Community Health Needs Assessment

For

Sheppard Pratt Hospital – Towson Campus

May 10, 2019

Table of Contents

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
- Methodology summary and service area profile
- Service areas
- Secondary research profile
    - Demographic factors (population, gender, race and ethnicity, and age)
    - Social and physical environment factors (educational attainment, income, and poverty)
    - Risk and protective lifestyle behaviors (access to care, overweight/obesity, and physical activity)
- Health status profile
    - General health status
    - Mortality – Leading causes of death
    - Morbidity - Leading causes of illness
    - Behavioral health condition incidence
- Primary research
    - Focus group discussions and interviews
    - List of focus group participants and interviewees
- Community needs to be considered for prioritization;
- Prioritized list of community needs
- Community health resources list (included as a separate document)

Sheppard Pratt Hospital Profile

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 400 people in its 2018 "Stride" community walk event in Towson benefiting individuals with serious mental illness. The event raised over $ 25,000 to support patients and students.
- Provided a broad continuum of care to those who rely on Medical Assistance. In FY '18 our payor mix was over 31% Medical Assistance.
- Served as one of the largest private providers of special education services in Maryland with schools throughout the state.
- Contributed over $4.6 million in charity health care in the past year alone.
- Fielded 11,818 calls through our Therapy Referral Service in the past year.
- Maintained an Autism Specialty page as part of Sheppard Pratt's Virtual Resource Center. This specialty page has received more than 1,500 views in FY 2018.
- Provided a Parent Lecture Series with 997 individuals attending in FY 2018.
- 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 117 training events were held, training 6,766 school staff in PBIS in FY '18.
- 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 2018, 1,000 school staff received training.
- Provided Crisis Services: In FY 2018:
    - 4,570 individuals utilized the Crisis Walk In Clinic
    - 715 individuals utilized the Urgent Assessment, Scheduled Crisis Intervention and Bridge programs
- Operated the Crisis Referral Outpatient Program – 1,449 individuals served in FY 2018.
- Provided Tele-psychiatry Services.
    - 2,101 encounters were provided to active clients at 9 centers, including
    - 471 initial evaluations and 1,630 medication management sessions

- Provided Professional Education – “Wednesday Lecture Series” – 3,181 people attended the series in FY 2018.
- Provided services to low income or underinsured individuals.
    - 1,261 individuals were provided with Financial Assistance
    - 225 individuals were provided with assistance in accessing insurance and other support programs
- Opened a new observation unit in FY ’17, the Behavioral Observation Service, with the intention of reducing hospital emergency department referrals for patients presenting for co-occurring (mental health & addictions care) as well as inpatient admissions for such care. After being medically stabilized in observation status, patients can be evaluated to determine the most appropriate level of care. In FY ’18 104 patients were treated by this service.
- Developed and implemented a collaborative care project with GBMC in 2017. The goals were to create more capacity for mental health services in alliance with somatic care providers, reduce the stigma often associated with seeking mental health treatment, and reduce ED visits related to mental health conditions. In FY ’18 there were 2,031 patients seen in the 10 primary care medical homes operated by GBMC, with a total of 5,875 visits.

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 conduct the research for the 2019 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 populations (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 the leadership groups and one-on-one interviews is included in the appendix.

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 Anne Arundel County and Howard Counties. Ellicott City also has a higher percent of patients coming from other counties in Maryland than the Towson facility.

Table 1: Percent of 2018 In-Patient Population by Sheppard Pratt Service Area

Area	Population	Percent of Maryland Population	Percent of 2018 Towson In-patient Population	Percent of 2018 Ellicott City In-patient Population
Anne Arundel County	564,600	9.4%	10.7%	24.9%
Baltimore County	828,637	13.8%	19.2%	15.1%
Baltimore City	619,796	10.3%	31.2%	18.3%
Howard County	312,495	5.2%	5.6%	9.4%
Harford County	250,132	4.2%	5.4%	2.8%
All other Maryland counties	N/a	N/a	19.4%	25.6%
Non-Maryland	N/a	N/a	8.5%	3.8%
Total			100.0%	100.0%

Data Source: US Census Bureau, American Community Survey. 2013-17. 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 one in three (27.9%) 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 (29.4%) reside in other areas.
- Approximately one-third (31.2%) of in-patient patients at the Towson facility reside in Baltimore City. Followed by 19.2% in Baltimore County.
- For the Ellicott City facility, a disproportionately high percentage of patients come from Anne Arundel County (24.9% of patients) and other Maryland counties (25.6%).

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 and Harford County is 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, 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

There are over 1.44 million people in Baltimore County and Baltimore City and approximately 1.7 million people in the primary Sheppard Pratt service area.

Table 2: Population by County

Towson Facility Service Area			Ellicott City Facility Service Area		
Area	**Population**	**Percent Change since 2000**	**Area**	**Population**	**Percent Change since 2000**
Baltimore County	828,637	6.73%	**Anne Arundel County**	564,600	9.8%
Baltimore City	619,796	-4.64%	**Howard County**	312,495	15.83%
Harford County	250,132	12.0%			
Maryland	5,996,079	9.01%			

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 and Harford counties where the population grew over 15.83% and 12.0%, respectively.

The population in each facility's service area includes slightly more females than males. However, for the Towson location service area, the difference is more pronounced. Men and women may have different disease prevalence and healthcare needs.

Table 3: Gender by County

Towson Facility Service Area			Ellicott City Facility Service Area		
Area	**Perfect Male**	**Percent Female**	**Area**	**Perfect Male**	**Percent Female**
Baltimore County	47.42%	52.58%	**Anne Arundel County**	49.52%	50.48%
Baltimore City	47.01%	52.99%	**Howard County**	48.91%	51.09%
Harford County	48.91%	51.09%			
Maryland	48.47%	50.77%			

Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract

- The population in Baltimore County and Baltimore City is nearly 53% female. The Ellicott City service area and Harford County split is more even – 51% female; 49% male.
- Anne Arundel County has the highest percentage of males.

The Towson service area is highly diverse, especially in Baltimore City where over 62% of the population is African American. The Ellicott City service area is largely white with pockets of diversity. Harford County has the least diversity in the Sheppard Pratt service area.

Table 4: Race and Ethnicity by County

Towson Facility Service Area					Ellicott City Facility Service Area				
Area	**% Afri. Amer.**	**% White**	**% Hispanic**	**% Lang. Other than English**	**Area**	**% Afri. Amer.**	**% White**	**% Hispanic**	**% Lang. Other than English**
Baltimore County	27.94%	62.07%	5.12%	2.77%	**Anne Arundel County**	31.21%	58.28%	7.31%	1.86%
Baltimore City	62.80%	30.29%	4.96%	2.26%	**Howard County**	18.48%	58.69%	6.51%	2.87%
Harford County	13.47%	79.40%	4.24%	0.88%					
Maryland	29.72%	56.62%	17.60%	3.35%					

Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract

- Nearly two of three (62.80%) Baltimore City residents are African American while about three of ten (30.29%) are white. Within the Towson service area, Baltimore County has the opposite racial makeup.
- Harford County has the least racial diversity with approximately 80% of the population identifying as white.

Baltimore County, Anne Arundel County, and Howard County each have a median age similar to the Maryland average while the median age is lower (35.0 years) in Baltimore City. Harford County has the oldest median age at 40.6 years.

Table 5: Median Age and Age Groups by County

Towson Facility Service Area					Ellicott City Facility Service Area				
Area	**Median Age**	**% under 25**	**% 25 to 64**	**% 65 and older**	**Area**	**Median Age**	**% under 25**	**% 25 to 64**	**% 65 and older**
Baltimore County	39.2	30.81%	39.59%	16.10%	**Anne Arundel County**	38.5	31.40%	41.97%	13.76%
Baltimore City	35.0	31.39%	43.41%	12.79%	**Howard County**	38.7	32.69%	41.96%	12.55%
Harford County	40.6	31.23%	39.96%	14.94%					
Maryland	38.5	31.70%	41.09%	14.16%	**United States**	37.8	32.62%	52.50%	14.87%

Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract

- The median age in Baltimore City is relatively low (35.0 years). It is substantially lower than Baltimore County (39.2), the state of Maryland (38.5) and the U.S. total (37.8).
- The median age of residents in the Ellicott City facility service area and Baltimore County are near the Maryland state average.
- About one in three people in both service areas are age 25 or younger.
- Baltimore County (16.10%) and Harford County (14.94%) have the highest percentage of individuals 65 years and old. Seniors often have different needs than children and younger adults.

Social and Physical Environment Factors

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.

Table 6: Educational Attainment by County

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	8.37%	23.44%	18.83%	21.63%	16.89%	**Anne Arundel County**	7.44%	21.02%	19.77%	23.25%	17.46%
Baltimore City	15.38%	24.54%	18.95%	15.95%	15.14%	**Howard County**	4.28%	12.40%	13.91%	29.80%	32.68%
Harford County	6.70%	24.15%	21.65%	20.93%	14.75%						
Maryland	9.59%	22.12%	18.70%	20.89%	18.91%	**United States**	12.29%	23.00%	20.52%	19.60%	12.18%

Source: ACS 2010-2014.

- Nearly two of five (39.92%) Baltimore City adults have only a high school diploma (24.54%) or less (15.38%).
- About five of seven people (68%) in the Ellicott City service area have at least some college (including those with a degree).
- Howard County is the most educated county with over 62% of the population having at least a bachelor's degree.
- Approximately 50% of the population in Baltimore City has at least some college or a degree while over 57% of the population in Harford County has at least some college or a degree.

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).

Table 7: Income and Poverty by County

Towson Facility Service Area					Ellicott City Facility Service Area				
Area	**Median HH Income**	**% under 100% FPL**	**% Children under 100% FPL**	**% HH Income $100,000+**	**Area**	**Median HH Income**	**% under 100% FPL**	**% Children under 100% FPL**	**% HH Income $100,000+**
Baltimore County	$71,810	9.10%	11.46%	34.1%	**Anne Arundel County**	$94,502	6.07%	7.35%	47.1%
Baltimore City	$46,641	22.43%	32.90%	20.0%	**Howard County**	$115,576	5.16%	5.79%	58.0%
Harford County	$83,445	7.47%	9.24%	41.2%					
Maryland	$78,916	9.68%	12.89%	39.1%	**United States**	$57,652	14.58%	20.31%	26.2%

Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract

- Nearly one-third (32.90%) of children in Baltimore City live under 100% of the FPL.
- More than 34% of Baltimore County households earn annual income of over $100,000 – nearly double the rate of Baltimore City.
- Over 40% of Harford County residents earn a household income over $100,000, which is the highest in the Towson service area and over twice the rate of Baltimore City.
- More than half (58%) of Howard County households earn over $100,000.

Risk and Protective Lifestyle Behaviors

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

Table 8: Provider Rates per 100,000 Population by County

Towson Facility Service Area				Ellicott City Facility Service Area			
	Rate per 100,000 population				Rate per 100,000 population		
Area	Primary Care Physicians[2]	Mental Health Care	Dental Care	Area	Primary Care Physicians	Mental Health Care	Dental Care
Baltimore County	119.72	251.00	73.27	**Anne Arundel County**	74.09	153.80	66.47
Baltimore City	176.62	372.70	64.32	**Howard County**	207.58	251.90	81.68
Harford County	63.17	146.20	61.53				
Maryland	104.50	216.00	74.20	**United States**	87.80	202.80	65.60

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2015.

- Baltimore City has the highest ratio of population to mental health providers in the combined service areas meaning there are an above average number of mental health providers in the city. Baltimore City has more mental health providers than both the state and national average.
- Harford County has the lowest ratio of primary care, mental health, and dental providers than any of the other counties in both service areas. Harford County has nearly half the primary care providers than the state average.

[2] 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.

- Anne Arundel County has slightly more providers than Harford County, but has the lowest ratio of providers in the Ellicott City service area. Both Anne Arundel and Harford Counties are geographically more rural, and the United States is currently facing a physician shortage in rural areas[3].

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 higher whereas the percentage is substantially lower in Howard County. Obesity is a major risk factor for chronic diseases, such as diabetes and heart disease[4].

Table 9: Obesity and Physical Activity by County

Towson Facility Service Area			Ellicott City Facility Service Area		
Area	**BMI of 30 or more**	**% with no leisure physical activity**	**Area**	**BMI of 30 or more**	**% with no leisure physical activity**
Baltimore County	30.7%	21.8%	**Anne Arundel County**	28.8%	18.4%
Baltimore City	33.2%	24.7%	**Howard County**	23.9%	15.4%
Harford County	29.8%	21.9%			
Maryland	30.0%	20.6%	**United States**	28.3%	21.6%

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015. Source geography: County

- In Baltimore City, one in three adults have a BMI over 30; and one in four (24.7%) have no leisure physical activity.
- Howard County residents have the lowest percentage of people with BMI over 30 (23.9%) and percent with no leisure physical activity (15.4%).
- Baltimore County, Harford County, and Anne Arundel County rates are similar to the state averages.

[3] Warshaw R. Health disparities affect millions in rural U.S. communities. AAMCNews. https://news.aamc.org/patient-care/article/health-disparities-affect-millions-rural-us-commun/

[4] https://www.cdc.gov/obesity/adult/causes.html

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.

Table 10: Health Status of Residents by County

Towson Facility Service Area				Ellicott City Facility Service Area			
Area	**% Poor or Fair Health**	**Poor Physical Health Days**	**Poor Mental Health Days**	**Area**	**% Poor or Fair Health**	**Poor Physical Health Days**	**Poor Mental Health Days**
Baltimore County	13%	3.1	3.7	**Anne Arundel County**	11%	3.0	3.4
Baltimore City	19%	3.7	4.1	**Howard County**	9%	2.4	2.9
Harford County	13%	3.3	3.6				
Maryland	14%	3.1	3.5				

Source: 2019 County Health Rankings.

- The Towson and Ellicott City services areas differ in that – consistent with some demographic and lifestyle indicators – Baltimore County, Harford County, and Baltimore City have generally poorer health and poorer 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.

Table 11: Leading Cause of Death by County

Towson Facility Service Area		Ellicott City Facility Service Area	
Area	Deaths per 100,000[5]	Area	Deaths per 100,000[6]
Baltimore County	**763.8**	**Anne Arundel County**	**713.4**
Diseases of the Heart	179.3	Diseases of the Heart	158.5
Malignant Neoplasms	167.8	Malignant Neoplasms	153.9
Cerebrovascular Diseases	43.6	Cerebrovascular Diseases	45.8
Accidents / Unintentional Poisoning	39.6	Chronic Lower Respiratory Disease	36.7
Chronic Lower Respiratory Disease	32.0	Accidents / Unintentional Poisoning	33.1
Suicide	9.7	Suicide	12.1
Baltimore City	**1033.3**	**Howard County**	**525.0**
Diseases of the Heart	241.4	Malignant Neoplasms	117.6
Malignant Neoplasms	201.9	Diseases of the Heart	106.2
Cerebrovascular Diseases	54.8	Cerebrovascular Diseases	32.7
Accidents / Unintentional Poisoning	49.7	Accidents / Unintentional Poisoning	24.4
Chronic Lower Respiratory Disease	37.5	Chronic Lower Respiratory Disease	17.8
Suicide	8.3	Suicide	8.0
Harford County	**745.0**	**Maryland**	**715.3**

[5] 2011 – 2013 age adjusted death rates for leading causes, per 100,000 population
[6] 2011 – 2013 age adjusted death rates for leading causes, per 100,000 population

Towson Facility Service Area		Ellicott City Facility Service Area	
Area	Deaths per 100,000[5]	Area	Deaths per 100,000[6]
Diseases of the Heart	167.1	Diseases of the Heart	166.4
Malignant Neoplasms	164.1	Malignant Neoplasms	154.5
Cerebrovascular Diseases	36.6	Cerebrovascular Diseases	39.3
Chronic Lower Respiratory Disease	39.0	Accidents / Unintentional Poisoning	34.3
Accidents / Unintentional Poisoning	34.6	Chronic Lower Respiratory Disease	30.4
Suicide	10.7	Suicide	9.3

Source: Neall RR. And Hurt SL. Maryland Vital Statistics Annual Report 2017. Retrieved March 29, 2019, from https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Annual%20Reports/2017annual.pdf.

Suicide Rates

Suicide is a serious public health problem that can have lasting effects on individuals, families, and communities. Suicide is highly correlated with mental health and substance abuse disorders. The State Health Improvement Process[7] (SHIP) indicates that approximately 500 lives are lost each year in the state 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.

[7] SHIP Accessed March 2019: http://dhmh.maryland.gov/ship/Pages/home.aspx

During the measurement period 2014-2016, the statewide rate of completed suicides was 9.2 people per 100,000. 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 below, this rate except for non-Hispanic whites where the rate was 12.8, which increased since 2007.

Figure 1: Suicide Rates by Race and Ethnicity for Maryland, 2014-2016

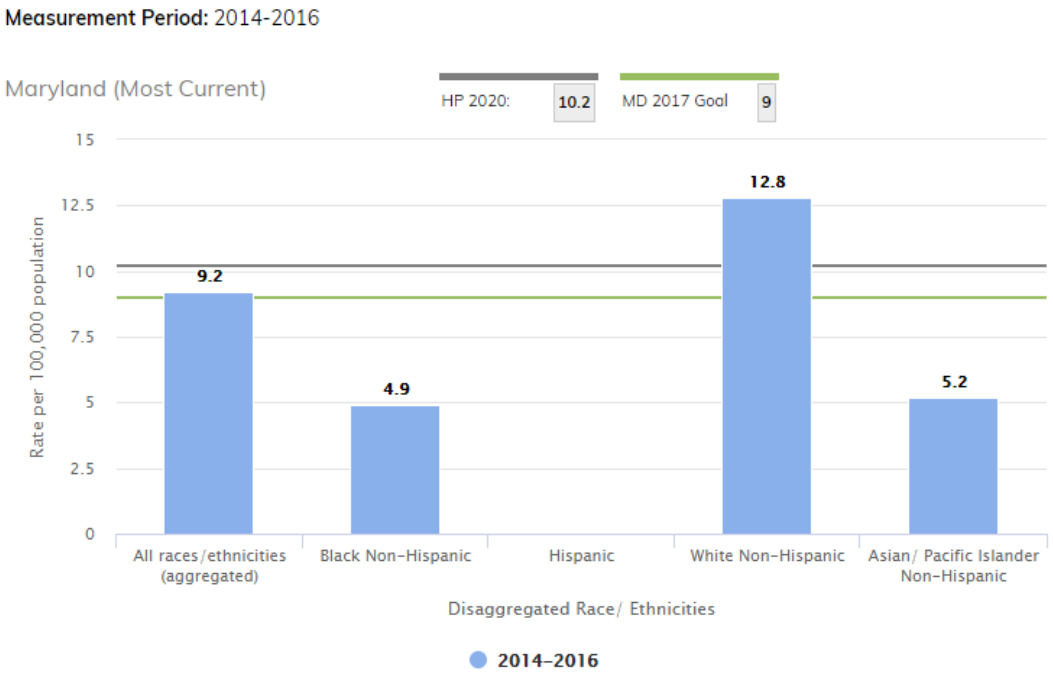
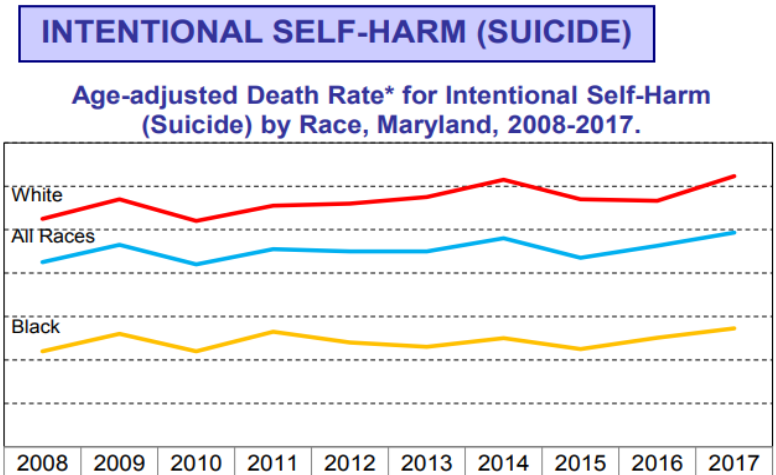


Figure 2: Suicide Age-adjusted Death Rate by Race for Maryland, 2008-2017

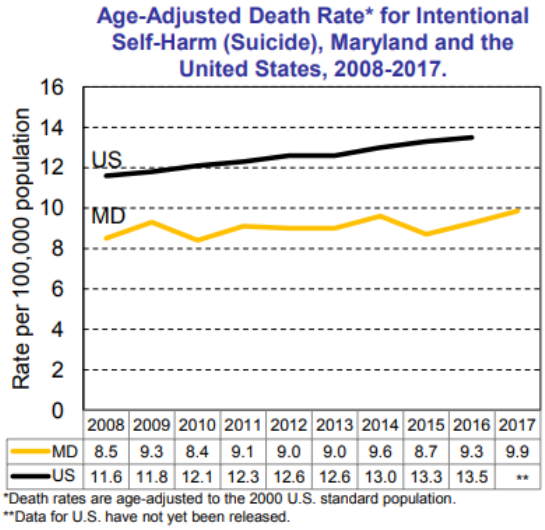


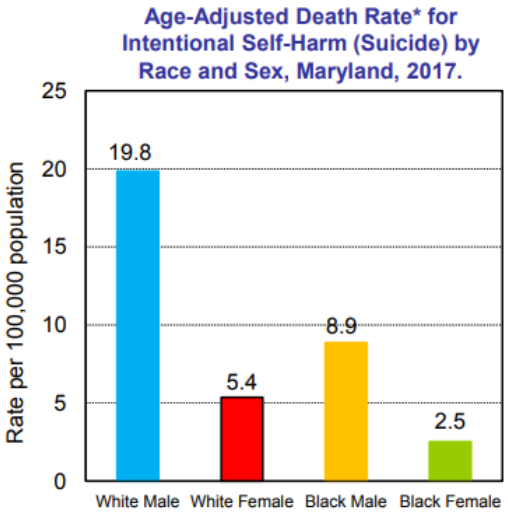
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
All Races	8.5	9.3	8.4	9.1	9.0	9.0	9.6	8.7	9.3	9.9
White	10.5	11.4	10.4	11.1	11.2	11.5	12.3	11.4	11.3	12.5
Black	4.4	5.2	4.4	5.3	4.8	4.6	5.0	4.5	5.0	5.5

Source: Neall RR. And Hurt SL. Maryland Vital Statistics Annual Report 2017. Retrieved March 29, 2019, from https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Annual%20Reports/2017annual.pdf.

- The suicide rates in Maryland peaked in 2009 and then reached an all-time low in 2010. Since 2010, the age-adjusted death rate for suicide has steadily climbed for all races before dipping again in 2015. Once again, the death rate for suicide is increasing for all races.
- White people have the highest age-adjusted death rate for suicide, which is over twice that of black people.

Figure 3: Age-adjusted Death Rate for Suicide





- Age-adjusted death rate for suicide is significantly higher in white males than white females and black males and females.

Morbidity

According to the CDC, six in ten adults in the United States have at least one chronic disease. Chronic diseases, such as heart disease, cancer, and diabetes are the leading causes of death and disability in the U.S. Howard County residents have the lowest incidences of cancer, diabetes, and asthmas; whereas, Harford County has some of the highest incidence rates.

Table 12: Percent of the Adult Population with Select Chronic Conditions

Chronic Condition	Baltimore County	Baltimore City	Anne Arundel County	Harford County	Howard County	Maryland
Arthritis	28.2%	23.1%	23.7%	30.7%	18.6%	23.5%
Asthma	14.3%	17.5%	11.4%	15.3%	13.2%	13.9%
Cardiovascular Disease (angina or coronary disease)	4.6%	3.8%	3.3%	4.0%	2.7%	3.7%
COPD	6.2%	7.6%	5.0%	ND	ND	6.1%
Diabetes	11.9%	10.9%	9.4%	10.8%	7.8%	10.4%
Cancer – Rate per 100,000 Population (all sites)[8]	135.7	124.2	134.2	137.0	132.4	131.7

Data Source: Maryland Department of Health. 2015 Maryland BRFSS.
https://phpa.health.maryland.gov/ccdpc/Reports/Documents/MD-BRFSS/2015_MD_BRFSS_County_Level_Data_Tables.pdf

- Chronic disease incidence rates in Baltimore County and Baltimore City are generally slightly higher than the state average.
- Ellicott City service area counties rates are lower than the state average except for cancer.

[8] Data Source: State Cancer Profiles. 2011-15

Behavioral Health Condition Incidence

Depression and Anxiety Disorder Prevalence

There is a greater concentration of residents in Harford County diagnosed with Depressive Disorders than the other counties and Maryland. Baltimore County has a higher percentage of residents with Depressive Disorders and Anxiety Disorders than Baltimore City.

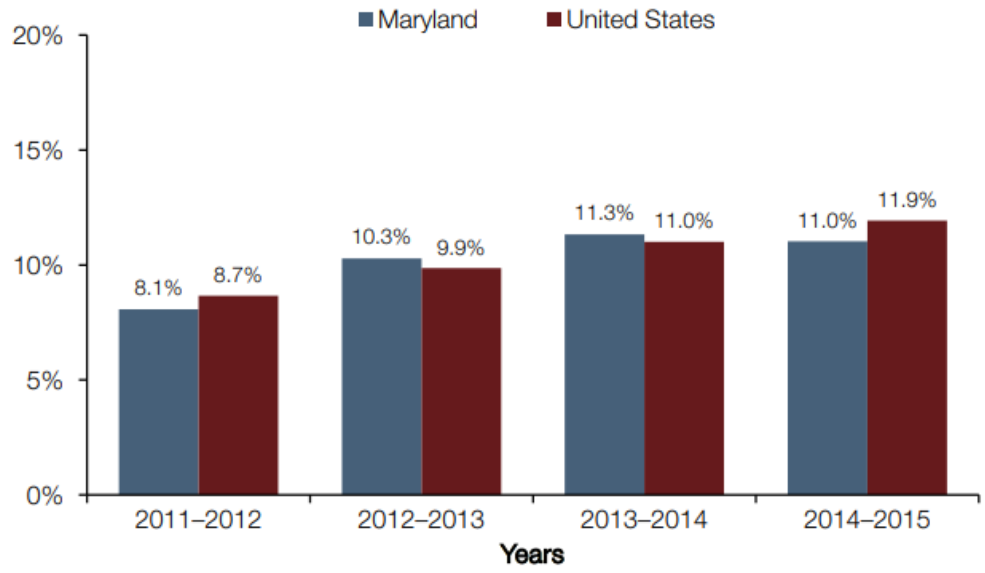
Table 13: Adult Depression and Anxiety Disorder Prevalence by County

Towson Facility Service Area			Ellicott City Facility Service Area		
Area	**% Depressive Disorder**	**% Anxiety Disorder**	**Area**	**% Depressive Disorder**	**% Anxiety Disorder**
Baltimore County	19.8%	16.7%	**Anne Arundel County**	14.3%	8.7%
Baltimore City	18.7%	11.6%	**Howard County**	14.5%	16.7%
Harford County	23.1%	ND			
Maryland	16.3%	13.5%			

Data Source: Maryland BRFSS, 2015.

- Harford County has the highest percentage of residents (23.1%) with Depressive Disorder with Baltimore County coming in second at 19.8%.
- The Ellicott City service area has the lowest concentration of residents with Depressive Disorders, but Howard County is tied with Baltimore County for the highest percentage of residents with Anxiety Disorders (16.7%).
- Baltimore City has the highest percentage of residents with a Depressive Disorder, but a lower percentage of residents with an Anxiety Disorder compared to the state.

Figure 4: Youth (12 -17 years) Major Depressive Episode Diagnosed in Past Year, 2013-2014



Data Source: Substance Abuse and Mental Health Services Administration. Behavioral Health Barometer – Maryland Vol. 4. Rockville MD: Substance Abuse and Mental Health Services Administration, 2015. https://www.samhsa.gov/data/sites/default/files/Maryland_BHBarometer_Volume_4.pdf

- From 2014-2015, 11.0% (50,000) adolescents in Maryland between the ages of 12 – 17 years of age were diagnosed with a Major Depressive Episode in the past year, which is down by 0.3% from 2013-2014. Maryland is below the national percentage of 11.9%.
- Of the adolescents aged 12 -17 with a past year Major Depressive Event, 44.4% (20,000) received treatment for their depression. The national percentage for 2011 to 2015 was 38.9%. Over half (55.6%) did not receive treatment for depression[9].
- Approximately 64.0% 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 71.6%[10].

[9] Substance Abuse and Mental Health Services Administration. Behavioral Health Barometer – Maryland Vol. 4. Rockville MD: Substance Abuse and Mental Health Services Administration, 2015. https://www.samhsa.gov/data/sites/default/files/Maryland_BHBarometer_Volume_4.pdf

[10] Ibid.

Incidence of Excessive Alcohol Consumption

Ellicott City service area has both the highest percent of adult excessive drinking (Anne Arundel County) and the lowest percent (Howard County). Baltimore City has the highest percent of adult binge drinking in the Towson service area while Baltimore County and Harford County are above the state average.

Table 14: Adult Alcohol Consumption by County

Towson Facility Service Area			Ellicott City Facility Service Area		
Area	**% Adult Excessive Drinking**	**% Adult Excessive Drinking Age-Adjusted**	**Area**	**% Adult Excessive Drinking**	**% Adult Excessive Drinking Age-Adjusted**
Baltimore County	15.8%	16.5%	**Anne Arundel County**	18.7%	19.2%
Baltimore City	17.1%	17.7%	**Howard County**	15.4%	15.2%
Harford County	15.8%	16.2%			
Maryland	15.4%	15.7%	**United States**	16.4%	16.9%

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

- Anne Arundel County has the highest age-adjusted percent of adult excessive drinking (19.2%); whereas, Howard County has the lowest (15.2%).
- Baltimore County, and Harford County fall below the national average (16.9%) and above the Maryland average (15.7%) for age-adjusted percent of adult excessive drinking.
- Approximately 12.1% (55,000) of Maryland young people between the ages of 12-17 years of age reported drinking alcohol within the month prior to being surveyed, which is similar to previous years[11].

[11] Substance Abuse and Mental Health Services Administration. Behavioral Health Barometer – Maryland Vol. 4. Rockville MD: Substance Abuse and Mental Health Services Administration, 2015. https://www.samhsa.gov/data/sites/default/files/Maryland_BHBarometer_Volume_4.pdf

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.

Table 15: Behavioral Health Measures for Baltimore-Towson Metropolitan Statistical Area (MSA) among Persons Aged 12 and Older

Drug	Baltimore-Towson[12]	Maryland	United States
Substance Use in Past Year			
Any Illicit Drug	14.3%	12.6%	14.7%
Marijuana	10.2%	9.1%	10.7%
Pain Relievers (Nonmedical)	4.4%	3.7%	4.9%
Substance Use or Mental Disorder in Past Year			
Substance Use Disorder	10.4%	8.4%	9.0%
Major Depressive Episode (Aged 18 or Older)	6.7%	5.5%	6.6%
Substance Use in Past Month			
Cigarettes	24.2%	20.7%	24.1%
Binge Alcohol	22.3%	20.1%	23.2%

Data Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health (NSDUHs), 2005 and 2006 to 2010 (revised March 2012).

- Residents in the Baltimore-Towson MSA have reported using any illicit drug (14.2%) above the Maryland average (12.6%), but below the national average (14.7%).
- The Baltimore-Towson MSA has a higher percentage of residents with a Substance Use Disorder (10.4%) and Major Depressive Episode (6.7%) than both the state and national averages.
- Approximately one in four residents of the Baltimore-Towson MSA have reported using cigarettes (24.2%) and binge alcohol (22.3%) in the past month.

[12] The Baltimore-Towson MSA consists of Anne Arundel County, Baltimore County, Carroll County, Harford County, Howard County, Queen Anne's County, and Baltimore City.

Table 16: Selected Drug Use, Past Year Substance Use Disorder and Treatment, and Past Year Mental Health Measures in Maryland by Age Group

Measure	12 - 17	18 - 25	26+
Illicit Drugs			
Past Month Illicit Drug Use	9.05%	28.26%	9.70%
Past Year Marijuana Use	13.76%	39.47%	12.00%
Past Month Marijuana Use	7.13%	26.24%	8.71%
Past Year Cocaine Use	0.35%	6.20%	1.69%
Past Year Heroin Use	0.05%	1.03%	0.52%
Past Year Methamphetamine Use	0.09%	0.32%	0.26%
Past Year Misuse of Pain Relievers	3.05%	7.32%	3.47%
Alcohol			
Past Month Alcohol Use	9.48%	59.08%	57.41%
Past Month Binge Alcohol Use	4.63%	39.58%	23.53%
Tobacco Products			
Past Month Tobacco Product Use	4.45%	26.10%	19.69%
Past Month Cigarette Use	2.68%	19.79%	16.56%
Past Year Substance Use Disorder and Treatment			
Illicit Drug Use Disorder	2.73%	8.01%	1.99%
Pain Reliever Use Disorder	0.47%	0.78%	0.58%
Alcohol Use Disorder	1.44%	10.46%	5.04%
Substance Use Disorder	3.45%	16.84%	6.52%
Past Year Mental Health Issues			
Serious Mental Illness	ND	6.48%	3.51%
Any Mental Illness	ND	23.18%	15.99%
Received Mental Health Services	ND	15.15%	14.04%
Had Serious Thoughts of Suicide	ND	9.04%	3.23%
Major Depressive Episode	12.91	12.93%	6.02%

Data Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016 and 2017.

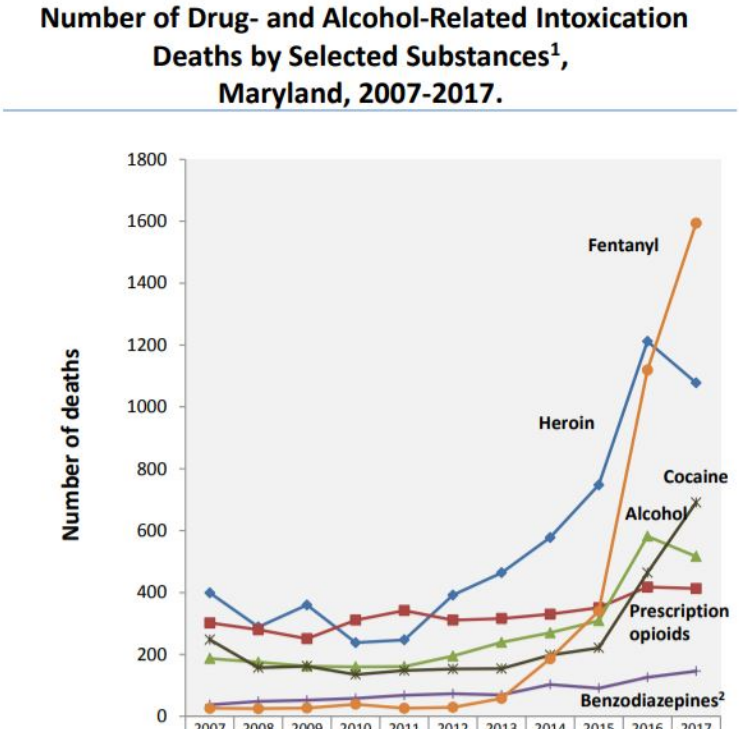
- Young people aged 18 to 25 have a significantly higher illicit drug use rates than people ages 12 to 17 and 26 and over, especially for cocaine, heroin, and misuse of pain relievers.

- Tobacco product use is higher in the 18 to 25 age group than the 12 to 17 and 26 and over age groups.
- Young people aged 18 to 25 have significantly higher illicit drug use disorder (8.01%), Alcohol Use Disorder (10.46%), and Substance Use Disorder (16.84%) than the other two age groups.
- Approximately one in four young adults aged 18 to 25 has had a mental illness in the past year compared to approximately one in six adults aged 26 and over.

Opioid-Related Data

Overall, the number of drug- and alcohol-related deaths have steadily increased from 2007 to 2017 with some decrease in death rates for selected substances in the past year.

Figure 5: Number of Drug- and Alcohol-Related Deaths by Selected Substance in Maryland, 2007-2017



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Heroin	399	289	360	238	247	392	464	578	748	1212	1078
Prescription opioids	302	280	251	311	342	311	316	330	351	418	413
Alcohol	187	175	162	160	161	195	239	270	309	582	517
Benzodiazepines	37	48	52	58	68	73	69	103	91	126	146
Cocaine	248	157	162	135	148	153	154	198	221	464	691
Fentanyl	26	25	27	39	26	29	58	186	340	1119	1594

[1]Since an intoxication death may involve more than one substance, counts of deaths related to specific substances do not sum to the total number of deaths.
[2]Includes deaths caused by benzodiazepines and related drugs with similar sedative effects.

Data Source: Maryland Department of Health. Unintentional Drug- and Alcohol-Related Intoxication Deaths in Maryland Annual Report, 2017.
https://bha.health.maryland.gov/OVERDOSE_PREVENTION/Documents/Drug_Intox_Report_2017.pdf

- The number of drug- and alcohol-related deaths in Maryland have increased since 2007, especially in Fentanyl, Heroin, Cocaine, and prescription opioids.
- As of March 19, 2019, Anne Arundel County has experienced 29 fatal opioid-related overdoses with 28% involving Fentanyl and 21% involving a Cocaine/Fentanyl mix. There was a total of 177 overdoses in 2019, which is a 25.6% decrease from 238 overdoses YTD 2018[13].
- In 2018, Howard County experienced 225 total (fatal and non-fatal) opioid overdoses, which is up slightly from 2017.[14]
- In 2017, Baltimore City had 692 opioid-related deaths[15]. As of September 30, 2018, the citywide Staying Alive program has trained over 34,644 individuals on Narcan treatment and dispensed 3,891 naloxone kits across the city. There are 904 reversals reported in 2018[16].

[13] Anne Arundel County Department of Health. Opioid-Related Data. https://www.aahealth.org/opioid-related-data/.
[14] Howard County Department of Health. Howard County Opioid Scorecard. https://www.howardcountymd.gov/LinkClick.aspx?fileticket=inW6R5vr-_M%3d&tabid=2851&portalid=0
[15] Maryland Department of Health. Unintentional Drug- and Alcohol-Related Intoxication Deaths in Maryland Annual Report, 2017. https://bha.health.maryland.gov/OVERDOSE_PREVENTION/Documents/Drug_Intox_Report_2017.pdf
[16] Baltimore City Department of Health. Substance Use Disorder. https://health.baltimorecity.gov/programs/substance-abuse

Sheppard Pratt Patient Profile

Diagnoses – Top 7 Diagnoses FY18 by discharge[17]

The top five most frequent diagnoses at discharge in FY18 were the same in both SPHS facility service areas with only slight variations in overall rank and order.

Table 17: Top 7 FY18 Diagnoses by Discharge Data by Sheppard Pratt Service Area

Townson Facility Service Area			Ellicott City Facility Service Area		
Rank	**Diagnoses**	**Number of Discharges**	**Rank**	**Diagnoses**	**Number of Discharges**
1	Major Depressive Disorders	1,925	1	Major Depressive Disorders	933
2	Bipolar Disorders	997	2	Bipolar Disorders	759
3	Schizoaffective disorders	485	3	Schizoaffective disorders	308
4	Eating Disorders	263	4	Mood Disorders	268
5	Adjustment Disorders	48	5	Adjustment Disorders	35
6	Anxiety Disorders	40	6	Anxiety Disorders	29
7	Mood Disorders	3	7	Eating Disorders	4
	All others diagnoses	1,871		All others diagnoses	222
	TOTAL	5,632		TOTAL	2,558

- The Towson campus provided treatment to over twice as many individuals than the Ellicott City campus.
- There were twice as many patients discharged with the diagnosis of Major Depressive Disorder (from the Towson campus than the Ellicott City campus.
- Across both SPHS campuses, Major Depressive Disorders and Bipolar Disorders were the top two recurring diagnoses at discharge in FY2018.

[17] SPHS Diagnosis at Discharge, FY18

Digital / Social Media Data Analysis

Over four billion people across the globe use the internet with approximately 3.2 billion using social media in 2018.[18] The internet and social media has become a powerful channel to share information at home and around the world.

Approximately two-thirds of all U.S. adults (68%) are Facebook users and 75% of those users access Facebook at least daily. YouTube, while not considered a traditional social media platform, has increased in popularity in the recent years with 73% of U.S. adults reported using the platform[19]. Google continues to be the top search engine with 70% of all search market share.

With an abundance of information at an individual's fingertips, one in three Americans have searched online to figure out a medical condition.[20] Of those who seek medical information online, 46% of the individuals sought attention from their medical provider. Reviewing online search interest and social media can help identify the most common, emerging, and surging healthcare-related issues in the local community.

Approach:

As noted, Crescendo deployed data analysis and reporting techniques based on digital communications resources such as the following:

- Facebook Business Manager
- Meltwater Social Media Insight
- Google Analytics and Trend Analysis

Goal:

To Better understand community members' interest in mental health and substance use disorder topics by identifying the most common, emerging, and/or surging mental health and substance use disorder issues included in publicly available online discussions.

Digital tools, such as Google Trends, Meltwater Services, and others can help identify mental health and substance use disorder issues that are increasingly pertinent in online discussions across social media and the internet.

[18] We Are Social. *Digital in 2018: World's Internet User Pass the 4 Billion Mark*. https://wearesocial.com/blog/2018/01/global-digital-report-2018

[19] Pew Research Center. *Social Media Use in 2018*. http://www.pewinternet.org/2018/03/01/social-media-use-in-2018/

[20] Pew Research Center. Health Online 2013. http://www.pewinternet.org/2013/01/15/health-online-2013/

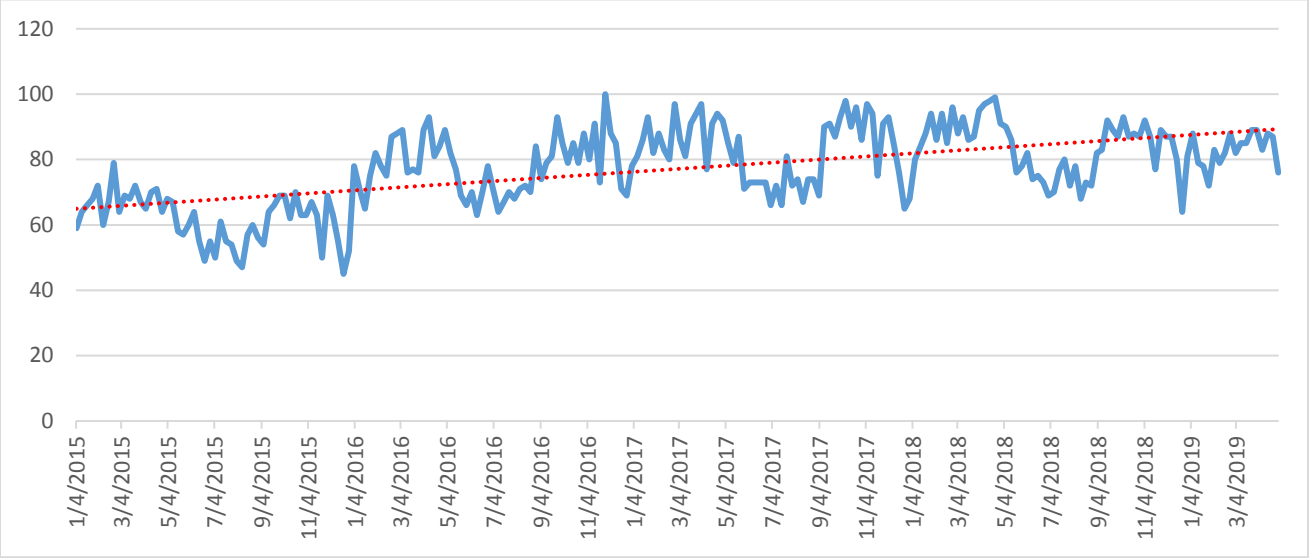
About Google Trends

Google Trends is a search trends feature from Google that shows how frequently a given search term is entered into Google's search engine relative to the site's total search volume over a given time period. Google uses a relative score to measure the index of search activity. The maximum value, or peak popularity, is 100. For example, if the value for "Baltimore" is 100 and the value for "donut" is 50, the number of searches for "donut" is half as popular as "Baltimore." A score of 0 means there was not enough data for the term.

The following charts depict the search interest for mental health issues in the Baltimore area over a specific time period.

Mental Health Search Interest Overview

Figure 6: Google Search Interest Over Time for Mental Health



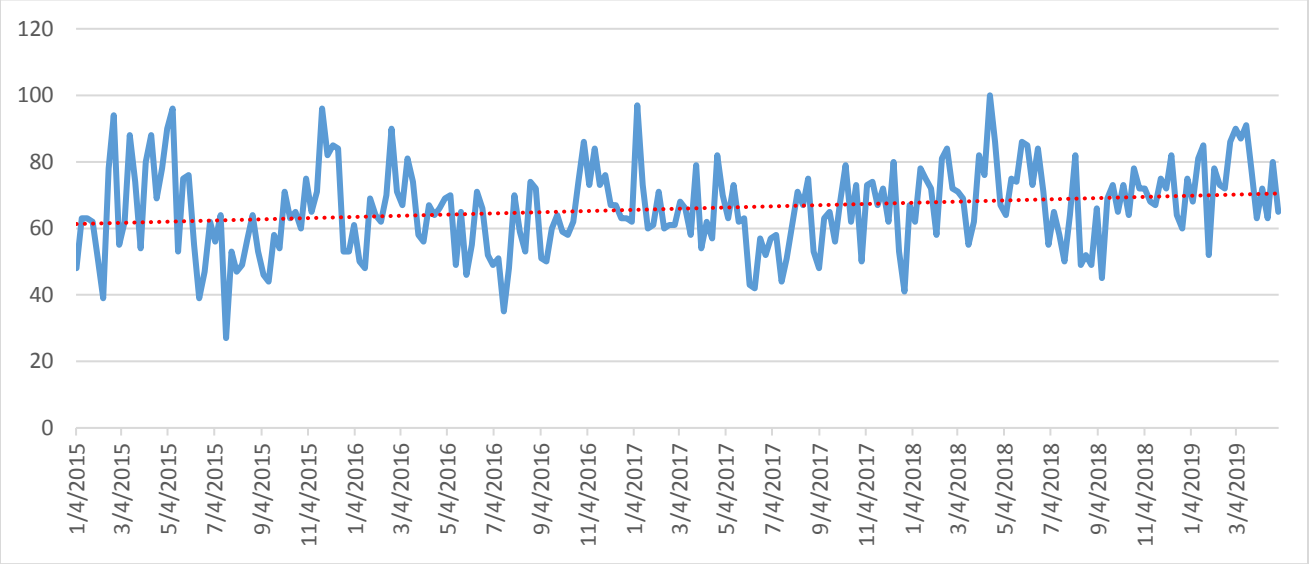
- From January 1, 2015 through April 30, 2019, search interest for "Mental Health" increased approximately 42%, which is above the national increase of 29% for mental health.
- Top search queries for mental health include anxiety, depression, autism, bipolar, and ADHD. The top rising search term, which is the term with the biggest increase in search frequency since January 1, 2015 is "psychiatrist near me."

Mental Health Disorders Google Search Interest

Approximately 35% of U.S. adults have reported they have gone online to try to figure out what medical condition they or someone else might have.[21] Search interest for mental health in the Greater Baltimore area has increased above the national trend since the 2015 Community Health Needs Assessment in 2015. Search interest for anxiety has increased above the national average while search interest in substance abuse has decreased slightly during the same time period.

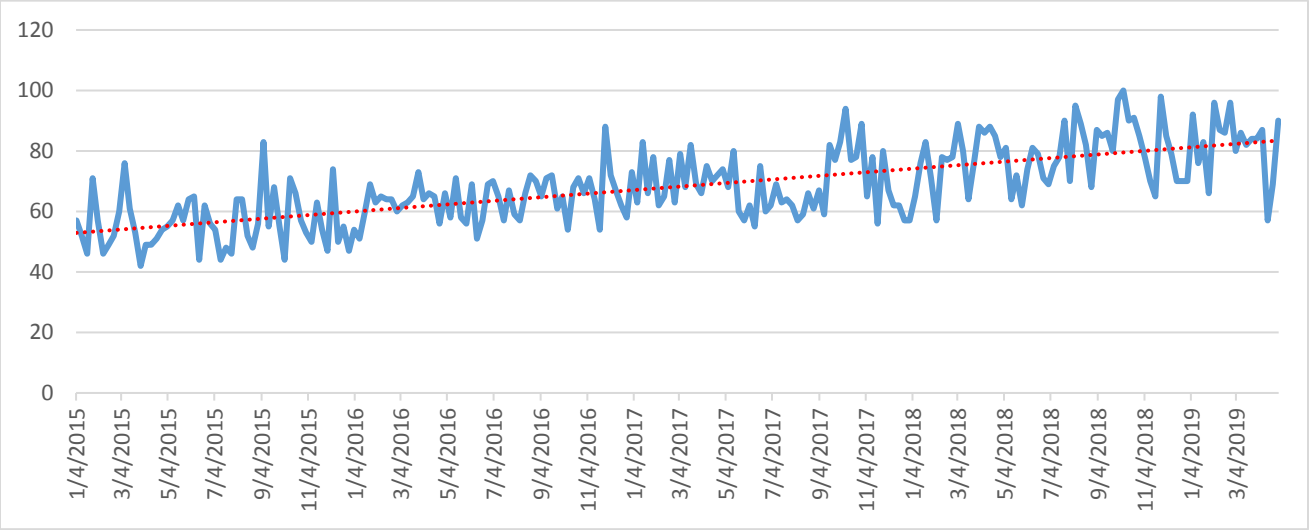
[21] Pew Research Center. Health Online 2013. http://www.pewinternet.org/2013/01/15/health-online-2013/

Figure 7:Google Search Interest Over Time for Depression



- Search interest for Depression increased approximately 17% from January 1, 2015 through April 30, 2019, which is below the national increase of 22%.
- Depression as a search term was most popular in Stevensville, Towson, Pasadena, Lake Shore, and Catonsville.
- Top search terms for Depression include depressions, anxiety, depression symptoms, and bipolar. The top two rising search terms are ketamine and bupropion.

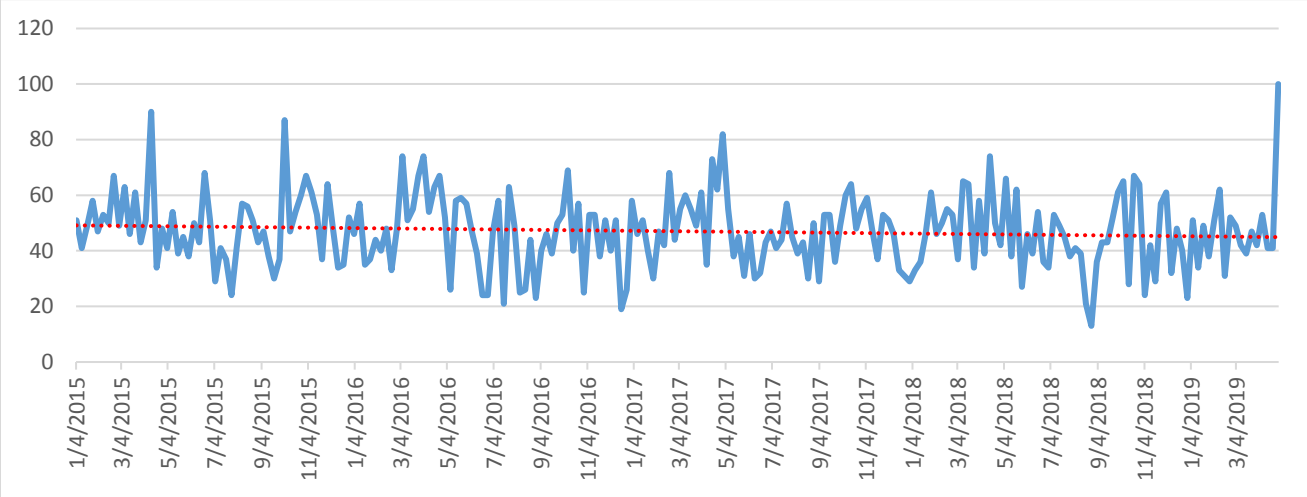
Figure 8: Google Search Interest Over Time for Anxiety



- From January 1, 2015 through April 30, 2019, search interest for Anxiety increased 63% in the Baltimore area. The Baltimore area is slight above the national increase rate of 57% during the same time period.
- Anxiety has a search term was most popular in Bel Air, Towson, White Marsh, Bel Air North, and Arnold.

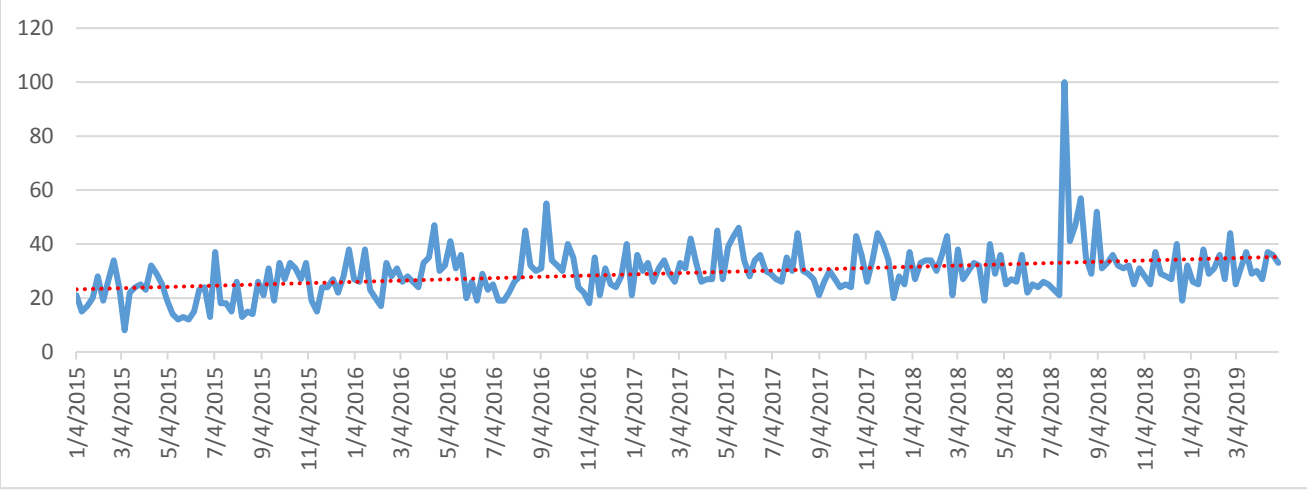
- The top search terms include anxiety symptoms, social anxiety, depression, anxiety medication, and anxiety attack.
- The top rising search terms include CBD oil, medical cannabis, and weighted blanket indicating that people are researching alternative treatment options for anxiety.

Figure 9: Google Search Interest Over Time for Substance Abuse



- Search interest for Substance Abuse decreased by approximately 8% overall from January 1, 2015 through April 30, 2019 although there is great variability in search interest.
- Search interest was highest in Towson, Baltimore, Catonsville, and Columbia where a high percentage of substance abuse services are location in the region.

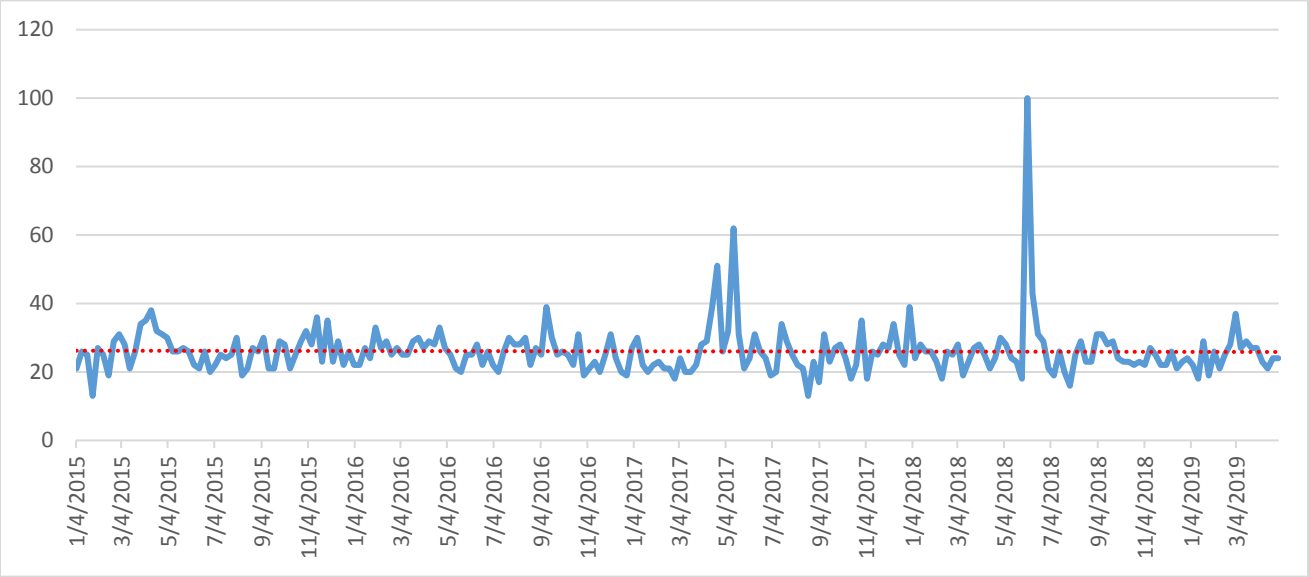
Figure 10: Google Search Interest Over Time for Drug Overdose



- From January 1, 2015 through April 30, 2019, search interest for drug overdose increased approximately 64%.

- Search interest reached an all-time high during the week of July 22, 2018 due to the high-profile Heroin overdose of the popstar, Demi Lovato.
- Search interest for the term “drug overdose” was highest in Bel Air South, Glen Burnie, Westminster, Catonsville, and Baltimore.
- The top search terms include overdose, drug overdose, heroin overdose, fentanyl, and Demi Lovato.

Figure 11: Google Search Interest Over Time for Suicide



- Search interest for Suicide has remained relatively flat from January 1, 2015 through April 30, 2019 following similar national trends.
- Search interest for the term “suicide” reached peaks around May 2017 and June 2018. The May 2017 peak is due to the release of the movie The Suicide Squad. The June 2018 peaks are due to the high-profile suicides of Kate Spade and Anthony Bourdain.
- Top search terms include suicidal, suicide hotline, suicide prevention, and suicide.

Summary

The digital analysis of Google search interest trends in the Greater Baltimore area reveals some positive correlations between mental health disorder Google searches and diagnoses. Since the previous Community Health Needs Assessment in 2015, Google search interest for anxiety has increased 63%, which is higher than the national trend. Search interest for depression has also increased during the same time period, but below the national trend. Interestingly, search interest popularity for both depression and anxiety are highest in cities mainly in Baltimore and Harford Counties.

The positive correlation between Google search increase for anxiety and depression may indicate two things: 1) awareness has increased and more individuals are searching for symptoms and prevention information, and 2) mental health stigma may be preventing individuals from seeking treatment and information from their medical providers and are thus turning to the internet for information especially in more affluent suburban areas. For example, top search terms for anxiety included alternative treatment methods like CBD oil and weighted blankets.

Google Trends data can also help Public Health departments monitor search interest for specific diseases or lifestyle behaviors and develop strategies and programs to address the public health issue. For example, new research recently published in the Journal of the American Academy of Child & Adolescent Psychiatry discovered a significant increase in monthly suicide rates among U.S. youth aged 10 to 17 years after the release of the Netflix show, 13 Reasons Why, in 2017.[22] Public health officials can watch trend data to help develop targeted campaigns to curb harmful behaviors or to create awareness campaigns around mental health stigma.

[22] Bridge JA et al. Association Between the Release of Netflix's 13 Reasons Why and Suicide Rates in the United States: An Interrupted Times Series Analysis. Journal of the American Academy of Child & Adolescent Psychiatry, Volume 0, Issue 0. https://www.jaacap.org/article/S0890-8567(19)30288-6/fulltext

Primary Research

Research Approach

Primary research for the Sheppard Pratt Hospital CHNAs included six focus group discussions and 15 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.

Focus Group Discussions

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. Discussions were designed to explore topics such as the following:

- Behavioral health needs that they see most frequently in their professional setting, and in general
- Structural, system-level, and policy issues that impact behavioral health
- High priority community needs that Sheppard Pratt may be able to have an impact on

Key Stakeholder Interviews

The one-on-one interviews provided the opportunity for more in-depth discussion of behavioral health and substance use 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 behavioral health issues, and insight regarding effectiveness and operational aspects of current programs. Interviewees were able to speak of their perceived needs in both Sheppard Pratt hospital service areas.

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 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 behavioral 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 group discussions and interviews, and a review of detailed needs as identified by participants. Based on this material, the service area's highest priority needs are listed below.

Top Three Categories of Prioritized Community Needs
Access to appropriate care • Expanded capacity in select services. • Enhanced transitions of care and "warm handoffs" to help improve the perceived quality of care. • Increased support for programs that involve a patient's family or social network. • Support for logistics and other issues impacting the ability of patients to take advantage of existing services (e.g., transportation, finances, convenient hours of operation, and others).
Enhanced crisis service options • Greater availability of crisis service providers. • More widely available information required to access services. • Enhanced efficiency of the referral networks or points to get initial help.
Awareness and prevention • Expanded knowledge of Sheppard Pratt and community service provider locations, capabilities, and access information (e.g., hours of operation, insurances accepted, types of care offered, etc.). • Increased health system leadership and policy leadership. • Increased efforts to reduce stigma.

The following section provides some greater detail – along with illustrative quotes – for the needs categories noted in the table above.

Access to Appropriate Care

Access to Care

There is a perceived need for more providers especially those with specialized skills.

One of the most frequently identified and urgent health needs in the Towson service area is related to system capacity (an "access to care" component) – especially for children and adolescents. Many (but not all) focus group participants and individual interviewees indicated that there is a broad-based need for more mental health and substance use disorder (SUD) professionals. However, many also suggest that there is a greater need for service providers able to provide specialized care in areas such as trauma-informed care, traumatic brain injury, and services for individuals with dual diagnosed mental health and behavioral health disorders. One interviewee stated that "there are enough providers, but not enough that have the right education" when referring to the need for more trauma-informed care (TIC) trained providers to meet the needs of children living in Baltimore City. Some illustrative comments supporting this observation follow.

- *"[The total Sheppard Pratt service area] would benefit from more therapists who are trained in trauma-informed care. They are not evidence based trained."*
- *"There is a need for expanded service for people suffering from traumatic brain injury."*
- *"I wish that there were more neuropysch beds for kids with co-occurring behavioral health and mental health diagnosis. There is such as shortage in the state."*
- *"For children with ADHD, OCD, depression, and Down Syndrome, access to mental health services is difficult for children with dual-diagnosed mental health and behavioral health disorders. There are not enough providers trained or willing to see this population."*

In some cases, insurance regulations are hampering treatment for children.

Additionally, one focus group of parents and caregivers of children with mental health issues discussed why their children were discharged after 10 days of inpatient treatment at the Towson facility. One parent had to abandon her child at the hospital, so her child could receive the care she needed. Focus group participants were unsure if it was an insurance or hospital policy to discharge patients after 10 days of hospitalization.

- *"Why do our children get 'kicked out' of the hospital after 10 days? Is it due to an insurance policy? We had to abandon our daughter so she could stay at the hospital for three months because we knew she wouldn't be safe at home and we couldn't get 24/7 in-house care for her."*

Mental Health Treatment Options

Treatment options lag the increasing needs for services among children and adolescents.

Many focus group participants and stakeholders recognized the vast number of treatment options Sheppard Pratt offers in both in-patient and out-patient settings in the Towson service area. However, there is a perceived gap in available treatment options for children. One stakeholder noted that more and more children are being diagnosed with mental health and substance abuse issues, but the healthcare system has not caught up with the new trend.

- *"Kids are getting diagnosed with SA and MH issues younger, but services haven't caught up yet, so we don't have places for them."*
- *"We need intervention and treatment services for youth with behavioral and mental health needs. We find that teens and pre-teens with poor behaviors often get dumped out of society and they begin a cycle of poor behaviors going forward in life."*
- *"ACE and Trauma-informed care need to be infused throughout the healthcare system – especially among those coming into frequent contact with youth."*

Increased quality of care and more consistent use of best practices (region-wide) is needed to better meet patients' needs.

Many stakeholders spoke positively about the high quality of care that many area organizations (including Sheppard Pratt) provide for their clients, yet several mentioned some specific areas for improvement.

- *"Sheppard Pratt offers DBT treatment, but they don't always get the opportunity to provide it. In some cases, patients are just held for stabilization without being able to receive the full benefits of DBT or other forms of care."*
- *"There may be an opportunity for Sheppard Pratt to better coordinate care and referrals with other area hospitals. For example, different hospitals have different psychology beliefs. I had a client who was displaying dissociate disorder issues. We went to John Hopkins who turned her away because they didn't believe in dissociate disorders. A stronger linkage between Hopkins and Sheppard Pratt may have helped my client get quicker care."*
- *"There needs to be an infusion of evidence-based best practices into schools, businesses, public safety, families, and providers. There are lots of good people trying to do great things, yet there is a lack of uniform, validated, consistent approaches."*

Care Coordination (Capacity)

Transitions of care and "warm handoffs" help improve the perceived quality of care.

Several focus group participants and stakeholders indicated that more coordination and post-discharge programs would help reduce readmissions and support integrated and continuity of care goals across Sheppard Pratt and community partners. For example, a parent of a child with mental health issues said that increased post-inpatient discharge contact from a Sheppard Pratt provider would help enable better guidance to the next stage of care and improve adherence to the child's treatment plan.

- *"Although inpatient quality of care is good, additional follow-up after discharge would help KEEP my child out of the hospital and help keep her healthy."*
- *"Increased focus on a "team approach" to care and working in a more integrated way with community service provider partners would benefit outcomes."*
- *"Increased coordination of care and 'warm handoffs' would better engage downstream providers in the community leading to lower readmissions and healthier patients."*

Addiction Treatment (Capacity)

There is a continuing, growing, need for services designed to address substance misuse issues.

The opioid crisis and other substance misuse issues were big concerns for most focus group participants and community stakeholders. First identified in the 2015 Community Health Needs Assessment as one of the most urgent health needs in the service area, the need for addiction treatment for opioid dependency and other substance use disorders (SUDs) continues to be a top identified need in the Towson service area. Many of the comments from the community revolved around the need for more services and providers.

- *"There are a few detox centers in the City for mostly alcohol and benzos. Many people will try to detox at home, but in the end, they give up because it's hard."*
- *"We should increase more community-based Opioid Use Disorder (OUD) services."*
- *"There are not enough Substance Abuse providers in Harford County, so there is a big wait list. Many have to go to Eastern Maryland or Baltimore City for services."*

- *"We need to provide training for first responders around the opioid and broader substance misuse issue."*

Public policy and the generational impact of substance misuse presents ongoing health challenges and heightens the need for system-level attention to structural issues affecting community mental health and substance misuse.

Many stakeholders indicate that they recognize that the opioid epidemic is a much larger regional and national issue that needs to be addressed from a public health viewpoint. Substance misuse has a major impact not only on the individual, but also their families and the community.

- *"We view addiction as a juridical issue, not a public health issue."*
- *"The opioid epidemic is by far the greatest issue facing the area – maybe the entire nation's Public Health biggest challenge, too. Sheppard-Pratt should have a large outpatient opioid treatment center on the Sheppard Pratt campus."*
- *"Parental substance use has a major impact on the parents, but a longer term impact on kids and the community."*
- *"The entire conversation about ACEs [i.e., Adverse Childhood Experiences] is getting more attention. There is still a big opportunity to education school systems, first responders, and even direct care providers about ACE and how to help patients wrestling with related issues."*
- *"Trauma, poverty, and racism is the main issue in Baltimore City. This leads to ACEs and we all know that people who experience ACEs as a child will have longer health outcomes as an adult."*

Increased support for programs that involve a patient's family or social network may help improve overall care and outcomes.

In focus group discussions and stakeholder interviews, participants recognized the importance of providing services to the family and other important social network members – not just the individual. Many community partners identified the need for additional family services, such as increased family counseling during crisis.

- *"[It would be beneficial for hospitals to more] fully engage and coordinate services with DSS. Hospitals tend to focus on the patient [and to some extent on the family], but a smoother transition of care to DSS or other community partners would help address ongoing family issues."*
- *"[Mental health providers] need to increase clinical efforts to address family issues – even if only one member is the patient."*
- *"We were only offered family counseling once during my daughter's hospitalization. I wish we could do it more."*
- *"The whole opioid epidemic is severe in Baltimore City and Baltimore County. For our work, we see maltreated children and neglected children who are the result of parent use of drugs, especially opioids. Especially with children this is truly a 'family' issue."*

Financial / Insurance Reimbursement (Logistics)

Financial and health insurance issues were often cited as major contributors to access to care challenges.

Participants indicated that private insurance coverage is not as extensive as medical assistance and many providers, especially those in Baltimore City, do not accept private insurance. Medicare is also perceived by some as having limited coverage for services for issues such as substance use disorders.

- *"Medicare does not reimburse for some substance use disorder care services."*
- *"Private insurance doesn't cover a lot of services. There are not enough providers in Baltimore City that take private insurance. Some do offer a sliding scale, though."*
- *"It is an interesting situation – difficult for many – where if you have insurance including Medicaid but no money [i.e., low household income], you can receive mental health care from providers AND supporting services from DSS. If you have insurance and a decent household income, you can get mental health care from providers BUT NO supporting services from DSS – even though some in this category can't afford deductibles and co-pays. Third, if you have no insurance, you are in dire straits because you can get neither mental health care from providers NOR supporting services from DSS."*

Transportation (Logistics)

Transportation to mental health and SUD treatment services away from more urban areas is a challenge.

Qualitative research participants indicate that transportation is a challenge for many people in need of mental health and SUD treatment services – especially those living further away from more urban areas (e.g., where public transportation, ride sharing, and proximity to services is better) or those in crisis.

- *"We live in Howard County. If my child is in crisis, I have to bring him to the Towson facility. I'm scared to drive him there as he could hurt himself or me on the way."*
- *"People who struggle to receive treatment often struggle with housing and transportation needs."*
- *"Private insurance doesn't pay for transportation to medical appointments, but Medicaid and Medicare will for most people."*
- *"Transportation is a big issue, especially in a rural county."*

Housing (Logistics)

Qualitative research participants state that additional continuity of care options and more efficient transitions of care would improve outcomes and reduce hospital readmissions.

Affordable housing is often cited as one of the top needs in the local community by focus group participants and community stakeholders. Specialized housing, like recovery and transitional housing, is lacking in many areas of the Towson service area.

- *"Housing – there's an eight year waiting list for affordable housing in Baltimore City."*
- *"We do have a few recovery-type homes in Harford County, but none accept pregnant woman or allow women to stay with their children."*

Enhanced Crisis Service Options

Walk-In Clinic

The Sheppard Pratt Walk-in Clinic is perceived as beneficial, yet additional resources and operational adjustments would enhance its ability to meet patient needs.

The Sheppard Pratt Walk-In Clinic was one of the outcomes from the 2015 Community Health Needs assessment, and most focus group participants and community participants spoke positively about its creation and availability to serve the public. The most frequently mentioned way to further improve the usefulness of its services is to expand hours and add providers.

- *"A 'Quick Clinic' is a great idea but is challenging due to hours of operation. If there is not an immediate opening, kids wind up going to the ED, which, in itself, can be traumatic."*
- *"The Walk-in Clinic provides needed services, but it is understaffed. Its capacity needs to be expanded to better meet the [growing] needs."*
- *"We need expanded hours at the walk-in clinic. I was in the clinic all day with my daughter waiting for an appointment but was unable to be seen."*
- *"We've had several families try to go to the walk-in clinic. It is a good resource, but because some families were needing services for their child with Autism, they had to go to the hospital ED instead."*

Crisis Services

Increased capacity of mental health and/or SUD crisis services is an ongoing need.

One of the most urgent needs identified by almost all focus group participants and community stakeholders was the need for additional or expanded crisis services in the service area. In both Sheppard Pratt service areas, qualitative research respondents indicate that crisis services currently exist but are often overtaxed, understaffed, and underfunded. They say that response times can be slow due to staffing and sometimes insurance type can affect access to the service for some individuals.

- *"Crisis services exist, but they are overtaxed. More capacity is needed."*
- *"Only Baltimore City has crisis services tailored to children and youth. We have services in our county, but they [i.e., crisis service providers] might not be knowledgeable about the unique needs of kids in crisis."*
- *"BCAR and BCRI currently offer crisis services [in Baltimore City]. BCAR only has six people so the wait time can be up to 24 hours. Sometimes insurance is an issue and can delay response."*
- *"There are not enough crisis services. The City has no 24/7 or urgent care clinic in the City, which is a major access point for many."*
- *"Harford County doesn't have a 24/7 mobile crisis unit that can address the needs of people around the clock yet. [Supposedly, some are] working on putting together a crisis center that opens this summer to help divert people from the ED."*

Awareness and Prevention

Service Awareness and System-level Support

There is opportunity for Sheppard Pratt to take a leadership role in driving care coordination initiatives in the Towson service area and the State of Maryland.

One of the more consistent observations noted among focus group participants and stakeholder interviewees was that there is a need for a coordinating body to help inform or align area services. Most note that there is a wealth of areas services (though some gaps exist, as previously mentioned), but there is not a unified source that can serve as a central point of information about community service site capabilities. For example, many community mental health providers indicate that they do not have a full understanding of the services provided by other sites. As such, when they refer a client to another provider for care, they do not feel confident that they have a full understanding of the best options for the client. Similarly, many community members indicate that when they have the need to seek care for health-related issues, they are unsure about where and how to initially seek help.

- *"My granddaughter needed some help; she was depressed and thought about hurting herself. When she was eventually ready to get some help, she didn't really know where to start, and she's a smart, well-educated person! She started with her regular doctor who suggested medication and a counselor. After six weeks, she got in to see a counselor, but the counselor wasn't the right fit. The counselor wasn't sure where else to send her, so she sent her to Sheppard Pratt. The hospital helped her get through her immediate issues. She is still trying to find the right fit, though, for her outpatient work."*
- *"We [at a public health agency] think that we know all of the services providers in the area and their capabilities. We also know that we are wrong! There are so many providers – many doing good things that we don't even know about – that it is hard to stay current. It would be great if there was either a central point of information or some form of coordinating body where we [community service providers] could easily see what others are doing."*
- *"The Baltimore area is home to numerous organizations, providers, and services. However, awareness of available resources is not always known by consumers and providers. While some community partners and health departments have resource guides available, not many people are aware of the resource guide until they are in crisis."*
- *"In some instances, community providers work very well together. However, much more is needed. The restructuring of the state's Mental Health System resulted in different groups competing for limited resources, or at least, unsure about which organizations should take leadership roles or drive initiatives. There is a vacuum or some sort."*
- *"A regular luncheon, meeting, or other QUARTERLY event where disparate service providers could come together and learn about what each other does would be very helpful. Sheppard Pratt would be a perfect host organization. Everyone knows them, they are a de facto partner in community care already, and they would have the ability to help lead and coordinate care. This would be an important*

leadership role, but I don't think that Sheppard Pratt would have to necessarily DO everything, but their ability to lead and organize others would fill an important vacuum that currently exists."

Stigma (Awareness)

In focus groups and interviews, participants recognized that individuals seeking treatment for mental health and substance use disorders often may not seek help because of stigma-related issues.

Qualitative research respondents indicate that stigma can take many different forms: "internal" stigma in which the person in need feels that he or she is weak because of the need for help, or that she or he should be able to "pick myself up by my bootstraps." Many people say that they also may face "externally-based stigma" which often stems from feeling embarrassed or overly concerned about how others may perceive the need for help. Additionally, there is added stigma for those with Autism that can hinder their quality of care. As one of the leading behavioral health hospitals in the county, Sheppard Pratt has the opportunity to lead the discussion on mental health and substance use issues to reduce stigma in the local community.

- *"Neighborhoods and families are very close. The downside is that there is a greater than usual sense of 'what happens in the family, stays in the family.' This can be counterproductive and hinder early intervention and other interventions."*
- *"Stigma is very much an issue amongst substance use addiction and mental health."*
- *"We are unforgiving to people who have addiction issues. Even in AA or NA, we teach them that they are an addict. 'Hi, I'm Joe and I'm an addict.' Even after 25 years of recovery. I'm not sure that that is a good premise!"*
- *"Greater outreach by Sheppard Pratt to the African American community would be a great benefit to some of the higher need neighborhoods in our community."*
- *"Stigma is rampant – especially among youth."*
- *"There is a severe lack or training and stigma in the medical field when it comes to Autism. Many providers don't understand Autism and often blame other health and mental health issues on Autism when in fact it is another co-occurring mental health issue."*
- *"Sheppard Pratt can be a behavioral health leader that can help the city, the county, and the state address the core issues impacting suicide and mental health."*

Summary

Based on the qualitative research (i.e., focus group discussions, stakeholder interviews, and leadership meetings), secondary data analysis, and the digital and social media research, community needs were identified and categorized as access to appropriate care, enhanced crisis service options, and prevention and awareness. The needs identified during the CHNA research process were used in the needs prioritization process in the following section.

Needs Prioritization

The needs prioritization process was a two-stage initiative that included (Stage 1) an online quantitative and qualitative survey followed by leadership group meeting and a second quantitative survey (Stage 2).

Leading up to the Stage 1 survey, the results of the secondary data research and the qualitative research from the focus group discussions and stakeholder interviews led to a list of 35 discreet or overlapping needs. Six Sheppard Pratt Health System employees who were part of the leadership group took part in an online survey in which they were asked to rate each of the 35 needs on a 7-point scale (with 7 = the greatest need for more focus). They were also asked to provide qualitative feedback on the needs in the community.

Stage 1: Prioritization of Needs

Analysis of the Stage 1 survey identified three categories of needs:

- Access to appropriate care
- Enhanced crisis service options
- Prevention and awareness

Respondents were asked to rate the 35 needs within three categories of needs. The median scores of the full list of needs evaluated in the Stage 1 survey appear in Appendix C. Expanding access to primary care and increasing awareness of existing services and community organizations tied as the top need.

Stage 2: Prioritization of Needs

Stage 2 of the prioritization process included an in-depth workshop-style meeting with the six members of the leadership group. Prior to the meeting, analysis of the Stage 1 survey (as well as the prior secondary and primary research) led to the categorization of needs into a rank order list (below) and three general categories, (i.e., Access to appropriate care, enhanced crisis service options, and prevention and awareness). The workshop-style Stage 2 meeting embedded activities designed to evaluate the three categories, review individual community needs, and – importantly – help develop tactical initiatives by which higher-priority needs can be addressed.

Prioritized Needs

Based on input from the Leadership Group meetings; analysis of local, State of Maryland, and federal quantitative data; community input; and, the needs evaluation process, the prioritized list of community needs is shown in the table below.

Top Community Needs – Towson	
Rank	**Community 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	Improve provider information on provider network directory lists
5	Increase Sheppard Pratt's regional leadership role by coordinating disparate community services
6	Improve regulation around addiction counseling
7	Create a parent support group for parents with children with SMI
8	Increase residential options for teens with co-occurring mental health and behavioral issues
9	Increase awareness of services offered at what SPHS locations
10	Provide Narcan and Evzio training to key community members (i.e., police, fire, schools)
11	Engage in system-level / regulatory / policy change advocacy
12	Increase access to family therapy for families
13	Decrease stigma around mental health and substance use disorders

Implementation Strategy Considerations

Also, during a Sheppard Pratt Leadership meeting, participants worked collaboratively to build the foundation for Implementation Plan activities (to be conducted after from this CHNA). Group members undertook efforts to identify an initial list of activities designed to address high priority need categories and several detailed opportunities for improvement. A summary of potential next steps to support development of the Implementation Plan is listed below.

- Develop a list of existing programs and how they impact (or are impacted by) higher-priority needs.
- Develop a criterion by which Sheppard Pratt can evaluate which community needs to address (and how) and which ones to not address (and the rationale to support the decision).
- Establish a small workgroup that can evaluate each of the community needs based on the evaluation criteria and develop specific strategies to include in the Implementation Plan.
- Draft the Implementation Plan according to requirements and then work to further implement strategies to better meet community members' needs.

Appendix

- Appendix A: Sheppard Pratt Leadership Group
- Appendix B: Stakeholder Interview Participants
- Appendix C: List of 35 community needs
- Appendix D: Resource Guide

Appendix A: Sheppard Pratt Leadership Group

The Sheppard Pratt Leadership Group consisted of key staff members of the Sheppard Pratt Health System. The Leadership Group provided insights during two group discussions and the needs prioritization process.

Sheppard Pratt Leadership Group	
Name	**Position**
Jennifer Wilkerson	VP and Chief Strategy Officer
Laura Lawson	VP and Chief Nursing Officer
Jeff Grossi	Chief of Government Relations
Dr. Ben Borja	Medical Director, Crisis Services & Residency Training
Armando Colombo	Executive VP and Chief Operating Officer
Jeff Richardson	VP and Chief Operating Officer, Sheppard Pratt Community Services
Antonio DePaolo	Chief Transformation Officer

Appendix B: Community Stakeholder Participants

Fifteen community stakeholders participated in stakeholder interviews to provide valuable insights into the health needs of their local communities and populations their organizations serve in the Greater Baltimore area.

Community Stakeholder Participants	
Name	**Organization**
Dr. Gregory W. Branch	Baltimore County Department of Health
Billie Penley	Anne Arundel Department of Health
Lt. Michelle Denton	The Listening Place
Jane Gehring	Child Advocacy Center
Ann Geddes	Maryland Coalition of Families
Barbara J. Bazron, PhD	Maryland Behavioral Health Administration
Susan B. Hansell	Maryland Children's Alliance
Adrienne Mickler	Anne Arundel County Mental Health Agency
Rebecca Rienzi	Family Network – Pathfinders for Autism
Adam Rosenberg	Child Abuse Center
Dr. Joshua Sharfstein	John Hopkins Hospital
Roe Rodgers-Bonaccorsy	Howard County Mental Health Authority
Crista Taylor	Baltimore City Behavioral Health System
Mallory Canami	Harford County Health Department
Bernard Gyebi-Foster	Tuerk House

Appendix C: Community Needs

The following table is the results of the first round of the Needs Prioritization survey containing the score and rank of the 35 identified community needs.

Rank	Community Need	Score
1	Improve care coordination between inpatient and outpatient providers	6.75
2	Increase Mental Health First Aid training to first responders, schools, public safety, and others	6.75
3	Expand hours at the Crisis Walk-in Clinic	6.50
4	Create a parent support group for parents with children with SMI	6.50
5	Improve provider information on provider network directory lists	6.50
6	Improve regulation around addiction counseling	6.25
7	Increase residential options for teens with co-occurring mental health and behavioral issues	6.20
8	Increase awareness of services offered at what SPHS locations	6.00
9	Provide Narcan and Evzio training to key community members (i.e., police, fire, schools)	6.00
10	Engage in system-level / regulatory / policy change advocacy	6.00
11	Increase access to family therapy for families	5.75
12	Decrease stigma around mental health and substance use disorders	5.75
13	Provider greater support for community efforts to increase general awareness of services available in the community	5.75
14	Provide advocacy around mental health and substance use disorders (i.e., opioid epidemic)	5.50
15	Increase approved patient data sharing across all providers	5.50
16	Increase access to outpatient services for people in rural areas	5.50
17	Expand wrap-around services for the chronically mentally ill	5.50
18	Increase the consistency and thoroughness of inpatient discharge follow-up	5.25
19	Increase the number of therapists trained in trauma-informed care	5.25
20	Develop a trauma-informed care training program for providers in Maryland	5.25
21	Increase number of mental health-trained providers in hospital Emergency Departments across the state	5.25
22	Work with community service providers and Sheppard Pratt sites to increase awareness of services available at county health departments	5.25
23	Increase number of peer support specialists in hospital and outpatient settings	5.25
24	Create a mobile crisis response team	5.00
25	Increase access to outpatient Dialectical Behavioral Therapy (DBT) for children and adolescents	4.75
26	Increase the number of providers who accept Medicaid clients	4.75
27	Provide expanded detox center capacity in Baltimore and Baltimore County	4.75
28	Increase coordination between Sheppard Pratt and Department of Social Services (DSS)	4.75
29	Increase accessibility to the Way Station program	4.50
30	Provide additional parent education classes at non-traditional hours for working families	4.50
31	Provide safe transportation to Towson facility for children in crisis	4.50
32	Improve medication management education for older adults	4.50
33	Increase services for new moms with substance use disorders	4.50
34	Increase the number of providers who accept private insurance clients	4.25
35	Create services to reduce senior isolation	3.75

Appendix D: Resource Guide

Sheppard Pratt's Resource Guide is available online at https://www.sheppardpratt.org/for-patients-supports/.