

June 19, 2025

David Sharp
Acting Executive Director
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

RE: Need for Acute Psychiatric Services

Dear Mr. Sharp,

On behalf of Garrett Regional Medical Center (GRMC), I am writing to express the significant need for acute psychiatric beds in Garrett County. Because the Finan Center at UPMC Western MD rarely takes emergency department psychiatric placements unless they are in the judicial system, the nearest psychiatric facility in the state that can receive patients from Garrett County is over 150 miles away. This geographical difference places an arduous burden on patients, and their families or caregivers.

After reviewing the information provided, I believe that additional data may need to be considered. Within the draft of the Analysis of Need for Acute Psychiatric Services for Historically Underserved Populations are some assumptions: in one comment included, the staff assumed that a patient may be boarding in an ED due to insufficient inpatient bed capacity, if the patient's ED visit spanned one or more nights before disposition to a psychiatric unit, special psychiatric hospital or acute general hospital, or if the ED visit spanned three or more nights before a disposition of home. While all of that may be true, GRMC may also place psych patients in observation status until placement at an appropriate facility can be found and the data regarding those patients does not appear to be in the analysis.

Garrett County has a significant need for additional psychiatric beds due to its rural location and the inability to place patients timely. From July 2024 through June 15, 2025, there were 274 crisis consults in the emergency department at GRMC, which represents 1.8% of the total ED visits. One hundred and sixty-two (162) were discharged home with resources which includes counseling services provided by local outpatient behavior health centers. Garrett County does not currently have any intensive crisis services nor day programs in the community, due to the lack of funding and resources, although we are open to working with the state to develop these services. One hundred and one (101), or 62% of these crisis consults were transferred to another facility for inpatient treatment and of those 101 patients, ninety-one (91) were transferred one to three hours away, which adds stress to the local ambulance services.

Like many other rural hospitals, GRMC struggles to staff and maintain interhospital transport services. Additionally, GRMC subsidizes a third-party ambulance company in order to maintain a reliable interhospital transport system. Even with this subsidy, GRMC has limited transportation units available, and over the last year, these transports utilized over five hundred and twenty-two hours transporting mental-health patients long distances. At times, this resulted in delays for other patient transports for medical acute care needs.

On behalf of the GRMC Board of Directors and the communities served, I believe there is a regional need for acute psychiatric services. With the volume of inpatient psychiatric placements, I strongly believe the hospital is able to support inpatient acute psychiatric beds to serve the community. I am interested in opening dialog with the Maryland Health Care Commission to explore the opportunity to provide inpatient services to the community. We recognize that this may best be achieved by developing a partnership with one of the local nursing homes with insufficient patient capacity to fill their current complement of beds. That may be a great way to steward investments that have already been made in facilities in the county, and therefore, greatly reduce the capital needed to implement such a service. In a potential scenario like this, the hospital could hypothetically develop a long-term lease for the space and be the managing partner of a 10-bed facility and proffer its efficiency and effectiveness to assure high-quality and patient safety for behavioral health patients in the community.

If you have interest in further dialog about these aforementioned issues, please feel free to contact me at (301) 533-4173 or via email at mark.boucot@wvumedicine.org.

Sincerely,



Mark Boucot, MBA, FACHE

President and CEO

CC:

Amy Boothe, COO-CFO

Kendra Thayer, CNO

Angela Maule, VP Quality and Performance Improvement