Community Benefit Narrative Report

Sheppard Pratt Health System, Inc.

To the Health Services Cost Review Commission

July 1, 2013 to June 30, 2014

I. GENERAL HOSPITAL DEMOGRAPHIC AND CHARACTERISTICS

Table I

Bed Designation	Psychiatry
Inpatient Admissions	9,139
Primary Service Area Zip Codes	21234, 21061, 21222, 21122, 21215, 21228, 21221, 21060, 21117, 21229, 21236, 21401, 21207, 21225, 21093, 21204, 21206, 21220, 21218, 21227, 21216, 21286, 21030, 21239, 21136, 21212, 21213, 21224, 21043, 21133, 21223, 21014, 21045, 21012, 21044, 21146, 21217, 21208, 21244, 21403, 21214, 21237 21015, 21037, 21040, 21042, 21114, 21157, 21113
All other Maryland Hospitals sharing Primary Service Area (with psychiatric units)	Howard County General Hospital; 21044 Johns Hopkins Bayview; 21224 Levindale Hebrew Geriatric Center and Hospital; 21215 MedStar Franklin Square Medical Center; 21237 MedStar Union Memorial Hospital; 21218 Northwest Hospital Center; 21133 Sinai Hospital; 21215 University of Maryland Baltimore Washington Medical Center , 20161 University of Maryland St. Joseph's Medical Center; 21204
Percentage of Uninsured Patients by County	Anne Arundel: 6.6% Baltimore: 10.3% Howard: 7.6%
Percentage of Patients who are Medicaid Recipients by County	Anne Arundel: 8% Baltimore: 14% Howard: 10%

1. **Provide required information from needs assessment**
    a. Copy here from needs assessment re: description of hospital's community
    b. Include source of information for each answer

Description of the hospital's community:

Sheppard Pratt Health System is a private, non-profit behavioral health organization that provides a range of services to meet the needs of children, adolescents, adults and older adults. Headquartered in Towson, Maryland, Sheppard Pratt Health System serves more than 53,000 individuals annually and provides nearly one million units of mental health services including hospitalization, residential treatment, respite care, special education, psychiatric rehabilitation, general hospital services, and outpatient programming. Sheppard Pratt Health System partnered with Greater Baltimore Medical Center and University of Maryland St. Joseph medical Center to conduct a comprehensive Community Health Needs Assessment (CHNA) to evaluate the health needs of individuals living in the hospital service area within Greater Baltimore. The purpose of the assessment was to gather information about local health needs and health behaviors. The assessment examined a variety of indicators including risky health behaviors (alcohol use, tobacco use) and chronic health conditions (diabetes, heart disease).

Community Profile

The hospitals defined their current service area based on an analysis of the geographic area where individuals utilizing the partner hospitals' health services reside. The primary service area is considered to be the Greater Baltimore community within Baltimore County, Maryland including the following towns:

Zip Code	County	Towns
21030	Baltimore	Cockeysville
21093	Baltimore	Lutherville, Timonium
21204	Baltimore	Pikesville, Towson
21207	Baltimore	Pikesville
21286	Baltimore	Towson
21117	Baltimore	Owings Mills
21222	Baltimore/Baltimore City	Dundalk
21234	Baltimore/Baltimore City	Parkville
21236	Baltimore/Baltimore City	Nottingham

Community engagement and feedback were an integral part of the CHNA process. The Greater Baltimore hospitals sought community input through Key Informant interviews with community stakeholders and inclusion of community partners in the prioritization and implementation planning process. Public health and health care professionals shared knowledge and expertise about health issues, and leaders and representatives of non-profit and community-based organizations provided insight on the community served by the hospitals including medically underserved, low income, and minority populations. Following the completion of the CHNA research, GBMC, SPHS, and UM-SJMC prioritized community health issues and developed implementation plans to address prioritized community needs.

One of the initial undertakings of the CHNA was to create a "Secondary Data Profile." Data that is obtained from existing resources is considered "secondary." Demographic and health indicator statistics were gathered and integrated into a report to portray the current health status of the Greater Baltimore service area. Quantitative data was collected from reputable sources including the U.S. Census Bureau,

Centers for Disease Control and Prevention, National Cancer Institute, and Maryland Department of Health & Mental Hygiene. Data sources are listed throughout the report and a full reference list is included in Appendix A. The most recent data available was used wherever possible. When available, state and national comparisons were also provided as benchmarks.

Demographic Statistics

According to U.S. Census Bureau (2010) estimates, the total population in the Greater Baltimore community is 298,273. The population increased 7.3% between 2000 and 2010. Howard County's population increased by 2.1%.from 2010 to 2011.

Table 1. Overall Population (2010)

	U.S.		Maryland		GB Service Area		Howard County	
Population	308,745,538		5,773,552		298,273		288,225	
Population Change (00' - 10')	9.7%		9.0%		7.3%		2.1%	
Gender	N	%	N	%	N	%	N	%
Male	151,781,326	49.2	2,791,762	48.4	139,822	46.9	141,065	49%
Female	156,964,212	50.8	2,981,790	51.6	158,451	53.1	147,160	51.1

Source: U.S. Census Bureau, 2010

The median age in the area is 37.9 years, which is similar to the state and nation (MD: 38.0; US: 37.2). However, the Greater Baltimore service area has a slightly higher proportion of adults who are 65 years and over compared to the state and nation (GB: 15.0%; MD: 12.3%; US: 13.0%). In Howard County, the median age is 38.4 years with 10.2% of adults over age 65.

Table 2. Population by Age (2010)

	U.S.	Maryland	GB Service Area	Howard County
Median Age	37.2	38.	37.	38.4
% 18 years and over	76.0	76.6	79.0	74.2
% 65 years and over	13.0	12.3	15.0	10.2

Source: U.S. Census Bureau, 2010

According to the U.S. Census Bureau (2010), nearly two-thirds of Greater Baltimore residents are White (65.2%) and approximately 24% are Black/African American. Only about 4.7% identify as Hispanic/Latino which is notably less compared to Maryland (8.2%) and the Nation (16.3%). Compared to Maryland and the U.S. as a whole, the percentage of the population who speak a language other than English in Greater Baltimore is lower (GB: 13.6%; MD: 15.9%; US: 20.1%). Howard County's population is 62.4% White, 17.8 % African-American and 14.4% Asian. In Howard County, 77.7% of residents speak English only while 22.3% speak a language other than English.

Table 3. Racial Breakdown (2010) [a]

	U.S.		Maryland		GB Service Area		Howard County	
	n	%	N	%	N	%	N	%
White	223,553,265	72.4	3,359,284	58.2	194,333	65.2	179,820	62.4
Black/African American	38,929,319	12.6	1,700,298	29.4	72,716	24.4	51,384	17.8
American Indian/ Alaska	2,932,248	0.9	20,420	0.4	1,124	0.4	495	0.2
Asian	14,674,252	4.8	318,853	5.5	16,722	5.6	41,469	14.4
Native Hawaiian or Other Pacific	540,013	0.2	3,157	0.1	12 4	0.0	135	0.0
Two or more races	9,009,073	2.9	164,708	2.9	7,776	2.6		
Hispanic or Latino (*of any race*) [b]	50,477,594	16.3	470,632	8.2	13,894	4.7	16,887	5.9

Source: U.S. Census Bureau, 2010 and 2012

[a] *Percentages may equal more than 100% as individuals may report more than one race*

[b] *Hispanic/Latino residents can be of any race*

The median income for households in the Greater Baltimore community ($61,351) is lower than Maryland ($70,647) but higher than the nation ($51,914). According to the U.S. Census Bureau (2010), unemployment rates in Greater Baltimore (6.0%) are below state (6.6%) and national rates (7.9%). Howard County's median household income is $104,375.

- US $51,914
- Maryland $70,647
- Greater Baltimore $61,351
- Howard County $104,375

Source: Median household income, Greater Baltimore and Howard County compared to MD and U.S. (2006-2010 and 2009- 2012).

In general, the proportion of families and people living in poverty in Greater Baltimore is less compared to the Nation and comparable to Maryland. A noteworthy indicator is the proportion of single female household families living in poverty with children under 5 years (7.1%) which is significantly lower than Maryland (27.8%) and the Nation (45.8%) . Howard County is even lower with 3.2% of families living in poverty. However, in the category of single female household families living in poverty with children under the age of 5 years, the figure is significantly higher at 20.6%. Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2010

Table 4. Poverty Status of Families and People in the Past 12 Months (2006–2010)

	U.S.	Maryland	GB Service Area	Howard Co.
Families	10.1%	5.7%	5.5%	3.2%
With related children under 18 years	15.7%	8.7%	8.1%	5.1%
With related children under 5 years	17.1%	9.2%	4.5%	4.9%
Married couple families	4.9	2.2%	2.9%	1.2%
With related children under 18 years	7.0	2.6%	3.8%	1.7%
With related children under 5 years	6.4	2.8%	2.3%	0.9%
Families with single female householder	28.9%	17.1%	13.1%	13.6%
With related children under 18 years	37.4%	22.7%	17.9%	17.8%
With related children under 5 years	45.8%	27.8%	7.1%	20.6%
All people	13.8%	8.6%	9.5%	4.9%
Under 18 years	19.2%	10.9%	10.6%	5.8%
18 years and over	12.1%	7.9%	9.2%	4.6%
65 years and over	9.5	7.9%	8.6%	5.5%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2010
U.S. Census Bureau, 2012

Education

Education is an important social determinant of health. It is well known that individuals who are less educated tend to have poorer health outcomes. High school graduation rates and educational attainment rates for higher education in the Greater Baltimore and Howard County communities are slightly higher than the state and nation. Approximately 89% of Greater Baltimore adults have a high school diploma or higher degree. Thirty-seven percent (37%) have a bachelor's degree or higher. In Howard County, 94.7% have a high school diploma or higher degree and 59% have a bachelor's degree. This is in comparison to Maryland (87.8%; 35.7%) and the Nation (85.0%; 27.9%). (Source**:** U.S. Census Bureau American Community Survey 5-Year Estimates, 2010)

Health Status Indicators

Health Care Access

Health insurance coverage can have a significant influence on health outcomes. According to the Maryland Behavioral Risk Factor Surveillance System (2012), the percentage of Greater Baltimore residents who have health insurance coverage (88.1%) is higher compared to Maryland (87.0%) and the Nation (81.7%). 91.9% of Howard County residents have health insurance coverage. In addition, the percentage of Greater Baltimore residents who have visited a doctor for a routine checkup within the past year (82.7%) is higher compared to Maryland (75.8%) and the Nation (66.9%). Approximately 15% of Greater Baltimore residents indicated that there was a time in the past 12 months when they could not afford to see a doctor which is lower compared to the nation (17%) but higher in comparison to the state (13%). This indicator is favorable when compared to state and national rates but still reveals a significant proportion of the population who is struggling to access health care. Source: (Maryland Behavioral Risk Factor Surveillance System, 2012)

Mental Health
There is limited data available at the local level regarding mental health.

Based on the results of the Maryland Behavioral Risk Factor Surveillance System, a higher proportion of Greater Baltimore residents (16.3%) indicate they have been diagnosed with a depressive disorder compared to Maryland (13.6%). This rate is on par with national statistics.

The percentage of Greater Baltimore service area residents who are binge drinkers (16.6%) is favorable compared to Maryland (18.0%) and the Nation (18.3%). Binge drinking is defined as males having five or more drinks on one occasion or females having four or more drinks on one occasion. Howard County residents is also below averages for both Maryland and the Nation.

Table 5. Excessive Drinking (2011)

Alcohol Use in past 30 days:	U.S	Maryland	GB Service Area	Howard Co
	%	%	%	%
Binge Drinking: Had four (women)/five (men) or more drinks on an occasion	18.3	18.0	16.6	14.9%

Source: Maryland Behavioral Risk Factor Surveillance System, 2012

The tables below represent current living situations for adults in Maryland. Approximately 20% of the area's population live in situations other than independent living. More than 13% of residents in the CBSA are homeless.

Table 6. Living Situation – Adults – Where They are Living Now (2011)

	Baltimore County		Baltimore County				Howard County		Howard County			
			White / Caucasian		Black / African American				White / Caucasian		Black / African American	
	n	%	n	%	n	%	n	%	N	%	n	%
Independent	5,384	86.4	3,553	87.7	1,688	83.9	76	81.9	415	81.7	268	83.0
Community	422	6.8	242	6.0	172	8.5	92	10.7	56	11.0	31	9.6
Institutional	53	0.9	25	0.6	28	1.4	9	1.0	4	0.8	5	1.5
Homeless	284	4.6	172	4.2	96	4.8	32	3.7	20	3.9	11	3.4
Other	90	1.4	59	1.5	28	1.4	23	2.7	13	2.6	8	2.5

Source: Maryland Mental Hygiene Administration Outcomes Measurement System

Table II:

Significant Demographic Characteristics and determinants relevant to community need		
Descriptor	**Statistics**	**Data Source**
Community Benefit Service Area (CBSA)a	Anne Arundel County Baltimore County Howard County 1,522 square miles	Needs Assessment US Census 2012
CBSA Target Population by population, sex, race and average age	Total Population: 1,634,467 <u>Sex:</u> Male: 789,435 (48%) Female: 845,032 (52%) <u>Race</u>: White: 67% Black/African American: 21% Asian: 4% Hispanic: 5% All Others: 0.4% <u>Age:</u> 14 and Under: 308,294; 18.86% 15 to 19: 111,265; 6.81% 20 ot 24: 108,460; 6.64% 25 to 34: 212,751; 13.02% 35 to 54: 477,986; 29.24% 55 to 64; 202,881; 12.41% 65 to 84: 181,593; 11.11% 85 and Over: 31,337; 1.91% <u>Percent over 65 yrs old:</u> 13.02 % <u>Median Age by County</u>: Anne Arundel: 38.4 Baltimore: 39 Howard: 38.3	US Census, American FactFinder, 2012
Median Household Income	By County: Anne Arundel: $84,409 Baltimore: $64,814 Howard: $104,375	US Census, 2012
Percentage of households with incomes below the federal poverty guidelines within the CBSA	By county: Anne Arundel: 5.9% Baltimore: 8.5% Howard: 4.4%	US Census; 2012
Estimate of the percentage of uninsured people by County within the CBSA	Anne Arundel County: 6.60% Baltimore County: 10.3% Howard County: 7.6% Estimate: 142,235 individuals	US Census, American FactFinder, 2013 American Community Survey

Percentage of Medicaid recipients by County within the CBSA	Anne Arundel County: 8% Baltimore County: 14% Howard County: 10%	US Census; American Fact Finder; 2013 Estimates
Life Expectancy by County within CBSA	Anne Arundel County: 79.8 years (White: 80.1 yrs and Black: 77.3 yrs) Baltimore County: 79.2 years (White: 79.5 years and Black: 77.5 years) Howard County:82.3 years (White: 81.0 years and Black: 81.1 years)	Maryland Dept of Health and Mental Hygiene; Vital Statistics Administration Annual Report; 2012
Mortality Rates by County	<u>Deaths per 100,000 residents</u>; All Cause Mortality Maryland: 780.8 Anne Arundel: 819.8 Baltimore: 797.5 Howard: 676.0 <u>Deaths Due to Suicide:</u> US: 12.1% Maryland: 8.4% Anne Arundel: 9.6% Baltimore: 8.7% Howard: 8.9%	Dept. of Health and Mental Hygiene; Environmental Health Tracking; County Profiles Centers for Disease Control and Prevention, National Center for Health Statistics, 2012, Maryland Department of Health and Mental Hygiene
Access to healthy food, transportation, education, housing quality, exposure to environmental factors that negatively affect health status by county	<u>Educational Attainment</u> Percent high school graduate or higher Anne Arundel: 90.5% Baltimore: 89.4% Howard: 94.7% <u>School Enrollment</u> Preschool: Anne Arundel: 7.1% Baltimore: 6.7% Howard County: 6.5% Kindergarten: Anne Arundel: 5.4% Baltimore: 4.1% Howard: 5.3% Elementary School: Anne Arundel: 37.4% Baltimore: 35.0% Howard: 39.5% High School: Anne Arundel: 20.5% Baltimore: 19.3% Howard: 22.3% College or graduate school: Anne Arundel: 29.7% Baltimore: 34.9% Howard: 26.4%	Sheppard Pratt's Community Benefit Secondary Data Profile; U.S. Census, 2012 Sheppard Pratt's Community Benefit Secondary Data Profile; U.S. Census, 2012

	Divorce Rate by County: Anne Arundel: 10.3% Baltimore: 9.9% Howard: 8.4%	Community Benefit Secondary Data Profile; U.S. Census, 2012
	Food Stamps/SNAP Program Benefits Anne Arundel: 4.8% Baltimore: 7.6% Howard: 4.1%	US Census Bureau, 2012
Available detail on race, ethnicity, and language within CBSA	Race and Ethnicity Anne Arundel: White: 76% Black/African American: 15.6% Asian: 3.5% Hispanic or Latino: 6.1% All Others: 2% Baltimore: White: 65 % Black/African American: 26.1% Asian: 5% Hispanic or Latino: 4.2% All Others: 1.7% Howard County White: 62.4% Black/African American: 17.8% Asian: 14.4% Hispanic or Latino: 5.9% All Others: 2.3% Language Anne Arundel: English Only: 89.7% Language Other than English: 10.3% Spanish: 4.8% Speak English less than “very well”: 7.5% Baltimore: English Only: 86.9% Language Other than English: 22.3% Spanish: 4.9% Speak English less than “very well”: 9.1% Howard:	US Census Bureau, 2012

	English Only: 77.7% Language Other than English: 22.3% Spanish: 4.9% Speak English less than "very well": 16.2%	
Other	<u>Mental Illness Hospitalization Statistics (2010)</u> <u>Anne Arundel: 2,914 hospitalizations</u> By Gender: Male-56.2%; Female-43.8% By Race: White – 75.6% Black – 17.5% <u>Baltimore: 7,306 hospitalizations</u> By Gender: Male-54.4%; Female-45.6% By Race: White - 69.5% Black – 19.3% <u>Howard: 1,191 hospitalizations</u> By Gender: Male – 50.7%; Female – 49.3% By Race: White – 69% Black – 19.3%	Community Benefit – Secondary Data profile Maryland Department of Health and Mental Hygiene
Other	<u>Available Housing</u> for Individuals with Mental/Behavioral Health issues (2012) Anne Arundel: 11 Baltimore: 15 Howard: 16 <u>Out of Home Placements for Children</u> Anne Arundel: 320 children Baltimore: 798 children Howard: 107 children	Community Benefit – Secondary Data Profile (2013) State of Maryland Out-Of-Home Placement and Family Preservation Resource Plan; Governor's Office for Children; December 13, 2013

II. Community Health Needs Assessment

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

   ✓Yes, Sheppard Pratt has conducted a Community Health Needs Assessment within the past three fiscal years which conforms to the IRS definitions.

   Date of Assessment: March 31, 2013

   Please follow this link to Sheppard Pratt's assessment:
   http://www.sheppardpratt.org/files/1914/1201/2979/CHNA_Report.pdf

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

   ✓Yes, the plan was approved by the Sheppard Pratt Board of Trustees on June 4, 2013.

   Link to Implementation Strategy: http://www.sheppardpratt.org/
   Note: Navigate to the bottom of the Home page under "Connect with Us". The reports are identified as CHNA Report and CHNA Implementation Plan.

III. Community Benefit Administration

1. Answer the following.

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

Yes, Community Benefit is a Strategic Initiative.

b. **What stakeholders in the hospital are involved in your hospital community benefit process/structure to implement and deliver community benefit activities? (Please place a check next to any individual/group involved in the structure of the CB process and provide additional information if necessary)**:

i. Senior Leadership

1. _✓__CEO
2. _✓_CFO
3. _✓__Other (please specify) (VP, Business Development, VP, Human Resources)

ii. Clinical Leadership

1. _✓__Physicians (2 including CEO and Chief of Medical Affairs)
2. _✓__Nurse
3. ___Social Worker
4. ___Other (please specify):

iii. Community Benefit Department/Team

1. _____Individual (please specify FTE)
2. _✓__Committee (please list members)
    a. Bonnie Katz, VP, Business Development and Support Operations
    b. Steven S. Sharfstein, M.D., President and CEO
    c. Robert Roca, M.D., Vice President, Medical Affairs
    d. Patricia Pinkerton, Vice President and Chief Operating Officer (Note: Ms. Pinkerton retired 6/30/2014. She will be replaced in future reports by Gerald Nolls)
    e. Ernestine Cosby, R.N., Vice President and Chief Nursing Officer
    f. Cathy Doughty, Vice President, Human Resources
    g. Scott Rose, President, Way Station (Affiliate Program)
    h. Doloras Branch, Business Development Manager
3. ___Other (please describe)

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

Spreadsheet __✓___yes ____no

Narrative __✓___yes ____no

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

Spreadsheet __✓___yes _____no

Narrative __✓___yes _____no

If you answered no to this question, please explain why.

I. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

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

1. Please use Table III (see attachment)or, as an alternative, use Table IIIA, to provide a clear and concise description of the primary needs identified in the CHNA, the principal objective of each initiative and how the results will be measured, time allocated to each initiative, key partners in the planning and implementation of each initiative, measured outcomes of each initiative, whether each initiative will be continued based on the measured outcomes, and the current FY costs associated with each initiative. Use at least one page for each initiative (at 10 point type). Please be sure these initiatives occurred in the FY in which you are reporting.
   Please see attached examples of how to report.

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

a. Identified need: This includes the community needs identified by the CHNA. ***Include any measurable disparities and poor health status of racial and ethnic minority groups***.

b. Name of Initiative: insert name of initiative.

c. Primary Objective of the Initiative: This is a detailed description of the initiative, how it is intended to address the identified need, and the metrics that will be used to evaluate the results (Use several pages if necessary)

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

e. Key Partners in Development/Implementation: Name the partners (community members and/or hospitals) involved in the development/implementation of the initiative. Be sure to include hospitals with which your hospital is collaborating on this initiative.

f. How were the outcomes of the initiative evaluated?

g. Outcome: What were the results of the initiative in addressing the identified community health need, such as a reduction or improvement in rate? (Use data to support the outcomes reported). How are these outcomes tied to the objectives identified in item C?

h. Continuation of Initiative: Will the initiative be continued based on the outcome?

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

Table III A. Initiative:
Increase Access to quality mental and behavioral health information, treatment and support.

Identified Need	Mental and Behavioral Health	
Hospital Initiative	Increase community's awareness and knowledge of mental and behavioral health issues by providing outreach, education, training and resources.	
Primary Objective	Develop a Virtual Resource Center (Resource Library) with special emphasis on providing resources for children and families dealing with children who have Autism.	
Single or Multi-Year Initiative Time Period	Multi-Year.	
Key Partners in Development and/or Implementation	To develop the Resource and Autism special interest pages, internal and external key informant opinions were gathered. Individuals currently visit the Sheppard Pratt web site and submit requests for information; the requests not currently satisfied on the site were considered for addition to the resource page. Internal opinions were pulled from Sheppard Pratt's school staff. Sheppard Pratt 's quarterly Community Consumer Council was surveyed for the type of information and level of detail that might be helpful in both the general Resource Library as well as the Autism specialty page. For this page, families currently receiving treatment in various programs were approached to determine the components they would find most useful.	
How were the outcomes evaluated?	Outcomes were measured by the number of page views for each page developed under this initiative.	
Outcomes (Include process and impact measures)	Resource Library Process: This site provides links to national and local Mental Health Resources as well as a listing of support group meetings with meeting date, time and place details. Impact: FY 2014 Sheppard Pratt's Resource Library has experienced more than 6,000 page views. All About Autism Specialty Page Process: Launched in the latter portion of FY 2014, this page contains news articles, informative blogs to follow, fact sheets on symptoms and treatment options, as well as resources for parents. Impact : During the last month of the fiscal year, when the Autism specialty page was launched, 39 page views were recorded.	
Continuation of Initiative	Ongoing. This initiative will continue to be offered with links and narrative to be updated as new treatment information becomes available.	
Total Cost of Initiative for Current Fiscal Year What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative $2,502.	B. Direct offsetting revenue from Restricted Grants None.

Table III A. Initiative:
Increase Access to quality mental and behavioral health information, treatment and support.

Identified Need	Mental and Behavioral Health	
Hospital Initiative	Increase community's awareness and knowledge of mental and behavioral health issues by providing outreach, education, training and resources.	
Primary Objective	Community Education: Development of free, public lecture on mental health topics of interest to parents.	
Single or Multi-Year Initiative Time Period	Multi-Year	
Key Partners in Development and/or Implementation	Clinicians of Sheppard Pratt Physicians' PA Requests received by Sheppard Pratt's Speakers' Bureau Input from Sheppard Pratt's Community Consumer Council Key Informant interviews captured as part of the Community Benefit Assessment Interviews	
How were the outcomes evaluated?	Level of attendance Feedback from attendees Feedback from presenters	
Outcomes (Include process and impact measures)	Process: Initial session developed in coordination with PBIS Climate Specialist, Christina Jordan, M.Ed; the session focused on the bullying phenomenon and provided insights into how parents can help their child who may be the victim of bullying behavior. Impact: Attendance. 6 families	
Continuation of Initiative	Ongoing. Additional sessions are under development.	
Total Cost of Initiative for Current Fiscal Year What amount is Restricted Grants/Direct offsetting revenue	C. Total Cost of Initiative $6,000	D. Direct offsetting revenue from Restricted Grants None.

Table III A. Initiative:
Increase Access to quality mental and behavioral health information, treatment and support.

Identified Need	Mental and Behavioral Health	
Hospital Initiative	Increase community's awareness and knowledge of mental and behavioral health issues by providing outreach, education, training and resources.	
Primary Objective	In additional to its robust Professional Education offerings, in order to provide up-to-date and accurate mental health information to mental health, medical, human service and education professionals, Sheppard Pratt will seek to engage teachers and school system staff in professional education to better prepare them to identify students with mental health needs.	
Single or Multi-Year Initiative Time Period	Ongoing	
Key Partners in Development and/or Implementation	In order to engage teachers and school system staff, Sheppard Pratt is in partnership with Johns Hopkins University and Maryland State Department of Education to sponsor the Positive Behavioral Interventions and Supports (PBIS) program. Sheppard Pratt serves as the local sponsor for the Life Space Crisis Intervention (LSCI) program.	
How were the outcomes evaluated?	Number of sessions and attendees	
Outcomes (Include process and impact measures)	PBIS Process: The program is a non-curricular prevention strategy to alter the school environment by promoting positive changes in staff and therefore in student behaviors. PBIS: Impacts: The program has developed online training modules, executed Train the Trainers and developed an electronic resource binder. 470 school staff trained. 31 high schools targeted for improved school climate, 18 schools participating in curriculum addressing culturally responsive teaching The program has begun a process to measure school climate, environment and student engagement among other components. Additional partnerships have developed to benefit the education community by helping to develop and implement strategic training plans for school personnel, emergency first responders and other adults interacting with students. LSCI Process: Working with schools throughout Maryland, to provide an intensive experiential training offered to education professionals working with troubled youth. This non-physical training provides staff with a roadmap to assist youth through crisis situations while maintaining positive relationships. This program integrates evidence-based practices related to prevention and integration, behavioral management, and behavioral modification resulting in positive student relationships with school staff. LSCI: Impacts: 3,000 school staff trained	
Continuation of Initiative	Ongoing.	
Total Cost of Initiative for Current Fiscal Year What amount is Restricted Grants/Direct offsetting revenue	E. Total Cost of Initiative Total: $1,888,018	F. Direct offsetting revenue from Restricted Grants Total: $1,888,018

Table III A. Initiative:
Increase Access to quality mental and behavioral health information, treatment and support.

Identified Need	Mental and Behavioral Health	
Hospital Initiative	Increase awareness, access, and utilization of quality mental and behavioral health services through promotion, referral and reduction of barriers resources.	
Primary Objective	Therapy Referral Service: to reduce access barriers by providing information on community treatment options and providers for those experiencing a mental illness or related issue.	
Single or Multi-Year Initiative Time Period	Multi-Year	
Key Partners in Development and/or Implementation	Therapy Referral Service is a confidential community resource for anyone seeking treatment but unsure of how to approach finding a provider. Continual community outreach keeps the program updated on new resources.	
How were the outcomes evaluated?	Number of calls received and referred to community resources.	
Outcomes (Include process and impact measures)	Process: Sheppard Pratt has developed a comprehensive database of 927 community resources which is updated continually as services are identified or specific needs are requested by callers. Clinically-trained staff assist callers by listening to their problems, making a preliminary assessment then recommending mental health and addictions services specific to their needs. Program staff will also help callers access additional information on their specific health insurance benefits or what to do if they have no insurance. Impact: 2,145 calls received and referred to community resources. Callers were provided with contact information for a variety of resources throughout the state including chemical dependence services, crisis hotlines, private community counseling services, residential treatment services, self help or support groups, and sexual assault crisis services.	
Continuation of Initiative	Ongoing	
Total Cost of Initiative for Current Fiscal Year What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative $119,861	B. Direct offsetting revenue from Restricted Grants None

Table III A. Initiative:
Increase Access to quality mental and behavioral health information, treatment and support.

Identified Need	Mental and Behavioral Health	
Hospital Initiative	Increase awareness, access, and utilization of quality mental and behavioral health services through promotion, referral and reduction of barriers. resources	
Primary Objective	Services for Low-Income and Uninsured Individuals: provide treatment and support services to low income and uninsured individuals as available by connecting them with insurance coverage, financial assistance and support programs.	
Single or Multi-Year Initiative Time Period	Multi-Year	
Key Partners in Development and/or Implementation	Department of Health and Mental Hygiene	
How were the outcomes evaluated?	Number of individuals served.	
Outcomes (Include process and impact measures)	Process: 1) Financial Assistance is provided to patients; social workers and financial case managers facilitate this process as well. 2) As patients and families are often unaware of entitlement support programs, the system's social workers routinely review patient and family need for access to support programs. They provide information on available programs and as patient and family allow, will assist in completion of paperwork. Impact: 56 percent of inpatient days were provided to Medicaid or Medicare beneficiaries. $8,367,519 of uncompensated care was provided for 3,784 cases 716 individuals provided information, and assisted if requested, to gain access to entitlement programs.	
Continuation of Initiative	Ongoing	
A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	G. Total Cost of Initiative Entitlement Assistance: $6,460. Charity Care: 8,367,519	H. Direct offsetting revenue from Restricted Grants None

Table III A. Initiative:
Increase Access to quality mental and behavioral health information, treatment and support.

Identified Need	Mental and Behavioral Health	
Hospital Initiative	Increase awareness, access, and utilization of quality mental and behavioral health services through promotion, referral and reduction of barriers resources.	
Primary Objective	Crisis Walk in Clinic (CWIC) provides crisis assessment services for safety and a bridge to outpatient services for patients with acute needs	
Single or Multi-Year Initiative Time Period	Multi-Year	
Key Partners in Development and/or Implementation	Key Informants such as Department of Health and Mental Hygiene	
How were the outcomes evaluated?	Number of clients served.	
Outcomes (Include process and impact measures)	Process: The Crisis Walk In Clinic was developed with input from state and local agencies as an alternative to an emergency room visits for individuals in crisis and requiring immediate evaluation for safety or triage to an appropriate level of care. Without access to this program, community residents would be forced to over-utilize emergency room services which may not be targeted to the residents' specific mental and behavioral health needs. Impact: 4,373 encounters	
Continuation of Initiative	Ongoing	
Total Cost of Initiative for Current Fiscal Year What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative $501,256	B. Direct offsetting revenue from Restricted Grants No grant funds.

Table III A. Initiative:
Increase Access to quality mental and behavioral health information, treatment and support.

Identified Need	Mental and Behavioral Health	
Hospital Initiative	Increase awareness, access, and utilization of quality mental and behavioral health services through promotion, referral and reduction of barriers resources.	
Primary Objective	Telepsychiatry: providing psychiatric resources to clinics and their clients residing in underserved mental health shortage areas through the medium of videoconferencing.	
Single or Multi-Year Initiative Time Period	Multi-Year	
Key Partners in Development and/or Implementation	County Health Departments Non-profit behavioral health clinics Federally Qualified Health Centers.	
How were the outcomes evaluated?	Number of services provided.	
Outcomes (Include process and impact measures)	Process: Sheppard Pratt maintains current and develops new relationships with originating sites requiring behavioral health care not otherwise available in their communities. Impact: FY 2014: 7 contracted originating sites serving 11 locations. 1 new originating site added in FY 2014; services began in FY 2015. 2,435 services provided; 277 evaluations, 1,983 medication management sessions, and 175 miscellaneous (phone calls or off-schedule refill requests). Received funding for a telepsychiatry demonstration project to embed psychiatry services within medical settings in rural, Federally Qualified Health Centers. Equipment installed at four originating site locations and two telepsychiatry locations at Sheppard Pratt. Training was provided for originating sites as well as telepsychiatrists. Services began in FY 2015.	
Continuation of Initiative	Ongoing	
Total Cost of Initiative for Current Fiscal Year What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative Total: $243,452	B. Direct offsetting revenue from Restricted Grants $34,476

Table III A. Initiative:
Increase Access to quality mental and behavioral health information, treatment and support.

Identified Need	Behavioral Health education, prevention, treatment and support	
Hospital Initiative	Increase community's awareness and knowledge of mental and behavioral health issues by providing outreach, education, training and resources.	
Primary Objective	Care Integration: Continued to work through its Affiliates toward care integration of substance abuse and mental health treatment as well as integration of primary care and behavioral health.	
Single or Multi-Year Initiative Time Period	Ongoing	
Key Partners in Development and/or Implementation	Sheppard Pratt Affiliate community programs and key informants from Community Benefit Assessment.	
How were the outcomes evaluated?	Number of individuals served	
Outcomes (Include process and impact measures)	Affiliate Care Integration Process: Sheppard Pratt's wholly-owned subsidiaries, located in Baltimore, Frederick and Howard Counties, as leaders in integrated care and behavioral health homes, developed a project that would serve the community utilizing this philosophy. Impact: : 715 individuals in 3 locations: Frederick, Columbia and Hagerstown. Co-location of primary care and behavioral health services:U Process: Also reported under the Telepsychiatry initiative, Sheppard Pratt applied and was awarded a grant from CareFirst to fund a demonstration project to co-locate behavioral health resources in Federally Qualified Health Centers utilizing the videoconferencing medium. Impact: The project was awarded during this report period to fund four originating sites and two additional pieces of equipment for Sheppard Pratt telepsychiatry. During this period, equipment was purchased and installed, originating site staff were trained, psychiatry resources assigned and trained. Service to clients began in FY 2015.	
Continuation of Initiative	Ongoing	
Total Cost of Initiative for Current Fiscal Year What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative $34, 476	B. Direct offsetting revenue from Restricted Grants $34,476.

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

Sheppard Pratt plans to address two of the four needs identified through the 2013 Community Health Needs Assessment. It will focus its community benefit efforts on **Mental and Behavioral Health** and will incorporate **Access to Care** into its Mental & Behavioral Health strategies. As Sheppard Pratt is a behavioral health organization with a specialty psychiatric hospital, it will not focus on the following identified health needs: **Overweight/Obesity and Chronic Health Conditions** (Diabetes, Heart Disease, Cancer, Asthma). Sheppard Pratt partnered with neighboring acute care hospitals (Greater Baltimore Medical Center and Sheppard and University of Maryland St. Joseph Medical Center) to conduct the CHNA and encourages their efforts to address the other identified health needs.

II. PHYSICIANS

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

Sheppard Pratt is a specialty hospital with 90 percent of medical staff being Sheppard Pratt providers. The system is staffed at this level due to attrition, etc and has developed a method for distributing resources evenly across programs rather than assigning psychiatrists by program type. This method of allocation has allowed the health system to continue to serve patients in need of care.

2. **If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand. The categories include: Hospital-based physicians with whom the hospital has an exclusive contract; Non-Resident house staff and hospitalists; Coverage of Emergency Department Call; Physician provision of financial assistance to encourage alignment with the hospital financial assistance policies; and Physician recruitment to meet community need.**

The 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 psychiatric specialty services to the community. In FY 2014, the total subsidy was $731,818.

Description of Financial Assistance Policy (FAP) and Process at Sheppard Pratt **Appendix I**

Sheppard Pratt first notifies each patient of the system's Financial Assistance though the provision of each patient with a Patient Handbook upon admission. The Patient Handbook outlines policies, rules, and basic information about the Hospital including instructions on how to access financial assistance and charity care.

Signage is posted in the Admissions Suite in both patient and family waiting areas informing interested parties that financial assistance is available and all newly admitted clients are urged to speak with their therapist or other hospital staff to learn more about the hospital's Financial Assistance Policy.

Because no two patients have identical treatment needs the conversation regarding benefit needs with social workers during treatment is as diverse as Sheppard Pratt's patients. Primarily the patient's need is reviewed during the Psychosocial Evaluation which occurs within 72-hours of admission. This discussion can be ongoing as the patient continues to improve and as discharge plans are formulated. At the time of admission, as much insurance, income and living situation information is gathered from the patient and collateral informants as the patient permits. However, depending upon the patient's diagnosis and cognitive abilities, the patient be unable to provide information or may not consent to a discussion with collateral informants. Hence, information may often be obtained only as the patient stabilizes. This stabilization process is different depending on diagnoses, ages, treatments et cetera. Therefore, a patient's need for financial assistance or other government benefit coordination is an ongoing process from the time of admission to discharge.

Finally, even after discharge Sheppard Pratt's patients are monitored for possible financial assistance application. Patient Accounting personnel act as financial advocates; and, as needed, may forward Financial Assistance paperwork for completion by all responsible parties. Then, prior to transfer to a collection agency, accounts are reviewed again for possible financial assistance.

Sheppard Pratt A not-for-profit behavioral health system		Policy Number: HS-130.4
		Page 1 of 3
Manual: Sheppard and Enoch Pratt Hospital Administrative Manual		Effective: 3/24/2014
Section: 100 - Health System	Sub-section: 130 - Finance	Prepared by: Patricia Pinkerton
Title: Financial Assistance - Patient Financial Services		

POLICY:

Financial assistance will be provided to clients who are unable to pay for services rendered and who meet the criteria established in this policy regardless of race, color, creed, religion, gender, national origin, age, marital status, family status, handicap or other discriminatory factors.

PURPOSE:

To establish the eligibility criteria and process for application/approval of charitable assistance for Health System clients.

Use of client in this policy is intended to include all patients, students and residents.

PROCEDURE:

A. If a client states they are unable to pay out-of-pocket expenses, a determination will be made whether there is assistance available through other programs such as Medicaid. All other resources, including Medical Assistance, will first be applied before financial assistance will be awarded.

B. Financial Assistance requests (copy of application attached) should provide information regarding income, assets, expenses and verification of these items, as necessary.

- Financial assistance applications are required for most financial assistance requests.

C. Eligibility is usually determined based upon a two-part test which considers income and accumulated assets.

- Income—Income Schedule which is based upon 250% of the current Federal Poverty Guidelines (FPG's) as published in the Federal Register.

- Accumulated assets--$10,000 per individual, $25,000 per family.

  - Applicants whose income and assets exceed the established eligibility guidelines but state they are unable to pay all or part of their account balance(s) may be further evaluated on a case-by-case basis. Eligibility for full or partial financial assistance will be determined after giving consideration to the client's total financial situation as well as a consideration of extenuating circumstances.

D. Income may include wages and salaries, Social Security, veteran's benefits, retirement benefits, unemployment and workers' compensation, trust payments, child support, alimony, public assistance, strike benefits, union funds, income from rent, interest, dividends, etc.

E. Approved financial assistance will be valid for twelve months from the date of application.

F. If only partial financial assistance is approved, a payment arrangement will be obtained on balances due. No interest, late fees or penalties will be assessed.

G. A determination letter is sent directly to the client or guarantor to inform them of the final disposition of the request.

H. Accounts meeting the criteria set forth in this policy will be written-off to financial assistance.

I. A summary of the Financial Assistance Policy will be posted in the Admissions areas, PFS and in the Patient Handbook. All billing statements include information regarding the availability of financial assistance.

This policy replaces previously issued Directive #120.11.

References:

Attachments:

Revision Dates:

Reviewed Dates:
12/05, 5/08, 10/11,12/13

Signatures:
Patricia Pinkerton:
Steven Sharfstein:

Patient Information Sheet **Appendix III**

Sheppard Pratt Health System - Patient Financial Policy

Sheppard Pratt Health System is dedicated to providing patients with the highest quality of care and service. To assist our patients, and to comply with Maryland State law, Sheppard Pratt offers the following information.

Hospital Financial Assistance

Under the Sheppard Pratt financial assistance policy, you may be entitled to receive financial assistance for the cost of medically necessary hospital services if you have a low income, do not have insurance, or your insurance does not cover your medically-necessary hospital care and you meet certain low income thresholds.

Sheppard Pratt's financial assistance eligibility is based on gross family income and family size of the patient and/or responsible person. Annual income criteria used will be 250% of the current federal poverty guidelines as established yearly in the Federal Register. Assets and liabilities will also be considered. Financial assistance may be awarded up to 100% of medical charges. If you wish to get more information about or apply for financial assistance, please call 410-938-3370 or toll free at 1-800-264-0949 Monday-Friday 8:00am to 3:00pm.

Patient Rights

Those patients that meet the financial assistance policy criteria described above may receive assistance from the hospital in paying their bill. If you believe you have been wrongly referred to a collection agency, you have the right to contact the Sheppard Pratt business office at 410-938-3370 or toll free at 1-800-264-0949.

You may be eligible for Maryland Medical Assistance. Medical Assistance is a program funded jointly by the State and Federal governments and it pays up to the full cost of health coverage for low-income individuals who meet certain criteria. In some cases, you may have to apply and be denied for this coverage prior to being eligible for Sheppard Pratt financial assistance.

For more information regarding the application process for Maryland Medical Assistance, please call your local Department of Social Services by phone 1-800-332-6347 or internet www.dhr.state.md.us. We can also help you at Sheppard Pratt by calling 410-938-3370.

Patient Obligations

For those patients with the ability to pay, it is their obligation to pay the hospital in a timely manner. Sheppard Pratt makes every effort to see that patient accounts are properly billed, and in-patients may expect to receive a uniform summary statement within 30 days of discharge. It is the patient's responsibility to provide correct insurance information.

If you do not have health coverage, we expect you to pay the bill in a timely manner. If you believe that you may be eligible under the hospital's financial assistance policy, or if you cannot afford to pay the bill in full, you should contact the business office at 410-938-3370.

If you fail to meet the financial obligations of this bill, you may be referred to a collection agency. It is the obligation of the patient to assure the hospital obtains accurate and complete information. If your financial position changes, you have an obligation to contact the Sheppard Pratt business office to provide updated information.

Physicians who care for patients at Sheppard Pratt during an inpatient stay bill separately and their charges are not included on your hospital billing statement.

Sheppard Pratt Health System

Politica Financiera de los Pacientes

Sheppard Pratt Health System esta dedicado a proveer a los pacientes Ia calidad mas alta de cuidado y servicio. Para asistir a nuestros pacientcs, y para cumplir con la lcy del Estado Maryland, *Sheppard Pratt* ofrece Ia siguiente informacion.

Asistencia Financiera del Hospital

Bajo Ia politica de ayuda finaneiera de *Sheppard Pratt*, ustcd puede tener derecho a recibir ayuda financiera para el costo de los servieios de hospitalizacion medicamentc necesarios.si usted tiene un bajo ingreso, si no tiene seguro, o si su seguro no cubre sus necesidades mcdicas del cuidado de hospital y ustcd sc cneuentra con ciertas limitaeioncs de ingrcsos.

La clcgibilidad para la asistcncia financiera de *Sheppard Prall* esta basada en los ingresos totales de Ia familia y cl numero de familiares del paciente y/o de Ia persona rcsponsable. El criterio anual de ingrcso usado sera el 250% de las pautas de pobreza federales actuales conforme se hayan establecido cada aiio en el Registro Federal. El capital o patrimonio pasivo y cl activo tambien senin considerados. La ayuda financiera puede ser concedida hasta cl 100 % de costos medicos. Si ustcd desca conseguir mas informacion, o como aplicar para ayuda fi nanciera, por favor Jlamar al 410-938-3370 o llan1ar gratis al 1800-264-0949 de tunes a viemes de 8am a 3pm.

Oerechos de los Pacientes

Aquellos pacientes que reunen los criterios politicos de ayuda financieros descritos anteriormente pueden recibir Ia ayuda del hospital en el pago de su cuenta. Si ustcd crce que lo han referido cquivocadamente a una agcncia de recolcccion, usted tiene cl derccho de contactar a Ia oficina de oegocios del hospital *Sheppard Pratt* aJ 410-938-3370 o llamar al numcro gratis 1800-264-0949.

Usted puede ser elegiblc para Ia Asistencia Medica de Maryland. La asistencia medica cs un programa fundado conjuntamente con los gobiemos estatales y federales y cstos pagan basta el costo competo de la cobertura para individuos de ingresos bajos quicnes retinen ciertos criterios. En algunos casos, usted puede aplicar y ser negado para este cubrirniento antes de ser elegible para Ia ayuda financiera del hospital *Sheppard Prall*.

Para mas informacion relacionada con cl proceso de aplicaci6n para Ia Asistencia Medica de Maryland, por favor llamar a su Departamento Local de Servicios Sociales al 1800-332-6347 o averiguar en Ia Internet aJ ''''''.dhr.st:ltc.md.us. Nosotros tambien podemos ayudarle llarnando a1 hospital *Sheppard Prall* marcando el numero 410-938-3370.

Obligaciones del Paciente

Para aqucllos pacicntes con facilidad de pagar, cs su obligacion pagar al hospital a ticmpo. El hospital *Sheppard Pratt* hace todo lo posiblc para que las cuentas de los pacientcs sean correctamcnte facturadas, y los pacicntes hospitalizados pueden recibir una factura detallada y complcta 30 elias despucs de que lc han dado de alta. Es Ia rcsponsabilidad del paciente de proporcionar Ia informacion de seguros corrceta.

Si ustcd no tiene eubrimiento de seguro medico, nosotros esperamos que usted paguc su cuenta a tiernpo. Si usted crcc que ustcd es elegible bajo Ia politica de ayuda financicra, o si usted no pucdc pagar Ia cucnta completamente, ustcd podria contactar a Ia oficina de ncgoeios al 410-938-3370.

Si ustcd deja de cumplir con Ia obligacion financicra de su cuenta, usted puedc ser cnviado a una agencia de recolecci6n. Es obligacion del paciente asegurarsc de que cl hospital obtenga su infonnaci6n exacta y complcta. Si su situacion financiera cambia, usted tiene Ia obligacion de contactar ala oficina de oegocios del hospital *Sheppard Pratt* para provecr la informacion actualizada.

Los medicos que aticndcn a los pacicntes durante una hospitalizacion, facturan por separado sus gastos y 6stos costos no son incluidos en su factura de hospitalizacion.

Sheppard Pratt's Mission, Value Statement, Core Values and Guiding Principles **Appendix IV**

Our Mission Statement: To improve the quality of life of individuals and families by compassionately serving their mental health, addiction, special education, and community support needs.

Our Values Statement: Since our founding in 1853, Sheppard Pratt Health System has remained loyal to our Quaker heritage. The Quaker testimonies of simplicity, peace, integrity, community, and equality drive not only our core values, but our guiding principles, as well.

Our Core Values:

- **To Meet a Need** - to work toward recovery of health and quality of life for people we serve
- **To Lead** - to continually seek and create more effective ways to serve individuals
- **To Care** - to employ the highest standards of professionalism, with compassion, at all times
- **To Respect** - to recognize and respond to the human dignity of every person

Our Guiding Principles:

- **Quality -** We will meet professional standards in our field and continuously improve all aspects of our work.
- **Empowerment** - We will encourage the autonomy of our consumers and staff using teamwork to achieve individualized goals.
- **Integrity** - We will conduct ourselves in an ethical, honest, and forthright manner.
- **Innovation -** We will use the expertise of our staff, as well as the latest scientific advancements, to create a system that is a model for others.
- **Community -** We will work to reduce stigma to increase access to mental health services and to increase awareness of the benefits of treatment.
- **Learning -** We will enhance professional knowledge and skills through inquiry, teaching, learning, and research.
- **Value -** We will assure that the cost of our services reflects their value and we will operate in a cost-efficient way.
- **Safety** - We will provide a safe environment for consumers, volunteers, staff, and visitors.
- **Diversity** - We will foster an environment that embraces the diversity of all of our constituents.
- **Charity** - We will meet our charitable responsibilities to serve the community and to honor the intent of our donors.
- **Caring** - We will provide all of our services with compassion and sensitivity.