Organization Information

Organization Name:	Athol Memorial Hospital
Address:	2033 Main Street
City, State, Zip:	Athol, Massachusetts 01331
Website:	www.atholhospital.org
Contact Name:	Mary Giannetti
Contact Title:	Director of Resource Development
Contact Department (Optional):	Philanthropy
Phone:	(978) 630-5797
Fax (Optional):	(978) 630-6830
E-Mail:	mary.giannetti@heywood.org
Contact Address: (Optional, if different from above)	Heywood Hospital 242 Green Street
City, State, Zip: (Optional, if different from above)	Gardner, Massachusetts 01440

Organization Type:	Hospital
For-Profit Status:	Not-For-Profit
Health System:	Not Specified
Community Health Network Area (CHNA):	Fitchburg/Gardner Community Health Network(CHNA 9),
Regions Served:	Athol, Erving, New Salem, Orange, Petersham, Phillipston, Royalston, Warwick, Wendell,

Mission and Key Planning/Assessment Documents

Community Benefits Mission Statement:
Athol Hospital is committed to advancing our community's well-being by intentionally addressing race, sexual orientation, and gender identity inequities and working collaboratively with community partners to increase prevention efforts, address social determinants of health, and improve access to care.

Target Populations:

Name of Target Population	Basis for Selection
Athol Hospital is committed to addressing health disparities that exist in our region. The hospital's Community Health Improvement Plan identifies areas of health needs and priority populations including racial/ethnic minorities and indigenous populations, recent imigrants and non-englich speakers, low income populations, older adults, children/adolescents, veterans, homeless, and LGBTQIA+	2021Community Health Needs Assessment quantitative and qualitative data

Publication of Target Populations:
Marketing Collateral, Annual Report, Website

Community Health Needs Assessment:

Date Last Assessment Completed:

September 2021

Data Sources:

Community Focus Groups, Community Health Network Area, Consumer Groups, Hospital, Interviews, MA Population Health Information Tool (PHIT), Other, Public Health Personnel, Surveys,

CHNA Document: HEYWOOD AND ATHOL HOSPITAL CHNA 2021 - FINAL REPORT 1.31.22.PDF

Implementation Strategy:

Implementation Strategy Document: HEYWOOD-AND-ATHOL-HOSPITAL-2022-2024-COMMUNITY-HEA

Key Accomplishments of Reporting Year:

CHILD TRAUMA
- Heywood Healthcare (Heywood and Athol Hospitals) initiated Handle With Care (HWC) in 2019 to address and minimizes child trauma and its adverse effects. Six school districts and ten police departments participate in HWC, with 1800 staff receiving Trauma Informed Care Training. HWC has developed a cross-agency identification and referral system for supporting youth experiencing trauma. For the school year 2021-2022, HWC supported 106 youth referrals and 271 since program inception (2019 â€“ 2022).

MENTAL HEALTH and SUBSTANCE USE
- MENders peer support group promoting healthy living and offering coping skills for managing symptoms associated with mental illness and substance met 125 times with 1,142 participants.
- In conjunction with Athol and Mahar School Districts, the school-based tele behavioral health program provided 141 at risk students with 2,021 therapeutic sessions via video conferencing and 143 referrals to community-based services.

NUTRITION and CHRONIC DISEASE
- The Quabbin Harvest provided 60 low income seniors from Athol and Orange with local produce grown at The Farm School improving their access to affordable healthy foods.

SOCIAL DETERMINANTS
- Provided Financial and health insurance counseling to 2,387 individuals and completed 105 Health insurance applications, reducing financial barriers to accessing healthcare.
- Staff provided over 1490 hours of clinical mentorship for students enrolled in nursing and physical and occupational rehabilitation degree programs.

Plans for Next Reporting Year:

The CHIP will serve as a foundation for the next three years (2022-2024) and describes how Heywood Healthcare plans to address significant community health needs. Many strategies are a continuation of previous CHIPâ€™s. Heywood Healthcare (Athol Hospital and Heywood Hospital) continues to build and maintain relationships with partner organizations in the community to ensure that community health improvement work is carried out collaboratively.
The following is an overview of the priority health area and some of the strategies we plan for each.

CHILD TRAUMA
- Expand Handle with Care to include identification and referral processes from the Heywood Emergency Department. Collaborate with Fitchburg State University to offer Trauma Informed Care Training as part of the curricula of their Police Academy.

MENTAL HEALTH and SUBSTANCE USE
- Continue to use peer recovery coaches to connect individuals struggling with mental health and substance use issues to peer recovery support services and effective prevention programs.
- Offer QPR train the trainer for grassroots community organizations and individuals with lived experience to serve priority populations better (Veterans groups, Youth, Racial Ethnic Minorities, Recovery Community).
- Integrate Hope Squad, peer to peer suicide prevention program, at schools to complement Heywood Healthcare Montachusett Suicide Prevention Task Force and school-based tele behavioral health and substance use treatment and prevention programs.

NUTRITION and CHRONIC DISEASE
- Support school district nurses with innovative tele med diagnostics/services to expand and increase access to school-based medical care.
- Participate in initiatives in the North Quabbin that promote healthy living and wellness such as Age Friendly and the Quabbin Food Connector.

SOCIAL DETERMINANTS
- Provide psychosocial support for individuals and families to address needs and overcome barriers. Direct support includes health coverage enrollments, transportation, legal services, and information and referral.
- Provide high school/college students and incumbent workers with opportunities to explore and gain skills for employment in health care

Self-Assessment Form: Hospital Self-Assessment Update Form - Years 2 and 3

Community Benefits Programs

MENders	
Program Type	Community-Clinical Linkages
Program is part of a grant or funding provided to an outside organization	No
Program Description	Education provided to the community on recognizing signs and symptoms of suicide crisis and substance use and how to respond. Self-care techniques offered to individuals suffering from mental health and substance abuse disorders.
Program Hashtags	Support Group,
Program Contact Information	Timothy Sweeney

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
A Men's peer support group promoting healthy living and offers coping skills for managing symptoms associated with mental illness and substance use.	The MENders program has seen a steady influx of new participants in FY22: 125 meetings were held, serving 1142 participants. The MENders groups provide a safe, stigma-free space for people who identify as male to share, care, learn, grow, and connect. The MENders groups have helped normalize conversations about mental health. The group incorporates Movie Nights for more deliberate educational purposes. Meaningful relationships have been forged through the vulnerable, candid exchanges in the room. They have arranged shared meals, hikes, activities, and social justice events outside the groups. The MENder facilitator assists participants in accessing additional services for their mental health and/or substance use needs.	Outcome Goal	Year 2022 of 1

EOHHS Focus Issues	Mental Illness and Mental Health, Substance Use Disorders,
DoN Health Priorities	Social Environment,
Health Issues	Health Behaviors/Mental Health-Depression, Health Behaviors/Mental Health-Mental Health, Health Behaviors/Mental Health-Stress Management, Substance Addiction-Substance Use,
Target Populations	• **Regions Served:** Athol, Erving, New Salem, Orange, Petersham, Phillipston, Royalston, Warwick, Wendell, • **Environments Served:** Rural, • **Gender:** Male, Transgender,

	• **Age Group:** Adults, • **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population Status:** Veteran Status,

Partners:

Partner Name and Description	Partner Website
Franklin County Sheriff Office Participants in Resilience & Recovery classes receive MENders schedule and contact info.	https://www.fcso-ma.us/
Valley Medical Group/Greenfield Patients referred and given program description	https://www.vmgma.com/greenfield
QuittersWin Participants in groups referred and given program description. Periodically promoted on website.	https://quitterswin.blog/menders/

Athol School-based Programs: Tele-behavioral Health Services, Youth Substance Use Prevention and Treatment Services, School Based Health Center

Program Type	Community-Clinical Linkages
Program is part of a grant or funding provided to an outside organization	No
Program Description	In partnership with Athol and Mahar Regional School Districts, Athol Hospital provides school-based behavioral health, social, and medical support for high-risk, school-aged youth and their families.
Program Hashtags	Community Education, Health Screening, Prevention,
Program Contact Information	Christina Cutting

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
The Youth Tele-Behavioral Health Program is a collaboration with the local school system to bridge gaps in care for adolescents with behavioral health needs. The initiative provides video counseling services in the schools between the student and a mental health clinician. A school based Community Health Worker (CHW) coordinates care and resources for the student, family, and school.	In collaboration with the Athol and Mahar School Districts, 141 students received 2,021 tele-therapeutic sessions. The Community Health Workers made 143 community resource referrals. The referrals provided students and families with mental health, education, employment/volunteer opportunities, recreational, and support groups.	Outcome Goal	Year 2022 of 2
School-Based Mental Health and Substance Use Treatment and Prevention Programs: Adolescent Community Reinforcement Approach (A-CRA) Program is a 13-week therapeutic program that addresses SUD and co-occurring substance use issues for adolescents. The program focuses on developing positive coping skills, improving communication, and navigating life stressors.	14 Students participated in the A-CRA program through tele video conferencing with a clinician. As a result, students decreased unhealthy use of substances, self-harm, and aggressive behaviors.	Outcome Goal	Year 2022 of 1
School-Based Mental Health and Substance Use Treatment and Prevention Programs: AMP Mentor Program is a brief mentorship program that addresses common issues such as peer influences, stress, alcohol, and drug use. The program aims for students to gain healthy relationships and improve academic success.	AMP mentors assisted 43 students from the Narragansett and Gardner school districts. During the summer, 15 students participated in a Launchspace Camp, providing experiences for students to express their creativity through pottery sculpting, jewelry making, leather working, watercolor painting, and 3D printing.	Outcome Goal	Year 2022 of 1
School-Based Health Centers (SBHC) offer onsite and virtual healthcare services to grades K-12 at select school	Athol Hospital operates the ACES School-Based Health Center located at Athol Community Elementary School. The SBHC Care Team provided 253 medical appointments and 389 Behavioral Health Counseling sessions.	Outcome Goal	Year 2022 of 1

EOHHS Focus Issues	Mental Illness and Mental Health, Substance Use Disorders,
DoN Health Priorities	Education, Social Environment,
Health Issues	Health Behaviors/Mental Health-Depression, Health Behaviors/Mental Health-Mental Health, Health Behaviors/Mental Health-Stress Management, Substance Addiction-Substance Use,
Target Populations	• **Regions Served:** Athol, New Salem, Orange, Petersham, Royalston, Wendell, • **Environments Served:** Rural,

	• **Gender:** All, • **Age Group:** Children, Teenagers, • **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Athol Royalston School District	www.arrsd.org
Ralph C Mahar School District	https://www.rcmahar.org/
North Quabbin Childrens Health and Wellness System of Care Task Force (CHWTF)	https://nqcc.org/nqcc-task-forces/
Franklin Hampshire System of Care Task Force (SOC)	https://nqcc.org/nqcc-task-forces/
P.A.R.T. (Prevention, Addiction, Recovery, Treatment)	https://nqcc.org/nqcc-task-forces/
Behavioral Health Integrated Resources for Children Project (BIRCh Project)	https://www.umb.edu/birch

Handle With Care- an initiative to address and minimize child trauma and its adverse effects.

Program Type	Total Population or Community-Wide Interventions
Program is part of a grant or funding provided to an outside organization	No
Program Description	In conjunction with area schools, law enforcement, medical and behavioral health providers, and social service agencies, support youth affected by trauma and child maltreatment.
Program Hashtags	Community Education, Prevention,
Program Contact Information	Selena Johnson

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Handle With Care (HWC) supports children exposed to trauma through improved communication and collaboration between law enforcement, schools/child care agencies, and mental health providers and connects children and families to community and mental health services. HWC promotes school-community partnerships to ensure that children exposed to trauma in their home, school, or community receive appropriate interventions and support to foster personal and academic success.	Since 2019, the North Central/North Quabbin MA Handle With Care (NC/NQMA HWC) program has established participation across six (6) school districts and ten (10) police departments. All partner organizations receive training around the process of the HWC program and on Adverse-Childhood Experiences and Trauma Informed Care training. The NC/NQMA HWC program partners have nearly twenty (20) hours of training with over 1,800 schools, police, and agency personnel. In 2022 we expanded our network to include Fitchburg State University (FSU) and the North Western County District Attorney, David Sullivans Office. We deepened our collaboration with Worcester County District Attorney Joseph Earlys Office. FSU plans to integrate HWC program awareness with students through Trauma Informed Care training as part of the curricula for the police academy programs. DA Sullivans office has recently engaged with HWC since the Orange Police Department and Mahar Regional School District are HWC partners. The service area served by Athol Hospital serves two county lines and DA offices. NC/NQMA HWC partners have worked to integrate the HWC identification and referral system to support referrals across school districts and police department lines. This system allows for a HWC flag from a law enforcement partner in one town to support the identified youth at their school, which could be several towns away. This cross-agency collaboration has allowed for the identification of youth and strengthened school awareness to engage trauma-informed care strategies in a timely and more efficient manner. HWC referrals continue to grow as our partners deepen the implementation of the HWC referral process. Historically the program has grown each year. For the school year 2021-2022, we tracked 106 referrals, with 271 HWC referrals since program inception (2019 to 2022).	Process Goal	Year 2019 of 4

EOHHS Focus Issues	Mental Illness and Mental Health,
DoN Health Priorities	Social Environment, Violence,
Health Issues	Social Determinants of Health-Domestic Violence, Social Determinants of Health-Violence and Trauma,
Target Populations	• **Regions Served:** Athol, Orange, Petersham, Phillipston, Royalston, • **Environments Served:** Rural, • **Gender:** All, • **Age Group:** Children, Teenagers,

	• **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population Status:** Domestic Violence History,

Partners:

Partner Name and Description	Partner Website
Athol Royalston School District	www.arrsd.org
Orange School District	https://www.orange-elem.org/
Athol Police Department	www.athol-ma.gov
Orange Police Department	townoforange.org
Regional Behavioral Health Collaborative	Not Specified
Petersham Police Department	https://petershampolice.org/
North Quabbin Community Coalition	https://nqcc.org/
Worcester County District Attorney Joseph Early Office	https://worcesterda.com/
Fitchburg State University	https://www.fitchburgstate.edu/
NorthWestern County District Attorney, David Sullivans Office	https://www.northwesternda.org/
Parent Professional Advocacy League	https://ppal.net/

Local Farm Shares for Seniors

Program Type	Total Population or Community-Wide Interventions
Program is part of a grant or funding provided to an outside organization	Yes
Program Description	Seeds of Solidarity in collaboration with the Orange Senior Center and North Quabbin Harvest will provide Elder Households will local produce CSA farmshares during the summer.
Program Hashtags	Prevention,
Program Contact Information	Mary Giannetti

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Farm shares of locally grown produce provided for low-income, food-insecure households. This program increases healthy food access while supporting local/ regional farms.	Quabbin Harvest Food Co-op provided Senior Summer Farm Shares for ten weeks to 60 low-income seniors (30 in Orange and 30 in Athol). Produce for the shares was grown at The Farm School in Athol and had information and recipes for using the produce. The Shares also had a beautiful bouquet of flowers donated by the Stone Farm in Orange for several weeks. Volunteers from the Athol and Orange Senior Centers assisted with packing and distributing the farm shares.	Outcome Goal	Year 2022 of 1

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,
DoN Health Priorities	Built Environment,
Health Issues	Chronic Disease-Cardiac Disease, Chronic Disease-Diabetes, Chronic Disease-Hypertension, Social Determinants of Health-Access to Healthy Food,
Target Populations	• **Regions Served:** Athol, Orange, Warwick, • **Environments Served:** Rural, • **Gender:** All, • **Age Group:** Elderly, • **Race/Ethnicity:** All, Gardner • **Language:** Not Specified • **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Seeds of Solidarity: non-profit organization based in Orange MA that innovates programs to awaken the power among people of all ages and people who are incarcerated to Grow Food Everywhere to transform hunger to health, and create resilient lives and communities.	https://seedsofsolidarity.org/
Quabbin Food Harvest- North Quabbin Harvest- Community owned grocery store for the North Quabbin region of MA	https://quabbinharvest.coop/
Orange Senior Center- local senior center in Orange, MA	https://www.orangeseniorcenter.org/

Social Determinants of Health- Access to Health Care and Community Services

Program Type	Access/Coverage Supports
Program is part of a grant or funding provided to an outside organization	No
Program Description	Provide psychosocial supports and financial counseling for individuals and families to address needs and overcome barriers to accessing healthcare. Direct support included health coverage enrollments and information and referral.
Program Hashtags	Not Specified
Program Contact Information	Caitlin Ball Director Revenue Cylce and Patient Financial Services

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide uninsured or under-insured patients with information and enrollment assistance with health care	2387 individuals recieved counseling on Health Insurance Coverage and Financial Assistance to overcome barriers to accessing needed healthcare. 105 Health Insurance Applications were completed providing 145 individuals with health insurance benefits.	Outcome Goal	Year 2022 of 1

EOHHS Focus Issues	N/A,
DoN Health Priorities	Social Environment,
Health Issues	Access to Health Care, Other-Senior Health Challenges/Care Coordination, Social Determinants of Health-Access to Transportation, Social Determinants of Health-Uninsured/Underinsured,
Target Populations	• **Regions Served:** Athol, Erving, New Salem, Orange, Petersham, Phillipston, Royalston, Warwick, • **Environments Served:** Rural, • **Gender:** All, • **Age Group:** Adult, • **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population Status:** Disability Status,

Partners:

Partner Name and Description	Partner Website
Not Specified	Not Specified

Social Determinants- Career Development

Program Type	Total Population or Community-Wide Interventions
Program is part of a grant or funding provided to an outside organization	No
Program Description	Athol Hospital provides opportunities for students to gain experiential learning at the hospital. These learning experiences serve two different purposes: to help educate young adults on current health issues and to allow participants to explore different career options. This activity further supports Athol Hospital's efforts to improve local socio-economic factors and to increase availability of trained healthcare workforce.
Program Hashtags	Mentorship/Career Training/Internship,
Program Contact Information	Michelle Germain, Paulette Poegel, Nursing Education, Charlene Costa Rehab. Services

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Nursing Clinical Placements are offered for college students to gain experience in an array of acute inpatient nursing services.	Staff provided 744 hours of on-site educational training on the medical-surgical unit for students	Outcome Goal	Year 2022 of 1
Rehabilitation Services provides clinical Placements for college students to gain experiences in Physical and Occupational therapy	Staff provided 749 clinical mentorship hours for students attending local colleges and unitversities. These students are pursuing the necessary stepts to become Physical or Occupational Therapists. Students have more than demonstrated their aptitude and increased knowledge as their assignments progressed.	Outcome Goal	Year 2022 of 1

EOHHS Focus Issues	N/A,
DoN Health Priorities	Education, Employment,
Health Issues	Social Determinants of Health-Education/Learning,
Target Populations	• **Regions Served:** Other-Central MA, • **Environments Served:** Not Specified • **Gender:** All, • **Age Group:** Adult, Adult-Young, • **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Mount Wachusett Community College	https://mwcc.edu/
Fitchburg State University	https://www.fitchburgstate.edu/
Mount Wachusett Community College	https://mwcc.edu/

Social Determinants of Health and Behavioral Health Community Building Initiatives

Program Type	Infrastructure to Support CB Collaboration
Program is part of a grant or funding provided to an outside organization	No
Program Description	Athol Hospital leads several coalitions that bring together multi-sector partners and individuals with lived experience in the planning and implementing strategies to reduce identified health needs and service gaps. Additionally, hospital staff actively participates in and takes leadership roles on many organization boards and committees.
Program Hashtags	Community Education,
Program Contact Information	Barbara Nealon; Mary Giannetti

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
The Montachusett Suicide Prevention Task Force (MSPTF)- Spearheaded by HH, this multi-sector Task Force serves the City of Gardner and the surrounding 22 towns. In its sixth year, its mission Is to prevent suicide by providing education and resources to help those who struggle with depression survivors of suicide and those who have lost loved ones to suicide	Approximately 30 members participated in quarterly virtual meetings. The Montachusett Suicide Task Force meetings include training and information sharing for members Activities of the task force include: AWARENESS EVENTS- Collaborated with local police, fire, and ELKS club to organize the "Ride of Your Life Event". The event is a motorcycle ride and BBQ with vendors and sponsor tables to provide community education and raise awareness on suicide prevention resources. COMMUNITY EDUCATION: The task force provides Mental Health First Aid and Question Persuade Refer. two evidence-based suicide prevention/mental health trainings, for community. SUPPORT GROUPS: Suicide Loss Survivor Groups, MENders- Non-clinical support programs led by peers.	Process Goal	Year 2022 of 2
GAIT (Gardner Area interagency Team) Administered by Heywood and Athol Hospital, this well-established coalition has been working together for over 35 years to improve access to health and social services for the communities' most compromised populations. GAIT consists of over 50 members representing school departments, elected officials, health and human service providers, mental health providers, home care services and businesses.	Nine meetings were held virtually with a consistent and diverse representation of 30 community organizations. The meetings provided opportunities for networking, resource sharing, and collaboration on addressing community health needs.	Process Goal	Year 2022 of 2

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes, Mental Illness and Mental Health,
DoN Health Priorities	Not Specified
Health Issues	Health Behaviors/Mental Health-Depression, Health Behaviors/Mental Health-Mental Health, Other-Cultural Competency, Social Determinants of Health-Access to Transportation, Social Determinants of Health-Racism and Discrimination, Substance Addiction-Substance Use,
Target Populations	• **Regions Served:** Athol, Erving, New Salem, Orange, Petersham, Phillipston, Royalston, Warwick, Wendell, • **Environments Served:** Not Specified • **Gender:** All, • **Age Group:** Adults, • **Race/Ethnicity:** All, • **Language:** All, • **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
The North Central Massachusetts Minority Coalition is a strategic alliance between the regions five minority-led agencies (Spanish American Center, Hmong Lao Foundation, Three Pyramids Inc.).	https://www.theminoritycoalition.org/
The Gardner Are interagency Team (GAIT) Team is committed to the coordination and improvement of health and human services in the Greater Gardner Area.	https://www.heywood.org/education/calendar/gardner-area-interagency-team
Montachusett Suicide Prevention Task Force	http://www.suicidepreventiontaskforce.org/meetings/membership

Expenditures

Total CB Program Expenditure	**$181,084.72**

CB Expenditures by Program Type	Total Amount	Subtotal Provided to Outside Organizations (Grant/Other Funding)
Direct Clinical Services	$0.00	$0.00
Community-Clinical Linkages	$71,803.32	$0.00
Total Population or Community-Wide Interventions	$50,259.40	$4,086.00
Access/Coverage Supports	$24,659.72	$0.00
Infrastructure to Support CB Collaborations Across Institutions	$34,362.28	$0.00

CB Expenditures by Health Need	Total Amount
Chronic Disease with a Focus on Cancer, Heart Disease, and Diabetes	$19,901.14
Mental Health/Mental Illness	$71,803.32
Housing/Homelessness	$0.00
Substance Use	$17,181.14
Additional Health Needs Identified by the Community	$72,199.12

Other Leveraged Resources	$80,595.00

Net Charity Care Expenditures	Total Amount
HSN Assessment	$489,205.00
HSN Denied Claims	$0.00
Free/Discount Care	$24,686.00
Total Net Charity Care	$513,891.00

Total CB Expenditures:	$775,570.72

Additional Information	Total Amount
Net Patient Service Revenue:	$32,143,029.00
CB Expenditure as Percentage of Net Patient Services Revenue:	2.41%
Approved CB Program Budget for FY2023: (*Excluding expenditures that cannot be projected at the time of the report.)	$100,000.00
Comments (Optional):	Not Specified

Optional Information

Hospital Publication Describing CB Initiatives:	Not Specified
Bad Debt:	Not Specified
Bad Debt Certification:	Not Certified
Optional Supplement:	Not Specified