Bon Secours Health System, Inc.

2017 COMMUNITY BENEFIT REPORT

2000 W. Baltimore Street

Baltimore, MD 21223

BACKGROUND

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

The Commission's response to its mandate to oversee the legislation was to establish a reporting system for hospitals to report their community benefits activities. The guidelines and inventory spreadsheet were guided, in part, by the VHA, CHA, and others' community benefit reporting experience, and was then tailored to fit Maryland's unique regulatory environment. The narrative requirement is intended to strengthen and supplement the qualitative and quantitative information that hospitals have reported in the past. The narrative is focused on (1) the general demographics of the hospital community, (2) how hospitals determined the needs of the communities they serve, (3) hospital community benefit administration, and (4) community benefit external collaboration to develop and implement community benefit initiatives.

On January 10, 2014, the Center for Medicare and Medicaid Innovation (CMMI) announced its approval of Maryland's historic and groundbreaking proposal to modernize Maryland's all-payer hospital payment system. The model shifts from traditional fee-for-service (FFS) payment towards global budgets and ties growth in per capita hospital spending to growth in the state's overall economy. In addition to meeting aggressive quality targets, the model requires the State to save at least $330 million in Medicare spending over the next five years. The HSCRC will monitor progress overtime by measuring quality, patient experience, and cost. In addition, measures of overall population health from the State Health Improvement Process (SHIP) measures will also be monitored (see Attachment A).

To succeed in this new environment, hospital organizations will need to work in collaboration with other hospital and community based organizations to increase the impact of their efforts in the communities they serve. It is essential that hospital organizations work with community partners to identify and agree upon the top priority areas, and establish common outcome measures to evaluate the impact of these collaborative initiatives. Alignment of the community benefit operations, activities, and investments with these larger delivery reform efforts such as the Maryland all-payer model will support the overall efforts to improve population health and lower cost throughout the system.

As provided by federal regulation (26 CFR §1.501(r)—3(b)(6)) and for purposes of this report, a **COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)** report is a written document that has been adopted for the hospital facility by the organization's governing body (or an authorized body of the governing body), and includes:

(A) A definition of the community served by the hospital facility and a description of how the community was determined;

(B) A description of the process and methods used to conduct the CHNA;

(C) A description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves;

(D) A prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant; and prioritizing those significant health needs;

(E) A description of the resources potentially available to address the significant health needs identified through the CHNA; and

(F) An evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital facility's prior CHNA(s).

Examples of sources of data available to develop a CHNA include, but are not limited to:

(1) Maryland Department of Health and Mental Hygiene's State Health Improvement Process (SHIP)(http://dhmh.maryland.gov/ship/);
(2) the Maryland Chartbook of Minority Health and Minority Health Disparities (http://dhmh.maryland.gov/mhhd/Documents/2ndResource_2009.pdf);
(3) Consultation with leaders, community members, nonprofit organizations, local health officers, or local health care providers;
(4) Local Health Departments;
(5) County Health Rankings & Roadmaps (http://www.countyhealthrankings.org);
(6) Healthy Communities Network (http://www.healthycommunitiesinstitute.com/index.html);
(7) Health Plan ratings from MHCC (http://mhcc.maryland.gov/hmo);
(8) Healthy People 2020 (http://www.cdc.gov/nchs/healthy_people/hp2010.htm);
(9) CDC Behavioral Risk Factor Surveillance System (http://www.cdc.gov/BRFSS);
(10) CDC Community Health Status Indicators (http://wwwn.cdc.gov/communityhealth);
(11) Youth Risk Behavior Survey (http://phpa.dhmh.maryland.gov/cdp/SitePages/youth-risk-survey.aspx);
(12) Focused consultations with community groups or leaders such as superintendent of schools, county commissioners, non-profit organizations, local health providers, and members of the business community;
(13) For baseline information, a CHNA developed by the state or local health department, or a collaborative CHNA involving the hospital; Analysis of utilization patterns in the hospital to identify unmet needs;
(14) Survey of community residents;
(15) Use of data or statistics compiled by county, state, or federal governments such as Community Health Improvement Navigator (http://www.cdc.gov/chinav/); and
(16) CRISP Reporting Services.

In order to meet the requirement of the CHNA for any taxable year, the hospital facility must make the CHNA widely available to the public and adopt an implementation strategy to address health needs identified by the CHNA.

Required by federal regulations, the **IMPLEMENTATION STRATEGY** is a written plan that is adopted by the hospital organization's governing body or by an authorized body thereof, and:

With respect to each significant health need identified through the CHNA, either—
(i) Describes how the hospital facility plans to address the health need; or
(ii) Identifies the health need as one the hospital facility does not intend to address and explains why the hospital facility does not intend to address it.

HSCRC COMMUNITY BENEFIT REPORTING REQUIREMENTS

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).

   a. Bed Designation – The total number of licensed beds

   b. Inpatient Admissions: The number of inpatient admissions for the FY being reported;

   c. Primary Service Area (PSA) zip codes;

d. Listing of all other Maryland hospitals sharing your PSA;

e. The percentage of the hospital's uninsured patients by county. (Please provide the source for this data, e.g., "review of hospital discharge data");

f. The percentage of the hospital's patients who are Medicaid recipients. (Please provide the source for this data (e.g., "review of hospital discharge data.")

g. The percentage of the hospital's patients who are Medicare beneficiaries. (Please provide the source for this data (e.g., "review of hospital discharge data.")

Table I

a. Bed Designation:	b. Inpatient Admissions:	c. Primary Service Area zip codes:	d. All other Maryland Hospitals Sharing Primary Service Area:	e. Percentage of the Hospital's Patients who are Uninsured:	f. Percentage of the Hospital's Patients who are Medicaid Recipients:	g. Percentage of the Hospital's Patients who are Medicare beneficiaries
69	3,696	21201 21202 21216 21217 21223 21229 21230	St. Agnes Hospital (21229)	4%	43%	29%

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 (including but not necessarily limited to medically underserved, low-income, and minority populations) reside.

(iii) A description of how the organization identified its CBSA, (such as highest proportion of uninsured, Medicaid recipients, and super utilizers, e.g., 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).

Statistics may be accessed from:

The Maryland State Health Improvement Process (http://dhmh.maryland.gov/ship/);

The Maryland Vital Statistics Administration (http://dhmh.maryland.gov/vsa/Pages/home.aspx);

The Maryland Plan to Eliminate Minority Health Disparities (2010-2014) (http://dhmh.maryland.gov/mhhd/Documents/Maryland_Health_Disparities_Plan_of_Action_6.10.10.pdf);

The Maryland Chart Book of Minority Health and Minority Health Disparities, 2nd Edition (http://dhmh.maryland.gov/mhhd/Documents/Maryland%20Health%20Disparities%20Data%20Chartbook%202012%20corrected%202013%2002%2022%2011%20AM.pdf);

The Maryland State Department of Education (The Maryland Report Card) (http://www.mdreportcard.org) Direct link to data– (http://www.mdreportcard.org/downloadindex.aspx?K=99AAAA)

Table II

Demographic Characteristic	Description	Source
Zip codes included in the organization's CBSA, indicating which include geographic areas where the most vulnerable populations (including but not necessarily limited to medically underserved, low-income, and minority populations) reside.	21223, 21216, 21217, 21229, 21215, 21201, 21230	Bon Secours Baltimore Health System discharge data
Median Household Income within the CBSA	By Neighborhood: • Southwest Baltimore: $25,152 • Poppleton/Hollins Market: $18,755 • Washington Village/Pigtown: $47,500 • Morrell Park/Violetville: $35,687 • Allendale/Irvington: $36,702 • Beechfield/Ten Hills: $51,538 • Edmondson Village: $38,042 • Greater Rosemont: $31,759 • Sandtown-Winchester/Harlem Park: $24,108 • Upton/Druid Heights: $17,042 • Penn North/Reservoir Hill: $34,879 • Mondawmin: $35,968 • Forest Park/Walbrook: $39,205 Southern Park Heights: $26,192	Vital Signs 15, Baltimore Neighborhood Indicator Alliance
Percentage of households in the CBSA with household income below the federal poverty guidelines	By Neighborhood: • Southwest Baltimore: 33.0 • Poppleton/Hollins Market: 48.7 • Washington Village/Pigtown: 24.7 • Morrell Park/Violetville: 12.5 • Allendale/Irvington: 24.1 • Beechfield/Ten Hills: 11.2 • Edmondson Village: 16.0 • Greater Rosemont: 21.3 • Sandtown-Winchester/Harlem Park: 35.8 • Upton/Druid Heights: 46.6 • Penn North/Reservoir Hill: 29.3 • Mondawmin: 18.3 • Forest Park/Walbrook: 20.3 Southern Park Heights: 35.9	Vital Signs 15, Baltimore Neighborhood Indicator Alliance

Community Health Status Indicators (http://wwwn.cdc.gov/communityhealth)

For the counties within the CBSA, what is the percentage of uninsured for each county? This information may be available using the following links: http://www.census.gov/hhes/www/hlthins/data/acs/aff.html; http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml	11.7% for Baltimore City 13.72% for CBSA	American Community Survey 2011-2015 Estimates
Percentage of Medicaid recipients by County within the CBSA.	31.2% for Baltimore City;	ACS 2010-2014 Estimates
Life Expectancy by County within the CBSA (including by race and ethnicity where data are available). See SHIP website: http://dhmh.maryland.gov/ship/Pages/Home.aspx	73.6 for Baltimore City 70.81 for CBSA	Vital Signs 15
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available). http://dhmh.maryland.gov/ship/Pages/home.aspx	2014 Rates per 10,000 residents in age group Baltimore City): Infant Mortality: 10.4 Mortality by Age (1-14 years old): 2.2 Mortality by Age (15-24 years old): 10.8 Mortality by Age (25-44 years old): 24.1 Mortality by Age (45-64 years old): 119.2 Mortality by Age (65-84 years old): 379.8 Mortality by Age (85 and over): 1315.6	Vital Signs 15, Baltimore Neighborhood Indicator Alliance
Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health status by County within the CBSA (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources) See SHIP website for social and physical environmental data and county profiles for primary service area information: http://ship.md.networkofcare.org/ph/county-indicators.aspx	**Access to Healthy Food:** Fast Food Outlet Density(per 1,000 Residents): 1.5 (Baltimore City), 1.25 (CBSA) Liquor Outlet density (per 1,000 Residents): 1.1 (Baltimore City), .901 (CBSA) **Transportation:** Households with No Vehicles Available: 29.8% (Baltimore City) 40.8% (CBSA) **Education:** Population (25 years and over) With High School Diploma: 62.8% (CBSA) Population (25 years and over) With Less Than a High School Diploma or GED: 23.4% (CBSA) Population (25 years and over) with Bachelor's Degree and Above: 13.9% (CBSA) **Housing Quality:**	American Community Survey 2015; Vital Signs 15, Baltimore Neighborhood Indicator Alliance

	Residential Properties that are Vacant and Abandoned: 8.2% (Baltimore City) 16.07% (CBSA) Median Price of Homes Sold: $125,000 Baltimore City, $45,516 (CBSA) Percent of Properties with Housing Violations: 5.9% (Baltimore City), 10.8% (CBSA) **Exposure to Environmental Factors:** Children (aged 0-6) with Elevated Blood Lead Levels: 1.2% Baltimore City, .898% CBSA	
Available detail on race, ethnicity, and language within CBSA. See SHIP County profiles for demographic information of Maryland jurisdictions. http://ship.md.networkofcare.org/ph/county-indicators.aspx	84.4% Black/African-American (Non-Hispanic) 10.9% White/Caucasian (Non-Hispanic) 2.3% Hispanic .7% Asian (Non-Hispanic) 0.4% All Other Races (Hawaiian/Pacific Islander, Alaskan/Native American Other Race) (Non-Hispanic) 1.7% 2 or more races (non-Hispanic)	American Community Survey 2015
Other	Persons 16 and Older Unemployed: 9.3% (Baltimore City) 12.1% (CBSA)	Vital Signs 15

II. COMMUNITY HEALTH NEEDS ASSESSMENT

1. Within the past three fiscal years, has your hospital conducted a Community Health Needs Assessment that conforms to the IRS requirements detailed on pages 1-2 of these Instructions?

__x__Yes Provide date approved by the hospital's governing body or an authorized body thereof here: 07/27/16

____No

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).

https://bonsecours.com/library/community-involvement/baltimore/bs-baltimore-fy16-chna-implementation-plan-final.pdf?la=en

2. Has your hospital adopted an implementation strategy that conforms to the IRS requirements detailed on pages 3-4?

_x__Yes Enter date approved by governing body/authorized body thereof here: 09/28/16

___No

If you answered yes to this question, provide the link to the document here:

https://bonsecours.com/library/community-involvement/baltimore/bs-baltimore-fy16-chna-implementation-plan-final.pdf?la=en

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?

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

_x__Yes
___No

If yes, please provide a specific description of how CB planning fits into the hospital's strategic plan. If this is a publicly available document, please provide a link here and indicate which sections apply to CB planning.

As a part of Bon Secours Health System, Bon Secours Baltimore Health System conducts strategic planning on a three-year cycle. This product of this process, the "Strategic Quality Plan" serves as the driver for strategic initiatives at both the national and local system level. Fiscal year 2016 was the first year in the cycle (2016-2018) that had the following priorities:

☐☐ CeCreate Healthy Communities
☐☐ Be Person Centric
☐☐ Serve Those Who Are Less Vulnerable
☐☐ Strengthen Our Culture And Capabilities

All strategic initiatives, including community benefit, must address one or more of these priorities, the development of which are informed in part by local system community benefit reports, the most recent community health needs assessment and other community engagement activities.

b. What stakeholders within 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): Vice President, Mission; Vice President, Philanthropy

Describe the role of Senior Leadership.

The Vice President, Mission, serves as the Chair of the Community Benefit Committee and ensures that all committee members are aware of the overall goals for the Community Benefit Report, CHNA, and are aware of and supported as we work to meet deadlines. The CFO and CEO review community benefit initiatives and approve initiatives prior to their implementation. Further, the Director of Finance and CFO review the entire Community Benefit Report for accuracy and provide approval before report is submitted to the HSCRC. The Community Benefit Report also goes before the Board of Directors and at subsequent meetings for their overall knowledge and awareness.

ii. Clinical Leadership

1. _x__Physician
2. _x__Nurse
3. ___Social Worker
4. ___Other (please specify)

Describe the role of Clinical Leadership

The Chief Medical Officer and Chief Nursing Officer/Chief Operating Officer oversee the implementation of clinical initiatives coming out of the Strategic Quality Plan and Community Health Needs Assessment.

iii. Population Health Leadership and Staff

1. _N/A___ Population health VP or equivalent (please list)
2. _N/A___ Other population health staff (please list staff)

Describe the role of population health leaders and staff in the community benefit process.

N/A

iv. Community Benefit Operations

1. ___the Title of Individual(s) (please specify FTE)
2. _x__Committee (please list members)
    a. Vice President- Mission (Chair);
    b. Manager- Financial Grants
    c. Executive Director- Community Works
    d. Executive Director- Housing & Community Development
    e. Director- Marketing
    f. Vice President- Philanthropy
    g. Business Intelligence Specialist- Community Works
    h. Manager- Budget & Business Intelligence – Finance
    i. Manager- Financial Grants, Finance
    j. Director- Finance
3. ___Department (please list staff)
4. ___Task Force (please list members)
5. ___Other (please describe)

Briefly describe the role of each CB Operations member and their function within the hospital's CB activities planning and reporting process.

The Vice President, Mission chairs the Community Benefit committee and facilitates all meetings. He ensures that all committee participants are aware of the overall goals of the committee and how we contribute to our overall goals related to community benefit. The Executive Director of Community Works is responsible for leading the CHNA process. The Executive Director- Housing and Community Development is also involved in the generation of the CHNA. Thus, he serves as a resource for information on the identification of priority needs area for CHNA and strategic development while also providing community benefit information related to housing. The Business Intelligence Specialist and Financial Grants Manager compile the CB financial and narrative components. The

Director of Finance evaluates the Community Benefit Report as a whole to ensure that all relevant components are captured and financials are accurate. The Finance department participates also to help with the budgeting and financial needs around the committee.

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 __x___yes _____no

If yes, describe the details of the audit/review process (who does the review? Who signs off on the review?)

The Financial Grants Manager and Finance Budget & Business Intelligence Manager compiles the CB financial and narrative components. The Director of Finance evaluates the Community Benefit Report as a whole to ensure that all relevant components are captured and financials are accurate. After the Director of Finance has evaluated the compiled report for accuracy, it is forwarded to the CFO for a final review of all components. Once all reviews are completed and the CFO gives approval, the report is submitted to the HSCRC.

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

Spreadsheet __x___yes _____no

Narrative __x___yes _____no

If no, please explain why.

e. Are Community Benefit investments incorporated into the major strategies of your Hospital Strategic Transformation Plan?

__x____Yes _____No

If yes, please list these strategies and indicate how the Community Benefit investments will be utilized in support of the strategy.

The following is a list of our three strategies: *Healthy People, Healthy Economy, Healthy Environment*; and serve as drivers for our Community Benefit investments. Each strategy has identified priorities that align with our investments.

Healthy People	
Priority Need	***Statement of Need***
Access to Healthy Food	Community residents need increased access to healthy food, especially produce and increased knowledge of nutrition and healthy food preparation.

Children's Health	The community needs support in addressing its high infant mortality rates.
Access to Primary Care Physicians	The community has an over-reliance on the Emergency Department for primary care.
Behavioral Health/Substance Abuse	The community (adults and children) needs access to programs addressing behavioral health, substance abuse, and psychological rehabilitation.
Hospital Quality and Community Relations	Bon Secours needs to continuously strengthen its relationship with the community by sharing data about patient safety and health outcomes as well as partnering with nearby health care institutions to address any gaps in services.
Crime and Related Trauma	The community needs access to supports and services related to mental health and trauma related health issues.
Health Education	The community needs additional opportunities to integrate fitness into their daily lives and additional opportunities to make use of preventative services.

Healthy Economy	
Priority Need	***Statement of Need***
Housing	Community residents need access to additional affordable housing opportunities
Employment	Community residents need training and preparation for in-demand industry jobs to decrease unemployment.
Employment	Community residents who were formerly incarcerated need re-entry supports to ensure a positive transition back to the community.

Healthy Environment	
Priority Need	***Statement of Need***
Crime and Sanitation	The community needs support to address quality of life issues in the neighborhoods of Bon Secours, including crime and sanitation.
Community Unity	The community needs regular time and space to come together and collaborate with local anchor institutions. The institutions can support capacity building and growth opportunities for residents.

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

__x___Local Health Department

__x___Local health improvement coalitions (LHICs)

__x___ Schools

__x___Behavioral health organizations

__x___Faith based community organizations

__x___Social service organizations

__x___Post-acute care facilities

b. Use the table below to list the meaningful, core partners with whom the hospital organization collaborated to conduct a CHNA. Provide a brief description of collaborative activities indicating the roles and responsibilities of each partner and indicating the approximate time period during which collaborative activities occurred (please add as many rows to the table as necessary to be complete).

Organization	Name of Key Collaborator	Title	Collaboration Description
Central Baptist Church	Pastor Rodney T. Morton, and Gail Edmonds	Senior Pastor & Community Outreach Coordinator	Faith Based Partner; Community Engagement/Advocacy
Celebration Baptist Church	Pastor Bob Washington	Senior Pastor	Faith Based Partner; Community Engagement/Advocacy
First Mount Calvary Baptist Church	Pastor Derrick DeWitt, Sr.	Senior Pastor	Faith Based Partner; Community Engagement/Advocacy
Mt. Lebanon Baptist Church	Pastor Franklin Lance	Senior Pastor	Faith Based Partner; Community Engagement/Advocacy
South Baltimore Learning Center	Tonya Terrell	Executive Director	Social Determinants Organization; GED Provider
Project Plase	Carrie A. Williams	Employment Specialist	Social Determinants Organization; Transitional Housing Provider
Lockerman Bundy Elementary School	Kimberly Hill	Principal	Local Area School Partner; Youth Engagement
Operation Reachout Southwest Inc. (OROSWA)	Joyce Smith	Chairperson/Community Leader	Community Association; Community Engagement
Fayette Street Outreach Community Association	Edna Manns-Lake and Timothy Bridges	President & Vice President	Community Association; Community Engagement
Boyd Booth Community Association	Bertha Nixon and Jerlene Boyd	President & Community Leader	Community Association; Community Engagement
Franklin Square Community Association	Edith Gillard	President/Community Leader	Community Association; Community Engagement
Office of Mayor Catherine E. Pugh	Marianne Navarro	Mayor's Office of Strategic Alliances	Local Government Representation; Convener
Baltimore City Council, District 9	Dr. John T. Bullock and Dominic McAlily	Councilperson and	Local Government Representation; Convener/Advocacy
University of Baltimore	Dr. Roger Hartley	Dean of Public Affairs	Anchor Institutions; Capacity Building
Coppin State University	Dr. Ronald Williams	Interim Dean School of Business	Anchor Institutions; Capacity Building
University of Maryland	Ashley Valis	Executive Director of Community Initiatives and Engagement	Anchor Institutions; Community Engagement (planning, coordination, facilitation)
Healthcare for the Homeless	Dr. Tyler Gray	Medical Director West Baltimore	Healthcare Provider; referral partner

Baltimore City Health Department	Camille Burke	Office of Chronic Disease Prevention	Baltimore City Healthcare Provider; data support, analysis and convener
Kaiser Permanente	Celeste James Dr. Destiny-Simone Ramjohn	Director of Community Health	Health Systems; grantor/strategic alliance
MECU-Baltimore's Credit Union	Bonita Bush	Community Partnership Ambassador	Financial Institution; financial education partner

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

_____yes __x___no

If the response to the question above is yes, please list the counties for which a member of the hospital organization co-chairs the LHIC.

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

_x____yes _____no

If the response to the question above is yes, please list the counties in which a member of the hospital organization attends meetings or is a member of the LHIC.

Baltimore City

V. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

Please use Table III to provide a clear and concise description of the primary need identified for inclusion in this report, 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.

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

a. 1. Identified need: This may have been identified through a CHNA, a documented request from a public health agency or community group, or other generally accepted practice for developing community benefit programs. Include any measurable disparities and poor health status of racial and ethnic minority groups. Include a description of the collaborative process used to identify common priority areas and alignment with other public and private organizations.

   2. Please indicate how the community's need for the initiative was identified.

b. Name of Hospital Initiative: insert name of hospital initiative. These initiatives should be evidence informed or evidence based. (Evidence based community health improvement initiatives may be found on the CDC's website using the following links: http://www.thecommunityguide.org/ or http://www.cdc.gov/chinav/), or from the County Health Rankings and Roadmaps website, here: http://tinyurl.com/mmea7nw.
   (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 or other negative health factor 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,

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. For collaborating organizations, please provide the name and title of at least one individual representing the organization for purposes of the collaboration.

h. Impact of Hospital Initiative: Initiatives should have measurable health outcomes and link to overall population health priorities such as SHIP measures and the all-payer model monitoring measures.

   Describe here the measure(s)/health indicator(s) that the hospital will use to evaluate the initiative's impact. The hospital shall evaluate the initiative's impact by reporting (in item "i. Evaluation of Outcome"):

   (i) Statistical evidence of measurable improvement in health status of the target population. If the hospital is unable to provide statistical evidence of measurable improvement in health status of the target population, then it may substitute:

(ii) Statistical evidence of measureable improvement in the health status of individuals served by the initiative. If the hospital is unable to provide statistical evidence of measureable improvement in the health status of individuals served by the initiative, then it may substitute:

(iii) The number of people served by the initiative.

Please include short-term, mid-term, and long-term population health targets for each measure/health indicator. These should be monitored and tracked by the hospital organization, preferably in collaboration with appropriate community partners.

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? To what extent do the measurable results indicate that the objectives of the initiative were met? (Please refer to the short-term, mid-term, and long-term population health targets listed by the hospital in response to item h, above, and provide baseline data when available.)

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? If not, why? 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, and grants associated with the fiscal year being reported.
B. Of the total costs associated with the initiative, what amount, if any, was provided through a restricted grant or donation?

2. Were there any primary community health needs identified through the CHNA that were not addressed by the hospital? If so, why not? (Examples: the fact that another nearby hospital is focusing on that identified community need, or that the hospital does not have adequate resources to address it.) This information may be copied directly from the section of the CHNA that refers to community health needs identified but unmet.

3. How do the hospital's CB operations/activities work toward the State's initiatives for improvement in population health? (see links below for more information on the State's various initiatives)

MARYLAND STATE HEALTH IMPROVEMENT PROCESS (SHIP)
http://dhmh.maryland.gov/ship/SitePages/Home.aspx
COMMUNITY HEALTH RESOURCES COMMISSION
http://dhmh.maryland.gov/mchrc/sitepages/home.aspx

A. 1. Identified Need: A. 2. How was the need identified:	Healthy Economy 1. Healthy Economy refers to the financial status of individuals and the community, and emphasizes the impact that income has on health. Programs to improve individual financial status focused on financial literacy and job readiness. Healthy economy was identified as a major area of interest in the CHNA 2016 report. 2. Healthy Economy was identified through the CHNA process. After the April 2015 civil unrest in the streets near our Bon Secours Community Works center, residents of all ages were immediately contacted to ask what more was needed to make a significant difference in the lives of community members. Job readiness and training with job placement and post-placement support was high on their priority list.
B: Name of	Bon Secours Career Development

hospital initiative	Create jobs and prepare residents for these jobs by: • Providing job readiness programs and ongoing adult education • Participate in the creation of jobs in areas which we have the most expertise and influence. By creating connections to opportunities in the growing health care field, namely we can help both our industry and our community. • Engage returning citizens who have difficulty connecting with employment
C: Total number of people within target population	Approximately 18,000 residents live in Southwest Baltimore, where the 24.3% unemployment rate is double that of Baltimore City [BNIA Vital Signs 15 Report, 2017]. Southwest Baltimore residents, aged 16-64, rank highest among greater Baltimore neighbors who are unemployed and looking for employment. Compounding this problem is the "high incarceration communities" that surrounds the community Bon Secours serves. Approximately 70% of all Maryland State prison releases occur in Baltimore City and of those, 30% of returnees, return to just six communities within West Baltimore–the communities Bon Secours serves [Maryland Alliance for Justice Reform Report, 2016]. Additionally, the recidivism rate amongst those communities is highest with 60% of the returning citizens returning to prison.
D: Total number of people reached by the initiative	In Fiscal Year 2017, Bon Secours Community Works Career Development program served approximately 1,200 persons for a total of 4,129 client visits.
E: Primary objective of initiative:	Bon Secours Community Works Career Development program offers teens and adults the training and support needed to develop job readiness skills as well as provide assistance for job placements, career goals, and/or on-the-job training: 1) Job Placement: Enroll 8 trainees through paid urban landscaping six-month Clean and Green Neighborhood Revitalization program. 2) CNA/GNA: Enroll 50 trainees through Certified Nursing Assistant/Geriatric Nursing Assistant training programs. 3) Re-Entry: Increase participation in the "TYRO" Re-entry training Program. 4) YEEP: Enroll a minimum 25 youth through paid work experience from low-income households to participate in eight-week summer work and career programs.
F: Single or multi-year plan:	Yes, this is a Multi-Year initiative. – Bon Secours Community Works is looking at data over the three year cycle that is consistent with the CHNA cycle (from start of program implementation).
G: Key collaborators in delivery:	• Bank of America • T Rowe Price • Baltimore City Foundation • Bon Secours Health System • United Way • ItWorks • Weinberg Foundation • Wells Fargo • Kaiser Permanente • SEEDCO
H: Impact of hospital initiative:	1. Job Placement: Complete Career Development, Job Placement Report and Case Management Notes on all trainees and clients who enter Career Development Job-Hub center 2. CNA/GNA: Complete 180-hour total curriculum which include 40-hour Pathway to Success and 140-hour certificate program; complete CNA/GNA licensure

	certification exam; and complete job placement report 3. Re-Entry: Complete evidence-based 12-curriculum Reentry Success Program; provide better access to engage unique population 4. YEEP: Complete eight-week training and work experience curriculum and select a small percentage of youth to participate in entrepreneurship training.	
I: Evaluation of outcome	**Job Placement** 167 clients gained one or more paid employment opportunities using our job search and placement support obtaining 204 jobs averaging $13.17. Some clients were successful in obtaining and working multiple jobs simultaneously and other clients gained better employment opportunities along the way (this was the case for many clients who completed CNA/GNA training and then was connected with a health-care job.) • 8 additional clients received paid urban landscaping training and job readiness skills training through our six-month Clean and Green Neighborhood Revitalization program. Trainees improved more than 50 vacant lots. **CNA/GNA Training** • 105 clients enrolled in our CNA/GNA training program, with 88 clients graduating, and 87 receiving CNA/GNA certification. 83 clients have gained employment in a health-care field and of those 3 clients were placed at Bon Secours Hospital. **Youth Employment Entrepreneurship Program (YEEP)** • 30 youth from low-income households participated in this eight-week summer work and career prep program, which included paid work experience throughout 16 departments in Bon Secours Baltimore and Community Works **Re-entry Success Program** • 296 clients enrolled in the "TYRO" life skills training program for men and women to help break the cycle of incarceration. TYRO is a best practices curriculum developed by The RIDGE Project in Ohio. 96 participants graduated over 8 cohorts. Some clients enrolled in the program and were unable to complete for the following reasons 1) behind the walls and moved to new jail; 2) obtain job which conflict with TYRO class times; 3) or did not complete all 12 classes to graduate. • Hosted two expungement workshops (89 persons served; 471 charges expunged).	
J: Continuation of initiative:	Yes, we will continue to expand current youth programs offered through Career Development. We will expand on current program(s) via the new Kaiser Permanente Anchor Revitalization Project grant to include CNA/GNA training and placements in industry related jobs for 100 clients over the next two years and, targeting an additional 60 returning citizens over two years to receive specialized case management in the TYRO program.	
K: Expense:	A. Total Cost of Initiative: $1,435,679.00	B. Direct Offsetting Revenue from Restricted Grants: $559,189.00

A. 1. Identified Need: A. 2. How was the need identified:	1. Healthy Economy In 2016, 39% of the homeless population in Maryland resided in Baltimore City. Despite trends in the past showing decreases, there was a 6% rise in 2016 in the number of homeless persons in Maryland (27,764 in 2015 to 29,670 in 2016) [Maryland's Interagency Council on Homelessness: 2016 Annual Report on Homelessness]. Our clients served at Bon Secours Community Works are often unemployed or the "working poor", living in and out of crisis – often on the edge of homelessness. Families using our Financial Services frequently have significant debt burdens; low credit scores and are un-banked (95%). According to the Association of Baltimore Area Grantmakers (ABAG), at a time when the complexity of financial products has increased significantly, only 10% of Marylanders receive a financial literacy education during their K-12 school years [ABAG, 2015]. Many adults, especially those in low-income households like Southwest Baltimore, do not have a good understanding of basic financial tools and planning. 2. This need was identified through the CHNA process. The zip codes surrounding Bon Secours (Community Benefit Service Area including 21223, 21216, 21217, 21229, 21230, 21201, and 21215) ranks worse in all social and economic factors than Maryland. Additionally, within Southwest Baltimore there is the largest amount of children living in poverty and a majority of households are headed by a single-parent [American Community Survey 2010-2014 Estimates, 2015]. Specifically, zip code 21223 ranks the lowest and shows the lowest disparity in educational attainment, employment, and poverty.
B: Name of hospital initiative	Bon Secours Financial Services Improve the housing market to retain and attract homeowners through economic, physical and marketing strategies by: • Supporting the creation and preservation of strong, stable blocks • Attracting new homeowners through the creation of new and diverse homeownership opportunities • Helping existing homeowners maintain and improve their investment
C: Total number of people within target population	Southwest Baltimore has a population of 17,886 with 22.6 % of families living in poverty per the 2011 Southwest Baltimore Neighborhood Health Profile [BNIA Vital Signs 14 Report, 2016].
D: Total number of people reached by the initiative	Bon Secours Community Works Financial Services program served 1,003 persons for a total of 2,020 client visits.
E: Primary objective of initiative:	Bon Secours Community Works Financial Services offers services to help residents become more financially aware, begin building assets, and create stronger financial futures for their families. Participants learn about financial and other resources that are available as well as learn how to become economically self-sufficient through: 1. Eviction Prevention: Provide eviction prevention services to at least 250 individuals/families and 100% of clients complete "Budget & Credit Workshop" to build financial literacy 2. Public Benefits Screening: Screen a minimum of 270 (255 eligible) clients for *EarnBenefits* 3. Income Tax Preparation: Provide free-to-low cost federal and state tax preparation for area residents

F: Single or multi-year plan:	Yes, this is a Multi-Year initiative. Bon Secours Community Works is looking at data over the three year cycle that is consistent with the CHNA cycle.	
G: Key collaborators in delivery:	• Mayor Office of Human Services • Bank of America • T Rowe Price • Bon Secours Community Works • SunTrust • SEEDCO • Maryland CASH Campaign (Annie E. Casey Foundation)	
H: Impact of hospital initiative:	1. Eviction Prevention: Clients complete eviction prevention orientation/eligibility screening, eviction prevention workshop, budget literacy screening, and follow-up every 3 months after grant received 2. Public Benefits Screening: Using *Earnbenefits* Online, screen, and maintain adequate case logs to track # screened and served 3. Income Tax Preparation: Total # of Federal refunds generated, total # of State refunds generated	
I: Evaluation of outcome	**Eviction Prevention** • 643 individuals/families were screened for eviction prevention assistance and benefited from a one-on-one assessment of their financial situation. • Of those, 205 individuals/families prevented imminent eviction through a one-time eviction prevention cash grant after completing our mandatory "Budget & Credit Workshop." This is intended to prevent first-time homelessness and increase clients' capacity for sustained financial stability. Total of $184,818 in eviction prevention assistance distributed. **EarnBenefits Screening (i.e. public benefits)** • 647 clients were screened through the EarnBenefits software system for eligibility for public benefits to increase economic stability. Benefits include SNAP (aka food stamps), utilities assistance, health insurance, and WIC. Of those, 433 clients were eligible for one or more public benefits. **Income Tax Preparation** • 395 clients received low-cost tax preparation. • Total Federal Refunds generated: $666,268. • Total State Refunds generated: $180,802.	
J: Continuation of initiative:	Yes, we will continue to build current programs offered through Financial Services. Additionally, we will foster improved financial counseling services to clients accessing career development, family support and/or Women's Resource Center services.	
K: Expense:	A. Total Cost of Initiative: $903,778.00	B. Direct Offsetting Revenue from Restricted Grants: $ 319.416 .00

A. 1. Identified Need: A. 2. How was the need identified:	<u>Healthy People</u> 1. Healthy People refers to physical and mental health of individuals and the community. Bon Secours implemented over 20 programs within the Healthy People major goal area. Women's health needs and their contribution to the health of society are urgent priorities. The CHNA 2016 report collected survey data primarily from females (65%), African Americans (92%),

	and a majority of household incomes between $0-$24,999 (66%) [Bon Secours CHNA Report, 2016]. The Community Works Women's Resource Center (WRC) serves as a day-time center addressing the needs to women who are in crisis and need immediate access to services. 2. In Southwest Baltimore more than 85% of women are African American [BNIA Vital Signs 14, 2016]. One in four African-American women are uninsured. This lack of health insurance, along with other socioeconomic factors, continues to contribute to the dire health issues African-American women face in particular. The poverty rate for African-American women is 28.6 % and 10.8% for white, non-Hispanic women [Fact Sheet: The State of African American Women in the United States, 2013]. African-American women are three times more likely than white women to be incarcerated. This greatly impacts the family unit as African-American women are often the primary caregivers for their children and are also disproportionately victimized. These disparities leave a growing portion of our population more vulnerable to poverty and its implications.
B: Name of hospital initiative	Bon Secours Community Works Women's Resource Center (WRC) Physical and mental health: Improve the health status of residents, with a particular focus on substance abuse, infant mortality, chronic illnesses and mental health by: • Reaching out to, educating and providing services to at-risk and stigmatized populations Using improved assessment, screening and prevention tools and strategies
C: Total number of people within target population	According to the Baltimore City census approximately 3,000 individuals experience homelessness on any given night [Department of Housing and Urban Development Report, 2014]. Approximately 80% of the homeless are African American and 32% are women. More than 50% of homeless individuals are without a home for more than half a year [U.S. Census Bureau QuickFacts, 2016].
D: Total number of people reached by the initiative	Bon Secours Community Works WRC program served 248 women for a total of 3,165 client visits.
E: Primary objective of initiative:	Bon Secours WRC is a day drop-in center for women who are struggling with a range of life challenges. Women who are in crisis and need access to services that include hospitality (i.e. shower, laundry) and public health (i.e. case management, health screenings, health education)
F: Single or multi-year plan:	Yes, this is a Multi-Year initiative. – Bon Secours Community Works is looking at data over the three year cycle that is consistent with the CHNA cycle.
G: Key collaborators in delivery:	• Mayor's Office of Human Services • United Way Central Maryland • Bon Secours Community Works • MD Logix • Bon Secours Health System Mission Fund
H: Impact of hospital initiative:	1. # of women served daily 2. # of services provided to each client served 3. Case-management notes
I: Evaluation of	**Women's Resource Center**

outcome	• 248 women in an unstable housing situation received one or more services, which include hospitality (shower, laundry, phone, mail stop, and computer use), meals, and other supports (health screening, health education, one-on-one counseling, case management, social and recreational activities) to address the immediate crisis then build self-sufficiency. • Of those, 6 clients were veterans and 7 were disabled. • 2,387 meals were served during 197 days.	
J: Continuation of initiative:	Yes, we will continue to grow and expand our services to address issues specifically related behavioral health, mental health and substance abuse. The Kaiser Permanente partnership will allow behavioral health assessments (BHWorks) to be completed on 600 clients annually throughout Community Works programs and services and create a referral process.	
K: Expense:	a. Total Cost of Initiative:$205,999.00	b. Direct Offsetting Revenue from Restricted Grants $4,466.00

A. 1. Identified Need: A. 2. How was the need identified:	<u>Healthy People</u> 1. Addressing the physical health and mental health needs of Baltimore city residents remain a prioritized area of interest and intervention for Bon Secours. We realize the importance and great need to address the health concerns very early by targeting pregnant women to access prenatal care, improving birth outcomes, and reducing a child's risks of developmental, behavioral and/or emotional delays/impairments. Although, birth rates for teenagers aged 15–19 declined 9% from 2013 to 2014, to 24.2 births per 1,000, almost 30% of pregnant women in Southwest Baltimore did not receive prenatal care [National Vital Statistics Report, 2015]. These outcomes greatly impact the observed pre-term birth rates; low birth weights; and infant mortality rates. In 2015, Baltimore City infant mortality rate was 8.4 deaths per 1,000 live births [Maryland Vital Statistics, 2015]. The pre-term birth rate (less than 37 weeks) in Baltimore City was 12.6% in 2014, compared to 9.6% in the U.S. The 2014 rate of low birth weight (less than 2,500 grams) in Baltimore City was 8.6%, slightly above national averages (8.0%) [Baltimore City Health Department 2017 Neighborhood Health Profile, 2017]. 2. This need was identified through the CHNA process. Significant CHNA findings are that Bon Secours area residents are more likely to report feeling that their health is poor or fair compared to Baltimore City and Maryland; and report more bad mental health days than physical health days.
B: Name of hospital initiative	Family Support Center Physical and mental health: Improve the health status of residents, with a particular focus on substance abuse, infant mortality, chronic illnesses and mental health by: • Reaching out to, educating and providing services to at-risk and stigmatized populations Using improved assessment, screening and prevention tools and strategies
C: Total number of people within target population	In 2015, Southwest Baltimore's teen (ages 15-19) pregnancy rate of 37.9 per 1,000 is higher than Baltimore City at 29.2 per 1,000 females [BNIA Vital Signs 15, 2017].
D: Total number of	Bon Secours Community Works Family Support Center program served 186 persons for a total of

people reached by the initiative	4,513 client visits.
E: Primary objective of initiative:	Bon Secours Community Works Family Support Center serves pregnant mothers and families with children up to age three. The Center offers non-traditional Early Head Start services, teen parent services, and in-home support. Families receive support, encouragement, and resources such as child developmental, parenting classes, counseling, and life skills. 1) Provide 57 children up to age three with Early Head Start (EHS) services via class-based, home-based services, or combination (home-based and class-based) 2) Provide 7 disabled children Early Head Start services 3) Provide a minimum of 30 mother's pre-natal home visit services 4) Increase parenting or pregnant teens receiving services 5) Serve as host-site for Baltimore City, Women, Infants & Children (WIC) Program
F: Single or multi-year plan:	Yes, this is a Multi-Year initiative. -Bon Secours Community Works is looking at data over the three year cycle that is consistent with the CHNA cycle.
G: Key collaborators in delivery:	• Maryland Family Network • Family League of Baltimore • Bon Secours Baltimore Health System
H: Impact of hospital initiative:	1) **Early Head Start:** # of children enrolled at end of month enrollment, mental health assessments, # of children active on disability roster 2) **Pre-Natal Home Visit Services:** Funder calculates weighted caseload scores to serve participants in census track areas, # babies born full-term, # of babies born a healthy weight. **3) Women, Infant, Children:** # clients reporting to Bon Secours Community Works to access WIC services
I: Evaluation of outcome	**Early Head Start** • 121 children and 12 pregnant mothers enrolled in and received (EHS) in-center developmental care throughout the fiscal year. A maximum of 57 children were enrolled at a given time and the minimum requirement of 7 disabled children served monthly was met. In addition to EHS, parents/guardians participated in a wide variety of "Nurturing Parent Workshops" held throughout the year. **Teen Parent Program** • 24 parenting or pregnant teens enrolled and received health, social, psychological, and academic support to encourage educational success as well as prevent subsequent pregnancies. • 1 teen participated in our eight-week summer Youth Employment Entrepreneurship Program (YEEP). **Home Visiting Program** • 41 young mothers with children under three years of age received ongoing in-home parenting skills training and education about supporting their child's developmental

	milestones. They are also connected to an array of needed services at Bon Secours or other providers. **<u>Women, Infant, & Children</u>** Although not operated by Bon Secours, the Baltimore City Women, Infants & Children (WIC) Program is located at Bon Secours Community Works, so we enabled an additional 917 clients to access to WIC benefits by providing a facility. Of those 86 clients were connected with additional services at Community Works.	
J: Continuation of initiative:	Yes, we will continue to serve families who are currently participating in our Family Support Center programs to connect them supports to improve the physical and mental health of the community at large.	
K: Expense:	a. Total Cost of Initiative: $2,065,708.00	b. Direct Offsetting Revenue from Restricted Grants: $923,890.00

1. Identified Need 2. Was this identified through the CHNA process?	1. Healthy People (CHNA) Goal: Improve and expand access to primary care and preventive services. Improve the health of the community by increasing the number of people connected to a primary care medical home and increasing annual primary care visits. Engage the community in screening and educational events that promote healthier lifestyle and better self-management of chronic illness. 2. Yes. The combined West Baltimore zip codes of 21216, 21217, 21223, and 21229 have the highest disease burden and worst indicators of social determinants of health than any other community in Maryland. These neighborhoods establish the lower extremes for health disparities in the City and the State across all major chronic illnesses. Families in the Zone experience poverty (20%) at higher rates than those in Maryland (6%) and in Baltimore City (17%). Life expectancy can be up to 12 years shorter in these zip codes than in other parts of Maryland.
Hospital Initiative	Health Enterprise Zone (HEZ)
Total Number of People Within the Target Population	86,000 West Baltimore residents who have or are at risk for cardiovascular disease (CVD) in zip codes of 21216, 21217, 21223, and 21229
Total Number of People Reached by the Initiative Within the Target Population	37,087 West Baltimore residents have participated in HEZ activities throughout the program by the following mechanisms : 1) health fairs, 2) care coordination, 3) primary care services, and 4) community based activities (i.e. fitness, cooking and nutrition classes) The Community Health Workers (CHWs) are deployed across the HEZ and are embedded in the community. CHW Community Outreach Encounters **<u>SEPTEMBER 2016 – MARCH 2017</u>** • Total Encounters: 5,722 • Home visits: 399 • Educational: 2,628 • Phone visits: 2,686

	• Clinic visits: 9 We held 220 fitness classes (about 11 free fitness classes per week) with an average of 116 participants per month. We held 2 nutrition and cooking classes with 23 participants. Awarded 25 scholarships to West Baltimore residents who are pursuing degrees/certificates in health careers. To date, $80,476 in scholarships has been committed to these 25 HEZ scholars. **SEPTEMBER 2016 – MARCH 2017** Total # of unduplicated patients seen in reporting period: 17,754 Total # of patient visits in reporting period: 28,042
Primary Objective of the Initiative	This initiative implemented a two-part approach: 1) increased care coordination through the patient-centered medical home for patients with cardiovascular disease at high risk of hospitalization and emergency department (ED) use; and 2) community-based risk factor reduction for patients at risk of developing cardiovascular disease. These strategies are designed to be mutually reinforcing to improve cardiovascular outcomes.
Single or Multi-Year Initiative – Time Period	2013-2017
Key Collaborators in Delivery of the Initiative	• Baltimore Medical System • Total Health Care, Inc. • Park West Health System, Inc. • Bon Secours Baltimore Health System • Saint Agnes Hospital • Sinai Hospital of Baltimore • University of Maryland Medical Center • University of Maryland, Midtown Campus • Equity Matters • Light Health and Wellness Comprehensive Services, Inc. • Mosaic Community Services • Senator Verna Jones-Rodwell • Coppin State University • Morgan State University • Baltimore City Community College • Community College of Baltimore County
Impact/Outcome of Hospital Initiative?	Based on numbers verified by the Office of Primary Care Access in March 2017, 8 providers received $4,488 in State tax credits. Community Health Workers (CHWs) are responsible for care coordination, staffing health fairs, and registering Passport to Health participants during events (including fitness and nutrition classes). The Passport to Health program incentivizes activities that reduce CVD risk. Participants receive a registration card that is scanned at each staffed activity. Attendance is tracked using an online system and points are assigned for attendance. At the end of a session points are tallied and healthy incentives are distributed. The readmission rate of the care coordination program decreased to 12% from a baseline of 17% for the five partner hospitals.

Evaluation of Outcomes:	**Rigorous Data Collection and Analysis Protocols and Schedules:** Data collection sources include electronic medical records, Community Health Resources Commission, CRISP, patient tracking system, Care at Hand platform, Passport to Health platform, HEZ provider practices and qualitative interviews. We will use existing University of Maryland protocols for conducting and analyzing focus group/key informant interviews. We follow ethical standard operating procedures for participant recruitment, enrollment, consent, data collection, and data handling. In addition, we work diligently to assure that all processes are culturally appropriate and designed to maximize participation across the broad array of stakeholders. Data analysis and reporting occur at quarterly and annual intervals, depending on the data being produced. This project has allowed us to create a data sharing infrastructure among clinical partners that promotes a "learning healthcare system" and motivates continued progress toward achievement of targets. This has enabled us to generate important baseline data and a review of best practices which in turn helped us to define certain process measure goals in the current plan. As a lessons learned, we made significant changes in our patient tracking system. These improvements are helping us to capture more specific data as well as data that reflect our efforts to impact the legislatively specified outcomes. We've identified the importance of continuing to leverage technology. Therefore, we integrated a web-based care coordination platform, Care at Hand into our program. This software allows us to clearly target high utilizers and prevent/reduce hospital readmissions within 30 days of discharge as well as avoidable/unnecessary ED utilization. We expanded our use of CRISP to our entire care coordination program. Additionally, we have a web-based application that tracks attendance for our Passport to Health program. The Passport to Health program incentivizes activities that reduce CVD risk for nearly 659 participants. All of these changes should improve data integrity and reliability.	
Continuation of Initiative?	No	
Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative: $1,376,328.00	B. Direct Offsetting Revenue from Restricted Grants $761,481.00

A.1. Identified Need: A. 2. How was the need identified:	Health People:. For the population of Southwest Baltimore, more that 60,000 of Baltimore's 622,000 residents abuse alcohol and /or illegal drugs. (**Sources: National Substance Abuse Index, 2010 and Baltimore City Department of Health**) This initiative relates to the Community Health Needs Assessment ("CHNA")
B: Name of hospital initiative	Bon Secours Hospital Screening Brief Intervention Referral to Treatment ("SBIRT") Peer Recovery Support Program
C: Total	Of the estimated 600,000 residents in Baltimore City, Bon Secours Hospital serves residents in

number of people within target population	our primary and secondary service areas based on zip codes. . (**Source: The United States Census Bureau)**
D: Total number of people reached by the initiative	July 1, 2016 through June 30, 2017: 1. # of distinct patient encounters in ED: 13,063 2. # of ED encounters screened: 23,338 3. # of ED encounter with positive screens: 7,877 4. Positive screens as % of total ED encounters screened: 33.75% 5. Positive screens as % of total ED nurse screens: 34.0% 6. # of encounters confirming Alcohol use>=4/day: 1,550 7. # of encounters confirming Drug use(legal or illegal):6,105 8. # of encounters confirming Cocaine use: 1,598 9. # of encounters confirming Heroine use: 2,789 10. # of encounters confirming Marijuana use: 2,583 11. # of encounters confirming Other substance use: 429 12. # of brief interventions conducted by coaches: 2,491 13. # of referrals to treatment by coaches: 177
E: Primary objective of initiative:	The SBIRTprogram is designed so that all patients that enter the hospital through the Emergency Department or through a direct admission are screened by hospital nursing staff as part of the nursing assessment. Based on established criteria, nurses and other members of the health care team refer patients at high risk to Peer Recovery Coaches (PRC) to provide brief interventions and referrals to treatment, as appropriate. Three full-time PRCs are employed by Bon Secours Hospital to support the program that provide brief interventions using motivational interviewing techniques to targeted high-risk patients. The PRCs follow-up with patients that are admitted or discharged to continue providing support and linkage to treatment services, as necessary, and where appropriate. Services are integrated and coordinated with the hospital nursing staff, social work discharge planning staff and other case managers that provide support to patients. Although other Emergency Departments conducts drug/alcohol screening and some conduct nurse/provider SBIRT programs, Bon Secours is one of only two Maryland hospitals that have Peer Recovery Coaches in the Emergency Department assisting our community members with Substance Abuse Addiction and referring them to treatment.
F: Single or multi-year plan:	Yes, this is a multi-year on-going initiative
G: Key collaborators in delivery:	• Behavioral Health System Baltimore • PRC Staff and Managers have facilitated these collaborations with: Bon Secours New Hope Treatment Center Bon Secours Adapt Cares Bon Secours Next Passage Bon Secours Inpatient and Outpatient Mental Health Services. • Collaborative relationships for shared care planning have been developed with: On-site hospital social work staff Discharge planning staff and specialized case managers • On-site HIV liaisons stationed in the Emergency Department are also partnering with the PRCs to identify patients in need of brief interventions and to help facilitate linkage to HIV services along with Substance Abuse treatment, as necessary. • Additional collaborations have been developed with a number of the other inpatient and outpatient treatment programs in the area that provide treatment resources for patients.
H: Impact of hospital	For the July 1, 2016 through June 30, 2017 period:

initiative:	• 97.6% of Emergency Department patients screened by ED Nurse • 34% of patient screened were positive • 32.1% with positive screen receive brief intervention • 14.07% referred to treatment from brief intervention • 44.06% confirmed attendance at treatment	
I: Evaluation of outcome	Based on outcomes, PRC have been very successful in appropriately identifying those ready to change and referring patient to treatment with an attendance rate.	
J: Continuation of initiative:	Yes	
K: Expense:	C. Total Cost of Initiative: $241,222.00	D. Direct Offsetting Revenue from Restricted Grants: $127,494.00

A. 1. Identified Need: A. 2. How was the need identified:	A. 1. Lack of safe, affordable housing opportunities. A. 2. The need has been identified in numerous research and community engagement activities over a multi-decade period most recently as a priority of our 2016 CHNA Implementation Plan (Healthy Economy: Community residents need access to additional affordable housing opportunities).
B: Name of hospital initiative	Community Housing
C: Total number of people within target population	• Approximately 17,885 (population of Southwest Baltimore, Community Statistical Area 51 in Baltimore City as per Baltimore Neighborhood Collaborative' s Vital Signs 15) • 60.5% of renters and 31.4% of homeowners pay more than 30% of their income for housing.
D: Total number of people reached by the initiative	729 senior, disabled and family households at 8 locations.
E: Primary objective of initiative:	Develop and manage safe/affordable housing; connect residents of housing to needed services – and to one another. Goal is to expand portfolio to 1,200 units in the next 5-7 years.
F: Single or multi-year plan:	Multi-year plan
G: Key collaborators in delivery:	• Enterprise Community Partners • Enterprise Homes • United States Department of HUD • Baltimore City Department of Housing and Community Development • Maryland State Department of Housing and Community Development • Wayland Baptist Church • New Shiloh Baptist Church • St. Agnes Hospital
H: Impact of hospital initiative:	729 units in service; service coordination at each senior housing site, construction on an additional 73 unit family apartment building begun June 2016. Housing occupancy for FY17 was 97.9% for 729 units.

I: Evaluation of outcome	Occupancy rates of properties along with quantitative (number of residents served, services utilized) and qualitative (resident satisfaction, individual practice assessment) are tracked. We utilize CBISA community benefit software to track volume and cost and contract with National Church residences for 3rd party quality assurance & review.	
J: Continuation of initiative:	Yes, this is an on-going initiative	
K: Expense:	a. A. Cost of Initiative: $6,776,037.00	B. Direct Offsetting Revenue from Restricted Grants: $ 2,894,278.00

A. 1. Identified Need: A. 2. How was the need identified:	A 1: Healthy People (CHNA): Southwest Baltimore residents have evolving needs for comprehensive and integrated health services, including behavioral health. Bon Secours has expanded its service line over the last several years to become one of the most extensive in the City of Baltimore as it relates to behavioral health services and is an invaluable asset to the Southwest Baltimore Community. In an effort to meet the growing demand for integrated services in our community, the focus for FY14-FY17 is program growth and development. A. 2. The need has been identified in our 2016 CHNA Implementation Plan.
B: Name of hospital initiative	The Department of Behavioral Health provides the following outpatient mental health and substance abuse programs: • Assertive Community Treatment (ACT) • Specialized Case Management (SCMP) • Psychiatric Day Program (PRP) • Vocational Services (SEP) • Residential (RRP) • Outpatient Mental Health (OMHC) • Partial Hospitalization Programs for Adults and Children (PHEP) • Crisis Stabilization • Opioid Maintenance Treatment with Methadone and Suboxone (OTP)
C: Total number of people within target population	100% of clients served by the various Behavioral Health Programs during the preceding year.

D: Total number of people reached by the initiative	•Assertive Community Treatment (ACT) Mobile Treatment Services: # clients served/ # clients enrolled. -Per Year: Serve **96** different clients, average # enroll **94** clients for FY17. •Specialized Case Management Program (SCMP): # clients served/ # clients enrolled -Per Year: Serve **255, 255** clients are enrolled during FY17. •Vocational Services (SEP): # clients gaining employment/ # referrals -Per Year: Averages of **28** clients are continuously employed. We received **60** referrals during FY17 •Psychiatric Day Program (PRP):# clients seen for ≥ 6 visits/ # clients enrolled. -Per year: **1,260** client visits and, **152** different clients are enrolled during FY17. FY17 Average of **73** clients seen for > 6visits/ **115** clients enrolled. •Outpatient Mental Health (OMHC): # of intake referrals received/ # intakes processed -Number of people signed in for walk-in: **415** -Number of People Screened: **415** -Number of Admissions to OMHC: **282** The OMHC Walk-in Program was initiated during FY 17 in an effort to meet a community need for on-demand treatment services. •Partial Hospitalization Programs for Adults and Children (PHEP): Average Daily Census -Annual ADA: **7.00** •Opioid Maintenance Treatment with Methadone (OTP): # admissions/ #census -New Hope- (1**89** Admissions; **315** Census) -Adapt Cares- **(107** Admissions; **255** Census) •Opioid Maintenance Treatment with Methadone with Suboxone (OTP): Next Passage= #admissions/ # census -Next Passage Suboxone- (**123** Admissions; **35** Census) •Crisis Stabilization: # Crisis ED -**2141** Crisis Assessments
E: Primary objective of initiative:	Our objective is to improve access to and increase utilization of our community-based behavioral health and medical services. Metrics include program performance targets and population served.

F: Single or multi-year plan:	Yes, this is a multi-year initiative.
G: Key collaborators in delivery:	• Department of Health and Mental Hygiene (DHMH) • Behavioral Health Administration (BHA) • Behavioral Health Systems Baltimore (BHSB) • Baltimore Crisis Response, Inc. (BCRI) • National Alliance on Mental Illness (NAMI) • Substance Abuse and Mental Health Services Administration (SAMHSA) • Hospitals within the zip codes of 21201, 21229 and 21215
H: Impact of hospital initiative:	Each program develops quality indicators to identify opportunities for improvement in the areas of service delivery and treatment outcomes. Data is collected and tracked on a monthly basis to identify trends and ensure compliance with established performance measures. Program specific patient satisfaction surveys are conducted on a monthly basis. Survey findings are reviewed and analyzed. Based on findings, program enhancements and improvements are implemented accordingly.
I: Evaluation of outcome	For the Opioid Treatment Programs (OTPs) ADAPT Cares, New Hope and Next Passage we evaluate the percentage of patients who enter treatment and remain engaged in their treatment program for at least six (6) months. Each of the OTPs, excluding Next Passage was able to maintain at least a 90% rate of engagement for patients entering treatment during FY 17. Next Passage client enrollment fell primarily as a result of staff shortages that negatively impacted the number of client who could be served secondary to State Regulatory constraints. For the ACT team, New Phases (PRP), Specialized Case Management (SCMP) and Supportive Employment Program we evaluate program capacity versus patient/ client volumes. The ACT Team, PRP and SCMP were able to maintain volumes of between 85 and 95% of program capacity during FY 17. For the OMHC, we evaluate the number of patients who are able to sustain active and routine participation in treatment by measuring the number of patients who keep scheduled Individual Therapy or medication re-evaluation appointments against a benchmark. During FY 17 patients attending the OMHC were able to maintain an approximately 90% show-rate. The Partial Hospitalization Empowerment Programs (PHEP) for children and adults evaluate patient volumes. In FY17 we began converting some of the walk-in intake slots into scheduled intake appointments and began providing some scheduled screening appointments. Specifically, we provided these to our internal referral sources such as FHWC, SUD Treatment Programs and some others upon request.
J: Continuation of initiative:	The Behavioral Health Leadership team is perpetually reviewing our services and our capacity to deliver those services to the community to meet identified community needs per the hospital's Community Health Needs Assessment. There are several initiatives planned or in progress that are designed to expand the delivery of critical and pertinent behavioral health services to the community that address community behavioral health needs and the social determinants of health. Some of the programs include the development of Behavioral Health Homes, a Forensic Diversion Initiate, Outpatient Civil Commitment, Emergency Room Diversion initiatives and expansion of Substance Use Disorders, treatment-on-demand. We recommend the continuation of the initiative for the next three (3) years to provide time for these programs to stand-up and

	become fully operational.	
K: Expense:	A. Cost of Initiative: $12,028,466.00	B. Direct Offsetting Revenue from Restricted Grants: $7,660,111.00

A. 1. Identified Need: A. 2. How was the need identified:	**A1.** Forensic Diversion Program **(FDP):** Currently, there are is a significant lack of state hospital psychiatric beds. This has led to limited access to appropriate psychiatric care for pretrial inmates with severe mental health conditions. Those who require state level psychiatric care are being held in prisons while their mental state continues to deteriorate. Community Forensic Aftercare Program **(CFAP):** Court ordered defendants can be discharged from state psychiatric facilities under court approved conditions of release. These conditions are monitored by the Community Forensic Aftercare Program (CFAP), a section of the DHMH Office of Forensic Services. Given the nature and chronicity of serious mental illness and co-occurring conditions, it is foreseeable that these individuals may benefit from periodic, clinically appropriate inpatient behavioral health services in their communities. **A2.** Representatives from the DHMH (Department of Health and Mental Hygiene) approached Bon Secours about providing support in their efforts to move patients out of jail and into a psychiatric setting, in a more timely fashion; given the lack of beds meant that defendants were waiting in jails for extended periods of time before getting the complete care that they needed.
B: Name of hospital initiative	Forensic Diversion Program (FDP) Community Forensic Aftercare Program (CFAP)
C: Total number of people within target population	FDP: 1-2 patients per month accepted with a max of 8 on unit at one time CFAP: 1-2 patients per month referred to Bon Secours
D: Total number of people reached by the initiative	FDP: 1 CFAP:: 6
E: Primary objective of initiative:	To form a public/private partnership with the State in order to ultimately increase access to psychiatric care to pretrial and conditional-release patients
F: Single or multi-year plan:	Yes, it is a Multi-year plan (2 year)
G: Key collaborators in delivery:	• Bon Secours Baltimore • Maryland Department of Health • Department of Public Safety and Correctional Services • Circuit Court Medical Office
H: Impact of hospital initiative:	The FDP and CFAP Program have allowed for pre-trial and conditional-release inmates, who do not require state-level care, to receive acute, psychiatric mental health services in a timely manner. An absence of this program would contribute to greater State hospital over-crowding, increased number of inmates with mental health needs being held in detention centers, and further mental health decompensation for said inmates.
I: Evaluation of outcome	• Number of patients opined competent by day 45: 1 • Average length of time for detainees to be opined competent:14 • Percent of detainees stabilized to a lower level of care: 100%

	• ALOS for program participants: 23 • Number of hospital warrants issued by Baltimore judges: 0	
J: Continuation of initiative:	Bon Secours and the Department of Health are in the initial stages of expanding their partnership in hopes of securing more beds within Bon Secours specifically for pretrial inmates who require psychiatric services	
K: Expense:	a. A. Cost of Initiative: $20,230.00	B. Direct Offsetting Revenue from Restricted Grants: $12,412.00

A. 1. Identified Need: A. 2. How was the need identified:	A1. High utilizers put disproportionate amount of stress on Emergency Room by not using appropriate service lines. High utilizers with underlying behavioral health conditions end up back in Emergency Room. This ultimately limits patient access, leads to negative health outcomes, and increases expenses for the hospital. A2. In late 2014, Berkeley Research Group, a DC-based consulting firm with offerings in strategy and data analytics, presented their findings on Bon Secours Hospital's patient population of high utilizers. These high utilizers, who are defined as having two or more inpatient/observation encounters, accounted for 7.7% of patients, almost 22% of visits and 44% of inpatient and outpatient charges. The study found that the general profile of a high utilizer has a diagnosis of bipolar disorder and/or schizophrenia, has visited an Emergency Room more than 10 times in that year, and was admitted as an inpatient four or five times in the year. Additionally, this patient is likely to leave the hospital against medical orders about 40% of the time.	
B: Name of hospital initiative	Emergency Department Diversion Program	
C: Total number of people within target population	150 individuals total 75 individuals to be screened	
D: Total number of people reached by the initiative	38 as of October 2017	
E: Primary objective of initiative:	The ED Diversion Program utilizes a Peer Recovery Specialist and a Biopsychosocial screening tool called BHWorks in order to divert a select group of high-utilizers in the emergency department to more appropriate health services both internally and externally to the Bon Secours network	
F: Single or multi-year plan:	Multi-Year (18 Months)	
G: Key collaborators in delivery:	Open Society Institute Bon Secours Baltimore MD Logix	
H: Impact of hospital initiative:	The ED Diversion facilitates the process of assessing the biopsychosocial needs of high utilizers in the Bon Secours ED, and ultimately diverting them to more appropriate service lines where their needs can be met in an effective manner. An absence of this program allows for continued ED overutilization, increased readmissions, and negative health outcomes.	
I: Evaluation of outcome	# of patients screened and referred, # of patients enrolled in a program, ED Utilization for those screened, 30 and 90 day hospital readmission for those screened	
J: Continuation of initiative:	If the ED Diversion program can demonstrate effectiveness by decreasing readmissions/ED utilization, and increased participation in ambulatory services, we will seek internal funds to continue to support the initiative.	
K: Expense:	A. Cost of Initiative: $91,521.00	B. Direct Offsetting Revenue from Restricted Grants:

		$47,572.00

Identified Need	1. Healthy People-Physical and Mental Health Priority Need: Improve the health outcomes of the population of West Baltimore. This is done through partnerships with community members, stakeholders, researchers from Non-Academic and Academic institutions. Academic researchers are not always effective in relating with community residents and thus are challenged when designing research interventions for addressing health disparities. This can be accomplished through Bi- directional learning as we together identify specific needs that are important to the community we serve. 2. Yes, in conjunction with community representation during the CHNA process.
Hospital Initiative	**<u>The PATient-centered Involvement in Evaluating the effectiveNess of TreatmentS (PATIENTS) Program</u>** **1) <u>The PATIENTS Program</u>** Bon Secours Baltimore has been partnering with researchers from the University of Maryland and other stakeholders to empower patients to propose questions about their health care concerns and actively participate in studies related to such, to answer the questions they have identified. The PATIENTS Program encourages patients to get involved in every aspect of its studies from the very beginning to the end and researchers are committed to working with these communities to address real problems and meet the needs of the patients they serve. They return to the community even after the research has been completed to discuss results and plans for continuous sustainability. **2) <u>Mapping and Resourcing Patient and Stakeholders Engagement Along 10 –Step PCOR Continuum Framework</u>** This program, 10-step framework for continuous patient and stakeholder engagement promotes and maximizes active participation of patients and key stakeholders which are critical to the advancement of good health outcomes in the population we serve. We have expanded the framework from its original focus on patients to include relevant community stakeholders, researchers, and clinicians to move away from historically working independently to a collaborative framework. Bon Secours Baltimore is charged with teaching and assisting academic researchers with how to: (1) "pre-engage" the West Baltimore community, (2) develop sustainable community ties, (3) communicate more effectively with individuals in the community, (4) teach community the significance of research and (5) initiate the engagement process.

Total Number of People within the Target Population	Both programs focus on the importance of including in studies diverse populations with respect to age, gender, race, ethnicity, geography, or clinical status. We have developed a more detailed list of "hard-to-reach" or lesser-studied populations to guide our research and engagement efforts: Racial and ethnic minority groups • Low-income groups • Women • Older adults (65 years and older) • Individuals with special healthcare needs, including individuals with disabilities • Individuals with multiple chronic diseases • Individuals with rare diseases • Individuals whose genetic makeup affects their medical outcomes • Patients with low health literacy/numeracy and/or limited English proficiency • Lesbian, gay, bisexual, and transgender persons • Veterans and Members of the Armed Forces and their families
Total number of People reached by the Initiative within Target Population.	Bon Secours Baltimore along with the PATIENTS Program, and the 10-Step Framework for Continuous Stakeholder Patient Engagement Program have participated in over 10 or more activities involving patients and community members through August of 2017. • Approximately 500 or more individuals have been engaged. • Others chose to sign up for more information from us about programs and activities and opportunities to partake in research.
Primary Objective of the Initiative	The primary objective is to improve health care research by: • Building partnerships and collaborative with local, regional, and national patient communities and health care systems. • Conducting and expanding the principles related to patient-centered outcomes research (PCOR) and the impact that it will have on patients, clinicians, and other health care providers. • Both programs engage patients, clinicians and other health care providers through focus groups to learn about new programs available based on research findings.
Single or Multi-Year Initiative – Time Period	Yes, these are Multi-year plan : **The PATIENTS Program** (2013 – 2018) **Mapping and Resourcing Patient and Stakeholders Engagement Along 10 –Step PCOR Continuum Framework** (2015- 2018)
Key Collaborators in Delivery of the Initiative	• Bon Secours Baltimore Health System • Agency for Healthcare Research and Quality • University of Maryland, Baltimore • University of Maryland, College Park • University of Maryland Medical Center • PatientsLikeMe • Mount Lebanon Baptist Church • The Center for Medical Technology Policy • Westat • Riverside Health System • The Association of Black Cardiologists
Impact / Outcome of Hospital Initiative?	Bon Secours is committed to training University of Maryland researchers in cultural competency and community engagement best practices. We, along with our partners: (1) Educated researchers and health care organizations on the importance of community

	education and held discussions regarding strategies on how to engage communities and individuals in the research process (2) Held meaningful roundtable discussions at the University of Maryland Baltimore on the process of identifying individuals in the community and educating them on the importance of participation in research activities and partnering with researchers to answer health-related questions (3) Reviewed and discussed outcomes from our interactions with individuals at Community Day and made recommendations on how to further understand and meet the needs of the population we serve Have representation as one of three pilot project reviewers for the program, where we provide feedback for investigators who are new to patient engagement and seeking funding to begin a patient-centered outcomes research study The University of Maryland supports the development of a sustainable research infrastructure at Bon Secours Baltimore. This support takes the form of in-person meetings and customized training videos. The video training archive includes topics such as "Partnering and Invoicing for Federal Proposals", "Guide to Becoming a Federal Subcontractor", and "Federal wide Assurance for the Protection of Human Subjects." Both programs also provides in-person, experiential training for researchers to work directly with Bon Secours Baltimore to identify and apply for funding opportunities.	
Evaluation of Outcomes:	Outcomes are evaluated via both an External Advisory Board and a Formative and Impact Evaluation. **1) Annual External Advisory Board Site Visit** The External Advisory Committee (EAC) meets annually with the Internal Steering Committee (ISC) and the Formative and Impact Evaluation group (Westat) to provide pertinent project updates and lessons learned to the EAC for advice and feedback. **2) Formative and Impact Evaluation** The Westat evaluation team gathers and summarizes information on the progress and achievements of both programs to provide an understanding of the formation and evolution of the programs; the roles of community and academic partners, advisors, and investigators; and the impact of both programs on the field of patient-centered outcomes research (PCOR) and comparative effectiveness research (CER). The purpose of this report was to document our productivity, highlight our strengths, assist with setting priorities for future activities, and identify potential challenges to achieving our goals.	
Continuation of Initiative?	Yes – the program, and the partnership between organizations, is designed to be sustainable beyond the date of 2018 for both programs.	
Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants / Direct Offsetting Revenue	A. Cost of Initiative: 1) The PATIENTS Program: $146,010.00 2) Mapping and Resourcing Patient and Stakeholders Engagement Along 10 –Step PCOR Continuum Framework: $53,079.00	B. Direct Offsetting Revenue from Restricted Grants : 1) The PATIENTS Program: $83,194.00 2) Mapping and Resourcing Patient and Stakeholders Engagement Along 10 –Step PCOR Continuum Framework: $35,848.00

1. Identified Need 2. Was this identified through the CHNA process?	1. **Healthy People Priority Need:** There is a critical need for patients to have access to services and education to assist in management as well as improve outcomes in their physical and mental health and well-being. 2. Yes the need was identified through the CHNA process. Prevalence of chronic diseases and premature death is significantly high in West Baltimore. The life expectancy in our West Baltimore community is among the lowest in the State.

Hospital Initiative	Community Disease Management Nurse Ministry (formerly called Tele-Heart Program; Parish Nursing
Total Number of People Within the Target Population	The target population of the initiative is the 88,637 West Baltimore residents.
Total Number of People Reached by the Initiative Within the Target Population	**TELE-HEART PROGRAM – SEPTEMBER 2016 THROUGH AUGUST 2017** • Total Occurrence- 10,140 • Total Encounters- 9,909 **PARISH NURSE MINISTRY – SEPTEMBER 2016 THROUGH AUGUST 2017** • Total Occurrence – 2,142 • Encounters – 2,873
Primary Objective of the Initiative	A disease management and health education nurse ministry empowering West Baltimore residents, especially seniors and those with chronic diseases. The program is staffed by an RN who helps to identify newly diagnosed Congestive Heart Failure patients through nurse review of hospital records, interdisciplinary patient rounds or physician referral. The program educates patients about disease management and enrolls patients in Tele-Heart, conducts individualized post-discharge education and home assessments, provide individual monitoring, education, medication recommendations and support, and coordinate and provide reports on patient care to physicians for Tele-Heart enrollees. The RN also conducts health education and disease management classes and screenings for Tele-Heart enrollees, seniors and community residents, develops and distributes a monthly newsletter on health maintenance, disease prevention and related topics to Tele-Heart enrollees, seniors and partner groups. Further, outreach and education is conducted for physicians and healthcare providers on Tele-Heart and Community Nurse Ministry Alliance programs. The Parish Nurse Ministry (Community Faith Nurse Ministry Alliance) is a Faith-Based Disease Management Ministry which is RN lead. The RN collaborates and networks with 61 Faith Communities within and outside the West Baltimore area. The faith-based communities communicate with our nurse ministry daily and we collaborate to address needs as a team. The Nurse Ministry meets and holds luncheons bi-annually as a group to increase collaboration, provide information, expand education, disseminate information and promote new membership. The intake, distribution of medical equipment and supplies used by the program made available through the generous donations of our Faith Community Nurses and congregation members. The Nurse Ministry develops and instructs disease management classes for their faith ministries along with home visitation, caring for the sick and dying through holistic care for the whole self and family. We work together to help those in need find shelter, clothing and other basic needs including referrals for health services both inside and outside our service area if needed. We continue working towards a Nurse Ministry Liaison group to buddy with our high-risk discharged patients to help them focus on better health maintenance, prevent a needless readmission and increase compliances.

	Nurse Ministry members continue to adopted our Bon Secours senior buildings and focus on the needs of the residents. As a part of this initiative, members of the nurse ministry visit the senior residence on a weekly schedule, provides educational classes, helps with referral to doctors and services, food and clothing, and provide socialization with the residence through games and prizes. The ministry nurses will visit seniors in their apartment as needed per request. In addition this year we have set up screening Clinics in two different locations and are currently working towards a third site. St. Gregory Catholic Church was the first site for clinic bi-monthly visits addressing the needs of the homeless and poor residence in the community. This first clinic is hosted in their soup kitchen where they gather for a meal together. Wayland Baptist Church is the second site where residents in the community avail themselves to a free health screening. All attendees at both locations receive Temp, Pulse, B/P and Pulse Ox. Check and Serum Cholesterol and Blood Sugar testing on site. Both locations are overseen by a RN and NP. Direct Physician referrals are given as well as disease management information and education. January of 2018 will start the expansion of this Ministry to include a program manager, a community health RN and an outreach coordinator and advocate.
Single or Multi-Year Initiative – Time Period	This is a multi-year, on-going initiative.
Key Collaborators in Delivery of the Initiative	• Bon Secours Baltimore Health System • Faith-based organizations include: Transfiguration Catholic Church, St. Bernadine's Catholic Church, Central Baptist Church, St. Gregory Catholic Church, St. James Episcopal Church, St. Edward's Catholic Church, Saint Peter Claver and St. Benedict Catholic Community among others. • 22 Senior Living Buildings and Senior Centers in the West Baltimore • St. Agnes Hospital • University of Maryland Medical System and School of Nursing are partners that are referral sources for services not provided at Bon Secours. • Partnership with Community Home Health to provide Skilled Home Health, Disease Mgt. Education in the home for the discharged patient. • Partnership with drug and nutrition companies (Novartis, Amgen. Abbott, etc.) To help patients and our community with nutritional supplements, educational materials and discounts on medications.
Impact/Outcome of Hospital Initiative?	As a result of the services offered by the Parish Nursing Ministry initiative the following impacts and outcomes have been noted: • Reduction in the re-admission rate for Congestive Heart Failure patients, improving adherence to weight management, medication compliancy as well as recommended dietary restrictions and establishing a wellness base for treatment and support. • Treatment of Chronic Diseases through direct referral to physician and arrangement of doctor visits, along with disease management education, rather than frequent trips to the emergency department. • Decrease in number of emergency visits and compliance with keeping scheduled physician visits • Decrease in the number of Heart Failure Admissions • Improvement in patient trust and communication • Establishing good relationships within our patient base and community

	• Growing services through patient need and request	
Evaluation of Outcomes:	We utilize CBISA community benefit software to track volume and cost of these services and to develop reports for grantors. We also look at various health trends/indicators to show impact of interventions i.e. ER visits, admissions, Quality Metrics for ACO, Post Discharge Office Visits within 2 days, and teach back (patient able to repeat learned information) results.	
Continuation of Initiative?	These community initiatives are ongoing and supported by the hospital and donations.	
Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	**A. Total Cost of Initiative:** $167,426.00	B. Direct Offsetting Revenue from Restricted Grants: $0.00

A.1. Identifying Need:	Diabetes is a top diagnosis among our patients.
A.2. How was the need identified:	Ambulatory Care department quality metrics include A1C results. To date, diabetic patients are not in control consistently and are not doing well on their A1C results.
B. Name of hospital initiative:	Medical Nutrition Services for Bon Secours' Diabetes Patients
C. Total number of people within target population:	We currently see approximately 100 unduplicated patients annually.
D. Total number of people reached by the initiative:	Approximately 100 patients.
E. Primary objective of initiative:	Our focus is to enhance diabetic patients' ability to control what we call their ABCs: A1C-Hemoglobin, Blood pressure and Cholesterol. By adding RD medical nutrition services we are expanding access to care and increasing the availability of the healthy living resources in an area of Baltimore City desperately in need.
F. Single or multi-year plan:	This is a single-year plan.
G. Key	• Dr. Arsalan Sheikh,

collaborators in delivery:	• Michelle Berkley-Brown, Dir. Of Ambulatory Services • Ms. Robin Worsley, RN, BSN, CDE	
H. Impact of hospital initiative:	We feel our proposed project expansion to add dietary support for patients is directly aligned with the Fund's purpose to that the applicant seeks to "enhance their service to the poor by making monies available annually for projects in keeping with the mission and philosophy of the Sisters of the Bon Secours." This project would also contribute to the Build Healthy Communities goal of Bon Secours Health System's Strategic Quality Plan 2016-2018.	
Evaluation of Outcome:	For measurement, the Registered Dietician will be responsible for documenting client data and reporting on the above performance metrics via the existing department process. Metrics are monitored by the Diabetes Educator and department Director on a daily, weekly or monthly basis, and compiled for the Director of Ambulatory Services to evaluate progress. The results are regularly shared with Bon Secours Baltimore Health System senior leadership.	
Continuation of Initiative:	N/A	
Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	**A. Total Cost of Initiative:** $14,619.00	B. Direct Offsetting Revenue from Restricted Grants: $9,555.00

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.

Below answers Question 1 above and Question 2 below:

Across the country, the vast majority of specialist providers rely upon reimbursement from Medicare, Medicaid, Managed Care and patients to provide financial support for their practices. However, for hospitals such as Bon Secours that serve low-income individuals without insurance, urban poor areas, the opportunities for specialists to be compensated through these vehicles are extremely low. Consequently, if these specialist providers were to provide the needed health care services for these hospitals, through only the support of paying patients, they would quickly be forced to close their practices or move to a community with a far more favorable payer mix.

For a hospital like Bon Secours to continue to support the community with the varied specialist providers necessary for a full-service medical/surgical hospital with Emergency and Surgical Service, some manner of support is required to ensure the provision of this professional specialized medical care. With approximately 55% of the patient population presenting as charity, self-pay and Medicaid, specialist physicians serving patients at Bon Secours are simply unable to cover their costs With approximately 55% of the patient population presenting

as charity, self-pay and Medicaid, specialist physicians serving patients at Bon Secours are simply unable to cover their costs.

In particular, the primary shortages in availability, absent some form of financial support, come in the form of ED, ICU, regular physician staffing, in addition to the "on call coverage necessary to support 24 hour services in these areas. As a result, in Bon Secours' fiscal 2016 Annual Filing, the "Part B" support provided by the Hospital as indicated in the "UR6" Schedule totals $15.1 million. The fiscal year 2017 Annual Filing has not been completed at this time, however FY17 "UR6" schedule totals are anticipated to be comparable to FY16. To a hospital the size of Bon Secours, this is a significant outlay of support that is necessary to provide the specialist care required to compassionately and equitably care for our patients. Therefore, real and significant "gaps" in the availability of specialist providers in this community exist. Those gaps currently are only being filled via support from the Hospital. The gaps are currently being filled in the following specialist areas: The gaps are currently being filled in the following specialist areas:

- ED Coverage (approx. $4.9 million)
- Anesthesia (approx. $1.7 million)
- Medical/Surgical "House Coverage" (approx. $1.7 million)
- Psychiatry (approx. $2.7 million)
- Intensive Care (approx. $0.9 million)
- Radiology (approx. $0.4 million)
- OR On-Call (approx. $0.4 million)
- Primary Care/Op Specialty Care Services (approx. $0.9 million)
- Cardiology/Vascular/EEG (approx. $0.3 million)
- Substance Abuse (approx. $0.3 million)
- Other Specialties, including Laboratory, Hemodialysis, and Pathology

In addition to these gaps currently filled via subsidy, relatively unmet specialist needs for both the insured and uninsured within our facility include ENT Specialist, limited G.I. (Gastrointestinal Specialist), Neurologist, Urologist, and Endocrinologist.

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	**Explanation of Need for Service**
Hospital-Based physicians	Additional primary care, specialty services are needed excessively in this area to bring down mortality rates and help the community as a whole
Non-Resident House Staff and Hospitalists	
Coverage of Emergency Department Call	Higher costs for salaries and incentives to bring specialists into a lower income areas such as the location of Bon Secours
Physician Provision of Financial Assistance	Higher costs for salaries and incentives to

	bring specialists into a lower income areas such as the location of Bon Secours
Physician Recruitment to Meet Community Need	Higher costs for salaries and incentives to bring specialists into a lower income areas such as the location of Bon Secours
Other – (provide detail of any subsidy not listed above – add more rows if needed)	Please see #1 above

VI. 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;
      - 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).

Attachment A

MARYLAND STATE HEALTH IMPROVEMENT PROCESS (SHIP) SELECT POPULATION HEALTH MEASURES FOR TRACKING AND MONITORING POPULATION HEALTH

- Increase life expectancy
- Reduce infant mortality
- Prevention Quality Indicator (PQI) Composite Measure of Preventable Hospitalization
- Reduce the % of adults who are current smokers
- Reduce the % of youth using any kind of tobacco product
- Reduce the % of children who are considered obese
- Increase the % of adults who are at a healthy weight
- Increase the % vaccinated annually for seasonal influenza
- Increase the % of children with recommended vaccinations
- Reduce new HIV infections among adults and adolescents
- Reduce diabetes-related emergency department visits
- Reduce hypertension related emergency department visits
- Reduce hospital ED visits from asthma
- Reduce hospital ED visits related to mental health conditions
- Reduce hospital ED visits related to addictions
- Reduce Fall-related death rate

APPENDIX I

Financial Assistance Policy (FAP)

At time of registration, Bon Secours Baltimore staff provide insured/and or uninsured patients with cover sheets and financial assistance applications. We also offer various printed materials to advertise health insurance services in English and other languages. The Hospital offers a website, (www.fa.bonsecours.com), that features the financial application, a summary sheet, and the financial policy in nineteen different languages. In addition, signage is posted in all registration areas informing patients of the availability of financial assistance options.

Another resource available to registrars when during intake for a patient is scripted language that informs patients about the financial assistance policy options and whom to contact for more information. Lastly, patients who apply for financial assistance and are approved receive a CareCard for reoccurring visits. Once provided with the CareCard, the patient is also given a policy number and effective date for which the CareCard applies.

APPENDIX II

ACA's Health Care Coverage Expansion Option Impact on Hospital FAP

Our FAP has not changed substantially since the ACA's Health Care Coverage Expansion Option became effective on January 1, 2014. We were in the process at the time of the changes to develop more diverse financial materials across our system and to be more inclusive of patients we serve.

APPENDIX III

Bon Secours Baltimore Health System FAP

Our FAP policy, financial assistance application, and information sheet are attached.

BON SECOURS HEALTH SYSTEM

Policy/Procedure

Title:	Patient Financial Assistance	Date:	04/01//2016
		Replaces Version Dated:	01/12/2015
Category:	SYS.MIS.FAP	Approved by:	BSHSI Board

POLICY

It is the policy of Bon Secours Health System, Inc. ("BSHSI") to be committed to ensuring access to needed healthcare services for all. BSHSI treats all patients, whether insured or uninsured, with dignity, respect and compassion throughout the admissions, delivery of services, discharge, and billing and collection processes. This policy is drafted with the intention of satisfying the requirements in Section 501(r) of the Internal Revenue Code of 1986, as amended, regarding financial assistance and emergency medical care policies, limitations on charges to persons eligible for financial assistance, and reasonable billing and collection efforts and should be interpreted accordingly.

SCOPE

This policy is to be used by all BSHSI acute care, and free standing emergency room facilities.

DEFINITIONS

Amounts Generally Billed (AGB) –Amounts Generally Billed means the amounts generally charged to patients for emergency and medically necessary services who have insurance for such services. Charges for patients who are eligible for financial assistance shall be limited to no more than amounts generally billed ("AGB") for such services. These charges are based on the average allowed amounts from Medicare and commercial payers for emergency and other medically necessary care. The allowed amounts include both the amount the insurer will pay and the amount, if any, the individual is personally responsible for paying. The AGB is calculated using the look back method per 26 CFR §1.501(r).

Bad Debt – An account balance owed by a patient or guarantor which is written off as non-collectable.

Cosmetic – Surgery in which the principal purpose is to improve appearance.

Disproportionate Share Hospital (DSH) – A hospital that serves a high number of low-income patients and receives payments from the Centers for Medicaid and Medicare Services to cover the costs of providing care to uninsured patients.

Eligible Services – The services provided by BSHSI facilities that are eligible under this financial assistance policy shall include:

(A) Emergency medical services provided in an emergency room setting.
(B) Non-elective medical services provided in response to life threatening circumstances in a non-emergency room hospital setting
(C) Medically necessary services.

Emergency Medical Condition – A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, with an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

(A) Serious jeopardy to the health of the individual or, in the case of a pregnant woman, the health of the woman or her unborn child;
(B) Serious impairment to bodily functions; or
(C) Serious dysfunction of any bodily organ or part.

Family Income – Gross cash or cash equivalents earned by or provided to an individual. Items not considered as income are noncash benefits and public assistance, such as food and housing subsidies, and educational assistance.

Federal Poverty Guidelines - The Federal Poverty Level is used by the U.S. government to define the poverty level of a patient and his/her family for purposes of this Policy. It is based on a family's annual cash income, rather than its total wealth, annual consumption or its own assessment of well-being . The poverty guidelines are updated annually in the Federal Register by the U.S. Department of Health and Human Services in effect at the time of such determination.

Flat Rate – A pre-determined fee for certain services patients elect to have that are paid for by the patient at the time the services are performed.

Guarantor – The patient, caregiver, or entity responsible for payment of a health care bill.

Head of Household– The individual listed on tax return as "Head of Household".

Homeless - An individual without permanent housing who may live on the streets; stay in a shelter, mission, abandoned building or vehicle; or in any other unstable or non-permanent situation. An individual may be considered to be homeless if the person is "doubled up" with a series of friends and/or extended family members greater than 90 days.

Household Family Members ("Dependents") – Individuals "residing" in household which are claimed on the tax return of the Head of Household.

Medical Eligibility Vendor/Medical Assistance Advocacy - Advocacy vendor contracted by BSHSI to screen patients for government programs and BSHSI Financial Assistance.

Medically Necessary Services – Health-care services needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine. In any of those circumstances, if the condition produces debilitating symptoms or side effects, then it is also considered medically necessary to treat.

Non-Eligible Services - The following healthcare services are not eligible for financial assistance under this policy:

(A) Services provided as a result of an accident. These charges are subject to all legal instruments required to ensure third party liability payment, even if these instruments are filed after the initial eligibility for the Patient Financial Assistance Program has been approved. If third party coverage exists, BSHSI will collect the balance owed from the third party payer. If third party coverage does not exist, patient may apply for financial assistance.

(B) Elective non-medically necessary procedures such as cosmetic and flat rate procedures and patients with insurance who choose not to use their insurance, durable medical equipment, home care, and prescription drugs.

Regulatory Requirements

By implementing this policy BSHSI shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this policy.

PROCEDURE

The rationale for this procedure is BSHSI proactively screens to identify individuals and their family members who may qualify for federal, state or local health insurance programs or the Bon Secours Patient Financial Assistance Program ("FAP"). Application of this policy to any individual patient is contingent upon satisfactory completion of the application for financial assistance with all necessary documentation. Any patient who refuses to satisfactorily complete the financial assistance application including the supporting documentation is not eligible for financial assistance under this policy (provided the patient has received the notifications required by the regulations under Section 501(r). .

BSHSI expects all patients to be screened for federal, state or local insurance programs prior to being screened for BSHSI FAP. Patients are expected to cooperate with and provide appropriate and timely information to BSHSI to obtain financial assistance. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to broader health care services and for their overall personal health.

In certain situations, applicable state law may impose additional or different obligations on hospital facilities in such states. The intent of this policy is to satisfy both the Federal and state law requirements in such states. Accordingly, certain provisions are only applicable in certain states as noted below.

1. Eligibility Criteria
   The granting of financial assistance will be based on an individualized determination of financial need and shall not take into account race, religion, color, gender, age, marital status, national origin, sexual orientation, gender identity, genetic information, veteran status, disability or any other characteristic protected by law.

2. Amounts Charged to Patients
   The FAP provides 100% financial assistance for Eligible Services to uninsured and insured patients with an annual gross family income at or below 200% of the current Federal Poverty Guidelines (FPG) as adjusted annually. BSHSI also offers a discounted rate to patients whose family gross income is between 201% and 400% of the FPG (.

3. AGB
   An FAP eligible individual or an uninsured individual will not be charged more than the AGB for emergency or other medically necessary care. BSHSI offers a reduction to uninsured patients who do not qualify for financial assistance. The reduction amount offered to these individuals is the AGB. The AGB is market adjusted annually and is based on the look back method utilizing Medicare and commercial rates, including co-payments and deductibles .

4. Presumptive Eligibility
   There are instances when an uninsured patient may appear eligible for financial assistance but the patient has not provided supporting documentation needed to establish such eligibility. In these instances a patient's estimated income and/or Federal Poverty Level amounts can be provided through other sources, such as credit agencies, that would provide sufficient evidence to justify providing the patient with financial assistance. Presumptive eligibility is determined on a case by case basis and is only effective for that episode of care.

5. Eligibility Period
   Patients can apply for financial assistance up to 240 days after the first billing statement date. If the patient is approved for financial assistance their coverage is valid for 240 days prior and 240 days post their application signature date. Patients approved for financial assistance that return for services during their 240 day approval timeframe will be screened for federal, state or local health insurance programs upon each visit. The BSHSI financial assistance program is not insurance.

   Both non-citizens and permanent residents are eligible for financial assistance. However, patients in the United States on a Visa will be evaluated for financial assistance on a case by case basis. If a patient on a Visa is approved for financial assistance, the approval timeframe will only be for that episode of care, not 240 days prior to or post their application signature date. Patients are required to provide a copy of their Visa and any insurance, financial and/or sponsorship information.

6. Participating Providers
   Certain medically necessary and emergency care services are provided by non-BSHSI providers who are not employees of BSHBI who may bill separately for medical services and who may not have adopted this financial assistance policy.

This policy is approved by the BSHSI Board of Directors.

For Billing and Collections please see our Billing and Collections policy.

BON SECOURS HEALTH SYSTEM

Policy/Procedure

Title:	Billing and Collections	Date:	04/13//2016
		Replaces Version Dated:	
Category:	SYS.FIN.BILL	Approved by: BSHSI Board	

POLICY

It is the policy of Bon Secours Health System, Inc. ("BSHSI") to provide information regarding the billing and collection practices for BSHSI acute hospital facilities. This policy, in conjunction with the Patient Financial Assistance Policy, is drafted with the intention of satisfying the requirements in Section 501(r) of the Internal Revenue Code of 1986, as amended, regarding financial assistance and emergency medical care policies, limitations on charges to persons eligible for financial assistance, and easonable billing and collection efforts and should be interpreted accordingly.

SCOPE

This policy applies to all BSHSI acute care and free standing emergency room facilities. Any collection agency working on behalf of BSHSI will honor and support BSHSI's collection practices as outlined below. Unless otherwise specified, this policy does not apply to physicians or other medical providers, including but not limited to emergency room physicians, anesthesiologists, radiologists, hospitalists, and pathologists.

RATIONALE

The rationale for this procedure is for BSHSI to bill guarantors and applicable third party payers accurately, timely, and consistently with applicable laws and regulations.

BSHSI and any contracted Collection Agency will ensure that services provided are in accordance with all applicable federal, state and local laws, regulations, and rules governing the Services, including the Fair Debt Collection Practices Act (FDCPA). In its agreements with BSHSI, each Collection Agency shall agree to treat all patients, employees and business partners in accordance with the Mission and values of Bon Secours Health System. Further, each Collection Agency shall warrant that it will use best industry practices in performing the Services.

DEFINITIONS

Amounts Generally Billed (AGB) – Amounts Generally Billed means the amounts generally charged to patients for emergency and medically necessary services who have insurance for such services. Charges for patients who are eligible for financial assistance shall be limited to no more than amounts generally billed ("AGB") for such services. These charges are based on the average allowed amounts from Medicare and commercial payers for emergency and other medically necessary care. The allowed amounts include both the amount the insurer will pay and the amount, if any, the individual is personally responsible for paying. The AGB is calculated using the look back method per 26 CFR §1.501(r), which may be amended periodically.
Bad Debt – An account balance owed by a guarantor which is written off as non-collectable.

Collection Agency - A "Collection Agency" is any entity engaged by a hospital to pursue or collect payment from guarantors.

Eligibility Period – The period of time a guarantor is awarded financial assistance.

Extraordinary Collection Action (ECA) - An ECA, according to IRS regulations, is any of the following:

- Selling an individual's debt to another party
- Adverse reporting to credit reporting agencies or credit bureaus
- Deferring, denying or requiring payment before providing medically necessary care due to nonpayment for previously provided care
- Actions that require a legal process, including but not limited to:
    - Placing a lien on property
    - Foreclosing on real property
    - Attaching or seizing a bank account or other personal property
    - Commencing civil action against an individual
    - Causing an individual's arrest
    - Causing an individual to be subject to a writ of body attachment
    - Garnishing an individual's wages

Filing a claim in a bankruptcy proceeding is not an Extraordinary Collection Action.

Guarantor – The patient, caregiver, or entity responsible for payment of a health care bill.

Patient Financial Assistance Program - A program designed to reduce the guarantor balance owed. This program is provided to guarantors who are uninsured and underinsured and for whom payment in full or in part of the financial obligation would cause undue financial hardship.

Patient Responsibility for insured patients - "Patient Responsibility" is the amount that an insured patient is responsible to pay out-of-pocket after the patient's third-party coverage has determined the amount of the patient's benefits.

Patient Responsibility for uninsured patients - The amount a patient is responsible to pay after the local AGB has been applied.

Permitted ECA - Notwithstanding the broad set of activities categorized as ECAs, the only ECA BSHSI shall undertake is adverse reporting to credit reporting agencies or credit bureaus, as necessary.

Third-Party Payer - An organization other than the patient (first party) or health care provider (second party) involved in the financing of personal health services

Underinsured - An individual who has insurance but is billed total charges for non-covered services according to their benefit plan. Examples include but are not limited to: Medicare self-administered drugs, maximum benefits reached, maternity riders, etc.

Uninsured - Patients who do not have insurance.

PROCEDURE

Itemized Statement
Guarantors may request an itemized statement for their account at any time free of charge.

Disputes
Any guarantor may dispute an item or charge on their bill. Guarantors may initiate a dispute in writing or over the phone with a customer service representative. If a guarantor requests documentation regarding their bill, staff members will use reasonable efforts to provide the requested documentation to the guarantor within three business days.

Billing Cycle
BSHSI's billing cycle begins from the date of the first statement and ends 120 days after that date. During the billing cycle guarantors may receive calls, statements and letters. Calls may be placed to the guarantor throughout the billing cycle. Below is the schedule of statements and letters:

- A statement is sent to the guarantor when a balance is determined to be owed by the guarantor
- A follow-up letter is sent 30 days after the date on the statement informing the guarantor that their account is past due
- A second letter is sent 30 days after the first letter informing the guarantor their account is delinquent
- A third and final letter is sent 30 days after the second letter informing the guarantor that their account is seriously delinquent and the account may be turned over to a collection agency
- At day 120 of the billing cycle a guarantor's account is placed with a primary collection agency. The primary collection agency will notify the patient via a billing statement 30 days in advance of the specific ECA(s) they intend to initiate. The statement will also include the deadline after which such ECA(s) will be initiated and will include a plain-language summary of the financial assistance policy.

Each statement and letter used in our billing cycle contains information regarding payment methods, payment options, financial assistance website, and a contact number for customer

service.

Bon Secours Health System, Inc.
Financial Assistance Summary Sheet

The Mission of Bon Secours Health System Inc., (BSHSI) is to provide compassionate, quality healthcare services to those in need, regardless of their ability to pay. BSHSI provides financial assistance for both the insured and uninsured patient who receives emergency or other medically necessary care from any of our hospital facilities.

Who qualifies for financial assistance?

BSHSI' Financial Assistance Policy ("FAP") provides 100% financial assistance for emergency or other medically necessary care to qualifying uninsured and insured patients with an annual gross family income at or below 200% of the current Federal Poverty Guidelines (FPG). BSHSI also offers a discounted rate to patients whose family gross income is between 201% and 400% of the FPG. An FAP eligible individual or an uninsured individual that does not qualify for financial assistance will not be charged more than the amounts generally billed (AGB) for emergency or other medically necessary care to patients who have insurance for such care.

How to apply for financial assistance?

Individuals who have concerns about their ability to pay for emergency and medically necessary care may request financial assistance. To apply for financial assistance, a patient (or their family or other provider) should fill out our Financial Assistance Application. Copies of the Financial Assistance Application and the FAP may be obtained for free by calling our customer service department at (Local) 804-342-1500 or (Toll Free) 877-342-1500 The Financial Assistance Application and FAP may also be obtained for free by mail by sending a request to Bon Secours Financial Assistance Program P.O. Box 742431 Atlanta GA, 30374-2431. Finally, the Financial Assistance Application and FAP may be obtained for free by downloading a copy from our website at www.fa.bonsecours.com.

Where can I receive help in filling out the Financial Assistance Application?

Individuals who need assistance in completing the Financial Assistance Application may call the customer service department at the telephone numbers listed above.

What services are covered?

All emergency medically necessary services are covered under the FAP, including outpatient services, inpatient care, and emergency room services. Non-eligible services such as elective non-medically necessary procedures, cosmetic and flat rate procedures, patients who choose not to use their insurance, durable medical equipment, home care, services provided as a result of an accident, and prescription drugs are not covered by the financial assistance program. If services provided as a result of an accident are not covered by a third party, patients may apply for financial assistance. Charges from doctors and specialists who are not employed by BSHSI and who provide services in the hospital may not honor the BSHSI financial assistance program. You should discuss with your doctor or visit our web site at www.fa.bonsecours.com to determine if your doctor participates in the BSHSI financial assistance program.

What if I have questions or need assistance completing the application?

If you need assistance you may contact a financial counselor or cashier located at our hospitals or call our customer service department at (Local) 804-342-1500 or (Toll Free) 877-342-1500. Assistance may also be obtained by visiting any of our hospital registration areas as well as meeting with any of our financial counselors or cashiers located at our hospitals. For non-English speaking patients, translations of this document, the FAP and the Financial Assistance Application are available in several languages. including English and Spanish. Please call the above numbers or visit our website at www.fa.bonsecours.com to download translations of this plain language summary, the BSHSI FAP and the Financial Assistance Application.

Maryland State Uniform Financial Assistance Application

Information About You

Name _____
First Middle Last

Social Security Number _____-____-_____ Marital Status: Single Married Separated
US Citizen: Yes No Permanent Resident: Yes No

Home Address _____ Phone _____

_____

_____ _____
City State Zip code Country

Employer Name _____ Phone _____

Work Address _____

_____
City State Zip code

Household members:

Name	Age	Relationship

Have you applied for Medical Assistance Yes No
If yes, what was the date you applied? _____
If yes, what was the determination? _____

Do you receive any type of state or county assistance? Yes No

APPLICANTS MUST SUBMITT ALL REQUIRED DOCUMENTS IN THE SAME MAILING TO:

Bon Secours Financial Assistance Program
P.O. Box 742431
Atlanta, GA 30374-2431

I. Family Income

List the amount of your monthly income from all sources. You may be required to supply proof of income, assets, and expenses. If you have no income, please provide a letter of support from the person providing your housing and meals.

	Monthly Amount
Employment	_____
Retirement/pension benefits	_____
Social security benefits	_____
Public assistance benefits	_____
Disability benefits	_____
Unemployment benefits	_____
Veterans benefits	_____
Alimony	_____
Rental property income	_____
Strike benefits	_____
Military allotment	_____
Farm or self employment	_____
Other income source	_____
Total	_____

II. Liquid Assets

	Current Balance
Checking account	_____
Savings account	_____
Stocks, bonds, CD, or money market	_____
Other accounts	_____
Total	_____

III. Other Assets

If you own any of the following items, please list the type and approximate value.

Home	Loan Balance	_____		Approximate value	_____
Automobile	Make _____		Year _____	Approximate value	_____
Additional vehicle	Make _____		Year _____	Approximate value	_____
Additional vehicle	Make _____		Year _____	Approximate value	_____
Other property				Approximate value	_____
			Total		_____

IV. Monthly Expenses

	Amount
Rent or Mortgage	_____
Utilities	_____
Car payment(s)	_____
Credit card(s)	_____
Car insurance	_____
Health insurance	_____
Other medical expenses	_____
Other expenses	_____
Total	_____

Do you have any other unpaid medical bills? Yes No

For what service? _____

If you have arranged a payment plan, what is the monthly payment? _____

If you request that the hospital extend additional financial assistance, the hospital may request additional information in order to make a supplemental determination. By signing this form, you certify that the information provided is true and agree to notify the hospital of any changes to the information provided within ten days of the change.

_____ _____

Applicant signature Date

_____

Relationship to Patient

BSHSI 7/25/17

Bon Secours

Financial Assistance Program and Practices

Bon Secours

Bon Secours Financial Assistance Program
P.O. Box 742431
Atlanta, GA 30374-2431
Toll Free 877-342-1500
Richmond, VA, area 804-342-1500

www.fa.bonsecours.com

www.fa.bonsecours.com

Financial Assistance, Uninsured Billing and Patient Payment Practices

Bon Secours Health System follows a specific and thoughtful policy for payment practices for financial assistance and uninsured billing. This policy outlines the process by which Bon Secours provides financial assistance and describes how Bon Secours considers the financial resources of patients and their families when establishing a liability discount for the costs of the care Bon Secours provides. Our practices are an outgrowth of our mission and values, and we are constantly mindful of our patients' needs. Our payment options and processes are designed to be respectful of the individual's personal dignity as well as their ability to pay.

Bon Secours Health System treats all patients equitably, whether insured or uninsured, and we are diligent in our efforts to keep individuals notified of their payment options and the opportunities for assistance. We strive to ensure that our policies are consistent with the guidelines that have been issued by many leading organizations in the field—e.g. legislative, charitable, American Hospital Association, Catholic Health Association, etc. Please visit our web site at **www.fa.bonsecours.com** to find out more about our financial assistance and billing policies.

Bon Secours

How can individuals learn about their options?

Individuals may obtain a copy of our Financial Assistance Application and Policy at www.fa.bonsecours.com. Bon Secours will provide the website address to any individual who asks. Individuals may obtain and receive assistance in completing the Financial Assistance Application from any of our registration areas, financial counselors or cashiers. Individuals may stop by any of our information desks located within each hospital to ask for assistance in locating the financial counselors, cashiers or registration areas. Individuals may obtain a free copy by mail of our **Financial Assistance Application and Policy** by calling our customer service department at **(Toll Free) 877-342-1500 or 804-342-1500** (in the Richmond, VA, area).

The information within this brochure is provided to our patients and their families as a resource to help with financial needs. If you have additional questions, we encourage you to call our customer service department at **(Toll Free) 877-342-1500** or **804-342-1500** (in the Richmond, VA, area). Individuals should also visit our website at **www.fa.bonsecours.com.**

We hope this information is helpful to you, and please know that Bon Secours Health System is committed to providing the highest quality of care to all of its patients regardless of ability to pay.

Frequently Asked Questions

Does Bon Secours Health System have a Financial Assistance Program?

The ***Bon Secours Financial Assistance Program*** aids uninsured patients who do not qualify for government-sponsored health insurance programs and who communicate their inability to pay for their medical care. Insured patients who face financial difficulty in paying the un-reimbursed portion of their health care may also qualify for the Bon Secours Financial Assistance Program. This is not an insurance plan, but is assistance to our patients in need by providing 100% financial assistance for individuals and their immediate family members that fall at or below 200% of the Federal Poverty Guidelines (FPG). Bon Secours also offers a discounted rate to individuals whose family gross income is between 201% and 400% of the Federal Poverty Guidelines. By establishing a discounted rate, Bon Secours provides peace of mind to individuals who might otherwise worry that their medical bills would exceed a reasonable portion of their household income.

In addition to the Bon Secours Financial Assistance Program, Bon Secours offers an ***Amounts Generally Billed (AGB)*** adjustment. *(The Amounts Generally Billed could vary by location. Contact customer service or visit* ***www.fa.bonsecours.com*** *to determine the AGB for your location.)* These adjustments are subject to State law. The AGB is an offset to the cost of healthcare and will result in a reduction to the gross charge amounts. The goal of this offset is to ensure that uninsured patients will not pay full charges for medically necessary services. The AGB reflects an ongoing commitment by Bon Secours to the communities we serve.

What about those patients who are above the Federal Poverty Guideline and are uninsured?

We try to be respectful of all patients and ask them to work with us to determine eligibility for methods of financial assistance. Conversely, we also believe that if a person can afford to pay, he/she should pay. Just as Bon Secours Health System is proactive in providing assistance, so shall its patients be proactive in providing the necessary information for establishing eligibility for financial assistance. As a not-for-profit organization, the health system must be able to justify its community commitment. Individuals must follow the application process and meet the requirements for the program in order to be granted financial assistance.

What is our Patient Payment Practice?

Bon Secours Health System provides free care to all ***qualified*** individuals whose gross household income is at or below 200% of the FPG. Bon Secours also offers a discounted rate to uninsured patients who fall between 201 % and 400% percent of the FPG.

An example: A patient receives $10,000 in medically necessary services at a Bon Secours facility. Let us assume the patient has no insurance, resides in a household of four, and has a gross annual family income of $50,000.The patient will be registered as uninsured and will receive a 65% AGB adjustment bringing the bill down to $3,500.

Once the patient has been screened and found ineligible for any government sponsored programs, the patient would complete a Financial Assistance Application. The patient's Financial Assistance Application would be evaluated for whether or not they qualify for any additional discounts offered under the Bon Secours Financial Assistance Program.

As stated, the Amounts Generally Billed adjustment is provided to uninsured individuals for medically necessary services. The AGB could vary by facility and is subject to State laws. The Amounts Generally Billed adjustment is updated annually.

To learn more about the Bon Secours Financial Assistance Program, individuals are encouraged to visit **www.fa.bonsecours.com**.

The mission of Bon Secours Health System is to bring compassion to health care and to be ***Good Help to Those in Need****, especially those who are poor and dying. As a system of caregivers, we commit ourselves to help bring people and communities to health and wholeness as part of the healing ministry of Jesus Christ and the Catholic Church.*

Bon Secours

www.fa.bonsecours.com

Respect • Compassion • Justice • Integrity • Quality • Innovation • Stewardship • Growth

Bon Secours

Programa y prácticas de *asistencia* económica

on
cours

cia económica

31
2-1500
A, 804-342-1500

nsecours.com

www.fa.bonsecours.com

Asistencia financiera, facturación sin seguros y prácticas de pago de pacientes

Bon Secours Health System aplica una política específica y considerada respecto a las prácticas de pagos para asistencia económica y facturación sin seguros. Esta política detalla el proceso mediante el cual Bon Secours brinda asistencia económica y describe la forma en que Bon Secours considera los recursos financieros de pacientes y sus familias al momento de establecer un descuento de pasivos para los costos de atención que brinda Bon Secours. Nuestras prácticas son resultado de nuestra misión y valores, y estamos al tanto en todo momento de las necesidades de nuestros pacientes. Nuestras opciones de pago y procesos están diseñados para ser respetuosos de la dignidad personal del individuo, así como de su capacidad de pagar.

Bon Secours Health System trata a todos los pacientes de forma equitativa, independientemente de que estén asegurados o no, y somos diligentes en nuestros esfuerzos por mantener a los individuos notificados de sus opciones de pago y las oportunidades de asistencia. Nos esforzamos por garantizar que nuestras políticas sean acordes con las directrices que han emitido muchas organizaciones líderes en el sector, p. ej., legislativas, de beneficencia, American Hospital Association, Catholic Health Association, etc. Visite nuestro sitio **web www.fa.bonsecours.com** para conocer más sobre nuestra asistencia económica y políticas de facturación.

Bon Secours

¿En qué forma los individuos pueden conocer sus opciones?

Los individuos pueden obtener una copia de nuestra Política y Solicitud de asistencia económica en www.fa.bonsecours.com. Bon Secours suministrará la dirección del sitio web a cualquier persona que la solicite. Los individuos pueden obtener y recibir asistencia al momento de completar la Solicitud de asistencia económica con cualquiera de nuestras áreas de registro, asesores financieros, o cajeros. Los individuos pueden acudir a cualquiera de nuestros centros de información ubicados en cada hospital para solicitar asistencia en la localización de los asesores financieros, cajeros o áreas de registro. Los individuos pueden obtener una copia gratuita por correo de nuestra **Política y solicitud de asistencia económica** llamando a nuestro departamento de servicio al cliente **(línea gratuita) 877-342-1500** o **804-342-1500** (en la zona de Richmond, VA).

La información de este folleto se suministra a nuestros pacientes y sus familias como un recurso para brindar ayuda con las necesidades financieras. Si usted tiene inquietudes adicionales, le recomendamos que llame a nuestro departamento de servicio al cliente **(línea gratuita) 877-342-1500** o **804-342-1500** (en la zona de Richmond, VA). Nuestro sitio **web www.fa.bonsecours.com** también está disponible para brindar información a cualquier persona interesada.

Esperamos que esta información sea útil para usted, y nunca olvide que Bon Secours Health System está comprometido con brindar la calidad de atención más alta a todos sus pacientes independientemente de la capacidad de pago.

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:ours también ofrece una
iduos cuyos ingresos brutos
ı las clasificaciones entre 201%
rales de índice de pobreza. Al
:scuento, Bon Secours brinda
que pueden estar preocupados
acturas médicas excedan una
ingresos de su vivienda.

asistencia económica ***de***
s ofrece un ajuste de montos
(Amounts Generally Billed,
ados generalmente pueden
uníquese con el servicio de
www.fa.bonsecours.com para
spondientes a su ubicación).
s a la ley estatal. Los AGB
costo de atención médica y

generará una reducción en los montos de cobros brutos. El objetivo de esta compensación es garantizar que los pacientes sin seguro no paguen cargos completos por servicios necesarios desde el punto de vista médico. Los AGB reflejan un compromiso continuo de Bon Secours con las comunidades a las que prestamos servicios.

¿Qué sucede con aquellos pacientes que están por encima de las Guías federales de índice de pobreza y no tienen seguro?

Nosotros intentamos ser respetuosos con todos los pacientes y les pedimos trabajar con nosotros para determinar la elegibilidad para métodos de asistencia

económica. En cambio, también consideramos que, si una persona tiene los medios suficientes para pagar, debe pagar por el/ella mismo/a. Así como Bon Secours Health System es proactivo en el suministro de asistencia, también deben serlo sus pacientes en el suministro de la información necesaria para establecer la elegibilidad para recibir asistencia económica. Como organización sin fines de lucro, el sistema de salud debe estar en capacidad de justificar su compromiso con la comunidad. Los individuos deben seguir el proceso de solicitud y satisfacer los requisitos para el programa a fin de recibir asistencia económica.

¿Cuál es nuestra práctica de pago de pacientes?

Bon Secours Health System brinda atención gratuita a todos los individuos ***que reúnen los debidos requisitos*** cuyos ingresos de vivienda brutos sean equivalentes al 200% de las FPG o inferiores. Bon Secours también ofrece una tasa de descuento a pacientes sin seguro que están en la clasificación del 201% al 400% de las FPG.

Un ejemplo: Un paciente recibe $10,000 en servicios necesarios desde el punto de vista médico en un centro de Bon Secours. Asumamos que el paciente no tiene seguro alguno, reside en una vivienda de cuatro personas, y tiene unos ingresos familiares anuales brutos de $50,000. El paciente será registrado como "sin seguro" y recibirá un ajuste de los AGB del 65%, lo que reduce la factura a $3,500.

Luego de que se haya analizado el paciente y se concluya que no es elegible para ningún programa patrocinado por el gobierno, el paciente completaría una solicitud de asistencia económica. Se evaluaría la solicitud de asistencia económica del paciente para determinar si reúne los debidos requisitos para obtener cualquier descuento adicional ofrecido en virtud del Programa de asistencia económica de Bon Secours.

Conforme se indica, el ajuste de montos generalmente facturados se suministra a individuos sin seguro para servicios necesarios desde el punto de vista médico. Los AGB podrían variar según las instalaciones y están sujetos a leyes estatales. El ajuste de montos facturados generalmente se actualiza cada año.

Para obtener más información sobre el Programa de asistencia económica Bon Secours, se recomienda visitar **www.fa.bonsecours.com.**

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*La misión de Bon Secours Health System es aportar compasión a la atención médica y brindar una **Buena ayuda a los necesitados**, especialmente para los pobres y moribundos. Como sistema de cuidadores, nos comprometemos a promover la salud y la integridad de las personas y comunidades como parte del ministerio sanador de Jesucristo y la Iglesia Católica.*

Bon Secours

www.fa.bonsecours.com

Respeto • Compasión • Justicia • Integridad • Calidad • Innovación • Responsabilidad • Crecimiento

Open Enrollment

November 1, 2017-December 15, 2017

All US Citizens are required to have healthcare coverage. Bon Secours is dedicated to helping the people in our community identify low or no-cost healthcare coverage through programs such as Medicaid or the Healthcare Exchange Marketplace.

Happy. Healthy. We've got you covered.

I'm covered.

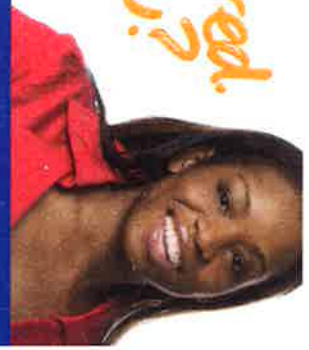
No health insurance? I can help.

Bon Secours

Estoy cubierta. ¿Y usted?

BON SECOURS HEALTH SYSTEM

I'm covered. Are you?



APPENDIX IV

Description of Mission, Vision, and Values

While in many ways the Mission of Bon Secours speaks for itself, an outside observer would benefit from the knowledge that the *Mission* is driven by and sustained through the Eight Core Values of the system. They are Respect, Justice, Integrity, Stewardship, Innovation, Compassion, Quality, and Growth.

It is part of the culture of Bon Secours to live these values on a day to day basis. They drive the System's desire to treat patients in a holistic way, by treating mind, body, and spirit.

Our community benefits program reflect the System's desire to help the people of West Baltimore attain and maintain good health by helping in the areas of housing, career development, and health awareness.

It is through the values of Respect and Justice that we strive to provide adequate housing. It is because of the values of Integrity and Stewardship that we seek to use the resources available in the most effective manner. Compassion and Quality compel us to treat all patients in a caring way. And Innovation and Growth drives our desire to continue to serve the community for many years into the future.

The policy is attached.

Nursing Administration Policy	**Policy Number:** 01-6010-SC000000.doc **Title:** Bon Secours Mission, Vision, Values **Effective Date:** **Reviewed Date: 12/2006; 01/2010; 07/11, 09/12**

MISSION

The mission of Bon Secours Health System is to bring compassion to health care and to be Good Help to Those in Need®, especially those who are poor and dying. As a system of caregivers, we commit ourselves to help bring people and communities to health and wholeness as a part of the healing ministry of Jesus Christ and the Catholic Church.

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VISION

Inspired by the healing ministry of Jesus Christ and the Charism of Bon Secours.…As a prophetic Catholic health ministry we will partner with our communities to create a more humane world, build health and social justice for all, and provide exceptional value for those we serve.

VALUES

RESPECT
JUSTICE
INTEGRITY
STEWARDSHIP
INNOVATION
COMPASSION
QUALITY
GROWTH