

Q1.

## Introduction:

### COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

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

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

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

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

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

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

	Is this information correct?		If no, please provide the correct information here:
	Yes	No	
The proper name of your hospital is: Sheppard Pratt Health System	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital's ID is: 4000	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital is part of the hospital system called None - Independent Hospital.	<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.

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 checked="" type="checkbox"/> Prince George's County |
| <input checked="" 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 checked="" type="checkbox"/> Harford County | <input type="checkbox"/> Talbot County                     |
| <input type="checkbox"/> Caroline County                | <input checked="" type="checkbox"/> Howard County  | <input type="checkbox"/> Washington County                 |
| <input checked="" 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.

- |                                |   |   |   |
|--------------------------------|---|---|---|
| <input type="checkbox"/> 20701 | <input type="checkbox"/> 20776            | <input type="checkbox"/> 21062            | <input checked="" type="checkbox"/> 21146 |
| <input type="checkbox"/> 20711 | <input type="checkbox"/> 20778            | <input type="checkbox"/> 21076            | <input type="checkbox"/> 21225            |
| <input type="checkbox"/> 20714 | <input type="checkbox"/> 20779            | <input type="checkbox"/> 21077            | <input type="checkbox"/> 21226            |
| <input type="checkbox"/> 20724 | <input type="checkbox"/> 20794            | <input type="checkbox"/> 21090            | <input type="checkbox"/> 21240            |
| <input type="checkbox"/> 20733 | <input checked="" type="checkbox"/> 21012 | <input type="checkbox"/> 21106            | <input checked="" type="checkbox"/> 21401 |
| <input type="checkbox"/> 20736 | <input type="checkbox"/> 21032            | <input type="checkbox"/> 21108            | <input type="checkbox"/> 21402            |
| <input type="checkbox"/> 20751 | <input type="checkbox"/> 21035            | <input checked="" type="checkbox"/> 21113 | <input checked="" type="checkbox"/> 21403 |
| <input type="checkbox"/> 20754 | <input checked="" type="checkbox"/> 21037 | <input checked="" type="checkbox"/> 21114 | <input type="checkbox"/> 21404            |
| <input type="checkbox"/> 20755 | <input checked="" type="checkbox"/> 21054 | <input checked="" type="checkbox"/> 21122 | <input type="checkbox"/> 21405            |
| <input type="checkbox"/> 20758 | <input type="checkbox"/> 21056            | <input type="checkbox"/> 21123            | <input checked="" type="checkbox"/> 21409 |
| <input type="checkbox"/> 20764 | <input checked="" type="checkbox"/> 21060 | <input type="checkbox"/> 21140            | <input type="checkbox"/> 21411            |
| <input type="checkbox"/> 20765 | <input checked="" type="checkbox"/> 21061 | <input checked="" type="checkbox"/> 21144 | <input type="checkbox"/> 21412            |

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

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> 21201            | <input checked="" type="checkbox"/> 21212 | <input checked="" type="checkbox"/> 21225 | <input checked="" type="checkbox"/> 21237 |
| <input checked="" type="checkbox"/> 21202 | <input checked="" type="checkbox"/> 21213 | <input type="checkbox"/> 21226            | <input checked="" type="checkbox"/> 21239 |
| <input type="checkbox"/> 21203            | <input checked="" type="checkbox"/> 21214 | <input type="checkbox"/> 21227            | <input type="checkbox"/> 21251            |
| <input type="checkbox"/> 21205            | <input checked="" type="checkbox"/> 21215 | <input type="checkbox"/> 21228            | <input type="checkbox"/> 21263            |
| <input checked="" type="checkbox"/> 21206 | <input checked="" type="checkbox"/> 21216 | <input checked="" type="checkbox"/> 21229 | <input type="checkbox"/> 21270            |
| <input type="checkbox"/> 21207            | <input checked="" type="checkbox"/> 21217 | <input type="checkbox"/> 21230            | <input type="checkbox"/> 21278            |
| <input type="checkbox"/> 21208            | <input checked="" type="checkbox"/> 21218 | <input type="checkbox"/> 21231            | <input type="checkbox"/> 21281            |
| <input checked="" type="checkbox"/> 21209 | <input checked="" 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 checked="" 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 checked="" type="checkbox"/> 21225 |
| <input type="checkbox"/> 21020            | <input checked="" type="checkbox"/> 21093 | <input type="checkbox"/> 21161            | <input checked="" type="checkbox"/> 21227 |
| <input type="checkbox"/> 21022            | <input type="checkbox"/> 21094            | <input type="checkbox"/> 21162            | <input checked="" 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 checked="" type="checkbox"/> 21204 | <input checked="" type="checkbox"/> 21234 |
| <input checked="" 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 checked="" type="checkbox"/> 21236 |
| <input type="checkbox"/> 21043            | <input checked="" type="checkbox"/> 21117 | <input checked="" type="checkbox"/> 21208 | <input checked="" 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 checked="" type="checkbox"/> 21136 | <input type="checkbox"/> 21219            | <input type="checkbox"/> 21252            |
| <input type="checkbox"/> 21071            | <input type="checkbox"/> 21139            | <input checked="" type="checkbox"/> 21220 | <input type="checkbox"/> 21282            |
| <input type="checkbox"/> 21074            | <input type="checkbox"/> 21152            | <input checked="" type="checkbox"/> 21221 | <input type="checkbox"/> 21284            |
| <input type="checkbox"/> 21082            | <input type="checkbox"/> 21153            | <input checked="" type="checkbox"/> 21222 | <input type="checkbox"/> 21285            |
| <input type="checkbox"/> 21085            | <input type="checkbox"/> 21155            | <input checked="" type="checkbox"/> 21224 | <input checked="" type="checkbox"/> 21286 |
| <input 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.

- |   |                                |
|---|--------------------------------|
| <input type="checkbox"/> 21048            | <input type="checkbox"/> 21757 |
| <input type="checkbox"/> 21074            | <input type="checkbox"/> 21771 |
| <input type="checkbox"/> 21102            | <input type="checkbox"/> 21776 |
| <input type="checkbox"/> 21104            | <input type="checkbox"/> 21784 |
| <input type="checkbox"/> 21136            | <input type="checkbox"/> 21787 |
| <input type="checkbox"/> 21155            | <input type="checkbox"/> 21791 |
| <input checked="" type="checkbox"/> 21157 | <input type="checkbox"/> 21797 |
| <input type="checkbox"/> 21158            |                                |

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.

- |   |   |                                |
|---|---|--------------------------------|
| <input type="checkbox"/> 21001            | <input type="checkbox"/> 21028            | <input type="checkbox"/> 21085 |
| <input type="checkbox"/> 21005            | <input type="checkbox"/> 21034            | <input type="checkbox"/> 21087 |
| <input type="checkbox"/> 21009            | <input checked="" type="checkbox"/> 21040 | <input type="checkbox"/> 21111 |
| <input type="checkbox"/> 21010            | <input type="checkbox"/> 21047            | <input type="checkbox"/> 21130 |
| <input type="checkbox"/> 21013            | <input type="checkbox"/> 21050            | <input type="checkbox"/> 21132 |
| <input checked="" type="checkbox"/> 21014 | <input type="checkbox"/> 21078            | <input type="checkbox"/> 21154 |
| <input type="checkbox"/> 21015            | <input type="checkbox"/> 21082            | <input type="checkbox"/> 21160 |
| <input type="checkbox"/> 21017            | <input type="checkbox"/> 21084            | <input type="checkbox"/> 21161 |
| <input type="checkbox"/> 21018            |   |                                |

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

- |   |   |                                |
|---|---|--------------------------------|
| <input type="checkbox"/> 20701            | <input type="checkbox"/> 21041            | <input type="checkbox"/> 21150 |
| <input checked="" type="checkbox"/> 20723 | <input checked="" type="checkbox"/> 21042 | <input type="checkbox"/> 21163 |
| <input type="checkbox"/> 20759            | <input checked="" type="checkbox"/> 21043 | <input type="checkbox"/> 21723 |
| <input type="checkbox"/> 20763            | <input checked="" type="checkbox"/> 21044 | <input type="checkbox"/> 21737 |
| <input type="checkbox"/> 20777            | <input checked="" type="checkbox"/> 21045 | <input type="checkbox"/> 21738 |
| <input type="checkbox"/> 20794            | <input type="checkbox"/> 21046            | <input type="checkbox"/> 21765 |
| <input type="checkbox"/> 20833            | <input checked="" type="checkbox"/> 21075 | <input type="checkbox"/> 21771 |
| <input type="checkbox"/> 21029            | <input type="checkbox"/> 21076            | <input type="checkbox"/> 21784 |

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.

- |                                |   |                                |                                |
|--------------------------------|---|--------------------------------|--------------------------------|
| <input type="checkbox"/> 20233 | <input type="checkbox"/> 20710            | <input type="checkbox"/> 20742 | <input type="checkbox"/> 20772 |
| <input type="checkbox"/> 20389 | <input type="checkbox"/> 20712            | <input type="checkbox"/> 20743 | <input type="checkbox"/> 20773 |
| <input type="checkbox"/> 20395 | <input checked="" type="checkbox"/> 20715 | <input type="checkbox"/> 20744 | <input type="checkbox"/> 20774 |
| <input type="checkbox"/> 20588 | <input type="checkbox"/> 20716            | <input type="checkbox"/> 20745 | <input type="checkbox"/> 20775 |
| <input type="checkbox"/> 20599 | <input type="checkbox"/> 20717            | <input type="checkbox"/> 20746 | <input type="checkbox"/> 20781 |
| <input type="checkbox"/> 20601 | <input type="checkbox"/> 20718            | <input type="checkbox"/> 20747 | <input type="checkbox"/> 20782 |
| <input type="checkbox"/> 20607 | <input type="checkbox"/> 20720            | <input type="checkbox"/> 20748 | <input type="checkbox"/> 20783 |
| <input type="checkbox"/> 20608 | <input type="checkbox"/> 20721            | <input type="checkbox"/> 20749 | <input type="checkbox"/> 20784 |
| <input type="checkbox"/> 20613 | <input type="checkbox"/> 20722            | <input type="checkbox"/> 20750 | <input type="checkbox"/> 20785 |
| <input type="checkbox"/> 20616 | <input type="checkbox"/> 20724            | <input type="checkbox"/> 20752 | <input type="checkbox"/> 20790 |
| <input type="checkbox"/> 20623 | <input type="checkbox"/> 20725            | <input type="checkbox"/> 20753 | <input type="checkbox"/> 20791 |
| <input type="checkbox"/> 20703 | <input type="checkbox"/> 20726            | <input type="checkbox"/> 20757 | <input type="checkbox"/> 20792 |
| <input type="checkbox"/> 20704 | <input type="checkbox"/> 20731            | <input type="checkbox"/> 20762 | <input type="checkbox"/> 20799 |
| <input type="checkbox"/> 20705 | <input type="checkbox"/> 20735            | <input type="checkbox"/> 20768 | <input type="checkbox"/> 20866 |
| <input type="checkbox"/> 20706 | <input type="checkbox"/> 20737            | <input type="checkbox"/> 20769 | <input type="checkbox"/> 20903 |
| <input type="checkbox"/> 20707 | <input type="checkbox"/> 20738            | <input type="checkbox"/> 20770 | <input type="checkbox"/> 20904 |
| <input type="checkbox"/> 20708 | <input type="checkbox"/> 20740            | <input type="checkbox"/> 20771 | <input type="checkbox"/> 20912 |
| <input type="checkbox"/> 20709 | <input type="checkbox"/> 20741            |                                |                                |

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

Q33. How did your hospital identify its CBSA?

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

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

Based on patterns of utilization. Please describe.

ZIP codes from which 60% of our inpatient discharges originated in FY19.

Other. Please describe.

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

Sheppard Pratt is a specialty hospital and therefore draws patients from a larger geographic area, which includes the entire Central Maryland region and beyond. However, the CBSA was defined by the counties from which the greatest number of inpatient discharges originate. While the market areas for the Towson and Ellicott City hospitals overlap, each has areas from which they have a greater concentration of patients. Baltimore County, Baltimore City, Howard County, Harford County, Carroll County, Prince Georges, and Anne Arundel County comprise the Sheppard Pratt CBSA in 2019. The Towson campus has a higher concentration of patients from Baltimore City and County, while Ellicott City has a greater concentration of patients from Anne Arundel and Howard Counties.

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

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

https://www.sheppardpratt.org/why-sheppard-pratt/mission-values/

Q37. Is your hospital an academic medical center?

- Yes
- No

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

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

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

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

- Yes
- No

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

*This question was not displayed to the respondent.*

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

05/10/2019

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

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

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.

*This question was not displayed to the respondent.*

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







Maryland Department of Health

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

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

Maryland Department of Human Resources

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

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

Maryland Department of Natural Resources

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

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

Maryland Department of the Environment

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

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

Maryland Department of Transportation

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

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

Maryland Department of Education

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

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

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

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:

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)
<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 of Public Health -- 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 - 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:  
 Pathfinders for Autism; Maryland Behavioral Health Administration, Anne Arundel County Mental Health Agency, Howard County Mental Health Authority, Baltimore City Behavioral Health System

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 checked="" type="checkbox"/>	<input checked="" 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:  
 Maryland Coalition of Families, Tuerk House, Child Abuse Center

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 checked="" type="checkbox"/>	<input checked="" 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:

	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community/Neighborhood Organizations -- Please list the organizations here: <input type="text"/>	<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"/>	<input type="text"/>
Consumer/Public Advocacy Organizations - Please list the organizations here: <input type="text"/> Child Advocacy Center, Maryland Children's Alliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other -- If any other people or organizations were involved, please list them here: <input type="text"/> The Listening Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	<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"/>	<input type="text"/>

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.

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

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.

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Access to Health Services: Health Insurance                       | <input type="checkbox"/> Environmental Health                                   | <input type="checkbox"/> Oral Health                   |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs                                   | <input type="checkbox"/> Family Planning  | <input type="checkbox"/> Physical Activity             |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits                                | <input type="checkbox"/> Food Safety  | <input type="checkbox"/> Respiratory Diseases          |
| <input type="checkbox"/> Access to Health Services: ED Wait Times                                     | <input type="checkbox"/> Global Health  | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input checked="" type="checkbox"/> Access to Health Services: Outpatient Services                    | <input type="checkbox"/> Health Communication and Health Information Technology | <input type="checkbox"/> Sleep Health                  |
| <input checked="" type="checkbox"/> Adolescent Health   | <input type="checkbox"/> Health Literacy  | <input checked="" type="checkbox"/> Telehealth         |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions                         | <input type="checkbox"/> Health-Related Quality of Life & Well-Being            | <input type="checkbox"/> Tobacco Use                   |
| <input checked="" type="checkbox"/> Behavioral Health, including Mental Health and/or Substance Abuse | <input type="checkbox"/> Heart Disease and Stroke                               | <input type="checkbox"/> Violence Prevention           |
| <input type="checkbox"/> Cancer   | <input type="checkbox"/> HIV  | <input type="checkbox"/> Vision                        |
| <input checked="" type="checkbox"/> Children's Health   | <input type="checkbox"/> Immunization and Infectious Diseases                   | <input type="checkbox"/> Wound Care                    |
| <input type="checkbox"/> Chronic Kidney Disease   | <input type="checkbox"/> Injury Prevention                                      | <input type="checkbox"/> Housing & Homelessness        |

- Community Unity
- Dementias, Including Alzheimer's Disease
- Diabetes
- Disability and Health
- Educational and Community-Based Programs
- Lesbian, Gay, Bisexual, and Transgender Health
- Maternal & Infant Health
- Nutrition and Weight Status
- Older Adults
- Transportation
- Unemployment & Poverty
- Other Social Determinants of Health
- Other (specify) Care coordination, Access to family therapy

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

Our previous CHNA (2016) focused on mental health education, increasing access to and utilization of behavioral health, mental health services delivered in an integrated care model, stigma reduction, and expansion of outpatient services for the child and adolescent population. Our most recent CHNA (2019), includes these priorities and has expanded the number and scope of the initiatives, with a renewed emphasis on care coordination between inpatient and outpatient providers, increasing Mental Health First Aid training in our community, and expanding hours at the Crisis Walk-in Clinic.

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

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

### Q60. Section III - CB Administration Part 1 - 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 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	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/ Population Health Director (system level)	<input type="checkbox"/>	<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	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (system level)	<input type="checkbox"/>	<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	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (facility level)	<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"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:



	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Hospital Advisory Board	<input type="checkbox"/>	<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	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other (specify)	<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"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

Q62. Section III - CB Administration Part 1 - Participants (continued)

Q63. Please use the table below to tell us about the external participants involved in your hospital's community benefit activities during the fiscal year.

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



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

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

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	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"/>

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

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

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

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"/>

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

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

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

Other -- If any other people or organizations were involved, please list them 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"/>

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.



Reviewed by internal group to ensure accuracy and completeness.

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

- Yes
- No

Q69. Please explain:

The financial spreadsheet is reviewed and approved for submission by the Chief Financial Officer.

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

- Yes
- No

Q71. Please explain:

The narrative report is reviewed and approved for submission by the Vice President and Chief Strategy Officer.

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.

Sheppard Pratt is currently developing its next strategic plan, which will include tactics related to community benefit planning and investments.

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.

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

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

- Yes
- No

Q81. In your most recently completed CHNA, the following community health needs were identified:  
**Access to Health Services: Health Insurance, Access to Health Services: Outpatient Services, Adolescent Health, Behavioral Health, including Mental Health and/or Substance Abuse, Children's Health, Disability and Health, Educational and Community-Based Programs, Older Adults, Telehealth, Transportation, Other (specify)**  
**Other: Care coordination, Access to family therapy**

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 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?

07/01/2017

Q83. Does this initiative have an anticipated end date?

- No, the initiative has no anticipated end date.
- The initiative will end on a specific end date. Please specify the date.
-

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

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

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

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

Other. Please explain.

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

The target population is the lives enrolled in the ten GBMC Primary Care Medical Homes. Nine of the sites are located in Baltimore County, and one is in Harford County. The majority of this population lives in Baltimore County with some in Harford County and Baltimore City. Available data on the prevalence of depression and anxiety disorder indicate that Baltimore County residents have a 19.8% prevalence of depressive disorder, and anxiety disorder prevalence of approximately 16.7%. Suicide deaths per 100,000 in Baltimore County is 10.0, which is slightly higher than the State rate of 9.9, and also higher than some neighboring jurisdictions (Howard County @ 8.4 and Baltimore City @ 8.1)

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

79,686

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

2,790

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.

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

No.

Q89. Please describe the primary objective of the initiative.

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

Q90. Please describe how the initiative is delivered.

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

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).

We provided 6,474 visits to 2,790 people at a total of 10 sites in FY 2019. This represents a 19% increase in visits over FY 2018.

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

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

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

\$319,995.00 hospital funds

Q95. (Optional) Supplemental information for this initiative.

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

Q97. Name of initiative.

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

- Yes
- No

Q99. In your most recently completed CHNA, the following community health needs were identified:

**Access to Health Services: Health Insurance, Access to Health Services: Outpatient Services, Adolescent Health, Behavioral Health, including Mental Health and/or Substance Abuse, Children's Health, Disability and Health, Educational and Community-Based Programs, Older Adults, Telehealth, Transportation, Other (specify)**  
**Other: Care coordination, Access to family therapy**

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 checked="" 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 checked="" 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"/>           |

Q100. When did this initiative begin?

01/01/2012

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.).

The targeted communities identified in this initiative include the populations of Cecil, Wicomico, Caroline, Garrett, Anne Arundel, Howard, and Worcester counties, which totals approximately 1,165,797. For the most part these are rural populations where access to health care services, and mental health services in particular, is limited or non-existent. In the case of Howard County, the Child and Adolescent population is specifically targeted.

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

1,165,797

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

935

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.

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

No.

Q107. Please describe the primary objective of the initiative.

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

Q108. Please describe how the initiative is delivered.

Psychiatric services are provided through the medium of video conferencing. Patients' appointments are scheduled at each of the 11 sites associated with the contracted health centers, where they come to receive psychiatric services from Sheppard Pratt psychiatrists located on our Towson campus.

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

- Count of participants/encounters FY '19 935 active patients, a 3% increase over FY 18 and 2,458 visits, a 17% increase over FY 18
- 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).

In FY 2019, 2,458 encounters were provided to 935 active clients. The encounters included 435 initial evaluations and 2,023 medication management sessions for a total of 2,440.5 hours of clinical service.

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

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

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

The total cost of this program was \$ 521,925.79. Offsetting revenue was \$307,073.75, resulting in a net loss of \$ 214,852.04.

Q113. (Optional) Supplemental information for this initiative.

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

Q115. Name of initiative.

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

- Yes
- No

Q117. In your most recently completed CHNA, the following community health needs were identified:  
**Access to Health Services: Health Insurance, Access to Health Services: Outpatient Services, Adolescent Health, Behavioral Health, including Mental Health and/or Substance Abuse, Children's Health, Disability and Health, Educational and Community-Based Programs, Older Adults, Telehealth, Transportation, Other (specify)**  
**Other: Care coordination, Access to family therapy**

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 type="checkbox"/> Other Social Determinants of Health  |
| <input type="checkbox"/> Health-Related Quality of Life & Well-Being                                  | <input checked="" type="checkbox"/> Other (specify) <span style="border: 1px solid black; padding: 2px;">Reduction in utilization of hospital ERs for those w/ a behavioral health crisis or emergency</span> |

Q118. When did this initiative begin?

05/01/2011

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.).

This initiative targets the service area of our Towson campus, which is primarily Baltimore County and Baltimore City. The total population of these jurisdictions is 1,440,099. These 2 jurisdictions have the second and third highest concentration of depressive disorders in the state. The percentage of these residents with either depressive or anxiety disorders is approximately 3 times higher than some other places such as nearby Howard County.

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

1,440,099

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

5,859

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.

No.

Q125. Please describe the primary objective of the initiative.

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

Q126. Please describe how the initiative is delivered.

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

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).

In FY '19, 5,859 individuals were provided with an urgent or emergency behavioral health assessment by an M.D., were evaluated for safety, and triaged to the appropriate level of care, including referral to a Crisis Outpatient Program.

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

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

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

The total cost of this initiative, net of revenue, was \$779,601.20

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, Access to Health Services: Outpatient Services, Adolescent Health, Behavioral Health, including Mental Health and/or Substance Abuse, Children's Health, Disability and Health, Educational and Community-Based Programs, Older Adults, Telehealth, Transportation, Other (specify)**  
**Other: Care coordination, Access to family therapy**

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 checked="" 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 checked="" type="checkbox"/> Older Adults  |
| <input type="checkbox"/> Cancer  | <input type="checkbox"/> Oral Health  |
| <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Other (specify) <span style="border: 1px solid black; padding: 2px;">Care coordination; access to family therapy</span> |

Q137. Why were these needs unaddressed?

These needs were identified in our most recent CHNA which was approved in May of 2019, and the related Implementation Plan was just approved in November 2019. These needs may be addressed and reported on in the FY 2020 CBR.

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 type="radio"/>	<input checked="" 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

Access to Health Care - includes measures such as adolescents who received a wellness checkup in the last year and persons with a usual primary care provider

Quality Preventive Care - includes measures such as annual season influenza vaccinations and emergency department visit rate due to asthma



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

### Q140. Section V - Physician Gaps & Subsidies

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

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

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

Hospital-Based Physicians	The health system subsidizes hospital-based physician salaries when they are negatively impacted by charity care or low reimbursement rates. This approach has been adopted in order to continue to offer mental health specialty services to the community as well as to insure full physician coverage without any gaps in the availability of psychiatric specialists.
Non-Resident House Staff and Hospitalists	<input style="width: 100%;" type="text"/>
Coverage of Emergency Department Call	Sheppard Pratt does not have an Emergency Department, but does provide a Crisis Walk-In Service which functions as an emergency room diversion.
Physician Provision of Financial Assistance	<input style="width: 100%;" type="text"/>
Physician Recruitment to Meet Community Need	In order to satisfy variable demand, we are required to recruit and compensate at a level that exceeds productivity standards so that we have availability for seven day coverage, on call coverage, sufficient for census surges and to satisfy EMTALA, meaningful use requirements and conditions of participation.
Other (provide detail of any subsidy not listed above)	<input style="width: 100%;" type="text"/>
Other (provide detail of any subsidy not listed above)	<input style="width: 100%;" type="text"/>
Other (provide detail of any subsidy not listed above)	<input style="width: 100%;" 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.

[SPHS Financial Assistance Policy.docx](#)

44.4KB

application/vnd.openxmlformats-officedocument.wordprocessingml.document

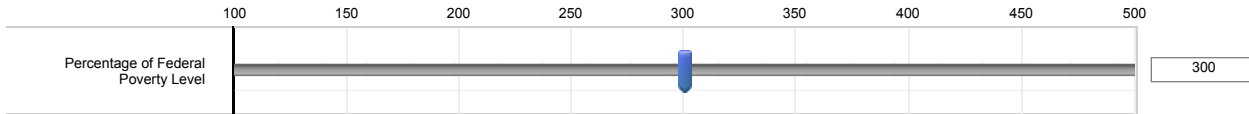
Q147. Upload a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e).

[SPHS - FAP Plain Language Summary - 4928-1832-0738 v6 \(FINAL 1219\).docx](#)

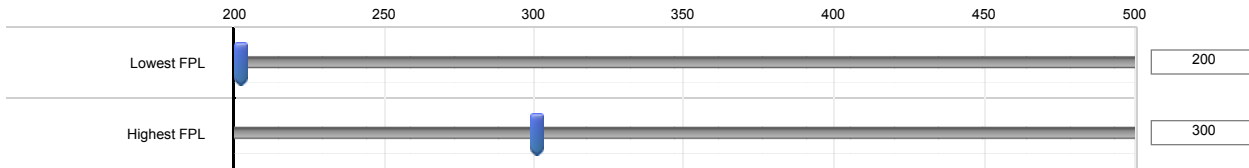
20KB

application/vnd.openxmlformats-officedocument.wordprocessingml.document

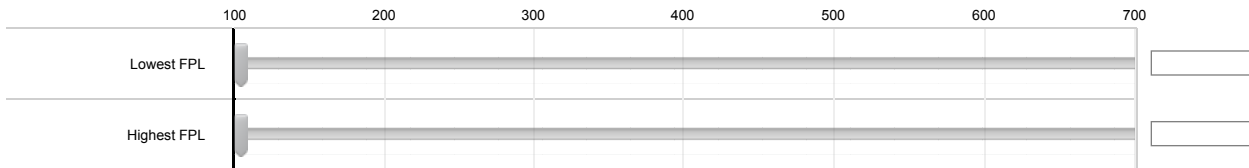
Q148. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(i) to provide free medically necessary care to patients with family income at or below 200 percent of the federal poverty level (FPL). Please select the percentage of FPL below which your hospital's FAP offers free care.



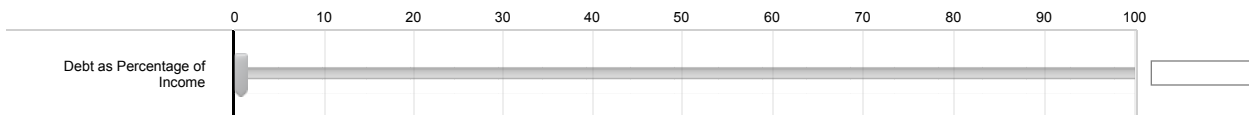
Q149. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level. Please select the range of the percentage of FPL for which your hospital's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

Sheppard Pratt is currently revising its Financial Assistance Policy (FAP). Through Fiscal and Calendar Years 2019, Sheppard Pratt offered free care for patients with family income at or below 250 percent of the Federal Poverty Line (FPL). Beginning January 1, 2020, Sheppard Pratt will provide free care for patients with family income at or below 300 percent of the FPL. Our FAP is currently being reworked to include provisions for patients experiencing financial hardship as a result of medical debt, and these changes will be included in future benefit reporting. The Financial Assistance Policy for FY19 is attached, however, this does not yet include the updated free care provision. The Patient Information Sheet, also known as the Plain Language Summary, does include the updated free care provision.

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

## Q155. Summary & Report Submission

Q156.

### Attention Hospital Staff! IMPORTANT!

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


We strongly urge you to contact us at [hcbhelp@hilltop.umbc.edu](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.

**Location Data**

**Location:** [\(39.360992431641, -76.58910369873\)](#)

**Source:** GeoIP Estimation



**From:** [Middleton, Michelle M.](#)  
**To:** [Hilltop HCB Help Account](#)  
**Cc:** [Glenn, Thomas B.](#); [Cornell, William B.](#); [Scanlan, Marty J.](#)  
**Subject:** FW: Clarification Required - FY 19 CB Narrative  
**Date:** Wednesday, April 1, 2020 2:44:42 PM  
**Attachments:** [Sheppard Pratt FY2019 CBNarrative Final.pdf](#)

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[Report This Email](#)

Good afternoon,

Thank you for the careful review of our report. The responses to your questions are provided in red. Please let me know if there are additional questions.

Regards,

Michelle Middleton, MA, HSA  
Senior Director of Integrated Operations  
Sheppard Pratt  
6501 N Charles St  
Towson, MD 21204

410-938-3507 (phone)  
410-938-5307 (fax)  
[mmiddleton@sheppardpratt.org](mailto:mmiddleton@sheppardpratt.org)

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**From:** Hilltop HCB Help Account <[hcbhelp@hilltop.umbc.edu](mailto:hcbhelp@hilltop.umbc.edu)>  
**Sent:** Wednesday, March 18, 2020 8:19 AM  
**To:** Middleton, Michelle M. <[MMiddleton@sheppardpratt.org](mailto:MMiddleton@sheppardpratt.org)>  
**Subject:** Clarification Required - FY 19 CB Narrative

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

- In Question 117 on page 24 of the attached, where you select the CHNA needs addressed by the Crisis Services initiative, you indicated that one of the CHNA needs addressed by this initiative is "Other: Reduction in utilization of hospital ERs for those w/ a behavioral health crisis or emergency." Your response to Question 56 on page 11 does not include this among the needs identified in the CHNA. Please indicate whether this need should have been selected in Question 56, or should not have been selected in Question 117.

The response to question 56 on page 11 should have included the following need which was in fact identified in the CHNA: "Reduction in utilization of hospital ERs for those w/ a behavioral health crisis or emergency."

- Question 150 on page 29 had no answer. Please provide a response.

Between 300% and 500% of the federal poverty limit

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- Question 151 on page 29 had no answer. Please provide a response.

25%

In the original submission, we reported that Sheppard Pratt was reworking its FAP to include provisions for patients experiencing financial hardship as a result of medical debt. The FAP has been revised and these responses reflect those changes.

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

Please be green and think before printing this email, thank you.

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