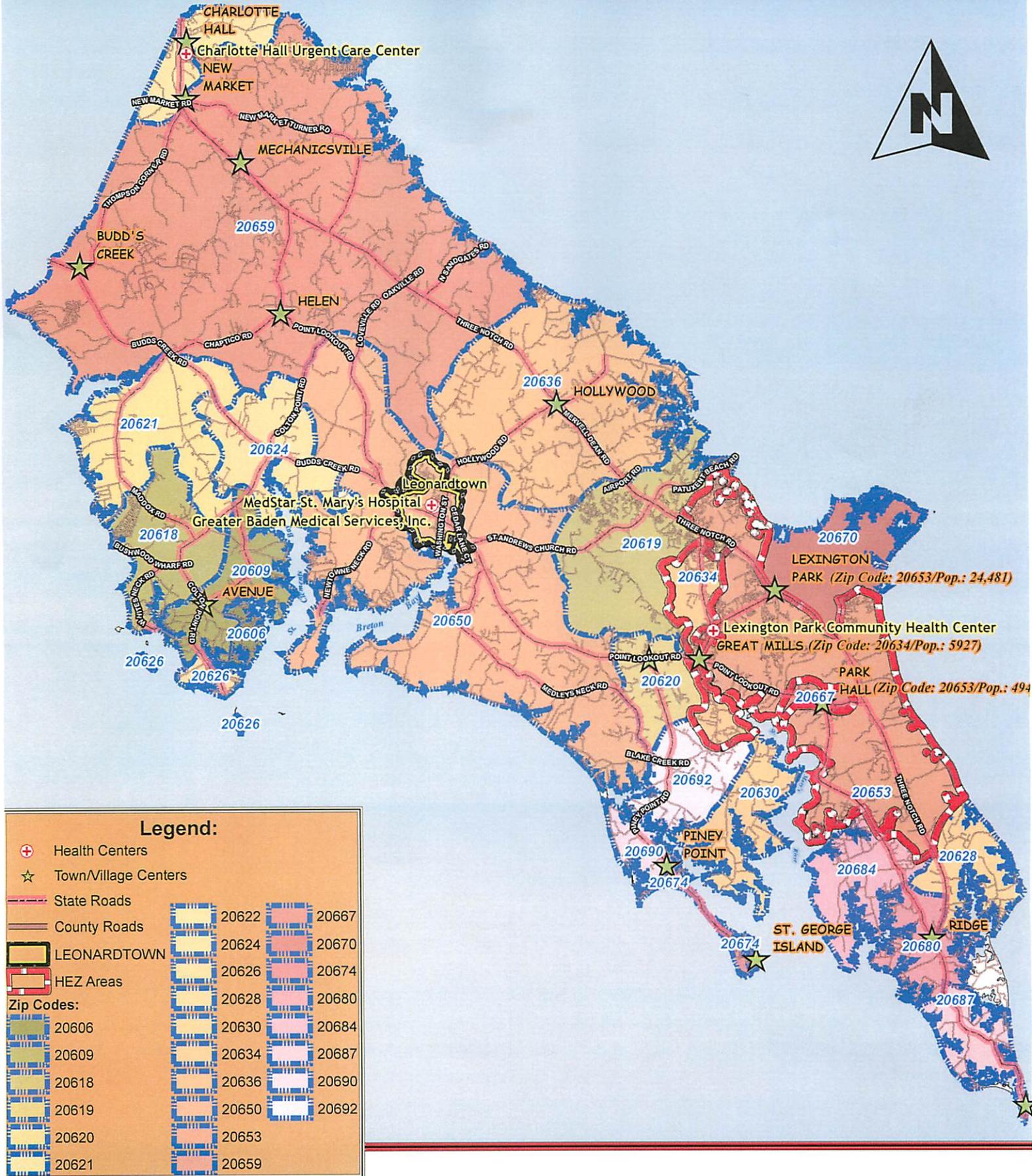




St. Mary's County, MD.

Zip Code Boundaries



Greater Lexington Park Health Enterprise Zone Project

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STATE OF MARYLAND
Community Health Resources Commission
45 Calvert Street, Annapolis, MD 21401, Room 336

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor
John A. Hurson, Chairman - Mark Luckner, Executive Director

**Health Enterprise Zones
Call for Proposals
Cover Sheet FY2013**

Applicant Organization:

Name: MedStar St. Mary's Hospital

Federal Identification Number (EIN): 52-0619006

Street Address: 25500 Point Lookout Rd., P.O. Box 527

City: Leonardtown State: MD Zip Code: 20650 County: St. Mary's

Official Authorized to Execute Contracts:

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Title: MedStar St. Mary's Hospital, President and MedStar Health, Senior Vice President

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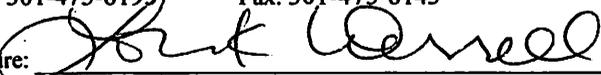
Signature:  Date: 11/14/12

Project Director (if different than Authorized Official):

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Title: Director of Health Connections

Phone: 301-475-6195 Fax: 301-475-6143

Signature:  Date: 11/14/12

Alternate Contact Person:

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Title: Operations Specialist

Phone: 301-475-6174

HEZ Project Name:

Greater Lexington Park, Health Enterprise Zone (HEZ) Project

STATEMENT OF OBLIGATIONS, ASSURANCES, AND CONDITIONS

In submitting its grant application to the Maryland Community Health Resources Commission (“Commission”) and by executing this Statement of Obligations, Assurances, and Conditions, the applicant agrees to and affirms the following:

1. All application materials, once submitted, become the property of the Maryland Community Health Resources Commission.
2. All information contained within the application submitted to the Commission is true and correct and, if true and correct, not reasonably likely to mislead or deceive.
3. The applicant, if awarded a grant, will execute and abide by the terms and conditions of the Standard Grant Agreement (attached).
4. The applicant affirms that in relation to employment and personnel practices, it does not and shall not discriminate on the basis of race, creed, color, sex or country of national origin.
5. The applicant agrees to comply with the requirements of the Americans with Disabilities Act of 1990, where applicable.
6. The applicant agrees to complete and submit the Certification Regarding Environmental Tobacco Smoke, P.L. 103-227, also known as the Pro-Children Act of 1994.
7. The applicant agrees that grant funds shall be used only in accordance with applicable state and federal law, regulations and policies, the Commission’s Call

for Proposals, and the final proposal as accepted by the Commission, including Commission-agreed modifications (if any).

8. If the applicant is an entity organization under the laws of Maryland or any other state, that is in good standing and has compiled with all requirements applicable to entities organized under that law.
9. The applicant has no outstanding claims, judgments or penalties pending or assessed against it – whether administrative, civil or criminal – in any local, state or federal forum or proceeding.

AGREED TO ON BEHALF OF, MedStar St. Mary's, BY:
(Applicant Name) Hospital

Christine R. Wray President
Legally Authorized Representative Name (Please PRINT Name) Title

Christine R. Wray 11/14/12
Legally Authorized Representative Name (Signature) Title

Program Purpose

On behalf of the St. Mary’s County Health Enterprise Zone (HEZ) Consortium, MedStar St. Mary’s Hospital (MSMH) is requesting Health Enterprise Zone designation consideration and funding support from the Maryland Department of Health and Mental Hygiene (DHMH), Community Health Resources Commission (CHRC). Our proposed project will increase access to health care, decrease health inequities for racial and ethnic minorities and the uninsured and medically underserved residents living within the Lexington Park, Great Mills and Park Hall zip codes, also known as the greater Lexington Park area and reduce the cost of healthcare. These contiguous zip codes are home to 30,902 residents and 28% of the county’s overall population with 18.6% falling below the federal poverty level (2012 US Census data). Thus, the target area is also home to the greatest health disparities, economic inequalities and social deterrents to health that exist in St. Mary’s County.

The need for adequate numbers of culturally appropriate health care options for the medically underserved in the greater Lexington Park area has been clearly established, by the 2009 and 2012 St. Mary’s County Community Health Needs Assessments (CHNA). Key findings of the community health needs assessment and the Med Chi studies of 2010 included the lack of primary care physicians in St. Mary’s County and the lack of accessibility to health care other than hospital care. Existing health and wellness providers are located at widely spaced areas within this rural jurisdiction and public transportation is limited, making accessibility an even greater barrier to health care for many underserved citizens. St. Mary’s County HEZ Consortium partners are proposing to utilize HEZ designation with associated funding and benefits to reduce the health disparities experienced by the racial and ethnic minority populations in the greater Lexington Park area while improving health care access and overall healthcare outcomes for all.

Strategies proposed will also reduce health care costs, reduce unnecessary Emergency Department (ED) usage, and reduce preventable hospital admissions/readmissions in innovative ways. Utilizing a well-designed and comprehensive action plan, we plan to: 1.) attract new health care practitioners (primary and behavioral) to the proposed HEZ area; 2.) expand the small but successful newly piloted integrated healthcare primary care/behavioral health/substance practice in the greater Lexington Park area by expanding hours of operation from part time to daily from 0800-2200; 3.) enhance our pilot integrated clinical care model by adding culturally competent medical home services including case management/care coordination, nutrition counseling, chronic disease management services; and 4.) reduce health care costs and hospital admissions and readmissions by implementing community health worker outreach in part to implement primary care and community processes embedded in Project RED (re-engineered discharge), and culturally competent health programming, with co-located ancillary social and human services as needed and appropriate for patients.

HEZ Geographic Description

The proposed HEZ area consists of the following contiguous zip codes:

Zip Code/Geographic Boundary	Population
20653/Lexington Park	24,481
20634/Great Mills	5,927
20667/Park Hall	494
St. Mary’s County	105,111

Source: 2010 U.S. Census Bureau

The section below and the following Community Needs Assessment sections provide a current picture of the overall demographics of the proposed HEZ area in comparison to the state of Maryland and St. Mary’s County. The data denotes the health needs of residents, and identifies barriers to access for care especially for the low-income residents of St. Mary’s County. Based on qualitative and quantitative data the HEZ Consortium identified the greater Lexington Park area as St. Mary’s County’s most compelling area for HEZ related health care resources.

Proposed HEZ Area

St. Mary’s County	
Great Mills Zip Code	20634
Lexington Park Zip Code	20653
Park Hall Zip Code	20667
Health Professional Shortage Area Designation (HPSA)	Primary Care – Southern End Score - 10 Mental Health – Entire County Score - 15 Dental – Entire County Score - 3
Rural/Urban Designations	Federal and State Designated Rural

Sources: US Census 2010 and HRSA

For continuity within this application, African America/Black references non-Hispanic persons of color and Hispanic/Latino references non-white persons of Hispanic background.

Population Estimates by Race

Race	Maryland	St Mary’s	Lexington Park	Great Mills
Asian/ Pacific Islander	280,742 (5.0%)	2,091 (2.2%)	1,037 (4.2%)	284 (4.8%)
African American/Black	1,625,880 (28.8%)	14,051 (14.0%)	6,635 (27.1%)	1,364 (23.0%)
American Indian/Alaskan Native	15,394 (0.3%)	377 (0.4%)	97 (0.4%)	17 (0.3%)
White	3,433,516 (60.9%)	80,352 (80.2%)	13,997 (57.2%)	3,907 (65.9%)
Other	167,766 (3.0%)	3,158 (3.1%)	1,092 (4.4%)	97 (1.6%)
Hispanic/Latino	371,306 (6.6%)	2,750 (2.7%)	1,623 (6.6%)	364 (6.1%)

Source: 2010 U.S. Census Bureau

Community Needs Assessment

According to 2010 U.S. Census data, approximately 28% (30,902 residents) of the St. Mary’s county population live in the greater Lexington Park area (including Great Mills and Park Hall zip codes). These zip codes comprise the single largest center of population and poverty in the county. The 2012 census reports 18.6% of the Lexington Park population was reported as living below the federal poverty level, with a large number of minorities living in this location as well (27.1% African American/Black and 6.6% Hispanic). The median annual family income for Lexington Park is \$51,354 in comparison to the St. Mary’s County median annual family income of \$85,068. Certain census tracts within the greater Lexington Park area have an even higher concentration of poverty, with one census tract having a median annual family income of \$42,766.

In FY 2009 and again in FY 2012, CHNA including primary and secondary data analysis and focus groups that were most prominently conducted in the proposed HEZ area were completed to determine the health status of St. Mary's County. Including the proposed HEZ area residents into these comprehensive community health assessments validates the successful efforts to include members of the target populations and minority groups in the HEZ in programmatic planning. The data and information compiled from both the needs assessments revealed that St. Mary's County continues to lack access to care in primary care, mental health and dental services. Compiled results published on the MSMH website:

http://www.medstarhealth.org/body_community.cfm?id=557091&hcn=%2Findex.php%3Fmodule%3Dhtmlpages%26func%3Ddisplay%26pid%3D5007%26hcnembedredirect_%3D1

The census designated locations of greatest poverty, healthcare disparities and social deterrents to health identified during the 2009 and 2012 CHNA Assessments were Lexington Park and Great Mills, both located in a Healthcare Professional Shortage Area (HPSA score 10). The 2012 County Health Ranking Report recognizes multiple factors that influence the health of St. Mary's County residents and fall directly in alignment with 2009 and 2012 health needs assessment findings. Regarding Health Behaviors, St. Mary's County ranked number 15 out of 24 counties in Maryland and, even more concerning, ranked number 18 out of 24 for Clinical Care. Based on the 2009 data and supported by 2012 assessment results, a pilot program was established to provide primary care to the underserved using a mobile van in the proposed HEZ. Based on CHRC and CareFirst BCBS grant funding, this program was enhanced by piloting an integrated care model in 2011 with primary care, behavioral health and substance abuse assessment and treatment. To further expand this successful model, and because the greater Lexington Park area is a designated revitalization district, the proposed HEZ zip code 20653 is the proposed zip code to establish a Community Health Center (CHC) (see Appendix F CHC Floor Plan, Appendix G CHC Site Plan), which, through potential private/ public partnerships, is envisioned to be built in FY2014. The exact proposed location for the community health center will replace a blighted portion in this underserved area and has the potential to increase workforce development and career advancement opportunities for the immediate population.

Access to Care

St. Mary's County is a federally designated rural area where heart disease, lower respiratory diseases, stroke and Diabetes are the leading causes of death. The greater Lexington Park area has a lower per capita income and a higher unemployment rate than the rest of St. Mary's County, a combination contributing to poor health and decreased life spans. The greater Lexington Park area significantly lacks primary care doctors; (latest Med Chi study reported an 86.2% physician shortage in Southern Maryland, which will increase to 93.1% by 2015) unfortunately, the problem is expected to worsen because St. Mary's County is one of the fastest growing jurisdictions in the state and continuous efforts to recruit primary care and specialists continue to significantly lag behind current need. St. Mary's County experienced a 22% increase in population from the 2000 to the 2010 U.S. census. There are only 52.4 primary care providers in the county, however only two in the proposed HEZ. Physicians are not accepting new patients, Medicaid panels are closed in most practices, and uninsured and under insured residents are forced to seek both primary and crisis care in MedStar St. Mary's Hospital Emergency Department (ED), where there were over 57,000 visits in FY 2011 for the 107,000 residents of

St. Mary's County. According to MedStar St. Mary's Hospital performance measures, 30.57% of patients accessing the ED in FY 2012 were from the proposed HEZ zip codes.

Zipcode	# of Patients	Percent of Total
20653	11411	23.11%
20634	3331	6.75%
20667	348	0.70%
Total	15090	30.57%

According to the 2011 County Health Ranking Report, there are 1,723 citizens per 1 physician in St. Mary's County. This is more than double the state (713:1) and national (631:1) ranking. The southern portion of St. Mary's County (location of proposed HEZ area) is designated as a Primary Care and Dental Health Practitioner Shortage Area (HPSA) and the entire county is designated as a HPSA for Mental Health (<http://hpsafind.hrsa.gov>). The Maryland Primary Care Office and State Office of Rural Health recently contacted MSMH with results from a Medically Underserved Area/Populations (MUA/MUP) review of St. Mary's County. The office reported that the Lexington Park census tract 876001 meets criteria for MUA/MUP designation and will be submitting an application to the Health Resources Services Administration (HRSA) within the next two weeks. There are only two primary care practices in the greater Lexington Park area and one mobile health clinic (*Get Connected to Health*) operated by MSMH, all three of which are operating beyond reasonable capacity. These provider services are further diluted because they serve the proposed HEZ area, along with the rest of the southern portion of the county. According to the MSMH Acute Care and Surgical Market Analysis & Physician Development Plan, the hospital needs to recruit at least two to three primary care physicians annually to meet the projected need for primary care.

MSMH has been proactive in response to the need for a permanent primary and specialty health care solution in St. Mary's County, particularly in the Lexington Park area. Since 2008, MSMH has been operating *Get Connected to Health*, a part time, low cost mobile primary health care service for the uninsured and underinsured residents of St. Mary's County in the Lexington Park area as part of community benefit with a volunteer physician at the helm. The program was increased in July 2011 with new funding support from Care First BCBS. Walden invited MSMH to integrate behavioral health and substance abuse health services into the part time *Get Connected to Health* program with Walden providers in Lexington Park as part of Walden's integrated care project. This project was initiated with funding from the CHRC. The MSMH *Get Connected to Health* mobile clinic with Walden Sierra Inc. is part of this pilot integrated clinical care project currently operating in the HEZ. Primary care services now increased from one day each week to four days each week during daytime hours and are on the the hospital's mobile medical van in Lexington Park. In 2010, *Get Connected to Health* saw a 45% increase in uninsured residents seeking primary health care. This is the only available low-cost primary health care service and one of only three primary health practices in total in the southern end of St. Mary's County, where patients are seen for a \$15 fee on a sliding scale.

At this time, the demand for services has exceeded the capabilities of the *Get Connected to Health* mobile program and the other two established primary care practices in the HEZ, and it is vital that expanded capacity is established. MSMH intends to continue to provide integrated clinical services with Walden; and both MSMH and Walden are also working with partners

including Greater Baden Medical Services Inc., Community Development Corporation (revitalization authority for Lexington Park), the St. Mary's County Health Department, the Department of Social Services, the County's Department of Aging and Human Services and a private developer who is committed to the revitalization of Lexington Park to establish a Community Health Center in the proposed HEZ (see Appendix B – CHC Planning Partner MOU). The center will include primary care, behavioral health and substance abuse treatment and services using an integrated care model, with additional medical home health and wellness wrap-around services. MSMH will transition the 800 primary care patients of *Get Connected to Health* while expanding care to an estimated 3,000 uninsured residents in the proposed HEZ at the future Lexington Park Community Health Center.

Behavioral/Mental Health

The need for preventative health services and integration of mental health services for this population is apparent from the Community Health Assessments; where substance use disorders were identified as a high priority and are also evident in primary care settings. Addiction to substances, particularly opiates, has consistently increased in Southern Maryland over the last several years and now account for nearly 40% of Walden's residential treatment admissions. In the first three years of operations, approximately 60% of clients seen by *Get Connected to Health* were documented as having a primary mental health condition or secondary mental health co-morbidity co-occurring with other chronic conditions. In addition, more than 65% of the patient visits in the first 3 years of *Get Connected to Health* were treated for chronic disorders such as high blood pressure, asthma, cardiovascular disease, and Diabetes.

The Centers for Disease Control and Prevention has been emphasizing the importance of connecting mental health with somatic chronic disease. Chapman, Perry and Strine's 2005 published article, *The Vital Link Between Chronic Disease and Depressive Disorders* reviews the interrelationship between depression and asthma (nearly 50% of asthma patients also have significant depressive symptoms) and asthma is one of the known racially linked disparities in the HEZ. The article further connects arthritis (common concerns of arthritis patients are depression and anxiety), cardiovascular disease or CVD (another diagnosis with disparities in the HEZ) with depression which is a major risk factor of mental illness in general. Depression is twice as likely among diabetics and the obese (Diabetes and obesity are disparities in the proposed HEZ). In addition, substance use disorders often frequently occur with other mental health disorders such as depression or other mood disorders and anxiety disorders (Mental Health First Aid USA).

Emergency Department Usage and Readmissions

As the only hospital in St. Mary's County, the MSMH Emergency Department saw 51,624 patients in 2010 out of a total population of 105,111 residents. It is reported that MSMH has an average of 103 annual preventable hospital stays per 1,000 Medicare patients versus the national average of 52 and the state average of 70 per 1,000 Medicare patients. (<http://www.countyhealthrankings.org/maryland/st-marys>). There has been a significant increase in ED utilization, with a 24% increase in Maryland between 1996 and 2006 from 90.3 million to 119.2 million, suggesting the need for strategies to divert inappropriate ED utilization to established primary care "medical homes" for beneficiaries. A similar trend has been seen in the MSMH ED with a greater than a 50% increase in utilization between 2000 and 2010 from 23,533 to 51,624 ED visits. According to data published by the National Council for Community

Behavioral Healthcare in the white paper, Substance Use Disorders and the Healthcare Home, 45% of Americans have one or more chronic health conditions; treating these conditions accounts for 75% of direct medical care.

One of MSMH strategies to reduce unnecessary ED utilization and to reduce inpatient readmissions is to increase access to integrated primary care, mental health, substance abuse, and prevention services and reducing healthcare disparities in St. Mary's County by expanding the piloted integrated primary and behavioral health care model (delivered by our mobile unit and Walden Sierra Inc.). Expanding the services includes building the proposed Lexington Park CHC that will provide a stable location for the integrated clinical model and relocating and expanding Greater Baden, the county's only Federally Qualified Health Center (currently located in a two room building in Leonardtown, serving patients part-time) to the proposed HEZ. The CHC will provide access to additional human services in the proposed HEZ, including medical home services, co-located social services, health insurance exchange navigation and housing services in one building. Data shows that in addition to ease of access to services, this "Big Box" approach allows for expense avoidance through cost sharing associated with one location vs. the cost of several smaller offices. All of these services will serve the uninsured and medically underserved who are suffering the effects of health disparities and who will otherwise have no medical home, care coordination or access to preventative services and wellness support. Currently, MSMH refers ED and inpatients who are uninsured and/or lacking a medical home in the proposed HEZ to seek follow-up care at the *Get Connected to Health Service*. Once established, these patients will be transitioned to the Lexington Park CHC which is in planning stages and will be located in the Lexington Park zip code. Access to affordable health care through this referral strategy is designed to reduce unnecessary reliance on the ED and to reduce admissions and readmissions to MSMH and other Southern Maryland hospitals. A study in one community showed that within three years of establishing such services, uninsured visits to the local hospital ED decreased by almost 40%, while insured ED visits continued to grow. (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2711875/>)

Clinical primary and behavioral health services available in the HEZ via the Walden/MSMH integrated care pilot project will continue until the opening of the Lexington Park Community Health Center. Walden has the same integrated pilot program with Greater Baden Medical Services in Charles County. Through partnership participation in the National Council Integrated Care Training (see Appendix I Integrated Care Team Training Quote), a highly qualified team of professionals will be poised to deliver integrate care in the HEZ. When the Lexington Park CHC is opened, Greater Baden (FQHC) will move from its clinic in Leonardtown to Lexington Park and will operate during daytime hours and MSMH will use the same space for a primary care practice with walk-in hours during the evening to expand care. Daytime and evening hours will use the same integrated care model and MSMH and will provide wrap-around services following the medical home model to clients served in the HEZ. In an effort to hard wire prevention and care strategies, we also plan the addition of Clinical Care Coordinators (see Appendix K Clinical Care Coordinator Position Description) and Lay Health Promoter (see Appendix L Lay Health Promoter Role Description) components to the project, beginning with recruitment and training in year one, and implementation in year two that includes clinical care coordination and lay health promotion outreach.

Dental Care Access

Access to dental care within the proposed HEZ is limited because there is only one dentist who accepts Medical Assistance for adult clients for the entire county. Thus, the local health department, while able to coordinate dental care for the children of the county since several dentists accept MCHIP, is under resourced to provide dental care for any St. Mary's County adults in the proposed HEZ. In May 2012, our community was privileged to host our first Dental Mission of Mercy (MOM). During this event, 650 residents were provided dental services ranging from basic cleanings, exams to fillings, root canals and extractions. A total of 3,950 procedures were performed on the 650 recipients of services, averaging 4-5 procedures per recipient. No follow-up referrals could be made for St. Mary's County citizens who had care through the Southern Maryland MOM. These same citizens will need dental care within 6 months of the MOM. This lack of providers to provide ongoing routine or emergency dental care illustrates in stark terms how important it is to provide dental care in the proposed HEZ. Thus, the HEZ Consortium partners plan to incentivize dentists and dental hygienists within the proposed HEZ to provide dental care to uninsured adults or those with medical assistance who are unable to access care. The existing mobile van owned and operated by MSMH for the *Get Connected to Health* Service is scheduled for replacement in mid 2013, at which time the van will be provided as an in-kind donation by MSMH to create a mobile dental van for use in the proposed HEZ. We are requesting funding to purchase \$25,000 worth of equipment and refurbishment to the van. MSMH will operate the service in all four years of the grant and will and will plan to transfer the service to the St. Mary's County Health Department, which currently coordinates pediatric dental services. A financial incentive for participation will be reimbursement for services rendered within all four years of the grant performance period.

Lack of care from primary care providers was seen in almost all of the patients served by the Mission of Mercy, where hypertension/high blood pressure readings were seen in 50% of patients. The 2012 St. Mary's County CHNA revealed that only 27.5% of adults visited a dentist on a regular basis. Even further, the *Get Connected to Health* mobile clinic and St. Mary's County Health Department receive daily inquiries for dental care due to lack of local providers who accept adult Medicare/Medicaid or offer reduced cost services for self-pay patients. Further, the research demonstrates that poor oral health is linked and can cause heart disease, stroke, diabetes, pregnancy complications and other related health conditions (www.mayoclinic.com/health/dental) which are disparities evident in the HEZ.

Physical Environment

The proposed HEZ includes the consecutive zip codes of Lexington Park, Great Mills and Park Hall. These areas are located adjacent to the Patuxent River NAS, where high salary and high technology jobs have contributed to and even overshadowed population inequality, particularly in the proposed HEZ area. Those residents experiencing economic and social barriers within our community are negatively impacted by the defense industry and this topic was recently highlighted by local press (Enterprise Newspaper, June 2, 2012). The contractors are creating jobs that are unattainable by most adults living in the proposed HEZ area. Though there are engineering and technology jobs available for highly educated and specifically post baccalaureate trained individuals, these positions and the income of the citizens in these positions are at times overshadowing the disparity of those who are not eligible for this work. With 20% of the adult population in the proposed HEZ location lacking high school diplomas, many

residents are without access to work connected with the defense industry, even while home prices and taxes increase based on the higher median income of the county overall. The increasing costs of living are adding to the negative impact of these unemployed or low wage earning citizens by “pricing them out of the market.”

The HEZ area is located in the southern portion of St. Mary’s County, consisting of the largest residential and commercial development district in the jurisdiction. Combined, the total area is 16.98 square miles, with two major roadways (route 5 and route 235) entering through the northern border and stretching through the entirety of both Lexington Park and Great Mills. Entry into the Great Mills area tells a story of economic decomposition which has led to a disproportionate presence of liquor stores, unhealthy food outlets and a growing homeless population. By contrast, the technology corridor tells a story of high tech industry which has created two job markets: one that requires advanced education and training, unattainable to the average Lexington Park area resident, and a second that is based on the service industry and offers low wage, often part time, and unstable employment.

The proposed HEZ area hosts the majority of the county’s multi-unit housing, as well as more than 300 mobile homes. A total of 661 households in these zip codes receive assistance through the St. Mary’s County Housing Authority. The largest privately owned single family housing community located in the proposed HEZ was developed in the 1940’s to support establishment of the Patuxent River Naval Air Station (NAS). These single family homes are more than 70 years old, with minimum renovation or refurbishment based on low wages of the inhabitants. In addition, many of the business complexes directly outside of Patuxent River NAS stay just shy of blight ordinances but remain neglected from underuse or disuse. There are 32 well maintained public housing units maintained by the St. Mary’s County Housing Authority, which also provides rental assistance to 680 households in the proposed HEZ. There are 15 properties with 1,138 low income units maintained by private developers in various states of disrepair. The abundance of low income and workforce housing in the HEZ led to a high concentration of citizens with incomes below the median state poverty level. This state of the disrepair of the businesses, combined with the concentration of under-resourced housing, lack of basic health care services and social amenities, created blight on the community and is a central focus of the St. Mary’s County Community Development Corporation’s greater Lexington Park re-development project.

Transportation

Medically underserved individuals and families negotiate barriers of distance and time to obtain health care services, especially when these services are not in accessible locations. St. Mary’s County is a rural jurisdiction, with a majority of health care services located in Leonardtown, which is nearly 20 miles north of Lexington Park. The St. Mary’s County Department of Public Works and Transportation operates a public transit system, where buses run daily. However, for a resident in the HEZ, utilizing the transit system to obtain health care requires a minimum of two hours of travel time in each direction based on route design and limited service, forcing those struggling economically to miss an entire day of work to obtain primary care. Transportation was recognized as a secondary barrier to health care in both the 2009 and 2012 Community Health Needs Assessment focus group results; transportation in general was an issue for residents in the greater Lexington Park area, where 10% of adults in Lexington Park alone did not own a vehicle, according to the 2010 American Community Survey. Thus, as part of the

HEZ proposal, an innovative bus route was designed to travel a “healthcare route” every half hour throughout the HEZ.

Core Disease(s) and Condition(s) Targeted

Obesity is a statistically significant deterrent to health in this jurisdiction, where 65% of adults are either overweight or obese according to the 2011 Maryland Behavioral Risk Factor Surveillance System (BRFSS). The percentage of St. Mary’s County adults who report being obese is even higher within the African American population, where 45.6% of adults report a Body Mass Index (BMI) above 30 (obese), which is significantly higher than that of Caucasian adults (26%). This health inequity has been recognized by the Department of Health and Mental Hygiene (DHMH), which identified the obesity prevalence in St. Mary’s County as a racial disparity. Major co-morbidities from obesity include heart disease, Diabetes, hypertension, and stroke. Heart disease and stroke placed in the bottom quartile according to the 2010 Primary Care Needs Assessment (DHMH), which also placed a disparity designation for heart disease mortality.

According to 2010 data found in the DMHM Charts of Selected Black vs. White Chronic Disease SHIP Metrics, there were 1,184 Diabetes related ED visits per 100,000 population for Black residents in St. Mary’s County versus 231 for White residents. There were 845 hypertension related ED visits per 100,000 population for Black residents versus 241 for White residents. As concerning, there were 148 asthma related ED visits per 100,000 population for Black residents versus 54 for White residents. These data points clearly display health disparities in the Black/African American population, which supports the need for focused preventive health strategies within the greater Lexington Park area, where approximately 27% of residents are African American/Black and 6% are Hispanic.

There are also documented disparities in access to providers for mental health disorders for Asians or Pacific Islanders, Hispanics or Latinos, and Blacks or African Americans: all of whom are half as likely to see a provider for a mental health as Non-Hispanic Whites. As is well understood, mental health and substance use disorders, particularly as unaddressed disease states, have implications to physical health. Therefore a range of mental health and substance abuse related solutions are included in the proposal. Evidence-based programming for Lexington Park, Great Mills and Park Hall include early intervention and increased access to prevention and treatment services for drug abuse and behavioral health to positively impact disparities for African Americans.

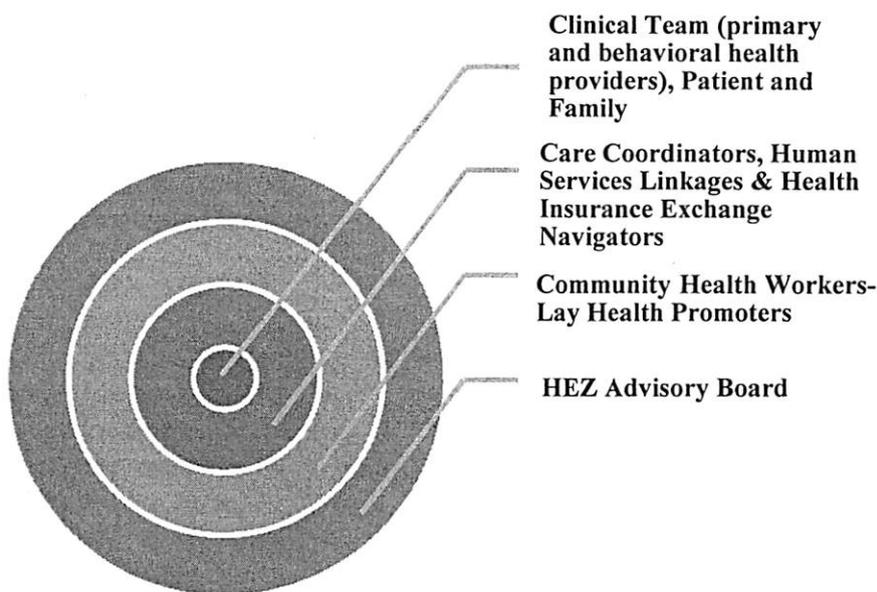
The data points above provided HEZ Consortium partners with clear direction to target asthma, Diabetes, cardiovascular diseases, and behavioral health conditions as part of the proposed HEZ project. A key feature of this project will be to target these diseases and conditions in culturally competent ways via both clinical and lay community health worker activities so that these disparities among minorities living in the HEZ (African Americans and the disproportionately high number of Hispanics and Asian or Pacific Islanders) can be addressed in a manner that builds trust and lasting partnerships, leading to improved health outcomes of the HEZ population.

Goals

Overarching Goal: Establish accessible, integrated and culturally competent healthcare services in the HEZ area, supported by clinical care coordination, prevention services, community outreach and education.

The model below depicts an environment of care that places the patient/family and integrated care team led by the patient’s primary care provider with mental health/substance abuse services in the center of the health care system. The next concentric circle depicts co-located support (Clinical Care Coordinators, Human Services Linkages and Health Insurance Exchange Navigators) to facilitate a broader view of health and overall wellness. The third circle depicts an innovative layer of support where trained and culturally competent Lay Health Promoters bridge the continuum of care into clients’ homes and community touch points throughout the HEZ, e.g. barbershops, churches, community centers. The HEZ Advisory Board comprised of 51% community members and 49% involved stakeholders will provide oversight and accountability to ensure the health care delivery system remains in alignment with the overarching project goal.

(<http://www.milbank.org/reports/10430EvolvingCare/EvolvingCare.pdf>).



Goal 1: Expand and integrate the Primary Care and community health workforce through the recruitment of Primary Care, Behavioral Health and Dental service providers in the proposed HEZ.

Strategy A	Recruit a total of (5) Primary Care Licensed Independent Practitioners, (1) Psychiatrist and (2) Licensed Social Workers to establish or join practices in the proposed HEZ over a four year period utilizing provider loan repayment incentives, state income tax credits and EMR start-up credits for newly established practices with emphasis on minority recruitment.
Strategy B	In years one through four, provide training to committed HEZ health and human service providers and workers on integrated care model strategies and practices innovations following National Council guidance, as part of the integrated healthcare model in the HEZ.
Strategy C	Assure integrated care through addition of a Behavioral Health Intervention Specialist on the primary care team to provide Screening, Brief Intervention, and Referral to Treatment

Greater Lexington Park Health Enterprise Zone Project

	(SBIRT) services and facilitate consultation on behavioral health and substance abuse issues in primary care.
Strategy D	In year one retrofit the MSMH mobile medical van to be a mobile dental clinic and in years two through four, recruit Dentists and Dental Hygienists with practices in the proposed HEZ to provide dental services to the medically underserved and uninsured population in the proposed HEZ.

Goal 2: Reduce unnecessary ED usage for Hypertension/High Blood Pressure, Asthma, Diabetes and reduce unnecessary readmissions for Congestive Heart Failure (CHF) and Chronic Obstructive Pulmonary Disease (COPD) at MedStar St. Mary’s Hospital that translate into reduced unnecessary health care costs for the local, state and federal health care system.

Strategy A	In year one, establish a Community Health Worker Program following evidence based practices found in the CDC policy brief: “Addressing Chronic Disease through Community Health Workers” http://www.cdc.gov/dhdsp/docs/chw_brief.pdf and Project RED (Re-Engineered Discharge) Boston University Medical Center http://www.bu.edu/fammed/projectred/ to link Clinical Care, Community Care Coordinators and Lay Health Promoters to patients that seek care in the MedStar St. Mary’s Hospital ED or at high-risk for readmission for complications of asthma (respiratory diseases), diabetes and hypertension/high blood pressure (cardiovascular diseases).
Strategy B	In year one, train St. Mary’s County Housing Authority staff who are responsible for site-visits to complete multi-component, multi-trigger environmental focused home assessments to identify families that may be at high risk for complications of asthma and respiratory illnesses due to environmental factors. Checklist will be delivered in approximately 680 homes in the HEZ per year. Families in need will be linked to the Community Health Worker program.
Strategy C	In year’s one through four, use Lay Health Promoters to promote healthy eating through church-based programs, pastor support, and peer counseling. American Cancer Society’s Body & Soul Program http://www.cancer.org/MyACS/GreatLakes/ProgramsandServices/bodysoul
Strategy D	In year’s one through four, use Lay Health Promoters to recruit barbershops to aid in improving hypertension detection and control, helping black men recognize and reduce high blood pressure, and controlling cardiovascular disease following MedStar Health’s “Hair, Heart & Health” program and the Hypertension Detection in Barbershops: Barbershops as Hypertension Detection, Referral, and Follow-Up Centers for Black Men Guidance. http://hyper.ahajournals.org/content/49/5/1040.full

Goal 3: Improve health outcomes for racial and ethnic minority populations in the proposed HEZ through the implementation of promising and practice based approaches for delivering culturally competent healthcare to increase preventive health screenings and early disease detection.

Strategy A	In year one, establish a Cultural Competency Working Group to coordinate culturally and linguistically competent elements, strategies and practice innovations and to ensure the health literacy of the programs and services offered within the proposed HEZ align with the populations served, utilizing DHMH Cultural, Linguistic and Health Literacy Competency Standards. Special attention to be paid to cultural competence as regards African Americans, Hispanics, and Asian and Pacific Islanders and disabled populations.
Strategy B	In years one through four, provide training to all HEZ health and human service providers and workers on cultural competency elements, strategies and practice innovations as part of the integrated healthcare model in the HEZ.
Strategy C	In years one through four, partner with the Minority Outreach Coalition and leaders of influence in the disabled, local Hispanic and Asian/Pacific Islander communities to ensure that Community Health workers represent the racial and ethnic minority population in the

	HEZ and that Community Health Workers are assigned to populations as Clinical Care Coordinators and Lay Health Promoters based on cultural competence.
Strategy D	In year one, install language lines in all provider offices and healthcare sites (including dentists and optometrists) operating in the proposed HEZ.

Goal 4: Increase community resources (transportation) in the proposed HEZ that will facilitate access to local health care and human services and will improve the physical environment of the HEZ.

Strategy A	In year one, purchase a 12 passenger, wheel-chair accessible van and establish a Mobile Medical Route that operates Monday-Saturday from 8:00 am-8:00 pm in the proposed HEZ with stops scheduled at all low income residential developments health and human services provider locations, gym's and the Lexington Park Farmers Market.* *Note: when not otherwise filled, any HEZ resident will be allowed to travel the route to work or other for a fee.
Strategy B	In year two, as part of the anticipated opening of the Lexington Park Community Health Center, include linkages by co-locating community services provided by the Health Department, Department of Aging and Human Services, Social Services, Health Information Exchange Navigators and Jobs Connection through an Access Point at the CHC.

Strategy to Address Health Disparities

The comprehensive set of strategies chosen were based upon feedback and information from providers, social and human service stakeholders and proposed HEZ community members, literature review, best practices and evidence based programs discussed during extensive communication sessions. Involved stakeholders, already working together in St. Mary's County, were engaged to provide suggestions based upon deep knowledge of what strategies would be most effective and have the potential to make lasting positive impacts on the HEZ's population health. In addition, the partners believe these strategies will advance the SMC Local Health Improvement Plan (LHIP)/Community Health Improvement Plan (CHIP) objectives to improve access to care, reduce obesity and reduce tobacco use, which are directly linked to health disparities within the African American community for asthma, diabetes and hypertension. These strategies also have the potential to advance the following Maryland State Health Improvement Plan (SHIP) objectives:

- Objective 17: Reduce hospital emergency department visits from asthma;
- Objective 25: Reduce deaths from heart disease and stroke;
- Objective 27: Reduce Diabetes-related emergency department visits;
- Objective 28: Reduce hypertension-related emergency department visits;
- Objective 34: Reduce the number of emergency department visits related to behavioral health conditions, and
- Objective 39: Reduce the proportion of individuals, who are unable to afford to see a doctor.

Lexington Park Community Health Center (CHC) Integrated Care Model

The Lexington Park CHC building site plan is finalized with the construction of the facility slated over the next 18 months (see Appendix E Cherry Cove Builders Letter of Commitment, Appendix F CHC Floor Plan and Appendix G Site Plan). Opening is expected in the second quarter of 2014. In addition to integrated clinical care formalized between MSMH, Walden Sierra Inc. and Greater Baden Medical Services Inc., local Departments of Health, Social Services, Aging and Human Services are planning co-location of an Access Point, to create

direct linkages for HEZ residents to additional health and human provider programs and services. MSMH, Walden Sierra Inc. and Greater Baden Medical Services Inc. will be using an electronic medical record (EMR). Embedding in the EMR will be evidence-based protocols, e.g. Million Hearts. In addition to providing integrated clinical care, the brick and mortar presence of the CHC allows St. Mary's County health and human services providers space to co-locate services for residents of the HEZ in the health center, thus maximizing access to a holistic array of primary, behavioral and support following the Patient Centered Medical Home model, that will ultimately increase the overall outcomes of the population's health.

Collectively, the following proposed services will be available at the CHC or through referral processes within the CHC.

- Primary Healthcare with integrated behavioral healthcare and substance abuse;
- After-hours Primary Healthcare with integrated behavioral health care and substance abuse;
- Preventative Health Services; Lay Leader Health & Wellness Coaching and Classes;
- Behavioral Health Services for Mental Health and Substance Abuse Assessment, Treatment, Therapy, Psychiatric Care and Prevention Education;
- Health and Wellness Education and Outreach Case Management/Care Coordination;
- Health Insurance Eligibility and Health Information Exchange Navigation;
- Screening and Access Point Employment Readiness and Placement Services, and
- Access to Housing Authority staff for home subsidy assistance.

Community Health Worker Program

A combined strategy of culturally and linguistically competent, integrated care paired with a Community Health Worker program will be piloted in the HEZ in an effort to address the population's health disparities, reduce emergency department use and reduce inpatient hospital readmissions. The Community Health Worker program will be implemented following the Department of Health and Human Services (DHS) and Substance Abuse and Mental Health Services Administration (SAMHSA) program guidance. Specific strategies will targeted reducing ED usage for asthma, hypertension/high blood pressure, and Diabetes, and will reduce inpatient readmissions for COPD and CHF, within the medically underserved and minority population of the HEZ. The linkage of a Clinical Care Team, including Clinical Care Coordinators working directly with Lay Health Promoters trained in evidence-based programming will enhance results.

MSMH, Health Connections (Community Outreach Department) will manage the Community Health Worker program, as they are the current host of clinical and community based health education programs including an approved American Diabetes Association (ADAA) program, Stanford University's Living Well with Chronic Conditions, Cardiovascular and Respiratory education programs and Steps to a Fit & Healthy You weight-loss program. Specific evidence-based programs were chosen to be implemented in the HEZ area with support from the current programming and expertise available through the Health Connections Outreach Department. Both the Minority Outreach Coalition (MOC) and faith-based organizations will be engaged in program development and Lay Health Promoter recruitment, to ensure the program is culturally competent to the HEZ population. Two Clinical Care Coordinators will be hired; who will work directly with the integrated care team led by the primary care provider and will be jointly responsible for program implementation and support.

The Minority Outreach Coalition's (MOC) provision of Master Trainers for the *Living Well with Chronic Conditions* program, recruitment of minority Lay Leaders and engagement of the faith-based community has proven to be a successful partnership in changing the underserved population's health. MSMH already deployed this program and surveyed for results. In the three month post participation survey for this program, 86% of overall participants reported an increase in overall health. There will be a continuation of program delivery by Lay Health Promoters in the HEZ and the MOC partnership will ensure the program is delivered in the target HEZ area with culturally competent activities via engagement of minority community members.

MSMH will utilize the Centers for Disease Control and Prevention – The Community Health Worker's Sourcebook: A Training Manual for Preventing Heart Disease and Stroke to facilitate training of Lay Health Promoters on how to measure blood pressures and to provide awareness on cardiovascular health strategies. Lay Health Promoters will be utilized to engage Barber Shops following the MedStar Health "Hair, Heart and Health" program, which has produced successful results in other Maryland communities and Hypertension Detection in Barbershops: Barbershops as Hypertension Detection, Referral, and Follow-Up Centers for Black Men Guidance. A modified program model appropriate for the HEZ will be delivered, where customers and staff will be provided blood pressure screenings and associated education. In addition, Lay Health Promoters will be utilized to deliver healthy eating awareness to faith-based organizations using the Mind, Body and Soul Program, developed by the American Cancer Society. On staff at MedStar St. Mary's Hospital, a Certified Diabetes Educator and Dietician will facilitate training of Lay Health Promoters to deliver this program within the community health center, churches and faith-based communities.

MSMH is committed to developing and staffing the Community Health Worker program in partnership with the St. Mary's County Health Department in years one through four. The St. Mary's County Health Department is committed to providing Technical Assistance to ensure that a program is built that reflects the health needs of the county and one that has the potential to advance Maryland SHIP objectives. In addition, the Health Department will provide guidance on aspects of the Healthy Homes program in coordination with the Housing Authority, to ensure relevant and appropriate measures are included on the Healthy Homes checklist. Walden Sierra offers Mental Health First Aid USA and CCAR Recovery Coach Academy to community members interested in providing intervention and peer support. Mental Health First Aid USA is a nationally recognized best practice leading to increased mental health literacy, decreased stigma for behavioral health disorders. These outcomes are achieved by involvement of trained community member in encouraging individuals with mental health issues to access help. Lay Health Promoters will also be provided this training, as the link between somatic and behavioral health is clear. Lay Health Promoters can also do home visits as needed in their communities.

Mobile Medical Route

Transportation barriers were cited as deterrents to obtaining health care in both the 2009 and 2012 Community Health Needs Assessments, Therefore, in year one of the grant, a Mobile Medical Route plan will be developed by relevant partners, including MSMH, the St Mary's County Health Department, Walden Sierra, St. Mary's County Government Departments of Transportation, Recreation and Parks, Aging and Human Services, to map a relevant route. The

health route will include stops at all health and human services provider locations, pharmacies, healthy food outlets and parks in the HEZ. The route will be designated to expedite travel times for individuals who are tending to their health. Based upon need, a voucher system will be designed to allow those with medical or human service provider appointments to ride at for a sliding scale fee. As part of the sustainability plan, the Mobile Medical Route Van will also be used by individuals who wish to ride for retail cost. A wheel chair accessible 12 passenger van will be purchased (see Appendix J – St. Mary’s County Government Cost Memo) by MSMH with the intent to transfer this service to another appropriate agency beyond the grant performance period, with possible transfer to the St. Mary’s County Health Department which currently provides public health transportation services for residents with Medical Assistance.

Use of Incentives and Benefits

MSMH has been aggressively working to recruit primary care providers, behavioral health practitioners and specialty physician’s to St. Mary’s County as part of the MSMH Medical Staff Development Plan. There has been great success within the specialty physician recruitment, where adult and pediatric endocrinology, pediatric cardiology and neurology practices have all been established in St. Mary’s County within the last 24 months. Despite the hospital’s best efforts, the county and specifically the proposed HEZ area is still lacking primary care and behavioral health providers, who have been extremely difficult to recruit due to the rural nature of our community and the payer mix of the proposed HEZ.

Using resources in the HEZ grant, the partners believe offering financial incentives will be a promising strategy to attract new primary care and mental health providers to the HEZ. MedStar St. Mary’s Hospital has a highly dedicated physician Retention and Recruitment program, with staff who will work towards the goal to recruit (5) primary care licensed practitioners, (1) psychiatrist and (2) licensed social workers to establish or join practices in the proposed HEZ or work within the Lexington Park CHC over a four year period. In addition, through collaboration with the Maryland Area Health Center (AHEC) Program, the community health center and additional local independent practices will provide new learning experiences for University of Maryland medical students and MedStar Franklin Square Family Practice Residents completing Rural Rotations. These additional provider training sites in a county with only 2 training sites currently available, will allow 50% more students and residents to learn in St. Mary’s County. These students may then choose to settle and practice in St. Mary’s County, and may even do so using the incentives from the HEZ resources. In addition to practitioner recruitment efforts, the HEZ Consortium will work to recruit volunteer Dentists w/Dental Hygienist staff that currently practices in the HEZ.

Practitioner Incentives and Benefits (choice of one incentive/benefit per provider)

Incentive 1A: \$35,000 Electronic Medical Record start-up credit for new providers who establish practices and commit to five years of service in the HEZ, and agree to a viable patient mix of 40% Medical Assistance/60% third party payers. Providers must also agree to participate in the HEZ Integrated Care Team Model. (Maximum four year distribution \$280,000)

Incentive 1B: Provide state income tax reimbursement credit to licensed practitioners who agree to a patient mix of 40% Medical Assistance/60% third party payers. Providers must also agree to participate in the HEZ Integrated Care Team Model. (At 100% state income tax refund per HEZ practitioner in years 2013-2015)

Incentive 1C: A \$20,000 per year educational loan repayment credit may be applied to providers who contract to work at the Community Health Center or establish a new practice in the proposed HEZ. Providers must also agree to participate in the HEZ Integrated Care Team Model. (Maximum of 5 educational loan repayment credits total in years 2013-2016)

Volunteer Dental Provider Incentive

Incentive 2A: \$75.00 financial incentive per hour of volunteer dental services (licensed dentist w/established HEZ practice) to the medically underserved community.

Incentive 2B: \$35.00 financial incentive per hour of volunteer dental services (dental hygienist) to the medically underserved community.

Cultural, linguistic and health literacy competency

Providing integrated health care and social services to a diverse and medically underserved population requires all providers to ensure that services are delivered in a culturally competent manner and considers health literacy of the population when developing programs and practices. This will be accomplished by implementing promising and practice based approaches for delivering integrated healthcare to racial and ethnic minorities who live within the greater Lexington Park area. A Culturally Competent Working Group will be established to evaluate outcomes of ideal models and approaches to implement when delivering integrated healthcare to the identified population. DHMH Cultural, Linguistic and Health Literacy Competency Standards will be the main guidance observed during the delivery of all related trainings, education or recruitment processes within the HEZ healthcare system. In addition, DMHM approved contractor Cross Cultural Communications (CCC Client) will be hired on a contract basis to deliver bi-annual – one day workshops for providers, health and human services providers in the HEZ.

To achieve the goal to reduce health disparities among racial and ethnic minority populations, the working group will also facilitate focus groups comprised of community members of the proposed HEZ population on an annual basis. These focus groups will evaluate current cultural health care practices implemented in the HEZ and recommend additional culturally and linguistically competent elements, strategies and practice innovations which will be implemented as part of the integrated healthcare model in the greater Lexington Park area. The Minority Outreach Coalition (MOC) will be a key partner in the working group and will recruit racial and ethnic minority community members for focus group inclusion and on a contract basis, hired to assist with the delivery of Cultural Competency training regarding the African American/Black, Hispanic and disabled communities. Working to assure cultural competence with the Korean, Vietnamese and Chinese patient's already utilizing MSMH mobile primary care (*Get Connected to Health*) unit and ED is another important strategic component. During the proposed project, the working group will seek out persons of influence within these communities from whom we can learn more about the cultural preferences and needs related to positive experiences with care. The MOC will mobilize local minorities that will be engaged in the Community Health Worker program as Lay Health promoters.

As an additional strategy, we will install language lines and provide contracted user training for all primary health practitioners, optometrists, and dentists in the proposed HEZ. A recent patient experience supporting the need of language lines in all practices in the HEZ was recorded

following a complaint at MSMH by a local resident whose primary language was Vietnamese. The resident who had limited English proficiency went to a local dentist expecting to have a cavity filled. She was shocked and distressed when her tooth was extracted. This patient came to MSMH for help knowing that the hospital had available language lines. The resident was provided translation services and a member of the hospital's Executive Team worked closely with this resident to understand her treatment plan. Had a language line been available, this miscommunication about medical care could have been prevented. With this additional capability, the St. Mary's County HEZ Consortium anticipates increased access to health care services by deaf and non-English speaking residents, as well as increased trust of the local health care system by minority populations.

Applicant Organization and Key Personnel

The mission of MedStar St. Mary's Hospital is to be a community hospital that upholds its tradition of caring by continuously promoting, maintaining and improving health through education and service, while assuring quality care, patient safety and fiscal integrity. This mission and our pursuit of excellence are the driving forces which strengthen the hospital's commitment to provide world class healthcare and prevention services regardless of age, gender, socio-economic status or condition. The Hospital's mission is also actualized through its strategic initiative for continuum development through partnering with St. Mary's County stakeholders to improve community access to care.

MSMH is a 96-bed, full-service hospital, delivering state-of-the-art emergency, acute inpatient and outpatient care. MSMH has been serving the community since 1912 and is the only hospital in St. Mary's County. The hospital has over 300 medical staff and more than 1,100 employees who provide high quality health care and education to rural St. Mary's County with a population of approximately 107,000 citizens. In 2010, the hospital provided more than \$9.5 million in community benefits including charity care, health screenings, coordination of community disaster preparedness, leadership of community and county health initiatives and councils, immunization of local residents, physician recruitment to this vastly underserved area, health education and support groups. MedStar St. Mary's Hospital's web-site is www.medstarstmarys.org and the hospital is highly visible to the community it serves through patient care, public outreach and health promotion efforts. MSMH became member of MedStar Health in 2009, which has provided additional medical services, specialty clinics, philanthropic and grant development resources. As part of its mission and vision, the hospital is committed to providing the appropriate staffing to achieve the outlined goals, including the assignment of a Project Director (Lori Werrell, Director of Health Connections) and the hiring of a HEZ Project Coordinator (see Appendix J HEZ Project Coordinator Position Description) holding the background, education and experience to move the HEZ strategic work plans forward to reach all outlined goals.

Coalition Organization and Governance

One of the greatest strengths in St. Mary's County is a strong tradition of cooperative partnerships between health and human service providers. Many of the HEZ Consortium partners currently work together on projects aimed towards increasing and improving access to care for the medically underserved population. Examples include the *Get Connected to Health* program where Walden and MSMH are piloting an integrated care model in Lexington Park.

The St. Mary's County Health Department and MSMH work closely on the Community Transformation Grant project, where in the agencies are responsible for successful programs targeted at reducing local obesity and tobacco use rates. The Department of Aging and Human Services also works closely with MSMH on the Maryland Strategic Prevention Framework grant, where together with over 25 local organizations, businesses and community members, St. Mary's County was the first jurisdiction to have an approved strategic plan aimed at reducing underage alcohol use and young adult binge drinking. These partnerships will be carried over into the HEZ project, where commitment and cooperative dedication of the agencies will improve the population health of the greater Lexington Park area (proposed HEZ area).

The HEZ Consortium is comprised of:

MedStar St. Mary's Hospital
SMC Health Advisory Committee (Local Health Improvement Coalition)
SMC Health Department
Walden Sierra Inc.
Greater Baden Medical Services, Inc.
The Minority Outreach Coalition of St. Mary's County, Inc. (MOC)
SMC Department of Social Services/Health Shares
SMC Community Development Corporation/Jobs Connections
SMC Housing Authority
SMC Department of Aging and Human Services
Southern Maryland Center for Independent Living
Community Alcohol Coalition

Governance

MedStar St. Mary's Hospital is the lead agency as per the proposal. A HEZ Advisory Board will be developed in year one, representative of HEZ Consortium members and stake-holding organizations in the HEZ, such as St. Mary's County Health Department, Greater Baden Medical Services Inc., Minority Outreach Coalition, Walden Sierra Inc., St. Mary's County Social Services, Department of Aging and Human Services, Housing Authority and the Community Development Corporation. Moreover, the Board will be more than 51% representative of community members to ensure the health and social needs of the HEZ community are represented accurately. This board will meet quarterly to provide oversight and accountability of HEZ activities in alignment with proposed work plans in all four grant performance years. In addition, the MedStar Health Research Institute will report to the Advisory Board on an annual basis to review performance measures as approved by the Community Health Resources Commission.

The HEZ Project Coordinator (See Appendix J HEZ Project Coordinator Position Description) will be hired in quarter one of 2013, reporting directly to Lori Werrell, Director of Health Connections at MSMH. This position will carry the responsibility of reporting quarterly and as requested to the HEZ Advisory Board. This position will communicate with all HEZ partners regarding the execution of this project. By holding monthly HEZ Consortium meetings, which include the completion of meeting minutes and follow-up quarterly reports, the Project Director will be able to identify any barriers or problems that may affect the overarching goal, and allow for timely interventions of HEZ Consortium partner response. The HEZ Project Coordinator will

facilitate creation and execution of all project related contracts, will manage the HEZ budget in collaboration with MSMH finance department (observing generally accepted account principles) and will complete all quarterly reports (programmatic and financial) as required by the CHRC. Furthermore, the HEZ Project Coordinator, through close observation of the HEZ project evaluation plan, will collect and report all related data and performance measurement outcomes to the MedStar Health Research Institute, which will be contracted to provide evaluation services in all four years of the HEZ project (see Appendix N MHRI Quote).

HEZ Consortium Partners, Leadership and In-kind Contribution –See Appendix A

Evaluation Plan

The purpose of the evaluation program is to comprehensively and effectively coordinate, implement, and disseminate the evaluation of this project. The evaluation program objectives include:

1. To evaluate the extent to which the initiatives have been implemented (process evaluation);
 2. To evaluate the impacts and outcomes of this program and provide a combined analysis of key findings (outcome evaluation), and
 3. To increase the capacity of investigators to improve the operation in the future programs.
- In this section the evaluation questions, the structure of the evaluation, plans for the analysis of the resulting *quantitative* and *qualitative* data set are described.

Table 1: Questions for evaluation of the program

Question focus	Questions
Process	<ul style="list-style-type: none"> • Have the strategies of this program been implemented as intended? • What factors impact on the implementation?
Outcomes	<ul style="list-style-type: none"> • Have the program expanded and improved the primary care and community health workforce? • Have the program reduced unnecessary ED usage for Hypertension/High Blood Pressure, Asthma, Diabetes and Behavioral Health issues at MedStar St. Mary’s Hospital • Have the program improved health outcomes for racial and ethnic minority population in the proposed HEZ through delivering culturally competent integrated healthcare? • Have the program increased community resources in the proposed HEZ?
Implication for the future program	<ul style="list-style-type: none"> • Should be program be continuous or developed further? • What operation of this program should be adopted and maintained in the future program? • Will additional resources be required to continue or further develop the program?

Statistical Analysis: The descriptive statistics will be reported for each activity for each year. In addition, the analysis will be conducted to examine the change in outcomes from baseline to some follow-up points: e.g.emergency department usage for hypertension, asthma, diabetes, and behavioral health issue, health outcome for racial and ethnic minority population, and community resources. We anticipate to conduct analysis in change from baseline to 1 year, baseline to 2 year, baseline to 3 year and baseline to 4 year (end of the program).

Communicate results - The results will be shared with funders, partners, stakeholders and program staff with written report.

Staff Responsibility - The organization and person responsible to each activity is notated in the Work-Plan Chart.

Table 2:
Evaluation
Metrics

Activity/Action	Indicator of Process Evaluation	Indicator of outcome Evaluation								
Recruitment of Primary Care	Number of primary care recruited in each year	<ul style="list-style-type: none"> • Number of new primary care providers with established practices or joining group practices or clinics by discipline. • Number of individual patients served. 								
Recruitment of Psychiatrist	Number of psychiatrist recruited in each year	<ul style="list-style-type: none"> • Number of individual patients served. • Number of separate patient encounters annually. 								
Recruitment of Licensed Social Workers	Number of licensed social workers recruited in each year	<ul style="list-style-type: none"> • Number of individual patients served. • Number of separate patient encounters annually. 								
Integrated Care Model Team training	<ul style="list-style-type: none"> • Number of training sections conducted during year 1 • Number of attendances by type of health care provider, professionals and community health workers in integrated care and cultural competency 	Number and type of health care provider, professionals and community health workers participating in the integrated care model.								
Hire Behavioral Health Interventionist	Number of behavioral health interventionist hired during year 1.	<ul style="list-style-type: none"> • Number of individual patients served. • Number of patients eligible for grant-funded therapy • Number of behavioral health consults provided to primary care providers regarding possible behavioral health needs of patients 								
Recruit and Utilize Volunteer Dentist and Dental Hygienists	Number of Volunteer Dentist and Dental Hygienists recruited during year 2-4	<ul style="list-style-type: none"> • Number of individual patients served. • Number of separate patient encounters annually. • Number and type of service provided 								
Decrease ED usage for Asthma, Diabetes and Hypertension/High Blood Pressure	Review of MSMH Performance Measurement Data BASELINE: <table border="1" data-bbox="725 1089 1391 1292"> <thead> <tr> <th colspan="2" data-bbox="725 1089 1391 1162">ED Visits for Asthma 2011</th> </tr> </thead> <tbody> <tr> <td data-bbox="725 1162 1044 1211">Children (0 to 17)</td> <td data-bbox="1044 1162 1391 1211">1177</td> </tr> <tr> <td data-bbox="725 1211 1044 1252">Adults (18+)</td> <td data-bbox="1044 1211 1391 1252">3301</td> </tr> <tr> <td data-bbox="725 1252 1044 1292">Total # Visits</td> <td data-bbox="1044 1252 1391 1292">4478</td> </tr> </tbody> </table>	ED Visits for Asthma 2011		Children (0 to 17)	1177	Adults (18+)	3301	Total # Visits	4478	<ul style="list-style-type: none"> • Reduce the number of adults and children from the HEZ utilizing the Emergency Department for asthma by 4% by December 2015. • Reduce the number of adults and children from the HEZ utilizing the Emergency Department for diabetes by 5% by December 2015. • Reduce the number of adults and children from the HEZ utilizing the Emergency Department for hypertension/high blood pressure by 8%
ED Visits for Asthma 2011										
Children (0 to 17)	1177									
Adults (18+)	3301									
Total # Visits	4478									

	<table border="1"> <tr> <th colspan="2">ED Visits for Hypertension/High Blood Pressure 2011</th> </tr> <tr> <td>Children (0 to 17)</td> <td>24</td> </tr> <tr> <td>Adults (18+)</td> <td>8888</td> </tr> <tr> <td>Total # Visits</td> <td>8912</td> </tr> </table> <table border="1"> <tr> <th colspan="2">ED Visits for Diabetes 2011</th> </tr> <tr> <td>Children (0 to 17)</td> <td>41</td> </tr> <tr> <td>Adults (18+)</td> <td>4369</td> </tr> <tr> <td>Total # Visits</td> <td>4410</td> </tr> </table>	ED Visits for Hypertension/High Blood Pressure 2011		Children (0 to 17)	24	Adults (18+)	8888	Total # Visits	8912	ED Visits for Diabetes 2011		Children (0 to 17)	41	Adults (18+)	4369	Total # Visits	4410		<p>by December 2015.</p>		
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Adults (18+)	4369																				
Total # Visits	4410																				
<p>Decrease readmissions in residents of the HEZ COPD and CHF.</p>	<table border="1"> <tr> <th colspan="3">COPD Related Readmissions 2011</th> </tr> <tr> <th>Totals</th> <th>Number related to COPD</th> <th>% of Patient readmissions related to COPD</th> </tr> <tr> <td>Total Readmission Visits from HEZ Zip Codes</td> <td>57</td> <td>33.53%</td> </tr> </table> <table border="1"> <tr> <th colspan="3">CHF Related Readmissions 2011</th> </tr> <tr> <th>Totals</th> <th>Number related to CHF</th> <th>% of Patient readmissions related to CHF</th> </tr> <tr> <td>Total Readmission Visits from HEZ Zip Codes</td> <td>215</td> <td>38.67%</td> </tr> </table>	COPD Related Readmissions 2011			Totals	Number related to COPD	% of Patient readmissions related to COPD	Total Readmission Visits from HEZ Zip Codes	57	33.53%	CHF Related Readmissions 2011			Totals	Number related to CHF	% of Patient readmissions related to CHF	Total Readmission Visits from HEZ Zip Codes	215	38.67%		<ul style="list-style-type: none"> • Decrease readmissions of HEZ residents for COPD by 10% by 2016. • Decrease readmissions of HEZ residents for CHF by 10% by 2016.
COPD Related Readmissions 2011																					
Totals	Number related to COPD	% of Patient readmissions related to COPD																			
Total Readmission Visits from HEZ Zip Codes	57	33.53%																			
CHF Related Readmissions 2011																					
Totals	Number related to CHF	% of Patient readmissions related to CHF																			
Total Readmission Visits from HEZ Zip Codes	215	38.67%																			
<p>Establish a Community Health Worker Program</p>	<p>Number of Community Health Worker Program established in each year</p>	<ul style="list-style-type: none"> • Number of hours spent on recruitment efforts of Lay Health Promoters. • Number of hours spent on training efforts of Lay Health Promoters. • Number of residents reached through the CHW program. 																			

		<ul style="list-style-type: none"> • Referral point for residents reached by CHW (ED, Primary Care, Behavioral Health, Community Referral). • Type of primary health issues addressed by CHW or Lay Health Promoter.
Recruit Lay Health Promoters	<ul style="list-style-type: none"> • Number of Lay health promoters recruited during year 1 • Age, race and gender of Lay health promoters recruited during year 1 	<ul style="list-style-type: none"> • Number and hours of culturally competency training provided.
Environmental Housing Assessment Program Implementation	Number of housing authority staff trained and implemented in each year	<ul style="list-style-type: none"> • Number of checklists completed annually. • Number of Community Health Worker visits provided through Housing Authority program annually. • Number of follow-up interactions with Care Coordinators for asthma.
Deliver the Mind, Body and Soul Program (American Cancer Society) in faith-based organizations/churches.	Number of Mind, Body and Soul Program (American Cancer Society) in faith-based organizations/churches trained and implemented in each year	<ul style="list-style-type: none"> • Number of program participants. • Race, Age and Gender of each program participant. • Number of participants report positive dietary changes during a 3 month follow-up call.
Recruit Barbershops for Hypertension Detection, Referral, and Follow-Up Centers for Black/African American Men	Number of Barbershops for Hypertension Detection, Referral, and Follow-Up Centers for Black/African American Men recruited in each year	<ul style="list-style-type: none"> • Number of screening provided sorted by normal, pre-hypertension and high blood pressure readings. • Number of follow-up calls provided for high readings. • Number of clinical linkages provided to uninsured individuals to HEZ primary care providers.
Develop a Cultural Competency Working Group	Evidence on a Cultural Competency Working Group established and implemented	<ul style="list-style-type: none"> • Number of Working Group representatives. • Number of meetings held annually with meeting minute documentation. • Number of participants in culturally competency Focus Groups held with results. • Number of cultural and linguistic strategies employed and evaluated in the HEZ.
Culturally Competency Trainings	Number of type of health care provider, professionals and	Number of type of health care provider,

to local Healthcare and Human Services Providers following DHMH Cultural, Linguistic and Health Literacy competency standards	community health workers trained in cultural competency in each year	professionals and community health workers trained in cultural competency. Comparison of Cultural Competency Focus Group (HEZ Community Member) results from 2013 to 2016, measuring actual changed perception of the local health care system.
Installation of Language Lines	Number of lines installed and informal leaders recruited during year 1-2	<ul style="list-style-type: none"> • Number of lines installed and number of patient encounters annually with type of language accessed. • Number and ethnicity of informal leaders recruited.
Create a Mobile Medical Route in the HEZ	Evidence on a Mobile Medical Route established and implemented in year 2-4	<ul style="list-style-type: none"> • Total number of individual transports per month. • Total number of disabled individual receiving transports per month. • Number of drop-offs per site, measuring medical, healthy food outlet and recreation transports. • Number of race and gender of residents accessing services.
Establish an Access Point to local Health and Human Services at the Lexington Park Community Health Center	Evidence on an Access Point to local Health and Human Services at the Lexington Park Community Health Center established in year 3	<ul style="list-style-type: none"> • Number of residents requesting information or referrals for health or human services other than health care. • Number and type of linkages facilitated.

Sustainability Plan

Partners in the proposed HEZ project, completed extensive business plans to identify revenue and expense targets. Unfilled gaps in revenue targets will be achieved through a focus on generating support through numerous diverse sources, so any decrease in revenue from one source may be offset by other sources and major components of this project can still be sustained beyond the four grant performance period. The HEZ Consortium committed partners (MedStar St. Mary's Hospital, Walden Sierra Inc., Greater Baden Medical Services Inc., Housing Authority and Minority Outreach Coalition) will collaborate to pursue grants, philanthropic donations and execute fundraising activities specifically for this project over the next four years. Additional support in philanthropic efforts and fundraising will also be exercised by other principle project partners. Revenue gaps that cannot be filled through grant and philanthropic endeavors may be captured as community benefit by participating non-profit organizations.

Lexington Park Community Health Center Sustainability

HEZ Consortium partners have existing funds which can be applied to the success of this project, as in-kind funding. The Health Resources and Services Administration awarded MSMH an \$85,000, one year grant to fund planning efforts to establish the Lexington Park CHC. Additional grant support is currently being sought for capital expenses of the Community Health Center by the St. Mary's County Housing Authority through the Maryland Community Facilities grant, Office of Community Services-Community Development grant and the Maryland Neighborhood Revitalization grant. Local private and corporate foundations will be engaged with smaller requests for support of the future Lexington Park Community Health Center and Community Health Worker program through a formal Marketing Strategy and Capital Fundraising plan. Another avenue of funding for the future Community Health Center is to position this facility and/or its principle provider partners to accept Medicaid, public and 3rd party payers, which will assist with financial sustainability. Provider partners Medstar St. Mary's Hospital, Walden Sierra Inc. and Greater Baden Medical Services Inc. are already positioned to accept multiple payers and the new practices will be credentialed with all payers in a timely manner, using an experienced billing team. Providing a wide array of services through integration of multiple service providers allows for shared expenses and space as cost savings and cost avoidance strategies, allowing for greater profitability and will assist in funding the health center's operational costs through cost-sharing.

Community Health Worker Program

The Community Health Worker Program will be developed in year one and managed during the four year HEZ funding period by MSMH. Funding support is being requested to help staff two Clinical Care Coordinators and associated Lay Health Promoters. Additional funding is being requested to fund Lay Health Promoters over the course of the HEZ project. The goal is to document the increase in health of the population served and identify cost savings to the local health care system. This will be achieved by monitoring hospital ED usage for key conditions (asthma, Diabetes, high blood pressure), as well as inpatient readmission rates for COPD and CHF. The HEZ Consortium will reduce healthcare costs for the HEZ population (measured by MSMH data) by reducing unnecessary ED usage and inpatient hospital readmissions. Community Health Workers can also be leveraged in future years for potentially reimbursable prevention services such as the CDC: Diabetes Prevention Program. The HEZ Consortium will continue to monitor these system changes and will modify the Community Health Worker program to deliver services that have the potential for state and third party payer reimbursements.

The Community Health Worker Program will be developed in year one and managed during the four year HEZ funding period by MSMH. Funding support is being requested to help staff a Clinical Care Coordinator and two Community Care Coordinators. Additional funding is being requested to fund Lay Health Promoters over the course of the HEZ project. The goal is to document the increase in health of the population served and identify cost savings to the local health care system. This will be achieved by monitoring hospital ED usage for key conditions (asthma, diabetes, high blood pressure, CHF, COPD), as well as readmission rates for the same diseases. If the HEZ Consortium can directly link a reduction in unnecessary healthcare costs in

the HEZ population (measured by MSMH data), the HEZ Consortium can leverage findings to obtain additional funding support. Community Health Workers can also be leveraged in future years for potential reimbursable prevention services such as the CDC: Diabetes Prevention Program. The HEZ Consortium and local healthcare system will continue to monitor these system changes and will modify the Community Health Worker program to deliver services that have the potential for state and third party payer reimbursements.

Mobile Medical Route

The Medical Van program will test funding sustainability strategies in years one through four of the grant in an effort to identify revenue to keep the service operating beyond the four year grant performance period. Once purchased, the van will require staff, fuel, maintenance and insurance annually. The costs will be shared by partner agencies that have an interest in maintaining the service in future years. MSMH, Greater Baden Medical Services Inc., Walden Sierra and other HEZ providers have an interest, as this service will reduce no-show rates, which have a financial impact on healthcare organizations. HEZ residents using the van for healthcare related visits may be able to ride at a reduced rate based on a sliding scale. As part of the sustainability plan, the Medical Transportation Van can also be used by individuals who need transportation within the loop for non-health related reasons and are willing to ride for a fee that matches the local public transit system. In addition, the van has the potential to serve as mobile advertising, where revenue can be generated on a fee per sq. ft. of advertising space.

Mobile Dental Van

As an example of MSMH and the community's commitment to increasing access to high quality dental care for the medically underserved population, MSMH fully commits to the in-kind donation of a mobile medical van, which is currently owned and operated for the *Get Connected to Health* program. The van which will be replaced in 2013 is ten years old, however in excellent condition. The hospital is requesting funding to retrofit and refurbish the unit into a mobile dental van that can provide services in the proposed HEZ. In addition, funding is requested to provide incentives to the local HEZ dental community, for dentists and hygienists to provide services on the van to the uninsured and uninsured adult population. As was seen with the Mission of Mercy, dental and other health professionals were eager to provide services on a volunteer basis, as the need in St. Mary's County is clearly established. It is the intent of MSMH to sustain the practice beyond the four year grant period through a combination of volunteer services (fostered through HEZ project activities) and the use of dental students. MSMH recruitment leadership has the ability to arrange for these dental student services in future year. In addition, St. Mary's County Health Department has expressed interest in partnering on this project and may have the ability to assist with program sustainability. MSMH, having positive outcomes through the *Get Connected to Health*, will replicate the model, replacing primary care with dental care on the van, charging a sliding scale dignity fee.

MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION

Health Enterprise Zones - Global Budget Form, Sample

Coordinating Organization Name: MedStar St. Mary's Hospital

HEZ Project Name: Lexington Park (20653), Great Mills (20634), Park Hall (20667)

Directions: All applicants must complete the Global Budget Template which provides the annual and total budget request by program benefit and incentive requested. Applicants should choose from the listed benefits and incentives (items 1-8). Applicants are not required to request funding in each benefit or incentives area. Applicants requesting CHRC Grant Funding for health programs are required to list each partnering organization and grant request amount under item 8. CHRC Grant Funding and complete the Program Budget Form for each organization. Add or remove lines for CHRC Grant Funding as needed.

Budget Request for Benefits and Incentives Applicants should choose from the listed benefits and incentives (items 1-8) and do not need to request funding from each benefit or	Year 1 (January - December 2013)	Year 2 (January - December 2014)	Year 3 (January - December 2015)	Year 4 (January - December 2016)	Total HEZ Request
1. State Tax Credits	\$50,000	\$50,000	\$50,000		\$150,000
2. Hiring Tax Credits					
3. Loan Repayment Assistance	\$100,000	\$100,000	\$100,000	\$100,000	\$400,000
4. Participation in the Patient Centered Medical Home Program					
5. Electronic Health Records	\$70,000	\$70,000	\$70,000	\$70,000	\$280,000
6. Capital or Leasehold Improvements		\$48,000	\$96,000	\$72,000	\$216,000
7. Medical or Dental Equipment	\$25,000				\$25,000
8. CHRC Grant Funding*					
8a. MedStar St. Mary's Hospital	\$481,298	\$415,070	\$424,116	\$432,994	\$1,753,478
8b. Walden Sierra	\$107,342	\$195,787	\$154,405	\$135,991	\$593,525
Subtotal for Benefits and Incentives					
9. Data Collection and Evaluation**	\$28,384	\$28,952	\$29,531	\$30,121	\$116,988
10. Indirect Costs***					
Totals	\$862,024	\$907,809	\$924,052	\$841,106	\$3,534,991

*Applicants requesting CHRC Grant Funding must also complete Program Budget Form

** Data collection and evaluation should be between 5-10% of the subtotal for benefits and incentives.

*** Indirect Costs may be no more than 10% of the subtotal for benefits and incentives.

MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION

Health Enterprise Zones - Program Budget Template (Blank)

Organization Name: MedStar St. Mary's Hospital

HEZ Project Name: Greater Lexington Park HEZ Project

Grant Program Name: Maryland Health Enterprise Zone

Directions: HEZ application that include requests for CHRC Grant Funds (Line item 8 in the Global Budget Form) for health programs must complete this budget form for each organization requesting funds. Use the line-items below to provide the annual budget (Years 1 - 3) and the total organization's program budget request for the three-year program duration. Attached to this Program Grant Budget Template, submit a concise budget justification. In the budget justification, detail what is included in each line-item and describe how each item will support the achievement of program's goals and objectives.

Budget Request for CHRC Grant Funding or remove lines as needed	Add	Year 1 (January - December 2013)	Year 2 (January - December 2014)	Year 3 (January - December 2015)	Year 4 (January - December 2016)	Total Organization Request
Personnel Salary						
1.0% FTE - HEZ Project Coordinator		\$54,080	\$55,702	\$57,366	\$59,093	\$226,241
1.0% FTE - Two Clinic Care Coordinators		\$116,480	\$119,974	\$123,932	\$127,648	\$488,034
.7% FTE - Medical Van Driver		\$20,384	\$20,996	\$21,625	\$22,274	\$85,279
1.0% FTE - Medical Van Driver		\$29,120	\$29,994	\$30,894	\$31,821	\$121,829
1. Personnel Subtotal		\$220,064	\$226,666	\$233,817	\$240,836	\$921,383
2. Personnel Fringe (15% - Rate)		\$30,010	\$34,000	\$35,073	\$36,125	\$135,208
3. Equipment/Furniture		\$59,000	\$3,000	\$3,000	\$3,000	\$68,000
4. Supplies						
5. Travel/Mileage/Parking						
6. Staff Trainings/Development		\$25,200	\$10,400	\$10,400	\$10,400	\$56,400
7. Contractual		\$64,870	\$64,870	\$64,870	\$64,870	\$259,480
8. Other Expenses		\$38,400	\$38,400	\$38,400	\$38,400	\$153,600
Direct Costs Subtotal (lines 1-8)		\$437,544	\$377,336	\$385,560	\$393,631	\$1,594,071
Indirect Costs (no more than 10% of direct costs)		\$43,754	\$37,734	\$38,556	\$39,363	\$159,407
Totals		\$481,298	\$415,070	\$424,116	\$432,994	\$1,753,478

APPENDIX ITEM H - Program Budget Form

MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION
 Health Enterprise Zones - Program Budget Template (Blank)

Organization Name: Walden Sierra

HEZ Project Name: Greater Lexington Park HEZ Project

Grant Program Name: Maryland Health Enterprise Zone

Directions: HEZ application that include requests for CHRC Grant Funds (Line item 8 in the Global Budget Form) for health programs must complete this budget form for each organization requesting funds. Use the line-items below to provide the annual budget (Years 1 - 3) and the total organization's program budget request for the three-year program duration. Attached to this Program Grant Budget Template, submit a concise budget justification. In the budget justification, detail what is included in each line-item and describe how each item will support the achievement of program's goals and objectives.

Budget Request for CHRC Grant Funding or remove lines as needed.	Add	Year 1 (January - December 2013)	Year 2 (January - December 2014)	Year 3 (January - December 2015)	Year 4 (January - December 2016)	Total Organization Request
Personnel Salary						
1.0% FTE - Behavioral Health Interventionist		\$36,000	\$72,000	\$73,200	\$75,600	\$256,800
% FTE - Name, Title						
1. Personnel Subtotal		\$42,250	\$78,250	\$79,450	\$81,850	\$281,800
2. Personnel Fringe (15% - Rate)		\$6,334	\$11,738	\$11,918	\$12,278	\$42,268
3. Equipment/Furniture						
4. Supplies						
5. Travel/Mileage/Parking						
6. Staff Trainings/Development		\$10,000	\$10,000	\$10,000	\$10,000	\$40,000
7. Contractual		\$39,000	\$78,000	\$39,000	\$19,500	\$175,500
8. Other Expenses						
Direct Costs Subtotal (lines 1-8)		\$97,584	\$177,988	\$140,368	\$123,628	\$539,568
Indirect Costs (no more than 10% of direct costs)		\$9,758	\$17,799	\$14,037	\$12,363	\$53,957
Totals		\$107,342	\$195,787	\$154,405	\$135,991	\$593,525

**Greater Lexington Park HEZ Project
Program Budget and Justification**

Budget Item and Justification	Year 1 (2013)	Year 2 (2014)	Year 3 (2015)	Year 4 (2016)
HEZ Project Coordinator Salary \$26.00 per hour at 1.0 FTE w/3% annual increase (80 hours per pay period/26 pay periods annually). Salary based on current average salary of MedStar St. Mary's Hospital grant funded Project Coordinator position with Masters Degree required.	\$ 54,080	\$ 55,702	\$ 57,366	\$ 59,093
HEZ Project Director Fringe 15% MSMH Rate	\$ 8,112	\$ 8,355	\$ 8,605	\$ 8,864
Integrated Care Team Mode Training (Walden/Greater Baden/MSMH) Year 1 Full Team Training, Years 2-4 Refresher Training. See Appendix I NC Training Quote	\$ 17,200	\$ 4,400	\$ 4,400	\$ 4,400
Community Care Coordinators -Registered Nurse Requirement (2) \$28.00 per hour at 1.0 FTE w/3% annual increase (80 hours per pay period/26 pay periods annually) Salary based on Maryland Healthcare Human Resources Association Recommendations	\$ 116,480	\$ 119,974	\$ 123,932	\$ 127,648
Community Care Coordinators 27% Fringe MSMH Rate	\$ 17,472	\$ 17,996	\$ 18,590	\$ 19,147
Per diem rate for Lay Health Promoters of \$12.50 per hour (Training and Implementation) 3,500 hours per year. Salary based on MedStar Health per diem rate for Lay Health Promoters.	\$ 43,750	\$ 43,750	\$ 43,750	\$ 43,750
Language Line Installation -Year 1 Purchase and install language lines in existing 8 primary care and dental provider offices. Years 2-4 purchase and install language lines in new provider offices. In Years 2-4 fund language line use at .45 per minute (MedStar Health Contract Rate)	\$ 4,000	\$ 3,000	\$ 3,000	\$ 3,000
Cultural Competency Training - \$50 per hour for MOTA/DHMH Approved Consultant Fees. 120 -160 hours annual, to include focus group facilitation, recruitment effort, cc training and consultation for language line use.	\$ 8,000	\$ 6,000	\$ 6,000	\$ 6,000

**Greater Lexington Park HEZ Project
Program Budget and Justification**

Medical Transportation Route Van Purchase - 10 ambulatory/2 wheel chair accessible with lift. See attached quote from St. Mary's County Government for contract rate. See Appendix H for St. Mary's County Government Memo.	\$ 55,000	\$ -	\$ -	\$ -
Medical Van Drivers \$14.00 per hour for 4 (1) .7 FTE and (1) 1.0 FTE w/3% annual increase (56 hours per pay period/26 pay periods annually) Salary based on St. Mary's County Government rates for public transportation driver employees.	\$ 49,504	\$ 50,990	\$ 52,519	\$ 54,095
Medical Van Drivers Fringe 27% MSMH Rate	\$ 7,426	\$ 7,648	\$ 7,878	\$ 8,114
Medical Van Fuel, Maintenance, Insurance Annually - \$1,500 fuel per month, \$200 insurance per month, maintenance \$1,500 per month w/5% increase annually. Annual cost based on St. Mary's County Government annual costs to operate 12 passenger van on daily transportation route. See Appendix H for St. Mary's County Government Memo.	\$ 38,400	\$ 40,320	\$ 42,336	\$ 44,452
Behavioral Health Interventionist - See Appendix P Walden Sierra Contract Quote	\$ 36,000	\$ 72,000	\$ 73,200	\$ 75,600
Mental Health Services for Uninsured - Walden Contract 1 psychiatric intake per week/6 psychiatric medication mgmt. per week/1 mental health therapy intake per week/8 mental health therapy sessions per week - See Appendix P Walden Sierra Contract Quote	\$ 39,000	\$ 78,000	\$ 39,000	\$ 19,500
Mental Health First Aid Training (50) trained Lay Health Promoters per year - See Appendix P Walden Sierra Contract Quote	\$ 10,000	\$ 10,000	\$ 10,000	\$ 10,000

**Greater Lexington Park HEZ Project
Program Budget and Justification**

<p>EMR Provider Incentive \$35,000 Electronic Medical Record start-up credit for new providers who establish practices and commit to five years of service in the HEZ, and agree to a viable patient mix of 40% Medical Assistance/60% third party payors. Providers must also agree to participate in the HEZ Integrated Care Team Model. (Maximum of two EMR credits per year with a total four year distribution of \$280,000 – first provider commitments observed)</p>	\$ 70,000	\$ 70,000	\$ 70,000	\$ 70,000
<p>State income tax credit reimbursement credit to licensed practitioners that agree to a viable patient mix of 40% Medical Assistance/60% third party payors. Providers must also agree to participate in the HEZ Integrated Care Team Model. (Maximum of \$50,000 maximum per year, at 100% tax refund per HEZ practitioner in years 2013-2015 – first provider commitments observed)</p>	\$ 50,000	\$ 50,000	\$ 50,000	\$ -
<p>Educational Loan Repayment Credit - A \$20,000 per year educational loan repayment credit may be applied to providers that contract to work at the Community Health Center or establish a new practice in the proposed HEZ. Providers must also agree to participate in the HEZ Integrated Care Team Model. (Maximum of 5 educational loan repayment credits total per year)</p>	\$ 100,000	\$ 100,000	\$ 100,000	\$ 100,000
<p>Dental Equipment Incentive to retrofit MSMH mobile medical van (in-kind match) to provide volunteer dental services, utilizing volunteer HEZ dental professionals. \$10,000 per room, \$4,200 x-ray - Per Patterson Dental</p>	\$ 25,000			
<p>Dentist Volunteer Contract Services-\$75 per hour for volunteer dental services (licensed dentist in HEZ) to the medically underserved community. Total 192 hours annually.</p>	\$ 14,400	\$ 14,400	\$ 14,400	\$ 14,400

**Greater Lexington Park HEZ Project
Program Budget and Justification**

Dental Hygienist Volunteer Contract Services - \$35 per hour for volunteer dental services (dental hygienist) to the medically underserved communit. Total 192 hours annually.	\$ 6,720	\$ 6,720	\$ 6,720	\$ 6,720
Lexington Park Community Health Center (CHC) Leasing Costs 18,000 sq. ft. medical use space - Market Rate of \$21.00 per sq. ft. unless awarded HEZ designation, rate will become \$16.00 per sq. ft. (24% cost savings) Year 2 is 1/3 of leasing costs for 6 months. Request for year 3 is for 1/3 of leasing costs. Request for year 4 is 1/4 of leasing costs as the CHC will be reaching operational sustainability. See Letter of Commitment from Cherry Cove Builders. See Appendix E for quote.		\$ 48,000	\$ 96,000	\$ 72,000
Program Evaluation MedStar Health Research Institue See Appedix N for quote.	\$ 28,384	\$ 28,952	\$ 29,531	\$ 30,121
Administrative Fee 10% - Only applicble for programmatic lines items. Does not apply to incentives/benefits/credits. Amount does include administrative for Walden Sierra Inc.	\$ 53,512	\$ 55,533	\$ 52,593	\$ 51,726



**ST. MARY'S HOSPITAL OF ST. MARY'S COUNTY, INC.
AND SUBSIDIARIES**

Consolidated Financial Statements and Supplemental Information

June 30, 2011 and 2010

(With Independent Auditors' Report Thereon)

**ST. MARY'S HOSPITAL OF ST. MARY'S COUNTY, INC.
AND SUBSIDIARIES**

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KPMG LLP
1 East Pratt Street
Baltimore, MD 21202-1128

Independent Auditors' Report

The Board of Directors
St. Mary's Hospital of St. Mary's County, Inc.
and Subsidiaries:

We have audited the accompanying consolidated balance sheets of St. Mary's Hospital of St. Mary's County, Inc. and Subsidiaries (the Corporation) as of June 30, 2011 and 2010, and the related consolidated statements of operations, and changes in net assets, and cash flows for the years then ended. These consolidated financial statements are the responsibility of the Corporation's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Corporation's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of St. Mary's Hospital of St. Mary's County, Inc. and Subsidiaries as of June 30, 2011 and 2010, and the results of their operations and their cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

Our audits were made for the purpose of forming an opinion on the consolidated financial statements of St. Mary's Hospital of St. Mary's County, Inc. and Subsidiaries taken as a whole. The consolidating information included in schedules 1 and 2 is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position, and results of operations and cash flows of the individual companies. The consolidating information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and, in our opinion, is fairly stated in all material respects in relation to the consolidated financial statements taken as a whole.

KPMG LLP

October 28, 2011

**ST. MARY'S HOSPITAL OF ST. MARY'S COUNTY, INC.
AND SUBSIDIARIES**

Consolidated Balance Sheets

June 30, 2011 and 2010

Assets	2011	2010
Current assets:		
Cash and cash equivalents	\$ 35,476,834	24,837,882
Assets whose use is limited or restricted	3,110,636	3,602,953
Receivables:		
From patient services (less allowances for uncollectible accounts of \$4,310,274 and \$4,889,337 in 2011 and 2010, respectively)	16,921,369	17,178,138
Notes receivables, current portion	383,270	432,381
Other	372,140	701,730
	17,676,779	18,312,249
Inventories	2,491,322	2,603,143
Prepays and other current assets	1,012,918	1,127,569
Total current assets	59,768,489	50,483,796
Assets whose use is limited or restricted	3,811,107	11,116,413
Property and equipment, net	77,652,938	75,830,533
Investments	3,161,947	2,304,526
Investments in unconsolidated affiliates	2,915,772	2,523,693
Notes receivables, net of current portion	376,521	632,498
Deferred financing costs, net	530,026	706,112
Prepaid pension asset	1,636,628	—
Total assets	\$ 149,853,428	143,597,571

**ST. MARY'S HOSPITAL OF ST. MARY'S COUNTY, INC.
AND SUBSIDIARIES**

Consolidated Balance Sheets

June 30, 2011 and 2010

Liabilities and Net Assets	<u>2011</u>	<u>2010</u>
Current liabilities:		
Accounts payable and accrued expenses	\$ 5,566,722	6,936,874
Accrued salaries, benefits, and payroll taxes	5,391,913	3,918,039
Amounts due to third-party payors	4,217,409	2,811,311
Current portion of long-term debt and capital lease obligations	17,763,258	4,762,583
Current portion of self insurance liabilities	59,733	757,656
Due to Parent	2,685,094	—
Other current liabilities	3,193,926	3,853,185
Total current liabilities	<u>38,878,055</u>	<u>23,039,648</u>
Long-term debt and capital lease obligations, net of current portion	16,720,621	32,134,719
Self insurance liabilities, net of current portion	1,475,000	1,475,000
Pension liabilities	—	2,941,627
Other long-term liabilities, net of current portion	2,463,035	3,049,236
Total liabilities	<u>59,536,711</u>	<u>62,640,230</u>
Net assets:		
Unrestricted	88,827,050	77,363,854
Temporarily restricted	1,389,667	3,493,487
Permanently restricted	100,000	100,000
Total net assets	<u>90,316,717</u>	<u>80,957,341</u>
Total liabilities and net assets	<u>\$ 149,853,428</u>	<u>143,597,571</u>

See accompanying notes to consolidated financial statements.

**ST. MARY'S HOSPITAL OF ST. MARY'S COUNTY, INC.
AND SUBSIDIARIES**

Consolidated Statements of Operations

Years ended June 30, 2011 and 2010

	2011	2010
Unrestricted revenues, gains, and other support:		
Net patient service revenue:		
Hospital inpatient services	\$ 57,552,686	59,226,782
Hospital outpatient services	60,762,561	53,312,453
Other patient service revenue	2,516,878	2,098,246
Total net patient service revenue	120,832,125	114,637,481
Other operating revenue	2,820,914	3,213,058
Net assets released from restrictions for operations	1,657,903	772,129
Interest income and dividends	94,478	206,123
Realized losses on investments, net	(6,752)	(7,207)
Unrealized gains on investments, net	11,071	118,986
Equity in earnings from unconsolidated affiliates	358,955	217,090
Total unrestricted revenues, gains, and other support	125,768,694	119,157,660
Expenses:		
Personnel	58,739,396	59,301,896
Supplies	19,868,082	18,709,179
Purchased services	13,948,938	11,843,749
Other operating	11,586,463	9,863,493
Provision for bad debts	4,438,523	5,568,010
Interest expense	1,067,757	1,267,450
Depreciation and amortization	7,693,061	7,398,774
Pension and other expenses related to merger	813,828	1,576,391
Loss on disposal of equipment	161,210	261,714
Total expenses	118,317,258	115,790,656
Excess of revenues, gains, and other support over expenses	\$ 7,451,436	3,367,004

See accompanying notes to consolidated financial statements.

**ST. MARY'S HOSPITAL OF ST. MARY'S COUNTY, INC.
AND SUBSIDIARIES**

Consolidated Statements of Changes in Net Assets
Years ended June 30, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Unrestricted net assets:		
Excess of revenues, gains and other support over expenses	\$ 7,451,436	3,367,004
Change in funded status of defined benefit plans	4,196,257	979,575
Net assets released from restrictions used for purchase of property and equipment	642,447	—
Equity transfer (to) from Parent	<u>(826,944)</u>	<u>826,944</u>
Increase in unrestricted net assets	<u>11,463,196</u>	<u>5,173,523</u>
Temporarily restricted net assets:		
Contributions	196,530	437,006
Net assets released from restrictions for operations	(1,657,903)	(772,129)
Net assets released from restrictions for purchase of property and equipment	<u>(642,447)</u>	<u>—</u>
Decrease in temporarily restricted net assets	<u>(2,103,820)</u>	<u>(335,123)</u>
Increase in net assets	9,359,376	4,838,400
Net assets, beginning of year	<u>80,957,341</u>	<u>76,118,941</u>
Net assets, end of year	<u>\$ 90,316,717</u>	<u>80,957,341</u>

See accompanying notes to consolidated financial statements.

**ST. MARY'S HOSPITAL OF ST. MARY'S COUNTY, INC.
AND SUBSIDIARIES**

Consolidated Statements of Cash Flows

Years ended June 30, 2011 and 2010

	2011	2010
Cash flows from operating activities:		
Change in net assets	\$ 9,359,376	4,838,400
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	7,526,147	7,362,486
Amortization of bond financing costs and bond premiums	166,914	36,288
Loss on sale of property and equipment	161,210	261,714
Equity transfer to (from) Parent	826,944	(826,944)
Equity in earnings on investments in unconsolidated affiliates	(358,955)	(217,090)
Change in funded status of defined benefit plans	(4,196,257)	(979,575)
Realized losses on investments	6,752	7,207
Change in unrealized gains on investments	(11,071)	(118,986)
Provision for bad debts	4,438,523	5,568,010
Temporarily restricted contributions	(196,530)	(437,006)
Changes in operating assets and liabilities:		
Patient services receivables	(4,181,754)	(8,512,406)
Other receivables	(102,791)	(701,730)
Inventories and other assets	111,821	(125,321)
Prepaid and other current assets	547,032	110,095
Accounts payable and accrued expenses	(1,416,505)	1,992,232
Accrued salaries, benefits, and payroll taxes	1,473,874	(5,924,238)
Amounts due to third-party payors	1,406,098	(1,497,175)
Due to Parent	2,685,094	—
Other liabilities	(2,325,381)	6,183,253
Net cash provided by operating activities	15,920,541	7,019,214
Cash flows from investing activities:		
Increase in investments, net	(857,421)	(238,456)
Decrease in assets whose use is limited or restricted, net	7,801,942	3,754,549
Purchases of property and equipment	(9,464,909)	(5,618,035)
Investments in unconsolidated affiliates	(33,124)	—
Proceeds from sale of equipment	1,500	68,690
Change in notes receivables	305,088	(166,111)
Distribution from investments in unconsolidated affiliates	—	32,967
Net cash used in investing activities	(2,246,924)	(2,166,396)
Cash flows from financing activities:		
Repayment of long-term borrowings and capital lease obligations	(2,404,251)	(2,225,562)
Equity transfer to/from Parent	(826,944)	826,944
Temporarily and permanently restricted contributions	196,530	437,006
Net cash used in financing activities	(3,034,665)	(961,612)
Increase in cash and cash equivalents	10,638,952	3,891,206
Cash and cash equivalents at beginning of year	24,837,882	20,946,676
Cash and cash equivalents at end of year	\$ 35,476,834	24,837,882
Supplemental disclosure of cash flow information:		
Interest paid	\$ 1,067,757	386,723
Noncash investing and financing activities:		
Amounts included in accounts payable for fixed asset purchases	\$ 46,353	967,603
Investments acquired in restructuring of Foundation	—	1,388,819

See accompanying notes to consolidated financial statements.

St. Mary's County Health Department

Tracy Kubinec, Deputy Health Officer
21580 Peabody St.
Leonardtown, MD 20650
(301) 475-4330
Tracy.Kubinec@maryland.gov

The **St. Mary's County Health Department** provides essential programs and services to protect and promote the health of every St. Mary's County resident. In cooperation with state and county officials and other partners who care about community health, the Health Department carries the vision to improve the quality of life in St. Mary's County. As the county's leader in public health, they are committed to advancing the health of St. Mary's County by assuring access to personal and environmental health services and information. MSMH currently conducts several joint initiatives with the local Health Department, which will be incorporated into the future Lexington Park Community Health Center. Initiatives include smoking cessation education and outreach, reproductive and women's wellness services, and immunization clinics. In addition, the Health Department is highly interested in assisting in the development of a Community Health Worker program that has the potential to decrease health disparities in the target population, which will also lead to increased health outcomes of the medically underserved community.

In-kind Contribution: Staff commitment on the HEZ Advisory Board to develop and implement both a Mobile Dental Van program and a Community Health Worker program.

Walden Sierra, Inc.

Dr. Kathleen O'Brien, Ph.D
Chief Executive Officer, Walden Sierra
30007 Business Center Dr.
Charlotte Hall, MD 20622
(301) 997-1300
Kathleen@waldensierra.org

Walden Sierra Inc. is a local, community based behavioral health 501c3 not-for-profit organization based in St. Mary's County and serving Southern Maryland. With admission to provide a comprehensive array of crisis, behavioral health, trauma and recovery services that contribute to the well being of the Southern Maryland community, Walden has grown into the area's behavioral health leader. Programming currently includes a range of crisis assistance and trauma counseling, outpatient behavioral health services including mental health, psychiatric and addiction services for children, adolescents, and adults, residential treatment services for adults, and recovery support services via recovery community centers and peer support for adults and adolescents. Walden Sierra is already piloting integrated care services in the community via partnerships with MSMH and Greater Baden Medical Services. Walden is licensed by the state and accredited by CARF (Commission for the Accreditation of Rehabilitation Facilities.) As the county's primary and trusted source for mental health and substance abuse services, Walden is a committed partner which will provide essential behavioral health and support services as part of

the proposed service delivery model for the proposed project and for the future Community Health Center in Lexington Park.

In-kind Contribution: Walden Sierra is committed to the future establishment of the Lexington Park Community Health Center, where in-kind staffing is being allocated towards planning and development of the facility. All partners are working together to identify funding necessary to co-locate services (See Attachment B Lexington Park Community Health Center Planning Partners MOU). Walden is prepared to contribute time towards the pursuit of funding for additional capital and equipment costs associated with the CHC project. Walden Sierra Director Dr. Kathleen O'Brien has also committed to participation on the HEZ Advisory Board.

Greater Baden Medical Services Inc.

Sarah Leonhard, M.D., Chief Executive Officer
7450 Albert Rd., 3rd Floor
Brandywine, MD 20613
(301) 559-0460
www.gbms.org

Greater Baden Medical Services Inc. is an extremely valuable partner within the HEZ Consortium is Greater Baden Medical Services, Inc... This organization is the only Federally Qualified Health Center serving rural Southern Maryland. It has six health center service sites in Maryland, including one in Leonardtown (St. Mary's County). The majority of its adult patients, and 25% of its pediatric patients, are uninsured. The health center in Leonardtown serves an uninsured adult population. At this time, Greater Baden is the only primary care provider in St. Mary County's Health Share program for indigent adults. Half of the patients served at the health center live in Lexington Park. In 2010 alone, Great Baden provided primary care to over 14,000 citizens. The health center is operating beyond capacity, and has a waiting list for new patient appointments. Co-location with the other service providers in this application would enable Greater Baden to expand its capacity for primary care, and to coordinate services with the other agencies in the HEZ Consortium in order to become the medical home for its primary care patients. Great Baden Medical Services, Inc. as a partner within the HEZ Consortium has a vested interest in partnering as the primary care provider of the Lexington Park Community Health Center. Please ensure that each partner looks at their own parts....

In-kind Contribution: Greater Baden Medical Services Inc. is committed to the future establishment of the Lexington Park CHC, where in-kind staffing is being allocated towards planning and development of the facility. All partners are working together to identify funding necessary to co-locate services (See Attachment B Lexington Park Community Health Center Planning Partners MOU). Greater Baden Medical Services Inc. is prepared to contribute time towards the pursuit of funding for additional capital and equipment costs associated with the CHC project. Greater Baden Chief Executive Officer has also committed to participation on the HEZ Advisory Board.

Minority Outreach Coalition of St. Mary's County, Inc.

Nathaniel Scroggins, MOTA
P.O. Box 1625
California, MD 20619
(240) 538-5681
mocstmarysm@verizon.net

The Minority Outreach Coalition (MOC) of St. Mary's County, Inc. is a 501 C3 non-profit organization. The mission is to promote health, education, logistics and the general performance for minorities in our communities to reduce health disparities. The MOC has labored since 1999 in outreach in the communities of St. Mary's serving over 110,000 citizens plus a large military community comprising : youth, women, elderly, Hispanic, Latino, Asian, African American, Pacific Islanders, fraternal groups, faith base, social groups, and the contingents that make up the military community. The coalition foster community connections and elicit community input through direct interaction, workshop, seminars, health fairs and group training to develop support for activities directly related to current health issues and relay information (brochures, fliers, booths, presentations) within the communities. We develop and engage our social networks to support community endeavors and partner with county programs such as Festivals and fairs to reach those we have targeted. The MOC has managed progress reports for several grants direct from American Cancer society, Stare Arts Council and several through the Department of Mental Health and Hygiene, all while maintaining a bank account for grant monies, and showing accounting accountability services through audits, financial records, monthly reporting and tax reporting.

St. Mary's County Department of Social Services

tMrs. Ella Mae Russell, ACSW, LCSW, Director
23110 Leonard Hall Dr. - P.O. Box 509
Leonardtown, MD 20650
(240)895-7000
erussel@dhr.state.md.us

The mission of the *St. Mary's County Department of Social Services (DSS)* is dedicated to building and strengthening community partnerships that support and protect individuals and families, and that provide opportunities to attain stability and economic independence. The St. Mary's County DSS assists people in need by administering a wide range of public assistance programs. This public agency assists the low-income population as well as families and children in crises within St. Mary's County, Maryland. The Department of Social Services will be a critical partner within the HEZ, where they will work with the Lexington Park Community Health Center to establish an Access Point which will link underserved citizens in a timely and accountable process to critical human services programs.

Health Share is a non-profit organization that provides financial subsidies to physicians that provide primary care services to the uninsured and subsidizes a portion of the cost for generic prescriptions. This program has grown over the past twenty years from only paying for several hundred prescriptions a year, to assisting in the provision of primary care and prescription co-pay to over 1,300 citizens a month. This program is depended upon by so many citizens in need and

will continue into the future with community donations and private business support. The HEZ Consortium will work closely with the Director of Social Services, as a Consortium partner and a member of the Health Share Board, to ensure that this local health care payment assistance program is reached by the racial and ethnic minority community through the Community Health Center and by new providers recruited to practice in the greater Lexington Park area.

In-kind Contribution: The Director of Social Services has committed to participation on the HEZ Advisory Board.

Department on Aging and Human Services

Lori Jennings-Harris, Director
41880 Baldrige St.
Leonardtown, MD 20650
Phone: (301) 475-4200 Ext. 170
Lori.Harris@stmarysmd.com

The *St. Mary's County Department of Aging and Human Services* provide a wide variety of programs and services to the county's senior residents and those in need of social and environmental support. Activities range from social and recreational programs to the direct support of essential services, such as nutrition, health, and in-home services. In addition, the Human Services division works closely with the community and other public and non-profit service providers to coordinate mental health prevention and interventions and to support the local homeless population. The Department of Aging is close partner of MSMH, working together on the Community Alcohol Coalition, which initiatives aim to decrease youth alcohol use and young adult binge drinking and are funded through the Maryland Alcohol and Drug Abuse Administration, Maryland Strategic Prevention Framework grant. The Department of Aging and Human Service will continue to partner with MSMH to establish an Access Point at the future Community Health Center, linking seniors, care givers and citizens with disabilities to appropriate services offered through the Maryland Department on Aging.

In-kind Contribution: The St. Mary's County Department of Aging and Human Services Director has committed to participation on the HEZ Advisory Board.

St. Mary's County Housing Authority

Dennis Nicholson, Director
21155 Lexwood Drive, Suite C
Lexington Park, MD 20653
Phone: (301) 866-6590 Ext. 1434
Dennis.Nicholson@stmarysmd.com

The *St. Mary's County Housing Authority* sponsors and operates a number of Housing and Community Development activities that benefit families, elderly person, those with special needs, and single persons. The majority of the Housing Authority resources support needy households that are at or below 80% of the St. Mary's County Median Income Level. In addition, the Housing Authority provides information that identifies rental housing opportunities in St. Mary's County. This county government agency will be an asset to the HEZ Consortium

through the facilitation of the Community Health Worker program with low-income housing – site managers and through the development of a Life Skills program for housing assistance recipients which can increase the health outcomes citizens that struggle with both economic and health care disparities and positively change the built public housing environment.

In-kind Contribution: The St. Mary’s County Department of Aging and Human Services Director has committed to participation on the HEZ Advisory Board.

St. Mary’s County Community Development Corporation

Robin Finnacom, President/CEO
46940 South Shangri-La Drive - Suite 100
Lexington Park, MD 20653
301-863-7700
Robin.Finnacom@stmarysmd.com

The *St. Mary’s County Community Development Corporation* serves residents of St. Mary’s County by promoting public and private investment in communities throughout the County. The Corporation is a catalyst for positive change in communities where commercial and residential redevelopment is needed. Since 2000, the Development Corporation has focused almost exclusively on commercial revitalization in the older commercial areas of Lexington Park. As Lexington Park is a crucial priority for the Community Development Corporation, the entity has a vested interest in seeing the health and social needs of this community meet through the establishment of Community Health Center. Robin Finnacom, the President/CEO of this corporation has close working relationships with many of the private and public partners necessary to support the planning and development of the Lexington Park Community Health Center and will research and recommend potential properties and facilities that can be leased or purchased by new practitioners willing to establish practices in the proposed HEZ. Even more important, Job Connections (function of SMC CDC) will make direct links to workforce development efforts to the Community Health Center and provide guidance on recruitment processes through the Community Health Worker program.

In-kind Contribution: The President/CEO of the Community Development Corporation has committed to participation on the HEZ Advisory Board. In addition, the President/CEO has committed to providing guidance and expertise in planning and development for the future Lexington Park Community Health Center. As the development expert for St. Mary’s County, the CDC also commits to identification of property and/or existing commercial space available for newly recruited practitioners to the HEZ.

Southern Maryland Center for Independent Living

Sandra Dent, Executive Director
38588 Brett Way, Suite 1
Mechanicsville, MD 20659
(301) 884-4498
info@smcil.org

The ***Southern Maryland Center for Independent Living*** (SMCIL) is a nonprofit organization created by and for people with disabilities. Through advocacy, information and educational center, the organization promotes independent living and empowerment for people with all types of disabilities. SMCIL provides residents of Calvert, Charles and St. Mary's counties access to use community resources and services to enhance their independence and pledges to provide the highest level of instruction to consumers with disabilities in life skills, job readiness training, peer mentoring, and peer supports.

In-kind Contribution: The Executive Director of the Southern MD Center for Independent Living has committed to participation on the HEZ Advisory Board.

Community Alcohol Coalition (CAC)

Jenna Mulliken, CAC Coordinator
25500 Point Lookout Rd., P.O. Box 527
Leonardtown, MD 20650
(240) 434-7659
Jenna_Mulliken@smhwecare.com

The ***Community Alcohol Coalition (CAC)*** of St. Mary's County is a grass-roots partnership of community stakeholders working to decrease underage alcohol use and young adult binge drinking. As an initiative stemming from the Maryland Alcohol and Drug Abuse Administration, Maryland Strategic Prevention Framework, the coalition has facilitated the process, achieving the first fully approved strategic implementation plan in the state of Maryland. The coalition consists of over 30 public, private and non-profit working together to develop and execute a public communications on the health legal consequences behind alcohol abuse and misuse. The CAC has a vested interest in participating in the HEZ Advisory Board, as a community coalition that has identified the greater Lexington Park as disadvantaged due to a disproportionate number of alcohol retail establishments in comparison to the remainder of St. Mary's County. This physical trait contributes to substance abuse trends within the underserved community.

In-kind Contribution: The Coordinator for the Community Alcohol Coalition has committed to participation on the HEZ Advisory Board.



MedStar St. Mary's Hospital

MEMORANDUM OF UNDERSTANDING

1. **Parties.** This Memorandum of Understanding (“MOU”) is made and entered into by and between St. Mary’s Hospital of St. Mary’s County, Inc. d/b/a MedStar St. Mary’s Hospital, Walden Sierra, Inc., d/b/a Walden Behavioral Health, Greater Baden Medical Services, Inc., St. Mary’s County Department of Social Services and St. Mary’s County Community Development Corporation (collectively the “Parties”). All Parties are located in St. Mary’s County, Maryland.
2. **Purpose.** The purpose of this MOU is to formalize the Community Health Center Planning Network (“CHCPN”). The CHCPN will develop a plan to merge the services of each Party into a formal Community Health Center (CHC) in Lexington Park, Maryland, which is designated as a Healthcare Professional Shortage Area (HPSA). The CHC will merge existing resources of the Parties to become an integrated community health and wellness center and will help meet the primary care needs for low income and uninsured patients in St. Mary’s County. Development of the CHC is provided through an approved Health Resources and Services Administration (HRSA) Grant # P10RH24755. Once fully developed, the CHC will bring together the necessary health care and social service providers to address healthcare disparities of the medically underserved population and the current lack of comprehensive and coordinate care for the uninsured and medically underserved population.
3. **Term.** This MOU is effective on December 1, 2012 and shall remain in full force and effect until the core tasks outlined in Section 4 are completed, not longer than one (1) year.
4. **Responsibilities of the Parties.** The Parties will dedicate time and resources as needed to complete the requirements of the HRSA Grant # P10RH24755 to develop a formal reporting structure for the CHC, including development of a Board of Directors, Bylaws, Business Plan and Marketing Plan that will be the basis of the future Community Health Center in Lexington Park. The Parties will develop a formal meeting schedule for the CHC development project where appropriate. St. Mary’s Hospital will provide the overall project Management and Supervision of the CHC development.
5. **Payment/Funding.** All development expenses will be funded through the HRSA Grant # P10RH24755. Grant fund allocations will be administered through MedStar St. Mary’s Hospital.
6. **Liability.** The Parties to this MOU shall not be liable for any negligent or wrongful act chargeable to the other unless such liability is imposed by a court of competent jurisdiction. In the event of a claim for any wrongful or negligent act, each party shall bear the cost of its own defense.

7. **General Provisions**

A. **Amendments.** Any changes, modifications, revisions or amendments to this MOU which are mutually agreed upon by and between the Parties shall be incorporated by written instrument, and effective when executed and signed by all Parties.

B. **Applicable Law.** The construction, interpretation and enforcement of this MOU shall be governed by the laws of the State of Maryland. The courts of the State of Maryland shall have jurisdiction over any action arising out of this MOU and over the parties to this MOU.

D. **Entirety of Agreement.** This MOU represents the entire agreement between the Parties and supersedes all prior negotiations, representations and agreements, whether written or oral.

E. **Severability.** Should any portion of this MOU be judicially determined to be illegal or unenforceable, the remainder of the MOU shall continue in full force and effect, and either party may renegotiate the terms affected by the severance.

F. **Third Party Beneficiary Rights.** The parties do not intend to create in any other individual or entity the status of a third party beneficiary, and this MOU shall not be construed so as to create such status. The rights, duties and obligations contained in this MOU shall operate only between the Parties to this MOU, and shall inure solely to the benefit of the parties to this MOU. The provisions of this MOU are intended only to assist the Parties in developing and planning the CHC.

8. **Signatures.**

In witness whereof, the Parties to this MOU through their duly authorized representatives have executed this MOU and certify that they have read, understood, and agreed to the terms and conditions of this MOU as set forth herein.

[Signature page to follow]



**St. Mary's County
Community Health Advisory Committee
Local Health Improvement Coalition**

November 13, 2012

Mr. Mark Luckner, Executive Director
Department of Health and Mental Hygiene
Maryland Community Health Resources Commission
45 Calvert Street, Room 336
Annapolis, Maryland 21401

Re: Health Enterprise Zone Application

Dear Mr. Luckner:

On behalf of the St. Mary's County Community Health Advisory Committee/Local Health Improvement Coalition (CHAC/LHIC), I would like to submit this letter of support and commitment for the MedStar St. Mary's Hospital Health Enterprise Zone (HEZ) grant application, requesting HEZ designation and funding support to improve health outcomes in the Lexington Park, Great Mills and Park Hall area. Our committee constitutes a broad coalition of community leaders involved in health efforts across the region. As the advisory body for the Board of County Commissioners, we understand the significant impact these funds can have on the health and well-being of the citizens of St. Mary's County.

In response to a community needs assessment conducted in 2010, the CHAC/LHIC directed the creation of the 2010 Community Health Improvement Plan. This initiative identified the top five health issues in St. Mary's County and assigned goals, objectives and lead organizations responsible for addressing each of them. MedStar St. Mary's Hospital was assigned the issue of increasing access to care, where hospital leadership was tasked to create solutions that would attract both primary care and lacking specialty physicians to St. Mary's County. A follow-up assessment conducted in 2012 identified lack of access to care as a leading health concern in St. Mary's County. This issue is extremely important in attempts to decrease health disparities for low-income, minority populations within our rural area. According to the assessment, major disparities occur pertaining to tobacco usage and obesity rates among the minority population, as well as other health inequities identified by Maryland's Department of Health and Mental Hygiene (DHMH). These health behaviors directly contribute to health consequences such as high rates of emergency department usage within the African-American population for symptoms of asthma, hypertension and diabetes.

DLG

C

As the Acting Chairperson for the CHAC/LHIC, I fully support the MedStar St. Mary's Hospital's application to DHMH which, if awarded, would provide funding support and incentives that would close the lack of health care issues within the proposed HEZ, decreasing the health disparities within this medically underserved community. I can further attest to the hospital's abilities to execute the outline project proposal, including physician recruitment and retention, culturally competent coordination, and a Community Health Worker Program. The HEZ funds will have a profound impact on our continued efforts to evaluate and enhance current programs, as well as implement future efforts to improve the health of St. Mary's County.

Please feel free to contact the St. Mary's County Community Health Advisory Committee/Local Health Improvement Coalition with any questions. Thank you for your consideration.

Sincerely,



Georgette Gaskin
Vice Chairperson

GG/kr



St. Mary's County Health Department



Tracy L. Kubinec, MBA, MPH
Acting Health Officer

Administration & Vital Records	301-475-4330
Community Health Services	301-475-4330
Resource Coordination	301-475-4389
Environmental Health	301-475-4321
Environmental Health Fax	301-475-4373
Medical Assistance Transportation	301-475-4296
State Health Department (Toll Free)	877-4MD-DHMH
Maryland Relay Service	1-800-735-2258

November 7, 2012

Mr. Mark Luckner, Executive Director
Department of Health and Mental Hygiene
Maryland Community Health Resources Commission
45 Calvert Street, Room 336
Annapolis, Maryland 21401

Re: Health Enterprise Zone Application

Dear Mr. Luckner:

On behalf of the St. Mary's County Health Department, I am pleased to submit this letter of support and commitment for the MedStar St. Mary's Hospital Health Enterprise Zone (HEZ) grant application, requesting HEZ designation and funding support to improve health outcomes in the Lexington Park, Great Mills and Park Hall area. Our relationship with MedStar St. Mary's Hospital, Greater Baden, Inc., Walden Behavioral Health and the St. Mary's County Department of Social Services provides an opportunity to develop solutions for the lack of primary care, behavioral health, and dental care services for residents of this community, especially for the uninsured and medically underserved. The St. Mary's County Health Department offers an array of current services that are inaccessible to many residents in the proposed HEZ due to transportation barriers.

The health department is enthusiastic about increasing quality of care by implementing an integrated care model to ensure access to health and human service providers within the HEZ via the development of an Access Point at the future Community Health Center. We foresee linkages to our existing dental services (serving Medicaid/Medicare/PAC recipients with limited care), reproductive clinic, and women's wellness programs, allowing expansion and enhancement of our efforts in the designated zip code areas. Moreover, it is our intent to play an integral role in the coordination of the Mobile Dental Van and the development of a Community Health Worker initiative. We will also participate in trainings that will assist our organization in delivering culturally and linguistically competent care through our existing programs.

As the Acting Health Officer of St. Mary's County, I am committed to assisting in the work of the HEZ Consortium and will participate on the HEZ Advisory Board to ensure that the needs of the citizens we serve are adequately addressed in the HEZ area.

Sincerely,

Tracy L. Kubinec, M.B.A., M.P.H.
Acting Health Officer

TLK/kr



WALDEN

Department of Health and Mental Hygiene
Maryland Community Health Resources Commission
45 Calvert Street, Room 336
Annapolis, MD 21401

November 1, 2012

Subject: Health Enterprise Zone Application

Dear Mr. Mark Luckner,

Walden Sierra is pleased to provide this letter of support and commitment for the MedStar St. Mary's Hospital application to the Community Health Resources Commission for funding to support strategies which will increase access and quality of health care services in the Lexington Park, Great Mills and Park Hall zip codes. Lack of access to health care and other critical community services within the southern portion of St. Mary's County have contributed to high rates of preventable Emergency Department visits and significant health disparities in the low-income and minority population for asthma, diabetes and cardiovascular diseases. The area's status as a mental health professional shortage area also places community members, particularly members of vulnerable populations, at risk to both primary and secondary health issues related to mental illness or substance use disorders.

St. Mary's County has an extremely limited number of healthcare providers, especially in the Lexington Park and Great Mills area. This is the largest population center in St. Mary's County and is also home to the greatest number of citizens struggling with poverty and other factors impacting wellness. The proposed project is a critical step in meeting our community's health care needs, especially in light of the anticipated changes from healthcare reform and the expectation of parity between access to primary and behavioral health. A key component to the proposed plan is the future establishment of a Community Health Center in the target area.

Walden Sierra is committed to serving as a behavioral healthcare provider (mental health and substance abuse) in integrated care projects in the community and will work with MedStar St. Mary's Hospital in the interim period before the health center opens to provide care within an integrated team model. Walden Sierra is also committed to working with MedStar St. Mary's Hospital, the St. Mary's County Health Department, and Greater Baden Medical Systems to provide care within an expanded integrated team model at the Community Health Center when

Kathleen O'Brien, Ph.D., CEO

Hotline: 301.863.6661 Phone: 301.997.1300

30007 Business Center Drive, Charlotte Hall, Maryland 20622

www.waldensierra.org

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Like us at: www.facebook.com/help.hope





WALDEN

its doors open (anticipated to be sometime in 2014.). Walden Sierra will also participate in the HEZ Advisory Board and in training and education necessary to deliver culturally competent, integrated services in the HEZ area.

In closing, Walden will also partner with Medstar St. Mary's Hospital to utilize HEZ incentives to recruit behavioral health professionals to practice in the HEZ. Walden Sierra will work to implement the use of an EHR in our clinical care provided in the HEZ. We are also committed to providing behavioral health training to Community Health Workers via the nationally recognized Mental Health First Aid model.

Please feel free to contact me should you have any questions.

Sincerely,

Kathleen O'Brien, Ph.D.
Chief Executive Officer

Kathleen O'Brien, Ph.D., CEO

Hotline: 301.863.6661 Phone: 301.997.1300

30007 Business Center Drive, Charlotte Hall, Maryland 20622

www.waldensierra.org

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Like us at: www.facebook.com/help.hope



GREATER

Baden Medical Services



Taking care of our community

Greater Baden at Brandywine
7450 Albert Road 2nd Floor
Brandywine, MD 20613
301-888-2233 Fax 301-888-9133

Greater Baden at Capitol Heights
1458 Addison Road South
Capitol Heights, MD 20743
301-324-1500 Fax 301-324-6405

Greater Baden at Leonardtown
23140 Moakley Street, Suite 4
Leonardtown, MD 20650
301-997-1029 Fax 301-997-1489

Greater Baden at Nanjemoy
4375 Port Tobacco Road, Suite 101
Nanjemoy, MD 20662
301-753-4630 Fax 301-753-4562

Greater Baden at Oxon Hill
6188 Oxon Hill Road, Suite 801
Oxon Hill, MD 20745
301-686-1665 Fax 301-686-1190

Greater Baden at Suitland
5001 Silver Hill Road, 2nd Floor
Suitland, MD 20746
240-492-2500 Fax 240-492-2526



WIC Center - Brandywine
7450 Albert Rd. 2nd Floor
Brandywine, MD 20613
301-836-9654 Fax 301-836-9655

WIC Center - Capitol Heights
1472 Addison Road South
Capitol Heights, MD 20743
301-324-1873 Fax 301-324-2415

WIC Center - Oxon Hill
6188 Oxon Hill Road, Suite 801
Oxon Hill, MD 20745
301-686-1171 Fax 301-686-1190

WIC Center - Suitland
5001 Silver Hill Road, 2nd Floor
Suitland MD, 20746
240-492-2506 Fax 240-492-2526

GBMS is a Joint Commission Accredited
Federally Qualified Health Center



Mark Luckner, Executive Director
Maryland Community Health Resources Commission
45 Calvert Street, Room 336
Annapolis, MD 21401
November 1, 2012

Subject: Health Enterprise Zone Application

Dear Mr. Luckner:

Great Baden Medical Services, Inc. is pleased to provide this letter of support and commitment for the MedStar St. Mary's Hospital application to the Community Health Resources Commission to establish a Health Enterprise Zone (HEZ) in St. Mary's County. Creation of an HEZ will help increase access and quality of health care services in the Lexington Park, Great Mills and Park Hill zip codes. Lack of access to health care and other critical community services within the southern portion of St. Mary's County have contributed to high rates of preventable Emergency Department visits and concerning health disparities in the low-income and minority population for asthma, diabetes and cardiovascular diseases.

St. Mary's County has a severe shortage of primary care providers, especially in the Lexington Park and Great Mills area. This is the largest population center in St. Mary's County and where there is a concentrated population of impoverished citizens. The consortium of healthcare providers included in this proposal intends to establish a multi-agency community health center in Lexington Park. The new center will include primary care services (Greater Baden), urgent care (MedStar St. Mary's Hospital), social services (St. Mary's County Health Department), substance abuse counseling (Walden Sierra Inc.) as well as health education and outreach. The agencies involved in the project are committed to the development of an integrated model of care.

Greater Baden is committed to the proposed project for the HEZ Consortium. The new multi-agency center will increase access to primary care, mental health and substance abuse therapy, and will facilitate the delivery of social services and prevention services. Greater Baden will participate in the Integrated Care Model, including the training and education necessary to offer care under this evidence-based approach. Greater Baden also pledges to participate in the HEZ Advisory Board.

Please feel free to contact me should you have any questions.

Sincerely,

Sarah Leonhard, M.D.
Chief Executive Officer

Administrative Offices

7450 Albert Road, 3rd Floor, Brandywine, MD 20613
Telephone 301-559-0460 • Fax 301-559-0463 • www.gbms.org



Health of St. Mary's County, Inc.
Education in support of a better community
Logistics
Performance

November 6, 2012

Subject: Health Enterprise Zone (HEZ) Application

Dear Mr. Mark Luckner,

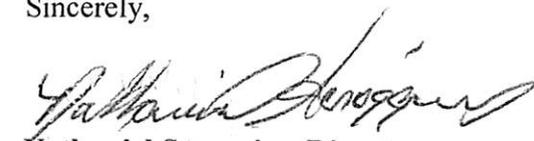
The Minority Outreach Coalition of St. Mary's County, Inc., (MOC) is pleased to submit this letter of support and commitment for MedStar St. Mary's Hospital Health Enterprise Zone grant application. The MOC has been a strong advocate of improving the health of the minority population in St. Mary's County.

The MOC is supportive of the advancement of a Community Health Center in this area, where it has been noted that the disparity of health care has been prevalent and the increased rise of health care concerns has continued to be problematic. The MOC views its application as a helpful means to aid a change system of care for the residents of the target area. MOC supports the principle that every citizen has the right to permanent health care solutions and this can be the vehicle of change for many.

As a HEZ Consortium Member, The Minority Outreach Coalition of St. Mary's County, Inc. will obligate the coalition to contract with MedStar St. Mary's Hospital to: (1) provide and deliver cultural competency training to health providers and community health workers, (2) take part in the HEZ Advisory Board, and (3) to facilitate local focus groups. In addition to providing the training the Coalition will recruit appropriate lay persons to foster an environment of cultural sensitivity, awareness and competency. MOC looks forward to serving with MedStar St. Mary's Hospital and St. Mary's County Department of Health to reduce the health disparities of the minority population(s) in the HEZ.

Please feel free to contact us should you have any questions.

Sincerely,


Nathaniel Scroggins, Director
Minority Outreach and Technical Assistant
St. Mary's County


Landas Lockett, Director
Minority Outreach Coalition of St. Mary's County, Inc.

NS:ns
Cc: file

St. Mary's County
Department of Social Services

State of Maryland



Maryland's Human Services Agency

Ella May Russell
ACSW, LCSW,
Director

Joseph D. Carter Bldg.
23110 Leonard Hall Drive
P.O. BOX 509
Leonardtown, MD 20650

Public Telephone Number:
(240) 895-7000
Fax Number:
(240) 895-7099



County Commissioners:

Francis "Jack" Russell, President

Cynthia L. Jones

Daniel L. Morris

Lawrence D. Jarboe

Todd B. Morgan

November 6, 2012

Department of Health and Mental Hygiene
Maryland Community Health Resources Commission
45 Calvert Street, Room 336
Annapolis, MD 21401

Re: Health Enterprise Zone Application

Dear Mr. Mark Luckner:

The St. Mary's County Department of Social Services is pleased to write a letter of support and commitment for MedStar St. Mary's Hospital for the Health Enterprise Zone grant application, which will directly work towards increasing access to health care for the residents of the Lexington Park, Great Mills and Park Hall area. The current shortage of primary healthcare providers as well behavioral health and dental services are inadequate for the designated population that has been identified in the aforementioned communities. Targeting strategies that will improve access to care and a systemic approach to health care delivery and human services in the proposed HEZ will benefit individuals, the community and the state of Maryland.

The Department of Social Services is invested in seeing the establishment of a Community Health Center in this area, where this goal has been a topic of discussion within the health care and social services community for the past several years as the number of medically underserved residents continues to increase. The rate of uninsured adults in St. Mary's County is 11% as of October 2012, which has increased significantly over a past decade. In addition, due to the regions physician shortage, many residents even with Health Choice, 3rd party payor insurance or Medicare are unable to find an appointment for primary care as most physicians are operating beyond capacity and are not accepting new patients. The Department of Social Services views this application to the Maryland Community Health Resources Commission as a positive endeavor which would allow for new and permanent health care solutions to the above issues.

As the Director of the Department of Social Services, I pledge my commitment to assisting in the work of the HEZ Consortium and will commit to participation on the HEZ Advisory Board to ensure that the needs of the citizens we serve are adequately addressed in the HEZ area, through the development of an Access Point to health and human services at the future Community Health Center. Social Services is devoted to the launching of the Community Health Center and will provide a mutually respectful coordination of services with MedStar St. Mary's Hospital, Greater Baden, Walden to complement their pursuit of an Integrated Care Model.

Please feel free to contact our offices should you have any questions.

Sincerely,

Ella May Russell
Ella May Russell, ACSW, LCSW
Director





HOUSING AUTHORITY OF ST. MARY'S COUNTY, MARYLAND

21155 LEXWOOD DRIVE, SUITE C. – LEXINGTON PARK, MARYLAND 20653

301-866-6590

Fax 301-737-5628

MD Relay Svc. 711 or 1-800-735-2258 (V/TTY)

November 6, 2012

Department of Health and Mental Hygiene
Maryland Community Health Resources Commission
45 Calvert Street, Room 336
Annapolis, MD 21401

Subject: Health Enterprise Zone (HEZ) Application

Dear Mr. Mark Luckner,

Respectfully, the Housing Authority of St. Mary's County, Maryland (HASMC) requests funding to expand health care access and address health disparities in St. Mary's County's Lexington Park community. The specific funding for this vital need is MedStar St. Mary's Hospital's application requesting Health Enterprise Zone designation and associated funding. HASMC strongly supports this application as it will directly increase access to health care and improve the built environment for the residents of the greater Lexington Park area.

As you are aware, St. Mary's County has experienced a significant growth in population; directly proportional to growth and expansion entails increased health needs. Moreover, this growth has challenged local resources in meeting the needs of persons in the HEZ and particularly in meeting the needs of the medically underserved and uninsured persons in the proposed HEZ area (20653, 20634 and 20667).

HASMC as a community partner with other human service and health care providers is dedicated to improving the health of each household in the HEZ as well as the physical improvement of the HEZ's housing stock. The timing of HEZ funding will blend well with other funding and the efforts of HASMC, Patuxent Habitat for Humanity, Three Oaks Homeless Shelter, Inc., local Home Owners Associations and the National Community Stabilization Trust in an ongoing collaboration known as "Building Blocks for Stabilizing Neighborhoods". This group activity focuses on revitalizing and/or stabilizing the physical structure of residential neighborhoods, particularly those in Lexington Park. Complementing this is the development of a Community Health Center in the greater Lexington Park area – a core design and success component for improved health in the HEZ.

The county's highest concentration and largest population of minority and low income households live in Lexington Park. HASMC directly assists an ongoing population of approximately eight hundred (800) households in the HEZ. These families will directly benefit from linkages to health services. Achieving their improved health connects back to the designed linkage of combining the future Lexington Park Community Health Center with an associated Community Health Worker program.

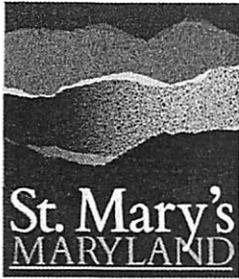
Using established collaborations and HEZ funding Community Health Workers with HASMC staff will put into action an Integrated Health Care Model targeted to households receiving rental assistance and/or living in subsidized housing – thus, achieving direct linkage to health care and human services support. These staff collaborations involve the County's Health Department and MedStar St. Mary's Hospital whose staff will direct and monitor successful approaches for the Community Health Worker program within the HEZ.

HASMC is committed to assisting in the mission and work of St. Mary's County HEZ to ensure that the needs of Lexington Park citizens are adequately addressed and that the Community Health Worker program has the flexibility to expand to all of St. Mary's HEZ. Lastly, HASMC will be represented on the HEZ Advisory Board and please feel free to contact me should you have any questions: dnicholson@stmaryshousing.org or 301, 866-6590, ext. 1434.

Sincerely,



Dennis L. Nicholson
Executive Director



Community Development Corporation

46940 South Shangri-La Drive, Suite 100
Lexington Park, MD 20653
Telephone: 301-863-7700
FAX: 301-863-7713

November 6, 2012

Mark Luckner, Executive Director
Department of Health and Mental Hygiene
Maryland Community Health Resources Commission
45 Calvert Street, Room 336
Annapolis, MD 21401

Subject: Health Enterprise Zone Application

Dear Mr. Luckner:

On behalf of the St. Mary's County Community Development Corporation, I am pleased to provide this letter of support and commitment for the MedStar St. Mary's Hospital application to the Community Health Resources Commission for funding support to increase access and quality of health care services in the Lexington Park and Great Mills zip codes. Our organization is working hard to re-vitalize the Lexington Park and Great Mills area and the future addition of a Community Health Center will assist in our mission to improve the quality of life in the hub of St. Mary's County.

Lack of access to health care and other critical community services within the southern portion of St. Mary's County have contributed to high rates of preventable Emergency Department visits and concerning health disparities in the low-income and minority population for asthma, diabetes and cardiovascular diseases. St. Mary's County has an extremely limited number of primary care providers, especially in the Lexington Park and Great Mills area, where the greatest number of citizens struggle with poverty, unemployment and where a high quantity of citizens are uninsured. This project that the St. Mary's County HEZ Consortium is proposing is absolutely critical for our community's health care needs, especially in light of the anticipated changes from healthcare reform.

In closing, the St. Mary's County Community Development Corporation is committed to participating in the HEZ Consortium to establish a Community Health Center in the Lexington Park area. This organization pledges to participate as a HEZ Consortium member to provide guidance and expertise in planning and development for the future health care center and will

work to identify sites for potential health care providers to establish private and group practices in these communities, which are in dire need of primary care, behavioral health and dental care providers. Please feel free to contact our offices should you have any questions.

Sincerely,


Robin A. Finnacom
President/CEO

**ST. MARY'S COUNTY GOVERNMENT
DEPARTMENT OF
AGING & HUMAN SERVICES**



BOARD OF COUNTY COMMISSIONERS:

Francis Jack Russell, President
Lawrence D. Jarboe, Commissioner
Cynthia L. Jones, Commissioner
Todd B. Morgan., Commissioner
Daniel L. Morris, Commissioner

Lori Jennings-Harris, Director

November 1, 2012

Mr. Mark Luckner
Department of Health and Mental Hygiene
Maryland Community Health Resources Commission
45 Calvert Street, Room 336
Annapolis, MD 21401

Subject: Health Enterprise Zone Application

Dear Mr. Luckner:

St. Mary's County Department of Aging and Human Services is pleased to provide a letter of support for MedStar St. Mary's Hospital for their Health Enterprise Zone grant application, which will directly work toward increasing access to health care for the residents of the Lexington Park and Great Mills areas.

The Department of Aging and Human Services is particularly interested in seeing the establishment of a Community Health Center in this area, where this goal has been a topic of discussion within the health care and social services community for the past several years as the number of medically underserved residents continues to increase. Approximately 15,848 of the county's residents are aged 60 and over, or about 17% of the total population. This figure is expected to grow to 28,208 by 2020 and 38,991 by 2030 indicating a 258.5% increase in population of persons aged 60 and over since 2000. We are approaching the reality of one out of four county residents being at least 60 years of age. Access to good health care and a variety of disciplines are imperative for healthier aging. As well, having access to resources and health care for children and families is equally important, especially in the identified HEZ.

The Department of Aging and Human Services views this application to the Maryland Community Health Resources Commission as a positive endeavor which would allow for new and permanent health care solutions to the issues identified above. This is especially critical in a time when health care reform is bringing about changes that will certainly impact the underserved population.

Garvey Senior Activity Center
41780 Baldrige Street

P.O. Box 653

Leonardtown, Maryland 20650

301-475-4200 ext. 1050

FAX: 301-475-4503

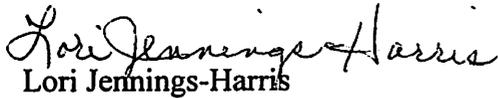
e-mail: lori.harris@stmarysmd.com

As the Director of the Department of Aging and Human Services, I pledge my commitment, and that of my Department, to assisting in the work of the HEZ Consortium to ensure the needs of the citizens we serve are adequately addressed in the HEZ area, through the development of this jurisdiction's Aging and Disability Resource Center (ADRC)/ Maryland Access Point (MAP) at the future Community Health Center. Aging and Human Services will work in partnership with Coalition partners and the future Community Health Center to navigate seniors, caregivers and residents with disabilities to the services and programs offered through our Department.

Please feel free to contact my office at 301-475-4200, ext. 1050 should you have any questions.

Thank you.

Sincerely,



Lori Jennings-Harris

Director

St. Mary's County Department of Aging and Human Services



Board of Directors

Julie Randall
President

Sandra Dent
Executive Director

Members:

Dottie Powell

Cheryl Blazer

Peter Riestler

Robert Boles

Benjamin Bryan
Ex-Officio

November 13, 2012

Department of Health and Mental Hygiene
Maryland Community Health Resources Commission
45 Calvert Street, Room 336
Annapolis, MD 21401

SUBJECT: Health Enterprise Zone Application

Dear Mr. Luckner,

On behalf of the Southern Maryland Center for Independent Living (SMCIL), it is my pleasure to provide this letter of support and commitment for the MedStar St. Mary's Hospital Health Enterprise Zone (HEZ) grant application, which is requesting HEZ designation and funding support to improve health outcomes for the Lexington Park, Great Mills and Park Hall areas. The SMCIL offers services to facilitate implementation of the Americans with Disabilities Act (ADA) throughout the state including ADA training, technical assistance and materials to businesses and persons with disabilities on the requirements and options of the ADA and the Vocational Rehabilitation Act of 1973.

Currently, we envision linkages to our existing population via the new Community Health Center as a tremendous enhancement and expansion of our community for persons with disabilities in the designated zip code areas.

The cultivation of our current relationship with MedStar St. Mary's Hospital, Walden Behavioral Health and the St. Mary's County Department of Health is to devise solutions to address the insurmountable needs for the citizens in the greater Lexington Park. As well, we fully intend to participate in culturally competency trainings that will assist our organization in delivering culturally and linguistically competent care through our existing programs.



Board of Directors

Julie Randall
President

Sandra Dent
Executive Director

Members:

Dottie Powell

Cheryl Blazer

Peter Riester

Robert Boles

Benjamin Bryan
Ex-Officio

As the Executive Director of Southern Maryland Center for Independent Living located in St. Mary's County, I honor my commitment to assisting in the work of the HEZ Consortium and will commit to participation on the HEZ Advisory Board to ensure that the needs of the citizens we serve are adequately addressed in the HEZ area, through the development of an Access Point to health and human services at the future Community Health Center.

Sincerely,

 Invalid signature

X Sandra K. Dent

Sandra K. Dent
Executive Director
Signed by: sandra dent

Sandra Dent, Executive Director
Southern Maryland Center for Independent Living



community alcohol coalition
AWARENESS • PREVENTION • CONTROL

Department of Health and Mental Hygiene
Maryland Community Health Resources Commission
45 Calvert Street, Room 336
Annapolis, MD 21401

November 1, 2012

Subject: Health Enterprise Zone Application

Dear Mr. Mark Luckner:

The Community Alcohol Coalition of St. Mary's County is delighted to write a letter of support and commitment in regards to the MedStar St. Mary's Hospital application seeking Health Enterprise Zone designation and funding, which will work directly towards increasing access to health care for the residents of the Lexington Park, Park Hall, and Great Mills areas. The Community Alcohol Coalition supports the proposal and the developed goals and strategies to address the needs of the recognized communities that encompass an integrated approach to health and wellness.

The Community Alcohol Coalition strives to reduce the amount of underage alcohol use and binge drinking in St. Mary's County through public awareness and environmental change and recognizes that the availability behavioral health services for residents that require support for alcohol and drug addictions is essential. Through an increase in behavioral health providers in the proposed HEZ, we anticipate a decrease in long-term health consequences in residents that struggle with alcohol recovery. It has become a vital operating principle of the community to close and eventually eliminate the disparity through the implementation of an integrated care model, which will be provided in the HEZ if awarded. The Community Alcohol Coalition is in consummate support of the Center and anticipates a rise in much improved health, wellness, and recovery from a systemic approach.

As the Coordinator of the Community Alcohol Coalition, I pledge my commitment to assisting in the work of the HEZ Consortium to ensure that the needs of the citizens we serve are adequately addressed in the HEZ area, through participation in the HEZ Consortium. The Community Alcohol Coalition is a strong supporter of collaborative and cohesive operation of services with HEZ partners, including MedStar St. Mary's Hospital, Walden Sierra, St. Mary's County Department of Health and the St. Mary's County Department of Aging and Human Services.

Please feel free to contact our offices should you have any questions.

Sincerely,

Jenna Mulliken

Coordinator, St. Mary's County Community Alcohol Coalition

JOHN L. BOHANAN, JR.
Legislative District 29B
St. Mary's County

Appropriations Committee
Chair
Education and Economic
Development Subcommittee

House Chair
Spending Affordability Committee



The Maryland House of Delegates
ANNAPOLIS, MARYLAND 21401

Annapolis Office
The Maryland House of Delegates
6 Bladen Street, Room 350
Annapolis, Maryland 21401
301-858-3227 · 410-841-3227
800-492-7122 Ext. 3227
Fax 301-858-3051 · 410-841-3051
John.Bohanan@house.state.md.us

District Office
46940 South Shangri-La Drive
Lexington Park, Maryland 20653
301-866-4000
Fax 301-866-4007

Department of Health and Mental Hygiene
Maryland Community Health Resources Commission
45 Calvert Street, Room 336
Annapolis, MD 21401

November 6, 2012

Subject: Health Enterprise Zone Application

Dear Mr. Mark Luckner,

It is with inclusive support that I submit this letter to MedStar St. Mary's Hospital for the Health Enterprise Zone (HEZ) application to the Community Health Resources Commission for HEZ designation and related funding to increase access to primary health care, behavioral health and dental care to the residents in the Lexington Park, Great Mills and Park Hall communities.

The rate of growth in St. Mary's County has increased significantly and the demand and supply of somatic health and behavioral health have been challenged in providing the care as needed. The targeted area is a critical population that are either underserved or not being served for an array of health needs and preventable health problems. Constructing and staffing a health care center in the designated vicinity will allow the county to provide affordable, accessible and comprehensive care for a segment of the county that has unmet needs in the primary care, behavioral health and dental care arena.

As a Delegate for the State of Maryland, I request your full consideration to designate Lexington Park, Great Mills and Park Hall zip codes as a Health Enterprise Zone. Through the establishment of a Community Health Center and creation of an integrated care team caring for the medically underserved community in the targeted area, the potential exists to significantly increase the community's health outcomes. I applaud you for the opportunity to serve those who are not being served.

Please feel free to contact my office should you have any questions.

Sincerely,
John L. Bohanan, Jr.

A handwritten signature in black ink that reads "John L. Bohanan, Jr." in a cursive style.

SENATOR ROY DYSON
Legislative District 29
Calvert, Charles, and St. Mary's Counties

Vice Chair
Education, Health, and
Environmental Affairs Committee



THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

Annapolis Office
James Senate Office Building
11 Bladen Street, Room 102
Annapolis, Maryland 21401
301-858-3673 · 410-841-3673
800-492-7122 Ext. 3673
Roy.Dyson@senate.state.md.us

District Office
P.O. Box 229
Great Mills, Maryland 20634-0229
301-994-2826

November 7, 2012

Mr. Mark Luckner
Department of Health and Mental Hygiene
Maryland Community Health Resources Commission
45 Calvert Street, Room 336
Annapolis, Maryland 21401

Dear Mr. Luckner:

It is with pleasure that I write this letter of support to MedStar St. Mary's Hospital for the Health Enterprise Zone (HEZ) application to the Community Health Resources Commission for HEZ designation and related funding support to increase access to health care and prevention services in my legislative district.

The current demands for primary care service by the medically underserved has outpaced the local medical community's capabilities and the demand will only increase due to the regions rapid population growth. Solutions must be created to ensure that the medically underserved community is afforded accessible and comprehensive primary, mental,

I request your full consideration to designate the Lexington Park, Great Mills and Park Hall zip codes as a Health Enterprise Zone. Through the establishment of a Community Health Center and creation of an integrated care team caring for the medically underserved community in the target area, the potential exists to significantly increase the community's health outcomes. In addition, this project has the potential to decrease the impacts from health care reform to the citizens within the HEZ and the local health care system. Again, I urge your full review and appropriate consideration of this application.

Please feel free to contact me should you have any questions or concerns.

Sincerely,

A handwritten signature in black ink that reads "Roy Dyson". The signature is fluid and cursive, with the first name "Roy" being particularly prominent.

Roy Dyson

ST. MARY'S COUNTY GOVERNMENT

**BOARD OF COUNTY
COMMISSIONERS**

*Francis Jack Russell
Commissioner President*



Francis Jack Russell, President
Lawrence D. Jarboe, Commissioner
Cynthia L. Jones, Commissioner
Todd B. Morgan, Commissioner
Daniel L. Morris, Commissioner

November 9, 2012

Mr. Mark Luckner
Department of Health and Mental Hygiene
Maryland Community Health Resources Commission
45 Calvert Street, Room 336
Annapolis, MD 21401

Subject: Health Enterprise Zone Application

Dear Mr. Luckner:

The Board of County Commissioners for St. Mary's County is pleased to provide this letter of support for the MedStar St. Mary's Hospital application on behalf of the Health Enterprise Zone (HEZ) Consortium to the Department of Health and Mental Hygiene (DHMH), Community Health Resources Commission, for HEZ designation and funding support.

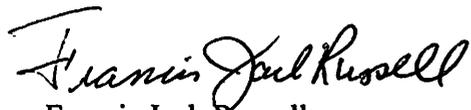
This opportunity is vital for the greater Lexington Park area as this community is experiencing concerning health disparities directly related to both obesity and high rates of tobacco use, especially within our low-income, medically underserved populations. Diabetes, asthma and cardiovascular diseases are prevalent within the medically underserved population, with extreme disparities experienced within the minority population. These health issues are documented in the 2010 DHMH Primary Care Needs Assessment, which indicates significant racial disparity for diabetes and youth obesity prevalence in St. Mary's County and a significant general disparity for adult obesity and heart disease mortality.

Currently, this jurisdiction has limited primary health care resources. There are 1,723 residents per one primary care physician. This increases the difficulty for residents to address and manage chronic conditions. In addition, there are only two primary care options in the proposed HEZ which has a total of 30,902 residents and where the greatest numbers of residents are struggling with economic and social disparities. Through the recruitment of new practitioners in the HEZ and through the establishment of a Community Health Worker program focusing on helping this medically underserved community, we foresee direct positive impact of the uninsured, medically underserved and minority population.

Mr. Mark Luckner
Page 2
November 9, 2012

We recognize that the health of the residents in the proposed HEZ can be improved by focusing health care resources and man-power with funding support from DHMH. If awarded, we will support the HEZ Consortium in leading this initiative forward and will provide guidance and direction where possible to help achieve associated goals and objectives.

Sincerely,



Francis Jack Russell
Commissioner President

FJR/dg

Benner Medical Group, PA
20945 Great Mills Road, Suite 203
Lexington Park, Maryland 20653

CHARLES M. BENNER, MD
JOHN W. LEROY, PA-C
JENI CARRICO, CRNP

November 6, 2012

Mark Luckner
Department of Health and Mental Hygiene
Maryland Community Health Resources Commission
45 Calvert Street, Room 336
Annapolis, MD 21401

Subject: Health Enterprise Zone Application

Dear Mr. Luckner:

It is with great pleasure that I write this letter of support to MedStar St. Mary's Hospital for the Health Enterprise Zone (HEZ) application to the Community Health Resources Commission for HEZ designation and related funding support to increase access to health care and prevention services in the Lexington Park, Great Mills and Park Hall zip codes. I am presently the Medical Director of *Get Connected to Health* program as well as a practicing physician in the proposed HEZ community.

The current demands for primary care service by all citizens has outpaced the local medical community's capabilities and the demand will only increase due to the regions rapid population growth. The Community Health Center is a "just what the doctor ordered" as a solution for surmounting issues of unmet health care need within the greater Lexington Park corridor. Creating access to treatment that is inclusive of an integrated approach is invaluable and much needed as noted in data, surveys and my personal and professional experience.

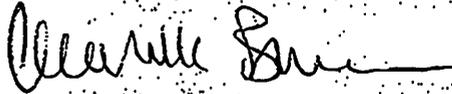
As a primary care doctor in the proposed HEZ area, I welcome the opportunity to have a language line for patients needing translation as well as a collective approach with the new practitioners that will expand services in the greater Lexington Park area. I will coordinate and collaborate with my future colleagues to provide referrals for mental health and addiction

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services and coordination of efforts with the assigned health worker staff. It has been my practice to serve in a cultural competent manner and be able to enhance the relationship with my patients with the proposed trainings and equipment.

Please feel free to contact my office should you have any questions.

Sincerely,



Charles M. Benner, MD

APPENDIX ITEM D - Work-plan Chart

MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION
Health Enterprise Zones -Work-plan Chart

Organization Name: MedStar St. Mary's Hospital

HEZ Project Name: St. Mary's County Health Enterprise Zone

Grant Program Name: Health Enterprise Zone

PROJECT PURPOSE: Establish tradition of accessible, integrated healthcare services in the HEZ area, supported by clinical care coordination, prev

Goal #1: Expand and improve integrated Primary Care and community health workforce through the recruitment of Primary Care, Behavioral Health and Dental service providers and other needed health care providers in the proposed HEZ.

Measure of Success: Increased access to integrated primary care, behavioral health and dental health services, which decreases unnecessary ED usage and preventable hospital readmissions.

Objective	Program Activities/Action Steps	Expected Outcome	Data Evaluation and Measurement	Organization/Person Responsible	Timeframe
Recruit (6) Primary Care Independent Practitioners	MedStar St. Mary's Hospital Recruitment Process Execution with HEZ Advisory Board Support. EMR Credit and Loan Repayment Incentive Offered	Primary Care Provider to HEZ Patient Ratio of 1:3,000	Number of new primary care providers with established practices or joining group practices or clinics by discipline.	MedStar St. Mary's Hospital, HEZ Project Director, HEZ Advisory Board	(2) Recruited in Year 1, (3) Recruited in Year 2, (1) Recruited in Year 4
Recruit (1) Psychiatrist	Walden Sierra Inc. and MedStar St. Mary's Collaborate on Hiring Processes. EMR Credit and Loan Repayment Incentive Offered	Increased access to Psychiatry Service	1) Number of individual patients served. 2) Number of separate patient encounters annually.	Walden Sierra Inc. Executive Director	Psychiatrist Recruited in Year 1
Recruit (2) Licensed Social Workers	Walden Sierra Inc. and MedStar St. Mary's Collaborate on Hiring Processes. EMR Credit and Loan Repayment Incentive Offered	Increased access to Behavioral Health Support Services	1) Number of individual patients served. 2) Number of separate patient encounters annually.	Walden Sierra Inc. Executive Director	(2) Recruited in Year 1

Integrated Care Model Team Training	Clinical Intergrated Care Team Training through National Council on Behavioral Healthcare with MedStar St. Mary's/Walden/Greater Baden Staff	Trained and experienced Integrated Care Team ready for implementation in the Lexington Park Community Health Center	Number and type of health care provider, professionals and community health workers trained in integrated care.	HEZ Project Director	Q2-Q4 Year 1
Hire Behavioral Health Interventionist	Walden Sierra Inc. Hiring Processes	On staff Behavioral Health Interventionist with Walden Sierra that will partner on Integrated Care Model with participating Primary Care providers in the HEZ	1)Number of patients that receive SBIRTS while visiting primary care 2)Number of patients eligible for grant-funded therapy. 3)Number of behavioral health consults provided to primary care providers regarding possible behavioral health needs of patients	Walden Sierra Inc. Executive Director	Q4 Year 1
Transition Mobile Medical Van into a Mobile Dental Van	MedStar St. Mary's Hospital Procurement Process	Fully operational Mobile Dental Van capable of patient services, including cleanings, fillings, extractions and other minor dental procedures	1) Number of individual patients served. 2) Number of separate patient encounters annually. 3) Number and type of service provided.	MedStar St. Mary's Hospital, Director of Health Connections	Retrofitting and Transition in Year 1
Recruit and Utilize Volunteer Dentist and Dental Hygenists	MedStar St. Mary's Hospital Recruitment Process with Health Department Technical Assistance	Monthly dental clinics provided to the uninsured and adults Medical Assistance patients with unmet dental needs	1)Number of volunteer dentist and dental hygenist hours per year.	Director of Health Connections, MedStar St. Mary's Hospital and St. Mary's County Health Officer	Implementation is Years 2-4
Goal #2: Reduce unnecessary ED usage for Hypertension/High Blood Pressure, Asthma, Diabetes and Behavioral Health issues at MedStar St. Mary's Hospital that translate into reduced unnecessary health care costs for the local, state and federal health care system.					
Measure of Success: Reduced occurrence of ED usage by HEZ residents for complications of Asthma (by 4% by 2015), Diabetes (by 5% by 2015) and Hypertension/High Blood Pressure (by 7% by 2015). Reduce readmissions for COPF and CHF by 10% by 2016.					
Objective	Program Activities/Action Steps	Expected Outcome	Data Evaluation and Measurement	Organization/ Person Responsible	Timeframe

<p>Capitalize on integrated team model to reduce ED visits</p>	<p>Enhancement and Maintenance of protocols/processes for hardest to reach patients/most frequent ED users, integrated team meetings and enhanced electronic data sharing</p>	<p>Reduction of ED visits and Increased Information Sharing between practitioners and patients.</p>	<p>1) Number of integrated team meetings; 2) number of patients staffed at meetings; 3) ED usage patterns of staffed patients</p>	<p>Medstar St. Mary's Hospital, Greater Baden, Walden Sierra</p>	<p>Years 1-4</p>
<p>Establish a Community Health Worker Program</p>	<p>Develop a Community Health Worker (CHW) Program inclusive of Care Coordinators and Lay Health Promoters following CDC policy brief: "Addressing Chronic Disease through Community Health Workers"</p>	<p>Established CHW (local) Program Guidance, outlining recruitment, implementation and evaluation procedures. (2) Care Coordinators Hired to Oversee CHW Program</p>	<p>1) Number of hours spent on recruitment efforts of Lay Health Promoters. 2) Number of hours spent on training efforts of Lay Health Promoters. 3) Number of residents reached through the CHW program. 4) Referral point for residents reached by CHW (ED, Primary Care, Behavioral Health, Community Referral). 5) Type of primary health issues addressed by CHW or Lay Health Promoter.</p>	<p>MedStar St. Mary's Hospital, Director of Health Connections with Technical Assistance provided by St. Mary's County Health Department and the Minority Outreach Coalition</p>	<p>Program Development Year 1, Program Implementation Years 2-4</p>
<p>Universal use of Mental Health First Aid USA intervention by Lay Health Promoters</p>	<p>Provide Mental Health First Aid USA training to lay health promoter cadre, offered at minimum annually</p>	<p>Increase in Mental Health/Behavioral Health literacy among community health workers; increased willingness to engage community member regarding behavioral health and recommend professional or peer support</p>	<p>1) Number of trainings offered; 2) Number of CHWs completing training; 3) Training evaluation data</p>	<p>Walden Sierra, Medstar St. Mary's Hospital</p>	<p>Year 1, ongoing as needed</p>

Recruit Lay Health Promoters	Utilize the Minority Outreach Coalition and Faith-based Leaders for Recruitment Efforts	Trained Lay Health Promoters that are culturally competent for the HEZ population.	1) Number of Lay Health Promoters Trained. 2) Age, race and gender of Lay Health Promoters Recruited. 3) Number and hours of culturally competency trainings provided.	MedStar St. Mary's Hospital, Director of Health Connections, Walden Sierra with Technical Assistance provided by St. Mary's County Health Department and the Minority Outreach	Year 1, ongoing as needed
Environmental Housing Assessment Program Implementation	Train Housing Authority site-inspectors to deliver Environmental Health Assessments following the RACES Program-- spell out this acronym!!	Housing Authority staff trained to implement RACES Program with the potential to implement is 680 homes annually.	1) Number of checklists completed annually. 2) Number of Community Health Worker visits provided through Housing Authority program annually. 3) Number of follow-up interactions with Care Coordinators for asthma.	HEZ Project Director and Director of the St. Mary's County Housing Authority	Training Year 1 Implementation in Years 2-4
Deliver the Mind, Body and Soul Program (American Cancer Society) in faith-based organizations/churches.	Utilize the Minority Outreach Coalition and Faith-based Leaders for Program Delivery	Increase in HEZ residents with reporting healthier dietary habits.	1) Number of program participants. 2) Race, Age and Gender of each program participant. 3) Number of participants report positive dietary changes during a 3 month follow-up call.	HEZ Project Director with Technical Assistance from the Minority Outreach Coalition	Training Year 1 Implementation in Years 2-4
Recruit Barbershops for Hypertension Detection, Referral, and Follow-Up Centers for Black/African American Men	Train Lay Health Promoters to deliver Blood Pressure Screenings in HEZ Barbershops and record readings. All readings above 140/90 will receive a clinical follow-up call from Care Coordinators.	Decrease in HEZ Black/African American men that go with undetected or uncontrolled Hypertension/High Blood Pressure	1) Number of screening provided. 2) Number of follow-up calls provided. 3) Number of clinical linkages provided to uninsured individuals to HEZ primary care providers.	HEZ Project Director with Technical Assistance from the Minority Outreach Coalition	Training Year 1 Implementation in Years 2-4

Goal #3: Improve health outcomes for racial and ethnic minority populations in the proposed HEZ through the implementation of promising and practice based approaches for delivering culturally competent integrated healthcare that will lead to increased access to preventive health screenings and early disease detection.

Measure of Success: Increased positive feedback from HEZ healthcare consumer focus groups regarding cultural competency of the local healthcare system. (Measure 2013 Feedback to 2016)					
Develop a Cultural Competency Working Group	Establish a working group that includes representatives from the HEZ community, Minority Outreach Coalition, Faith-based Organizations and Health and Human Services providers.	Diverse and HEZ representative Work Group that will coordinate and oversee cultural and linguistic competency training, program health literacy and facilitation of language line placements.	1) Number of Working Group representatives. 2) Number of meetings held annually with meeting minute documentaiton. 3) Number of participants in culturally competency Focus Groups held with results. 4) Number of cultural and linguistic strategies employed and evaluated in the HEZ .	HEZ Project Director	Established Year 1 Implementation Years 2-4
Cultural Competency Trainings to local Healthcare and Human Services Providers following DHMH Cultural, Linguistic and Health Literacy Competency Standards	Utilize the Minority Outreach Coalition and other community group (trained and qualified) representatives to deliver cultural competency trainings.	HEZ healthcare and human service providers highly aware and engaged in delivering culturally and linguistically competent care and programs that reflect the health literacy of the HEZ population.	Number and type of health care provider, professionals and community health workers trained in cultural competency.	HEZ Project Director with Technical Assistance from the Minority Outreach Coalition and St. Mary's County Health Department	Trainings Years 1-4
Installation of Language Lines	Install Language Lines in all healthcare and human service provider offices, pharmacies and other health and wellness sites. Informal community leaders will be recruited and used to promote the new technology.	Increase in HEZ residents with language barriers accessing care through the utilization of language lines and incresed trust in the same population through outreach and promotion from information community leaders.	1) Number of lines installed and number of patient encounters annually with type of language accessed. 2) Number and ethnicity of informal leaders recruited.	HEZ Project Direct with Technical Assistance from MedStar St. Mary's Hospital	Years 1-2
Goal #4: Increase community resources in the proposed HEZ that will facilitate access to local health care and human services and will improve the built environment of the HEZ.					
Measure of Success: Decrease in residents reporting transportation and social barriers to health. (As measured by consumer focus group survey results in 2013 compared to same survey in 2016.					
Objective	Program Activities/Action Steps	Expected Outcome	Data Evaluation and Measurement	Organization/Person Responsible	Timeframe

Purchase Medical Van	MedStar St. Mary's Hospital Procurement Process	Purchased 12 Passenger Van, 10 Ambulatory/2 Wheel Chair Areas	Number of days in operations.	MedStar St. Mary's Hospital, Director of Health Connections	Purchase Van in Year 1
Hire 1 Full-time Mobile Medical Van Driver, 1 Part-time Driver	MedStar St. Mary's Hospital Hiring Process	Qualified Driver on Staff with MedStar St. Mary's Hospital	Number of hours worked annually.	Director of Health Connections, MedStar St. Mary's Hospital	Hiring in Year 1
Create a Mobile Medical Route in the HEZ	HEZ Consortium Define Route and Execute Communications Campaign on New Transportation Resource	Designated route inclusive of health providers, human services, pharmacies, healthy food outlets, gyms and parks	1) Total number of individual transports per month. 2) Total number of disabled individual receiving transports per month. 3) Number of drop-offs per site. 4) Race and gender of residents accessing services.	HEZ Project Director and Director of Health Connections, MedStar St. Mary's Hospital	Implementation in Years 2-4
Establish linkages to local Human Services at the Lexington Park Community Health Center	Provide accessible and expedited referral and application processes for the Dept. of Social Services, Aging and Human Services and Jobs Connections	Greater number of residents linked to public programs, including medical assistance, disability services, children and family services and job connections.	1) Number of residents requesting information or referrals for human services other than health care. 2) Number and type of linkages facilitated.	HEZ Project Director with Health Department, Social Services and Aging and Human Services Support	Establishment in Year 3

Cherry Cove
LAND
DEVELOPMENT



21165 Great Mills Road
Lexington Park, MD 20653

November 13, 2012

Ms. Jaclyn Shaw
MedStar, St. Mary's Hospital
Leonardtown, Md 20650

Ms. Shaw:

This letter is to confirm our commitment to the Health Enterprise Zone initiative by offering reduced market rate rent for the new medical office building to be located in the heart of the proposed Zone. Cherry Cove Land Development is developing a 40,000 square foot office facility on Great Mills Road (MD Route 2456). We intend break ground on this facility in midsummer of 2013 and expect to complete construction in the second quarter of 2014.

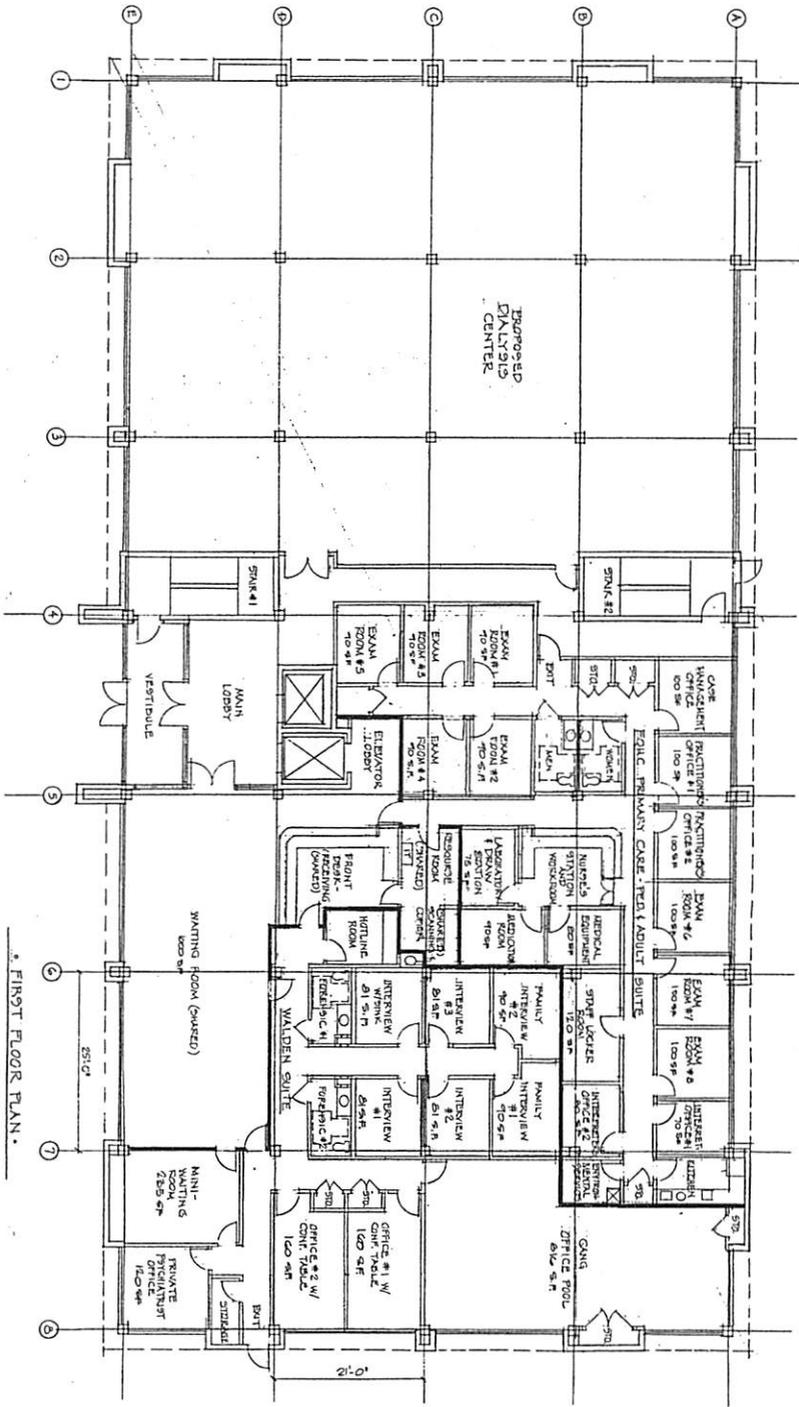
Planning for the design of this facility has been cooperative effort between our architect and representatives of MedStar St. Mary's Hospital, Walden-Sierra and other health providers who are collaborating to enhance the availability of medical services in Lexington Park. Initial plans suggest that 18,000 of the 40,000 square foot facility will be needed to support a new medical office for the coalition of providers MedStar St. Mary's Hospital has created for this purpose. Cherry Cove will offers 18,000 square feet of the new building to the coalition of health care providers at a rate of \$16.00 per square foot in the form of a triple net lease. This rate is fixed for the term of the health enterprise zone or five years whichever is longer. Should the coalition of providers require additional space, the same rate will be offered based on space availability. Other tenants in the building will be offered a rate of \$21.00 per square foot for a triple net lease, subject to terms agreed to in the lease for noncompeting tenants.

Additionally, Cherry Cove Land Development, Inc. agrees to provide MedStar St. Mary's Hospital's coalition of health providers a complimentary additional 300 square feet of space to accommodate Child Protective Services with like terms on duration and payment of taxes and insurance as the rest of the space.

We look forward to continuing to work in partnership with you and the coalition of health care providers you have organized to enhance access to quality health care services for the Lexington Park community.

Sincerely,

Brian K. Norris
Chief Executive Office
Cherry Cove Land Development, Inc.



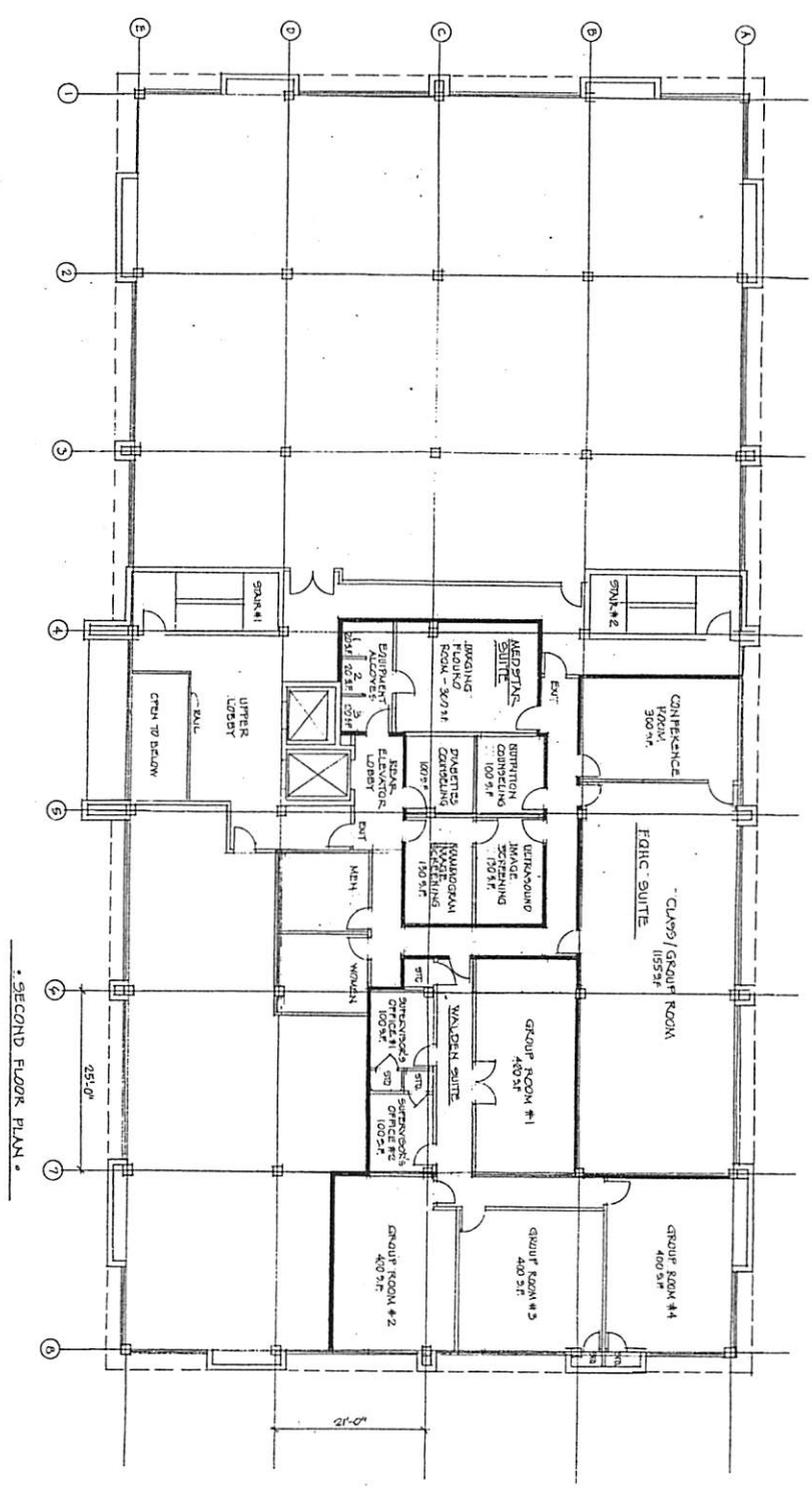
• FIRST FLOOR PLAN •

COLLINS & KRONSTADT
LEAHY
HOGAN
COLLINS
DRAPER
LLP



ARCHITECTS
 1111
 SPRING STREET
 SILVER SPRING
 MARYLAND
 20910
 301 567-8842
 301 589-7285 (fax)
 ck.ah@vrfzon.net

PROJECT NUMBER
 GREAT MILLS
 MEDI CAL CENTER
LOCATION
 WASHINGTON
 MARYLAND
DRAWN BY
DATE DRAWN
DATE ISSUED
SCALE
 1/8" = 1'-0"
STAMP
SHEET TITLE
 FIRST FLOOR
 PLAN
SHEET NUMBER
 A-1



* SECOND FLOOR PLAN *

COLLINS & KRONSTADT
LEAHY HOGAN COLLINS DRAPER LLP



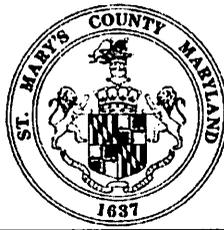
ARCHITECTS
 1111
 SPRING STREET
 SILVER SPRING
 MARYLAND
 20910
 301 587-8642
 301 589-7285 FAX
 ck.aha@verizon.net

PROJECT NUMBER
PROJECT
 GREAT MILLS
 MEDICAL CENTER
LOCATION
 SOUTHERN
 MARYLAND
DRAWN BY
DATE DRAWN
DATE ISSUED
SCALE
 1/8"=1'-0"
STAMP

SHEET TITLE
 SECOND FLOOR
 PLAN
SHEET NUMBER
 A-2



**ST. MARY'S COUNTY GOVERNMENT
DEPARTMENT OF
PUBLIC WORKS & TRANSPORTATION**
George A. Erichsen, P.E., Director



BOARD OF COUNTY COMMISSIONERS:
Francis Jack Russell, President
Lawrence D. Jarboe, Commissioner
Cynthia L. Jones, Commissioner
Todd B. Morgan, Commissioner
Daniel L. Morris, Commissioner

Memo:

To: John Savich, Count Administrator

From: Jacqueline Fournier, Transportation Manager

Date: November 2, 2012

Re: Cost estimate for Med Star bus

Currently, St. Mary's Transit System (STS) provides Public transportation and ADA (Americans with Disabilities) transportation in the Lexington Park-California corridor for the St. Mary's County citizens. There are several public transportation routes that are able to connect with the Great Mills Routes which addresses the Lexington Park-California corridor in order for citizens to have transportation service to Great Mills Road.

In the future, it is recommended that transportation could also be addressed by providing a medical route provided by Med Star in St. Mary's County to transport seniors and persons with disabilities to the new medical center on Great Mills Road.

The new medical center could be addressed five (5) days a week for a period of 8 hours, operating transportation services from 8 am to 5 pm. The estimated cost for small bus ten (10) ambulatory and two (2) wheel chair placements is \$55,000, which includes four (4) extra-long seat belts, basic exterior lettering (Med Star), a rear emergency door, two (2) heated and remote mirrors, independent four way flashers, two yellow flashing lights on the rear of the bus, a Braun lift with two Q-strait Tie Down Systems. The size of this bus would only require a class "C" driver's license and not required a Commercial Driver's license; therefore the driver would be exempt from drug and alcohol testing unless directed by Med Star.

• One (1) Small bus 10/2*	\$55,000.
Monthly cost:	
• Driver's Monthly salary with fringe benefits-40 hours/week	\$1,100.
• Office Administrator's monthly salary with fringe benefits	\$3,300.
• Fuel & Lubrication average monthly costs	\$1,500.
• Vehicle Maintenance average monthly costs	\$1,500.
• Cell phone monthly costs	\$100.
• Insurance costs-yearly	\$1700.
Total monthly expenditures costs without bus cost	\$7,700.
Total annual expenditures costs without bus cost	\$92,000

*Replace bus in 12 years.

CC: George Erichsen, Director of Public Works & Transportation
Lori Harris, Director of Department of Aging & Human Services

Topic/Service	Method	Cost	Total Cost
Defining and Implementing an Integrated Care Model with Walden Sierra <ul style="list-style-type: none"> • Models of Integration • Staff Roles • Consumer Involvement • Polices and Procedures • Clinical interventions 	2 day, face to face workshop for administrators, medical providers and clinical staff based on agenda	\$1,875/day for each consultant; two consultants for two days on-site;	\$7,500
	Product: Integrated Strategic Plan with Implementation Benchmarks	6 hours off site @ \$185/hour	\$1,100
Support for Changes Necessary	Coaching Calls 1 hours/month for six months	\$185/hour	1,100
Quarterly On-Site Visits to Review (Topics of Contractors Choice Implementation) and Make Recommendations	1 day for one Consultant	\$1,875/day X 2 visits	\$3,750
1 Day Final On Site Visit to Hand Off Implementation to Organizations	1 day each for two Consultants	\$1,875/day x 2	\$3,750
Total Costs			\$17,200

Propose Consultants: Kathleen M. Reynolds and Joan Kenerson King – Resumes Attached.

MH/Primary Care Integration Options

Function	Minimal Collaboration	Basic Collaboration from a Distance	Basic Collaboration On-Site	Close Collaboration/Partly Integrated	Fully Integrated/Merged
THE CONSUMER and STAFF PERSPECTIVE/EXPERIENCE					
Access	Two front doors; consumers go to separate sites and organizations for services	Two front doors; cross system conversations on individual cases with signed releases of information	Separate reception, but accessible at same site; easier collaboration at time of service	Same reception; some joint service provided with two providers with some overlap	One reception area where appointments are scheduled; usually one health record, one visit to address all needs; integrated provider model
Services	Separate and distinct services and treatment plans; two physicians prescribing	Separate and distinct services with occasional sharing of treatment plans for Q4 consumers	Two physicians prescribing with consultation; two treatment plans but routine sharing on individual plans, probably in all quadrants;	Q1 and Q3 one physician prescribing, with consultation; Q2 & 4 two physicians prescribing some treatment plan integration, but not consistently with all consumers	One treatment plan with all consumers, one site for all services; ongoing consultation and involvement in services; one physician prescribing for Q1, 2, 3, and some 4; two physicians for some Q4: one set of lab work
Funding	Separate systems and funding sources, no sharing of resources	Separate funding systems; both may contribute to one project	Separate funding, but sharing of some on-site expenses	Separate funding with shared on-site expenses, shared staffing costs and infrastructure	Integrated funding, with resources shared across needs; maximization of billing and support staff; potential new flexibility
Governance	Separate systems with little of no collaboration; consumer is left to navigate the chasm	Two governing Boards; line staff work together on individual cases	Two governing Boards with Executive Director collaboration on services for groups of consumers, probably Q4	Two governing Boards that meet together periodically to discuss mutual issues	One Board with equal representation from each partner
EBP	Individual EBP's implemented in each system;	Two providers, some sharing of information but responsibility for care cited in one clinic or the other	Some sharing of EBP's around high utilizers (Q4) ; some sharing of knowledge across disciplines	Sharing of EBP's across systems; joint monitoring of health conditions for more quadrants	EBP's like PHQ9; IDDT, diabetes management; cardiac care provider across populations in all quadrants
Data	Separate systems, often paper based, little if any sharing of data	Separate data sets, some discussion with each other of what data shares	Separate data sets; some collaboration on individual cases	Separate data sets, some collaboration around some individual cases; maybe some aggregate data sharing on population groups	Fully integrated, (electronic) health record with information available to all practitioners on need to know basis; data collection from one source

HEZ Program Coordinator

Position Description

GENERAL DESCRIPTION:

The Program Coordinator under the direction of the Director of Health Connections is responsible for the day to day planning and coordination of the activities specified in the MedStar St. Mary's Hospital Health Center HEZ project. The grant period is January 2014 through January 2014.

RESPONSIBILITY CRITERIA:

Administrative Role:

- With Director, establishes vision, operating principles and plan for HEZ project and leads implementation and development.
- Collaborate with staff and director to develop goals, action plans, outcomes measures, and evaluation methodology.
- Monitors and evaluates effectiveness of HEZ project activities and makes and/or recommends program changes.
- Assumes accountability for achievement of specific goals/objectives
- Maintains program performance data and provides quarterly reporting to Director of Health Connections, staff, physicians, and HEZ partners.
- Collect program evaluation data and prepare the quarterly and final program reports as prescribed by grant reporting requirements.
Assist in the management of the grant budget.
- Assist in recruitment and retention of primary health care professionals.
- Coordinate community meetings, including preparing meeting agendas. scheduling meeting space, sending meeting notices, assure all meeting materials are prepared for participants, facilitate meeting discussion, assure meeting follow up is completed and minutes are distributed.
- Work with HEZ Partners in the greater Lexington Park area as well as, Community stakeholders in the greater Lexington Park area to achieve the program objectives.
- Assure the tasks listed in the grant work plan are planned, coordinated with all participants, and accomplished.

ATTRIBUTES:

- Regular attendance at work.
- Demonstrates effective organizational skills.
- Clear communication.
- Accepts constructive criticism and adjusts to change.
- Demonstrates effective and professional presentation skills.
- Regular attendance at department meetings.
- Actively participates in HEZ Advisory Board committee meetings.
- Prioritizes departmental resources.

HEZ Program Coordinator Position Description

- Initiates/participates in program and HEZ projects to improve systems for delivery of patient care.
- Act as a role model by using positive and professional interpersonal skills.
- Effective time management skills.
- Fiscally responsible with grant funds.

Maintains established hospital and departmental policies and procedures, objectives, which include adherence to HIPPA guidelines, confidentiality, quality improvement program, compliance, safety, infection control and environmental standards.

Maintain professional growth and development through attendance at seminars, workshops, conferences or in-services, professional affiliations or journals to stay abreast of current trends in field of expertise.

Meet annual competency and retraining requirements.

Attend meetings as required.

Perform other functions/duties as requested.

GENERAL PHYSICAL REQUIREMENTS:

Light work: Exerting up to 20 pounds of force occasionally and/or a negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of force greater than that for Sedentary Work and the employee sits most of the time, the job is rated for light work.

PHYSICAL ACTIVITIES:

Reaching: Extending hand(s) and arm(s) in any direction.

Standing: Particularly for sustained periods of time. Walking: Moving about on foot to accomplish tasks, particularly for long distances or moving from one work site to another.

Lifting: raising objects from a lower to a higher position or moving objects horizontally from position- to-position. This factor is important if it occurs to a considerable degree and requires the substantial use of the upper extremities and back muscles.

HEZ Program Coordinator Position Description

Talking: Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other employees accurately, loudly, or quickly.

Hearing: Perceiving the nature of sounds at normal speaking levels or without correction. Ability to receive detailed information thought oral communication, and make fine discriminations in sound.

Repetitive motions: Substantial movements (motions) of the wrists, hands, and/or fingers. **VISUAL ACUITY:**

The employee is required to have close visual acuity to perform an activity such as: preparing and analyzing data and figures; transcribing; viewing a computer terminal; expansive reading; visual inspection involving small defects, small parts and/or operation of machines (including inspection); using measurement devices; and/or assembly of fabrication of parts at distances close to the eyes.

WORKING CONDITIONS:

The employee is subject to both environmental conditions: Activities occur inside and outside.

The employee is exposed to infectious diseases.

QUALIFICATIONS:

Masters in Public Health (MPH), or a closely related field.

Minimum of (6) years of experience in public health administration, public health management, or related field required.

Demonstrated excellence in leadership skills, supervision, written and oral communication, and public health competence in care management required.

Demonstrated knowledge of community resources and ability to work in a community setting is required.

Previous experience in collaborating with Human Services agencies and behavioral health entities.

Self-motivated with the ability to practice independently

HEZ Clinical Care Coordinator Position Description

Under the direction of the Director and within established organizational and departmental policies and procedures, provide clinical care coordination services to the Community Health Center recipients/consumers. The clinical care coordinator is responsible for the integrated primary and behavioral healthcare coordination and linkage of services for the prescribed population.

RESPONSIBILITY CRITERIA:

Clinical:

- In a team environment, assists to lead the development of a community care management program.
- Establishes strong working relationships with community health and human service providers, including establishing a data base of services and establishing referral networks.
- In collaboration with physicians and staff, creates clinical pathways for community care management.
- Administers direct patient care and maintain clinical skills per clinical care coordinator job description.
- Functions as a clinical resource to care managers, physicians, and nursing staff.
- Demonstrates knowledge of and participates in the development and promotion of the Standards of Practice for Case Management.
- Actively participates in the Care Management processes that may be, but not limited to, Microsystems initiatives. Utilize QI data as a basis for assisting with the implementation of changes in practice.
- Initiates referrals to appropriate support services.
- With hospital Case Management services, establishes transition plans for patients who are being discharged from the hospital.
- Participates, and demonstrates competency in, Clinical Microsystems initiatives.

ATTRIBUTES:

- Coordinates and provides for the ongoing education and training for Community Care Management staff. including software education and training as it relates to Care .
- Coordinates regular (such as daily) huddles with primary care team, providing real-time updates and individual patient plan adjustments.
- Coordinates care management services with other Community Health Center programs and with community programs to best meet the patient care objectives.

HEZ Clinical Care Coordinator Position Description

- Identifies actual and potential problems and resolves them with positive interaction and negotiation.
- Communicates effectively and clarifies issues and problems with the Director and staff.
- Actively participates in Community HEZ Consortium meetings.
- Prioritizes departmental resources.
- Initiates/participates in program and Community Health Center projects to improve systems for delivery of patient care.
- Act as a role model by using positive and professional interpersonal skills.

Maintains established hospital and departmental policies and procedures, objectives, which include adherence to HIPPA guidelines, confidentiality, quality improvement program, compliance, safety, infection control and environmental standards.

Maintain professional growth and development through attendance at seminars, workshops, conferences or in-services, professional affiliations or journals to stay abreast of current trends in field of expertise.

Meet annual competency and retraining requirements.

Attend meetings as required.

Perform other functions/duties as requested.

GENERAL PHYSICAL REQUIREMENTS:

Light work: Exerting up to 20 pounds of force occasionally and/or a negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of force greater than that for Sedentary Work and the employee sits most of the time, the job is rated for light work.

PHYSICAL ACTIVITIES:

Reaching: Extending hand(s) and arm(s) in any direction.

Standing: Particularly for sustained periods of time. Walking: Moving about on foot to accomplish tasks, particularly for long distances or moving from one work site to another.

HEZ Clinical Care Coordinator Position Description

Lifting: raising objects from a lower to a higher position or moving objects horizontally from position- to-position. This factor is important if it occurs to a considerable degree and requires the substantial use of the upper extremities and back muscles.

Talking: Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other employees accurately, loudly, or quickly.

Hearing: Perceiving the nature of sounds at normal speaking levels or without correction. Ability to receive detailed information through oral communication, and make fine discriminations in sound.

Repetitive motions: Substantial movements (motions) of the wrists, hands, and/or fingers. **VISUAL ACUITY:**

The employee is required to have close visual acuity to perform an activity such as: preparing and analyzing data and figures; transcribing; viewing a computer terminal; expansive reading; visual inspection involving small defects, small parts and/or operation of machines (including inspection); using measurement devices; and/or assembly of fabrication of parts at distances close to the eyes.

QUALIFICATIONS:

Graduate of an approved accredited nursing school required. Bachelor of Science in Nursing (BSN) required. Masters in nursing, health administration, public health, management, or related preferred.

Current Maryland licensure to practice as a registered nurse (RN) is required.

A minimum of three (3) years in clinical case management experience required.

Demonstrated excellence in leadership skills, supervision, written and oral communication, and clinical competence in care management required.

Demonstrated knowledge of community resources and ability to work in a community setting is required.

Demonstrated proficiency using electronic medical records and other software required.

Lay Health Promoter Role Description

GENERAL DESCRIPTION:

The lay health promoter will give face to face advice to individuals to produce strategic policies for health promotion. They may set up schemes designed to promote a healthy lifestyle, carry them through and assess afterwards whether they were successful.

The lay health promoter will work with a wide range of audiences including MedStar St. Mary's Hospital as well as the HEZ partners, workplaces, neighborhoods, local retailers and cultural communities. They will educate on a number of different issues such as drug misuse, the dangers of smoking or excessive alcohol consumption, healthy eating and sexual health.

RESPONSIBILITY CRITERIA:

Due to the diverse nature of the job there is no standard role but typical activities may include:

- developing policies and strategies for promoting health at local level; planning, developing, implementing, monitoring, and evaluating projects to promote health improvement;
- facilitating and supporting a wide range of statutory, voluntary, charitable, and commercial organizations in their delivery of health promotion activities;
- developing the health skills of individuals, groups and organizations and empowering them to make healthy choices;
- leading, supporting, or cooperating in multi-agency projects to promote a healthy context or social environment;
- running training courses and workshops in areas such as mental health, accident prevention, cancers and heart disease;
- developing and supporting local partnerships to broaden the local response to health inequalities;
- identifying training needs arising from strategic and local agendas and developing and delivering appropriate training for people such as health professionals and volunteers;
- providing specialist advice and resources to other agencies, such as schools and local communities;

Lay Health Promoter Role Description

- ensuring that work is underpinned by sound, up-to-date knowledge of health promotion theory and making sure that projects are based on evidence of effectiveness;
- lobbying for increased recognition of preventative and promotional measures that can take place at a population level and which have a positive impact on the health of a community;
- writing and producing leaflets, posters, videos and brochures to aid health promotion in different environments.

ATTRIBUTES:

- Regular attendance at work.
- Demonstrates effective organizational skills.
- Clear communication.
- Accepts constructive criticism and adjusts to change.
- Demonstrates effective and professional presentation skills.
- Regular attendance at department meetings.
- Prioritizes departmental resources.
- Initiates/participates in program and HEZ projects to improve systems for delivery of patient care.
- Act as a role model by using positive and professional interpersonal skills.
- Effective time management skills.

Maintains established hospital and departmental policies and procedures, objectives, which include adherence to HIPPA guidelines, confidentiality, quality improvement program, compliance, safety, infection control and environmental standards.

Maintain professional growth and development through attendance at seminars, workshops, conferences or in-services, professional affiliations or journals to stay abreast of current trends in field of expertise.

Meet annual competency and retraining requirements.

Attend meetings as required.

Perform other functions/duties as requested.

Lay Health Promoter Role Description

GENERAL PHYSICAL REQUIREMENTS:

Light work: Exerting up to 20 pounds of force occasionally and/or a negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of force greater than that for Sedentary Work and the employee sits most of the time, the job is rated for light work.

PHYSICAL ACTIVITIES:

Reaching: Extending hand(s) and arm(s) in any direction.

Standing: Particularly for sustained periods of time. Walking: Moving about on foot to accomplish tasks, particularly for long distances or moving from one work site to another.

Lifting: raising objects from a lower to a higher position or moving objects horizontally from position- to-position. This factor is important if it occurs to a considerable degree and requires the substantial use of the upper extremities and back muscles.

Talking: Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other employees accurately, loudly, or quickly.

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WORKING CONDITIONS:

The employee is subject to both environmental conditions: Activities occur inside and outside.

The employee is exposed to infectious diseases.

Lay Health Promoter Role Description

PREFERRED SKILLS:

- Must be a resident of the greater Lexington Park area
- Familiar with community resources as well as proficient health literacy
- Comfortable with public speaking in a community-based setting



CCC CLIENTS

Training, Technical Assistance, Writing, Research and Consulting on Cultural Competence, Community Interpreting and Language Access

- Federal agencies and programs (e.g., U.S. Office for Victims of Crime; U.S. Air Force; U.S. Joint Special Operations University)
- National nonprofit agencies, including National Council on Interpreting in Health Care, Volunteers in Health Care, Boat People S.O.S., American Translators Association, International Rescue Committee)
- International, national and smaller language companies, such as Lionbridge, NetworkOmni and dozens of regional and local companies.
- State agencies, including Maryland Departments of Aging, Health and Mental Hygiene and Human Resources; Ohio Office of Criminal Justice Services, New Jersey Department of Health and Senior Services
- Local government agencies in several states, including New York City Mayor's Office, city and county agencies, health and human service agencies, police departments, infants and toddlers programs, commissions on aging, volunteer programs, citizen services, victim services, etc.
- Large health care organizations such as Kaiser Permanente, Florida Hospital; Phoenix Children's Hospital; Temple University Health System, PA; Johns Hopkins University School of Medicine, Baltimore; Providence Hospital, Washington, D.C. as well as health departments, community health centers (FQHCs), clinics and health systems.
- Regional state nonprofit agencies (e.g., Mid-Atlantic Public Health Training Center; Family Planning Council; Maryland Association of Nonprofit Organizations) and nonprofit coalitions in Florida, Maryland, Indiana, Ohio, Washington, D.C
- Legal services organizations, including legal aid bureaus and agencies specialized in services to Latinos and Asians.
- Local nonprofit agencies in several states, including domestic violence and sexual assault centers, refugee resettlement, immigrant services, crisis intervention, community action councils and faith-based organizations
- Conference workshops commissioned by interpreting associations in many states, e.g., Kentucky, Ohio, California (CHIA and HCIN), Massachusetts, Atlanta and Nebraska.
- Two- and four-year colleges (including Johns Hopkins University School of Medicine); continuing education programs; immigrant schools and public K-12 schools
- Conference presentations, including several keynotes: Israel National Institute for Health Policy; Fourth, Fifth and Sixth National Conferences on Quality Health Care for Diverse Populations; several health disparities conferences; International Medical Interpreters Association; American Translators Association; state interpreter associations; University of CA; Center for Poverty Solutions; TESOL; Maryland Coalition for Immigrants and Refugees; pro bono lawyers groups; and many others.

For more information, please visit www.cultureandlanguage.net

10015 Old Columbia Road, Suite B-215, Columbia MD 21046 ▪ Voice: 410.312.5599 ▪ Fax: 410.750.0332



SAMPLE TRAININGS, PRESENTATIONS AND SEMINARS PROVIDED BY CCC

INTERPRETING and TRANSLATION

- *THE COMMUNITY INTERPRETER* (40 hour certificate program)
- *The Community Interpreter Training of Trainers* (four-day and six-day programs)
- *THE LANGUAGE OF JUSTICE* (three-day legal interpreting program)
- *The Language of Justice Training of Trainers* (two-day and five-day programs)
- Medical Terminology for Interpreters (one-day workshop)
- Introduction to Medical Interpreting (one to two days)
- Introduction to Community Interpreting (one to two days)
- Advanced Skills (I and II) for Community/Healthcare Interpreters
- Cultural Mediation for Medical Interpreters
- Educational Terminology for Interpreters
- Mental Health Interpreting
- Dual Role Interpreters in Health Care
- Interpreting in Educational Settings

CULTURAL COMPETENCE

- Cultural Competence in Health Care
- Culturally and Linguistically Appropriate (CLAS) Services
- Train-the-trainers programs for cultural competence (health care; aging services; victim services), from 2 to 5 days long
- Cultural Competence in Victim Services
- Cultural Competence and End of Life services
- Cultural Competence and HIV/AIDS
- Cultural Competence and Crisis Intervention
- Cultural Competence for Legal Services/Legal Aid
- Other specialized areas of cultural competence (e.g., nurse case management, family planning, etc.)
- Grand Rounds presentations on cultural competence
- Improving Access to Aging Services for LEP Residents

LANGUAGE ACCESS

- How to Work with an Interpreter (for providers and front-line staff)
- Language Access Laws: Practical Steps to Support Compliance
- How to Find and Recruit Interpreters
- Recruiting Bilingual Staff and Volunteers

BUDGET FOR ENTIRE PROJECT PERIOD

	YEAR 1	YEAR 2	Year 3	Year 4	Year 5	
grand totals	\$28,384	\$28,952	\$29,531	\$30,121	\$57,412	
A. SALARY	TOTAL SALARY & BENEFITS	\$22,707	\$23,161	\$23,625	\$24,097	\$45,929
	(place data only in grey boxes)					
A. SALARY	\$88,067	\$89,829	\$91,625	\$93,458	\$95,327	
% Effort	15%	15%	15%	15%	\$362,978	
Months per year of effort	12.00	12.00	12.00	12.00	\$95,327	
Calendar months	1.80	1.80	1.80	1.80	0.00	
Salary	\$13,210	\$13,474	\$13,744	\$14,019	\$54,447	
Benefits Rate	40.0%	40.0%	40.0%	40.0%	\$0	
Benefits	\$5,284	\$5,390	\$5,498	\$5,607	\$21,779	
Total Salary & Bene	\$18,494	\$18,864	\$19,241	\$19,626	\$76,225	
					\$0	
A. SALARY	\$150,487	\$153,477	\$156,546	\$159,677	\$162,871	
% Effort	2%	2%	2%	2%	20%	
Months per year of effort	12	12	12	12	12	
Calendar months	0.24	0.24	0.24	0.24	2.40	
Salary	\$3,009	\$3,070	\$3,131	\$3,194	\$12,403	
Benefits Rate	40.0%	40.0%	40.0%	40.0%	\$32,574	
Benefits	\$1,204	\$1,228	\$1,252	\$1,277	\$4,961	
Total Salary & Bene	\$4,213	\$4,297	\$4,383	\$4,471	\$17,365	
					\$45,929	
					\$17,365	
B. CONSULTANTS	\$0	\$0	\$0	\$0	\$0	
C. EQUIPMENT: (each must be >\$1k (no indirects))	\$0	\$0	\$0	\$0	\$0	
D. SUPPLIES (includes equipment <\$1000)	\$0	\$0	\$0	\$0	\$0	
E. TRAVEL (see below)	\$0	\$0	\$0	\$0	\$0	
F. OTHER	\$0	\$0	\$0	\$0	\$0	
H. ALTERATIONS AND RENOVATIONS	—none—	—none—				
TOTAL MEDSTAR DIRECT COSTS	\$22,707	\$23,161	\$23,625	\$24,097	\$45,929	
Total Direct Costs for indirects (excludes equipment)	\$22,707	\$23,161	\$23,625	\$24,097	\$45,929	
F&A (on MHRI directs)	\$5,677	\$5,790	\$5,906	\$6,024	\$11,482	
Rate	25.0%				\$93,590	
TOTAL PROPOSED BUDGET	\$28,384	\$28,952	\$29,531	\$30,121	\$57,412	

\$116,988

The contact information to use as a reference for the quotes below is Independent Dental, Inc., reps name is John @ 1-800-728-0020.

Below is a list of items recommended for startup of a mobile dental "office":

DentalEZ Advantage Patient Chair	\$2,198.00
Heritage Mobile Doctor's Cart	\$765.00
Portable Assistant' Chair (2)	\$1350.00
Mobile Dental Delivery System VE-3	\$4,570.00
NOMAD Dental Handheld X-ray System	\$6,995.00 +/- (Potentially find
refurbished unit or purchase a wall/ceiling mounted unit for +/- \$3,000.00)	
Clio #2 Digital X-ray System	\$7,996.00
Tattnaur 1730Mk Sterilizer	\$1,649.00
LFII Unit Mount Light	\$898.00
Wykle Mutispeed Amalgamator	\$440.00
Demetron 405 Curing Light	\$398.00
SP200 Combo Scaler/Polisher	\$1,430.00
Cavitron SPS (Gen 119)	\$1,550.00
Handpiece Cleaning and Lubrication System	\$810.00
Ultrasonic Cleaner System	\$515.00
High Speed Handpiece (4)	\$179.00
<u>Low Speed Handpiece (4)</u>	<u>\$179.00</u>
Total for Large/Small Equipment	\$31,922.00

There are also 23 different scaler/explorer/curette instruments and mirrors that can be purchased to make a set for each patient. These instruments are auto-clavable and depending upon the patient volume, you may want to have 4 or 5 sets of approximately 8 - 12 items. Total - \$825.00 (\$165.00/set). The products would be MD dependent, but all are priced between \$10.00 - \$16.00. A lead apron and will also need to be purchased. They cost approximately \$190.00.

Total for products recommended is \$ 32,937.00.



November 14, 2012

Walden Sierra- HEZ Project Budget Request

	Year 1	Year 2	Year 3	Year 4
Project Coordination and Management	6,250	6,250	6,250	6,250
Walden EMR Expansion - ePrescribe, eLabs, additional customization	25,000			
Training - Clinical Staff to attend the integration training.	4,400			
Telepsychiatry Equipment	8,500			
Loan Repayment Program - Social Workers, Psychiatrist				
CHRC Grant - Mental Health Services for the uninsured. 1 Psychiatric Intake/wk; 6 Psych Med Mgmt/wk; 1 MH Therapy Intake/wk; 8 MH Therapy Sessions/wk *	39,000	78,000	39,000	19,500
Behavioral Health Interventionist (CHRC ends June 30, 2013)	36,000	72,000	73,800	75,600
Mental Health First Aid (2 Trainings/year - with up to 25/training)	10,000	10,000	10,000	10,000
Total Annual Walden Grant Amount	129,150	166,250	129,050	111,350

* Services for uninsured patients are reduced beginning in 2015 as Healthcare Reform expands and reduces the number of uninsured clients. We continue to expect to see some uninsured based on the population type.

Kathleen O'Brien, Ph.D., CEO
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