



SHEPPARD AND ENOCH PRATT HOSPITAL – TOWSON, MD
SHEPPARD PRATT AT ELLICOTT CITY – ELLICOTT CITY, MD

Community Health Needs Assessment

CHNA IMPLEMENTATION STRATEGY

COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW



Sheppard Pratt Health System is a private, non-profit behavioral health organization that provides a range of services to meet the needs of children, adolescents, adults, and older adults. It was established in 1891 by Moses Sheppard, a Baltimore businessman and Quaker philanthropist, who was inspired by the passion and convictions of social reformer Dorothea Dix to create an institution to provide humane and moral treatment for the mentally ill.

Mission Statement: *Sheppard Pratt, a not-for-profit behavioral health system, is dedicated to the improvement of quality of life in communities by serving the behavioral health and special education needs of individuals, families and organizations.*

Headquartered in Towson, MD, the overall Sheppard Pratt organization serves more than 53,000 individuals annually and provides nearly one million units of mental health services including hospitalization, residential treatment, respite care, special education, psychiatric rehabilitation, general hospital services, and outpatient programming.

Sheppard Pratt Health System operates two inpatient psychiatric hospitals licensed for a total of 414 beds: Sheppard Pratt Hospital in Towson, MD in Baltimore County (licensed for 322 beds) and Sheppard Pratt at Ellicott City (licensed for 92 beds) in Ellicott City, MD in Howard County. Our inpatient services include units for children, adolescents, youngsters with co-occurring mental illness and developmental disabilities, young adults, geriatrics, and adults, and subspecialty adult programs for co-occurring substance abuse and mental illness, psychotic disorders, developmental disorders and trauma disorders, a special track for Deaf adults, as well as eating disorders treatment for adults and youngsters.

Sheppard Pratt Health System is Maryland's largest private provider of behavioral health and special education services, and for the past 22 years, Sheppard Pratt has been named one of the top psychiatric institutions in the nation in a poll conducted by U.S. News & World Report.

Beginning in 2012, Greater Baltimore Medical Center (GBMC), Sheppard Pratt Health System (SPHS), and University of Maryland St. Joseph Medical Center (UM-SJMC) partnered to conduct a comprehensive Community Health Needs Assessment (CHNA) to evaluate the health needs of individuals living in the collective hospital service area within Greater Baltimore. The purpose of the assessment was to gather information about local health needs and health behaviors.

Sheppard Pratt contracted with Holleran, an independent research and consulting firm located in Lancaster, Pennsylvania, to conduct research in support of the CHNA. Holleran has over 20 years of experience in conducting public health research and community health assessments. The CHNA was comprised of both quantitative and qualitative research components.

- **Secondary Statistical Data Profile** depicting population and household statistics, education and economic measures, morbidity and mortality rates, incidence rates, and other health statistics for Greater Baltimore was compiled. In addition, Sheppard Pratt gathered supplemental secondary data focused on mental and behavioral health indicators for Baltimore County, Anne Arundel County, and Howard County.
- **Key Informant Interviews** were conducted with key community leaders. In total, 25 people participated, representing a variety of sectors including public health and medical services, non-profit and social organizations, and children and youth agencies.

The 2013 Community Health Needs Assessment was published June 2013 and made available on the SPHS website. The completion of the comprehensive CHNA enabled SPHS and its partners to take an in-depth look at the greater community. The findings from the assessment were utilized by SPHS to prioritize public health issues and develop a community health implementation plan focused on meeting community needs. GBMC and UM-SJMC who partnered with SPHS to conduct the CHNA will also use the results to develop their own implementation plans. The following pages outline the findings of the CHNA and SPHS’s strategies to meet our community’s health needs.

SELECTION OF COMMUNITY HEALTH PRIORITIES

Following the completion of the CHNA, a team of SPHS staff reviewed the research findings, prioritized the key issues, and developed goals and strategies for adoption and inclusion in the SPHS Implementation Plan.

SPHS Implementation Strategy Work Group

| Name | Title | Organization |
|-------------------|--|------------------------------|
| Bonnie Katz | Vice President, Bus. Dev. And Support Ops | Sheppard Pratt Health System |
| Doloras Branch | Project Coordinator, Business Development | Sheppard Pratt Health System |
| Steven Sharfstein | President and CEO | Sheppard Pratt Health System |
| Robert Roca | Vice President, Medical Affairs | Sheppard Pratt Health System |
| Pat Pinkerton | Vice President and Chief Financial Officer | Sheppard Pratt Health System |
| Ernestine Cosby | Vice President and Chief Nursing Officer | Sheppard Pratt Health System |
| Cathy Doughty | Vice President, Human Resources | Sheppard Pratt Health System |
| Scott Rose | President, Way Station , Inc. | Way Station, Inc. |

KEY CHNA FINDINGS

The SPHS Implementation Strategy Work Group examined the key findings of the Secondary Data Profile and the Key Informant Study to select Community Health Priorities.

Secondary Data Profile Findings

Demographic and health indicator statistics were gathered and integrated into a **Secondary Statistical Data Profile** to portray the current health status of the Greater Baltimore service area. In addition to the Greater Baltimore community data, SPHS also gathered additional data focused on Mental & Behavioral Health for Anne Arundel, Baltimore, and Howard Counties in order to understand the needs of the region.

Based on a review of the secondary data, the following health issues appear to be areas of opportunity for the Greater Baltimore service area:

- Access to Care
- Mental & Behavioral Health
- Chronic Health Issues (heart disease, cancer, asthma/respiratory disease, stroke)
- Risk Factors for Chronic Health Issues (Overweight/Obesity, Tobacco/Alcohol Use)

Key Informant Study Findings

Community engagement and feedback was an integral part of the CHNA process. SPHS sought community input through Key Informant Interviews with 25 community leaders in Baltimore County and Howard County. Public health and healthcare professionals shared knowledge and expertise about health issues, and leaders and representatives of non-profit and community-based organizations provided insight on the community served including medically underserved, low income, and minority populations. In addition, SPHS reviewed results from a recently conducted Key Informant Study available from the Healthy Anne Arundel Coalition.

Key Informants were asked about the most significant health issues facing the community. The issues that they perceived as being the most significant were:

- Access to Care
- Mental Health
- Substance Abuse/Alcohol Abuse
- Overweight/Obesity
- Chronic Health Issues (Diabetes, Heart Disease, Cancer)

Key Informant List

| Name | Title | Organization |
|---|------------------------------|---------------------------------------|
| Baltimore County Representatives | | |
| Ann Marie Labin | Parish Nurse | St. Joseph Parish |
| Bernie White | Disparities Care Coordinator | UM St. Joseph Medical Center |
| Roberta Poulton | School Nurse | Mother Seton Academy |
| Dr. Charlotte Exner | Dean, College of Health | Towson University |
| Dave Goldman | Chief of Behavior Health | Baltimore Co. Bureau of Mental Health |
| Dawn Fitzpatrick | President | Sisters Network of Baltimore |
| Della Leister | Deputy Health Officer | Baltimore Health/HR |
| Donald Schlimm | Acting Executive Director | Baltimore County Local Mgmt Board |
| Dr. Brian Hepburn | Director of Mental Health | Mental Health Administration |
| Hal Franklin | Administrator | Baltimore Commission on Disabilities |
| Herb Cromwell | Executive Director | Community Behavioral Health |
| Jane Walker, LCSW-C | Executive Director | Maryland Coalition of Families |
| Laura Riley | Deputy Director | Baltimore County Dept. of Aging |
| Linda Kohler | Executive Director | NAMI Baltimore |
| Linda Raines | Executive Director | Mental Health Assoc. of Maryland |
| Mary Jo Huber | Nurse Manager | St. Clare Medical Center |
| Valerie Tarantino | Director | My Sister's Place Women's Center |

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|--------------------------------------|----------------------------|---------------------------------------|
| Vicki Almond | Council Member | Baltimore County Government |
| Howard County Representatives | | |
| Bobbie Fine | Program Manager | Howard County Drug Court |
| Christine Hall | Acting Executive Director | Healthy Howard |
| Dayna Brown | Administrator | Howard County Office on Aging |
| Donna Wells | Director | Howard County Mental Health Authority |
| Janet Jones | Adult Services Coordinator | Howard County Mental Health Authority |
| Maura Rossman | Health Officer | Howard County Health Officer |
| William McMahon | Chief | Howard County |

Key Community Health Issues

The following were identified as overarching community health issues that were present in both the Secondary Data Profile and the Key Informant Survey results:

- Access to Care
- Mental Health
- Overweight/Obesity
- Chronic Health Conditions (Diabetes, Heart Disease, Cancer, Asthma)

PRIORITIZED COMMUNITY HEALTH NEED

The SPHS Implementation Strategy Work Group reviewed these research findings, along with its current services and programs, resources and areas of expertise, and other existing community assets, to determine what identified needs it would address, and those it would play a support role in addressing. SPHS selected two overarching community health issue as its priority focus.

Based on Sheppard Pratt’s expertise as a behavioral health organization with a specialty psychiatric hospital, the SPHS Implementation Plan will primarily address **Mental & Behavioral Health**. In addition, SPHS will incorporate **Access to Care** into its Mental & Behavioral Health strategies. SPHS will seek to increase awareness, education, and access in the area of Mental & Behavioral Health while working to reduce stigma and barriers to care.

STRATEGIES TO ADDRESS COMMUNITY HEALTH NEEDS

In support of the 2013 Community Health Needs Assessment and ongoing community benefit initiatives, SPHS plans to implement the following strategies to impact and measure community health improvement.

Mental & Behavioral Health

According to data from the Maryland Behavioral Risk Factor Surveillance System, a higher proportion of Greater Baltimore residents indicate they have been diagnosed with a depressive disorder compared to statewide. Greater Baltimore residents are also more likely to be chronic drinkers compared to the state and Nation. In addition, Key Informants ranked Mental Health as the third most significant health issue facing the community. Informants emphasized the need for education, prevention, treatment, and support services. County level data for Anne Arundel, Baltimore, and Howard Counties show that local suicide rates are elevated compared to the state. Deaths due to intoxication are a concern for Anne Arundel and Baltimore Counties. Local SHIP (State Health Improvement Process) partners have also identified Mental and Behavioral Health issues as a community need.

SPHS will continue to address Mental and Behavioral Health needs by expanding and enhancing existing services and community benefit programs. In addition, SPHS will adopt new strategies in order to increase awareness, education, and access in the area of Mental & Behavioral Health.

GOAL: Increase access to quality mental and behavioral health information, treatment and support

OBJECTIVE #1: Increase community's awareness and knowledge of mental and behavioral health issues by providing outreach, education, training, and resources.

STRATEGIES

- **Virtual Resource Center** – Enhance website to provide online information, referral, and support services to individuals or families dealing with mental or behavioral health issues. SPHS will seek to create a Virtual Resource Center with special emphasis on providing resources for children and families dealing with Autism.
 - In 2012, there were 1.7 million hits per month for a total of 20.1 million hits annually to Sheppard Pratt's website, with 656,000 visitors to the site.
- **Community Education** – SPHS will seek to increase awareness and knowledge about mental and behavioral health by expanding its community education programs and outreach. SPHS will build community partnerships and support community-based collaborative efforts to promote community awareness of Mental & Behavioral Health issues.
- **Professional Education** - SPHS will continue its robust Professional Education offerings in order to provide up-to-date and accurate mental health information to mental health, medical, human service, and education professionals. In addition, SPHS will seek to engage teachers and school system staff in professional education to better prepare them to identify students with mental health needs.
 - In 2012, SPHS provided accredited learning opportunities for more than 6,300 participants during 101 different sessions. More than 1,000 learners participated through videoconferencing to 16 different locations.
 - Sheppard Pratt's professional education program also includes a monthly child and adolescent focused lecture series, educational programs for psychologists and social workers, and the Wednesday Series - a biweekly lecture series that is free and open to the professional community.

OBJECTIVE #2: Increase awareness, access, and utilization of quality mental and behavioral health services through promotion, referral, and reduction of barriers.

STRATEGIES

- **Therapy Referral Service** – SPHS will continue to offer information and referral services in order to connect individuals with appropriate mental and behavioral health services and support.
 - In 2012, more than 12,000 calls were received by our Therapy Referral Service.
- **Services for Low-Income & Uninsured Individuals**– SPHS will continue to provide treatment and support services to low-income and uninsured individuals as available by connecting them with insurance coverage, financial assistance, and support programs.
 - In 2012, SPHS provided approximately \$15 million of uncompensated care. SPHS also serves a significant proportion of individuals who rely on Medical Assistance.
- **Crisis Walk in Clinic (CWIC) & Crisis Referral Outpatient Program (CROP)** – SPHS will continue to offer crisis services to individuals of all ages in need of crisis assessment for safety and referral to higher levels of care. The Crisis Referral Outpatient Program (CROP) complements the crisis services and provides a bridge to outpatient services for patients with acute needs.
 - During 2012, 3,850 patients presented to the clinic. Of that number, 1,703 or 44% were admitted directly to the inpatient setting, with another 959 or 25% going to next day partial hospital or intensive outpatient. This represents a 70% conversion rate to higher levels of care.

- **Telepsychiatry** - SPHS will continue to expand and enhance our telepsychiatry services to offer care to individuals who have barriers that prevent them from accessing traditional in-person treatment.
 - In 2012, there were 1,763 psychiatrist visits conducted through telepsychiatry, serving 275 patients who would not otherwise have had access to care.
- **Care Integration** – SPHS will continue to work toward care integration including integration of substance abuse and mental health treatment and integration of primary care and behavioral health.
 - SPHS Affiliates have begun implementing new initiatives to integrate primary care and behavioral health including partnerships with federally-qualified health centers, primary care practices, and hospitals to coordinate care and offer co-location services.

KEY INDICATORS

Sheppard Pratt will monitor Mental & Behavioral Health and evaluate programs periodically to determine impact. The hospital will adjust programming and services accordingly and develop new initiatives in order to meet community needs. The following are potential key indicators that may be used to monitor progress.

- #/% of individuals who utilize mental and behavioral health services
- #/% of low-income and uninsured who utilize mental and behavioral health services
- Number of individuals referred/served
- Number of individuals utilizing Virtual Resource Center
- Number of individuals participating in telepsychiatry
- Number of individuals participating in education programs
- Emergency room visits and inpatient hospitalizations
- Pre-post knowledge/behavior change
- Patient Satisfaction & Feedback

EXISTING COMMUNITY ASSETS & RESOURCES:

SPHS recognizes that they will be most effective in this work if they utilize existing community assets and resources such as the following organizations and programs. The following resources may be identified as partners for activities.

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| <ul style="list-style-type: none"> ➤ Community Health Centers/ Federally Qualified Health Centers ➤ Cultural/Faith-based Organization ➤ Government/Transportation Agencies ➤ Hospitals/Health Systems ➤ National Associations: National Mental Health Association, National Alliance on Mental Illness, American Academy of Child and Adolescent Psychiatry ➤ Non-Profit/Social Service Providers ➤ Primary Care Providers ➤ Public/Private Insurance Providers ➤ Public School Systems | <ul style="list-style-type: none"> ➤ School/University System ➤ Specialty/Clinical Providers ➤ Support/Self-Help Groups: Alcoholics Anonymous, Depression & Bipolar Support Alliance, Depression Anonymous, Eating Disorders Support Group, Narcotics Anonymous, Nar-Anon, Narateen, Obsessive Compulsive Disorders Support Group, On Our Own Peer Support Group ➤ Baltimore County Health Coalition ➤ Howard County Local Health Improvement Coalition |
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COMMUNITY HEALTH NEEDS ADDRESSED

Sheppard Pratt plans to address two of the four needs identified through the 2013 Community Health Needs Assessment. It will focus its community benefit efforts on **Mental & Behavioral Health** and will incorporate **Access**

to Care into its Mental & Behavioral Health strategies. As Sheppard Pratt is a behavioral health organization with a specialty psychiatric hospital, it will not focus on the following identified health needs: **Overweight/Obesity & Chronic Health Conditions** (Diabetes, Heart Disease, Cancer, Asthma). Sheppard Pratt partnered with neighboring acute care hospitals (Greater Baltimore Medical Center and Sheppard and University of Maryland St. Joseph Medical Center) to conduct the CHNA and encourages their efforts to address the other identified health needs.

APPROVAL FROM GOVERNING BODY

The Sheppard Pratt Board of Directors met on June 4, 2013 to review the findings of the CHNA and the recommended Implementation Strategy. The board voted to adopt the Implementation Strategy as outlined and provide the necessary resources and support to carry out the initiatives therein.