

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: Meritus Medical Center | <input checked="" type="radio"/> | <input type="radio"/> | |
| Your hospital's ID is: 210001 | <input checked="" type="radio"/> | <input type="radio"/> | |
| Your hospital is part of the hospital system called None - Independent Hospital. | <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.

In addition to the community health statistics for Washington County linked above, we use: • Demographic and socioeconomic data obtained from Nielsen/Claritas (www.claritas.com) and the US Census Bureau (www.census.gov) • Disease and Mental Hygiene incidence and prevalence data obtained from the Maryland Department of Health and Maryland Vital Statistics Administration (<http://dohm.maryland.gov>) • The Centers for Disease Control and Prevention (<http://www.cdc.gov>) conducts an extensive Behavioral Risk Factor Surveillance Survey (BRFSS) each year. The BRFSS data is conducted by telephone and includes questions regarding health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. The health related indicators included in this report include BRFSS data collected by the CDC <http://www.cdc.gov/brfss/> • CDC Chronic Disease Calculator, available at <http://cdc.gov/chronicdisease/resources/calculator/index.htm> • The health related indicators included in this report for Maryland in 2015 are BRFSS data and benchmarks coordinated by the Maryland Department of Health and Mental Hygiene as part of the State's Health Improvement Plan (SHIP)<http://dohm.maryland.gov/ship/SitePages/Home.aspx> • Selected inpatient and outpatient utilization data on primary care sensitive conditions that were identified as ambulatory care sensitive conditions and indicators of appropriate access to health care were obtained from the Meritus Medical Center and Brook Lane Health services quality data • Meritus Health Cancer Registry Cases 2010-2014 • County Health Rankings, A collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, www.countyhealthrankings.org focus Washington County, Maryland

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

[Appendix C 2015 MD SHIP Measures Washington County.pdf](#)
844.3KB
application/pdf

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 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 |

Calvert County

Harford County

Talbot County

Caroline County

Howard County

Washington County

Carroll County

Kent County

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.

This question was not displayed to the respondent.

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.

This question was not displayed to the respondent.

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.

This question was not displayed to the respondent.

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.

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> 21711 | <input checked="" type="checkbox"/> 21740 | <input checked="" type="checkbox"/> 21767 |
| <input checked="" type="checkbox"/> 21713 | <input type="checkbox"/> 21741 | <input checked="" type="checkbox"/> 21769 |
| <input checked="" type="checkbox"/> 21715 | <input checked="" type="checkbox"/> 21742 | <input checked="" type="checkbox"/> 21779 |
| <input checked="" type="checkbox"/> 21719 | <input type="checkbox"/> 21746 | <input checked="" type="checkbox"/> 21780 |
| <input type="checkbox"/> 21720 | <input checked="" type="checkbox"/> 21750 | <input type="checkbox"/> 21781 |
| <input type="checkbox"/> 21721 | <input type="checkbox"/> 21755 | <input checked="" type="checkbox"/> 21782 |
| <input checked="" type="checkbox"/> 21722 | <input checked="" type="checkbox"/> 21756 | <input checked="" type="checkbox"/> 21783 |
| <input checked="" type="checkbox"/> 21733 | <input checked="" type="checkbox"/> 21758 | <input checked="" type="checkbox"/> 21795 |
| <input type="checkbox"/> 21734 | | |

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.

Appendix A of the Meritus Medical Center GBR agreement identifies all Washington County zip codes as the Primary Service Area. Source: Meritus 2017 GBR agreement (effective 09/13/16)

Based on patterns of utilization. Please describe.

Other. Please describe.

The unchecked ZIP codes are PO box locations and do not include demographic data.

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

Prior to the GBR agreement the FY16 CHNA process defined the PSA using the fact that more than 78% of Meritus Medical Center discharges reside in a zip code located within Washington County, Maryland. Both the CHNA and GBR agreement definitions of the PSA are the same; Washington County, Maryland in its entirety, comprised of 27 zip code areas, serving approximately 150,000 people. The PSA makes up a representative cross section of the county's population including those considered "medically underserved," as well as populations at risk of not receiving adequate medical care as a result of being uninsured or underinsured or due to geographic, language, financial, or other barriers.

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

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

<https://www.meritushealth.com/About-Meritus-Health/Mission-Vision.aspx>

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?

Meritus Health, Western Maryland's largest health care provider, is located at the crossroads of western Maryland, southern Pennsylvania and the eastern panhandle of West Virginia. The health system has committed to caring for the community for more than a century. Meritus Medical Center, a Joint Commission accredited, not-for-profit, state-of-the-art hospital, is the flagship facility of the organization. It received its first Magnet® Recognition in April 2019, making it the only hospital in western Maryland and the tristate region it serves, to receive professional nursing's highest honor. The hospital officially added teaching to its list of services with the introduction of the Meritus Family Medicine Residency Program in July 2019. The program is an ACGME accredited graduate medical education initiative and the only one of its kind in western Maryland. Meritus Medical Center directly links to Robinwood Professional Center, creating a one-million square-foot combined campus, the largest health services footprint in the state of Maryland. The hospital's emergency department is a level III trauma center and EMS Base Station as designated by the Maryland Institute for Emergency Medical Services Systems or MIEMSS and its cardiac cath lab, stroke and rehabilitation programs have all received recognition for comprehensive, quality care and service. The John R. Marsh Cancer Center, accredited with commendation by the Commission on Cancer, is part of comprehensive cancer services that include screenings, diagnosis, treatment and recovery. A part of the Meritus Health commitment to offer patients expert care, close to home, is Meritus Medical Group, a medical neighborhood of primary and specialty care practices, providing a full spectrum of outpatient services from a team of more than 100 health care professionals located throughout the community. Detailed information on programs and services and donating to the hospital through the Meritus Healthcare Foundation is available by visiting MeritusHealth.com. Link to the Meritus Health Annual Report: <https://hub.meritushealth.com/File%20Library/Documents/Annual-Report.pdf>

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)

05/10/2019 (This CHNA will be used for Community Benefits FY2020)

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

| | 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: |
|--|---|---|-------------------------------------|---|-------------------------------------|---|---|--|-------------------------------------|-------------------------------------|--|
| Clinical Leadership (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"/> | |
| Clinical Leadership (system level) | <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"/> | |
| Population Health Staff (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"/> | Termed "Community Health" staff |
| Population Health Staff (system level) | <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"/> | |
| Community Benefit staff (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"/> | |
| Community Benefit staff (system level) | <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"/> | |
| Physician(s) | <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"/> | |
| Nurse(s) | <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"/> | |
| Social Workers | <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"/> | |

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:
Commission on Aging (Washington Co.)

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:
Washington County Commissioners

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

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

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

School - K-12 -- Please list the schools here:
Washington County Public Schools

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

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

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

School of Public Health -- Please list the schools here:
 Johns Hopkins Bloomberg School of Public Health

| 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) |
|---|-------------------------------------|---|-------------------------------------|---|---|--|-------------------------------------|--------------------------|
| <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"/> |

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

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

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

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

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

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

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

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

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

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

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

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

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

Behavioral Health Organizations -- Please list the organizations here:
 Washington Co. Mental Health Authority, WayStation Inc., Brook Lane Health Services, Meritus Behavioral Health

| 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) |
|---|-------------------------------------|---|-------------------------------------|---|---|--|-------------------------------------|--------------------------|
| <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"/> |

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

Social Service Organizations -- Please list the organizations here:
 United Way, Washington County Dept. of Social 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) |
|---|-------------------------------------|---|-------------------------------------|---|---|--|-------------------------------------|--------------------------|
| <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"/> |

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

Post-Acute Care Facilities -- please list the facilities here:
 Western Maryland Hospital

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

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

Community/Neighborhood Organizations -- Please list the organizations here:
 Brothers Who Care

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

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

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

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

| N/A - Person or Organization was not involved | Member of CHNA Committee | Participated in the development of the CHNA process | Advised on CHNA best practices | Participated in primary data collection | Participated in identifying priority health needs | Participated in identifying community resources to meet health needs | Provided secondary health data | Other (explain) | Other - If you selected "Other (explain)," please type your explanation below: |
|---|-------------------------------------|---|-------------------------------------|---|---|--|-------------------------------------|--------------------------|--|
| <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"/> |
| <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"/> | <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
- 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.

The general categories from FY2013 to FY2016 were mostly the same, but the prioritization changed. Top 10 from FY2013 included obesity, smoking, diabetes, physical activity and nutrition, heart disease and hypertension, cancer, access to mental health care, teen pregnancy, ED utilization for ambulatory sensitive conditions, child maltreatment. Top 10 from FY2016 included Obesity and physical inactivity, access to mental health, diabetes, healthy lifestyles (diet and exercise), access to substance abuse treatment, heart disease and hypertension, health care affordability, cancer, teen pregnancy, senior care. Improvement over the three years was noted in access to health care through expanded health coverage, cancer screening, earlier identification of cancer, decreased rate of live teen births, decreased utilization of ED for ambulatory sensitive conditions and decrease rates of child maltreatment. Worsened trends included increased utilization of ED for mental health and substance abuse, rate of obesity and "overweight" status, diabetes mortality.

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

For FY2016 action plan of initiatives were based on the prioritized health needs. Each health system and the community developed action plans. Some initiatives had overlap: The top health initiatives for Meritus Medical Center included: • Reducing obesity and increasing physical activity • Improving mental health education, access to care and reducing ED visits • Improving the management of diabetes illness with better access to care and education • Promoting healthy lifestyles and wellness through balanced diet and exercise • Improving timely access to substance abuse treatment and reducing overdose deaths • Reducing heart disease and managing hypertension The top health initiatives for Brook Lane Health Services included: • Improving mental health education, access to care • Early intervention and provision of mental health services in the public school system • Increasing community awareness and understanding of mental health issues and decreasing stigma The top health initiatives for the Washington County Health Improvement Coalition included: • Reducing diabetes mortality through prevention, community education, support programs, and improved access to care • Decreasing behavioral health Emergency Department visits through better care coordination and community education • Decreasing heart disease and hypertension by addressing lifestyle behaviors such as physical inactivity and smoking cessation • Improving timely access to substance abuse treatment and reducing overdose deaths

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

[Appendix Q FY2016 CHNA Action Plan - FINAL.xlsx](#)

28.4KB

application/vnd.openxmlformats-officedocument.spreadsheetml.sheet

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 (explain) | |
|--|---|---|--|--|---|-------------------------------------|---|-------------------------------------|--|-------------------------------------|--------------------------|---|
| | 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"/> | Other - If you selected "Other (explain)," please type your explanation below: A Chief Population Health Officer position was budgeted in FY2018 and hired. This position will be integrally involved with Community Benefit strategy going forward. |
| | <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"/> | Other - If you selected "Other (explain)," please type your explanation below: |
| CB/ Community Health/ Population Health Director (system level) | <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"/> | <input type="checkbox"/> | |
| | <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"/> | 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 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="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"/> | Other - If you selected "Other (explain)," please type your explanation below: |
| Senior Executives (CEO, CFO, VP, etc.) (system level) | <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"/> | <input type="checkbox"/> | |
| | <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"/> | 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 checked="" 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"/> | <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"/> | Other - If you selected "Other (explain)," please type your explanation below: |
| Board of Directors or Board Committee (system level) | <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"/> | <input type="checkbox"/> | |
| | <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"/> | 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) | 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: Brook Lane Health Services | <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 | 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: Washington County Health Dept. | <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 | 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: Healthy Washington County | <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 | 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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 Human Resources | <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 Natural Resources | <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 the Environment | <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 Transportation | <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: |

Behavioral Health 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) |
|---|--|--|---|-------------------------------------|---|-------------------------------------|--|--------------------------|
| <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"/> |

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

Social Service 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) |
|---|--|--|---|-------------------------------------|---|---------------------------|--|--------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

Post-Acute Care Facilities -- please list the facilities 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) |
|---|--|--|---|-------------------------------------|---|---------------------------|--|--------------------------|
| <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"/> |

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

Community/Neighborhood 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) |
|---|--|--|---|-------------------------------------|---|-------------------------------------|--|--------------------------|
| <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"/> |

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

Consumer/Public Advocacy 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) |
|---|--|--|---|-------------------------------------|---|---------------------------|--|--------------------------|
| <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"/> |

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

Other -- If any other people or organizations were involved, please list them 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) |
|---|--|--|---|-------------------------------------|---|-------------------------------------|--|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

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

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.

Executive Director, Behavioral & Community Health Services (BCHS) Leads the tri-annual Community Health Needs Assessment (CHNA) process, facilitates a quarterly review of CHNA Action Plan with Clinical and Operations leadership to assess progress with meeting goals and initiatives and oversees the organizational reporting of Community Benefit activities, co-chairs the Washington County Local Health Improvement Coalition (LHIC) known as Healthy Washington County <https://healthywashingtoncounty.com/>, to coordinate health initiatives with community partners. Leads the initiatives around meeting Mental Health, Substance Abuse, Obesity and Wellness needs. Contributes to writing the CB report narrative and summarizes the outcomes of the initiatives. Department Assistant, Behavioral & Community Health Services (BCHS) Assists and supports the Director of BCHS in completion of CB activities, collects, updates and revises the CHNA Action Plan, prompts and collects Community Benefits reports for the Meritus organization, updates CBISA software program detailing CB activity monthly, and compiles, types and submits the final CB report. Executive Director, Finance Provides assistance with financial and salary information, regulatory guidance and overall review of the Community Benefit Report to ensure that data is submitted accurately and in the correct categorization and provides description of the Financial Assistance policy. Community Relations Coordinator, Corporate Communications Describes the general hospital demographics and characteristics of the primary service area. Researches and updates the significant socio-demographic characteristics of the population living in the CB service area, coordinates Healthy Washington County website, maintains publically posted links to our Community Health Needs Assessments and Appendixes, and publicizes the Meritus Health CB results annually. Executive Director, Strategic Planning Provides support and guidance necessary to develop the strategic framework underlying the Community Benefits activities, leads senior leadership in annual strategic planning that incorporates and aligns organizational goals and initiatives, including those based on community health needs and the prior year's outcomes, monitors progress on goals and outcome measurement and provides updates to the Board of Directors. Physician Recruiter Provides a written description of the availability of physicians, specialist providers, including outpatient specialty care, and gaps with regard to the service region. Vice President, Business Integrity Provides support and guidance in carrying out the organization's Community Benefits activities, helps ensure compliance with the collection of data and completion of all reporting requirements, participates in proofing the narrative and assesses general alignment with the organization's strategy, reviews and approves the final Community Benefit report. Meritus Medical Center Senior Leadership provides support and guidance necessary to develop the strategic framework underlying the Community Benefits activities. Senior leaders take an active role in annual organizational strategic planning that incorporates and aligns goals and initiatives, including those based on community health needs and the prior year's outcomes. The final Community Benefit report is reviewed and approved by Senior Leadership. In addition, a final audit of the CB report findings is conducted by the Finance department and approved by the Chief Financial Officer. An internal audit of the Community Benefit report is completed by our Finance personnel. The audit includes a review of the data, criteria used and the calculations. The audit is signed-off by our CFO prior to submission to the HSCRC. In addition, the report is audited as part of the HSCRC Special Audit on an annual basis.

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.

As a community hospital, Meritus Medical Center purposefully incorporates our commitment to community service into our internal management and governance structures as well as strategic and operational plans. Meritus conducts a community health needs assessment every three years to identify and prioritize community health needs and service gaps. An action plan of initiatives and goals are developed to address the prioritized health needs. The action plan is reviewed by the Meritus Board Strategic Planning committee and approved by the Meritus Board of Directors. The identified community health needs and updated CHNA action plan are reviewed annually by Leadership during the environmental assessment step of the strategic planning process. Being informed by the CHNA and other inputs, Meritus aligns the Population Health goal component of the strategic plan with measurable objectives designed to improve the health of the region. One of the specific goals is to implement the Community Health Needs Action Plan. The organization's strategic plan is approved by the Meritus Board of Directors with annual assessment of progress and goal achievement.

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

N/A

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

As the LHIC, Healthy Washington County is a public and private collaboration of more than 25 organizations purposing to help people in our region better understand their personal health status and support them to make healthy lifestyle changes. Healthy Washington County coordinates a community action plan that helps define and deploy resources to meet defined health need objectives. Updates on progress and barriers are reviewed every other month. The action plan is revised annually and the 3 year trends are reviewed as a part of the CHNA process.

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.

Improving timely access to substance abuse treatment and reducing overdose fatalities

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: ED Wait Times, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Maternal & Infant Health, Nutrition and Weight Status, Older Adults, Oral Health, Physical Activity, Tobacco Use, Transportation, Other Social Determinants of Health, Other (specify)

Other: Teen pregnancy, Specialty physicians

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 checked="" 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 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 checked="" 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 checked="" type="checkbox"/> Health-Related Quality of Life & Well-Being | <input checked="" type="checkbox"/> Other (specify) Substance use disorder, social determinants of health, emotional support |

Q82. When did this initiative begin?

May 2016

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.

1. When "ED Visits for Addictions Related Conditions" are at or below the Maryland State Health Improvement Goal (1,401 per yr), and,
2. Total opioid deaths per 100,000 for Washington County is decreased to 10 or less annually as measured by the Maryland Department of Health.

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.).

Persons who screen positive for substance use, are diagnosed with a substance use disorder (SUD), a co-occurring mental or health diagnosis with SUDs, prior visits to emergency department for drug/alcohol use or overdose, a history of adverse child events and others trauma(s), e.g., abuse, death in family, etc., multiple treatment attempts without completing plan of care, a high rate of substance use relapse and recidivism, a prior legal history and repeat offenders, persons with substance use disorder who also are affected by social determinants of health that include unemployment, transportation difficulties, homelessness, food and uninsured.

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

15,800

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

5,463

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.

Meritus Medical Center, Meritus Behavioral Health Service Line, Meritus Peer Recovery Support, Meritus Women's and Children Service Line, Washington County Local Addictions Authority, Washington County Health Department, Washington County Senior Opioid Task Force, Mosaic Group, Potomac Case Management Services, Maryland Neonatal Abstinence Syndrome Collaborative, Phoenix Treatment Center, community providers: Meritus Family Medicine - Walnut Street, ADAC, Change Health, Innovative Therapy, Serenity Treatment Center

No.

Q89. Please describe the primary objective of the initiative.

To intervene with persons in the acute care environment who either have a positive SBIRT screen and/or require emergency intervention for drug overdose and/or substance use disorder and to improve timely access to substance abuse treatment which will improve the chance of recovery and reduce future overdose fatalities.

Q90. Please describe how the initiative is delivered.

1. a) Meritus Medical Center (MMC) completes SBIRT screen to identify patients screened as positive for further evaluation of substance use disorder, specialty intervention and treatment planning. The primary objectives are to complete clinical evaluation, provide care for any acute symptoms, develop a discharge plan with warm handoff to a Peer Recovery Support staff for community treatment linkage and supportive follow up. MMC established an evidenced-based Peer Recovery Support program in the ED and community, recruiting and training 4.0 FTEs during FY18. Peer Supports have demonstrated effectiveness in successful linkage of persons using with active treatment and reduced recidivism over time. 1. b) In addition to Peer Support services in the ED, Meritus Medical Center also partners with Potomac Case Management Services (PCMS) a community service that helps patients with substance use disorder access community treatment and link with a support network. Patients are referred regardless of diagnosis or payer (both identified barriers). PCMS also addresses social determinants of care and seeks to help meet basic needs; food shelter clothing medication. 2. Prevent fatal overdose by providing medical detoxification and management with transfer to appropriate ASAM level of care when possible. The Meritus Behavioral Health service line developed a specialty liaison consultation to patients in acute care in withdrawal or suspected substance use disorder and assisted with evaluation, addictions social work intervention, discharge planning and linkage. 3. The Meritus Women's and Children's Service Line intervenes with the mothers of newborns treated for neo-natal abstinence syndrome (NAS) including changes in internal protocol to score baby with mother and transfer to PEDs unit instead of Special Care Nursery. Follow up support occurs with these mothers during hospitalization and upon discharge at the community methadone clinic. Service line leadership has engaged collaboratively with the methadone providers for education around best practices in management pre and post birth. 4. Meritus Behavioral Health provides a weekly community support group for persons who are concerned with a loved one's substance use disorder, long recognized by the community as the primary resource to refer family and friends to for support and help. The group is opened and has expanded over the past 4 years. Meritus Behavioral Health helped to establish a woman's support group at the methadone clinic in coordination with the NAS baby initiative and has provided Narcan education classes. Meritus Behavioral Health provided 527 hours of opioid related training and support to providers and the public during FY2019.

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

- Count of participants/encounters
- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants
- Biophysical health indicators
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost
- Assessment of workforce development
- Other

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

FY19 outcomes include: 1.a) ED SBIRT screening 6,101 screenings, 4,366 Peer Recovery Support interventions and 424 acute patients linked with substance use disorder treatment. Meritus Emergency Psych Services also evaluated 1,097 persons with a primary or co-occurring substance use disorder and provided outpatient treatment referral and follow up information during FY19. 1.b) Contractual collaboration with Potomac Case Management Services served 76 new referrals with substance use disorder who accepted case management services. 31 patients (41%) referred were deemed "successful" and discharged from this transitional service. The rate of readmission within 30 days of discharge for patients served by Potomac CMS was 4.6% compared to overall 30 day readmission rate of 15.7%. The 30 day ED re-visit rate for Potomac CMS patients was 11.9% compared to overall 30 day ED re-visit rate of 13%. This intervention has been demonstrated to be effective and is limited only by the size of the active caseload at any given time. 2. Specialty BH liaison team intervened with 128 persons in acute care, observation and/or medical detox of which 48 were linked to an MAT and/or intensive outpatient community treatment program upon discharge (37.5%). 14 persons were directly transferred from acute care to a residential rehabilitation or treatment program (11%). 3. 108 infants were treated for neo-natal abstinence syndrome (NAS) with an average length of stay of 11.6 days, presenting the opportunity to intervene with the 108 mothers for support and referral to community treatment follow up. 4. Meritus provided 4 Narcan training classes with 34 people attending. 576 family and friends attended the Meritus Behavioral Health Concerned Persons Group over 50 week period (104 hours). Meritus Behavioral Health provided 527 hours of opioid related training and support to providers and the public during FY2019.

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

1. a) Increases access to substance use disorder evaluation and treatment services, reduces chance of overdose fatality. b) Increases access to substance use disorder treatment, reduces readmission to acute care, reduces re-visits to the ED, reduces chance of overdose fatality, helps meet needs by addressing social determinants of health. 2. Increases access to substance use disorder rehabilitation and treatment, reduces readmission to acute care, reduces re-visits to the ED, reduces future chance of overdose fatality. 3. Increases access to substance use disorder treatment, improves healthy start for newborns, improves overall quality of life, helps meet needs to address social determinants of health, reduces chance of overdose fatality. 4. Increases emotional support, increases understanding of how to help a person with substance use disorder, reduces chance of overdose fatality.

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

1. a) Peer support: hospital expense \$13,059 and grant funding received and expended \$143,486 b) Community BH Case Management \$47,632 (to Potomac Case Management Services) 2. \$37,315 (0.4 FTE social work) 3. \$18,658 (0.2 FTE social work) 4. \$359 (Narcan training), \$4,664 (104 hrs counselor facilitation), \$23,634 (527 hrs opioid education) Total hospital expense \$145,321 Grants \$ 143,486 Total initiative \$288,807

Q95. (Optional) Supplemental information for this initiative.

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

Q97. Name of initiative.

Improve mental health access, health awareness, education and reduce ED visits

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: ED Wait Times, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Maternal & Infant Health, Nutrition and Weight Status, Older Adults, Oral Health, Physical Activity, Tobacco Use, Transportation, Other Social Determinants of Health, Other (specify)
Other: Teen pregnancy, Specialty physicians

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 checked="" 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 checked="" 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 checked="" 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"/> |

Q100. When did this initiative begin?

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.

1. When the Washington County rate of Emergency Department visits related to mental health conditions reaches, or becomes lower than the state of Maryland average, AND,

2. When the Washington Co. suicide rate is at or lower than the Maryland goal.

- 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.).

Persons with positive screen for depression, anxiety, or suicide risk, persons with a behavioral health diagnosis, prior visits to emergency department requiring mental health evaluation and intervention, a history of adverse child events and others trauma(s), e.g., abuse, death in family, etc. Poor support network, multi-treatment attempts without completing plan of care, medication noncompliance, legal history, co-occurring substance use disorder and tobacco use, social determinants of care that include unemployment, transportation difficulties, homelessness, food and medical assistance.

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

30,099

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

10,272

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.

Meritus Behavioral Health , Meritus Care Management, Potomac Case Management Services, WayStation Inc., The Washington County Mental Health Authority (CSA), The Mental Health Center, Washington County Health Department and Healthy Washington County (LHIC)

No.

Q107. Please describe the primary objective of the initiative.

1. Provide targeted mental health education and support groups in the community for the primary objectives of decreasing stigma, increasing awareness of behavioral health issues and providing practical mental health education and support. 2. To provide access to behavioral health professionals in primary care practices as both an expert resource to the providers and direct evaluation and counseling intervention with patients in a trusted, confidential environment free from stigma. Intervening early when the patient has screened positive but is not in crisis improves the likelihood of successful care, symptom reduction and prevention of crisis or ED visit. 3. Crisis intervention and stabilization with prompt access to psychiatry evaluation for medication to divert from ED utilization. 4. To provide a community case management service that increases linkage to treatment, follow through, crisis stabilization and support to people with a mental health or co-occurring substance use disorder diagnosis ("Behavioral Health7"). The primary objective is to link the person with the necessary treatment at the appropriate level of care, reducing unnecessary ED visits, re-visits and hospitalization. Social determinants of health and needs such as food, shelter, clothing, medications and health coverage are also met based on available resources.

Q108. Please describe how the initiative is delivered.

1. Meritus Behavioral Health staff provide a series of targeted mental health education and support groups in our community at no cost. Education subjects include stress management, coping, suicide prevention, and promoting well-being. Support groups include cancer, stroke, substance use disorder (see Initiative #1), and weight management. In addition, staff provide free mental health screenings periodically. 2. Meritus Behavioral Health staffs 3.5 FTEs in eight community primary care provider offices and two specialists offices five days per week. Assignments and coverage are made according to practice size and need. The PCP's are completing depression screening as a quality preventative measure. Patients who screen positive and/or are identified by providers as "in need" of a behavioral health assessment are referred to the behavioral health professional. Patients are seen for 1-3 visits and when indicated are referred to more traditional outpatient services for ongoing mental health needs. 3. Contractual collaboration with Potomac Case Management Services (PCMS), a community partner, was established to provide case management, regardless of diagnosis or payer (both identified barriers). PCMS helps link the patient with a community treatment provider and addresses social determinants of care by linking to resources that help meet basic needs: food shelter clothing medication. Episodes are transitional, up to 45 days and may be extended when indicated. 4. Meritus Behavioral Health established the Accelerated Care Program which provides crisis stabilization with rapid access to psychiatry evaluation for patients deemed at risk for return ED visit or hospitalization. Referrals are made internally from the ED or an outpatient family practice / specialist whenever a patient is at risk and cannot benefit or participate with an Intensive Outpatient or Partial Hospitalization level of care, and does not meet the criteria for acute behavioral health care. The program continues to demonstrate success increasing access to acute psychiatry intervention with avoiding unnecessary ED visits and potential hospitalization.

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

- Count of participants/encounters
- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants
- Biophysical health indicators
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost
- Assessment of workforce development
- Other

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

The MD SHIP indicator data demonstrates a 7% decrease trend in the rate of Mental Health ED utilization over the past five years through 2018. However, ED visit rates remain significantly higher (28%) than the MD baseline data. In FY2019 Meritus Medical Center had 4,945 patient encounters for crisis evaluation through the ED. The most recent rate of suicide per 100,000 in Washington Co. is 14.7, significantly higher than the Maryland average rate of 9.2 (2014 - 2016 data). 1. Increased education, awareness and support provided to 2,719 persons by providing 113 unique community groups and education events (647 hours). 2. Only 23 (1.5%) of the 1,522 persons seen by the Behavioral Health Professional at PCP office had an ED visit within 30 days. 3. Potomac Case Management Services served 386 persons for community case management, support and linkage. 310 persons have primary or co-occurring mental health diagnosis and 76 were primary substance use disorder (see Initiative #1 Substance abuse and overdose fatalities). 41.3% of all PCMS patients were deemed "successful" and discharged from this transitional service. The rate of readmission within 30 days of discharge for patients served by Potomac CMS was 4.6% compared to the overall 30 day readmission rate of 15.7% (cost avoidance 41 potential admissions ~\$191,070 based on ALOS of 4.5 days). The 30 day ED re-visit rate for Potomac CMS patients was 11.9% compared to overall 30 day ED re-visit rate of 13% (avoidance of 4 ED visits ~\$4,500). This intervention has been demonstrated to be effective and is limited only by the size of the active caseload at any given time. 4. 53 patients in crisis were seen by the Meritus Behavioral Health Accelerated Care Program for a total of 85 visits. Only 2 patients required ED visit / hospitalization within 30 days of intervention. This outcome suggests that 51 pts were successfully treated and stabilized, avoiding the need for a higher level of care (cost avoidance \$229,500 based on ALOS of 4.5 days).

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

1. The public education and support groups are well attended with excellent feedback regarding the quality and usefulness of content. 2. Clinical integration of behavioral health with primary care increases immediate access to care in an office without stigma and resource expertise to primary care providers. Providing a standardized depression screen in the familiarity of the primary care office helps decrease stigma and normalizes depression as a health issue. Positive screens help providers identify depressive symptoms earlier to allow a review of needs, referral for treatment and stabilization. 3. The partnership with Potomac Case Management is helping to provide an effective community case management program used to connect behavioral health patients to local treatment, support and resources. The initiative's effectiveness demonstrates measurable outcomes with lower rates of ED re-visits and hospital readmission within 30 days of discharge than those seen among patients who are discharged without community case management. 4. The Accelerated Care Program allows more timely access to psychiatry evaluation and medication when indicated, helping to de-escalate a patient and divert potential high cost ED visits and/or hospitalization.

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

1. \$29,018 (647 hrs) 2. \$290,066 (3.5 FTEs) 3. \$168,879 (Potomac Case Management) 4. \$12,998 Total cost \$500,961

Q113. (Optional) Supplemental information for this initiative.

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

Q115. Name of initiative.

Coordinated Approach to Child Health (CATCH)

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: ED Wait Times, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Maternal & Infant Health, Nutrition and Weight Status, Older Adults, Oral Health, Physical Activity, Tobacco Use, Transportation, Other Social Determinants of Health, Other (specify)
Other: Teen pregnancy, Specialty physicians**

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 checked="" type="checkbox"/> Adolescent Health | <input type="checkbox"/> Maternal and Infant Health |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Tobacco Use |
| <input checked="" 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 |

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

Q118. When did this initiative begin?

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.).

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

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

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

- Chronic condition-based intervention: treatment 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.

YMCA of Hagerstown, Washington County
 Public Schools:
 Clear Spring Elementary
 Fountain Rock Elementary
 Hancock Elementary
 Jonathan Hager Elementary
 Ruth Ann Monroe Elementary
 Williamsport Elementary

- No.

Q125. Please describe the primary objective of the initiative.

The Coordinated Approach to Childhood Health (CATCH) is a national evidence-based program that teaches basic lessons related to nutrition and physical activity with the goal of improving a child's health and reducing the incidence of obesity and chronic disease as children learn how to make healthy lifestyle choices. According to the CDC <https://www.cdc.gov/obesity/childhood/causes.html> children who are obese are more likely to become obese adults and obese adults have an increased risk for serious health conditions such as heart disease, type 2 diabetes and cancer. CATCH is supported by 25 years of research showing as much as 11% decrease in overweight and obese children.

Q126. Please describe how the initiative is delivered.

CATCH aims to improve nutrition and physical activity and decrease tobacco use in students attending K through grade 5. This program was conducted in 6 after-school programs, incorporating familial and community involvement. The instructors included a Meritus RN and YMCA staff who taught physical education consisting of specific high energy activities that were designed to keep kids moving while also having fun. The CATCH program also incorporates healthy nutrition component for "eating smart" by learning a stop light classification of foods into "Go, Slow, Whoa!". The program also involves the family by inviting them to visit the school and engage in the CATCH lessons with their children. The goal is that as parents become educated about nutrition and physical activity they will become motivated to initiate their own behavior change and will in turn have improved the home environment. Additionally, children are required to complete CATCH homework assignments with family members away from school. Because the program is delivered in the after-school setting we have extended the reach to engage other's as a part of the community (extended family, friends).

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

- Count of participants/encounters
- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants
- Biophysical health indicators
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost
- Assessment of workforce development
- Other

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

Based on pre and post surveys, children reported overall having improved diets and increased amounts of physical activity in the six month period, January - June, 2019. In addition food literacy was increased. Highlights: - Majority of children increased the number of servings of fruit and vegetables daily - There was an 8.5% increase in daily physical activity lasting 20 minutes or more - Participation in a team sport increased 18% - Having a parent help "always" read a nutrition label increased 12% - Food literacy of understanding the importance to increase daily intake of fruit and vegetables improved, while use of fats/oils/sweets decreased *A complete summary of the pre and post survey results are included as an attachment.

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

One strategy to help prevent chronic disease is early intervention and promotion of healthy lifestyles with children. The obesity rate in children in Washington County shows the rate of child obesity as 11.8. In the last 20 years, the percentage of overweight/obese children has more than doubled and, for adolescents, it has tripled. Obesity is a risk factor in the development of life-threatening chronic disease including hypertension, Type II diabetes, heart disease and some cancers. Decreasing the rate of obesity in children and teens continues to be a leading State Health Improvement Plan indicator. The rate of obesity for Washington County children has trended slightly higher than the state average for the past three-year surveillance period, 2013 - 2016. Efforts to decrease the rate of childhood obesity are being pursued by through a community collaboration that includes the Washington County Public Schools, H.E.A.L. (YMCA), and Meritus Health through both School Nursing and the implementation of CATCH by the Community Health Education and Outreach program. Objectives include eating a healthy diet and increasing the level of physical activity.

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

Salary \$12,967 Materials \$336 Mileage \$1,259 Total expense \$14,562

Q131. (Optional) Supplemental information for this initiative.

[2019 CATCH report.docx](#)
400.6KB

application/vnd.openxmlformats-officedocument.wordprocessingml.document

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.

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: ED Wait Times, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Maternal & Infant Health, Nutrition and Weight Status, Older Adults, Oral Health, Physical Activity, Tobacco Use, Transportation, Other Social Determinants of Health, Other (specify)

Other: Teen pregnancy, Specialty physicians

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

- | | |
|--|--|
| <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 checked="" type="checkbox"/> HIV |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits | <input checked="" 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 checked="" 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 type="checkbox"/> Children's Health | <input type="checkbox"/> Physical Activity |
| <input checked="" type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> Respiratory Diseases |
| <input type="checkbox"/> Community Unity | <input checked="" type="checkbox"/> Sexually Transmitted Diseases |
| <input checked="" type="checkbox"/> Dementias, including Alzheimer's Disease | <input checked="" type="checkbox"/> Sleep Health |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Disability and Health | <input type="checkbox"/> Tobacco Use |

- 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
- Violence Prevention
- Vision
- Wound Care
- Housing & Homelessness
- Transportation
- Unemployment & Poverty
- Other Social Determinants of Health
- Other (specify)

Q137. Why were these needs unaddressed?

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 type="radio"/> | <input type="radio"/> |
| Healthy Living - includes measures such as adolescents who use tobacco products and life expectancy | <input type="radio"/> | <input type="radio"/> |
| Healthy Communities - includes measures such as domestic violence and suicide rate | <input 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 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 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

Non-Resident House Staff and Hospitalists

Meritus Medical Center subsidizes the Hospitalist program in response to a community need for this service. An increasing number of area physicians have elected to no longer admit their patients to the hospital so that they can focus their time and resources to their office practices. This along with an increase in the uninsured/underinsured population necessitated the need for a Hospitalist program subsidized by the Hospital.

Coverage of Emergency Department Call

Meritus Medical Center subsidizes the Emergency On-call program in response to a community need for timely access and response to emergent care. An increasing number of area physicians have elected to no longer admit their patients to the hospital so that they can focus their time and resources to their office practices. This along with higher volumes of uninsured/underinsured population in the Emergency Department has necessitated the need for an Emergency On-call program subsidized by the Hospital.

Physician Provision of Financial Assistance

Physician Recruitment to Meet Community Need

Other (provide detail of any subsidy not listed above)

Other (provide detail of any subsidy not listed above)

Other (provide detail of any subsidy not listed above)

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

Please see attached

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

[Washington County Physician Needs Assessment Summary September 2019.docx](#)
143.6KB
application/vnd.openxmlformats-officedocument.wordprocessingml.document

Q145. Section VI - Financial Assistance Policy (FAP)

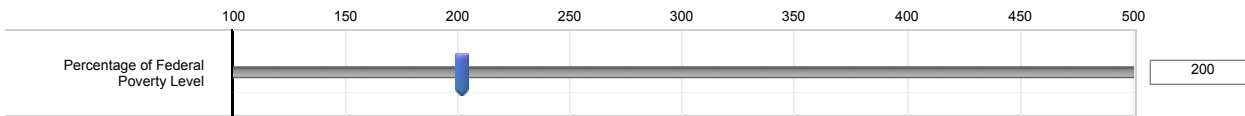
Q146. Upload a copy of your hospital's financial assistance policy.

[Meritus Financial Assistance Policy - Revised 07_2019.docx](#)
58.6KB
application/vnd.openxmlformats-officedocument.wordprocessingml.document

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

[MMC-Finacial-Assistance-Policy-Patient Information Sheet.pdf](#)
459.1KB
application/pdf

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.

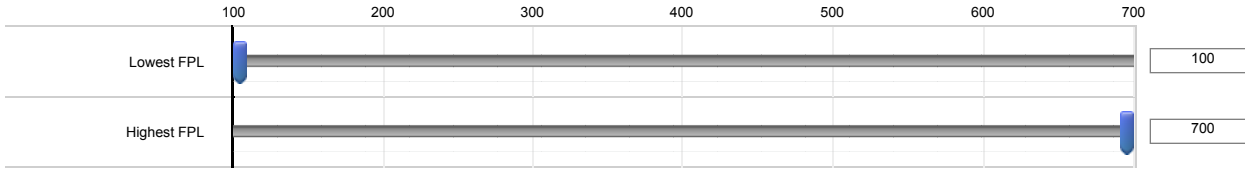


Q149. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level. Please select the range of the percentage of FPL for which your hospital's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

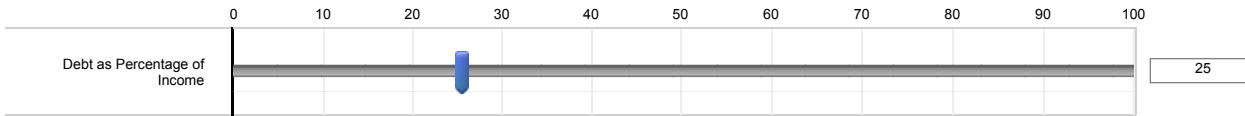




Q150. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(3) to provide reduced-cost, medically necessary care to patients with family income below 500 percent of the federal poverty level who have a financial hardship. Financial hardship is defined as a medical debt, incurred by a family over 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:

All Amish and Mennonite patients are now extended a 25% reduction to charges. For religious reasons, the Amish and Mennonite communities are opposed to accepting Medicare, Medicaid, public assistance or any form of health coverage.

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

No.

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

Q155. Summary & Report Submission

Q156. **Attention Hospital Staff! IMPORTANT!**

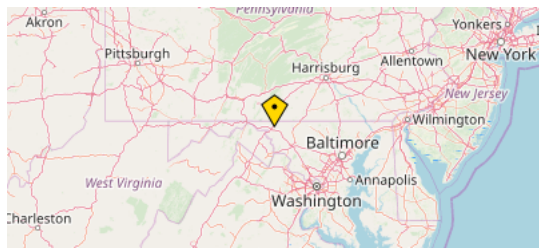
You have reached the end of the questions, but you are not quite finished. Your narrative has not yet been fully submitted. Once you proceed to the next screen using the right arrow button below, you cannot go backward. You cannot change any of your answers if you proceed beyond this screen.

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.

Location: (39.634292602539, -77.733703613281)

Source: GeolIP Estimation



From: [Allen Twigg](#)
To: [Hilltop HCB Help Account](#)
Cc: [Jeanette L. Brill](#)
Subject: RE: Clarification Required - FY 19 CB Narrative
Date: Wednesday, May 27, 2020 2:53:47 PM
Importance: High

[Report This Email](#)

Thank you for the additional time in responding to the clarification of the FY2019 Community Benefit narrative for Meritus Medical Center. Over the past two months my full time roles has been consumed with responsibilities serving as the Safety Officer in our COVID-19 Incident Command Center. I have provided responses and clarification to each point below as requested. If any additional information is needed please do not hesitate to contact me.

- In response to Question 48 on page 5 of the attached, you indicate that the “CB/Community Health/Population Health Director (system level)” and “Senior Executives (system level)” were involved in the CHNA process. In response to Question 61 on page 11, you indicate that these entities do not exist. Please clarify the status of these entities.

Meritus Medical Center, Inc. is an independent community hospital, not affiliated with a larger health system. So the semantics of “facility” vs. “system” are frequently used interchangeably and can become a bit confusing. As a stand-alone hospital facility Meritus Medical Center, Inc. is the overarching legal entity with only one group of Senior Executives and Board of Directors. Technically we could mark all “system” level positions as “do not exist” but internally we refer to the health “system” for positions that have oversight of ambulatory, outpatient practices.

For specific clarification, Question 48 on page 5 the CB/ Community Health/Population Health Director (system level) is marked in error. Those responses and the position “Executive Director Strategic Planning” should be added directly above in the CB/ Community Health/Population Health Director (facility level) box. The Senior Executives are correctly marked for this question. A review of Question 61 is consistent with our explanation above and all are correctly marked “N/A – Position or Department does not exist”.

- In response to Question 43 on page 4, you indicate that the CHNA completed on 5/10/2019 would be used for FY 2020’s report. In each initiative, you indicate CHNA needs as being addressed that were not identified in response to Question 56 on page 10. Please clarify whether the responses to Question 81, 99, and 117 represent CHNA needs identified in the previous CHNA or the version completed on 5/10/2019.

The responses to Question 81, 99, and 117 represent CHNA needs identified in the previous CHNA from FY2016. We proceeded to complete in this manner based on email correspondence with Hilltop 11/25/2019.

- In response to Question 81 on page 17, you indicate a CHNA need addressed as “Other – social determinants of health.” Should it be classified as “Housing & Homelessness,” “Transportation,” “Unemployment & Poverty,” or “Other Social Determinants of Health.”

It would be more precise to have classified these “Other” needs as transportation and poverty.

- In response to Question 136 on page 26, none of the CHNA needs you identify as not being addressed by an initiative were identified in response to Question 56 on page 10. Please clarify and indicate which needs that were identified as CHNA needs were not addressed by an initiative.

Upon review, NONE of the items checked in Question 136 were identified as CHNA needs, therefore there were no initiatives for them.

- Please provide a response to Question 138 on page 27.

Healthy Beginnings – Yes (teen birth rate)

Healthy Living – Yes (adolescents who have obesity)

Healthy Communities – Yes (suicide rate)

Access to Health Care – Yes (uninsured ED visits)

Quality and Preventive Care – Yes (heart disease mortality, cancer mortality, drug-induced death rate, ED visits for addictions, diabetes, hypertension and mental health conditions).

Best regards, Allen

Allen L. Twigg, LCPC, NCC, MBA
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Meritus Behavioral & Community Health
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Department | 301-790-8296
allen.twigg@meritushealth.com

From: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>

Sent: Tuesday, March 17, 2020 3:45 PM

To: Allen Twigg <Allen.Twigg@meritushealth.com>

Subject: Clarification Required - FY 19 CB Narrative

WARNING: This email originated outside of Meritus Health's email system.
DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

Thank you for submitting Meritus Medical Center's FY 2019 Community Benefit Narrative Report. Upon reviewing your report, we require clarification of certain issues:

- In response to Question 48 on page 5 of the attached, you indicate that the "CB/Community Health/Population Health Director (system level)" and "Senior Executives (system level)" were involved in the CHNA process. In response to Question 61 on page 11, you indicate that these entities do not exist. Please clarify the status of these entities.
- In response to Question 43 on page 4, you indicate that the CHNA completed on 5/10/2019 would be used for FY 2020's report. In each initiative, you indicate CHNA needs as being addressed that were not identified in response to Question 56 on page 10. Please clarify whether the responses to Question 81, 99, and 117 represent CHNA needs identified in the previous CHNA or the version completed on 5/10/2019.
- In response to Question 81 on page 17, you indicate a CHNA need addressed as "Other – social determinants of health." Should it be classified as "Housing & Homelessness,"

- “Transportation,” “Unemployment & Poverty,” or “Other Social Determinants of Health.”
- In response to Question 136 on page 26, none of the CHNA needs you identify as not being addressed by an initiative were identified in response to Question 56 on page 10. Please clarify and indicate which needs that were identified as CHNA needs were not addressed by an initiative.
 - Please provide a response to Question 138 on page 27.

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

******* CONFIDENTIALITY NOTICE ******* This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail. Please notify the sender immediately by e-mail if you have received this e-mail by mistake and delete this e-mail from your system.