

STEWARD HEALTH CARE SYSTEM LLC

**DON APPLICATION # -20092415-HS
SUBSTANTIAL CAPITAL EXPENDITURE
MORTON HOSPITAL**

October 23, 2020

BY

**STEWARD HEALTH CARE SYSTEM LLC
1900 North Pearl Street, Suite 2400
Dallas, TX 75201**

STEWARD HEALTH CARE SYSTEM LLC
APPLICATION # -20092415-HS

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ATTACHMENT 1

DoN APPLICATION FORM



Massachusetts Department of Public Health

Determination of Need

Application Form

Version: 11-8-17

Application Type:	Hospital/Clinic Substantial Change in Service	Application Date:	10/08/2020 11:00 am
Applicant Name:	Steward Health Care System LLC		
Mailing Address:	1900 N. Pearl Street, Suite 2400		
City:	Dallas	State:	Texas
		Zip Code:	75201
Contact Person:	Andrew Levine, Esq.	Title:	Attorney
Mailing Address:	One Beacon Street, Suite 1320		
City:	Boston	State:	Massachusetts
		Zip Code:	02108
Phone:	6175986700	Ext:	
E-mail:	alevine@barrettsingal.com		

Facility Information

List each facility affected and or included in Proposed Project

1 Facility Name:	Morton Hospital		
Facility Address:	88 Washington Street		
City:	Taunton	State:	Massachusetts
		Zip Code:	02780
Facility type:	Hospital	CMS Number:	220073
Add additional Facility		Delete this Facility	

1. About the Applicant

1.1 Type of organization (of the Applicant):	for profit
1.2 Applicant's Business Type:	<input type="radio"/> Corporation <input type="radio"/> Limited Partnership <input type="radio"/> Partnership <input type="radio"/> Trust <input checked="" type="radio"/> LLC <input type="radio"/> Other
1.3 What is the acronym used by the Applicant's Organization?	
1.4 Is Applicant a registered provider organization as the term is used in the HPC/CHIA RPO program?	<input checked="" type="radio"/> Yes <input type="radio"/> No
1.5 Is Applicant or any affiliated entity an HPC-certified ACO?	<input checked="" type="radio"/> Yes <input type="radio"/> No
1.5.a If yes, what is the legal name of that entity?	Steward Health Care Network, Inc.
1.6 Is Applicant or any affiliate thereof subject to M.G.L. c. 6D, § 13 and 958 CMR 7.00 (filing of Notice of Material Change to the Health Policy Commission)?	<input type="radio"/> Yes <input checked="" type="radio"/> No
1.7 Does the Proposed Project also require the filing of a MCN with the HPC?	<input type="radio"/> Yes <input checked="" type="radio"/> No

1.8 Has the Applicant or any subsidiary thereof been notified pursuant to M.G.L. c. 12C, § 16 that it is exceeding the health care cost growth benchmark established under M.G.L. c. 6D, § 9 and is thus, pursuant to M.G.L. c. 6D, §10 required to file a performance improvement plan with CHIA? ☐ Yes ☒ No

1.9 Complete the Affiliated Parties Form

2. Project Description

2.1 Provide a brief description of the scope of the project.

See Attached Narrative.

2.2 and 2.3 Complete the Change in Service Form

3. Delegated Review

3.1 Do you assert that this Application is eligible for Delegated Review? ☐ Yes ☒ No

4. Conservation Project

4.1 Are you submitting this Application as a Conservation Project? ☐ Yes ☒ No

5. DoN-Required Services and DoN-Required Equipment

5.1 Is this an application filed pursuant to 105 CMR 100.725: DoN-Required Equipment and DoN-Required Service? ☐ Yes ☒ No

6. Transfer of Ownership

6.1 Is this an application filed pursuant to 105 CMR 100.735? ☐ Yes ☒ No

7. Ambulatory Surgery

7.1 Is this an application filed pursuant to 105 CMR 100.740(A) for Ambulatory Surgery? ☐ Yes ☒ No

8. Transfer of Site

8.1 Is this an application filed pursuant to 105 CMR 100.745? ☐ Yes ☒ No

9. Research Exemption

9.1 Is this an application for a Research Exemption? ☐ Yes ☒ No

10. Amendment

10.1 Is this an application for a Amendment? ☐ Yes ☒ No

11. Emergency Application

11.1 Is this an application filed pursuant to 105 CMR 100.740(B)? ☐ Yes ☒ No

12. Total Value and Filing Fee

Enter all currency in numbers only. No dollar signs or commas. Grayed fields will auto calculate depending upon answers above.

Your project application is for: Hospital/Clinic Substantial Change in Service

12.1 Total Value of this project:

\$6,807,000.00

12.2 Total CHI commitment expressed in dollars: (calculated)

\$340,350.00

12.3 Filing Fee: (calculated)

\$13,614.00

12.4 Maximum Incremental Operating Expense resulting from the Proposed Project:

\$7,191,653.00

12.5 Total proposed Construction costs, specifically related to the Proposed Project, If any, which will be contracted out to local or minority, women, or veteran-owned businesses expressed in estimated total dollars.

13. Factors

Required Information and supporting documentation consistent with 105 CMR 100.210

Some Factors will not appear depending upon the type of license you are applying for.

Text fields will expand to fit your response.

Factor 1: Applicant Patient Panel Need, Public Health Values and Operational Objectives

F1.a.i Patient Panel:

Describe your existing Patient Panel, including incidence or prevalence of disease or behavioral risk factors, acuity mix, noted health disparities, geographic breakdown expressed in zip codes or other appropriate measure, demographics including age, gender and sexual identity, race, ethnicity, socioeconomic status and other priority populations relevant to the Applicant's existing patient panel and payer mix.

See Attached Narrative.

F1.a.ii Need by Patient Panel:

Provide supporting data to demonstrate the need for the Proposed Project. Such data should demonstrate the disease burden, behavioral risk factors, acuity mix, health disparities, or other objective Patient Panel measures as noted in your response to Question F1.a.i that demonstrates the need that the Proposed Project is attempting to address. If an inequity or disparity is not identified as relating to the Proposed Project, provide information justifying the need. In your description of Need, consider the principles underlying Public Health Value (see instructions) and ensure that Need is addressed in that context as well.

See Attached Narrative.

F1.a.iii Competition:

Provide evidence that the Proposed Project will compete on the basis of price, total medical expenses, provider costs, and other recognized measures of health care spending. When responding to this question, please consider Factor 4, Financial Feasibility and Reasonableness of Costs.

See Attached Narrative.

F1.b.i Public Health Value /Evidence-Based:

Provide information on the evidence-base for the Proposed Project. That is, how does the Proposed Project address the Need that Applicant has identified.

See Attached Narrative.

F1.b.ii Public Health Value /Outcome-Oriented:

Describe the impact of the Proposed Project and how the Applicant will assess such impact. Provide projections demonstrating how the Proposed Project will improve health outcomes, quality of life, or health equity. Only measures that can be tracked and reported over time should be utilized.

See Attached Narrative.

F1.b.iii Public Health Value /Health Equity-Focused:

For Proposed Projects addressing health inequities identified within the Applicant's description of the Proposed Project's need-base, please justify how the Proposed Project will reduce the health inequity, including the operational components (e.g. culturally competent staffing). For Proposed Projects not specifically addressing a health disparity or inequity, please provide information about specific actions the Applicant is and will take to ensure equal access to the health benefits created by the Proposed Project and how these actions will promote health equity.

See Attached Narrative.

F1.b.iv Provide additional information to demonstrate that the Proposed Project will result in improved health outcomes and quality of life of the Applicant's existing Patient Panel, while providing reasonable assurances of health equity.

See Attached Narrative.

F1.c Provide evidence that the Proposed Project will operate efficiently and effectively by furthering and improving continuity and coordination of care for the Applicant's Patient Panel, including, how the Proposed Project will create or ensure appropriate linkages to patients' primary care services.

See Attached Narrative.

F1.d Provide evidence of consultation, both prior to and after the Filing Date, with all Government Agencies with relevant licensure, certification, or other regulatory oversight of the Applicant or the Proposed Project.

See Attached Narrative.

F1.e.i Process for Determining Need/Evidence of Community Engagement: For assistance in responding to this portion of the Application, Applicant is encouraged to review *Community Engagement Standards for Community Health Planning Guideline*. With respect to the existing Patient Panel, please describe the process through which Applicant determined the need for the Proposed Project.

See Attached Narrative.

F1.e.ii Please provide evidence of sound Community Engagement and consultation throughout the development of the Proposed Project. A successful Applicant will, at a minimum, describe the process whereby the "Public Health Value" of the Proposed Project was considered, and will describe the Community Engagement process as it occurred and is occurring currently in, at least, the following contexts: Identification of Patient Panel Need; Design/selection of DoN Project in response to "Patient Panel" need; and Linking the Proposed Project to "Public Health Value".

See Attached Narrative.

Factor 2: Health Priorities

Addresses the impact of the Proposed Project on health more broadly (that is, beyond the Patient Panel) requiring that the Applicant demonstrate that the Proposed Project will meaningfully contribute to the Commonwealth's goals for cost containment, improved public health outcomes, and delivery system transformation.

F2.a **Cost Containment:**

Using objective data, please describe, for each new or expanded service, how the Proposed Project will meaningfully contribute to the Commonwealth's goals for cost containment.

See Attached Narrative.

F2.b **Public Health Outcomes:**

Describe, as relevant, for each new or expanded service, how the Proposed Project will improve public health outcomes.

See Attached Narrative.

F2.c **Delivery System Transformation:**

Because the integration of social services and community-based expertise is central to goal of delivery system transformation, discuss how the needs of their patient panel have been assessed and linkages to social services organizations have been created and how the social determinants of health have been incorporated into care planning.

See Attached Narrative.

Factor 3: Compliance

Applicant certifies, by virtue of submitting this Application that it is in compliance and good standing with federal, state, and local laws and regulations, including, but not limited to M.G.L. c. 30, §§ 61 through 62H and the applicable regulations thereunder, and in compliance with all previously issued notices of Determination of Need and the terms and conditions attached therein .

F3.a Please list all previously issued Notices of Determination of Need

Add/Del Rows	Project Number	Date Approved	Type of Notification	Facility Name
<input type="checkbox"/> <input type="checkbox"/>	4-3B98	07/14/2011		St. Elizabeth's Medical Center
<input type="checkbox"/> <input type="checkbox"/>	4-3B98	06/14/2012	Amendment	St. Elizabeth's Medical Center
<input type="checkbox"/> <input type="checkbox"/>	4-3B98	08/20/2013	Amendment	St. Elizabeth's Medical Center
<input type="checkbox"/> <input type="checkbox"/>	4-3B98	02/13/2014	Amendment	St. Elizabeth's Medical Center
<input type="checkbox"/> <input type="checkbox"/>	4-3B98	04/09/2015	Amendment	St. Elizabeth's Medical Center
<input type="checkbox"/> <input type="checkbox"/>	4-3B98/ 18092615-AM	01/25/2019	Amendment	St. Elizabeth's Medical Center

Factor 4: Financial Feasibility and Reasonableness of Expenditures and Costs

Applicant has provided (as an attachment) a certification, by an independent certified public accountant (CPA) as to the availability of sufficient funds for capital and ongoing operating costs necessary to support the Proposed Project without negative impacts or consequences to the Applicant's existing Patient Panel.

F4.a.i **Capital Costs Chart:**

For each Functional Area document the square footage and costs for New Construction and/or Renovations.

[illegible]

F4.a.ii For each Category of Expenditure document New Construction and/or Renovation Costs.

	Category of Expenditure	New Construction	Renovation	Total (calculated)
	Land Costs			
	Land Acquisition Cost			
	Site Survey and Soil Investigation			
	Other Non-Depreciable Land Development			
	Total Land Costs			
	Construction Contract (including bonding cost)			
	Depreciable Land Development Cost			
	Building Acquisition Cost			
	Construction Contract (including bonding cost)		\$5705000.	\$5705000.
	Fixed Equipment Not in Contract		\$292500.	\$292500.
	Architectural Cost (Including fee, Printing, supervision etc.) and Engineering Cost		\$645500.	\$645500.
	Pre-filing Planning and Development Costs		\$164000.	\$164000.
	Post-filing Planning and Development Costs			
Add/Del Rows	Other (specify)			
<input type="button" value="+"/> <input type="button" value="-"/>				
	Net Interest Expensed During Construction			
	Major Movable Equipment			
	Total Construction Costs		\$6807000.	\$6807000.
	Financing Costs:			
	Cost of Securing Financing (legal, administrative, feasibility studies, mortgage insurance, printing, etc			
	Bond Discount			
Add/Del Rows	Other (specify)			
<input type="button" value="+"/> <input type="button" value="-"/>				
	Total Financing Costs			
	Estimated Total Capital Expenditure		\$6807000.	\$6807000.

Factor 5: Relative Merit

F5.a.i Describe the process of analysis and the conclusion that the Proposed Project, on balance, is superior to alternative and substitute methods for meeting the existing Patient Panel needs as those have been identified by the Applicant pursuant to 105 CMR 100.210(A)(1). When conducting this evaluation and articulating the relative merit determination, Applicant shall take into account, at a minimum, the quality, efficiency, and capital and operating costs of the Proposed Project relative to potential alternatives or substitutes, including alternative evidence-based strategies and public health interventions.

Proposal:

See Attached Narrative.

Quality:

See Attached Narrative.

Efficiency:

See Attached Narrative.

Capital Expense:

See Attached Narrative.

Operating Costs:

See Attached Narrative.

List alternative options for the Proposed Project:

Alternative Proposal:

See Attached Narrative.

Alternative Quality:

See Attached Narrative.

Alternative Efficiency:

See Attached Narrative.

Alternative Capital Expense:

See Attached Narrative.

Alternative Operating Costs:

See Attached Narrative.

Add additional Alternative Project

Delete this Alternative Project

F5.a.ii Describe the process of analysis and the conclusion that the Proposed Project, on balance, is superior to alternative and substitute methods for meeting the existing Patient Panel needs as those have been identified by the Applicant pursuant to 105 CMR 100.210(A)(1). When conducting this evaluation and articulating the relative merit determination, Applicant shall take into account, at a minimum, the quality, efficiency, and capital and operating costs of the Proposed Project relative to potential alternatives or substitutes, including alternative evidence-based strategies and public health interventions.

See Attached Narrative.

Documentation Check List

The Check List below will assist you in keeping track of additional documentation needed for your application. Once you have completed this Application Form the additional documents needed for your application will be on this list. E-mail the documents as an attachment to: DPH.DON@state.ma.us

- ☒ Copy of Notice of Intent
- ☒ Affidavit of Truthfulness Form
- ☒ Scanned copy of Application Fee Check
- ☒ Affiliated Parties Table Question 1.9
- ☒ Change in Service Tables Questions 2.2 and 2.3
- ☒ Certification from an independent Certified Public Accountant
- ☒ Current IRS Form, 990 Schedule H CHNA/CHIP and/or Current CHNA/CHIP submitted to Massachusetts AGO's Office
- ☐ Community Engagement Stakeholder Assessment form
- ☒ Community Engagement-Self Assessment form

Document Ready for Filing

When document is complete click on "document is ready to file". This will lock in the responses and date and time stamp the form.

To make changes to the document un-check the "document is ready to file" box. Edit document then lock file and submit

Keep a copy for your records. Click on the "Save" button at the bottom of the page.

To submit the application electronically, click on the "E-mail submission to Determination of Need" button.

This document is ready to file:



Date/time Stamp: 10/08/2020 11:00 am

E-mail submission to
Determination of Need

Application Number: -20092415-HS

Use this number on all communications regarding this application.

☒ Community Engagement-Self Assessment form

ATTACHMENT 2

DoN NARRATIVE

2.1 Provide a brief description of the scope of the project.

Steward Health Care System LLC (“Applicant”) located at 1900 N. Pearl Street, Suite 2400, Dallas, TX 75201 is filing a Notice of Determination of Need (“Application”) with the Massachusetts Department of Public Health (“Department” or “DPH”) for a substantial change in service by Morton Hospital (“Hospital”) located at 88 Washington Street, Taunton, MA 02780. The Hospital is an acute care community hospital that primarily serves southeastern Massachusetts. As a small community hospital, the Hospital does not have a dedicated substance use services unit. Accordingly, patients who present to the Hospital in need of detoxification or other substance use disorder services must either be transferred to a facility with SUD services, or must be treated in a medical/surgical inpatient bed for detoxification. The Hospital seeks to add a 32-bed Level 4 Medically Managed Intensive Inpatient Unit for substance use disorder (“SUD”) treatment at the Hospital (“Proposed Project”).

Through the Proposed Project, the Applicant will address the need for Level 4 Medically Managed Intensive substance use disorder (“SUD”) beds in the Commonwealth, as the Commonwealth continues to experience high rates of SUD with inadequate access to services, particularly Level 4 SUD services. Level 4 services provide the most intensive level of care, including 24/7 nursing care and daily physician care in a hospital setting. This level of care is appropriate for individuals with a SUD and a co-occurring medical condition that presents risk for more severe withdrawal symptoms requiring frequent medical attention. Currently, there are no Level 4 beds in Southeastern Massachusetts. Accordingly, through the Proposed Project the Applicant will increase access to Level 4 SUD treatment services for both the Applicant’s patient panel as well as individuals residing in Southeastern Massachusetts. The Proposed Project will allow the Applicant to provide more comprehensive SUD treatment to its patient panel and provide much-needed resources for this service in the Southeastern region of Massachusetts.

Overall, the Applicant anticipates that implementation of the Proposed Project will significantly improve the Level 4 bed capacity and the Applicant’s ability to serve as a regional resource for Southeastern Massachusetts while meaningfully contributing to the Commonwealth’s goals for cost containment and improved public health outcomes. Overall healthcare costs decrease when individuals can access the appropriate level of care in a timely manner. Moreover, access to Level 4 SUD services in Southeastern Massachusetts prevents costly transfers to other regions of the state to obtain these services. Finally, the Hospital’s plans and processes for linking individuals to community resources for continued SUD treatment upon discharge will encourage continued treatment, resulting in lower overall healthcare costs. With the implementation of the Proposed Project, patients will receive the appropriate level of care, resulting in better patient experience and improved health outcomes. Accordingly, the Applicant requests approval to add a 32-bed licensed Level 4 Medically Managed Intensive Inpatient Unit for SUD treatment at Morton Hospital.

F1.a.i**Patient Panel:**

Describe your existing Patient Panel, including incidence or prevalence of disease or behavioral risk factors, acuity mix, noted health disparities, geographic breakdown expressed in zip codes or other appropriate measure, demographics including age, gender and sexual identity, race, ethnicity, socioeconomic status and other priority populations relevant to the Applicant’s existing patient panel and payer mix.

A. Steward Health Care System, LLC

The Applicant is a for-profit healthcare services company that delivers high-quality care through a large network of acute care hospitals, urgent care centers, and physician practices. Specifically, Steward operates 37 community hospitals across nine states and the country of Malta, and over 25 urgent care centers. Additionally, Steward has a number of preferred skilled nursing facilities. Across its network, Steward treats over 2.2 million patients annually and provides more than 12 million patient encounters per year. In Massachusetts, Steward operates 9 hospitals. For purposes of this Application, the Applicant relies on patient panel information for its Massachusetts entities (“Steward Northeast”)¹ to determine the need for the Proposed Project. Due to difficulties in aggregating data, the Applicant is providing separate data for Steward Northeast hospitals and Steward Medical Group (“SMG”).

Steward Northeast Hospitals Patient Panel

Steward Northeast hospitals serve a large and diverse patient panel, as demonstrated by the utilization data for the 36-month period covering Fiscal Year (“FY”) 17-19, and the first two quarters of FY20.² Appendix 3 provides this demographic profile for Steward Northeast hospitals in table form. In FY17, unique patients utilized Steward Northeast’s hospital services. This number increased in FY18 to unique patients, and slightly declined in FY19 to unique patients. Steward Northeast has seen 244,551 unique patients in the first two quarters of FY20. Steward Northeast’s patient mix consists of approximately 43% males and 56% females.

Steward Northeast hospital inpatient discharge data indicates a slight decline in inpatient discharges from FY17 to FY19. In FY17, there were 78,082 inpatient discharges, which decreased in FY18 to 77,454, and decreased again in FY19 to 76,315. In the first two quarters of FY20, there were 34,226 inpatient discharges from Steward Northeast hospitals.

Age demographics for all service lines for FY17-19 show that the majority of the encounters within Steward Northeast’s hospitals are for patients between the ages of 18-55 (46.2%, or 230,931 unique patients, in FY19). The next largest age cohort is patients that are over the age of 55 (43.4%, or 216,950 unique patients, in FY19). Subsequently, patients aged 0-17 accounted for 10.4%, or 51,948 unique patients, in FY19. Age demographics for FY20 show similar trends.

Steward Northeast’s hospital patient panel also reflects a mix of races. Data collected in FY19 based on patient self-reporting demonstrates that 67.2% of the total patient population identified as White; 11.3% identified as Black or African American; 2.9% identified as Asian; 0.2% identified as American Indian/Alaska Native; 0.1% identified as Native Hawaiian or Other Pacific Islander; and 7.6% either identified as Other, declined to respond, or the race/ethnicity is unknown.

The Applicant also reviewed origin data for the Steward Northeast’s hospital patient panel. Data from FY19 indicates that Steward Northeast’s hospital patient panel resides mainly in Massachusetts (92.3%). Zip code data indicates that 40% of the Steward Northeast patient panel resides in the top ten cities/towns within the Northeast and Southeast regions of the state:

¹ Hospitals include: Carney Hospital, Good Samaritan Medical Center, Holy Family Hospital, Morton Hospital, Nashoba Valley Medical Center, New England Sinai Hospital, Norwood Hospital, St. Anne’s Hospital, and St. Elizabeth’s Medical Center. Steward Northeast additionally includes Steward Medical Group, Steward Health Care System’s affiliated physician’s organization.

² Fiscal year January 1 – December 31.

Brockton (6.9%); Fall River (6.1%); Taunton (5.9%); Lawrence (4.3%); Haverhill (4.2%); Methuen (3.5%); Quincy (2.6%); New Bedford (2.6%); Stoughton (2.1%); and Dorchester Center (2.0%).

Finally, the Applicant reviewed its payer mix for Steward Northeast. Payer mix data for the past three fiscal years is outlined in Table 1 below.

Table 1: Steward Northeast Hospital Payer Mix Percentages³			
Category	FY17	FY18	FY19
Commercial ⁴	25.4%	24.1%	23.5%
Medicaid	8.4%	11.6%	12.0%
Managed Medicaid	13.1%	10.4%	9.5%
Medicare	39.4%	39.5%	39.4%
Managed Medicare	9.8%	10.5%	11.7%
All Other ⁵	3.9%	3.9%	3.9%
Total	100.0%	100.0%	100.0%

The Applicant further reviewed Steward Northeast's payer mix based on managed care contracts as outlined in Table 2 below.

Table 2: Steward Northeast Payer Mix by Managed Care Contracts			
	FY17	FY18	FY19
APM/ACO	57.1%	57.3%	56.8%
Non-APM/Non-ACO	42.9%	42.7%	43.2%

Steward Medical Group ("SMG") Patient Panel

SMG is the Applicant's affiliated physician's organization. SMG's physicians and advanced practitioners provide care to patients across eleven states, offering primary care and specialty services. For purposes of this Application, the Applicant has reviewed data for its Massachusetts SMG practice locations.

With 132 practice locations in Massachusetts, SMG serves a large and diverse patient panel, as demonstrated by the utilization data for the 36-month period covering Fiscal Year ("FY") 17-19, and the first quarter of FY20. Appendix 3 provides this demographic profile for SMG in table form.

SMG has seen an increase in utilization rates from FY17 to FY19, with 1,018,529 visits in FY17; 1,036,976 visits in FY18; and 1,089,123 visits in FY19. In the first quarter of FY20, there were 266,518 visits.

In FY17, 246,024 unique patients utilized SMG services. This number increased in FY18 to 246,929 unique patients and increased again in FY19 to 267,846 unique patients. SMG has seen

³ Entities include Steward Northeast hospitals (Carney Hospital, Good Samaritan Medical Center, Holy Family Hospital, Morton Hospital, Nashoba Valley Medical Center, New England Sinai Hospital, Norwood Hospital, St. Anne's Hospital, and St. Elizabeth's Medical Center).

⁴ "Commercial" includes, but is not limited to: Aetna, Blue Cross Blue Shield, Harvard Pilgrim Health Care, and Tufts Health Plan.

⁵ "All Other" includes, but is not limited to: Health Safety Net Free Care, Self-Pay, Other Government, and Worker's Compensation.

126,798 unique patients in the first quarter of FY20. Similar to Steward Northeast hospitals, SMG's patient mix consists of approximately 43% males and 57% females.

Age demographics for FY17-19 show that the majority of the encounters within SMG are for patients over the age of 55 (49.5%, or 132,657 unique patients, in FY19). The next largest age cohort is patients that are between the ages of 18 and 55 (45.9%, or 123,029 unique patients, in FY19). Subsequently, patients aged 0-17 accounted for 4.5%, or 12,160 unique patients, in FY19.

SMG's patient panel also reflects a mix of races. Data collected in FY19 based on patient self-reporting indicates that 54.4% of the total patient population identified as White; 12.0% identified as Hispanic/Latino; 2.8% identified as Black or African American; 1.6% identified as Asian; 0.1% identified as American Indian/Alaska Native; less than 0.1% identified as Native Hawaiian or Other Pacific Islander; and 29.3% identified as Other, declined to respond, or the race/ethnicity is unknown. The Applicant notes that this data is approximate as SMG uses multiple methods to collect race/ethnicity and there may be some overlap of categories based on patient self-reporting.

The Applicant also reviewed origin data for the SMG patient panel. Data from FY19 indicates that approximately 32.6% of SMG's patient panel resides in the top ten cities/towns within the Northeast and Southeast regions of the state: Brockton (5.5%); Taunton (5.2%), Fall River (4.1%), Lawrence (3.4%), Methuen (3.2%), Haverhill (3.1%), Brighton (2.8%), Stoughton (1.9%), Norwood (1.7%), and Middleboro (1.7%).

Finally, the Applicant reviewed SMG's payer mix for the past three fiscal years as outlined in Table 3 below.

Table 3: SMG Payer Mix Percentages			
Category	FY17	FY18	FY19
Commercial ⁶	7.1%	7.6%	8.2%
Medicaid	6.4%	10.5%	11.0%
Managed Medicaid	13.7%	8.4%	7.2%
Medicare	32.5%	32.3%	33.7%
Managed Medicare	34.6%	35.2%	34.4%
All Other ⁷	5.7%	6.0%	5.5%
Total	100.0%	100.0%	100.0%

The Applicant further reviewed SMG's payer mix based on managed care contracts as outlined in Table 4 below.

Table 4: SMG Payer Mix by Managed Care Contracts			
	FY17	FY18	FY19
APM/ACO	36.78%	34.92%	32.52%
Non-APM/Non-ACO	63.22%	65.07%	67.47%
Unknown	-	.01%	0.01%

⁶ "Commercial" includes, but is not limited to: Aetna, Blue Cross Blue Shield, Harvard Pilgrim Health Care, and Tufts Health Plan.

⁷ "All Other" includes, but is not limited to: Health Safety Net Free Care, Self-Pay, Other Government, and Worker's Compensation.

B. Morton Hospital

Morton Hospital (“MH” or “the Hospital”) is a 112-bed acute care community hospital located in Taunton that offers a continuum of services. The Hospital is part of the Steward Family Hospital network and is one of the 9 Steward hospitals located in Massachusetts. MH provides comprehensive health care services to patients and families in southeastern Massachusetts including emergency care, substance use disorder treatment, wound care, state-of-the-art imaging services, and a variety of surgical services. In addition, MH maintains partnerships with Level 1 trauma and academic medical centers, Massachusetts General Hospital and Brigham and Women’s Hospital.

Morton Hospital Patient Panel

Morton Hospital’s patient panel is located in table form in Appendix 3. The Hospital provides services to approximately 48,000 patients annually (50,718 patients in FY17; 48,601 patients in FY18; and 48,646 patients in FY19). In the first two quarters of FY20, the Hospital has seen 29,037 patients.

Demographics for Morton Hospital over the past three fiscal years demonstrate that MH’s patient population has a similar composition to the larger Steward Northeast patient panel with respect to gender, age, and race/ethnicity. Morton Hospital’s patient mix consists of approximately 44% males and 56% females. Age data for FY19 indicates the majority of MH’s patient panel is between the ages of 18-55 (45.3%, or 22,037 unique patients). Patients over the age of 55 account for 41.2% of MH’s patient panel, or 20,046 unique patients. Subsequently, 13.5%, or 6,563 unique patients, are between the ages of 0-17.

Morton Hospital’s patient panel reflects a mix of races. Data collected in FY19 based on patient self-reporting demonstrates that 82.5% of the total patient population identified as White; 8.3% identified as Black or African American; 4.0% identified as Hispanic or Latino; 0.8% identified as Asian; 0.2% identified as American Indian/Alaska Native; and 4.2% identified as Other, declined to respond, or race/ethnicity is unknown.

The Applicant also reviewed origin data for Morton Hospital’s patient panel. Zip code data from FY19 indicates that 78.5% of the Hospital’s patient panel resides in the top ten cities/towns within the Southeast region of the state: Taunton (44.5%); Middleboro (7.7%); Raynham (6.8%); East Taunton (4.5%); Lakeville (4.0%); Berkley (2.9%); Norton (2.2%); Bridgewater (2.1%); North Dighton (2.0%); and Fall River (1.8%).

The Hospital’s payer mix is outlined in Table 5 below.

Table 5: Morton Hospital Payer Mix Percentages			
Category	FY17	FY18	FY19
Commercial ⁸	23.1%	20.9%	21.3%
Medicaid	10.0%	14.1%	14.4%
Managed Medicaid	16.0%	10.6%	9.9%
Medicare	41.3%	43.8%	42.8%
Managed Medicare	5.3%	6.4%	7.6%

⁸ “Commercial” includes, but is not limited to: Aetna, Blue Cross Blue Shield, Harvard Pilgrim Health Care, and Tufts Health Plan.

All Other ⁹	4.2%	4.1%	4.1%
Total	100.0%	100.0%	100.0%

The Hospital's payer mix based on managed care contracts is outlined in Table 6 below.

Table 6: Morton Hospital Payer Mix by Managed Care Contracts				
	FY17	FY18	FY19	FY20 Q1
APM/ACO	25.0%	22.9%	23.0%	23.1%
Non-APM/Non-ACO	75.0%%	77.1%	77.0%%	76.9%

F1.a.ii Need by Patient Panel:

Provide supporting data to demonstrate the need for the Proposed Project. Such data should demonstrate the disease burden, behavioral risk factors, acuity mix, health disparities, or other objective Patient Panel measures as noted in your response to Question F1.a.i that demonstrates the need that the Proposed Project is attempting to address. If an inequity or disparity is not identified as relating to the Proposed Project, provide information justifying the need. In your description of Need, consider the principles underlying Public Health Value (see instructions) and ensure that Need is addressed in that context as well.

A. Substance Use Disorder Prevalence

Substance use disorders are prevalent in the United States. In 2018, based on responses to the *National Survey on Drug Use and Health* ("NSDUH"), nearly 1 in 13 people (approximately 20.3 million, or 7.4%, of the U.S. population) over the age of 12, have a substance use disorder.¹⁰ The most common substance of abuse is alcohol, with 14.8 million people meeting the criteria for alcohol use disorder.¹¹ Approximately 8.1 million people had an illicit drug use disorder.¹² Based on responses to the 2017 and 2018 *NSDUHs*, nearly 1 million individuals in Massachusetts had past month illicit drug use, and approximately 3.6 million individuals had past month alcohol use (1.8 million binge alcohol use).¹³ In that same time period in Massachusetts, an estimated 203,000 individuals received treatment for an illicit drug use disorder; 42,000 individuals received treatment for pain reliver use disorder; 396,000 individuals received treatment for alcohol use disorder; and 527,000 received treatment for a substance use disorder.¹⁴

While Massachusetts has taken great strides in addressing substance use disorders, there is still progress to be made. In FY17, there were 111,871 admissions to BSAS funded and/or licensed

⁹ "All Other" includes, but is not limited to: Health Safety Net Free Care, Other Government, Self-Pay, and Worker's Compensation.

¹⁰ SAMHSA, KEY SUBSTANCE USE AND MENTAL HEALTH INDICATORS IN THE UNITED STATES: RESULTS FROM THE 2018 NATIONAL SURVEY ON DRUG USE AND HEALTH (2019), *available at* <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf>.

¹¹ *Id.*

¹² *Id.*

¹³ SAMHSA, 2017-2018 *NSDUH State-Specific Tables*, Table 54: Massachusetts (Feb. 28, 2020), *available at* <https://www.samhsa.gov/data/report/2017-2018-nsduh-state-specific-tables>.

¹⁴ *Id.*

services.¹⁵ Despite the number of individuals treated for SUDs, based on 2017 and 2018 *NSDUHs*, approximately 181,000 individuals needed, but did not receive, treatment for illicit drug use; 357,000 individuals needed, but did not receive, treatment for alcohol use; and 472,000 individuals needed, but did not receive, treatment for substance use.¹⁶

Additionally, Massachusetts is continuing to monitor and combat the opioid epidemic. While year over year trends are showing a decrease in opioid-related deaths, rates of opioid overdose deaths continue to be significantly higher than those seen between 2000 and 2015.¹⁷ In 2019, there were 1,952 confirmed opioid-related overdose deaths, and DPH estimates there will be an additional 61 to 64 deaths once investigations are finalized.¹⁸ In the first three months of 2020, there have been 112 confirmed opioid-related overdose deaths, with another estimated 319 to 393 deaths expected.¹⁹ Fentanyl is a synthetic opioid with effects similar to heroin, and Massachusetts is experiencing high rates of use of illicitly-produced fentanyl. Among the 1,873 opioid-related overdose deaths in 2019 where a toxicology screen was available, 94% (1,752 deaths) had a positive screen result for fentanyl.²⁰ While these results are not indicative of the cause of death, there is evidence that the presence of fentanyl in opioid-related overdoses is increasing while the presence of heroin is decreasing, signifying a shift in drug use trends.²¹ Accordingly, while the incidence of individuals with SUDs may be declining, there are still significant numbers of SUD and deaths from overdose that must be addressed through increased capacity of inpatient treatment.

B. Access to Level 4 Treatment Services for Substance Use Disorder

Treatment for SUDs must be tailored to fit the patient's condition. Level 4 SUD treatment services represent the most intensive level of care, providing patients with 24/7 nursing care and daily physician care in a hospital setting. This level of care is reserved for individuals who are experiencing or are likely to experience withdrawal symptoms that are severe, constitute a risk to their health and well-being, and require frequent medical attention as a result of use of a psychoactive substance.²² Additionally, individuals suffering from a SUD and a co-morbidity meet the criteria for Level 4 services and their conditions can be more safely managed through Level 4 care.²³

To facilitate recovery, it is important that individuals with a SUD receive care in the right setting. When a patient presents to the ED and requires Level 4 services and there is no bed available at a Level 4 facility, the patient is admitted to a medical/surgical bed for detoxification services along with any other necessary medical care. Following detox, the patient no longer requires acute inpatient care and is discharged. While detox is an important first step to treatment and recovery, successful treatment often requires care provided by practitioners with specialized knowledge and training and must be followed up with other services across the continuum, including

¹⁵ BUREAU OF SUBSTANCE ABUSE SERVICES, DESCRIPTION OF ADMISSIONS, FACT SHEET – ALL ADMISSIONS (FY2017), *available at* <https://www.mass.gov/files/documents/2019/03/13/all-admissions.pdf>.

¹⁶ SAMHSA, *2017-2018 NSDUH State-Specific Tables*, *supra* note 13.

¹⁷ MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, DATA BRIEF: OPIOID-RELATED DEATHS AMONG MASSACHUSETTS RESIDENTS (June 2020), *available at* <https://www.mass.gov/doc/opioid-related-overdose-deaths-among-ma-residents-june-2020/download>.

¹⁸ *Id.*

¹⁹ *Id.*

²⁰ *Id.*

²¹ *Id.*

²² 105 C.M.R. 164.133(A)(1)(a) (2016).

²³ *See, e.g.*, CENTER FOR HEALTH INFORMATION AND ANALYSIS, ACCESS TO SUBSTANCE USE DISORDER TREATMENT IN MASSACHUSETTS15 (Apr. 2015), *available at* <https://www.chiamass.gov/assets/Uploads/SUD-REPORT.pdf>.

counseling, education, and connections to continuing care after discharge. Detox alone typically is not an effective long-term means of treating a substance use disorder and often results in relapse. Accordingly, there must be adequate capacity for each SUD level of care in order to provide individuals with safe and effective treatment at each stage of treatment and recovery.

Massachusetts currently has only 173 Level 4 licensed inpatient beds. Moreover, none of the existing Level 4 beds are located southeast of the Mass Pike, resulting in inadequate capacity for this level of substance use disorder treatment for an entire geographical population. Lack of access to Level 4 services close to home may prohibit some individuals from seeking treatment. For those individuals who are willing and able to travel for treatment, their treatment and recovery may be inhibited due to the inaccessibility of the treatment location to support persons such as relatives and friends. The existence of support persons during an individual's treatment and recovery significantly affects an individual's likelihood of a successful and long-lasting recovery.²⁴

Steward-affiliated entities have experienced increases in patients and inpatient admissions with a SUD over the past three fiscal years. SMG practices in Massachusetts have seen an increase in visits in which SUD was the patient's primary diagnosis (7,315 visits in FY17; 6,863 visits in FY18; and 7,670 visits in FY19). In the first quarter of FY20, SMG had 2,906 visits involving a patient with a primary diagnosis of SUD.

Steward Northeast hospitals also see significant numbers of SUD patients that require admission for SUD-related medical conditions. In FY17, Steward Northeast hospitals saw 8,863 patients with a SUD, of which 4,343 (49.0%) resulted in an inpatient admission for SUD. In FY18, there were 8,877 patients with a SUD, of which 4,030 (45.4%) resulted in an inpatient admission. In FY19, there were 7,922 patients with a SUD, of which 3,963 (50.0%) resulted in an inpatient admission. This trend is continuing in the first two quarters of FY20, with 3,655 patients diagnosed with a SUD, of which 1,810 (49.5%) of those resulted in an inpatient admission.

Specific to the Morton Hospital market, SMG practices geographically located in the Morton Hospital market, and therefore likely to refer patients with urgent needs to Morton Hospital, have experienced high rates of increases in patients with a SUD, with 458 patients in FY17; 547 patients in FY18; and 627 patients in FY19, representing an overall increase of 36.9%. With respect to the prevalence of SUD within Morton Hospital's inpatient patient panel, the number of patients with a SUD diagnosis was 855 in FY17; 903 in FY18; and 770 in FY19. In the first two quarters of FY20, there were 372 patients with a SUD diagnosis. Of these patients, approximately 20% required admission where SUD was a primary diagnosis (17.3% in FY17, 15.2% in FY18, 15.3% in FY19, and 21.8% in the first two quarters of FY20).

Tables 7, 8, and 9 below provide this information in table form.

Table 7: Historical Prevalence of SUD in the Steward Northeast Patient Panel

	FY17	FY18	FY19	FY20 Q2
Patients with SUD	8,863	8,877	7,922	3,655
Discharges with SUD as Primary Diagnosis	4,343	4,030	3,963	1,810

²⁴ See, e.g., Dennis C. Daley, *Family and Social Aspects of Substance Use Disorders and Treatment*, 21 J. FOOD AND DRUG ANALYSIS s73 (2013) and Alicia Ventura, *To Improve Substance Use Disorder prevention, Treatment and Recovery, Engage the Family*, 11 J. ADDICTION MED. 339 (2017).

Table 8: Historical Prevalence of SUD in the SMG Patient Panel

	FY17	FY18	FY19	FY20 Q1
SMG Patients	7,315	6,863	7,670	2,906
SMG Morton Market Patients	458	547	627	275

Table 9: Historical Prevalence of SUD in the Morton Hospital Patient Panel

	FY17	FY18	FY19	FY20 Q2
Patients with SUD	855	903	770	372
Discharges with SUD as Primary Diagnosis	148	137	118	81

Table 10 below provides anticipated demand for Level 4 beds. This table was developed based on an analysis of DRG codes from the most recent data available and represents admissions of patients whose diagnosis indicates a need for Level 4 services.²⁵

Table 10: Projected Demand for Level 4 SUD Services

	2019 (Actual)	2020 (Estimated)	2021 (Projected)	2022 (Projected)	2023 (Projected)	2024 (Projected)
Steward Northeast Hospitals	1,879	1,945	2,008	2,041	2,054	2,059
MA Hospitals Total	2,937	3,015	3,100	3,148	3,171	3,173

Based on the above information, the Applicant projects that a majority of referrals to the Level 4 SUD program (“MORCAP”), will originate from within the Steward Northeast system. However, MORCAP will be the only Level 4 unit in Southeastern MA, and thus also will be an important resource for patients residing in this geographic region.

Further, the need for Level 4 services is expected to grow as the population in Southeastern Massachusetts grows and ages. Population projections by the UMass Donahue Institute (“UMDI”) predict that the cities and towns within the Southeastern region will experience population increases in coming years.²⁶ Specifically, UMDI projects that the will have grown from approximately 1.11 million in 2010 to approximately 1.19 million by 2035, at which point nearly 24% of the population will be over the age of 65 (compared to 14% in 2010).²⁷ As compared to other regions, Southeastern MA will have a slightly older population, but is expected to show a relatively evenly distributed age profile, meaning that there will continue to be a significant number of younger and older adults through 2035.²⁸ Given that adults and older adults are affected by

²⁵ This analysis utilized FY2017 state-wide data procured from the Center for Health Information and Analysis.

²⁶ UMASS DONAHUE INSTITUTE, LONG-TERM POPULATION PROJECTIONS FOR MASSACHUSETTS REGIONS AND MUNICIPALITIES 57-59 (2015), available at http://pep.donahue-institute.org/downloads/2015/new/UMDI_LongTermPopulationProjectionsReport_2015%2004%20_29.pdf.

²⁷ *Id.*

²⁸ *Id.*

SUDs, these statistics suggest Southeastern MA will continue to have a need for SUD services into the future. Specific to Level 4 services, older adults with SUDs are more likely to have a co-morbidity and require the level of care provided in a Level 4 bed. Accordingly, as the population continues to age, so too, will the need for Level 4 services.

Table 11 describes the projected discharge volume at MORCAP following implementation of the Proposed Project.

Table 11: MORCAP Projected Level 4 SUD Discharge Volume

Year 1	Year 2	Year 3	Year 4	Year 5
1,947	2,044	2,141	2,239	2,336

F1.a.iii

Competition:

Provide evidence that the Proposed Project will compete on the basis of price, total medical expenses, providers costs, and other recognized measures of health care spending. When responding to this question, please consider Factor 4, Financial Feasibility and Reasonableness of Costs.

The expansion of SUD treatment services, through 32 Level 4 inpatient beds at Morton Hospital, will have a positive effect on competition in the Massachusetts health care market based on price, total medical expenses (“TME”), provider costs, or other recognized measures of health care spending. The Proposed Project seeks to address demand for Level 4 medically managed inpatient SUD services, and in turn, reduce costly medical expenses associated with alternatives, such as not receiving care in the most appropriate setting, being discharged against medical advice, or not receiving SUD treatment services at all.

One study of SUD care in community hospital inpatient settings across 12 states found that patients with a SUD were less likely to receive detoxification and rehabilitation services when admitted to a general medical-surgical bed in an acute care hospital without a specialized SUD or psychiatric unit.²⁹ Importantly, these patients were more likely to have a diagnosis of alcohol or drug psychosis or nondependent drug abuse, to have physical comorbidities, and to be age 64+,³⁰ likely meeting the criteria for Level 4 care. Moreover, patients with a SUD who are admitted to a general medical-surgical bed are less likely to have an interdisciplinary care team and therefore unlikely to receive linkages to appropriate follow-up care after discharge.³¹ In contrast, SUD patients treated in specialty units receive detoxification and other necessary ancillary medical care, as well as support services while in the inpatient setting and linkages to community support services upon discharge. Significantly, the study found that SUD patients in general medical-surgical beds cost more on average (\$10,840 to \$11,195) than SUD patients treated in psychiatric units (\$8,563) and detoxification units (\$7,595).³² SUD patients in medical-surgical beds also experienced longer average lengths of stay than those admitted to specialty units.³³ Moreover, SUD patients in medical-surgical beds were more likely to be transferred to another facility,³⁴

²⁹ U.S. AGENCY FOR HEALTHCARE RESEARCH AND QUALITY, TREATMENT FOR SUBSTANCE USE DISORDERS IN COMMUNITY HOSPITALS 10 (2010), *available at* <https://www.hcup-us.ahrq.gov/reports/SASpecUnitManuscriptHCUP083010.pdf>.

³⁰ *Id.* at 1.

³¹ *Id.* at 11.

³² *Id.* at 7.

³³ *Id.*

³⁴ *Id.* at 8.

thereby increasing overall costs through multiple care facilities and associated transport. Accordingly, treatment of SUD patients in general medical-surgical beds result in higher cost of care when compared to specialty units that can provide the level of multi-disciplinary care necessary for successful treatment and recovery.

In addition, continued substance abuse without proper treatment can result in the occurrence of other costly medical conditions, such as increased risk of lung or cardiovascular disease, stroke, cancer, and mental health disorders.³⁵ Each of these disease conditions contribute to higher health care costs. The Proposed Project will improve access to Level 4 medically managed inpatient beds, reducing the number of individuals who are treated in medical-surgical beds, and will provide interdisciplinary care necessary to holistically treat SUD patients. Accordingly, by providing care in a lower cost setting with specialized medical and support staff, health care costs for SUD services will decrease while quality of care and outcomes improve. The Proposed Project will therefore lead to reduced TME for the health care market.

**F1.b.i Public Health Value /Evidence-Based:
Provide information on the evidence-base for the Proposed Project. That is, how does the Proposed Project address the Need that Applicant has identified.**

The proposed inpatient addiction treatment program for patients with substance use disorders requiring Level 4 medically managed care is supported by evidence-based literature. Through the addition of this service, the Applicant will be able to ensure patients receive substance use treatment in an appropriate setting within the Hospital and provide increased access to higher severity substance use treatment programs for patients throughout the Applicant's patient panel and in southeastern Massachusetts.

A. Substance Use Disorders

Addiction is defined as "a chronic, relapsing disorder characterized by compulsive drug seeking and use despite adverse consequences."³⁶ Addiction can then develop into a substance use disorder. Substance Use Disorders ("SUDs") occur "when the repeated use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home."³⁷ SUDs can have serious, harmful effects on the body, and if left untreated, can lead to death.³⁸ According to the most recent data from the Bureau of Substance Abuse Services, in FY17, 80,896 individuals received substance abuse services in Massachusetts.³⁹ Five-year trends from FY14 to FY17 show a slight decline in admissions for alcohol, marijuana, and other opioids as the primary drug of use, while an increase is seen in admission for crack/cocaine, heroin, other sedatives/hypnotics, and other stimulants as a primary drug of use.⁴⁰ Moreover, year to year trends are showing an increase in the use of

³⁵ *Drugs, Brains, and Behavior: The Science of Addiction, What are the Other Health Consequences of Drug Addiction?*, NAT'L INST. ON DRUG ABUSE (July 2020), <https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/addiction-health>.

³⁶ *Drugs, Brains, and Behavior: The Science of Addiction, What is Drug Addiction?* NAT'L INST. ON DRUG ABUSE (July 2020), <https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/drug-misuse-addiction>

³⁷ *Mental Health and Substance Use Disorders*, SAMHSA (last updated Apr. 30, 2020), <https://www.samhsa.gov/find-help/disorders>.

³⁸ *Drugs, Brains, and Behavior: The Science of Addiction, What is Drug Addiction?*, *supra* note 36.

³⁹ BUREAU OF SUBSTANCE ABUSE SERVICES, GEOGRAPHIC FACT SHEETS (FY2017), *available at* <https://www.mass.gov/doc/admissions-statistics-statewide/download>.

⁴⁰ *Id.*

alcohol, crack/cocaine, and other stimulants.⁴¹ Specifically, in the Southeast region of Massachusetts, overall admissions for substance abuse treatment have increased, and trends show increased use of alcohol, crack/cocaine, other sedatives/hypnotics, and other stimulants.⁴² Accordingly, substance use disorders among various categories of substances are prevalent in Massachusetts and the Southeast region. As the consequences of an untreated SUD can be severe and life-threatening, access to treatment programs of various intensity is important for improved health outcomes.

B. Medically Managed Care as an Evidence-Based Approach to Effective Substance Use Disorder Treatment

Substance use disorder treatment must be tailored to meet an individual's needs. The American Society of Addiction Medicine ("ASAM") describes SUD treatment as a continuum of care, with four broad levels of care and an early intervention level.⁴³ The ASAM Criteria is widely-used guidance that allows clinicians to identify the most appropriate level of care through an assessment of the individual's needs. The lowest level of SUD treatment involves outpatient services, followed by intensive outpatient/partial hospitalization services. Level 3 SUD treatment includes a range of residential and inpatient hospitalization programs. Finally, the highest level of intervention for SUD treatment, Level 4, involves medically managed intensive inpatient services.⁴⁴ This level of care offers 24-hour nursing care and daily physician care, and is recommended for individuals with severe, unstable SUD conditions and complications with a co-occurring medical condition.⁴⁵

Detoxification is complex process that affects individuals differently dependent on the severity level of the SUD, as well as an individual's comorbidities. Specifically, individuals with a SUD who are also experiencing acute intoxication and/or withdrawal potential; co-occurring biomedical conditions and complications; and/or emotional, behavioral, or cognitive conditions and complications require the intensive medical inpatient services offered in a Level 4 treatment program.⁴⁶ Individuals at risk of withdrawal symptoms, such as seizures or delirium tremens, that may be exacerbated or further complicated due to co-occurring medical or psychiatric conditions require inpatient treatment to safely manage these withdrawal symptoms.⁴⁷ Moreover, research shows that certain indications make an individual more likely to successfully detox and recover if placed in an inpatient environment. Examples include history of severe withdrawal symptoms such as seizures; mental health issues such as suicidal or homicidal ideations, or other psychotic condition; inability to follow treatment recommendations; and co-occurring medical conditions such as diabetes, hypertension, or pregnancy.⁴⁸

Detoxification is the initial therapeutic encounter and must be followed by other therapies for a successful recovery.⁴⁹ Level 4 services are provided in a hospital-based setting and include

⁴¹ *Id.*

⁴² *Id.*

⁴³ *What are the ASAM Levels of Care?*, ASAM CONTINUUM (May 13, 2015), <https://www.asamcontinuum.org/knowledgebase/what-are-the-asam-levels-of-care>.

⁴⁴ *Id.*

⁴⁵ *Id.*

⁴⁶ *Id.* See also *What are the Six Dimensions of The ASAM Criteria?*, ASAM CONTINUUM (May 13, 2015), <https://www.asamcontinuum.org/knowledgebase/what-are-the-six-dimensions-of-the-asam-criteria/>.

⁴⁷ TREATMENT IMPROVEMENT PROTOCOL (TIP) SERIES, NO. 45: DETOXIFICATION AND SUBSTANCE ABUSE TREATMENT, SAMHSA 17 (Revised 2015), available at <https://store.samhsa.gov/sites/default/files/d7/priv/sma15-4131.pdf>.

⁴⁸ *Id.* at 21.

⁴⁹ *Id.*

medically directed evaluation and treatment.⁵⁰ Substance Abuse and Mental Health Services Administration (“SAMHSA”) and American Society of Addiction Medicine (“ASAM”) guidelines indicate that SUD patients requiring 24-hour care in a hospital setting should receive care from an interdisciplinary clinical treatment team that has specialized knowledge of addiction, including the dimensions of biosocial, biomedical, emotional, behavioral, and cognitive disorders.⁵¹ In a Level 4 unit, the patient’s care team is multidisciplinary, designed to address the patient’s SUD as well as any other existing comorbidities, meeting SAMHSA and ASAM guidelines.⁵² Treatment goals for level 4 services include management of withdrawal, in addition to medical and psychiatric services to manage the patient’s severe emotional, behavioral, and cognitive distresses that are so severe that they require 24-hour care.⁵³

Further, in Level 4 treatment programs, patients receive coordinated care and case management throughout their stay to ensure a smooth transition to continued treatment at a lower level of care once they are stabilized.⁵⁴ Examples of therapies provided in Level 4 programs include cognitive, behavioral, motivational, pharmacologic and other therapies in a group or individual basis; physical health interventions; health education services; clinical interventions; and support services for the patient’s family, guardian, or significant others.⁵⁵ These therapies combined with medical care provide a strong foundation for a successful recovery.

F1.b.ii Public Health Value /Outcome-Oriented:
Describe the impact of the Proposed Project and how the Applicant will assess such impact. Provide projections demonstrating how the Proposed Project will improve health outcomes, quality of life, or health equity. Only measures that can be tracked and reported over time should be utilized.

A. Increased Access to Level 4 SUD Services Will Improve Quality of Life and Health Outcomes for Patients

Through the Proposed Project, the Morton Hospital will improve access for SUD patients with increased access to Level 4 services, which will result in enhanced quality of life and better overall health outcomes for clinically appropriate patients. Currently, there is not adequate capacity of Level 4 SUD beds in Massachusetts and there are no Level 4 SUD beds in Southeast MA. The Proposed Project will provide patients in Southeast MA, and throughout Massachusetts as necessary, with access to 32 Level 4 SUD inpatient beds, allowing patients to receive substance use disorder treatment and services closer to home. This will ensure individuals with a SUD receive timely access to the most appropriate services in the proper setting with dedicated staff trained in SUD symptoms, treatment, and the continuum of care, enhancing patient experience and improving the chances of having sustained recovery.

⁵⁰ *Overview of Substance Use Disorder (SUD) Care Clinical Guidelines: A Resource for States Developing SUD Delivery System Reforms*, MEDICAID INNOVATION ACCELERATOR PROGRAM (Apr. 2017), <https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/iap-downloads/reducing-substance-use-disorders/asam-resource-guide.pdf>.

⁵¹ TREATMENT IMPROVEMENT PROTOCOL (TIP) SERIES, NO. 45: DETOXIFICATION AND SUBSTANCE ABUSE TREATMENT, *supra* note 47, at 20.

⁵² *Id.* at 20.

⁵³ *Overview of Substance Use Disorder (SUD) Care Clinical Guidelines: A Resource for States Developing SUD Delivery System Reforms*, at 11-12.

⁵⁴ *Id.* at 12.

⁵⁵ *Id.* at 12.

B. Assessing the Impact of the Proposed Project

To assess the impact of the Proposed Project, the Applicant has developed the following quality metrics and reporting schematic, as well as metric projections for quality indicators that will measure patient satisfaction, access, and quality of care. The measures are discussed below:

1. **Patient Satisfaction:** Patients that are satisfied with their care are more likely to seek additional and continued treatment when necessary.

Measure: Morton Hospital will utilize the ATLAS⁵⁶ Patient Experience Survey, which is specific to addiction treatment facilities, to assess patient satisfaction with treatment received at the facility. The specific survey questions that the Hospital will utilize is being determined and will be provided to DPH in its first annual report.

Projections: As the Proposed Project is to establish a new service, the Applicant will provide a baseline and projections in the annual report following one full year of operation.

Monitoring: The Applicant will report this data to DPH on an annual basis.

2. **Access – Reduction in Transfers to Acute Care Hospital:** As the Proposed Project seeks to increase access to Level 4 services, the Applicant will measure access to Level 4 services through reductions in transfers to acute hospitals.

Measure: The Applicant will calculate and report on the number of instances, and overall percentage, of SUD patients who are transferred to an acute hospital from the ED or a patient care unit.

Projections: As the Proposed Project is to establish a new service, the Applicant will provide a baseline and projections in the annual report following one full year of operation.

Monitoring: The Applicant will report this data to DPH on an annual basis.

3. **Outcome – Reduction of AMA Rate:** The Applicant will review the rate of SUD patients who leave against medical advice (“AMA”). Through increased access to a higher level of care, the Applicant anticipates better outcomes through a reduction in AMA rates.

Measure: The number and overall percentage of SUD patients who leave the Level 4 SUD unit AMA.

Projections: As the Proposed Project is to establish a new service, the Applicant will provide a baseline and projections in the annual report following one full year of operation.

Monitoring: The Applicant will report this data to DPH on an annual basis.

4. **Outcome – 30-Day Readmission Rates:** This measure focuses on how many SUD patients are readmitted to the ED within 30 days of a previous stay. Through the Proposed Project, patients will have increased access to the appropriate level of care across the

⁵⁶ ATLAS (Addiction Treatment Locator, Assessments, and Standards Platform), www.treatmentatlas.com (last visited Sept. 25, 2020).

continuum of SUD services. As a result, the 30-Day Readmission Rate is expected to decline over time.

Measure: The number and overall percentage of patients discharged from MORCAP that have a readmission within 30 days.

Projections: As the Proposed Project is to establish a new service, the Applicant will provide a baseline and projections in the annual report following one full year of operation.

Monitoring: The Applicant will report this data to DPH on an annual basis.

F1.b.iii Public Health Value /Health Equity-Focused:
For Proposed Projects addressing health inequities identified within the Applicant's description of the Proposed Project's need-base, please justify how the Proposed Project will reduce the health inequity, including the operational components (e.g. culturally competent staffing). For Proposed Projects not specifically addressing a health disparity or inequity, please provide information about specific actions the Applicant is and will take to ensure equal access to the health benefits created by the Proposed Project and how these actions will promote health equity.

To ensure health equity to all populations, including those deemed underserved, the Proposed Project will have a positive impact on accessibility to the Applicant's services for poor, medically indigent, and/or MassHealth-eligible individuals. The Applicant does not discriminate based on the payor source or an individual's ability to pay and this practice will continue following implementation of the Proposed Project. As described throughout this narrative, the Proposed Project will increase access to high quality Level 4 SUD health care service through a 32 bed Level 4 SUD inpatient unit at Morton Hospital.

Ensuring Language Access

The Applicant and Morton Hospital are dedicated to ensuring culturally and linguistically appropriate care. To that end, Morton Hospital has a team of qualified medical interpreters available to help provide effective communication to Limited English Proficiency ("LEP") and deaf and hard of hearing ("DHH") patients. Additionally, bilingual clinical staff at Morton Hospital have been assessed to determine their clinical fluency to provide direct care to patients in another language where appropriate. Hospital staff from all departments are informed of the existence and appropriate use of interpreter services through various mechanisms, including but not limited to staff orientations, skills days, the Cultural Connection Newsletter, and staff meetings. To ensure accurate and informed encounters, interpreters are trained in terminology related to substance use.

With respect to the process for ensuring language access, Morton Hospital receives interpreter services requests through its electronic system, ServiceHub. All interpreter consults, phone calls, or other pertinent information are documented and retained in the patient's electronic medical records and/or documented on paper where appropriate. All interpretations, whether in person, or via telephone or video, are documented by the appropriate interpreter or clinical staff member. With the newly integrated EMR and dispatch system, Morton Hospital has improved efficiencies, decreased redundancy, improved accuracy of appointments and improved identification of LEP

and DHH patients, resulting in increased ability to identify patients who may need interpreter services.

With respect to services offered to LEP and DHH patients, Morton Hospital's interpreter services program completed 21,755 interpreter services requests in FY19, including face-face, telephonic, video, and ASL encounters. Staff interpreters are available days and evenings 7 days per week. When a staff interpreter is not available, or during high volume times, Morton Hospital provides access to interpreters via phone (CyraCom) or video remote units (Stratus). Currently, Morton Hospital employs 4 staff interpreters and 4 per diem interpreters, who interpret the following languages: Portuguese, Spanish, ASL, and Cape Verdean, which also represent the primary languages within the Hospital's service area. In addition to in-person, phone, and remote video interpreter services, Morton Hospital provides patient information documents that are translated and available in multiple languages, ensuring equal access to important patient information.

F1.b.iv Provide additional information to demonstrate that the Proposed Project will result in improved health outcomes and quality of life of the Applicant's existing Patient Panel, while providing reasonable assurances of health equity.

The Proposed Project seeks to expand access to inpatient substance use disorder treatment through the creation of a 32 bed Level 4 SUD treatment program. By providing additional capacity to these services, individuals requiring this level of care will have timelier access to such care close to home. Timely access to SUD treatment is critical to properly manage detoxification and withdrawal symptoms, leading to better health outcomes. Moreover, access to care closer to home may result in more people seeking treatment, resulting in a reduction in severity of SUD-related conditions, such as overdose, cancer, liver disease, infections, and mental health disorders. Moreover, when patients receive the appropriate level of care, they are more likely to seek continued treatment services across the treatment continuum, reducing the risks associated with continued substance use

F1.d Provide evidence of consultation, both prior to and after the Filing Date, with all Government Agencies with relevant licensure, certification, or other regulatory oversight of the Applicant or the Proposed Project.

A broad range of input is valuable in planning a project. To that end, the Applicant committed itself to carrying out a diverse consultative process with individuals at various regulatory agencies regarding the Proposed Project. The following individuals are some of those consulted:

- Department of Public Health: Lara Szent-Gyorgyi, Director of Determination of Need Program; Marita Callahan, Director of Policy and Health Communications; Kelly Haynes, Deputy General Counsel; Rebecca Rodman, Deputy General Counsel, Sherman Lohnes, Director, Health Care Facility Licensure & Certification;
- Bureau of Substance Abuse Services: Deidre Calvert, Director; Beth McLaughlin, Senior Deputy General Counsel; Erica Weil, Assistant Director, Quality Assurance & Licensing
- United State Representative Joseph Kennedy
- State Representative Patricia Haddad and State Representative Norman Orrall
- State Senator Marc Pacheco
- City of Taunton Mayor Shaunna O'Connell

F1.e.i Process for Determining Need/Evidence of Community Engagement:
For assistance in responding to this portion of the Application, Applicant is encouraged to review *Community Engagement Standards for Community Health Planning Guideline*. With respect to the existing Patient Panel, please describe the process through which Applicant determined the need for the Proposed Project.

Based upon the need for Level 4 Medically Managed Intensive Inpatient Beds for SUD treatment, the Applicant and Morton Hospital developed a plan to provide increased access through the creation of a 32-bed Level 4 inpatient unit at Morton Hospital. In contemplation of the Proposed Project, Morton Hospital sought feedback from the community at large, including community groups and the Hospital's Patient Family Advisory Council ("PFAC"), as the PFAC comprises patients and their family members, local residents, and members of local resident groups. The Hospital's engagement efforts are described below:

- On February 7, 2020, Morton Hospital leadership met with State and local legislators, members of the Board of Directors of Morton Hospital, and members of the Taunton School Committee to present the details of the Proposed Project. Attendees were supportive of the planned service expansion at Morton Hospital to address the need for Level 4 Medically Managed Intensive Inpatient beds.
- On June 25, 2020, Morton Hospital leadership met with Manet Community Health Center – Taunton leadership to present the details of the Proposed Project. Attendees were supportive of the Hospital's plans and described the Level 4 SUD treatment services as a much-needed program in Taunton. The Proposed Project was described as a "welcome venture" by the community.
- On June 26, 2020, Morton Hospital leadership met with Community Counsel of Bristol County leadership to discuss the details of the Proposed Project. Attendees noted the need for Level 4 SUD treatment services in the relevant geographical area and expressed support for the Proposed Project in the community.
- On July 24, 2020, Morton Hospital's Director of Marketing, Public Affairs, and Community Health Programs provided details about the Proposed Project to the steering committee at the Hospital's area Community Health Network Area ("CHNA") virtual meeting. Attendees were from community health partners in the Hospital's CHNA geography, and feedback on the project was overwhelmingly positive and supportive. Specifically, attendees were "excited" about the Proposed Project and believe it will provide a tremendous benefit to community.
- On August 18, 2020, Hospital leadership presented details of the Proposed Project to the Taunton City Council. The feedback was overwhelmingly positive, with all attendees agreeing that the Proposed Project addresses a significant need in the community.

On September 15, 2020, the Applicant met with the Hospital's PFAC regarding the Proposed Project. The feedback was overwhelmingly supportive of the project.

F1.e.ii Please provide evidence of sound Community Engagement and consultation throughout the development of the Proposed Project. A successful Applicant will, at a minimum, describe the process whereby the "Public Health Value" of the Proposed Project was considered, and will describe the Community Engagement process as it occurred and is occurring currently in, at least, the following contexts: Identification of Patient Panel Need; Design/selection of DoN Project in response to "Patient Panel" need; and Linking the Proposed Project to "Public Health Value".

To ensure sound community engagement throughout the development of the Proposed Project, the Applicant and Morton Hospital took the actions detailed in Factor F1.e.i. For materials related to these activities, please refer to Appendix 3, which includes meeting agendas, minutes, presentations, etc. In addition, for transparency and to ensure appropriate awareness within the community about the Proposed Project, the Applicant published a legal notice associated with the Proposed Project in the Taunton Gazette and posted a copy of such legal notice prominently on the Steward Health Care System and Morton Hospital websites. Finally, as is outlined at Factor F1.d, the Applicant consulted various government officials and agencies with relevant licensure certification, or other regulatory oversight of the Proposed Project. Overall, these actions were taken to bring awareness to patients, families, local residents, resident groups, and agencies and officials, and to provide an opportunity for stakeholders to comment on the Proposed Project.

Factor 2: Health Priorities

Addresses the impact of the Proposed Project on health more broadly (that is, beyond the Patient Panel) requiring that the Applicant demonstrate that the Proposed Project will meaningfully contribute to the Commonwealth's goals for cost containment, improved public health outcomes, and delivery system transformation.

F2.a. Cost Containment:
Using objective data, please describe, for each new or expanded service, how the Proposed Project will meaningfully contribute to the Commonwealth's goals for cost containment.

SUDs contribute significantly to healthcare expenditures in the United States and in Massachusetts, particularly in recent years as a consequence of the opioid epidemic. Individuals with a SUD often have co-occurring medical conditions or acute medical conditions as a result of withdrawal or detoxification. As a result of these co-occurring medical issues, individuals with SUD often require more medical care and have high overall medical expenses.⁵⁷ In addition, SUD often results in recurring hospital admissions. Among adult Medicaid beneficiaries, alcohol and other substance use-related disorders are two of the top 10 causes of hospital readmissions, a major contributor to high health care expenditures.⁵⁸

SUD patients with a primary or secondary diagnosis requiring 24/7 medical management cannot be treated in levels of care 1-3.7 and must be admitted to either a Level 4 facility or a general medical-surgical bed for detoxification only. Ultimately, cost savings are achieved through increasing access to Level 4 beds and thereby decreasing the number of individuals who are

⁵⁷ NIDA. 2020, May 29. Addiction and Health. Retrieved from <https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/addiction-health> on 2020, June 29

⁵⁸ CHIA SUD Report <https://www.chiamass.gov/assets/Uploads/SUD-REPORT.pdf>

admitted to medical-surgical beds, as well as ensuring SUD patients are armed with the necessary resources to continue receiving care and treatment.

In addition to health care costs related to treatment, societal costs of substance use also are significant and include crime and lost work productivity. Annual health care costs as a result of alcohol, illicit drug, and prescription opioid abuse are approximately \$64B and overall societal costs are approximately \$520B. Table 12 below provides the most recent estimates of healthcare and overall societal costs of substance use in the United States.

Table 12: Costs of Substance Abuse in the United States⁵⁹

	Health Care	Societal
Alcohol	\$27 billion	\$249 billion
Illicit Drugs	\$11 billion	\$193 billion
Prescription Opioids	\$26 billion	\$78.5 billion
TOTAL	\$64 billion	\$520.5 billion

As described throughout this narrative, costs for SUD treatment can be lowered in multiple ways including early intervention, increased access to the proper level of care, providing care in the appropriate setting with providers and staff equipped to manage all dimensions of a SUD, providing support services such as counseling in addition to acute medical detox, and providing linkages to lower levels of care within the community once a person has completed the detoxification process. This will result in lower immediate costs, as well as a reduction in costs over the lifetime of the disease through enhanced disease management and higher rates of recovery. Accordingly, the Proposed Project will meaningfully contribute to the Commonwealth's cost containment goals through providing increased access to appropriate Level 4 treatment settings and improving the coordination of care and support services through lower levels of SUD treatment services after discharge from the facility, encouraging sustained recovery and resulting in fewer costly readmissions.

F2.b Public Health Outcomes:
Describe, as relevant, for each new or expanded service, how the Proposed Project will improve public health outcomes.

The new SUD services at Morton Hospital will improve public health outcomes by providing improved access to critically needed Level 4 medically managed inpatient services, serving those individuals suffering from medical comorbidities. While trending slightly downward over the past two years, the rate of substance use disorders in Massachusetts is still significantly higher than rates a decade prior, and abuse of certain substances, such as fentanyl, are rising. Moreover, as the population ages, the need for higher levels of care is continuing to grow due to the fact that co-occurring medical disorders come with age, making SUD treatment more complex. Individuals with a SUD are more likely to seek treatment when services are available close to home and support services. As there are no Level 4 beds in Southeastern MA, the increased capacity of Level 4 beds for patients in this geographic region will lead to improved access to SUD treatment. In addition, individuals receiving care through the Proposed Project will have enhanced linkages to community resources, leading to a higher likelihood of continued treatment and recovery. Accordingly, the Proposed Project will lead to improved health outcomes and better quality of life for patients with a SUD.

⁵⁹ <https://www.drugabuse.gov/drug-topics/trends-statistics/costs-substance-abuse>

F2.c Delivery System Transformation:
Because the integration of social services and community-based expertise is central to the goal of delivery system transformation, discuss how the needs of their patient panel have been assessed and linkages to social services organization have been created and how the social determinants of health have been incorporated into care planning.

As described throughout this narrative, the Proposed Project will improve access to Level 4 SUD treatment services in Southeastern MA, providing a higher level of care than is currently available in this geographical area. Accordingly, this new service will transform how SUDs are addressed in Southeastern MA through enhanced treatment and support services. Moreover, Morton Hospital offers interdisciplinary services to its SUD patients, ensuring appropriate medical and support services throughout their admission. The Hospital screens its patients for SDoH needs and offers numerous programs to address financial, spiritual, transportation, clothing, housing, food, and other needs. The Hospital also provides access to language assistance and translation services to patients with limited English proficiency. Prior to discharge, Hospital staff provides linkage to appropriate community resources to address the individual's medical, social, psychological, cultural, and ethnic needs. To ensure the quality and continuity of care after discharge, the Hospital follows up with patients within 30 days. These measures provide a system for ensuring all of the individual's social needs are met, thereby increasing the likelihood of a successful recovery and reducing the likelihood of a readmission.

Factor 5: Relative Merit

F5.a.i Describe the process of analysis and the conclusion that the Proposed Project, on balance, is superior to alternative and substitute methods for meeting the existing Patient Panel needs as those have been identified by the Applicant pursuant to 105 CMR 100.210(A)(1). When conducting this evaluation and articulating the relative merit determination, Applicant shall take into account, at a minimum, the quality, efficiency, and capital and operating costs of the Proposed Project relative to potential alternatives or substitutes, including alternative evidence-based strategies and public health interventions.

Proposal: The Proposed Project will expand access to SUD treatment services, through the addition of a 32 bed BSAS-licensed Level 4 Medically Managed Intensive Inpatient Unit at Morton Hospital.

Quality: High quality health care services will be provided through the Proposed Project. The expanded capacity for Level 4 SUD treatment beds will ensure timely access to necessary services in the appropriate setting.

Efficiency: Efficiencies will be created through increased access and expedited treatment for SUD patients. Through increased access to Level 4 Medically Managed Intensive Inpatient beds, patients presenting to the ED or other facilities in need of detoxification services will access the level of care needed in a timelier manner, reducing delays in care and increasing availability of medical/surgical and ED beds for non-SUD patients.

Capital Expense: The Applicant will expend \$6,807,000.00 to renovate the medical/surgical unit that will house the 32 Level 4 SUD treatment beds.

Operating Costs: First year incremental operating costs resulting from the Proposed Project are estimated to be approximately \$7,191,653

List alternative options for the Proposed Project:

Option 1

Alternative Proposal: One alternative for the Proposed Project would be to forego the Proposed Project and continue to operate NORCAP, and not adding a BSAS-licensed Level 4 SUD unit at Morton Hospital.

Alternative Quality: This alternative would not provide patients with increased access to Level 4 SUD treatment services, including those with a history or high-risk of suffering from severe detoxification and withdrawal symptoms, or those with a co-occurring medical condition requiring 24/7 nursing care. This option would not address demand for Level 4 SUD treatment services and would require patients in need of these services to be treated in a general medical-surgical bed to be detoxed and discharged.

Alternative Efficiency: No efficiencies would be gained through this alternative because SUD patients would continue to present to the ED and would receive detoxification services in a general medical-surgical bed or be transferred to another facility for BSAS-licensed inpatient services, further delaying treatment.

Alternative Capital Expenses: Although there would be no capital costs associated with this alternative, patients in need of Level 4 Medically Managed Intensive Inpatient services would continue to experience barriers to access to this level of care, resulting in worse health outcomes.

Alternative Operating Costs: There would be no change in current operating costs.

Option 2

Alternative Proposal: The second alternative the Applicant considered was to operate a smaller 15-bed Level 4 Medically Managed Intensive Inpatient unit at Morton Hospital.

Alternative Quality: While this alternative would increase patient access Level 4 Medically Managed Intensive Inpatient services, the number of beds would not be sufficient to meet the demand for such services and would therefore not result in higher levels of patient satisfaction and health outcomes as the Proposed Project.

Alternative Efficiency: While this alternative would result in the expansion of necessary Level 4 SUD treatment services, the number of beds would be insufficient to meet the demonstrated need. Accordingly, this alternative option would continue to result in inefficient access to Level 4 beds.

Alternative Capital Expenses: Capital expenses associated with this alternative would be approximately \$3,759,725.

Alternative Operating Costs: Operating costs associated with this alternative would be approximately \$5,300,000 in the first full year of operation.

ATTACHMENT 3

FACTOR 1 SUPPLEMENTAL INFORMATION

ATTACHMENT 3A

PATIENT PANEL INFORMATION

Table 1: Steward Northeast Patient Panel¹								
	FY17		FY18		FY19		FY20 Q2	
	Count	%	Count	%	Count	%	Count	%
Steward Total	514,500		515,396		499,829		258,266	
Gender								
Female	277,784	54.0%	291,270	56.5%	281,027	56.2%	144,759	56.1%
Male	211,373	41.1%	220,253	42.7%	214,894	43.0%	112,340	43.5%
Other/Unknown	25,343	4.9%	3,873	0.8%	3,908	0.8%	1,167	0.5%
Age								
0-17	56,459	11.0%	55,515	10.8%	51,948	10.4%	23,309	9.0%
18-55	244,389	47.5%	241,088	46.8%	230,931	46.2%	118,289	45.8%
Over 55	213,652	41.5%	218,793	42.5%	216,950	43.4%	116,668	45.2%
Race								
American Indian or Alaska Native	519	0.1%	670	0.1%	758	0.2%	352	10.0%
Asian	15,375	3.0%	15,616	3.0%	14,634	2.9%	7,224	2.8%
Black or African American	57,449	11.2%	60,280	11.7%	56,546	11.3%	28,801	11.2%
Hispanic/Latino	26,230	5.1%	33,997	6.6%	53,674	10.7%	29,021	11.2%
Native Hawaiian or Other Pacific Islander	299	0.1%	267	0.1%	301	0.1%	116	0.0%
White	364,418	70.8%	355,805	69.0%	335,751	67.2%	169,775	65.7%
Other/Unknown	50,201	9.8%	48,763	9.5%	38,165	7.6%	22,977	8.9%
Patient Origin								
Brockton	34,564	6.7%	35,916	7.0%	34,523	6.9%	17,551	6.8%
Fall River	31,828	6.2%	33,428	6.5%	30,308	6.1%	16,711	6.5%
Taunton	29,661	5.8%	29,623	5.7%	29,414	5.9%	16,001	6.2%
Lawrence	21,476	4.2%	21,208	4.1%	21,388	4.3%	12,392	4.8%
Haverhill	20,742	4.0%	20,485	4.0%	20,791	4.2%	11,239	4.4%
Methuen	17,529	3.4%	17,308	3.4%	17,305	3.5%	9,218	3.6%
Quincy	13,848	2.7%	14,315	2.8%	12,916	2.6%	6,429	2.5%
New Bedford	12,495	2.4%	12,959	2.5%	12,777	2.6%	6,380	2.5%
Stoughton	10,330	2.0%	10,580	2.1%	10,300	2.1%	5,033	1.9%
Dorchester Center	9,538	1.9%	10,530	2.0%	9,800	2.0%	5,183	2.0%
Substance Use Disorder								
Total Patients with SUD Diagnosis	8,863		8,877		7,922		3,655	
Admissions with SUD as a Primary Diagnosis	4,343		4,030		3,963		1,810	

Notes:

1) Entities Include: Carney Hospital, Good Samaritan Medical Center, Holy Family Hospital, Morton Hospital, Nashoba Valley Medical Center, New England Sinai Hospital, Norwood Hospital, Saint Anne's Hospital, and St. Elizabeth's Medical Center

Table 2: SMG Patient Panel								
	FY17		FY18		FY19		FY20 Q1	
	Count	%	Count	%	Count	%	Count	%
SMG Total	246,024		246,929		267,846		126,798	
Gender								
Female	141,737	57.6%	142,622	57.8%	153,744	57.4%	72,597	57.3%
Male/Unknown¹	104,287	42.4%	104,307	42.2%	114,102	42.6%	54,201	42.7%
Age								
0-17	10,461	4.3%	10,989	4.5%	12,160	4.5%	5,031	4.0%
18-55	109,128	44.4%	111,597	45.2%	123,029	45.9%	55,239	76.1%
Over 55	126,435	51.4%	124,343	50.4%	132,657	49.5%	66,528	52.5%
Race²								
American Indian or Alaska Native	220	0.1%	335	0.1%	274	0.1%	113	0.1%
Asian	3,768	1.5%	4,581	1.9%	4,321	1.6%	1,889	1.5%
Black or African American	6,080	2.5%	6,876	2.8%	6,858	2.6%	3,452	2.7%
Hispanic/Latino	27,550	11.2%	28,821	11.7%	32,271	12.0%	15,994	12.6%
Native Hawaiian or Other Pacific Islander	49	0.0%	71	0.0%	51	0.0%	27	0.0%
White	137,939	56.1%	138,332	56.0%	145,610	54.4%	71,199	56.2%
All Other	70,418	28.6%	67,913	27.5%	78,445	29.3%	34,124	26.9%
Patient Origin (Top 10 Cities/Towns)								
Brockton	14,724	6.0%	15,173	6.1%	14,663	5.5%	7,008	5.5%
Taunton	12,014	4.9%	12,945	5.2%	13,975	5.2%	7,947	6.3%
Fall River	7,138	2.9%	7,031	2.8%	11,081	4.1%	5,439	4.3%
Lawrence	7,891	3.2%	7,988	3.2%	8,977	3.4%	4,226	3.3%
Methuen	7,503	3.0%	7,705	3.1%	8,618	3.2%	3,993	3.1%
Haverhill	6,712	2.7%	7,086	2.9%	8,355	3.1%	3,671	2.9%
Brighton	6,792	2.8%	7,014	2.8%	7,596	2.8%	3,834	3.0%
Stoughton	5,127	2.1%	5,198	2.1%	5,051	1.9%	2,573	2.0%
Norwood	4,147	1.7%	4,087	1.7%	4,610	1.7%	1,983	1.6%
Middleboro	4,264	1.7%	4,196	1.7%	4,496	1.7%	2,288	1.8%
Substance Use Disorder								
Total SMG Patients with SUD Diagnosis	7,315		6,863		7,670		2,906	
SMG Morton Market Patients with SUD Diagnosis	458		547		627		275	

Notes:

1) Due to issues with low counts and HIPAA privacy, data has been aggregated to include Male and Unknown

2) Due to the multitude of ways in race and ethnicity are collected and reported, this information is an estimate and may not accurately reflect the diversity of SMG's patient panel.

Table 3: Morton Hospital Patient Panel								
	FY17		FY18		FY19		FY20 Q2	
	Count	%	Count	%	Count	%	Count	%
Morton Hospital Total	50,718		48,601		48,646		29,037	
Gender								
Female	27,590	54.4%	27,255	56.1%	27,133	55.8%	16,180	55.7%
Male	21,406	42.2%	21,311	43.8%	21,283	43.8%	12,793	44.1%
Unknown	1,721	3.4%	35	0.1%	230	0.4%	64	0.2%
Age								
0-17	7,369	14.5%	6,623	13.6%	6,563	13.5%	3,069	10.6%
18-55	23,901	47.1%	22,470	46.2%	22,037	45.3%	13,943	48.0%
Over 55	19,448	38.3%	19,508	40.1%	20,046	41.2%	12,025	41.4%
Race								
American Indian or Alaska Native	67	0.1%	79	0.2%	81	0.2%	41	0.1%
Asian	379	0.7%	359	0.7%	370	0.8%	210	0.7%
Black or African American	3,799	7.5%	3,878	8.0%	4,051	8.3%	2,635	9.1%
Hispanic/Latino	1,062	2.1%	1,199	2.5%	1,939	4.0%	1,070	3.7%
White	43,291	85.4%	40,987	84.3%	40,152	82.5%	22,877	78.8%
All Other ¹	2,120	4.2%	2,099	4.3%	2,053	4.2%	2,204	7.6%
Patient Origin (Top 10 Cities/Towns)								
Taunton	22,252	43.9%	21,599	44.4%	21,647	44.5%	12,090	41.6%
Middleboro	3,960	7.8%	3,786	7.8%	3,745	7.7%	1,920	6.6%
Raynham	3,326	6.6%	3,277	6.7%	3,310	6.8%	1,783	6.1%
East Taunton	2,392	4.7%	2,233	4.6%	2,174	4.5%	1,221	4.2%
Lakeville	2,125	4.2%	2,012	4.1%	1,967	4.0%	1,037	3.6%
Berkley	1,522	3.0%	1,446	3.0%	1,404	2.9%	776	2.7%
Norton	1,010	2.0%	963	2.0%	1,075	2.2%	521	1.8%
Bridgewater	994	2.0%	976	2.0%	1,020	2.1%	624	2.1%
North Dighton	1,048	2.1%	983	2.0%	980	2.0%	518	1.8%
Fall River	1,083	2.1%	913	1.9%	875	1.8%	973	3.4%
Substance Use Disorder								
Total Patients with SUD Diagnosis	855		903		770		372	
Admissions with SUD as a Primary Diagnosis	148		137		118		81	

Notes:

1) Due to issues concerning low counts and HIPAA privacy, All Other includes: individuals who identified as Native Hawaiian or Other Pacific Islander; individuals whose race/ethnicity is unknown, and individuals who declined to respond.

ATTACHMENT 3B

EVIDENCE OF COMMUNITY ENGAGEMENT FOR FACTOR 1

ATTACHMENT 3B(i)

LEGISLATIVE MEETING MATERIALS

FUTURE EXPANSION:

- Steward Healthcare is exploring a service line expansion for Morton Hospital
- The expansion would bring a 32-bed Level IV Medically Managed Intensive Inpatient Unit to our community
- There are currently only 173 Level IV beds in Massachusetts, none of which are South or East of the Mass Pike – and they are in high demand
- What is a Level IV Medically Managed Intensive Inpatient Unit?
 - An inpatient unit which provides treatment for individuals who are experiencing a severe withdrawal syndrome and/or acute biomedical complications as a result of a substance use disorder that pose substantial risk of serious or life-threatening consequences during withdrawal

ATTACHMENT 3B(ii)

TAUNTON CITY COUNCIL MEETING MATERIALS

COMING SOON
BASED ON
COMMUNITY
NEED:
MORCAP

What is “MORCAP?”

- 32-bed Level IV Medically-Managed Intensive Inpatient Unit for substance use disorder treatment
- 24-hour, medically managed evaluation and treatment for individuals who are experiencing severe withdrawal symptoms and/or acute medical complications as a result of a substance use disorder.
- MORCAP IOP = Intensive Outpatient Program for continuum of care.
- The program staff facilitates the treatment of co-existing medical and behavioral health conditions.
- Currently only 173 Level IV beds in Massachusetts, none of which are South or East of the Mass Pike
- Significant need due to high demand and lack of beds
- Target opening Q1 of 2021
- Feedback can be sent to:

ATTACHMENT 3B(iii)

**PATIENT AND FAMILY ADVISORY COUNCIL
MEETING MATERIALS**

Patient Family Advisory Council Meeting Minutes¹

September 15, 2020

1. MORCAP: Heidi shared with the committee the plans to develop a Morton Comprehensive Addiction Program. MORCAP will provide 24-hour, medically managed evaluation and treatment for individuals who are experiencing severe withdrawal symptoms and/or acute medical complications as a result of a substance use disorder. This will be a 32-bed Level IV medically-managed intensive inpatient unit to facilitate the treatment of co-existing medical and behavioral health conditions. Heidi discussed the tremendous need for these services in our community and across Massachusetts where there are currently only 173 beds to serve this population. The project will also benefit the community in the form of more than \$260,000 from the project that will be allocated as funding to be distributed to community organizations/initiatives as part of a Community Health Initiative (CHI) generated by a Determination of Need (DoN) process in coordination with the Department of Public Health. The MORCAP plan has been shared with local authorities and has received significant support. Members of the PFAC were supportive of this addition and the hospital's response to local needs in the community.

¹ Meeting minutes have been redacted to only include relevant portions of the meeting.

COMING SOON
BASED ON
COMMUNITY
NEED:
MORCAP

Confidential – DO NOT DISTRIBUTE

What is “MORCAP?”

- 32-bed Level IV Medically-Managed Intensive Inpatient Unit for substance use disorder treatment
- 24-hour, medically managed evaluation and treatment for individuals who are experiencing severe withdrawal symptoms and/or acute medical complications as a result of a substance use disorder.
- MORCAP IOP = Intensive Outpatient Program for continuum of care.
- The program staff facilitates the treatment of co-existing medical and behavioral health conditions.
- Currently only 173 Level IV beds in Massachusetts, none of which are South or East of the Mass Pike
- Significant need due to high demand and lack of beds
- Target opening Q1 of 2021
- Feedback can be sent to: [REDACTED]

ATTACHMENT 4

FACTOR 4 INDEPENDENT CPA ANALYSIS

STEWARD HEALTH CARE SYSTEM LLC

ANALYSIS OF THE REASONABLENESS OF

ASSUMPTIONS USED FOR AND

FEASIBILITY OF PROJECTED FINANCIALS OF

A SUBSTANCE ABUSE FACILITY AT MORTON HOSPITAL

FOR THE YEARS ENDED DECEMBER 31, 2021

THROUGH DECEMBER 31, 2025



Stolberg, Ebbeling & Blanchette, LLP
Certified Public Accountants & Business Advisors

STEWARD HEALTH CARE SYSTEM LLC

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Stolberg, Ebbeling & Blanchette, LLP

Certified Public Accountants & Business Advisors

September 25, 2020

Mr. Jacob Frumkin
Senior Vice President, Finance and Treasury
Steward Health Care System LLC
1900 N. Pearl St., Suite 2400
Dallas, TX 75201

Re: **Analysis of the Reasonableness of Assumptions and Projections Used to Support the Financial Feasibility and Sustainability of the Proposed Substance Abuse Facility Project at Morton Hospital in Taunton, MA**

Dear Mr. Frumkin:

We have performed an analysis of the financial projections prepared by Steward Health Care System LLC ("Steward Health Care" or "SHC") detailing the projected operations of the Substance Abuse Facility at Morton Hospital ("SAFMH"). This report details our analysis and findings with regards to the reasonableness of assumptions used in the preparation and feasibility of the financial forecast prepared by management of SHC ("Management") for the operation of the SAFMH. This report is to be used by Steward Health Care, in its Determination of Need ("DoN") Application – Factor 4(a) and should not be distributed for any other purpose.

I. Executive Summary

The scope of our analysis was limited to an analysis of the five year financial projections ("the Projections") prepared by SHC for the operation of the SAFMH and SHC as well as the actual operating results for SHC for the fiscal years ended December 31, 2019 and 2018 and the six months ended June 30, 2020, and the supporting documentation in order to render an opinion as to the reasonableness of the assumptions used in the preparation and feasibility of the Projections.

The impact of the proposed capital project at SAFMH, which is the subject of this DoN application, represent a relatively insignificant component of the actual operating results and financial position of SHC. As such, we determined that the Projections for SAFMH are not likely to result in a scenario where there are insufficient funds available for capital and ongoing operating costs necessary to support the ongoing operations of SHC. Therefore, it is our opinion that the Projections for SAFMH are financially feasible for SHC as detailed in this report.

II. Relevant Background Information

Steward Health Care is the largest private, minority-owned, tax-paying hospital system in the country. SHC has 35 community hospitals across 9 states serving over 800 communities, with more than 40,000 employees. As a physician-led company, SHC's network includes 25 Urgent Care Centers, 107 Preferred Skilled Nursing Facilities and 7,900 beds under management. SHC exhibits solid financial performance and liquidity.

Please refer to the DoN application for a further description of the proposed project and the rationale for undertaking the project.

III. Scope of Report

The scope of this report is limited to an analysis of the five year financial projections for SAFMH and SHC prepared by SHC ("the Projections"), actual results for SHC for the fiscal years ended December 31, 2019 and 2018 and the six months ended June 30, 2020, and the supporting documentation in order to render an opinion as to the reasonableness of assumptions used in the preparation and feasibility of the Projections. Our analysis of the Projections and conclusions contained within this report are based upon our detailed review of all relevant information (see Section IV which references the sources of information). We have gained an understanding of Steward Health Care System LLC and the Substance Abuse Center at Morton Hospital Project through our review of the information provided as well as a review of the SHC website and the DoN application.

Reasonableness is defined within the context of this report as supportable and proper, given the underlying information. Feasibility is defined as based on the assumptions used, the plan is not likely to result in insufficient "funds available for capital and ongoing operating costs necessary to support the Proposed Project without negative impacts or consequences to the Applicant's existing Patient Panel" (per Determination of Need, Factor 4(a)).

This report is based upon prospective financial information provided to us by Management. If we had audited the underlying data, matters may have come to our attention that would have resulted in our using amounts that differ from those provided. Accordingly, we do not express an opinion or any other assurances on the underlying data presented or relied on in this report (we do note that SHC received an unqualified audit opinion over all audited financials provided to us). We do not provide assurance on the achievability of the results forecasted by SHC because events and circumstances frequently do not occur as expected, and the achievement of the forecasted results are dependent on the actions, plan and assumptions of management. We reserve the right to update our analysis in the event that we are provided with additional information.

IV. Primary Sources of Information Utilized

In formulating our opinions and conclusions contained in this report, we reviewed documents produced by Management. The documents and information upon which we relied are identified below or are otherwise referenced in this report include the following:

1. SAFMH 5 year Projected Statement of Operations and Assumptions for 2021 through 2025;
2. SHC 5 year Projected Income Statements and Assumptions for 2021 through 2025;
3. Audited Financial Statements for Steward Health Care System LLC for the fiscal year ended December 31, 2019 and 2018;
4. Management produced internal Financial Statements for the six months ended June 30, 2020;
5. Construction Project Details Report produced by Array Architects;
6. Steward Health Care System LLC Draft DoN Application for Substantial Capital Expenditure at Morton Hospital;
7. Determination of Need Application Instructions dated March 2017;
8. RMA Annual Statement Studies, published by Risk Management Associates;
9. Steward Health Care System LLC website <http://steward.org> ;
10. Email/telephone correspondence with SHC Senior Vice President, Jacob Frumkin
11. Various news publications and other public information about SHC.

V. Review of the Projections

We reviewed the reasonableness of the assumptions used and feasibility of the Projections. This review included analysis of key metrics. The key metrics fall into three categories: liquidity, operating and solvency. Liquidity metrics, such as Days in Accounts Receivable measure quality and adequacy of assets to meet current obligations as they come due. Operating metrics, such as earnings before interest, taxes, depreciation and amortization (“Adjusted EBITDA”) are used to assist in the evaluation of management performance in how efficiently resources are utilized. Solvency metrics, such as Debt to Equity, measure the company’s ability to service debt obligations. Additionally, certain key metrics can be applicable to multiple categories. In our opinion the analysis of key metrics is reasonable in relation to the company’s peer group based on comparison to market information from RMA Annual Studies.

1. Revenues

The only revenue category on which the proposed capital project would have an impact is net patient service revenue. Therefore, we have analyzed net patient services revenue identified by SHC in their historical financial information and net patient service revenue identified for the SAFMH projections. We compared the projected revenue for the SAFMH to actual net patient service revenue for SHC for the year ended December 31, 2019. Based upon our analysis of the projected results from Fiscal Year 2021 through Fiscal Year 2025, the proposed capital project at Morton Hospital would represent less than 0.002% of SHC actual 2019 net operating revenues throughout the five-year period.

It is our opinion that the net patient service revenue identified on the SAFMH projections are reasonably based upon SHC’s historical operations, industry trends and discussions with management.

2. Expenses

We analyzed each of the categorized operating expenses for reasonableness and feasibility as it relates to the projected revenue items. We reviewed the actual operating results for SHC for the years ended December 31, 2019 and 2018 and for the six months ended June 30, 2020 in order to determine the impact of the proposed capital project at Morton Hospital on the consolidated entity and in order to determine the reasonableness of the Projections for the years 2021 through 2025. We compared the projected expenses for the SAFMH to actual operating expenses for SHC for the year ended December 31, 2019. Based on our analysis of the projected results from 2021 through 2025, the proposed capital projects would represent less than 0.002% of SHC operating expenses throughout the five-year period.

It is our opinion that the growth in operating expenses projected by Management reflects a reasonable estimation based primarily upon SHC's historical operations and industry trends.

3. Capital Expenditures and Cash Flows

We reviewed SHC historical capital expenditures and cash flows in order to determine whether sufficient funds had been invested to sustain the operations of SHC.

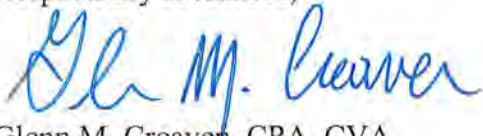
Based on our discussion with Management and our review of the information provided, we considered the current and projected capital projects and loan financing obligations included within the Projections for the SAFMH and the impact of those projected expenditures on SHC cash flow. Based upon our analysis, it is our opinion that the pro-forma capital expenditures and resulting impact on SHC cash flows are reasonable.

VI. Feasibility

We analyzed the historical operations for SHC for the years ended December 31, 2019 and 2018 and the six months ended June 30, 2020 and Key Metrics prepared by Management as well as the impact of the proposed capital project at Morton Hospital upon the Projections and Key Metrics. In performing our analysis, we considered multiple sources of information including historical financial information for SHC and projected financial information for the SAFMH. It is important to note that the Projections do not account for any anticipated changes in accounting standards. These standards, which may have a material impact on individual future years, are not anticipated to have a material impact on the aggregate Projections.

Because the impact of the proposed capital project at Morton Hospital represents a relatively insignificant portion of the operations and financial position of SHC, and because of the positive liquidity position of SHC, we determined that the Projections for the SAFMH are not likely to result in insufficient funds available for capital and ongoing operating costs necessary to support the proposed project. Based on our review of the Projections and relevant supporting documentation, we determined the project and continued operating surplus are reasonable and based on feasible financial assumptions. Therefore, the proposed capital project at Morton Hospital is financially feasible and within the financial capability of SHC.

Respectfully submitted,



Glenn M. Creaven, CPA, CVA

Partner

Stolberg, Ebbeling & Blanchette, LLP

ATTACHMENT 5

FACTOR 6 COMMUNITY HEALTH INITIATIVE SUPPLEMENTAL INFORMATION

ATTACHMENT 5A

COMMUNITY HEALTH NEEDS ASSESSMENT

Morton Hospital

A STEWARD FAMILY HOSPITAL



Community Health Needs Assessment 2018

Morton Hospital
A STEWARD FAMILY HOSPITAL



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Acknowledgements

This report was made possible through the cooperative support of several individuals and organizations throughout the greater Taunton community. We are honored to have been able to partner with the Old Colony YMCA of Taunton, as well as the Prevention & Wellness Network (CHNA 24), throughout the data collection and community feedback process. We are thankful to the Old Colony YMCA of Taunton for collaborating with us to conduct two focus groups in our community, as well as the many health and human services organizations represented on the Prevention & Wellness Network and within our community for their assistance with survey distribution within their organizations and to their membership within our region.

Lastly, we thank the team at H&HS Consulting Group LLC., who contributed to the drafting of this report and also conducted thorough data analysis and a literature review which was used to develop these findings and recommendations. Sincere acknowledgments to Paulo Gomes, MSHS, Principal Consultant, Kristy Najarian, MPH, Data Analyst, Jennifer Hohl, MPH, Data Entry, and See Yan Goh, Public Health Research Assistant.

For more information about this report and our process, as well as our community health program, please visit our website <https://www.mortonhospital.org/about-us/community-health-outreach> or contact Julie Masci, Director of Marketing, Public Affairs and Community Health Programs, at Julie.masci@steward.org.



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Executive Summary

This report is a comprehensive analysis of health outcomes and perspectives in the Morton Hospital primary service area which encompasses Taunton, E. Taunton, Raynham, Berkley, Dighton, N. Dighton, Middleboro, and Lakeville. Data was gathered by analyzing publicly available information, by reviewing community feedback gathered through focus groups, by conducting an extensive review of published literature on the health of the population residing in the region and in the Commonwealth of Massachusetts, and by surveying local health professionals and community members. This data-driven methodology allowed Morton Hospital to investigate the resource requirements of the community in order to better streamline resources and inform community-based initiatives. The information contained herein highlights some of the public health needs identified within the community and may be used to develop targeted community health improvement strategies as well inform the hospital in the development of its subsequent Implementation Strategy and other Community Benefits programming.

The goal has been to engage and learn from community members, particularly those most at-risk for experiencing health disparities as well as organizations who work directly with these populations and develop recommendations for Community Benefits programming that bring about improved health outcomes in high priority populations. For the purpose of this Community Health Needs Assessment (CHNA), high priority populations may be defined as, members of the community that have been historically marginalized due to racism, poverty and/or have had limited access to health care services, as well as members of the community who are at highest risk for developing the various chronic diseases and behaviors outlined in this report. As noted in the *Attorney General's Community Benefits Guidelines for Non-Profit Hospitals*, released February 2018, *"It is well understood that racism – in all of its forms – and institutional bias impact health outcomes, both through their influence on the social determinants of health and also as an independent factor affecting health. The health equity framework illustrates how racism has an independent influence on all the social determinants of health and that racism in and of itself has a harmful impact on health"*. Through the development and implementation of evidence-based best practices in Community Benefits programming, Morton Hospital seeks to respond to the guidance offered by the Office of the Attorney General and the health equity framework. We accomplish this by:

- Assessing and addressing the unmet health needs of our community
- Participating in local action committees/task forces
- Providing accessible, high-quality care and services to everyone in our community, regardless of their ability to pay
- Collaborating with staff, providers and community representatives to deliver meaningful programs that address statewide health priorities and local health issues
- Encouraging the community to engage in healthy lifestyles, be active participants in their health care, and to learn the risks associated with unhealthy behaviors and poor lifestyle choices

Social determinants of health, including social, behavioral and environmental influences, have become increasingly prevalent factors in addressing population health. The literature recommends linking health care and social service agencies in addressing social determinants of health to increase the efficacy of health promotion and chronic disease prevention programs. In particular, services related to housing, nutritional assistance, education, public safety, and income supports are areas for cross-sector collaboration with health services in the community. Multicultural communities face particularly complex issues when accessing and receiving treatment in their daily lives.

Maintaining and strengthening community engagement on health promotion, chronic disease prevention, substance abuse prevention and mental illness among other critical areas for collaboration, is key to the success of population health improvement strategies. From promoting access to affordable health care, creating a stable positive economic environment in the region, ensuring that those most at-risk have access to basic needs for better health outcomes such as stable affordable housing, low-cost nutritional

food choices, and a healthy environment, Morton Hospital is well positioned to implement community benefits programs that support a healthy and thriving community. The information and recommendations herein are presented as a starting point for discussions and planning within the hospital and with community-based partners to develop truly comprehensive, actionable and measurable Community Benefits programming.

Introduction

Morton Hospital, founded in 1889, is part of Steward Health Care System. Steward Health Care, the largest private, for-profit hospital operator in the United States, is a physician-led health care services organization committed to providing the highest quality of care in the communities where patients live. Headquartered in Boston, Massachusetts, Steward operates 38 community hospitals in the United States and the country of Malta, which regularly receive top awards for quality and safety. The company employs approximately 40,000 health care professionals. The Steward network includes more than 25 urgent care centers, 42 preferred skilled nursing facilities, substantial behavioral health services, over 7,300 beds under management, and approximately 1.5 million full risk covered lives through the company's managed care and health insurance services. The total number of paneled lives within Steward's integrated care network is projected to reach 3 million in 2018. Steward's unique health care service delivery model leverages technology, innovation, and care coordination to keep patients healthier. With a culture that prioritizes agility, resourcefulness, and continuous improvement, Steward is recognized as one of the world's leading accountable care organizations. The Steward Health Care Network includes thousands of physicians who help to provide more than 12 million patient encounters per year. Steward Medical Group, the company's employed physician group, provides more than 4 million patient encounters per year. The Steward Hospital Group operates hospitals in Malta and states across the U.S. including Arizona, Arkansas, Florida, Louisiana, Massachusetts, Ohio, Pennsylvania, Texas, and Utah.

Morton Hospital is a 112-bed acute care hospital providing comprehensive inpatient, outpatient, and 24/7 emergency services to Taunton and the communities of southeastern Massachusetts. The hospital is a Joint Commission-accredited healthcare facility, offering state-of-the-art technology and innovative procedures in a local community setting. The hospital's strengths include emergency medicine, diabetes care, imaging services, orthopedics, rehabilitation services, surgical care, and wound healing.

Through continuous assessment of unmet community health needs, participation on local committees and task forces, and funding of community health and wellness initiatives, Morton Hospital is able to respond to low-income, under or uninsured populations, providing access to comprehensive care across Southeastern Massachusetts - primarily Taunton, E. Taunton, Raynham, Berkley, Dighton, N. Dighton, Middleboro and Lakeville.

Community Benefits Mission Statement

The Morton Hospital's community benefits mission and the guiding philosophy of our community initiatives are to establish a data-driven, evidence-based Community Benefits Program that improves the status of our community and provides access to comprehensive, high quality, compassionate, and efficient health services in the community setting. We accomplish this by:

- Assessing and addressing the unmet health needs of our community
- Participating in local action committees/task forces
- Providing accessible, high-quality care and services to everyone in our community, regardless of their ability to pay
- Collaborating with staff, providers, and community representatives to deliver meaningful programs that address statewide health priorities and local health issues
- Encouraging the community to engage in healthy lifestyles, be active participants in their health care, and to learn about the risks associated with unhealthy behaviors and poor lifestyle choices

This community benefits philosophy expands upon the mission of Morton Hospital to identify and address community needs; particularly those that affect the health and wellness of residents throughout the greater Taunton area. Morton Hospital aims to provide culturally-sensitive, linguistically-appropriate, accessible health care services to the communities it serves. The Hospital also works to address barriers

to health care access and maintains a school-based clinic in the community to provide primary health care services to under-insured or uninsured children.

The Hospital fosters an internal environment that encourages involvement in community benefit activities and includes in its mission and goals the development of organization-wide cultural diversity programming, addressing the cultural needs of our community.

Methods

The 2018 Morton Hospital Community Health Needs Assessment (CHNA) was developed in full compliance with the Commonwealth of Massachusetts Office of Attorney General-*The Attorney General's Community Benefits Guidelines for Non-Profit Hospitals* released in February 2018. To conduct this needs assessment, Morton Hospital engaged various community organizations and members to ensure that varying perspectives on health and social topics were considered. Below is a brief description of the data collection process.

Health Indicators and Demographics – Data Analysis

In order to get a broader view of the health and sociodemographic trends in the Morton Hospital primary service area, extensive public data was collected to enable key findings to be derived from the research of online data sources, in partnership with the Massachusetts Department of Public Health (MDPH). Data sources used by the team included U.S. Census Bureau, Department of Early and Secondary Education (DESE), Uniform Crime Reporting (UCR) Program of the Federal Bureau of Investigation and the Center for Disease Control and Prevention (CDC). Health indicator data, such as mortality, disease prevalence, hospitalizations and admissions to substance abuse programs was provided by the MDPH Office of the Commissioner and MassCHIP staff.

Key Informant Survey

A Key Informant Survey was developed and distributed electronically to all Morton Hospital staff, affiliated medical providers, community partner organizations, area health and human service organizations, as well as to the general public via the hospital's social media platforms. The survey was also shared within our local partner organizations, some of which also provided paper copies of the survey to their general community members.

A total of 91 individuals who live and/or work in our service area submitted responses via this survey. A copy of the survey may be found in Appendix B.

Focus Groups

Two focus groups were conducted in Taunton and included residents living within the Morton Hospital service area. Each focus group was conducted in collaboration with the Old Colony YMCA of Taunton and the Prevention & Wellness Network. Approximately 20 community members took part in the focus groups. The goal was to collect views and opinions of participants that could be used to inform community health improvement strategies recommended in this report. A copy of the focus group questions can be found in Appendix C.

Literature Review

A literature review of recent governmental, public policy, and scholarly works was conducted. The public health information was analyzed and a summary report which included common themes and public health trends among high-priority populations in the Morton Hospital service area was created to inform this Community Health Needs Assessment.

Findings

Chronic Disease

Taunton, East Taunton, Raynham, North Dighton, Middleboro, Lakeville, and Norton maintained a higher than state average incidence rate of mortalities due to chronic diseases in 2015, with Lakeville at the highest level, followed by Taunton. Cancer-related deaths accounted for the highest mortality rate, followed by heart disease-related deaths, chronic lower respiratory disease and diabetes-related deaths at the lowest percentage.

Data indicates that respiratory disease continues to be a public health concern for the hospital's service area. Looking at COPD-related hospital visits alone, Taunton's rate of hospitalization (169.66) was nearly triple that of the average state rate of 62.28. All other towns in the hospital's service area also maintained higher than state average COPD-related hospitalization rates.

Obesity

Obesity and overweight rates among youth in the hospital's service area also were above or the same as the state level. Taunton has the highest level of overweight or obese youth at (38.5%).

In the Key Informant Survey, the following question was asked: *"What do you think are the top 3 health issues in this community?"* Obesity was ranked the 3rd most significant concern among those who completed the survey. Obesity was also the most frequent response to the question *"Are you or someone in your household in need of assistance or services related to any of the following?"*

Survey results demonstrated that community members agree that there are barriers to being physically active, such as time, cost of recreational activities and access to recreational activities. Barriers to eating healthy included affordability and lack of education about how to prepare healthy meals.

Focus group participants noted the need for increased education within the community regarding nutrition and healthy eating on a budget. Focus group participants also felt that community sidewalks are not well-maintained and that more walking paths and recreational areas are needed to promote fitness.

Mental Illness

Mental health intersects with many areas of public health, including addiction, cancer, cardiovascular disease, and HIV/AIDS, therefore requiring common services and resource mobilization effort. Integrated treatment is critical for treating people with co-occurring disorders and can ultimately achieve better health outcomes and reduce costs. Increasing awareness and building capacity in service systems are important in helping identify and treat co-occurring disorders. Treatment planning should be client-centered, addressing clients' goals and using treatment strategies that are acceptable to them (MDPH, 2017).

Data shows that Taunton had the highest suicide death count within the Morton Hospital service area; however, that rate is lower than the state average.

With regard to Emergency Department hospitalizations related to mental health disorders, Taunton had the lowest percentage of residents who were hospitalized, compared with the other cities and towns within the hospital service area. Dighton maintained the highest percentage, followed by Berkley, Lakeville, and Raynham.

Key Informant Survey participants ranked "Mental Health Issues" as the 2nd most significant issue within the community.

Focus group and survey participants both strongly felt that there is a major need for change in mental health services, including a need to offer more beds to psychiatric patients and better mental health training for medical and first responder staff. Participants felt that

patients with mental health issues were not given the level of services they required in order to be truly helped. Although local support systems are available, participants felt like the community was not aware of how to access them, and that long wait times and insurance barriers prevent those who need services from getting help.

Substance Abuse Disorder

Based on the available data, within the Morton service area, Taunton has the highest count of alcohol/substance-related hospitalizations, while Lakeville has the lowest. Taunton had the highest number of alcohol-related deaths within the hospital's service area in 2015, but that figure was below the statewide rate.

With regard to opioid-related injuries resulting in hospitalization, all cities and towns within the hospital service area had a higher than state incidence rate in 2014. And while Taunton had the highest number of opioid-related deaths within the area in 2015, that rate was lower than the statewide death rate. Taunton also had the largest number of individuals attending DPH-funded substance and alcohol abuse programs within the service area from 2013-2017.

Substance abuse was rated the most significant community health issue among Key Informant Survey participants. Both survey and focus group participants agreed that there was a severe lack of knowledge on how to obtain resources and that there needs to be a better system in place for prescribing opioids.

The coexistence of both a mental disorder and a substance use disorder (SUD) is known as co-occurring disorders. People with mental health disorders are more likely to experience a SUD. Often, people receive treatment for one disorder while the other disorder remains untreated. Undiagnosed, untreated, or undertreated co-occurring disorders can lead to a higher likelihood of experiencing negative outcomes, such as homelessness, incarceration, medical illnesses, suicide, or even early death (SAMHSA, 2016).

Massachusetts offers a variety of treatment approaches to address the needs of individuals with substance use disorders. However, there are important disparities in the outcomes and effectiveness of substance use treatment for different populations. Treatment needs can differ across populations, suggesting that treatment interventions should be individually tailored and incorporate culturally competent and linguistically appropriate practices relevant to specific populations and subpopulation groups (MDPH, 2017).

Access to Care

Key Informant Survey participants felt that access to health care and lack of preventative care services were concerns within our community. While the majority of survey participants noted that they had a primary care provider, nearly 40% felt there were barriers to accessing primary and preventative care within the community such as lack of awareness of local providers, especially multilingual providers, issues with insurance coverage and convenience of getting an appointment. Transportation was also noted as a major concern, noting that many people in the community may not be aware of available resources to get to appointments. Participants also felt there needed to be more general health education, and more support groups and programs.

Demographics

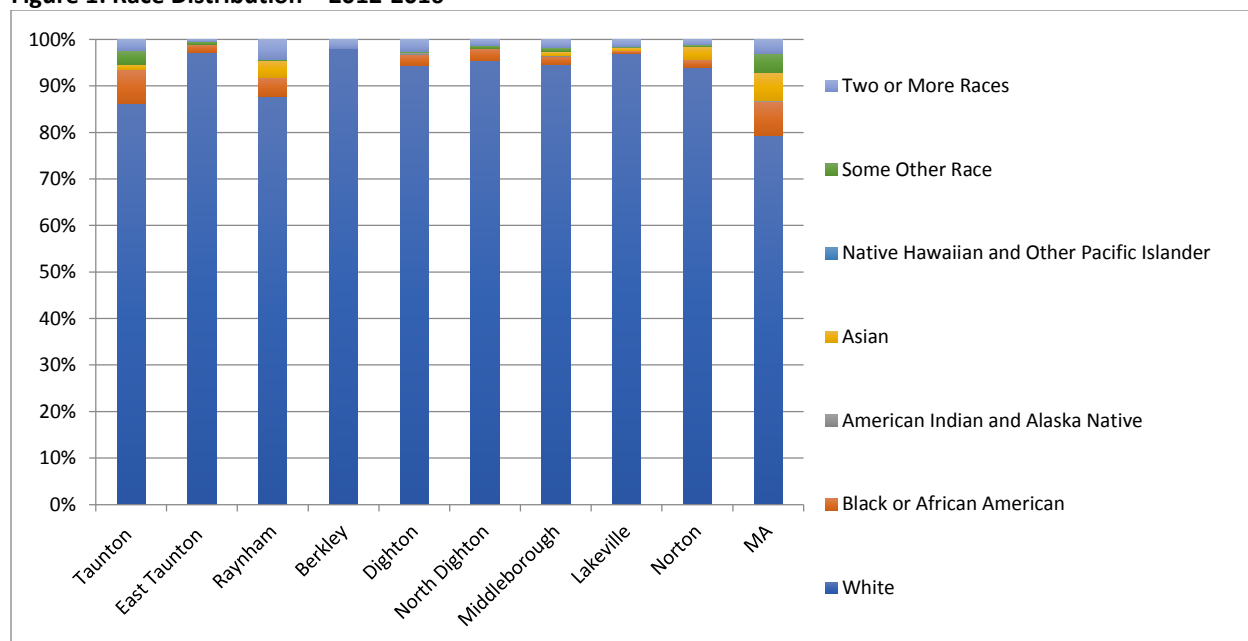
Who we are directly impacts how we interact with our community and society. Our race, gender identity, age, disability status, etc. influence the social environment that we experience. Our social environment impacts many mental and physical health outcomes, including: mental health, violence, risk behaviors (tobacco and drug use), physical health and well-being, and disease morbidity and mortality. We are influenced by the social environment on three levels: interpersonal, community, and society (MDPH, 2017).

Across all three levels, systems of oppression such as structural racism and gender bias lead to social isolation, social exclusion, poor mental health, increased risk of violence, increased rates of poverty, higher hospitalizations, longer recovery times, and higher mortality rates for many conditions. Social isolation, social exclusion, racism, discrimination, and poverty disproportionately affect low-income communities and communities of color and all negatively impact many aspects of health. Communities of color are more likely to have lower levels of resources and connectedness with other neighborhoods and higher levels of racial segregation. They also face more challenges when engaging in group action in neighborhoods to shift these conditions (Hobson-Prater T, 2012).

Underserved Populations

Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) identify geographic areas and populations with a lack of access to primary care services. MUPs are specific sub-groups of people living in a defined geographic area with a shortage of primary care health services. These groups may face economic, cultural, or linguistic barriers to health care. Examples include, but are not limited to, those who are: homeless; low-income; Medicaid-eligible; Native American; or migrant farmworkers (HRSA, 2018).

Figure 1: Race Distribution – 2012-2016

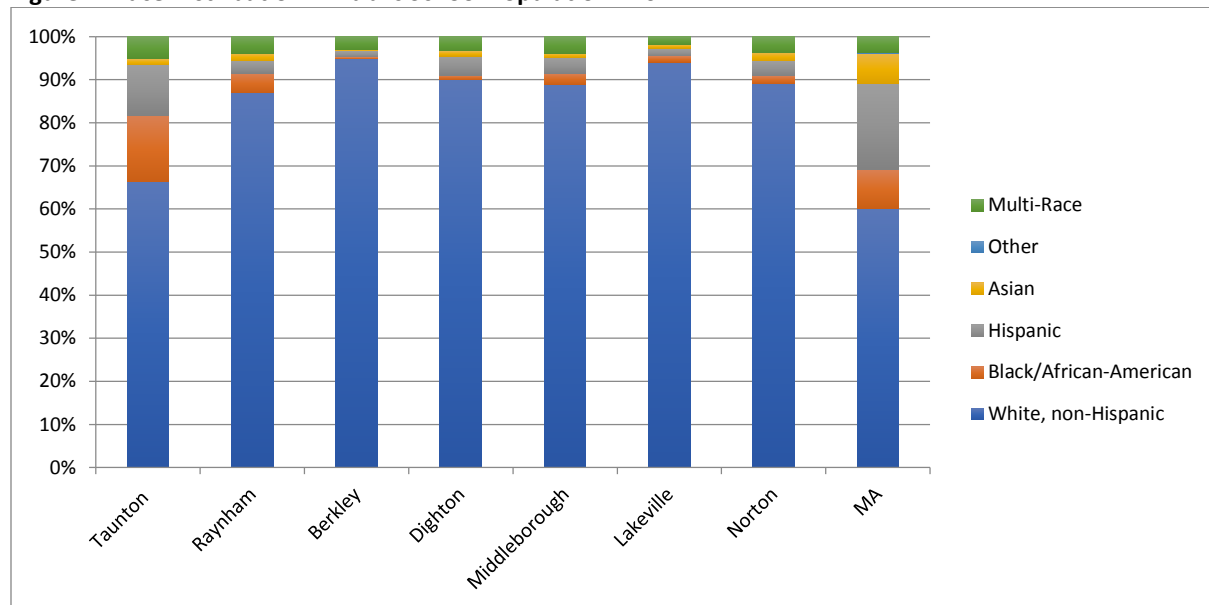


(Source: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates)

Race distribution within the Morton Hospital primary service area is distinctly different than the average distribution statewide. While Taunton and Raynham maintain a higher level of diversity which is more aligned with the statewide population, significantly smaller percentages of black or African American, Asian, and individuals of other races made up the towns of E. Taunton, Berkley, Dighton, N. Dighton, Middleboro, Lakeville, and Norton compared with the statewide population. Berkley and Lakeville had the lowest percentage of its population identifying as Black or African American, Berkley with (0.0%) and Lakeville with (0.5%), compared with the state population estimate of (7.3%). Raynham reported the highest estimated percentage of its population identifying as two or more races, with (4.3%) compared to the state estimate of (3.0%).

The U.S Census data shows that overall the state of Massachusetts is largely constructed of a white population at (79.3%). Specifically, MA is (10.9%) Hispanic, (7.3%) Black, (6.1%) Asian, (4.1%) some other race, (3.0%) two or more races, and (0.2%) American Indian or Alaska Native. All of the nine towns and cities in this report have a white population above the MA state average, with a maximum of (98%) in Berkley. Additionally, Taunton has a Black population at (7.3%), equal to the MA state average. A note, (6%) of Taunton residents identify as Hispanic, as well as (4%) of East Taunton residents.

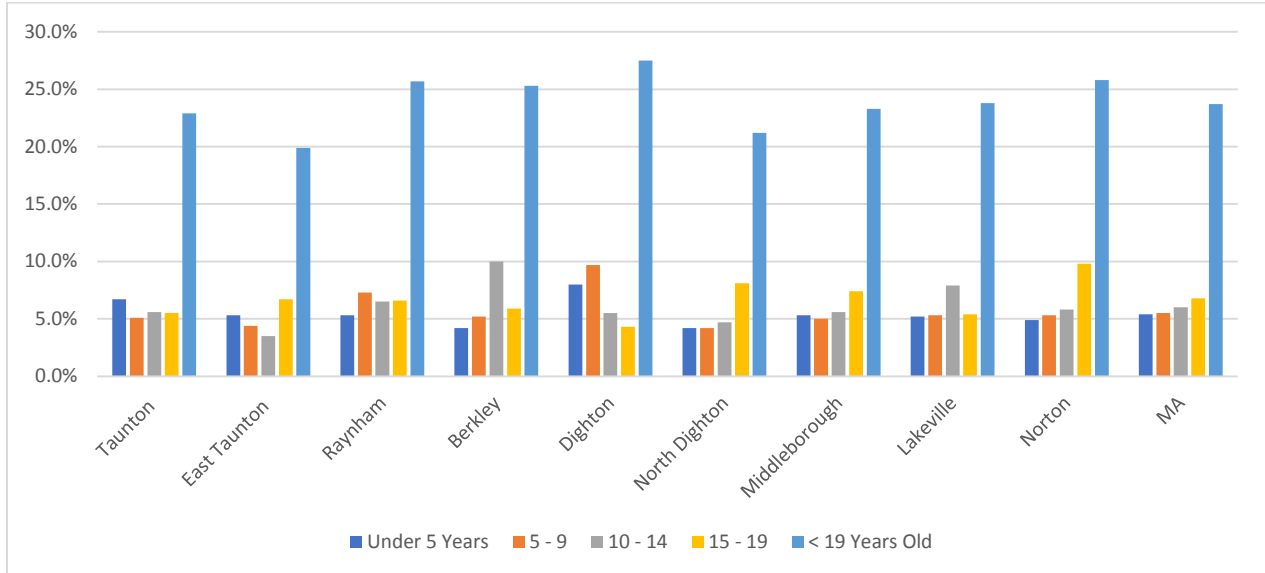
Figure 2: Race Distribution in Public School Population - 2017



(Source: MA Dept. of Elementary and Secondary Education, 2018) Note: At the time of data collection, data for East Taunton and North Dighton were unavailable.

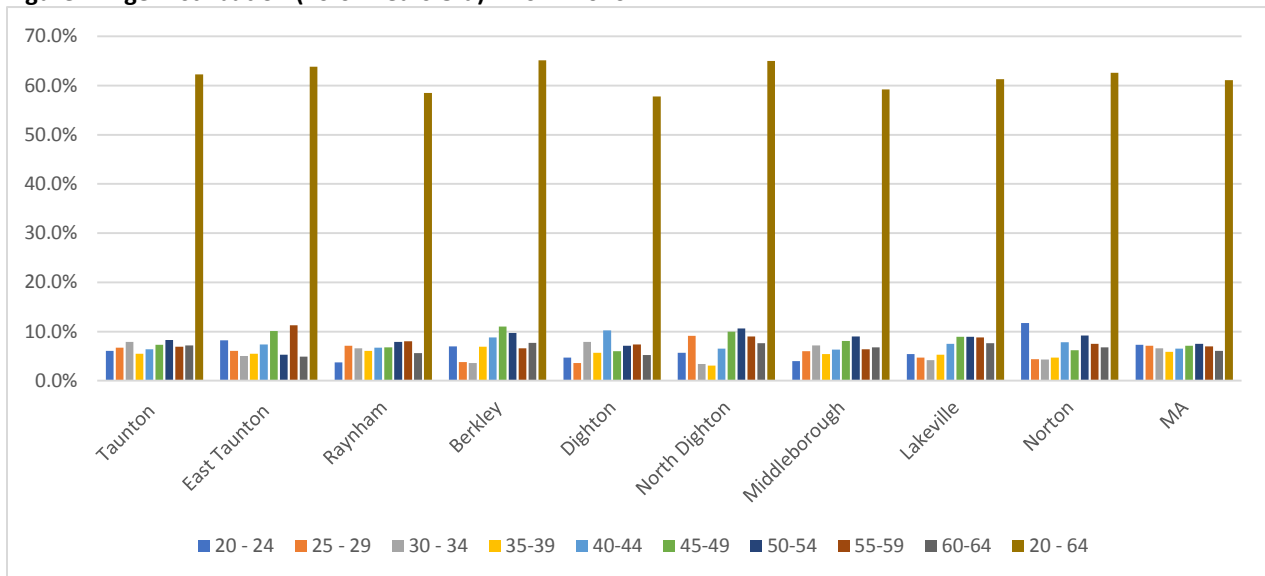
In 2017, the Massachusetts public school population was (60.1%) White, (20%) Hispanic, (9%) Black/African American, (6.9%) Asian and (3.6%) multi-race. Public-school districts within the Morton Hospital service area exhibited lower levels of racial diversity than the state average. Every public-school district in the Morton Hospital service area had a greater percentage of White students than the state average. Taunton had the lowest percentage of White students at (66.1%) are largely White non-Hispanic, with the exception of Taunton at (66.1%), in the remaining service area cities/towns had (88%-95%) of the public-school population was White. Taunton had the highest proportion of the public-school population that identified as Black (15.2%) or Hispanic (11.8%). No other service area city/town had more than 5% of the public-school population that identified as Black or Hispanic.

Figure 3: Age Distribution (<19 Years Old) – 2012-2016



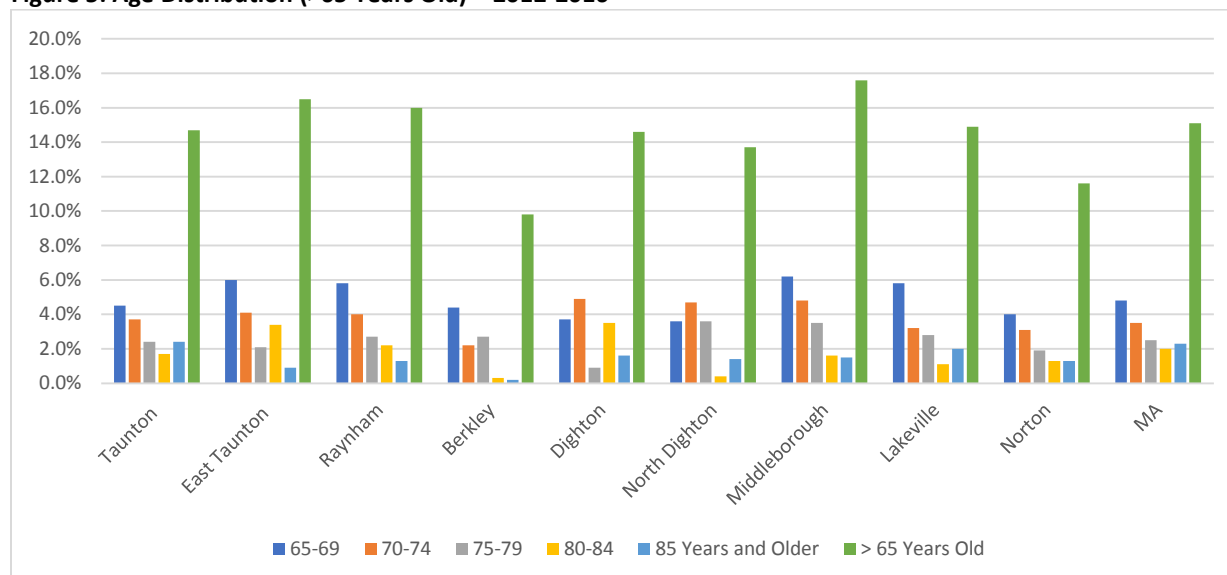
(Source: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates)

Figure 4: Age Distribution (20-64 Years Old) – 2012-2016



(Source: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates)

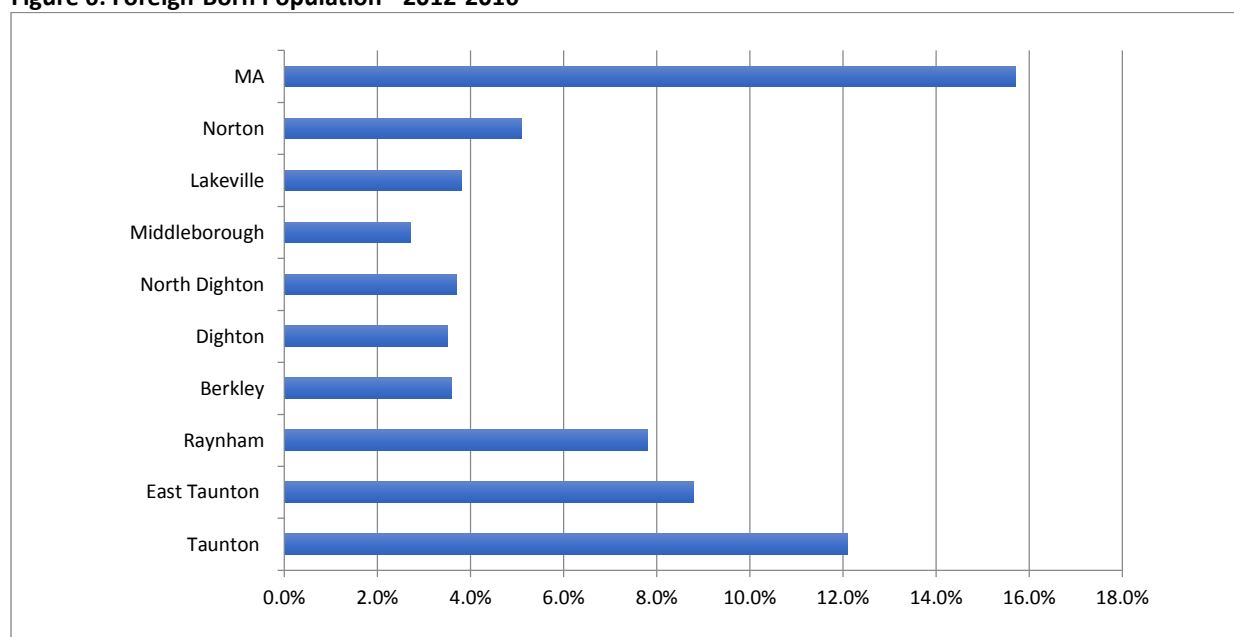
Figure 5: Age Distribution (>65 Years Old) – 2012-2016



(Source: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates)

From 2012 to 2016, cities/towns in the Morton Hospital service area generally followed the age distribution seen at the state level. At the state level, (23.7%) of the population is under the age of 19, (61.1%) of the population is between the ages of 20 and 64, and (15.1%) of the population is over the age of 65. For these cumulative age categories, every city/town in the Morton service area is within a 5% range of the state value. The only exception to this is seen in the over 65 years old category in Berkley where (9.8%) of the population was over the age of 65 compared to (15.1%) of the population at the state level.

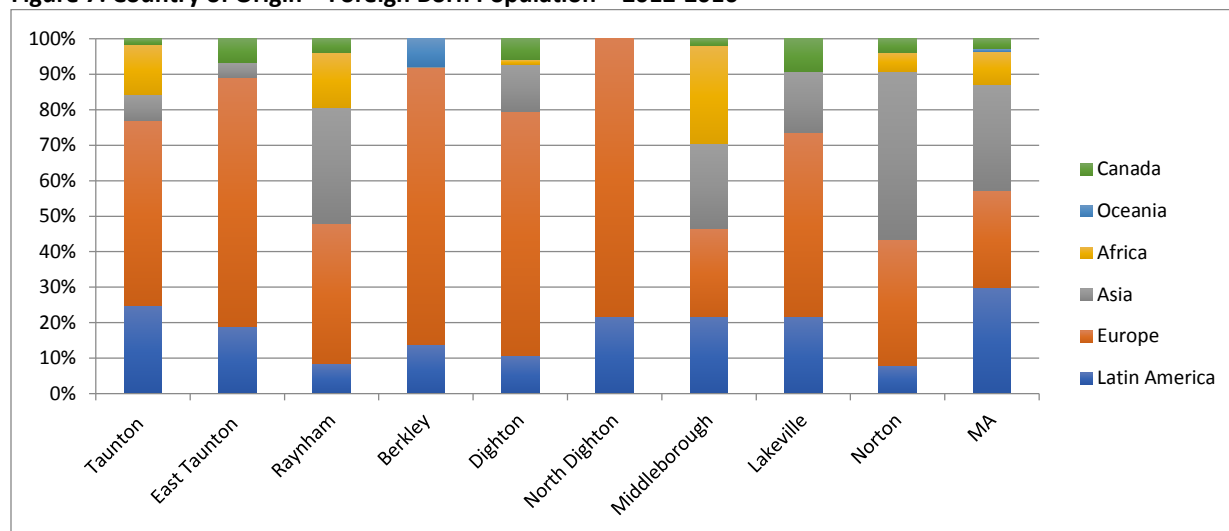
Figure 6: Foreign-Born Population - 2012-2016



(Source: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates)

From 2012 to 2016, (15.7%) of the Massachusetts population was born in a foreign country. Every service area city/town within the Morton Hospital service area had a lower percentage of the population born in a foreign country than the state average. Taunton had the highest percentage of foreign-born residents at (12.1%), followed by East Taunton at (8.8%). The lowest percentage of foreign-born residents in the service area is seen in Middleborough at (2.7%). Lakeville, North Dighton, Dighton, and Berkley each had percentages less than (4%).

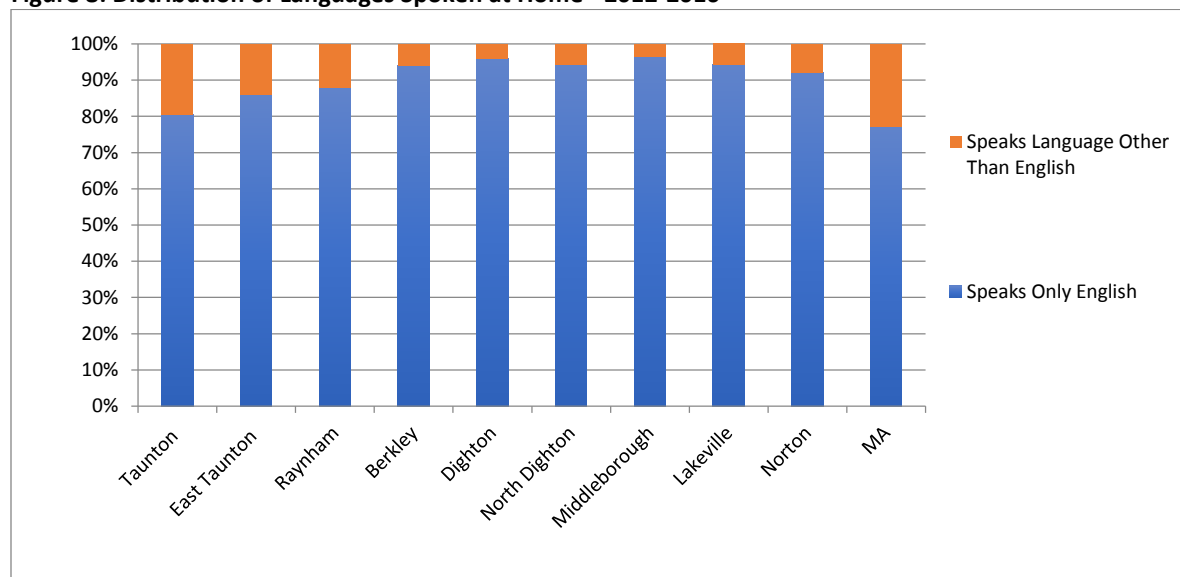
Figure 7: Country of Origin – Foreign Born Population – 2012-2016



(Source: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates)

From 2012 to 2016, (31.4%) of the Massachusetts foreign-born population originated in Latin America, (28.8%) originated in Europe, (31.4%) originated in Asia, (9.8%) originated in Africa, and (3%) originated in Canada. Every Morton Hospital service area city/town had a lower percentage of foreign-born residents originating in Latin America than the state average. With the exception of Middleborough, cities/towns in the Morton Hospital service area have a greater percentage of the foreign-born population originating in Europe than the state average, East Taunton, Berkley, Dighton, and North Dighton each had more than (69%) of their foreign-born population originating in Europe. In Norton, there was a higher than average percentage of foreign-born residents originating in Asia (47.5%). Middleborough also had a higher than average percentage of foreign-born residents originating in Africa than the state level (27.5%).

Figure 8: Distribution of Languages Spoken at Home - 2012-2016



(Source: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates)

From 2012-2016, all nine service area cities/towns had a greater percentage of the population that spoke only English at home than the state average of (77.3%). Taunton had the lowest percentage of the population that spoke only English at home with (80.6%). Middleborough had the highest percentage of the population that spoke only English at home at (96.5%), followed by Dighton (95.6%), and North Dighton (94.3%).

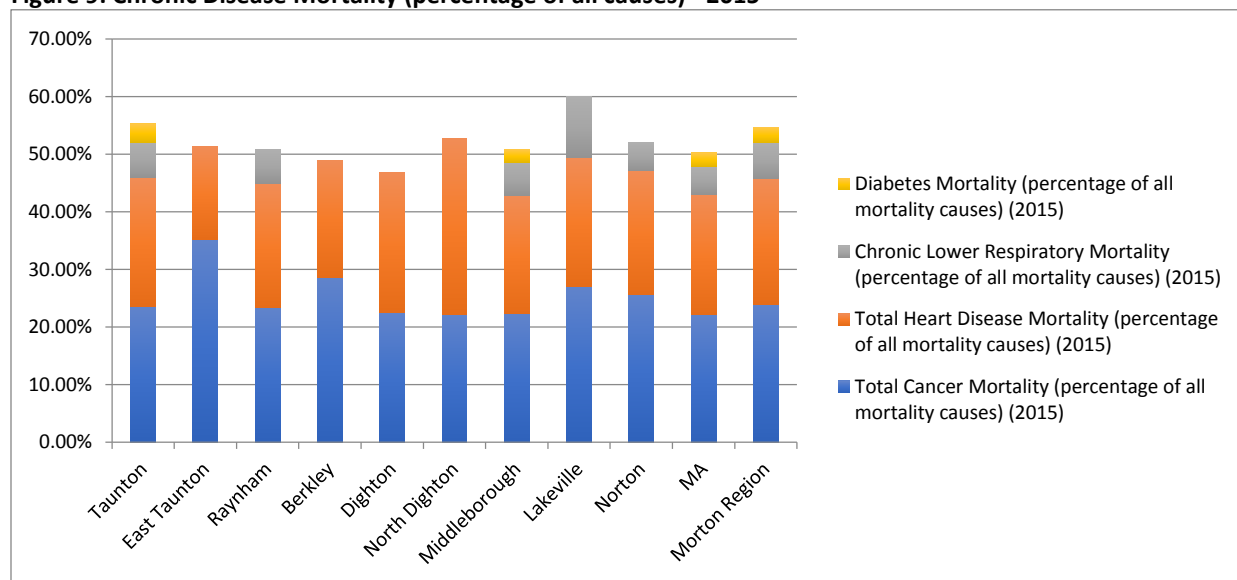
Chronic Disease

Prevention and treatment of chronic disease is a public health concern. Risk factors such as nutrition, the lack of physical activity, and tobacco use and exposure directly impact cancer, diabetes, chronic lower respiratory disease, and cardiovascular disease rates. These chronic conditions together contribute to (56%) of all mortality in Massachusetts and over (53%) of all health care expenses (\$30.9 billion a year). Although the three leading risk factors are modifiable, the inequality of financial resources and the history of policies rooted in structural racism have resulted in environments that restrict individuals and family's access to healthy foods, safe spaces for physical activity, walkable communities, quality education, housing, employment, and health care services (MDPH, 2014).

The health implications of this are evident in the fact that Black and Hispanic residents of Massachusetts are consistently and disproportionately impacted by the high prevalence of all chronic diseases, as well as the related deaths and high acute care service utilization. Healthy people cannot exist in unhealthy environments. Because of this, MDPH frames its chronic disease prevention and wellness efforts around addressing the social determinants of health and focusing on policies that ensure that all individuals have the ability to make healthy choices (MDPH, 2017).

By their very definition, chronic diseases are “managed” since cures are not available. Management practices extend life; therefore, chronic diseases continue to rise. The methods of chronic disease management include medications, medical procedures, and lifestyle changes. Prevention is the key to reducing the burden of these diseases. To prevent chronic disease, people need opportunities to live a healthy lifestyle which includes, among other things, participating in adequate physical activity, eating a balanced diet, managing stress and limiting exposure to chronic stressors, refraining from tobacco use, and limiting alcohol consumption (Adler NE, 2002).

Figure 9: Chronic Disease Mortality (percentage of all causes) - 2015



(Source: Massachusetts Department of Public Health, 2015) Note: At the time of data collection, diabetes mortality data was unavailable for East Taunton, Raynham, Berkley, Dighton, North Dighton, Lakeville and Norton. Chronic Lower Respiratory disease mortality data was unavailable for East Taunton, Berkley, Dighton, and North Dighton.

In 2015, (50.3%) of mortality in Massachusetts was due to Diabetes, Chronic Lower Respiratory Disease, Heart Disease, and Cancer. In the Morton Hospital service area, (54.73%) of total mortality was due to the same causes. Every city/town in the Morton Hospital service area exceeded the state level of mortality due to these causes (Berkley and Dighton are missing Diabetes and Chronic Lower Respiratory Disease mortality rates but would exceed the state level if average mortality due to those conditions was added).

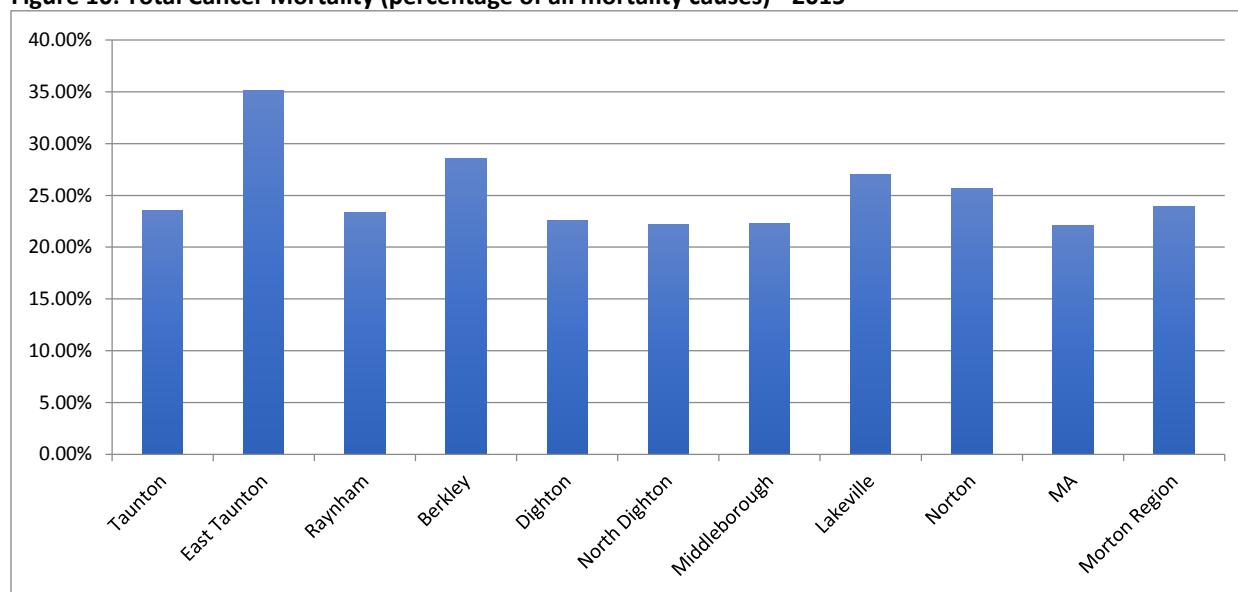
Cancer

Although cancer incidence and mortality rates decreased in Massachusetts from 2010 to 2014, there were still more than 36,000 new cancer cases diagnosed annually during this period. The age-adjusted cancer incidence rate in Massachusetts was (471.1 per 100,000 population) with men having a higher cancer incidence rate than women (505.7 versus 450.4 per 100,000 population). From 2010 to 2014, cancer incidence decreased (3.2%) annually among men (MDPH, 2017).

Black non-Hispanic men and White non-Hispanic women had the highest incidence rate of all cancer types during this period. Across the Commonwealth, breast cancer among women and prostate cancer among men is most common. Lung cancer, colon cancer, and melanoma are also among the leading types of cancer among both women and men. Together, these five cancers account for more than half of all cancer cases across the Commonwealth (MDPH, 2017).

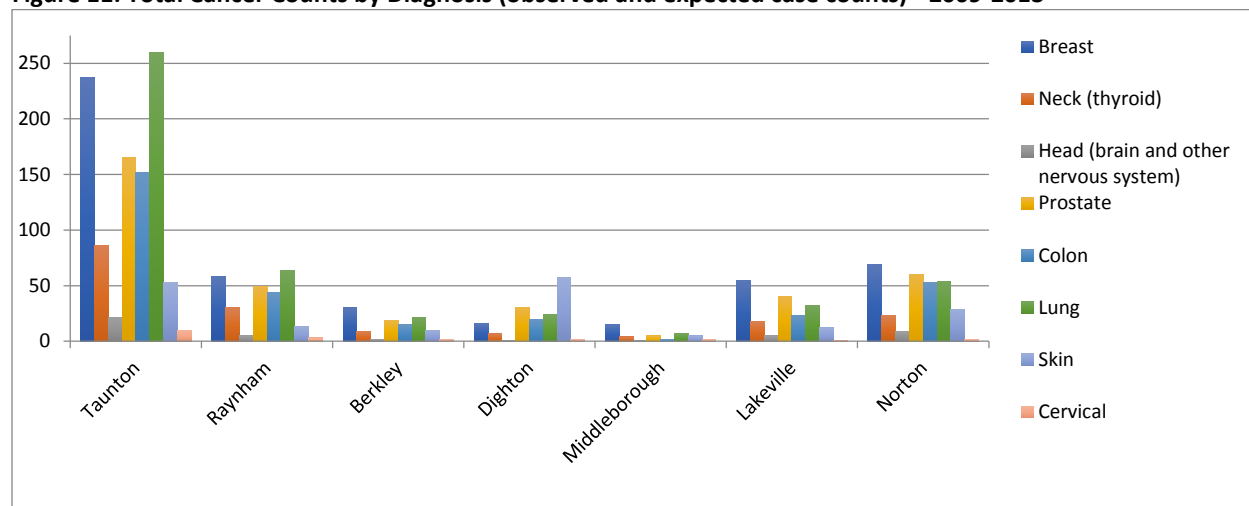
Several socioeconomic factors contribute to the prevalence of cancer and/or late-stage cancer diagnoses. Obesity, tobacco use, and tobacco exposure are leading risk factors for many cancers including colorectal and breast cancer. Additionally, lack of access to healthy foods, limited physical activity, and lack of access to smoking cessation services are also risk factors. Gaps in health care coverage represent a barrier to covering the costs of diagnostic testing. For examples, individuals with high deductibles, low premiums, or high co-pays must pay for diagnostic tests to confirm a cancer diagnosis, contributing to delays in diagnosis (MDPH, 2017).

Figure 10: Total Cancer Mortality (percentage of all mortality causes) - 2015



(Source: Massachusetts Department of Public Health, 2015)

Figure 11: Total Cancer Counts by Diagnosis (observed and expected case counts) - 2009-2013



(Source: Massachusetts Department of Public Health 2015)

In 2015, (22.1%) of total mortality in Massachusetts was due to cancer, the percentage of total mortality due to cancer was higher in the Morton Hospital service area at (23.96%). Every Morton Hospital service area city/town had a higher percentage of total mortality due to cancer than the state average. The highest percentage of total mortality due to cancer was seen in East Taunton at (35.14%), followed by Berkley at (28.57%). The lowest level of mortality due to cancer was seen in North Dighton (22.22%), followed by Middleborough at (22.32%). Lung cancer, breast cancer, and prostate cancer were the most prevalent forms of cancer in each service area city/town. The only exception to this was in Dighton where skin cancer was the most prevalent form of cancer.

When asked “*What do you think are the top three health issues in this community?*” (12.22%) or 11 out of 90 survey respondents selected cancer as a top three health issue in the Morton Hospital community. Cancer was not mentioned by participants in either of the focus groups.

Heart Disease

Cardiovascular disease is a broad term that encompasses a number of adverse health outcomes, including congestive heart failure, myocardial infarction, and stroke. In Massachusetts, cardiovascular disease is the second leading cause of death after cancer. Hypertension is a critical risk factor for adverse cardiovascular and cerebrovascular outcomes including stroke, heart attacks, and congestive heart failure. In 2014, hypertension contributed to \$19 million in total hospitalization costs in Massachusetts. Studies have shown that hypertension disproportionately impacts people of color. These disparities are grounded in social and economic inequities such as access to health care and poverty (MDPH, 2017).

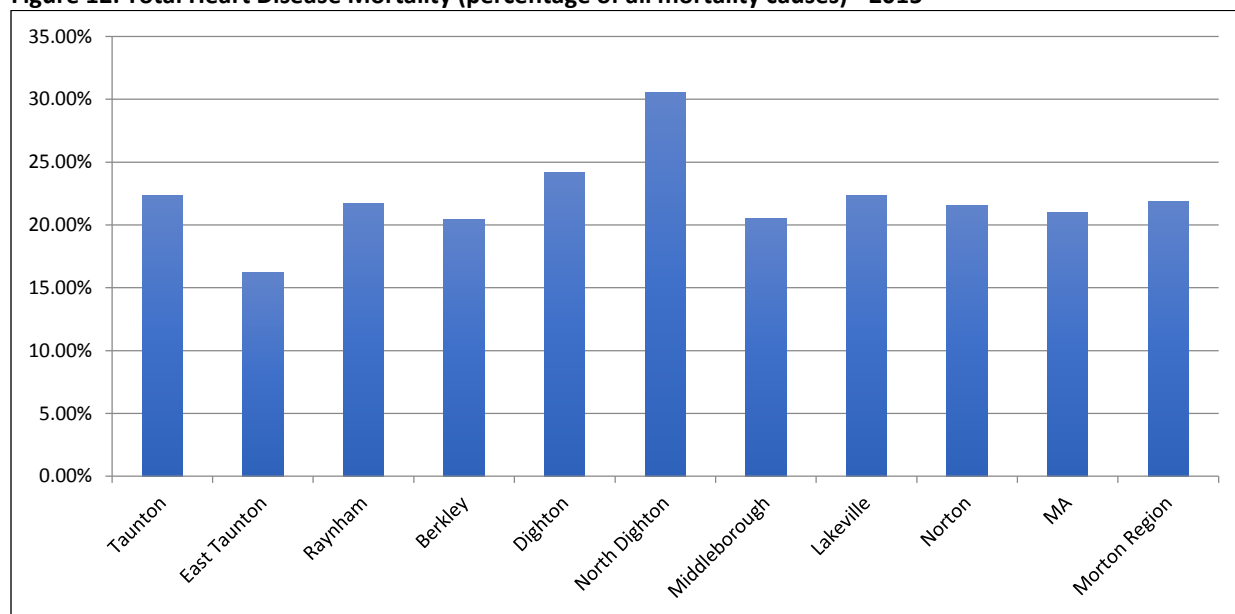
In 2015, (29.6%) of Massachusetts adults said they had been diagnosed with hypertension, similar to previous years. A larger percentage of Black non-Hispanic adults were diagnosed with hypertension (39.4%) compared to White non-Hispanic adults (30.7%). Racial/ethnic disparities in hypertension are likely an important contributing factor to hospitalizations for congestive heart failure, myocardial infarction, and stroke (MDPH, 2017).

The rate of myocardial infarction-related hospitalizations declined (9.5%) from 2010 (169.9 per 100,000 population) to 2014 (153.7 per 100,000 population). In 2014, the myocardial infarction hospitalization rate for Hispanic residents in Massachusetts (182.5 per 100,000 population) and Black non-Hispanic residents (159.0 per 100,000 population) exceeded the state average (153.7 per 100,000 population) and the average for White non-Hispanic residents (145.6 per 100,000 population) (MDPH, 2017).

Strokes were responsible for \$613 million in total hospitalization costs in Massachusetts in 2014 (Center for Health Information and Analysis, 2014). These hospitalization costs do not include other economic costs of stroke, such as lost productivity or outpatient health care expenditures, nor loss of life, reduced quality of life, and increased disability (MDPH, 2017).

Racial/ethnic disparities continue to exist in stroke-related hospitalizations. In 2014, Black non-Hispanic residents (368.1 per 100,000 population) experienced stroke-related hospitalization at a rate that was nearly twice as high as that for White non-Hispanic residents (201.5 per 100,000 population). Similarly, Hispanic residents (264.9 per 100,000 population) had a stroke hospitalization rate that was 1.3 times that for White non-Hispanic residents (201.5 per 100,000 population) (MDPH, 2017).

Figure 12: Total Heart Disease Mortality (percentage of all mortality causes) - 2015



(Source: Massachusetts Department of Public Health 2016)

In 2015, (21%) of all mortality in Massachusetts was due to heart disease, this percentage was slightly higher in the Morton Hospital service area at (21.88%). East Taunton (16.22%), Berkley (20.41%), and Middleborough (20.54%) had lower percentages of total mortality due to heart disease than the state level. The highest percentage of total mortality due to heart disease was seen in North Dighton (30.56%), followed by Dighton at (24.19%).

When asked “What do you think are the top three health issues in this community?” (15.55%) or 14 out of 90 participants selected heart disease or high blood pressure as one of three responses. Heart disease was not mentioned in either focus group. However, participants in both groups cited the need for more nutritional and fitness related initiatives which could positively impact heart disease prevalence within the Morton Hospital service area.

Respiratory Disease

Chronic lower respiratory diseases are diseases of the airways and other structures of the lung. Chronic lower respiratory diseases include asthma, chronic obstructive pulmonary disease (COPD), emphysema, and bronchitis. In 2014, chronic lower respiratory disease was the third leading cause of death in the United States and the fourth leading cause of death in Massachusetts. Among adults aged 65 to 84, chronic lower respiratory disease is the third leading cause of death, after cancer and cardiovascular disease (MDPH, 2017).

Risk factors for chronic lower respiratory disease include, but are not limited to, exposure to tobacco smoke, air pollution, occupational chemicals, and dust. The development and management of chronic

lower respiratory disease is strongly linked with the social determinants of health, such as housing, tobacco exposure, and workplace exposures such as chemicals, smoke, dust, fumes or mold (MDPH, 2017).

Asthma

Asthma is a chronic inflammation of the airways that affects people of all ages and is a significant public health problem both in Massachusetts and the United States. Asthma is exacerbated when airways become constricted with swelling and excessive mucus production, making it difficult to breathe. Symptoms of asthma include wheezing, coughing, and chest tightness. Sometimes asthma symptoms become so severe that they result in an asthma attack that requires immediate medical treatment. Asthma attacks can be triggered by certain environmental factors such as air pollution, mold, pet dander or saliva, pests such as rodents and cockroaches, and dust mites in the environment. Asthma affects individuals differently, resulting in differing severity, presentation of symptoms and responsiveness to treatment. Asthma is among the top seven conditions that contribute to high costs and emergency room expenditures in the Commonwealth. On average, asthma patients in Massachusetts incur \$58,600 in medical expenditures per person annually (MDPH, 2017).

Although the percentage of adults who have ever been told that they have asthma does not differ significantly by race/ethnicity, stark racial/ethnic disparities in emergency department visits and hospitalizations strongly suggest the role that the social determinants of health play in asthma outcomes. Trends/Disparities The percentage of adults reporting that they have ever been told by a health provider that they have asthma (lifetime asthma) as well as the percentage reporting that they still have asthma (current asthma) were consistently higher in Massachusetts than in the US as a whole from 2000 through 2013. In 2015, the overall prevalence was (10.2%) (MDPH, 2017).

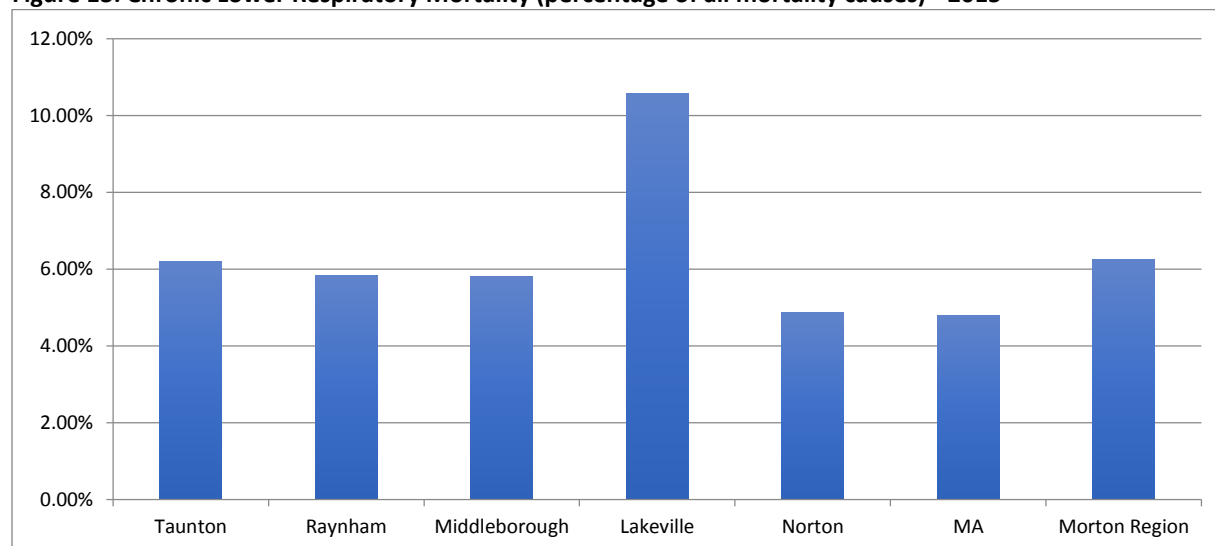
Following national patterns, lifetime and current asthma prevalence in Massachusetts increased significantly from 2000 through 2010 (28.6% and 22.4% increase, respectively). While both lifetime and current asthma prevalence also appear to be increasing in more recent years, additional years of data are needed to estimate the magnitude of this increase. Current asthma prevalence among Massachusetts adults differs based on demographic and socioeconomic factors and by geographic location. Statistically, significant disparities exist by gender, age, education, income, disability status, and weight (MDPH, 2017).

Chronic Obstructive Pulmonary Disorder

Chronic Obstructive Pulmonary Disease (COPD) refers to a group of diseases that cause airflow blockage and breathing-related problems. COPD includes emphysema, chronic bronchitis, and in some cases asthma. In the US, exposure to tobacco smoke is a key risk factor for COPD. Exposure to air pollutants in the home and workplace, genetic factors, and respiratory infections are also risk factors (MDPH, 2017).

In 2015, the prevalence of COPD among Massachusetts adults was (5.7%). Those with prevalence exceeding the state average include women (6.2%); adults older than 75 years of age (14.2%); white non-Hispanic adults (6.3%); adults with less than a high school (11.5%); persons with lower household incomes (e.g., household income less than \$25,000 (11.5%), and persons with a disability (14.5%). COPD is consistently among the top ten reasons for hospital admission in Massachusetts and the rate of potentially preventable hospitalizations due to COPD in Massachusetts exceeds the national average (MDPH, 2017).

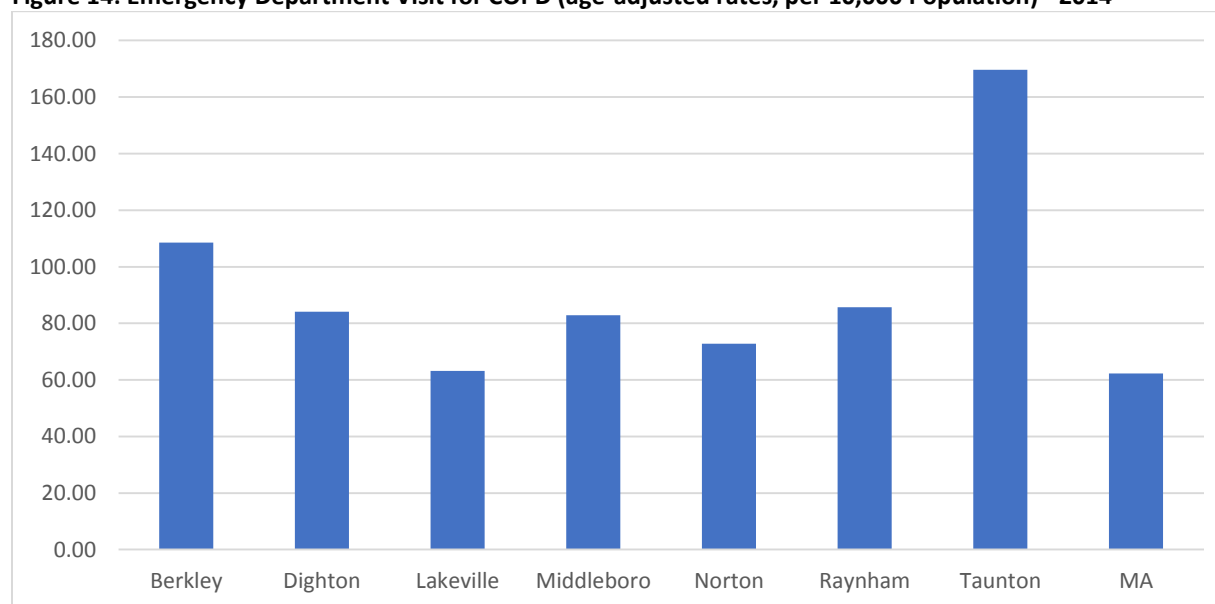
Figure 13: Chronic Lower Respiratory Mortality (percentage of all mortality causes) - 2015



(Source: Massachusetts Department of Public Health 2016) Note: At the time of data collection Chronic Lower Respiratory disease mortality data was unavailable for East Taunton, Berkley, Dighton, and North Dighton.

In 2015, (4.8%) of total mortality in Massachusetts was due to chronic lower respiratory disease, this percentage was higher for the Morton Hospital service area (6.25%), and for each individual service area city/town. The highest percentage of mortality due to chronic lower respiratory disease was seen in Lakeville at (10.59%), followed by Taunton at (6.21%). The lowest percentage of mortality due to chronic lower respiratory disease was seen in Norton at (4.86%).

Figure 14: Emergency Department Visit for COPD (age-adjusted rates, per 10,000 Population) - 2014



(Source: Massachusetts Department of Public Health, Bureau of Environmental Health 2015) Note: at the time of data collection, data was unavailable for East Taunton and North Dighton.

In 2014, the age-adjusted rate of emergency department visits for COPD was (62.28 per 10,000 population). This rate was higher for each Morton Hospital service area city/town. The highest rate of COPD related emergency department visits was seen in Taunton where the rate was nearly 3 times the state level at (169.66 per 10,000 population). Berkley exhibited the second highest rate of COPD related emergency department visits at (108.55 per 10,000 population).

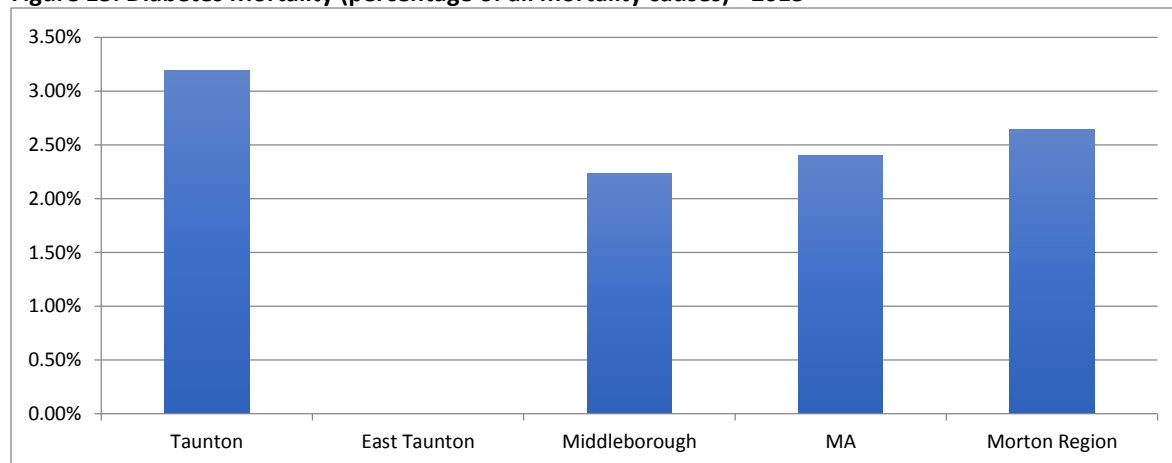
When asked “*What do you think are the top three health issues in this community?*” only one out of 90 survey respondents selected lung disease/asthma as a top health concern within the Morton Hospital community. Lung disease/asthma was not mentioned by participants in either focus group. These conditions are more prevalent in the Morton community than in the rest of the state, especially in Taunton where the rate of emergency department visits for COPD was nearly three times the state level.

Diabetes

Nationwide, the prevalence of diabetes is projected to increase dramatically. The prevalence of type 1 and type 2 diabetes is anticipated to increase (54%) by 2030, affecting 54.9 million Americans. In Massachusetts, the prevalence of diagnosed diabetes has more than doubled over a 22-year period. For example, in 1993, an estimated (3.9%) of Massachusetts residents were told by a provider that they had diabetes. By 2015, an estimated (8.9%) of Massachusetts residents were told they had diabetes (MDPH, 2017).

Socioeconomic disparities exist in diabetes prevalence. In Massachusetts, adults with an annual household income of less than \$25,000 (15.6%) have three times the prevalence of diabetes as compared to those with an annual household income of more than \$75,000. The prevalence of diabetes also decreases as educational attainment increases. A total of (14.5%) of adults without a high school degree were diagnosed with diabetes compared to (5%) of adults with four or more years of post-high school education. Diabetes prevalence and mortality in Massachusetts also differs by race/ethnicity. In 2015, a greater proportion of Black non-Hispanic (12.3%) and Hispanic (11.7%) adults reported being diagnosed with diabetes compared to White non-Hispanic adults (8.7%). In 2014, Black non-Hispanic residents were more than 2.1 times more likely to die from diabetes than White non-Hispanic residents (29.5 versus 13.8 per 100,000 population) (MDPH, 2017).

Figure 15: Diabetes Mortality (percentage of all mortality causes) - 2015



(Source: Massachusetts Department of Public Health 2016) Note: At the time of data collection, diabetes mortality data was unavailable for East Taunton, Raynham, Berkley, Dighton, North Dighton, Lakeville and Norton.

In 2015, (2.4%) of total mortality in Massachusetts was due to diabetes, this percentage was slightly higher in the Morton Hospital service area at (2.64%). The highest rate of mortality due to diabetes was seen Taunton where (3.19%) of all mortality was attributable to diabetes. The lowest percentage of mortality due to diabetes was seen in East Taunton where (0%) of all mortality was due to diabetes.

When asked “*What do you think are the top three health issues in this community?*” (5.56%) or 5 out of 90 survey respondents selected diabetes as a top three health concern. Diabetes was not mentioned by participants in either focus group.

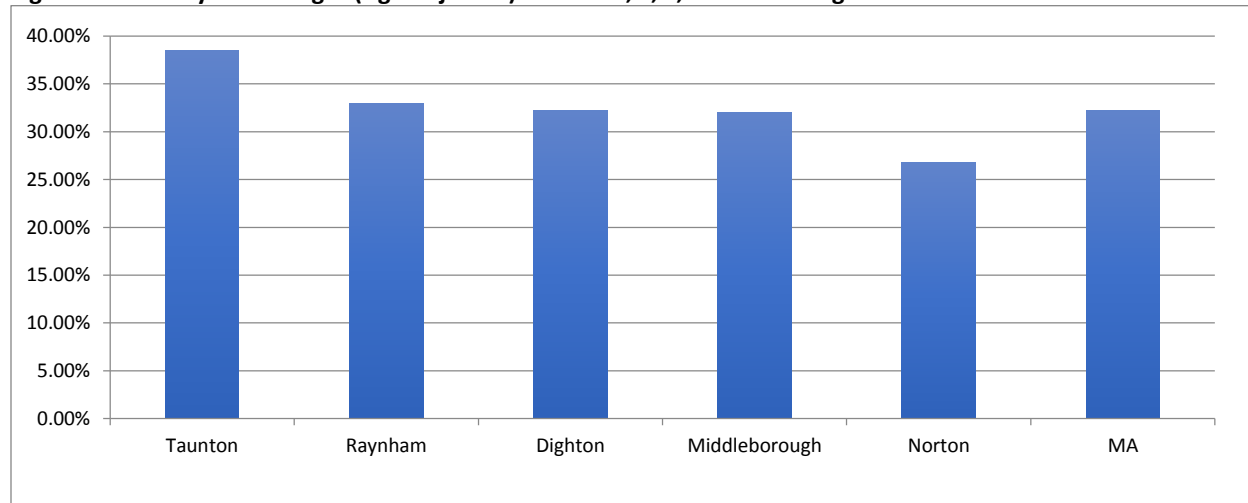
Obesity

Obesity is both a chronic disease and a risk factor for other chronic conditions. Overweight or obese people are more likely to have type 2 diabetes, cardiovascular disease, gall bladder disease, and musculoskeletal disorders. In addition, overweight and obesity are associated with asthma, some forms of cancer, and many other health problems that interfere with daily living and reduce the quality of life. Engaging in physical activity and maintaining a healthy diet have been proven to lower the incidence of obesity, however structural barriers to accessing healthy foods and beverages and opportunities to be physically active disproportionately affect people of color in the Commonwealth. As a result, not all Massachusetts residents have the same opportunities to prevent obesity (MDPH, 2017).

In 2015, nearly (60%) of Massachusetts adults met the criteria for being overweight or obese and (24.3%) were obese. Overweight is defined as having a body mass index (BMI) of 25.0 to 29.9 kg/m². Obesity is defined as a BMI greater than or equal to 30.0kg/m². Both conditions are linked to poor nutrition and inadequate physical activity. There has been a shift in the leading cause of death over the past 50 years from acute conditions to chronic diseases. Given the tie between obesity and so many other chronic diseases, the need to address obesity is a public health imperative to control morbidity and mortality as well as ballooning health care costs in an aging population (MDPH, 2017).

Massachusetts has the fifth highest prevalence of obesity among children enrolled in the Women, Infant and Children (WIC) program who are two to four years old. Childhood overweight is defined as a body mass index (BMI) at or above the 85th percentile for age. Childhood obesity is defined as BMI at or above the 95th percentile of expected for age. Childhood obesity is linked to poor nutrition and inadequate physical activity, and inequities persist across socioeconomic status and race/ethnicity. BMI screening reports conducted by school districts indicate that the prevalence of overweight and obesity decreased from 2009 (34.3%) to 2015 (31.3%). However, this reduction in overweight and obesity was not shared evenly across all school districts. Between 2009 and 2014, school districts with median household incomes greater than \$37,000 experienced significant improvements. However, the prevalence of overweight and obesity for the poorest school districts (less than \$37,000 median household income) did not change and remained the highest across the state with approximately (40%) of students being overweight or obese (MDPH, 2017).

Figure 16: Obesity Percentages (Age Adjusted): Grades 1, 4, 7, 10 – Overweight or Obese Males and Females - 2015



(Source: Massachusetts Department of Public Health 2016) Note: at the time of data collection, data was unavailable for East Taunton, Berkley, and North Dighton.

In 2015, the percentage of overweight or obese youth in Massachusetts was (32.2%). Three of the five cities/towns in the Morton service reported percentages at or above the state level. Taunton had the highest percentage with (38.5%) of youth being classified as overweight or obese, followed by Raynham at (33%). Norton had the lowest level at (26.80%).

When asked “*What do you think are the top three health issues in this community?*” (42.22%) or 38 out of 90 survey respondents selected overweight/obesity as a top health concern in the Morton Hospital community. Focus group participants supported this by bringing up numerous ways that they felt overweight/obesity could be combatted in the Morton Hospital community. These ideas included, low/no cost nutritional education classes, low/no cost exercise opportunities, and expanding healthy food options within the community.

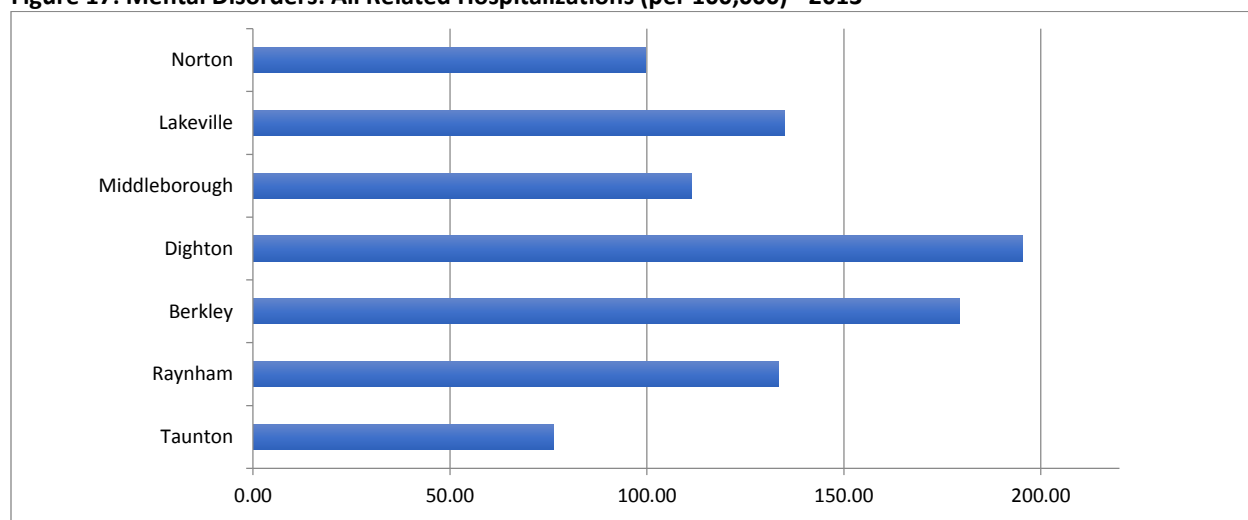
Mental Health

Impaired mental health is common in the United States general population. In 2015, nearly one in five adults suffered from a diagnosable mental illness such as depression or anxiety, and about 1 in 7 will have a major depressive episode in their lifetime. In 2015, (12%) of children ages, 12-17 reported having a major depressive episode in the past year, higher than the percentages from 2004-2014. Between 1999 and 2014, the overall suicide rate in the U.S. rose by (24%) to (13.0 per 100,000 population) and then grew to (13.3 per 100,000) in 2015. In 2014, suicide was the tenth leading cause of death in the U.S. and more than (90%) of patients who died because of suicide also had mental illness (BPHC, 2017).

The coexistence of both a mental disorder and a substance use disorder (SUD) is known as co-occurring disorders. People with mental health disorders are more likely to experience a SUD. Often, people receive treatment for one disorder while the other disorder remains untreated. Undiagnosed, untreated, or undertreated co-occurring disorders can lead to a higher likelihood of experiencing negative outcomes, such as homelessness, incarceration, medical illnesses, suicide, or even early death (SAMHSA, 2016).

Mental health intersects with many areas of public health, including addiction, cancer, cardiovascular disease, and HIV/AIDS, therefore requiring common services and resource mobilization effort. Integrated treatment is critical for treating people with co-occurring disorders and can ultimately achieve better health outcomes and reduce costs. Increasing awareness and building capacity in service systems are important in helping identify and treat co-occurring disorders. Treatment planning should be client-centered, addressing clients' goals and using treatment strategies that are acceptable to them (MDPH, 2017).

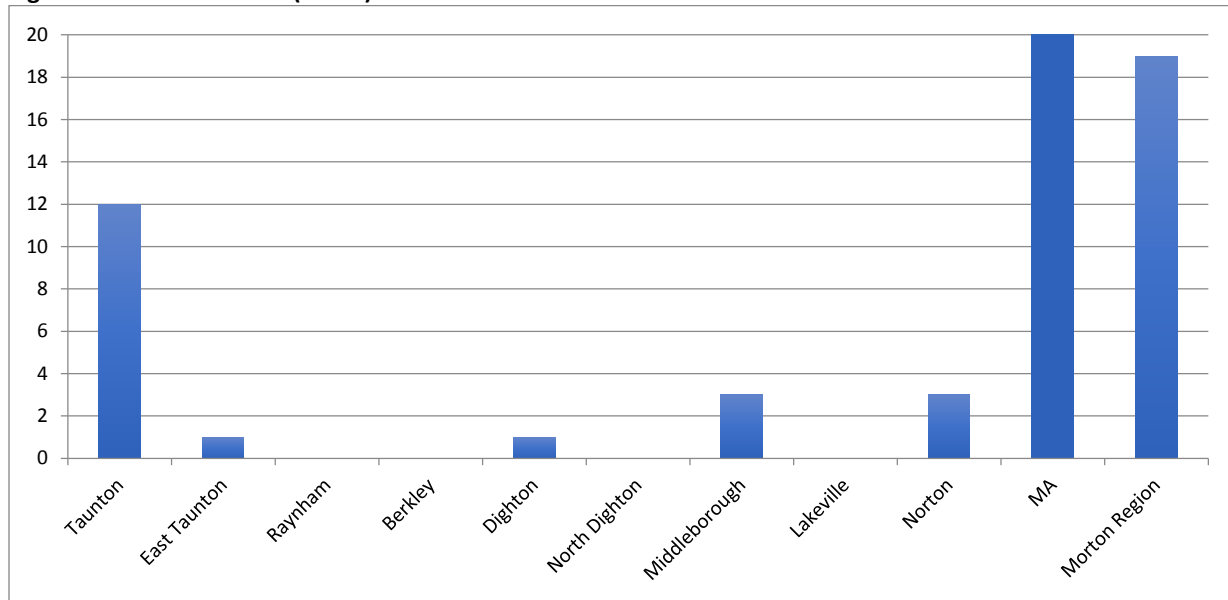
Figure 17: Mental Disorders: All Related Hospitalizations (per 100,000) - 2013



(Source: Massachusetts Department of Public Health 2015)

In 2013, the highest rate of mental health-related hospitalizations within the Morton Hospital service area was observed in Dighton where the rate was (195.36 per 100,000). The second highest rate was seen in Berkley at (179.44 per 100,000). The lowest rate in the service area was seen in Taunton where the rate was just (76.32 per 100,000).

Figure 18: Suicide Deaths (count) - 2015



(Source: Massachusetts Department of Public Health 2016)

In 2015 there were 647 suicide deaths in Massachusetts, 19 of these occurred within the Morton Hospital service area. The highest count of suicide deaths was seen in Taunton at 12, followed by Middleborough and Norton at 3 each. Raynham, Berkley, North Dighton, and Lakeville each reported no suicide deaths in 2015.

When asked *“What do you think are the top three health issues in this community?”* mental health conditions were the second most selected health issue by survey respondents. Of the 90 respondents, 67 selected mental health conditions as a top health concern in the community. Survey respondents and focus group participants felt that more needed to be done to address mental health conditions in the Morton Hospital community. When asked *“What improvements/services should be made/added for a healthier community?”* (79.07%) mentioned a need for expanded mental health services. Focus group participants brought up numerous potential improvements regarding mental health. These included more inpatient beds for mental health patients, better mental health training for staff, expansion of mental health staff in order to reduce wait times, and stress management offerings.

Substance Use Disorder

In 2014, there were 2,200 overdoses from alcohol, 17,465 overdoses from illicit drugs, and 25,760 overdoses from prescription drugs in the US. This number increased in 2015, as total overdose deaths totaled 52,404, including 33,091 (63.1%) that involved an opioid (CDC, 2016). Among those under the age of 45, Massachusetts ranked highest among all states for rate of opioid-related emergency department visits and second highest for the rate of opioid-related inpatient stays. The CDC reported that Massachusetts had the nation's second highest rate of fentanyl seizures among all states in 2014 (MDPH, 2017).

The National Survey on Drug Use and Health (NSDUH) in 2015 estimated 27.1 million people in the US aged 12 and older had used illicit drugs in the past month. Of these, a majority (22.2 million) reported using marijuana and 3.8 million misused prescription opioids (SAMSHA, 2015). According to 2013-2014 NSDUH estimates, the prevalence of past month binge drinking, past month illicit drug use and past month marijuana use among Massachusetts residents age 12 and older exceeded the national averages (binge drinking: (24.2% vs. 22.9%); illicit drug use: (13.2% vs 9.8%) and marijuana use: (11.8% vs 8%) (MDPH, 2017). During the same survey period, an estimated 20.8 million, approximately 1 in 10 people needed substance use treatment (i.e., treatment for problems related to the use of alcohol or illicit drugs). Of this population, (10.8%) received treatment (SAMSHA, 2016).

Rates of substance use and misuse vary by demographics and geographic factors. Variations across population groups are shaped by several factors, including biological, genetic, psychological, familial, religious, cultural, and historical circumstances. Massachusetts offers a variety of treatment approaches to address the needs of individuals with substance use disorders. However, there are important disparities in the outcomes and effectiveness of substance use treatment for different populations. Treatment interventions should be individually tailored and incorporate culturally competent and linguistically appropriate practices relevant to specific populations and subpopulation groups (MDPH, 2017).

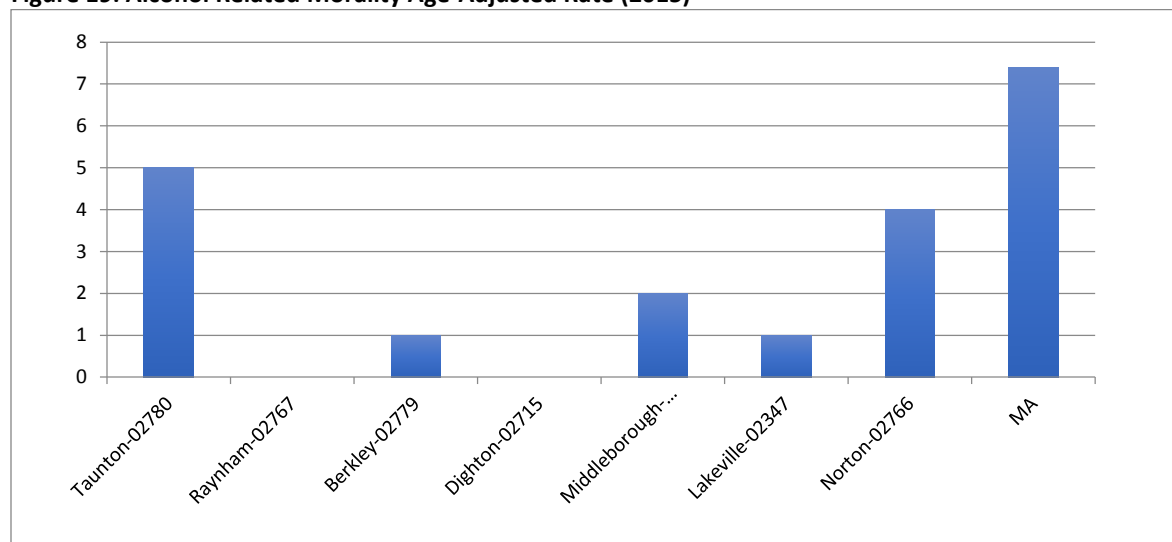
Alcohol

Alcohol is also the most prevalent substance used in the past month by Massachusetts residents 18 to 25 years of age. In 2013-2014, (70.2%) of Massachusetts young adults reported using alcohol in the past month and (43.9%) reported binge drinking in the past month, exceeding national averages for alcohol use among this population (past month alcohol use: 59.6%; past month binge drinking: 37.8%) (MDPH, 2017).

Despite the legal drinking age of 21, alcohol is the primary substance used by youth. According to NSDUH (2013-2014), there has been a decrease in past month alcohol use and binge drinking in the US among individuals 12 to 17 years of age. In 2015, (61%) of Massachusetts high school students reported using alcohol in their lifetime: (34%) reported past month use; (18%) reported binge drinking in the past month (MDESE & MDPH, 2015).

The proportion of BSAS clients who identified as veterans increased (12.1%) from Fiscal Year 2011 (5,095 clients) to Fiscal Year 2016 (5,713 clients). In Fiscal Year 2016, (4%) of the BSAS treatment population identified as veterans. Also, in Fiscal Year 2016, alcohol was the primary drug reported among the BSAS veteran population (48%) (MDPH, 2017).

Figure 19: Alcohol Related Mortality Age-Adjusted Rate (2015)



(Source: Massachusetts Department of Public Health - Bureau of Substance Abuse Services 2015)

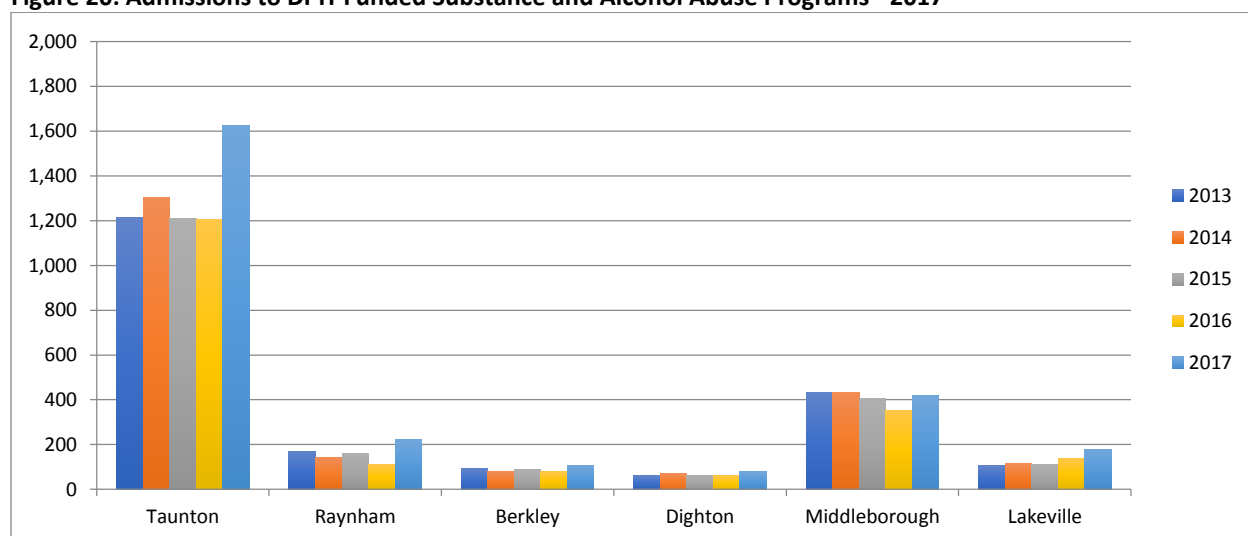
Across the Morton Hospital primary service area Taunton recorded the highest age-adjusted rate of mortality, followed by Norton. However, both were below the Commonwealth's age-adjusted rate of alcohol mortality. Both Raynham and Dighton reported having had no mortality due to alcohol.

Marijuana

According to the National Survey on Drug Use and Health (NSDUH) in 2015, an estimated 27.1 million people in the US aged 12 and older used illicit drugs in the past month. Of these, a majority (22.2 million) reported using marijuana and 3.8 million misused prescription opioids (SAMSHA, 2015). During the same survey period, an estimated 20.8 million, approximately 1 in 10 people needed substance use treatment (i.e., treatment for problems related to the use of alcohol or illicit drugs). Of this population, (10.8%) received treatment (SAMSHA, 2015).

In Fiscal Year 2016, among BSAS treatment program enrollments, (59.9%) of those 13 to 17 years of age reported marijuana as their primary drug, and (16.2%) reported opioid as their primary drug of choice. Of enrollees that were 18 to 25 years of age, (68.3%) reported opioids as their primary drug (MDPH, 2017).

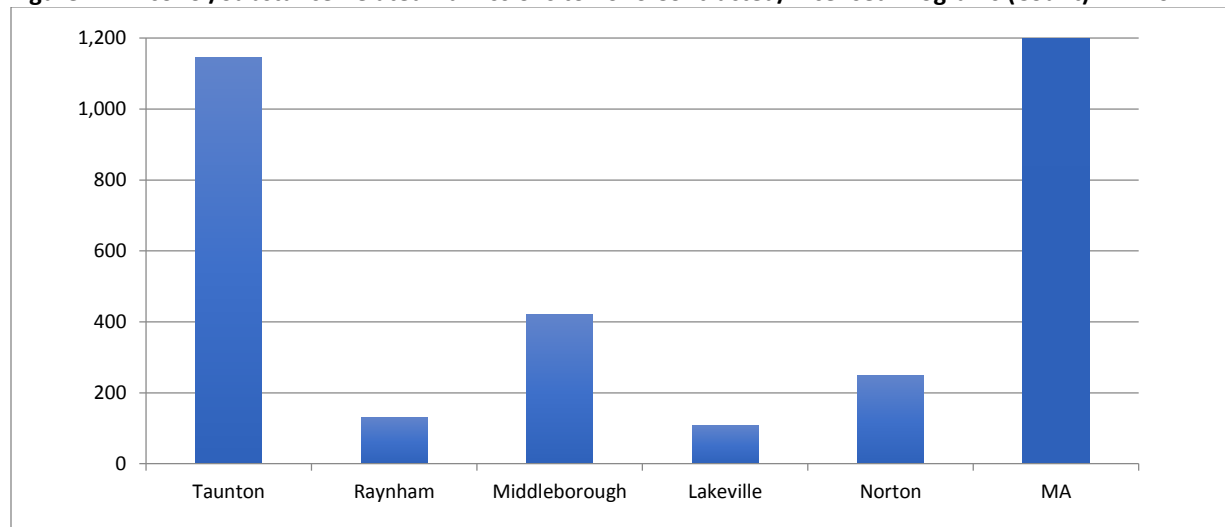
Figure 20: Admissions to DPH-Funded Substance and Alcohol Abuse Programs - 2017



(Source: Massachusetts Department of Public Health, Bureau of Substance Abuse Services 2017)

From 2013 to 2017, Taunton had the highest number of admissions to DPH funded substance and alcohol abuse programs each year. This count peaked in 2017 at 1,626 admissions to a DPH funded substance and alcohol abuse program. Middleborough exhibited the second highest admission counts during the same period. Admissions in Middleborough ranged between 434 and 354 between 2013 and 2017. Dighton had the lowest counts over this five-year period. Admission counts to DPH funded alcohol and substance abuse programs ranged from 60 to 78.

Figure 21: Alcohol/Substance Related Admissions to BSAS Contracted/ Licensed Programs (Count) - FY 2014



(Source: Massachusetts Department of Public Health, Bureau of Substance Abuse Services 2015)

In the 2014 fiscal year, there were 107,358 alcohol or substance-related admissions to BSAS contracted/licensed programs in Massachusetts. The total count within the Morton Hospital service area was unavailable. Of the Service area towns with available data, Taunton exhibited the highest number of alcohol/substance related admissions at 1,144. Middleborough followed with 420 admissions. Lakeville had the lowest count of admissions at just 109.

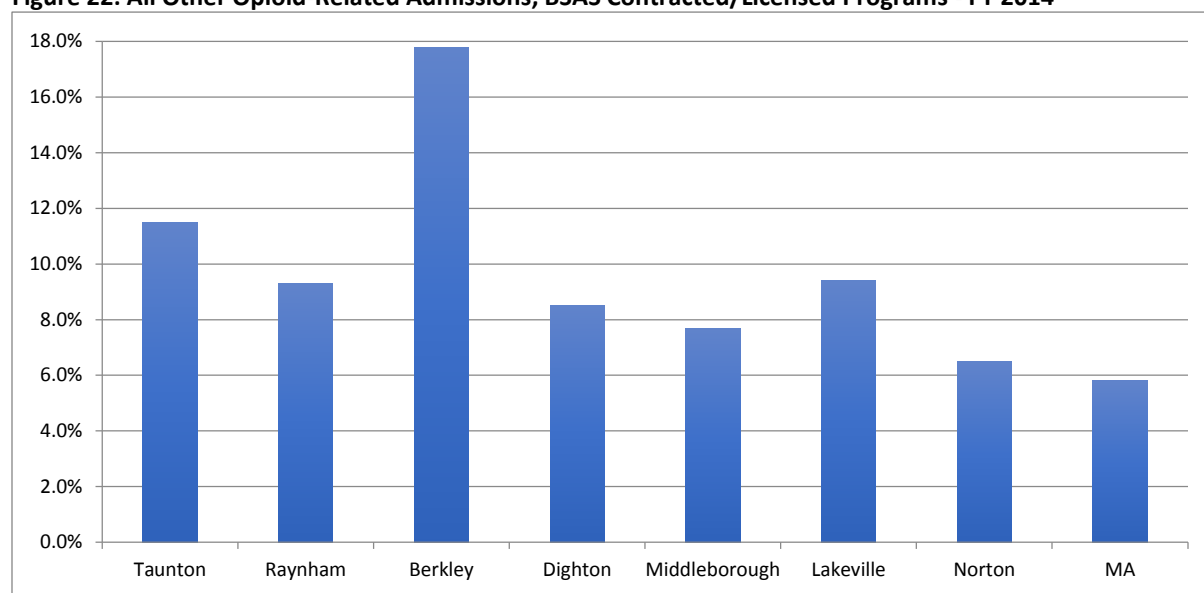
Opioids

In Massachusetts, there has been a dramatic increase in opioid-related deaths. The number of opioid-related deaths in 2016 represents a (17%) increase over 2015 and a (450%) increase since 2000. Almost every community in Massachusetts is affected by the opioid epidemic. A key strategy for understanding the opioid epidemic is to improve the timely analysis and dissemination of data on opioid overdoses (MDPH, 2017).

Increasingly, there is evidence suggesting that fentanyl is fueling the current opioid epidemic. A Massachusetts-CDC collaborative epidemiologic investigation identified that the proportion of opioid overdose deaths in the state involving fentanyl, a synthetic, short-acting opioid with 50-100 times the potency of morphine, increased from (32% to 74%) from 2013 to 2016 (MDPH, 2017).

Intervention is an important component in the continuum of services to address substance use disorder (SUD) in a community. Secondary prevention targets individuals who have low levels of alcohol and/or drug use and would benefit from prevention and safety messages. Tertiary prevention targets individuals who exhibit a greater degree of SUD and experience problems associated with their alcohol or drug use. These individuals would benefit from prevention and harm reduction messages, as well as referrals to treatment. Individuals may experience a range of alcohol and drug use from no use to addiction. Depending on usage level, individuals may benefit from different levels of service. A person-centered approach includes prevention, safety and harm reduction messages tailored to what the individual is ready to receive (MDPH, 2017).

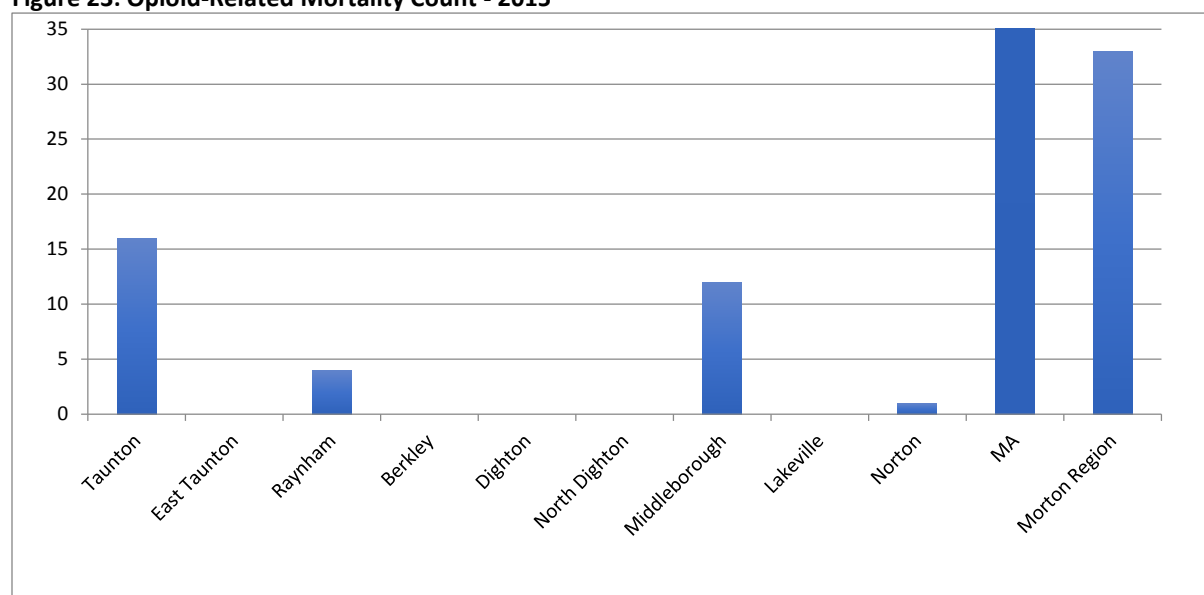
Figure 22: All Other Opioid-Related Admissions, BSAS Contracted/Licensed Programs - FY 2014



(Source: Massachusetts Department of Public Health 2015)

In 2014, (5.8%) of all admissions to BSAS contracted/licensed programs in Massachusetts were related to opioids. Every Morton Hospital service area city/town exceeded this percentage. The highest percentage was seen in Berkley at (17.8%), followed by Taunton at (11.5%). The lowest percentage was seen in Norton where (6.5%) of admissions to BSAS contracted/licensed programs were related to opioids.

Figure 23: Opioid-Related Mortality Count - 2015



(Source: Massachusetts Department of Public Health 2015)

In 2015 there were 1,637 opioid-related deaths in Massachusetts. Of the cities/towns in the Morton Hospital service area, Taunton had the highest number of opioid-related deaths at 16. Middleborough followed with 12. East Taunton, Berkley, Dighton, North Dighton, and Lakeville each had no deaths related to opioids in 2015.

Intervention is an important component of a continuum of services to address substance use disorder. Individuals who have low levels of alcohol and/or drug use and would benefit from prevention and safety messages. Individuals who exhibit a greater degree of SUD and experience problems associated with their

alcohol or drug use and would benefit from prevention and harm reduction messages as well as referrals to treatment. Individuals may experience a range of alcohol and drug use from no use to addiction and can benefit from different levels of service depending on what they are ready to receive at any given time. A person-centered approach includes prevention, safety and harm reduction messages tailored to what the individual is ready to receive (MDPH, 2017).

Substance use disorder was the number one health concern of survey respondents. *“What do you think are the top three health issues in this community?”* (76.67%) or 69 out of 90 respondents selected substance use disorder as a top health concern. Numerous comments on other survey questions brought up the fact that overdoses were on the rise in the Morton service area and that more needed to be done to prevent this. When asked *“What improvements/services should be made/added for a healthier community?”* (67.44%) of survey respondents brought up a need for more improvements regarding substance use disorder. Focus group participants brought up the need for substance abuse initiatives in schools and more AA and AI Anon meetings. The participants also stressed the need to expand resources available to substance abuse for patients and families, as well as the need to improve awareness of these resources.

Housing Stability

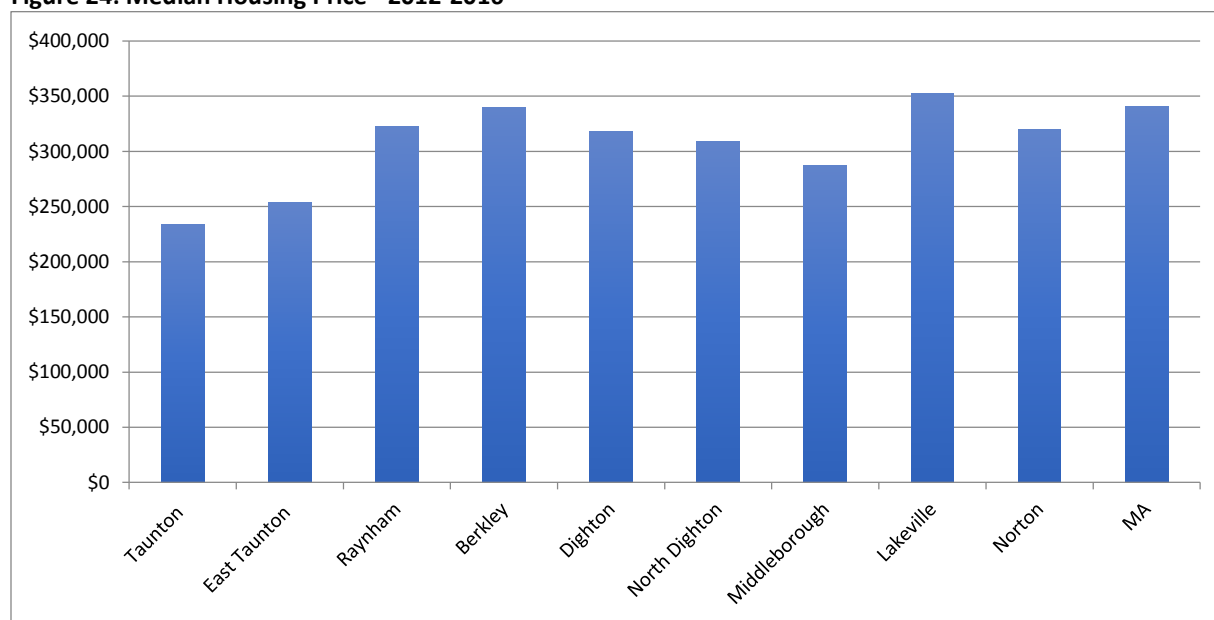
Massachusetts is currently dealing with a severe housing crisis due in large part to a low rate of housing production which has not kept pace with population growth and needs. Increasing rents have outpaced wages, and the lingering effects of the foreclosure crisis still have an impact. As a result, there is a shortage of suitable and affordable units for young workers, growing families, and the increasing senior population. Overcoming these barriers will require addressing a variety of causes, including high development costs and exclusionary and restrictive zoning laws, which have made it difficult to keep up with the housing demand (MA Legislature, 2016).

The Massachusetts population is growing older, and our world-class educational institutions and thriving technology companies continue to attract young professionals at a high rate. The state is ill-prepared to meet the housing needs of this rapidly changing demographics. Baby Boomers (those born between 1946 and 1964) made up (50%) of the state's labor force in 2010. In coming decades, 1.4 million boomers are expected to retire or move away by 2030, this will reduce the size of the skilled workforce significantly. Thus, housing production is an economic imperative for the Commonwealth (MA Legislature, 2016).

There is a high demand for homes in Massachusetts' historically working-class communities. As more middle-income and working-class households move to these lower cost communities in hopes of finding more affordable housing. This demand is driving up prices. Home prices are still more affordable the further one moves away from the urban core (The Boston Foundation, 2017).

Average monthly rents have not fallen further despite the increase in housing construction. This is likely because a disproportionate amount of the new rental units are priced at luxury levels and are not attainable by the majority of Massachusetts' population. The prices of these units have declined enough to bring the overall average rent down without much affecting median rent or rents in the lower end of the price spectrum. Hence, even as average rents have fallen, the proportion of renters who are housing cost-burdened continued to rise in 2017 (The Boston Foundation, 2017).

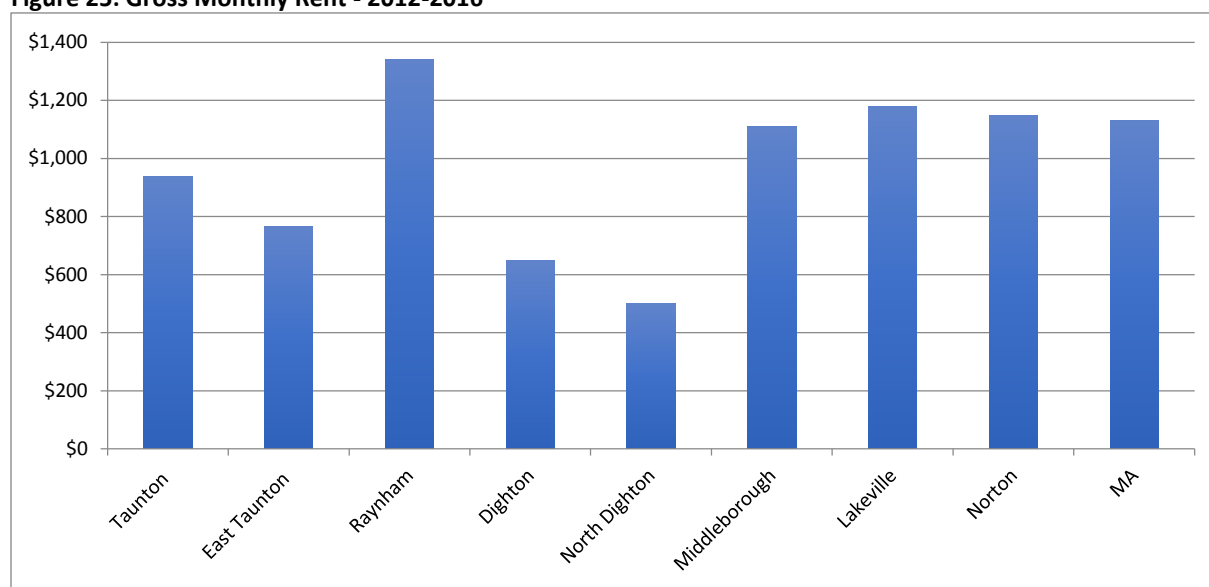
Figure 24: Median Housing Price - 2012-2016



(Source: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates)

From 2012 to 2016, the median housing price in Massachusetts was \$341,000. Of the cities/towns within the Morton Hospital service area, only Lakeville exceeded this level with a median housing value of \$352,400. The lowest median housing prices were found in Taunton and East Taunton where the median price of a home was \$233,800 and \$253,700 respectively.

Figure 25: Gross Monthly Rent - 2012-2016



(Source: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates)

From 2012 to 2016, the median gross monthly rent in Massachusetts was \$1,129, three of the nine service area cities/towns exceed this rate. The highest gross monthly rent was found in Raynham at \$1,342, followed by Lakeville at \$1,180. The lowest gross monthly rent was seen in North Dighton at \$499, followed by Dighton at \$647.

Homelessness

In FY 2018, the Commonwealth will spend a total of \$432 million on a series of housing programs as well as initiatives aimed at combatting homelessness. Of this sum, \$183 million goes to the former with the larger share \$249 million going to homeless programs. However, this amount represents the second consecutive annual funding cut. The state budget for housing-related spending is now \$71 million below the amount in the FY 2016 budget, a (14%) reduction. What makes this cut in state funding even more serious is that it is coming on top of a sharp reduction in federal funding for housing in the Commonwealth. FY 2018 estimated funds for federal housing programs in Massachusetts are expected to be \$71 million less than in FY 2017. Together, the state and federal cuts in the current fiscal year alone amount to more than \$100 million (The Boston Foundation, 2017).

As of August 31, 2018, there were 3,636 families with children and pregnant individuals in Massachusetts' Emergency Assistance (EA) shelter program. 36 of these families with children were being sheltered in motels. (The number rose to 37 families in motels as of November 2, 2018.) This number does not count families who are sharing living spaces, living in unsafe conditions, or sleeping in their cars. During state FY 2018, 8,145 families completed applications for assistance, of these families 4,895 families were assisted with emergency shelter and/or HomeBASE diversion assistance. 3,250 families were denied assistance (40% denial rate, as reported by DHCD). Citizens' Housing and Planning Association (CHAPA) estimates a shortage of 158,769 affordable rental homes for extremely low-income households in Massachusetts as of November 2017.

A report by the *National Low-Income Housing Coalition* details how low wages and high rents lock renters out in Massachusetts and all across the country. For 2017, the Massachusetts statewide housing wage is \$27.39/hour, meaning that a worker would have to earn that amount per hour in order to afford the fair market rent for a 2-bedroom apartment (\$1,424/month), without having to pay more than 30% of their income toward rent. The housing wage is based on a worker working 40 hours/week, 52 weeks/year. For

2016, it was \$25.91 and for 2015, it was \$24.64/hour. Massachusetts ranked as the 6th least affordable state in the country when looking at the 50 states and Washington, D.C. (MCH, 2018).

Poverty contributes heavily to homelessness. According to the U.S. Census Bureau's 2015 American Community Survey report (released in October 2016), the overall poverty rate in Massachusetts was just under (11.5%) in 2015. This includes an estimated 752,071 people in Massachusetts living in households that fell below the poverty threshold. This estimate includes 202,513 children under the age of 18 and 92,468 elders age 65 and older. 355,730 people were living in households with incomes under (50%) of the federal poverty guidelines (MCH, 2018).

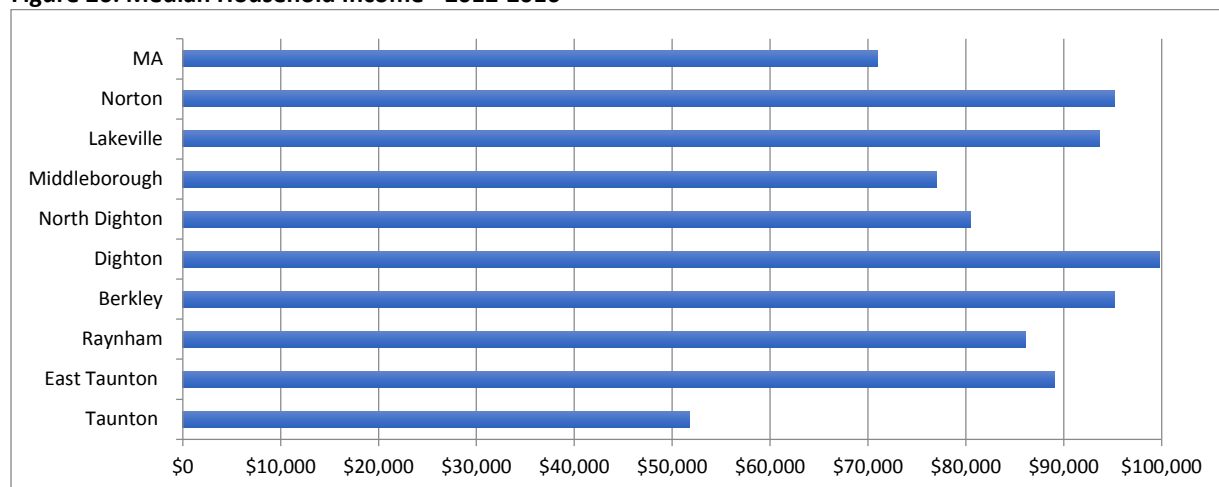
Poverty

Income, poverty, and unemployment are each profoundly linked with health (Braveman, Cubbin, Egerter, Williams, & Pamuk, 2010). Income influences where people choose to live, the ability to purchase healthy foods, the opportunity to participate in physical and leisure activities, and to access health care and screening services. Having a job and job-related income provide individuals the opportunities to make healthy choices, engage in healthy behaviors, access necessary health care services, and enjoy a long life (MDPH, 2017). Unemployment is also associated with poor health, including increased stress, hypertension, heart disease, stroke, arthritis, substance use, and depression; and the unemployed population experiences higher mortality rates than the employed (Henkel D., 2011) (Robert Wood Johnson Foundation, 2013).

While being employed is important for economic stability, employment affects our health through more than just economic drivers. Physical workspace, employer policies, and employee benefits all, directly and indirectly, impact an individual's health. Job benefits such as health insurance, sick and personal leave, child and elder services and wellness programs can impact the ability of both the worker and their family to achieve good health (MDPH, 2017).

Stark racial disparities exist in poverty rates across Massachusetts. From 2011-2015, approximately one in three (29.3%) Hispanic residents and one in five Black non-Hispanic (22%), American Indian or Alaska Native (22.9%), or Native Hawaiian or other Pacific Islander (22.4%) residents recorded incomes below the federal poverty level. These patterns stand in dramatic contrast to less than one in 10 (7.8%) White non-Hispanic and one in seven (14.6%) Asian non-Hispanic residents with incomes below the federal poverty level. Some people's housing costs exceed 30% of their income, leaving less money to cover other necessities (MDPH, 2017).

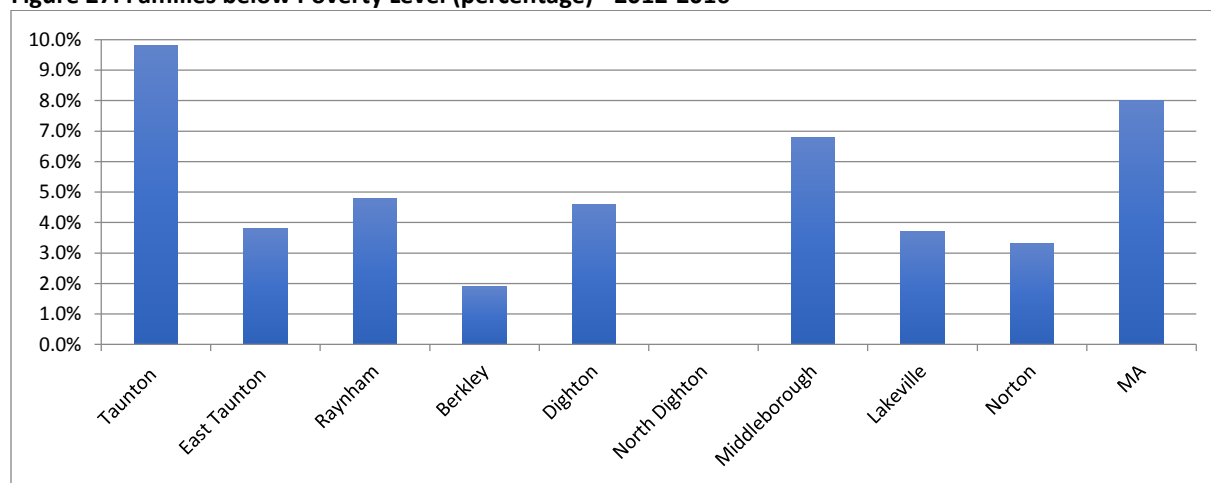
Figure 26: Median Household Income - 2012-2016



(Source: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates)

From 2012 to 2016 the median household income in Massachusetts was \$70,954. Of the cities/towns in the Morton Hospital service area, only Taunton had a lower median household income than the state level at \$51,820. The highest median household income within the Morton Hospital service area was seen in Dighton at \$99,830, followed by Norton at \$95,221 and Berkley at \$95,186.

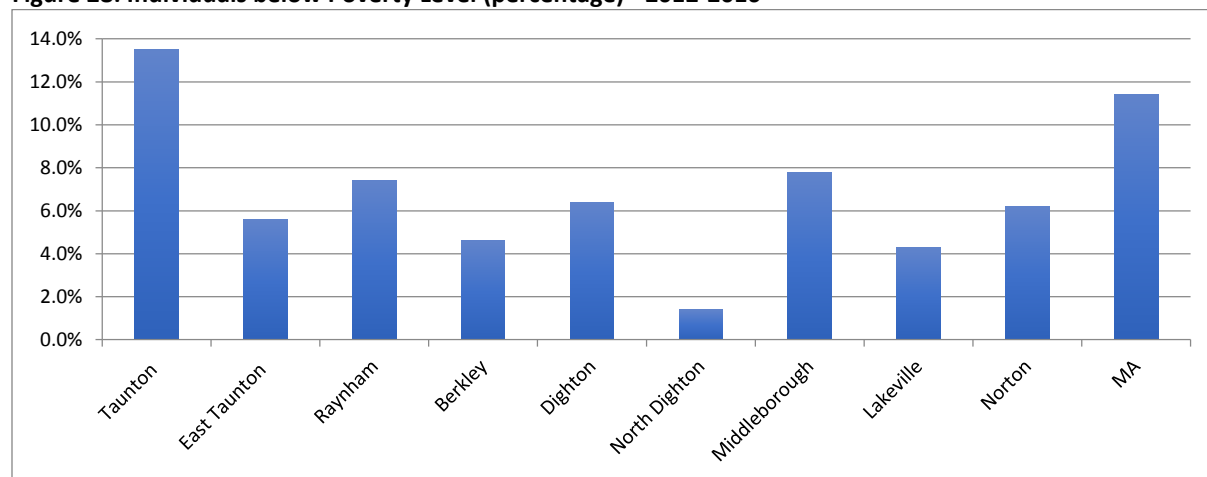
Figure 27: Families below Poverty Level (percentage) - 2012-2016



(Source: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates)

From 2012 to 2016, (8%) of families in Massachusetts were below poverty level. Every city/town within the Morton Hospital service area had a lower percentage of families below the poverty level with the exception of Taunton where (9.8%) of families were below the poverty level. North Dighton reported (0%) of families below poverty level. The second lowest percentage was observed in Berkley where just (1.9%) of families were below the poverty level during this period.

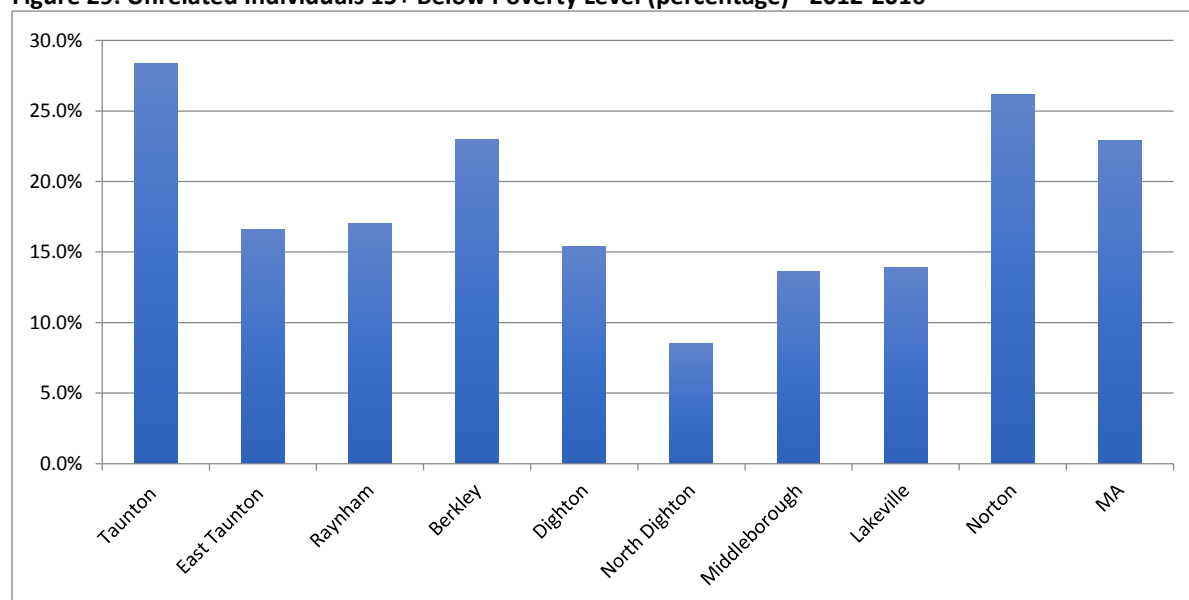
Figure 28: Individuals below Poverty Level (percentage) - 2012-2016



(Source: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates)

From 2012 to 2016, (11.4%) of individuals in Massachusetts were below poverty level. Only Taunton exceeded this percentage at (13.5%). The remaining cities and towns in the Morton Hospital service area each exhibited less than (8%) of individuals below the poverty level. The lowest percentage was seen in North Dighton where just (1.4%) of individuals were below the poverty level.

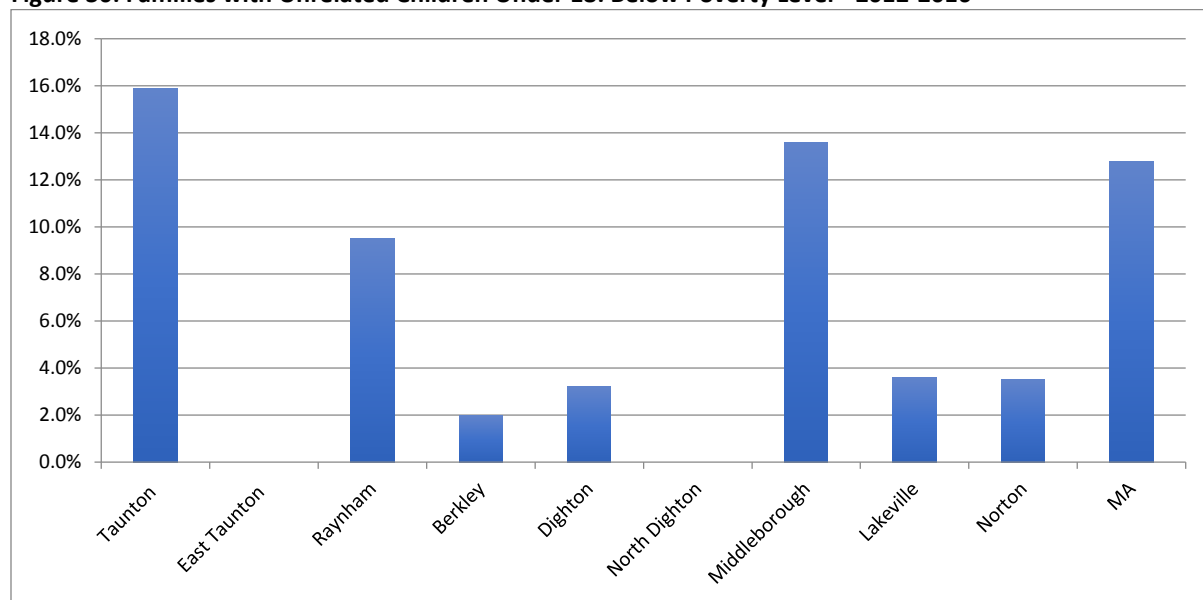
Figure 29: Unrelated Individuals 15+ Below Poverty Level (percentage) - 2012-2016



(Source: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates)

From 2012 to 2016, (22.9%) of unrelated individuals over the age of 15 were below poverty level throughout the Commonwealth. Taunton and Norton exceeded this percentage with (28.4%) and (26.2%) of unrelated Individuals 15+ below the poverty level. Berkley reported a percentage equal to that of Massachusetts. The lowest percentage of unrelated individuals over the age of 15 below the poverty level was seen in North Dighton where the percentage was just (8.5%).

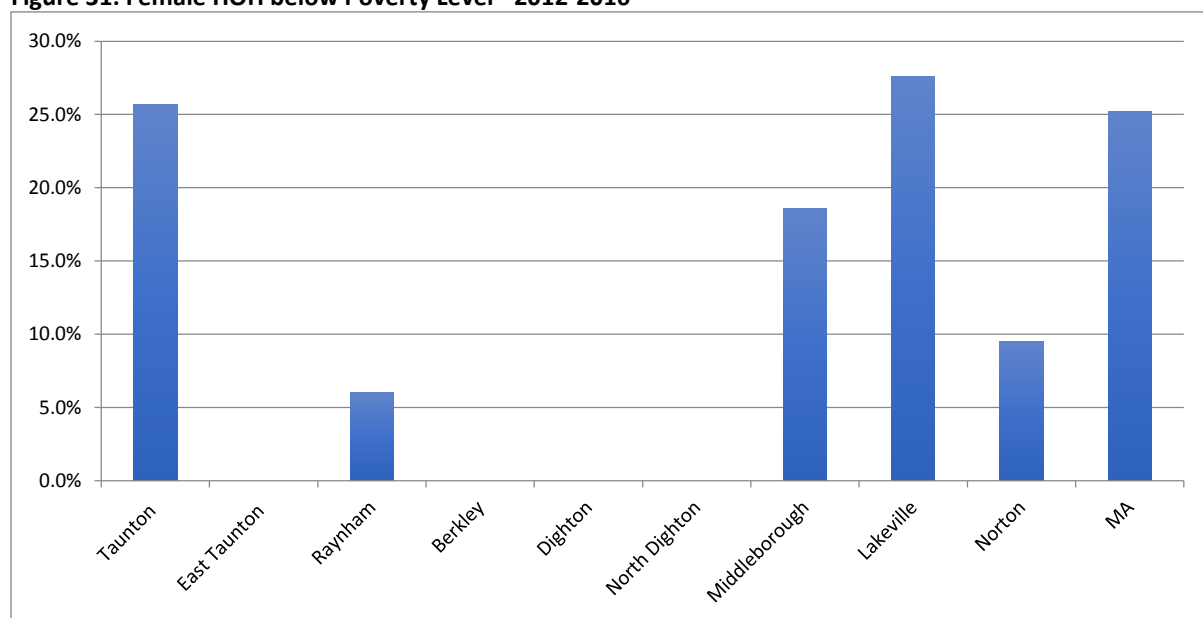
Figure 30: Families with Unrelated Children Under 18: Below Poverty Level - 2012-2016



(Source: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates)

From 2012 to 2016, (12.8%) of families with unrelated children under the age of 18 were below the poverty level. Taunton and Middleborough reported percentages higher than the state level at (15.9%) and (13.9%) respectively. Both East Taunton and North Dighton reported (0%) of families with unrelated children under the age of 18 below the poverty level. The remaining cities/towns each had percentages less than (4%).

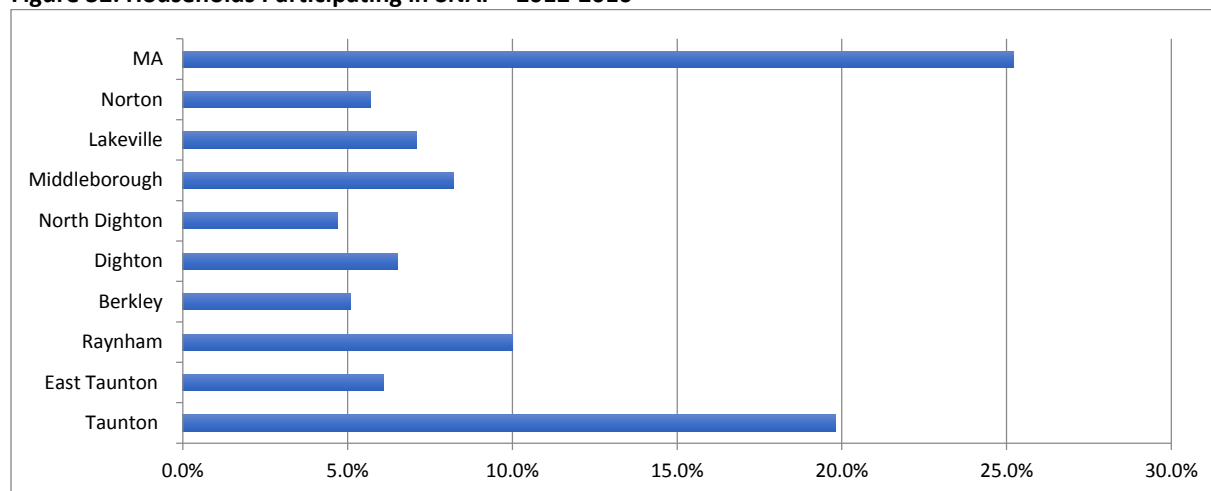
Figure 31: Female HOH below Poverty Level - 2012-2016



(Source: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates)

From 2012 to 2016, (25.2%) of female HOH households in Massachusetts were below poverty level. Both Taunton and Lakeville exhibited percentages higher than the state level. Lakeville had the highest percentage of (27.6%). East Taunton, Berkley, Dighton, and North Dighton each had (0%) of female HOH households below the poverty level.

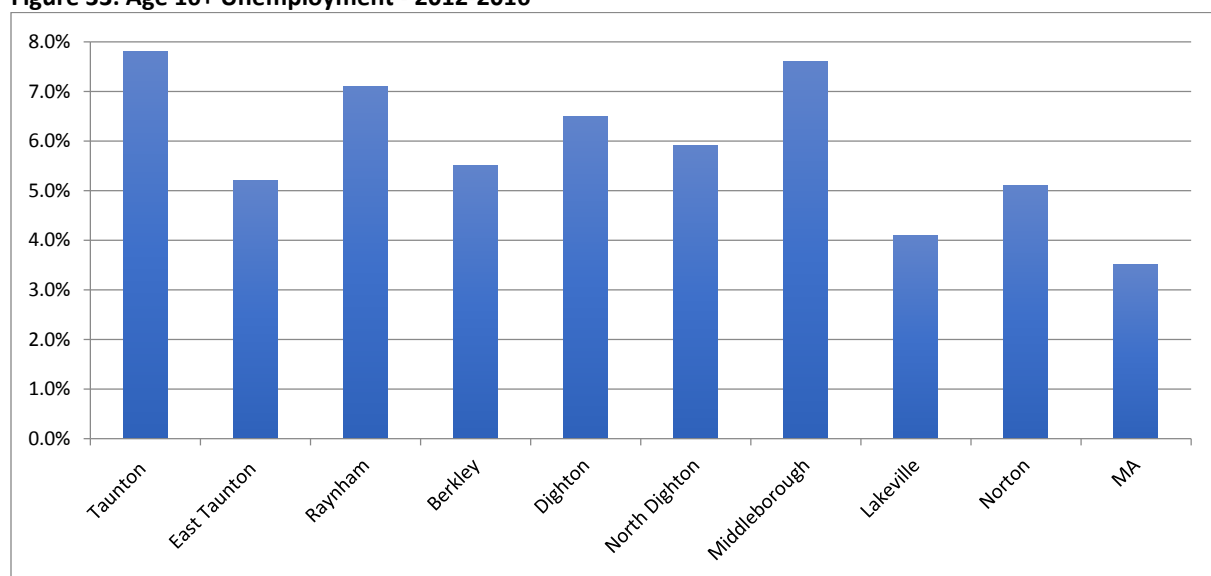
Figure 32: Households Participating in SNAP - 2012-2016



(Source: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates)

From 2012 to 2016, (25.2%) of Massachusetts households participated in SNAP. Every Morton Hospital service area city/town had a lower percentage of households participating in SNAP than the state level. The highest percentage of households participating in SNAP was seen in Taunton at (19.8%). The lowest percentage was seen in North Dighton where only (4.7%) of households participated in SNAP during this period of time. Except for Taunton, all Morton Hospital service area cities/towns exhibited a percentage at or below (10%).

Figure 33: Age 16+ Unemployment - 2012-2016



(Source: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates)

From 2012 to 2016, (3.5%) of Massachusetts individuals over the age of 16 were unemployed. Every service area city/town in the Morton service area had a greater percentage than the state level. The highest unemployment percentage was seen in Taunton at (7.8%), followed by Middleborough at (7.6%). The lowest unemployment percentage in the Morton service area was observed in Lakeville where (4.1%) of individuals over the age of 16 were unemployed.

When asked “Are there any other issues in your community that you want to identify?” several individuals mentioned the rising homeless population in the Morton Hospital community. The mentioned that something needed to be done as homelessness can lead to numerous negative health conditions. Homelessness was not brought up in either focus group.

Access to Care

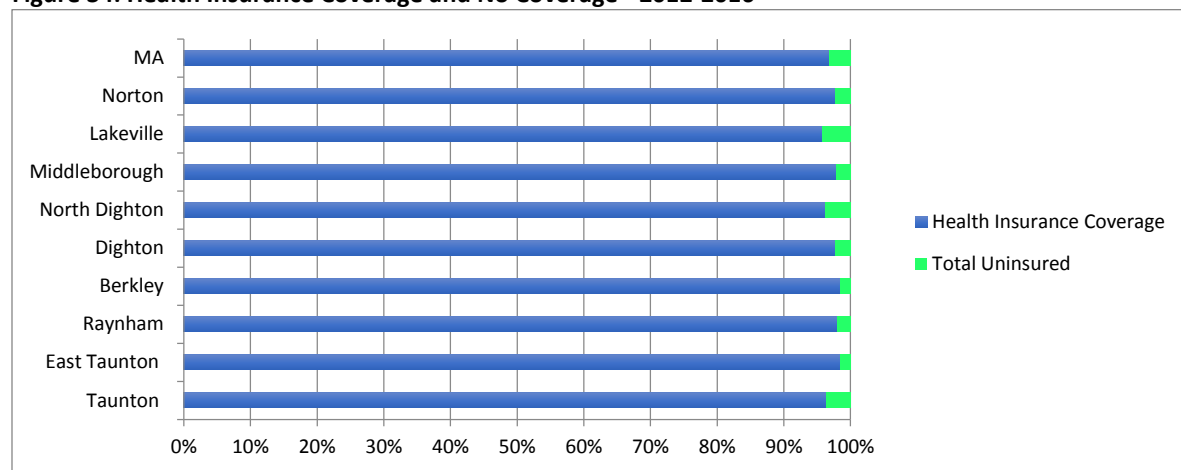
Massachusetts has long been recognized as a national leader in providing health care for its citizens. The focus includes continuously improving capacity and capabilities to allow Massachusetts public health and health care systems to prevent, protect against, quickly respond to, and recover from a variety of emergencies. People who cannot access health care are more likely to have poor overall health and chronic conditions. Accessing services such as preventive care, primary care, dental and mental health care, and emergency care without delay are necessary to a person's overall health (MDPH, 2017).

The overall trends in health care in Massachusetts are among the most positive in the nation:

- Massachusetts has the fewest uninsured residents in the nation. Only four percent were uninsured due to legislation enacted in 2006 to provide improved access to health care coverage in the Commonwealth.
- Only 7.5% of Massachusetts adults say they do not have a “usual place” of medical care compared to a national rate of 17.3%.
- Additionally, Massachusetts ranks first in the number of primary care physicians per 100,000 residents.

Although metrics like health insurance and the availability of providers and facilities are important for assessing access to care, it is vital to consider barriers to health care that disproportionately affect vulnerable populations. These barriers, for some residents of the Commonwealth, may lead to unmet health care needs, delays in receiving care, financial burden, and preventable hospitalizations. Assessing and improving the quality of health systems is important for improving population health. A key Commonwealth goal is a health system that provides quality care that is safe, effective, timely, equitable, and patient-centered. This means working to reduce and prevent adverse events and ensuring timely and accessible evidence-based care for all in the right place and at the right amount (MDPH, 2017).

Figure 34: Health Insurance Coverage and No Coverage - 2012-2016



(Source: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates)

While health insurance coverage rates are high in Massachusetts compared to other states across the country, many individuals remain uninsured and without access to key health care services. According to the U.S. Census data, from 2012 to 2016, Lakeville, North Dighton, and Taunton all maintained a higher percentage of uninsured residents than the Commonwealth.

Community survey results and focus group discussions also highlighted an apparent lack of awareness of available primary and preventive care services within the community. This notion highlights a need for better promotion of available health care resources.

Recommendations

Morton Hospital is well positioned to partner with other community-based organizations and coalitions to address the following key strategic priorities to improve health outcomes and wellness in the region:

- 1. Chronic Diseases**

- a. Cancer
- b. Heart Disease
- c. Respiratory Disease
- d. Diabetes

- 2. Obesity**

- 3. Mental Health**

- 4. Substance Use Disorders**

- 5. Access to Care**

In recognition of the need for further investments in the social determinants of health, as noted in *The Attorney General's Community Benefits Guidelines for Non-Profit Hospitals* released February 2018, Morton Hospital will also consider these six priorities in Community Benefits planning:

- **Built Environment**
 - The built environment encompasses the physical parts of where we live, work, travel, and play, including transportation, buildings, streets, and open spaces.
- **Social Environment**
 - The social environment consists of a community's social conditions and cultural dynamics.
- **Housing**
 - Housing includes the development and maintenance of safe, quality, affordable living accommodations for all people.
- **Violence**
 - Violence is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, with the behavior likely to cause physical or psychological harm.
- **Education**
 - Education refers to a person's educational attainment – the years or level of overall schooling a person has.
- **Employment**
 - Employment refers to the availability of safe, stable, quality, well-compensated work for all people.

Morton Hospital will continue to foster collaborative partnerships with other community-based organizations whose services align with the aforementioned priorities and focus issues. Particular consideration will be given to how strategies impact the lives of the underserved populations identified within the Morton Hospital service area. Morton Hospital recognizes the effectiveness of working together towards the common goal of improving health outcomes among all community members, particularly for underserved populations. Where it is deemed appropriate, Morton Hospital will coordinate with regional public health organizations to ensure our success in addressing community health issues.

Chronic Diseases

Cancer

Several socioeconomic factors contribute to the prevalence of cancer and/or late-stage cancer diagnoses. Obesity, tobacco use, and tobacco exposure are leading risk factors for many cancers including colorectal and breast cancer. Additionally, lack of access to healthy foods, limited physical activity, and lack of access to smoking cessation services are also risk factors. Gaps in health care coverage represent a barrier to covering the costs of diagnostic testing. For examples, individuals with high deductibles, low premiums, or high co-pays must pay for diagnostic tests to confirm a cancer diagnosis, contributing to delays in diagnosis (MDPH, 2017).

The Morton Hospital service area as a whole, with the exception of a few towns, maintains a higher than state average rate of cancer-related deaths. With regard to types of cancer based on the total number of diagnoses, lung cancer was the most prevalent type of cancer in the hospital's service area, followed by breast, prostate and colon cancer respectively.

Community-Wide Recommendations

- Pursue partnerships with the American Cancer Society and/or other cancer education and prevention organizations in the community to advance disease prevention and management.
- Partner with civic and/or faith-based community organizations to reach underserved populations and provide appropriate screenings and prevention education.

Health System Recommendations

- Provide free cancer screening programs in communities more susceptible to cancer and with higher disease burden and mortality rates in order to increase early diagnosis of cancers and treatment with particular attention to Lung, Prostate and Breast Cancer.
- Offer smoking cessation program support groups within the community.
- Offer cancer prevention education and/or informational materials to high priority populations.
- Participate in community-based cancer awareness campaigns in the region.

Cardiovascular Disease

In 2015, (29.6%) of Massachusetts adults said they had been diagnosed with hypertension, similar to previous years. A larger percentage of Black non-Hispanic adults were diagnosed with hypertension (39.4%) compared to White non-Hispanic adults (30.7%). Racial/ethnic disparities in hypertension are likely an important contributing factor to hospitalizations for congestive heart failure, myocardial infarction, and stroke. Racial/ethnic disparities continue to exist in stroke-related hospitalizations. In 2014, Black non-Hispanic residents (368.1 per 100,000 population) experienced stroke-related hospitalization at a rate that was nearly twice as high as that for White non-Hispanic residents (201.5 per 100,000 population). Similarly, Hispanic residents (264.9 per 100,000 population) had a stroke hospitalization rate that was 1.3 times that for White non-Hispanic residents (201.5 per 100,000 population) (MDPH, 2017).

As of 2015, the Morton Hospital service area maintains a slightly higher than state average incidence rate of heart disease-related mortality. North Dighton and Dighton maintained the highest rates, followed by Taunton and Lakeville. East Taunton, Berkley, and Middleboro maintained a rate lower than the state average.

Community-Wide Recommendations

- Pursue partnerships with the American Heart Association and/or other cardiovascular disease education and prevention organizations in the community to advance disease prevention and management.
- Partner with civic and/or faith-based community organizations to reach high priority populations and provide appropriate screenings and prevention education.
- Sponsor sports teams, health fairs and events promoting physical activity within the community.

Health System Recommendations

- Provide free blood pressure screening programs in communities more susceptible to heart disease and with higher disease burden and mortality rates in order to increase early diagnosis and treatment.
- Offer heart attack and stroke prevention education and/or informational materials in target communities.
- Participate in community-based heart health and stroke awareness campaigns in the region.
- Serve as a Community Training Center using American Heart Association standards for employees, physicians, and community professional healthcare workers for cardiac education and CPR certification.

Respiratory Disease

Data indicates that respiratory disease continues to be a public health concern for the hospital's service area. Looking at COPD-related hospital visits alone, Taunton's rate of hospitalization (169.66) was nearly triple that of the average state rate of 62.28. All other towns in the hospital's service area also maintained higher than state average COPD-related hospitalization rates.

Community-Wide Recommendations

- Pursue partnerships with the American Lung Association and/or other lung and respiratory disease education and prevention organizations in the community to advance disease prevention and management.
- Partner with civic and/or faith-based community organizations to reach high priority populations and provide appropriate screenings and prevention education.
- Create smoke-free environments within the community and within work environments and offer smoking cessation resources to employees and members of organizations.

Health System Recommendations

- Offer smoking cessation programs within the community.
- Educate the community about lung cancer screening services available at the hospital and eligibility criteria.
- Participate in community-wide campaigns such as National Smoke-Out Day.
- Provide educational programs within the community related to the effects of smoking and management or diseases such as COPD.

Diabetes

Socioeconomic disparities exist in diabetes prevalence. In Massachusetts, adults with an annual household income of less than \$25,000 (15.6%) have three times the prevalence of diabetes as compared to those with an annual household income of more than \$75,000. The prevalence of diabetes also decreases as educational attainment increases. A total of (14.5%) of adults without a high school degree were diagnosed with diabetes compared to (5%) of adults with four or more years of post-high school education. Diabetes prevalence and mortality in Massachusetts also differs by race/ethnicity. In 2015, a greater proportion of Black non-Hispanic (12.3%) and Hispanic (11.7%) adults reported being diagnosed with diabetes compared to White non-Hispanic adults (8.7%). In 2014, Black non-Hispanic residents were more than 2.1 times more likely to die from diabetes than White non-Hispanic residents (29.5 versus 13.8 per 100,000 population) (MDPH, 2017).

Within the hospital's service area, both Taunton and Middleboro reported diabetes-related deaths in 2015, with Taunton's rate above state average.

Community-Wide Recommendations

- Pursue partnerships with the American Diabetes Association (ADA) and/or other diabetes education and prevention organizations in the community to advance disease prevention and management.
- Partner with civic and/or faith-based community organizations to reach high priority populations and provide appropriate screenings and prevention education.

Health System Recommendations

- Promote use of the ADA and/or CDC diabetes type 2 and prediabetes screening tools within high priority populations.
- Offer diabetes type 2 prevention and self-management programs in communities more susceptible to diabetes type 2 and with higher disease burden and mortality rates in order to increase early diagnosis and management.
- Participate in community-based diabetes awareness campaigns in the region.
Offer diabetes support groups, educational programs and prevention programs within the community.

Obesity

In the Key Informant Survey, the following question was asked: “What do you think are the top 3 health issues in this community?” Obesity was ranked the 3rd most significant concern among those who completed the survey. Obesity was also the highest response to the question “Are you or someone in your household in need of assistance or services related to any of the following?”

Survey results demonstrated that community members agree there are barriers to being physically active, such as time, cost of recreational activities and access to recreational activities. Barriers to eating healthy included affordability and lack of education about how to prepare healthy meals.

Focus group participants noted the need for increased education within the community regarding nutrition and healthy eating on a budget. Focus group participants also felt that community sidewalks are not well-maintained and that more walking paths and recreational areas are needed to promote fitness.

Community-Wide Recommendations

- Continue to support Mass in Motion Taunton programming, specifically programs that create walking paths and vegetable gardens.
- Sponsor and promote participation in community events such as runs and walks to generate greater physical activity.
- Develop walking programs/clubs within workplaces to promote physical activity within the workplace.
- Work with school systems, housing authorities to develop nutrition and healthy eating programs.

Health System Recommendations

- Continue to collaborate with “Walk with a Doc” program to offer scheduled walks with a provider in the community.
- Sponsor and promote community programs such as runs and walks.
- Provide nutrition and healthy eating education programs at the hospital and within the community.

Mental Health

Mental health intersects with many areas of public health, including addiction, cancer, cardiovascular disease, and HIV/AIDS, therefore requiring common services and resource mobilization effort. Integrated treatment is critical for treating people with co-occurring disorders and can ultimately achieve better health outcomes and reduce costs. Increasing awareness and building capacity in service systems are important in helping identify and treat co-occurring disorders. Treatment planning should be client-centered, addressing clients' goals and using treatment strategies that are acceptable to them (MDPH, 2017).

Focus group and survey participants felt strongly that there is a major need for change in mental health services, including a need to offer more beds to psychiatric patients and better mental health training for medical and first responder staff. Although local support systems are available, many don't know how to access them, and long wait times and insurance barriers prevent those who need the services from getting help.

Community-Wide Recommendations

- Disseminate educational materials outlining signs of mental health issues (particularly depression and anxiety) at strategic locations targeting high priority populations.
- Provide family members and/or caregivers with educational information on mental health so as to assist caregivers to understand warning signs of mental illness.
- Advocate for inclusion of screenings for mental illness within the school systems to foster early intervention and access to treatment.
- Promote awareness of mental illness and work to decrease stigma surrounding seeking support.
- Support and promote mental health resources within the community to generate greater awareness of available resources and programs.
- Pursue collaboration with the National Alliance on Mental Illness, health insurers, and/or other mental health education organizations in the community to advance disease management.

Health System Recommendations

- Collaborate with health and human service organizations to develop a comprehensive care plan that would be accessible to providers at all points of care.
- Implement strategic partnerships with community organizations that are able to provide services to community members, particularly high priority populations.
- Maintain Behavioral Health Navigator program in the Emergency Department.
- Engage community-based service providers to learn of and promote services that may be available to community members in need of services.
- Implement strategic partnerships with community organizations that are able to provide services to community members, particularly high priority populations.
- Offer training programs to staff in the Emergency Department and throughout the hospital, providing education on screening patients for mental illnesses and promoting suicide prevention.

Substance Use

Misuse of alcohol or other drugs over time can lead to physical and/or psychological dependence on these substances, despite negative consequences. Substance misuse alters judgment, perception, attention, and physical control, which can lead to repeated failure to fulfill responsibilities and can increase social and interpersonal problems. There is a substantially increased risk of morbidity and death associated with alcohol and drug misuse. The effects of substance misuse are cumulative, significantly contributing to costly social, physical, mental, and public health challenges. Examples of these include domestic violence, child abuse, motor vehicle crashes, physical fights, crime, homicide, suicide, human immunodeficiency virus/ acquired immunodeficiency syndrome (HIV/AIDS), and other sexually transmitted infections (6). Substance misuse can also impact one's social determinants of health, such as employment, income, social network, and housing (BPHC, 2017).

Taunton leads with the largest number of individuals attending DPH funded substance and alcohol abuse programs, followed by Middleboro. Taunton also maintained the highest level of alcohol/substance use related hospitalizations.

Community-Wide Recommendations

- Advocate for increasing availability of detox and long-term treatment facilities, particularly to high priority populations in the region.
- Implement a marketing campaign to increase the perception of harm of adolescent substance use.
- Collaborate with schools and other organizations to incorporate an evidence-based curriculum that addresses substance use and mental health.
- Implement and promote substance use prevention and harm reduction programs.
- Support community-based substance abuse prevention coalitions.

Health System Recommendations

- Provide support resources for patients for whom illness can cause significant stress and anxiety.
- Promote evidence-based best practices in substance use disorder treatment across the continuum of care.
- Engage community-based service providers to learn of and promote services that may be available to community members in need of services.
- Continue collaborations and expand access to support programs for patients and caregivers.
- Participate in prescription monitoring programs across the hospital and among prescribing providers.

Access to Care

Key Informant Survey participants felt that access to health care and lack of preventative care services were concerns within our community. While the majority of survey participants noted that they had a primary care provider, nearly (40%) felt there were barriers to accessing primary and preventative care within the community such as lack of awareness of local providers, especially multilingual providers, issues with insurance coverage and convenience of getting an appointment. Transportation was also noted as a major concern, noting that many people in the community may not be aware of available resources to get to appointments. Participants also felt there needed to be more general health education, and more support groups and programs.

Community-Wide Recommendations

- Collaborate on a community-wide resource directory to ensure residents have access to and are aware of all available resources and programs.
- Advocate for, support and help to fund initiatives that would improve and expand transportation services within the community.
- Promote and encourage participation in health fairs and other health and wellness programs offered within the community.

Health System Recommendations

- Continue to recruit primary care providers to the community to reduce wait times for appointments and ensure residents have access to a provider when needed.
- Maintain a focus on recruiting multilingual providers to best meet the needs of the diverse community we serve.
- Implement programs to connect patients who do not have an established primary care provider with a provider while they are in the hospital.
- Continue to enroll residents in health insurance programs via community health advocate and financial counselor programs.

Underserved Populations

As it may be observed, who we are directly impacts how we interact with our community and society. Our race, gender identity, age, disability status, etc. influence the social environment that we experience. Our social environment impacts many mental and physical health outcomes, including mental health, violence, risk behaviors (tobacco and drug use), physical health and well-being, and disease morbidity and mortality. We are influenced by the social environment on three levels: interpersonal, community, and society (MDPH, 2017).

Across all three levels, systems of oppression such as structural racism and gender bias lead to social isolation, social exclusion, poor mental health, increased risk of violence, increased rates of poverty, higher hospitalizations, longer recovery times, and higher mortality rates for many conditions. Social isolation, social exclusion, racism, discrimination, and poverty disproportionately affect low-income communities and communities of color and all negatively impact many aspects of health. Communities of color are more likely to have lower levels of resources and connectedness with other neighborhoods and higher levels of racial segregation. They also face more challenges when engaging in group action in neighborhoods to shift these conditions (Hobson-Prater T, 2012).

Community-Wide Recommendations

- Support efforts to improve the health care delivery system through reform.
- Collaborate with organizations working to remove barriers to care for underserved populations.

Health System Recommendations

- Engage members of high priority populations such as low-income individuals, immigrants, and minorities to identify needs and priorities for improved service delivery.
- Provide assistance to community members seeking to apply for public health insurance coverage provided through public health plans.
- Screen individuals for primary care provider, where appropriate, assist community members to enroll with primary care provider of their choice.

Limitations

Data collected for analysis were derived from publicly accessible, governmental sources. Some data sources lacked information on certain towns. Data presented in this report is the most recently available at the time of the creation of this report. As such, some of the relative changes, though classified as increases or decreases, are qualitative valuations relative to state values. Though it would have been preferable to have more recent data with statistical evaluation for significance (p-value) and correlation (r-value), we were limited to currently available datasets.

In previous versions of this CHNA, data had been collected through the use of the Massachusetts Community Health Information Profile (MassCHIP). However, at the time of data collection, this resource was unavailable to researchers. Researchers instead relied on datasets provided by the Accreditation Coordinator/Director MassCHIP, Office of the Commissioner, Massachusetts Department of Public Health and guidance provided by the same in order to collect data used to compile this CHNA.

Although the community focus group provide valuable information, serving as important tools for data collection and community engagement, there are some limitations to consider. Focus group data is qualitative in nature and reflect only the views and opinions of a small sample. Focus groups are limited to the views and opinions of the participants and are not all-inclusive of the various perspectives of the larger populations; they do not constitute complete data for the communities in which focus groups were held. It would have been advantageous to have conducted focus groups in more communities so as to engage a larger segment of the population within the hospital service area, as this may have garnered more diversified data unique to other communities.

Though the intent of this project was to capture the views and opinions of all or most health and human service providers within the Morton Hospital service area, there were also limitations to the survey distribution. The survey was distributed via email by Morton Hospital staff and members of the Prevention & Wellness Network (CHNA 24) that encompass cities and towns in the Morton Hospital service area, to be circulated to its local affiliates. Not all health and human service providers within the service area are members of CHNAs, some may have been excluded due to a lack of access to computer-based technology. Some providers had a longer period of time to access and respond to the survey as the survey distribution was ultimately at the control and discretion of the Morton Hospital staff and the respective CHNA leadership.

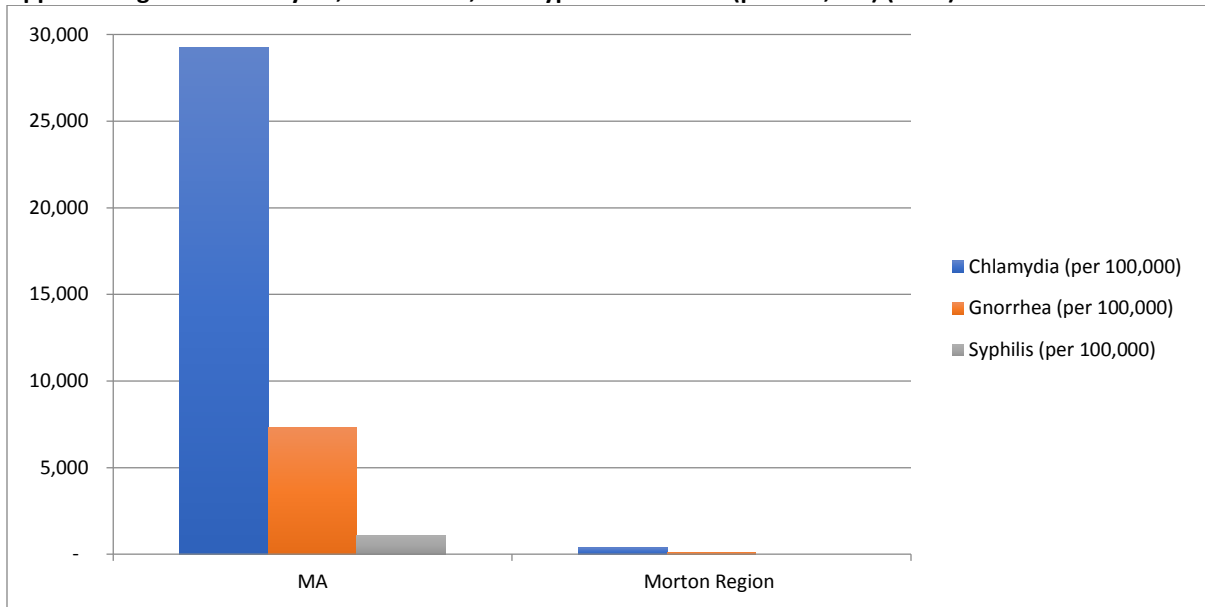
Appendix A.

Supplemental Health Indicators and Demographic Data

Health Indicators

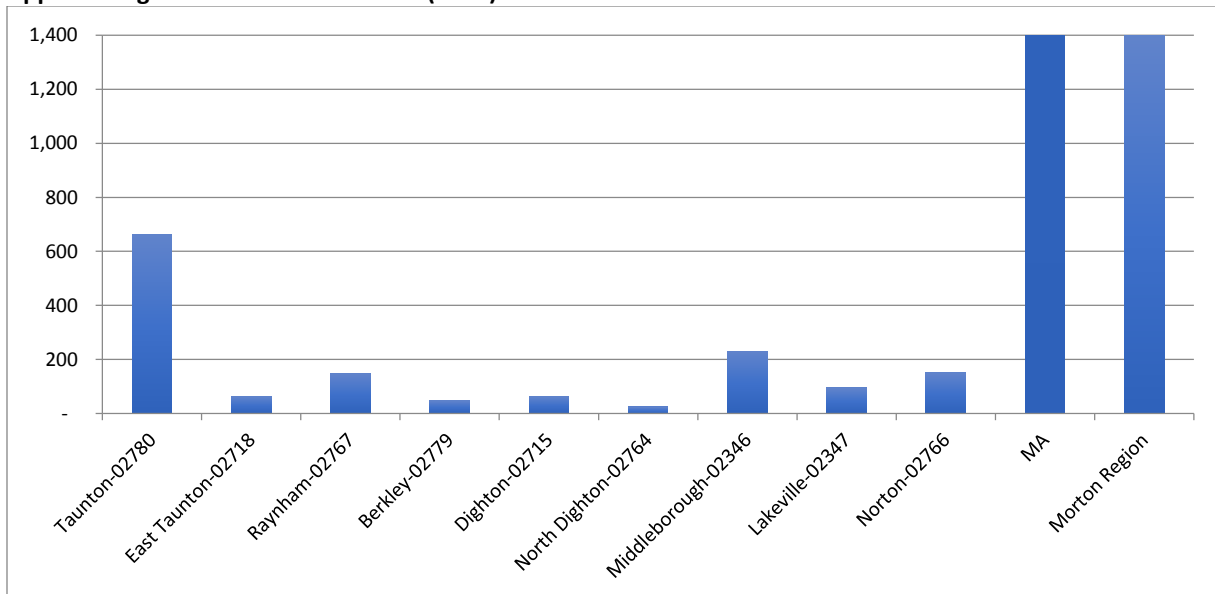
Reproductive and Sexual Health

Appendix Figure 1: Chlamydia, Gonorrhea, and Syphilis Incidence (per 100,000) (2017)



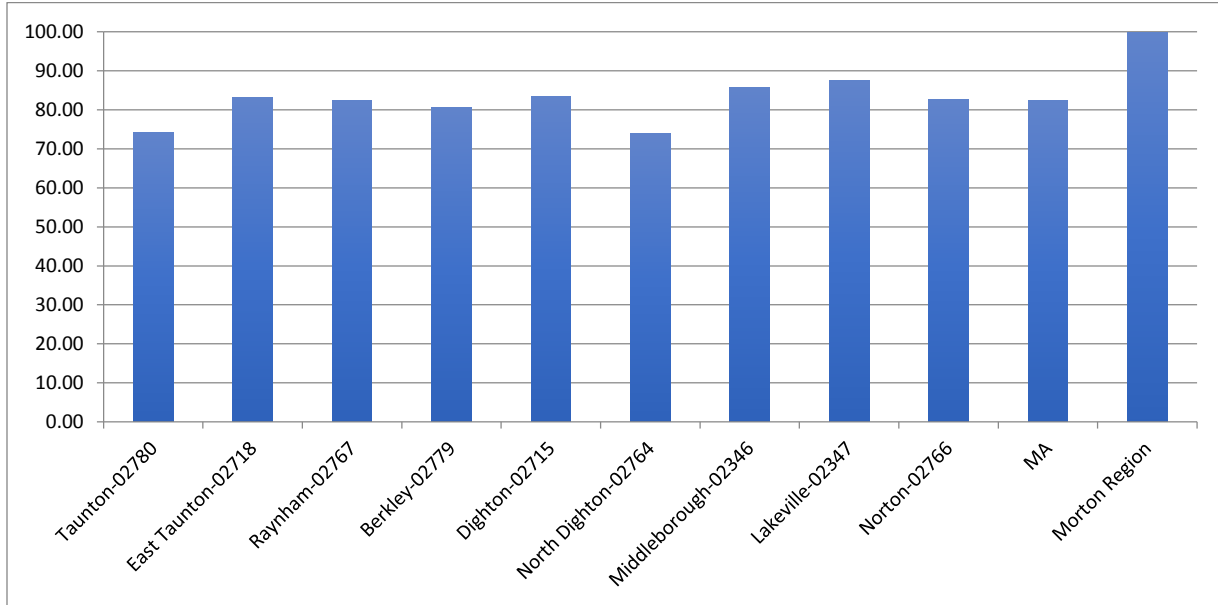
(Source: MDPH Bureau of Infectious Disease and Laboratory Sciences 2015)

Appendix Figure 2: Total Births Count (2015)



(Source: Massachusetts Department of Public Health 2015)

Appendix Figure 3: Percent Adequate Prenatal Care - Kessner Index (2015)

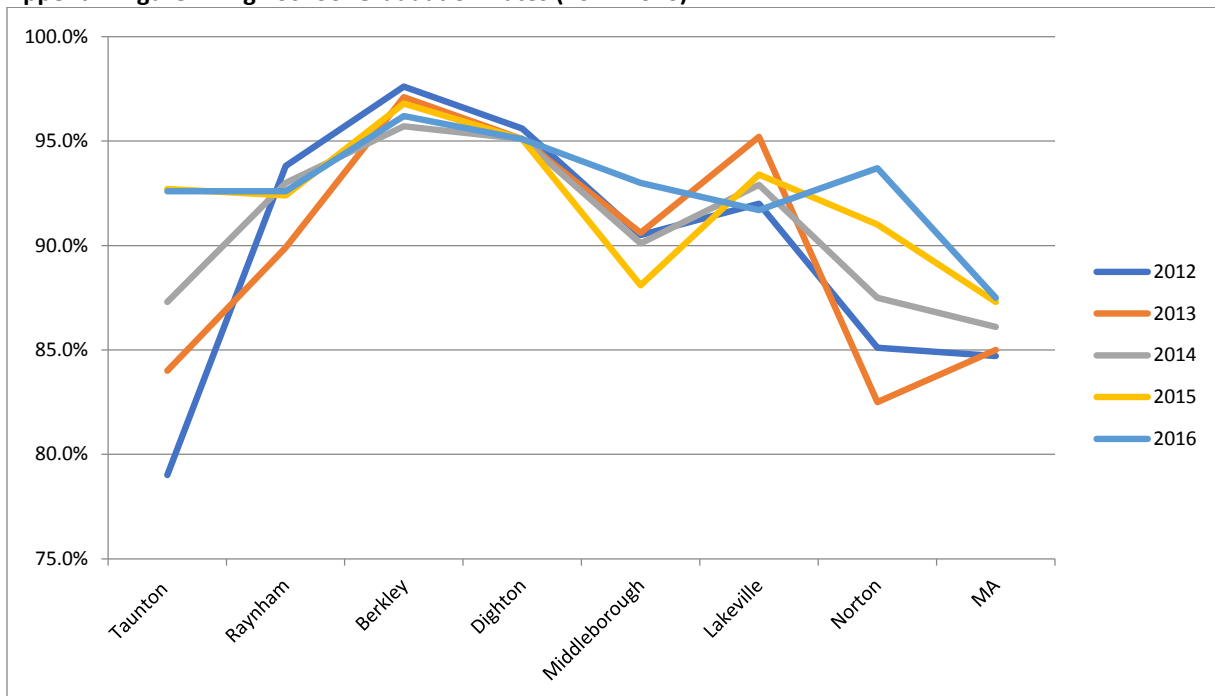


(Source: Kessner Index)

Demographic Data

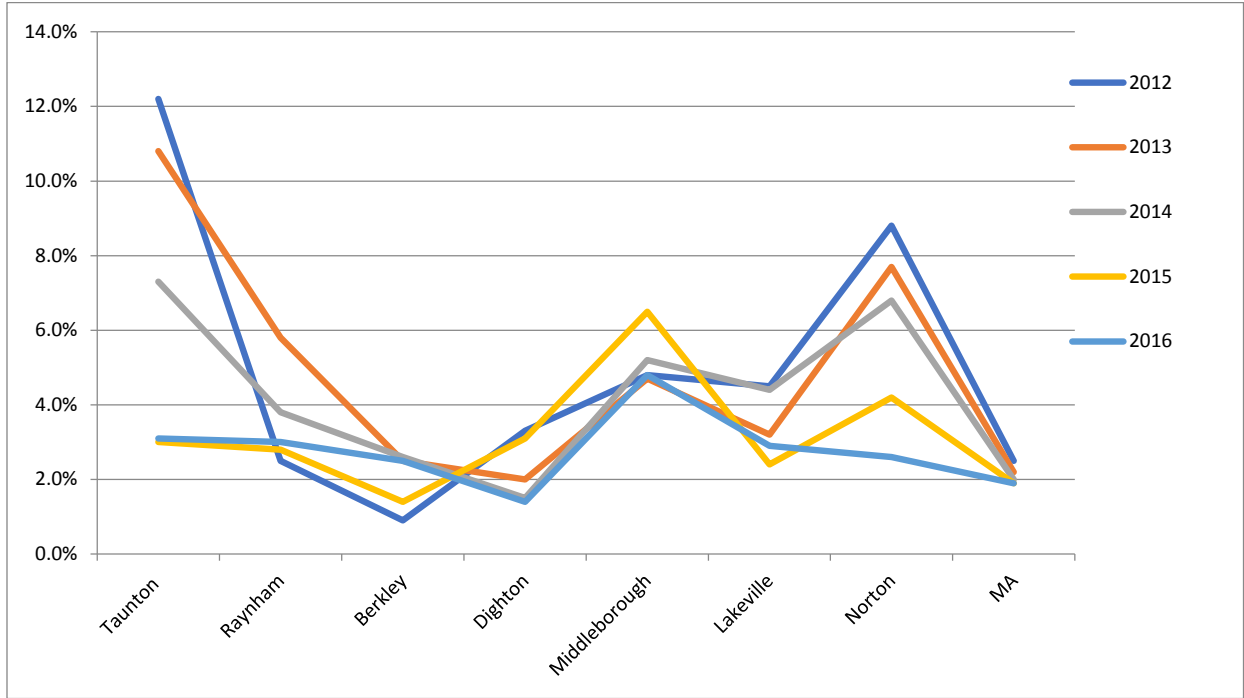
Education

Appendix Figure 4: High School Graduation Rates (2012-2016)



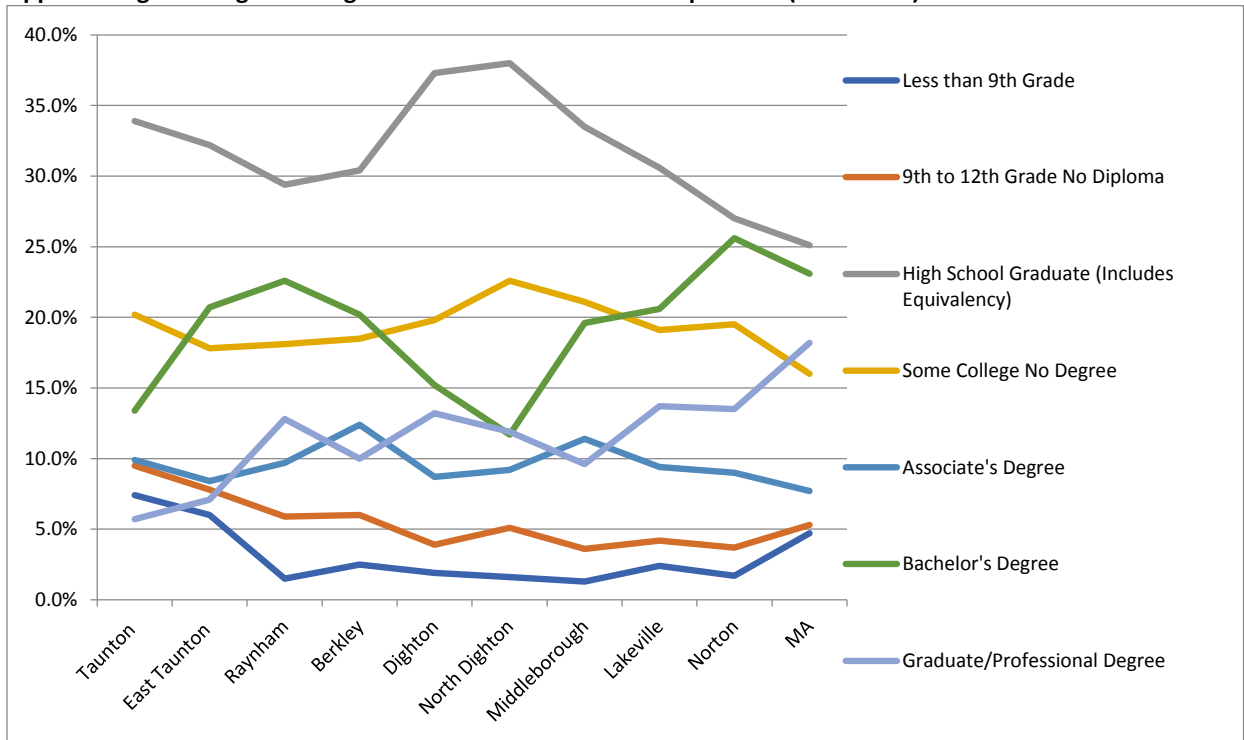
(Source: MA Dept. of Elementary and Secondary Education 2017)

Appendix Figure 5: High School dropout rates (2012-2017)



(Source: MA Dept. of Elementary and Secondary Education 2017)

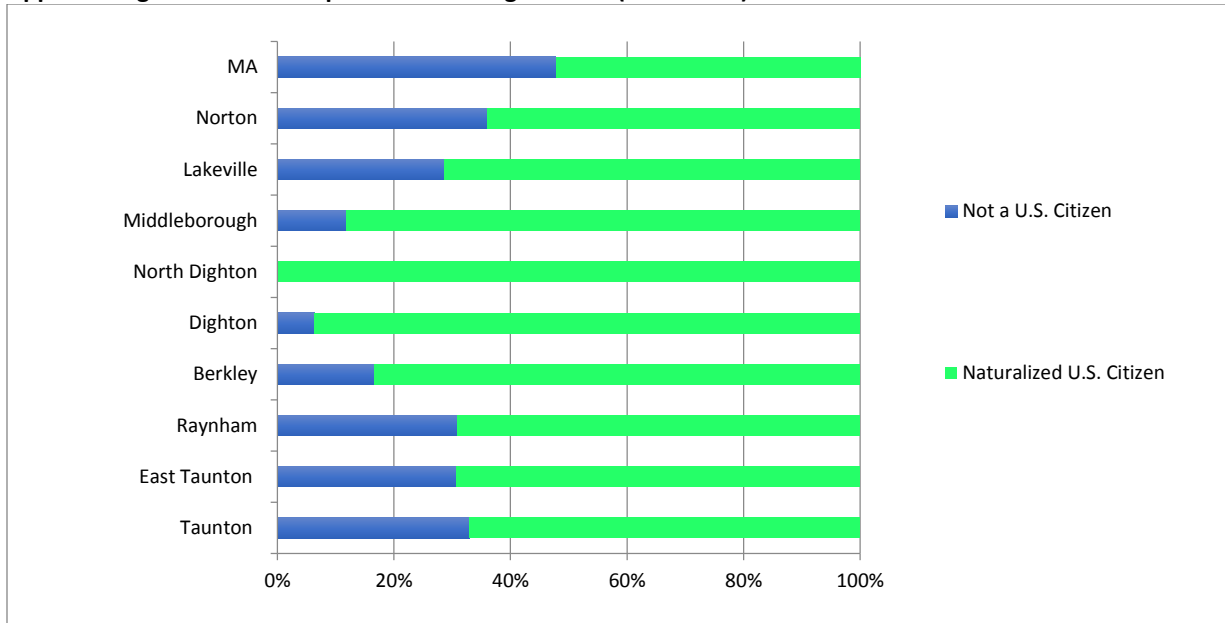
Appendix Figure 6: Age 25 + Highest Education Attainment Population (2012-2016)



(Source: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates 2017)

Economics

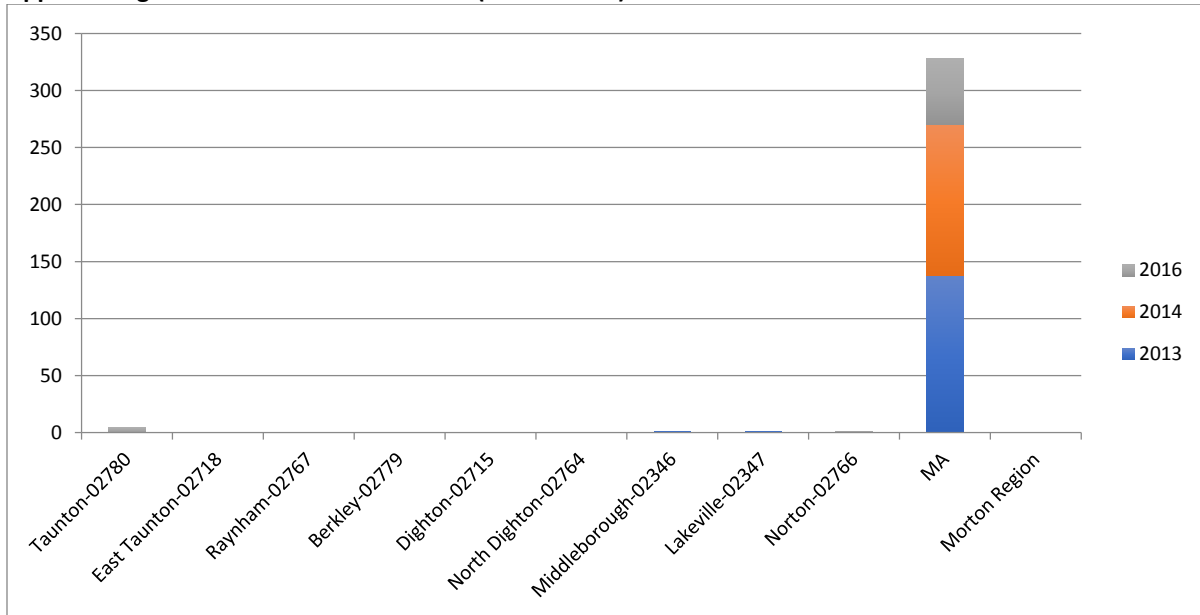
Appendix Figure 7: Citizenship Status of Foreign Born – (2012-2016)



(Source: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates)

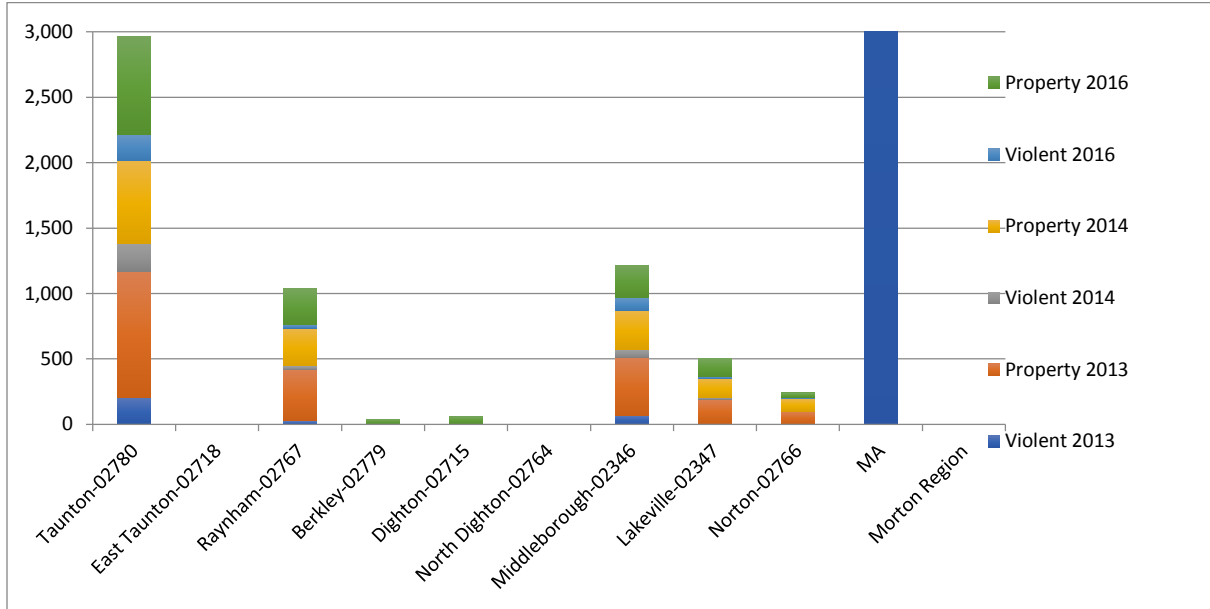
Crime

Appendix Figure 8: Homicide Death Count (2013 – 2016)



(U.S. Department of Justice, Federal Bureau of Investigation, Uniform Crime Reporting)

Appendix Figure 9: Crime Rate Count (2013, 2014, 2016)



(U.S. Department of Justice, Federal Bureau of Investigation, Uniform Crime Reporting)

Appendix B.

Key Informant Survey

Community Health Needs Assessment- Key Informant Survey*

2018 Community Health Needs Assessment

We want your feedback!

Morton Hospital is partnering with Mass in Motion Taunton to conduct this Community Health Needs Assessment to determine how organizations within our community can work together to help improve the health and wellness of our residents. Your answers will be kept confidential. We appreciate your feedback!

1. Gender

☐ Male

☐ Female

☐ Other

☐ Prefer Not to Answer

2. Age

☐ <18

☐ 18-25

☐ 26-35

☐ 36-45

☐ 46-55

☐ 56-65

☐ 66+

3. Language(s) spoken at home (check all that apply)

☐ English

☐ Spanish

☐ Portuguese

☐ Haitian Creole

☐ Other (please specify)

☐ Cape Verdean Creole

☐ French

☐ American Sign Language

4. Race (select all that apply)

☐ White

☐ Black or African American

☐ Asian

☐ Other (please specify)

☐ American Indian or Alaska Native

☐ Native Hawaiian or Other Pacific Islander

5. What is your zip code?

6. What do you think are the top 3 health issues in this community (please select 3 only)?

☐ Access to Health Care

☐ Cancer

☐ Diabetes

☐ Heart Disease

☐ High Blood Pressure

☐ Lack of Preventative Care

☐ Other (please specify)

☐ Lung Disease/Asthma

☐ Mental Health Issues

☐ Oral/Dental Health

☐ Overweight/Obesity

☐ Smoking/Tobacco Use

☐ Substance Abuse

7. What can Morton Hospital do specifically to help address these top concerns?

8. Are there any other issues in your community that you want to identify?

9. Are you or someone in your household in need of assistance or services related to any of the following (check all that apply)?

- | | |
|--|---|
| <input type="checkbox"/> Adult Diagnosed with Disability | <input type="checkbox"/> Prosthesis |
| <input type="checkbox"/> AIDS/HIV Risk | <input type="checkbox"/> Pulmonary Disease (COPD, Asthma, etc.) |
| <input type="checkbox"/> Child Diagnosed with Disability | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Sleep Problems |
| <input type="checkbox"/> Mental health | <input type="checkbox"/> None |
| <input type="checkbox"/> Obesity/Overweight | |
| <input type="checkbox"/> Other (please specify) | |

10. Do you have a primary care physician?

- ☐ Yes
☐ No
☐ Not sure

11. Are there barriers to accessing primary and preventative care in this community?

- ☐ Yes
☐ No
☐ Not Sure

If yes, what are they and how might they be addressed?

12. What improvements/services should be made/added for a healthier community? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Access to healthier food | <input type="checkbox"/> More support groups and classes |
| <input type="checkbox"/> Increased disability services | <input type="checkbox"/> Safe places to work and play |
| <input type="checkbox"/> Mental health services | <input type="checkbox"/> Substance abuse services |
| <input type="checkbox"/> More health education | <input type="checkbox"/> Transportation |

Other (please specify)

13. From where do you get your health information?

- | | |
|--|---|
| <input type="checkbox"/> Church groups | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Day care | <input type="checkbox"/> Internet/Online |
| <input type="checkbox"/> Doctor/health care provider | <input type="checkbox"/> Library |
| <input type="checkbox"/> Educational groups | <input type="checkbox"/> Newspaper/Magazine |
| <input type="checkbox"/> Family | <input type="checkbox"/> Social media |
| <input type="checkbox"/> Friends | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Health center | <input type="checkbox"/> TV |
| <input type="checkbox"/> Health department | |
| <input type="checkbox"/> Other (please specify) | |

14. What are some barriers to being physically active?

- | | |
|--|---|
| <input type="checkbox"/> Time | <input type="checkbox"/> Cost of recreational activities |
| <input type="checkbox"/> Access to recreational spaces | <input type="checkbox"/> Knowledge of how to be physically active |
| <input type="checkbox"/> Other (please specify) | |

15. Where do you usually get your food (check all that apply)?

- | | |
|--|--|
| <input type="checkbox"/> Convenience stores | <input type="checkbox"/> Home grown |
| <input type="checkbox"/> Farmers markets | <input type="checkbox"/> Restaurants/fast food |
| <input type="checkbox"/> Food pantry | <input type="checkbox"/> Soup kitchen |
| <input type="checkbox"/> Grocery store/supermarket | <input type="checkbox"/> I'm currently having trouble accessing food |
| <input type="checkbox"/> Other (please specify) | |

16. What are some barriers to healthy eating? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Lack of nutrition education |
| <input type="checkbox"/> Affordability | <input type="checkbox"/> Preparing meals (don't have time, don't know how, etc.) |
| <input type="checkbox"/> Other (please specify) | |

17. Do you need to learn how to cook for any of these special diets? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Gluten Free |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> No, I don't need that information |
| <input type="checkbox"/> Other (please specify) | |

18. In what ways is Morton Hospital serving the community well?

19. What is the number one thing Morton Hospital can do to improve the health and quality of life in this community?

20. What have we not asked that you feel is important?

Appendix C.

Focus Group Questions

1. What do you think is healthy about our community?
2. What would make this community a healthier place to live?
3. What do you think are some barriers to staying healthy in this community?
4. What do you see as the major health problems in this community?
5. What are some strategies or ideas that could address these issues?
6. What populations would you identify as underserved in our community?
7. What are some barriers to accessing primary and preventive care in our community?
8. Are there any ways we could overcome these barriers?
9. In what ways do you feel Morton Hospital is serving this community well?
10. What is the number one thing Morton Hospital can do to improve the health and quality of life in this community?
11. What have we not asked you about that you feel is important?

References

- DESE) & (DPH). (2015). *Health & risk behaviors of massachusetts youth*. Retrieved from <http://www.mass.gov/eohhs/docs/dph/behavioral-risk/youth-health-risk-report-2015.pdf>
- Adler NE, N. K. (2002). Socioeconomic Pathways in Health: Pathways and Policies. *Health Affairs*, 21.
- BPHC. (2017). *Boston Public Health Commission*. Retrieved from Health of Boston 2016-2017: http://www.bphc.org/healthdata/health-of-boston-report/Documents/_HOB_16-17_FINAL_SINGLE%20PAGES.pdf
- Braveman P, E. S. (2011). The Social Determinants of Health: Coming of Age. *Annual Review of Public Health*, 32.
- Braveman PA, C. C. (2010). Socioeconomic disparities in health in the United States: What the patterns tell us. *American Journal of Public Health.*, 100: S186-S196.
- CDC. (2016). *Morbidity and Mortality Weekly Report (MMWR)* . Retrieved from Increases in Drug and Opioid-Involved Overdose Deaths — United States, 2010–2015: <https://www.cdc.gov/mmwr/volumes/65/wr/mm655051e1.htm>
- Center for Health Information and Analysis. (2014). *Center for Health Information and Analysis (2014). Case Mix Hospitalization Data*. Retrieved from <http://www.chiamass.gov/>
- Data USA. (2016). *Data USA: Plymouth County, MA*. Retrieved November 2018, from www.datausa.io: <https://datausa.io/profile/geo/plymouth-county-ma/#demographics>
- Data USA. (2018, September 22). Retrieved 2018, from Data USA: <https://datausa.io/profile/geo/plymouth-county-ma/#health>
- Data USA. (2018). *Data USA*. Retrieved from <https://datausa.io/profile/geo/bristol-county-ma/>
- Data USA. (2018). *Data USA Norfolk County MA*. Retrieved from <https://datausa.io/profile/geo/norfolk-county-ma/>
- Derose, P. E. (2007, October). Immigrants And Health Care: Sources Of Vulnerability. *Health Affairs*, 26(5). Retrieved November 2018, from <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.26.5.1258>
- Henkel, D. (2011). Unemployment and substance use: a review of the literature (1990-2010). *Current Drug Abuse Reviews.*, 4(1):4-27.
- Heo S, L. T. (2009). Quality of Life in Patients With Heart Failure: Ask the Patients. . *Heart & Lung: The Journal of Acute and Critical Care*, 38(2):100–108.
- Hobson-Prater T, L. T. (2012). The Significance of Race for Neighborhood Social Cohesion: Perceived Difficulty of Collective Action in Majority Black Neighborhoods. *Journal of Sociology, Social Welfare*, XXXIX(1): 89-109.
- Housing Solutions of Southeastern Massachusetts. (2018). *Housing Solutions of Southeastern Massachusetts*. Retrieved from www.housingsolutionssema.org: <http://housingsolutionssema.org/housing/>

- HRSA. (2018). *HRSA Workforce*. Retrieved from Medically Underserved Areas and Populations (MUA/Ps): <https://bhwa.hrsa.gov/shortage-designation/muap>
- Hyman, R. (2018, March 30). Round-table discussion focuses on homelessness in Taunton. Taunton, Bristol County. Retrieved September 22, 2018, from <http://www.tauntongazette.com/news/20180330/round-table-discussion-focuses-on-homelessness-in-taunton>
- Krumholz H, P. E. (1997. 157(1):99-104.). Readmission After Hospitalization for Congestive Heart Failure Among Medicare Beneficiaries. *Archives of Internal Medicine*. January , 157(1):99-104.
- MA Legislature. (2016). *Facing The Massachusetts Housing Crisis*. Retrieved from <https://malegislature.gov/CC/WhatsNext/Attachment/1>
- Massachusetts Caucus of Women Legislators. (2015, April 7). *Poverty: A Look at Massachusetts*. Retrieved from <http://www.mawomenscaucus.com/mawomenscaucusblog/2015/4/7/poverty-a-look-at-massachusetts>
- Massachusetts Department of Public Health.State Health Assessment. (2017, October). Retrieved from Massachusetts Department of Public Health: www.mass.gov/dph/2017statehealthassessment
- MCH. (2018, November 8). *Masachusetts Coalition for the Homeless*. Retrieved from Basic Facts on Homelessness in Massachusetts and Across the Country: <http://www.mahomeless.org/about-us/basic-facts>
- MDPH. (2014). *Massachusetts Deaths*. Retrieved from Death Data: <https://www.mass.gov/files/documents/2016/12/uv/death-report-2014.pdf>
- MDPH. (2017). *Commonwealth of Massachusetts*. Retrieved from Mass.gov: www.mass.gov/dph/2017statehealthassessment
- National Institute on Drug Abuse. (2017). Retrieved from <https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates>
- Relihan, T. (2017, April 4). *Wicked Local*. Retrieved from Wicked Local Acton: <http://acton.wickedlocal.com/news/20170404/are-people-sicker-in-bristol-county-report-says-yes>
- RentData.org . (2018). *Fair Market Rent by ZIP Code Accurate Rental Price Data*. Retrieved from www.rentdata.org: <https://www.rentdata.org/lookup>
- Robert Wood Johnson Foundation. (2011). *How Social Factors Shape Health: The Role of Stress*. Retrieved from http://www.nmpha.org/Resources/Documents/RWJF%20Issue%20Brief%20-%20Stress%20_%20Health.pdf
- Robert Wood Johnson Foundation. (2013). How does Employment--or Unemployment--Affect Health? *Health Policy Snapshot Public Health and Prevention*. Retrieved from http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2013/rwjf403360
- Ross CE, M. J. (1993). Refining the Association between Education and Health: The Effects of Quantity, Credential, and Selectivity. *Demography*, 36.
- Rudd RA, S. P. (n.d.). *Increases in Drug and Opioid-Involved Overdose Deaths — United States, 2010–2015*. Retrieved from MMWR Morb Mortal Wkly Rep 2016;65:1445–1452: <http://dx.doi.org/10.15585/mmwr.mm65051e1>

- SAMHSA. (2015). *America's Need for and Receipt of Substance Use Treatment in 2015*. Retrieved from https://www.samhsa.gov/data/sites/default/files/report_2716/ShortReport-2716.html
- SAMHSA. (2015). *Key Substance Use and Mental Health Indicators in the United States: Results from the 2015 National Survey on Drug Use and Health*. Retrieved from SAMHSA.Gov: <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2015/NSDUH-FFR1-2015/NSDUH-FFR1-2015.htm>
- SAMHSA. (2015). *Key Substance Use and Mental Health Indicators in the United States: Results from the 2015 National Survey on Drug Use and Health*. Retrieved from <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2015/NSDUH-FFR1-2015/NSDUH-FFR1-2015.htm>
- SAMHSA. (2016). *America's Need for and Receipt of Substance Use Treatment in 2015*. Retrieved from SAMHSA.gov: https://www.samhsa.gov/data/sites/default/files/report_2716/ShortReport-2716.html
- SAMHSA. (2016). *SAMSHA*. Retrieved from SAMSHA.gov: <https://www.samhsa.gov/disorders/co-occurring>
- Sentell, T. &. (2012). Low health literacy, limited English proficiency, and health status in Asians, Latinos, and other racial/ethnic groups in California. *Journal of Health Communication*, 17(3), pp. 82-99. Retrieved November 2018, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3552496/>
- Southcoast Health. (2016). *COmmunity Needs Assessment*. Retrieved from <https://www.southcoast.org/wp-content/uploads/2016/05/South-Coast-CHNA-2016-Final.pdf>
- The Boston Foundation. (2017). *The Greater Boston Housing Report Card 2017*. Boston: Northeastern University. Retrieved from <https://www.tbf.org/-/media/tbf/reports-and-covers/2017/2017-housingreportcard.pdf>
- U.S. Census. (2011). *The Foreign-Born Population in the United States*. Retrieved from www.census.gov: https://www.census.gov/newsroom/pdf/cspan_fb_slides.pdf

ATTACHMENT 5B

COMMUNITY HEALTH IMPLEMENTATION PLAN

Morton Hospital
Community Benefits Plan
2019



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Morton Hospital

A STEWARD FAMILY HOSPITAL





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Mission Statement

Steward Health Care is committed to providing the highest quality care with compassion and respect.

We dedicate ourselves to:

- *Delivering affordable health care to all in the communities we serve*
- *Being responsible partners in the communities we serve*
- *Serving as advocates for the poor and underserved in the communities we serve*

Values

Compassion:

Providing care with empathy in such a way that the person experiences acceptance, concern, hopefulness and sensitivity

Accountability:

Accepting responsibility for continuous performance improvement, embracing change and seeking new opportunities to serve

Respect:

Honoring the dignity of each person

Excellence:

Exceeding expectations through teamwork and innovation

Stewardship:

Managing our financial and human resources responsibly in caring for those entrusted to us.



About Us

Morton Hospital, founded in 1889, is a 112-bed acute care hospital providing comprehensive inpatient, outpatient and 24/7 emergency services to Taunton and the communities of southeastern Massachusetts. The hospital is a Joint Commission-accredited healthcare facility, offering state-of-the-art technology and innovative procedures in a local community setting. The hospital's strengths include emergency medicine, imaging services, pain management, orthopedics, rehabilitation services, surgery (including general, breast, vascular, podiatric and bariatric weight loss surgery) and wound healing.

Through continuous assessment of unmet community health needs, participation on local action committees and funding of community-based health and wellness initiatives, Morton Hospital is able to respond to low-income, under or uninsured populations, providing access to comprehensive care across Central Southeastern Massachusetts - primarily Taunton, East Taunton, Raynham, Berkley, Dighton, North Dighton, Middleboro, and Lakeville.

Morton Hospital is part of Steward Health Care, the largest private, tax-paying physician-led health care network in the United States. Headquartered in Dallas, Texas, Steward operates 37 hospitals in the United States and the country of Malta that regularly receive top awards for quality and safety. The company employs approximately 42,000 health care professionals. The Steward network includes multiple urgent care centers and skilled nursing facilities, substantial behavioral health services, over 7,900 beds under management, and approximately 2.2 million full risk covered lives through the company's managed care and health insurance services.

The Steward Health Care Network includes 5,000 physicians across 800 communities who help to provide more than 12 million patient encounters per year. Steward Medical Group, the company's employed physician group, provides more than six million patient encounters per year. The Steward Hospital Group operates hospitals in Malta and nine states across the U.S., including Arizona, Arkansas, Florida, Louisiana, Massachusetts, Ohio, Pennsylvania, Texas, and Utah.

Community Benefits Mission Statement

Morton Hospital's community benefits mission and the guiding philosophy of our community initiatives is to establish a data-driven, evidence-based Community Benefits Program that improves the status of our community and provides access to comprehensive, high quality, compassionate, and efficient health services in the community setting. We accomplish this by:

- Assessing and addressing the unmet health needs of our community;
- Participating on local action committees/task forces;
- Providing accessible, high quality care and services to all those in our community, regardless of their ability to pay;
- Collaborating with staff, providers, and community representatives to deliver meaningful programs that address statewide health priorities and local health issues and;
- Encouraging the community to engage in healthy lifestyles, be active participants in their health care, and educate themselves of the risks associated with unhealthy behaviors and poor lifestyle choices.

This community benefits philosophy expands upon the mission of Morton Hospital to identify and address community needs; particularly those that affect the health and wellness of residents throughout the greater Taunton area. Morton Hospital aims to provide culturally-sensitive, linguistically-appropriate, accessible health care services to the communities it serves. The hospital also fosters an internal environment that encourages involvement in community benefit activities and includes in its mission and goals, the development of organization-wide cultural diversity programming, addressing the cultural needs of our community.

Community Health Needs Assessment

The 2018 Morton Hospital Community Health Needs Assessment (CHNA) was developed in full compliance with the Commonwealth of Massachusetts Office of Attorney General-*The Attorney General's Community Benefits Guidelines for Non-Profit Hospitals* released in February 2018. To conduct this needs assessment, Morton Hospital engaged various community organizations and members to ensure that varying perspectives on health and social topics were considered.

Methodology used to collect key data and community feedback included:

- A comprehensive public data pull, in partnership with the Massachusetts Department of Public Health (MDPH). Data sources used included U.S. Census Bureau, Department of Early and Secondary Education (DESE), Uniform Crime Reporting (UCR) Program of the Federal Bureau of Investigation and the Center for Disease Control and Prevention (CDC). Health indicator data, such as mortality, disease prevalence, hospitalizations and admissions to substance abuse programs was provided by the MDPH Office of the Commissioner and MassCHIP staff.
- A Key Informant Survey, developed and distributed electronically to all Morton Hospital staff, affiliated medical providers, community partner organizations, area health and human service organizations, as well as to the general public via the hospital's social media platforms. The survey was also shared within our local partner organizations, some of which also provided paper copies of the survey to their general community members. A total of 91 community members participated in the survey.
- Two focus groups, conducted in Taunton and including residents living within the Morton Hospital service area. Each focus group was conducted in collaboration with the Old Colony YMCA of Taunton and the Prevention & Wellness Network. Approximately 20 community members took part in the focus groups.
- A literature review of recent governmental, public policy, and scholarly works. The public health information was analyzed and a summary report which included common themes and public health trends among high-priority populations in the Morton Hospital service area was created to inform this Community Health Needs Assessment.

The results of the assessment concluded that the following issues were among the most prevalent health and wellness concerns with the hospital's service area:

- **Chronic Disease**
 - Taunton, East Taunton, Raynham, North Dighton, Middleboro, Lakeville, and Norton maintained a higher than state average incidence rate of mortalities due to chronic diseases in 2015, with Lakeville at the highest level, followed by Taunton. Cancer-related deaths accounted for the highest mortality rate, followed by heart disease-related

deaths, chronic lower respiratory disease and diabetes-related deaths at the lowest percentage.

- **Obesity**
 - Obesity and overweight rates among youth in the hospital's service area also were above or the same as the state level. Taunton has the highest level of overweight or obese youth at (38.5%).
- **Mental Illness**
 - Data shows that Taunton had the highest suicide death count within the Morton Hospital service area; however, that rate is lower than the state average. With regard to Emergency Department hospitalizations related to mental health disorders, Taunton had the lowest percentage of residents who were hospitalized, compared with the other cities and towns within the hospital service area. Dighton maintained the highest percentage, followed by Berkley, Lakeville, and Raynham.
- **Substance Abuse Disorder**
 - Based on the available data, within the Morton service area, Taunton had the highest count of alcohol/substance-related hospitalizations, while Lakeville had the lowest. Taunton had the highest number of alcohol-related deaths within the hospital's service area in 2015, but that figure was below the statewide rate.
- **Access to Care**
 - Key Informant Survey participants felt that access to health care and lack of preventive care services were concerns within our community. While the majority of survey participants noted that they had a primary care provider, nearly (40%) felt there were barriers to accessing primary and preventive care within the community such as lack of awareness of local providers, especially multilingual providers, issues with health insurance coverage and convenience of getting an appointment.

Additional areas of concern identified through the CHNA, related to social determinants of health, included:

- **Unemployment:** all towns in the hospital's service area have a higher-than-state incidence rate of unemployment in residents ages 16+;
- **Education:** Taunton and Lakeville maintained the lowest high school graduation rate, and Taunton maintained the highest high school dropout rate from 2012-2016 and;
- **Violence:** Taunton and Middleboro maintained the highest violent crime rate in the hospital's service area.

Populations of Focus

Race, gender identity, age, disability status, etc. influence the social environment that an individual may experience. The social environment impacts many mental and physical health outcomes, including mental health, violence, risk behaviors (tobacco and drug use), physical health and well-being, and disease morbidity and mortality. Individuals are influenced by the social environment on three levels: interpersonal, community, and society (MDPH, 2017).

Across all three levels, systems of oppression such as structural racism and gender bias lead to social isolation, social exclusion, poor mental health, increased risk of violence, increased rates of poverty, higher hospitalizations, longer recovery times, and higher mortality rates for many conditions. Social isolation, social exclusion, racism, discrimination, and poverty disproportionately affect low-income communities and communities of color and all negatively impact many aspects of health. Communities of color are more likely to have lower levels of resources and connectedness with other neighborhoods and higher levels of racial segregation. They also face more challenges when engaging in group action in neighborhoods to shift these conditions (Hobson-Prater & Leech, 2012).

The hospital will target populations in their primary service area and the surrounding communities to address health disparities specific to disadvantaged populations in the Morton Hospital service area. These groups include:

1. Uninsured and/or underinsured residents in the hospital's service area;
2. Individuals at risk for or diagnosed with chronic diseases like cancer, diabetes, heart disease and lung disease;
3. Residents without a primary care provider;
4. Behavioral health patients;
5. Individuals dealing with substance use disorder (SUD);
6. Those who are obese or overweight;
7. Unemployed residents (of working age);
8. Students/youth within the hospital's service area;
9. Poor/low income residents and;
10. Taunton community.

Morton Hospital will partner with local community-based organizations to better target these groups and the specific disparities experienced by each group.

Priority 1: Chronic Disease Management

Chronic diseases are a public health concern within the communities that make up the Morton Hospital service area. For cancer, heart disease, respiratory disease, and diabetes certain cities/towns exceed the state level of disease prevalence for these conditions.

The Morton Hospital service area as a whole, maintained a higher than state average rate of cancer-related deaths in 2015. Lung cancer was the most prevalent type of cancer in the hospital's service area, followed by breast, prostate and colon cancer respectively. During the same period of time, the Morton Hospital service area maintained a slightly higher than state average prevalence of heart disease-related mortality. North Dighton and Dighton maintained the highest rates, followed by Taunton and Lakeville. East Taunton, Berkley and Middleboro maintained a rate lower than the state average.

Data indicates that respiratory disease continues to be a public health concern for the hospital's service area. Looking at COPD-related hospital visits alone, Taunton's rate of hospitalization per 100,000 (169.66) was nearly triple that of the average state rate of 62.28. All other towns in the hospital's service area also maintained higher than state average COPD-related hospitalization rates. Within the hospital's service area, both Taunton and Middleboro reported diabetes-related deaths in 2015, with Taunton's rate above state average.

Morton Hospital will maintain a focus on the following most prevalence chronic diseases in the hospital's service area: cancer, diabetes, heart disease, and respiratory and lung disease.

Target Population: Individuals at risk for or diagnosed with the priority chronic diseases; Tobacco users

Geographic location: Taunton, Southeastern Massachusetts

Health Indicators: Cancer, Heart Disease, Diabetes, Respiratory Disease

Gender: All

Age Group: Adults

Ethnic Group: All

Language: All

Statewide Priority: Chronic Disease Management in Disadvantaged Populations, Promoting Wellness of Vulnerable Populations

Partners: American Heart Association, Massachusetts Farmers Market Federation, Manet Community Health Center, Walk with a Doc

Short Term Goals:

- Provide at least four educational sessions on chronic disease related topics throughout the year both at the hospital and in the community.
- Participate in community-based cancer awareness campaigns and events, such as Relay for Life of Greater Taunton, National Breast Cancer Awareness Month and Lung Cancer Awareness Month.
- Provide at least 10 free blood pressure screenings throughout the year in the community.
- Increase the hospital's participation at community health fairs and health and wellness events by 10% to share health education and resources.
- Become a community training center using American Heart Association standards to offer free CPR and Basic Life Support trainings for employees and community members.
- Offer monthly diabetes support groups free to the community.
- Continue participation in the hospital's "Farmers Market Veggie Voucher" program to provide fruit and vegetable vouchers to patients with or at risk for developing diabetes through the hospital's diabetes management practice and through a partnership with Manet Community Health Center.

- Increase the utilization rate of farmers market vouchers provided to diabetic patients through the hospital's Farmers Market Veggie Voucher program.
- Promote community participation in the hospital's "Walk with a Doc" program, promoting physical activity to help reduce the risk for chronic disease and obesity. Host at least 8 "Walk with a Doc" programs in 2019 to facilitate organized walking sessions with community members encouraging regular physical activity.

Long Term Goals:

- Increase the number of women in the hospital's service area who receive their annual screening mammogram at Morton Hospital by 5%.
- Increase the number of patients screened through the hospital's lung cancer screening program by 10%.

Priority 2: Obesity Prevention and Support

In the Key Informant Survey, the following question was asked: "What do you think are the top 3 health issues in this community?" Obesity was ranked the 3rd most significant concern among those who completed the survey. Obesity was also the highest response for the question "Are you or someone in your household in need of assistance or services related to any of the following?"

Survey results demonstrated that community members agree there are barriers to being physically active, such as time, cost of recreational activities and access to recreational activities. Barriers to eating healthy included affordability and lack of education about how to prepare healthy meals.

Focus group participants noted the need for increased education within the community regarding nutrition and healthy eating on a budget. Focus group participants also felt that community sidewalks are not well-maintained, and that more walking paths and recreational areas are needed to promote fitness.

Target Population: Residents who are obese/overweight or at risk for becoming obese/overweight

Geographic location: Taunton, Southeastern Massachusetts

Health Indicators: Overweight and Obesity

Gender: All

Age Group: Adults

Ethnic Group: All

Language: All

Statewide Priority: Chronic Disease Management in Disadvantaged Populations, Promoting Wellness of Vulnerable Populations

Partners: Steward Medical Group, Walk with a Doc, Myles with the Mayor, Our Daily Bread Soup Kitchen & Resource Center

Short Term Goals:

- Increase participation in monthly weight loss info sessions and support groups by 10%.
- Encourage community participation in the hospital's "Walk with a Doc" program, promoting physical activity to help reduce the risk for chronic disease and obesity by having a minimum of 20 community members participate.

- Host monthly weight loss surgery info sessions and support groups, focusing on both medical and surgical weight loss options as well as nutrition for weight control.
- Sponsor and/or promote community programs such as walks and runs, including the Myles with the Mayor 5k and the Cancer Care Community Advisory Board 5k engaging a minimum of 200 community members.
- Host at least four nutrition and healthy eating education programs at the hospital and in partnership with local community organizations such as Our Daily Bread Soup Kitchen.

Long Term Goals:

- Increase utilization of the hospital's Center for Weight Control services by 10%.
- Reduce the incidence of obesity in the greater Taunton community by 5%.

Priority 3: Mental Health Support

Mental health intersects with many areas of public health, including addiction, cancer, cardiovascular disease, and HIV/AIDS, therefore requiring various services and resource mobilization efforts. Integrated treatment is critical for treating people with co-occurring disorders and can ultimately achieve better health outcomes and reduce costs. Increasing awareness and building capacity in service systems are important in helping identify and treat co-occurring disorders. Treatment planning should be client-centered, addressing clients' goals and using treatment strategies that are acceptable to them¹.

Furthermore, focus group and survey participants felt strongly that there is a major need for change in mental health services, including a need to offer more beds to psychiatric patients and better mental health training for medical and first responder staff. Although local support systems are available, many don't know how to access them, and long wait times and insurance barriers prevent those who need the services from getting help.

Target Population: Those at increased risk of developing or experiencing behavioral health issues

Geographic location: Taunton, Southeastern Massachusetts

Health Indicators: Mental Health

Gender: All

Age Group: All

Ethnic Group: All

Language: All

Statewide Priority: Promoting Wellness of Vulnerable Populations

Partners: Taunton Opiate Task Force, Community Counseling of Bristol County, NORCAP Lodge

Short Term Goals:

- Decrease the length of time behavioral health patients are held in the hospital's emergency department before being referred to or admitted to a treatment facility by 10%.
- Maintain the hospital's Behavioral Health Navigator Program in the emergency department with the goal of assisting a minimum of 200 patients enter detox or another appropriate level of care facility.

¹ Massachusetts Department of Public Health. (2017). Massachusetts State Health Assessment. Boston, MA. Retrieved from: www.mass.gov/dph/2017StateHealthAssessment

- Offer at least one training program to staff in the Emergency Department and throughout the hospital, providing education on screening patients for mental illnesses and promoting suicide prevention.
- Support a minimum of 2 community-based task forces and committees focused on coordinating care for patients with mental health issues, including the Taunton Opiate Task Force.
- Implement strategic partnerships with community organizations such as Community Counseling of Bristol County that are able to provide services to community members, particularly high priority populations.
- Provide educational resources and information, about support services available to a minimum of 100 patients/families in the emergency department.

Long Term Goals:

- Decrease the number of behavioral health related visits to Morton Hospital's emergency department.

Priority 4: Substance Use Disorder Support

Misuse of alcohol or other drugs over time can lead to physical and/or psychological dependence on these substances, despite negative consequences. Substance misuse alters judgment, perception, attention, and physical control, which can lead to the repeated failure to fulfill responsibilities and can increase social and interpersonal problems. There is a substantially increased risk of morbidity and death associated with alcohol and drug misuse. The effects of substance misuse are cumulative, significantly contributing to costly social, physical, mental, and public health challenges. Examples of these include domestic violence, child abuse, motor vehicle crashes, physical fights, crime, homicide, suicide, (HIV/AIDS), and other sexually transmitted infections. Substance misuse can also impact one's social determinants of health, such as employment, income, social network, and housing².

It is worth noting that Taunton had the largest number of individuals attending DPH funded substance and alcohol abuse programs, followed by Middleboro. Taunton also maintained the highest level of alcohol/substance use related hospitalizations in data captured in our 2018 CHNA.

Target Population: Low-income communities, Homeless, Veterans, Those with a SUD diagnosis and their caregivers

Geographic location: Taunton

Health Indicators: Substance Abuse, Alcohol and Substance Abuse

Gender: All

Age Group: All

Ethnic Group: All

Language: All

Statewide Priority: Promoting Wellness of Vulnerable Populations

Partners: NORCAP Lodge, Plymouth County Outreach, Learn to Cope, Taunton High School, Coyle Cassidy High School, The Woman at the Well

² BPHC. (2017). Boston Public Health Commission. Retrieved from Health of Boston 2016-2017: http://www.bphc.org/healthdata/health-of-boston-report/Documents/_HOB_16_17_FINAL_SINGLE%~s20PAGES.pdf

Short Term Goals:

- Offer at least one training program to staff in the Emergency Department and throughout the hospital, providing education on caring for substance use patients and their caregivers.
- Partners with community-based service providers to learn of and promote services that may be available to community members in need of services at a minimum of 3 events or health fairs.
- Collaborate with Plymouth County Outreach (PCO) to assist in implementing PCO's new opiate outreach program by extending PCO's services to patients and families in need of SUD treatment.
- Support community-based programs who provide direct services for individuals with substance abuse issues.
- Offer support groups in partnership with local organizations such as Learn to Cope, AA, NA and AI-ANON.

Long Term Goals:

- Decrease the amount of opioid and or narcotics being prescribed by hospital-affiliated providers by 5%.
- Decrease emergency department visits due to substance use/abuse by 5%.

Priority 5: Improving Access to Care

In a Key Informant Survey conducted as part of our data collection for the 2018 CHNA, it was observed that participants felt that access to health care and lack of preventive care services was concerning within the community. While the majority of survey participants noted that they had a primary care provider, nearly (40%) felt there were barriers to accessing primary and preventive care within the community such as lack of awareness of local providers, especially multilingual providers, issues with health insurance coverage and convenience of getting an appointment. Transportation was also noted as a major concern, noting that many people in the community may not be aware of available resources to get to appointments. Participants also felt there needed to be more general health education, and more support groups and programs.

Target Population: Residents without a primary care provider, Poor/low income residents, Students/youth in the hospital's service area, Uninsured or underinsured individuals in the hospital's service area

Geographic location: Taunton, Southeastern Massachusetts

Health Indicators: Access to Health Care, Immunization, Uninsured/Underinsured

Gender: All

Age Group: All

Ethnic Group: All

Language: All

Statewide Priority: Address Unmet Health Needs of the Uninsured, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity, Supporting Healthcare Reform,

Partners: Steward Medical Group, Taunton Public Schools

Short Term Goals:

- Recruit at least one new primary care provider to the community to reduce wait times for appointments and ensure residents have access to a provider when needed.

- Maintain a focus on recruiting a minimum of two multilingual providers who speak the service areas top languages of Spanish and/or Portuguese to best meet the needs of the diverse community we serve.
- Implement a program to connect patients who do not have an established primary care provider with a provider prior to discharge from the hospital.
- Continue to provide assistance to community members looking to enroll in public health insurance programs via the hospital's Community Enrollment Specialists and financial counselor program with the goal of assisting a minimum of 300 community members.
- Continue to operate the hospital's School Based Health Center, providing health care services to youth regardless of their ability to pay with the goal of reaching 450 of youth eligible for services.

Long Term Goals:

- Reduce the rate of uninsured residents in the hospital's service area by 5%.
- Decrease the number of patients requiring assistance from the hospital's community health advocates year over year by 5%.

Priority 6: Unemployment Support

Income, poverty, and unemployment are each profoundly linked with health³. Income influences where people choose to live, ability to purchase healthy foods, opportunity to participate in physical and leisure activities, and to access health care and screening services. Having a job and job-related income provide individuals the opportunities to make healthy choices, engage in healthy behaviors, access necessary health care services, and enjoy a long life⁴. Unemployment is also associated with poor health, including increased stress, hypertension, heart disease, stroke, arthritis, substance use, and depression; and the unemployed population experiences higher mortality rates than the employed^{5, 6}.

Target Population: Unemployed and/or underemployed residents (of working age), Students/youth in the hospital's service area, Veterans, Immigrants

Geographic location: Taunton, Southeastern Massachusetts

Health Indicators: Unemployment

Gender: All

Age Group: Adults, Adolescents, Youth

Ethnic Group: All

Language: All

Statewide Priority: Education, Employment

Partners: Coyle and Cassidy High School, Boy Scouts of America, Taunton Area School to Career, Taunton Public Schools, Bristol-Plymouth Regional Technical School, local colleges and universities, health training schools, Taunton Career Center-The Bristol Workforce Investment Board

³ Braveman PA, C. C. (2010). Socioeconomic disparities in health in the United States: What the patterns tell us. *American Journal of Public Health*, 100: S186-S196.

⁴ Massachusetts Department of Public Health. (2017). *Massachusetts State Health Assessment*. Boston, MA. Retrieved from: www.mass.gov/dph/2017StateHealthAssessment

⁵ Henkel, D. (2011). Unemployment and substance use: a review of the literature (1990-2010). *Current Drug Abuse Reviews*, 4(1):4-27.

⁶ Robert Wood Johnson Foundation. (2013). How does Employment--or Unemployment--Affect Health? *Health Policy Snapshot Public Health and Prevention*. Retrieved from http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2013/rwjf403360

Short Term Goals:

- Participate on at least one new community task force/committee focused on addressing unemployment.
- Participate in at least four career fairs and career exploration programs throughout the hospital's service area throughout the community.
- Hosting at least four hiring events at the hospital throughout the year.
- Partner with local schools like Taunton High School and Coyle and Cassidy High School to offer student volunteer and internship programs as a bridge to employment.
- Implement new partnership with the Boy Scouts of America to introduce "Explorer" program at the hospital for teens interested in health care careers.
- Continue to partner with a minimum of two nursing schools to offer student nursing programs aimed at training students and opening up career opportunities at the hospital.
- Continue to partner with Coyle & Cassidy High School to implement the hospital's Accelerated CNA Career Program.
- Establish a co-op program in collaboration with Bristol-Plymouth Regional Technical School with a goal of hiring at least three students into the program to help create a pathway to careers in health care.
- Implement a New Graduate Nurse residency program, designed to train new graduates and mentor them as they enter into nursing careers at Morton Hospital.
- Continue to partner with Taunton Area School to Career and local high schools to host career exploration and career mentor programs at the hospital to promote interest in health care careers.

Long Term Goals:

- Reduce the rate of unemployment in the hospital's service area by 5%.

Priority 7: Educational Advancement and Support

It has been well documented that higher educational levels are associated with better health outcomes and access to more health and wellness services. Lower levels of educational attainment are associated with increased prevalence of certain chronic diseases including diabetes. Low levels of educational attainment are also associated with lower social economic status levels and often the increased prevalence of poverty and unemployment. Morton hospital is committed to improving educational access, in particular, educational opportunities leading to health careers. Morton hospital will work alongside its partnering organizations to increase access to educational programs aimed at engaging youth in exploring the healthcare industry.

Target Population: Low-income communities, immigrants, veterans, unemployed/underemployed, youth, minorities

Geographic location: Taunton

Health Indicators: Education

Gender: All

Age Group: Adults, Adolescents, Teens

Ethnic Group: All

Language: All

Statewide Priority: Education

Partners: Taunton Area School to Career, Taunton Public Schools, Coyle & Cassidy High School, Catholic Schools Alliance

Short Term Goals:

- Partner with hospital-affiliated union organizations to promote and encourage participation in training fund and tuition reimbursement programs for hospital staff with the goal of increasing staff participation by 10%.
- Participate in community task forces/committees focused on educational programming for adults and youth.
- Offer and promote hospital sponsored continuing education programs to the general public to encourage community participation, with the goal of having a minimum of 25 community members participate.
- Continue to partner with a minimum of 2 nursing schools to offer student nursing programs aimed at training students and opening up career opportunities at the hospital.
- Continue to partner with Coyle & Cassidy High School to implement the hospital's Accelerated CNA Career Program with the goal of assisting a minimum of 20 youth become eligible for CNA certification.
- Continue to partner with Taunton Area School to Career and local high schools to host career exploration and career mentor programs at the hospital to promote interest in health care careers engaging a minimum of 50 students.
- Implement partnership with the Catholic Schools Alliance to include a student internship program for students at Coyle and Cassidy High School.
- Offer free CPR and Basic Life Support training programs to community members throughout the year with the goal of reaching 25 community members through these programs.

Long Term Goals:

- Increase hospital staff participation in training fund and tuition reimbursement programs by 10%.
- Increase community participation in hospital-sponsored continuing education programs by 10%.

Priority 8: Violence Prevention

Violence is a persistent problem in all communities, Morton Hospital holds an influential position to partner with local community-based organizations to prevent the occurrence of domestic and community violence.

Target Population: Hospital staff and providers, Community providers and first responders, Taunton residents

Geographic location: Taunton

Health Indicators: Violence

Gender: All

Age Group: Adults

Ethnic Group: All

Language: All

Statewide Priority: Violence

Partners: Stop the Bleed,

Short Term Goals:

- Host at least four community Stop the Bleed trainings in 2019.
- Provide active shooter training programs to hospital staff to educate staff on response during such a violence-related hospital emergency.
- Offer training programs to staff in the Emergency Department and throughout the hospital, providing education on caring for violent patients, de-escalation techniques, etc.
- Expand “Stop the Bleed” program into the community and offer at least three free community Stop the Bleed training programs to organizations and agencies throughout the hospital’s service area with the goal of reaching 50 community members.

Long Term Goals:

- Reduce the incidence of violence related incidents in the hospital by 5% annually.
- Expand Stop the Bleed program to at least two additional school system within the hospital’s service area.

Priority 9: Capacity Building & Community Support

In 2019, Morton Hospital aims to enhance its community presence and support of the great work of various organizations within the community through event participation and program and event sponsorship.

Community Benefits Advisory Council

Julie Masci, Marketing and Public Affairs Manager, Morton Hospital

Anabela Spano, Community Outreach Coordinator, Morton Hospital

Veronica Jatoba, Community Health Advocate, Morton Hospital

Andrea Howe, Behavioral Health Navigator, Morton Hospital

Liliana Pavao, Interpreter Services Director, Morton Hospital

Julie Kennedy, Old Colony YMCA Middleboro

Anne Bisson, Department of Human Services, Taunton Council on Aging

Sandra McGunigle, Manet Community Health Center

Lauren Bartell, Old Colony YMCA Stoughton

Leah Serafin, Old Colony YMCA Stoughton

Andy Dawley, Community Counseling of Bristol County

Rita Celia, Triumph, Inc.

Maribeth Ferreira, Our Daily Bread Meal and Resource Center

Glen Whittaker, Our Daily Bread Meal and Resource Center

Mark Cook, Matthew Mission Resource Center

ATTACHMENT 5C

CHI SELF-ASSESSMENT FORM



Massachusetts Department of Public Health

Determination of Need

Community Health Initiative

CHNA / CHIP Self Assessment

Version: 8-1-17

This self-assessment form is to understand the Community Engagement process that has led/ will lead to the identification of priorities for community health planning processes. It is being used to demonstrate to DPH that an existing community health planning process adequately meets DPH standards for community engagement specific to Determination of Need, Community Health Initiative purposes.

This form will provide the basic elements that the Department will use to determine if additional community engagement activities will be required. When submitting this form to DPH, please also submit your IRS Form 990 and Schedule H CHNA/CHIP and/or current CHNA/CHIP that was submitted to the Massachusetts Attorney General's Office. Additionally, the Applicant is responsible for ensuring that the Department receives Stakeholder-Assessments from the stakeholders involved in the CHNA / CHIP process.

All questions in the form, unless otherwise stated, must be completed.

Approximate DoN Application Date: DoN Application Type:

What CHI Tier is the project? ☒ Tier 1 ☐ Tier 2 ☐ Tier 3

1. DoN Applicant Information

Applicant Name:

Mailing Address:

City: State: Zip Code:

2. Community Engagement Contact Person

Contact Person: Title:

Mailing Address:

City: State: Zip Code:

Phone: Ext: E-mail:

3. About the Community Engagement Process

Please indicate what community engagement process (e.g. the name of the CHNA/CHIP) the following form relates to. This will be use as a point of reference for the following questions and does not need to be a fully completed CHNA or implemented CHIP.
(please limit the name to the following field length as this will be used throughout this form):

4. Associated Community Health Needs Assessments

In addition to the above engagement process, please list Community Health Needs Assessments and/or Community Health Improvement Planning Processes, if any that the Applicant been involved with in the past 5 years (i.e. CHNA/CHIP processes not led by the Applicant bur where the Applicant was involved?

(Please see page 22 of the Community-Based Health Initiative Guidelines for reference <http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf>)

Add/ Del Rows	Lead Organization Name / CHNA/CHIP Name	Years of Collaboration	Name of Lead Organizer	Phone Number	Email Address of Lead Organizer
<div><div>+</div><div>-</div></div>					

5. CHNA Analysis Coverage

Within the Morton Hospital CHNA 2018 , please describe how the following DPH Focus Issues were analyzed DoN Health Priorities and Focus Issues (please provide summary information including types of data used and references to where in the submitted CHNA/CHIP documents these issues are discussed):

5.1 Built Environment

Page 11, Pages 33 - 35, Page 41, Page 49; Data was collected through a literature review, US Census Bureau statistics and feedback from the community via the Key Informant Survey. With regard to housing stability, communities in the hospital's service area maintained a lower media housing price than the MA average. Transportation was noted by community members as a major concern in terms of access to health care and other services. Recommendations on how the hospital could support this need included fostering collaborative partnerships with other community-based organizations whose services align with priorities associated with built environment to offer resources or support such as funding or sponsorships of initiatives. With regard to transportation, the recommendation within the CHNA was for the community-at-large to advocate for, support and help fund initiatives that would improve and expand transportation services within the community.

5.2 Education

Page 41, Pages 53 and 54; Data collected from MA Dept. of Elementary Education 2017 and US Census Bureau. Taunton and Lakeville maintained the lowest high school graduation rate, and Taunton maintained the highest high school dropout rate from 2012-2016. The recommendation within the CHNA was for Morton Hospital to foster collaborative partnerships with other community-based organizations whose services align with this priority and focus area. In 2019 the hospital established multiple programs to support furthering education among youth, including an accelerated CNA Career Program, high school student internship programs, a co-op program and career exploration programs in partnership with local high schools.

5.3 Employment

Pages 35 - 39, Page 41; Data was collected from MDPH, a literature review, and from the US Census Bureau. All towns in the hospital's service area have a higher-than-state incidence rate of unemployment in residents ages 16+. Morton Hospital is one of the largest employers in the Taunton community and has significant capacity to support employment opportunities. In response to the CHNA data, the hospital established programs such as a New Nurse Graduation Residency Program and a co-op program in collaboration with a local technical high school to hire students into CNA positions at the hospital. The hospital also worked with Taunton Area School to Career to host career exploration days and through a mentor program to support students as they transition into college and potential career opportunities. The hospital also increased participation in community job fairs, and hosted multiple hiring events at the hospital throughout the year. Career opportunities at the hospital were promoted thoroughly within the public.

5.4 Housing

Pages 33 - 35, Page 41; Data was collected from a literature review, as well as from the US Census Bureau. The hospital's community serves a large population of homeless or disadvantaged community members through various meal and resource centers including the Our Daily Bread Meal and Resource Center and the Matthew 25 Mission shelter. The recommendation within the CNHA was for the hospital to partner with other community-based organizations whose services align with this priority and focus area. Morton Hospital supported capacity building of these organizations through monetary donations or sponsorships, and also worked with the Matthew 25 Mission shelter to establish a foot care clinic for the homeless. The hospital provided staffing resources as well as supplies to support the program. The hospital also hosted resource days at the Our Daily Bread Meal and Resource Center, providing education, resources and blood pressure screenings.

5.5 Social Environment

Pages 12 - 16, Page 31, Page 50; Data was collected from MDPH, from a literature review, and from the US Census Bureau. Data shows that our social environment impacts many mental and physical health outcomes, including mental health, violence, risk behaviors (tobacco and drug use), physical health and well-being, and disease morbidity and mortality. Social environment is influenced by race, gender identity, age, disability and other demographics. Medically-Underserved Populations (including those who are homeless, low-income or have linguistic barriers) often experience a lack of primary care health services. Within the Morton service area, Taunton maintains the highest percentage of foreign-born residents, as well as those who speak a primary language other than English. To enhance access to primary health care for this population, in 2019 Morton Hospital hired multiple multi-lingual primary care providers. The hospital also supports the homeless and low-income populations through partnerships with Matthew 25 Mission and the Our Daily Bread Meal and Resource Center, as noted above. The hospital also continued to operate a School Based Health Clinic for children and adolescents, providing primary and preventive care services regardless of ability to pay.

5.6 Violence and Trauma

Page 41; Pages 55 - 56; Data was collected from US Department of Justice. Taunton and Middleboro maintained the highest violent

crime rate in the hospital's service area. Within the hospital service area, Taunton maintains the highest rate of homicidal deaths, as well as violence crimes. Tactics in which the hospital could directly support this need were assessed, with a focus on violence prevention, including tactics such as staff training and education (de-escalation techniques, active shooter training, care of the aggressive patient staff trainings, as well as a new Stop the Bleed community training program. In 2019, the hospital hosted Stop the Bleed trainings onsite as well as at various schools in the community. The hospital successfully trained staff at all schools within the Taunton community.

5.7 The following specific focus issues

a. Substance Use Disorder

Pages 11, 28-32; Data was collected from MDPH, a Key Informant Survey completed by 88 participants within the community, and a Focus Group held at the hospital with 12 participants. In the Morton service area, Taunton has the highest count of alcohol/substance-related hospitalizations. With regard to opioid-related injuries resulting in hospitalization, all cities and towns within the hospital service area had a higher than state incidence rate. Substance abuse was rated the most significant community health issue among Key Informant Survey participants, as well as focus group participants. Hospital programming designed to address these issues include: staff training programs, a behavioral health navigator program with a focus on screening, treatment and referral of patients to appropriate services, partnerships with substance disorder treatment centers for referral purposes. The hospital also provides meeting space for AA and NA meetings, and has supported organizations within the community focused on substance abuse prevention and treatment - such as The Woman at the Well - through financial donations.

b. Mental Illness and Mental Health

Pages 11, 26-27, 47; Data was collected from MDPH, a Key Informant Survey and a Focus Group. Data shows that Taunton had the highest suicide death count within the service area, but that rate is lower than state average. Key Informant Survey participants ranked "Mental Health Issues" as the 2nd most significant issue within the community. Survey participants and focus group participants felt there was a need to offer more beds to psychiatric patients and better mental health training for medical and first responder staff. Participants also felt although local support systems are available, the community was not aware of how to access them, and that long wait times and insurance coverage were barriers. Suggested programming for the hospital to help address these issues included: continued support for patient via the hospital's behavioral health navigator program, training for staff on screening patients for mental illness and promoting suicide prevention, partnering with organizations who offer mental health services such as Community Counseling of Bristol County, and participating on local task forces or committees focused on coordinating care for mental health issues. Community-wide recommendations were also made in the 2018 CHNA.

c. Housing Stability / Homelessness



Page 41, Pages 33 - 35; data collected from literature review, US Census Bureau. The hospital's community serves a large population of homeless or disadvantaged community members through various meal and resource centers including the Our Daily Bread Meal and Resource Center and the Matthew 25 Mission shelter. Morton Hospital supported capacity building of these organizations through monetary donations or sponsorships, and also worked with the Matthew 25 Mission shelter to establish a foot care clinic for the homeless. The hospital provided staffing resources as well as supplies to support the program. The hospital also hosted resource days at the Our Daily Bread Meal and Resource Center, providing education, resources and blood pressure screenings.

d. Chronic Disease with a focus on Cancer, Heart Disease, and Diabetes

Pages 11, 17-23, 42-45; Data was collected from MDPH, a literature review, and a Key Informant Survey. For cancer, heart disease, respiratory disease and diabetes, certain towns exceed the state level of disease prevalence. Taunton maintained higher than state averages for cancer-related deaths, COPD-related hospital visits and diabetes-related deaths. Suggested areas of focus for the hospital were supporting community organizations focused on disease prevention, providing free screening programs, offering health education programs, educating the community about the hospital's lung cancer screening services, and participating in or sponsoring community-based events focused on raising awareness of these diseases.

6. Community Definition

Specify the community(ies) identified in the Applicant's Morton Hospital CHNA 2018

Add/Del Rows	Municipality	If engagement occurs in specific neighborhoods, please list those specific neighborhoods:
 	Taunton	Including East Taunton (not available in drop-down)

Add/Del Rows	Municipality	If engagement occurs in specific neighborhoods, please list those specific neighborhoods:
<input type="checkbox"/> + <input type="checkbox"/> -	<input type="text" value="Raynham"/>	Including North Dighton (not available in drop-down)
<input type="checkbox"/> + <input type="checkbox"/> -	<input type="text" value="Berkley"/>	
<input type="checkbox"/> + <input type="checkbox"/> -	<input type="text" value="Dighton"/>	
<input type="checkbox"/> + <input type="checkbox"/> -	<input type="text" value="Middleborough"/>	
<input type="checkbox"/> + <input type="checkbox"/> -	<input type="text" value="Lakeville"/>	

7. Local Health Departments

Please identify the local health departments that were included in your Morton Hospital CHNA 2018 . Indicate which of these local health departments were engaged in this Morton Hospital CHNA 2018 . For example, this could mean participation on an advisory committee, included in key informant interviewing, etc. (Please see page 24 in the Community further description of this requirement <http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf>.)

Add/ Del Rows	Municipality	Name of Local Health Dept	Name of Primary Contact	Email address	Describe how the health department was involved
<div><div>+</div><div>-</div></div>	Taunton	Taunton Board of Health	Charles Thayer, MD	charles.thayer@steward.org	Morton Hospital's Chief Medical Officer is also the Chairman of the Taunton Board of Health, serving as a liaison between the hospital and Board of Health and as a representative from the Board of Health in Morton Hospital's community benefits activities and programming.

8. CHNA / CHIP Advisory Committee

Please list the community partners involved in the CHNA/CHIP Advisory Committee that guided the Morton Hospital CHNA 2018 . (please see the required list of sectorial representation in the Community Engagement Standards for Community Health Planning Guidelines <http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf>) Please note that these individuals are those who should complete the Stakeholder Engagement Assessment form. It is the responsibility of the Applicant to ensure that DPH receives the completed Stakeholder Engagement Assessment form:

Add/Del Rows	Sector Type	Organization Name	Name of Primary Contact	Title in Organization	Email Address	Phone Number
	Municipal Staff	Department of Human Services	Anne Bisson	Director, Department of Human Services/Taunton Council on Aging	abisson@taunton-ma.gov	5088211425
	Education	Triumph, Inc.	Rita Celia	Parent and Community Outreach Coordinator	rcelia@triumphinc.org	508-822-5388 x137
	Housing	Our Daily Bread Meal and Resource Center	Glen Whittaker	Resource Coordinator	glen@tauntonsoupkitchen.org	5088241744
	Social Services	Community Counseling of Bristol County	Andrew Dawley	Chief Operating Officer	adawley@comcounseling.org	
	Planning + Transportation					
	Private Sector/ Business					
	Community Health Center	Manet Community Health Center	Sandra McGunigle	Director of Marketing & Communications	smcgunigle@manetchc.org	6174044112
	Community Based Organizations	Matthew Mission Resource Center	Mark Cook	Director	matthew25mission@gmail.com	5088229092
<div><div>+</div><div>-</div></div>	Community-based organizations	Old Colony YMCA	Leah Serafin	Healthy Living Community Outreach Coordinator	lserafin@oldcolonymca.org	781-341-2016 x227

8a. Community Health Initiative

For Tier 2 and Tier 3 CHI Projects, is the the Applicant's CHNA / CHIP Advisory Board the same body that will serve as the CHI advisory committee as outlined in the Table 1 of the Determination of Need Community-Based Health Initiative Guideline (<http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-chi-planning.pdf>)?

☒ Yes ☐ No

9. Engaging the Community At Large

Thinking about the extent to which the community has been or currently is involved in the Morton Hospital CHNA 2018, please choose one response for each engagement activity below. Please also check the box to the left to indicate whether that step is complete or not. (For definitions of each step, please see pages 12-14 in the *Community Engagement Standards for Community Health Planning Guidelines* <http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf>).

	Inform	Consult	Involve	Collaborate	Delegate	Community - Driven / -Led
<input checked="" type="checkbox"/> Assess Needs and Resources	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please describe the engagement process employed during the "Assess Needs and Resources" phase.	The community was engaged in the needs assessment process by participating in a focus group as well as a key informant survey that was shared widely within the community. Organizations within the community were also asked to help promote the survey and encourage members/constituents to participate. The focus group was promoted and open to the community at large.					
<input checked="" type="checkbox"/> Focus on What's Important	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please describe the engagement process employed during the "Focus on What's Important" phase.	Members of the hospital's Community Benefits Advisory Council reviewed the CHNA 2018 and resulting health priorities. A plan was developed by the hospital, shared and reviewed with the Advisory Council, based on the most prevalent needs. The Council was asked to suggest additional programming and partnerships within the community, and approve the plan as a group.					
<input checked="" type="checkbox"/> Choose Effective Policies and Programs	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please describe the engagement process employed during the "Choose Effective Policies and Programs" phase.	Members of the hospital's Community Benefits Advisory Council reviewed the CHNA 2018 and resulting health priorities. A plan was developed by the hospital, shared and reviewed with the Advisory Council, based on the most prevalent needs. The Council had opportunity to suggest additional programming and partnerships within the community.					
<input checked="" type="checkbox"/> Act on What's Important	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please describe the engagement process employed during the "Act on What's Important" phase.	Based on the key findings and priority health needs from the CHNA 2018, Morton Hospital developed a CHIP for 2019 incorporating the priority health areas identified as well as proposed programs that the hospital could directly implement to address those health and wellness concerns. Goals and proposed programs were developed for the following areas: chronic disease management, obesity prevention, mental illness, substance abuse disorder, access to care, unemployment, education and violence. The CHIP was shared and discussed with Advisory Council members, and members had opportunity to propose additional programming or ideas. Many of the programs were implemented in partnership with community organizations (including within and outside of the Advisory Council).					
<input checked="" type="checkbox"/> Evaluate Actions	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please describe the engagement process employed during the "Evaluate Actions" phase.	At every Advisory Council meeting, the hospital provides members with an update on CB programming and progress. Each program is also assessed on an annual basis in the community benefits report, and the hospital has the opportunity to highlight statistics and successes of the prior year's CHIP. The report is posted publicly on the hospital's website. Advisory Council members also have the opportunity to submit a self-assessment regarding their engagement in the hospital's CB programming initiatives.					

10. Representativeness

Approximately, how many community agencies are currently involved in Morton Hospital CHNA 2018 of the community at large?

within the engagement

Agencies

Approximately, how many people were engaged in the process (please include team members from all relevant agencies and independent community members from the community at large)?

Individuals

Please describe the diversity of the people who have been engaged in the process both within the CHNA/CHIP Advisory Committee and the community at large. Explicitly describe how the process included diverse representation from different groups/individuals with varied gender, sexual orientation, race/ethnicity, disability status, international status and age. Please see page 10 and Appendix A of the *Community Engagement Standards for Community Health Planning Guideline* (<http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf>) for further explanation of this.

Advisory Committee: Varied gender and age of participants

Community at large: participants in the key informant survey were 88% female and 11% male; 3% ages 18-25, 21% ages 26 - 35, 15% ages 36 - 45, 25% ages 46 - 55, 26% ages 56 - 65 and 10% ages 66+; 4% spoke Portuguese at home and 1% spoke Haitian Creole at home; 96% were white, 3% were black, 1% American Indian or Alaska Native; from varying zip codes within the hospital's service area.

We had a goal of reaching a diverse population within our service area by 1) asking partner organizations who serve a diverse population to share the survey and promote the focus group to members and 2) by sharing the online key informant survey widely within the community to gather survey feedback from a diverse population. The survey was shared with hospital staff and providers, with and through partner organizations, and on the hospital's social media pages to gather feedback from the general public.

Please describe the type of representation that was/is employed in the community engagement process and the rationale for that type of representation. For more information on types of representation and representativeness, please see Appendix A from the *Community Engagement Standards for Community Health Planning Guidelines* (<http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf>). Please include descriptions of both the Advisory Board and the Community at large.

Our Advisory Board is comprised of Grass Tops representation. The purpose of the Advisory Board is to meet regularly with leaders and/or representatives of organizations within the community who serve diverse populations and can share feedback and guidance on behalf of their organization and constituents.

The participation of the Community at large was Grassroots representation. We had a goal of collecting feedback from a diverse population within our service area by 1) asking partner organizations who serve a diverse population to share the survey and promote the focus group to members and 2) by sharing the online key informant survey widely within the community to gather survey feedback from a diverse population within the general public. The survey was shared with hospital staff and providers, with and through partner organizations, and on the hospital's social media pages to gather feedback from the general public. The CHNA focus group also included participants from the general public, as well as representatives of local organizations.

To your best estimate, of the people engaged in Morton Hospital CHNA 2018 number of individuals.

approximately how many: Please indicate the

Number of people who reside in rural area

Number of people who reside in urban area

Number of people who reside in suburban area

11. Resource and Power Sharing

For more information on Power Sharing, please see Appendix A from the *Community Engagement Standards for Community Health Planning Guidelines* (<http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf>).

By community partners, we mean agencies, organizations, tribal community, health departments, or other entities representing communities.

By Applicant partners, we mean the hospital / health care system applying for the approval of a DoN project

	Community Partners	Applicant Partners	Both	Don't Know	Not Applicable
Which partner hires personnel to support the community engagement activities?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Who decides the strategic direction of the engagement process?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Who decides how the financial resources to facilitate the engagement process are shared?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Who decides which health outcomes will be measured to inform the process?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Transparency

Please describe the efforts being made to ensure that the engagement process is transparent. For more information on transparency, please see Appendix A from the *Community Engagement Standards for Community Health Planning Guidelines*.

The hospital's CHNA and annual CHIPs are reviewed and discussed with the Community Benefits Advisory Council and posted publicly on the hospital's website. Meeting minutes from the Community Benefits Advisory Council are taken and shared with members following each meeting. Member have opportunity to provide input and guidance to the hospital regarding programming.

13. Formal Agreements

Does / did the Morton Hospital CHNA 2018 have written formal agreements such as a Memorandum of Agreement/ Understanding (MOU) or Agency Resolution?

- ☐ Yes, there are written formal agreements ☒ No, there are no written formal agreements

Did decision making through the engagement process involve a verbal agreement between partners?

- ☐ Yes, there are verbal agreements ☒ No, there are no verbal agreements

14. Formal Agreement Specifics

Thinking about your MOU or other formal agreement(s), does it include any provisions or language about:

	Yes	No	Don't Know	Doesn't Apply
Distribution of funds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Written Objectives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Clear Expectations for Partners' Roles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Clear Decision Making Process (e.g. Consensus vs. Voting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Conflict resolution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Conflict of Interest Paperwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

15. Document Ready for Filing

When the document is complete click on "document is ready to file". This will lock in the responses and date and time stamp the form. To make changes to the document un-check the "document is ready to file" box. Edit document then lock file and submit. Keep a copy for your records. Click on the "Save" button at the bottom of the page.

To submit the application electronically, click on the "E-mail submission to DPH" button.

This document is ready to file: ☐

Date/time Stamp:

E-mail submission to DPH

E-mail submission to
Stakeholders and CHI Advisory Board

When providing the Stakeholder Assessment Forms to the community advisory board members (individuals identified in Section 8 of this form), please include the following information in your correspondence with them. This will aid in their ability to complete the form:

- A) Community Engagement Process: Morton Hospital CHNA 2018
- B) Applicant: Morton Hospital
- C) A link to the DoN CHI Stakeholder Assessment

ATTACHMENT 5D

COMMUNITY HEALTH INITIATIVE NARRATIVE

STEWARD HEALTH CARE, LLC
Morton Hospital Community Health Initiative Narrative

A. Community Health Initiative Monies

The breakdown of Community Health Initiative (“CHI”) monies for the Proposed Project is as follows:

MCE	Calculation	Total
	Total Proposed Project Cost	\$6,807,000
CHI Contribution	5% of MCE	\$340,350
Administrative Costs	4% of CHI Contribution	\$13,614
Remaining CHI	CHI Contribution minus Administrative Costs	\$326,736
Statewide CHI Contribution	10% of Remaining CHI	\$32,673.60
Local Funding	90% of Remaining CHI	\$294,062.40
Evaluation Costs	10% of Local Funding	\$29,406.24
CHI Funding to be Disbursed	Local Funding minus Evaluation Costs	\$264,656.16

B. Overview and Discussion of CHNA/DoN Processes

The Community Health Initiative (“CHI”) processes and community engagement for the proposed Determination of Need (“DoN”) Project¹ will be conducted by Morton Hospital. Morton Hospital, Steward Family Hospital, is a 112-bed acute care community hospital located in Taunton, Massachusetts. Discussion of triennial community health needs assessment (“CHNA”). In addition to fulfilling the requirement by the IRS Section H/Form 990 mandate, Morton’s CHNA process was undertaken to:

- Identify and update the health needs and assets of Morton’s service area - Taunton, Berkley, Raynham, Dighton, Middleborough, and Lakeville - including information on social determinants of health;
- Identify Morton’s service area’s community needs around transportation and substance use disorders; and
- Understand how outreach activities may be more effectively coordinated and delivered across the service area and in collaboration with community partners.

The CHNA used a participatory, collaborative approach and examined health in its broadest context. As part of this assessment, Morton sought input and was provided oversight by its Community Benefits Advisory Council (“CBAC”) to inform the methodology, including recommendation of secondary data sources, and identification of key informants and focus group segments. The assessment process included synthesizing existing data on social, economic, and health indicators from various sources, as well as, conducting interviews and focus groups to

¹ This Application requests approval for the conversion of Level III Substance Use Disorder Treatment beds into Level IV beds.

explore perceptions of the community, health and social challenges for community members, and recommendations for how to address these concerns. In total, around 100 individuals were engaged in the 2018 assessment process. As a result, the CHNA report provides key findings of the communities' needs, which explored a range of health behaviors and outcomes; social and economic issues; including the social determinants of health; health care access and gaps; and strengths of existing resources and services.

C. Oversight of the CHI Process

Morton will leverage its existing CBAC to provide oversight of the CHI process.

D. Advisory Committee Duties

As a Tier 1 CHI, the scope of work that the CHI Committee will carry out includes:

- Ensuring appropriate engagement with residents from targeted communities and community partners around the CHI.
- Determining the Health Priorities for CHI funding based upon the needs identified in the 2018 CHNA/CHIP. The Committee will ensure that all Health Priorities are aligned with the Department of Public Health's Health Priorities and the Executive Office of Health and Human Services' Focus Areas.
- Providing oversight to the evaluator that is carrying out the evaluation of CHI-funded projects.
- Conducting a conflict of interest disclosure process to determine which members will also serve on the Allocation Committee.
- Reporting to the Department of Public Health on the DoN – CHI.

E. Allocation Committee Duties

The Allocation Committee is comprised of individuals from the CHI Committee who do not have a conflict of interest with respect to potential funding. The scope of work that the Allocation Committee will carry out includes:

- Selecting Strategies for the noted Health Priorities.
- Completing and submitting the Health Priorities and Strategies Selection Form for approval by the Department of Public Health.
- Carrying out a formal request for proposal ("RFP") process (or an equivalent, transparent process) for the disbursement of CHI funds.
- Engaging resources that can support and assist applicants with their responses to the RFP.
- Disbursement of CHI funding.
- Providing oversight to a third-party vendor that is selected to carry out the evaluation of CHI-funded projects.

F. Timeline for CHI Activities

Upon a Notice of Determination of Need being issued by the Public Health Council, the CHI Committee will commence meeting and begin the CHI Process. The timeline for CHI activities is as follows:

- Four weeks post-approval: The CHI Committee will begin meeting and reviewing the 2018 CHNA/CHIP to commence the process of selecting Health Priorities.
- Six weeks post-approval: The CHI Committee selects Health Priorities for funding.
- Two months post-approval: The CHI Committee completes a conflicts of interest disclosure process to determine who will serve on the Allocation Committee.
- Three months post-approval: The Allocation Committee selects strategies for the Health Priorities and will submit the Health Priorities and Strategies Form to the Department.
- Four - five months post-approval: The Allocation Committee is developing the RFP process, determining how this process will work in tandem with Morton's current grant efforts, and working with the evaluator that will serve as a technical resource to grantees.
- Six months post-approval: The RFP for funding is released.
- Seven months post-approval: Bidders conferences are held on the RFP.
- Eight months post-approval: Responses are due for the RFP.
- Nine – ten months post-approval: Funding decisions are made, and the disbursement of funds begins.
- Eighteen months to two years post-approval: Evaluator will begin evaluation work.

G. Evaluation Overview

Morton is seeking to use 10% of local CHI funding (\$29,406.24) for evaluation efforts. These monies will allow Applicant to engage a third-party evaluator to carry out technical assistance and ensure appropriate evaluation of the CHI-funded projects.

H. Administrative Monies

As a Tier 1CHI, Morton is eligible to retain 10% of the CHI Contribution to be used for administrative costs. Accordingly, Applicant is requesting \$13,614 in administrative funding. These monies are critical in developing a sound CHI process that complies with the Department of Public Health's expectations as administrative funding will be used to hire additional support staff. These monies will also pay for reporting and dissemination of promising practices and lessons learned, facilitation support for the CHI Committee and Allocation Committee, costs associated with the development of communication materials and placement of procurement information in community newspapers. Finally, these monies will help to offset the costs of the development and implementation of the RFP process.

ATTACHMENT 6

AFFILIATED PARTIES FORM



Massachusetts Department of Public Health
Determination of Need
Affiliated Parties

Version: DRAFT
3-15-17

DRAFT

Application Date: 10/23/2020

Application Number: -20092415-HS

Applicant Information

Applicant Name: Steward Health Care System LLC

Contact Person: Andrew LevineTitle: Attorney

Phone: 6175986700Ext: E-mail: alevine@barrettsingal.com

Affiliated Parties

1.9 Affiliated Parties:
List all officers, members of the board of directors, trustees, stockholders, partners, and other Persons who have an equity or otherwise controlling interest in the application.

Add/ Del Rows	Name (Last)	Name (First)	Mailing Address	City	State	Affiliation	Position with affiliated entity (or with Applicant)	Stock, shares, or partnership	Percent Equity (numbers only)	Convictions or violations	List other health care facilities affiliated with	Business relationship with Applicant
<div>+ -</div>	de la Torre	Ralph	1900 N. Pearl Street, Suite 2400	Dallas	TX	Steward Health Care System LLC	Director/Officer			No		
<div>+ -</div>	Doyle	John	1900 N. Pearl Street, Suite 2400	Dallas	TX	Steward Health Care System LLC	Officer			No		
<div>+ -</div>	Holtz	Herbert	1900 N. Pearl Street, Suite 2400	Dallas	TX	Steward Health Care System LLC	Officer			No		
<div>+ -</div>	Boehner	John	1900 N. Pearl Street, Suite 2400	Dallas	TX	Steward Health Care System LLC	Director			No		
<div>+ -</div>	Callum	Michael	1900 N. Pearl Street, Suite 2400	Dallas	TX	Steward Health Care System LLC	Director			No		
<div>+ -</div>	Karam	James	1900 N. Pearl Street, Suite 2400	Dallas	TX	Steward Health Care System LLC	Director			No		Yes
<div>+ -</div>	McMaster	Herbert	1900 N. Pearl Street, Suite 2400	Dallas	TX	Steward Health Care System	Director			No		

Document Ready for Filing

When document is complete click on "document is ready to file". This will lock in the responses and date and time stamp the form. To make changes to the document un-check the "document is ready to file" box.
Edit document then lock file and submit Keep a copy for your records. Click on the "Save" button at the bottom of the page.
To submit the application electronically, click on the"E-mail submission to Determination of Need" button.

This document is ready to file: ☐

Date/time Stamp:

E-mail submission to
Determination of Need

ATTACHMENT 7

CHANGE IN SERVICE FORM



Massachusetts Department of Public Health
Determination of Need
Change in Service

Version: DRAFT
6-14-17

DRAFT

Application Number: -20092415-HS

Original Application Date: 10/08/2020

Applicant Information

Applicant Name: Steward Health Care System LLC

Contact Person: Andrew Levine, Esq. Title: Attorney

Phone: 6175986700 Ext: E-mail: alevine@barrettsingal.com

Facility: Complete the tables below for each facility listed in the Application Form

1 Facility Name: Morton Hospital CMS Number: 220073 Facility type: Hospital

Change in Service

2.2 Complete the chart below with existing and planned service changes. Add additional services with in each grouping if applicable.

Add/Del Rows		Licensed Beds	Operating Beds	Change in Number of Beds (+/-)		Number of Beds After Project Completion (calculated)		Patient Days (Current/ Actual)	Patient Days Projected	Occupancy rate for Operating Beds		Average Length of Stay (Days)	Number of Discharges	Number of Discharges
		Existing	Existing	Licensed	Operating	Licensed	Operating			Current Beds	Projected		Actual	Projected
	Acute													
	Medical/Surgical									0%	0%			
	Obstetrics (Maternity)									0%	0%			
	Pediatrics									0%	0%			
	Neonatal Intensive Care									0%	0%			
	ICU/CCU/SICU									0%	0%			
<div>+ -</div>										0%	0%			
	Total Acute									0%	0%			
	Acute Rehabilitation									0%	0%			
<div>+ -</div>										0%	0%			
	Total Rehabilitation									0%	0%			
	Acute Psychiatric													

Add/Del Rows		Licensed Beds	Operating Beds	Change in Number of Beds (+/-)		Number of Beds After Project Completion (calculated)		Patient Days (Current/ Actual)	Patient Days Projected	Occupancy rate for Operating Beds		Average Length of Stay (Days)	Number of Discharges	Number of Discharges
		Existing	Existing	Licensed	Operating	Licensed	Operating			Current Beds	Projected		Actual	Projected
	Adult									0%	0%			
	Adolescent									0%	0%			
	Pediatric									0%	0%			
	Geriatric									0%	0%			
<div>+ -</div>										0%	0%			
	Total Acute Psychiatric									0%	0%			
	Chronic Disease									0%	0%			
<div>+ -</div>										0%	0%			
	Total Chronic Disease									0%	0%			
	Substance Abuse													
	detoxification									0%	0%			
	short-term intensive									0%	0%			
<div>+ -</div>	Level IV Medically Manage	0	0	32	32	32	32	0	7,300	0%	63%	3.75	0	1,947
	Total Substance Abuse	0	0	32	32	32	32	0	7,300	0%	63%	3.75	0	1,947
	Skilled Nursing Facility													
	Level II									0%	0%			
	Level III									0%	0%			
	Level IV									0%	0%			
<div>+ -</div>										0%	0%			
	Total Skilled Nursing									0%	0%			

2.3 Complete the chart below If there are changes other than those listed in table above.

Add/Del Rows	List other services if Changing e.g. OR, MRI, etc	Existing Number of Units	Change in Number +/-	Proposed Number of Units	Existing Volume	Proposed Volume
<div>+ -</div>						

Document Ready for Filing

When document is complete click on "document is ready to file". This will lock in the responses and date and time stamp the form. To make changes to the document un-check the "document is ready to file" box.
Edit document then lock file and submit Keep a copy for your records. Click on the "Save" button at the bottom of the page.

To submit the application electronically, click on the"E-mail submission to Determination of Need" button.

This document is ready to file:



Date/time Stamp: 10/08/2020 11:17 am

E-mail submission to
Determination of Need

ATTACHMENT 8

NOTICE OF INTENT



Search



Serving Fall River, Taunton And The Southcoast Region Of Bristol County

To advertise call 508-676-2517 or online TAUNTINGAZETTE.com

STUFF

YARD SALES

Yard Sales

Taunton Huge multi-family yard sale. You do not want to miss this one. Lots of tools, hand and power, household items, collectibles, vintage items, movies, furniture, too much to list. 8-5 Sat. 9/5, 102 Longwood Ave.

Legal Notices

CC/LOT 10 LEONA'S LANE
LEGAL NOTICE
City of Taunton
Conservation Commission

A public meeting will be held by the Conservation Commission on Monday, September 14, 2020 at 6:00 PM at the Temporary City Hall, 141 Oak Street, Taunton, MA, relative to the filing of a Request for Determination of Applicability: under the Wetlands Protection Act MGL C. 131S.40 by Antonio Bairos/ALE Realty Trust, POB 1126, Taunton, MA to construct a single family home with deck, driveway, and utilities located at Leona's Lane Lot 10 (105-278) near a locally jurisdictional Isolated Land Subject to Flooding on the abutting lot.

This meeting may be held virtually. Interested participants should call the Conservation Office at 508-821-1095 for details.

Individuals with disabilities, who require assistance or special arrangements to participate in a hearing, please call Kevin Scanlon at (508) 821-1051, or by TDD at (508) 821-1024. We request that you provide a FIVE BUSINESS DAY notice so that proper arrangements may be made.

Steven Turner, Chairperson

AD#13910823
TG 9/4/20

PUBLIC HEARING 9/14/20

LEGAL NOTICE
NOTICE OF VIRTUAL PUBLIC HEARING
CONSERVATION COMMISSION
FREETOWN, MASSACHUSETTS

The Freetown Conservation Commission will hold a virtual public hearing on Monday, September 14, at 4:15 PM on a Notice of Intent submitted by Nynelson, Inc., for Construction of a Residential Subdivision Roadway with associated grading, drainage and utilities within bordering land subject to flooding at 16 Water St., Assonet, MA 02702. All work is within a tidally influenced flood zone and no compensatory storage is required for this project. The site is further identified as Lots 214, 216 & 217 on Freetown Assessors' Map 211. Plans are available at the Town Hall for review.

Please contact Zenith Consulting Engineers, LLC at 508-947-4208 or Freetown Conservation Commission at 508-644-2201 for more information regarding meeting access details.

Kevin Desmarais, Chairman
Freetown Conservation Commission

AD#13909435
TDG 9/4/20

CC/44 MELLO'S FARM RD.

LEGAL NOTICE
City of Taunton
Conservation Commission

A public meeting will be held by the Conservation Commission on Monday,

September 14, 2020 at 6:00 PM at the Temporary City Hall, 141 Oak Street, Taunton, MA, relative to the filing of a Request for Determination of Applicability: under the Wetlands Protection Act MGL C. 131S.40 by Jose Capelo, 44 Mello's Farm Road, Taunton, MA for a 16' x 28' oval above ground pool and 12' x 20' deck located at 44 Mello's Farm Road and within the 100 foot buffer zone of a bordering vegetated wetland.

This meeting may be held virtually. Interested participants should call the Conservation Office at 508-821-1095 for details.

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Steven Turner, Chairperson

AD#13910810
TG 9/4/20

Yard Sales

Taunton - Yard Sale
Sat, Sept. 5, 9a-3pm
Sun, Sept. 6, 9a-Noon
Oak Hill
Mobile Home Park
1 Beech St., Taunton
COVID-19 Contact Tracing
MASKS REQUIRED

YARD SALES

Yard Sales

Taunton Huge multi-family yard sale. You do not want to miss this one. Lots of tools, hand and power, household items, collectibles, vintage items, movies, furniture, too much to list. 8-5 Sat. 9/5, 102 Longwood Ave.

Legal Notices

TAUNTON Rooms & studios \$130 to \$220/week move in. No lease or Sec. Dep. 508-822-4273, M-F, 8:30-5

Legal Notices

CC/LOT 10 LEONA'S LANE
LEGAL NOTICE
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Conservation Commission

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Steven Turner, Chairperson

AD#13910823
TG 9/4/20

PUBLIC HEARING 9/14/20

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Kevin Desmarais, Chairman
Freetown Conservation Commission

AD#13909435
TDG 9/4/20

CC/44 MELLO'S FARM RD.

LEGAL NOTICE
City of Taunton
Conservation Commission

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September 14, 2020 at 6:00 PM at the Temporary City Hall, 141 Oak Street, Taunton, MA, relative to the filing of a Request for Determination of Applicability: under the Wetlands Protection Act MGL C. 131S.40 by Jose Capelo, 44 Mello's Farm Road, Taunton, MA for a 16' x 28' oval above ground pool and 12' x 20' deck located at 44 Mello's Farm Road and within the 100 foot buffer zone of a bordering vegetated wetland.

This meeting may be held virtually. Interested participants should call the Conservation Office at 508-821-1095 for details.

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Steven Turner, Chairperson

AD#13910810
TG 9/4/20

Legal Notices

LEGAL NOTICE
Commonwealth of Massachusetts
The Trial Court
Probate and Family Court
Bristol Division
Office of the Register Suite 240
40 Broadway
Taunton, MA 02780
(508) 977-6040
Docket No. BR20P1485EA
INFORMAL PROBATE
PUBLICATION NOTICE

Estate of: Jacqueline E. Hull

Date of Death: 03/18/2020

To all persons interested in the above captioned estate, by Petition of Petitioner Leonard E. Hull, Jr. of Dighton MA

Leonard E. Hull, Jr. of Dighton MA has been informally appointed as the Personal Representative of the estate to serve without surety on the bond.

The estate is being administered under informal procedure by the Personal Representative under the Massachusetts Uniform Probate Code without supervision by the Court. Inventory and accounts are not required to be filed with the Court, but interested parties are entitled to notice regarding the administration from the Personal Representative and can petition the Court in any matter relating to the estate, including distribution of assets and expenses of administration. Interested parties are entitled to petition the Court to institute formal proceedings and to obtain orders terminating or restricting the powers of Personal Representatives appointed under informal procedure. A copy of the Petition and Will, if any, can be obtained from the Petitioner.

AD#13910793
TG 9/4/20

Legal Notices

Legal Notices

Legal Notices

255 Tremont Street
LEGAL NOTICE
City of Taunton
Conservation Commission

A public meeting will be held by the Conservation Commission on Monday, September 14, 2020 at 6:00 PM at the Temporary City Hall, 141 Oak Street, Taunton, MA, relative to the filing of a Request for Determination of Applicability: under the Wetlands Protection Act MGL C. 131S.40 by the Holmes Family Trust, 255 Tremont Street, Taunton, MA for a septic system repair located at 255 Tremont Street and within the 100 foot buffer zone of a bordering vegetated wetland.

This meeting may be held virtually. Interested participants should call the Conservation Office at 508-821-1095 for details.

Individuals with disabilities, who require assistance or special arrangements to participate in a hearing, please call Kevin Scanlon at (508) 821-1051, or by TDD at (508) 821-1024. We request that you provide a FIVE BUSINESS DAY notice so that proper arrangements may be made.

Steven Turner, Chairperson

AD#13911072
TDG 9/4/20

Legal Notices

Legal Notices

ITB/FY21 Capital Skills

LEGAL NOTICE
Bristol County Agricultural High School
135 Center St.
Dighton, MA 02715
INVITATION TO BID

The Chief Procurement Officer of the Bristol County Agricultural High School hereby invites sealed bids for: FY21 Capital Skills - Bid# 001A Computer Lab Workstations, Microsoft Surface Books, Microsoft Go devices and accessories.

Due to the current restrictions of COVID-19; sealed bid package(s) can be submitted to the Business Office using the following methods:

1. US Mail - Attn: Derek Costa, Business Manager, 135 Center Street, Dighton, MA, 02715.
2. Emailed (in a PDF or Word format) - To: Derek Costa - dcosta@bcas.com Subject Line "BCAHS FY21 Capital Skills TECH-Bid# 001A".

All sealed bids need to be submitted by 9:00 a.m., on Friday, September 18, 2020.

Submitted sealed bids will be opened live, accessible via both an in person meeting and a virtual stream at 9:30 a.m. on Friday, September 18, 2020. For those wishing to attend the opening in person, please send an email to: though@bcas.com to secure your spot as attendance is limited. The virtual stream link will be posted at www.bcas.com. Bids will be awarded by the Chief Procurement Officer and/or Designee to the responsible and responsive bidder offering the best price.

Hard copies of the bid package(s) can be requested via email to: though@bcas.com. Instructions to physically pick up a hard copy bid package(s) will be provided through email. Bid package(s) are also available to be downloaded at www.bristolaggie.com.

All bidders are required to maintain their bids and bid prices for 90 (ninety) days after the official opening date of the bid. It is the intention of the Chief Procurement Officer and/or Designee to award the bid to the lowest responding and responsible bidder. The Chief Procurement Officer and/or Designee reserves the right to reject any or all bids and to accept the bid, which is considered to be in the best interest of Bristol County Agricultural School.

Adele Sands
Superintendent/Director

AD#13911377
TDG 9/4/20

Legal Notices

LEGAL NOTICE
PUBLIC NOTICE
FIRE HYDRANT FLOW TESTING

A Fire Hydrant Flow Testing & Line Flushing will occur between 8:00 AM - 10:00 AM on Tuesday, September 8, 2020, at the following fire hydrants street location: Prince Henry Drive, Taunton, MA 02780.

The testing will take about two (2) hours to complete. You may experience water discoloration or reduced water pressure as a result of the testing and line flushing. Please run the water until it clears. The City apologizes in advance for any inconvenience. For more information or concerns, please contact the Taunton Public Works Department at (508) 821-1431

AD#13910821
TG 9/4/20

Legal Notices

Legal Notices

Legal Notices

37 Algerine Street
LEGAL NOTICE
TOWN OF BERKLEY
MASSACHUSETTS
ZONING BOARD OF APPEALS

In accordance with Massachusetts General Laws Chapter 40A, as amended, the Berkley Zoning Board of Appeals (ZBA) will hold a public hearing on:

TUESDAY SEPTEMBER 15, 2020

At 7:05pm at the Berkley Town Hall 1 North Main Street Berkley, MA in the Hearing Room. The purpose is on the application, presented by the Current owners(s).

Russell Horgan, Daniel D. Moniz, & Claire M. Moniz
(Owner/Applicant)

The applicant is seeking several variances to divide an existing lot into two separate lots. Lot 1 will need a side yard setback & Lot 2 will need frontage, lot width, side yard setback, and acreage for the division of the lot.

Article 21 Sec 5A, 3 & 4A
(Reason for filing appeal)

The location of the property is known as **Map 18 Lot 31**
Located at

***** 37 Algerine Street *****

Any person(s) interested or wishing to be heard on this matter should attend this hearing. Individuals with disabilities who require special assistance or arrangements to participate in the hearing may contact Paul Boucher ADA coordinator at 508-824-9285. Please provide ten (10) days notice of request to accommodate.

Board of Appeals
Marcus Baptiste
Chairman

AD#13909453
TDG 8/28, 9/4/20

Legal Notices

Legal Notices

Legal Notices

2 N. Main St., Town Common
LEGAL NOTICE
PUBLIC HEARING NOTICE
BERKLEY PLANNING BOARD

In accordance with the provisions of Chapter 40-A, Section 9, MGL, the Planning Board will hold a public hearing on Thursday, Sept. 24 at 6:30 p.m. at Town Hall, COA Rm, 1 N. Main St. Berkley, MA on the application of Town of Berkley-Bd of Selectmen for a Special Permit under Berkley bylaws Art. 21, Sec. 12 Aquifer Protection District to allow for replacement and enlargement of the impervious surface which will exceed the maximum square footage allowed. Property located at 2 N. Main St., Town Common, Map 11 Lot 0 in the Residential District.

A copy of the proposed change may be inspected in the Town Clerk's office during normal business hours. Any person interested, or wishing to be heard should appear at the time and place designated.

Stephen Castellina, Chairman

AD#13911327
TDG 9/4, 9/11/20

Legal Notices

Legal Notices

Legal Notices

88 WASHINGTON ST.
LEGAL NOTICE
Public Announcement Concerning a Proposed Health Care Project

Steward Health Care System LLC ("Applicant") located at 1900 N. Pearl Street, Suite 2400, Dallas, TX 75201, intends to file a Notice of Determination of Need ("Application") with the Massachusetts Department of Public Health for a substantial change in service by Morton Hospital ("Hospital") located at 88 Washington Street, Taunton, MA 02780. This Application is for renovation of the Hospital to add a 32-bed Level 4 Medically Managed Intensive Inpatient Unit for substance use disorder treatment ("Proposed Project"). The total value of the Proposed Project based on the maximum capital expenditure is \$6,807,000.00. The Applicant does not anticipate any price or service impacts on the Applicant's existing Patient Panel as a result of the Proposed Project. Any Ten Taxpayers of Massachusetts may register in connection with the intended Application by no later than October 18, 2020 or 30 days from the Filing Date, whichever is later, by contacting the Department of Public Health, Determination of Need Program, 250 Washington Street, 6th Floor, Boston, MA 02108.

AD#13910829
TG 9/4/20

Legal Notices

Legal Notices

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Legal Notices

REGION

Portsmouth teen battling cancer surprised with honorary Miss Outstanding Teen title

Laura Damon
Newport Daily News

MIDDLETOWN, R.I. — Caroline Parente, Miss Rhode Island's Outstanding Teen 2019, draped the sash around her, and placed the bouquet in Carrigan Nelson's arms.

Molly Andrade, Miss Rhode Island 2019, affixed the crown on top of Carrigan's head, and deftly worked to secure it in her short, blonde hair.

Carrigan's shoulders shook as she cried, but she steadied herself as Andrade pinned the headdress. Satisfied with her work, Andrade placed her hands on Carrigan's shoulder while Parente consoled her, too.

The gathering on Sunday afternoon in Paradise Valley Park was, partly, a ruse. Carrigan had gone under the impression that she'd participate in the re-crowning of Andrade. The Miss America Organization allowed states to offer their candidates another year of service in light of novel coronavirus-related restrictions to the annual competition.

But Carrigan — a community advocate, mentor and singer who's been featured prominently in The Daily News over the years, and whose cancer recently relapsed — was surprised with a crown of her own. She was awarded the honorary title of Miss Rhode Island's Outstanding Teen 2020.

"Well I can tell you I wasn't expecting this," Carrigan said after the announcement was made and the celebratory music quieted. "I promise I will make you all proud."

Carrigan Nelson, a



Caroline Parente, Miss Rhode Island's Outstanding Teen 2019, drapes a sash and Molly Andrade, Miss Rhode Island 2019, affixes a crown on top of Carrigan Nelson's head, as she's awarded the honorary title of Miss Rhode Island's Outstanding Teen 2020.

19-year-old Portsmouth girl fighting osteosarcoma, surprised in Paradise Park today with honorary Ms. RI's Outstanding Teen 2020 title. "I promise I will make you all proud." pic.twitter.com/xFUhd2y70B

Carrigan, of Portsmouth, was diagnosed with osteosarcoma, a rare bone cancer, in March, 2019. She was about eight months cancer-free when she relapsed, she told the crowd on Sunday.

An MRI on Aug. 14 revealed a six-centimeter tumor in Carrigan's leg. The mass — about the size of an orange, Tammy said — could have been hiding in the fluid pockets from her original surgery, Carrigan explained in an Instagram post.

The 19-year-old will undergo an above-the-knee amputation to get rid of it.

"She's choosing to fight an epic fight," Tammy said. "She's laced up and ready to

go."

Carrigan has a 10% chance of survival post-amputation; the odds get better after that one-year mark.

"We didn't expect that

number at all," Tammy said. "We're just shocked by it, [but] they're telling her she's not considered terminal, and there are still options," Tammy said. "She's choosing the option that's most aggressive."

"She's not losing hope at all," her mother added. Carrigan has a pre-amputation bucket list; she took a helicopter ride recently. She plans on skydiving and parasailing, next. Aquidneck Island has rallied behind her, too.

"We're going to be OK," Tammy said. "Everyone has their challenges."

"She is strong, grounded and beautiful, just like her namesake mountain," Andrade said. Carrigan is named after Mount Carrigan in New Hampshire. "If anyone can move the mountains, it's our Carrigan."

"Ten percent chance is just a number," Carrigan said Sunday. "Live your life to the fullest and rock on."

LEGAL NOTICE

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Need Wi-Fi access for remote classes? Bristol Community College can help

FALL RIVER — Bristol Community College is assisting its students and community during the current pandemic in an unexpected way - by providing free Wi-Fi hotspots in parking lots on the Bristol Fall River Campus, 777 Elsbree St.

The college's free wireless internet service can be accessed by anyone, every day, during the hours of 7 a.m. to 10 p.m., to assist with remote learning or personal responsibilities requiring internet access. Students, faculty and staff can simply log in with their network credentials, while

anyone not attending Bristol, can choose "Guest" on the Wi-Fi network's captive portal page to access the free service.

While inside of a vehicle, students and community members can quickly and easily access high-quality Wi-Fi in parking lots 6, 7 and 8, under the shelter of the solar canopies at Bristol Community College's Fall River Campus. Signs are currently posted at the Fall River location leading to the free Wi-Fi hotspot areas.

For more information about free Wi-Fi hotspots at Bristol Community College, email ITS@bristolcc.edu, or call 774-357-3333.

VIVA

Affordable Housing Lottery 5 Lakeshore Center, Bridgewater MA

8 Studios @ \$1,258*, 26 1BRs @ \$1,331*,
34 2BRs @ \$1,595*, 7 3BRs @ \$1,834*

*Rents subject to change in 2021. Tenants will pay own utilities:
Gas Heat, Gas Water Heating, Gas Cooking, Electricity, Water and
Sewer and one non-garage parking spot are included in the rent.

MAXIMUM Household Income Limits:

\$53,350 (1 person), \$60,950 (2 people), \$68,550 (3 people)
\$76,150 (4 people), \$82,250 (5 people), \$88,350 (6 people)

Introducing Bridgewater's finest luxury accommodations Viva! Viva is a 300 unit rental apartment community conveniently located within minutes of Route 24 and 495 in Bridgewater. Viva offers a spectrum of exceptional apartments including ample unit sizes, plank style flooring, stainless steel appliances, granite countertops, personal washer and dryer, and amazing resort-like amenities including remote working areas, package reception stations, wellness center, designer salt water pool, outdoor kitchen and socialization areas, recreational areas, dog park, and much more! 75 units in this development will be made available through this application process and rented to households that have incomes at or below 80% of the Area Median Income. Units are expected in approximately January 2021

Completed Applications may be mailed, faxed, emailed, or delivered in person. Completed Applications and Required Documentation must be received, not postmarked, by October 23rd, 2020.

A Public Info Session will be held at 6 pm on September 21, 2020 via YouTube at <https://youtu.be/hd-fy5zoyEU> (or just search for SEB Housing) and via Conference Call (425) 436-6200. Code: 862627.

The Lottery for eligible households will be held November 4th, 2020 at 6pm.

For Lottery Information and Applications, or for reasonable accommodations for persons with disabilities, go to www.sebhousing.com or call (617) 782-6900 (x1) and leave a message or postal mail SEB Housing, 257 Hillside Ave, Needham MA 02494. For TTY Services dial 711. Free translation available.



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A BEAUTIFULLY DESIGNED SHOWER
IN AS LITTLE AS A DAY.

**50% OFF
INSTALLATION**
ON KOHLER LUXSTONE SHOWERS

AND

**24 MONTHS
NO MONEY DOWN
OR INTEREST!**

CALL NOW FOR AVAILABLE APPOINTMENT OPTIONS
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ATTACHMENT 9

HPC ACO CERTIFICATION APPROVAL LETTER



The Commonwealth of Massachusetts
HEALTH POLICY COMMISSION
50 MILK STREET, 8TH FLOOR
BOSTON, MASSACHUSETTS 02109
(617) 979-1400

STUART H. ALTMAN
CHAIR

DAVID M. SELTZ
EXECUTIVE DIRECTOR

December 23, 2019

Gregory Watts
Steward Health Care Network, Inc.
89 A Street
Needham, MA 02494

RE: ACO Certification

Dear Mr. Watts:

Congratulations! The Health Policy Commission (HPC) is pleased to inform you that Steward Health Care Network meets the requirements for ACO Certification. This certification is effective from the date of this letter through December 31, 2021.

The ACO Certification program, in alignment with other state agencies including MassHealth, is designed to accelerate care delivery transformation in Massachusetts and promote a high quality, efficient health system. ACOs participating in the program have met a set of objective criteria focused on core ACO capabilities including supporting patient-centered care and governance, using data to drive quality improvement, and investing in population health. Steward Health Care Network meets those criteria.

The HPC will promote Steward Health Care Network as a Certified ACO on our website and in our marketing and public materials. In addition, a logo is enclosed for your use in accordance with the attached Terms of Use. We hope you will use the logo to highlight the ACO Certification to your patients, payers, and others.

The HPC looks forward to your continued engagement in the ACO Certification program over the next two years.

Thank you for your dedication to providing accountable, coordinated health care to your patients. If you have any questions about this letter or the ACO Certification program, please do not hesitate to contact Mike Stanek, Manager, at HPC-Certification@mass.gov or (617) 757-1649.

Best wishes,

A handwritten signature in blue ink, appearing to read "David Seltz".

David Seltz
Executive Director

ATTACHMENT 10

ARTICLES OF ORGANIZATION

F**The Commonwealth of Massachusetts****William Francis Galvin**

Secretary of the Commonwealth

One Ashburton Place, Room 1717, Boston, Massachusetts 02108-1512

Foreign Limited Liability Company**Application for Registration**

(General Laws Chapter 156C, Section 48)

Federal Identification No.: 27-2473240

(1a) The exact name of the limited liability company:

Steward Health Care System LLC

(1b) If different, the name under which it proposes to do business in the Commonwealth of Massachusetts:

(2) The jurisdiction* where the limited liability company was organized:

Delaware(3) The date of organization in that jurisdiction: March 18, 2010

(4) The general character of the business the limited liability company proposes to do in the Commonwealth:

See Attached Rider

(5) The business address of its principal office:

299 Park AvenueNew YorkNY10171

(6) The business address of its principal office in the Commonwealth, if any:

N/A

(7) The name and business address, if different from principal office location, of each manager:

None

- (8) The name and business address of each person authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property recorded with a registry of deeds or similar office of the land court:
- | NAME | ADDRESS |
|------|---------|
|------|---------|

Christopher Holt299 Park Avenue, New York, NY 10171Lisa Gray299 Park Avenue, New York, NY 10171W. Brett Ingersoll299 Park Avenue
New York, NY 10171

- (9) The name and street address of the resident agent in the Commonwealth:

National Corporate Research, Ltd.10 Milk Street, Suite 1055BostonMA02108

- (13) The latest date of dissolution, if specified: _____

- (11) Additional matters:

Signed by (by at least one authorized signatory):

W. Brett IngersollNational Corporate Research, Ltd.

I, _____ resident agent of the above limited liability company, consent to my appointment as resident agent pursuant to G.L. c156C § 48 (or attach resident agent's consent hereto).

* Attach a certificate of existence or good standing issued by an officer or agency properly authorized in home state.

RIDER

Purposes

1. To establish and maintain hospital or other institutions within the Commonwealth of Massachusetts, duly licensed by the Commonwealth of Massachusetts Department of Public Health, Department of Mental Health or other regulatory agencies.
2. To carry on any educational activities related to rendering care to the sick and injured, or to the promotion of health, that in the opinion of the Directors may be justified by the facilities, personnel, funds, and other requirements that are, or can be, made available;
3. To promote and carry on scientific research related to the care of the sick and injured insofar as, in the opinion of the Directors, such research can be carried on in, or in connection with, the institution or institutions;
4. To participate, so far as circumstances may warrant, in any activities designed and carried on to promote the general health of the community.

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STEWARD HEALTH CARE SYSTEM LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF MAY, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STEWARD HEALTH CARE SYSTEM LLC" WAS FORMED ON THE EIGHTEENTH DAY OF MARCH, A.D. 2010.

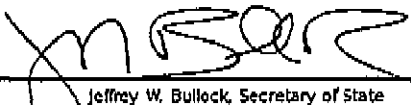
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



4801236 8300

100469467

You may verify this certificate online
at corp.delaware.gov/authvar.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7976292

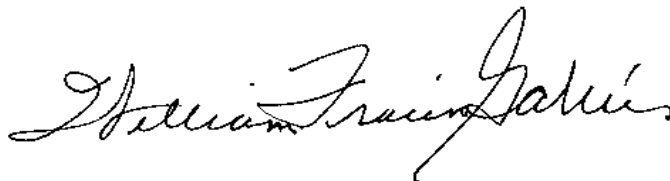
DATE: 05-06-10

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are

deemed to have been filed with me on:

May 07, 2010 9:16 AM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive style with a large, stylized 'G' at the end.

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth

ATTACHMENT 11

AFFIDAVIT OF TRUTHFULNESS AND COMPLIANCE



Massachusetts Department of Public Health
Determination of Need
Affidavit of Truthfulness and Compliance
with Law and Disclosure Form 100.405(B)

Version: 7-6-17

Instructions: Complete Information below. When complete check the box "This document is ready to print:". This will date stamp and lock the form. Print Form. Each person must sign and date the form. When all signatures have been collected, scan the document and e-mail to: **dph.don@state.ma.us** Include all attachments as requested.

Application Number: -20092415-HS

Original Application Date: 10/23/2020

Applicant Name: Steward Health Care System LLC

Application Type: Hospital/Clinic Substantial Change in Service

Applicant's Business Type: ☐ Corporation ☐ Limited Partnership ☐ Partnership ☐ Trust ☒ LLC ☐ Other

Is the Applicant the sole member or sole shareholder of the Health Facility(ies) that are the subject of this Application? ☒ Yes ☐ No

The undersigned certifies under the pains and penalties of perjury:

1. The Applicant is the sole corporate member or sole shareholder of the Health Facility[ies] that are the subject of this Application;
2. I have read 105 CMR 100.000, the Massachusetts Determination of Need Regulation;
3. I understand and agree to the expected and appropriate conduct of the Applicant pursuant to 105 CMR 100.800;
4. I have read this application for Determination of Need including all exhibits and attachments, and certify that all of the information contained herein is accurate and true;
5. I have submitted the correct Filing Fee and understand it is nonrefundable pursuant to 105 CMR 100.405(B);
6. I have submitted the required copies of this application to the Determination of Need Program, and, as applicable, to all Parties of Record and other parties as required pursuant to 105 CMR 100.405(B);
7. I have caused, as required, notices of intent to be published and duplicate copies to be submitted to all Parties of Record, and all carriers or third-party administrators, public and commercial, for the payment of health care services with which the Applicant contracts, and with Medicare and Medicaid, as required by 105 CMR 100.405(C), et seq;
8. I have caused proper notification and submissions to the Secretary of Environmental Affairs pursuant to 105 CMR 100.405(E) and 301 CMR 11.00; will be made if applicable
9. If subject to M.G.L. c. 6D, § 13 and 958 CMR 7.00, I have submitted such Notice of Material Change to the HPC - in accordance with 105 CMR 100.405(G);
10. Pursuant to 105 CMR 100.210(A)(3), I certify that both the Applicant and the Proposed Project are in material and substantial compliance and good standing with relevant federal, state, and local laws and regulations, as well as with all previously issued Notices of Determination of Need and the terms and conditions attached therein;
11. I have read and understand the limitations on solicitation of funding from the general public prior to receiving a Notice of Determination of Need as established in 105 CMR 100.415;
12. I understand that, if Approved, the Applicant, as Holder of the DoN, shall become obligated to all Standard Conditions pursuant to 105 CMR 100.310, as well as any applicable Other Conditions as outlined within 105 CMR 100.000 or that otherwise become a part of the Final Action pursuant to 105 CMR 100.360;
13. Pursuant to 105 CMR 100.705(A), I certify that the Applicant has Sufficient Interest in the Site or facility; and
14. Pursuant to 105 CMR 100.705(A), I certify that the Proposed Project is authorized under applicable zoning by-laws or ordinances, whether or not a special permit is required; or,
 - a. If the Proposed Project is not authorized under applicable zoning by-laws or ordinances, a variance has been received to permit such Proposed Project; or,
 - b. The Proposed Project is exempt from zoning by-laws or ordinances.

LLC

All parties must sign. Add additional names as needed.

Ralph de la Torre, M.D.

Name:

Signature:

Date

This document is ready to print: ☒

Date/time Stamp: 07/09/2020 2:41 pm

*been informed of the contents of

**have been informed that

***issued in compliance with 105 CMR 100.00, the Massachusetts Determination of Need Regulation effective January 27, 2017 and amended December 28, 2018

Affidavit of Truthfulness Steward Health Care System LLC

07/09/2020 2:41 pm

Page 1 of 1

ATTACHMENT 12

FILING FEE

Morton Hospital

A STEWARD FAMILY HOSPITAL



October 22, 2020

Department of Public Health
Attn: Lara Szent-Gyorgyi
Determination of Need Program
250 Washington St., 6th Floor
Boston, MA 02108

Re: Morton Hospital DoN filing fee

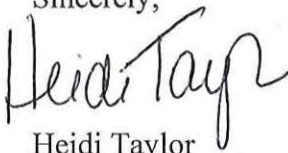
Dear Ms. Szent-Gyorgyi:

Please find enclosed check in the amount of 13,614.00. The fee is to be applied to the Determination of Need filing for a substantial change in service to be submitted by Steward Health Care System LLC.

If you have any questions, please feel free to contact me at 508-828-7003.

Thank you.

Sincerely,



Heidi Taylor
President

VENDOR IDNO. V0001956

DATE 09/03/20

CHECK NO. 673053

DATE	DESCRIPTION	INVOICE NUMBER	GROSS AMOUNT	DISCOUNT	NET AMOUNT
09/03/20	FILLING FEE MORCAP	09032020	13614.00	0.00	13614.00
TOTAL:			13614.00	0.00	13614.00

FORM 13-876

STEWARD HEALTH CARE SYSTEM LLC

Controlled Disbursements
A/P Steward Health Care
224 W Campbell RD Box 515
Richardson, TX 75080

Bank of America

52-153
112 ME

Check No: 673053

Vendor No: V0001956

Date: 09/03/20

VOID IF AFTER 120 DAYS

CHECK AMOUNT

***\$13614.00

PAY THIRTEEN THOUSAND SIX HUNDRED FOURTEEN 00/100

TO THE ORDER OF
COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF HEALTH
250 WASHINGTON ST 6TH FLOOR
BOSTON, MA 02108

AUTHORIZED SIGNATURE

⑈000673053⑈ ⑆011201539⑆ 002220017304⑈

See Reverse Side For Easy Opening Instructions

STEWARD HEALTH CARE SYSTEM LLC

Controlled Disbursements
A/P Steward Health Care
224 W Campbell RD Box 515
Richardson, TX 75080

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF HEALTH
250 WASHINGTON ST 6TH FLOOR
BOSTON, MA 02108