



Sheppard Pratt

Community Health Needs Assessment

Implementation Plan

October 12, 2022

crescendo | 

Background - Compliance

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 2022, 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 22 community health-related needs, or service gaps.
 - Stakeholder list located on next page
- ▶ 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).

CHNA Stakeholders

The following list of individuals participated in the Community Health Needs Assessment (CHNA) process.

Stakeholder Name	Organization
Sandra O'Neill, MS, LCPC	Anne Arundel Department of Health
Dr. Maura Rossman	Howard County Department of Health
Lee P. Ohnmacht, MSS, LCSW-C	Baltimore County Department of Health, Bureau of Behavioral Health
Cathy Forbes	Delegate
Carl Delorenzo	Howard County
Roe Rodgers-Bonaccorsy	Howard County Mental Health Authority
Linda Raines	Mental Health Association of Maryland
Kate Farinholt	NAMI Maryland
Rebecca Rienzi	Family Network / Pathfinders for Autism
Jane Gehring	Child Advocacy Center
Sam Salerno, LCSW-C	Sheppard Pratt
Laura Winstead, LCSW-C	Sheppard Pratt
Laura Eskander, MD	Sheppard Pratt
Ehsan Syed, MD	Sheppard Pratt
Robert Wisner-Carlson, MD	Sheppard Pratt
Veranda Hodzic, MD	Sheppard Pratt
Jessie Stephen, MD	Sheppard Pratt
Devi Bhuyan, PsyD	Sheppard Pratt
Carrie Etheridge, LCSW-C	Sheppard Pratt
Monica Rettenmier, MD	Sheppard Pratt
Scott Aaronson, MD	Sheppard Pratt
Weronika Gondek, MD, FAPA	Sheppard Pratt

Requirements

The CHNA and the IP 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

- ▶ The Sheppard Pratt CHNA and Implementation Plan activities consider services and activities across campuses in order to maximize community impact (i.e., help the most people in the most efficient manner) and optimize strategies.
- ▶ The Implementation Plan establishes the basis for shared operational plans to address higher-priority needs.

Implementation Plan Approach

- ▶ Implementation Plan activities [i.e., actions taken to identify which community health needs will be addressed (and how)], including 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 22 identified, prioritized community needs
 - Working with the Project Leadership team to define for each of the 22 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 22 community needs (from the CHNA) is included on the next slide.

The Total List of Prioritized Needs

1. Crisis Care Programs for behavioral health (including substance use disorders)
2. Support services for families of people struggling with mental health or substance issues
3. Staff shortages (including providers, nurses, support staff)
4. Community-based counseling services for adolescents / children
5. Awareness of resources and services in the community
6. Early intervention for substance use disorders
7. Mental health and SUD services for children / adolescents, including mental health beds, co-occurring MH and SUD, etc.
8. Resources and services for adults with co-occurring MH and SUD issues
9. Community-based counseling services for adults
10. Intermediate level of mental health care for adults, including adult mental health beds
11. Affordable housing and services for people experiencing homelessness with mental health challenges
12. School-based behavioral health education and early intervention and services
13. Diversity in behavioral health providers (i.e., race/ethnicity, LGBTQ+, etc.)
14. Integrated care for people requiring medical / physical health, as well as behavioral health and substance use care and Care Coordination
15. Transportation services for people needing to go to healthcare appointments
16. Medical Assisted Treatment (MAT) for opioid addiction; suboxone
17. Transitions of care services for people moving from one level of care to another
18. Commercial insurance coverage of behavioral health services
19. Resources and services for people with IDD
20. Mental health stigma reduction
21. Detox services for people misusing drugs or alcohol
22. Recovery programs for people with SUD (i.e., peer support, AA/NA)

Evaluation Criteria and Definitions

SPHS has a long-standing commitment to the community on every level. 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.

Categorization of the 22 Community Needs Identified in the CHNA

- ▶ For each of the 22 needs, SPHS examined its current programs, outreach efforts, and collaborations, and considered new initiatives such that each of the 22 needs were assigned to one of the following categories:
 - Needs that SPHS will not address: The need is either not within the SPHS purview or beyond its ability to readily impact.
 - 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.

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).

Needs SPHS Will Not Directly Address

SPHS existing programs and activities address all of the higher-priority needs directly or indirectly. The following slides present enhanced details regarding the programs and needs addressed by them.



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.

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 (5 priority):
 - Crisis care programs for behavioral health (including substance use disorders) (CHNA Rank: 1)
 - Support services for families of people struggling with mental health or substance issues (CHNA Rank: 2)
 - Community-based counseling services for adolescents/children (CHNA Rank: 4)
 - Awareness of resources and services in the community (CHNA Rank: 5)
 - Early intervention for substance use disorders (CHNA Rank: 6)

The Sheppard Pratt Implementation Planning process also identified 13 additional needs that they could address within approximately one year; however, initiatives to address unmet needs will focus on higher priority ones (i.e., those listed above). The complete list of prioritized needs is contained later in this document.

*** 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.*

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:
 - Commercial insurance coverage of behavioral health services (CHNA Rank: 18)
 - Mental health stigma reduction (CHNA Rank: 20)

Both of the issues identified by Sheppard Pratt impact a great number of patients and other community members. Addressing either issue will require significant amounts of community collaboration, as well as two or more years to positively impact change in these areas. The hospital will continue focused efforts to bring about long-term, positive change in these areas.

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 focus areas:
 - Staff shortages (including providers, nurses and support staff) (CHNA Rank: 3)
 - Diversity in behavioral health providers (i.e., race/ethnicity, LGBTQ+, etc.) (CHNA Rank: 13)

Each of the above issues directly relates to system capacity. Sheppard Pratt is dedicated to continuing initiatives to attract and retain the highest quality providers – including those reflecting diversity in behavioral health. System capacity issues, though, are long-term, ongoing challenges impacting the behavioral health industry.

Summary: Top Two Focus Areas and Needs by Time Frame

- ▶ **“Within One-Year” Impact Expectation – Focus areas include:**
 - Crisis Care Programs for behavioral health (including substance use disorders) (CHNA Rank: 1)
 - Support services for families of people struggling with mental health or substance issues (CHNA Rank: 2)
- ▶ **“Two to Three-Year” Impact Expectation – Focus areas include:**
 - Commercial insurance coverage of behavioral health services (CHNA Rank: 18)
 - Mental health stigma reduction (CHNA Rank: 20)
- ▶ **“Four years or longer” Impact Expectation – Focus areas include:**
 - Staff shortages (including providers, nurses, support staff) (CHNA Rank: 3)
 - Diversity in behavioral health providers (i.e., race/ethnicity, LGBTQ+, etc.) (CHNA Rank: 13)

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.

Summary: Existing Programs and Activities Addressing Community Needs

- ▶ Of the 22 community needs identified from the Community Health Needs Assessment, existing programs and activities already address 100% to some extent.
 - The hospital will focus current and new initiatives on the highest priority issues as identified in the CHNA, as well as those for which it has existing programs and activities.
 - For some of the programs and activities, 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 long-term impact of the COVID-19 pandemic is yet to fully unfold, but Sheppard Pratt is dedicated to responding to emerging opportunities to support and improve behavioral health.

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

Matrix of Prioritized Needs and Current Programs

Sheppard Pratt Health System Matrix of Prioritized Needs and Existing Programs	
Rank	Community Need
1	<p>Crisis Care Programs for behavioral health (including substance use disorders)</p> <p>Existing Programs:</p> <ul style="list-style-type: none"> - Care and Connections for Families (In-home counseling and support services) - Certified Community Behavioral Health Clinic - Crisis Residential Program - Frederick County Children’s Mobile Crisis - Psychiatric Urgent Care - The Betty Ann Krahnke Center (Emergency Shelter for domestic abuse survivors)
	<p>Support services for families of people struggling with mental health or substance issues</p> <p>Sheppard Pratt partners with NAMI Baltimore in order to provide families with support services, groups, and resources</p>
3	<p>Staff shortages (including providers, nurses, support staff)</p> <p>Existing Programs:</p> <ul style="list-style-type: none"> - Department of Training and Education – Residencies, Fellowships, and Internships - Case Management and collaboration with community-based partners to reduce demand
4	<p>Community-based counseling services for adolescents / children</p> <p>Existing Programs:</p> <ul style="list-style-type: none"> - Camp Journey Respite Program - Care and Connections for Families - Certified Community Behavioral Health Clinic - Creating Healthy Bonds (Support services for children with incarcerated caregivers) - Outpatient Mental Health Center – Frederick - Recovery and Academic Program (Comprehensive program addressing both academic and substance use needs) - Youth Mental Health Assistance

Matrix of Prioritized Needs and Current Programs

Sheppard Pratt Health System Matrix of Prioritized Needs and Existing Programs	
Rank	Community Need
5	<p>Awareness of resources and services in the community</p> <p>Existing Programs:</p> <ul style="list-style-type: none"> - Recent "Hope is Here" Campaign announcing opening of BWC - New movers campaign to promote our Psychiatric Urgent Care locations
6	<p>Early intervention for substance-use disorders</p> <p>Existing Programs: (early in disease progression, not age)</p> <ul style="list-style-type: none"> - Dare to be You (Substance use prevention and education program) - Homeless Outreach Program - Multisystemic Therapy - Opioid Treatment Program - Outpatient Mental Health Centers - Psychiatric Urgent Care - Recovery and Academic Program - School and Community Youth Services - Telepsychiatry
7	<p>Mental health and SUD services for children / adolescents, including mental health beds, co-occurring MH and SUD, etc.</p> <p>15 Existing Programs in SP System</p>
8	<p>Resources and services for adults with co-occurring MH and SUD issues</p> <p>Existing Programs:</p> <ul style="list-style-type: none"> - Certified Community Behavioral Health Clinic - Co-Occurring Disorders Unit

Matrix of Prioritized Needs and Current Programs

Sheppard Pratt Health System Matrix of Prioritized Needs and Existing Programs	
Rank	Community Need
9	<p>Community-based counseling services for adults</p> <p>Existing Programs:</p> <ul style="list-style-type: none"> - Assertive Community Treatment - Care and Connections for Families - Certified Community Behavioral Health Clinic - Creating Healthy Bonds - Homeless Outreach Program - Outpatient Mental Health Center – Frederick - Youth Mental Health Assistance
10	<p>Intermediate level of mental health care for adults, including adult mental health beds</p> <p>Existing Programs:</p> <ul style="list-style-type: none"> - Adult Day Hospitals (PHP) - Child and Adolescent Day Hospital (PHP) - Crisis Beds - Harry Stack Sullivan Day Hospital (PHP) - The Center for Eating Disorders (PHP)
11	<p>Affordable housing and services for people experiencing homelessness with mental health challenges</p> <p>Existing Programs:</p> <ul style="list-style-type: none"> - Crisis Residential Program - Developmental and Intellectual Disabilities Services - Homeless Outreach Program - Housing Counselor - Housing Initiative Program - Residential Mental Health Treatment for Adults - Residential Rehabilitation Program - The Betty Ann Krahnke Center - Veterans Housing

Matrix of Prioritized Needs and Current Programs

Sheppard Pratt Health System Matrix of Prioritized Needs and Existing Programs	
Rank	Community Need
12	<p>School-based behavioral health education and early intervention and services</p> <p>Existing Programs:</p> <ul style="list-style-type: none"> - GUYS Youth Mentoring Program - Linkages to Learning (School-based prevention and intervention program) - Off-Site Counseling - Outpatient Mental Health Center – Frederick - School and Community Youth Services - Trauma-Informed School - Youth First Care Program - Youth Mental Health Assistance
13	<p>Diversity in behavioral health providers (i.e., race/ethnicity, LGBTQ+, etc.)</p> <ul style="list-style-type: none"> - “Top Performer” for the Human Rights Campaign’s Healthcare Equality Index - Included Factors and Actions: - Offering health insurance to employees and their spouses/domestic partners, regardless of sex - Employee Support Systems prepared to support HIV-related needs - Financially sponsored local community pride celebrations - Engaged on marketing and advertising to the LGBTQ community (Partnership with OUTloud Magazine)
14	<p>Integrated care for people requiring medical / physical health, as well as behavioral health and substance use care and Care Coordination</p> <ul style="list-style-type: none"> - Sheppard Pratt Integrated Behavioral Health at GBMC (7 Locations) - Physical Therapy included in 5 Sheppard Pratt Programs
15	<p>Transportation services for people needing to go to healthcare appointments</p> <p>Existing Programs:</p> <ul style="list-style-type: none"> - Policy Number PHM-110.5 “transportation to and from the Day Hospital may be provided for patients on an individual basis, who demonstrate that they cannot access public or private transportation for financial, logistical and/or medical/psychiatric reasons”

Matrix of Prioritized Needs and Current Programs

Sheppard Pratt Health System Matrix of Prioritized Needs and Existing Programs	
Rank	Community Need
16	<p>Medical Assisted Treatment (MAT) for opioid addiction; suboxone</p> <p>Existing Programs:</p> <ul style="list-style-type: none"> - Opioid Treatment Program (offers Suboxone and Methadone treatment)
17	<p>Transitions of care services for people moving from one level of care to another</p> <p>Existing Programs:</p> <ul style="list-style-type: none"> - Segue Residential Transition Center - The Center for Autism
18	<p>Commercial insurance coverage of behavioral health services</p> <p>Sheppard Pratt has 35 programs covered by private insurance</p>
19	<p>Resources and services for people with IDD</p> <p>Existing Programs:</p> <ul style="list-style-type: none"> - The Center for Autism - Child and Adolescent Neuropsychiatric Unit - Developmental and Intellectual Disabilities Services - Intellectual Disabilities and Autism Unit - Neuropsychiatry Program - Outpatient Mental Health Centers - Sheppard Pratt Schools (11 Locations) - Residential Programs - Community Supports
20	<p>Mental health stigma reduction</p> <p>Existing Programs:</p> <ul style="list-style-type: none"> - Brand campaign promoting mental health is the same as physical health (Supporting documents available upon request) - We are going to be launching another brand campaign in the fall

Matrix of Prioritized Needs and Current Programs

Sheppard Pratt Health System Matrix of Prioritized Needs and Existing Programs	
Rank	Community Need
21	<p>Detox services for people misusing drugs or alcohol</p> <p>Existing Programs:</p> <ul style="list-style-type: none"> - Addiction Services – Partners in Recovery - Co-Occurring Disorders Units - Outpatient Mental Health Centers
22	<p>Recovery programs for people with SUD (i.e., peer support, AA/NA)</p> <p>14 Existing Programs include peer support for people with SUD</p>