COMMUNITY BENEFIT NARRATIVE

Effective for FY2016 Community Benefit Reporting

Health Services Cost Review Commission

4160 Patterson Avenue

Baltimore, MD 21215

December 15, 2016

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

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

- Bed Designation – The number of licensed Beds;
- Inpatient Admissions: The number of inpatient admissions for the FY being reported;
- Primary Service Area Zip Codes;
- List all other Maryland hospitals sharing your primary service area;
- The percentage of the hospital's uninsured patients by county. (please provide the source for this data, i.e. review of hospital discharge data);
- The percentage of the hospital's patients who are Medicaid recipients. (Please provide the source for this data, i.e. review of hospital discharge data, etc.).
- The percentage of the Hospital's patients who are Medicare Beneficiaries. (Please provide the source for this data, i.e. review of hospital discharge data, etc.)

Table I

Bed Designation:	Inpatient Admissions (CY2015):	Primary Service Area Zip Codes:	All other Maryland Hospitals Sharing Primary Service Area:	Percentage of Hospital's Uninsured Patients by County (CY2015):	Percentage of the Hospital's Patients who are Medicaid Recipients (CY2015):	Percentage of the Hospital's Patients who are Medicare Beneficiaries (CY2015):
107	2,649	20874 20878 20850 20877 20886 20879 20906 20854 20876 20851 20852 20904 20853 20902 20855 20910 21804 20871 20832	**Chesapeake Rehab** 21804, 21801 **Adventist Rehabilition** 20874, 20878, 20850, 20877, 20886, 20906, 20854, 20852, 20904, 20853, 20902, 20855, 20901 **Brook Lane** 20874, 20878, 20886, 20854 **Univeristy of**	2.5% of overall patients were uninsured. Of these patients: 1.87% were from Montgomery County 0.36% were from outside of Maryland 0.06% were from PG County 0.06% were from Howard County *Source: review of hospital discharge data*	32.1% *Source: review of hospital discharge data*	14.3% *Source: review of hospital discharge data*

		20817 20901 21613 20872 20774 20912 21801	**Maryland** 21613 **Prince George's Hospital Center** 20774 **Holy Cross of Silver Spring** 20904, 20906, 20902, 20910, 20901, 20853, 20774, 20877, 20874, 20852 **Johns Hopkins** 21804, 20854 **Dorchester General** 21613 **Washington Adventist** 20912, 20901, 20904, 20910, 20906, 20902 **Montgomery General** 20906, 20832, 20853, 20904, 20902 **Peninsula Regional Medical Center** 21804, 21801 **Suburban** 20852, 20817, 20854, 20906, 20850, 20902, 20878, 20853, 20874, 20904 **Union of Cecil County** 21613, 21801,			

			21804, 20906, 20852, 20874 **Memorial at Easton** 21613 **Doctors Community Hospital** 20774 **Laurel Regional Hospital** 20904 **Shady Grove Medical Center** 20874, 20878, 20850, 20877, 20886, 20879, 20876, 20852, 20854 **Fort Washington** 20744 **Atlantic General** 21804			

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

a. Use Table II to provide a detailed description of the Community Benefit Service Area (CBSA), reflecting the community or communities the organization serves. The description should include (but should not be limited to):
   i. A list of the zip codes included in the organization's CBSA, and
   ii. An indication of which zip codes within the CBSA include geographic areas where the most vulnerable populations reside.
   iii. Describe how the organization identified its CBSA, (such as highest proportion of uninsured, Medicaid recipients, and super utilizers, i.e. individuals with > 3 hospitalizations in the past year). This information may be copied directly from the community definition section of the organization's federally-required CHNA Report (26 CFR § 1.501(r)–3).

Table II

Zip Codes included in the organization's CBSA, indicating which include geographic areas where the most vulnerable populations reside
Zip Codes in the CBSA *Primary Service Area* 20850 – Rockville, 20851 – Rockville, 20852 – Rockville, 20853 – Rockville, 20854 – Potomac, 20855 – Derwood, 20874 – Germantown, 20876 – Germantown, 20877 – Gaithersburg, 20878 – Gaithersburg, 20879 – Gaithersburg, 20886 – Montgomery Village, 20902 – Silver Spring, 20904 – Silver Spring, 20906 – Silver Spring, and 20910 – Silver Spring *Secondary Service Area* 20002 – Washington, 20011 – Washington, 20017 – Washington, 20020 – Washington, 20032 – Washington, 20601 – Waldorf, 20613 – Brandywine, 20695 – White Plains, 20705 – Beltsville, 20706 – Lanham, 20708 – Laurel, 20712 – Mount Rainier, 20715 – Bowie, 20720 – Bowie, 20721 – Bowie, 20735 – Clinton, 20743 – Capitol Heights, 20744 – Fort Washington, 20745 – Oxon Hill, 20746 – Suitland, 20747 – District Heights, 20748 – Temple Hills, 20770 – Greenbelt, 20772 – Upper Marlboro, 20774 – Upper Marlboro, 20783 – Hyattsville, 20784 – Hyattsville, 20785 – Hyattsville, 20814 – Bethesda, 20815 – Chevy Chase, 20817 – Bethesda, 20832 – Olney, 20837 – Poolesville, 20841 – Boyds, 20842 – Dickerson, 20871 – Clarksburg, 20872 – Damascus, 20882 – Gaithersburg, 20895 – Kensington, 20901 – Silver Spring, 20903 – Silver Spring, 20905 – Silver Spring, 20912 – Takoma Park, 21044 – Columbia, 21122 – Pasadena, 21228 – Catonsville, 21286 – Towson, 21701 – Frederick, 21703 – Frederick, and 21771 – Mount Airy Household income can be considered a barrier to health and wellness as income can affect a family's ability to pay for necessities including, but not limited to: healthcare services; healthy foods; and education. A wide body of research points to the fact that low-income individuals tend to experience worse health outcomes than wealthier individuals, clearly demonstrating that income disparities are tied to health disparities.

Median Household Income within the CBSA (2015)		
Population	**Zip Codes**	**Median Household Income (2015)**
Montgomery County	20815	$140,803
	20817	$169,485
	20832	$126,762
	20837	$145,518
	20841	$152,853
	20842	$82,955
	20850	$107,170
	20851	$82,017
	20852	$97,151
	20853	$100,965
	20854	$192,649
	20855	$120,060
	20871	$126,543
	20872	$108,995

		20874	$81,769	
		20876	$91,359	
		20877	$65,853	
		20878	$117,261	
		20879	$88,777	
		20882	$145,054	
		20886	$75,593	
		20895	$130,130	
		20901	$97,454	
		20902	$85,044	
		20903	$58,342	
		20904	$72,458	
		20905	$116,141	
		20906	$71,423	
		20910	$77,986	
		20912	$69,721	
		Overall	$99,435	
	Prince George's County	20705	$70,754	
		20706	$70,754	
		20708	$64,134	
		20712	$47,048	
		20715	$107,513	
		20720	$133,641	
		20721	$120,994	
		20735	$103,844	
		20743	$57,671	
		20744	$88,384	
		20745	$54,448	
		20746	$64,959	
		20747	$60,421	
		20748	$62,720	
		20770	$62,909	
		20772	$98,147	
		20774	$93,216	
		20783	$60,958	
		20784	$58,564	
		20785	$60,883	
		Overall	$74,260	
	Frederick County	21044	$96,526	
		21122	$90,513	
		21228	$79,267	
		21286	$68,308	

	21701	$71,393
	21703	$73,901
	21771	$113,502.00
	Overall	$83,700.00
Charles County	20601	$94,277.00
	20613	$109,641.00
	20695	$97,361.00
	Overall	$90,607.00
Maryland	*Overall*	$74,551
District of Columbia	20002	$74,303
	20011	$62,281
	20017	$63,022
	20020	$34,797
	20032	$33,408
	Overall	$70,848

*Note: Household income by zip code values are compared to the overall county median household income. Green indicates the location's income is above the county value. Red indicates the location's income is below the county value (i.e. a potentially vulnerable population.)

Figure 1. Household Income by zip codes, Montgomery County, Prince George's County, Frederick County, Charles County, Maryland, and District of Columbia, 2015
(Source: U.S. Census Bureau, 2015 ACS 5-Year Estimates)

Median Household Income within the CBSA

Median Household Income
Prince George's County: $76,741
Montgomery County: $98,917
Source: US Census Bureau, 2015 1-Year ACS Estimates

Household income has a direct influence on a family's ability to pay for necessities, including health insurance and healthcare services. Throughout the CBSA served by Adventist HealthCare Rehabilitation (primarily Montgomery & Prince George's Counties), across racial and ethnic groups, non-Hispanic whites have the highest median household income, while Blacks and Hispanics have the lowest (see Figure 2). However, when looking at the state of Maryland as a whole, Asians have the highest median income.

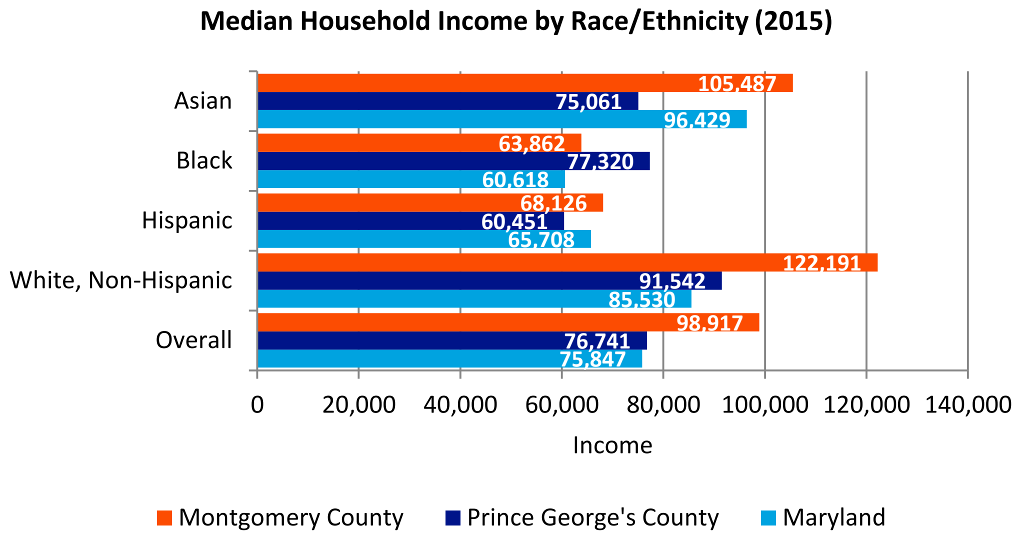


Figure 2. Median Household Income, Prince George's County, Montgomery County and Maryland by Race and Ethnicity 2015
(Source: US Census Bureau, 2015 1-Year ACS Estimates)

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

In 2015, Montgomery County experienced poverty levels lower than that of the state of Maryland overall. According to the U.S. Census Bureau, 7.5 percent of Montgomery County residents and 9.3 percent of Prince George's County residents were living in poverty compared to 9.7 percent of Maryland residents.

Despite lower rates of poverty in Montgomery County compared to the state, racial disparities are still evident. Poverty levels among whites were the lowest at 3.6 percent and highest among Blacks at 12.1 percent and Hispanics at 13.1 percent (see Figure 3).

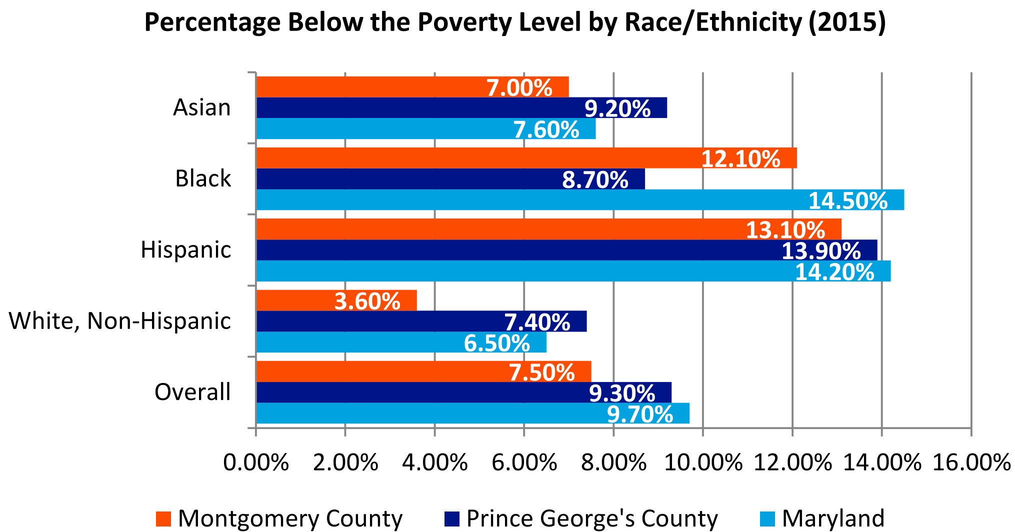


Figure 3. Poverty Status by Race and Ethnicity, Prince George's County, Montgomery County, and Maryland, 2015
(Source: U.S. Census Bureau, 2015 1-Year ACS Estimates)

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

Approximately 8.2 percent of all civilian non-institutionalized Montgomery County residents and 10.9 percent of Prince George's County residents are uninsured. This number is compared to 6.6 percent of Maryland residents (see Figure 4).

Across Montgomery County, Prince George's County, and Maryland, Hispanics are uninsured at rates significantly higher than whites, Blacks, and Asians. Approximately 32.5 percent of Hispanics are uninsured in Prince George's County, compared to 21.7 percent in Montgomery County and 23.6 percent in Maryland (see Figure 4). Whites are least likely to be uninsured across Prince George's County, Montgomery County, and Maryland.

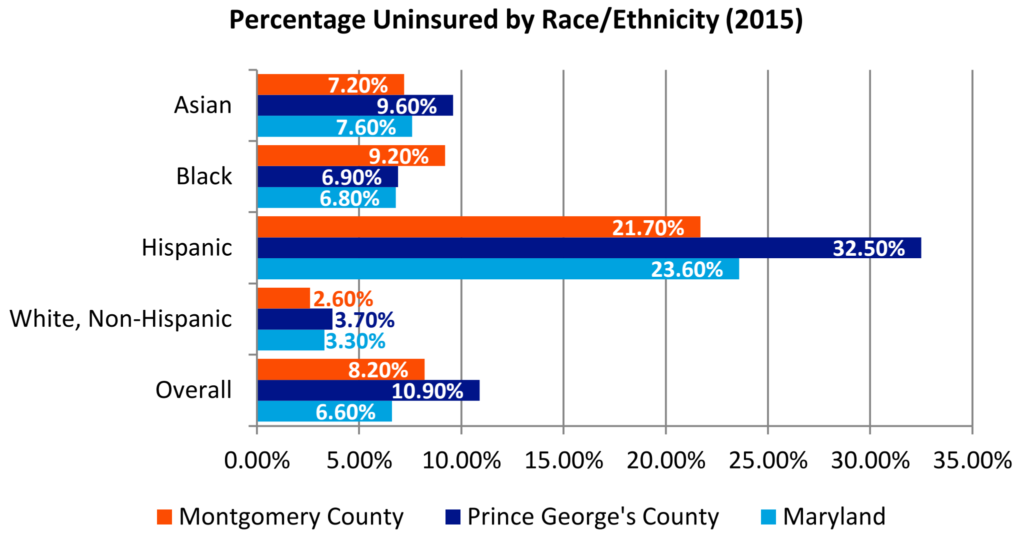


Figure 4. Percentage Uninsured by Race and Ethnicity, Prince George's County, Montgomery County, and Maryland, 2015
(Source: U.S. Census Bureau, 2015 1-Year ACS Estimates)

Percentage of Medicaid recipients by County within the CBSA.

Percentage of Medicaid Recipients by County within the CBSA:
Montgomery County: 9.90% (102,634)
Prince George's County: 16.7% (150,960)
Source: US Census Bureau, 2015 1-Year ACS Estimates

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

According to the 2013 Maryland State Health Improvement Process (SHIP), the overall life expectancy for Montgomery County is 84.6 years, 4.8 years greater than the Maryland 2017 target of 79.8 years (see Figure 5). However, when stratifying by race, a significant gap can be seen between Black and white residents. The life expectancy for white residents of Montgomery County is 84.4 years and 82.5 years for Black residents (see Figure 5). In Prince George's County, the overall life expectancy is 80 years, which is higher than that of Maryland (79.8 years). When stratifying by race, the life expectancy for white residents is 80.7 years, compared to only 79.3 years among Black residents of Prince George's County (see Figure 5).

County	SHIP Objective	SHIP 2013 County Baseline	SHIP 2014 County Update	SHIP 2014 County Update (Race/ Ethnicity)	SHIP 2014 Maryland Update	SHIP 2014 Maryland Update (Race/ Ethnicity)	Maryland SHIP 2017 Target
Prince George's	Increase life expectancy in Maryland	79.6	80	Black – 79.3 White – 80.7	79.8	Black – 77.5 White – 80.4	79.8
Montgomery		84.3	84.6	Black – 82.5 White – 84.4			

Figure 5. Life expectancy at Birth (in years), Prince George's and Montgomery Counties, 2014
(Source: [Maryland Department of Health and Mental Hygiene (DHMH) Vital Statistics Administration, 2014])

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

The mortality rate in Montgomery County is 573.2 per 100,000 population and 593.6 per 100,000 population in Prince George's County. These rates are lower than the mortality rate for the state of Maryland overall (764.5 per 100,000) (see Figure 6). Whites have the highest death rates in both counties and the state of Maryland overall while Hispanics have the lowest death rates.

Crude Death Rates by Race/Ethnicity (2014)

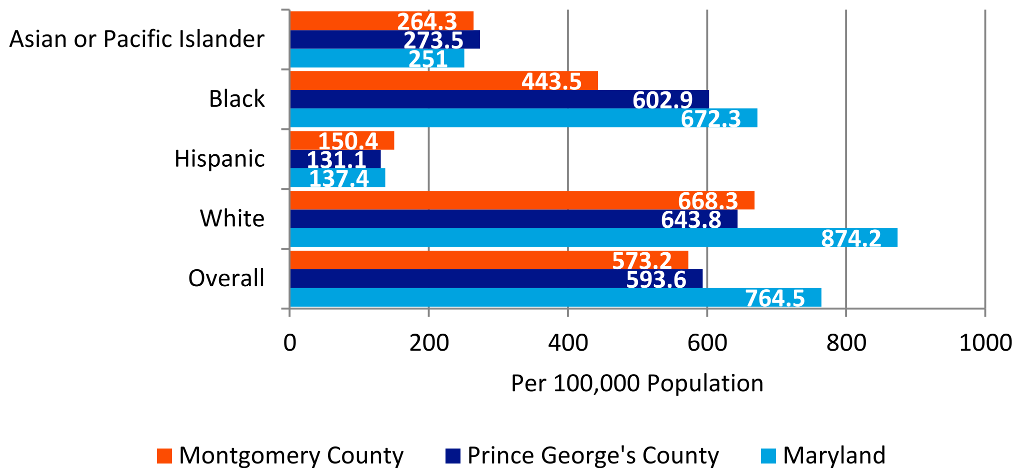


Figure 6. Crude Death Rate by Race and Ethnicity for Prince George's County, Montgomery County, and Maryland, 2014
(Source: [Maryland Department of Health and Mental Hygiene, Maryland *Vital Statistics Annual Report, 2014*])

Infant Mortality Rate

Overall, Montgomery County (4.8 per 1,000 live births) has met the Maryland SHIP 2017 target (6.3 per 1,000 live births), but Prince George's County did not meet the target (6.9 per 1,000 live births). Blacks in Montgomery and Prince George's Counties and the state overall are disproportionately affected by high infant mortality rate. They failed to meet the Maryland SHIP 2017 target (6.3 infant deaths per 1,000 live births) while Hispanics and whites met the target (see Figure 7).

County	SHIP Objective	SHIP 2013 County Baseline	SHIP 2014 County Update	SHIP 2013 County Update (Race/ Ethnicity)	SHIP 2014 Maryland Update	SHIP 2014 Maryland Update (Race/ Ethnicity)	Maryland SHIP 2017 Target
Prince George's	Reduce Infant Deaths	7.8	6.9	NH Black – 8.2 Hispanic – 5.2 NH White – 5.2	6.5	NH Black – 10.7 Hispanic – 4.4 NH White -- 4.4	6.3
Montgomery		4.7	4.8	NH Black – 7.8 Hispanic – 4.4 NH White – 4.4			

Figure 7. Infant Mortality Rate (per 1,000 Live Births) by Race/Ethnicity in Prince George's and Montgomery Counties, 2014 (Source: DHMH State Health Improvement Process (SHIP), 2014)

Access to Healthy Food

Healthy Eating Behaviors

In Montgomery County, 66.7 percent of the adult population consumes less than five servings of fruits and vegetables daily. This proportion is lower than the Prince George's County average of 70.7 percent and Maryland's average of 72.4 percent (see Figure 8).

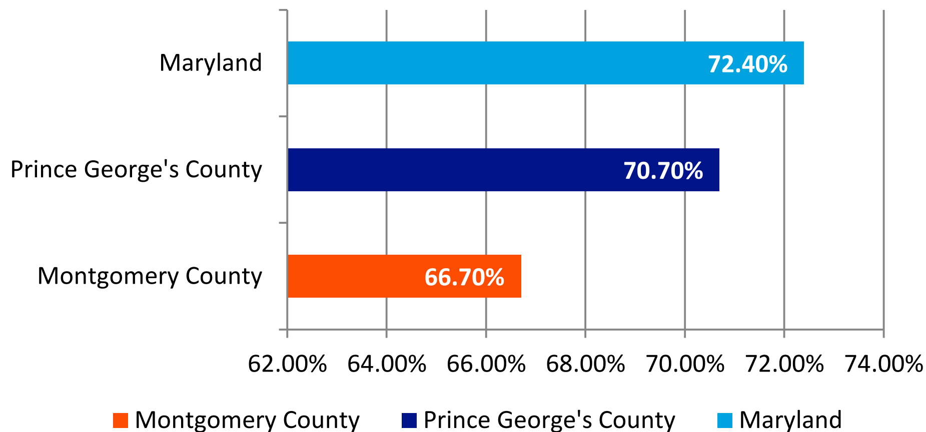


Figure 8. Adults Consuming Less Than 5 Servings of Fruits & Vegetables Each Day (Source: Community Commons Community Health Needs Assessment, 2013)

Fruit and vegetable consumption varies among racial and ethnic groups in Montgomery County. A higher percentage of white (33 percent) and Asian (31 percent) residents consume the recommended five or more servings of fruits and vegetables daily, as opposed to the county as a whole (29.6 percent). However, Hispanics have the lowest percentage of adult fruit and vegetable consumption within the county at 14.2 percent (see Figure 9).

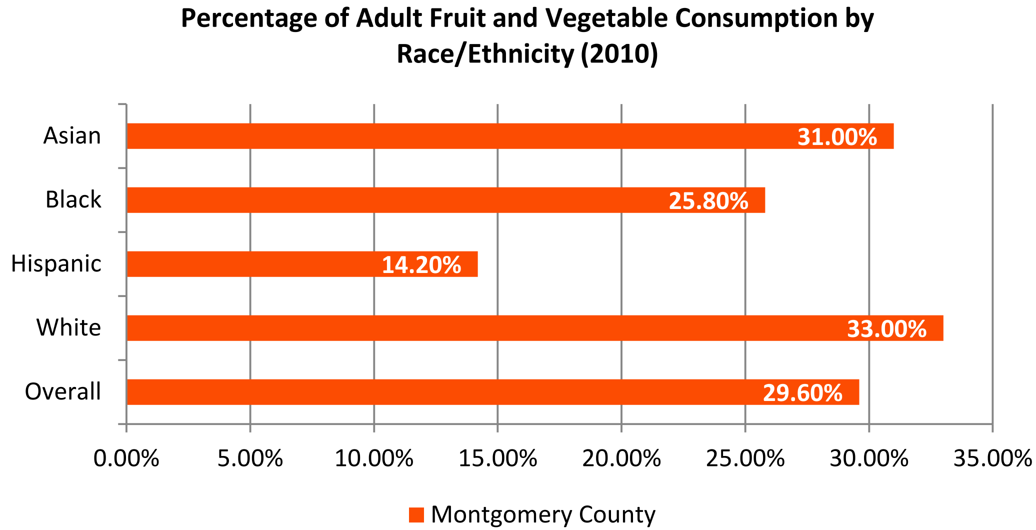


Figure 9. Fruit and Vegetable Consumption by Race and Ethnicity, Montgomery County, 2010
(Source: Healthy Montgomery)

Food Environment
The USDA defines food insecurity as the lack of access to enough food necessary for a healthy life, and limited or uncertain availability of adequately nutritious foods[1]. In 2014, 7.0 percent of Montgomery County experienced food insecurity which is lower than Maryland (12.7 percent) as a whole. In comparison, Prince George's County had a higher food insecurity rate (15.5 percent) than both Montgomery County and the state (see Figure 10).

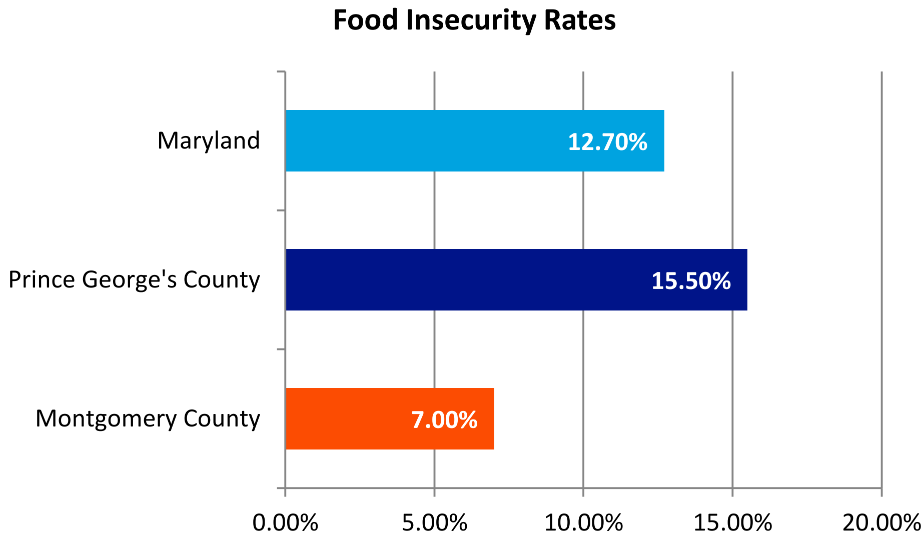


Figure 10. Percentage of Food Insecure Population, 2014
(Source: Feeding America, *Map the Meal Gap*, 2014)

One measure of healthy food access and environmental influence on healthy behavior is access to grocery stores. The Community Commons defines grocery stores as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared

[1] Feeding America (2016). Map the Meal Gap. Retrieved from: http://map.feedingamerica.org/county/2014/overall/maryland

meats, fish, and poultry. In Montgomery County there are 20.79 grocery stores per 100,000 population, a rate similar to Maryland (21.3 per 100,000 population). However, there are only 18.53 grocery stores per 100,000 population in Prince George's County (see Figure 11).

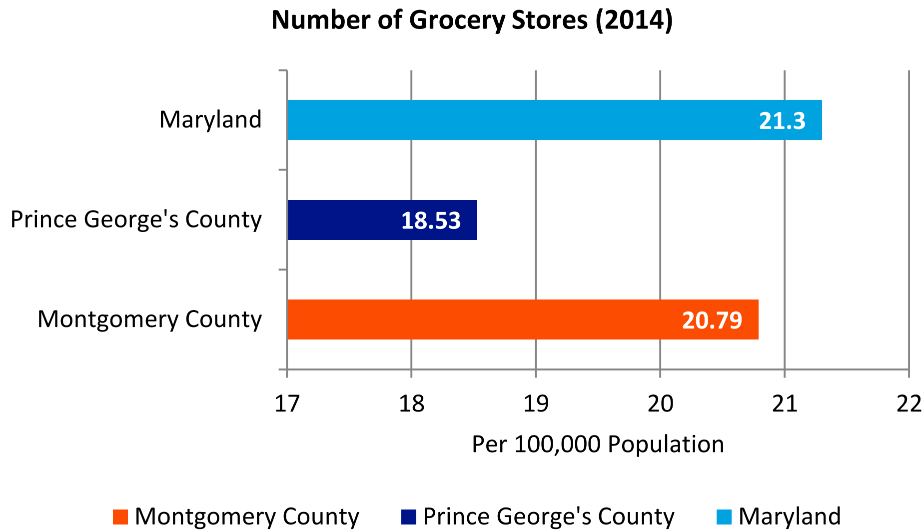


Figure 11. Number of Grocery Stores per 100,000 Population, 2014
(Source: Community Commons. Community Health Needs Assessment, 2014)

Fast food restaurant access has been rising at the local and national levels for the past several years. From 2009 to 2013, the rate in Maryland increased from 78.37 to 86.64 per 100,000 population[2]. In Prince George's County, residents have a higher rate of access to fast food restaurants (87.21 per 100,000 population) than both Montgomery County (81.71 per 100,000 population) and Maryland (84.8 per 100,000) (see Figure 12).

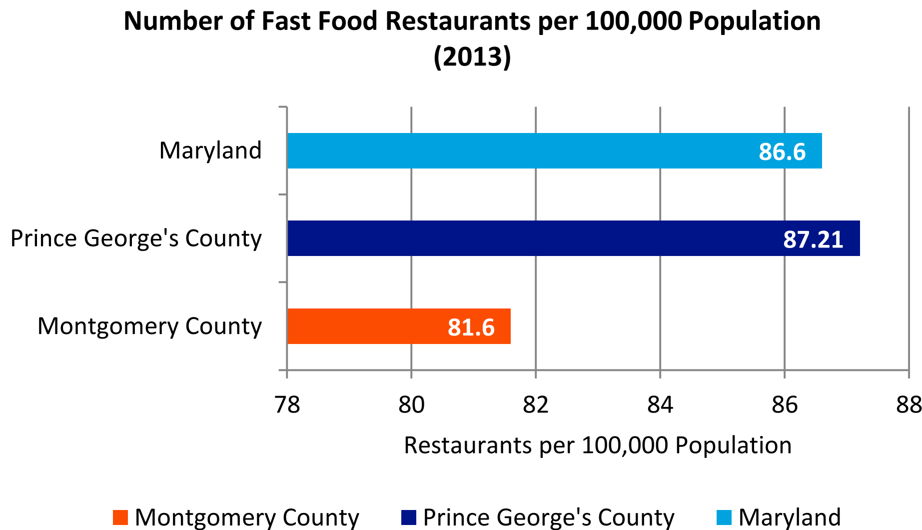


Figure 12. Number of Fast Food Restaurants per 100,000 Population, 2014
(Source: Community Commons. Community Health Needs Assessment, 2014)

[2] Community Commons. *Community Health Needs Assessment*. (2014). Retrieved from: http://assessment.communitycommons.org/CHNA/report?page=3&id=401&reporttype=libraryCHNA

Transportation

Commuting

The majority of both Montgomery and Prince George's Counties drive alone to work (65.6 percent and 61.1 percent, respectively) or utilize public transportation (15.9 percent and 17.1 percent, respectively) (see Figure 13).

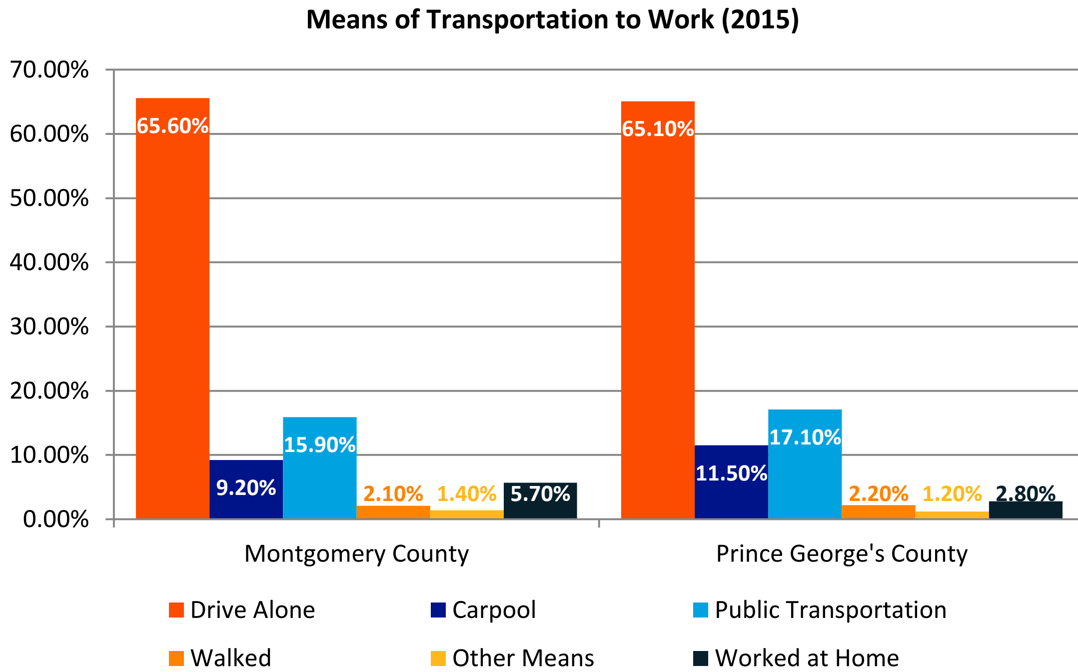


Figure 13. Means of Transportation to Work, Montgomery and Prince George's Counties, 2015 (Source: US Census Bureau, 2015 ACS 1-Year Estimates)

The mean travel time to work for Montgomery County is 34.4 minutes; whereas the mean travel time for Prince George's County is 36.2 minutes (see Figure 14).

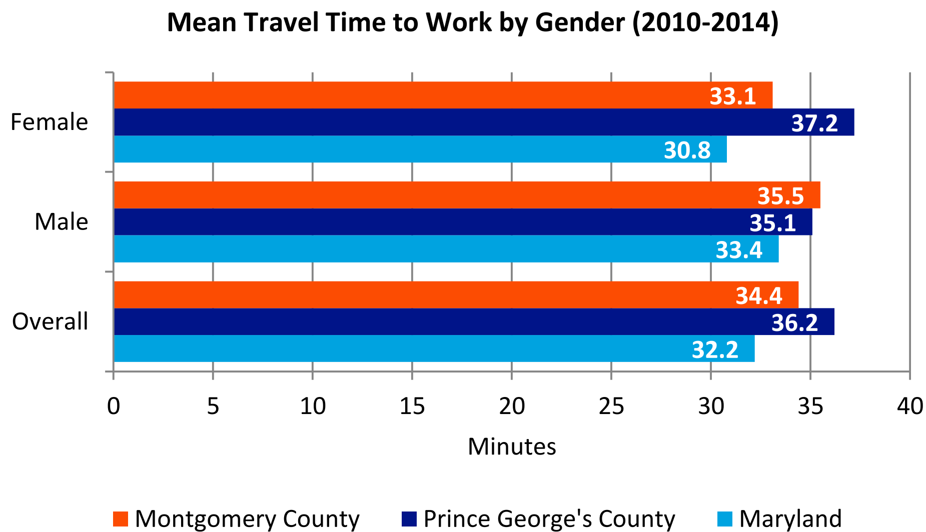


Figure 14. Mean Travel Time to Work by Gender for Prince George's County and Montgomery County, 2015 (Source: Healthy Montgomery, 2010-2014; PGC Health Zone, 2010-2014)

Pedestrian Safety

The rate of pedestrian injuries on public roads in Montgomery County (41.3 per 100,000 population) is nearly equivalent to that of the state (42.6 per 100,000 population), whereas the rate in Prince George's County is slightly lower at 39.6 per 100,000 population. The rates have increased since the 2013 County measures and they remain higher than the SHIP 2017 target of 35.6 per 100,000 population (see Figure 15).

County	SHIP Objective	SHIP 2012 County Measure	SHIP 2013 County Measure	SHIP 2014 County Update	SHIP 2014 Maryland Update	Maryland SHIP 2017 Target
Prince George's	Reduce rate of pedestrian injuries	35.4	37.2	39.6	42.6	35.6
Montgomery		40.1	35.6	41.3		

Figure 15. Rate of Pedestrian Injuries per 100,000 Population, Prince George's and Montgomery Counties, 2014
(Source: Maryland SHIP, 2014)

The pedestrian death rate in Montgomery County at 1.18 deaths per 100,000 population, is higher than that of Maryland (0.91 per 100,000 population)[3] and the Healthy People 2020 target of 1.4 deaths per 100,000 population; however, the pedestrian death rate in Prince George's County at 1.69 deaths per 100,000 population is higher than both state and national rates[4].

From 2011 to 2014 in Montgomery County, white non-Hispanic individuals experienced the highest number of traffic fatalities among both vehicle occupants and non-occupants (see Figure 16-A).

[3] U.S. Department of Transportation National Highway Traffic Safety Administration. *2013 Ranking of COUNTY Pedestrian Fatality Rates – Maryland*. Accessed from: http://www-fars.nhtsa.dot.gov/States/StatesPedestrians.aspx

[4] U.S. Department of Transportation National Highway Traffic Safety Administration. *2013 Ranking of COUNTY Pedestrian Fatality Rates – Maryland*. Accessed from: http://www-fars.nhtsa.dot.gov/States/StatesPedestrians.aspx

Montgomery County Traffic Fatalities (2011-2014)					
Person Type by Race/Hispanic Origin		**2011**	**2012**	**2013**	**2014**
Occupants (All Vehicle Types)	Hispanic	0	2	5	4
	White Non-Hispanic	9	11	12	13
	Black, Non-Hispanic	1	7	6	4
	Asian, Non-Hispanic/Unknown	0	0	0	0
	All Other Non-Hispanic or Race	1	3	3	4
	Unknown Race and Unknown Hispanic	19	7	1	3
	Total	30	30	27	28
Non-Occupants (Pedestrians, Pedalcyclists and Other/Unknown Non-Occupants)	Hispanic	0	0	1	1
	White Non-Hispanic	2	4	6	4
	Black, Non-Hispanic	1	2	4	1
	Asian, Non-Hispanic/Unknown	0	0	1	1
	All Other Non-Hispanic or Race	0	0	0	0
	Unknown Race and Unknown Hispanic	7	1	1	4
	Total	10	7	13	11
Total	Hispanic	0	2	6	5
	White Non-Hispanic	11	15	18	17
	Black, Non-Hispanic	2	9	10	5
	Asian, Non-Hispanic/Unknown	0	0	1	1
	All Other Non-Hispanic or Race	1	3	3	4
	Unknown Race and Unknown Hispanic	26	8	2	7
	Total	40	37	40	39

Figure 16-A. Montgomery County Fatalities by Person Type, Race and Ethnicity, 2011-2014
(Source: National Highway Traffic Safety Administration, Traffic Safety Facts, 2014)

Prince George's County Traffic Fatalities (2011-2014)					
Person Type by Race/Hispanic Origin		**2011**	**2012**	**2013**	**2014**
Occupants (All Vehicle Types)	Hispanic	3	5	7	3
	White Non-Hispanic	13	7	8	8
	Black, Non-Hispanic	26	36	35	47
	All Other Non-Hispanic or Race	1	0	3	1
	Unknown Race and Unknown Hispanic	31	15	17	9
	Total	74	63	70	68
Non-Occupants (Pedestrians, Pedalcyclists and Other/Unknown Non-Occupants)	Hispanic	2	1	0	4
	White Non-Hispanic	5	4	1	6
	Black, Non-Hispanic	9	14	10	12
	All Other Non-Hispanic or Race	0	0	0	0
	Unknown Race and Unknown Hispanic	15	5	6	8
	Total	31	24	17	30
Total	Hispanic	5	6	7	7
	White Non-Hispanic	18	11	9	14
	Black, Non-Hispanic	35	50	45	59
	All Other Non-Hispanic or Race	1	0	3	1
	Unknown Race and Unknown Hispanic	46	20	23	17
	Total	105	87	87	98

Figure 16-B. Prince George's County Fatalities by Person Type, Race and Ethnicity, 2011-2014
(Source: National Highway Traffic Safety Administration, Traffic Safety Facts, 2014)

Maryland Traffic Fatalities (2011-2014)					
Person Type by Race/Hispanic Origin		**2011**	**2012**	**2013**	**2014**
Occupants (All Vehicle Types)	Hispanic	7	20	22	14
	White Non-Hispanic	179	234	192	176
	Black, Non-Hispanic	60	90	83	93
	American Indian, Non-Hispanic/Unknown	1	2	0	1
	Asian, Non-Hispanic/Unknown	1	4	1	1
	All Other Non-Hispanic or Race	4	12	18	10
	Unknown Race and Unknown Hispanic	122	46	32	38
	Total	374	408	348	333
Non-Occupants (Pedestrians, Pedalcyclists and Other/Unknown Non-Occupants)	Hispanic	3	3	5	6
	White Non-Hispanic	40	49	54	57
	Black, Non-Hispanic	21	35	42	27
	Asian, Non-Hispanic/Unknown	0	0	1	1
	All Other Non-Hispanic or Race	1	2	2	0
	Unknown Race and Unknown Hispanic	46	14	13	18
	Total	111	103	117	109
Total	Hispanic	10	23	27	20
	White Non-Hispanic	219	283	246	233
	Black, Non-Hispanic	81	125	125	120
	American Indian, Non-Hispanic/Unknown	1	2	0	1
	Asian, Non-Hispanic/Unknown	1	4	2	2
	All Other Non-Hispanic or Race	5	14	20	10
	Unknown Race and Unknown Hispanic	168	60	45	56
	Total	485	511	465	442

Figure 16-C. Maryland Fatalities by Person Type, Race and Ethnicity, 2011-2014
(Source: National Highway Traffic Safety Administration, Traffic Safety Facts, 2014)

Education

Graduation and Educational Attainment

In 2015, 89.36 percent of Montgomery County students graduated high school within four years. The four-year graduation rate for the county is lower than that of the state (86.98 percent. While both the state overall and Montgomery County surpassed the Health People 2020 high school graduation goal of 82.4 percent[5], Prince George's County (78.75 percent) did not (see Figure 17).

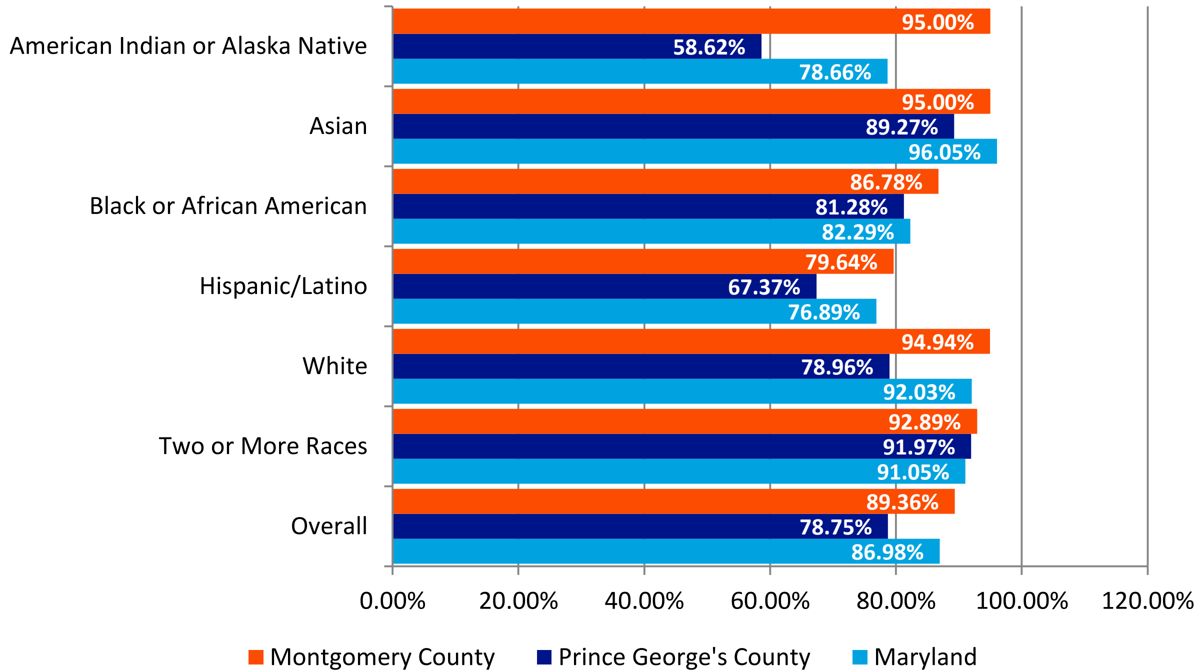


Figure 17. High School Graduation Rates by Race/Ethnicity in Montgomery and Prince George's Counties and Maryland, 2015
(Source: 2016 Maryland Report Card)

Disparities in education and ethnicity become even more apparent at the college level. The overall percentage of adults 25+ in Montgomery County with a bachelor's degree or higher is 27.15 percent which is higher than both the state (21.12 percent) and Prince George's County (18.94 percent). However, when stratified by race and ethnicity, Whites have the highest percentage in Montgomery County (71.14 percent), but more Asians over 25 have a bachelor's degree in both Prince George's County (54.72 percent) and Maryland (63.72 percent) than any other racial or ethnic group. There are large disparities within Prince George's County as well, with 54.72 percent of Asians obtaining a bachelor's degree compared to 10.52 percent of Hispanics (see Figure 18).

[5] Healthy Communities (2016). Montgomery County: High school graduation rate. *Healthy Montgomery.* Retrieved from: http://www.healthymontgomery.org/index.php?module=indicators&controller=index&action=view&indicatorId=13&localeId=1259

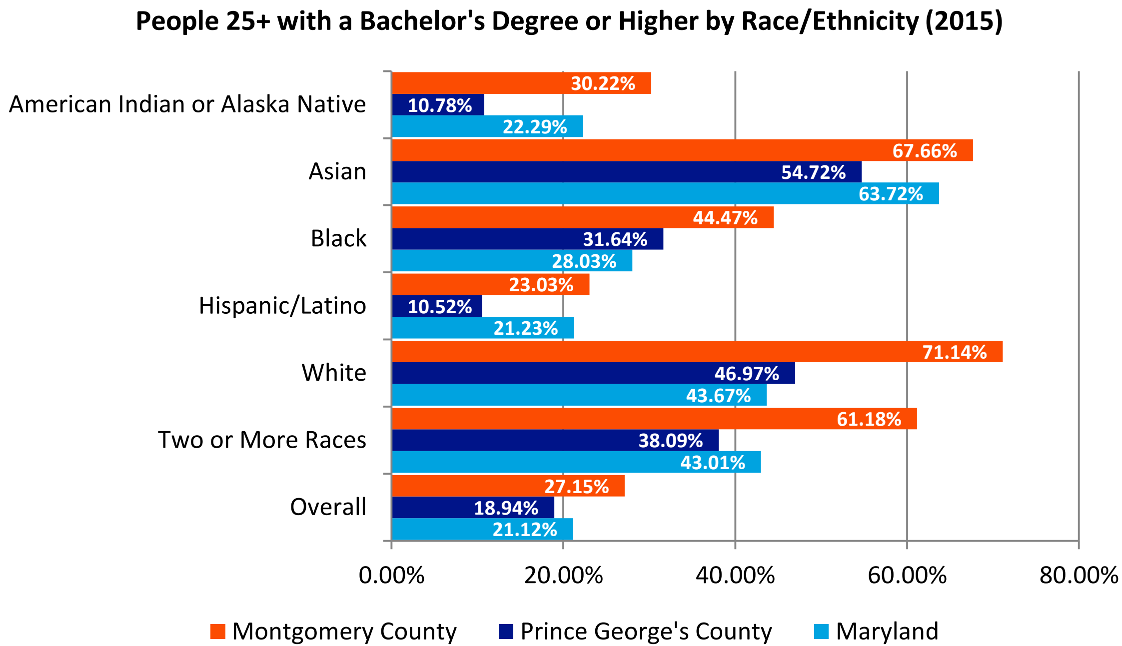


Figure 18. People 25 and Over with a Bachelor's Degree or Higher by Race/Ethnicity, Montgomery and Prince George's Counties and Maryland, 2015
(Source: U.S. Census Bureau, 2015 1-Year Estimates)

English and Algebra Proficiency

Based on student scores on the Maryland High School Assessment (HSA), 95 percent of white and approximately 93 percent of Asian 12th graders are proficient in English compared to 78 percent of Hispanic and about 80 percent of Black students in Montgomery County. In Prince George's County, there are also racial and ethnic disparities among 12th graders in English proficiency, with white 12th graders testing highest at 89.4 percent and Hispanic students testing at 67.3 percent proficient. More Asian 12th graders in Maryland (91.5 percent) test proficient in English in Maryland than all other racial and ethnic groups while Black 12th graders have the lowest proficiency rate (73.1 percent) (see Figure 19).

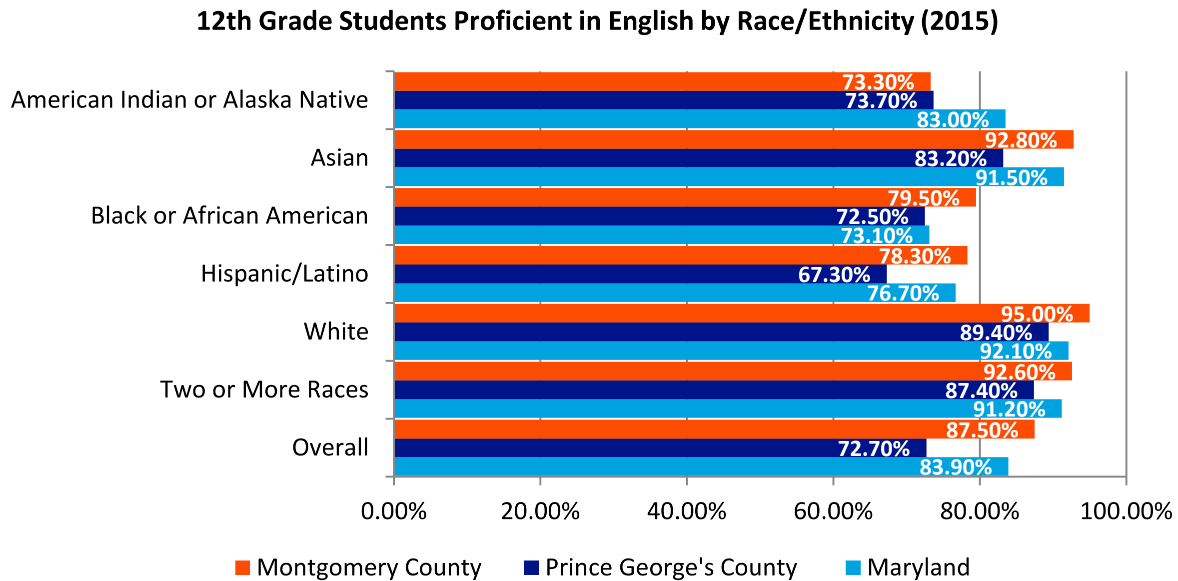


Figure 19. 12th Grade Students Proficient in English by Race/Ethnicity, Montgomery and Prince George's Counties and Maryland, 2015
(Source: 2016 Maryland Report Card)

A similar trend can be seen for algebra proficiency among 12th graders. In Montgomery County, at least 95 percent of both white and Asian 12th graders are proficient in algebra compared to 82.4 percent of American Indian or Alaska Native and 84.5 percent of Black students. In Prince George's County, 89.4 percent of white students are proficient in algebra compared to 70.4 percent of Black students. Regarding the state overall, 87.4 percent of 12th graders are proficient in algebra. More white (96 percent) and Asian students (96.3 percent) have tested proficient in algebra than all other racial or ethnic groups within Maryland while Black students (75.3 percent) have the lowest proficiency rate (see Figure 20).

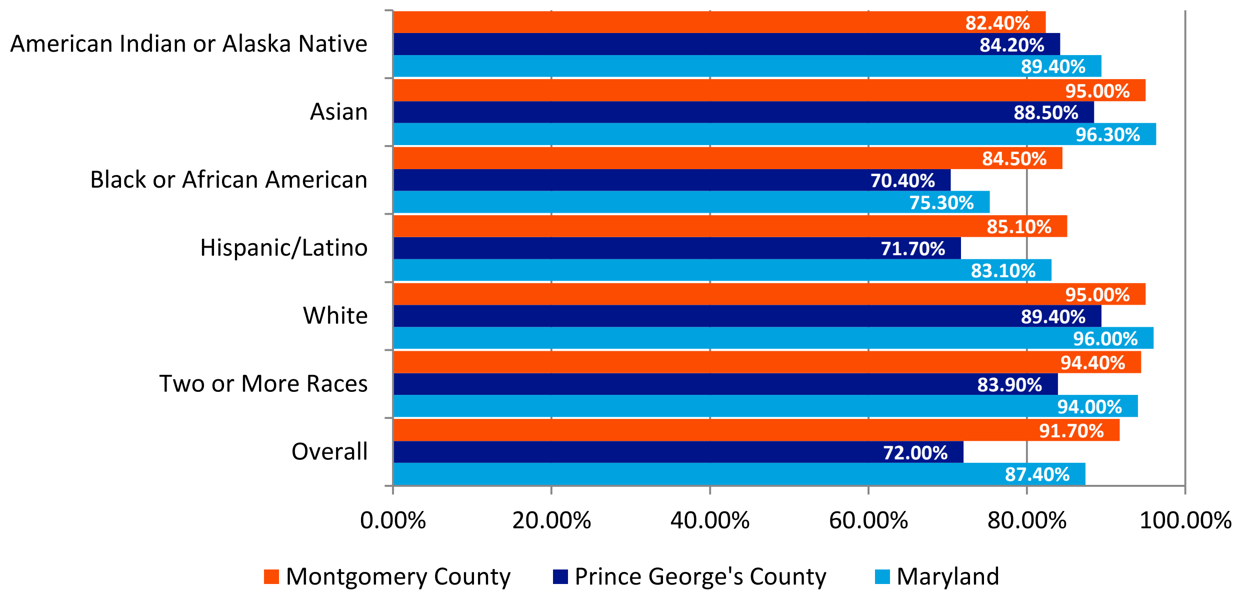


Figure 20. 12th Grade Students Proficient in Algebra by Race/Ethnicity, Montgomery and Prince George's Counties and Maryland, 2015
(Source: 2016 Maryland Report Card)

Readiness for Kindergarten

The percentage of children who enter kindergarten ready to learn in Montgomery County increased from 48 percent in 2014 to 49 percent in 2015, but is still higher than Maryland overall (45 percent). Hispanic children were among those least likely to be prepared for kindergarten in Montgomery County (28 percent). White (68 percent) and Asian (58 percent) children were among those most prepared to enter kindergarten in Montgomery County (see Figure 21).

The percentage of children who enter kindergarten ready to learn in Prince George's County increased from 34 percent in 2014 to 38 percent in 2015, but remained lower than that of the state overall (45 percent). Hispanic children were the least likely to be prepared for kindergarten at 22 percent, while Asian and white children were among those most prepared to enter kindergarten in Prince George's County at 46 percent and 59 percent, respectively (see Figure 21).

County	SHIP Measure	County 2014 Measure	SHIP 2015 County Update	SHIP 2014 County Update (Race & Ethnicity)	SHIP 2015 Maryland Update	Maryland Target 2017
Prince George's County	Percentage of children who enter kindergarten ready to learn	34%	38%	Asian–46%; AA-45% Hispanic-22% White-59%	45%	85.5%
Montgomery County		48%	49%	Asian–58%; AA-40% Hispanic-28% White-68%		

Figure 21. Percentage of Children Entering Kindergarten Ready to Learn, Prince George's and Montgomery Counties
(Source: Maryland SHIP, 2015)

Housing Quality

Housing Quality

A person's living situation – the condition of their homes and neighborhoods – is a crucial determinant of health status. Across the U.S., a disproportionate percentage of minority households are affected by moderate and severe housing problems (see Figure 22).

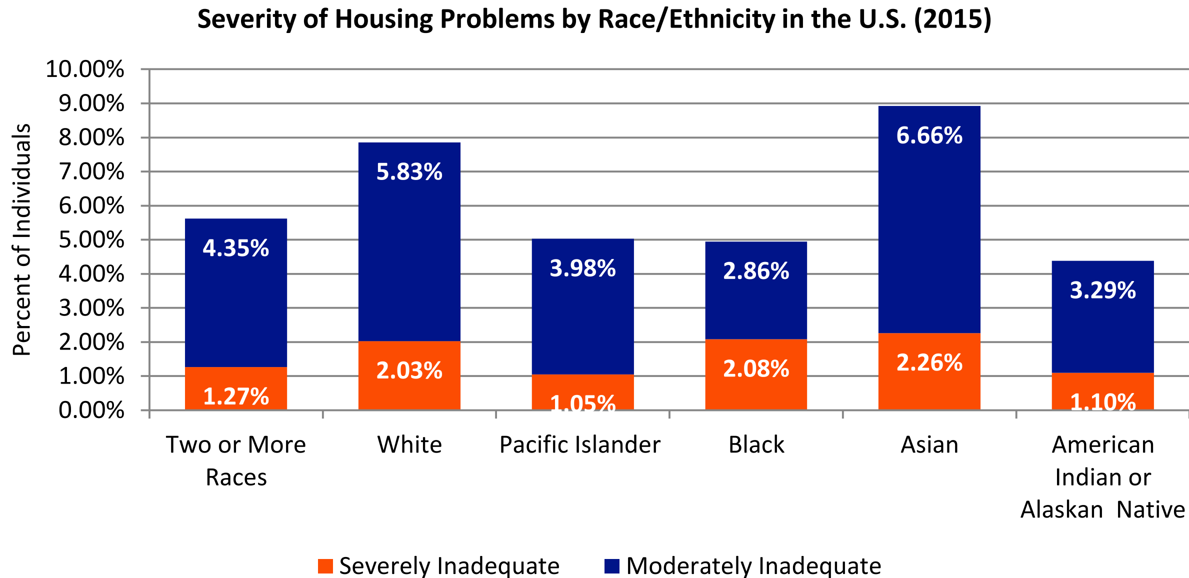


Figure 22. Severity of Housing Problems by Race/Ethnicity in the U.S., 2015
Note: Physical problems include plumbing, heating, electrical and upkeep
(Source: U.S. Census Bureau, American Housing Serving, 2015)

At the local level, 17 percent of households in Maryland, 18 percent of households in Montgomery County, and 20 percent of households in Prince George's County were identified as having at least 1 of 4 severe housing problems: overcrowding; high housing costs; and lack of kitchen or plumbing facilities[6].

Montgomery County Housing Statistics

- Renters spending 30 percent or more of household income on rent: 52.7 percent
- Homeowner vacancy rate: 0.8
- Housing units in multi-unit structures: 34.3 percent
- Housing units: 389,030 (2015)
- Homeownership rate: 64.3 percent
  Median value of owner-occupied housing units: $474,900
  (Source: U.S. Census Bureau, ACS, 1-Year Estimate, 2015)
- Households: 365,235
- Persons per household: 2.76
  (Source: U.S. Census Bureau, QuickFacts, 2011–2015)

Prince George's County Housing Statistics

- Renters spending 30 percent or more of household income on rent: 52.4 percent

[6] University of Wisconsin – Population Health Institute. (2016). Compare counties. *County Health Rankings*. Retrieved from: http://www.countyhealthrankings.org/app/maryland/2016/compare/snapshot?counties=24_031%2B24_033

- Homeowner vacancy rate: 1.7
- Housing units in multi-unit structures: 32.5 percent
- Housing units: 331,294
- Homeownership rate: 61.3 percent
  Median value of owner-occupied housing units: $272,200
  (Source: U.S. Census Bureau, ACS, 1-Year Estimate, 2015)
- Households: 305,610
- Persons per household: 2.86
  (Source: U.S. Census Bureau, QuickFacts, 2011–2015)

Spotlight on Homelessness

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

In January 2016, a Point-In-Time Enumeration survey found there has been a decrease in the homeless population in both Montgomery County and Prince George's County (Figure 23).

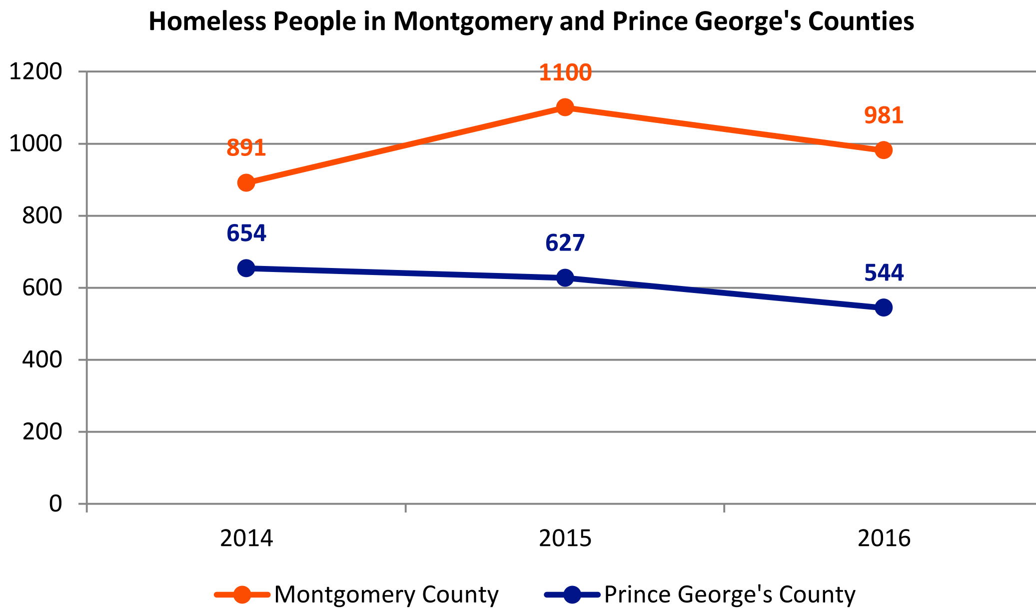


Figure 23. Number of Homeless People in Montgomery County and Prince George's County from 2014 to 2016
(Source: Metropolitan Washington Council on Governments Point-In-Time Survey, 2016)

In Montgomery County, the homeless population in 2016 included 109 homeless family units, made up of 128 adults and 230 children (Figure 24-A). Prince George's County's homeless population comprised of 105 family units, which included 118 adults, and 190 children (Figure 24-B).

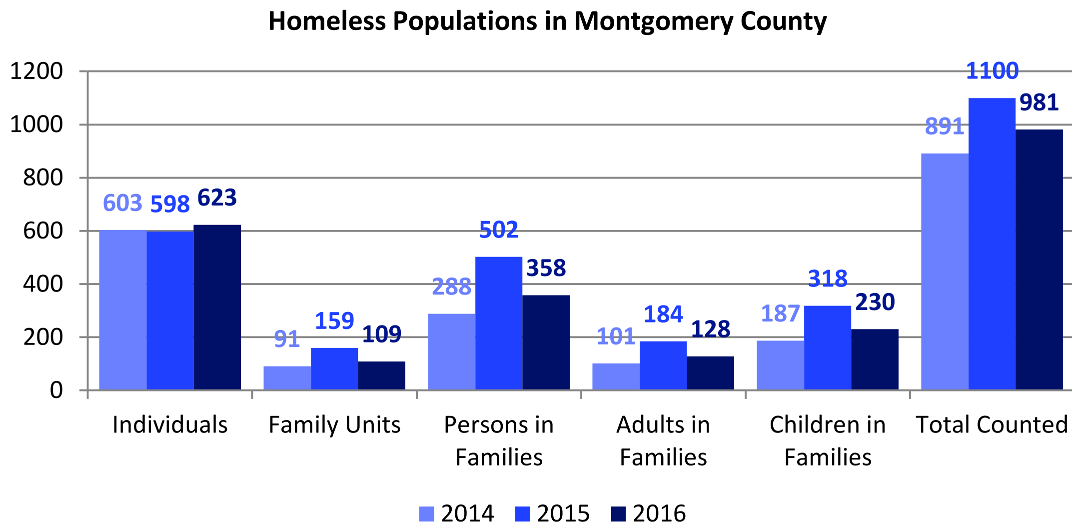


Figure 24-A. Homeless Populations in Montgomery County, 2014-2016
(Source: Metropolitan Washington Council on Governments Point-In-Time Survey, 2016)

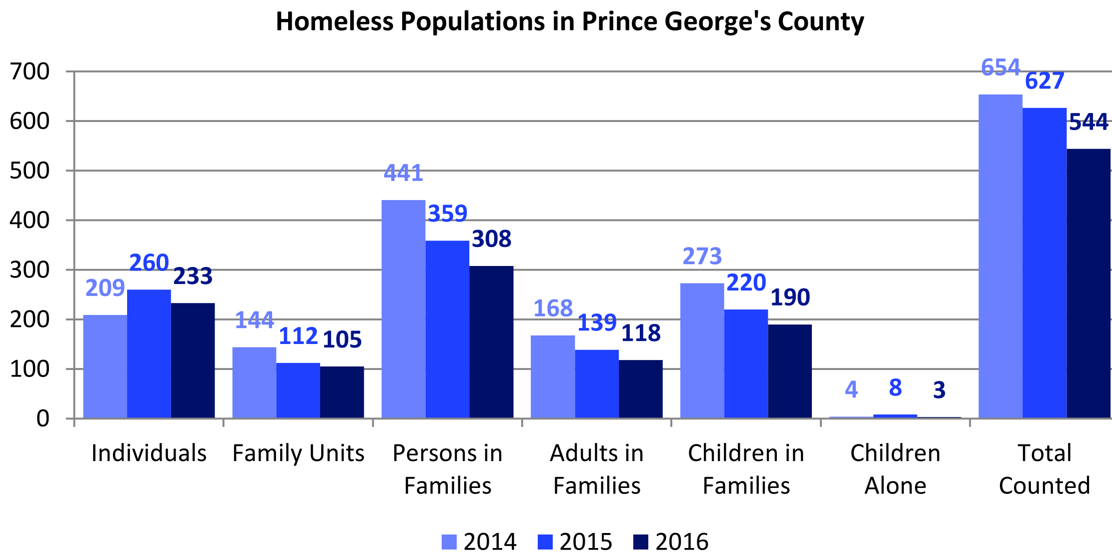


Figure 24-B. Homeless Populations in Prince George's County, 2014-2016
(Source: Metropolitan Washington Council on Governments Point-In-Time Survey, 2016)

Among the homeless populations, numerous individuals reported various health, mental, and physical issues. In Montgomery County, 151 individuals were chronically homeless, 17 were US veterans, 127 were victims of domestic violence, 114 were suffering from co-occurring disorders (mental and substance abuse), 80 were physically disabled, and 85 were individuals with limited English proficiency. Similar issues were found among the Prince George's County homeless population (Figure 25).

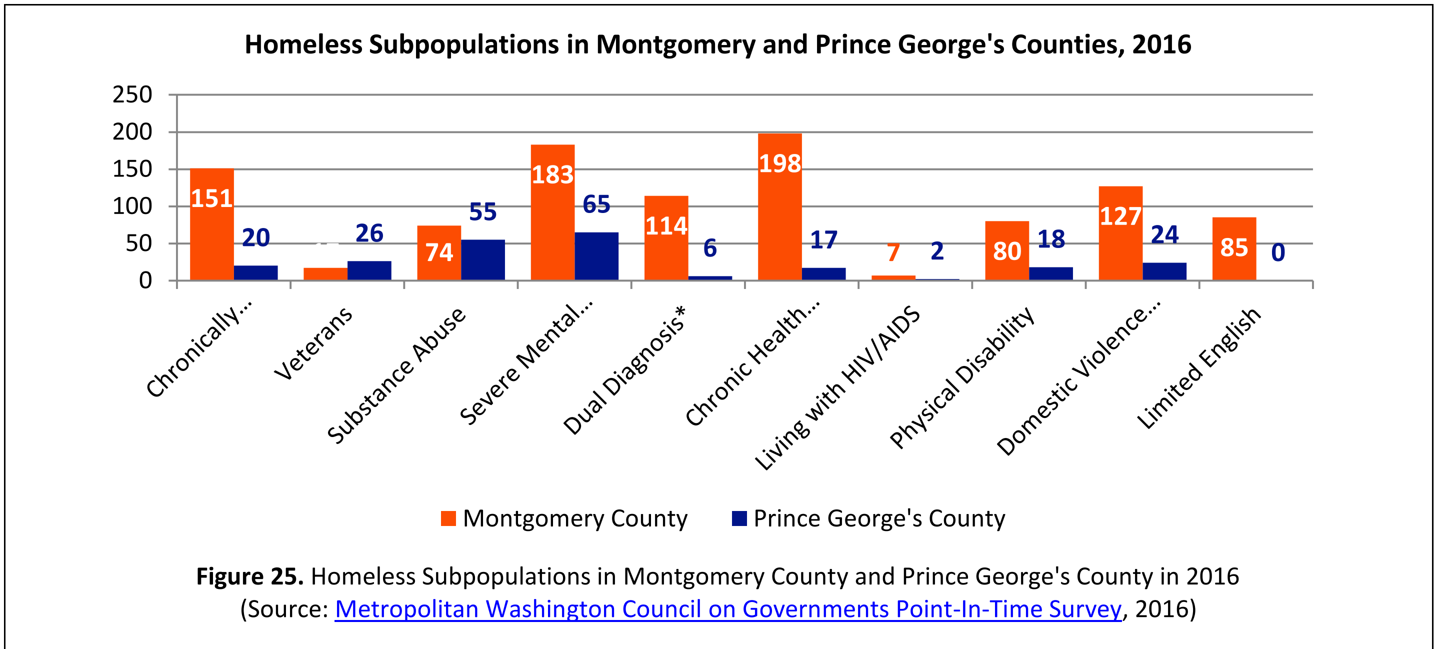


Figure 25. Homeless Subpopulations in Montgomery County and Prince George's County in 2016 (Source: Metropolitan Washington Council on Governments Point-In-Time Survey, 2016)

Exposure to Environmental Factors that Negatively Effect Health Status

Air Pollution

Air pollution, measured by ozone levels, poses a serious threat in both Montgomery and Prince George's Counties. Ozone is an extremely dangerous gas that attacks lung tissues when breathed in. Based on the number of days its ozone levels surpass the U.S. standards in three years, Montgomery County received a grade of D from the American Lung Association[7]; Prince George's County received a grade of F.[8] Prince George's County also has a high quantity (1,540lbs) of carcinogens released into the air[9].

[7] Healthy Communities Institute. (2016). Annual ozone air quality, 2012-2014. *Healthy Montgomery*. Retrieved from: http://www.healthymontgomery.org/index.php?module=indicators&controller=index&action=view&indicatorId=167&localeTypeId=2&localeId=1259

[8] Healthy Communities Institute (2016). Annual ozone air quality, 2012-2014. *PGC HealthZone*. Retrieved from: http://www.pgchealthzone.org/index.php?module=indicators&controller=index&action=view&indicatorId=167&localeId=1260

[9] Healthy Communities Institute (2016). Recognized carcinogens released into air, 2014. *PGC HealthZone*. Retrieved from: http://www.pgchealthzone.org/index.php?module=indicators&controller=index&action=view&indicatorId=389&localeId=1260

Available detail on race, ethnicity, and language within CBSA ***See SHIP County profiles for demographic information of Maryland jurisdictions.***			
Demographics	Montgomery County	Prince George's County	Maryland
Total Population*	1,040,116	909,535	321,418,820
Age, %*			
Under 5 Years	6.5%	6.6%	6.2%
Under 18 Years	23.4%	22.5%	22.9%
65 Years and Older	14.1%	11.7%	14.1%
Race/Ethnicity, %*			
White	45.2%	13.9%	61.6%
Black or African American	19.1%	64.6%	12.6%
Native American & Alaskan Native	0.7%	1.0%	1.2%
Asian	15.2%	4.7%	5.6%
Native Hawaiian & Other Pacific Islander	0.1%	0.2%	0.2%
Hispanic	19.0%	17.2%	17.6%
Language Other than English Spoken at Home, % age 5+*	39.3%	21.3%	20.9%
Median Household Income*	$98,704	$73,856	$53,482
Persons below Poverty Level, %*	7.2%	10.3%	13.5%
Pop. 25+ Without H.S. Diploma, %*	8.7%	14.4%	13.7%
Pop. 25+ With Bachelor's Degree or Above, %*	57.4%	30.4%	29.3%

Sources:
* U.S. Census Bureau. (2015). QuickFacts. Retrieved from:
https://www.census.gov/quickfacts/table/PST045215/24031,24033,00

II. COMMUNITY HEALTH NEEDS ASSESSMENT

1. Has your hospital conducted a Community Health Needs Assessment that conforms to the IRS definition detailed on pages 1-2 within the past three fiscal years?

_X_Yes
___No

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

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

New CHNA will be completed and made available by December 31, 2016.

2. Has your hospital adopted an implementation strategy that conforms to the definition detailed on page 3?

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

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

New Implementation Strategy will be completed and made available by May 15, 2017.

III. COMMUNITY BENEFIT ADMINISTRATION

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

a. Are Community Benefits planning and investments part of your hospital's internal strategic plan?

_X_**Yes**
___**No**

If yes, please provide a description of how the CB planning fits into the hospital's strategic plan, and provide the section of the strategic plan that applies to CB.

As a part of Adventist HealthCare, Behavioral Health & Wellness Services is dedicated to Community Benefit which aligns with the system's core mission and values. Within Behavioral Health & Wellness Services' strategic plan, the hospital's commitment to Community Benefit is outlined and an overview of the infrastructure is described. Stemming from the upcoming CHNA (2017-2019) which will be released in December 2016, the strategic plan also outlines the health needs prioritization as was approved by the Board of Trustees. As the implementation strategy is developed and put into place in the spring of 2017, the Community Benefit section of the strategic plan will be updated to include the specific initiatives,

objectives and committed resources. The section of the strategic plan applying to Community Benefit is included below.

Community Benefit

Adventist HealthCare Behavioral Health & Wellness Services is dedicated to its mission of "demonstrating God's care by improving the health of people and communities through a ministry of physical, mental, and spiritual healing." Community benefit is an embodiment of BH&WS's dedication to enacting its community-based mission and improving the health and wellbeing of the communities it serves.

As a hospital and part of the Adventist HealthCare system, BH&WS is committed to:

- Continually developing infrastructure to improve the implementation, evaluation, and reporting of its community benefit activities
- The alignment of clinical service lines and community benefit focus areas with needs identified through the community
- An investment of resources to improve population health (one of the 6 Pillars of Excellence) in the communities it serves

System-Wide Infrastructure

Center for Health Equity & Wellness (The Center): The Center aims to improve the health of communities by raising awareness of community health needs and local disparities, improving access to culturally appropriate care, and providing community wellness outreach and education.

Community Benefit Council (CBC): Composed of representatives from each of the four hospitals as well as from system wide-departments, the CBC functions to ensure that Adventist HealthCare is meeting all of the requirements for Community Benefit both on the state and federal levels.

Community Partnership Fund (CPF): The CPF provides funding for organizations whose activities support AHC's mission to improve the health and wellbeing of the community, especially for those that have poor access to care and poor health outcomes. Funding requests must align with AHC's funding objectives and priorities as outlined below:

- **Funding objectives**: health and wellness, partnerships, and capacity building
- **Priorities**: addressing a priority area of need identified in our hospitals' Community Health Needs Assessment, targeting populations in AHC's service area that are socially and economically disadvantaged or medically underserved, aligning with AHC's community-based mission, and having a measurable impact

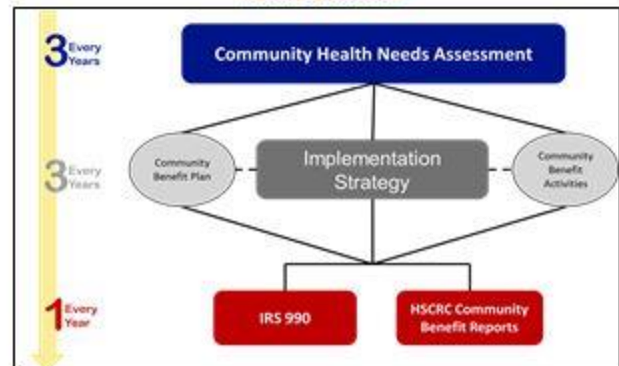
Community Health Needs Assessment Prioritization: 2017-2019

The prioritization of community health needs for the 2017-2019 time-frame was determined by BH&WS's President's Council. The Council took the following factors into consideration: incidence and prevalence of the need in the community, presence and size of disparities, changes over time, alignment with county priority areas, existing resources and partnerships, needed resources and gaps, and potential for measurable and achievable outcomes. This prioritization will guide BH&WS's planning, development and resource allocation for community benefit activities, including the Implementation Strategy, for 2017-2019.

Final Prioritization

1. Mental Health
2. Substance Abuse
3. Housing
4. Suicide
5. Education
6. Dual Diagnosis
7. Food Access
8. Dementia/ Alzheimer's
9. Domestic Violence
10. Tobacco

AHC Community Benefit Implementation & Reporting Process Overview



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

i. **Senior Leadership**

1. **_X_CEO**
2. **_X_CFO**
3. **_X_Other (please specify:** Manager, Business Development; President's Council**)**

Describe the role of Senior Leadership.
The senior leaders listed above play a large role in the community benefit planning for Behavioral Health & Wellness Services. This leadership group played a lead role in completing the prioritization of needs process and provided input and approval on the implementation strategy prior to board approval for the 2014-2016 CHNA cycle. For the upcoming CHNA, 2017-2019, data was reviewed by the President's Council who then completed the prioritization process. A sub group of the council will be playing the lead role in developing the implementation strategy for 2017-2019.

The Manager of Business Development acts as a champion for the implementation strategy initiatives and servs on the AHC Community Benefit Council on behalf of Behavioral Health & Wellness Services Rockville. The CFO works closely with finance and provides final approval of financials submitted as part of this report.

ii. **Clinical Leadership**

1. **_X_Physician**
2. **_X_Nurse**
3. **___Social Worker**
4. **___Other (please specify)**

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

iii. **Population Health Leadership and Staff**

1. **_X_Population Health VP or equivalent (please list:** Sr. VP, Physician Networks & President, Adventist Medical Group**)**
2. **_X_Other population health staff (please list:** Director of Population Health Management**)**

Describe the role of population health leaders and staff in the community benefit process
The Sr. VP, Physician Networks & President, Adventist Medical Group is directly over the Center for Health Equity and Wellness which coordinates and manages AHC's community benefit efforts and reporting. He plays a large role in big picture community benefit planning including resource

allocation and determining directions for community benefit investments. The Director of Population Health Management for AHC acts as a community benefit champion and is a member of AHC's Community Benefit Council.

iv. **Community Benefit Operations**

1. **_X_Individual (please specify FTE:** Project Manager, Community Benefit: .85FTE; Research Assistant: .5 FTE**)**
2. **_X_Committee (please list members:** Community Benefit Council & Community Partnership Fund Board. Members listed below for both**)**
3. **_X_Department (please list staff:** Center for Health Equity & Wellness**)**
4. **___Task Force (please list members)**
5. **___Other (please describe)**

Briefly describe the role of each CB Operations member and their function within the hospital's CB activities planning and reporting process.
The Adventist HealthCare Center for Health Equity and Wellness coordinates the implementation and reporting of community benefit for the entire hospital system. This includes compliling the Community Health Needs Assessments and the annual Community Benefit Reports, as well as acting as the administrators for CBISA. The Center for Health Equity and Wellness also conducts a large number of community benefit initiatives including health education and screenings. This department includes the Project Manager, Community Benefit and the Research Assistant listed above. These individuals take the lead role in CHNA development, implementation strategy coordination with each of the hospitals, and community benefit reporting.

Adventist HealthCare has a Community Benefit Council with representatives from each of the 5 hospital entities in addition to key departments from the corporate office. The Council meets 4-6 times per year and takes part in the planning, execution, and monitoring of the community benefit activities taking place at their entities and across AHC. They also play a large role in the development of each hospital's CHNA, Implementation Strategy, and Community Benefit Reports. Members of the council include:

- Executive Director, Center for Health Equity and Wellness - CHAIR
- Project Manager for Community Benefit, Center for Health Equity and Wellness
- Director of Operations, Center for Health Equity and Wellness
- Research Assistant, Center for Health Equity and Wellness
- CFO, Shady Grove Medical Center
- Director of Case Management for SGMC and Washington Adventist
- Director of Population Health, Adventist HealthCare
- AVP, Rehabilitation at Adventist Rehabilitation
- Cultural Diversity Liaison at Adventist Rehabilitation
- Manager, Business Development at Behavioral Health and Wellness Rockville
- Project Accountant, Adventist HealthCare
- Senior Tax Accountant, Adventist HealthCare
- Financial Services Project Manager, Adventist HealthCare
- PR Marketing Coordinator, Adventist HealthCare

The Community Partnership Fund provides funding for organizations whose activities support the Adventist HealthCare Mission, especially those that have poort access to care and poor health outcomes. Funding priorities for the fund include:

- Activities that address a priority area of need identified in our hospitals' Community Health Needs Assessment
- Activities that target populations in Adventist HealthCare's service area that are socially and economically disadvantaged or medically underserved
- Activities that align with Adventist HealthCare's community-based mission
- Activities that have a measurable impact on the community being served

The Community Partnership Fund Board is in charge of setting funding priorities, managing application processes (application, selection, etc.), and reviewing funding requests. Members include:

- CEO, Adventist HealthCare
- Chief Development Officer
- Director of Public Policy
- President, Adventist Behavioral Health
- Executive Director, Center for Health Equity and Wellness
- Director of Operations, Center for Health Equity and Wellness
- Sr. VP/Chief HR Officer
- Vice President of Business Development
- Sr. VP/CQIO
- VP Public Relations/Marketing
- CMO, Shady Grove Medical Center
- VP, Mission Integration and Spiritual Care
- AVP, Rehabilitation

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

Spreadsheet __X__yes _____no
Narrative _____yes __X__no

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

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

Spreadsheet _____yes __X__no
Narrative _____yes __X__no

If no, please explain why.

The hospital's Board reviewed and approved the Community Health Needs Assessment and Implementation Strategy. The Adventist HealthCare Board of Trustees only meets twice per year so they have not yet had a chance to review this report, but they will review this Community Benefit report when they next meet in Q1 2017.

IV. COMMUNITY BENEFIT EXTERNAL COLLABORATION

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

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

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

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

Organization	Healthy Montgomery
Name of Key Collaborator	Healthy Montgomery Steering Committee Co-Chairs: • Mr. George Leventhal, Council Member, Montgomery County Council • Ms. Sharon London, Vice President, ICF International Additional Committee Members can be found here: http://www.healthymontgomery.org/index.php?module=htmlpages&func=display&pid=5000
Title	*See previous row*
Collaboration	Shady Grove Medical Center collaborates with Healthy Montgomery (HM), which

Description	serves as the Local Health Improvement Coalition in Montgomery County. SGMC contributes $25,000 annually to support the infrastructure of HM. SGMC worked with HM to complete a 2011 Community Health Needs Assessment, which helped to inform our CHNA, and the website maintained by HM provides current data which was utilized by SGMC to identify needs and set priorities. SGMC was also represented on the HM Steering Committee, which sets the direction for the group, and the Data Project subcommittee, which selected core measure indicators in the identified priority areas.

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

_____yes __X__no

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

__X__yes _____no

Several Adventist HealthCare representatives take part in Healthy Montgomery. Marilyn Lynk, Executive Director of the Center for Health Equity and Wellness sits on the steering committee. Additional staff members also participate in committees such as the Community Health Needs Assessment Committee and the Chronic Disease Cluster planning group.

V. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

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

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

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

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

b. Name of Hospital Initiative: insert name of hospital initiative. These initiatives should be evidence informed or evidence based. (Evidence based initiatives may be found on the CDC's website using the

following links: http://www.thecommunityguide.org/ or http://www.cdc.gov/chinav/)
(Evidence based clinical practice guidelines may be found through the AHRQ website using the following link: www.guideline.gov/index.aspx)

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

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

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

f. *Single or Multi-Year Plan: Will the initiative span more than one year? What is the time period for the initiative? (please be sure to include the actual dates, or at least a specific year in which the initiative was in place)*

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

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

   i. *What were the measurable results of the initiative?*

   ii. *For example, provide statistics, such as the number of people served, number of visits, and/or quantifiable improvements in health status.*

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

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

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

Table III
Initiative: Community and Mental Health Professional Trainings

Identified Need Was this identified through the CHNA process?	From 2010-2012, 17.9% of adults in Montgomery County had a mental illness, compared to 16.8% from 2008-2010[10]. Depression among the Medicare population has risen from 10.9 percent to 12.5 percent from 2009 to 2012. From 2011 to 2013, the suicide rate in Montgomery County was 7.3 per 100,000 population, a rate lower than the state of Maryland (9 suicides per 100,000)[11]. However, there is a disproportionately higher rate of suicide among non-Hispanic whites (10.6 per 100,000) when compared to other racial groups. In 2014, the Montgomery County rate of emergency department visits related to mental health conditions was 1791.7 visits per 100,000 population. Despite these rates of mental illnesses in Montgomery County, it has been shown that as of July 2014, the Medicaid eligible populations in the central Kensington and Wheaton areas are experiencing mental health professional shortages[12]. Many individuals in the County also face language and financial barriers in accessing mental health care, particularly from psychiatrists[13]. The need for community and physician education was identified prior to the CHNA but was supported by the 2013 CHNA findings.
Hospital Initiative	Community and Mental Health Professional Trainings
Total Number of People Within the Target Population	Assuming the most current national rate of mental illness (18.1%), approximately 142,646 adult residents in Montgomery County have experienced mental illnesses that met DSM-IV criteria[14]. The national rate of mental illness in 2014 for youths, ages 12 to 17 years old, was 11.4%; with this assumption, approximately 9,277 youths in Montgomery County experienced mental illnesses. The initiative also targets mental health professionals in the County. According to the Office of Legislative Oversight, there are currently 33 licensed psychiatrists per 100,000 population, 21 estimated psychiatrist FTEs per 100,000 population, and 313 other licensed mental health professionals per 100,000 population[4]. Other licensed mental health professionals include psychologists, psychiatric nurses, clinical social workers, marriage and family therapists, professional counselors, and substance abuse counselors.
Total Number of People Reached by the Initiative Within the Target Population	**Total Number of People Reached: 2,102** • 4 MD's specializing in child and adolescent psychiatry completing their residency at Adventist HealthCare Behavioral Health & Wellness Services • 173 symposia attendees • 300 mental health professionals • 200 Montgomery County Public Schools and Prince George's Public Schools guidance counselors, nurses, teachers • 450 Montgomery County Public Schools and Prince George's Public Schools middle school students

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

	• 130 Montgomery County Public Schools and Prince George's Public Schools parents • 450 Prince George's County court staff and prison inmates • 15 individuals at a Black Girls Smile event in DC • 320 individuals at events targeting veterans/service members • 22 Heart and Homes for Youth therapists • 38 Heart and Homes for Youth foster parents
Primary Objective of the Initiative	The primary objective of this initiative is to increase access to mental health care by providing training opportunities for young professionals as well as continued learning experiences for both students and professionals in the field. Adventist HealthCare Behavioral Health & Wellness Services Rockville works to do this by providing opportunities for students to gain hands on training in specialized areas of care that have a high demand in the community. In addition the hospital works to provide continued learning experiences for individuals working such as guidance counselors and corrections officers who may not be mental health professionals, but who may often interact with individuals with mental health needs. This education will help to ensure those needs are recognized and addressed. Strategies for this initiative include: **Adventist HealthCare Behavioral Health and Wellness Services & Medstar Georgetown University Hospital Child and Adolescent Psychiatry Residency Program Partnership** As part of their psychiatry residency program, students from Georgetown University Hospital specializing in child and adolescent psychiatry complete a rotation at Adventist HealthCare Behavioral Health & Wellness Services Rockville (BHWS-R). Students are with us for 8 month periods and have the opportunity to work closely with our doctors in multiple settings. Students work full days with the attending physicians four days a week (1 day a week is spent in lecture at Georgetown). Students spend 4 months each in the child and adolescent units. During their time on the adolescent unit, they also attend the adolescent partial hospitalization program 3 afternoons a week. While on the child unit, 1-2 days a week are spent in the Adventist HealthCare Shady Grove Medical Center emergency room conducting crisis evaluations which they present to the attending on call. **"Innovations in Child and Adolescent Forensic Mental Health" (Symposium):** This symposium, hosted on September 22, 2016, examined child and adolescent forensic mental health, including how to identify those who are victims of traumatic events and how to work with healthcare providers, community support organizations and law enforcement agencies to provide effective treatment options for this population. The learning objectives included: • Understanding the nature of forensic mental health services for children and adolescents • Understanding the resources available for children and adolescents within the mental health and local law enforcement systems • Learning how to identify children and adolescents who have experienced traumatic events such as physical and emotional abuse, domestic abuse, and human trafficking • Learning the latest approaches to child and adolescent forensic mental health evaluations, treatment and community support services **Mental Health Association of Montgomery County – Suicide Workshop** Two of our staff presented a professional training on working with clients with suicide.

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School Trainings:

- Our staff completed trainings at middle schools and high schools in Montgomery County and Prince George's County. One of our doctors participated in the Montgomery County Public Schools Parent Academy on a quarterly basis, offering parents resources and information when working with mental health disorders and answering questions from attendees. Our staff also provided educational materials and free information at both Montgomery County Public Schools and Prince George's County Public Schools Back to School fairs.

Court Training and Education

- Adventist HealthCare Behavioral Health and Wellness Services (BH&WS) staff participated in the Prince George's Mental Health Court Training for Prince George's County Court staff on the need for substance abuse services, as well as the importance of providing treatment and not incarcerating defendants without offering treatment options.
- The staff also completed trainings with the Department of Youth Rehabilitation over the course of three weeks.
- BH&WS participated in a health fair for inmates and offered free information regarding how to obtain medical assistance once released from prison and upon their return to the community without insurance and provider appointments.

Community Trainings and Events

- ***"Saving Us" Mental Wellness Dinner and Dialogue***: This mental wellness event, hosted by Black Girls Smile on September 11, 2016 at Busboys and Poets in DC, brought together mental health professionals, advocates and community to discuss positive, healthy mental health behaviors. One of our doctors gave a presentation.
- Our staff attended and provided mental and behavioral health resources at five different events targeting veterans:
    - Two Naomi Heroes Celebrations, one each in Prince George's County, Montgomery County
    - One Housing Counseling Services event for veterans
    - Veterans Mental Health Summit
- **Heart and Homes for Youth**, a nonprofit organization providing support to youth who are survivors of neglect, abuse, and trauma, hosted trainings for their therapists and foster parents. Our staff provided education focusing on suicide and self-harming behaviors at three of the trainings.
- Mental health awareness walks and presentations
    - The American Foundation for Suicide Prevention Out of the Darkness Walks in both Montgomery and Prince George's Counties
    - Staff participated in the EveryMind 5K Run and 3K Walk to raise mental health awareness

Community Advocacy

- BH&WS attended Maryland Healthcare Commission meetings and monthly Mental Health Association of Maryland meetings.

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<tr><td>Single or Multi-Year Initiative Time Period</td><td>These are each multi-year initiatives. The Child and Adolescent Psychiatry Residency program will be continuing. A joint symposium with Medstar Georgetown University Hospital will be held again next year. Community engagement and trainings will also continue into next year.</td></tr>
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<tr><td>Key Collaborators in Delivery of the Initiative</td><td>Key partners involved in this initiative include:
• Medstar Georgetown University Hospital
• Shady Grove Medical Center
• Mental Health Association of Montgomery County</td></tr>
<tr><td>Impact/Outcome of Hospital Initiative</td><td>Adventist HealthCare Behavioral Health & Wellness Services & Medstar Georgetown University Hospital Child and Adolescent Psychiatry Residency Program Partnership
• In 2016, four students from Georgetown University Hospital were completing 8 month rotations at BHWS-R as part of their Child and Adolescent Psychiatry Residency Program. Two of the students completed their 8 month rotation in June and an additional two students began their rotation in July.
• Each student receives hands on training in the acute inpatient child unit, acute inpatient adolescent unit, the adolescent partial hospitalization program, and the emergency room.

"Innovations in Child and Adolescent Forensic Mental Health" (Symposium)
• A total of 113 people registered and 83 attended the symposium. The majority of the attendees were from community-based organizations, such as Montgomery and Prince George's County Public Schools, Montgomery Crisis Center, Tree House Child Advocacy Center of Rockville, Kennedy Krieger Institute, and various county health departments.
• Attendees were asked to complete an evaluation following the symposium. Of the 83 attendees, 73 completed an evaluation.
    o Attendees were asked to rate each of the following areas on a scale of 1 to 5 (1 being did not meet expectations, and 5 being excellent):
        ▪ Speakers demonstrated expertise on the subject matter: 4.7
        ▪ Presentation content: 4.5
        ▪ Value of the program: 4.5
        ▪ Extent knowledge/skills have increased as a result of the program: 4.2
        ▪ Extent to which the program will benefit their work: 4.22
    o When asked how the program would benefit their work, common responses included gaining knowledge of new resources to be utilized and having better understanding of population served.
• CMEs and CEUs were provided for physicians and social workers

Mental Health Association of Montgomery County – Suicide Workshop
• Two of our staff presented a professional training on working with clients with suicide. There were 300 mental health professionals in attendance.

School Trainings:
• We reached a total of 780 individuals at six different events with Montgomery County Public Schools and Prince George's Public Schools. The various school trainings targeted:
    o 450 middle school students
    o 200 middle and high school staff, including guidance counselors, nurses, and teachers
    o 130 parents of middle and high school students

Court Training and Education:
• A total of 450 court staff and inmates were reached and educated through the court trainings</td></tr>
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	Community Trainings and Events • ***"Saving Us" Mental Wellness Dinner and Dialogue***: One of our doctors gave a presentation to 15 attendees at this event in DC. • Our staff attended and provided mental and behavioral health resources to approximately 320 individuals at five different events targeting veterans. • **Heart and Homes for Youth**: Our staff provided education focusing on suicide and self-harming behaviors for 22 therapists and approximately 38 foster parents. • Our staff participated in three separate mental health awareness walks and provided presentations at two of them, reaching and educating a total of 250 individuals. **Community Advocacy** • BH&WS staff attended 15 meetings hosted by organizations such as the Maryland Healthcare Commission, Mental Health Association of Maryland, and Mental Health of America of Maryland (MHAMD). The staff participated in fundraising events, rallies on the congress, and the legislation debate for bill hearings.	
Evaluation of Outcomes	The Montgomery County rate of ED visits related to mental health conditions is much lower than the SHIP 2017 target (3152.6 visits per 100,000). However, SHIP indicators show that the suicide rate in Montgomery County has risen from 7.0 in 2010 to 7.3 in 2014, while the ED visit rate due to mental illness has risen from around 1111.3 visits in 2010 to its current rate of 1791.7 per 100,000 in 2014. In Prince George's County, the suicide rate has remained stable at 5.7 per 100,000, while the ED visits related to mental health have increased from 1110.9 per 100,000 in 2010 to 1539.3 per 100,000 in 2014. Adventist HealthCare Behavioral Health and Wellness Services – Rockville has been working towards educating the community and training mental health professionals through various initiatives in order to close gaps in mental health care access, serve as a resource for behavioral health, and to deliver the best care possible.	
Continuation of Initiative	The residency, internship, and symposium programs have been both successful and well received and will continue next year. Community engagement and trainings will also continue into next year.	
A. Total Cost of Initiative for Current Calendar Year B. What amount is from Restricted Grants/ Direct offsetting revenue	**A. Total Cost of Initiative** **Residency Program Total Estimated Cost: $8,192** • Staff Time: $8,192 **Symposium Total Estimated Costs: $10,867** • Venue & Catering: $6,995 • Promotion: $372 • Speaker Honorariums: $3,500 **Community Events & Trainings: $4,900** • Registration: $1,700 • Staff Time: $3000 • Materials (handouts): $200	**B. Direct offsetting revenue from Restricted Grants** **Residency Program: $0.00** **Symposium: $1,500** • Participant registration fees **Community Events & Trainings: $0.00**

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

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

Areas of Need Not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services - Rockville & Rationale				
Focus Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
	Cervical Cancer: Healthy Montgomery shows that 83% of women in Montgomery County have had pap test in the past three years. Asian women in Montgomery County have the lowest rates of pap tests. **Skin Cancer:** Whites have a higher incidence rate than blacks in Montgomery County. Males have higher incidence and mortality rates than females in the county. **Oral Cancer:** The incidence rate in Montgomery County is the second lowest among all counties in Maryland. **Thyroid Cancer:** Montgomery County has the second highest incidence rates for thyroid cancer in Maryland.		county residents age 40 and older. The American Cancer Society provides support groups, education, and advocacy. Special programs such as "Look Good, Feel Better" are offered throughout the county.	
Heart Disease & Stroke	**Heart Disease –** Heart disease was ranked as number one cause of death in U.S. by the CDC. The death rate from heart disease was higher in Prince George's County (172.5 per 100,000) than in Maryland (169.9 per 100,000). Although on the decline in Maryland and Montgomery County due to	Support other organizations that provide services related to heart disease. Alert patients to other local community or government organizations and	Adventist HealthCare Shady Grove Medical Center has cardiac outreach services that provide screening, education and support. Adventist HealthCare Rehabilitation Hospital provides both inpatient and outpatient treatment services for cardiac and	BH&WS Rockville does not provide heart disease and stroke services as they fall outside the scope of the hospital as a behavioral health center. Heart disease and stroke services are already provided by other entities

Areas of Need Not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services - Rockville & Rationale				
Focus Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
	improvements in treatment, it remains the leading cause of death in Montgomery County, killing blacks (123.4 per 100,000) at a higher rate than whites (114 per 100,000). **Stroke –** One of the top five leading causes of death in the U.S. Mortality rates in Montgomery County have met the HP 2020 target, but health disparities between racial/ethnic groups persist. Black residents have the highest stroke death rate in the County at 27.96/100,000 compared to whites at 24.7, Asian/Pacific Islanders at 22.4, and Hispanics at 20.8. Prince George's County, which has a stroke mortality rate of 35.1/100,000, has not met Healthy People 2020 goal of 34.8.	resources as appropriate.	stroke patients. The Montgomery County Stroke Association provides resources and support in addition to raising awareness. The Montgomery County Health Department has an African American Health Program that addresses heart health. The American Heart Association provides support, education, research, and advocacy. Additional support groups such as "Heart to Heart" and "Mended Hearts" are offered throughout the county.	in the Adventist HealthCare network, as well as by several other organizations in BH&WS Rockville's service area.
Diabetes	Diabetes is the 5th leading cause of death in Prince George's County and the 6th leading cause of death in Montgomery County. Diabetes disproportionately affects minority populations and the elderly. It is predicted to rise as these populations continue to increase in Montgomery and Prince George's Counties. The total health care related costs for the treatment of diabetes runs about $245 billion	Support other organizations that provide services related to diabetes. Refer patients to other local community or government organizations and resources as appropriate.	The Montgomery County Health Department provides free monthly diabetic education classes including the "Diabetes Dinning Club." The University of Maryland Extension Service provides diabetes education to both the Latino/Hispanic and African American communities.	BH&WS Rockville does not directly provide diabetes services as they fall outside the scope of the hospital as a behavioral health center. Diabetes services are already provided by other entities in the Adventist HealthCare network, as well as by several other organizations in BH&WS

Areas of Need Not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services - Rockville & Rationale				
Focus Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
	annually in the U.S., much of that is spent on hospitalizations and medical care.		The American Diabetes Association provides education and advocacy to the community and has a Diabetes Camp for Kids.	Rockville's service area.
Obesity	According to Healthy Montgomery, 20.3% of County resident adults are either overweight or obese, with Blacks (27.2%) and Hispanics (18.8%) being disproportionately more obese than their racial counterparts. Twenty percent of high school students in Montgomery County are overweight, with Hispanic (29.7%) and Black (25.8%) teens being overweight at higher rates than other races/ethnicities. In Prince George's County, 34.5% of resident adults are overweight or obese, with Hispanics (44.9%) having the highest rate of obesity. Approximately 15% of adolescents ages 12 to 19 are overweight or obese.	Support other organizations that provide services related to obesity. Refer patients to other local community or government organizations and resources as appropriate.	The Women, Infants and Children (WIC) program addresses obesity prevention through nutrition education. Montgomery County's master plan for parks incorporates trails for walking, hiking and biking around the county. The City of Rockville's Department of Recreation offers various activities that encourage the community to "Step up to Health." Activities and programs offered include Walk Rockville, Ride and Stride for Rockville and Take a Walk about Town Center.	BH&WS Rockville does not directly provide obesity services as they fall outside the scope of the hospital as a behavioral health center. Obesity services are already provided by other entities in the Adventist HealthCare network, as well as by several other organizations in BH&WS Rockville's service area.
Asthma	Montgomery County has lower asthma prevalence (9.9%) than Prince George's County (14.3%) or the state (13.5%). Prince George's County has a much higher ER rate due to asthma (52.8 per 10,000) compared to Montgomery County (17.4 per 10,000). Both counties	Support other organizations that provide services related to asthma. Refer patients to other local community or government	Montgomery County has established the Asthma Management Program which focuses on Latino children. This intervention program provides education, support, and follow-up care.	BH&WS Rockville does not directly provide asthma services as they fall outside the scope of the hospital as a behavioral health center. Asthma services are already provided by other entities

Areas of Need Not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services - Rockville & Rationale				
Focus Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
	have lower ER rates than the state (68.3 per 10,000).	organizations and resources as appropriate.	Other resources include the American Lung Association in Maryland, Asthma and Allergy Foundation of America (Maryland Chapter), and the Maryland Asthma Control Program.	in the Adventist HealthCare network, as well as by several other organizations in BH&WS Rockville's service area.
Influenza	Influenza activity level across Maryland for 2016 flu season was minimal. Historically, the rate of ED visits due to immunization-preventable pneumonia and influenza in Montgomery County was much higher among younger adults (18-24 years old) and Blacks than among any other adult age or racial group.	Support other organizations that provide services related to influenza. Refer patients to other local community or government organizations and resources as appropriate.	Adventist HealthCare offers annual flu shot clinics in the Montgomery and Prince George's County areas beginning in early September and continuing through January. Flu shot clinics are held at community centers, congregations, subsidized apartment complexes, and at Adventist HealthCare Shady Grove Medical Center. The Montgomery County Health Department has immunization outreach and education services for county residents. An Annual campaign is offered to residents for flu prevention Other local health care providers, pharmacies, WIC providers, schools, child care providers, and clinics provide flu vaccinations in addition to outreach and education.	BH&WS Rockville does not directly provide influenza services as they fall outside the scope of the hospital as a behavioral health center. Influenza services are already provided by other entities in the Adventist HealthCare network, as well as by several other organizations in BH&WS Rockville's service area.
HIV/AIDS	Prince George's County has higher HIV/AIDS incidence rates (48.8 per	Support other organizations that	HIV case management from the Montgomery County Health	BH&WS Rockville does not provide HIV/AIDS services

Areas of Need Not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services - Rockville & Rationale				
Focus Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
	100,000) than Montgomery County (21.9 per 100,000) or the state (24.6 per 100,000). In both counties, Blacks are disproportionately burdened by HIV/AIDS.	provide services related to HIV/AIDS. Alert patients to other local community or government organizations and resources as appropriate.	Department helps to provide dental care, counseling, support groups, and home care services as needed. Education and outreach to at-risk populations is also provided. The Montgomery County Health Department provides clinical services, lab tests, and diagnostic evaluations. The Maryland AIDS administration educates public health care professionals.	as they fall outside the scope of the hospital as a behavioral health center. HIV/AIDS services are already provided by other entities in the Adventist HealthCare network, as well as by several other organizations in BH&WS Rockville's service area.
Population Health • Maternal and Infant Health • Senior Health	**Maternal and Infant Health:** In both Montgomery County and Prince George's Counties, blacks and Hispanics were most likely to receive late or no prenatal care at Asians and whites. Although infant mortality is generally decreasing, blacks continue to experience the highest rates of infant mortality in Maryland as well as in Montgomery County. **Senior Health:** According to the Maryland Department of Aging, the percentage of Maryland residents over the age of 60 is expected to increase from 18.6% in 2010 to	Support other organizations that provide services related to population health. Refer patients to other local community or government organizations and resources as appropriate.	**Maternal and Infant Health:** Adventist HealthCare Shady Grove Medical Center offers a full spectrum of services for expectant mothers, new mothers, and infants. Child birth and education classes are offered as well as lactation consultants. Free post-partum support groups are available as well. The Montgomery County Health Department works with Holy Cross, Washington Adventist, and Adventist HealthCare Shady Grove Medical Center to provide prenatal services to low-income and uninsured residents.	**Maternal and Infant Health:** BH&WS Rockville does not provide maternal and infant services as they fall outside the scope of the hospital as a behavioral health center. A full spectrum of maternal and infant services is already provided by Adventist HealthCare Shady Grove Medical Center, as well as by several other organizations in BH&WS Rockville's service area. **Senior Health:** BH&WS Rockville does not directly

Areas of Need Not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services - Rockville & Rationale				
Focus Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
	25.8% by 2030. In Montgomery County, 6.7% of seniors live below the poverty level, with higher percentages among minority seniors and women. Similarly, 7.6% of seniors in Prince George's County live below the poverty line, with higher percentages among minority seniors and women. In Montgomery County, 13.7 percent of the population is over age 65 and 87.5 percent of residents over the age of 65 have some type of health insurance. These rates are comparable to the State of Maryland. Rates of hospitalization for dementia/Alzheimer's for Montgomery County (142.7 per 100,000) were lower than rates in Maryland (194.1 per 100,000).		To address teen pregnancy, school nurses work in accordance with Maryland state regulations providing Montgomery County Public School (MCPS) students with education and referrals that promote healthy lifestyle choices. The Teen Parent Support Program provides peer group education on raising children, healthy relationships, and prevention of repeat teenage pregnancy. Additional services and resources include the WIC program, safety net clinics, mental health care for pregnant women and new mothers at risk for depression, home visitation services to first time parents, and well-baby care programs. **Senior Health:** The Montgomery County Department of Aging provides services such as nutrition programs and community senior centers, and offers several multicultural health initiatives. The Jewish Council for the Aging has an information and referral service, adult day care services, a	provide senior care community outreach services as they fall outside the scope of the hospital as a behavioral health center. Senior health services are already provided by other entities in the Adventist HealthCare network, as well as by several other organizations in BH&WS Rockville's service area.

Areas of Need Not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services - Rockville & Rationale				
Focus Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
			senior help line, and Connect-A-Ride. Community senior centers provide education classes, social activities, and health screenings. Additionally available are hospital-based programs including support groups, senior resource programs, and a variety of education services. Health promotion services focus on fall prevention, end of life health decisions, and overall health issues. Support groups for family caregivers, respite care, and in-home services are also available. This area also has all levels of care available for seniors, such as acute care, skilled nursing care, assisted living facilities, and home health care services.	
Social Determinants of Health • Food Access • Housing Quality • Education • Transportation	**Food Access:** Montgomery County performs better than state and national baselines with regard to food deserts, while Prince George's County performs worse than state but better than national baselines. **Housing Quality:** 51.6 percent of renters in Montgomery County	Partner with and support other organizations in the community that specialize in addressing needs related to food access, housing quality, education, transportation, and other social	**Food Access:** Manna Food Center, a central food bank in Montgomery County, provides food assistance directly to individuals from 14 locations across the county. Manna works with local farms and orchards to provide fresh fruits and vegetables to their clients.	Adventist HealthCare Behavioral Health and Wellness Services - Rockville does not directly address many of the social determinants of health as they fall outside the specialty areas of the hospital. BH&WS Rockville does not have the

Areas of Need Not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services - Rockville & Rationale				
Focus Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
	spend 30% or more of household income on rent. In 2016, an annual survey found there were 981 homeless people in Montgomery County and 544 in Prince George's County. **Education:** The percentage of children who enter kindergarten ready to learn in Montgomery County (81%) and in Prince George's County (80%) is lower than the state of Maryland baseline (83%). The percentage of students who graduate high school in 4 years is also lower in Prince George's County (76.6%) than in the state (86.4%). **Transportation:** Montgomery County ranks in the top quartile of longest commute times among all U.S. counties. The rate of pedestrian injuries on public roads in Montgomery County (41.3/100,000) is lower than that of the state (42.5/100,000) but remains higher than the SHIP 2017 target of 35.6/100,000 population. In Prince George's County, the rate of injuries on public roads is 39.6 per 100,000 population, a rate lower than the state, but higher	determinants of health.	Several local food programs deliver boxes of food to their clients, including Germantown HELP and Manna Food Center. Whether they offer delivery, transportation, or programs directed to children in need, these organizations have worked to overcome access challenges to deliver food and other services to those who need it. **Housing Quality:** Behavioral Health and Wellness Services - Rockville is a member of Adventist HealthCare, which supports and partners with a non-profit organization in Montgomery County called Interfaith Works, which provided shelter to 824 homeless men, women, and children, while providing 13,073 income-qualified residents with free clothing and household goods in 2014 alone. An office within the Montgomery County Department of Health and Human Services helps homeless people in the County access medical care. The Montgomery County Coalition for the Homeless has	resources or expertise to meet those needs. Instead BH&WS Rockville supports and partners with other organizations in the community that specialize in addressing needs related to food access, housing quality, education, and transportation.

Areas of Need Not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services - Rockville & Rationale				
Focus Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
	than SHIP 2017 target.		shelters and emergency housing as well as a program to provide permanent housing for families throughout the county. **Education:** Local community colleges offer low-cost higher education opportunities. The Interagency Coalition to Prevent Adolescent Pregnancy works to reduce teen pregnancy – a common reason teenagers drop out of school. **Transportation:** A number of public transportation options are available in Montgomery County including Ride On, Park and Ride, Metrobus, Metrorail, MetroAccess, Call "N" Ride, AMTRAK, MARC and taxis. Many of these options offer free or discounted fares for low income individuals.	

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

   The State's initiatives for improvement in population health include efforts to integrate medical care with community-based resources, a framework and measures (with targets) in distinct focus areas to continue to promote optimal health for all Maryland residents, promoting programs that enhance patient care and population health, and efforts to expand access to health care in underserved communities. Also, in the context of the State's unique all-payer rate setting model, hospitals are tasked with improving quality, including decreasing 30-day readmissions. Adventist HealthCare Behavioral Health & Wellness Service's (Rockville) community benefit operations/activities are aligned with many of these initiatives. In order to enhance patient care and population health, BH&WS is dedicated to educating mental health professionals through residency and internship programs, as well as annual symposia for continuing education credits. BH&WS also engages many community-based organizations, such as public school systems, to deliver mental health training to the community at large and provide mental health resources at no cost.

VI. PHYSICIANS

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

   In 2014, 10.4 percent of Montgomery County adults and 11.4 percent of Prince George's County adults reported being unable to afford to see a doctor (see Figure 26). When stratifying the data, disparities can be seen across different ages, races, and ethnicities. For instance, the percentage of Hispanic adults unable to afford to see a doctor is nearly twice that of the overall county numbers in Montgomery, and nearly three times the overall numbers in Prince George's (see Figure 27).

   Additionally, 8.19 percent of non-institutionalized Montgomery County residents and 10.9 percent of Prince George's County residents do not have health insurance (American Community Survey, 2015). This leads to untreated conditions and adverse health outcomes, which often result in emergency room visits.

   Adventist HealthCare Behavioral Health & Wellness Services Rockville is committed to improving access to Psychiatry care in our community. Ongoing partnership with safety net clinics and the development of three Outpatient Wellness Clinics offering both Psychiatrist's and Counseling services best indicate that commitment.

   One major psychiatrist recruitment challenge for our Rockville facility correlates directly to the service area including Washington DC, Maryland, and Virginia with numerous practice opportunities. We contract physician recruitment companies and employ staff for internal recruiting. Recruitment of Psychiatrists is further hampered by commercial insurers paying less than Medicaid rates. This causes many independent providers to decline participation in insurance plans, and also severely limits the ability of Adventist Healthcare to fund competitive salaries and benefits for recruitment candidates and current staff physicians.
   We have a full continuum of services at the Rockville facility treating child/adolescent/adult/geriatric populations making recruitment of Psychiatrists within these subspecialties critical in our effort to serve the needs of the community.

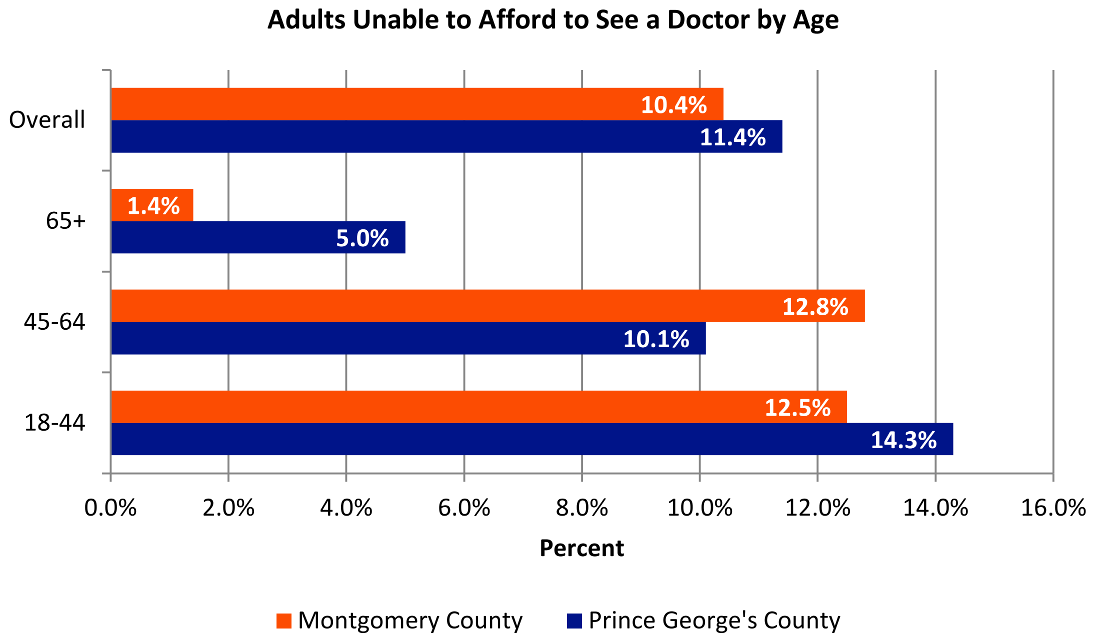

Figure 26. Percentage of Adults unable to Afford to see a Doctor by Age, Montgomery & Prince George's Counties, 2014 (www.HealthyMontgomery.org; www.pgchealthzone.org)

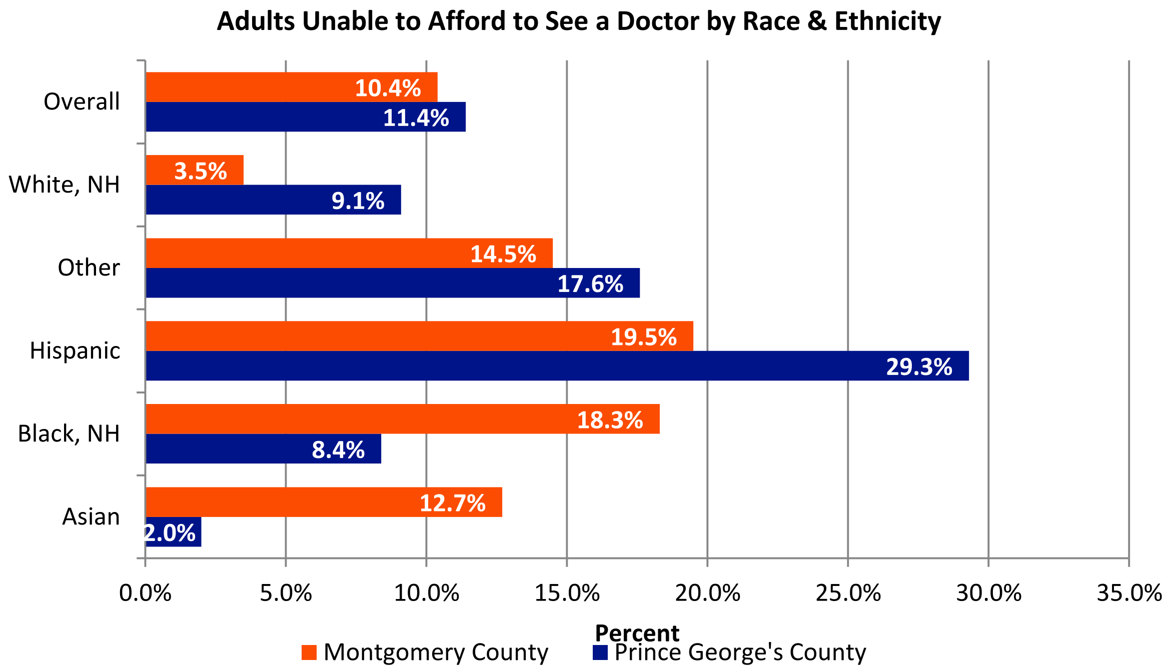

Figure 27. Percentage of Adults unable to Afford to see a Doctor by Race & Ethnicity, Montgomery & Prince George's Counties, 2014
(www.HealthyMontgomery.org; www.pgchealthzone.org)

2. **If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please use Table IV to 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.

Table IV – Physician Subsidies

Category of Subsidy	Amount	Explanation of Need for Service
Hospital-Based physicians	$0.00	N/A
Non-Resident House Staff and Hospitalists	$518,799	*Inpatient services were found to be ineffectively covered solely by community Psychiatrists, and a hybrid model was developed, to include community and employed Psychiatrists.*
Coverage of Emergency Department Call	$0.00	N/A
Physician Provision of Financial Assistance	$0.00	N/A
Physician Recruitment to Meet Community Need	$2,194,243	*Community needs were unmet, as most independent Psychiatrists were non-participants with insurance plans; Outpatient Psychiatry services are provided to cover this unmet need; very low reimbursement for outpatient services drives this subsidy to this level.*
Other – (provide detail of any subsidy not listed above – add more rows if needed)	$0.00	N/A

VII. APPENDICES

To Be Attached as Appendices:

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

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

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

- discusses with patients or their families the availability of various government benefits, such as Medicaid or state programs, and assists patients with qualification for such programs, where applicable.

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

c. Include a copy of your hospital's FAP (label appendix III).

d. Include a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e) Please be sure it conforms to the instructions provided in accordance with Health-General §19-214.1(e). Link to instructions: http://www.hscrc.state.md.us/documents/Hospitals/DataReporting/FormsReportingModules/MD_HospPatientInfo/PatientInfoSheetGuidelines.doc (label appendix IV).

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

Appendix I

Financial Assistance Policy Description

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

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

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

Appendix II

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

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

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

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

ADVENTIST HEALTH CARE, INC.

Corporate Policy Manual

Financial Assistance – Decision Rules/Application

(Formerly known as Charity Care Policy)

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

DECISION RULES:

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

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

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

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

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

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

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

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

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

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

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

ADVENTIST HEALTHCARE
NOTICE OF AVAILIBILITY OF CHARITY CARE

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

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

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

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

Revised 3/2015

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

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

CHARITY CARE APPLICATION- DEMOGRAPHICS

Date: ___________Account Number(s)____________________________

Patient Name: ________________ Birth Date: ________________

Address: ________________________________ Sex: _______

Home Telephone: ____________ Work Telephone: _______________ Cell Phone: _______________

Social Security #: ___________________ US Citizen: ______ No Residence: ______

Marital Status: ___ Married ___ Single ___ Divorced

Name of Person Completing Application________________________________

Dependents Listed on Tax Form:

Name: ______________________________ Age: ____Relationship:________

Name: ______________________________ Age: ____Relationship: ________

Name: ______________________________ Age: ____Relationship: ________

Name: ______________________________ Age: ____Relationship: ________

Employment: Patient employer **Spouse employer**

Name: __________________________ Name:______________________________

Address: __________________________ Address: ____________________________

Telephone #: ______________________ Telephone #:________________________

Social Security #: __________________ Social Security #: ____________________

How long employed: ______________ How long employed: __________________

TOTAL FAMILY INCOME $________________

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

CHARITY CARE APPLICATION- LIVING EXPENSES

EXPENSES :

Rent / Mortgage _________________
Food _________________
Transportation _________________
Utilities _________________
Health Insurance premiums _________________
Medical expenses not covered by insurance _________________

Doctor: _________________
____
____

Hospital: _________________
____

TOTAL: __________________

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

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

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

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

Applicant Signature: _________________________ Date: ____________

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

COMMUNITY CHARITY CARE APPLICATION- OFFICIAL DETERMINATION ONLY

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

The reason for Denial:

What additional information is needed?:

Approval Details:

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

Approval Letter was sent on ________________

AUTHORIZED SIGNATURES:

____
CS/COLLECTION SUPERVISOR
UP TO $5,000.00

____
REGIONAL DIRECTOR
UP TO $25,000.00

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

Revised 3/2015

2015 POVERTY GUIDELINES

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

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

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

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

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

PFS Current Manual Writeoff and Adjustment > $100 Process
Tuesday, November 25, 2008

EMDEON- ***Search America***- will develop automated write-off for charity approved accounts

PFS Collectors request adjustment amount **less than / equal $150**

Tier **1.2**- Third party Collections Manager review and approve all requests **greater than $150 and under / equal $1,500** from team (GOV and Non-Gov team)

Tier **1.1**- Selfpay collections Manager reviews and approves charity WOFF adjustment **greater than 150 and under / equal $1,500**

Tier **2**- Asst. Director review and approve all requests **greater than $1,500 and under/equal $2,500** from team (GOV and Non-Gov team)

Tier **3**- Requests **greater $2,500 and less than $25,000** will be approved by PFS Regional Director

Tier **4**- Requests **greater than $25,000** will be approved by Facility CFO, CFOs send approval back to PFS Reginal Director

Data Control to post approved charity writoff/ adjustment

Appendix IV

Patient Information Sheet

Maryland Hospital Patient Information

Hospital Financial Assistance Policy

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

Patients' Rights

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

Patients' Obligations

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

Contact Information

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

Maryland Hospital Información para el paciente

Política de Asistencia Financiera del Hospital

Adventist Healthcare Salud Compor- tual y Servicios de Bienestar está comprometido a satisfacer las necesidades de atención médica de su comunidad a través de un ministerio de sanación física, mental y espiritual. Este hospital proporciona Emergente y urgente a todos los pacientes, independientemente de su capacidad de pago. En conformidad con la ley de Maryland, Behavioral Health and Wellness Services tiene un Política y programa de asistencia financiera. Es posible que tenga derecho a recibir servicios hospitalarios de costo gratuito oa costo reducido. Esta facilidad excede la ley de Maryland proporcionando asistencia financiera basada en la necesidad del paciente, nivel de ingresos, tamaño de la familia y recursos financieros. La información sobre la política y el programa de asistencia financiera se puede obtener de cualquier Representante de Acceso a Pacientes y de la Oficina de Facturación.

Derechos de los pacientes

Como parte de la misión de Adventist HealthCare, los pacientes que cumplan con los criterios de asistencia financiera pueden recibir asistencia del hospital para pagar su factura. Los pacientes también pueden ser elegibles para Maryland Medical Assistance - un programa financiado conjuntamente por gobiernos estatales y federales. Este programa paga el costo total de la cobertura de atención médica para individuos de bajos ingresos que cumplan con criterios específicos (ver información de contacto a continuación). Los pacientes que creen que han sido referidos erróneamente a una agencia de recaudación tienen el derecho de solicitar asistencia del hospital.

Obligaciones de los pacientes

Los pacientes con la capacidad de pagar su factura tienen una obligación
Para pagar el hospital de manera oportuna. Behavioral Health and Wellness Services hace todo lo posible para facturar correctamente las cuentas de los pacientes. Los pacientes tienen la responsabilidad de proporcionar información demográfica y de seguro correcta. Los pacientes que crean que pueden ser elegibles para recibir asistencia bajo la política de asistencia financiera del hospital, o que no pueden pagar la factura en su totalidad, deben comunicarse con un Consejero Financiero o
El Departamento de Facturación (ver información de contacto a continuación). Al solicitar asistencia financiera, los pacientes tienen la responsabilidad de proporcionar información precisa,
Completar la información financiera y notificar al Departamento de Facturación
Si su situación financiera cambia. Los pacientes que no cumplan con sus obligaciones financieras pueden ser referidos a una agencia de cobro.

Información del contacto

Para hacer los arreglos de pago de su factura, por favor llame al (301) 315-3660 para ayuda.
Para solicitar asistencia con su factura, llame a la Oficina de Facturación al (301) 315-3660.
Para obtener información sobre Asistencia Médica, por favor llame al (301) 251-4589 para ayuda.

**** Nota: Los servicios médicos proporcionados durante su estancia no se incluyen en el estado de cuenta del hospital y se facturarán por separado.***

Appendix V

Hospital Mission, Vision, and Value Statements

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

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

Values

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