

Q1.

Introduction:

COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

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

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

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

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

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

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

	Is this information correct?		If no, please provide the correct information here:
	Yes	No	
The proper name of your hospital is: Howard County General Hospital	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital's ID is: 210048	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital is part of the hospital system called Johns Hopkins Medicine.	<input checked="" type="radio"/>	<input type="radio"/>	

Q4. The next two questions ask about the area where your hospital directs its community benefit efforts, called the Community Benefit Service Area. You may find [these community health statistics](#) useful in preparing your responses.

Q5. (Optional) Please describe any other community health statistics that your hospital uses in its community benefit efforts.

HCGH utilizes the Maryland SHIP metrics as well as the US Census Bureau, American Community Survey, County Health Rankings, and Truven/IBM Market Expert. HCGH also uses the United Way's ALICE report to review community members above the poverty line but with financial challenges due to the high cost of living in the county. Finally, HCGH partners with the Howard County Health Department, the Horizon Foundation, the Columbia Association, and OpinionWorks to design and administer the Howard County Health Assessment Survey every two years. This Howard County-specific survey asks residents questions about a variety of health-related information such as chronic disease, physical activity, nutrition, and behavioral health.

Q6. (Optional) Please attach any files containing community health statistics that your hospital uses in its community benefit efforts.

Q7. Section I - General Info Part 2 - Community Benefit Service Area

Q8. Please select the county or counties located in your hospital's CBSA.

- | | | |
|--|--|---|
| <input type="checkbox"/> Allegany County | <input type="checkbox"/> Charles County | <input type="checkbox"/> Prince George's County |
| <input type="checkbox"/> Anne Arundel County | <input type="checkbox"/> Dorchester County | <input type="checkbox"/> Queen Anne's County |
| <input type="checkbox"/> Baltimore City | <input checked="" type="checkbox"/> Frederick County | <input type="checkbox"/> Somerset County |
| <input type="checkbox"/> Baltimore County | <input type="checkbox"/> Garrett County | <input type="checkbox"/> St. Mary's County |
| <input type="checkbox"/> Calvert County | <input type="checkbox"/> Harford County | <input type="checkbox"/> Talbot County |
| <input type="checkbox"/> Caroline County | <input checked="" type="checkbox"/> Howard County | <input type="checkbox"/> Washington County |
| <input checked="" type="checkbox"/> Carroll County | <input type="checkbox"/> Kent County | <input type="checkbox"/> Wicomico County |

Cecil County

Montgomery County

Worcester County

Q9. Please check all Allegany County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q10. Please check all Anne Arundel County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

Q12. Please check all Baltimore County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q13. Please check all Calvert County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q14. Please check all Caroline County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q15. Please check all Carroll County ZIP codes located in your hospital's CBSA.

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

Q16. Please check all Cecil County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q17. Please check all Charles County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q18. Please check all Dorchester County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q19. Please check all Frederick County ZIP codes located in your hospital's CBSA.

- | | | |
|--------------------------------|---|--------------------------------|
| <input type="checkbox"/> 20842 | <input type="checkbox"/> 21719 | <input type="checkbox"/> 21775 |
| <input type="checkbox"/> 20871 | <input type="checkbox"/> 21727 | <input type="checkbox"/> 21776 |
| <input type="checkbox"/> 21701 | <input type="checkbox"/> 21754 | <input type="checkbox"/> 21777 |
| <input type="checkbox"/> 21702 | <input type="checkbox"/> 21755 | <input type="checkbox"/> 21778 |
| <input type="checkbox"/> 21703 | <input type="checkbox"/> 21757 | <input type="checkbox"/> 21780 |
| <input type="checkbox"/> 21704 | <input type="checkbox"/> 21758 | <input type="checkbox"/> 21783 |
| <input type="checkbox"/> 21705 | <input type="checkbox"/> 21759 | <input type="checkbox"/> 21787 |
| <input type="checkbox"/> 21710 | <input type="checkbox"/> 21762 | <input type="checkbox"/> 21788 |
| <input type="checkbox"/> 21713 | <input type="checkbox"/> 21769 | <input type="checkbox"/> 21790 |
| <input type="checkbox"/> 21714 | <input type="checkbox"/> 21770 | <input type="checkbox"/> 21791 |
| <input type="checkbox"/> 21716 | <input checked="" type="checkbox"/> 21771 | <input type="checkbox"/> 21793 |

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Q20. Please check all Garrett County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q21. Please check all Harford County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

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

20701

21041

21150

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20759

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21723

20763

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20777

21045

21738

20794

21046

21765

20833

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21076

21784

21036

21104

21794

Q23. Please check all Kent County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q24. Please check all Montgomery County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q25. Please check all Prince George's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

Q33. How did your hospital identify its CBSA?

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

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

Based on patterns of utilization. Please describe.

HCGH selects its community benefit service area based on the geographic source of the majority of its inpatient utilization.

Other. Please describe.

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

Howard County, located between Baltimore and Washington D.C., is a relatively affluent, educated and healthy community. The county is home to urban, suburban, and rural communities. Howard County continues to rank as one of the healthiest counties in the state of Maryland, according to the Robert Wood Johnson Foundation and University of Wisconsin County Health Rankings. Furthermore, Money Magazine has recently ranked two communities in Howard County, Columbia and Ellicott City, in the top five places to live in America due to their diversity and inclusiveness, high-quality schools, educated populace, economic opportunity, and relatively low median home price for the area. In 2019, U.S. News and World Report ranked Howard County in the top ten healthiest counties in America. Due to these factors, Howard County is increasing in popularity for young families as well as those aging in place, and the population is growing accordingly. Howard County is inhabited by 321,113 residents. The county's population is growing more quickly than both the state and nation's populations; between 2010 and 2017 the county's population grew by 11.8%. The county's population is 51% female. Between 2017 and 2035, the overall population is estimated to increase by 15%. During the same time period, those age 50 and older will increase by 60.7%, which is more than double the aging rate for the total county population. An estimated 38% of county residents will be 50 or older by 2035. In the next 5 years alone, the 65 and older population of Howard County, currently making up 13.2% of the county's population, is projected to grow by nearly 25%. As Howard County grows, it has become increasingly diverse. 57% of the county's residents are white, followed by 19.5% Black and 18.9% Asian. 6.8% of residents identify as Hispanic or Latino. 20.8% of residents are foreign-born. 25.2% of the population speaks a language other than English at home; the most common foreign languages in the county are Spanish, Korean, and Chinese. The average household size in Howard County is 2.8 persons and the average family size is 3.24 persons. Howard County overall has a high median household income, but there is significant wealth disparity in the county depending on zip code as well as race/ethnicity. 3.3% of white Howard County residents are below the poverty level, whereas 10.3% of Black or African American residents and 7.7% of Hispanic or Latino residents meet these criteria.

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

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

https://www.hopkinsmedicine.org/howard_county_general_hospital/services/

Q37. Is your hospital an academic medical center?

- Yes
 No

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

Howard County General Hospital: A Member of Johns Hopkins Medicine is a private, not-for-profit, community health care provider, governed by a community-based board of trustees. Opened in 1973, the original 59-bed, short-stay hospital has grown into a comprehensive acute care medical center with 225 licensed beds, specializing in women's and children's services, surgery, cardiology, oncology, orthopedics, gerontology, psychiatry, emergency services and community health education. In June 1998, Howard County General Hospital joined Johns Hopkins Medicine. Howard County General Hospital cares for its community through the collaborative efforts of a wide range of people. HCGH staff includes more than 1,800 employees. It is the second largest private employer in Howard County and employs nearly 1,000 Howard County residents. A diverse workforce, 51 percent of hospital staff are minorities. The hospital's professional staff is comprised of more than 1,000 physicians and allied health professionals, representing nearly 100 specialties and subspecialties. Ninety-five percent of the physicians are board-certified in their specialty. Hospital expenditures total approximately \$267 million per year, much of which is spent locally for supplies and services. This figure includes salaries and benefits of approximately \$128 million. More than 370 volunteers contributed over 26,800 hours of service in FY 2019, working in all areas of the hospital and the community to support the hospital and its services. In FY 2019, HCGH provided services to nearly 200,000 people, including evaluation and treatment of over 78,000 patients in the emergency department. There were over 22,000 patients admitted to or observed in the hospital, nearly 10,000 surgeries performed, and over 3,000 babies delivered. In addition to the many hospital-based services, HCGH also provided outpatient services to over 45,000 patients, and reached over 30,000 people in the community through outreach, health promotion, and wellness programs. In our commitment to be Howard County's trusted source of health and wellness, HCGH is building programs and working with community partners to meet the health needs of our community. These partnerships allow HCGH and its partners to reach out to Howard County's most vulnerable, chronically ill, and/or high-utilizing community members and provide connections to resources, home-based care, and community support.

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

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

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

- Yes
- No

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

This question was not displayed to the respondent.

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

06/30/2019

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

https://www.hopkinsmedicine.org/howard_county_general_hospital/about/giving_back/chna.html

Q45. Did you make your CHNA available in other formats, languages, or media?

- Yes
- No

Q46. Please describe the other formats in which you made your CHNA available.

Print, online PDF

Q47. Section II - CHNA Part 2 - Participants

Q48. Please use the table below to tell us about the internal participants involved in your most recent CHNA.

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

Senior Executives (CEO, CFO, VP, etc.) (facility level)

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)

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

Senior Executives (CEO, CFO, VP, etc.) (system level)

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

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)

Reviewed and approved CHNA and Implementation Strategies
Other - If you selected "Other (explain)," please type your explanation below:

Board of Directors or Board Committee (system level)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)

Sign off on system CHNA strategies
Other - If you selected "Other (explain)," please type your explanation below:

Clinical Leadership (facility level)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)

Reviewed and approved CHNA and Implementation Strategies
Other - If you selected "Other (explain)," please type your explanation below:

Clinical Leadership (system level)

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)

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

Population Health Staff (facility level)

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)

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

Population Health Staff (system level)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A - Person or Organization was not Involved	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:

Community Benefit staff (facility level)

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)

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

Community Benefit staff (system level)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Review of CHNA

Local Health Department -- Please list the Local Health Departments here:
Howard County Health Department

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

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

Local Health Improvement Coalition -- Please list the LHICs here:
Howard County LHIC

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

No specific individuals involved but we did use data from the Maryland Department of Health in the CHNA.

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

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

Maryland Department of Human Resources

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

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

Maryland Department of Natural Resources

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

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

Maryland Department of the Environment

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

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

Maryland Department of Transportation

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

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

Maryland Department of Education

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

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

Area Agency on Aging -- Please list the agencies here:
Office on Aging, Howard County Department of Community Resources and Services

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

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

Local Govt. Organizations -- Please list the organizations here:
Howard County Department of Community Resources and Services

	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Faith-Based Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School - K-12 -- Please list the schools here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School - Colleges and/or Universities -- Please list the schools here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School of Public Health -- Please list the schools here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School - Medical School -- Please list the schools here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School - Nursing School -- Please list the schools here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School - Dental School -- Please list the schools here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School - Pharmacy School -- Please list the schools here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Behavioral Health Organizations -- Please list the organizations here: Way Station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	N/A - Person or Organization was not involved	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:
Social Service Organizations -- Please list the organizations here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Post-Acute Care Facilities -- please list the facilities here: Lorien	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Community/Neighborhood Organizations -- Please list the organizations here: Columbia Association	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Consumer/Public Advocacy Organizations - Please list the organizations here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other -- If any other people or organizations were involved, please list them here: Horizon Foundation, OpinionWorks LLC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Q51. Section II - CHNA Part 3 - Follow-up

Q52. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

- Yes
- No

Q53. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

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

Q55. Please explain why your hospital has not adopted an implementation strategy. Please include whether the hospital has a plan and/or a timeframe for an implementation strategy.

This question was not displayed to the respondent.

Q56. Please select the health needs identified in your most recent CHNA. Select all that apply even if a need was not addressed by a reported initiative.

- 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
- Access to Health Services: Outpatient Services
- Adolescent Health
- Arthritis, Osteoporosis, and Chronic Back Conditions
- Behavioral Health, including Mental Health and/or Substance Abuse
- Cancer
- Children's Health
- Chronic Kidney Disease
- Community Unity
- Dementias, Including Alzheimer's Disease
- Diabetes
- Disability and Health
- Educational and Community-Based Programs
- Environmental Health
- Family Planning
- Food Safety
- Global Health
- Health Communication and Health Information Technology
- Health Literacy
- Health-Related Quality of Life & Well-Being
- Heart Disease and Stroke
- HIV
- Immunization and Infectious Diseases
- Injury Prevention
- Lesbian, Gay, Bisexual, and Transgender Health
- Maternal & Infant Health
- Nutrition and Weight Status
- Older Adults
- Oral Health
- Physical Activity
- Respiratory Diseases
- Sexually Transmitted Diseases
- Sleep Health
- Telehealth
- Tobacco Use
- Violence Prevention
- Vision
- Wound Care
- Housing & Homelessness
- Transportation
- Unemployment & Poverty
- Other Social Determinants of Health
- Other (specify)

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

In the 2019 CHNA, HCGH identified the following five areas as top priorities for community health improvement efforts: 1. Access to Care 2. Behavioral Health 3. Healthy Aging 4. Healthy Weight 5. Maternal and Infant Health. Other than the addition of maternal/infant health as a fifth priority, these are essentially identical to the top four priorities as identified by the task force in the 2016 CHNA process, which included the following: 1. Access to Affordable Care 2. Healthy Weight 3. Behavioral Health 4. Healthy Aging. Many of the partnerships identified in the 2016 CHNA were ongoing through the 2019 CHNA and present. Several strategies identified in the 2016 CHNA continued through the 2019 implementation plan, including implementing the Community Care Team for high utilizing chronically ill elderly patients, supporting the Howard County bikeshare program, and providing school-based telemedicine to Howard County children.

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

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

Q60. Section III - CB Administration Part 1 - Participants

Q61. Please use the table below to tell us about how internal staff members were involved in your hospital's community benefit activities during the fiscal year.

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

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

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

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

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

Maryland Department of Human Resources

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

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

Maryland Department of Natural Resources

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

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

Maryland Department of the Environment

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 Transportation

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

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:

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

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

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

Local Govt. Organizations -- Please list the organizations here:

N/A - Person or Organization was not involved
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:

Faith-Based Organizations

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

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

School - K-12 -- Please list the schools here:

Howard County Public School System

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

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

School - Colleges and/or Universities -- Please list the schools here:

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

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

School of Public Health -- Please list the schools here:

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

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

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

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

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

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

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

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

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

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

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

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

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A - Person or Organization was not involved	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:

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

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

Social Service Organizations -- Please list the organizations here:

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

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

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

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

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

Community/Neighborhood Organizations -- Please list the organizations here:

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

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

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

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

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

Other -- If any other people or organizations were involved, please list them here:

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

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

Q64. Section III - CB Administration Part 2 - Process & Governance

Q65. Does your hospital conduct an internal audit of the annual community benefit financial spreadsheet? Select all that apply.

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

Q66. Does your hospital conduct an internal audit of the community benefit narrative?

- Yes
- No

Q67. Please describe the community benefit narrative audit process.

The community benefit narrative is reviewed by the hospital's president (Steve Snelgrove), VP of Population Health (Elizabeth Kromm) and the Chief Financial Officer (Claro Pio Roda). Select elements of the narrative are discussed prior to submission at the system level with the Community Health Improvement Strategy Council.

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

- Yes
- No

Q69. Please explain:

This question was not displayed to the respondent.

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

- Yes
- No

Q71. Please explain:

This question was not displayed to the respondent.

Q72. Does your hospital include community benefit planning and investments in its internal strategic plan?

- Yes
- No

Q73. Please describe how community benefit planning and investments are included in your hospital's internal strategic plan.

Community Benefits activities are included every year in the Johns Hopkins Medicine five-year strategic plan. In FY2019, these activities were included in the Integration pillar of the JHM plan, where HCGH set specific goals related to our health priorities as identified in the Community Health Needs Assessment. These health priorities are as follows: Access to Care; Behavioral Health; Healthy Aging; Healthy Weight; and Maternal/Infant Health. These priorities are integrated into HCGH's ongoing initiatives. Howard County General Hospital set the following two strategic objectives for FY2019 to support these priorities: • Strategic Objective 1: Access to Care: Develop and implement a home-based medicine program in collaboration with multiple entities within Johns Hopkins Medicine. Completion date: 6/30/19. Final status: Implementation and transition plan approved by all entities. Howard County go-live timeline established for Q1 FY20 (provider identified and working on onboarding). • Strategic Objective 2: Behavioral Health: Increase behavioral health provider capacity in the HCGH emergency department by expanding the social work and navigation support services for patients and families/caregivers. Completion date: 6/30/19. Final status: Behavioral health navigators hired and started in November 2018. Patient and family education program initiated.

Q74. (Optional) If available, please provide a link to your hospital's strategic plan.

https://www.hopkinsmedicine.org/strategic_plan/

Q75. (Optional) Is there any other information about your hospital's community benefit administration and external collaboration that you would like to provide?

Q76. (Optional) Please attach any files containing information regarding your hospital's community benefit administration and external collaboration.

Q77. Based on the implementation strategy developed through the CHNA process, please describe *three* ongoing, multi-year programs and initiatives undertaken by your hospital to address community health needs during the fiscal year.

Q78. Section IV - CB Initiatives Part 1 - Initiative 1

Q79. Name of initiative.

Behavioral Health Services: Rapid Access Program, Mental Health First Aid, and Peer Recovery Support Specialists

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

- Yes
- No

Q81. In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, Access to Health Services: Practicing PCPs, Access to Health Services: Regular PCP Visits, Access to Health Services: ED Wait Times, Behavioral Health, including Mental Health and/or Substance Abuse, Maternal & Infant Health, Nutrition and Weight Status, Older Adults, Physical Activity, Other Social Determinants of Health
Other:

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

- | | |
|---|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance | <input type="checkbox"/> Heart Disease and Stroke |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Immunization and Infectious Diseases |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input type="checkbox"/> Injury Prevention |
| <input type="checkbox"/> Access to Health Services: Outpatient Services | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input type="checkbox"/> Adolescent Health | <input type="checkbox"/> Maternal and Infant Health |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input type="checkbox"/> Nutrition and Weight Status |
| <input checked="" type="checkbox"/> Behavioral Health, including Mental Health and/or Substance Abuse | <input type="checkbox"/> Older Adults |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Children's Health | <input type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> Respiratory Diseases |
| <input type="checkbox"/> Community Unity | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Dementias, including Alzheimer's Disease | <input type="checkbox"/> Sleep Health |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Disability and Health | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Educational and Community-Based Programs | <input type="checkbox"/> Violence Prevention |
| <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> Housing & Homelessness |
| <input type="checkbox"/> Global Health | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Health Communication and Health Information Technology | <input type="checkbox"/> Unemployment & Poverty |
| <input type="checkbox"/> Health Literacy | <input type="checkbox"/> Other Social Determinants of Health |
| <input type="checkbox"/> Health-Related Quality of Life & Well-Being | <input type="checkbox"/> Other (specify) <input type="text"/> |

Q82. When did this initiative begin?

September 2015

Q83. Does this initiative have an anticipated end date?

- No, the initiative has no anticipated end date.
- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.

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

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

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

- Other. Please explain.

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

Behavioral health was one of four areas identified in the 2016 Community Health Needs Assessment and continued to be a key area in the 2019 CHNA. The percent of residents reporting presently taking medicine or receiving treatment from a health professional for a mental health condition or emotional problem increased to 13% in 2018 (up from 7% in 2014 and 11% in 2016). When split out by gender, 7% of men and 18% of women are seeking treatment for a mental health or emotional problem. Another issue that Howard County residents report is stress about having enough money for vital living expenses. This problem is most notable among the Hispanic population (20%), followed by African Americans (15%), Whites (8%), and Asians (6%). HCGH has begun to address behavioral health needs in Howard County through three initiatives: 1) Rapid Access Program (RAP), a program designed to provide access to appointments for urgent, outpatient crisis stabilization services for patients presenting to HCGH's emergency department 2) Mental Health First Aid (MHFA) training, an education program to introduce participants to risk factors and warning signs of mental illness 3) Peer Recovery Support Specialists (PRSS), a program that links individuals with a history of substance abuse who are currently in recovery and have completed training in addictions, with patients currently struggling with substance abuse with an inpatient or outpatient hospital encounter.

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

239,194

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

RAP: 222 enrollees. MHFA: 70 course completions. PRSS: 136 referred, 108 connected.

Q87. What category(ies) of intervention best fits this initiative? Select all that apply.

- Chronic condition-based intervention: treatment intervention
- Chronic condition-based intervention: prevention intervention
- Acute condition-based intervention: treatment intervention
- Acute condition-based intervention: prevention intervention
- Condition-agnostic treatment intervention
- Social determinants of health intervention
- Community engagement intervention
-

Other. Please specify.

Q88. Did you work with other individuals, groups, or organizations to deliver this initiative?

Yes. Please describe who was involved in this initiative.

Howard County Mental Health Authority ; Way Station Inc; Howard County LHIC; NAMI Howard County ; The Horizon Foundation; Howard County Health Department; HC Drug Free; On Our Own Howard County ; MD Chapter, American Academy of Pediatrics

No.

Q89. Please describe the primary objective of the initiative.

Rapid Access Program: RAP is designed to provide access to urgent, outpatient, crisis stabilization services within two business days of referral. The service links patients to the level and type of care needed to prevent further emotional distress and decompensation that would otherwise result in accessing more acute levels of care. Services are provided through Way Station, a subsidiary of Sheppard Pratt at the Columbia, Maryland site. Mental Health First Aid: MHFA is an education program that introduces participants to risk factors and warning signs of mental illnesses, builds understanding of their impact, and overviews common supports. HCGH holds day-long classes for Howard County community members, free of charge. Peer Recovery Support Specialists: The primary objective of this program is to assist patients in the hospital or community with enrolling and participating in treatment or support services that address the patient's substance abuse condition. PRSS can also assist in addressing social determinants such as homelessness, unemployment, lack of health insurance, etc.

Q90. Please describe how the initiative is delivered.

Rapid Access Program: Patients are identified upon presentation to the HCGH emergency department or as an inpatient. They are assessed with a psychiatric evaluation by a social worker or psychologist, and if they require urgent outpatient psychiatric care, RAP is presented as an option. If the patient is interested in enrolling, they sign a consent form and their appointment is scheduled immediately. Patients are able to receive up to 9 treatment sessions that include prescriber and therapy, regardless of their ability to pay. During the episode of care, the NP and therapist work with the patients to stabilize their condition, which includes medication management and development of treatment goals. They also assist the patient in finding resources for obtaining health insurance, and provide bridge therapeutic services until the patient connects with their former provider. Way Station assists patients who need a higher level of outpatient care or treatment beyond the 9 sessions provided through RAP. Mental Health First Aid: The program is delivered as an eight hour in-person class, instructed by a licensed clinical social worker and a certified health education specialist. Peer Recovery Support Specialists: Peer Recovery Support Specialists (PRSS) are people with a history of substance use who have a minimum of 2 years of sustained recovery, and have completed specialized training in the area of addictions and behavioral health. This service begins working with people during an inpatient or outpatient hospital encounter and extends beyond the stay into the community. PRSS are mentors employed by the Howard County Health Department, HCGH has a collaborative relationship around the use of the peers.

Q91. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- Count of participants/encounters

HCGH measures the number of participants in each program.
- Other process/implementation measures (e.g. number of items distributed)

MHFA program tests participants for certification so this allows us to measure the number of certifications.
- Surveys of participants

MHFA program surveys participants regarding their satisfaction and effectiveness of the program.
- Biophysical health indicators
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost

HCGH measures the 30-day all cause readmission rate for clients who receive RAP services.
- Assessment of workforce development
- Other

Q92. Please describe any observed outcome(s) of the initiative (i.e., not intended outcomes).

Rapid Access Program: 222 patients enrolled in the program, with a 30-day all-cause readmission rate of 2.3%. This is down from the FY18 readmission rate of 9.1%. Mental Health First Aid: Community members and faith leaders participate in the class and then act as stewards throughout the community to promote and share the information they learned with friends, family members, congregants, etc. They are also encouraged them to obtain further learning through programs such as suicide prevention classes and opioid overdose prevention training. Peer Recovery Support Specialists: 136 patients were referred to a peer. 79% of the people referred to the PRSS program made some connection with a peer, which means they are one step closer to recovery and better health. This is up from a 68% connection rate in FY18. Many of the people referred to peers from HCGH have chronic health conditions that have been created and exacerbated by drug or alcohol addiction. By reducing or terminating drug/alcohol use, patients working with a PRSS are taking steps to improve overall health and reduce the impact of chronic conditions.

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

Rapid Access Program: RAP aligns with HCGH's CHNA priority of behavioral health and somatic conditions, putting them at increased risk for high utilization of high cost health care services. In Howard County, it is difficult for people to connect with mental health providers due to waits of several weeks or months to obtain an appointment, and due to the small number of providers that accept private or public insurance plans. Rapid access to out-patient psychiatric care provides a smooth transition for patients leaving the hospital and decreases the risk for repeated high utilization. Mental Health First Aid: MHFA aligns with the CHNA priority of behavioral health and Maryland's goal of improving care for high and rising risk populations. It provides community members that are not mental health professionals with the skills to identify and intervene with a mental health crisis. The training equips them with the ability to recognize a mental health need and connect that person with the services, such as a crisis line or self-help group, to assist them with their need versus a higher level of care (i.e. 911 call or emergency room visit). The course educates the community on what the symptoms of mental illness are and informs them of the resources that are available to that person. People with mental illness are less likely to address and manage somatic conditions. MHFA provides training to friends, family members, neighbors, etc. are able to support and connect people to services that can address their mental health conditions, which lead to better overall health outcomes. Peer Recovery Support Specialists: The PRSS program aligns with the CHNA priority of behavioral health by providing case management services to people that are at high risk or rising risk due to their substance use disorder. The program decreases barriers to care, connecting people with an active addiction to the appropriate resources in order to address the addiction and improve overall health.

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

Hospital Funds: \$113,745 (RAP, PRSS, MHFA)

Q95. (Optional) Supplemental information for this initiative.

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

Q97. Name of initiative.

School-Based Telemedicine

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

- Yes
 No

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

Access to Health Services: Health Insurance, Access to Health Services: Practicing PCPs, Access to Health Services: Regular PCP Visits, Access to Health Services: ED Wait Times, Behavioral Health, including Mental Health and/or Substance Abuse, Maternal & Infant Health, Nutrition and Weight Status, Older Adults, Physical Activity, Other Social Determinants of Health
Other:

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

- | | |
|--|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance | <input type="checkbox"/> Heart Disease and Stroke |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Immunization and Infectious Diseases |
| <input checked="" type="checkbox"/> Access to Health Services: ED Wait Times | <input type="checkbox"/> Injury Prevention |
| <input type="checkbox"/> Access to Health Services: Outpatient Services | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input type="checkbox"/> Adolescent Health | <input type="checkbox"/> Maternal and Infant Health |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input type="checkbox"/> Nutrition and Weight Status |
| <input type="checkbox"/> Behavioral Health, including Mental Health and/or Substance Abuse | <input type="checkbox"/> Older Adults |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Oral Health |
| <input checked="" type="checkbox"/> Children's Health | <input type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> Respiratory Diseases |
| <input type="checkbox"/> Community Unity | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Dementias, including Alzheimer's Disease | <input type="checkbox"/> Sleep Health |
| <input type="checkbox"/> Diabetes | <input checked="" type="checkbox"/> Telehealth |
| <input type="checkbox"/> Disability and Health | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Educational and Community-Based Programs | <input type="checkbox"/> Violence Prevention |
| <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> Housing & Homelessness |

- Global Health
- Health Communication and Health Information Technology
- Health Literacy
- Health-Related Quality of Life & Well-Being
- Transportation
- Unemployment & Poverty
- Other Social Determinants of Health
- Other (specify)

Q100. When did this initiative begin?

September 2015

Q101. Does this initiative have an anticipated end date?

- No, the initiative does not have an anticipated end date.
- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.

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

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

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

- Other. Please explain.

Q102. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

Although Howard County has a high proportion of residents that have health insurance, they may still face challenges in accessing care in a timely manner. 13% of respondents to the Howard County Health Assessment Survey reported that they did not have a doctor that they saw regularly, and 8% of residents stated they went to the ER because they couldn't get a doctor's appointment (that number increases to 10% of residents with children). The Howard County Health Department, HCGH, and Howard County Public School System wanted to identify ways to close the achievement gap and did not want time lost from school for health care visits to prevent children from being present and ready to learn. Students who become ill at school could miss additional school time and have unnecessary emergency room visits if they cannot get access to a healthcare provider in a timely manner. This program targets students from six Title 1 elementary schools in Howard County with a total enrollment in FY19 of 4,029 students. Of the 248 children that had visits to HCGH in the telemedicine program, 34.6% were Medicaid patients, 20.2% had private insurance, 11.7% were uninsured, and 33.5% did not report insurance type (HCGH does not bill for these visits). This demonstrates that the population of children receiving these services is much more heavily skewed toward uninsured and Medicaid-eligible than the rest of the county's population. The most common diagnoses from the program for FY19 included pharyngitis, otalgia, strep throat, fever, and acute asthma.

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

4,029

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

293

Q105. What category(ies) of intervention best fits this initiative? Select all that apply.

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

Q106. Did you work with other individuals, groups, or organizations to deliver this initiative?

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

Howard County Public School System,
Howard County Health Department,
Columbia Medical Practice, Klebanow &
Associates (medical practice)

- No.

Q107. Please describe the primary objective of the initiative.

The primary goal of the program is to increase access to care in a timely manner for elementary school students in Title 1 schools and to reduce the number of children missing school for medical appointments and emergency department visits. This will be measured by number of students reached and rate of return to the classroom after a visit.

Q108. Please describe how the initiative is delivered.

The school-based telemedicine program was developed in response to a need for increased access to timely appointments for students and fewer missed school hours for children in economically disadvantaged areas. To meet this need, Howard County General Hospital has partnered with the Howard County Health Department, Howard County Public School System, and two area primary care practices to offer on-demand telemedicine appointments in partnership with school nurses in 6 Title 1 elementary schools in Howard County. Using telemedicine technology including video monitoring, cameras, and digital stethoscopes and otoscopes, pediatricians at HCGH and the primary care practices are available to examine ill students, provide a quick diagnosis and prescribe medicine when needed. Even when students must leave school due to a contagious illness, this quick access to an appointment and diagnosis means less school time is missed.

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

- Count of participants/encounters

The program measures the number of student telemedicine encounters, as well as the number of unique visitors
- 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

The program measures the return-to-class rate (i.e. appointment or ED visit avoidance)
- Assessment of workforce development
- Other

Q110. Please describe any observed outcome(s) of the initiative (i.e., not intended outcomes).

2,336 of the 4,029 students in the 6 schools enrolled in the program (58%). There were 293 encounters with 234 unique students, 248 of which were with Howard County General Hospital. The adjusted return to class rate (excluding 105 patients sent home with fever, bacterial conjunctivitis, or strep throat as required by HCPSS policy) was 98.4% of students; however, even when a child must be taken out of school, having a diagnosis made quickly and a prescription given significantly reduced the time the child must be absent from school.

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

The number of students enrolled in the program increased from 1,854 students in FY18 to 2,336 students in FY19, an increase of 26%. This indicates an increase in access to care within the school system. Additionally, the high adjusted return to class rate indicates that this program has been able to effectively provide care for students without resorting to costly and timeconsuming emergency department visits. Furthermore, over 46% of the students seen by HCGH in FY19 were either on medical assistance or did not have insurance, indicating that the telemedicine program provided a crucial benefit to children who may have a harder time accessing care otherwise.

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

\$12,400 (hospital funds)

Q113. (Optional) Supplemental information for this initiative.

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

Q115. Name of initiative.

Community Care Team (CCT)

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

Yes

No

Q117. In your most recently completed CHNA, the following community health needs were identified:

Access to Health Services: Health Insurance, Access to Health Services: Practicing PCPs, Access to Health Services: Regular PCP Visits, Access to Health Services: ED Wait Times, Behavioral Health, including Mental Health and/or Substance Abuse, Maternal & Infant Health, Nutrition and Weight Status, Older Adults, Physical Activity, Other Social Determinants of Health
Other:

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

- | | |
|--|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance | <input type="checkbox"/> Heart Disease and Stroke |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Immunization and Infectious Diseases |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input type="checkbox"/> Injury Prevention |
| <input type="checkbox"/> Access to Health Services: Outpatient Services | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input type="checkbox"/> Adolescent Health | <input type="checkbox"/> Maternal and Infant Health |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input type="checkbox"/> Nutrition and Weight Status |
| <input type="checkbox"/> Behavioral Health, including Mental Health and/or Substance Abuse | <input checked="" type="checkbox"/> Older Adults |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Children's Health | <input type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> Respiratory Diseases |
| <input type="checkbox"/> Community Unity | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Dementias, including Alzheimer's Disease | <input type="checkbox"/> Sleep Health |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Disability and Health | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Educational and Community-Based Programs | <input type="checkbox"/> Violence Prevention |
| <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> Housing & Homelessness |
| <input type="checkbox"/> Global Health | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Health Communication and Health Information Technology | <input type="checkbox"/> Unemployment & Poverty |
| <input type="checkbox"/> Health Literacy | <input checked="" type="checkbox"/> Other Social Determinants of Health |
| <input type="checkbox"/> Health-Related Quality of Life & Well-Being | <input type="checkbox"/> Other (specify) <input type="text"/> |

Q118. When did this initiative begin?

July 2016

Q119. Does this initiative have an anticipated end date?

- No, the initiative does not have an anticipated end date.
- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.

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

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

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

- Other. Please explain.

Q120. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

The Community Care Team serves adult Howard County residents who have Medicare or are dually eligible with Medicaid who have had two or more encounters (inpatient, Emergency or observation) at HCGH within the past year.

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

3332

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

639 referred, 359 enrolled

Q123. What category(ies) of intervention best fits this initiative? Select all that apply.

- Chronic condition-based intervention: treatment intervention
- Chronic condition-based intervention: prevention intervention
- Acute condition-based intervention: treatment intervention
- Acute condition-based intervention: prevention intervention
- Condition-agnostic treatment intervention
- Social determinants of health intervention

Community engagement intervention

Other. Please specify.

Q124. Did you work with other individuals, groups, or organizations to deliver this initiative?

Yes. Please describe who was involved in this initiative.

Howard County Health Department; Horizon Foundation; LHIC; CRISP; Howard County Office on Aging and Independence; Way Station Inc; Gilchrist Services; Lorien Health Systems; Johns Hopkins Home Care Group; Department of Social Services; Primary Care Practices (Columbia Medical Practice; Centennial Medical Group, Johns Hopkins Community Physicians, Maryland Primary Care Physicians, Personal Care Physicians)

No.

Q125. Please describe the primary objective of the initiative.

The Community Care Team (CCT) is a part of the Howard Health Partnership, which is funded through a Transformation Implementation Program (TIP) from the HSCRC. CCT is designed to improve chronic disease self-management of frequently hospitalized Howard County residents. The target population are Howard County residents who are Medicare (or dual eligible) beneficiaries and have had two or more hospital encounters in the last 12 months at HCGH. The overarching goals of the program are to increase the patient experience of care through improved care coordination, improve patient health outcomes, and reduce total health care costs through readmission and utilization reduction. CCT empowers patients to better manage their chronic conditions outside the hospital.

Q126. Please describe how the initiative is delivered.

CCT provides community-based, comprehensive support and coordination using a patient-centered approach. Patients and their caregivers receive program benefits for 30-90 days by a multidisciplinary team that provides home-based care coordination services. Community health workers (CHW), nurses and a social worker deliver services including health education, disease-specific management, medication reconciliation, connection to and coordination with health care providers, and extensive social support and advocacy with linkages to appropriate community resources. A CHW is embedded in the hospital to visit patients' bedsides in order to enroll them in the program, and the first conversation with a CCT member occurs around the time of discharge from the hospital.

Q127. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- Count of participants/encounters CCT measures the number of patients that are approached and how many accept the intervention
- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants Patients are surveyed on their satisfaction with the program
- Biophysical health indicators
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost CCT measures 30-day all-cause readmission rate.
- Assessment of workforce development
- Other

Q128. Please describe any observed outcome(s) of the initiative (i.e., not intended outcomes).

Many metrics are collected to monitor and evaluate CCT. Some of the metrics reported are acceptance rate, graduation rate, graduation satisfaction rate, 30-day all-cause readmission rate, and the percentage of CCT clients who mark top box response to the Discharge Information question on the hospital HCAHPS survey. For FY 19, the program saw the following results: a. Acceptance Rate: 50% (up from 38% in FY18) b. Graduation Rate: 90% c. Graduation Satisfaction Rate: 97% d. 30 Day All-Cause readmission rate: 13.5% (down from 14.2% in FY18) e. % CCT clients who mark top box response to Discharge Information question on HCAHPS: 94.1% (top decile nationally)

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

Patients with a history of multiple hospital encounters typically have complicated discharge plans and trouble coordinating services. CCT ensures that their clients' care is coordinated across settings, including acute, post-acute and primary care. Many patients in the program also face social isolation, limited mobility and lack caregiver support. CCT connects patients to social resources to ensure no patient falls between the cracks. These interventions impact both the Access to Care and Healthy Aging needs identified in HCGH's CHNA, as these patients are primarily older adults, and also report increased access through the coordination of care with CCT.

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

Q131. (Optional) Supplemental information for this initiative.

Q132. Section IV - CB Initiatives Part 4 - Other Initiative Info

Q133. Additional information about initiatives.

Q134. (Optional) If you wish, you may upload a document describing your community benefit initiatives in more detail, or provide descriptions of additional initiatives your hospital undertook during the fiscal year. These need not be multi-year, ongoing initiatives.

[Extra Initiative FY19 Practice Howard.docx](#)

12.9KB

application/vnd.openxmlformats-officedocument.wordprocessingml.document

Q135. Were all the needs identified in your most recently completed CHNA addressed by an initiative of your hospital?

Yes

No

Q136. In your most recently completed CHNA, the following community health needs were identified:

Access to Health Services: Health Insurance, Access to Health Services: Practicing PCPs, Access to Health Services: Regular PCP Visits, Access to Health Services: ED Wait Times, Behavioral Health, including Mental Health and/or Substance Abuse, Maternal & Infant Health, Nutrition and Weight Status, Older Adults, Physical Activity, Other Social Determinants of Health
Other:

Using the checkboxes below, select the needs that appear in the list above that were NOT addressed by your community benefit initiatives.

This question was not displayed to the respondent.

Q137. Why were these needs unaddressed?

This question was not displayed to the respondent.

Q138. Do any of the hospital's community benefit operations/activities align with the State Health Improvement Process (SHIP)? Specifically, do any activities or initiatives correspond to a SHIP measure within the following categories?

See the SHIP website for more information and a list of the measures:
<https://pophealth.health.maryland.gov/Pages/SHIP-Lite-Home.aspx>

	Select Yes or No	
	Yes	No
Healthy Beginnings - includes measures such as babies with low birth weight, early prenatal care, and teen birth rate	<input checked="" type="radio"/>	<input type="radio"/>
Healthy Living - includes measures such as adolescents who use tobacco products and life expectancy	<input checked="" type="radio"/>	<input type="radio"/>
Healthy Communities - includes measures such as domestic violence and suicide rate	<input checked="" type="radio"/>	<input type="radio"/>
Access to Health Care - includes measures such as adolescents who received a wellness checkup in the last year and persons with a usual primary care provider	<input checked="" type="radio"/>	<input type="radio"/>
Quality Preventive Care - includes measures such as annual season influenza vaccinations and emergency department visit rate due to asthma	<input checked="" type="radio"/>	<input type="radio"/>

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

Q140. Section V - Physician Gaps & Subsidies

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

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

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

Hospital-Based Physicians	<input type="text" value="The Hospital staffs a team of hospitalists and intensivists to provide primary care for patients, working collaboratively alongside specialists and patients' primary care physician."/>
Non-Resident House Staff and Hospitalists	<input type="text" value="The Hospital staffs a team of hospitalists and intensivists to provide primary care for patients, working collaboratively alongside specialists and patients' primary care physician."/>
Coverage of Emergency Department Call	<input type="text" value="In FY19, HCGH subsidized ED and inpatient call coverage for the following specialties: psychiatry, otolaryngology, anesthesiology, OB/GYN, cardiology, perinatology, and infusion. Payments incentivize on-call coverage responsibilities, serving both the HOspital's ED and consultation and treatment of hospital inpatients. Physicians no longer take calls unless compensated for this service."/>
Physician Provision of Financial Assistance	<input type="text"/>
Physician Recruitment to Meet Community Need	<input type="text" value="In FY19, HCGH launched the Practice Howard program in collaboration with the Howard County Government to recruit and retain additional primary care physicians in Howard County. This program was developed in response to a projected shortage of 70-90 primary care physicians in the county in the next several years."/>
Other (provide detail of any subsidy not listed above)	<input type="text"/>
Other (provide detail of any subsidy not listed above)	<input type="text"/>
Other (provide detail of any subsidy not listed above)	<input type="text"/>

Q143. (Optional) Is there any other information about physician gaps that you would like to provide?

Q144. (Optional) Please attach any files containing further information regarding physician gaps at your hospital.

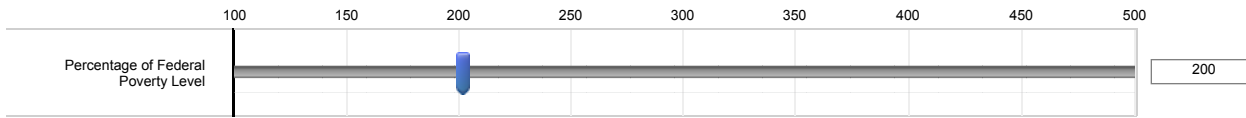
Q145. Section VI - Financial Assistance Policy (FAP)

Q146. Upload a copy of your hospital's financial assistance policy.

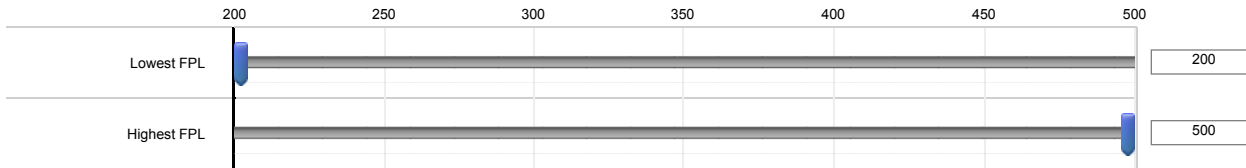
[HCGH Financial Assistance Policy.pdf](#)
162.9KB
application/pdf

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

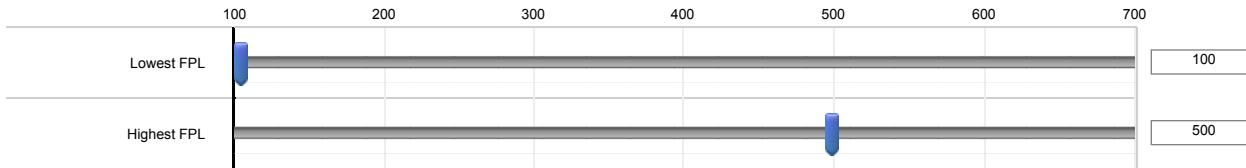
Q148. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(i) to provide free medically necessary care to patients with family income at or below 200 percent of the federal poverty level (FPL). Please select the percentage of FPL below which your hospital's FAP offers free care.



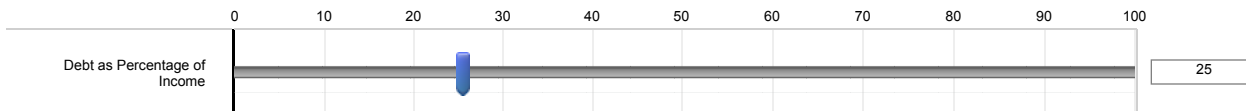
Q149. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level. Please select the range of the percentage of FPL for which your hospital's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



Q150. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(3) to provide reduced-cost, medically necessary care to patients with family income below 500 percent of the federal poverty level who have a financial hardship. Financial hardship is defined as a medical debt, incurred by a family over a 12-month period that exceeds 25 percent of family income. Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care for financial hardship. Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship.



Q151. Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship.



Q152. Has your FAP changed within the last year? If so, please describe the change.

- No, the FAP has not changed.
- Yes, the FAP has changed. Please describe:

Q153. (Optional) Is there any other information about your hospital's FAP that you would like to provide?

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

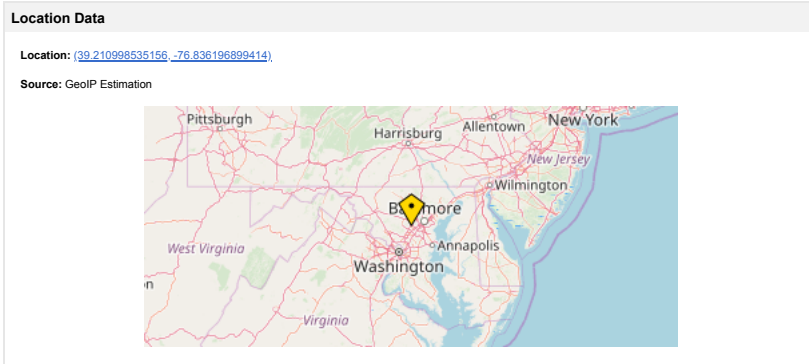
Q156.

Attention Hospital Staff! IMPORTANT!

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

We strongly urge you to contact us at hcbhelp@hilltop.umbc.edu to request a copy of your answers. We will happily send you a pdf copy of your narrative that you can share with your leadership, Board, or other interested parties. If you need to make any corrections or change any of your answers, you can use the Table of Contents feature to navigate to the appropriate section of the narrative.

Once you are fully confident that your answers are final, return to this screen then click the right arrow button below to officially submit your narrative.



From: [Hilltop HCB Help Account](#)
To: [Laura Barnett](#); [Hilltop HCB Help Account](#)
Subject: RE: Clarification Required - Howard County General FY 19 CB Narrative
Date: Wednesday, April 29, 2020 4:42:35 PM

Thank you for writing. While we have completed our reporting, we will still accept any clarifications that you would like to be part of the record.

From: Laura Barnett <lhand3@jhmi.edu>
Sent: Wednesday, April 29, 2020 9:20 AM
To: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>
Subject: RE: Clarification Required - Howard County General FY 19 CB Narrative

Good morning,

I have been out on maternity leave since early February and am going through my emails now. Do you still need clarification on the items below?

Thank you!
Laura

From: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>
Sent: Friday, February 28, 2020 3:47 PM
To: Laura Barnett <lhand3@jhmi.edu>
Cc: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>
Subject: Clarification Required - Howard County General FY 19 CB Narrative

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

- In question 43 on page 5, you report the date for approval of the implementation strategy as 5/9/2019. In question 53 on page 10, you report the date for CHNA completion as 6/30/2019. Please confirm that the implementation strategy applies to the most recent CHNA.
- Initiative 1, beginning on page 17, appears to list three separate but related initiatives. Please select just one to be included in the report and update responses as necessary.
- Under Initiative 2, in Question 99 on page 20, you indicate two CHNA needs addressed by the initiative as "Children's Health" and "Telehealth." However, your response to Question 56 on page 10 does not include either as a CHNA need. Please indicate whether "Children's Health" and "Telehealth" should have been selected in Question 56, or should not have been selected in Question 99.

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