Community Health Needs Assessment

Implementation Plan

Towson Campus

August 2019

Background

The Community Health Needs Assessment (CHNA) and the Implementation Plan are required by federal agencies. Specifically, the Affordable Care Act of 2010 requires all U.S. not-for-profit hospitals to complete a CHNA and Implementation Plan every three years.

▶ In 2019, Sheppard Pratt Health System (SPHS) leadership worked with community leaders, underserved populations receiving services in the community, and others to complete its CHNA and identify 35 community health-related needs or service gaps.

▶ SPHS prioritized the list using qualitative and quantitative approaches.

▶ The following Implementation Plan indicates which of the prioritized needs the health system will address (and how) and which ones it will not address (and why not).

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Requirements

The CHNA and the Implementation Plan are separate but linked requirements.

▶ CHNA Requirements
  - Define the community served by SPHS
  - Describe the quantitative and qualitative methodology used to identify and prioritize community needs
  - Include a comprehensive list of community health or health-related resources
  - List the activities conducted since the prior CHNA in order to address the identified needs
  - Prioritize the list of community health needs to be included in the Implementation Plan

The CHNA document (available on the website) clearly addresses each of these issues.

▶ Implementation Plan Requirements
  - Identify which community needs the hospital will address (and how)
  - Identify which community needs the hospital will not address (and why not)

This document summarizes the Implementation Plan results.

Methodological Focus Areas

▶ Each hospital is required to conduct and publish its own CHNA and Implementation Plan, yet hospitals are encouraged to collaborate on the CHNAs – especially where service lines and/or service areas overlap.

▶ For each Sheppard Pratt hospital, CHNA and Implementation Plan activities were jointly conducted in order to maximize the efficiency of the research and the effectiveness of emerging strategies.

▶ The strategic approach establishes the basis for shared operational plans to address needs.

NOTE: Details of the strategic approach are contained in the Appendix.

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Implementation Plan Approach

▶ Implementation Plan activities [i.e., actions taken to identify which community health needs will be addressed (and how)], include the following:

  – Conducting in-depth discussions with the SPHS Project Leadership team to review the needs list and identify ones generally outside of SPHS's purview to impact

  – Developing a matrix that identified existing programs or activities that positively impact one or more of the 35 identified, prioritized community needs

  – Working with the Project Leadership team to define for each of the 35 needs the "degree of control that SPHS has to enact change" and a "potential timeline on which positive change could reasonably be made to address the need"

  – Creating this summary document that addresses the project requirements including clear recognition of activities within the hospital's purview to address and (if so), how the hospital can best address the need

The full, prioritized list of 35 community needs (from the CHNA) is included on the next slide.

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The Total List of Prioritized Needs

1. Improve care coordination between inpatient and outpatient providers
2. Increase Mental Health First Aid training to first responders, schools, public safety, and others
3. Expand hours at the Crisis Walk-in Clinic
4. Create a parent support group for parents with children with Severe Mental Illness
5. Improve provider information on provider network directory lists
6. Improve regulation around addiction counseling
7. Increase residential options for teens with co-occurring mental health and behavioral issues
8. Increase awareness of services offered at SPHS locations
9. Provide Narcan and Evzio training to key community members (i.e., police, fire, schools)
10. Engage in system-level / regulatory / policy change advocacy
11. Increase access to family therapy
12. Decrease stigma around mental health and substance use disorders
13. Provide greater support for community efforts to increase general awareness of services available in the community
14. Provide advocacy around mental health and substance use disorders (i.e., opioid epidemic)
15. Increase approved patient data sharing across all providers
16. Increase access to outpatient services for people in rural areas
17. Expand wrap-around services for the chronically mentally ill
18. Increase the consistency and thoroughness of inpatient discharge follow-up
19. Increase the number of therapists trained in trauma-informed care
20. Develop a trauma-informed care training program for providers in Maryland
21. Increase the number of mental health-trained providers in hospital Emergency Departments across the state
22. Work with community service providers and SPHS sites to increase awareness of services available at county health departments
23. Increase the number of peer support specialists in hospital and outpatient settings
24. Create a mobile crisis response team
25. Increase access to outpatient Dialectical Behavioral Therapy (DBT) for children and adolescents
26. Increase the number of providers who accept Medicaid clients
27. Provide expanded detox center capacity in Baltimore and Baltimore County
28. Increase coordination between SPHS and Department of Social Services (DSS)
29. Increase accessibility to Way Station programs
30. Provide additional parent education classes at non-traditional hours for working families
31. Provide safe transportation to Towson facility for children in crisis
32. Improve medication management education for older adults
33. Increase services for new moms with substance use disorders
34. Increase the number of providers who accept private insurance clients
35. Create services to reduce senior isolation

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Evaluation Criteria and Definitions

SPHS has a long-standing commitment to the community. As such, through existing or new programs, the hospital expects to be able to address – to some degree – the majority of identified needs. In some instances, SPHS may help facilitate and partner with other organizations to address the need.

▸ The degree to which the hospital can address the needs is based on the following criteria:
   – The CHNA-based priority of the need
   – Resources within an existing program or initiative which can be deployed
   – Opportunities for collaboration with community partners
   – The degree to which the need is within the hospital's purview to address

NOTE: Definition of a "need:" A service gap – or, an **unmet** health issue – that could benefit from additional support from SPHS or affiliated organizations. For example, many chronic disease states or specific mental health conditions such as heart disease, diabetes, depression, and others – while highly important, ongoing community health issues – may not be listed as **unmet** needs **IF** the hospital and others are already highly engaged in these critically important areas: The need for the service may always exist, but if hospitals and others are providing capacity and access to quality care, there may not be an **unmet** need.

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Categorization of the 35 Community Needs Identified in the CHNA

▶ For each of the 35 needs, SPHS examined its current programs, outreach efforts, and collaborations, and considered new initiatives such that each of the 35 needs were assigned to one of the following categories:

- Needs for which SPHS will enhance existing programs or establish new ones: The hospital has current activities that may be able to be modified or expanded to address the community health need; or, newly created activities or initiatives may be required to do so.

- Needs SPHS is addressing through existing programs and activities: The hospital is already actively providing services to address the community health need and may focus efforts on building awareness of existing programs and services.

- Needs that SPHS will not address: The need is either not within the SPHS purview or beyond its ability to readily impact.

▶ The following pages show Implementation Plan SUMMARY results – "needs that the hospital will address (and how) and which ones it will not address (and why not)" – by category, (i.e., the three primary categories noted above).

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Needs for Which SPHS will Enhance Existing Programs or Establish New Ones

▶ SPHS Project Leadership team members reviewed each of the needs for which SPHS has, or may establish, programs to address on two scales:

– The degree of local control (i.e., the amount of influence SPHS may possess to affect needs).

– Timeline (i.e., the expected amount of time it would take to impact the need)

▶ Based on the analysis, SPHS identified a highly focused list of program focus areas that does the following:

– (1) addresses the highest priority needs,

– (2) exists within SPHS's ability to control, and,

– (3) provides positive impact in the "one-year," "two- to three-year," and "four years or longer" time frames.

▶ Results are shown on the following slides.

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Needs for Which SPHS will Enhance Existing Programs or Establish New Ones

In the "Within One-Year" Timeline, Focus is on Expanded Hours and Trained Mental Health Professionals

▶ "Within 1 Year" High priority need focus areas:

- Increase Mental Health First Aid training to first responders, schools, public safety, and others (Rank: 2)

- Expand capacity at the Crisis Walk-in Clinic (Rank: 3)

- Decrease stigma around mental health and substance use disorders** (e.g., many of the SPHS programs and educational outreach activities are designed to explicitly or implicitly fight stigma), (CHNA Rank: 12)

- Increase the number of providers who accept Medicaid clients (e.g., where possible, SPHS will continue to expand Medicaid access to care), (CHNA Rank: 26)

** Note that SPHS currently has plans to enhance substance abuse disorder programs. Ongoing review and enhancement of those plans and capabilities will continue, as needed.

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Needs for Which SPHS will Enhance Existing Programs or Establish New Ones

In the "Two- to Three-Year" Timeline, Focus is on Care Coordination and Access to Care

▶ "Two to three-year timeline for positive impact" High priority need focus areas:

  – Improve care coordination between inpatient and outpatient providers (Rank: 1)

  – Create a parent support group for parents with children with Severe Mental Illness (e.g., by engaging potential participants, learning their insights regarding important needs / group content information, and offering additional group meeting times / days), (Rank: 4)

  – Increase access to family therapy, (e.g., by offering additional group meeting times / days / locations), (Rank: 11)

  – Increase approved patient data sharing across all providers (Rank: 15)

  – Increase consistency and thoroughness of inpatient discharge follow-up (e.g., through electronic, telephonic, care coordination, or other means), (Rank: 18)

  – Increase access to outpatient Dialectical Behavioral Therapy (DBT) for children and adolescents (Rank: 25)

  – Increase services for new moms with substance use disorders (Rank: 33)

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Needs for Which SPHS will Enhance Existing Programs or Establish New Ones

In the "Four Years or Longer" Timeline, Focus is on Community-Based Education and Change

▶ "Four years or longer timeline for positive impact" High priority needs:

– Provide Narcan and Evzio training to key community members (i.e., police, fire, schools) (Rank: 9)

– Engage in system-level / regulatory / policy change advocacy (Rank: 10). [Note that although this need has been an ongoing focus for SPHS, and it is likely that some positive effects will be seen within one year, continuing work and additional progress will be required over a longer time frame.]

– Review or increase the number of peer support specialists in hospital and outpatient settings (Rank: 23)

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Needs SPHS Will Not Directly Address

While SPHS has existing programs and activities that address a majority (30, or 86%) of the 35 needs identified in the Community Health Needs Assessment, the following eight needs are not currently being addressed by programs and activities at SPHS. Although, SPHS is open to supporting initiatives that address these needs, the following list represents prioritized community needs that are either not within the SPHS purview or are beyond the organization's ability to readily impact.

▸ (CHNA Rank: 5) Improve information on provider network directory lists (e.g., lists of other SPHS services or non-affiliated community service providers that may be helpful to the patient).

▸ (CHNA Rank: 20) Develop a trauma-informed care training program for providers in Maryland

▸ (CHNA Rank: 31) Provide safe transportation to Towson facility for children in crisis

▸ (CHNA Rank: 32) Improve medication management education for older adults

▸ (CHNA Rank: 34) Increase the number of providers who accept private insurance clients

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Summary: Focus Areas and Needs by Time Frame

▶ **"Within One-Year" Impact Expectation – Focus areas include:**

– Expanding Hours at the Walk-In Clinic and mental health training for the community

– Comment: Needs (enumerated earlier) in this category are largely in SPHS's control yet may be further strengthened with community partnership, where possible.

▶ **"Two to Three-Year" Impact Expectation – Focus areas include:**

– Care Coordination and access to specialized mental health care and services

– Comment: Although *impact* would be expected within two to three years, new or enhanced programs may need to start sooner.

▶ **"Four years or longer" Impact Expectation – Focus areas include:**

– Community-based mental health training and policy changes

– Comment: Programs and activities addressing these needs will be more effective when working with community partners.

Note that SPHS will continue to address a broad range of other prioritized community needs, as well as respond to urgent or emerging needs, if they arise.

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Summary: Existing Programs and Activities Addressing Community Needs

▶ Of the 35 community needs identified from the Community Health Needs Assessment, existing programs and activities already address 86% (30 of 35) to some extent.

– For some of the 30 needs already being addressed, SPHS is a facilitator or partner with a community service organization while for others, it takes more of a leadership role.

– For most of these needs, SPHS programs and activities will remain largely unchanged. However, SPHS may modify existing programs, as needed or as additional opportunities present themselves.

▶ The following pages list the ranked needs and the number of existing SPHS programs and activities impacting them.

▶ The appendices include a more detailed list of programs and activities addressing the needs.

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Appendix A: Description of Joint Efforts

The following slides highlight the strategic approach to the joint efforts by Sheppard Pratt, Towson Campus and Sheppard Pratt, Ellicott City Campus to conduct the CHNA and the Implementation Plan, and, more importantly, establish shared operational plans to address needs.

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Effectiveness and Operational Efficiency

Meeting the requirement for each facility to submit its own CHNA and Implementation Plan

▸ Each hospital – Towson location and Ellicott City location – is required to conduct and publish their own CHNA and Implementation Plan.

▸ Hospitals are encouraged to collaborate on the CHNAs – especially where service lines and/or service areas overlap.

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CHNA and Implementation Plan
Effectiveness and Operational Efficiency

Improving the ability to meet service area needs by jointly conducting research efforts

▸ Given the overlapping service areas and the collaborative nature of the operations between the two Sheppard Pratt Health System sites, CHNA and Implementation Plan activities were jointly conducted in order to maximize the efficiency of the research and the effectiveness of strategies emerging from the work.

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CHNA and Implementation Plan
Effectiveness and Operational Efficiency

Conducting research to comprehensively evaluate total service area needs and unique aspects based on location

▸ During the joint CHNA research for the two hospitals, particular attention was given to identify differences that may or may not exist between the two overlapping service areas.

▸ The results of the CHNAs identified an identical set of approximately 35 community needs with very little variation in the ranked priority based on location.

Effectiveness and Operational Efficiency

Producing CHNAs and Implementation Plans that can direct operational plans while meeting regulatory requirements.

▸ Each hospital has its own CHNA and Implementation Plan; however, they are identical for both Sheppard Pratt hospitals.

▸ This methodology effectively supports operational plans to address identified needs in each market – and even the administration of services, in some cases – that will be centrally managed, maximize patient care, improve operational efficiency, and better focus Sheppard Pratt's efforts to meet the highest priority service area needs.

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Appendix B: Existing SPHS Programs Addressing Priority Community Needs

See separate document

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