Maryland

MHCC_REGS COMMENT -MHCC- <mhcc_regs.comment@maryland.gov>

Comments for Need for Acute Psychiatric Services

1 message

Annie Coble <annie.coble@jhu.edu> Thu, Jul 3, 2025 at 10:08 AM
To: "mhcc_regs.comment@maryland.gov" <mhcc_regs.comment@maryland.gov>
Cc: Spencer Wildonger <swildon1@jhmi.edu>

To whom it may concern,

Apologies for the delayed response. Additionally, I understand this feedback may be a little different than what you're looking for but when I shared draft estimates of need for acute psychiatric services with our psychiatry clinicians this is the feedback I received. I thought it may provide some additional, helpful context.

Spencer Wildonger shared official comments from Johns Hopkins earlier.

Please let me know if you have any questions.

Thank you,

Annie

Child and Adolescent Psychiatry

We are lacking psychiatric adolescent beds in Maryland. The trend for longer lengths of stay in the ED is real over the past several years and worse during COVID. Because it is marginally down since COVID does not mean the clinical resources are improving and beds continue to be scarce. The metric of "2" more beds needed in the table provided for the Baltimore region may miss the reality of where the average length of stay in the ED waiting for a bed has gone from approx. 24 hs to approx. 72 hs. ED spaces are inadequate to provide comfort and care, and higher risk places to start active treatments due to lack of milieu interventions, shifting staff, lack of behaviorally trained staff for all shifts and spaces not conducive to healing. The longest stays are for neurodiverse youth given that the only unit in the state of MD which can admit the more severe neurodiverse youth does not take patients for many weeks, and at times there are months in between taking one of our ED patients.

Addiction Psychiatry – SUD secondary to psych

The overall trend lines for IP psych appear to go down, which leads to the conclusions (it appears) that there will be a net decrease in beds needed for persons with a secondary SUD diagnosis. This may reflect overall trends of decreased drug use, as well as other, lower cost sites of care such as residential programs.

However there is an uncertainty factor associated with cannabis legalization, and the impact of emerging drugs of abuse for this area. For example, anecdotally, there has been an increase in the number of persons who present with psychiatric symptoms/disorders associated with cannabis use. In some cases, these symptoms can be quite severe (e.g., psychosis). While the rate of persons with

these effects may not have increased (one might argue this is no more common than in the past, although one might also argue the higher potency cannabis increases this risk), the overall number of people using cannabis is increasing with legalization. Hence the potential for more cases. (The denominator is increasing in the proportion.)

Regarding emerging drugs of abuse, Maryland to date has not seen the full effect of methamphetamine use. It is likely only a matter of time before we are hit with it. Other emerging drugs of abuse are likely to occur in the next five years. In areas where methamphetamine is more commonly available, such as the west coast, the psychiatric issues with this use are very severe. When it does hit our area, we will likely see an increase in IP admissions due to the psychotic symptoms associated with this drug.

Annie Coble

Assistant Director, Maryland Government Affairs

Government, Community & Economic Partnerships

Johns Hopkins University & Medicine

(667) 212-0766 | annie.coble@jhu.edu

Pronouns: she/her