Community Health Needs Assessment

Sheppard Pratt Hospital – Towson Campus

May 31, 2016

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Sheppard Pratt Community Health Needs Assessment Outline

Introduction

The purpose of this document is to summarize the research conducted to support the development of the Community Health Needs Assessment document for Sheppard Pratt Hospital – Towson Campus. The document helps Sheppard Pratt better understand needs in its service area.

This document contains the following sections:

- Hospital profile
- Outreach activities since the previous CHNA
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Sheppard Pratt Hospital Profile - Towson

Sheppard Pratt Health System, a private non-profit health system was founded in Baltimore, Maryland, to provide compassionate solutions to help those suffering from mental illness recover and get back to their lives. With hospital facilities in Towson and Ellicott City, the organization offers a full range of mental health, substance use, and special education services for people throughout Maryland, to meet the needs of children, adolescents, adults, and older adults.

A patient-centered treatment approach, combined with a legacy of clinical excellence, sets Sheppard Pratt apart from other health systems, on both a local and national level. As a free-standing system focused solely on mental health treatment, healing, and recovery, we are able to provide our patients with the specialized care they need in a supportive and compassionate environment.

A History of Community Focus

Sheppard Pratt Health System has been improving the quality of life in our community by providing mental health, special education, and substance use services for more than 100 years. While our treatments and therapies have always been modern and ahead of their time, our patient-centered approach and compassionate care has remained the same since we first opened our doors in 1891. Our founder, Moses Sheppard, envisioned an institution that treated patients with respect and dignity, with a window in each room and soothing grounds to look at through that window.

This vision was also shared by Enoch Pratt, a wealthy merchant and philanthropist who left an endowment for The Sheppard Asylum upon his death in 1896.

More than 100 years later, Sheppard Pratt Health System continues to carry out Sheppard's dream to provide compassionate care to help people with mental illness heal. Today, Sheppard Pratt is Maryland's largest provider of mental health, special education, and substance use services, helping more than 70,000 individuals annually.

Mission & Values

Our Mission: To improve the quality of life of individuals and families by compassionately serving their mental health, addiction, special education, and community support needs.

Our Values Statement: Since our founding in 1853, Sheppard Pratt Health System has remained loyal to our Quaker heritage. The Quaker testimonies of simplicity, peace, integrity, community, and equality drive not only our core values, but our guiding principles, as well.

Our Core Values:

- **To Meet a Need** - to work toward recovery of health and quality of life for people we serve
- **To Lead** - to continually seek and create more effective ways to serve individuals
- **To Care** - to employ the highest standards of professionalism, with compassion, at all times
- **To Respect** - to recognize and respond to the human dignity of every person

Our Guiding Principles:

- **Quality -** We will meet professional standards in our field and continuously improve all aspects of our work.
- **Empowerment** - We will encourage the autonomy of our consumers and staff using teamwork to achieve individualized goals.
- **Integrity** - We will conduct ourselves in an ethical, honest, and forthright manner.
- **Innovation -** We will use the expertise of our staff, as well as the latest scientific advancements, to create a system that is a model for others.
- **Community -** We will work to reduce stigma to increase access to mental health services and to increase awareness of the benefits of treatment.
- **Learning -** We will enhance professional knowledge and skills through inquiry, teaching, learning, and research.
- **Value -** We will assure that the cost of our services reflects their value and we will operate in a cost-efficient way.
- **Safety** - We will provide a safe environment for consumers, volunteers, staff, and visitors.

- **Diversity** - We will foster an environment that embraces the diversity of all of our constituents.
- **Charity** - We will meet our charitable responsibilities to serve the community and to honor the intent of our donors.
- **Caring** - We will provide all of our services with compassion and sensitivity.

Outreach Activities Since the Previous CHNA

Through its programs and services, as well as its affiliate and partner relationships, Sheppard Pratt Health System has been active in providing the community with a continuum of care that can include inpatient hospitalization, partial hospitalization, intensive outpatient treatment, outpatient referrals, and housing and rehabilitation services, as needed. Some of the highlights since its last community assessment include:

- Engaged more than 500 people in its second "Stride" community walk event in Towson benefiting individuals with serious mental illness. The event raised nearly $50,000 to support patients and students.
- Provided a broad continuum of care to those who rely on Medical Assistance. Almost 80% of those we serve rely on Medical Assistance.
- Served as one of the largest private providers of special education services in Maryland with 14 schools throughout the state. More than 50% of our students have been diagnosed with autism.
- Contributed nearly $15 million in charity health care in the past year alone.
- Provided 70% of all child and adolescent psychiatric inpatient care in Central Maryland, and more than one third of those we serve (20,000 people) are under the age of 18.
- Fielded 12,000 calls through our Therapy Referral Service and assisting 4,000 patients at our Crisis Walk in Clinic in the last year.
- Developed an Autism Specialty page as part of Sheppard Pratt's Virtual Resource Center. This specialty page has received more than 1,100 views in FY 2015.
- Provided a Parent Lecture Series with 61 families and 170 individuals attending in FY 2015.
- Operated the Positive Behavioral Intervention System (PBIS). This program engages teachers and school systems staff in professional educational opportunities that better prepare them to identify student with mental health needs. A total of 1,040 Maryland schools and 1,600 school staff have been trained in PBIS.
- Operated the Life Space Crisis Program. This program provides school staff with an intensive experiential training which integrates evidenced-based practices related to prevention and integration, behavioral management and modification which results in positive student relationships with school staff. In FY 2015, 1,670 school staff received training. There were 3 district-wide trainings provided as well as 6 full staff trainings with 3 days of follow up consultation throughout the year. The Life Space Crisis Program was presented at 4 regional conferences as well as a state-wide conference.
- Provided Crisis Services: In FY 2015:
    - 4,575 individuals utilized the Crisis Walk In Clinic
    - 592 individuals utilized the Urgent Assessment, Scheduled Crisis Intervention and Bridge programs
    - 5,167 individuals served

- Operated the Crisis Referral Outpatient Program – 383 individuals served in FY 2015.
- Provided Tele-psychiatry Services.
    - 2,669 encounters were provided to 1,012 active clients including
    - 457 initial evaluations; 2,212 medication management sessions
    - 2,243 hours of service
- Provided Professional Education – "Wednesday Lecture Series" – 3,356 people attended the series in FY 2016.
- Provided services to low income or underinsured individuals.
    - 2,654 were provided with Financial Assistance
    - 419 individuals were provided with assistance in accessing insurance and other support programs

Methodology Summary and Service Area Profile

The ACA requires all U.S. not-for-profit hospitals to complete a Community Health Needs Assessment (CHNA) every three years. The purpose of the CHNA is to help identify prioritized community needs that can confirm and/or help focus hospital outreach programs. CHNAs are required to contain the following components:

- Definition of the Primary Service Area (PSA) market served
- Description of the methodology used to collect a comprehensive list of community needs from people representing a broad range of community interests – especially those of underserved populations
- A prioritized list of community health needs and a description of the methodology used to prioritize them
- A summary of activities conducted since the prior CHNA
- Description of the community resources potentially available to address significant health needs as identified in the CHNA
- NOTE: Each hospital – Towson and Ellicott City – is required to submit its own CHNA document and draft its own Implementation Plan (in response to the IRS Schedule 990H requirements). However, for hospitals that jointly conduct their CHNA research, common activities and/or data "may be substantively identical."

Sheppard Pratt used a multi-modal approach to conducting the research for the 2016 CHNA. The CHNA for each hospital included the following:

- Demographic and other secondary research
- Focus group discussions with key stakeholders – many of whom serve underserved population (including public health officials)[1]
- One-on-one telephone interviews with key stakeholders
- Discussions with hospital leaders
- Needs prioritization activities

[1] A list of stakeholders who participated in focus groups and one-on-one interviews is included in this summary.

Service Areas

The market areas for the Towson hospital and the Ellicott City hospital overlap, but each have areas in which they have greater concentrations of patients.

Towson location patients are more highly concentrated in Baltimore County and Baltimore City while Ellicott City has a greater concentration of patients from Howard and Anne Arundel Counties (though there are also significant numbers of Baltimore County and City patients).

Area	Population	Percent of Maryland Population	Percent of 2015 Towson In-patient Population	Percent of 2015 Ellicott City In-patient Population
Anne Arundel County	550,269	9.3%	11.1%	27.0%
Baltimore County	817,720	13.9%	26.0%	16.3%
Baltimore City	622,271	10.6%	29.9%	16.0%
Howard County	299,269	5.1%	5.9%	8.4%
All other Maryland Counties	3,598,247	61.1%	37.2%	28.2%
Non-Maryland			6.9%	4.1%
Total	5,887,776	100.0%	100.0%	100.0%

Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract.

- Sheppard Pratt, in general, and the Towson location in particular have an outstanding reputation and tend to draw patients from a relatively wide geography, as four of nine (44.1%) inpatients at the Towson location reside in Maryland counties other than those listed above or from other states. Approximately one-third of Ellicott City patients (32.3%) reside in other areas.
- Towson inpatient admissions are disproportionately high for Baltimore County and Baltimore City (26.0% and 29.9% of the patient population, respectively).
- For the Ellicott City facility, a disproportionately high percentage of patients come from Anne Arundel County (27.0% of patients; 9.3% of the Maryland population) and Howard County (8.4% of patients; 5.1% of the Maryland population).

The Sheppard Pratt Hospital – Ellicott City Campus CHNA will be addressed in a separate report. However, due to the proximity of both service areas, demographics, and other key quantifiable data for the Ellicott City service area is included in the Towson report where helpful.

Secondary Research Profile

During the secondary research phase of the project, data was collected from four domains:

- Demographics
- Social and Physical Environment Factors
- Risk and Protective Lifestyle Behaviors
- Health Status

As a summary of the secondary research, the Towson service area is diverse in respect to race, income, lifestyle factors, and others. The overall population of the service area is stable, yet the Baltimore City population is contracting while Baltimore County is slowly increasing. However, the challenging characteristics of Baltimore City are reflected in community needs, as identified in the research.

The Ellicott City service area is characterized by increasing population (especially seniors), higher income and educational attainment, and healthier lifestyles compared to the Towson service area. Though some demographic and environmental factors are favorable for Howard and Anne Arundel Counties, research respondents identified a clear list of community health needs.

In the following sections that present demographic and other data, information is shown for the Towson and Ellicott City service areas; the Ellicott City data is presented for comparison purposes. The following tables highlight data that provides a profile of the primary areas served by each hospital.

Demographic Factors (population, gender, race and ethnicity, and age)

Population and Population Trends

There are over 1.4 million people in Baltimore County and Baltimore City – about 70% more than in Ellicott City's service area (Anne Arundel and Howard Counties).

Towson Facility Service Area

Area	Population	Percent change since 2000
Baltimore County	817,720	8.4%
Baltimore City	622,271	-4.4%
Maryland	5,887,776	11.2%

Ellicott City Facility Service Area

Area	Population	Percent change since 2000
Anne Arundel County	550,269	12.4%
Howard County	299,269	20.7%
Maryland	5,887,776	11.2%

Source: US Census Bureau, Decennial Census. 2000 - 2010. Source geography: Tract.

- From 2000 to 2015, there was a shift in population out of the most urban area (Baltimore City) to other areas.
- Growth was especially strong in Howard County where the population increased by slightly over 20%.

Gender

The population in each facility's service area includes more females than males. However, for the Towson location service area, the difference is more pronounced.

Towson Facility Service Area

Area	Percent Male	Percent Female
Baltimore County	47.3%	52.7%
Baltimore City	47.1%	52.9%
Maryland	48.4%	51.6%

Ellicott City Facility Service Area

Area	Percent Male	Percent Female
Anne Arundel County	49.5%	50.5%
Howard County	49.0%	51.0%
Maryland	48.4%	51.6%

Source: Community Commons 2015.

- The population in Baltimore County and Baltimore City is nearly 53% female. The Ellicott City service area split is more even – 51% female; 49% male.
- The Ellicott City service area contains only slightly more females (%) than the statewide figure.

Race and Ethnicity

The Towson service area is highly diverse while the Ellicott City area is less racially diverse but includes a higher percentage of people whose primary language is other than English.

Towson Facility Service Area

Area	% Afri. Amer.	% White	% Hispanic	% Lang. Other than English
Baltimore County	26.8%	63.9%	4.6%	13.1%
Baltimore City	63.1%	30.3%	4.5%	8.8%
Maryland	29.5%	58.1%	8.8%	16.9%

Ellicott City Facility Service Area

Area	% Afri. Amer.	% White	% Hispanic	% Lang. Other than English
Anne Arundel County	15.7%	74.8%	6.7%	10.5%
Howard County	18.1%	60.8%	6.1%	22.9%
Maryland	29.5%	58.1%	8.8%	16.9%

Source: ACS 2010-2014.

- Nearly two of three (63.1%) Baltimore City residents are African American while about three of ten (30.3%) are white. Within the Towson service area, Baltimore County has the opposite racial makeup.
- More than one in five (22.9%) Howard County residents speaks a primary language other than English.

Age and Trends

Baltimore County, Anne Arundel County, and Howard County each have a median age similar to the Maryland average while the median age is lower (34.4 years) in Baltimore City.

Towson Facility Service Area

Area	Median Age	% under 25	% 25 to 64	% 65 and older
Baltimore County	39.1	31.6%	53.2%	15.1%
Baltimore City	34.5	33.0%	55.1%	11.9%
Maryland	38.1	32.5%	54.5%	13.0%

Ellicott City Facility Service Area

Area	Median Age	% under 25	% 25 to 64	% 65 and older
Anne Arundel County	38.5	32.0%	55.4%	12.6%
Howard County	38.6	32.9%	55.9%	11.2%
Maryland	38.1	32.5%	54.5%	13.0%

Source: ACS 2010-2014.

- The median age in Baltimore City is relatively low (34.5 years). It is substantially lower than Baltimore County (39.1), the state of Maryland (38.1) and the U.S. total (37.7)[2].
- The Towson service area is highly diverse by age group, as well as by race (as previously noted).
- The median age of residents in the Ellicott City facility service area is near the Maryland state average.
- About one in three people in both service areas are age 25 or younger; about one of eight is 65 or older.
- Note also that needs among Baltimore City's younger population may be underscored in that nearly two of four households (37.5%) are occupied by a person living alone, and one of eight (13.3%) by a single parents[3] – both rates are higher than Baltimore County, Anne Arundel County, and Howard County.

[2] U.S. Census Bureau, 2014.
[3] Ibid, http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_1YR_CP02&prodType=table.

The population of seniors in the Ellicott City service area is increasing rapidly while the number of seniors in the Towson service area is stable.

Towson Facility Service Area

Percent Change 2000 to 2014

Area	Under 25	25 to 64	65 and older
Baltimore County	6.4%	8.4%	12.7%
Baltimore City	-11.7%	2.9%	-13.8%
Maryland	5.6%	11.0%	27.7%

Ellicott City Facility Service Area

Percent Change 2000 to 2014

Area	Under 25	25 to 64	65 and older
Anne Arundel County	7.8%	9.7%	43.1%
Howard County	15.7%	16.0%	79.9%
Maryland	5.6%	11.0%	27.7%

Source: US Census Bureau, Decennial Census. 2000 - 2010.

- The number of seniors in Howard County increased by nearly 80% from 2000 to 2014; the Anne Arundel County number also showed a strong increase.
- Baltimore City experienced negative population growth overall (-4.4%) from 2000 to 2014 as shown in an earlier table, yet the decrease was more pronounced for seniors (nearly 14% decrease from 2000 to 2014).
- Overall, the number of seniors in the combined Towson service area (Baltimore County and Baltimore City) increased about 1%.

Social and Physical Environment Factors

Educational Attainment

The high school graduation rates are similar in each facility's service area. However, the percentage of those with college degrees is substantially higher in the Ellicott City service area.

Towson Facility Service Area						Ellicott City Facility Service Area					
Area	**% No H.S. Diploma**	**% H.S. Grad**	**% with Some College**	**% College Grad**	**% Advanced Degree**	**Area**	**% No H.S. Diploma**	**% H.S. Grad**	**% with Some College**	**% College Grad**	**% Advanced Degree**
Baltimore County	9.8%	27.3%	20.0%	27.4%	15.5%	**Anne Arundel County**	8.9%	25.1%	21.1%	29.7%	15.2%
Baltimore City	19.1%	29.7%	19.1%	19.0%	13.1%	**Howard County**	4.8%	14.5%	14.7%	36.5%	29.5%
Maryland	11.0%	25.7%	19.6%	26.6%	17.0%	**Maryland**	11.0%	25.7%	19.6%	26.6%	17.0%

Source: ACS 2010-2014.

- Nearly two of five (37.1%) Baltimore City adults have only a high school diploma (27.3%) or less (9.8%).
- About five of seven people (71%) in the Ellicott City service area have at least some college (including those with a degree).
- Slightly less than three of five people (about 58%) in the Towson service area have at least some college (including those with a degree).

Income and Poverty

The Ellicott City service area has a substantially higher household income than the Towson location and is higher than the state median. In the respective service areas, there is also a dramatic difference in the percentage of children aged 0-17 who are living in households with income below the Federal Poverty Level (FPL).

Towson Facility Service Area

Area	Median HH Income	% under 100% FPL	% Children under 100% FPL	% HH Income $100,000+
Baltimore County	$66,940	9.06%	11.66%	30.5%
Baltimore City	$41,819	24.21%	34.62%	16.3%
Maryland	$74,149	9.98%	13.17%	36.1%

FPL: Federal Poverty Level

Ellicott City Facility Service Area

Area	Median HH Income	% under 100% FPL	% Children under 100% FPL	% HH Income $100,000+
Anne Arundel County	$89,031	5.9%	7.11%	43.8%
Howard County	$110,113	5.1%	6.14%	57.3%
Maryland	$74,149	9.98%	13.17%	36.1%

Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract.

- More than one-third (34.6%) of children in Baltimore City live under 100% of the FPL.
- More than 30% of Baltimore County households earn annual income of over $100,000 – nearly double the rate of Baltimore City.
- More than half (57%) of Howard County households earn over $100,000

Risk and Protective Lifestyle Behaviors

Access to primary care

This indicator reports the number of providers per 100,000 population. The ratios of providers – PCP, dental, and mental health – in Anne Arundel County are lower (worse) than the state average.

Towson Facility Service Area

Population to Providers

Area	Primary Care Physicians	Mental Health Care	Dental Care
Baltimore County	970:1	400:1	1,370:1
Baltimore City	1,050:1	280:1	1,580:1
Maryland	1,120:1	470:1	1,360:1

Ellicott City Facility Service Area

Rates per 100,000 Population

Area	Primary Care Physicians	Mental Health Care	Dental Care
Anne Arundel County	1,390:1	650:1	1,500:1
Howard County	510:1	390:1	1,240:1
Maryland	1,120:1	470:1	1,360:1

Source: 2016 County Health Rankings.

Note: This indicator reports the population per provider. Primary care doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs.

- Baltimore City has the lowest ratio of population to mental health providers in the combined service areas (a positive item); it also has the highest population to dental care providers (a negative item).
- Howard County has nearly three times as many PCPs per capita and nearly twice as many mental health providers per capita as Anne Arundel County.

Overweight/obesity and physical activity[4]

Overall, the health status measures that indicate an overweight population in each facility's service area are similar to the state and the nation. However, the percentage for Baltimore City in the Towson service area is substantially higher.

Towson Facility Service Area

Area	BMI of 30 or more	% with no leisure physical activity
Baltimore County	27.9%	24.7%
Baltimore City	34.1%	29.2%
Maryland	28.0%	22.8%

Ellicott City Facility Service Area

Area	BMI of 30 or more	% with no leisure physical activity
Anne Arundel County	27.8%	22.1%
Howard County	22.0%	18.3%
Maryland	28.0%	22.8%

Source: Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County.

- In Baltimore City, more than one in three adults have a BMI over 30; nearly as many (29.2%) have no leisure physical activity.
- Howard County residents have the lowest percentage of people with BMI over 30 (22.0%) and percent with no leisure physical activity (18.3%).
- Baltimore County and Anne Arundel County rates are similar to the state averages.

- [4] Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County

Health Status Profile

General Health Status

The Towson service area has a higher percentage of adults age 18 and older self-report having poor or fair health in response to the question "Would you say that in general your health is excellent, very good, good, fair, or poor?" This indicator is relevant because it is a measure of general poor health status. The self-reported measure for mental health status is also above the state.

Towson Facility Service Area

Area	% Poor or Fair Health	Poor Physical Health Days	Poor Mental Health Days
Baltimore County	13.0%	3.2%	3.7%
Baltimore City	20.0%	3.8%	3.9%
Maryland	13.0%	3.0%	3.3%

Ellicott City Facility Service Area

Area	% Poor or Fair Health	Poor Physical Health Days	Poor Mental Health Days
Anne Arundel County	10.0%	2.7%	3.1%
Howard County	9.0%	2.4%	2.8%
Maryland	13.0%	3.0%	3.3%

Source: 2016 County Health Rankings.

- The Towson and Ellicott City services areas differ in that – consistent with some demographic and lifestyle indicators – Baltimore County and Baltimore City have generally poorer health and more poor physical and mental health days (especially Baltimore City).

Mortality – Leading Causes of Death

In nearly all cases, the most common causes of death in respective services areas for each facility are consistent with those of the U.S. as a whole: Diseases of the Heart, Cancer (Malignant Neoplasms), Cerebrovascular Diseases and Chronic Lower Respiratory Disease. However the rates in the Towson service are higher, driven in large part by the heart disease rates in Baltimore City. Those rates (242.7) mirror and exceed some of those found in areas in the deep south.

Towson Facility Service Area

Area	Deaths per 100,000[5]
Baltimore County	724.2
Diseases of the Heart	171.8
Malignant Neoplasms	168.4
Cerebrovascular Diseases	39.5
Chronic Lower Respiratory Disease	34.2
Accidents / Unintentional Poisoning	29.2
Suicide	10.5
Baltimore City	991.8
Diseases of the Heart	242.7
Malignant Neoplasms	212.4
Cerebrovascular Diseases	48.1
Chronic Lower Respiratory Disease	37.5
Accidents / Unintentional Poisoning	33.3
Suicide	7.3

Ellicott City Facility Service Area

Area	Deaths per 100,000
Anne Arundel County	717.2
Malignant Neoplasms	166.1
Diseases of the Heart	165
Cerebrovascular Diseases	37.6
Chronic Lower Respiratory Disease	38.5
Accidents / Unintentional Poisoning	23.9
Suicide	9.4
Howard County	578.5
Malignant Neoplasms	143.1
Diseases of the Heart	127.3
Cerebrovascular Diseases	32.8
Chronic Lower Respiratory Disease	21.5
Accidents / Unintentional Poisoning	17.9
Suicide	8.8

Source: Sharfstein, J.M., M.D., & Horon, I., Dr.P.H. (n.d.). Maryland Vital Statistics Annual Report 2013 – DHMH. Retrieved April 1, 2016, from http://dhmh.maryland.gov/vsa/documents/13annual.pdf.

[5] 2011 – 2013 age adjusted death rates for leading causes, per 100,000 population

Suicide Rates

Suicide is highly correlated with mental health and substance abuse disorders. The State Health Improvement Process[6] (SHIP) indicates that in Maryland, approximately 500 lives are lost each year to this preventable cause of death.

The SHIP provides a framework for accountability, local action, and public engagement in order to advance the health of Maryland residents. The SHIP measures for improvement are aligned with the Healthy People (HP) 2020 objectives established by the Department of Health and Human Services. State and county level data on critical health measures is also provided through the SHIP.

During the measurement period 2012-2014, the statewide rate was 9.2 people per 100,000. The target goal for 2017 is 9.0%. The Maryland rate of suicide is already below the national Healthy People 2020 goal of 10.2. All racial groups in Maryland were at or substantially below this rate except for non-Hispanic whites where the rate was 11.2.

The suicide rate in Baltimore County was above the statewide goal at 10.5 during the most recent SHIP measurement period, while the rate in Baltimore City (7.3) was well below the statewide goal.

Morbidity

Consistent with the demographic, lifestyle, and general health status challenges noted earlier, Baltimore City has a higher incidence of cancer, COPD, and diabetes than other service area counties, however, relatively high levels of other conditions are found elsewhere, as well.

Percent of the Adult Population with Select Chronic Conditions[7]

Chronic Condition	Baltimore County	Baltimore City	Anne Arundel County	Howard County	Maryland
Arthritis	26.8%	27.1%	29.7%	18.3%	25.6%
Asthma	14.8%	10.2%	12.0%	16.3%	13.5%
Cardiovascular Disease (angina or coronary disease)	3.2%	2.8%	3.0%	2.2%	3.2%
COPD	6.1%	8.5%	6.0%	5.4%	5.7%
Diabetes	10.6%	13.2%	8.9%	6.2%	10.1%
Kidney Disease	2.6%	3.1%	1.4%	3.7%	2.9%
Cancer – Rate per 100,000 population (all sites)[8]	472.30	497.20	468.10	418.10	451.50

- Chronic disease incidence rates in Baltimore County and Baltimore City are generally slightly higher than the state average.
- Ellicott City service area counties rates with one or two exceptions, are as good or better than the state average.

[6] SHIP Accessed May 2016: http://dhmh.maryland.gov/ship/Pages/home.aspx
[7] Maryland BRFSS, 2014.
[8] National Cancer Institute, SEER Database, 2012.

- Between 2007-2014 in the Central Area of Maryland, roughly 70% of drug and alcohol deaths combined occurred in Baltimore City and Baltimore County, compared to 19% of drug and alcohol deaths in Anne Arundel and Howard County.[9]

Behavioral Health Condition Incidence

Serious Mental Illness and Suicidal Ideation

In the Towson service area, the percent of residents with *any mental illness* in the previous year was similar to the Maryland average. There are approximately six times more residents living with any mental illness diagnosis than those with serious mental illness.

Towson Facility Service Area[10]

Area	SMI Past Year	Any MI Past Year	Suicidal Ideation
Baltimore County	3.1%	17.6%	3.4%
Baltimore City	3.6%	17.7%	3.7%
Maryland	3.2%	16.5%	3.4%

- The percentage of residents reporting Suicidal Ideation was slightly higher in Baltimore City (3.7%) than in the Baltimore County and the state generally. However, suicide as a leading cause of death is slightly higher in Baltimore County than Baltimore City (age-adjusted 10.5 and 7.3 deaths per 100,000 population, respectively).
- Baltimore City residents were slightly more likely to have a serious mental illness (DSM-IV diagnosis with serious functional impairment) in the past year.
- From 2009-2013, 3.2% of all adults in Maryland reported a serious mental illness (SMI) in the previous year to being surveyed.
- Approximately 308,000 (42.2%) of adults who reported an SMI received mental health treatment received mental health treatment whereas 57.8% of adults did not[11].

[9] Heroin Opioid Emergency Task Force, Final Report, 2015.
[10] 2010-2012 National Survey on Drug Use and Health
[11] Substance Abuse and Mental Health Services Administration. *Behavioral Health Barometer: Maryland, 2014.* HHS Publication No. SMA-15-4895MD. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015.

Depression and Anxiety Disorder Prevalence

There is a greater concentration of residents in Baltimore County diagnosed with Depressive Disorders or Anxiety Disorders than in Baltimore County or Maryland generally.

Towson Facility Service Area[12]

Area	% Depressive Disorder[13]	% Anxiety Disorder[14]
Baltimore County	13.9%	14.4%
Baltimore City	10.4%	10.4%
Maryland	10.1%	10.0%

- Across the state, Baltimore County (13.9%) and Baltimore City (10.4%) had the second and third highest percentage concentration of depressive disorders respectively. Only Montgomery County (16.3%) had a higher percentage concentration of individuals with depressive disorders.
- The percentage of residents in Baltimore City or Baltimore County with either Depressive or Anxiety Disorders is approximately three times higher than some other places such as nearby Howard County.
- From 2012-2013, 10.3% (39,000) adolescents in Maryland between the ages of 12-17 years of age was diagnosed with a Major Depressive Episode in the past year; in comparison to 8.7% between 2011-2012. The national percentage in 2012-2013 was 10.3%[15].
- Roughly 38.2% (15,000) of Maryland adolescents received treatment for a major depressive episode within the prior year to being surveyed, in comparison to 61.8% who did not receive treatment[16].
- Approximately 65.4% of Maryland children under 18 who were treated or served in the public mental health system reported improved functioning. The national rate of improved functioning was 69.3%.

Incidence of Excessive Alcohol Consumption

Excessive alcohol consumption in the Towson service area is relatively consistent with the state percentage, although Baltimore City's percentage is slightly higher.

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[12]2014 Maryland Behavioral Risk Factor Surveillance System

[13] Has a doctor ever told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

[14] Has a doctor ever told you that you had an anxiety disorder (including acute stress, anxiety, obsessive-compulsive, panic, phobia, PTSD, or social anxiety)?

[15]Substance Abuse and Mental Health Services Administration. *Behavioral Health Barometer: Maryland, 2014.* HHS Publication No. SMA-15-4895MD. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015.

[16]Substance Abuse and Mental Health Services Administration. *Behavioral Health Barometer: Maryland, 2014.* HHS Publication No. SMA-15-4895MD. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015.

Towson Facility Service Area[17]

Area	% Adult Excessive Drinking	% Adult Excessive Drinking Age-Adjusted
Baltimore County	15.8%	16.5%
Baltimore City	17.1%	17.7%
Maryland	15.4%	15.7%

- Approximately 14.2% (95,000) of Maryland young people between the ages of 12-20 years of age reported binge drinking within the month prior to being surveyed[18].
- From 2012-2013, approximately 6 in 10 (58.4%) of Maryland adolescents said there was no great risk in consuming five or more drinks once or twice a week[19].
- A little over half (55.9%) of all the state's alcohol-related intoxication deaths took place in the Towson and Ellicott City facility service areas as an aggregate[20].

[17] Courtesy: Community Commons, <www.communitycommons.org>; Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health Human Services, Health Indicators Warehouse. 2006-12. Source geography: County

[18] Substance Abuse and Mental Health Services Administration. *Behavioral Health Barometer: Maryland, 2014.* HHS Publication No. SMA-15-4895MD. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015.

[19] Substance Abuse and Mental Health Services Administration. *Behavioral Health Barometer: Maryland, 2014.* HHS Publication No. SMA-15-4895MD. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015.

[20] Sharfstein, J.M., M.D., & Horon, I., Dr.P.H. (n.d.). Maryland Vital Statistics Annual Report 2013 – DHMH. Retrieved April 1, 2016, from http://dhmh.maryland.gov/vsa/documents/13annual.pdf

Co-morbidity

- Historical academic research has shown a high co-morbidity among adults suffering from alcohol dependence along with mental health disorders (e.g. mood disorders, major depressive disorders, and anxiety disorders)[21].
- In addition, 68% of Maryland adults with mental disorders have medical conditions and 29% of adults with medical conditions have mental disorders[22].
- Nearly one in five (18.1%) people being admitted to Maryland publically funded substance abuse treatment programs for alcohol abuse also present with a co-morbid mental health disorder[23].

[21] http://pubs.niaaa.nih.gov/publications/arh26-2/81-89.htm
[22] SAMHSA, http://www.integration.samhsa.gov/workforce/mental_disorders_and_medical_comorbidity.pdf, 2003
[23] National Institute on Drug Abuse (NIDA), https://www.drugabuse.gov/publications/drugfacts/treatment-statistics, 2008

Incidence of Illicit Drug Use

Although fewer than five percent of people in Baltimore County and Baltimore City used cocaine or non-medical pain medications in the past year, there is a sizable concentration of drug-related intoxication deaths that have occurred.

Towson Facility Service Area[24]

Area	Marijuana Past Year	Cocaine Past Year	Non-Med. Pain Meds
Baltimore County	9.8%	1.4%	4.0%
Baltimore City	13.4%	2.1%	4.1%
Maryland	10.1%	1.4%	3.8%

- From 2009-2014, 43,000 adolescents (9.5%) in Maryland reported using an illicit drug within the prior month.[25]
- In a six year period (2007-2014), 45.6% of all cocaine-related intoxication deaths in the state took place in the Towson service area[26].
- Between 2007-2014, 43.1% of opioid-related intoxication deaths in Maryland, and 48.1% heroin-related intoxication deaths in Maryland took place in the Towson service area[27].

[24] 2010-2012 National Survey on Drug Use and Health, SAMHSA

[25] Substance Abuse and Mental Health Services Administration. *Behavioral Health Barometer: Maryland, 2014.* HHS Publication No. SMA-15-4895MD. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015.

[26] Sharfstein, J.M., M.D., & Horon, I., Dr.P.H. (n.d.). Maryland Vital Statistics Annual Report 2013 – DHMH. Retrieved April 1, 2016, from http://dhmh.maryland.gov/vsa/documents/13annual.pdf

[27] Ibid; Heroin Opioid Emergency Task Force, Final Report, 2015 (similar data).

Percentage of Population Without Adequate Social / Emotional Support[28]

Many more residents in Baltimore City reported having a lack of social or emotional supports than residents in Baltimore County.

Towson Facility Service Area

Area	% Lack Support	% Lack Support Age Adjusted
Baltimore County	20.3%	20.3%
Baltimore City	29.0%	29.1%
Maryland	19.8%	19.8%

- Approximately half again as many residents in Baltimore City (29.0%) reported a lack of emotional or social support in comparison to Baltimore County (20.3%).

[28] Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health Human Services, Health Indicators Warehouse. 2006-12. Source geography: County

Sheppard Pratt Patient Profile

Diagnoses – Top 5 Diagnoses FY14 by discharge[29]

The top five most frequent diagnoses at discharge in FY14 were the same in both SPHS facility service areas with only slight variations in rank and order.

Towson Facility Service Area

Top 5	Diagnoses	Diagnosis	# of Discharges
1	Mood Disorder NOS	296.9	1,334
2	Major Depressive Disorder, Recurrent, Severe Without Psychotic Features	296.33	877
3	Schizoaffective Disorder	295.7	399
4	Depressive Disorder NOS	311	398
5	Bipolar Disorder NOS	296.8	386

Ellicott City Facility Service Area

Top 5	Diagnoses	Diagnosis	# of Discharges
1	Mood Disorder NOS	296.9	611
2	Major Depressive Disorder, Recurrent, Severe Without Psychotic Features	296.33	383
3	Depressive Disorder NOS	311	348
4	Bipolar Disorder NOS	296.8	264
5	Schizoaffective Disorder	295.7	142

- There were twice as many patients discharged with the diagnosis of Mood Disorder (Not Otherwise Specified) from the Towson campus than the Ellicott City campus.
- Across both SPHS campuses, Mood Disorder NOS and Major Depressive Disorder, Recurrent, Severe, Without Psychotic Features; were the top two recurring diagnoses at discharge in FY2014.

[29] SPHS Diagnosis at Discharge, FY14

Primary Research

Research Approach

Primary research for the Sheppard Pratt Hospital CHNAs included two focus group discussions (one for each hospital) and more than 20 one-on-one interviews with key stakeholders from the target service areas. Public health officials, sub-sector specific experts, directors of service organizations engaging the underserved populations, and others were included in the research.

The purpose of the focus groups was to gather the insights and perspectives from a diverse set of key stakeholders in the Towson and Ellicott City services areas. Participants discussed such as the following:

- Opinions about the definition of "community health" as it pertains to behavior health
- Behavioral health needs that they see most frequently in their professional setting
- Structural issues that impact community health
- Behavioral health needs that they see most commonly in the service area in general
- High priority needs that may be among Sheppard Pratt's higher priorities

The one-on-one interviews provided the opportunity for more in-depth discussion of behavioral health and other community issues with local experts. In many instances, interviewees were able to provide granular insight regarding health needs such as identifying counties in which the need is most acute, population sub-groups most highly impacted by particular community health issues, and programs insight. Interviewees were often able to speak of their perceived needs in both Sheppard Pratt hospitals.

The results of the focus groups and the one-on-one interviews include comments about, and lists of, high priority behavioral health – as well as needs observations about structural aspects of community health. The research approached allowed Sheppard Pratt to "cast a wide net" and include experts' insights on a range of community health and needs issues.

Initial Qualitative Research Findings and Comments

In many cases, insights and comments could be attributed to specific service areas (i.e., Towson or Ellicott City); however, in others, participants' feedback referred to the combined region. The material below includes the summary of high level system and contextual observations from focus groups and interviews, and a review of detailed needs as identified by focus group participants and key stakeholders with whom interviews were conducted. Based on this material, the service area's highest priority needs are listed below.

Top Six Community Prioritized Needs
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)

Each of the six priority needs are described below.

Outpatient services for general psychiatric conditions and all age groups (Basic Access Issue).

- Most respondents reported a lack of outpatient services for a variety of psychiatric conditions across all age groups, although most acutely for children. Many identified the over reliance on hospital emergency rooms and an opportunity to create a more robust outpatient services milieu to ensure the appropriate level of care for patients – suggesting a need for additional Intensive Outpatient (IOP) services (especially in Baltimore County).

  "We need more IOPs and partials instead of relying so much on the ER." Focus Group Provider

  "The emergency room is now the place where many of the chronically mentally ill seek out treatment – it's an infrastructure problem, and the ER care costs have gone up significantly." Focus Group Provider Respondent

  "Not everyone needs to be in the hospital, they need something but it's not always in the hospitals. We need increased services in the home." Towson PSA Interviewee

Outpatient services for treatment of opioid dependency (Basic Access issue)

One of the most frequently identified and urgent health needs in the Towson service area is for outpatient services for people seeking treatment for opioid dependency. Focus group participants as well as individual interviewees commented about the counties' (and Baltimore City) opioid addiction problems and need for additional treatment.

"Opioids [addiction/dependency] accounts for about 50% of my patients." Focus Group Provider

"The area's most urgent need is clear for me: it all revolves around the current opioid crisis. Specifically, we need things like the following. (1) a [county-wide] policy for the prescriptions of naloxone, benzos, and suboxone, (2) do more outreach work [e.g., working with schools, health clinics, non-profit organizations, etc.] on overdose prevention, and, (3) expand methadone clinic services." Towson PSA Interviewee

"Yes, the opioid problem is a big deal; we all know that. It's not just a Baltimore City problem, but people are dying in Baltimore County and everywhere else." Towson PSA Interviewee

Stigma reduction (Systems Issue)

In focus groups and interviews, stakeholders recognized that there remain many stigmas for individuals seeking treatment for mental illnesses and substance abuse. However, they also indicated that there is a stigma among some medical care service providers in that behavioral health clinical care is not resourced (i.e., identified and referred out for specialized care) as appropriately as other medical illnesses or conditions.

> *"There is a stigma [in healthcare] around substance abuse and mental illness. We need a place where we can treat people with care and respect and an acknowledgement that they have an illness and it needs as much care as a heart attack."* Towson PSA Interviewee

> *"Integrated care is a huge opportunity. What I mean is that the [medical] doctors do wonderful work; the psych people do great work. Yet, the [medical] doctors don't always ID mental health issues – it's not always on their radar – and when they do, sometimes they either see it as a less urgent issue or otherwise a separate issue from the medical issue that brought the patient to their office. Sometimes they are slow to engage the mental health side of care – especially if the patient has not already engaged a counselor or other mental health provider."* -- Towson PSA Interviewee

Aftercare services and care coordination post discharge (Specialized services)

Several key stakeholders indicated that additional post-discharge programs would help reduce inpatient readmissions, support integrated and continuity of care goals, and reduce inappropriate use of the Emergency Department. This may include additional outpatient referral targets and care coordination or other support services if outpatient services are not readily available.

> *"There are programs like day programs, living programs, that is, living in a community institution that provides services on a daily basis that prevent them from going to the emergency room. They go to the ER because there is nothing else for them in the community."* Towson PSA Interviewee

> *"When patients are discharged from the hospital or even when they return home after receiving [behavioral health] care, they are confronted with the same stuff that led to their need for help in the first place. There are lots of services available to help people who struggle, but there could be more of them, and (1) they need to be located where people live, and, (2) many people do not that they are available or know how to access them.* Towson PSA Interviewee.

> *"There is always a need for more [post-discharge] programs of this type, but some of the care coordination models do a really good job of educating patients post-discharge and keeping tabs on them."* Towson PSA Interviewee

> **Aftercare services and care coordination needs (including those relating to social isolation) among seniors may be especially acute. Participants also noted the need for Day Hospital programs for seniors.**

> *"Many of the seniors – especially those living in poverty – don't have the ability to get around, so this sense of being isolated is a reality for them – deepening any depression or other BH issue."* Towson PSA interviewee.

> *"The trend [for services] is in the aging community—we need more senior services for issues like Dementia."* Focus Group Provider

> *"Many seniors are clearly underserved because they can't or don't take advantage of day programs."* Towson PSA Interviewee

Access to mental health services delivered on an integrated care basis (i.e., in primary care settings) (Access issue)

Interviewees in the Towson PSA suggested that there is a lack of communication and coordination between treatment modalities. Several interviewees discussed the importance of the ability to provide integrated and transitional services for individuals with co-occurring disorders.

> *"As we move forward with integrated care – it would be great if SPHS [Sheppard Pratt Health System] had the ability to treat individuals who are co-occurring all aspects of their programming—hospital level and community-based level, and look for opportunities to be a resource to the community."* Towson PSA Interviewee

> *"There's trouble getting care coordination. If you're in the ER for a crisis, [in order to] better treat patients we need to communicate with other service providers—we need collaboration.* Focus Group Provider

> *"The PCMH approach is good – integrate the medical and mental. I love Sheppard Pratt; they are a real gem in our community. The more that they – as a leader – can truly connect the medical and mental sides of care, the better. There is an ongoing need for more of this throughout the system.* Towson PSA Interviewee

> *"We need more peers [peer substance abuse support] in the system. How do we teach them, what does it mean to supervise a peer [as a provider] and what about staff training?* Towson PSA Interviewee

Adolescent substance abuse services across the continuum of OP, IP, IOP PHP (Specialized services)

Several interviewees in the Towson PSA stated that the area does not have adequate outpatient, inpatient, IOP, or Day Hospital programs for adolescents with substance abuse or addiction problems. Interviewees—across both Towson and Ellicott City locations—agreed that there is a need to bring more substance abuse education, screening, and early intervention programming into the schools for adolescents. Some mentioned challenges in successfully partnering with school systems for behavioral health and substance abuse education, screening, and early intervention programs for adolescents. It can be difficult to penetrate the school system work collaboratively.

> *"Schools are sometimes slow to engage with us [i.e., a community based mental health services provider organization]. Maybe it's stigma or privacy or just too resource intensive. This is particularly important to adolescents who need substance abuse related services.* Towson PSA Interviewee

> *"When someone [i.e., an adolescent] is intoxicated and needs an intervention, but because they are intoxicated, we need a place for them to sober up to get a clear assessment for needs. Currently, many sober up at the ER or are turned away."* Towson PSA Interviewee

> *"Drugs and alcohol need to be addressed—talking with kids about substance use/abuse all relates to general health—bring the services to where the kids are. Support teachers and families about early identification."* Towson PSA Interviewee

> *"There is very little substance abuse treatment or services for teens and there is a separation between mental health and substance abuse/addiction treatment. There's really no where to send adolescents."* Focus Group Provider

> *"School-based needs for substance abuse issues as well as others, are especially acute if the kid has a learning disability, is a Spanish speaker or is on the autism spectrum."* Towson PSA Interviewee

List of Informants

Qualitative research participants included people with expert insight regarding health needs and community services in the Towson and Ellicott City service areas. Most participants offered insight about needs in both service areas – though some had particular expertise in one or the other. For that reason, the following list of qualitative research participants will be included in both CHNA reports.

One-on-one Interviewees[30]	Focus Group Participants
Ms. Diane Bell McKoy, Associated Black Charities	Ms. Tori Shequine, Founder, Alternative Counseling and Wellness Center
Dr. Gregory W. Branch, Baltimore County Department of Health	Ms. Melinda Heikin, Psychiatric Liaison at St. Joseph Medical Center
Ms. Trish Cane, Family Network; Pathfinders for Autism	Dr. Anthony Chico, Child Adolescent Psychiatrist (private practice, and inpatient at St. Josephs)
Ms. Lisa Culp, Department of Social Services Anne Arundel County	Oleg Tarkovsky, Director of Clinical Services at Sheppard Pratt Affiliate, Mosaic Community Services
Lt. Michelle Denton, The Listening Place	Catherine Best, BestCare Assisted Living
Ms. Joan Driessen, Association of Community Services	Karen Booth, Humanim
Dr. Ingvild Olsen, Behavioral Resources, Inc.	Ronald Ginsberg, MD, Levindale Assisted Living
Ms. Jane Gehring, Child Advocacy Center	Dwight Holmes, MD, Department of Psychiatry, Baltimore Washington Medical Center
Ms. Phyllis Hall, Baltimore County, Bureau of Behavioral Health of Baltimore County	Jane Krimel, ER Psychiatry, St. Agnes Hospital
Dr. Brian Hepburn, National Assoc. of State Mental Health Programs	Demi Olasimbo, Healthcare Living for Families
Ms. Jess Honke, NAMI Maryland	David Wamsley, Emerge – Services
Ms. Adrienne Mickler, Anne Arundel County Mental Health Agency	Mark Donovan, Congruent Counseling Services

[30] Names and organizations of interviewees.

One-on-one Interviewees[30]	Focus Group Participants
Ms. Lee Ohnmacht, Baltimore County Bureau of Behavioral Health of Baltimore County	
Ms. Linda Raines, Mental Health Association of Maryland	
Dr. Maura Rossman, Howard County Department of Health	
Ms. Starr Sowers, Office on Aging, Howard County	
Ms. Crista Taylor, Baltimore City Behavioral Health System	
Ms. Mary Viggiani, Baltimore County Bureau of Behavioral Health	
Ms. Donna Wells, Howard County Mental Health Authority	

Community Needs to be Considered for Prioritization

Based on the secondary research and the results of the focus groups and interviews, several needs were identified for each site. They are listed in tables on the following pages.

In order to prioritize the needs, the following steps were utilized:

- After reviewing the secondary and primary data, discuss the lists below with Sheppard Pratt key leaders.
- Individually rank-order the needs (separately for each facility).
- Conduct a round-table discussion of participants' lists.
- Build consensus around the final list of prioritized needs.

<u>Prioritization Methodology Utilized by Health System Executive Group</u>

- Tool – Strategy Grid
- Discussion- Need, feasibility and impact
- Process - Each member of the Executive Group located the stated need in one of the four quadrants (High Need/High Feasibility, Low Need/High Feasibility, HN/LF and LN/LF)
- Quadrants were given an order ranking as follows:
    - HN/HF – 4
    - LN/HF -3
    - HN/LF – 2
    - LN/LF – 1
- Each identified need was scored based on the multi-voting results of the strategy grid; raw scores were multiplied by the ranking of each quadrant.
- Rankings were shared with the executive group and consensus around the rankings was reached.
- As a result of the process, there were 6 highest priority identified needs for the Towson campus.

Needs Lists in Priority Order as Ranked by Sheppard Pratt Hospital Leadership Sheppard Pratt Hospital – Towson Location		
Prioritized Need	**Research Source and Examples of Supporting Research**	**Supporting Quote**
Highest Priority Needs		
Outpatient services for general psychiatric conditions and all age groups (Basic Access Issue)	**Research source:** Focus groups and secondary data **Representative research:** Baltimore City and County Residents have generally poorer health and more poor physical and mental health days than the state average (page 16). At 3.9 and 3.7, these residents are above the state average of 3.3. For another example of representative data see Access to Primary Care table, p. 14; and, Depression and Anxiety Disorder Prevalence, p. 20.	*"Not everyone needs to be in the hospital, they need something but it's not always in the hospitals. We need increased services in the home."* Towson PSA Interviewee
Outpatient services for treatment of opioid dependency (Basic Access issue)	**Research source:** Focus groups and secondary data **Representative research:** "In a six year period (2007–2013), 45.6% of all cocaine-related intoxication deaths in the state took place in the Towson service area as a group," p. 22. Also see Incidence of Illicit Drug Use table, p. 22.	*"Yes, the opioid problem is a big deal; we all know that. It's not just a Baltimore City problem, but people are dying in Baltimore County and everywhere else."* Towson PSA Interviewee

Needs Lists in Priority Order as Ranked by Sheppard Pratt Hospital Leadership **Sheppard Pratt Hospital – Towson Location**		
Prioritized Need	**Research Source and Examples of Supporting Research**	**Supporting Quote**
Stigma reduction (Systems issue)	**Research source:** Executive Group **Representative research:** Suicide is highly correlated with mental health and substance abuse disorders. The State Health Improvement Process (SHIP) indicated that in Maryland, approximately 500 lives are lost each year to this preventable cause of death. (Page 18) Theoretically, fewer lives would be lost if the stigma against treatment were removed. This was one of the most consistently recognized needs across all respondent groups.	*"There is a stigma [in healthcare] around substance abuse and mental illness. We need a place where we can treat people with care and respect and an acknowledgement that they have an illness and it needs as much care as a heart attack."* Towson PSA Interviewee
Aftercare services and care coordination post discharge (Specialized services)	**Research source:** Focus groups, interviews and secondary data **Representative research:** Approximately 308,000 (42.2%) of adults who reported a SMI received mental health treatment whereas 57.8% of adults did not, p. 19. Also see Percentage of Population Without Adequate Social / Emotional Support, p. 23.	*"There is always a need for more [post-discharge] programs of this type, but some of the care coordination models do a really good job of educating patients post-discharge and keeping tabs on them."* Towson PSA Interviewee

Needs Lists in Priority Order as Ranked by Sheppard Pratt Hospital Leadership **Sheppard Pratt Hospital – Towson Location**		
Prioritized Need	**Research Source and Examples of Supporting Research**	**Supporting Quote**
Access to mental health services delivered on an integrated care basis (i.e., in primary care settings) (Access issue)	**Research source:** Executive Group **Representative research:** 68% of adults with mental disorders have medical conditions and 29% of adults with medical conditions have mental disorders (page 22) Also see Access to Primary Care table, p. 14; and, co-morbidity data, p. 22.	*"The more that [Sheppard Pratt]– as a leader – can truly connect the medical and mental sides of care, the better. There is an ongoing need for more of this throughout the system.* Towson PSA Interviewee
Adolescent substance abuse services across the continuum of OP, IP, IOP PHP (Specialized services)	**Research source:** Focus Group and interviews **Representative research:** Roughly 38.2% (15,000) of Maryland adolescents received treatment for a major depressive episode within the prior year to being surveyed, in comparison to 61.8% who did not receive treatment, p. 20. Also see Depression and Anxiety Disorder Prevalence table, p. 19.	*"There is very little substance abuse treatment or services for teens and there is a separation between mental health and substance abuse/addiction treatment. There's really no where to send adolescents."* Focus Group Provider

Other Prioritized Needs – Ranked by Sheppard Pratt Hospital Leadership Sheppard Pratt Hospital – Towson Location	
Other Identified Service Area Needs	
Prioritized Needs	**Research Source**
24/7 Crisis Response services (Basic Access issue)	Interviews
Outpatient services for homeless individuals (Basic Access issue)	Interviews
Services for individuals with brain injuries (Specialized services)	Executive Group
Integrated care for co-occurring disorders (SUD and MI) for adults – outpatient (Specialized services)	Focus Groups, interviews and secondary data
Emergency Department diversion strategies and services for behavioral health emergencies (Systems issue)	Interviews
In-home behavioral health services for seniors (Specialized services)	Interviews and secondary data
Mental health courts in every county (Systems issue)	Interviews
Long term Inpatient beds for chronic psychiatric conditions (Systems issue)	Interviews and secondary data
Transitional services for adolescents such as intensive outpatient, transitional housing (Specialized services)	Interviews
Sober homes (Specialized services)	Interviews
Intensive Outpatient Services for general psychiatric conditions (Specialized service)	Focus groups and interviews
Day hospital programs for seniors (Specialized services)	Focus Groups and secondary data
Autism spectrum services for children and families including screening, outpatient and family support (Specialized services)	Focus Groups

Other Prioritized Needs – Ranked by Sheppard Pratt Hospital Leadership Sheppard Pratt Hospital – Towson Location	
Other Identified Service Area Needs	
Prioritized Needs	**Research Source**
Autism spectrum services for older adolescents and young adults with a behavioral management focus (Specialized services)	Focus Groups and Interviews
Intensive, non-traditional service delivery for individuals with serious mental illness (Systems issue)	Interviews
Culturally competent behavioral health services for growing immigrant populations	Focus Groups, interviews and secondary data
Transportation options for treatment facility transfers (Specialized services)	Focus Groups and interviews
School based early intervention programs for behavioral health and substance abuse (Specialized services)	Focus Groups, interviews and secondary data
Child psychiatry services, especially in-home services (Specialized services)	Interviews
Outpatient services for trauma (Specialized services)	Interviews
Adolescent wrap-around services (Specialized services)	Interviews
Crisis beds for children (Systems issue)	Interviews
Trauma services for special populations: autism spectrum, non-English speakers, individuals with leading disabilities and developmentally delayed children and adults (Specialized services)	Interviews

Resource Guide and Supplemental Materials

The Sheppard Pratt Hospital Community Health Needs Assessment includes two additional supporting documents:

- Resource Guide – guides and list of behavioral health and related community resources.
- Supplemental Resource Materials – several of the more often referenced sources of publically available data used in the CHNA

Both supporting documents are available for the readers' reference.