

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: Bon Secours Baltimore Health System	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital's ID is: 210013	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital is part of the hospital system called Bon Secours Health System, Inc..	<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.

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

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

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Allegany County | <input type="checkbox"/> Charles County | <input type="checkbox"/> Prince George's County |
| <input type="checkbox"/> Anne Arundel County | <input type="checkbox"/> Dorchester County | <input type="checkbox"/> Queen Anne's County |
| <input checked="" 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 |
| <input type="checkbox"/> Calvert County | <input type="checkbox"/> Harford County | <input type="checkbox"/> Talbot County |
| <input type="checkbox"/> Caroline County | <input type="checkbox"/> Howard County | <input type="checkbox"/> Washington County |
| <input type="checkbox"/> Carroll County | <input type="checkbox"/> Kent County | <input type="checkbox"/> Wicomico County |

Cecil County

Montgomery County

Worcester County

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

- | | | | |
|---|---|---|--------------------------------|
| <input checked="" type="checkbox"/> 21201 | <input type="checkbox"/> 21212 | <input type="checkbox"/> 21225 | <input type="checkbox"/> 21237 |
| <input checked="" type="checkbox"/> 21202 | <input type="checkbox"/> 21213 | <input type="checkbox"/> 21226 | <input type="checkbox"/> 21239 |
| <input type="checkbox"/> 21203 | <input type="checkbox"/> 21214 | <input type="checkbox"/> 21227 | <input type="checkbox"/> 21251 |
| <input type="checkbox"/> 21205 | <input type="checkbox"/> 21215 | <input type="checkbox"/> 21228 | <input type="checkbox"/> 21263 |
| <input type="checkbox"/> 21206 | <input checked="" type="checkbox"/> 21216 | <input checked="" type="checkbox"/> 21229 | <input type="checkbox"/> 21270 |
| <input type="checkbox"/> 21207 | <input checked="" type="checkbox"/> 21217 | <input checked="" type="checkbox"/> 21230 | <input type="checkbox"/> 21278 |
| <input type="checkbox"/> 21208 | <input type="checkbox"/> 21218 | <input type="checkbox"/> 21231 | <input type="checkbox"/> 21281 |
| <input type="checkbox"/> 21209 | <input type="checkbox"/> 21222 | <input type="checkbox"/> 21233 | <input type="checkbox"/> 21287 |
| <input type="checkbox"/> 21210 | <input checked="" type="checkbox"/> 21223 | <input type="checkbox"/> 21234 | <input type="checkbox"/> 21290 |
| <input type="checkbox"/> 21211 | <input type="checkbox"/> 21224 | <input type="checkbox"/> 21236 | |

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.

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

Q33. How did your hospital identify its CBSA?

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

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

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

Based on patterns of utilization. Please describe.

Other. Please describe.

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

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

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

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

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?

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)

07/01/2019

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

https://bonsecours.com/library/about-us/baltimore/bsmh-baltimore-fy19-chna_final.pdf?la=en

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

- Yes
- No

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

This question was not displayed to the respondent.

Q47. Section II - CHNA Part 2 - Participants

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

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

Population Health Staff (facility level)

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

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

Population Health Staff (system level)

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

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

Community Benefit staff (facility level)

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

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

Community Benefit staff (system level)

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:

Physician(s)

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

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

Nurse(s)

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:

Social Workers

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

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

Community Benefit Task Force

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:

Hospital Advisory Board

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:

Other (specify)

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

	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 - Dental School -- Please list the schools here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
School - Pharmacy School -- Please list the schools here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Behavioral Health Organizations -- Please list the organizations here: New Hope Treatment Center, Next Passage Treatment Center, Adapt Cares Treatment Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Social Service Organizations -- Please list the organizations here: Project Phase, Healthcare for the Homeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Post-Acute Care Facilities -- please list the facilities here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Community/Neighborhood Organizations -- Please list the organizations here: University of Maryland Community Initiatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Consumer/Public Advocacy Organizations - Please list the organizations here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other -- If any other people or organizations were involved, please list them here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	<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

Yes

No

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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.

An implementation Plan was not required due to the acquisition of the hospital shortly following the CHNA report.

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.

- | | | |
|--|---|--|
| <input type="checkbox"/> Access to Health Services: Health Insurance | <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> Family Planning | <input type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Food Safety | <input type="checkbox"/> Respiratory Diseases |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input type="checkbox"/> Global Health | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Access to Health Services: Outpatient Services | <input type="checkbox"/> Health Communication and Health Information Technology | <input type="checkbox"/> Sleep Health |
| <input type="checkbox"/> Adolescent Health | <input checked="" type="checkbox"/> Health Literacy | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input type="checkbox"/> Health-Related Quality of Life & Well-Being | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Behavioral Health, including Mental Health and/or Substance Abuse | <input type="checkbox"/> Heart Disease and Stroke | <input checked="" type="checkbox"/> Violence Prevention |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> HIV | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Children's Health | <input type="checkbox"/> Immunization and Infectious Diseases | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> Injury Prevention | <input checked="" type="checkbox"/> Housing & Homelessness |
| <input type="checkbox"/> Community Unity | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Dementias, Including Alzheimer's Disease | <input type="checkbox"/> Maternal & Infant Health | <input type="checkbox"/> Unemployment & Poverty |
| <input type="checkbox"/> Diabetes | <input checked="" type="checkbox"/> Nutrition and Weight Status | <input type="checkbox"/> Other Social Determinants of Health |
| <input type="checkbox"/> Disability and Health | <input type="checkbox"/> Older Adults | <input checked="" type="checkbox"/> Other (specify) <div style="border: 1px solid black; padding: 2px; display: inline-block;">Employment & Workforce Development, Youth Services, Senior Support Services</div> |
| <input type="checkbox"/> Educational and Community-Based Programs | | |

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

For the most part, they were similar. The needs that were removed were those that no longer applied, those that were out of our scope of services, or were not backed with data.

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

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

Q60. Section III - CB Administration Part 1 - Participants

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

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

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

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

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

	Activities										Click to write Column 2
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)		Other - If you selected "Other (explain)," please type your explanation below:

Other Hospitals -- Please list the hospitals here:
St. Agnes, UMD

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

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

<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 Health

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

Maryland Department of Education

<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:

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

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

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

Local Govt. Organizations -- Please list the organizations here:
Mayor's Office

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

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

Faith-Based Organizations

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

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

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

Lockerman Bundy Elementary

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

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

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

University of Baltimore

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

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

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

<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:

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

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

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

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

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

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

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

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

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

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

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

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

Behavioral Health Organizations -- Please list the organizations here:

<input 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:

Social Service Organizations -- Please list the organizations here:

Project PLASE, Healthcare for the Homeless

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

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

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

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

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

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

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)
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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)
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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)
---	--	--	---	-------------------------------------	---	---------------------------	--	-----------------

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

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

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

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

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

- Yes
- No

Q67. Please describe the community benefit narrative audit process.

The Financial Grants Manager and Finance Budget & Business Intelligence Manager compiles the CB narratives for the report. The narratives are written by the departments providing services and reviewed by program directors prior to submission to Finance for inclusion in the Community Benefit Report. The Director of Finance evaluates the Community Benefit Report as a whole to ensure that all relevant components are captured and are accurate. After the Director of Finance has evaluated the compiled report for accuracy, it is forwarded to the CFO for a final review of all components. Once all reviews are completed and the CFO gives approval, the report is submitted to the HSCRC.

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

- Yes
- No

Q69. Please explain:

The Director of Finance evaluates the Community Benefit Report as a whole to ensure that all relevant components are captured and financials are accurate. After the Director of Finance has evaluated the compiled report for accuracy, it is forwarded to the CFO for a final review of all components. Once all reviews are completed and the CFO gives approval, the report is submitted to the HSCRC. The report is always available to hospital board for review.

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

- Yes
- No

Q71. Please explain:

The Director of Finance evaluates the Community Benefit Report as a whole to ensure that all relevant components are captured and are accurate. After the Director of Finance has evaluated the compiled report for accuracy, it is forwarded to the CFO for a final review of all components. Once all reviews are completed and the CFO gives approval, the report is submitted to the HSCRC. The report is always available to hospital board for review.

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.

The internal strategic plan is governed by the Hospital Board and the programs and services offered are focused on addressing identified needs of the residents of Southwest Baltimore.

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

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

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

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

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

Q79. Name of initiative.

Community Housing

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:
Health Literacy, Nutrition and Weight Status, Violence Prevention, Housing & Homelessness, Other (specify)
Other: Employment & Workforce Development, Youth Services, Senior Support Services

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 |

- 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
- Injury Prevention
- Lesbian, Gay, Bisexual, and Transgender Health
- Maternal and 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)

Q82. When did this initiative begin?

Q83. Does this initiative have an anticipated end date?

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

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

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

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

- Other. Please explain.

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

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

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

802

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

Approximately 1,100 people

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.

- Enterprise Community Partners
- Enterprise Homes
- United States Department of HUD
- Baltimore City Department of Housing and Community Development
- Maryland State Department of Housing and Community Development
- Wayland Baptist Church
- New Shiloh Baptist Church
- St. Agnes Hospital

No.

Q89. Please describe the primary objective of the initiative.

To provide safe & affordable housing

Q90. Please describe how the initiative is delivered.

Development of new and renovation of existing housing; operation of affordable housing communities. Currently we have 802 households at 9 locations

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).

Housing occupancy for FY19 was 97% for 802 units. We utilize CBISA community benefit software to track volume and cost and contract with National Church residences for 3rd party quality assurance & review; Individual practice assessments averaged 2.9 out of a possible score of 4.0 and include professional training, practice assessment, compliance, education/wellness & file review. Resident satisfaction with services provided was 5.0 out of a possible score of 5.0 (as evaluated by National Church Residences and U.S. Department of H.U.D.).

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

The need has been identified in numerous research and community engagement activities over a multi-decade period most recently as a priority of our 2019 CHNA: Housing & Homelessness.

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

\$1,442,483

Q95. (Optional) Supplemental information for this initiative.

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

Q97. Name of initiative.

Screening Brief Intervention Referral to Treatment (SBIRT)

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:
Health Literacy, Nutrition and Weight Status, Violence Prevention, Housing & Homelessness, Other (specify)
Other: Employment & Workforce Development, Youth Services, Senior Support Services

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

- | | |
|---|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance | <input type="checkbox"/> Heart Disease and Stroke |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Immunization and Infectious Diseases |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input type="checkbox"/> Injury Prevention |
| <input type="checkbox"/> Access to Health Services: Outpatient Services | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input type="checkbox"/> Adolescent Health | <input type="checkbox"/> Maternal and Infant Health |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input type="checkbox"/> Nutrition and Weight Status |
| <input checked="" type="checkbox"/> Behavioral Health, including Mental Health and/or Substance Abuse | <input type="checkbox"/> Older Adults |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Children's Health | <input type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> Respiratory Diseases |
| <input type="checkbox"/> Community Unity | <input type="checkbox"/> Sexually Transmitted Diseases |

- 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

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

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.

- 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.).

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

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

21,165

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.
- No.

Behavioral Health Systems Baltimore (BHSB); Overdose Survivor's Outreach Project (OSOP); Mosaic Group

Q107. Please describe the primary objective of the initiative.

1) Ensure every patient admitted to the Emergency Department receives a SBIRT screening. 2) Ensure every patient who screens positive for Substance Abuse issues meets with a Peer Recovery Specialist who shall conduct a brief intervention and referral to treatment.

Q108. Please describe how the initiative is delivered.

The initiative is delivered in the Bon Secours Hospital Emergency Department and via medical staff. Patients who screen positive for substance abuse issues meet with Peer Recovery Specialists.

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).

In the month of October 2019, the Overdose Survivor's Outreach project (OSOP) engaged 33 patients to complete patient satisfaction surveys. 21 patients completed the survey. The feedback is shown below: Positive: 1) The follow-up received from Peer Specialist post-discharge from the Emergency Department. 2) Patients surveyed were favorable regarding the OSOP Peer being able to provide them transportation to and from their scheduled appointments. Negative: wait time for pain medication in the Emergency Department SBIRT engaged 212 patients to complete patient satisfaction survey, of which 63 patients completed the survey. Patients that did not complete the survey presented to Emergency Department during off hours and others simply declined to participate. The feedback is shown below: Positive – The follow-up post-discharge, professionalism and knowledge of the Peer. Negative- Wait time for triage is too long & wait time for medication is too long.

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

The initiative addresses acute substance abuse conditions and provides referral to treatment for individuals who are ready to engage in substance abuse treatment or treatment alternatives.

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

\$147,929

Q113. (Optional) Supplemental information for this initiative.

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

Q115. Name of initiative.

Bon Secours Early Head Start Program

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:
Health Literacy, Nutrition and Weight Status, Violence Prevention, Housing & Homelessness, Other (specify)
Other: Employment & Workforce Development, Youth Services, Senior Support Services

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

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

Health-Related Quality of Life & Well-Being

Other (specify)

Q118. When did this initiative begin?

The Early Head Start Program initiative began in 2014. The agency previously managed a Family Support Center program model for over 15 years. The Family Support Center model then transitioned to an Early Head Start Program in 2014.

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.).

Early Head Start programs provide family-centered services for low-income families with very young children, ages 6 weeks to 3 years old, and pregnant mothers. These programs are designed to promote the development of the children, and to enable their parents to fulfill their roles as parents and to move toward self-sufficiency.

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

64

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

109

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

- Chronic condition-based intervention: treatment intervention
- Chronic condition-based intervention: prevention intervention
- Acute condition-based intervention: treatment intervention
- Acute condition-based intervention: prevention intervention
- Condition-agnostic treatment intervention

Social determinants of health intervention

Community engagement intervention

Other. Please specify.

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

Yes. Please describe who was involved in this initiative.

Maryland Family Network, Maryland State Department of Education, and Kennedy Krieger-PACT Early Head Start.

No.

Q125. Please describe the primary objective of the initiative.

Early Head Start programs provide similar services as preschool Head Start programs, but they are tailored for the unique needs of infants and toddlers. Early Head Start programs promote the physical, cognitive, social, and emotional development of infants and toddlers through safe and developmentally enriching caregiving. This prepares these children for continued growth and development and eventual success in school and life.

Q126. Please describe how the initiative is delivered.

The Early Head Start Initiative is currently delivered utilizing a combination program model. 21 children center-based children attend on Monday and Wednesday's, an additional 21 center-based children attend on Tuesday and Thursday's, and 22 children are served utilizing our home-based model. The programs family services team takes the programming to the child's home under the home-based model. This initiative targets 64 children, ages 6 weeks to 3 years old, throughout Baltimore City with specific emphasis to West Baltimore City residents. The initiative reached 109 children and 8 pregnant mothers.

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

Count of participants/encounters

Daily Attendance, Services, and Home Visitation data was entered into PROMIS/My HeadStart database systems.

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

Number of monthly socializations, formal parenting classes, and mental health services were also documented.

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

Program Site Visits/Reviews from Maryland State Office of Child Care, Maryland State Department of Education, and Maryland Family Network Consultants

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

Retention of families increased approximately 20% over previous year which allowed for consistent in class interventions and home visits. 50% of children birth to year one, 89.9% of children 1-2 years old, and 61.79% of children 2-3 years old are meeting/exceeding their goals in the area of Social Emotional Development. 80% of children birth to year one, 100% of children 1-2 years old, and 69.23% of children 2-3 years old are meeting/exceeding their goals in the area of Cognition.

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

Progress in the outcomes listed above supports the initiatives goal of preparing parents and children for successful transition to school academically and socially.

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

Q131. (Optional) Supplemental information for this initiative.

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

Q133. Additional information about initiatives.

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

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:
Health Literacy, Nutrition and Weight Status, Violence Prevention, Housing & Homelessness, Other (specify)
Other: Employment & Workforce Development, Youth Services, Senior Support Services

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

This question was not displayed to the respondent.

Q137. Why were these needs unaddressed?

This question was not displayed to the respondent.

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

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

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

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

Q140. Section V - Physician Gaps & Subsidies

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

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

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

Hospital-Based Physicians	Additional primary care, specialty services are needed excessively in this area to bring down mortality rates and help the community as a whole.
Non-Resident House Staff and Hospitalists	Monitor care of in-house patients who often do not have a primary care physician when they enter our emergency room for care.
Coverage of Emergency Department Call	Higher costs for salaries and incentives to bring specialists into a lower income areas such as the location of Bon Secours.
Physician Provision of Financial Assistance	Higher costs for salaries and incentives to bring specialists into a lower income areas such as the location of Bon Secours.
Physician Recruitment to Meet Community Need	Higher costs for salaries and incentives to bring specialists into a lower income areas such as the location of Bon Secours.
Other (provide detail of any subsidy not listed above)	<input type="text"/>
Other (provide detail of any subsidy not listed above)	<input type="text"/>
Other (provide detail of any subsidy not listed above)	<input type="text"/>

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

Across the country, the vast majority of specialist providers rely upon reimbursement from Medicare, Medicaid, Managed Care and patients to provide financial support for their practices. However, for hospitals such as Bon Secours that serve low-income individuals without insurance, urban poor areas, the opportunities for specialists to be compensated through these vehicles are extremely low. Consequently, if these specialist providers were to provide the needed health care services for these hospitals, through only the support of paying patients, they would quickly be forced to close their practices or move to a community with a far more favorable payer mix. For a hospital like Bon Secours to continue to support the community with the varied specialist providers necessary for a full-service medical/surgical hospital with Emergency and Surgical Service, some manner of support is required to ensure the provision of this professional specialized medical care. With approximately 55% of the patient population presenting as charity, self-pay and Medicaid, specialist physicians serving patients at Bon Secours are simply unable to cover their costs. In particular, the primary shortages in availability, absent some form of financial support, come in the form of ED, ICU, regular physician staffing, in addition to the "on call coverage necessary to support 24 hour services in these areas. As a result, in Bon Secours' fiscal 2018 Annual Filing, the "Part B" support provided by the Hospital as indicated in the "UR6" Schedule totals \$16.6 million. The fiscal year 2019 Annual Filing has not been completed at this time, however FY19 "UR6" schedule totals are anticipated to be comparable if not greater than FY18, year over year costs for FY18 to FY19 increased approximately \$1 million. To a hospital the size of Bon Secours, this is a significant outlay of support costs that are necessary to provide the specialist care required to compassionately and equitably care for our patients. Therefore, real and significant "gaps" in the availability of specialist providers in this community exist. Those gaps are currently being filled ONLY via support from the Hospital. The gaps are currently being filled in the following specialist areas: • ED Coverage (approx. \$5.9 million) • Anesthesia (approx. \$1.7 million) • Medical/Surgical "House Coverage" (approx. \$1.6 million) • Psychiatry (approx. \$3.4 million) • Intensive Care (approx. \$0.9 million) • Radiology (approx. \$0.5 million) • OR On-Call (approx. \$0.4 million) • Primary Care/Op Specialty Care Services (approx. \$0.9 million) • Cardiology (approx. \$0.2 million) • Substance Abuse (approx. \$0.4 million) • Vascular (approx. \$0.2 million) • Other Specialties, including Laboratory, Hemodialysis, and Pathology. In addition to these gaps currently filled via subsidy, relatively unmet specialty needs for both the insured and uninsured within our facility include ENT Specialist, limited G.I. (Gastrointestinal Specialist), Neurologist, Urologist, and Endocrinologist.

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

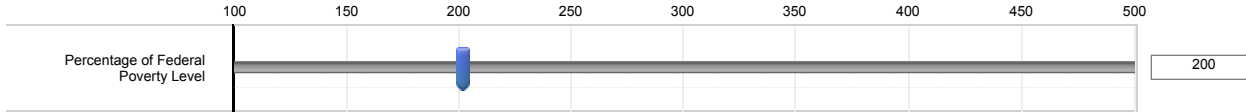
Q145. Section VI - Financial Assistance Policy (FAP)

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

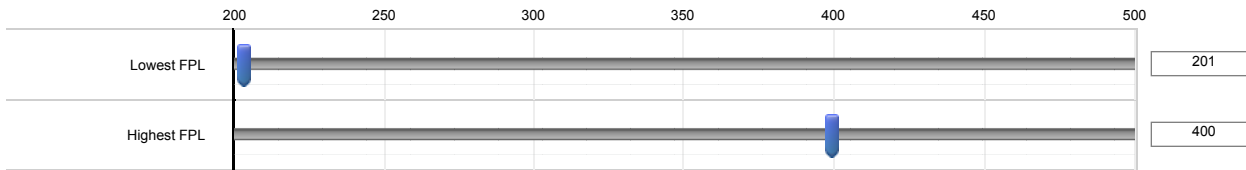
Q147. Upload a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e).

[Financial Assistance Summary Sheet.pdf](#)
26.3KB
application/pdf

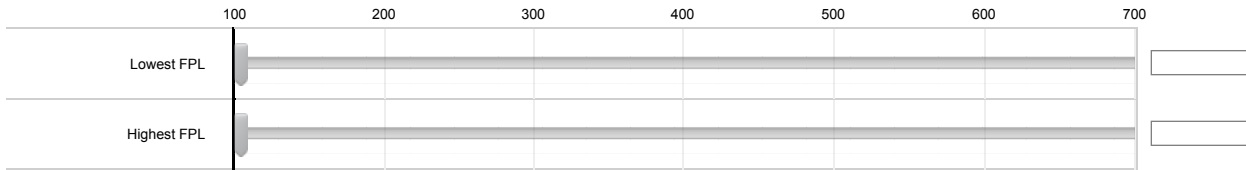
Q148. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(i) to provide free medically necessary care to patients with family income at or below 200 percent of the federal poverty level (FPL). Please select the percentage of FPL below which your hospital's FAP offers free care.



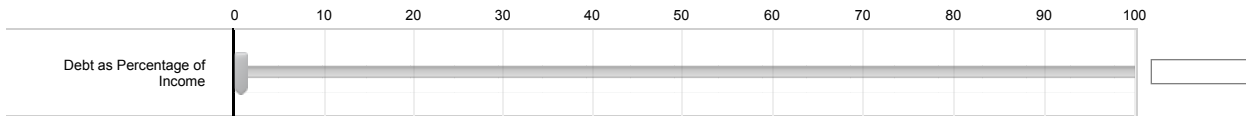
Q149. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level. Please select the range of the percentage of FPL for which your hospital's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

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

Further Explanation for the question above: Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship. Our current financial assistance policy does not contain a financial hardship clause. Question: 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 N/A- this questions does not apply because our current financial assistance policy does not contain a hardship clause.

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

Q155. Summary & Report Submission

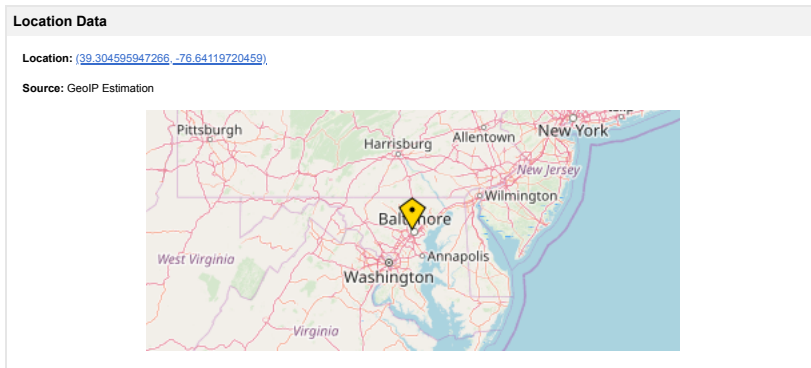
Q156.

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.



From: [Carlton, Chanie G.](#)
To: [Hilltop HCB Help Account](#)
Cc: [Brozic, Michael A](#); [Kimberly Thomas \(kthomas2@lifebridgehealth.org\)](#)
Subject: RE: Clarification Required - Bon Secours FY 19 CB Narrative
Date: Friday, March 27, 2020 3:24:44 PM

[Report This Email](#)

Hello,

Thank you for reaching out and giving us an opportunity to clarify our answers from the 2019 Community Benefit report. Please find our responses to the questions below:

- In response to Question 56 on page 9 of the attached, would it be appropriate to re-classify "Other - Senior Support Services" instead as "Older Adults?" Similarly, can "Other – Employment & Workforce Development" be placed instead under "Unemployment and Poverty?"

Unfortunately, it would not be appropriate to use "Other - Senior Support Services" instead as "Older Adults" to describe services provided. We offer services to support the elderly such as Housing Coordinators for adults residing in our housing units. Likewise, it would not be appropriate to use "Unemployment and Poverty" in place of "Other – Employment & Workforce Development" because the former does not capture services offered to address career training, skill assessments, and other services we offer to help people gain and retain employment.

- In response to Question 48, beginning on page 5 of the attached, "Community Benefit staff" (both facility and system) are listed as involved. However, in response to Question 61 beginning on page 11, "Community Benefit staff" (both facility and system) are listed as not existing. Please clarify the status of these entities and their involvement in the CHNA and community benefit activities.

We do not have "Community Benefit Staff." All responses should be for "Population Health Staff". If the population health staff can be counted as Community benefit staff, then the checked boxes should match the checked boxes for "Population Health Staff (facility level) and "Population Health Staff (system level)" for Question 61. If not, check "N/A- Position or Department does not exist" for "Community Benefit Staff" for Question 48.

- Under Initiative 1, in response to Question 91 on pages 18-19, you select "assessment of environmental change" as a kind of evidence used to evaluate success or effectiveness but do not provide further explanation. Please provide an example of the type of evidence used to assess environmental change. Please do the same for "other process/implementation measures" in initiative 2 (Question 109, page 21) and "surveys of participants" as well as "assessment of environmental change" (Question 127, page 24) in initiative 3.

For Initiative 1, environment change was selected in error and should not be added for Housing.
For initiative 2, the response is shown below:

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

- a. Count of participants/encounters - Grace Medical Center (formerly known as Bon Secours Hospital) utilizes the SBIRT Patient Information system via Redwood Reporting system which electronically calculates the number of unique SBIRT Patients vs Unique SBIRT Encounters. Unique patients are those registered persons seen w/o a duplication of engaging, whereas, unique encounters is all patient seen including with repeat (duplication). This process also allows the team and leadership to monitor the number of missed opportunities of engaging patients identified/suspected of a SUD or OD.
- b. Survey of participants - This tool is used to obtain patient feedback in enabling the opportunity to better meet the needs of the patient served via the ED including but not limited to SBIRT/OSOP; yet an array of patient services provided.
- c. ED Visit Log - The emergency department (ED) visit log is an implemented tracking system by the SBIRT team and Leadership which allows us to monitor our extremely high risk patients that are repeatedly seen within the emergency department within a risk. This allows the SBIRT/OSOP team and leadership to increase their supportive reinforcement including but not inclusive of SUD, ETOH etc. This process has been instrumental in monitoring the decrease/increase of SUD high risk patients. For ex. in 2019 our repeat patients averaged 112 or higher. For the month of February 2020 SBIRT had 4 repeat patients.
- d. CMS reporting system - This system is monitored by Behavioral Health Systems Baltimore (BHSB) and allows the SBIRT/OSOP team and leadership to measure the success in achieving monthly deliverables/targets thus increasing opportunity to strengthen any weak areas while enhancing existing strengths.

For Initiative 3, the response is shown below:

The primary participant of Bon Secours Early Head Start Program is the child. Parents/Guardians are vital to the short and long-term development of their child(ren), so we also assess their progress. Upon program enrollment, each child is assessed utilizing the Ages and Stages Questionnaire, ASQ and ASQ SE based on their current age. This assessment is conducted annually to determine the developmental stage of their child(ren). In addition to the ASQ assessment, children are assessed quarterly utilizing Teaching Strategies GOLD to determine school readiness.

Parents/Families complete a Family Partnership Agreement (FPA) upon enrollment. The FPA compiles family level goals and is updated quarterly in collaboration with a member of the Family Services/Case Management team. I'm not sure why environmental change was originally selected. In this case, I would connect environmental change to a change in the family/household setting.

- Under Initiative 2, in response to Question 99 beginning on page 19, you list "Behavioral Health, including Mental Health and/or Substance Abuse" as a CHNA need addressed by the initiative. However, "Behavioral Health..." was not selected as a CHNA need in response to Question 56 on page 10. Please indicate whether "Behavioral Health..." should have been selected in Question 56, or should not have been selected in Question 99.

When we completed the 2019 Community Benefit Report, we selected our priority areas instead of all our needs. Thus, we did not answer the question correctly. Here is a list of all the needs we identified from our 2019 CHNA that actually should be listed on our CBR.

Crime and Related Trauma

- Behavioral Health/Substance Abuse
- Access to Primary Care Physicians
- Health Education
- Children's Health

- Access to Healthy Foods
 - Expanded Housing
 - Employment and Workforce Development
 - Community Engagement
 - Coordination of services across Bon Secours
 - Advocacy, Policy, and Public Agency Dialogue, and
 - Hospital Quality and Public Health
- Program/Services for Youth (ages 5 to 18)
Senior Support Services

- Similarly, in response to Question 117 on page 22, none of the needs that were selected as being addressed by initiative 3 were selected as CHNA needs. Please indicate whether “Children’s Health,” “Family Planning,” “Food Safety,” and “Maternal and Infant Health” should have been selected in Question 56, or should not have been selected in Question 117.

When we completed the 2019 Community Benefit Report, we selected our priority areas instead of all our needs. Thus, we did not answer the question correctly. Here is a list of all the needs we identified from our 2019 CHNA that actually should be listed on our CBR.

- Crime and Related Trauma
- Behavioral Health/Substance Abuse
 - Access to Primary Care Physicians
 - Health Education
 - Children’s Health
 - Access to Healthy Foods
 - Expanded Housing
 - Employment and Workforce Development
 - Community Engagement
 - Coordination of services across Bon Secours
 - Advocacy, Policy, and Public Agency Dialogue, and
 - Hospital Quality and Public Health
- Program/Services for Youth (ages 5 to 18)
Senior Support Services

- In response to Question 110 on page 21, you list outcomes of Initiative 2 that occurred in October 2019. Please provide data related to any outcomes that occurred between July 1, 2018 and June 30, 2019.

#110: Please provide data related to any outcomes that occurred between July 1, 2018 and June 30, 2019

- Count of participants/encounters - For the period from July 2018-2019, the unique patients seen with and without duplication numbers increased from 1,388 to 8,156. The unique encounters, which includes duplication, for the period July 2018 thru June 2019 is 11051 to 12,852.
- Patient satisfaction surveys were not implemented until November 2019 so no data to support for this timeframe.
- The ED Visit Log was averaging 49 monthly totaling 211 for 2018 and 588 for 2019.
- CMS reporting system - This system is monitored by Behavioral Health Systems Baltimore (BHSB) and allows the SBIRT/OSOP team and leadership to measure the success in achieving monthly deliverables/targets thus increasing opportunity to strengthen any weak areas while enhancing existing strengths.

If you have any questions, please feel free to contact me.

Chanie G. Carlton, M.B.A.
Financial Grants Manager
Bon Secours Mercy Health
Finance Department
1800 Washington Blvd., Ste 822 | Baltimore, MD 21230-1701
(office) 410-801-5209 (mobile) 443-297-9350
(e-mail) Chanie_Carlton@bshsi.org

From: Kimberly Thomas [mailto:kthomas2@lifebridgehealth.org]
Sent: Monday, March 02, 2020 1:26 PM
To: Carlton, Chanie G.
Cc: Brozic, Michael A
Subject: #ExtMail# Fw: Clarification Required - Bon Secours FY 19 CB Narrative

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Sent: Monday, March 2, 2020 1:20 PM
To: Kimberly Thomas <kthomas2@lifebridgehealth.org>
Cc: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>
Subject: Clarification Required - Bon Secours FY 19 CB Narrative

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Thank you for submitting Bon Secours Baltimore Health System's FY 2019 Community Benefit Narrative Report. Upon reviewing your report, we require clarification of certain issues:

- In response to Question 56 on page 9 of the attached, would it be appropriate to re-classify "Other - Senior Support Services" instead as "Older Adults?" Similarly, can "Other – Employment & Workforce Development" be placed instead under "Unemployment and Poverty?"
- In response to Question 48, beginning on page 5 of the attached, "Community Benefit staff" (both facility and system) are listed as involved. However, in response to Question 61 beginning on page 11, "Community Benefit staff" (both facility and system) are listed as not existing. Please clarify the status of these entities and their involvement in the CHNA and community benefit activities.
- Under Initiative 1, in response to Question 91 on pages 18-19, you select "assessment of environmental change" as a kind of evidence used to evaluate success or effectiveness but do not provide further explanation. Please provide an example of the type of evidence used to assess environmental change. Please do the same for "other process/implementation measures" in initiative 2 (Question 109, page 21) and "surveys of participants" as well as "assessment of environmental change" (Question 127, page 24) in initiative 3.
- Under Initiative 2, in response to Question 99 beginning on page 19, you list "Behavioral Health, including Mental Health and/or Substance Abuse" as a CHNA need addressed by the initiative. However, "Behavioral Health..." was not selected as a CHNA need in response to Question 56 on page 10. Please indicate whether "Behavioral Health..." should have been selected in Question 56, or should not have been selected in Question 99.
- Similarly, in response to Question 117 on page 22, none of the needs that were selected as being addressed by initiative 3 were selected as CHNA needs. Please indicate whether "Children's Health," "Family Planning," "Food Safety," and "Maternal and Infant Health" should have been selected in Question 56, or should not have been selected in Question 117.
- In response to Question 110 on page 21, you list outcomes of Initiative 2 that occurred in October 2019. Please provide data related to any outcomes that occurred between July 1, 2018 and June 30, 2019.

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

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