

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization **THE WATERBURY HOSPITAL** Employer identification number **06-0665979**

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	X	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %		
b Did the organization use FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	X	
<input type="checkbox"/> 200% <input checked="" type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?		X
b If "Yes," did the organization make it available to the public?		

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			364,593.	47,086.	317,507.	.13%
b Medicaid (from Worksheet 3, column a)		37,886	39283191.	25597194.	13685997.	5.63%
c Costs of other means-tested government programs (from Worksheet 3, column b)		8,021	15534479.	6233618.	9300861.	3.82%
d Total Financial Assistance and Means-Tested Government Programs		45,907	55182263.	31877898.	23304365.	9.58%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	66	23,653	14516356.	899,112.	13617244.	5.60%
f Health professions education (from Worksheet 5)	39	3,012	20315335.	7388705.	12926630.	5.31%
g Subsidized health services (from Worksheet 6)	32	9,039	14413506.	10870072.	3543434.	1.46%
h Research (from Worksheet 7)	6	134	101,490.	0.	101,490.	.04%
i Cash and in-kind contributions for community benefit (from Worksheet 8)	6	64,981	702,414.	197,000.	505,414.	.21%
j Total. Other Benefits	149	100,819	50049101.	19354889.	30694212.	12.62%
k Total. Add lines 7d and 7j	149	146,726	105231364	51232787.	53998577.	22.20%

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

Table with 6 columns: (a) Number of activities or programs (optional), (b) Persons served (optional), (c) Total community building expense, (d) Direct offsetting revenue, (e) Net community building expense, (f) Percent of total expense. Rows include Physical improvements and housing, Economic development, Community support, Environmental improvements, Leadership development and training for community members, Coalition building, Community health improvement advocacy, Workforce development, Other, and Total.

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?
2 Enter the amount of the organization's bad debt expense
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy

Yes No
1 X
2,468,672.
364,593.
5 71,088,818.
6 75,312,807.
7 -4,223,989.
9a X
9b X

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)
6 Enter Medicare allowable costs of care relating to payments on line 5
7 Subtract line 6 from line 5. This is the surplus (or shortfall)
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit.

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?
9b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance?

Part IV Management Companies and Joint Ventures (see instructions)

Table with 5 columns: (a) Name of entity, (b) Description of primary activity of entity, (c) Organization's profit % or stock ownership %, (d) Officers, directors, trustees, or key employees' profit % or stock ownership %, (e) Physicians' profit % or stock ownership %.

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

Name and address

1 THE WATERBURY HOSPITAL
64 ROBBINS STREET
WATERBURY, CT 06708

Table with 8 columns: Licensed hospital, General medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, and Other (describe). Row 1 contains 'X' marks in the first four columns.

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: THE WATERBURY HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8		
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 _____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		
5 Did the hospital facility make its Needs Assessment widely available to the public?		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>200</u> %		
If "No," explain in Part VI the criteria the hospital facility used.		

Part V Facility Information (continued) THE WATERBURY HOSPITAL

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted care</i> ? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>200</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
11 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply): a <input checked="" type="checkbox"/> Income level b <input checked="" type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input checked="" type="checkbox"/> Insurance status e <input checked="" type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	X	
12 Explained the method for applying for financial assistance?	X	
13 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply): a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website b <input type="checkbox"/> The policy was attached to billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility f <input checked="" type="checkbox"/> The policy was available on request g <input type="checkbox"/> Other (describe in Part VI)	X	

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	X	
15 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine patient's eligibility under the facility's FAP: a <input checked="" type="checkbox"/> Reporting to credit agency b <input checked="" type="checkbox"/> Lawsuits c <input checked="" type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)		
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged: a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)		X
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply): a <input type="checkbox"/> Notified patients of the financial assistance policy on admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information (continued) THE WATERBURY HOSPITAL

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	X	
If "No," indicate why:			
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?		X
If "Yes," explain in Part VI.			
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient?		X
If "Yes," explain in Part VI.			

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C: N/A

PART II: AS A LEADER IN THE DELIVERY OF HEALTHCARE SERVICES

IN THE GREATER WATERBURY AREA, WATERBURY HOSPITAL (WH) IS COMMITTED TO STRENGTHENING THE WELFARE AND AWARENESS OF THE CITIZENS WITHIN ITS COMMUNITY. FROM STRENGTHENING THE CAREER PATHS OF WATERBURY AREA YOUTH; TO SUPPORTING THE UNINSURED AND UNDERINSURED THROUGH THE WATERBURY HEALTH ACCESS PROGRAM AND; PROVIDING TRANSPORT TO AND FROM MEDICAL APPOINTMENTS; WATERBURY HOSPITAL IS REMOVING THE BARRIERS TO QUALITY HEALTH CARE FOR ALL AND REMAINS FIRM IN ITS COMMITMENT TO A HEALTHIER, STRONGER, AND MORE PRODUCTIVE COMMUNITY.

KEY PROGRAMS:

YOUTH PIPELINE INITIATIVES: THE WATERBURY HOSPITAL YOUTH PIPELINE INITIATIVES WERE ESTABLISHED IN 2001 AS A PARTNERSHIP BETWEEN WATERBURY HOSPITAL AND WATERBURY PUBLIC SCHOOLS. THE MISSION OF THE PROGRAM IS: "TO CLOSE THE ACHIEVEMENT GAP FOR MINORITY AND ECONOMICALLY DISADVANTAGED STUDENTS IN WATERBURY SO THEY CAN MATRICULATE AND COMPETE NATIONALLY FOR

Part VI Supplemental Information

PLACEMENT IN POST-SECONDARY EDUCATION PROGRAMS IN PREPARATION FOR HEALTH CAREERS". WATERBURY HOSPITAL IS COMMITTED TO ENHANCING AND ENRICHING THE ACADEMIC OPPORTUNITIES AND PERSONAL JOURNEYS OF OUR YOUTH, WHO ARE THE EMERGING WORKFORCE OF TOMORROW. TO THIS END, DURING 2012, WATERBURY HOSPITAL CONTINUED TO PROVIDE 383 STUDENTS AND PARENTS IN GREATER WATERBURY WITH UNIQUE EDUCATIONAL PROGRAMS THAT WILL ENHANCE THE OVERALL WELFARE OF OUR COMMUNITY.

THE WH YOUTH PIPELINE INITIATIVES HAD FOUR FOCUS AREAS DURING FY 2012, INCLUDING:

- PROVIDING EARLY ACQUAINTANCE WITH CAREERS IN HEALTHCARE (PEACH) - SINCE ITS INCEPTION IN 2004, WATERBURY HOSPITAL'S PROVIDING EARLY ACQUAINTANCE WITH CAREERS IN HEALTHCARE (PEACH) PROGRAM HAS ENGAGED ADMINISTRATORS, TEACHERS, AND STUDENTS AT WATERBURY'S NORTH END MIDDLE SCHOOL AND WEST SIDE MIDDLE SCHOOL TO ADDRESS PROJECTED SHORTAGES OF HEALTHCARE WORKERS AND TO CLOSE THE ACHIEVEMENT GAP FOR STUDENTS IN WATERBURY PUBLIC SCHOOLS. THROUGH THE PEACH PROGRAM, STUDENTS ENGAGE WITH HEALTHCARE WORKERS IN A NON-EMERGENCY SETTING AND ARE INFORMED OF THE VARIETY OF HEALTHCARE CAREER OPPORTUNITIES AVAILABLE IN OUR COMMUNITY. EACH SPRING, APPROXIMATELY 100 SEVENTH GRADERS FROM WATERBURY TAKE PART IN A DAY-LONG PEACH TOUR AT WATERBURY HOSPITAL, DURING WHICH THEY VISIT AT LEAST SIX HOSPITAL DEPARTMENTS AND COMPLETE HANDS-ON LEARNING ACTIVITIES WITH HOSPITAL STAFF. ANNUALLY, WATERBURY HOSPITAL ALSO OFFERS ITS PEACH SPRING BREAK EXPLORATION CAMP, THIS YEAR 38 MIDDLE SCHOOL STUDENTS FROM WATERBURY TOOK PART IN: SHADOWING AND HANDS-ON LEARNING ACTIVITIES AT THE HOSPITAL; CPR CERTIFICATION; AND EDUCATIONAL SESSIONS AT BRIDGEPORT'S DISCOVERY MUSEUM.

Part VI Supplemental Information

- PARENT LEADERSHIP TRAINING INSTITUTE (PLTI) - IN 2012, TWENTY FOUR INDIVIDUALS FROM GREATER WATERBURY SUCCESSFULLY COMPLETED WATERBURY'S PLTI, A 20-WEEK CURRICULUM TEACHING LEADERSHIP AND ADVOCACY SKILLS. WATERBURY HOSPITAL HAS HOSTED THE WATERBURY PLTI SINCE 2000, AND THE PROGRAM HAS TRAINED AND GRADUATED OVER 175 AREA PARENTS. PLTI'S CORE MISSION IS TO IMPART LEADERSHIP AND ADVOCACY SKILLS TO PARENTS WHILE SIMULTANEOUSLY EDUCATING THEM ABOUT VOLUNTEERISM, CIVIC LIFE, AND THE PROCESS BY WHICH STATE AND LOCAL GOVERNMENTS ENACT AND CHANGE LAWS. EACH PARTICIPANT COMPLETES AND IMPLEMENTS A COMMUNITY PROJECT; EXAMPLES OF PROJECTS FROM 2012 INCLUDE: A "HIGH SCHOOL DRIVING EDUCATION" PROGRAM (A CITY-WIDE INITIATIVE TO INTRODUCE SAFE DRIVING TECHNIQUES IN HIGH SCHOOLS) AND "THE C.H.I.P. FORUM" (CHILDREN HAVING INVOLVED PARENTS - A SERIES OF WORKSHOPS TO UNDERLINE THE IMPORTANCE OF GIVING ENCOURAGEMENT AND SUPPORT TO OUR CHILDREN SO THEY CAN SUCCEED IN LIFE).

- PARENTS SUPPORTING EDUCATIONAL EXCELLENCE (PSEE) - IN 2012, TWENTY-ONE INDIVIDUALS FROM GREATER WATERBURY SUCCESSFULLY COMPLETED WATERBURY'S PSEE, A 13-WEEK CURRICULUM CO-CREATED BY THE CONNECTICUT CENTER FOR SCHOOL CHANGE AND THE CONNECTICUT COMMISSION ON CHILDREN FOR PARENTS (DEFINED BROADLY AS PARENTS, GUARDIANS, FAMILY MEMBERS AND GRANDPARENTS) TO INSTILL LEADERSHIP SKILLS IN EDUCATION AND TO FACILITATE PARTNERSHIPS BETWEEN SCHOOL STAFF AND PARENTS TO IMPROVE STUDENT LEARNING.

- WH SUMMER BRIDGE PROGRAM - DURING THE SUMMER OF 2012, TWENTY-EIGHT STUDENTS FROM WATERBURY, GRADES 6-11, PARTICIPATED IN THE WH SUMMER BRIDGE PROGRAM. 100% OF MEALS WERE SECURED FOR THE PROGRAM FROM CITY OF WATERBURY SUMMER FOOD PROGRAM AND 8 LOCAL RESTAURANTS/BUSINESSES. STUDENTS COMPLETED THE FOLLOWING MODULES:

Part VI Supplemental Information

- 21.5 HOURS OF HOMEWORK AND STUDY SKILLS SESSIONS COMPLETED (LED BY STUDENT LEADERS), 15.5 HOURS OF MATH (PRE- ALGEBRA, GEOMETRY, ALGEBRA II AND CALCULUS) REVIEW SESSIONS; 26 HOURS OF SAT WRITING AND VOCABULARY; 13.5 HOURS OF READING FAHRENHEIT 45; 14 HOURS OF PHOTOGRAPHY TO COMPILE A PHOTO BOOK; 2 HOURS OF RESUME WRITING AND JOB APPLICATION; 15 HOURS OF JOB SHADOWING SESSIONS (RADIOLOGY, NUCLEAR MEDICINE, NURSING, MRI, CASE MANAGEMENT, DR. S. ARONIN (ID INPATIENT ROUNDING), ICU MEDICAL ROUNDS, HEALTH INFORMATION MANAGEMENT, ACCESS REHAB, BEHAVIORAL HEALTH, RESPIRATORY THERAPY, FINANCE, WH ID CLINIC, SECURITY, ORTHOPEDICS, PHARMACY, INFECTION CONTROL AND SURGERY.

- 4 HOURS OF MS OFFICE COMPUTER SESSIONS

- 2 FULL-DAY FIELD TRIPS COMPLETED: ONE TO YALE UNIVERSITY FOR AN ADMISSIONS INFO SESSION AND CAMPUS TOUR AND ONE TO HAMMONASSET STATE PARK INCLUDING THREE EDUCATIONAL SESSIONS AT MEIGS POINT NATURE CENTER

- 3 HOURS OF HEALTHCARE CAREER SEARCHES

- 3 HOURS OF COLLEGE ADMISSIONS PRESENTATIONS COMPLETED BY UCONN WATERBURY & YALE ROTC

- 1 HOUR OF INDIVIDUAL ACADEMIC ADVISING

- 2 HOURS OF TEAM BUILDING ACTIVITIES

- 2 HOURS OF HEALTH TOPICS PRESENTATIONS COMPLETED, INCLUDING HIV 101 AND HEALTHCARE JEOPARDY.

SUPPORT GROUPS - DURING 2012, WATERBURY HOSPITAL HOSTED SEVERAL SUPPORT GROUPS FOR ITS PATIENTS AND THEIR FAMILIES, INCLUDING:

- BEHAVIORAL HEALTH'S PARENT AND SIBLING SUPPORT GROUP, WHICH OFFERS EMOTIONAL ASSISTANCE TO FAMILIES WHO HAVE CHILDREN IN TREATMENT; AND

- ALCOHOLICS ANONYMOUS, SERVES OVER 4,000 PEOPLE ANNUALLY, MEETS WEEKLY THROUGHOUT THE YEAR, AND IS COORDINATED BY OUR BEHAVIORAL HEALTH

Part VI Supplemental Information

DEPARTMENT.

PART III, LINE 4: THE HOSPITAL ACCEPTS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. A PATIENT IS CLASSIFIED AS A CHARITY PATIENT BY REFERENCE TO THE ESTABLISHED POLICIES OF THE HOSPITAL. ESSENTIALLY, THESE POLICIES DEFINE CHARITY SERVICES AS THOSE SERVICES FOR WHICH NO PAYMENT IS POSSIBLE. IN ASSESSING A PATIENT'S INABILITY TO PAY, THE HOSPITAL UTILIZES THE GENERALLY RECOGNIZED FEDERAL POVERTY INCOME LEVELS, BUT ALSO INCLUDES CERTAIN CASES WHERE INCURRED CHARGES ARE SIGNIFICANT WHEN COMPARED TO INCOMES AND ASSETS. THESE CHARGES ARE NOT INCLUDED IN NET PATIENT SERVICE REVENUES FOR FINANCIAL REPORTING PURPOSES.

PART III, LINE 8: COSTING METHODOLOGY USED TO COMPUTE THE MEDICARE SHORTFALL AND ANY ASSOCIATED COMMUNITY BENEFIT IS A COMBINATION OF THE AMOUNT REPORTED ON LINE 7 AS WELL AS THE HEALTH PROFESSION EDUCATION LINE. A TOTAL SHORTFALL OF \$4,223,989 WAS DERIVED FROM THE 2012 MEDICARE COST REPORT USING AN AHA APPROVED FORM FOR SCHEDULE H WORKSHEET B PPS AND IPF HOSPITALS AND \$12,484,057 FROM THE HEALTH PROFESSIONS EDUCATION CALCULATION FOR A TOTAL OF \$16,708,046. ALL OF THIS SHORTFALL SHOULD BE REPORTED AS A COMMUNITY BENEFIT. THE HOSPITAL COST ACCOUNTING SYSTEM SHOWS A SHORTFALL FROM ALL MEDICARE PROGRAMS (INCLUDING MANAGED MEDICARE) OF \$24,784,117 (NET OF BAD DEBT AND FREE CARE).

PART III, LINE 9B: WE HAVE SEVERAL CREDIT AND COLLECTION PROGRAMS GOVERNING PATIENTS WHO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE; PROMPT PAY DISCOUNT; SLIDING SCALE; PAYMENT ARRANGEMENTS; CHARITY CARE AND FREE BED FUNDS. ANY PATIENT EXPRESSING DIFFICULTY PAYING A BALANCE IS ENTITLED TO APPLY FOR FINANCIAL COUNSELING ASSISTANCE. CUSTOMER SERVICE

Part VI Supplemental Information

REPRESENTATIVES WORK WITH THE PATIENTS TO DETERMINE PROGRAM QUALIFICATION BASED ON THE COMPLETION OF A FINANCIAL APPLICATION. CASES ARE PREPARED AND PRESENTED TO THE PATIENT ASSISTANCE COMMITTEE. APPROVED CASES WILL BE EITHER FULLY OR PARTIALLY WRITTEN OFF TO FREE BED FUNDS OR CHARITY CARE.

THE WATERBURY HOSPITAL:

PART V, SECTION B, LINE 19D: ALL PATIENTS ARE CHARGED THE SAME.

PART VI, LINE 2: WATERBURY HOSPITAL WORKS CLOSELY WITH LOCAL HEALTHCARE PROVIDERS AND COMMUNITY-BASED ORGANIZATIONS TO IDENTIFY HEALTHCARE NEEDS FOR UNDERSERVED PATIENTS THROUGHOUT THE WATERBURY COMMUNITY. THROUGH THESE COLLABORATIONS, WATERBURY HOSPITAL WORKS TO DEVELOP KEY PROGRAMMING FOR THE CITY'S VULNERABLE POPULATIONS, INCLUDING: THE WATERBURY HOSPITAL INFECTIOUS DISEASE CLINIC, WHICH PROVIDES COMPREHENSIVE HIV CARE TO 500 PEOPLE LIVING WITH HIV/AIDS; THE WATERBURY HEALTH ACCESS PROGRAM, WHICH PROVIDES COMPREHENSIVE CASE MANAGEMENT SERVICES TO OVER 3,000 UNINSURED AND UNDERINSURED PATIENTS ANNUALLY; AND THE WATERBURY HOSPITAL CHASE DIABETES DISEASE MANAGEMENT CLINIC, WHICH PROVIDES >150 DIABETICS WITH SELF-MANAGEMENT SKILLS AND CLINICAL CARE.

IN THE FALL OF 2012, WATERBURY HOSPITAL BEGAN WORKING ON ITS COMMUNITY HEALTH NEEDS ASSESSMENT IN COLLABORATION WITH ST. MARY'S HOSPITAL, THE WATERBURY HEALTH DEPARTMENT, CONNECTICUT COMMUNITY FOUNDATION, STAYWELL HEALTH CENTER (FQHC), AND THE UNITED WAY OF GREATER WATERBURY. A STEERING COMMITTEE WAS FORMED, FUNDING WAS SECURED, AND AN RFP WAS ISSUED, RESULTING IN THE SUBMISSION OF THREE PROPOSALS. THE PROPOSALS WERE REVIEWED BY THE COMMITTEE AND HOLLERAN CONSULTING GROUP WAS SELECTED.

Part VI Supplemental Information

UNDER THEIR GUIDANCE A WORK PLAN WAS ESTABLISHED, FORMAL MEETINGS WERE SCHEDULED, AND BASELINE SECONDARY DATA WAS COLLECTED. THE THREE-YEAR PLAN WILL BE ROLLED OUT TO THE PUBLIC IN SEPTEMBER 2013.

PART VI, LINE 3: WE HAVE SIGNAGE, PT HANDBOOK, STATEMENT BACKERS & HANDOUTS THAT INFORM PATIENTS OF FREE BED FUNDS ETC. THE HOSPITAL ACCEPTS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. A PATIENT IS CLASSIFIED AS A CHARITY PATIENT BY REFERENCE TO THE ESTABLISHED POLICIES OF THE HOSPITAL. ESSENTIALLY, THESE POLICIES DEFINE CHARITY SERVICES AS THOSE SERVICES FOR WHICH NO PAYMENT IS POSSIBLE. IN ASSESSING A PATIENT'S INABILITY TO PAY, THE HOSPITAL UTILIZES THE GENERALLY RECOGNIZED POVERTY INCOME LEVELS FOR THE STATE, BUT ALSO INCLUDES CERTAIN CASES WHERE INCURRED CHARGES ARE SIGNIFICANT WHEN COMPARED TO INCOMES. THESE CHARGES ARE NOT INCLUDED IN NET PATIENT SERVICE REVENUES FOR FINANCIAL REPORTING PURPOSES.

PART VI, LINE 4: LOCATED IN A CITY OF 109,000 RESIDENTS, WATERBURY HOSPITAL IS CENTRALLY LOCATED IN WESTERN CONNECTICUT. IT IS ONE OF TWO HOSPITALS THAT SERVES THE CITY OF WATERBURY AND ITS SURROUNDING TOWNS, INCLUDING BEACON FALLS, BETHLEHEM, CHESHIRE, MIDDLEBURY, NAUGATUCK, PROSPECT, SOUTHBURY, THOMASTON, WATERTOWN, WOLCOTT, AND WOODBURY. OVERALL, THE CITY OF WATERBURY LAGS BEHIND THE STATE OF CONNECTICUT AND THE U.S. IN KEY MEASURABLE STATISTICS, AS SEEN IN TABLE 1, BELOW:

TABLE 1: SELECTED CENSUS DATA, JULY 2012, QUICKFACTS.CENSUS.GOV:
WATERBURY, CT, & U.S.

	WATERBURY	CT	U.S.
MEDIAN HOUSEHOLD INCOME:	\$41,499	\$69,243	\$52,762

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PER CAPITA MONEY INCOME:	\$22,004	\$37,627	\$27,915
% PERSONS BELOW POVERTY:	20.6%	9.5%	14.3%
% HOUSEHOLDS MARRIED COUPLE FAMILY:	35.4%	51.0%	49.7%
% OF OWNER-OCCUPIED HOMES:	49.7%	69.5%	66.9%
% FOREIGN-BORN PERSONS:	14.4%	13.3%	12.8%
% LANGUAGE NOT ENGLISH SPOKEN			
AT HOME, AGE 5+:	31.6%	20.8%	20.3%
% HOUSEHOLDS WITH NO VEHICLE:	16.8%	8.3%	8.8%
% MALE:	47.6%	48.7%	49.2%
% FEMALE	52.4%	51.3%	50.8%
% CAUCASIAN:	58.8%	77.6%	63.0%
% AFRICAN-AMERICAN:	20.1%	10.1%	13.1%
% HISPANIC:	31.2%	13.4%	16.9%
% HIGH SCHOOL GRADUATES OR HIGHER:	79.4%	88.2%	84.6%
% BACHELOR'S DEGREE OR HIGHER:	16.2%	35.1%	27.5%
% OF PERSONS AGE 65 & OVER:	12.6%	14.2%	13.7%
UNEMPLOYMENT RATE, MAY 2013:	10.8%	8.0%	7.6%
INFANT MORTALITY			
PER 1,000 RESIDENTS:	9.83	6.2	6.8
CRIME RATE (VIOLENT & PROPERTY)			
PER 100,000 RESIDENTS (2009):	6,379	2,981	3,466

WATERBURY WAS ONCE A ROBUST MANUFACTURING CENTER. HOWEVER, OVER THE PAST 25 YEARS, THE INDUSTRIAL BASE THAT WAS THE CENTER OF WATERBURY'S ECONOMY FOR MOST OF THE 20TH CENTURY DWINDLED, LEAVING MANY UNEMPLOYED. ALTHOUGH THERE ARE JOBS AVAILABLE IN HEALTHCARE AND SERVICE SECTORS, HIGH UNEMPLOYMENT REMAINS A THREAT FOR MANY INDIVIDUALS IN THE GREATER WATERBURY AREA. THE CITY OF WATERBURY IS ALSO DESIGNATED A FEDERAL MUA

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(MEDICALLY UNDERSERVED AREA) AND HPSA (HEALTH PROFESSIONAL SHORTAGE AREA) FOR PRIMARY CARE, MENTAL HEALTH, AND DENTAL CARE.

PART VI, LINE 5: REALIZING THE DIVERSE NEEDS OF RESIDENTS IN OUR COMMUNITY, WATERBURY HOSPITAL REMAINS DEDICATED TO PROVIDING COMPREHENSIVE HEALTH SERVICES TO ENSURE EVERY INDIVIDUAL HAS ACCESS TO APPROPRIATE, QUALITY HEALTHCARE.

DURING 2012, WATERBURY HOSPITAL'S SPECTRUM OF SERVICES CONTINUED TO HAVE A POSITIVE IMPACT ON THE WELFARE OF WATERBURY'S CITIZENS. TO REMAIN CONSISTENT WITH WATERBURY HOSPITAL'S MISSION, MANY OF OUR SERVICES ARE TARGETED FOR VULNERABLE MEMBERS OF OUR COMMUNITY, INCLUDING THOSE WHO ARE UNINSURED OR UNDERINSURED.

KEY PROGRAMS:

WATERBURY HEALTH ACCESS PROGRAM: WATERBURY HOSPITAL IS AWARE OF THE ECONOMIC NEEDS MANY PATIENTS IN OUR COMMUNITY, AND, AS A RESULT, WE REMAIN COMMITTED TO THE WATERBURY HEALTH ACCESS PROGRAM. FOUNDED IN 2003 AS A PARTNERSHIP BETWEEN WATERBURY HOSPITAL, ST. MARY'S HOSPITAL, STAYWELL HEALTH CENTER (FQHC), AND THE WATERBURY HEALTH DEPARTMENT, THE WATERBURY HEALTH ACCESS PROGRAM IMPROVES ACCESS TO HIGH-QUALITY MEDICAL CARE BY PROVIDING COMPREHENSIVE CASE MANAGEMENT, PHARMACY ASSISTANCE, AND ACCESS TO PRIMARY AND SUB-SPECIALTY MEDICAL CARE FOR THE UNINSURED AND UNDERINSURED RESIDENTS OF THE GREATER WATERBURY REGION. DURING FY 2012, THE WATERBURY HEALTH ACCESS PROGRAM HAD OVER 3,700 ACTIVE CLIENTS. ADDITIONALLY, WATERBURY HOSPITAL PROVIDED \$418,806 WORTH OF DONATED SERVICES TO WHAP PATIENTS.

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BEHAVIORAL HEALTH - WATERBURY HOSPITAL'S CENTER FOR BEHAVIORAL HEALTH IS ONE OF THE REGION'S LARGEST SERVICE PROVIDERS OFFERING A FULL CONTINUUM OF CARE FOR CHILDREN, ADOLESCENTS AND ADULTS. OUR SERVICES ALSO OUTREACH TO THE COMMUNITY THROUGH REGULAR PARTICIPATION IN HEALTH FAIRS, ELECTED MEMBERSHIP IN THE NORTHWEST REGIONAL MENTAL HEALTH BOARD, AS A HOST SITE TO NUMEROUS TWELVE-STEP MEETINGS AND THE PROVISION OF CASE MANAGEMENT AS WELL AS ACUTE SERVICES TO THE HOMELESS WITHIN THE CITY OF WATERBURY.

BEHAVIORAL HEALTH CLINICIANS CAN ENGAGE CLIENTS TO HELP FACILITATE THEIR ENTRANCE INTO TREATMENT. WE PROVIDE PHONE SUPPORT, REFERRALS AND TRIAGING TEN HOURS A DAY SEVEN DAYS A WEEK. WITHIN OUR CRISIS CENTER WE OFFER SHORT TERM SERVICES TO HELP INDIVIDUALS OBTAIN MORE PERMANENT TREATMENT THAT BEST MEETS THEIR NEEDS. AMBULATORY SERVICES INCLUDE PARTIAL HOSPITAL PROGRAMS, INTENSIVE OUTPATIENT SERVICES, GROUP, INDIVIDUAL THERAPY AND MEDICATION MANAGEMENT TO PATIENTS EXPERIENCING MENTAL ILLNESS AND/ OR A SUBSTANCE USE DISORDER. FOR INDIVIDUALS EXPERIENCING ACUTE SYMPTOMS WE OFFER INPATIENT TREATMENT TO ADOLESCENTS AGED 12 AND UP AS WELL AS ADULT SERVICES. OUR EFFORTS ARE AIMED AT PROMOTING THE BENEFITS OF CLINICAL TREATMENT AS WELL AS POSITIVE LIFESTYLE CHOICES. EVERY EFFORT IS MADE TO EDUCATE CLIENTS, THEIR FAMILIES AND THE COMMUNITY ABOUT MENTAL ILLNESS AND THE IMPACT TREATMENT CAN HAVE ON ONE'S ILLNESS. THE ULTIMATE GOAL IS TO HELP PEOPLE FEEL BETTER, REDUCE OR RESOLVE SYMPTOMS AND TO MINIMIZE THE STIGMA OF MENTAL ILLNESS.

BE WELL BUS - IN ORDER TO ENSURE THAT PATIENTS HAVE ACCESS TO MEDICAL APPOINTMENTS, AT THE HOSPITAL AND AT LOCAL PHYSICIANS' OFFICES, WATERBURY HOSPITAL'S BE WELL BUS PROVIDES TRANSPORTATION SERVICES TO PATIENTS FROM WATERBURY AND ELEVEN OF ITS SURROUNDING TOWNS. DURING FY 2012, THE BE WELL

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BUS COMPLETED OVER 4,170 TRANSPORTS TO AND FROM MEDICAL APPOINTMENTS.

WATERBURY HOSPITAL HAS CONTRACTED WITH A TRANSPORTATION PROVIDER TO OFFER THE BUS SERVICE, AND AREA PROVIDERS PAY A SMALL FEE TO PARTICIPATE.

HEART CENTER OF GREATER WATERBURY - FORMED IN COLLABORATION WITH SAINT MARY'S HOSPITAL, THE HEART CENTER OF GREATER WATERBURY PROVIDES DIVERSE MEDICAL SUPPORT INITIATIVES TO HELP EDUCATE RESIDENTS IN THE GREATER WATERBURY COMMUNITY ABOUT PERTINENT HEALTH AND WELLNESS ISSUES. THIS PAST YEAR, THE HEART CENTER CONDUCTED A SERIES OF HEALTH FAIRS AND VARIOUS HEALTH AND WELLNESS EDUCATION SESSIONS, INCLUDING "ASK THE NURSE," WHICH PROVIDES PATIENTS WITH COMPLIMENTARY BLOOD PRESSURE SCREENINGS AND HEALTH AWARENESS EDUCATION AND A "FREEDOM FROM SMOKING" SERIES TO HELP OUR RESIDENTS KICK THE HABIT. DURING FY 2012, THE HEART CENTER'S PROGRAMS SERVED OVER 3,280 RESIDENTS FROM THE GREATER WATERBURY AREA.

FAMILY BIRTHING CENTER - PROVIDING A CHILD-CENTERED FOCUS, WATERBURY HOSPITAL'S FAMILY BIRTHING CENTER OFFERS EXPECTANT PARENTS A VARIETY OF CLASSES TO PREPARE THEM FOR THEIR BABY'S ARRIVAL. BETWEEN BREAST FEEDING, CHILDBIRTH, AND INFANT CARE CLASSES, OUR FAMILY BIRTHING CENTER PROVIDED VITAL INSTRUCTION TO OVER 120 PARENTS LAST YEAR.

THANK GOD I'M FEMALE - FOR THE PAST 20 YEARS, WATERBURY HOSPITAL'S "THANK GOD I'M FEMALE" HAS SERVED AS AN ANNUAL WOMEN'S WELLNESS FORUM THAT FEATURES 40 EDUCATIONAL BOOTHS AND HEALTH-RELATED GIVEAWAYS. THE ULTIMATE GOAL OF THE FORUM IS TO EDUCATE ATTENDEES ABOUT STRESS, MENTAL WELL-BEING, HEART HEALTH, DIET, OSTEOPOROSIS AND BONE HEALTH, CHANGE OF LIFE, AND MORE. IN 2012, OVER 400 AREA RESIDENTS ATTENDED THE EVENT.

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EVERGREEN 50 CLUB - WATERBURY HOSPITAL'S EVERGREEN 50 CLUB IS AN ORGANIZATION COMPRISED OF OVER 15,000 MEMBERS OVER THE AGE OF 50. THE CLUB OFFERS WELLNESS PROGRAMMING, MEDICARE COUNSELING, AND HEALTH EDUCATION PRESENTATIONS ON A VARIETY OF TOPICS ARE PRESENTED BY HEALTH CARE PROFESSIONALS. PRESENTATION TOPICS INCLUDE: HOLISTIC HEALTH, VARICOSE VEIN TREATMENT, HEART DISEASE, SUMMER SKIN CARE, WEIGHT LOSS, BLOOD PRESSURE, BLADDER SCREENINGS, JOINT CARE AND REPLACEMENT, AND RESOLVING ADVERSE OUTCOMES WITH PATIENTS AND FAMILIES. ANNUALLY, THE EVERGREEN 50 CLUB HOSTS A HEALTH FAIR FOR ITS MEMBERS, WHICH PROVIDES FREE FLU SHOTS AND HEALTHCARE SCREENINGS.

YALE PRIMARY CARE RESEARCH DAY - THROUGH COLLABORATION WITH ST. MARY'S HOSPITAL IN WATERBURY, CT, WATERBURY HOSPITAL HOSTED ITS ANNUAL YALE PRIMARY CARE RESEARCH DAY. DURING THE DAY, PHYSICIANS AND MEDICAL STUDENTS PRESENT RESEARCH PROJECTS TO THE PHYSICIAN COMMUNITY. HIGH SCHOOL STUDENTS ARE ALSO ENCOURAGED TO PARTICIPATE IN THE ACTIVITIES.

WATERBURY HOSPITAL INFECTIOUS DISEASE CLINIC (WHIC) -

CURRENT SERVICES: THE WHIC OFFERS A COMPREHENSIVE "ONE-STOP SHOPPING" MODEL THAT PROVIDES PATIENTS WITH ON-SITE PRIMARY AND SPECIALTY SERVICES, MEDICAL CASE MANAGEMENT, INDIVIDUALIZED MEDICATION ADHERENCE SERVICES, MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES, NUTRITION COUNSELING, INDIVIDUALIZED HIV EDUCATION, LABORATORY TESTING, AND RADIOLOGY SERVICES. WHIC'S PROVIDERS INCLUDE THREE BOARD-CERTIFIED/BOARD-ELIGIBLE INFECTIOUS DISEASE SPECIALISTS AS WELL AS AN ADVANCED PRACTITIONER NURSE, ALL WITH EXPERTISE IN THE MANAGEMENT OF PATIENTS WITH HIV/AIDS. IN FY 2012, WHIC SERVED AROUND 500 PEOPLE LIVING WITH HIV/AIDS (PLWHA).

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WHIC'S STAFF MEMBERS ACTIVELY PARTICIPATE IN STATEWIDE AND AREA COLLABORATIVES, SUCH AS THE CONNECTICUT HIV PLANNING CONSORTIUM (CHPC) AND THE RYAN WHITE PART A PLANNING COUNCIL, AND WHIC FACILITATES THE GREATER WATERBURY HIV CONSORTIUM. WHIC HAS A VERY ACTIVE CONSUMER ADVISORY GROUP (CAG), WHICH ORGANIZES SOCIAL AND TESTING EVENTS FOR THE COMMUNITY AND FACILITATES THE WATERBURY HOSPITAL PHOTOGRAPHY GROUP.

THE WHIC ALSO HAS A HEPATITIS C CLINIC, RUN BY AN ADVANCED PRACTITIONER NURSE. FROM OCTOBER 2004 TO PRESENT, NEARLY 200 HEPATITIS C MONO AND CO-INFECTED (HEPATITIS C AND HIV) HAVE BEEN EVALUATED AT THE ID CLINIC. THE HEPATITIS C CLINIC PROVIDES A CONSULTATION WITH A NUTRITIONIST TO ADVISE ON HEALTHY EATING; COORDINATION WITH MENTAL HEALTH SERVICES; AND EDUCATIONAL SESSIONS ON SIDE EFFECT MANAGEMENT, THE IMPORTANCE OF HYDRATION AND ADHERENCE, AND POSITIVE COPING STRATEGIES.

FORGING COMMUNITY PARTNERSHIPS: SINCE 2009, THE WHIC HAS SERVED AS THE LEAD AGENCY FOR RYAN WHITE PART A FEDERAL FUNDING REGION 2 OF THE NEW HAVEN/FAIRFIELD ELIGIBLE METROPOLITAN AREA. THE WHIC WAS CHOSEN AS LEAD AGENCY BY THE CONSENSUS OF OTHER LOCAL RYAN WHITE PART A AGENCIES DUE TO ITS EXPERTISE IN PATIENT CARE AND FISCAL MANAGEMENT. AS THE LEAD AGENCY, THE WHIC HAS FORMED LONGSTANDING PARTNERSHIPS WITH STAYWELL HEALTH CENTER, INC., HISPANOS UNIDOS, INC., NEW OPPORTUNITIES, INC., RECOVERY NETWORK OF PROGRAMS, INC., CONNECTICUT COUNSELING CENTERS, INC., AND THE WATERBURY HEALTH DEPARTMENT, ALL OF WHOM WORK ALONGSIDE THE WHIC TO PROVIDE PATIENTS IN THE REGION WITH:

- PRIMARY HIV CARE;
- MEDICAL CASE MANAGEMENT;

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- ORAL HEALTH CARE;
- INPATIENT AND OUTPATIENT SUBSTANCE ABUSE TREATMENT;
- HEALTH INSURANCE ASSISTANCE;
- MENTAL HEALTH;
- EARLY INTERVENTION SERVICES;
- HOUSING ASSISTANCE;
- EMERGENCY FINANCIAL ASSISTANCE;
- MEDICAL TRANSPORTATION; AND
- FOOD PANTRY.

IN JUNE 2012, WHIC COLLABORATED WITH THE WATERBURY HEALTH DEPARTMENT, GRACE BAPTIST CHURCH, AND OTHER AREA AIDS SERVICE ORGANIZATIONS, TO ORGANIZE THE WATERBURY AIDS WALK AND RAISE AWARENESS ABOUT HIV/AIDS TREATMENT AND TESTING IN WATERBURY. 215 RESIDENTS PARTICIPATED IN THE EVENT.

FOR THE PAST 12 YEARS, THE WHIC HAS PARTNERED WITH YALE UNIVERSITY'S PROJECT TRANSITIONS, A PROGRAM THAT INTEGRATES SUBSTANCE ABUSE TREATMENT AND CONTINGENCY MANAGEMENT INTO A COMPREHENSIVE JAIL RELEASE PROGRAM FOR PLWHA. THROUGH THIS PARTNERSHIP, YALE FUNDED A SUBSTANCE ABUSE COUNSELOR AND MEDICAL CASE MANAGER, BOTH OF WHOM ARE SPANISH SPEAKING AND LOCATED ON-SITE AT THE WHIC. THIS PROGRAM CONCLUDED IN AUGUST 2012.

IN SEPTEMBER 2012, IN PARTNERSHIP WITH YALE UNIVERSITY, WATERBURY HOSPITAL BEGAN A CLINICAL TRIAL ENTITLED, "PROJECT NEW HOPE," TO TEST WHETHER EXTENDED-RELEASE NALTREXONE IS A VIABLE OPTION FOR IMPROVING

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OPIOID, ALCOHOL AND HIV TREATMENT OUTCOMES FOR RELEASED HIV-POSITIVE CRIMINAL JUSTICE SYSTEM POPULATIONS. THIS PROGRAM IS SUPPORTED BY THE NATIONAL INSTITUTE ON DRUG ABUSE OF THE NATIONAL INSTITUTES OF HEALTH UNDER AWARD NUMBER R01DA030762.

RESHAPING HIV TESTING STATEWIDE: SINCE 2008, PATIENTS VISITING WATERBURY HOSPITAL'S EMERGENCY DEPARTMENT ARE OFFERED FREE HIV TESTING WHILE WAITING TO BE EVALUATED OR TREATED FOR OTHER SYMPTOMS. IN ORDER TO OPTIMIZE THE NUMBER OF PEOPLE SCREENED FOR HIV, THE EMERGENCY DEPARTMENT'S PROGRAM USES AN OPT-OUT APPROACH. THE PROGRAM HAS SUCCESSFULLY SERVED AS A MODEL FOR OTHER HEALTHCARE INSTITUTIONS ACROSS THE STATE. THANKS, IN PART, TO WHIC'S LEADERSHIP, THE STATE OF CONNECTICUT NO LONGER LEGALLY REQUIRES PROVIDERS TO HAVE A SEPARATE CONSENT FORM FOR HIV TESTING.

ENGAGING PATIENTS: IN 2009, THE WHIC ESTABLISHED ITS PEER ADVOCATE PROGRAM. THREE PATIENTS FROM THE CLINIC SERVE AS THE PEER ADVOCATES, WHO WORK WITH CLIENTS AT THE CLINIC AND USE A SOCIAL NETWORKS STRATEGY TO BRING DIFFICULT-TO-REACH CLIENTS IN FOR TESTING AND/OR CARE; THEY HAVE TRAVELED TO HIGH-RISK NEIGHBORHOODS ON THE WATERBURY HEALTH DEPARTMENT'S COMMUNITY HEALTH VAN TO OFFER COUNSELING AND TESTING AND HAVE PARTICIPATED IN AIDS AWARENESS DAYS TO FACILITATE THE LINKAGE OF NEWLY DIAGNOSED PATIENTS TO PRIMARY CARE. PEER ADVOCATES PARTICIPATE IN THE WHIC'S CARE TEAM AND CONTINUUM MEETINGS TO KEEP PROVIDERS AND LOCAL PARTNERS AWARE OF THE PATIENTS' ACTIVITIES AND NEEDS.

THIS YEAR TWO PEER ADVOCATES PARTICIPATED IN THE WATERBURY PARENT LEADERSHIP TRAINING INSTITUTE, COMPLETING COMMUNITY PROJECTS ON "BAN

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THE BOX" - TO RAISE AWARENESS TO THE NEEDS OF EX-FELONS WHO HAVE BEEN REHABILITATED AND GIVEN APPROPRIATE RESTITUTION TO SOCIETY, TO BE ABLE TO REGAIN MEANINGFUL EMPLOYMENT IN ORDER TO SUSTAIN THEMSELVES AND LIVE PRODUCTIVE LIVES; AND "MARKETING THE WATERBURY HOSPITAL PHOTOGRAPHY GROUP," - A CAMPAIGN TO RAISE AWARENESS AND INCREASE MEMBERSHIP OF THE WATERBURY HOSPITAL PHOTOGRAPHY GROUP, RESPECTIVELY. THE LATTER CAMPAIGN WAS SUCCESSFUL IN MORE THAN DOUBLING THE MEMBERSHIP OF THE PHOTOGRAPHY GROUP, ENLISTING PARTICIPANTS FROM THE CHASE DIABETES CLINIC AND THE EVERGREEN 50 CLUB. A THIRD PEER ADVOCATE COMPLETED THE WATERBURY PARENTS SUPPORTING EDUCATIONAL EXCELLENCE PROGRAM AND SUBSEQUENTLY APPLIED HIS LEARNING TO ESTABLISH A MUSIC APPRECIATION CLASS FOR ELEMENTARY AND MIDDLE SCHOOL-AGE STUDENTS AT GRACE BAPTIST CHURCH IN WATERBURY.

THE WHIC OFFERS ITS PATIENTS NATIONALLY-RECOGNIZED PEER AND SUPPORT PROGRAMS, INCLUDING ITS PROJECT PHOTOGRAPHY, WHICH WAS ESTABLISHED IN 2007 TO ENCOURAGE NON-COMPLIANT HIV/AIDS PATIENTS IN THE GREATER WATERBURY AREA TO BECOME MORE PROACTIVE IN THE SELF-MANAGEMENT OF THEIR DISEASE. PROJECT PHOTOGRAPHY HAS POSITIVELY TRANSFORMED ITS PARTICIPANT'S SELF-ESTEEM AND CONFIDENCE. PATIENT PROJECTS HAVE INCLUDED: (1) ENROLLING IN PHOTOGRAPHY CLASSES AT NAUGATUCK VALLEY COMMUNITY COLLEGE, (2) TAKING FIELD TRIPS TO BOSTON, (3) DONATING FRAMED PHOTOGRAPHS TO THE HOSPITAL'S ANNUAL FUNDRAISING GALA, (4) PRODUCING HOLIDAY GREETING CARDS FOR THE ID CLINIC, (5) CREATING TEAM PORTRAITS AT THE HOSPITAL'S FUNDRAISING GOLF TOURNAMENT, AND (6) CONSTRUCTING PHOTOGRAPHY EXHIBITS AT THE HOSPITAL, BARNES & NOBLE BOOKSTORE, AND SILAS BRONSON LIBRARY IN WATERBURY.

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PART VI, LINE 6: N/A

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

CT