HealthCare Behavioral Health & Wellness Services Rockville:

County	Percentage
Montgomery County	71%
Prince George's County	10%
District of Columbia	3%
Frederick County	3%
Other	13%

Figure 1. Adventist HealthCare Behavioral Health & Wellness Services Rockville Discharges by County, 2014

Approximately 85 percent of discharges come from our Total Service Area, which is considered Adventist HealthCare Behavioral Health & Wellness Services' Community Benefit Service Area "CBSA" (see Figure 2). Within that area, 60 percent of discharges are from the Primary Service Area including the following ZIP codes/cities: Rockville (20850, 20851, 20852, 20853); Germantown (20874, 20876); Gaithersburg (20877, 20878, 20879); Montgomery Village (20886); Silver Spring (20902, 20904, 20906, 20910, 20901); Potomac (20854); Clarksburg (20871); Derwood (20855); Olney (20832).

We draw 25 percent of discharges from our Secondary Service Area including the following ZIP codes/cities: Damascus (20872); Bethesda (20814, 20817, 20816); Clinton (20735); Chevy Chase (20815); Gaithersburg (20882); Takoma Park (20912); Frederick (21701, 21703, 21702); Poolesville (20837); Hyattsville (20785, 20782; 20783, 20784; 20781); Boyds (20841); Silver Spring (20905); Suitland (20746); Lanham (20706); Fort Washington (20744); Washington, DC (20020, 20011; 20019; 20016); Silver Spring (20903); Kensington (20895); Beltsville (20705); Capitol Heights (20743); Temple Hills (20748); Laurel (20723, 20707, 20708); Waldorf (20602; 20603); Burtonsville (20866); Hagerstown (21740); La Plata (20646); Greenbelt (20770); Upper Marlboro (20774, 20772); District Heights (20747); Bowie (20716, 20721); Annapolis (21401); Mt Airy (21771); Ellicott City (21042); Columbia (21044, 21045); Oxon Hill (20745); Brookeville (20833); Glen Burnie (21061); Baltimore (21215); Crofton (21114); Mt Rainier (20712); Acookeek (20607).

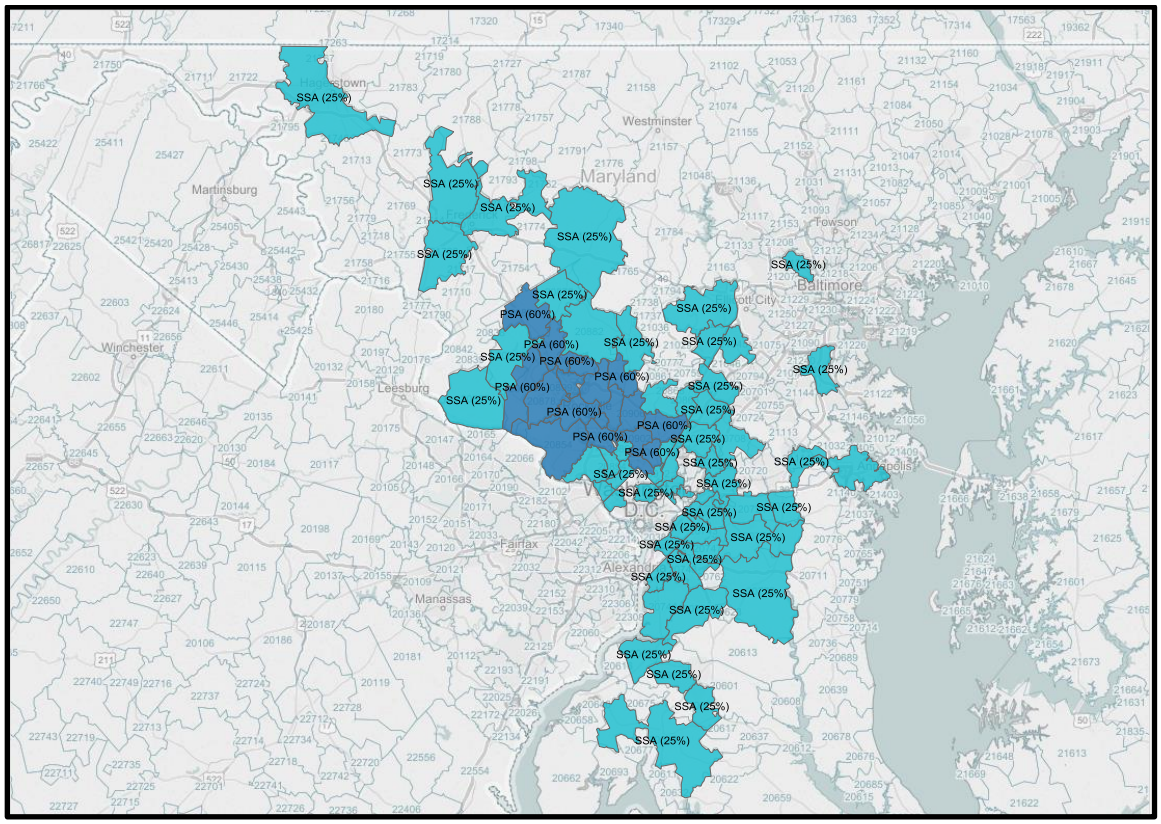


Figure 2. Map of Adventist HealthCare Behavioral Health & Wellness Services' Primary (navy) and Secondary (teal) Service Areas, based on 2014 Inpatient Discharges

Our Community Benefit Service Area (CBSA), covering approximately 85 percent of discharges, includes 2,583,492 people from the racial/ethnic categories listed below (see Figure 3).

	2014 Estimates							
	White	**Black/AF American**	**American Indian / Alaska Native**	**Asian**	**Native HI/PI**	**Other Race**	**2+ Races**	**Hispanic / Latino**
Community Benefit Service Area (CBSA)	1,087,529	997,764	11,123	214,572	1,924	173,983	96,597	374,469
	42.10%	38.62%	0.43%	8.31%	0.07%	6.73%	3.74%	14.49%
Primary Service Area (PSA)	386,716	147,254	3,469	118,371	505	65,267	33,347	156,087
	51.23%	19.51%	0.46%	15.68%	0.07%	8.65%	4.42%	20.68%
Secondary Service Area (SSA)	700,813	850,510	7,654	96,201	1,419	108,716	63,250	218,382
	38.33%	46.51%	0.42%	5.26%	0.08%	5.95%	3.46%	11.94%

Figure 3. Population Estimates (2014) by Race/Ethnicity for Adventist HealthCare Behavioral Health & Wellness Services' Community Benefit Service Area (85% of discharges), Primary Service Area (60% of discharges) and Secondary Service Area (25% of discharges)

Population demographics are rapidly changing in the state of Maryland, particularly among residents living in Montgomery County. We serve one of the most diverse communities in the United States, constantly undergoing the economic, social and demographic shifts that result from an ever-changing, ever-growing population. Over the past decade, Montgomery County has become the most populous jurisdiction in Maryland, the second largest jurisdiction in the Washington, D.C. metropolitan area, and the 42nd most populous county in the nation, with residents totaling greater than one million (U.S. Census Bureau, 2013). Racial and ethnic diversity has concurrently increased with this drastic increase in population numbers. Non-Hispanic whites now comprise only 46 percent of the population of Montgomery County, a decrease of more than 20 percent over the last two decades. For the first time, minorities account for more than half of Montgomery County's population, making it a "majority-minority" county. The percentage of Hispanics or Latinos in Montgomery County (18.7 percent) is more than double the percentage of Hispanics or Latinos in the state of Maryland (9.3 percent) (U.S. Census Bureau, 2014).

According to the U.S. Census Bureau, Maryland is one of the top ten destinations for foreign-born individuals, and 41 percent of the foreign-born in Maryland reside in Montgomery County.[1] The County's foreign-born population has gone from 12 percent in 1980 to currently more than 30 percent.[2] Immigrants contribute greatly to our community, and our hospital providers are committed to understanding their needs and working to treat them in a culturally competent manner.

As racial and ethnic minority populations become increasingly predominant, concerns regarding health disparities grow – persistent and well-documented data indicate that racial and ethnic minorities still lag behind nonminority populations in many health outcomes measures. These groups are less likely to receive preventive care to stay healthy and are more likely to suffer from serious illnesses, such as cancer and heart disease.

Further exacerbating the problem is the fact that racial and ethnic minorities often have challenges accessing quality healthcare, either because they lack health insurance or because the communities in which they live are underserved by health professionals. As the proportion of racial and ethnic minority residents continues to grow, it will become even more important for the healthcare system to understand the unique characteristics of these populations in order to meet the health needs of the community as a whole.

In response to the changing demographic characteristics of the communities surrounding their hospitals, Adventist HealthCare—the parent organization of Adventist HealthCare Behavioral Health & Wellness Services —has made cultural competence an organizational priority. Cultural competence refers to "a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations…'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities."[3] In essence, cultural competence offers a means to "treat patients the way *they* want to be treated"—it is the actualization of the "platinum rule" guiding how Adventist HealthCare aims to provide care. Adventist HealthCare Behavioral Health & Wellness Services has made significant progress towards its goal of providing culturally competent care. The organization has developed several avenues to provide interpretation services for its patients. The Qualified Bilingual Staff program has equipped staff with the skills to provide high-quality medical interpretation services. The religious programming at Adventist HealthCare Behavioral Health & Wellness Services is also exemplary. In addition to recruiting a diverse chaplaincy, the organization seeks to facilitate patients practicing various religions by providing places for prayer and offering transportation to religious services. Adventist HealthCare Behavioral Health & Wellness Services has also made efforts to improve its

[1] "Literacy, ESL and Adult Education." *Literacy Council of Montgomery County.* http://www.literacycouncilmcmd.org/litadultedu.html
[2] "Foreign-Born Population of Montgomery County Region, 1950-2000-Census Years." *Montgomery Planning.* 2000. http://www.montgomeryplanning.org/research/data_library/population/po34.shtm
[3] Office of Minority Health. (2005). *What is culturally competency?* Retrieved October 8, 2011 from http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=11.

reputation in the community by increasing its outreach to the community. Leaders and clinicians have served on boards, contributed to conferences, and directly sought to repair relationships with referral agencies. The clinicians and social workers at Adventist HealthCare Behavioral Health & Wellness Services have developed multiple approaches to engaging families in the treatment process. From family days to providing transportation to treatment centers, and using videoconferencing technologies, these efforts have increased families' access to patients, contribute to positive treatment outcomes, and reduce the incidence of readmission.

b) **In Table II, describe the population within the CBSA, including significant demographic characteristics and social determinants that are relevant to the needs of the community and *include the source of the information in each response*. For purposes of this section, social determinants are factors that contribute to a person's current state of health. They may be biological, socioeconomic, psychosocial, behavioral, or social in nature. (Examples: gender, age, alcohol use, income, housing, access to quality health care, transportation, education and healthy environment, having or not having health insurance.) (Add rows in the table for other characteristics and determinants as necessary).**

Table II

Median Household Income within the CBSA
Median Household Income Montgomery County: $98,221 Source: U.S. Census Bureau, State and County Quick Facts, 2009-2013

Household income has a direct influence on a family's ability to pay for necessities, including health insurance and healthcare services. A wide body of research points to the fact that low-income individuals tend to experience worse health outcomes than wealthier individuals, clearly demonstrating that income disparities are tied to health disparities. Throughout the CBSA served by Adventist HealthCare Behavioral Health & Wellness Services Rockville (Montgomery County), across racial and ethnic groups, non-Hispanic whites have the highest median household income, while blacks and Hispanics have the lowest (see Figure 4). However, when looking at the state of Maryland as a whole, Asians have the highest median income.

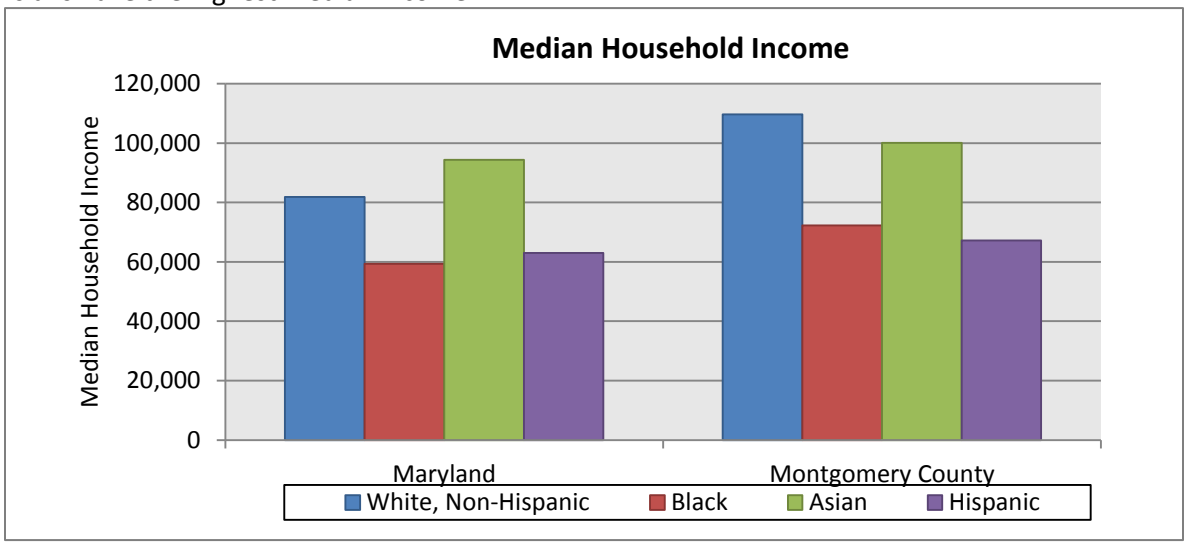


Figure 4. Median Household Income, Montgomery County, and Maryland by Race and Ethnicity 2014 (US Census Bureau, 2014 1-Year ACS Estimates)

Percentage of households with incomes below the federal poverty guidelines within the CBSA

From 2009-2013, Montgomery County experienced poverty levels lower than that of the state of Maryland overall. According to the U.S. Census Bureau, 7 percent of Montgomery County residents were living in poverty compared to 10.1 percent of Maryland residents.

Despite lower rates of poverty in Montgomery County compared to the state, racial disparities are still evident. Poverty levels among whites were the lowest at 3.80 percent and highest among Blacks at 11.5 percent and Hispanics at 10.5 percent (see Figure 5).

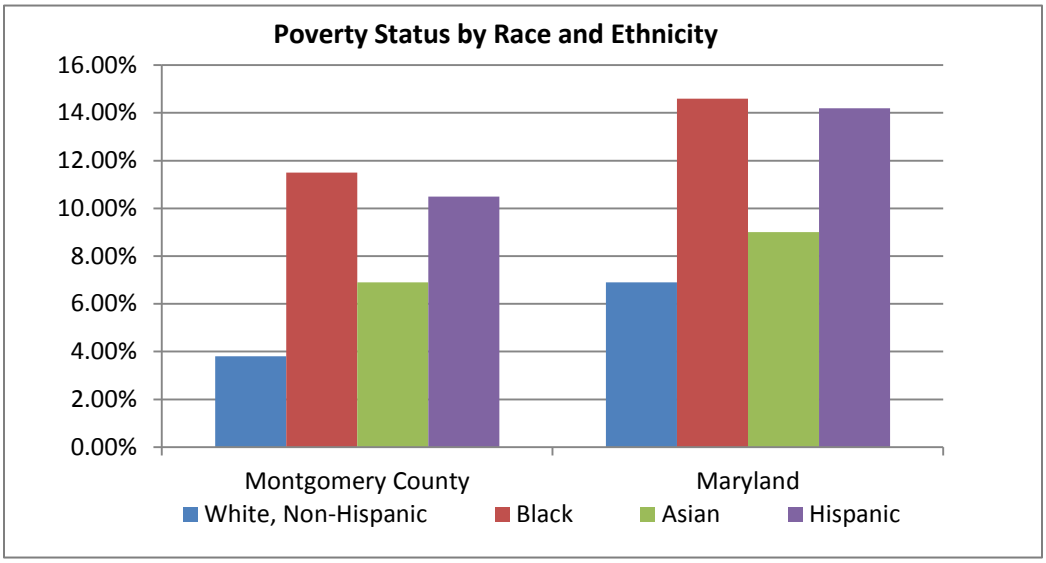


Figure 5. Poverty Status by Race and Ethnicity, Montgomery County, and Maryland 2014 (US Census Bureau, 2014 1-Year ACS Estimates)

Please estimate the percentage of uninsured people by County within the CBSA

Approximately 9.65 percent of all civilian non-institutionalized Montgomery County residents are uninsured (U.S. Census Bureau, ACS 1-Year Estimate, 2014). This number is compared to 7.87 percent of Maryland residents and 11.68 percent of U.S. residents (U.S. Census Bureau, ACS 1-Year Estimate, 2014).

Across Montgomery County and Maryland, Hispanics are uninsured at rates significantly higher than whites, blacks, and Asians. Twenty-five percent of Hispanics in Montgomery County and 26.6 percent in Maryland are uninsured (see Figure 6). Whites are least likely to be uninsured across Montgomery County and Maryland.

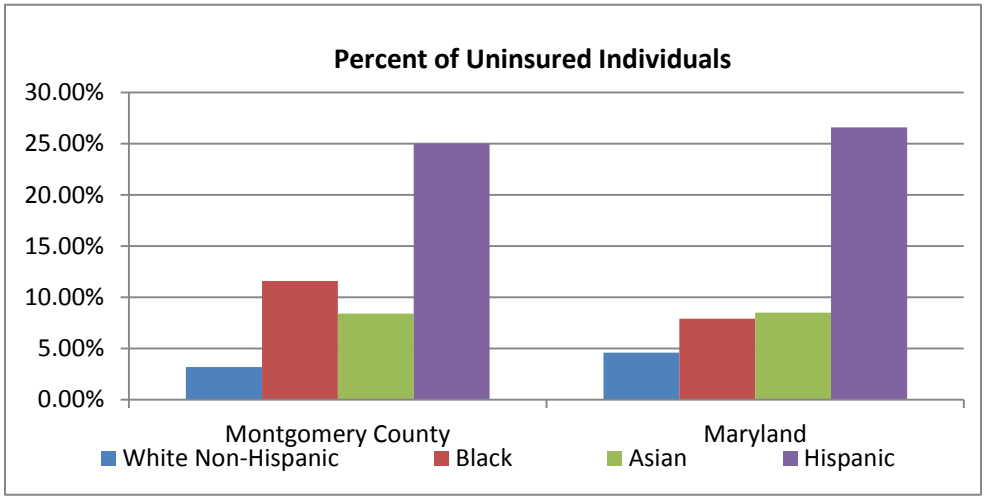


Figure 6. Percent Uninsured by Race and Ethnicity, Montgomery County, and Maryland, 2014
(US Census Bureau, 2014 1-Year ACS Estimates)

Percentage of Medicaid recipients by County within the CBSA.

Percentage of Medicaid Recipients by County within the CBSA

Montgomery County: 13.31% (136,035)

Source: U.S. Census Bureau, American Community Survey 1-Year Estimate, 2014

Life Expectancy by County within the CBSA (including by race and ethnicity where data are available).

According to the 2013 Maryland State Health Improvement Process, the overall life expectancy for Montgomery County is 84.3 years, 4.7 years greater than that of Maryland (79.6) and 4.5 years greater than the Maryland 2017 target of 79.8 years (see Figure 7). However, when stratifying by race, a significant gap can be seen between black and white residents. The life expectancy for white residents of Montgomery County is 84.3 years and for black residents is 82.4 years (see Figure7).

County	SHIP Objective	SHIP 2012 County Baseline	SHIP 2013 County Update	SHIP 2013 County Update (Race/ Ethnicity)	SHIP 2013 Maryland Update	SHIP 2013 Maryland Update (Race/ Ethnicity)	Maryland SHIP 2017 Target
Montgomery	Increase life expectancy in Maryland	84.1	84.3	Black – 82.4 White – 84.3	79.6	Black – 77.2 White – 80.3	79.8

Figure 7. Life Expectancy at Birth in Montgomery County
(Maryland SHIP County Profile, 2013)

Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).

Crude Mortality Rates

The mortality rate in Montgomery County is 573.2 per 100,000 population. These rates are lower than the mortality rate for the state of Maryland overall, at 766.5 per 100,000 population (see Figure 8). The highest mortality rates in Montgomery County and Maryland are seen among white residents and the lowest among Hispanic residents.

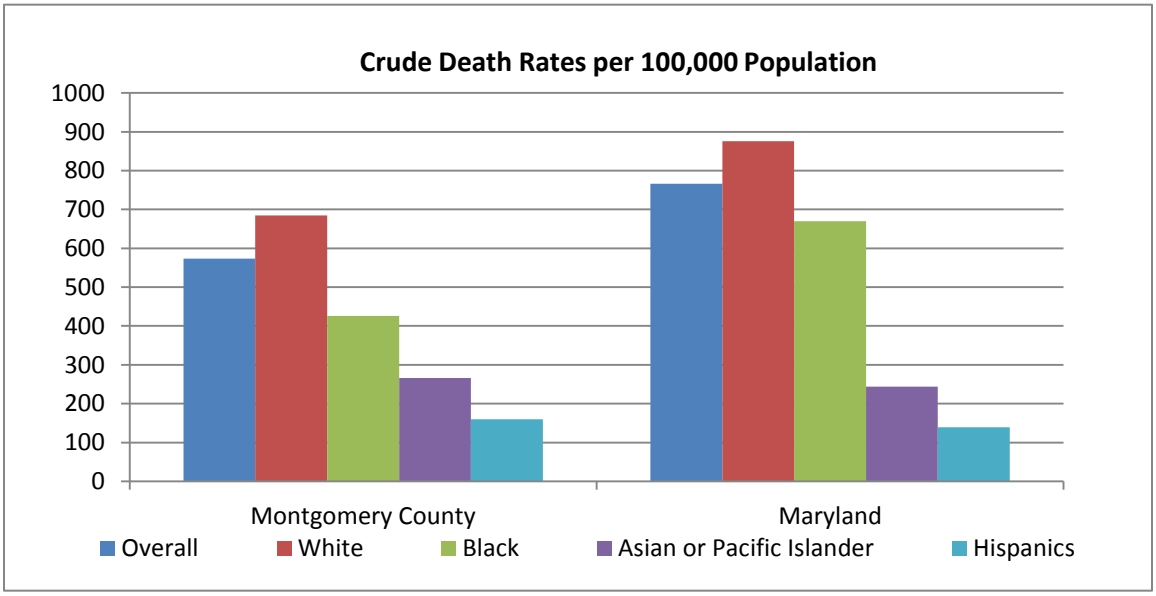


Figure 8. Crude Death Rate by Race and Ethnicity for Montgomery County and Maryland 2013
(Maryland Department of Health and Mental Hygiene, Maryland *Vital Statistics Annual Report, 2013.* Accessed: http://dhmh.maryland.gov/vsa/Documents/13annual.pdf)

Infant Mortality

Although Montgomery County has met and surpassed the Maryland SHIP 2017 target for infant mortality, black residents continue to experience higher rates of infant mortality (9.9 per 1,000 live births) than other racial and ethnic groups (see Figure 9).

County	SHIP Objective	SHIP 2012 County Baseline	SHIP 2013 County Update	SHIP 2013 County Update (Race/ Ethnicity)	SHIP 2013 Maryland Update	SHIP 2013 Maryland Update (Race/ Ethnicity)	Maryland SHIP 2017 Target
Montgomery	Reduce Infant Deaths	5.1	4.7	NH Black - 9.9 Hispanic - 2.6 NH White -3.5	6.6	NH Black -10.6 Hispanic--4.7 NH White--4.6	6.3

Figure 9. Infant Mortality Rate (per 1,000 Live Births), by Race/Ethnicity, Montgomery County
(Maryland SHIP County Profile, 2013)

Access to Healthy Food

Healthy Eating Behaviors

In Montgomery County, 33.3 percent of the adult population consumes five or more servings of fruits and vegetables daily. This proportion is higher than Maryland's average of 27.6 percent or the country's average of 24.33 percent (see Figure 10).

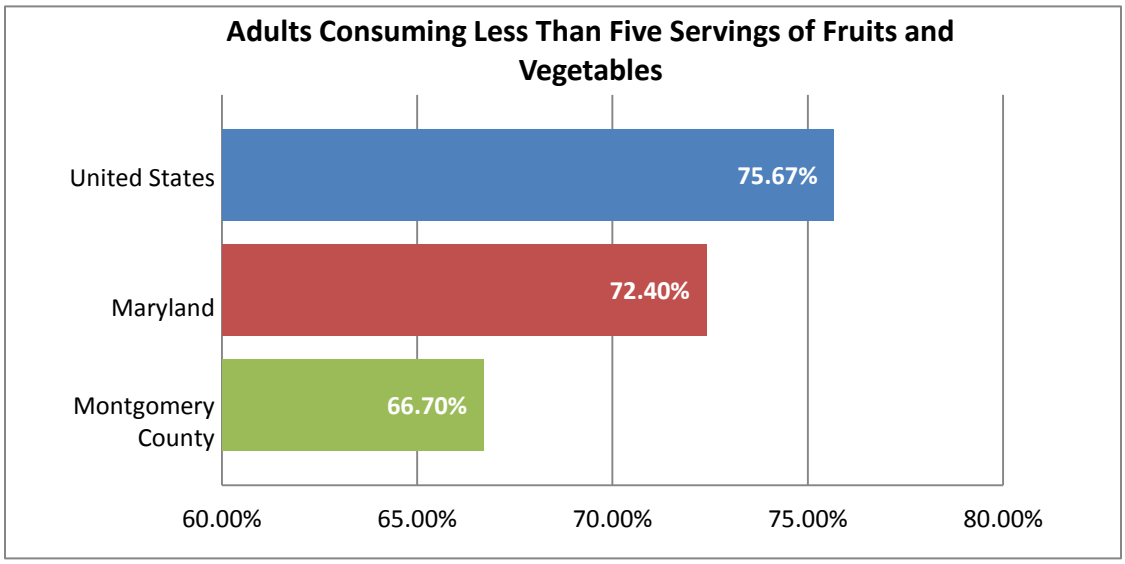


Figure 10. Adults Consuming Less Than 5 Servings of Fruits & Vegetables Each Day (Community Commons. *Community Health Needs Assessment,* 2013. http://assessment.communitycommons.org/CHNA/report?page=3&id=404)

In Montgomery County, there are differences in fruit and vegetable consumption among racial and ethnic groups. A higher percentage of white (33%) and Asian (31%) residents consume five or more servings of fruits and vegetables daily, compared to the county as a whole (29.6 %). However, only 14.2 percent of the Hispanic residents in the county consume the recommended number of fruit and vegetable servings (see Figure 11).

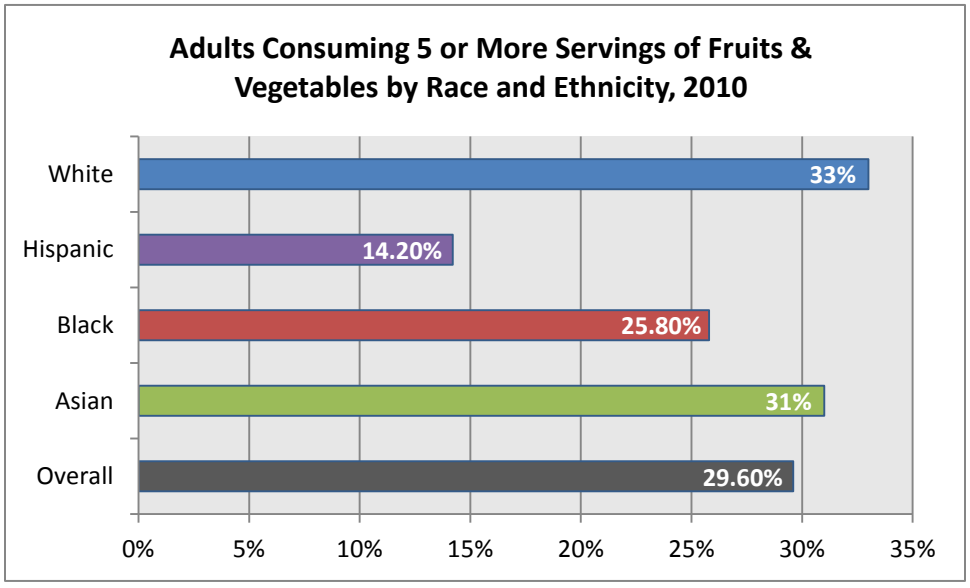


Figure 11. Fruit and Vegetable Consumption by Race and Ethnicity, Montgomery County, 2010 (http://www.healthymontgomery.org/)

Food Environment

Food insecurity is defined by the USDA as lack of access to enough food for a healthy life and limited or uncertain availability of adequately nutritious foods (feedingamerica.org). In 2013, 7.9 percent of the Montgomery County population experienced food insecurity, compared to 12.8 percent of the Maryland population and 15.8 percent of

the country's population (see Figure 12).

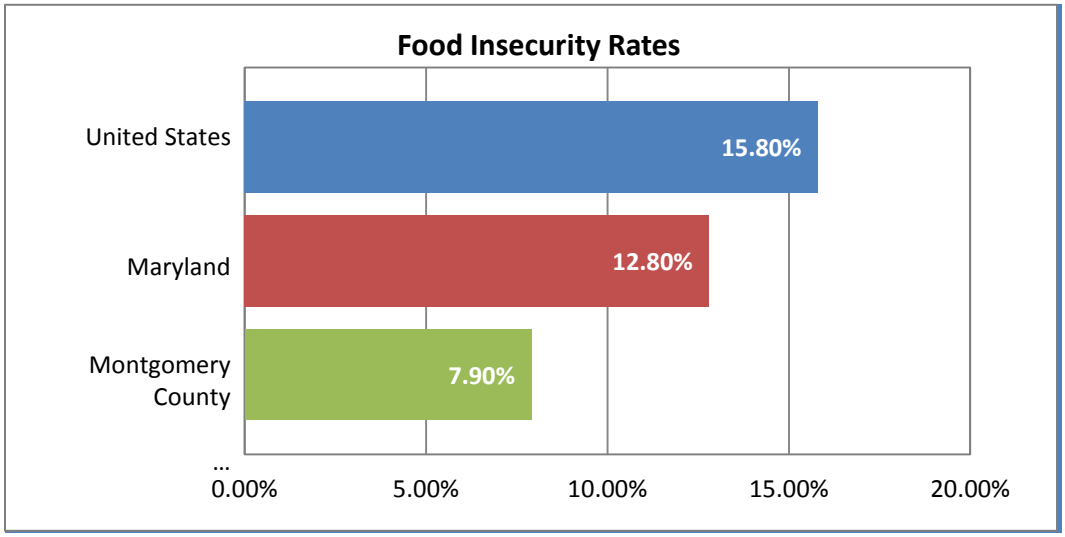


Figure 12. Percent of Food Insecure Population.
(Feeding America. *Map the Meal Gap,* 2013. Accessed: map.feedingamerica.org)

One measure of healthy food access and environmental influence on healthy behavior is access to grocery stores. The Community Commons defines grocery stores as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. In Montgomery County there are 21.1 grocery stores per 100,000 population, a rate very similar to that of Maryland (21.5 per 100,000 population) and the U.S. (21.2 per 100,000) (see Figure 13).

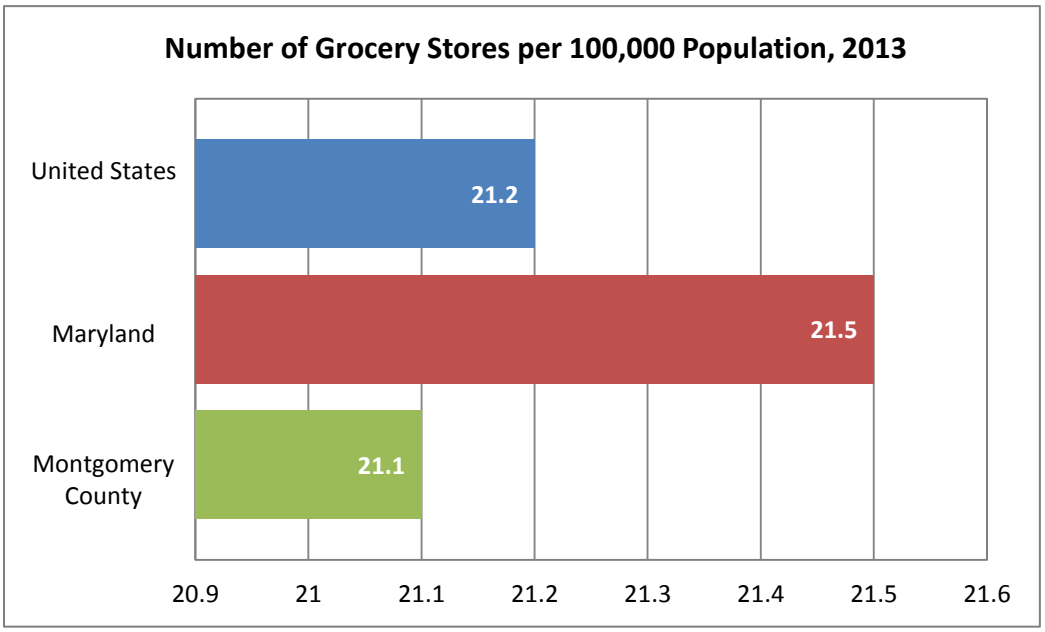


Figure 13. Number of Grocery Stores per 100,000 Population.
(Community Commons. *Community Health Needs Assessment,* 2013.
http://assessment.communitycommons.org/CHNA/report?page=3&id=404)

Fast food restaurant access has been on the rise over the past several years at the local and national levels. From 2009

to 2013, the rate in Maryland has increased from 85.77 to 86.6 per 100,000 population.[4] Residents have access to fast food restaurants at a rate of 81.6 establishments per 100,000 population in Montgomery County, a rate higher than that of the country overall (72.7 per 100,000 population) but lower than that of Maryland (86.6 per 100,000 population) (see Figure 14).

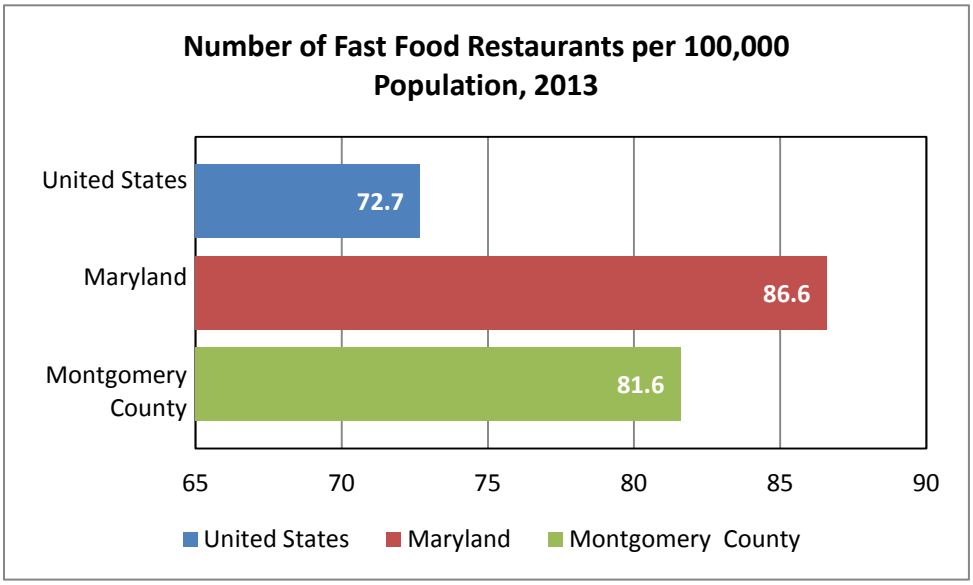


Figure 14. Number of Fast Food Restaurants per 100,000 Population.
(Community Commons. *Community Health Needs Assessment,* 2013.
http://assessment.communitycommons.org/CHNA/report?page=3&id=404)

Transportation

Commuting

The majority of Montgomery County (64.10 percent) residents drive to work alone or utilize public transportation (16 percent) (see Figure 15).

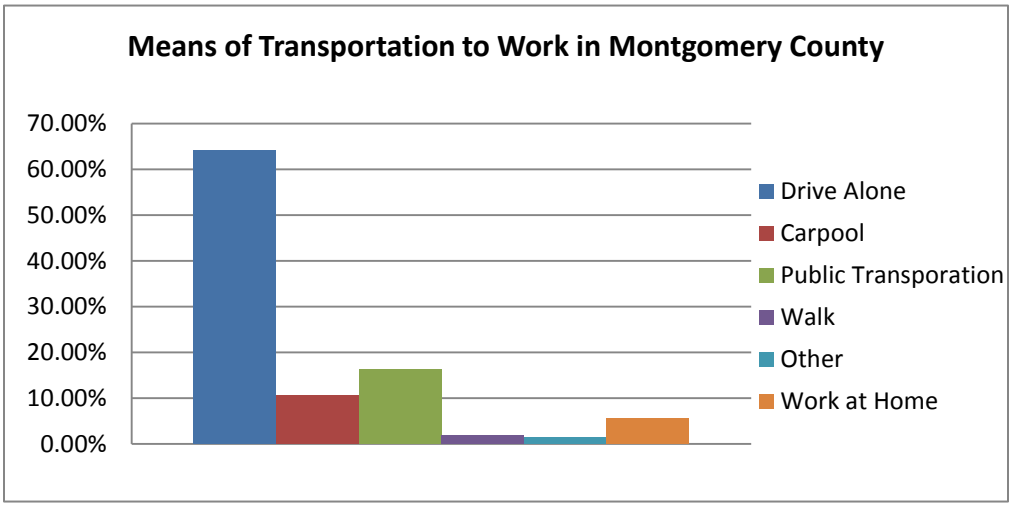


Figure 15. Means of Transportation to Work in Montgomery County.
(US Census Bureau, 2014 ACS 1-Year Estimates)

[4] Community Commons. *Community Health Needs Assessment*. (2013). Accessed: http://assessment.communitycommons.org/CHNA/)

The mean travel time to work for Montgomery County is 34.2 minutes (Figure 16).

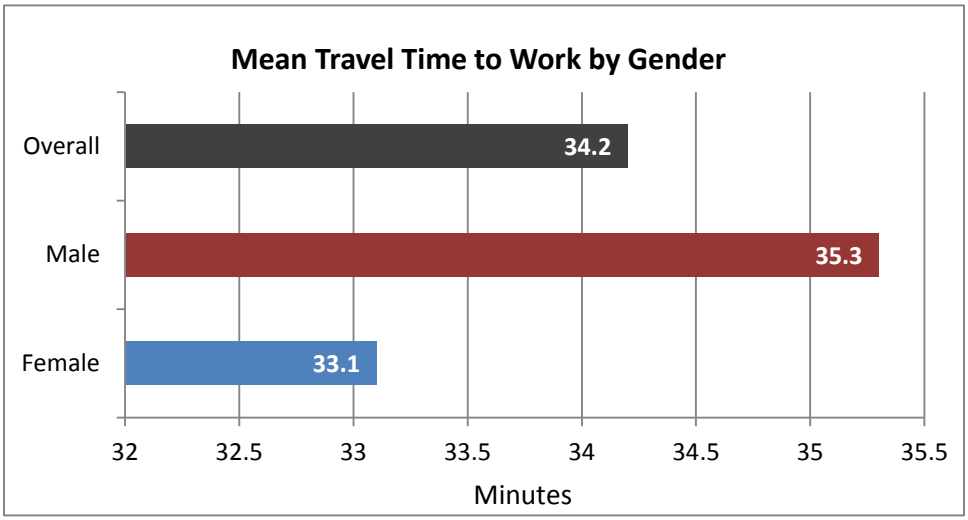


Figure 16. Mean Travel Time to Work by Gender for Montgomery County (Healthy Montgomery, 2009-2013)

Pedestrian Safety

The rate of pedestrian injuries on public roads in Montgomery County (41.3 per 100,000 population) is nearly equivalent to that of the state (42.5 per 100,000 population). The rates have increased since the 2013 County measures and they remain higher than the SHIP 2017 target of 35.6 per 100,000 population (see Figure 17).

County	SHIP Objective	SHIP 2012 County Measure	SHIP 2013 County Measure	SHIP 2014 County Update	SHIP 2014 Maryland Update	Maryland SHIP 2017 Target
Montgomery	Reduce rate of pedestrian injuries	38.9	35.6	41.3	42.5	35.6

Figure 17. Rate of Pedestrian Injuries per 100,000 Population, Prince George's and Montgomery Counties, 2014 (Maryland SHIP, 2014)

The pedestrian death rate in Montgomery County at 1.2 deaths per 100,000 population, is lower than that of Maryland (1.82 per 100,000 population)[5] and the Healthy People 2020 target of 1.4 deaths per 100,000 population. From 2009 to 2012 in Montgomery County, white non-Hispanic individuals experienced the highest number of traffic fatalities among both vehicle occupants and non-occupants (see Figure 18).

[5] Traffic Safety Facts 2013 Data. U.S. Department of Transportation National Highway Traffic Safety Administration. February 2015. Accessed from: http://www-nrd.nhtsa.dot.gov/Pubs/812124.pdf

Montgomery County Traffic Fatalities					
Person Type by Race/Hispanic Origin		2009	2010	2011	2012
Occupants (All Vehicle Types)	Hispanic	4	4	0	2
	White Non-Hispanic	14	14	9	11
	Black, Non-Hispanic	3	8	1	7
	Asian, Non-Hispanic/Unknown	1	0	0	0
	All Other Non-Hispanic or Race	5	3	1	3
	Unknown Race and Unknown Hispanic	1	3	19	7
	Total	28	32	30	30
Non-Occupants (Pedestrians, Pedal cyclists and Other/Unknown Non-Occupants)	Hispanic	0	1	0	0
	White Non-Hispanic	9	7	2	4
	Black, Non-Hispanic	1	0	1	2
	Asian, Non-Hispanic/Unknown	0	0	0	0
	All Other Non-Hispanic or Race	1	2	0	0
	Unknown Race and Unknown Hispanic	0	5	7	1
	Total	11	15	10	7
Total	Hispanic	4	5	0	2
	White Non-Hispanic	23	21	11	15
	Black, Non-Hispanic	4	8	2	9
	Asian, Non-Hispanic/Unknown	1	0	0	0
	All Other Non-Hispanic or Race	6	5	1	3
	Unknown Race and Unknown Hispanic	1	8	26	8
	Total	39	47	40	37

Figure 18. Montgomery County Fatalities by Person Type, Race and Ethnicity, 2009-2013
(National Highway Traffic Safety Administration, Traffic Safety Facts, 2013. Retrieved: http://www-nrd.nhtsa.dot.gov/departments/nrd-30/ncsa/STSI/24_MD/2013/Counties/Maryland_Montgomery%20County_2013.HTM)

Education

Graduation and Educational Attainment

In 2014, 89.69 percent of Montgomery County students graduated high school within 4 years. The 4 year graduation rate for the county is higher than that of the state (86.39 percent) and surpasses the Healthy People 2020 goal of 82.4 percent, but falls short of the Maryland SHIP 2017 target of 95 percent (www.mdreportcard.org).

While the overall 4 year graduation rate in Montgomery County has exceeded national targets, disparities are present among racial and ethnic groups. Asian and White students in Montgomery County have the highest graduation rates, exceeding 95 percent, while Hispanic students have the lowest rates at 80.03 percent (see Figure 19).

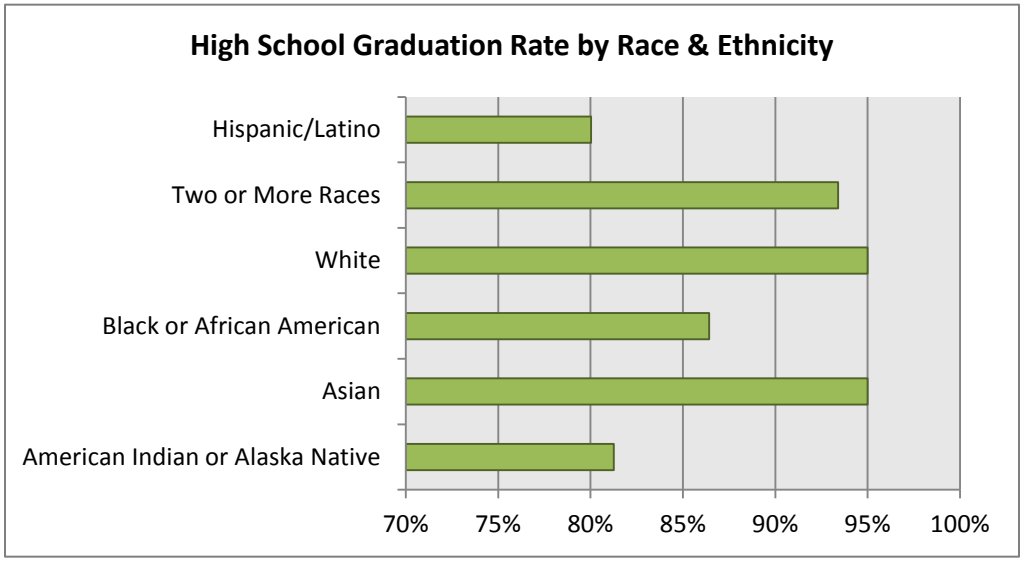


Figure 19. High School Graduation Rates by Race and Ethnicity for Montgomery County (www.mdreportcard.org)

Disparities in education by race and ethnicity become even more apparent at the college level. The overall percentage of adults 25+ in Montgomery County with a bachelor's degree or higher is 58.46 percent. However, when stratified, the percentage goes as high as 66.29 among Whites and as low as 25.8 among Hispanics (see Figure 20).

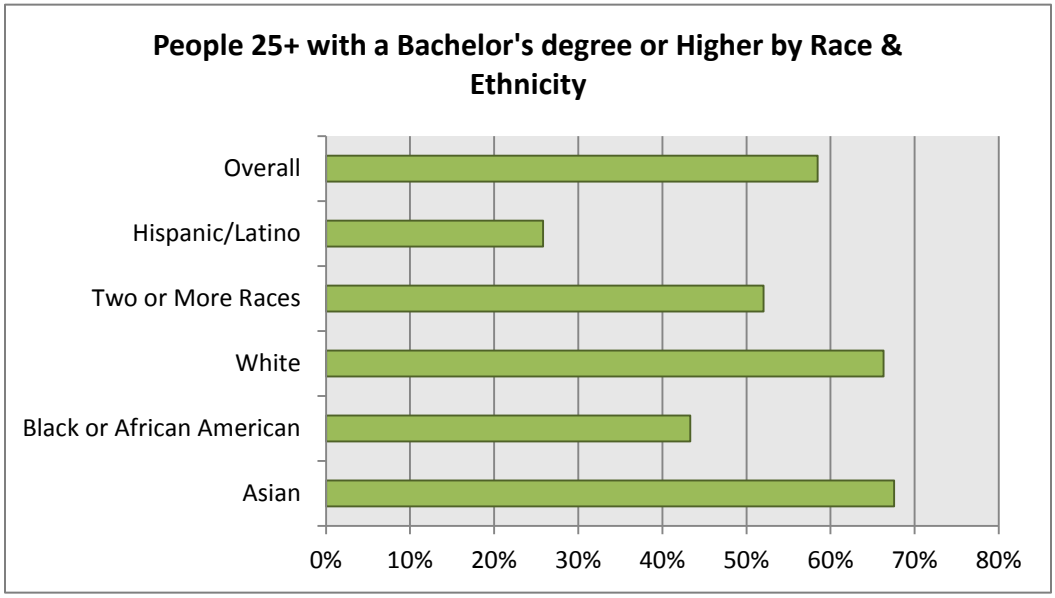


Figure 20. People 25 and over with a Bachelor's Degree or Higher by Race and Ethnicity for Montgomery County (US Census Bureau, 2014 1-Year ACS Estimates)

Reading and Math Proficiency

Based on student scores on the Maryland School Assessment, approximately 94 percent of white and Asian 8th graders are proficient in reading compared to 73 percent of Hispanic and 75 percent of Black students in Montgomery County (see Figure 21).

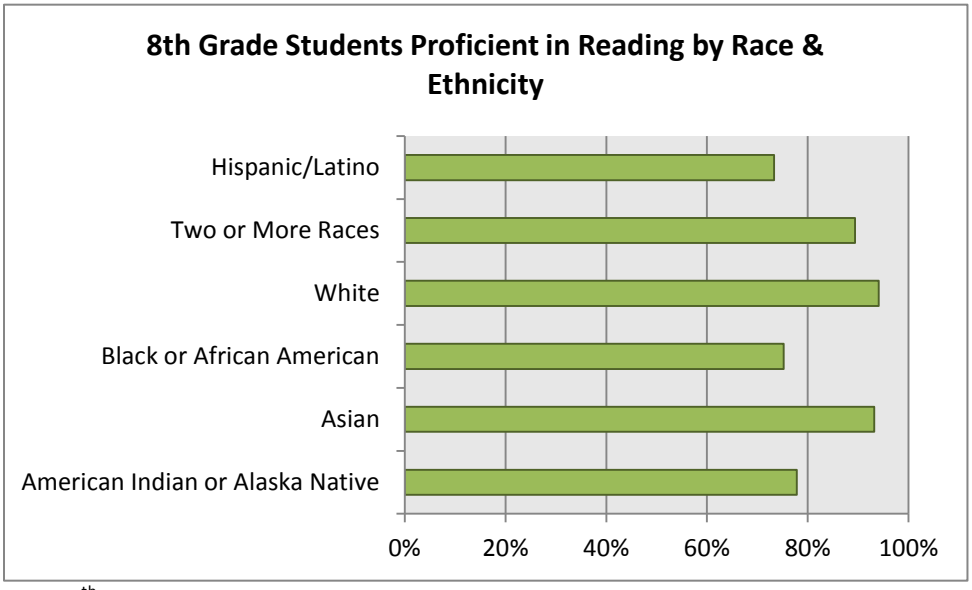


Figure 21. 8th Grade Students Proficiency in Reading by Race and Ethnicity for Montgomery County (www.mdreportcard.org)

The same trend can be seen for math proficiency. In Montgomery County, approximately 87 percent of white and Asian 8th graders are proficient in math compared to only 49 percent of black and Hispanic students (see Figure 22).

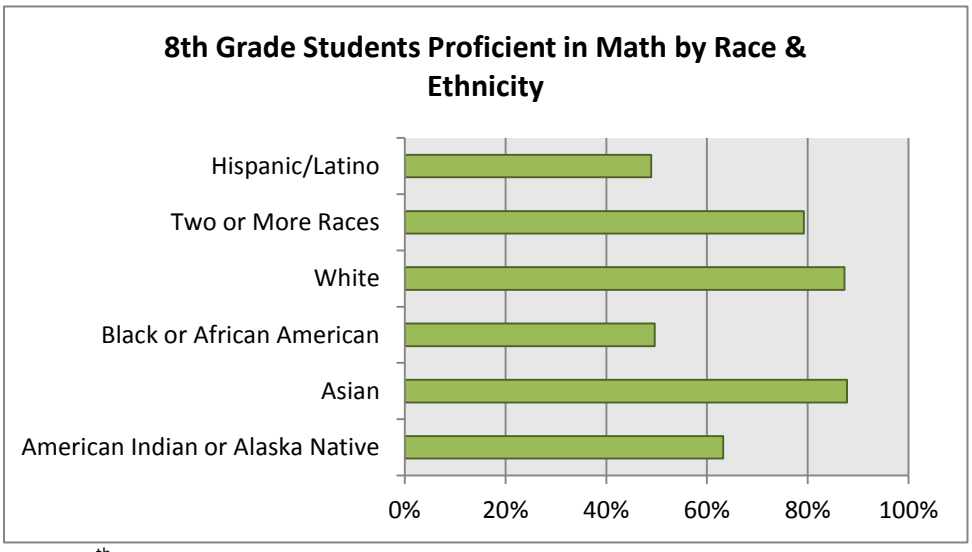


Figure 22. 8th Grade Students Proficiency in Math by Race and Ethnicity for Montgomery County (www.mdreportcard.org)

Readiness for Kindergarten

The percentage of children who enter kindergarten ready to learn in Montgomery County rose in 2013 but remained lower than that of the state overall. Hispanic children were among those least likely to be prepared for kindergarten (71 percent). White (90 percent) and Asian (87 percent) children were among those most prepared to enter Kindergarten in Montgomery County (see Figure 23).

County	SHIP Measure	County 2012-2013 Measure	SHIP 2013-2014 County Update	SHIP 2013-2014 County Update (Race & Ethnicity)	SHIP 2013-2014 Maryland Update	Maryland Target 2017
Montgomery County	Percentage of children who enter kindergarten ready to learn	80%	81%	Asian–87%; AA-78% Hispanic-71% White-90%	83%	85.5%

Figure 23. Percentage of Children Entering Kindergarten Ready to Learn, Montgomery County (Maryland SHIP, 2014)

Housing Quality

A person's living situation – the condition of their homes and neighborhoods – is a crucial determinant of health status. Across the United States, a disproportionate percentage of minority households are affected by moderate and severe housing problems (see Figure 24).

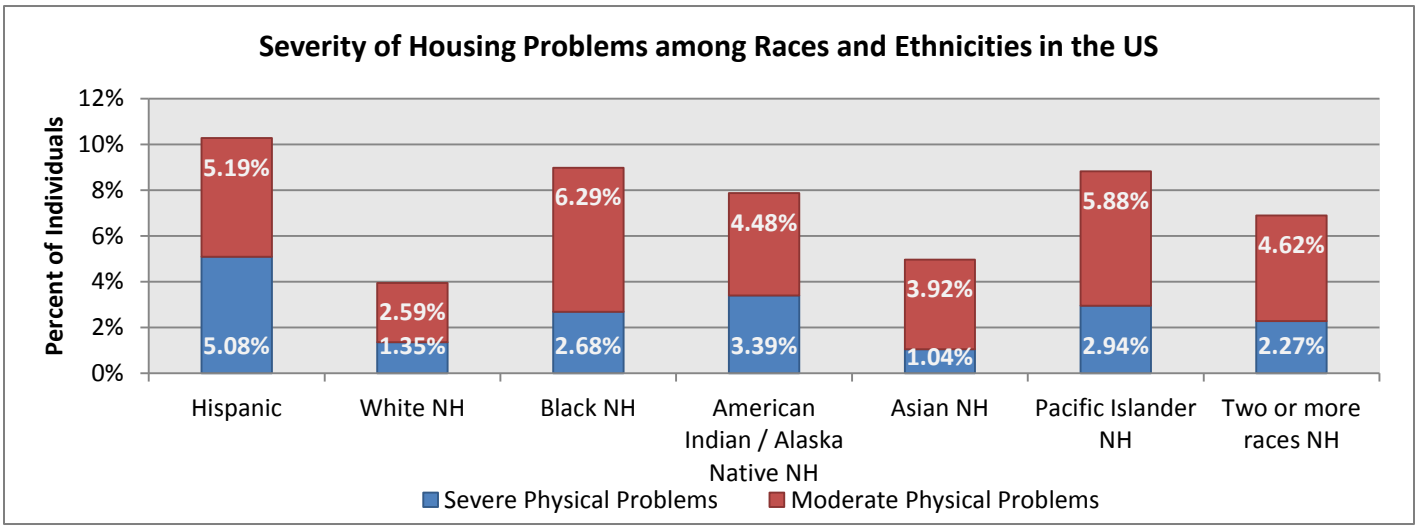


Figure 24. Severity of Housing Problems among Races and Ethnicities in the US, 2013
Note: Physical problems include plumbing, heating, electrical, and upkeep
(US Census Bureau, American Housing Survey, 2013)

At the local level, 17 percent of households in Maryland and 18 percent of households in Montgomery County were identified as having at least 1 of 4 severe housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities (www.CountyHealthRankings.org, 2007-2011).

Montgomery County Housing Statistics

- Renters spending 30 percent or more of household income on rent: 51.6 percent
- Homeowner vacancy rate: 1.1
- Housing units in multi-unit structures: 33.7 percent
  (Source: U.S. Census, ACS, 1-YearEstimate, 2014)
- Housing units: 385,721 (2014)
- Homeownership rate: 67.3 percent (2009-2013)

- Median value of owner-occupied housing units: $446,300 (2009-2013)
- Households: 360,563 (2009-2013)
- Persons per household: 2.72 (2009-2013)
  (Source: U.S. Census, State and County Quick Facts)

Spotlight on Homelessness

Perhaps the most extreme case of living situation having a negative impact on health is that of homelessness. Homelessness amplifies the threat of various health conditions and introduces new risks, such as exposure to extreme temperatures. People who experience homelessness have multidimensional health problems and often report unmet health needs, even if they have a usual source of care.

In January 2015, a Point-In-Time Enumeration survey found there has been an increase in the homeless population in Montgomery County (see Figure 25)[6].

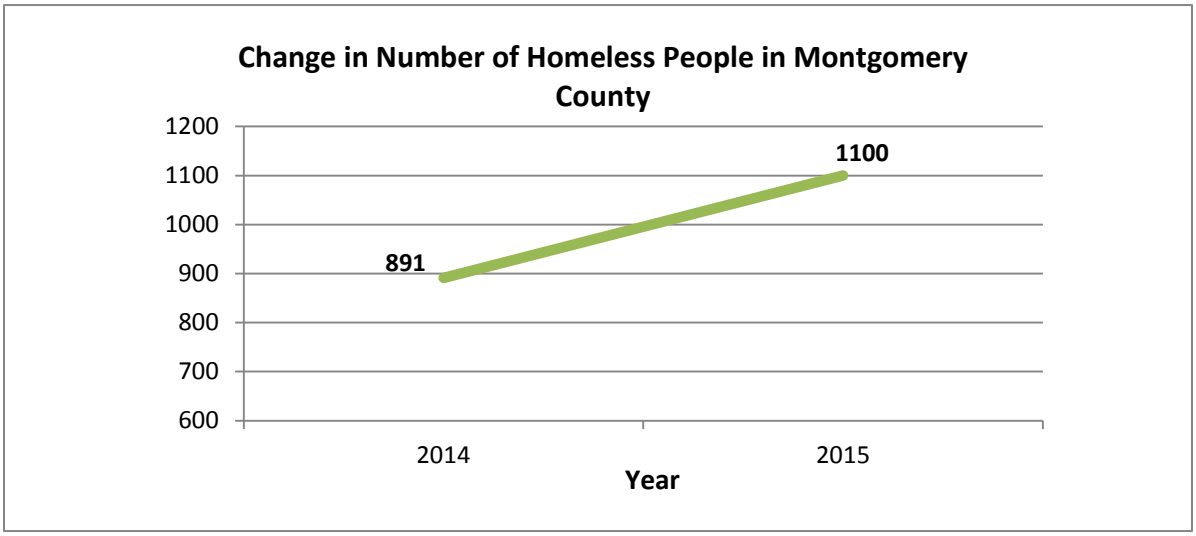


Figure 25. Change in Number of Homeless People in Montgomery County and Prince George's County from 2014 to 2015 (Metropolitan Washington Council on Governments Point-in-Time Survey, 2015. Accessed: https://www.mwcog.org/uploads/pub-documents/v15bWlk20150514094353.pdf)

In Montgomery County, the homeless population included 598 individuals and 159 homeless family units, made up of 184 adults and 318 children (see Figure 26).

[6] Homelessness in Metropolitan Washington. May 2015. Accessed: https://www.mwcog.org/uploads/pub-documents/v15bWlk20150514094353.pdf

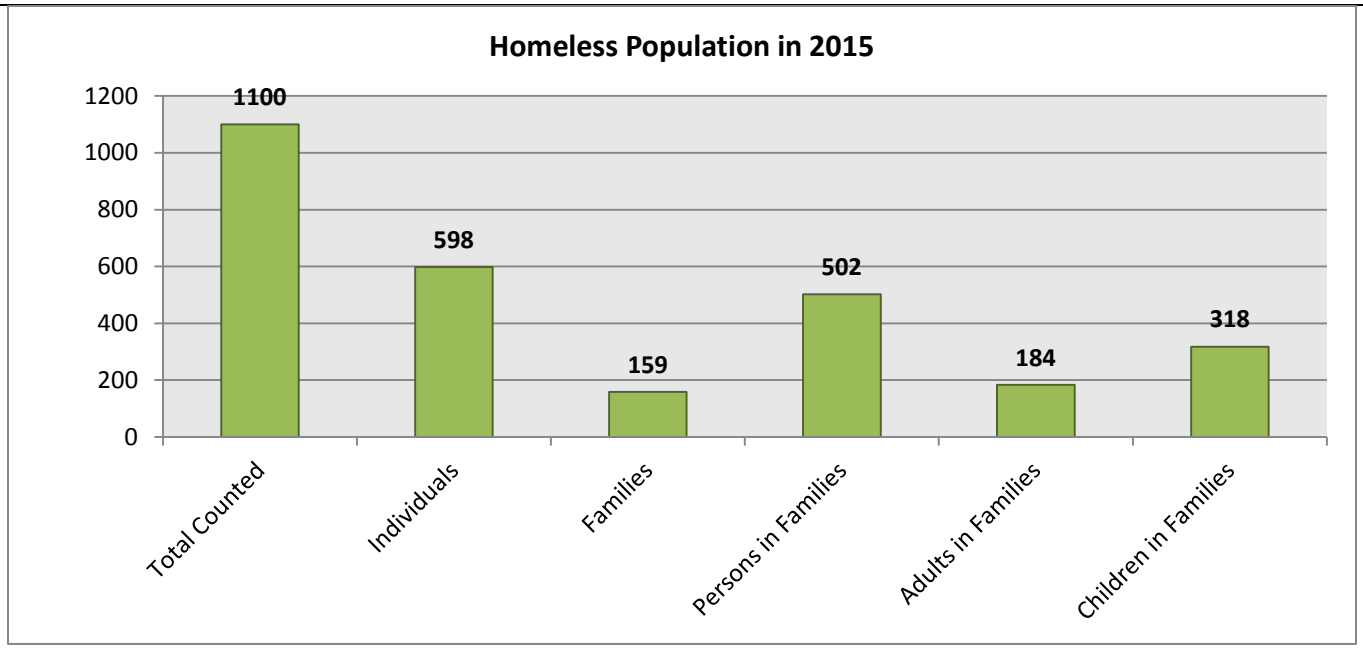


Figure 26. Homeless Populations in Montgomery County in 2015
(Metropolitan Washington Council on Governments Point-In-Time Survey, 2015. Accessed: https://www.mwcog.org/uploads/pub-documents/v15bWlk20150514094353.pdf)

Among the homeless populations, numerous individuals reported various health, mental, and physical issues. In Montgomery County, 162 individuals were chronically homeless, 24 were US veterans, 291 were victims of domestic violence, 144 were suffering from co-occurring disorders (mental and substance abuse), 80 were physically disabled, and 15 were living with HIV/AIDS (see Figure 27).

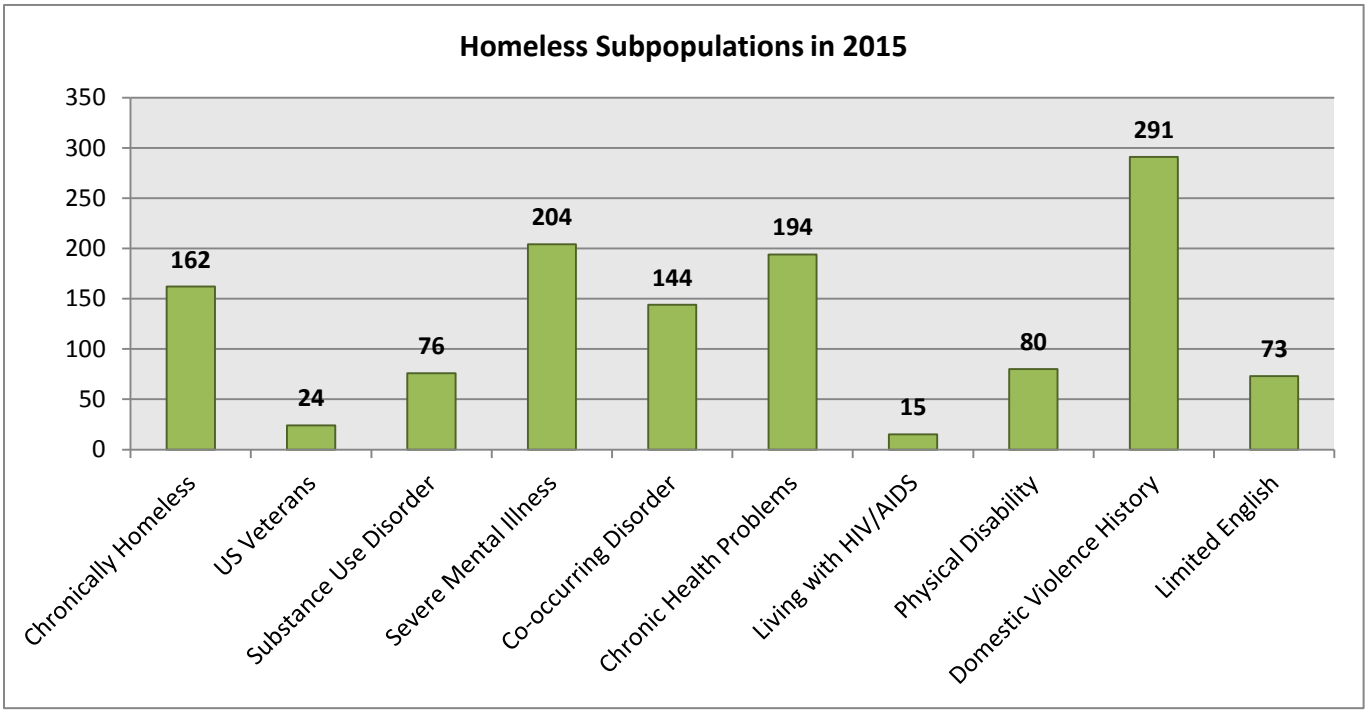


Figure 27. Homeless Subpopulations in Montgomery County in 2015
(Metropolitan Washington Council on Governments Point-In-Time Survey, 2015.)

Exposure to Environmental Factors that Negatively Effect Health Status

Air Pollution

Air pollution, measured by ozone levels, poses a serious threat in Montgomery County. Ozone is an extremely dangerous gas that attacks lung tissues when breathed in. Based on the number of days its ozone levels surpass the US standards in three years, Montgomery County received a grade of D from the American Lung Association.
Source: Healthy Montgomery, 2013.

Available detail on race, ethnicity, and language within CBSA
See SHIP County profiles for demographic information of Maryland jurisdictions.

Demographics	**Montgomery County**	**Maryland**
Total Population*	1,030,477	5,976,407
Age, %*		
Under 5 Years	6.5%	6.2%
Under 18 Years	23.5%	22.6%
65 Years and Older	13.7%	13.8%
Race/Ethnicity, %*		
White	62.0%	60.1%
Black or African American	18.8%	30.3%
Native American & Alaskan Native	0.7%	0.6%
Asian	15.2%	6.4%
Native Hawaiian & Other Pacific Islander	0.1%	0.1%
Hispanic	18.7%	9.3%
Language Other than English Spoken at Home, % age 5+**	39.1%	16.7%
Median Household Income**	$98,221	$73,538
Persons below Poverty Level, %**	7.0%	10.1%
Pop. 25+ Without H.S. Diploma, %**	8.8%	11.3%
Pop. 25+ With Bachelor's Degree or Above, %**	57.1%	36.8%

*Sources: *U.S. Census Bureau, State and County Quick Facts, 2014 Estimates*
***U.S. Census Bureau, State and County Quick Facts, 2009-2013 Estimates*

II. COMMUNITY HEALTH NEEDS ASSESSMENT

1. **Has your hospital conducted a Community Health Needs Assessment that conforms to the IRS definition detailed on pages 4-5 within the past three fiscal years?**

   _X_Yes
   ____No

   Provide date here. 10/23/2013 **(mm/dd/yy)**

   If you answered yes to this question, provide a link to the document here. (Please note: this may be the same document used in the prior year report).
   http://www.adventisthealthcare.com/app/files/public/3274/2013-CHNA-ABH-RV.pdf

2. **Has your hospital adopted an implementation strategy that conforms to the definition detailed on page 5?**

   _X_Yes Enter date approved by governing body here (mm/dd/yy): 04/24 /2014
   ___No

   If you answered yes to this question, provide the link to the document here.
   http://www.adventisthealthcare.com/app/files/public/3447/2013-CHNA-ABH-RV-ImplementationStrategy.pdf

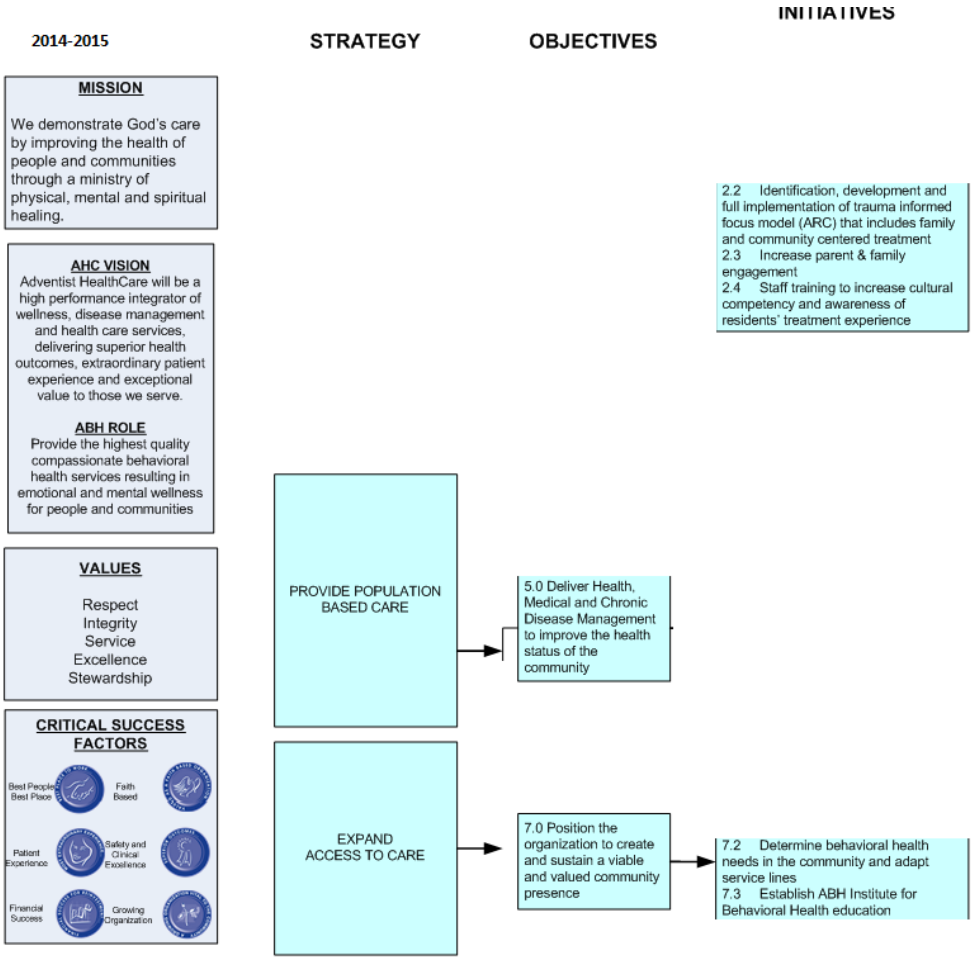
III. COMMUNITY BENEFIT ADMINISTRATION

1. **Please answer the following questions below regarding the decision making process of determining which needs in the community would be addressed through community benefits activities of your hospital?** *(Please note: these are no longer check the blank questions only. A narrative portion is now required for each section of question b,)*

   a. **Is Community Benefits planning part of your hospital's strategic plan?**

      _✓_Yes
      ___No

      If yes, please provide a description of how the CB planning fits into the hospital's strategic plan, and provide the section of the strategic plan that applies to CB.
      Community Benefit is integrated throughout Adventist HealthCare Behavioral Health & Wellness' strategic plan. Three guiding principles are listed on the strategic plan from which the strategies, objectives and initiatives directly stem. These guiding principles are the mission, vision, and values of the organization. AHC's mission is to demonstrate God's care by improving the health of people and communities through a ministry of physical, mental, and spiritual healing. The values which include respect, integrity, service, excellence and stewardship, exemplify the ideals strived for in fulfilling the mission. Specific strategies listed on the strategic plan include providing population based care and expanding access to care. Specific outcomes and initiatives include delivery of health, medical and chronic disease management to improve the health status of the community, and determining behavioral health needs in the community.



b. **What stakeholders in the hospital are involved in your hospital community benefit process/structure to implement and deliver community benefit activities?** *(Please place a check next to any individual/group involved in the structure of the CB process and describe the role each plays in the planning process (additional positions may be added as necessary)*

i. Senior Leadership

1. **_✓_CEO**
2. **_✓_CFO**
3. **_✓_Other (please specify:** Manager, Business Development)

Describe the role of Senior Leadership.
The senior leaders listed above play a large role in the community benefit planning for Behavioral Health & Wellness Services. This leadership group played a lead role in completing the prioritization of needs process and provided input and approval on the implementation strategy prior to board approval. The Manager of Business Development acted as a champion for the initiatives and served on the AHC Community Benefit Council on behalf of Behavioral Health & Wellness Services Rockville. The CFO works closely with finance and provides final approval of financials submitted.

ii. Clinical Leadership

1. **_✓_Physician**
2. **_✓_Nurse**
3. **___Social Worker**
4. **___Other (please specify)**

Describe the role of Clinical Leadership
Clinical leadership assists with the planning and implementation of community benefit activities. Clinical leadership is involved in the topic selection and planning processes for the symposia. They also work very closely with the residency and nursing students completing their rotations at Behavioral Health & Wellness Services.

iii. Community Benefit Operations

1. **___Individual (please specify FTE)**
2. **_✓_Committee (please list members:** Adventist HealthCare Community Benefit Council - members listed below**)**
3. **___Department (please list staff)**
4. **___Task Force (please list members)**
5. **___Other (please describe)**

Briefly describe the role of each CB Operations member and their function within the hospital's CB activities planning and reporting process.
Adventist HealthCare has a Community Benefit Council with representatives from each of the 5 hospital entities in addition to key departments from the corporate office. The Council meets every other month and takes part in the planning, execution, and monitoring of the community benefit activities taking place at their entities and across AHC. They also play a large role in the development of each hospital's CHNA, Implementation Strategy, and Community Benefit Reports. Members of the council include:

- Executive Director, Center for Health Equity and Wellness (AHC) - CHAIR
- Project Manager for Community Benefit (AHC)
- Manager of Community Health and Outreach (AHC)
- VP of Operations of Shady Grove Medical Center
- Director of Case Management for SGMC and Washington Adventist (WAH)
- Director of Population Health (AHC)
- Chief Medical Officer at WAH
- AVP, Rehabilitation at Physical Health & Rehabilitation
- Cultural Diversity Liaison at Physical Health & Rehabilitation
- Manager, Business Development at Behavioral Health & Wellness Rockville
- Director of Clinical Services at Behavioral Health & Wellness Eastern Shore
- Project Accountant, AHC
- Senior Tax Accountant, AHC
- Financial Services Project Manager, AHC
- PR Marketing Coordinator, AHC

c. Is there an internal audit *(i.e., an internal review conducted at the hospital) of the Community Benefit report?)*

Spreadsheet	**__✓_yes**	**____no**
Narrative	**____yes**	**__✓_no**

If yes, describe the details of the audit/review process *(Who does the review? Who signs off on the review?)*
Prior to finalizing the spreadsheet, the finance team meets in person with the CFO to go over the spreadsheet in detail. The narrative is not formally audited; however, it is put together and reviewed in partnership with key hospital staff and leadership.

d. Does the hospital's Board review and approve the FY Community Benefit report that is submitted to the HSCRC?

Spreadsheet	**_____yes**	**__✓_no**
Narrative	**_____yes**	**__✓_no**

If no, please explain why.
The hospital's Board reviewed and approved the Community Health Needs Assessment and Implementation Strategy. The Adventist HealthCare Board of Trustees only meets twice per year so they have not yet had a chance to review this report, but they will review this Community Benefit report when they next meet in Q1 2016.

IV. COMMUNITY BENEFIT EXTERNAL COLLABORATION

External collaborations are highly structured and effective partnerships with relevant community stakeholders aimed at collectively solving the complex health and social problems that result in health inequities. Maryland hospital organizations should demonstrate that they are engaging partners to move toward specific and rigorous processes aimed at generating improved population health. Collaborations of this nature have specific conditions that together lead to meaningful results, including: a common agenda that addresses shared priorities, a shared defined target population, shared processes and outcomes, measurement, mutually reinforcing evidence based activities, continuous communication and quality improvement, and a backbone organization designated to engage and coordinate partners.

a. Does the hospital organization engage in external collaboration with the following partners:

__✓__ Other hospital organizations
_____ Local Health Department
__✓__ Local health improvement coalitions (LHICs)
__✓__ Schools
_____ Behavioral health organizations
_____ Faith based community organizations
__✓__ Social service organizations

b. Use the table below to list the meaningful, core partners with whom the hospital organization collaborated to conduct the CHNA. Provide a brief description of collaborative activities with each partner (please add as many rows to the table as necessary to be complete)

Organization	**Healthy Montgomery**
Name of Key Collaborator	Healthy Montgomery Steering Committee Co-Chairs: • Mr. George Leventhal, Council Member, Montgomery County Council • Ms. Sharon London, Vice President, ICF International Additional Committee Members can be found here: http://www.healthymontgomery.org/index.php?module=htmlpages&func=display&pid=5000
Title	*See previous row*
Collaboration Description	Behavioral Health & Wellness Services - Rockville collaborates with Healthy Montgomery (HM), which serves as the Local Health Improvement Coalition in Montgomery County. BH&WS worked with HM to complete a 2011 Community Health Needs Assessment, which helped to inform our CHNA, and the website maintained by HM provides current data which was utilized by BH&WS to identify needs and set priorities. BH&WS was also represented on the HM Steering Committee, which sets the direction for the group, and the Data Project subcommittee, which selected core measure indicators in the identified priority areas. The President of BH&WS serves as an alternate member of the Steering Committee, as well as co-Chair of the Behavioral Health Task Force.

c. Is there a member of the hospital organization that is co-chairing the Local Health Improvement Coalition (LHIC) in the jurisdictions where the hospital organization is targeting community benefit dollars?

_____yes __✓__no

d. Is there a member of the hospital organization that attends or is a member of the LHIC in the jurisdictions where the hospital organization is targeting community benefit dollars?

__✓__yes _____no

Kevin Young, President of Adventist HealthCare Behavioral Health & Wellness Services, is a co-chair of the Healthy Montgomery Behavioral Health Work Group, as well as an alternate member of the Healthy Montgomery Steering Committee. In addition, Dr. Deidre Washington, Research Associate at the Adventist HealthCare Center for Health Equity & Wellness is a member of the Healthy Montgomery Steering Committee on behalf of Shady Grove Medical Center, Washington Adventist Hospital, Behavioral Health & Wellness Services Rockville, and Physical Health & Rehabilitation. Dr. Washington, as well as Gina Maxham, MPH (Project Manager of Community Benefit, at the Center for Health Equity and Wellness) are also

members of the Healthy Montgomery Community Health Needs Assessment Committee on behalf of Shady Grove Medical Center, Washington Adventist Hospital, Behavioral Health & Wellness Services, and Physical Health & Rehabilitation.

V. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

This Information should come from the implementation strategy developed through the CHNA process.

1. **Please use Table III, to provide a clear and concise description of the primary needs identified in the CHNA, the principal objective of each evidence based initiative and how the results will be measured (what are the short-term, mid-term and long-term measures? Are they aligned with measures such as SHIP and all-payer model monitoring measures?), time allocated to each initiative, key partners in the planning and implementation of each initiative, measured outcomes of each initiative, whether each initiative will be continued based on the measured outcomes, and the current FY costs associated with each initiative. Use at least one page for each initiative (at 10 point type). Please be sure these initiatives occurred in the FY in which you are reporting. Please see attached example of how to report.**

   For example: ***for each principal initiative, provide the following:***

   a. *1. Identified need: This includes the community needs identified by the CHNA. Include any measurable disparities and poor health status of racial and ethnic minority groups. Include the collaborative process used to identify common priority areas and alignment with other public and private organizations.*
   2. Please indicate whether the need was identified through the most recent CHNA process.

   b. *Name of Hospital Initiative: insert name of hospital initiative. These initiatives should be evidence informed or evidence based. (Evidence based initiatives may be found on the CDC's website using the following link: http://www.thecommunityguide.org/)*
   (Evidence based clinical practice guidelines may be found through the AHRQ website using the following link: www.guideline.gov/index.aspx)

   c. *Total number of people within the target population (how many people in the target area are affected by the particular disease being addressed by the initiative)?*

   d. *Total number of people reached by the initiative (how many people in the target population were served by the initiative)?*

   e. *Primary Objective of the Initiative: This is a detailed description of the initiative, how it is intended to address the identified need, and the metrics that will be used to evaluate the results.*

   f. *Single or Multi-Year Plan: Will the initiative span more than one year? What is the time period for the initiative?*

   g. *Key Collaborators in Delivery: Name the partners (community members and/or hospitals) involved in the delivery of the initiative.*

   h. *Impact/Outcome of Hospital Initiative: Initiatives should have measurable health outcomes. The hospital initiative should be in collaboration with community partners, have a shared target population and common priority areas.*

      - *What were the measurable results of the initiative?*
      - *For example, provide statistics, such as the number of people served, number of visits, and/or quantifiable improvements in health status.*

i. *Evaluation of Outcome: To what degree did the initiative address the identified community health need, such as a reduction or improvement in the health indicator? Please provide baseline data when available. To what extent do the measurable results indicate that the objectives of the initiative were met? There should be short-term, mid-term, and long-term population health targets for each measurable outcome that are monitored and tracked by the hospital organization in collaboration with community partners with common priority areas. These measures should link to the overall population health priorities such as SHIP measures and the all-payer model monitoring measures. They should be reported regularly to the collaborating partners.*

j. *Continuation of Initiative: What gaps/barriers have been identified and how did the hospital work to address these challenges within the community? Will the initiative be continued based on the outcome? What is the mechanism to scale up successful initiatives for a greater impact in the community?*

k. *Expense:*
A. What were the hospital's costs associated with this initiative? The amount reported should include the dollars, in-kind-donations, or grants associated with the fiscal year being reported.
B. Of the total costs associated with the initiative, what, if any, amount was provided through a restricted grant or donation?

Table III

Identified Need Was this identified through the CHNA process?	From 2010-2012, 17.9 percent of adults in Montgomery County had a mental illness, compared to 16.8 percent from 2008-2010[7]. Depression among the Medicare population has risen from 10.9 percent to 12.5 percent from 2009 to 2012. From 2011 to 2013, the suicide rate in Montgomery County was 7.3 per 100,000 population, a rate lower than the state of Maryland (9 suicides per 100,000)[8]. However, there is a disproportionately higher rate of suicide among non-Hispanic whites (10.6 per 100,000) when compared to other racial groups. In 2014, the Montgomery County rate of emergency department visits related to mental health conditions was 1791.7 visits per 100,000 population. Despite these rates of mental illnesses in Montgomery County, it has been shown that as of July 2014, the Medicaid eligible populations in the central Kensington and Wheaton areas are experiencing mental health professional shortages[9]. Many individuals in the County also face language and financial barriers in accessing mental health care, particularly from psychiatrists[10]. The need for professional training and education was identified prior to the CHNA but was supported by the 2013 CHNA findings.
Hospital Initiative	Mental Health Professional Training and Continued Education
Total Number of People Within the Target Population	Assuming the most current national rate of mental illness (18.1%), approximately 142,646 adult residents in Montgomery County have experienced mental illnesses that met DSM-IV criteria[11]. The 2014 national rate of mental illness for youths, ages 12 to 17 years old, was 11.4%; with this assumption, approximately 9,277 youths in Montgomery County experienced mental illnesses. The initiative also targets mental health professionals in the County. According to the Office of Legislative Oversight, there are currently 33 licensed psychiatrists per 100,000 population, 21 estimated psychiatrist FTEs per 100,000 population, and 313 other licensed mental health professionals per 100,000 population. Other licensed mental health professionals include psychologists, psychiatric nurses, clinical social workers, marriage and family therapists, professional counselors, and substance abuse counselors.
Total Number of People Reached by the Initiative Within the Target Population	**Total Number of People Reached: 184+** • 4 MD's specializing in child and adolescent psychiatry completing their residency at Adventist HealthCare Behavioral Health & Wellness Services • 160 symposia attendees • 20 Montgomery County Public School guidance counselors *An exact count of the nursing students was unavailable.*
Primary	The primary objective of this initiative is to increase access to mental health care by providing

[7] Healthy Montgomery. Adults with Any Mental Illness, 2010-2012.
[8] Maryland State Health Improvement Process, 2014.
[9] Health Resources and Services Administration Data Warehouse: Shortage Areas, 2015.
[10] Office of Legislative Oversight Report 2015-13: Behavioral Health in Montgomery County, 2015. http://www.montgomerycountymd.gov/council/Resources/Files/agenda/cm/2015/151008/20151008_HHS1.pdf
[11] Substance Abuse and Mental Health Services Administration. Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health, 2014. http://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf

Objective of the Initiative	training opportunities for young professionals as well as continued learning experiences for both students and professionals in the field. Adventist HealthCare Behavioral Health & Wellness Services Rockville works to do this by providing opportunities for students to gain hands on training in specialized areas of care that have a high demand in the community. In addition, the hospital works to provide continued learning experiences for behavioral health students and professionals in the community. Strategies for this initiative include: **Adventist HealthCare Behavioral Health & Wellness Services & Medstar Georgetown University Hospital Child and Adolescent Psychiatry Residency Program Partnership** As part of their psychiatry residency program, students from Georgetown University Hospital specializing in child and adolescent psychiatry complete a rotation at Adventist HealthCare Behavioral Health & Wellness Services Rockville (BHWS-R). Students are with us for 8 month periods and have the opportunity to work closely with our doctors in multiple settings. Students work full days with the attending physicians four days a week (1 day a week is spent in lecture at Georgetown). Students spend 4 months each in the child and adolescent units. During their time on the adolescent unit, they also attend the adolescent partial hospitalization program 3 afternoons a week. While on the child unit, 1-2 days a week are spent in the Adventist HealthCare Shady Grove Medical Center emergency room conducting crisis evaluations which they present to the attending on call. **Nursing Student Psychiatric Rotations** Nursing students from several area schools including Montgomery College, Washington Adventist University, University of Maryland, Prince George's Community College, and Radians College complete psychiatric nursing rotations at Adventist Behavioral Health & Wellness Services Rockville. Rotations take place during the spring, summer, fall and winter semesters, with lengths and requirements varying between each school. The rotations typically include a mix of both shadowing and hands on experience including completing patient interviews and assessments under the supervision of hospital nurses. **"Trauma-Focused Care: Understanding the Therapeutic Needs of Children and Adolescents Affected by Emotional and Physical Trauma":** The third annual Adventist HealthCare Behavioral Health & Wellness Services and MedStar Georgetown University Hospital Symposium was held on Tuesday, May 19, 2015 at The Universities of Shady Grove Conference Center. The symposium explored trauma assessment tools, provided evidence-based approaches to trauma-focused treatment, and discussed how to support parents and/or caregivers. The learning objectives were as follows: • Understand how trauma affects the child and adolescent brain • Understand and utilize assessment tools used to identify trauma symptomology • Describe the trauma-focused Cognitive Behavioral Therapy (CBT) treatment model • Understand the importance of the parent/caregiver role in treating traumatized children and adolescents This program was approved for Continuing Medical Education for physicians and Continuing

	Education Units for social workers. **"Religion, Spirituality & Geriatric Mental Health: The Latest Research and Clinical Applications":** This free clinical symposium was held on November 4th, 2015, at the Universities of Shady Grove Conference Center. The symposiums provided an overview of earlier research on relationships between religion, spirituality, and geriatric mental health, and examined some of the latest research, including clinical trials and integrating religion and spirituality into psychotherapy. The symposium also reviewed what this research means for clinicians and how spirituality can be integrated into patient care. The learning objectives were as follows: • Understand the differences between the terms religion and spirituality, and their use for research and clinical purposes • Learn about earlier research (prior to 2010) on relationships between religion and spirituality and geriatric mental health • Discuss how to treat senior adults with psychological conditions like dementia and delirium • Learn about the latest research (since 2010), including MRI studies on the brain and results of randomized clinical trials • Be able to integrate spirituality into clinical practice for senior adults in a sensitive and sensible manner This program was approved for Continuing Medical Education for physicians, Continuing Education Units for social workers and Continuing Nursing Education for nurses.
Single or Multi-Year Initiative Time Period	These are each multi-year initiatives. The Child and Adolescent Psychiatry Residency program as well as the nursing rotations will be continuing. A joint symposium with Medstar Georgetown University Hospital will be held again next year as will at least one independent symposium.
Key Collaborators in Delivery of the Initiative	**Key partners involved in this initiative include:** • Medstar Georgetown University Hospital • Shady Grove Medical Center • Nursing Programs including Montgomery College, Washington Adventist University, University of Maryland, Prince George's Community College, and Radians College
Impact/Outcome of Hospital Initiative	**Adventist HealthCare Behavioral Health & Wellness Services & Medstar Georgetown University Hospital Child and Adolescent Psychiatry Residency Program Partnership** • In 2015, four students from Georgetown University Hospital were completing 8 month rotations at BHWS-R as part of their Child and Adolescent Psychiatry Residency Program. Two of the students completed their 8 month rotation in June and an additional two students began their rotation in July. • Each student receives hands on training in the acute inpatient child unit, acute inpatient adolescent unit, the adolescent partial hospitalization program, and the emergency room. **Nursing Student Psychiatric Rotations** • Nursing students from over 5 area schools completed their psychiatric rotations at Behavioral Health and Wellness Services. Students worked closely with seasoned staff nurses, having the opportunity to both shadow and gain hands on experience on the floor.

- Rotations take place year round during the spring, summer, fall and winter semesters. Rotation durations and hours vary based on the requirements of each school's program.

"Trauma-Focused Care: Understanding the Therapeutic Needs of Children and Adolescents Affected by Emotional and Physical Trauma" (Symposium)

- A total of 114 individuals registered for the conference of which 105 attended. More than 70% of attendees were community members representing organizations such as the Prince George's County Department of Social Services, Montgomery County Public Schools, SAMHSA, Family Services Inc., and Kennedy Krieger Institute. Among the attendees were social workers, school and other counselors, therapists, clinical psychologists, medical students, and nurses, among others.
- Attendees were asked to complete an evaluation following the symposium. Of the 105 attendees, 82 completed an evaluation.
    - Attendees were asked to rate each of the following areas on a scale of 1 (worst rating) to 5 (best rating):
        - Speakers demonstrated expertise on the subject matter: 4.8
        - Presentation content: 4.5
        - Value of the program: 4.5
        - Extent knowledge/skills have increased as a result of the program: 4.2
        - Extent to which the program will benefit their work: 4.22
    - When asked how the program would benefit their work, common responses included having learned about practical changes that can be made to improve practices, and exposure to new screening and assessment tools and resources, as well as new treatment models.
- CMEs and CEUs were provided for physicians and social workers

"Religion, Spirituality & Geriatric Mental Health: The Latest Research and Clinical Applications" (Symposium)

- A total of 79 individuals registered for the conference of which 55 attended. More than 80% of attendees were community members representing organizations such as the Department of Veterans Affairs, the Affiliated Santé Group, and senior living facilities. Among the attendees were therapists, social workers, psychiatrists and psychologists, nurses, physicians, counselors, and clergy, among others.
- Attendees were asked to complete an evaluation following the symposium. Of the 55 attendees, 50 completed an evaluation.
    - Attendees were asked to rate each of the following areas on a scale of 1 (worst rating) to 5 (best rating):
        - Program's success in meeting all of its objectives: 4.5
        - Speakers demonstrated expertise on the subject matter: 4.7
        - Presentation content: 4.5
        - Value of the program: 4.6
        - Extent knowledge/skills have increased as a result of the program: 4.1
        - Extent to which the program will benefit their work: 4.1
    - When asked how the program would benefit their work, common responses included providing a new perspective to being better able to understand patient and their needs, and being better able to provide spiritual help to patients.
- CMEs, CNEs, and CEUs were provided for physicians, nurses and social workers.

Mental Health Association of Montgomery County – Guidance Counselor Training

	• One of our child and adolescent psychiatrists and one of our social workers met with approximately 20 guidance counselors from the Montgomery County Public School System to provide guidance on working with parents. This included how best to address parents' questions and concerns, and how best to support them in any behavioral health needs that arise with their children.	
Evaluation of Outcomes	Concerning suicide rates, both Montgomery County and the state of Maryland met the SHIP 2017 target (9 suicides per 100,000 population) and the Healthy People 2020 target (10.2 per 100,000). The Montgomery County rate of ED visits related to mental health conditions is also much lower than the SHIP 2017 target (3152.6 visits per 100,000). However, SHIP indicators show that the suicide rate in Montgomery County has risen from 7.0 in 2010 to 7.3 in 2014, while the ED visit rate due to mental illness has risen from around 1111.3 visits in 2010 to its current rate of 1791.7 per 100,000 in 2014. The behavioral health data trend also shows an increase in rates of mental illness among the adult population and depression among the senior population in Montgomery County. Adventist HealthCare Behavioral Health & Wellness Services Rockville has been working towards educating the community and training mental health professionals through various initiatives in order to close gaps in mental health care access, serve as a resource for behavioral health, and to deliver the best care possible.	
Continuation of Initiative	The residency, internship, and symposia programs will be continuing. In 2016, a joint symposium with Medstar Georgetown University Hospital will be held once again, as well as at least one other independent symposium. Hospital staff and leadership will be meeting in early 2015 to determine methods for expanding activities to meet the growing behavioral health needs in the community.	
A. Total Cost of Initiative for Current Calendar Year B. What amount is from Restricted Grants/ Direct offsetting revenue	**A. Total Cost of Initiative** **Total Estimated Costs:** $16,720.39	**B. Direct offsetting revenue from Restricted Grants** **Total Offsetting Revenue:** $4,650

2. **Were there any primary community health needs identified through the CHNA that were not addressed by the hospital? If so, why not? (Examples include other social issues related to health status, such as unemployment, illiteracy, the fact that another nearby hospital is focusing on an identified community need, or lack of resources related to prioritization and planning.) This information may be copied directly from the CHNA that refers to community health needs identified but unmet.**

Areas of Need Not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services - Rockville & Rationale				
Focus Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
Cancer • Breast Cancer • Lung Cancer • Colorectal Cancer • Prostate Cancer • Cervical Cancer • Skin Cancer • Oral Cancer • Thyroid Cancer	Overall, cancer incidence rates are declining in Maryland and Montgomery County has the lowest overall cancer mortality rates in the state of Maryland. **Breast Cancer**: In Montgomery County the mortality rate for black women is higher than for white women. **Lung Cancer:** Lung cancer is the leading cause of cancer death in Maryland. The incidence and mortality rates in Montgomery County are higher for blacks than for whites. **Colorectal Cancer:** Although screening and incidence rates are comparable, mortality rates for blacks were higher than whites in Montgomery County. **Prostate Cancer:** The death rate due to prostate cancer for Montgomery County is 34 percent lower than the Maryland state average and 28 percent lower than the national average. **Cervical Cancer:** Healthy Montgomery shows that 83% of women in Montgomery County have had pap test in the past three years. Asian	Support other organizations that provide services related to cancer. Refer patients to other local community or government organizations and resources as appropriate.	Adventist HealthCare Shady Grove Medical Center has a comprehensive oncology program including surgeons and oncologists able to provide specialized breast cancer care. Adventist HealthCare Shady Grove Medical Center also offers support to cancer patients and families through a full team of cancer navigators, a cancer outreach coordinator, and support groups. Adventist HealthCare Shady Grove Medical Center hosts an annual free Cancer Screening Day for the community. Cancer screening and case management services for low income and uninsured residents are also offered by the Montgomery County Department of Health and Human Services. Montgomery County Women's Cancer Control Program provides yearly breast and cervical cancer screenings and follow-up for uninsured and underinsured county residents age 40 and older. The American Cancer Society provides support groups, education,	ABHW Rockville does not provide direct services around cancer as they fall outside the scope of the hospital as a behavioral health center. Cancer services are already provided by other entities in the Adventist HealthCare network, as well as by several other organizations in ABHW Rockville's service area.

Areas of Need Not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services - Rockville & Rationale				
Focus Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
	women in Montgomery County have the lowest rates of pap tests. **Skin Cancer:** Whites have a higher incidence rate than blacks in Montgomery County. Males have higher incidence and mortality rates than females in the county. **Oral Cancer:** The incidence rate in Montgomery County is the second lowest among all counties in Maryland. **Thyroid Cancer:** Montgomery County has the second highest incidence rates for thyroid cancer in Maryland.		and advocacy. Special programs such as "Look Good, Feel Better" are offered throughout the county.	
Heart Disease & Stroke	**Heart Disease:** The death rate from coronary heart disease in Montgomery County was significantly lower than the rate for the state of Maryland. However, heart disease was still the leading cause of death for people over the age of 65. **Stroke:** While mortality rates for stroke in Montgomery County have met the Healthy People 2020 target, health disparities between racial and ethnic groups still persist.	Support other organizations that provide services related to heart disease. Alert patients to other local community or government organizations and resources as appropriate.	Adventist HealthCare Shady Grove Medical Center has cardiac outreach services that provide screening, education and support. Adventist HealthCare Rehabilitation Hospital provides both inpatient and outpatient treatment services for cardiac and stroke patients. The Montgomery County Stroke Association provides resources and support in addition to raising awareness. The Montgomery County Health Department has an African American	ABHW Rockville does not provide heart disease and stroke services as they fall outside the scope of the hospital as a behavioral health center. Heart disease and stroke services are already provided by other entities in the Adventist HealthCare network, as well as by several other organizations in ABHW Rockville's service area.

Areas of Need Not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services - Rockville & Rationale				
Focus Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
			Health Program that addresses heart health. The American Heart Association provides support, education, research, and advocacy. Additional support groups such as "Heart to Heart" and "Mended Hearts" are offered throughout the county.	
Diabetes	In Montgomery County diabetes is the 6th leading cause of death. Currently 8.6 percent of the residents have been diagnosed. In Montgomery County and across the state of Maryland, diabetes disproportionately affects minority populations and the elderly. Men in Montgomery County are more likely to report being diagnosed with diabetes than women and experience a higher mortality rate.	Support other organizations that provide services related to diabetes. Refer patients to other local community or government organizations and resources as appropriate.	The Montgomery County Health Department provides free monthly diabetic education classes including the "Diabetes Dinning Club." The University of Maryland Extension Service provides diabetes education to both the Latino/Hispanic and African American communities. The American Diabetes Association provides education and advocacy to the community and has a Diabetes Camp for Kids.	ABHW Rockville does not directly provide diabetes services as they fall outside the scope of the hospital as a behavioral health center. Diabetes services are already provided by other entities in the Adventist HealthCare network, as well as by several other organizations in ABHW Rockville's service area.
Obesity	According to Healthy Montgomery, 17.9% of County resident adults are either overweight or obese, with Blacks (27.2%) and Hispanics (18.8%) being disproportionately more obese than their racial counterparts. Twenty percent of high school students in Montgomery County are overweight,	Support other organizations that provide services related to obesity. Refer patients to other local community or government	The Women, Infants and Children (WIC) program addresses obesity prevention through nutrition education. Montgomery County's master plan for parks incorporates trails for walking, hiking and biking around the	ABHW Rockville does not directly provide obesity services as they fall outside the scope of the hospital as a behavioral health center. Obesity services are already provided by other entities in the Adventist HealthCare

Areas of Need Not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services - Rockville & Rationale				
Focus Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
	with Hispanic (29.7%) and Black (25.8%) teens being overweight at higher rates than other races/ethnicities. In Prince George's County, 34.5% of resident adults are overweight or obese, with Hispanics (44.9%) having the highest rate of obesity. Approximately 15% of adolescents ages 12 to 19 are overweight or obese.	organizations and resources as appropriate.	county. The City of Rockville's Department of Recreation offers various activities that encourage the community to "Step up to Health." Activities and programs offered include Walk Rockville, Ride and Stride for Rockville and Take a Walk about Town Center.	network, as well as by several other organizations in ABHW Rockville's service area.
Asthma	In 2013, 11.9 percent of adult residents in Montgomery County were estimated to have been diagnosed with asthma. Black residents of Montgomery County have an asthma emergency department visit rate about 3.4 times higher than white residents. Hospitalization rates due to asthma exhibit a similar trend.	Support other organizations that provide services related to asthma. Refer patients to other local community or government organizations and resources as appropriate.	Montgomery County has established the Asthma Management Program which focuses on Latino children. This intervention program provides education, support, and follow-up care. Other resources include the American Lung Association in Maryland, Asthma and Allergy Foundation of America (Maryland Chapter), and the Maryland Asthma Control Program.	ABHW Rockville does not directly provide asthma services as they fall outside the scope of the hospital as a behavioral health center. Asthma services are already provided by other entities in the Adventist HealthCare network, as well as by several other organizations in ABHW Rockville's service area.
Influenza	The incidence of influenza in Montgomery County for the 2011-Influenza activity level across Maryland for the 2015-2016 flu season was minimal. However the rate of ED visits due to immunization-preventable pneumonia and influenza in Montgomery County was much higher among younger adults (18-24	Support other organizations that provide services related to influenza. Refer patients to other local community or government organizations and	Adventist HealthCare offers annual flu shot clinics in the Montgomery and Prince George's County areas beginning in early September and continuing through January. Flu shot clinics are held at community centers, congregations, subsidized apartment complexes, and at Adventist HealthCare Shady Grove Medical	ABHW Rockville does not directly provide influenza services as they fall outside the scope of the hospital as a behavioral health center. Influenza services are already provided by other entities in the Adventist HealthCare network, as well

Areas of Need Not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services - Rockville & Rationale				
Focus Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
	years old) and Blacks than among any other adult age or racial group.	resources as appropriate.	Center. The Montgomery County Health Department has immunization outreach and education services for county residents. An Annual campaign is offered to residents for flu prevention Other local health care providers, pharmacies, WIC providers, schools, child care providers, and clinics provide flu vaccinations in addition to outreach and education.	as by several other organizations in ABHW Rockville's service area.
HIV/AIDS	Blacks represent about 18.8% of the Montgomery County population, yet 66.8% of HIV cases diagnosed in 2013 were black residents. While HIV-related deaths in the County have greatly decreased in the past decade, the death rate remains high among black residents at 9.7 HIV-related deaths per 100,000 population.	Support other organizations that provide services related to HIV/AIDS. Alert patients to other local community or government organizations and resources as appropriate.	HIV case management from the Montgomery County Health Department helps to provide dental care, counseling, support groups, and home care services as needed. Education and outreach to at-risk populations is also provided. The Montgomery County Health Department provides clinical services, lab tests, and diagnostic evaluations. The Maryland AIDS administration educates public health care professionals.	ABHW Rockville does not provide HIV/AIDS services as they fall outside the scope of the hospital as a behavioral health center. HIV/AIDS services are already provided by other entities in the Adventist HealthCare network, as well as by several other organizations in ABHW Rockville's service area.
Population Health • Maternal and Infant Health • Senior Health	**Maternal and Infant Health:** In Montgomery County, blacks and Hispanics were most likely to receive late or no prenatal care at 7 percent	Support other organizations that provide services related	**Maternal and Infant Health:** Adventist HealthCare Shady Grove Medical Center offers a full spectrum of services for expectant mothers,	**Maternal and Infant Health:** ABHW Rockville does not provide maternal and infant services as they fall outside

Areas of Need Not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services - Rockville & Rationale				
Focus Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
	and 6.8 percent respectively, compared to only 2.6 percent of Asians, and 4.4 percent of whites. Although infant mortality is generally decreasing, blacks continue to experience the highest rates of infant mortality in Maryland as well as in Montgomery County. **Senior Health:** In Montgomery County, 6.6 percent of seniors live below the poverty line with higher percentages among minority seniors and women. In Montgomery County, 13.7 percent of the population is over age 65 and 87.5 percent of residents over the age of 65 have some type of health insurance. These rates are comparable to the State of Maryland. Rates of hospitalization for dementia/Alzheimer's for Montgomery County (142.7 per 100,000) were lower than rates in Maryland (194.1 per 100,000).	to population health. Refer patients to other local community or government organizations and resources as appropriate.	new mothers, and infants. Child birth and education classes are offered as well as lactation consultants. Free post-partum support groups are available as well. The Montgomery County Health Department works with Holy Cross, Washington Adventist, and Adventist HealthCare Shady Grove Medical Center to provide prenatal services to low-income and uninsured residents. To address teen pregnancy, school nurses work in accordance with Maryland state regulations providing Montgomery County Public School (MCPS) students with education and referrals that promote healthy lifestyle choices. The Teen Parent Support Program provides peer group education on raising children, healthy relationships, and prevention of repeat teenage pregnancy. Additional services and resources include the WIC program, safety net clinics, mental health care for pregnant women and new mothers at risk for depression, home visitation services to first time parents, and well-baby care programs.	the scope of the hospital as a behavioral health center. A full spectrum of maternal and infant services is already provided by Adventist HealthCare Shady Grove Medical Center, as well as by several other organizations in ABHW Rockville's service area. **Senior Health:** ABHW Rockville does not directly provide senior care community outreach services as they fall outside the scope of the hospital as a behavioral health center. Senior health services are already provided by other entities in the Adventist HealthCare network, as well as by several other organizations in ABHW Rockville's service area.

Areas of Need Not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services - Rockville & Rationale				
Focus Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
			Senior Health: The Montgomery County Department of Aging provides services such as nutrition programs and community senior centers, and offers several multicultural health initiatives. The Jewish Council for the Aging has information and referral service, adult day care services, a senior help line, and Connect-A-Ride. Community senior centers provide education classes, social activities, and health screenings. Additionally available are hospital-based programs including support groups, senior resource programs, and a variety of education services. Health promotion services focus on fall prevention, end of life health decisions, and overall health issues. Support groups for family caregivers, respite care, and in-home services are also available. This area also has all levels of care available for seniors, such as acute care, skilled nursing care, assisted living facilities, and home health care services.	
Social Determinants of Health	**Food Access:** Montgomery County performs better than state and	Partner with and support other organizations in	**Food Access:** Manna Food Center, a central food bank in	ABHW Rockville does not directly address many of the

Areas of Need Not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services - Rockville & Rationale				
Focus Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
• Food Access • Housing Quality • Education • Transportation	national baselines with regard to food deserts. **Housing Quality:** 51.6 percent of renters in Montgomery County spend 30% or more of household income on rent. In 2015, an annual survey found there were 1100 homeless people in Montgomery County. **Education:** Montgomery County performs better than the state baseline with regard to percentage of students who graduate high school within 4 years. While the overall graduation rate is higher than the state, there are disparities in graduation rates among racial and ethnic groups. **Transportation:** Montgomery County ranks in the top quartile of longest commute times among all U.S. counties. The rate of pedestrian injuries on public roads in Montgomery County (41.3/100,000) is lower than that of the state (42.5/100,000) but remains higher than the SHIP 2017 target of 35.6/100,000 population.	the community that specialize in addressing needs related to food access, housing quality, education, transportation, and other social determinants of health.	Montgomery County, provides food assistance directly to individuals from 14 locations across the county. Manna works with local farms and orchards to provide fresh fruits and vegetables to their clients. Several local food programs deliver boxes of food to their clients, including Germantown HELP and Manna Food Center. Whether they offer delivery, transportation, or programs directed to children in need, these organizations have worked to overcome access challenges to deliver food and other services to those who need it. **Housing Quality:** ABHW Rockville is a member of Adventist HealthCare, which supports and partners with a non-profit organization in Montgomery County called Interfaith Works, which provided shelter to 824 homeless men, women, and children, while providing 13,073 income-qualified residents with free clothing and household goods in 2014 alone. An office within the Montgomery County Department of Health and Human Services helps homeless people in the County access medical	social determinants of health as they fall outside the specialty areas of the hospital. ABHW Rockville does not have the resources or expertise to meet those needs. Instead ABHW Rockville supports and partners with other organizations in the community that specialize in addressing needs related to food access, housing quality, education, and transportation.

Areas of Need Not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services - Rockville & Rationale				
Focus Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
			care. The Montgomery County Coalition for the Homeless has shelters and emergency housing as well as a program to provide permanent housing for families throughout the county. **Education:** Local community colleges offer low-cost higher education opportunities. The Interagency Coalition to Prevent Adolescent Pregnancy works to reduce teen pregnancy – a common reason teenagers drop out of school. **Transportation:** A number of public transportation options are available in Montgomery County including Ride On, Park and Ride, Metrobus, Metrorail, MetroAccess, Call "N" Ride, AMTRAK, MARC and taxis. Many of these options offer free or discounted fares for low income individuals.	

3. How do the hospital's CB operations/activities work toward the State's initiatives for improvement in population health?

The State's initiatives for improvement in population health include efforts to integrate medical care with community-based resources, a framework and measures (with targets) in distinct focus areas to continue to promote optimal health for all Maryland residents, promoting programs that enhance patient care and population health, and efforts to expand access to health care in underserved communities. Also, in the context of the State's unique all-payer rate setting model, hospitals are tasked with improving quality, including decreasing 30-day readmissions. Behavioral Health & Wellness Service's (Eastern Shore) community benefit operations/activities are aligned with many of these initiatives. In order to enhance patient care and population health, all parents/guardians are given several resources upon discharge of their adolescents to promote a successful transition back into the community. These resources include information for additional support and care, follow-up services, and warning signs that additional follow-up or care may be necessary.

VI. PHYSICIANS

1. As required under HG§19-303, provide a written description of gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital.

According to Healthy Montgomery, the percentage of adults in 2012 that reported being unable to afford to see a doctor was 10 percent (see Figure 29). When stratifying the data, disparities can be seen across different ages, races, and ethnicities. For instance, among adults ages 18 to 44, 11.4 percent are unable to see a doctor (see Figure 29), and among Hispanics and "other" racial groups, 18.3 and 17.9 percent respectively, are unable to afford to see a doctor (see figure 30). Additionally, 9.7 percent of Montgomery County residents do not have health insurance (American Community Survey, 2014). This leads to untreated conditions and adverse health outcomes, which often result in emergency room visits.

Adventist HealthCare Behavioral Health & Wellness Services Rockville is committed to assisting with access to care. As a member of Adventist HealthCare, they have ongoing partnerships with the safety net clinics in Montgomery County, including Mobile Medical Care, Inc. and Mercy Health Clinic, as well as subsidizing physician services in order to provide a continuum of quality care and narrow the gap in availability of providers.

The psychiatrist recruitment issues are different for our facility in Rockville, MD and they correlate directly to the fact that we are in an urban area which has 3 states (Washington DC, Maryland, Virginia) in such proximity that physicians have a multitude of job opportunities to select from. We are continually working with multiple physician recruitment companies as well as providing internal recruiting effort but it is still only leading to 3-5 job offers per year. We have the full continuum of services at this facility that treat the children/adolescents/adult/geriatric population so recruiting for physicians that meet all our patient needs makes it even more difficult.

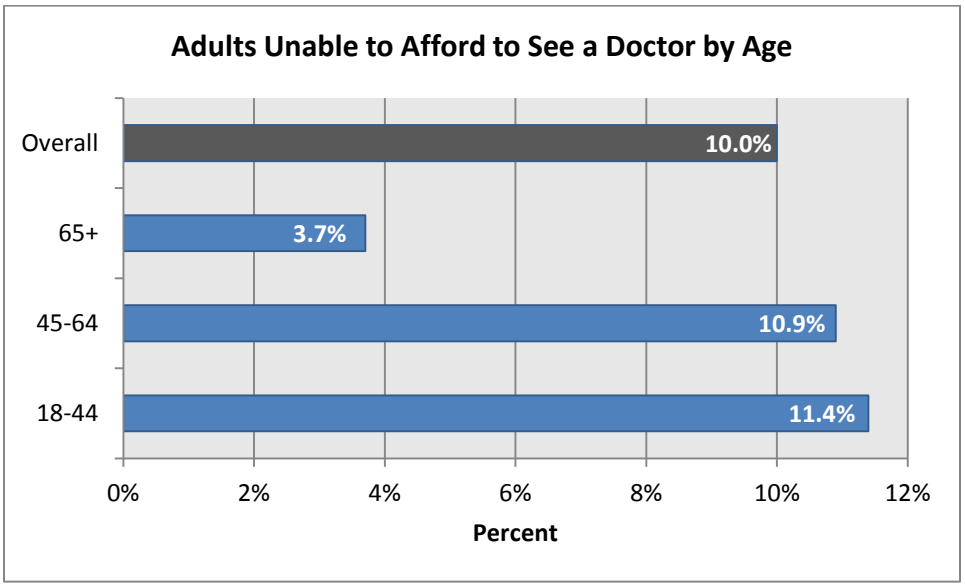


Figure 28. Percentage of Adults unable to Afford to see a Doctor by Age, Montgomery County, 2012 (www.HealthyMontgomery.org)

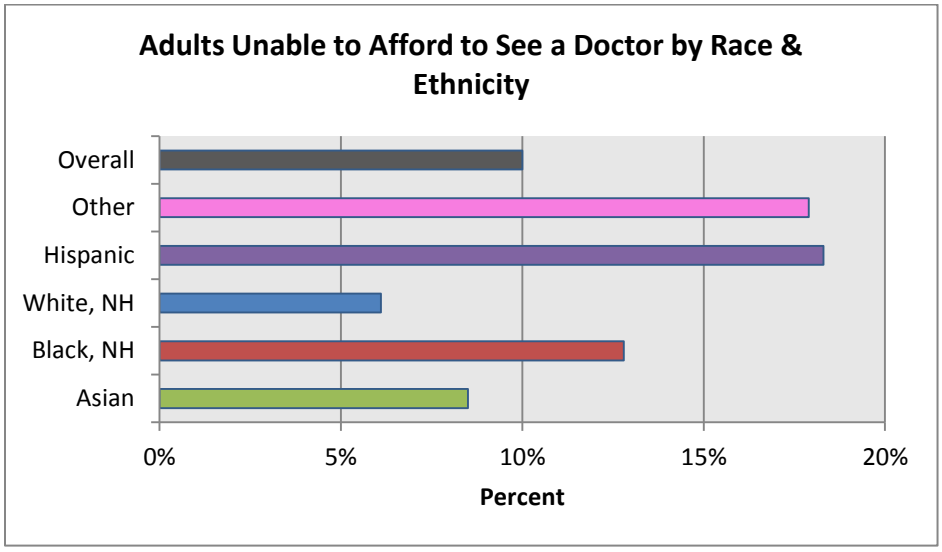


Figure 29. Percentage of Adults unable to Afford to see a Doctor by Race & Ethnicity, Montgomery County, 2012 (www.HealthyMontgomery.org)

2. 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. The categories include: Hospital-based physicians with whom the hospital has an exclusive contract; Non-Resident house staff and hospitalists; Coverage of Emergency Department Call; Physician provision of financial assistance to encourage alignment with the hospital financial assistance policies; and Physician recruitment to meet community need.

In accordance with Adventist Healthcare's mission of demonstrating God's care by improving the health of people and communities through a ministry of physical, mental and spiritual healing, Adventist Behavioral Health & Wellness Services provided the following physician services, by category, as a community benefit in 2014:

Non-Resident House Staff & Hospitalists

- Adult Acute Care Services (Inpatient)
- Geriatric Acute Care Services (Inpatient)
- Child & Adolescent Care Services (Inpatient)
- Adolescent Residential Treatment
- Adult & Adolescent Partial Hospitalization Treatment

Physician Recruitment to Meet Community Need

- Adult Acute Care Services (Inpatient)
- Geriatric Acute Care Services (Inpatient)
- Child & Adolescent Care Services (Inpatient)
- Adolescent Residential Treatment
- Adult & Adolescent Partial Hospitalization Treatment

Each of our programs requires physicians in order for treatment to be successful; psychiatrist, nurse practitioners and internal medicine physicians make up the foundation for our behavioral health facility. Due to the difficulty of recruiting physicians for our particular patient population, we sometimes have to pay outside of market rates in order to get quality physicians to meet our patient needs.

The following table details the dollar amount of physician subsidies that Adventist HealthCare Behavioral Health & Wellness Services provided:

Physician Category	Amount
Non-Resident House Staff & Hospitalist	$429,674.93
Recruitment of Physicians To Meet Community Need	$780,995.65
Total	**$1,210,670.58**

VII. APPENDICES

To Be Attached as Appendices:

1. **Describe your Financial Assistance Policy (FAP):**
    a. **Describe how the hospital informs patients and persons who would otherwise be billed for services about their eligibility for assistance under federal, state, or local government programs or under the hospital's FAP. (label appendix I)**

*For **example**, state whether the hospital:*

- *Prepares its FAP, or a summary thereof (i.e., according to National CLAS Standards):*
    - *in a culturally sensitive manner,*
    - *at a reading comprehension level appropriate to the CBSA's population, and*
    - *in non-English languages that are prevalent in the CBSA.*
- *posts its FAP, or a summary thereof, and financial assistance contact information in admissions areas, emergency rooms, and other areas of facilities in which eligible patients are likely to present;*
- *provides a copy of the FAP, or a summary thereof, and financial assistance contact information to patients or their families as part of the intake process;*
- *provides a copy of the FAP, or summary thereof, and financial assistance contact information to patients with discharge materials;*

- *includes the FAP, or a summary thereof, along with financial assistance contact information, in patient bills; and/or*
- *discusses with patients or their families the availability of various government benefits, such as Medicaid or state programs, and assists patients with qualification for such programs, where applicable.*

b. *Provide a brief description of how your hospital's FAP has changed since the ACA's Health Care Coverage Expansion Option became effective on January 1, 2014 (label appendix II).*
c. *Include a copy of your hospital's FAP (label appendix III).*
d. *Include a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e) Please be sure it conforms to the instructions provided in accordance with Health-General §19-214.1(e). Link to instructions: http://www.hscrc.state.md.us/documents/Hospitals/DataReporting/FormsReportingModules/MD_HospPatientInfo/PatientInfoSheetGuidelines.doc (label appendix IV).*

2. Attach the hospital's mission, vision, and value statement(s) (label appendix V).

Appendix I

Financial Assistance Policy Description

Adventist HealthCare Behavioral Health & Wellness Services Rockville informs patients and persons of their eligibility for financial assistance according to the National CLAS standards and provides this information in both English and Spanish at several intervals and locations. The Hospital's Notice of Financial Assistance and Charity Care Policy is clearly posted in the inpatient admitting areas so that patients are aware that they can request financial assistance if they do not have the resources necessary for the total payment of their bill. If a patient requests a copy of the Hospital's charity policy (FAP) at either the time of admission or discharge, a copy of the document is provided to them.

If the Hospital determines at the time a patient is admitted that they do not have the financial means to pay for their services the patient is informed that they can apply for financial assistance from the Hospital. If a patient is admitted without resolving how their bill will be paid, a patient access representative will visit their room to discuss possible payment arrangements. If the patient access representative determines if the patient qualifies for Medicaid, an outside contractor experienced in qualifying patients for Medicaid will speak to the patient to determine if the patient qualifies for Medicaid or some other governmental program.

As self-pay and other accounts are researched by representatives from the billing department after no payments or only partial payments have been received, the billing department will explain to the patients that financial assistance may be available if they do not have the financial means to pay their bill. If patients request financial assistance, at that time, a copy of the Hospital's financial assistance application will be sent to them.

Appendix II

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

Adventist HealthCare Behavioral Health & Wellness Services Rockville is committed to meeting the health care needs of its community through a ministry of physical, mental and spiritual healing. All patients, regardless of race, creed, sex, age, national origin or financial status, may apply for financial assistance at Adventist HealthCare Behavioral Health & Wellness Services Rockville. Each application for Financial Assistance (charity care) will be reviewed based upon an assessment of the patient's and/or family's need, income and financial resources.

It is part of Adventist HealthCare Behavioral Health & Wellness Services Rockville's mission to provide necessary medical care to those who are unable to pay for that care. This policy requires patients to cooperate with and avail themselves of all available programs (including Medicaid, workers compensation and other state and local programs) that might provide coverage for medical services.

The only change made to the financial assistance policy was the annual update to the Income Poverty Guidelines established by the Community Services Administration. It was not necessary to make any additional changes to the policy as the hospital considers Financial Assistance to any patient responsibility amount as long as the patient has followed our requirements.

Appendix III

ADVENTIST HEALTH CARE, INC.

Corporate Policy Manual

Financial Assistance – Decision Rules/Application

(Formerly known as Charity Care Policy)

Effective Date	01/08	Policy No:	AHC 3.19.0
Cross Referenced:	Financial Assistance - Decision Rules/Application (see Master Policy 3.19 Financial Assistance)	Origin:	PFS
Reviewed:	02/09, 06/15/10, 9/19/13	Authority:	EC
Revised:	05/09, 06/09, 10/09, 06/15/10, 3/2/11, 10/02/13	Page:	1 of 12

DECISION RULES:

A. The patient would be required to fully complete an application for Charity Care and/or completion of the "Income" and "Family Size" portions of the State Medicaid Application could be considered as "an application for Charity Care." A final decision will be determined by using; an electronic income estimator, the state of Maryland poverty guidelines and the review of requested documents. An approved application for assistance will be valid for twelve (**12**) months from the date of service and may[1] be applied to any qualified services (see "A" above), rendered within the twelve (**12**) month period. The patient or Family Representative may reapply for Charity Care if their situation continues to merit assistance.

1. Once a patient qualifies for Charity Care under this policy the patient or any immediate family member of the patient living in the same household shall be eligible for Charity Care at the same level for medically necessary care when seeking subsequent care at the same hospital during the 12 month period from the initial date of service.
2. When the patient is a minor, an immediate family member is defined as; mother, father, unmarried minor natural or adopted siblings, natural or adopted children residing in the same household.
3. When the patient is not a minor, an immediate family member is defined as: spouse, minor natural or adopted siblings, natural or adopted children residing in the same household.

B. Where a patient is deceased with no designated Executor, or no estate on file within the appropriate jurisdiction(s), the cost of any services rendered can be charged to Charity Care without having completed a formal application. This would occur after a determination that other family members have no legal obligation to provide Charity Care. After receiving a death certificate and appropriate authorization, the account balance will be adjusted via the appropriate adjustment codes 23001 – Account in active AR, 33001 – Account in Bad Debt.

C. Where a patient is from out of State with no means to pay, follow instructions for "A" above.

D. A Maryland Resident who has no assets or means to pay, follow instructions for "a" above.

E. A Patient who files for bankruptcy, and has no identifiable means to pay the claim, upon receipt of the discharge summary to include debt owed to AHC, charity will be processed without a completed application and current balances adjusted as instructed in "b" above.

F. Where a patient has no address or social security number on file and we have no means of verifying assets or, patient is deemed homeless, charity will be processed without a completed application and current balances adjusted as instructed in "b" above.

G. A Patient is denied Medicaid but is not determined to be "over resource" follow instructions for "a" above.

H. A Patient who qualifies for federal, state or local governmental programs whose income qualifications fall within AHC Charity Care Guidelines, automatically qualifies for AHC Charity Care without the requirement to complete a charity application.

I. Patients with a Payment Predictability Score (PPS) of 500 or less, and more than 2 prior obligations in a Collection Status on their Credit Report and Income and Family Size are within the Policy Guidelines, charity will be processed without a completed application and current balances adjusted as instructed in "C" above.

J. If a patient experiences a material change in financial status, it is the responsibility of the patient to notify the hospital within ten days of the financial change.

ADVENTIST HEALTH CARE, INC.

Corporate Policy Manual

Financial Assistance – Decision Rules/Application

(Formerly known as Charity Care Policy)

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Revised:	05/09, 06/09, 10/09, 06/15/10, 3/2/11, 10/02/13	Page:	3 of 12

ADVENTIST HEALTHCARE
NOTICE OF AVAILIBILITY OF CHARITY CARE

Shady Grove Adventist, Adventist Behavioral Health, Washington Adventist Hospital and Adventist Rehab Hospital of Maryland will make available a reasonable amount of health care without charge to persons eligible under Community Services Administration guidelines. Charity Care is available to patients whose family income does not exceed the limits designated by the Income Poverty Guidelines established by the Community Services Administration. The current income requirements are the following. If your income is not more than five time these amounts, you may qualify for Charity Care.

Size of Family Unit	**Guideline**
1	$11,670
2	$15,730
3	$19,790
4	$23,850
5	$27,910
6	$31,970
7	$36,030
8	$40,909

Note: The guidelines increase **$4,020** for each additional family member.

If you feel you may be eligible for Charity Care and wish to apply, please obtain an application for Community Charity Care from the Admissions Office or by calling (301) 315-3660. A written determination of your eligibility will be made two business days of the receipt of your completed application.

Revised 3/2015

ADVENTIST HEALTH CARE, INC.

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Adventist HealthCare

820 West Diamond Avenue, Suite 600
Gaithersburg, MD 20878
www.AdventistHealthCare.com

☐ Washington Adventist Hospital ☐ Adventist Behavioral Hospital
☐ Shady Grove Adventist Hospital ☐ Adventist Rehabilitation Hospital of Maryland

CHARITY CARE APPLICATION- DEMOGRAPHICS

Date: _____Account Number(s)_____

Patient Name: _____ Birth Date: _____

Address: _____ Sex: _____

Home Telephone: _____ Work Telephone: _____ Cell Phone: _____

Social Security #: _____ US Citizen: _____ No Residence: _____

Marital Status: ___ Married ___ Single ___ Divorced

Name of Person Completing Application_____

Dependents Listed on Tax Form:

Name: _____ Age: ____Relationship:_____
Name: _____ Age: ____Relationship: _____
Name: _____ Age: ____Relationship: _____
Name: _____ Age: ____Relationship: _____

Employment: Patient employer **Spouse employer**

Name: _____ Name:_____
Address: _____ Address: _____
Telephone #: _____ Telephone #:_____
Social Security #: _____ Social Security #: _____
How long employed: _____ How long employed: _____

TOTAL FAMILY INCOME $_____

Note: All Financial applications must be accompanied by income verification for each working family member. Be sure you have attached income verification for all amounts listed above. This verification may be in the following forms: minimum of 3 months' worth of pay-stubs, an official income verification letter from your employer and/or your current taxes or W-2s. If you are not working and are not receiving state or county assistance, please include a "Letter of Support" from the individual or organization that is covering your living expenses. Any missing documents will result in a delay in processing your application or could cause your application to be denied. Thank you for your cooperation.

CHARITY CARE APPLICATION- LIVING EXPENSES

EXPENSES :

Rent / Mortgage _____

Food _____

Transportation _____

Utilities _____

Health Insurance premiums _____

Medical expenses not covered by insurance _____

Doctor: _____

_____

_____

Hospital: _____

_____

TOTAL: _____

Has the applicant ever applied or is currently applying for Medical Assistance?

Please Circle the appropriate answer: **YES or NO**

If yes, please provide the status of your application below (caseworker name, DSS office location, etc.)

I hereby certify that to the best of my knowledge and belief, the information listed on this statement is true and represents a complete statement of my family size and income for the time period indicated.

Applicant Signature: _____ Date: _____

Return Application To: Adventist HealthCare
Patient Financial Services
Attn: Customer Service Manager
820 West Diamond Avenue. Suite 500
Gaithersburg, MD 20878

COMMUNITY CHARITY CARE APPLICATION- OFFICIAL DETERMINATION ONLY

This application was: **Denied / Approved /Need more information**

The reason for Denial:

What additional information is needed?:

Approval Details:

Patient approved for _____%
$_____ will be a Charity Care Adjustment
$_____ will be the patient's responsibility

Approval Letter was sent on _____

AUTHORIZED SIGNATURES:

_____
CS/COLLECTION SUPERVISOR
UP TO $5,000.00

_____
REGIONAL DIRECTOR
UP TO $25,000.00

_____
VP of Revenue Cycle or HOSPITAL CFO
OVER $25,000.00

Revised 3/2015

2015 POVERTY GUIDELINES

FAMILY UNIT SIZE	INCOME GUIDELINE	ANNUAL INCOME	UNCOMPENSATED CARE AMOUNT	PATIENT RESPONSIBILITY AMOUNT
\1	100%	$11,670	100%	0%
2	100%	$15,730	100%	0%
3	100%	$19,790	100%	0%
4	100%	$23,850	100%	0%
5	100%	$27,910	100%	0%
6	100%	$31,970	100%	0%
7	100%	$36,030	100%	0%
8	100%	$40,090	100%	0%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
1	125%	$14,588	100%	0%
2	125%	$19,663	100%	0%
3	125%	$24,738	100%	0%
4	125%	$29,813	100%	0%
5	125%	$34,888	100%	0%
6	125%	$39,963	100%	0%
7	125%	$45,038	100%	0%
8	125%	$50,113	100%	0%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
1	150%	$17,505	100%	0%
2	150%	$23,595	100%	0%
3	150%	$29,685	100%	0%
4	150%	$35,775	100%	0%
5	150%	$41,865	100%	0%
6	150%	$47,955	100%	0%
7	150%	$54,045	100%	0%
8	150%	$60,135	100%	0%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**

1	175%	$20,423	100%	0%
2	175%	$27,528	100%	0%
3	175%	$34,633	100%	0%
4	175%	$41,738	100%	0%
5	175%	$48,843	100%	0%
6	175%	$55,948	100%	0%
7	175%	$63,053	100%	0%
8	175%	$70,158	100%	0%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
1	200%	$23,340	100%	0%
2	200%	$31,460	100%	0%
3	200%	$39,580	100%	0%
4	200%	$47,700	100%	0%
5	200%	$55,820	100%	0%
6	200%	$63,940	100%	0%
7	200%	$72,060	100%	0%
8	200%	$80,180	100%	0%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
1	225%	$26,258	90%	10%
2	225%	$35,393	90%	10%
3	225%	$44,528	90%	10%
4	225%	$53,663	90%	10%
5	225%	$62,798	90%	10%
6	225%	$71,933	90%	10%
7	225%	$81,068	90%	10%
8	225%	$90,203	90%	10%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
1	250%	$29,175	80%	20%
2	250%	$39,325	80%	20%
3	250%	$49,475	80%	20%

4	250%	$59,625	80%	20%
5	250%	$69,775	80%	20%
6	250%	$79,925	80%	20%
7	250%	$90,075	80%	20%
8	250%	$100,225	80%	20%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
1	275%	$32,093	70%	30%
2	275%	$43,258	70%	30%
3	275%	$54,423	70%	30%
4	275%	$65,588	70%	30%
5	275%	$76,753	70%	30%
6	275%	$87,918	70%	30%
7	275%	$99,083	70%	30%
8	275%	$110,248	70%	30%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
1	300%	$35,010	60%	40%
2	300%	$47,190	60%	40%
3	300%	$59,370	60%	40%
4	300%	$71,550	60%	40%
5	300%	$83,730	60%	40%
6	300%	$95,910	60%	40%
7	300%	$108,090	60%	40%
8	300%	$120,270	60%	40%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
1	350%	$40,845	50%	50%
2	350%	$55,055	50%	50%
3	350%	$69,265	50%	50%
4	350%	$83,475	50%	50%
5	350%	$97,685	50%	50%
6	350%	$111,895	50%	50%

7	350%	$126,105	50%	50%
8	350%	$140,315	50%	50%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
1	400%	$46,680	40%	60%
2	400%	$62,920	40%	60%
3	400%	$79,160	40%	60%
4	400%	$95,400	40%	60%
5	400%	$111,640	40%	60%
6	400%	$127,880	40%	60%
7	400%	$144,120	40%	60%
8	400%	$160,360	40%	60%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
1	450%	$52,515	30%	70%
2	450%	$70,785	30%	70%
3	450%	$89,055	30%	70%
4	450%	$107,325	30%	70%
5	450%	$125,595	30%	70%
6	450%	$143,865	30%	70%
7	450%	$162,135	30%	70%
8	450%	$180,405	30%	70%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
1	500%	$58,350	20%	80%
2	500%	$78,650	20%	80%
3	500%	$98,950	20%	80%
4	500%	$119,250	20%	80%
5	500%	$139,550	20%	80%
6	500%	$159,850	20%	80%
7	500%	$180,150	20%	80%
8	500%	$200,450	20%	80%

FAMILY UNIT SIZE	INCOME GUIDELINE	ANNUAL INCOME	UNCOMPENSATED CARE AMOUNT	PATIENT RESPONSIBILITY AMOUNT
1	550%	$80,231	10%	90%
2	550%	$108,144	10%	90%
3	550%	$136,056	10%	90%
4	550%	$163,969	10%	90%
5	550%	$191,881	10%	90%
6	550%	$219,794	10%	90%
7	550%	$247,706	10%	90%
8	550%	$275,619	10%	90%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
1	600%	$105,030	5%	95%
2	600%	$141,570	5%	95%
3	600%	$178,110	5%	95%
4	600%	$214,650	5%	95%
5	600%	$251,190	5%	95%
6	600%	$287,730	5%	95%
7	600%	$324,270	5%	95%
8	600%	$360,810	5%	95%

ADVENTIST HEALTH CARE, INC.

Corporate Policy Manual

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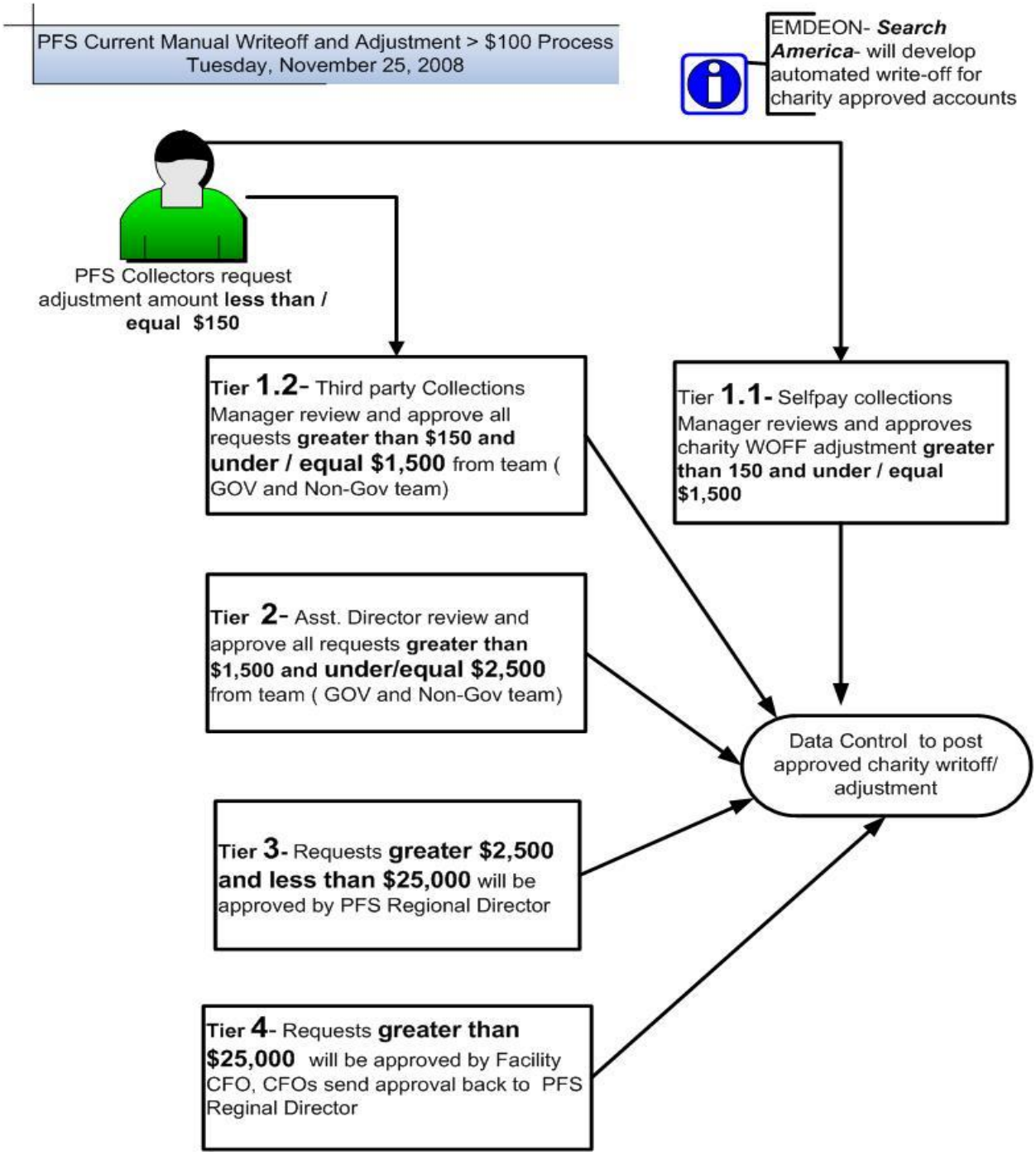

Appendix IV

Patient Information Sheet

Maryland Hospital Patient Information

Hospital Financial Assistance Policy

Adventist Healthcare Behavioral Health and Wellness Services is committed to meeting the health care needs of its community through a ministry of physical, mental and spiritual healing. This hospital provides emergent and urgent care to all patients regardless of their ability to pay.
In compliance with Maryland law, Behavioral Health and Wellness Services has a financial assistance policy and program.
You may be entitled to receive free or reduced-cost medically necessary hospital services.
This facility exceeds Maryland law by providing financial assistance based on a patient's need, income level, family size and financial resources.
Information about the financial assistance policy and program can be obtained from any Patient Access Representative and from the Billing Office.

Patients' Rights

As part of Adventist HealthCare's mission, patients who meet financial assistance criteria may receive assistance from the hospital in paying their bill.
Patients may also be eligible for Maryland Medical Assistance - a program funded jointly by state and federal governments. This program pays the full cost of healthcare coverage for low-income individuals meeting specific criteria (see contact information below).
Patients who believe they have been wrongly referred to a collection agency have the right to request assistance from the hospital.

Patients' Obligations

Patients with the ability to pay their bill have an obligation to pay the hospital in a timely manner.
Behavioral Health and Wellness Services makes every effort to properly bill patient accounts. Patients have the responsibility to provide correct demographic and insurance information.
Patients who believe they may be eligible for assistance under the hospital's financial assistance policy, or who cannot afford to pay the bill in full, should contact a Financial Counselor or the Billing Department (see contact information below).
In applying for financial assistance, patients have the responsibility to provide accurate, complete financial information and to notify the Billing Department if their financial situation changes.
Patients who fail to meet their financial obligations may be referred to a collection agency.

Contact Information

To make payment arrangements for your bill, please call (301) 315-3660 for assistance.
To inquire about assistance with your bill, please call the Billing Office at (301) 315-3660.
To inquire about Medical Assistance, please call (301) 251-4589 for assistance.
Note: Physician services provided during your stay are not included on your hospital billing statement and will be billed separately.

Appendix V

Hospital Mission, Vision, and Value Statements

Mission

We demonstrate God's care by improving the health of people and communities through a ministry of physical, mental, and spiritual healing.

Vision

We will be a high performance integrator of wellness, disease management and health care services, delivering superior health outcomes, extraordinary patient experience and exceptional value to those we serve.

Values

Adventist HealthCare has identified five core values that we use as a guide in carrying out our day-to-day activities:

1. **Respect:** We recognize the infinite worth of each individual and care for them as a whole person.
2. **Integrity:** We are above reproach in everything we do.
3. **Service:** We provide compassionate and attentive care in a manner that inspires confidence.
4. **Excellence:** We provide world class clinical outcomes in an environment that is safe for both our patients and care givers.
5. **Stewardship:** We take personal responsibility for the efficient and effective accomplishment of our mission.