

2016 Community Health Needs Assessment

CHNA Implementation Plan

Sheppard Pratt Health System
- Towson

November 15, 2016

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Sheppard Pratt Health System is a private, non-profit behavioral health system operating two hospitals (one in Towson, MD and one in Ellicott City, MD). Since its founding in the late 19th century, Sheppard Pratt has had a long history of “Meeting needs that not otherwise would be met.” These were the words of founder Moses Sheppard as he articulated his vision for the original Sheppard Asylum. Over the intervening 125 years of operation, this admonition has been part of the organization’s Quaker heritage and core values.

This Implementation Plan addresses the community health needs activities of the hospital located in Towson, MD. The triennial Community Health Needs Assessment was completed in May, 2016 and received Board approval on June 7, 2016. The CHNA includes relevant information which informs and supports the Implementation Plan recommendations.

Key sections of the CHNA include the profile of Sheppard Pratt hospital, information about the community and patients served, including health status and demographic factors, and more focused information about behavioral health status and needs.

In the completion of the CHNA, input was sought from a large group of community informants, through individual interviews and focus groups. Those individuals are identified on pages 29 and 30 of the CHNA. The methodology deployed to prioritize new community benefit initiatives in response to the identified needs in the CHNA are described on page 31 of the documents.

In terms of ongoing Community Benefit initiatives, the following significant activities in which Sheppard Pratt Hospital – Towson is currently involved will continue. These activities are reported annually in the hospital’s Community Benefit reports and filings.

Select Ongoing Community Benefit Initiatives

- Offering of Financial Assistance in compliance with federal and state regulatory requirements
- High quality behavioral health continuing education for mental health professionals throughout the state of Maryland
- Psycho-educational programming on a variety of behavioral health topics for individuals and families
- Online Autism information resources
- Provision of psychiatric outpatient services to underserved parts of Maryland through the medium of telemedicine
- Collaborative participation in community based advocacy efforts designed to enhance access to behavioral health care services
- Staff participation in professional groups and forums organized for the professional advancement of understanding and treatment for mental health conditions

- Behavioral health research protocols
- Clinical programs designed to fill gaps in community resources, such as Crisis services, Transitional Aftercare services, and a Crisis intensive outpatient program
- Services focused on the special needs of individuals with addictions, particularly in the context of increased prevalence of opioid dependence
- Targeted smoking cessation initiatives designed to extend avoidance of tobacco products to community living
- State-wide training of teachers and school administrators in evidence based techniques and practices that improve school climate and reduce instances of student removal from classrooms and suspensions
- State-wide training in bullying prevention and response techniques
- Hosting of numerous self-help groups focused on behavioral health conditions

Community Benefit Initiatives to Be Implemented As a Result of the Findings of the 2016 CHNA

There were 29 identified community benefit initiatives. As a result of the ranking methodology deployed, the following six initiatives, representing issues of basic access to care, gaps in specialized services and systems issues were prioritized as the new initiatives on which to focus over the three year period:

- Outpatient services for general psychiatric conditions and all age groups (*Basic Access Issue*)
- Outpatient services for treatment of opioid dependency (*Basic Access issue*)
- Stigma reduction (*Systems issue*)
- Aftercare services and care coordination post discharge (*Specialized services*)
- Access to mental health services delivered on an integrated care basis (i.e., in primary care settings) (*Access issue*)
- Adolescent substance abuse services across the continuum of OP, IP, IOP PHP (*Specialized services*)

Planning for New Initiatives

- (1) Outpatient Services – Demand for outpatient mental health services greatly exceeds supply, both in the community at large and within our health system. Because of the lack of prompt access to mental health professionals who accept insurance or participate in the federal coverage programs, Sheppard Pratt has formulated and operated a number of “band-aid” programs to respond to urgent needs. Beginning in FY ’17, we plan to enhance our outpatient services on our Towson campus with a preliminary focus on expansion of child and adolescent treatment resources. Recruitment for these services has begun, with particular emphasis on recruitment of psychiatric nurse practitioners to create additional professional resource capacity.
- (2) Outpatient Services for treatment of opioid dependency – An observation level (outpatient service) for medical stabilization, evaluation of treatment needs and referral to appropriate level of care will open on the Towson campus. In collaboration with community programs, we plan to

expand longitudinal outpatient services for the opioid dependent and other substance use disorder consumers.

- (3) Stigma Reduction – We intend to collaborate vigorously in community wide projects and initiatives designed to reduce stigma related to the understanding and treatment of mental illness and related conditions.
- (4) Aftercare Services and Care Coordination Post Discharge – We intend to collaborate with a community based provider to follow patients who are at risk of precipitous readmission in a post-discharge care coordination initiative as a means of preventing readmissions.
- (5) Integrated Care – We will be working with Primary Care Associates of GBMC to deliver integrated care in a collaborative care model in ten sites throughout the greater Towson area. This initiative will broaden access and support the integration of somatic and behavioral care.
- (6) Substance Use Services for Adolescents across the continuum – We will be working with a variety of community partners to develop a plan for realizing this goal within our hospital and in the larger community.

In addition to these six prioritized initiatives, there were 23 other recommendations that were ranked by need and feasibility. The next set of nine initiatives were determined to have high need and benefit to the community as well as high feasibility potential. However, given finite resources and capacity within Sheppard Pratt to implement them, there are no plans to introduce these initiatives at this juncture, but they will continue to be considered over time. Note that two of these recommendations are categorized as Systems Issues and require significant investment of time in creating public policy support and reimbursement.

- 24/7 Crisis Response services (Basic Access issue)
- Outpatient services for homeless individuals (Basic Access issue)
- Services for individuals with brain injuries (Specialized services)
- Autism spectrum services for children and families including screening, outpatient and family support (Specialized services)
- Autism spectrum services for older adolescents and young adults with a behavioral management focus (Specialized services)
- Integrated outpatient care for co-occurring disorders (SUD and MI) for adults (Specialized services)
- Emergency Department diversion strategies & services for behavioral health emergencies (Systems issue)
- In-home behavioral health services for seniors (Specialized services)
- Mental health courts in every county (Systems issue)

The remaining 14 recommendations were ranked as either low need (due to availability of comparable services) or lower feasibility in terms of the ability to successfully implement or operationalize the solution. For these initiatives, we will continue to consider more viable options to meet these identified needs over time.

Long term Inpatient beds for chronic psychiatric conditions (Systems issue)
Transitional services for adolescents such as intensive outpatient, transitional housing (Specialized services)
Sober homes (Specialized services)
Intensive Outpatient Services for general psychiatric conditions (Specialized service) *[this exists to some degree]*
Day hospital programs for seniors (Specialized services)
Intensive, non-traditional service delivery for individuals with serious mental illness (Systems issue)
Culturally competent behavioral health services for growing immigrant populations (Specialized services)
Transportation options for treatment facility transfers (Specialized services) *[this exists to some degree]*
School based early intervention programs for behavioral health and substance abuse (Specialized services)
Child psychiatry services, especially in-home services (Specialized services)
Outpatient services for trauma (Specialized services)
Adolescent wrap-around services (Specialized services)
Crisis beds for children (Systems issue)
Trauma services for special populations: autism spectrum, non-English speakers, individuals with learning disabilities and developmentally delayed children and adults (Specialized services)

Collaboration

The implementation of these community benefit projects will involve collaboration with a number of community partners. As we continue to plan and execute these initiatives, the cadre of collaborators may expand and the roles for each will become better defined. At this time, we anticipate the following involvement with collaborators –

- Greater Baltimore Medical Center Primary Care Associates (collaborative care)
- National Association for Mental Illness – Maryland (anti-stigma efforts)
- Mental Health Association of Maryland (anti-stigma efforts)
- Media Outlets (anti-stigma efforts)
- CRISP Health Information Exchange (collaborative care)
- Mosaic Community Services (collaborative care)
- Kolmac Clinic (opioid dependence initiatives)
- Community based addiction treatment programs (opioid dependence initiatives)
- Baltimore County Core Services Agency (outpatient services)

Ongoing Internal Readiness

In order to monitor and maintain momentum of community benefit activities, a community health committee may be formulated to assure that adequate progress is being made on the implementation of initiatives, refinement and tracking of measurable outcomes and ongoing cultivation of collaborative relationships.

Board Approval

The Implementation Plan for the Sheppard Pratt Hospital – Towson 2016 CHNA was approved on November, 15, 2016.