

Q1.

## Introduction:

### COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

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

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

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

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

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

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

	Is this information correct?		If no, please provide the correct information here:
	Yes	No	
The proper name of your hospital is: Northwest Hospital Center, Inc.	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital's ID is: 210040	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital is part of the hospital system called LifeBridge Health.	<input checked="" type="radio"/>	<input type="radio"/>	

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

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

Northwest Hospital Utilizes data powered by the Healthy Communities Institute and can be found at <https://healthycarroll.org/lifebridge/>

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

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

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

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Allegany County             | <input type="checkbox"/> Charles County    | <input type="checkbox"/> Prince George's County |
| <input type="checkbox"/> Anne Arundel County         | <input type="checkbox"/> Dorchester County | <input type="checkbox"/> Queen Anne's County    |
| <input checked="" type="checkbox"/> Baltimore City   | <input type="checkbox"/> Frederick County  | <input type="checkbox"/> Somerset County        |
| <input checked="" type="checkbox"/> Baltimore County | <input type="checkbox"/> Garrett County    | <input type="checkbox"/> St. Mary's County      |
| <input type="checkbox"/> Calvert County              | <input type="checkbox"/> Harford County    | <input type="checkbox"/> Talbot County          |
| <input type="checkbox"/> Caroline County             | <input type="checkbox"/> Howard County     | <input type="checkbox"/> Washington County      |
| <input type="checkbox"/> Carroll County              | <input type="checkbox"/> Kent County       | <input type="checkbox"/> Wicomico County        |

Cecil County

Montgomery County

Worcester County

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

- |   |                                |                                |                                |
|---|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 21201            | <input type="checkbox"/> 21212 | <input type="checkbox"/> 21225 | <input type="checkbox"/> 21237 |
| <input type="checkbox"/> 21202            | <input type="checkbox"/> 21213 | <input type="checkbox"/> 21226 | <input type="checkbox"/> 21239 |
| <input type="checkbox"/> 21203            | <input type="checkbox"/> 21214 | <input type="checkbox"/> 21227 | <input type="checkbox"/> 21251 |
| <input type="checkbox"/> 21205            | <input type="checkbox"/> 21215 | <input type="checkbox"/> 21228 | <input type="checkbox"/> 21263 |
| <input type="checkbox"/> 21206            | <input type="checkbox"/> 21216 | <input type="checkbox"/> 21229 | <input type="checkbox"/> 21270 |
| <input checked="" type="checkbox"/> 21207 | <input type="checkbox"/> 21217 | <input type="checkbox"/> 21230 | <input type="checkbox"/> 21278 |
| <input checked="" type="checkbox"/> 21208 | <input type="checkbox"/> 21218 | <input type="checkbox"/> 21231 | <input type="checkbox"/> 21281 |
| <input type="checkbox"/> 21209            | <input type="checkbox"/> 21222 | <input type="checkbox"/> 21233 | <input type="checkbox"/> 21287 |
| <input type="checkbox"/> 21210            | <input type="checkbox"/> 21223 | <input type="checkbox"/> 21234 | <input type="checkbox"/> 21290 |
| <input type="checkbox"/> 21211            | <input type="checkbox"/> 21224 | <input type="checkbox"/> 21236 |                                |

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

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> 21013            | <input type="checkbox"/> 21092            | <input type="checkbox"/> 21156            | <input type="checkbox"/> 21225            |
| <input type="checkbox"/> 21020            | <input type="checkbox"/> 21093            | <input type="checkbox"/> 21161            | <input type="checkbox"/> 21227            |
| <input type="checkbox"/> 21022            | <input type="checkbox"/> 21094            | <input type="checkbox"/> 21162            | <input type="checkbox"/> 21228            |
| <input type="checkbox"/> 21023            | <input type="checkbox"/> 21102            | <input type="checkbox"/> 21163            | <input type="checkbox"/> 21229            |
| <input type="checkbox"/> 21027            | <input type="checkbox"/> 21104            | <input type="checkbox"/> 21204            | <input type="checkbox"/> 21234            |
| <input type="checkbox"/> 21030            | <input type="checkbox"/> 21105            | <input type="checkbox"/> 21206            | <input type="checkbox"/> 21235            |
| <input type="checkbox"/> 21031            | <input type="checkbox"/> 21111            | <input checked="" type="checkbox"/> 21207 | <input type="checkbox"/> 21236            |
| <input type="checkbox"/> 21043            | <input checked="" type="checkbox"/> 21117 | <input checked="" type="checkbox"/> 21208 | <input type="checkbox"/> 21237            |
| <input type="checkbox"/> 21051            | <input type="checkbox"/> 21120            | <input type="checkbox"/> 21209            | <input type="checkbox"/> 21239            |
| <input type="checkbox"/> 21052            | <input type="checkbox"/> 21128            | <input type="checkbox"/> 21210            | <input type="checkbox"/> 21241            |
| <input type="checkbox"/> 21053            | <input type="checkbox"/> 21131            | <input type="checkbox"/> 21212            | <input checked="" type="checkbox"/> 21244 |
| <input type="checkbox"/> 21057            | <input checked="" type="checkbox"/> 21133 | <input type="checkbox"/> 21215            | <input type="checkbox"/> 21250            |
| <input type="checkbox"/> 21065            | <input type="checkbox"/> 21136            | <input type="checkbox"/> 21219            | <input type="checkbox"/> 21252            |
| <input type="checkbox"/> 21071            | <input type="checkbox"/> 21139            | <input type="checkbox"/> 21220            | <input type="checkbox"/> 21282            |
| <input type="checkbox"/> 21074            | <input type="checkbox"/> 21152            | <input type="checkbox"/> 21221            | <input type="checkbox"/> 21284            |
| <input type="checkbox"/> 21082            | <input type="checkbox"/> 21153            | <input type="checkbox"/> 21222            | <input type="checkbox"/> 21285            |
| <input type="checkbox"/> 21085            | <input type="checkbox"/> 21155            | <input type="checkbox"/> 21224            | <input type="checkbox"/> 21286            |
| <input checked="" type="checkbox"/> 21087 |   |   |   |

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

**Q33. How did your hospital identify its CBSA?**



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

Please view full narrative in the other section that follows

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

Please view full narrative in the other section that follows

Based on patterns of utilization. Please describe.

Please view full narrative in the other section that follows

Other. Please describe.

Description of Community Served by Northwest Hospital Northwest Hospital (herein referred to as Northwest), is a hospital in northwest Baltimore County with a unique geographic construct, that splits its community-based footprint across northwest Baltimore City and the suburbs of Baltimore, Carroll and Howard counties. Owned and operated by LifeBridge Health, Northwest is full-service, with an emergency room and surgical facilities located at the intersection of Old Court Road and Carlson Lane, west of Liberty Road. Northwest Hospital offers services that range of clinical services that care for medical, surgical, behavioral health, rehabilitative and hospice patients. Its unique facilities have been designed around the Friesen concept, with nursing at the center of care delivery, allowing nurses to spend more time with their patients. Founded in 1964 by Baltimore County residents, as a community hospital, Northwest functions by working to create an environment conducive to caring for its patients and neighbors. As a not-for-profit organization, Northwest Hospital continues its commitment to creating and maintaining an environment where exceptional quality care and service is achieved and recognized by our patients and their families, members of the medical and allied health staffs, employees, volunteers and the communities that it serves. It remains steadfast in its mission to improve the well-being of the community it serves by nurturing relationships between the hospital, medical staff and our patients and their families.

Northwest Hospital is located in the Randallstown (21133) community of Baltimore County, serving both its immediate neighbors and others from throughout the Baltimore County region. The community served by Northwest Hospital can be defined by its (a) Primary Service Area (PSA) and (b) Community Benefit Service Area (CBSA), the area targeted for community health improvement. a) The Primary Service Area (PSA) is comprised of zip codes from which the top 60% of patient discharges originate 2. Listed in order from largest to smallest number of discharges for FY 2013, Northwest's PSA includes the following zip codes: 21133 (Randallstown), 21244 (Windsor Mill), 21207 (Gwynn Oak), 21117 (Owings Mills), and 21208 (Pikesville). The Community Benefit Service Area (CBSA) is comprised of zip codes, or geographic areas, targeted for Community Benefit programming due to the area's demonstration of need. The five zip codes of Northwest Hospital's Primary Service Area make up Northwest Hospital's CBSA. There are significant demographic characteristics and social determinants impacting the health of the community served by Northwest Hospital. Northwest Hospital's Community Benefit activities fit into the hospital strategic plan as well as the hospital Strategic Transformation Plan. In 2016, LifeBridge Health added a new pillar in its updated strategic plan, focusing on managing the total cost of care. Strategies within this pillar include "prioritizing population health and the continuum of care." Northwest Hospital's Community Benefit activities are administered by departments and staff within the Department of Population Health, and are considered crucial to this pillar of the hospital strategic plan

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

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

<http://www.lifebridgehealth.org/Northwest/AboutNorthwest1.aspx>

Q37. Is your hospital an academic medical center?

- Yes  
 No

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

Northwest Hospital is an acute care, 228-bed community hospital located in Randallstown, Maryland. It has 164 medical/surgical beds, 37 psychiatric beds, and 39 subacute care beds. The hospital was originally established in 1962 as the Liberty Court Rehabilitation Center. A year later, the center changed its name to the Baltimore County General Hospital, and in 1993, made a final change to Northwest Hospital. The merger of Sinai Health System, Inc. and Northwest Health System, Inc. formed LifeBridge Health System, its parent corporation, in October 1998. Today, Northwest Hospital maintains its mission to improve the well-being of the community by nurturing relationships between the hospital, medical staff and patients while providing the highest quality of care in a patient-centered environment. In keeping with Northwest Hospital's philosophy of patient-centered care, its facilities have been designed around the Friesen concept, with nurse alcoves outside each patient room that enable nurses to spend more time with their patients. The Friesen-design hospital functions differently from the traditional hospital in that it creates an environment conducive to direct patient care through smaller 20-bed units; private patient rooms; elimination of nursing stations; and placing supplies, medications, and charts in close proximity to patients. Northwest delivers a broad array of inpatient, emergency and outpatient services to residents throughout the northwest corridor of the state, including Baltimore County, southern and eastern Carroll County, Baltimore City, and northern Howard County. As a community-focused hospital center, Northwest's services respond to a broad continuum of health care needs and serves patients either directly, through joint programs with other providers and health related agencies, or as an advocate for alternate sources of care. Northwest operates 10 Centers of Excellence including the Sandra and Malcolm Berman Brain & Spine Institute and the Herman & Walter Samuelson Breast Care Center. In 2010, Northwest received the Silver Plus Award from the American Heart Association and the Primary Stroke designation from the American Stroke Association. In 2011, the hospital's subacute unit was named a U.S. News and World Report "Best Nursing Home." Northwest Hospital completed its formal community health needs assessment as required and defined by the Patient Protection and Affordable Care Act and Section 501(r)(3) of the Internal Revenue Code during fiscal year 2016 (FY16).

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

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

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

- Yes  
 No

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

*This question was not displayed to the respondent.*

Q43. When was your hospital's most recent CHNA completed? (MM/DD/YYYY)

03/15/2018

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

<http://www.lifebridgehealth.org/uploads/public/documents/community%20health/2018/CHNA-2018.pdf>

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

- Yes  
 No

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

Created printed copies and posted online at the link above. Also, developed an executive summary to key stakeholders.

Q47. Section II - CHNA Part 2 - Participants

Q48. Please use the table below to tell us about the internal participants involved in your most recent CHNA.

	CHNA Activities										Other (explain) Other - If you selected "Other (explain)," please type your explanation below:
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	
CB/ Community Health/Population Health Director (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CB/ Community Health/ Population Health Director (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Senior Executives (CEO, CFO, VP, etc.) (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Senior Executives (CEO, CFO, VP, etc.) (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Board of Directors or Board Committee (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Board of Directors or Board Committee (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clinical Leadership (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	







Maryland Department of Natural Resources

N/A - Person or Organization was not involved  
Member of CHNA Committee  
Participated in the development of the CHNA process  
Advised on CHNA best practices  
Participated in primary data collection  
Participated in identifying priority health needs  
Participated in identifying community resources to meet health needs  
Provided secondary health data  
Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

Maryland Department of the Environment

N/A - Person or Organization was not involved  
Member of CHNA Committee  
Participated in the development of the CHNA process  
Advised on CHNA best practices  
Participated in primary data collection  
Participated in identifying priority health needs  
Participated in identifying community resources to meet health needs  
Provided secondary health data  
Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

Maryland Department of Transportation

N/A - Person or Organization was not involved  
Member of CHNA Committee  
Participated in the development of the CHNA process  
Advised on CHNA best practices  
Participated in primary data collection  
Participated in identifying priority health needs  
Participated in identifying community resources to meet health needs  
Provided secondary health data  
Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

Maryland Department of Education

N/A - Person or Organization was not involved  
Member of CHNA Committee  
Participated in the development of the CHNA process  
Advised on CHNA best practices  
Participated in primary data collection  
Participated in identifying priority health needs  
Participated in identifying community resources to meet health needs  
Provided secondary health data  
Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

Area Agency on Aging -- Please list the agencies here:

N/A - Person or Organization was not involved  
Member of CHNA Committee  
Participated in the development of the CHNA process  
Advised on CHNA best practices  
Participated in primary data collection  
Participated in identifying priority health needs  
Participated in identifying community resources to meet health needs  
Provided secondary health data  
Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

Local Govt. Organizations -- Please list the organizations here:

N/A - Person or Organization was not involved  
Member of CHNA Committee  
Participated in the development of the CHNA process  
Advised on CHNA best practices  
Participated in primary data collection  
Participated in identifying priority health needs  
Participated in identifying community resources to meet health needs  
Provided secondary health data  
Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

Faith-Based Organizations

N/A - Person or Organization was not involved  
Member of CHNA Committee  
Participated in the development of the CHNA process  
Advised on CHNA best practices  
Participated in primary data collection  
Participated in identifying priority health needs  
Participated in identifying community resources to meet health needs  
Provided secondary health data  
Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

School - K-12 -- Please list the schools here:

N/A - Person or Organization was not involved  
Member of CHNA Committee  
Participated in the development of the CHNA process  
Advised on CHNA best practices  
Participated in primary data collection  
Participated in identifying priority health needs  
Participated in identifying community resources to meet health needs  
Provided secondary health data  
Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

School - Colleges and/or Universities -- Please list the schools here:

N/A - Person or Organization was not involved  
Member of CHNA Committee  
Participated in the development of the CHNA process  
Advised on CHNA best practices  
Participated in primary data collection  
Participated in identifying priority health needs  
Participated in identifying community resources to meet health needs  
Provided secondary health data  
Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

School of Public Health -- Please list the schools here:

School - Medical School -- Please list the schools here:

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

School - Nursing School -- Please list the schools here:

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

School - Dental School -- Please list the schools here:

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

School - Pharmacy School -- Please list the schools here:

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Behavioral Health Organizations -- Please list the organizations here:

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Social Service Organizations -- Please list the organizations here:

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Post-Acute Care Facilities -- please list the facilities here:

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Community/Neighborhood Organizations -- Please list the organizations here:  
Stevenswood Improvement Association,  
Liberty Road Business Association,  
Oakwood Village Community Association

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Consumer/Public Advocacy Organizations -- Please list the organizations here:

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
Other -- If any other people or organizations were involved, please list them here:								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other - If you selected "Other (explain)," please type your explanation below:								
Other - If you selected "Other (explain)," please type your explanation below:								

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

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

- Yes
- No

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

3/15/18

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

With website redesign, the link is currently not working, see document posted below. We are working to resolve this

Q55. Please explain why your hospital has not adopted an implementation strategy. Please include whether the hospital has a plan and/or a timeframe for an implementation strategy.

*This question was not displayed to the respondent.*

Q56. Please select the health needs identified in your most recent CHNA. Select all that apply even if a need was not addressed by a reported initiative.

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

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

The only significant change from the previous survey is there was greater attention to issues related to violence, mental health and substance abuse.

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

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

[CHNA Implementation Plans Northwest 2018.pdf](#)  
29.6KB  
application/pdf

Q60. Section III - CB Administration Part 1 - Participants

Q61. Please use the table below to tell us about how internal staff members were involved in your hospital's community benefit activities during the fiscal year.

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









Social Service Organizations -- Please list the organizations here:

N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

Other - If you selected "Other (explain)," please type your explanation below:

Other - If you selected "Other (explain)," please type your explanation below:

Other - If you selected "Other (explain)," please type your explanation below:

Other - If you selected "Other (explain)," please type your explanation below:

Other - If you selected "Other (explain)," please type your explanation below:

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

Q65. Does your hospital conduct an internal audit of the annual community benefit financial spreadsheet? Select all that apply.

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

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

- Yes
- No

Q67. Please describe the community benefit narrative audit process.

*This question was not displayed to the respondent.*

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

- Yes
- No

Q69. Please explain:

*This question was not displayed to the respondent.*

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

- Yes
- No

Q71. Please explain:

*This question was not displayed to the respondent.*

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

- Yes
- No

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

The Community Health Needs Assessment results are prioritized by community leaders and system leadership. A Community Benefit plan is created from this prioritization process. The community benefit plan is used to identify needs and priorities for the organizational strategy.

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

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

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

Q77. Based on the implementation strategy developed through the CHNA process, please describe *three* ongoing, multi-year programs and initiatives undertaken by your hospital to address community health needs during the fiscal year.

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

Q79. Name of initiative.

Substance Abuse

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

- Yes
- No

Q81. In your most recently completed CHNA, the following community health needs were identified:

**Access to Health Services: Health Insurance, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Community Unity, Diabetes, Disability and Health, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, HIV, Immunization and Infectious Diseases, Injury Prevention, Lesbian, Gay, Bisexual, and Transgender Health, Nutrition and Weight Status, Physical Activity, Respiratory Diseases, Sexually Transmitted Diseases, Tobacco Use, Violence Prevention, Other Social Determinants of Health**  
**Other:**

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

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

Q82. When did this initiative begin?

Q83. Does this initiative have an anticipated end date?

- No, the initiative has no anticipated end date.
- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.

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

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

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

Other. Please explain.

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

According to Baltimore County statistics, Between 2007 and 2012, there was an average of 112 fatal overdoses annually in Baltimore County In 2018, more than 300 people died from fatal overdoses in Baltimore County In 2019, Baltimore County police has used Naloxone, the overdose reversal drug, 135+ times In 2019, Baltimore County emergency personnel has used Naloxone more than 1200 times So far in 2019, Baltimore County has experienced 780 drug overdoses So far in 2019, Baltimore County has experienced 185 fatal overdoses Northwest hospital began an initiative to screen patients entering it's emergency department, provide a brief intervention and refer to treatment (SBIRT) with the intention of capturing more people in the community misusing substances and connecting them to appropriate treatment resources.

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

54,984

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

Positive Screens 5,952; Brief Interventions 2,718; Referrals to Treatment 304 and Linkages to Treatment 51

Q87. What category(ies) of intervention best fits this initiative? Select all that apply.

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

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

Yes. Please describe who was involved in this initiative.

Mosaic Group  
Baltimore County Health Department  
Various treatment agencies

No.

Q89. Please describe the primary objective of the initiative.

The program is focused on screening for substance abuse, intervention and referral to treatment

Q90. Please describe how the initiative is delivered.

A team of 4 peer support specialists (those who are recovering from a behavioral health or addiction) provide this service using a standardized screening tool. Using this tool, they identify those who screen positive, provide a brief intervention, and link those people to treatment services.

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

- Count of participants/encounters
- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants
- Biophysical health indicators
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost
- Assessment of workforce development
- Other

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

Positive Screens 5,952; Brief Interventions 2,718; Referrals to Treatment 304 and Linkages to Treatment 51

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

The CHNA as well as state research has found that the incidence of substance use is increasing and the number of deaths from unintentional overdose is increasing.

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

Grant: \$105,000 Non Grant: \$86,000 Northwest Hospital has committed to continuing this program for FY 20 with no grant funding.

Q95. (Optional) Supplemental information for this initiative.

[SBIRT Northwest Jun2019 dashboard \(2\).pdf](#)  
334.1KB  
application/pdf

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

Q97. Name of initiative.

Violence Intervention Program Kujichagulia Center, M. Peter Moser Community Initiatives

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

- Yes
- No

Q99. In your most recently completed CHNA, the following community health needs were identified:  
**Access to Health Services: Health Insurance, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Community Unity, Diabetes, Disability and Health, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, HIV, Immunization and Infectious Diseases, Injury Prevention, Lesbian, Gay, Bisexual, and Transgender Health, Nutrition and Weight Status, Physical Activity, Respiratory Diseases, Sexually Transmitted Diseases, Tobacco Use, Violence Prevention, Other Social Determinants of Health**  
**Other:**

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

- Access to Health Services: Health Insurance
- Access to Health Services: Practicing PCPs
- Access to Health Services: Regular PCP Visits
- Access to Health Services: ED Wait Times
- Heart Disease and Stroke
- HIV
- Immunization and Infectious Diseases
- Injury Prevention

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

Q100. When did this initiative begin?

Q101. Does this initiative have an anticipated end date?

- No, the initiative does not have an anticipated end date.
- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.

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

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

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

- Other. Please explain.

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

Kujichagulia Center targets young adults in Northwest Baltimore for Workforce Readiness Services as well as patients qualified for SVIP services because they were injured in street violence incidents.

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

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

99 patients were approached at bedside with invitation to accept SVIP services. Ten (10) non-patient Secondary Trauma victims were served. 94 people (84 patients, 10 Secondary Trauma Victims) accepted SVIP services. Kujichagulia Center's Working Life Skills Readiness/VSP Internship (WLSR/I) program provided services to five (5) SVIP patients who now await funding to provide their Internship opportunities. Fifteen (15) WLSR/I participants from previous years approached us for assistance, advice, information, or to request support references for school or work activities in FY 2019.

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

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

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

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

LifeBridge Vocation Services Program (VSP) Safe Streets LifeBridge Development Baltimore City Health Department Park Heights Renaissance Northwestern Police District Baltimore City Police Department (Headquarters) Langston Hughes Community and Business Center Northwest Employment Center Pimlico Merchants Association NPower Department of Probation and Parole Office of the Public Defender Baltimore City State's Attorney's Office Center for Urban Families Keys Development Mayor's Employ Baltimore Convention YO! Baltimore Bridge Park Healthcare Center Jai Medical Social Security office Maryland Vital Records Motor Vehicle Administration Baltimore City District Court Circuit Court for Baltimore City

- No.

Q107. Please describe the primary objective of the initiative.

Prevent violent retaliation and reduce street violence by creating a venue to escape the cycle of violence.

Q108. Please describe how the initiative is delivered.

• Provide service coordination, advocacy, education and support • Address trauma through ongoing social work support 2) Provide services for male opportunity youth residing in 21215 to secure a viable future. This includes: • Internship and job placement services • Providing on-going wraparound social services 3) Mentoring middle school students from Grade 5 – Grade 8 in Park Heights community regarding bullying and violence in the African American/Black community.

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

- Count of participants/encounters
- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants
- Biophysical health indicators
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost
- Assessment of workforce development
- Other

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

The middle school mentoring program at Northwest Hospital worked with the Kujichagulia Center in two main ways. First, some of the students attending middle schools and high schools in the Northwest area (Northwest Academy of Health Sciences formerly Old Court Middle, and Milford Mill Academy) actually lived in the primary service area of the Kujichagulia Center. Second as part of LifeBridge Health efforts to reach across territories to prevent violence and bullying, this effort was necessary to maintain safe environments for the children at school and at home once they returned from a 'different' school environment. Health Care utilization and costs were affected because there were participants who presented in the ER at Northwest Hospital but due to the nature of their trauma had to be transferred to Sinai, where Kujichagulia Center strategies were implemented to provide not only medical care, but address social determinants to prevent further trauma. Workforce development strategies from Kujichagulia Center initiatives and partnerships allowed those who suffered from violence to apply for jobs, create and finish resumes, and secure on-line access to resources. We anticipate that this collaborative initiative between both hospitals will expand throughout the Northwest service area. Total Program Outcomes: Hospital Responders conducted Bedside Visits with 99 patients treated for street violence injuries. • Most frequent patient ZIP codes were 21215, 21216, 21207, and 21217. • 69% of these patients were treated for GSW • 19% knife wounds • 10% non-weapon assaults • 2% combination injury (Stabbing & Assault) injuries • 94 patients accepted SVIP services, resulting in 2,236 points of service actions for patients. • 10 clients served were Secondary Trauma Victims, usually family members or partners of SVIP patients, who suffered psychological trauma and economic challenge because the primary victim of violence could not fulfill roles in the household or family • 92% of patients were African American, 9% multi-racial or no designation, 1% White • Most requested services were for Crisis Intervention (assist handling immediate post-injury needs), Housing assistance, and Mental Health assistance • One patient enrolled in and completed the Vehicles for Change Automobile Mechanic Certification program. • Six patients were relocated to different areas of the city under the SVIP Safe Housing program. • SVIP Trauma Support Group successfully supports 8 patients as they return to the community

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

Youth/Street Violence was identified as a top priority concern of the Park Heights community Kujichagulia Center is now fully staffed to provide SVIP for female as well as male victims of violence. Direct services now include relocation for safety, mental health services for secondary trauma victims (patient relatives and partners), and wraparound services specific to patient's post-discharge circumstances. Upon recognition of the need to provide services to more victims of street violence in the community, the program has been expanded to serve both men and women of all age groups

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

\$15,642.16

Q113. (Optional) Supplemental information for this initiative.

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

Q115. Name of initiative.

Community Health Education, Office of Community Health Improvement (OCHI)

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

- Yes
- No

Q117. In your most recently completed CHNA, the following community health needs were identified:  
**Access to Health Services: Health Insurance, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Community Unity, Diabetes, Disability and Health, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, HIV, Immunization and Infectious Diseases, Injury Prevention, Lesbian, Gay, Bisexual, and Transgender Health, Nutrition and Weight Status, Physical Activity, Respiratory Diseases, Sexually Transmitted Diseases, Tobacco Use, Violence Prevention, Other Social Determinants of Health**  
Other:



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

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

Q118. When did this initiative begin?

Q119. Does this initiative have an anticipated end date?

- No, the initiative does not have an anticipated end date.
- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.

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

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

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

Other. Please explain.

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

Patients over 18 years, utilizing LifeBridge Health facilities qualified for comprehensive adult wellness.

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

153,424

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

2,439 individuals were educated through multiple forums and health fairs across Sinai, Northwest, and Levindale service areas

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

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

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

Yes. Please describe who was involved in this initiative.

American Heart Association, Kimberly Mays, Senior Director - Community and Multicultural Health • BCHD Cardiovascular Disparities Task Force, Emilie Gildie, Director of Tobacco Use and Cardiovascular Disease Prevention • Baltimore City Dept of Aging, Reverend J. Worthy, Director of Forest Park Senior Center • American Stroke Association, Faye Elliott, RN (Stroke Ambassador) • Sandra and Malcolm Berman Brain and Spine Institute Stroke Programs at LBH, Lorraine Newborn-Palmer, RN Program Coordinator • Shop Rite Howard Park, Josh Thompson, Manager and Susan Tran, Pharmacist • Park Heights Community Health Alliance, Willie Flowers, Executive Director • Various community churches and local businesses Impact

No.

Q125. Please describe the primary objective of the initiative.

The initiative is focused on improving health literacy

Q126. Please describe how the initiative is delivered.

Provide health education offerings to the community • Provide tools for dealing with hypertension and other components of metabolic syndrome • Provide community-based offerings focused on health-related services and information

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

- Count of participants/encounters
- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants
- Biophysical health indicators
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost
- Assessment of workforce development
- Other

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

Out of the events evaluated, more than 96% of participants stated that they planned to make lifestyle changes to be healthier. Attended 355 community-based forums by Community Health Education Staff • Provided 1865 hours of community education and support • Completed 23 community screenings

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

This initiative provides a forum for the community to understand how to manage chronic conditions and overcome barriers to self-care.

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

\$98,460

Q131. (Optional) Supplemental information for this initiative.

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

Q133. Additional information about initiatives.

Q134. (Optional) If you wish, you may upload a document describing your community benefit initiatives in more detail, or provide descriptions of additional initiatives your hospital undertook during the fiscal year. These need not be multi-year, ongoing initiatives.

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

- Yes
- No

Q136.

In your most recently completed CHNA, the following community health needs were identified:  
**Access to Health Services: Health Insurance, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Community Unity, Diabetes, Disability and Health, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke,**

**HIV, Immunization and Infectious Diseases, Injury Prevention, Lesbian, Gay, Bisexual, and Transgender Health, Nutrition and Weight Status, Physical Activity, Respiratory Diseases, Sexually Transmitted Diseases, Tobacco Use, Violence Prevention, Other Social Determinants of Health  
Other:**

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

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

Q137. Why were these needs unaddressed?

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

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

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

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

## Q140. Section V - Physician Gaps & Subsidies

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

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

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

Hospital-Based Physicians	Physician subsidies have become necessary to ensure that all patients requiring anesthesia, behavioral health, radiology and general medicine care have the access they need both on an inpatient and outpatient basis, including 24/7 coverage. Northwest Hospital provides coverage in each of these areas through contracted physicians, House Staff or Hospitalists and allocates a significant amount of resources to sustain these programs.
Non-Resident House Staff and Hospitalists	Physician subsidies have become necessary to ensure that all patients requiring anesthesia, behavioral health, radiology and general medicine care have the access they need both on an inpatient and outpatient basis, including 24/7 coverage. Northwest Hospital provides coverage in each of these areas through contracted physicians, House Staff or Hospitalists and allocates a significant amount of resources to sustain these programs.
Coverage of Emergency Department Call	To help ease the effects of uncompensated care on physicians and address the gap in care for our patients, Northwest Hospital contracts with various specialists to ensure 24/7 coverage in the ED.
Physician Provision of Financial Assistance	Hospital-employed physicians are required to see medical underserved, uninsured, Medicare and Medicaid patients.
Physician Recruitment to Meet Community Need	<input type="text" value="n/a"/>
Other (provide detail of any subsidy not listed above)	<input type="text" value="n/a"/>
Other (provide detail of any subsidy not listed above)	<input type="text"/>
Other (provide detail of any subsidy not listed above)	<input type="text"/>

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

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

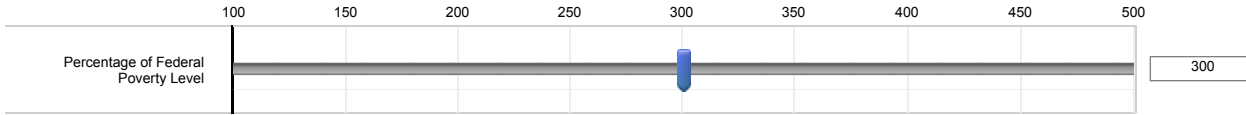
## Q145. Section VI - Financial Assistance Policy (FAP)

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

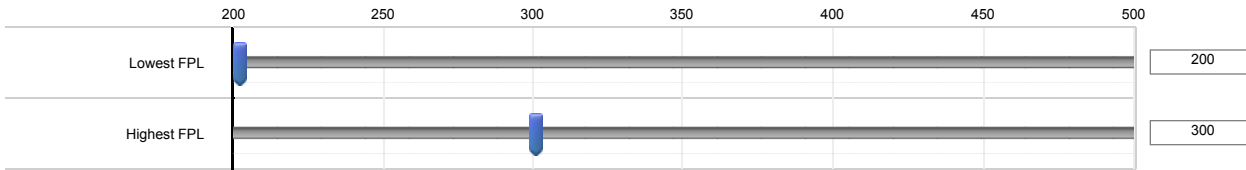
[Financial Assistance Policy NW PDF 0118.pdf](#)  
349KB  
application/pdf

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

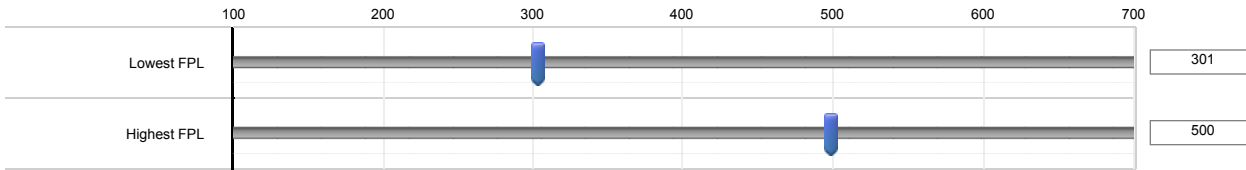
Q148. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(i) to provide free medically necessary care to patients with family income at or below 200 percent of the federal poverty level (FPL). Please select the percentage of FPL below which your hospital's FAP offers free care.



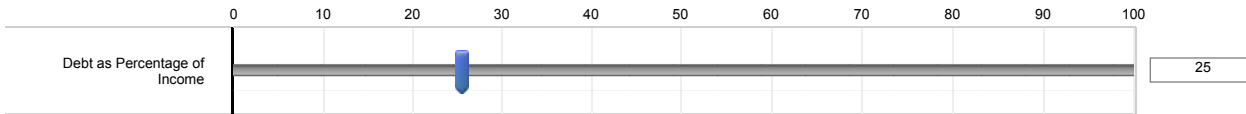
Q149. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level. Please select the range of the percentage of FPL for which your hospital's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



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



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



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

- No, the FAP has not changed.
- Yes, the FAP has changed. Please describe:

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

There have been no material changes to the hospital's FAP since April 2016.

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

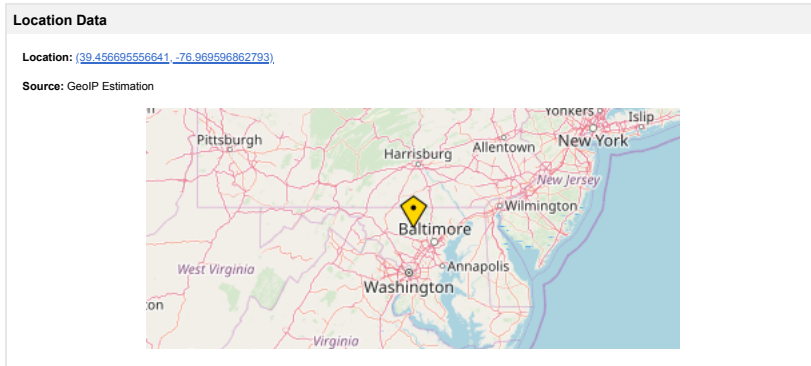
Q156.

**Attention Hospital Staff! IMPORTANT!**

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

We strongly urge you to contact us at [hcbhelp@hilltop.umbc.edu](mailto:hcbhelp@hilltop.umbc.edu) to request a copy of your answers. We will happily send you a pdf copy of your narrative that you can share with your leadership, Board, or other interested parties. If you need to make any corrections or change any of your answers, you can use the Table of Contents feature to navigate to the appropriate section of the narrative.

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



**From:** [Hilltop HCB Help Account](#)  
**To:** [ymarzouk@lifebridgehealth.org](mailto:ymarzouk@lifebridgehealth.org)  
**Cc:** [Hilltop HCB Help Account](#)  
**Subject:** Clarification Required - Lifebridge Northwest FY 19 CB Narrative  
**Date:** Monday, March 2, 2020 10:29:59 AM  
**Attachments:** [Lifebridge Northwest FY2019 CBNarrative Final.pdf](#)

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Thank you for submitting Northwest Hospital Center's FY 2019 Community Benefit Narrative Report. Upon reviewing your report, we require clarification of certain issues:

- In response to Question 50, beginning on page 9 of the attached, you list "Community/Neighborhood Organizations" by name but do not indicate their level of involvement in the CHNA process. Please provide a response for "Community/Neighborhood Organization" involvement.
- For the violence intervention initiative, beginning on page 21, you have not provided responses for Questions 101 or 103. Please provide a response for anticipated end date of the initiative as well as an estimated target population size.
- In response to Question 126 on page 27, please provide more detail as to how the initiative is delivered.
- In response to Question 141 on page 28, did you intend to select "Mental Health" instead of listing "Psychiatry" under "Other?"

Please provide your clarifying answers as a response to this message. Thank you for your attention to this matter.