Bon Secours Baltimore Health System

FY 2018 Community Benefit Narrative Report

PART ONE: ORIGINAL NARRATIVE SUBMISSION

Q1.
COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

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

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

The Commission moved to an online reporting format beginning with the FY 2018 reports. In this new template, responses are now mandatory unless marked as optional. Questions that require a narrative response have a limit of 20,000 characters. This report need not be completed in one session and can be opened by multiple users.

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

Q2. Please confirm the information we have on file about your hospital for FY 2018.

	Is this information correct?		If no, please provide the correct information here:
	Yes	No	
The proper name of your hospital is: Bon Secours Baltimore Health System.	◉	○	
Your hospital's ID is: 210013	◉	○	
Your hospital is part of the hospital system called Bon Secours Health System, Inc.	◉	○	
Your hospital was licensed for 69 beds during FY 2018.	◉	○	
Your hospital's primary service area includes the following zip codes: 21201, 21202, 21216, 21217, 21223, 21229, 21230	◉	○	
Your hospital shares some or all of its primary service area with the following hospitals: Johns Hopkins Bayview Medical Center, Johns Hopkins Hospital, Lifebridge Levindale Hebrew Geriatric Center and Hospital of Baltimore, Inc., Lifebridge Sinai Hospital, MedStar Harbor Hospital, MedStar Union Memorial Hospital, Mercy Medical Center, Saint Agnes Hospital, UMMC Midtown Campus, University of Maryland Medical Center	◉	○	

Q3. The next two questions ask about the area where your hospital directs its community benefit efforts, called the Community Benefit Service Area. You may find   these community health statistics useful in preparing your responses.

Q4. (Optional) Please describe any other community health statistics that your hospital uses in its community benefit efforts.

Q5. (Optional) Please attach any files containing community health statistics that your hospital uses in its community benefit efforts.

Q6. Please select the county or counties located in your hospital's CBSA.

- ☐ Allegany County
- ☐ Anne Arundel County
- ☑ Baltimore City
- ☐ Baltimore County
- ☐ Calvert County
- ☐ Caroline County
- ☐ Carroll County
- ☐ Cecil County
- ☐ Charles County
- ☐ Dorchester County
- ☐ Frederick County
- ☐ Garrett County
- ☐ Harford County
- ☐ Howard County
- ☐ Kent County
- ☐ Montgomery County
- ☐ Prince George's County
- ☐ Queen Anne's County
- ☐ Somerset County
- ☐ St. Mary's County
- ☐ Talbot County
- ☐ Washington County
- ☐ Wicomico County
- ☐ Worcester County

Q7. Please check all Allegany County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q9. Please check all Baltimore City ZIP codes located in your hospital's CBSA.

- ☑ 21201
- ☑ 21202
- ☐ 21205
- ☐ 21206
- ☐ 21207
- ☐ 21208
- ☐ 21209
- ☐ 21210
- ☐ 21211
- ☐ 21212
- ☐ 21213
- ☐ 21214
- ☐ 21215
- ☑ 21216
- ☑ 21217
- ☐ 21218
- ☐ 21219
- ☐ 21222
- ☑ 21223
- ☐ 21224
- ☐ 21225
- ☐ 21226
- ☐ 21227
- ☑ 21229
- ☑ 21230
- ☐ 21231
- ☐ 21233
- ☐ 21234
- ☐ 21236
- ☐ 21237
- ☐ 21239
- ☐ 21240
- ☐ 21287

Q31. How did your hospital identify its CBSA?

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

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

Yes, our global budget revenue agreement denotes the zip codes within our primary and secondary service areas.

☐ Based on patterns of utilization. Please describe.

☐ Other. Please describe.

Q32. Provide a link to your hospital's mission statement.

https://bonsecours.com/baltimore/about-us/bon-secours-health-system/our-mission

Q33. Is your hospital an academic medical center?

○ Yes
⦿ No

Q34. (Optional) Is there any other information about your hospital that you would like to provide?

Q35. (Optional) Please upload any supplemental information that you would like to provide.

Q36.
Within the past three fiscal years, has your hospital conducted a CHNA that conforms to IRS requirements?

◉ Yes
◯ No

Q37. Please explain why your hospital has not conducted a CHNA that conforms to IRS requirements, as well as your hospital's plan and timeframe for completing a CHNA.

This question was not displayed to the respondent.

Q38. When was your hospital's first-ever CHNA completed? (MM/DD/YYYY)

09/01/2013

Q39. When was your hospital's most recent CHNA completed? (MM/DD/YYYY)

09/01/2016

Q40. Please provide a link to your hospital's most recently completed CHNA.

https://bonsecours.com/baltimore/community-commitment/healthy-community-initiative

Q41. Did you make your CHNA available in other formats, languages, or media?

◯ Yes
◉ No

Q42. Please describe the other formats in which you made your CHNA available.

This question was not displayed to the respondent.

Q43. Please use the table below to tell us about the internal participants involved in your most recent CHNA.

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

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (facility level)	☐	☐	☐	☐	☐	☐	☑	☑	☑	☐	
Board of Directors or Board Committee (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Clinical Leadership (facility level)	☐	☐	☑	☑	☑	☐	☐	☐	☐	☐	
Clinical Leadership (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Population Health Staff (facility level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Population Health Staff (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Community Benefit staff (facility level)	☐	☐	☐	☑	☑	☑	☑	☑	☐	☐	
Community Benefit staff (system level)	☐	☐	☐	☑	☑	☑	☑	☑	☐	☐	
Physician(s)	☐	☐	☑	☑	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Nurse(s)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Social Workers	☐	☐	☐	☑	☑	☑	☑	☑	☐	☐	
Community Benefit Task Force	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Hospital Advisory Board	☐	☐	☐	☑	☑	☑	☐	☐	☐	☐	
Other (specify)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

Q44. Please use the table below to tell us about the external participants involved in your most recent CHNA.

	CHNA Activities									Click to write Column 2
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other Hospitals -- Please list the hospitals here: St. Agnes Hospital, University of Maryland	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Local Health Department -- Please list the Local Health Departments here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Local Health Improvement Coalition -- Please list the LHICs here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Health	☐	☑	☑	☑	☐	☐	☐	☐	☐	
Maryland Department of Human Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Natural Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of the Environment	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Transportation	☐	☐	☑	☑	☐	☐	☐	☐	☐	
Maryland Department of Education	☐	☐	☑	☑	☐	☐	☐	☐	☐	
Area Agency on Aging -- Please list the agencies here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Local Govt. Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Faith-Based Organizations	☐	☑	☑	☑	☐	☑	☑	☐	☐	

Category	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - K-12 -- Please list the schools here: Frederick Elementary, Franklin Square, Vivian T. Thomas, Mary Ann Winterling, Lockerman Bundy, Steuart Hill Academy	☐	☐	☐	☑	☑	☑	☑	☐	☐	
School - Colleges and/or Universities -- Please list the schools here: John Hopkins University, Coppin State University, University of Baltimore, University of Maryland	☐	☐	☐	☑	☑	☑	☑	☐	☐	
School of Public Health -- Please list the schools here: Bloomberg School of Public Health	☐	☐	☐	☑	☑	☑	☑	☐	☐	
School - Medical School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Nursing School -- Please list the schools here: University of Maryland School of Nursing	☐	☐	☐	☑	☑	☑	☑	☐	☐	
School - Dental School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Pharmacy School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Behavioral Health Organizations -- Please list the organizations here: Roberta's House	☐	☐	☐	☑	☑	☑	☑	☐	☐	
Social Service Organizations -- Please list the organizations here: Project Plase, Hungry Harvest, Healthcare for the Homeless	☐	☐	☐	☑	☑	☑	☑	☐	☐	

	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Post-Acute Care Facilities -- please list the facilities here: New Hope Substance Abuse Treatment Center	☐	☐	☐	☑	☑	☑	☑	☐	☐	
Community/Neighborhood Organizations -- Please list the organizations here: Operation Reachout Southwest, Franklin Square Community Association, Fayette Street Outreach, Boyd Booth	☐	☐	☐	☑	☑	☑	☑	☐	☐	
Consumer/Public Advocacy Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Other -- If any other people or organizations were involved, please list them here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

Q45. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

◉ Yes
◯ No

Q46. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

09/28/2016

Q47. Please provide a link to your hospital's CHNA implementation strategy.

https://bonsecours.com/baltimore/community-commitment/healthy-community-initiative

Q48. Please explain why your hospital has not adopted an implementation strategy. Please include whether the hospital has a plan and/or a timeframe for an implementation strategy.

This question was not displayed to the respondent.

Q49. Please select the health needs identified in your most recent CHNA. Select all that apply even if a need was not addressed by a reported initiative.

☑ Access to Health Services: Health Insurance
☐ Access to Health Services: Practicing PCPs
☑ Access to Health Services: Regular PCP Visits
☐ Access to Health Services: ED Wait Times
☑ Adolescent Health
☐ Arthritis, Osteoporosis, and Chronic Back Conditions
☐ Blood Disorders and Blood Safety
☐ Cancer
☐ Chronic Kidney Disease
☑ Community Unity
☐ Dementias, Including Alzheimer's Disease

☐ Family Planning
☑ Food Safety
☐ Genomics
☐ Global Health
☐ Health Communication and Health Information Technology
☑ Health-Related Quality of Life & Well-Being
☐ Hearing and Other Sensory or Communication Disorders
☐ Heart Disease and Stroke
☐ HIV
☐ Immunization and Infectious Diseases
☐ Injury Prevention

☐ Older Adults
☐ Oral Health
☐ Physical Activity
☐ Preparedness
☐ Respiratory Diseases
☐ Sexually Transmitted Diseases
☐ Sleep Health
☑ Social Determinants of Health
☑ Substance Abuse
☑ Telehealth
☐ Tobacco Use

Diabetes ☐	Lesbian, Gay, Bisexual, and Transgender Health ☐	☑ Violence Prevention
☐ Disability and Health	☑ Maternal & Infant Health	☐ Vision
☑ Educational and Community-Based Programs	☑ Mental Health and Mental Disorders	☐ Wound Care
☐ Emergency Preparedness	☐ Nutrition and Weight Status	☐ Other (specify)
☑ Environmental Health		

Q50. Please describe how the needs and priorities identified in your most recent CHNA compare with those identified in your previous CHNA.

In Fiscal Year 2016, Bon Secours Baltimore Health System (BSBHS) conducted its second Community Health Needs Assessment (CHNA) that included meetings, interviews, community summits, literature studies and the engagement of those representatives of our community with a knowledge of public health, the broad interests of the communities we serve, special knowledge of the medically underserved, low-income and vulnerable populations and people with chronic diseases. In following with the progress made on the execution of the 2013 CHNA Implementation Plan, this plan position. BSBHS to continue on in the entwined roles of convener, catalyst and contributor in partnering with the communities we serve, and helps us to move towards the realization of a vision of: Healthy People, Healthy Economy, Healthy Environment.

Q51. (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

Q52. (Optional) Please attach any files containing information regarding your CHNA that you wish to share.

Q53. Please use the table below to tell us about how internal staff members were involved in your hospital's community benefit activities during the fiscal year.

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

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Clinical Leadership (facility level)	☐	☐	☐	☐	☐	☐	☑	☑	☐	☐	
Clinical Leadership (system level)	☐	☐	☐	☐	☐	☐	☑	☑	☐	☐	
Population Health Staff (facility level)	☐	☐	☐	☐	☑	☐	☐	☐	☑	☐	
Population Health Staff (system level)	☐	☐	☐	☐	☑	☐	☐	☐	☑	☐	
Community Benefit staff (facility level)	☐	☐	☑	☑	☐	☐	☑	☐	☑	☐	
Community Benefit staff (system level)	☐	☐	☐	☐	☐	☐	☐	☐	☑	☐	
Physician(s)	☐	☐	☐	☐	☐	☐	☐	☑	☐	☐	
Nurse(s)	☐	☐	☐	☐	☐	☐	☐	☑	☐	☐	
Social Workers	☐	☐	☐	☐	☐	☐	☐	☑	☐	☐	
Community Benefit Task Force	☐	☐	☑	☑	☐	☐	☐	☐	☐	☐	
Hospital Advisory Board	☐	☐	☑	☑	☑	☐	☑	☑	☐	☐	

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

Q54. Please use the table below to tell us about the external participants involved in your hospital's community benefit activities during the fiscal year.

	Activities									Click to write Column 2
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other Hospitals -- Please list the hospitals here: University of Maryland, St. Agnes Hospital, Johns Hopkins	☐	☑	☑	☑	☐	☐	☑	☑	☑	Memory of Advisory Board
Local Health Department -- Please list the Local Health Departments here: Maternal and Child Health, Chronic Disease Prevention, Overdose Prevention, Acute Communicable Diseases	☐	☐	☑	☐	☐	☐	☑	☐	☑	Memory of Advisory Board
Local Health Improvement Coalition -- Please list the LHICs here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Health	☐	☐	☑	☑	☐	☐	☑	☑	☐	
Maryland Department of Human Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Natural Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of the Environment	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Transportation	☐	☐	☐	☐	☐	☐	☑	☐	☐	

Organization	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Education	☐	☐	☐	☐	☐	☐	☑	☐	☐	
Area Agency on Aging -- Please list the agencies here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Local Govt. Organizations -- Please list the organizations here: Baltimore City Dept. Housing & Community Development	☐	☐	☐	☐	☑	☐	☐	☐	☐	
Faith-Based Organizations	☐	☑	☑	☐	☐	☐	☐	☐	☐	
School - K-12 -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Colleges and/or Universities -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School of Public Health -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Medical School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Nursing School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Dental School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Pharmacy School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

Organization	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Behavioral Health Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Social Service Organizations -- Please list the organizations here: Healthcare for the Homeless	☐	☐	☐	☐	☐	☐	☑	☐	☐	
Post-Acute Care Facilities -- please list the facilities here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Community/Neighborhood Organizations -- Please list the organizations here: Greater Mondawmin Coordinating Council, Whittier Monroe Neighborhood Assoc., Fayette Street Outreach, Boyd Booth Concerned Citizens, Franklin Square Community Association	☐	☑	☑	☐	☐	☐	☐	☐	☐	
Consumer/Public Advocacy Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Other -- If any other people or organizations were involved, please list them here: Maryland Department of Housing & Community Development	☐	☐	☑	☐	☑	☐	☐	☐	☐	

Q55. Does your hospital conduct an internal audit of the annual community benefit financial spreadsheet? Select all that apply.

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

Q56. Does your hospital conduct an internal audit of the community benefit narrative?

◉ Yes
○ No

Q57. Please describe the community benefit narrative review process.

The Financial Grants Manager and Finance Budget & Business Intelligence Manager compiles the CB narratives for the report. The narratives are written by the departments providing services and reviewed by program directors prior to submission to Finance for inclusion in the Community Benefit Report. The Director of Finance evaluates the Community Benefit Report as a whole to ensure that all relevant components are captured and 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.

Q58. Does the hospital's board review and approve the annual community benefit financial spreadsheet?

○ Yes
◉ No

Q59. Please explain:

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. The report is always available to hospital board for review.

Q60. Does the hospital's board review and approve the annual community benefit narrative report?

○ Yes
◉ No

Q61. Please explain:

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. The report is always available to hospital board for review.

Q62. Does your hospital include community benefit planning and investments in its internal strategic plan?

◉ Yes
○ No

Q63. Please describe how community benefit planning and investments are included in your hospital's internal strategic plan.

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: -Co-Create Healthy Communities - Be Person Centric - Serve Those Who Are Less Vulnerable - Strengthen Our Culture And Capabilities

Q64. (Optional) If available, please provide a link to your hospital's strategic plan.

Q65. (Optional) Is there any other information about your hospital's community benefit administration and external collaboration that you would like to provide?

Q66. (Optional) Please attach any files containing information regarding your hospital's community benefit administration and external collaboration.

Bon_Secours_SQP.pdf
3.2MB
application/pdf

Q67. Based on the implementation strategy developed through the CHNA process, please describe *three* ongoing, multi-year programs and initiatives undertaken by your hospital to address community health needs during the fiscal year.

Q68. Initiative 1

Q69. Name of initiative.

Community Housing

Q70. Does this initiative address a need identified in your CHNA?

◉ Yes
○ No

Q71. Select the CHNA need(s) that apply.

☐ Access to Health Services: Health Insurance   ☐ Heart Disease and Stroke

☐ Access to Health Services: Practicing PCPs	☐ HIV
☐ Access to Health Services: Regular PCP Visits	☐ Immunization and Infectious Diseases
☐ Access to Health Services: ED Wait Times	☐ Injury Prevention
☐ Adolescent Health	☐ Lesbian, Gay, Bisexual, and Transgender Health
☐ Arthritis, Osteoporosis, and Chronic Back Conditions	☐ Maternal and Infant Health
☐ Blood Disorders and Blood Safety	☐ Mental Health and Mental Disorders
☐ Cancer	☐ Nutrition and Weight Status
☐ Chronic Kidney Disease	☐ Older Adults
☐ Community Unity	☐ Oral Health
☐ Dementias, Including Alzheimer's Disease	☐ Physical Activity
☐ Diabetes	☐ Preparedness
☐ Disability and Health	☐ Respiratory Diseases
☐ Educational and Community-Based Programs	☐ Sexually Transmitted Diseases
☐ Emergency Preparedness	☐ Sleep Health
☐ Environmental Health	☑ Social Determinants of Health
☐ Family Planning	☐ Substance Abuse
☐ Food Safety	☐ Telehealth
☐ Genomics	☐ Tobacco Use
☐ Global Health	☐ Violence Prevention
☐ Health Communication and Health Information Technology	☐ Vision
☐ Health-Related Quality of Life and Well-Being	☐ Wound Care
☐ Hearing and Other Sensory or Communication Disorders	☐ Other. Please specify.

Q72. When did this initiative begin?

01/01/1988

Q73. Does this initiative have an anticipated end date?

○ The initiative will end on a specific end date. Please specify the date.

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

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

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

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

◉ Other. Please explain. | The initiative does not have an anticipated end date.

Q74. Enter the number of people in the population that this initiative targets.

802 households at 9 locations

Q75. Describe the characteristics of the target population.

Low and moderate income families, elderly, disabled and formerly homeless.

Q76. How many people did this initiative reach during the fiscal year?

1,100

Q77. What category(ies) of intervention best fits this initiative? Select all that apply.

☐ Chronic condition-based intervention: treatment intervention

☐ Chronic condition-based intervention: prevention intervention

☐ Acute condition-based intervention: treatment intervention

☐ Acute condition-based intervention: prevention intervention

☐ Condition-agnostic treatment intervention

☑ Social determinants of health intervention

☑ Community engagement intervention

☐ Other. Please specify.

Q78. Did you work with other individuals, groups, or organizations to deliver this initiative?

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

> -(1) 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

◯ No.

Q79. Please describe the primary objective of the initiative.

To provide safe & affordable housing

Q80. Please describe how the initiative is delivered.

Development of new and renovation of existing housing; operation of affordable housing communities

Q81. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

☑ Count of participants/encounters

☐ Other process/implementation measures (e.g. number of items distributed)

☑ Surveys of participants

☐ Biophysical health indicators

☐ Assessment of environmental change

☐ Impact on policy change

☐ Effects on healthcare utilization or cost

☐ Assessment of workforce development

☐ Other

Q82. Please describe the outcome(s) of the initiative.

Housing occupancy for FY18 was 97% for 802 units. We utilize CBISA community benefit software to track volume and cost and contract with National Church residences for 3rd party quality assurance & review. Individual practice assessments averaged 3.6 out of a possible score of 4.0 and include professional training, practice assessment, compliance, education/wellness & file review (as evaluated by National Church Residences and U.S. Department of H.U.D.).

Q83. Please describe how the outcome(s) of the initiative addresses community health needs.

The need and subsequent intervention 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.

Q84. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

$10,117,473

Q85. (Optional) Supplemental information for this initiative.

Q86. Initiative 2

Q87. Name of initiative.

Screening Brief Intervention Referral to Treatment (SBIRT)

Q88. Does this initiative address a need identified in your CHNA?

◉ Yes
○ No

Q89. Select the CHNA need(s) that apply.

☐ Access to Health Services: Health Insurance	☐ Heart Disease and Stroke
☐ Access to Health Services: Practicing PCPs	☐ HIV
☐ Access to Health Services: Regular PCP Visits	☐ Immunization and Infectious Diseases
☐ Access to Health Services: ED Wait Times	☐ Injury Prevention
☐ Adolescent Health	☐ Lesbian, Gay, Bisexual, and Transgender Health
☐ Arthritis, Osteoporosis, and Chronic Back Conditions	☐ Maternal and Infant Health
☐ Blood Disorders and Blood Safety	☐ Mental Health and Mental Disorders
☐ Cancer	☐ Nutrition and Weight Status
☐ Chronic Kidney Disease	☐ Older Adults
☐ Community Unity	☐ Oral Health
☐ Dementias, Including Alzheimer's Disease	☐ Physical Activity
☐ Diabetes	☐ Preparedness
☐ Disability and Health	☐ Respiratory Diseases
☑ Educational and Community-Based Programs	☐ Sexually Transmitted Diseases
☐ Emergency Preparedness	☐ Sleep Health
☐ Environmental Health	☐ Social Determinants of Health
☐ Family Planning	☑ Substance Abuse
☐ Food Safety	☐ Telehealth
☐ Genomics	☐ Tobacco Use
☐ Global Health	☐ Violence Prevention
☐ Health Communication and Health Information Technology	☐ Vision
☑ Health-Related Quality of Life and Well-Being	☐ Wound Care
☐ Hearing and Other Sensory or Communication Disorders	☐ Other. Please specify.

Q90. When did this initiative begin?

04/25/2011

Q91. Does this initiative have an anticipated end date?

○ The initiative will end on a specific end date. Please specify the date. [   ]
○ The initiative will end when a community or population health measure reaches a target value. Please describe.

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

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

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

⦿ Other. Please explain. | The SBIRT initiative do not have a specific end date. |

Q92. Enter the number of people in the population that this initiative targets.

21,293

Q93. Describe the characteristics of the target population.

| Substance using individuals over the age of 18 |

Q94. How many people did this initiative reach during the fiscal year?

1,835

Q95. What category(ies) of intervention best fits this initiative? Select all that apply.

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

Q96. Did you work with other individuals, groups, or organizations to deliver this initiative?

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

| 1. Behavioral Health System Baltimore
2. Overdose Survivors Outreach Project, (OSOP)
3. The MOSAIC Group |

○ No.

Q97. Please describe the primary objective of the initiative.

| 1. To screen all ED patients for substance use 2. To identify ED patients at high risk for substance use disorders 3. To refer identified patients to Peer Recovery Coaches (PRC) for brief interventions and referrals to substance use treatment, as appropriate. |

Q98. Please describe how the initiative is delivered.

Peer Recovery Coaches 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 to provide 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.

Q99. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

☑ Count of participants/encounters | SBIRT: 14,135 interventions of individuals identified with a substance use disorder, alcohol intoxication, alcohol problem, alcohol abuse, and suspected or identified drug overdoses have been conducted to date.

☑ Other process/implementation measures (e.g. number of items distributed) | SBIRT: In the past quarter we have included measuring the # of naloxone scripts distributed monthly in the ED

☐ Surveys of participants [_____]

☐ Biophysical health indicators [_____]

☐ Assessment of environmental change [_____]

☐ Impact on policy change [_____]

☐ Effects on healthcare utilization or cost [_____]

☐ Assessment of workforce development [_____]

☐ Other [_____]

Q100. Please describe the outcome(s) of the initiative.

1. # of ED encounters screened: 21,293 2. # of ED encounter with positive screens: 7,145 3. Positive screens as % of total ED encounters screened: 33.89% a. # of encounters confirming Alcohol use>=4/day: 958 b. # of encounters confirming Drug use(legal or illegal):5,882 c. # of encounters confirming Cocaine use: 1,648 d. # of encounters confirming Heroine use: 2,836 e. # of encounters confirming Marijuana use: 2,458 f. # of encounters confirming Other substance use: 353 4. # of brief interventions conducted by coaches: 1,835 5. # of referrals to treatment by coaches: 166

Q101. Please describe how the outcome(s) of the initiative addresses community health needs.

We are addressing acute condition i.e. intoxication and/or overdose with both treatment and prevention alternatives. SBIRT: We are addressing acute condition i.e. intoxication and/or overdose with both treatment and prevention alternatives. OCC: We are helping to provide resources needed to live independently in the community to those with severe mental illness.

Q102. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

$218,507

Q103. (Optional) Supplemental information for this initiative.

BON_SECOURS_HOSPITAL_INITIATIVE_2_SELECTED_PROGRAMS_AND_ANSWERS_BH_Programs.pdf
111.2KB
application/pdf

Q104. Initiative 3

Q105. Name of initiative.

Certified Nursing Assistant (C.N.A.) and Geriatic Nursing Assistant (G.N.A.) Program

Q106. Does this initiative address a need identified in your CHNA?

◉ Yes
◯ No

Q107. Select the CHNA need(s) that apply.

☐ Access to Health Services: Health Insurance   ☐ Heart Disease and Stroke

☐ Access to Health Services: Practicing PCPs   ☐ HIV

☐ Access to Health Services: Regular PCP Visits   ☐ Immunization and Infectious Diseases

☐ Access to Health Services: ED Wait Times   ☐ Injury Prevention

☐ Adolescent Health	☐ Lesbian, Gay, Bisexual, and Transgender Health
☐ Arthritis, Osteoporosis, and Chronic Back Conditions	☐ Maternal and Infant Health
☐ Blood Disorders and Blood Safety	☐ Mental Health and Mental Disorders
☐ Cancer	☐ Nutrition and Weight Status
☐ Chronic Kidney Disease	☐ Older Adults
☐ Community Unity	☐ Oral Health
☐ Dementias, Including Alzheimer's Disease	☐ Physical Activity
☐ Diabetes	☐ Preparedness
☐ Disability and Health	☐ Respiratory Diseases
☑ Educational and Community-Based Programs	☐ Sexually Transmitted Diseases
☐ Emergency Preparedness	☐ Sleep Health
☐ Environmental Health	☑ Social Determinants of Health
☐ Family Planning	☐ Substance Abuse
☐ Food Safety	☐ Telehealth
☐ Genomics	☐ Tobacco Use
☐ Global Health	☐ Violence Prevention
☐ Health Communication and Health Information Technology	☐ Vision
☐ Health-Related Quality of Life and Well-Being	☐ Wound Care
☐ Hearing and Other Sensory or Communication Disorders	☐ Other. Please specify.

Q108. When did this initiative begin?

07/01/2015

Q109. Does this initiative have an anticipated end date?

○ The initiative will end on a specific end date. Please specify the date. _____

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

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

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

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

All initiatives are supported by federal, state and/or foundation grants. Although most programs end when the contract or agreement with a partner expires BSCW has been eligible for renewal funding to support multi-year programming initiatives.

○ Other. Please explain. _____

Q110. Enter the number of people in the population that this initiative targets.

17,885

Q111. Describe the characteristics of the target population.

Individuals who seeking employment or advanced employment

Q112. How many people did this initiative reach during the fiscal year?

127

Q113. What category(ies) of intervention best fits this initiative? Select all that apply.

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

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Q114. Did you work with other individuals, groups, or organizations to deliver this initiative?

(•) Yes. Please describe who was involved in this initiative.

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1. IT Works
2. Mayor's Office Employment Development
3.    Kaiser Permanente
```

( ) No.

Q115. Please describe the primary objective of the initiative.

```
Bon Secours Community Works (BSCW) has three primary initiatives identified in the CHNA 2016: Healthy People, Healthy Economy and Healthy Environment. Healthy Economy Goal 1 Improve
Baltimore residents' economic status by providing job readiness programs, ongoing adult education, and specific youth outreach, and participating in the creation of jobs in areas in which we have
the most expertise and influence, namely, the health care field. Community Works addresses many goals, as identified in our CHNA, through our various program offerings. The goals are listed
below: Healthy Economy Goal 1 Improve Baltimore residents' economic status by providing job readiness programs, ongoing adult education, and specific youth outreach, and participating in the
creation of jobs in areas in which we have the most expertise and influence, namely, the health care field.
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Q116. Please describe how the initiative is delivered.

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Healthy Economy refers to the financial status of individuals and the community, and emphasizes the impact that income has on health. BSCW programs help to improve individual's financial
status by focusing on increased financial literacy and job readiness. 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. BSCW programs target 1) Community residents need to access additional affordable housing opportunities. 2) Providing community residents with training and
preparation for in-demand industry jobs to decrease unemployment. 3) Community residents who were formerly incarcerated need re-entry supports to ensure a positive transition back to the
community.
```

Q117. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- [ ] Count of participants/encounters ⬚
- [ ] Other process/implementation measures (e.g. number of items distributed) ⬚
- [x] Surveys of participants
  ```
  Client satisfaction
  surveys are given to
  all occupational-
  skills training
  students
  participating in
  Certified Nursing
  Assistant/Geriatric
  Nursing Assistant,
  Clean & Green, and
  Patient Care Tech
  training programs.
  During FY18 client
  satisfaction survey
  was given to
  approximately 90
  clients during their 3-
  6 month programs
  and adjustments to
  programs were
  made where and
  when necessary.
  Overall, clients were
  satisfied with
  program delivery at
  BSCW and outside
  providers (i.e. IT
  Works).
  ```
- [ ] Biophysical health indicators ⬚
- [ ] Assessment of environmental change ⬚
- [ ] Impact on policy change ⬚
- [x] Effects on healthcare utilization or cost ⬚
- [ ] Assessment of workforce development ⬚
- [ ] Other ⬚

Q118. Please describe the outcome(s) of the initiative.

The outcomes are attached in the Bon Secours Community Works Fiscal Year Program Stats.

Q119. Please describe how the outcome(s) of the initiative addresses community health needs.

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. Specifically, zip code 21223 ranks the lowest and shows the lowest disparity in educational attainment, employment, and poverty. All of the health disparities observed, greatly impact a thriving community that is focused on Healthy People, Healthy Economy and Healthy Environment. The outcomes of the initiatives address community health needs by: - Participating in the creation of jobs and preparing residents for jobs in areas which we have the most expertise and influence - Providing job readiness programs and ongoing adult education - Create connections to opportunities in the growing health care field, namely we can help both our industry and our community. - Improve the housing market to retain and attract homeowners through economic, physica and marketing strategies. - 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 Bon Secours Community Works - Improve the health status of residents, with a particular focus on substance abuse, infant mortality, chronic illnesses and mental health - Reaching out to, educating and providing services to at-risk and stigmatized populations - Using improved assessment, screening and prevention tools and strategies

Q120. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

Career Development- $1,317,852

Q121. (Optional) Supplemental information for this initiative.

Bon Secours Community Works FY2018 Stats.pdf
123.8KB
application/pdf

Q122. (Optional) Additional information about initiatives.

Q123. (Optional) If you wish, you may upload a document describing your community benefit initiatives in more detail, or provide descriptions of additional initiatives your hospital undertook during the fiscal year. These need not be multi-year, ongoing initiatives.

Q116 Additional Programs Hospital Administered in FY18.pdf
121KB
application/pdf

Q124. Were all the needs identified in your CHNA addressed by an initiative of your hospital?

○ Yes
◉ No

Q125. Please check all of the needs that were NOT addressed by your community benefit initiatives.

☐ Access to Health Services: Health Insurance	☐ Heart Disease and Stroke
☐ Access to Health Services: Practicing PCPs	☐ HIV
☐ Access to Health Services: Regular PCP Visits	☐ Immunization and Infectious Diseases
☐ Access to Health Services: ED Wait Times	☐ Injury Prevention
☐ Adolescent Health	☐ Lesbian, Gay, Bisexual, and Transgender Health
☑ Arthritis, Osteoporosis, and Chronic Back Conditions	☐ Maternal and Infant Health
☑ Blood Disorders and Blood Safety	☐ Mental Health and Mental Disorders
☐ Cancer	☐ Nutrition and Weight Status
☐ Chronic Kidney Disease	☐ Older Adults
☐ Community Unity	☐ Oral Health
☑ Dementias, Including Alzheimer's Disease	☐ Physical Activity
☐ Diabetes	☐ Preparedness
☐ Disability and Health	☐ Respiratory Diseases
☐ Educational and Community-Based Programs	☑ Sexually Transmitted Diseases
☑ Emergency Preparedness	☑ Sleep Health
☐ Environmental Health	☐ Social Determinants of Health
☐ Family Planning	☐ Substance Abuse
☐ Food Safety	☐ Telehealth
☑ Genomics	☐ Tobacco Use
☑ Global Health	☐ Violence Prevention
☑ Health Communication and Health Information Technology	☐ Vision
☐ Health-Related Quality of Life and Well-Being	☐ Wound Care
☑ Hearing and Other Sensory or Communication Disorders	☐ Other. Please specify.

Q126. How do the hospital's community benefit operations/activities align with the State Health Improvement Process (SHIP)? The State Health Improvement Process (SHIP) seeks to provide a framework for accountability, local action, and public engagement to advance the health of Maryland residents. The SHIP measures represent what it means for Maryland to be healthy. Website: http://ship.md.networkofcare.org/ph/index.aspx. To the extent applicable, please explain how the hospital's community benefit activities align with the goal in each selected measure.

Enter details in the text box next to any SHIP goals that apply.

Measure	
Reduce infant mortality	
Reduce rate of sudden unexpected infant deaths (SUIDs)	
Reduce the teen birth rate (ages 15-19)	
Increase the % of pregnancies starting care in the 1st trimester	
Increase the proportion of children who receive blood lead screenings	
Increase the % of students entering kindergarten ready to learn	
Increase the %of students who graduate high school	
Increase the % of adults who are physically active	
Increase the % of adults who are at a healthy weight	
Reduce the % of children who are considered obese (high school only)	
Reduce the % of adults who are current smokers	
Reduce the % of youths using any kind of tobacco product (high school only)	
Reduce HIV infection rate (per 100,000 population)	
Reduce Chlamydia infection rate	
Increase life expectancy	
Reduce child maltreatment (per 1,000 population)	
Reduce suicide rate (per 100,000)	
Reduce domestic violence (per 100,000)	
Reduce the % of young children with high blood lead levels	
Decrease fall-related mortality (per 100,000)	
Reduce pedestrian injuries on public roads (per 100,000 population)	
Increase the % of affordable housing options	
Increase the % of adolescents receiving an annual wellness checkup	
Increase the % of adults with a usual primary care provider	
Increase the % of children receiving dental care	
Reduce % uninsured ED visits	
Reduce heart disease mortality (per 100,000)	
Reduce cancer mortality (per 100,000)	
Reduce diabetes-related emergency department visit rate (per 100,000)	
Reduce hypertension-related emergency department visit rate (per 100,000)	
Reduce drug induced mortality (per 100,000)	
Reduce mental health-related emergency department visit rate (per 100,000)	
Reduce addictions-related emergency department visit rate (per 100,000)	
Reduce Alzheimer's disease and other dementias-related hospitalizations (per 100,000)	
Reduce dental-related emergency department visit rate (per 100,000)	
Increase the % of children with recommended vaccinations	
Increase the % vaccinated annually for seasonal influenza	
Reduce asthma-related emergency department visit rate (per 10,000)	

Q127. (Optional) Did your hospital's initiatives in FY 2018 address other, non-SHIP, state health goals? If so, tell us about them below.

Q128. As required under HG §19-303, please select all of the gaps in physician availability in your hospital's CBSA. Select all that apply.

☐ No gaps

☑ Primary care

☑ Mental health

☑ Substance abuse/detoxification

☐ Internal medicine

☑ Dermatology

☑ Dental

☑ Neurosurgery/neurology

☐ General surgery

☑ Orthopedic specialties

☐ Obstetrics

☐ Otolaryngology

☐ Other. Please specify. [_____]

Q129. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand.

Hospital-Based Physicians	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	Monitor care of in-house patients who often do not have a primary care physician when they enter our emergency room for care
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)	
Other (provide detail of any subsidy not listed above)	
Other (provide detail of any subsidy not listed above)	

Q130. (Optional) Is there any other information about physician gaps that you would like to provide?

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 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 2017 Annual Filing, the "Part B" support provided by the Hospital as indicated in the "UR6" Schedule totals $16.1 million. The fiscal year 2018 Annual Filing has not been completed at this time, however FY18 "UR6" schedule totals are anticipated to be comparable if not greater than FY17, year over year costs for FY17 to FY18 increased approximately $1 million. To a hospital the size of Bon Secours, this is a significant outlay of support costs that are 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 are currently being filled ONLY via support from the Hospital. The gaps are currently being filled in the following specialist areas: - ED Coverage (approx. $5.2 million) - Anesthesia (approx. $1.7 million) - Medical/Surgical â€œHouse Coverageâ€ (approx. $1.6 million) - Psychiatry (approx. $3.1 million) - Intensive Care (approx. $0.9 million) - Radiology (approx. $0.6 million) - OR On-Call (approx. $0.4 million) - Primary Care/Op Specialty Care Services (approx. $0.8 million) - Cardiology/Vascular/EEG (approx. $0.2 million) - Substance Abuse (approx. $0.3 million) - Vascular (approx.. $0.2 million) - Other Specialties, including Laboratory, Hemodialysis, and Pathology In addition to these gaps currently filled via subsidy, relatively unmet specialty needs for both the insured and uninsured within our facility include ENT Specialist, limited G.I. (Gastrointestinal Specialist), Neurologist, Urologist, and Endocrinologist.

Q131. (Optional) Please attach any files containing further information regarding physician gaps at your hospital.

Q132. Upload a copy of your hospital's financial assistance policy.

english_7_17__financial_assistance_501r_compliance_policy_072017.pdf
22.5KB
application/pdf

Q133. Upload a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e).

fapsummary04012016.pdf
25.6KB
application/pdf

Q134. What is your hospital's household income threshold for medically necessary free care? Please respond with ranges as a percentage of the federal poverty level (FPL).

200%

Q135. What is your hospital's household income threshold for medically necessary reduced cost care? Please respond with ranges as a percentage of the FPL.

201%-400%

Q136. What are your hospital's criteria for reduced cost medically necessary care for cases of financial hardship? Please respond with ranges as a percentage of the FPL and household income. For example, household income between 301-500% of the FPL and a medical debt incurred over a 12-month period that exceeds 25 percent of household income.

N/A

Q137. Provide a brief description of how your hospital's FAP has changed since the ACA Expansion became effective on January 1, 2014.

Eliminated the sliding scale and implemented a tiered process where applicants receive discounted if their FPL is between 201%-400%

Q138. (Optional) Is there any other information about your hospital's FAP that you would like to provide?

Q139. (Optional) Please attach any files containing further information about your hospital's FAP.

Q140. You have reached the end of the questions, but you are not quite finished. When you click the button below, you will see a page with all of your answers together. You will see a link to download a pdf document of your answers, near the top of the page. You can download your answers to share with your leadership, board, or others as required by your internal processes. Your report will not be submitted to HSCRC until you have clicked the button at the bottom of the next page, the one with all your answers.

Location Data

Location: (39.287002563477, -76.647598266602)

Source: GeoIP Estimation

PART TWO: ATTACHMENTS

our goals

	2016	2017	2018	desired future

CO-CREATE HEALTHY COMMUNITIES

We recognize that the factors which drive health outcomes extend well beyond the scope of traditional health care services. Thus, we commit to improve the health of our communities through partnership and collaboration with a broad range of constituencies including committed community residents.

2016	2017	2018	desired future
Perform a Community Health Needs Assessment in partnership with "at least" other providers	Organize community "future search"/healthy communities shared vision events	Measure county rankings and well-being index progress	• Healthy community coalitions and structures in place and active
Establish county rankings and community well-being index baselines	Identify community champions and key stakeholders for coalitions	Establish healthy community coalitions and structures and implement priorities	• Public health partnerships in place and active • Affordable housing initiatives funded • Improvement demonstrated in at least two social determinants
Establish public health partnerships and evaluate housing needs	Begin implementation of public health priorities (Robert Wood Johnson Foundation's evidence-based model)	Complete affordable housing plans and fund initial projects	• Gallup self-reported well-being increased • Robert Wood Johnson Foundation county health rankings improved

BE PERSON CENTRIC

We recognize that those whom we serve are increasingly engaged in their own care and are seeking convenience, affordability and reliability. Thus, we commit to anticipate and respond to the changing expectations of health care consumers, and to ensure that we engage each person in an individualized plan for health with a focus on prevention and wellness.

2016	2017	2018	desired future
Ensure 100% compliance with the Reliable Care Accountability Matrix (RCAM)	Complete implementation of the ambulatory network plans	Ensure pricing transparency exists for all services	• Convenient care is available 24/7 (primary care, retail, home and virtual) decreasing time to access care
Implement Amwell virtual visits and integrate with ConnectCare	Fully implement the Patient-Family Centered Care approach	Continue to optimize ConnectCare capabilities	• Annual wellness visits completed (80% Medicare recipients, employees and risk contracted) • Highest community ranking for perception of most personalized care (National Research Corporation) achieved
Redesign primary care: wellness, care coordination, palliative care and ACO performance measures	Launch Super Clinically Integrated Networks (CINs) and new payor partnerships (Caremore)	Expand BSHSI Insurance Plan Partnerships across local systems	• Top decile achieved for ACO metrics, value-based reimbursement, mortality and hospital-acquired conditions • Networks are preferred and affordable with our facilities ranked 4 or 5 stars (hospitalcompare.gov)

SERVE THOSE WHO ARE VULNERABLE

We recognize, by our Catholic identity, that the struggle for a more humane world is not an option, but an integral part of spreading the Gospel. Thus, we commit to serve those who are vulnerable in many ways, addressing health disparities, sustaining global ministries, healing the environment and working to end violence and oppression.

2016	2017	2018	desired future
Ensure Madre de Cristo Clinic is fully equipped and operating	Open second health clinic in Huancayo, Peru	Open third health clinic in Peru	• Impact of global ministries is expanded
Implement best practices to enroll and improve access for the uninsured	Identify government funding/rebate opportunities for water-conserving technologies	Implement WaterSense products, landscape watering and cooling tower programs	• A leading health disparity is improved or eliminated and availability of behavioral health services is improved • Number of uninsured in our communities is reduced by 10%
Analyze and prioritize health disparities	Educate public officials and employees on five BSM advocacy areas and implement health disparities plan	Identify vendors with whom to collaborate on the reduction of human trafficking	• Annual BSHSI water consumption is reduced by 10% • Five BSM priorities show positive results
Develop behavioral health strategies	Integrate behavioral health with redesigned primary care and virtual visits	Ensure behavioral health practitioners are available in primary care and emergency departments	• Targeted vendors have committed to at least one BSM advocacy priority (e.g., human trafficking)

STRENGTHEN OUR CULTURE AND CAPABILITIES

We recognize that the health care delivery system is undergoing rapid change with increasing complexity. Thus, we commit to liberate the potential of our people by strengthening individual and collective capabilities with respect to ministry leadership, knowledge, analytics, innovation and finances.

2016	2017	2018	desired future
Grow employee and physician participation in cultural competency and ministry formation by 50%	Ensure Cultural Navigators are present in each local system to improve care equity	Achieve at least 75% of value-based purchasing (commercial and governmental)	• Top decile physician and employee engagement is achieved
Ensure business analytics platform goes live (WISDOM). Automate value-based purchasing measures	Organize at least three bundled payment initiatives for each market	Through Stewardship, lower total cost of care and improve operating performance	• Diversity/equity and inclusion are recognized nationally • Retention of entry-level employees increases through just wage and benefit improvements
Continue to hone employee wellness initiatives	Increase research opportunities for physicians and employees to innovate and improve care delivery	Complete two mergers and acquisitions/partnerships	• Innovation Institute commercializes three BSHSI ideas • Employee health and well-being indicators improve
Redefine organization redesign to enable the Strategic Quality Plan	Increase the number of Medicare recipients in the GoodHelp ACO	Ensure enterprise risk management and information technology security reach maturity	• Net revenues exceed $4.0 billion • A 4.0% sustainable operating margin is achieved
Assess potential for philanthropic giving in each market	Investigate mergers and acquisitions in contiguous geographies and key service lines like home health	Grow philanthropy more than 50% from fiscal year 2016 baseline	• We are culturally operating as One Bon Secours
Identify and add new expertise: healthy community facilitators and behavioral health leadership	Identify and add new expertise: epidemiology, data scientists and academic affiliations	Identify and add new expertise: actuarial/risk-based contracting capabilities	

BON SECOURS HEALTH SYSTEM

our strategic quality plan roadmap

BON SECOURS HEALTH SYSTEM®

strategic quality **plan**

2016-2018

AWAKENING THE
W**O**RLD

one bon secours

respect | compassion | justice | integrity | quality | innovation | stewardship | growth

our **identity**

our **charism**

The charism of Bon Secours is to bring God's **HEALING, COMPASSION,** and **LIBERATION** to people in need. Special attention is given to those who are poor, sick or dying by helping to alleviate their suffering and bringing them a message of hope and assurance that there is a God who loves them.

our **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 part of the healing ministry of Jesus Christ and the Catholic Church.

our **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.

7/29/15

directional statement of bon secours ministries

The call of the Gospel is to proclaim and participate in accomplishing God's hope for the world: that all will be united and reconciled ... with God, with each other, with ourselves and with all of creation. As Bon Secours, "we bear witness to the Good News of love, of hope, of justice and of peace"* and are called to be protectors of God's gifts through the ministries entrusted to us. As a ministry of the Catholic Church, continuing the healing mission of Jesus and in the tradition of the Sisters of Bon Secours, Bon Secours Ministries also believes that "the struggle for a more humane world is not an option; it is an integral part of spreading the Gospel."*

Therefore, faithful to the Charism of Bon Secours— God's gift of compassion leading to healing and liberation— Bon Secours Ministries, as sponsor of Bon Secours Health System, call all within this ministry to commit to:

- Foster a workplace wherein a deep sense of meaning and value strengthens co-workers' ministry experience
- Celebrate the gift of diversity and inclusion both within the work environment and the wider community
- Provide quality health and wellness care that is accessible to all in the communities we serve, particularly people who are marginalized
- Create collaborations and partnerships with others that liberate an innovative response to social and community needs
- Steward the resources of the ministry in creative and pioneering ways to ensure sustainability
- Advocate strongly to promote communities of healing and wholeness in order to end all forms of violence and oppression
- Collaborate to expand and sustain a commitment to support global ministries where it is needed*
- Promote the integrity of the environment and ecological health

Together, we pledge to support each other to be accountable to these commitments and the promise we make to be "good help to those in need."

*Based on the 2014 Congregation Chapter Commitment Statement and Constitutions of the Congregation of Sisters of Bon Secours of Paris (January 2, 2015).

New York

Maryland

Virginia

Kentucky

South Carolina

Haiti

Florida

Peru

South Africa

BON SECOURS HEALTH SYSTEM®

Q81 Initiative 2

Q82 Name of initiative.

1) Forensic Diversion Program (FDP)
2) Screening Brief Intervention Referral to Treatment (SBIRT)
3) Outpatient Civil Commitment (OCC)

Q83 Does this initiative address a need identified in your CHNA?

✓Yes (1)
○No (2)

Q84 Select the CHNA need(s) that apply.

- Educational and Community-Based Programs (14)

- Health-Related Quality of Life and Well-Being (22)

- Mental Health and Mental Disorders (30)

- Substance Abuse (40)
- Other. Please specify. (46)
    - 1) Decrease length of stay in correctional facilities for individuals who have been opined and/or adjudicated Incompetent to stand trial.
    - 2) Improve utilization of State Hospital beds for mentally ill offenders.
    - 3) Decrease the need to return mentally ill offenders to State Hospital or correctional facilities via Hospital Warrants.

Q85 When did this initiative begin?

FDP - September 2017
SBIRT - April 25, 2011
OCC – September 1, 2017

Q86 Does this initiative have an anticipated end date?

✓The initiative will end on a specific end date. Please specify the date. (1) **OCC: June 30, 2019**
○The initiative will end when a community or population health measure reaches a target value. Please describe. (2)
○The initiative will end when a clinical measure in the hospital reaches a target value. Please describe. (3)
○The initiative will end when external grant money to support the initiative runs out. Please explain. (4)
  ✓The initiative will end when a contract or agreement with a partner expires. Please explain. (5)
  OCC: This grant was previously supported through SAMHSA, but funding was pulled due to lack of participants in Baltimore City. This initiative was picked up by the Maryland Behavioral Health Administration to continue until June 30th, 2019.

✓Other. Please explain. (6) **The FDP and SBIRT initiatives do not have a specific end date. The FDP is not grant dependent**.

Q87 Enter the number of people in the population that this initiative targets.

FDP: 16% of incarcerated individuals have mental health issues.

SBIRT: 1:8 individuals in Baltimore City abuse substances.

OCC: ~75 per year

Q88 Describe the characteristics of the target population.
FDP:
> Mentally ill offenders opined and/ or adjudicated Incompetent to Stand Trial pursuant to Maryland Annotated Code, Criminal Procedure § 3-105; § 3-106.
> Mentally ill offenders who are currently released on Conditional Release or Parole/ Probation.

SBIRT
> Substance using individuals over the age of 18

OCC:
> People with severe mental illness who have more than 2 involuntary psychiatric hospitalizations in 90 days

Q89 How many people did this initiative reach during the fiscal year?

Q90 What category(ies) of intervention best fits this initiative? Select all that apply.
- ᵛChronic condition-based intervention: treatment intervention (1)
- ᵛChronic condition-based intervention: prevention intervention (2)
- ᵛAcute condition-based intervention: treatment intervention (3)
- ᵛSocial determinants of health intervention (6)
- ᵛCommunity engagement intervention (7)

Q91 Did you work with other individuals, groups, or organizations to deliver this initiative?

✓Yes. Please describe who was involved in this initiative.
FDP:
> (1)   Maryland Department of Health
> (2) District Court of Maryland
> (3) Maryland Department of Public Safety and Correctional Services

SBIRT
1. Behavioral Health System Baltimore
2. Overdose Survivors Outreach Project, (OSOP)
3. The MOSAIC Group

OCC
1. Various area hospitals
2. BHSB
3. BHA
4. NAMI

o No. (2)

Q92 Please describe the primary objective of the initiative.

These programs related to goals in our CHNA related to "The Healthy People" Initiative:

Goal2

Improve the health status of South West Baltimore residents by increasing awareness efforts and treatment options surrounding mental illness and addiction, and empowering residents that suffer from mental illness and addiction through health promotion and education.

Goal 3
Improve the health status of South West Baltimore residents by engaging the community in screening and educational events that promote healthier lifestyles and better self-management of health and chronic illness.

To help achieve these goals above, the following objectives were targeted for the following programs:

FDP:
1) Decrease length of stay in correctional facilities for individuals who have been opined and/or adjudicated Incompetent to stand trial.
2) Improve utilization of State Hospital beds for mentally ill offenders.
3) Decrease the need to return mentally ill offenders to State Hospital or correctional facilities via Hospital Warrants.

SBIRT:
1. To screen all ED patients for substance use
2. To identify ED patients at high risk for substance use disorders
3. To refer identified patients to Peer Recovery Coaches (PRC) for brief interventions and referrals to substance use treatment, as appropriate.

_____

Q93 Please describe how the initiative is delivered.

FDP:
Admission and psychiatric stabilization of mentally ill offenders who are referred from the Maryland Department of Health and District Court of Maryland, pursuant to Maryland Annotated Code, Criminal Procedure §3-105; §3-106.

SBIRT:
Peer Recovery Coaches (PRCs) 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 to provide 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.

OCC:
Patients with repeat involuntary psychiatric hospitalizations were connected with community services to help

prevent readmission, by a Peer with lived experience

_____

Q94 Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- Count of participants/encounters (1) _____
  1) FDP: Number of mentally ill offenders admitted to the Bon Secours, Forensic Diversion Program pursuant to Criminal Procedure § 3-105; §3-106, Maryland Annotated Code.
  2) SBIRT: 14,135 interventions of individuals identified with a substance use disorder, alcohol intoxication, alcohol problem, alcohol abuse, and suspected or identified drug overdoses have been conducted to date.
  3) 3) OCC: The program hoped to serve 75 individuals per year

- Other process/implementation measures (e.g. number of items distributed) (2) SBIRT: In the past

  quarter we have included measuring the # of naloxone scripts distributed monthly in the ED ▢

- Surveys of participants (3)

- Biophysical health indicators (4) _____

- Assessment of environmental change (5) _____

- Impact on policy change (6) _____

- Effects on healthcare utilization or cost (7) _____
  OCC – the goal was to decrease cost of care for these individuals, by decreased psychiatric hospitalizations

- Assessment of workforce development (8) _____

   Other (9) _____

Q95 Please describe the outcome(s) of the initiative.

FDP: There were 21 mentally ill offenders admitted to the Forensic Diversion Program during FY 18. 50% of these patients were released to the community, while the remaining were sent to State Hospitals for prolonged hospitalizations. The average length of stay (LOS) for patients opined competent to stand trial was 27. Our average LOS for all patients in this initiative is 25.5.

SBIRT:
1. **# of ED encounters screened: 21,293**
2. **# of ED encounter with positive screens: 7,145**
3. **Positive screens as % of total ED encounters screened: 33.89%**
   a. **# of encounters confirming Alcohol use>=4/day: 958**
   b. **# of encounters confirming Drug use(legal or illegal):5,882**

    c. **# of encounters confirming Cocaine use: 1,648**
    d. **# of encounters confirming Heroine use: 2,836**
    e. **# of encounters confirming Marijuana use: 2,458**
    f. **# of encounters confirming Other substance use: 353**
4. **# of brief interventions conducted by coaches: 1,835**
5. **# of referrals to treatment by coaches: 166**

OCC:
Reduced psychiatric hospitalizations

Q96 Please describe how the outcome(s) of the initiative addresses community health needs.

FDP:
There were 21 State Hospital Beds that were unencumbered because these patients were admitted to the Bon Secours Forensic Diversion Program

SBIRT:
We are addressing acute condition i.e. intoxication and/or overdose with both treatment and prevention alternatives.

OCC:
We are helping to provide resources needed to live independently in the community to those with severe mental illness.

Q97 What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

FDP - $62,811
SBIRT - $218,507
OCC- $114,016

Bon Secours Community Works
Fiscal Year Program Stats

FY 2018

In Fiscal Year 2018 (September 1, 2017-August 31, 2018), Bon Secours Community Works:
- Provided vital services to 3,573 low-income area residents, for a total of 20,226 client visits.
- Community Works Satellite Office, located on the first floor of Bon Secours Baltimore Hospital, provided 297 new client referrals.
- Held the 4th Annual Back to School Bash which served 137 families distributing 500 backpacks.

FINANCIAL SERVICES

Eviction Prevention
- 726 individuals/families were screened for eviction prevention assistance and benefited from a one-on-one assessment of their financial situation.
- Of those, 68 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 eviction prevention assistance distributed: $48,405.

EarnBenefits Screening (i.e. public benefits)
- 609 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, 472 clients were eligible for one or more public benefits.

Income Tax Preparation
- 341 clients received low-cost tax preparation.
- Total Federal Refunds generated: $533,407.
- Total State Refunds generated: $181,136.

CAREER DEVELOPMENT

Job Placement
- 90 clients gained paid employment with our job search and placement support obtaining 107 jobs.
- 9 additional clients received paid urban landscaping training and job readiness skills training through our six-month Clean and Green Neighborhood Revitalization program. Trainees improved 56 vacant lots.

CNA/GNA Training
- 90 clients enrolled and 80 completed the program
- 73 earned C.N.A./G.N.A. certification
- 66 clients gained employment

Patient Care Tech (PCT) Training- University of Maryland (Cohort #1)
- 10 clients enrolled and 9 completed the program
- 9 earned PCT certification
- 9 clients gained employment

Youth Employment Entrepreneurship Program (YEEP)

- 35 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
- 154 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.
- TYRO graduated 110 participants.
- Hosted two expungement workshops (78 persons served; 379 charges expunged).

FAMILY SUPPORT CENTER

Early Head Start
- 66 children and 12 pregnant mothers enrolled in and received Early Head Start (EHS) in-Center developmental care. A maximum of 57 children were served at a given time.
- In addition to EHS, parents/guardians participated in a wide variety of "Nurturing Parent Workshops" held throughout the year.

Teen Parent Program
- 41 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
- 36 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.

Women's Resource Center
- 186 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, 5 clients were veterans and 5 were disabled.
- 2009 meals were served during 179 days.

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 727 clients to access to WIC benefits by providing a facility. Of those, 69 clients were connected with additional services at Community Works.

FUTURE BALTIMORE

CNA/GNA
- 47 out of 50 enrolled trainees were screened for BH Works Universal Screening and matched with appropriate referral services.

Re-entry Success Program
- 30 participants enrolled in TYRO training program
- 18 graduated TYRO curriculum
- 16 obtained job placement, enrolled in a GED class and/or certification program

Urban Agriculture

- 882 pounds of food provided to 24 households bi-weekly and total market value food provided was $4,057
- Developed (1) paid internship program for local youth in produce growth and delivery
- Developed Garden Club curriculum and proposal
- Retrofitted two box trucks for refrigeration and mobile market delivery

Frederick Elementary School
- Adopted one local school which was deemed the worse performing school in Baltimore City
- Hired full-time staff Community School Coordinator for program execution and coordination
- Developed 13 tailored school programs including, walking school bus, food pantry, back to school health fair, mobile dental/eye care health services, family socialization programs

Community Health Worker/BH Works
- Hired one qualified Community Health Worker in March 2018.
- Conducted 452 behavioral health assessments using MDLogix BHWorks Universal screening.
- Trained 14 staff members to administer BHWorks Assessment.
- 226 qualified participants received a referral to an appropriate BSCW or external program that matched their needs: Anxiety Index=.971 (not significant); Depression Index=.861 (mild depression)

First Responders Training
- Hosted (3) Crisis Intervention Trainings with Baltimore City Police Officers
- 20 officers trained in December 2017, 28 officers trained in April 2018, 27 officers trained in August 2018. Of the 75 officers trained a total of 13 were in 21223 zip code.

OTHER PROGRAMS BON SECOURS PROVIDED IN FY 2018

Community Benefit Report

Q116 (Optional) If you wish, you may upload a document describing your community benefit initiatives in more detail, or provide descriptions of additional initiatives your hospital undertook during the fiscal year. These need not be multi-year, ongoing initiatives.

1) Forensic Diversion Program (FDP) and 2) Outpatient Civil Commitment (OCC)

Q1) Name of initiative: 1)Forensic Diversion Program (FDP) and 2) Outpatient Civil Commitment (OCC)

Q2) Does this initiative address a need identified in your CHNA? Yes (1)

Q3) Select the CHNA need(s) that apply.

- Educational and Community-Based Programs (14)

- Health-Related Quality of Life and Well-Being (22)

- Mental Health and Mental Disorders (30)

- Substance Abuse (40)

- Other. Please specify. (46)

    o 1) Decrease length of stay in correctional facilities for individuals who have been opined and/or adjudicated Incompetent to stand trial.

    o 2) Improve utilization of State Hospital beds for mentally ill offenders.

    o 3) Decrease the need to return mentally ill offenders to State Hospital or correctional facilities via Hospital Warrants.

Q4) When did this initiative begin?   1) FDP - September 2017   2) OCC – September 1, 2017

Q5) Does this initiative have an anticipated end date?

✓The initiative will end on a specific end date. Please specify the date. (1) OCC: June 30, 2019

✓The initiative will end when a contract or agreement with a partner expires. Please explain. (5)

OCC: This grant was previously supported through SAMHSA, but funding was pulled due to lack of

participants in Baltimore City. This initiative was picked up by the Maryland Behavioral Health Administration

to continue until June 30th, 2019.

✓Other. Please explain. (6) _The FDP initiative does not have a specific end date. The FDP is not grant dependent.

Q6) Enter the number of people in the population that this initiative targets.

1) FDP: 16% of incarcerated individuals have mental health issues.
2) OCC: ~75 per year

Q7) Describe the characteristics of the target population.
1) FDP
   a. Mentally ill offenders opined and/ or adjudicated Incompetent to Stand Trial pursuant to Maryland Annotated Code, Criminal Procedure § 3-105; § 3-106.
   b. Mentally ill offenders who are currently released on Conditional Release or Parole/ Probation.
2) OCC: People with severe mental illness who have more than 2 involuntary psychiatric hospitalizations in 90 days

Q8) How many people did this initiative reach during the fiscal year?
1) FDP: 21
2) OCC: Reduced psychiatric hospitalizations

Q9) What category(ies) of intervention best fits this initiative? Select all that apply.
✓Chronic condition-based intervention: treatment intervention (1)
✓Chronic condition-based intervention: prevention intervention (2)
✓Acute condition-based intervention: treatment intervention (3)
✓Social determinants of health intervention (6)
✓Community engagement intervention (7)

Q10) Did you work with other individuals, groups, or organizations to deliver this initiative?✓Yes.
Please describe who was involved in this initiative.
1) FDP:
   a. Maryland Department of Health
   b. District Court of Maryland
   c. Maryland Department of Public Safety and Correctional Services
2) OCC

    a. Various area hospitals
    b. BHSB
    c. BHA
    d. NAMI

Q11 Please describe the primary objective of the initiative.

These programs related to goals in our CHNA related to "The Healthy People" Initiative:

Goal2

Improve the health status of South West Baltimore residents by increasing awareness efforts and treatment options surrounding mental illness and addiction, and empowering residents that suffer from mental illness and addiction through health promotion and education.

Goal 3

Improve the health status of South West Baltimore residents by engaging the community in screening and educational events that promote healthier lifestyles and better self-management of health and chronic illness. To help achieve these goals above, the following objectives were targeted for the following programs:

1) FDP:

    1) Decrease length of stay in correctional facilities for individuals who have been opined and/or adjudicated Incompetent to stand trial.

    2) Improve utilization of State Hospital beds for mentally ill offenders.

    3) Decrease the need to return mentally ill offenders to State Hospital or correctional facilities via Hospital Warrants.

2) OCC: We are helping to provide resources needed to live independently in the community to those with severe mental illness

Q12 Please describe how the initiative is delivered.

1) FDP: Admission and psychiatric stabilization of mentally ill offenders who are referred from the Maryland Department of Health and District Court of Maryland, pursuant to Maryland Annotated Code, Criminal Procedure §3-105; §3-106.

2) OCC: Patients with repeat involuntary psychiatric hospitalizations were connected with community services to help prevent readmission, by a Peer with lived experience

Q13 Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- Count of participants/encounters (1) _____
  1) FDP: Number of mentally ill offenders admitted to the Bon Secours, Forensic Diversion Program pursuant to Criminal Procedure § 3-105; §3-106, Maryland Annotated Code.
  2) OCC: The program hoped to serve 75 individuals per year
- ✓Other process/implementation measures (e.g. number of items distributed) ▢
- ✓Effects on healthcare utilization or cost (7) _____
  OCC – the goal was to decrease cost of care for these individuals, by decreased psychiatric hospitalizations

Q14 Please describe the outcome(s) of the initiative.

1) FDP: There were 21 mentally ill offenders admitted to the Forensic Diversion Program during FY 18. 50% of these patients were released to the community, while the remaining were sent to State Hospitals for prolonged hospitalizations. The average length of stay (LOS) for patients opined competent to stand trial was 27. Our average LOS for all patients in this initiative is 25.5.
2) OCC: Reduced psychiatric hospitalizations

Q15 Please describe how the outcome(s) of the initiative addresses community health needs.

1) FDP: There were 21 State Hospital Beds that were unencumbered because these patients were admitted to the Bon Secours Forensic Diversion Program
2) OCC: We are helping to provide resources needed to live independently in the community to those with severe mental illness.

Q16 What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

1) FDP - $62,811
2) OCC- $114,016

Bon Secours Community Works (BSCW) Program Areas:

Workforce Development (WFD), Family Support Center (FSC), Women's Resource Center (WRC),

Financial Services (FS), and Future Baltimore (FB)

Q1) Name of initiative: Bon Secours Community Works (BSCW) has three primary initiatives identified in the CHNA 2016: Healthy People, Healthy Economy and Healthy Environment. These initiatives were addressed through various programming in: Workforce Development (WFD), Family Support Center (FSC)

Q2) Does this initiative address a need identified in your CHNA? Yes (1)

Q3) Select the CHNA need(s) that apply.

1) Access to Health
2) Adolescent Health
3) Community Unity (10)
4) Educational and Community-Based Programs (14)
5) Health-Related Quality of Life and Well-Being (22)
6) Maternal and Infant Health (29)
7) Mental Health and Mental Disorders
8) Social Determinants of Health
9) Other. Please specify: a) Healthy food access b)Returning Citizens

Q4) When did this initiative begin?

1) Bon Secours Community Works (BSCW) - May 1998
2) Workforce Development (WFD) – May 1998
3) Family Support Center (FSC) - 1997
4) Financial Services (FS) - 2003
5) Women's Resource Center (WRC) - 1997
6) Future Baltimore (FB) - September 2017

Q5) Does this initiative have an anticipated end date?

✓The initiative will end on a specific end date. Please specify the date. (1) _____

(1) FS Eviction Prevention Program ended March 2018 due to funding cuts. However, Bon Secours
Foundation and Prosperity Now funding supports many of the financial initiatives; for example, debt
management, credit and budgeting, and financial literacy.

✓ Other. Please explain. (6):

All initiatives are supported by federal, state and/or foundation grants. Although most programs end when
the contract or agreement with a partner expires BSCW has been eligible for renewal funding to support
multi-year programming initiatives.

Q6) Enter the number of people in the population that this initiative targets.

Southwest Baltimore target population is 17,885 (CSA, BNIA Vital Signs 16)

Q7) Describe the characteristics of the target population.

Residents of Southwest Baltimore.

Q8) How many people did this initiative reach during the fiscal year?

Please refer to the Bon Secours Community Works Fiscal Year Program Stats attached in Q121.

Q9) What category(ies) of intervention best fits this initiative? Select all that apply.

    a) Social determinants of health intervention (6)
    b) Community engagement intervention (7)

Q10) Did you work with other individuals, groups, or organizations to deliver this initiative?Yes.

Please describe who was involved in this initiative.

    1) WFD:
            a. IT Works
            b. Mayor's Office Employment Development
            c. Think Tank

    2) FSC: Kennedy Krieger (mental health)

    3) WRC: Bon Secours Hospital (mental health)
    4) FB:
            a. Kaiser Permanente
            b. Frederick Elementary
            c. MdLogix BHWorks
            d.

Q11) Please describe the primary objective of the initiative.

Community Works addresses many goals, as identified in our CHNA, through our various program offerings. The goals are listed below:

<u>Healthy People</u>

Goal 1

Improve residents' access to healthy food and nutrition, and increase health education.

Goal 2

Improve the health status of South West Baltimore residents by increasing awareness efforts and treatment options surrounding mental illness and addiction, and empowering residents that suffer from mental illness and addiction through health promotion and education.

Goal 3

Improve the health status of South West Baltimore residents by engaging the community in screening and educational events that promote healthier lifestyles and better self-management of health and chronic illness.

Goal 4

Improve the health status of South West Baltimore youth by increasing awareness efforts and preventive measures related to children's health to promote healthy lifestyles for the entire family.

<u>Healthy Economy</u>

Goal 1

Improve Baltimore residents' economic status by providing job readiness programs, ongoing adult education, and specific youth outreach, and participating in the creation of jobs in areas in which we have the most expertise and influence, namely, the health care field.

Goal 2

Support the creation and preservation of affordable housing opportunities for families, seniors and special populations through the development of additional housing units.

<u>Healthy Environment</u>

Goal 1

Increase the number of public green spaces that are safe and well-maintained by supporting the transformation of vacant lots to develop safe, public spaces for use by the community.

Goal 2

Address ongoing community resident concerns related to crime and sanitation.

Q12) Please describe how the initiative is delivered.

Bon Secours Community Works has implemented over 20 programs within the Healthy People major initiative area. 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 by targeting 1) increased access to healthy food, especially produce and increased knowledge of nutrition and healthy food preparation through our Clean & Green and Urban Agriculture programs; 2) support in addressing its high infant mortality rates through home visiting programs. 3) The community has an over-reliance on the Emergency Department for primary care so the use of behavioral health and substance abuse assessment tools helps to address concerns and remove barriers early. 4) Adults and children have access to programs addressing behavioral health, substance abuse, and psychological rehabilitation. 5) Bon Secours 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. 6) Increase access to supports and services related to mental health and trauma related health issues. 7) Provide additional opportunities to integrate fitness into residents' daily lives and additional opportunities to make use of preventative services.

Healthy Economy refers to the financial status of individuals and the community, and emphasizes the impact that income has on health. BSCW programs help to improve individual's financial status by focusing on increased financial literacy and job readiness. 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. BSCW programs target 1) Community residents need to access additional affordable housing opportunities. 2) Providing community residents with training and preparation for in-demand industry jobs to decrease unemployment. 3) Community residents who were formerly incarcerated need re-entry supports to ensure a positive transition back to the community.

Healthy Environment refers to the green space, play space, and safe space in the local community. This initiative was implemented to target 1) The community needs support to address quality of life issues in the neighborhoods of Bon Secours, including crime and sanitation. 2) 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.

Q13) Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

✓Count of participants/encounters (1)

In Fiscal Year 2018 (September 1, 2017- August 31, 2018), Bon Secours Community Works provided vital services to 3,573 low income area residents for a total of 20,226 client visits. Community Works satellite office located in Bon Secours Hospital provided 297 new client referrals. Although not operated by Bon Secours, the Baltimore City Women, Infant & Children (WIC) Program is located at BSCW, so we enable an additional 727 client to access WIC benefits.

During FY18 BSCW implemented the use of a new screening tool for assessing SDOH, behavioral health and substance abuse using MDLogix BHWorks Universal screen conducting 452 behavioral assessments and of those 226 qualified participants received a referral to an appropriate BSCW or external program that matched their needs.

✓Other process/implementation measures (e.g. number of items distributed) (2)

BSCW hosted the 4th Annual Back To School Bash and served 137 families distributing 500 backpacks.

WRC served 186 women in an unstable housing situation receiving one or more services which included 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 clients, 5 were veterans and 5 were disabled. The WRC provides two (2) meals per day and emergency food bags to women in crisis. During the fiscal year 2009 meals were served during 179 opened days.

FB Urban Agriculture program distributed 882.15 pounds of food provided to 24 households bi-weekly and total market value food provided was 4,057.

BSCW works in partnership with Maryland Legal Aid to provide two (2) free expungement services to community residents. During FY18 78 clients were served and 379 charges expunged.

✓Surveys of participants (3) _____

Client satisfaction surveys are given to all occupational-skills training students participating in Certified Nursing Assistant/Geriatric Nursing Assistant, Clean & Green, and Patient Care Tech training programs. During FY18 client satisfaction survey was given to approximately 90 clients during their 3-6 month programs and adjustments to programs were made where and when necessary. Overall, clients were satisfied with program delivery at BSCW and outside providers (i.e. IT Works).

✓Other (9) _____

BSCW provided the Anchor Group which is comprised of three (3) community organization: Boyd Booth, Fayette Street Outreach, Franklin Square; and three (3) faith-based organizations: Celebration Church at Monroe St, Central Baptist Church, Tabernacle of the Lord with a yearlong Leadership Training that addresses grant writing, building partnerships, fund development, marketing, leading meetings, increasing local support within their organizations and a host of other topics. Each organization has 2-3 representatives in attendance for the monthly meetings.

Q14) Please describe the outcome(s) of the initiative.

The outcomes are attached in the Bon Secours Community Works Fiscal Year Program Stats.

Q15) Please describe how the outcome(s) of the initiative addresses community health needs.

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. Specifically, zip code 21223 ranks the lowest and shows the lowest disparity in educational attainment, employment, and poverty. All of the health disparities observed, greatly impact a thriving community that is focused on Healthy People, Healthy Economy and Healthy Environment. The outcomes of the initiatives address community health needs by:

- Participating in the creation of jobs and preparing residents for jobs in areas which we have the most expertise and influence

- Providing job readiness programs and ongoing adult education
- Create connections to opportunities in the growing health care field, namely we can help both our industry and our community.
- Improve the housing market to retain and attract homeowners through economic, physical and marketing strategies.
- 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 Bon Secours Community Works
- Improve the health status of residents, with a particular focus on substance abuse, infant mortality, chronic illnesses and mental health
- Reaching out to, educating and providing services to at-risk and stigmatized populations
- Using improved assessment, screening and prevention tools and strategies

Q16) What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

1) Women's Resource Center- $231,962
2) Financial Services- $636,208
3) Family Support Center- $2,041,728
4) Career Development- $1,317,852

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. <u>Amounts Charged to Patients</u>
   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. <u>AGB</u>
   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. <u>Presumptive Eligibility</u>
   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. <u>Eligibility Period</u>
   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. <u>Participating Providers</u>
   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.

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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, 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.