DRAFT White Paper: Residential Treatment Services

January 2024

MARYLAND Health Care Commission

Introduction

In preparation for an update of the State Health Plan (SHP) chapter for residential treatment centers (RTCs), COMAR 10.24.07, this White Paper provides an overview of RTC regulation in Maryland, utilization of RTCs, and capacity trends. It also describes key concerns that have been raised regarding access and availability of RTC beds. A description of the regulation of RTCs in other states is also included, both in states with Certificate of Need (CON) and those without CON.

In Maryland, an RTC is defined as "a psychiatric institution that provides campus-based intensive and extensive evaluation and treatment of children (5 to 12 years) and adolescents (13 to 17 years) with severe and chronic emotional disturbances who require a self-contained therapeutic, educational, and recreational program in a residential setting."[1] RTCs provide care for children and adolescents with significant psychological, behavioral, or substance abuse problems, who have been unsuccessful in outpatient treatment. These youth[2] do not merit admission to an inpatient hospital or correctional facility, but they need more support than a traditional foster or group home can provide.[3] Appendix 1 shows where RTCs fall on the continuum of care for behavioral health services.

The SHP chapter for RTCs has not been substantively updated in more than 20 years. Some outdated sections of the regulations for RTCs were deleted when the acute psychiatric services regulations were updated and moved to a separate SHP chapter in 2021, however, there was no in-depth re-evaluation of the remaining text. The last meaningful consideration of the regulation of RTCs occurred in 2001, as captured by the Maryland Health Care Commission (MHCC or Commission) report submitted to the Maryland General Assembly on January 1, 2002, that provided a detailed work plan for examining the CON process. The report, *An Analysis and Evaluation of Certificate of Need Regulation in Maryland Phase II Final Report*, examined CON options and recommendations for Child and Adolescent Inpatient Psychiatric Services as well as RTCs.[4] In 2018, the Commission convened a workgroup with the purpose of modernizing the CON process and regulations, and some recommendations for the regulation of RTCs were included. However, there was very limited discussion of the regulation of RTCs, and it appears

[1] Health – General § 19-301 (2022).
[2] Youth collectively refers to both children (5 to 12 years old) and adolescents (13 to 17 years old).
[3] Development Services Group, Inc. 2019, "Juvenile Residential Programs." Literature review. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention. https://www.ojjdp.gov/mpg/litreviews/Residential.pdf.
[4] Maryland Health Care Commission, An Analysis and Evaluation of Certificate of Need Regulation in Maryland: Phase II Final Report to the Maryland General Assembly (2002).

that comments submitted as part of the workgroup's review process did not include any comments on CON for RTCs.[5] The workgroup also did not include a representative for RTCs.[6]

Purpose of Residential Treatment Centers

RTCs originated to provide a setting for children and adolescents to stabilize emotional conditions, learn to manage behavioral health long-term, develop coping skills, and avoid incarceration or hospitalization.[7] In addition to providing for the basic needs of residents, RTCs also offer therapeutic services such as psychoanalytic therapy, psychoeducational counseling, special education, behavioral management, group counseling, family therapy, and medication management.[8] For children and adolescents, RTCs are the less expensive treatment option to inpatient psychiatric hospitalization.

RTCs are just one component of the full continuum of care for children and adolescents. Because Maryland has been investing in community-based care, out-of-home placements are a last resort after all other treatment options have been considered. The Governor's Office for Children, which is situated in the Governor's Office of Crime Prevention, Youth, and Victims Services, classifies out-of-home placement into four categories on a continuum of care: Family Home, Community-Based Setting, Non-Community-Based Setting, and Hospitalization.[9] RTC's are one of three options categorized as Non-Community-Based; each of these three options is described in Table 1 below.

[5] Maryland Health Care Commission, Modernization of the Maryland Certificate of Need Program Final Report (2018). *Available at:* https://mhcc.maryland.gov/mhcc/pages/home/workgroups/workgroups_con_modernization.aspx

[6] Maryland Health Care Commission, Membership List. *Available at:* https://mhcc.maryland.gov/mhcc/pages/home/workgroups/documents/CON_modernization_workgroup/con_modernization_workgroup_member_list_20180104.pdf

[7] Maryland Department of Juvenile Services, Data Resource Guide, Fiscal Year 2022. *Available at*: https://djs.maryland.gov/Pages/Data-Resource-Guides.aspx.

[8] Development Services Group, Inc. 2019, "Juvenile Residential Programs." Literature review. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention. *Available at:* https://www.ojjdp.gov/mpg/litreviews/Residential.pdf.

[9] Governor's Office for Children, FY 2021 State of Maryland Out-of-Home Placement and Family Preservation Resource Plan. (December 31, 2021). A*vailable at:* https://goccp.maryland.gov/reports-and-publications/

Table 1. Non-Community Based Placement Options on the Continuum of Care

Non-Community Based Setting	Definition
Diagnostic Evaluation Unit	Used for a comprehensive evaluation (multiple days) to determine a mental health diagnosis that is needed for effective treatment of a child or adolescent
Juvenile Commitment Programs	Detention center for minors (may be a state facility, youth center, or hardware secured facility.
Residential Treatment Centers	Psychiatric institutions providing campus-based evaluation, treatment, and education of children and adolescents

Source: FY 2021 Out-of-Home Placement and Family Preservation Resource Plan.

Some youth who require RTC services may require a facility with a greater level of security. Court orders from the Department of Juvenile Services (DJS) mandate this in some instances. DJS assigns youth to one of three placement levels, based primarily on the level of restrictiveness. Level I includes programs where an individual resides and goes to school in a community setting. Level II includes programs where individuals go to school on RTC grounds and movement of youth is restricted by staff monitoring and supervision. Level III programs are hardware secured and use physical devices such as gates and fences to ensure safety and security.[10]

For youth treated in RTCs, aftercare is an essential component of treatment planning. Ultimately, the goal of aftercare is to offer supervision and individualized treatment services to prepare individuals to be more successful once they leave the treatment setting.[11] Ideally, once children and adolescents complete a rigorous RTC program, they are discharged to less-restrictive environments and participate in "step-down programs." Step-down programs for young adults are designed to help them develop the skills that they need to lead happy, successful, and independent lives. In addition, for many RTC patients, one of the primary recommendations for aftercare is finding a therapist to work with them on an outpatient basis.

Regulatory Oversight by MHCC

MHCC has regulatory authority over the establishment or expansion of beds at an RTC. With respect to the expansion of bed capacity, a CON is required unless the RTC has had the same bed capacity in the preceding two years, and the expansion of beds will be the lesser of ten beds or 40 percent of the RTC's current bed capacity (commonly referred to as waiver beds).[12] The purpose of restricting the establishment of new RTCs and increases in bed capacity through the

[10] Maryland Department of Juvenile Services, Data Resource Guide, Fiscal Year 2022, *available at*: https://djs.maryland.gov/Pages/Data-Resource-Guides.aspx.
[11] Maryland Department of Juvenile Services, Residential and Community-Based Services Gap Analysis. (2013). https://djs.maryland.gov/Documents/publications/2013_GAP%20analysis.pdf.
[12] COMAR 10.24.01.02.

CON program is to control health care costs by avoiding unnecessary capital expenditures .[13] While MHCC approves the establishment or relocation of an RTC, it does not have the authority to provide ongoing oversight.

The standards MHCC staff apply when reviewing a proposed RTC include the general CON review criteria in COMAR 10.24.01.08G and specific standards included in the SHP chapter for RTCs. The general CON review criteria in COMAR 10.24.01.08G include: compliance with all applicable standards in the SHP, need, cost-effective alternatives to the project, financial feasibility and viability of the facility or program, compliance with conditions on previous CONs, and impact. Effective December 1, 2023, two new criteria were added: health equity and character and competence of an applicant. The new criteria are quoted below.

> *(g) Health Equity. The Commission shall consider how a proposed project will address health care disparities in availability, accessibility, and quality of care among different populations within the service area. The Commission shall consider how social determinants of health within the service area of the proposed project create disparities in the delivery of health care.*
>
> *(h) Character and Competence. The Commission shall assess the character and competence of an applicant based upon experience and past performance, including any records of violation in operating a health care service or facility. (COMAR 10.24.01.08G).*

In addition to the general CON review criteria, specific standards in the SHP chapter for RTCs address RTC bed need, review standards for applications, preference rules, approval rules, and performance requirements. The review criteria found in the SHP include documentation of need, sex specific programs, special clinical needs, minimum services, treatment planning, and education. Requirements for staffing and staff training, security, and criminal background investigations are also detailed in the SHP chapter. In addition, RTC applicants must document their intention to comply with all Federal, State, and local regulations, as well as all licensure and certification standards.[14] Applicants must also meet requirements to be a provider of the Medical Assistance Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program.

Other Regulatory Oversight

After CON approval and completion of an RTC project, before delivery of services, an RTC must apply for a license through the Maryland Department of Health's (MDH) Office of Health Care Quality (OHCQ), which is authorized by State and Federal law to determine

[13] National Conference of State Legislatures, Certificate of Need State Laws (updated January 1, 2023), https://www.ncsl.org/health/certificate-of-need-state-laws.
[14] COMAR 10.24.07.02.

compliance with the quality of care and life safety standards for RTCs. OHCQ performs licensure, certification, and periodic validation surveys.[15] While OHCQ staffing has delayed the completion of five-year certification visits, OHCQ has reported that the RTCs are visited once or twice a year for complaint investigations. At each of these complaint investigations, OHCQ completes a record review and adherence to federal and State requirements is determined. Plans for getting caught up on routine certification visits are also underway.

RTC licensure requirements are set forth in COMAR 10.07.04. Prior to licensure, the applicant must show proof that its clinical services and treatment program have been approved by the MDH; childcare services have been approved by the Department of Human Services (DHS); and the education program has been approved by the State Department of Education (MSDE).[16] In addition, licensure applicants must submit the appropriate zoning paperwork, approval from fire authorities, a current food service permit, and a copy of the signed agreement between the RTC and the principal somatic physician and psychiatrist. With the passage of Senate Bill 108 in the 2018 Legislative Session, RTC licenses became non-expiring, therefore a new application and fee is no longer required every three years.[17] An RTC's license can be denied or revoked if the applicant or licensee has been convicted of a felony related to Medicaid or nursing homes as provided in Health-General §19-327.[18]

COMAR 10.07.04 further outlines required accommodations and the general expectations for an RTC, as well as regulations for food service, management, and staffing levels. New construction or renovations must be approved by the Secretary of Health and adhere to the requirements for the physical plant and fire regulations. RTCs must also offer specific health services including a principal physician to provide medical supervision, restrictions on medication and medication handling, and the overall supervision of the treatment program by a psychiatrist. Additionally, COMAR 10.07.04 governs the use of restraints and seclusion, formal complaint investigations, and required reports.

All RTCs must be accredited through The Joint Commission, according to COMAR 10.07.04. The Joint Commission provides tools, resources, and best practice benchmarks to help maintain and raise the quality and safety of care, treatment, and services provided. Accreditation is awarded upon successful completion of an on-site survey that is focused on compliance with the standards, which are informed by evidence associated with processes and procedures predictive of better care. These standards include patient rights and education, infection control, medication management, and preventing medical errors.[19]

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[15] Maryland Department of Health, Office of Health Care Quality, Annual Report and Staffing Analysis, Fiscal Year 2021, *Available at:* https://health.maryland.gov/ohcq/Pages/Reports.aspx.
[16] COMAR 10.07.04.03.
[17] https://legiscan.com/MD/text/SB108/2018
[18] https://law.justia.com/codes/maryland/2022/health-general/title-19/subtitle-3/part-iv/section-19-329/
[19] https://www.jointcommission.org/

Lastly, all Maryland RTCs must be certified by the Center for Medicare and Medicaid Services (CMS) as a psychiatric residential treatment facility (PRTF).[20] PRTFs offer a similar service profile to RTCs and are required to meet the obligations found in Code of Federal Regulations (CFR) 441.151 and 441.182 pertaining to psychiatric services rendered to individuals under the age of 22 and federal funding. In addition, 42 CFR Part 483 Subpart G outlines additional requirements for the use of seclusion and restraints in PRTFs.

Utilization of RTCs

From CY 2021 to CY 2022, the cost of Non-Community Based placements increased by approximately 14 percent, while the cost of every other category decreased. While there has been a decrease in the number of out-of-home placements, RTCs have the highest annual per person expenditures of all behavioral health services, as these youth have more severe needs that require additional resources.[21] [22] Still, in 2022 Non-Community Based placements made up only 6.6 percent of total out-of-home placements in Maryland.[23]

Overall, RTC utilization in Maryland has been declining for a number of years, and as a result, the total number of RTCs has declined. Since 2011, there have been only three CON applications for RTC services. Out of these applications, two were withdrawn and one was approved.

As shown in Table 2, the total one-day census of RTC placements[24] by Maryland State agencies to a Maryland RTC on January 31, 2019, was 503, a 30 percent decline compared to the daily census on January 31, 2012, which was 719. This decline is a continuation of a long-term trend of declining RTC placements. In 2009, there were 941 placements in RTCs, which is a cumulative decline of 61 percent between 2009 and 2019. More recent data indicates that a total of 451 placements were made to an RTC in FY 2020 compared to 464 RTC placements in FY 2021,[25] a 2.8 percent increase. The overall decrease in RTC placement numbers coincides with the decrease in bed capacity based on the closure of four facilities in the past decade.

The trends for youth placements in out-of-state RTCs have been similar. The number of Maryland youth placed in out-of-state facilities has generally decreased since 2012. From January

[20] Office of Health Care Quality, Residential Treatment Centers, *Available at:* https://app.smartsheet.com/b/publish?EQBCT=a344511b6bd044d38dcee77f14179c33 (August 7, 2022).
[21] Maryland Department of Health, Report on Behavioral Health Services for Children and Young Adults (FY 2019). *Available at:*
[22] State of Maryland Out-of-Home Placement Dashboard, *Available at:* https://goccp.maryland.gov/data-dashboards/out-of-home-placement-dashboard/
[23] Ibid.
[24] Youth can have more than one placement in an RTC.
[25] Governor's Office of Crime Prevention, Youth, and Victim Services. FY 2021 State of Maryland Out-of-Home Placement and Family Preservation Resource Plan. *Available at: https://goccp.maryland.gov/reports-and-publications/*.

31, 2012, to January 31, 2017, the one-day census declined from 161 to 62, more than a 60 percent decrease.[26] In 2018 and 2019 the number of youths placed in out-of-state facilities increased to 70 youth and 89 youth, respectively. Then in 2020, the number of youth placed in out-of-state facilities declined to 56 and declined further in 2021 to 10 youth.[27] Most of these placements are for adolescents 15 to 21 years old and take place in contiguous states to Maryland.[28] Overall, the decrease in out-of-state placements suggests less dependency on out-of-state RTC facilities to provide services to Maryland youth and a greater capacity for Maryland RTCs to meet the needs of Maryland youth, despite the decrease in operational RTCs in recent years. However, there is a clear need for more RTC availability in the State. In the future, MDH will expand outreach to out-of-state RTCs in an attempt to build new relationships and encourage providers to explore becoming Maryland Medicaid providers.

Table 2. One-Day Census of Maryland Youth in RTCs on January 31 from 2012 – 2021

Maryland Youth in an RTC	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
In Maryland	719	729	722	669	645	558	463	503	451*	464*
Out-of-State	27	39	52	58	35	14	16	14	56*	10*
Total Jan. 31 Census	746	768	774	727	680	572	479	517	507*	474*

Source: Governor's Office for Children, Out of Home Placement Reports
*Number is for year listed but is not January 31st one-day census.

While trends show the number of placements decreasing, the average length of stay (ALOS) has increased over the past decade. The ALOS for all RTCs in Maryland stayed relatively constant between CY 2014 (259.7 days) and CY 2018 (264.7 days), before increasing to 322.9 days in CY 2019. Between CY 2020 and CY 2022, the ALOS fluctuated, dropping down to 280.4 days and 286.7 days in CY 2020 and CY 2021, respectively, before rising to 332.9 days in CY 2022. In CY 2023, the ALOS once again declined to 284.1 days.[29]

Maryland RTC Bed Capacity

There are currently seven licensed RTC facilities in Maryland, operating a total of 364 licensed beds, as shown in Table 3.[30] MDH operates two RTCs: the Regional Institute for Children and Adolescents (RICA) in Baltimore and the RICA in Rockville. The other five are operated by

[26] *Id.* at 22.
[27] Governor's Office of Crime Prevention, Youth, and Victim Services, FY 2021 State of Maryland Out-of-Home Placement and Family Preservation Resource Plan, 26, (December 31, 2021). https://goccp.maryland.gov/reports-and-publications/.
[28] Ibid.
[29] ALOS is calculated by dividing RTC reported patient days by the number of discharges for the corresponding year.
[30] Maryland Department of Health, Office of Health Care Quality, Licensee Directory – Residential Treatment Facilities, *Available at https://health.maryland.gov/ohcq/docs/Provider-Listings/PDF/WEB_RTC.pdf?csf=1&e=iPmDQO* (Last visited August 10, 2023).

private non-profit organizations. A four-bed RTC, Board of Child Care, is expected to open in Baltimore County in 2024.[31] This RTC was licensed by OHCQ on January 5, 2024, after receiving a CON from MHCC in December 2022.[32]

Table 3. Licensed Residential Treatment Centers, CY 2023

Facility	Jurisdiction	Licensed Beds	Staffed Beds	Physical Beds
Nexus Woodbourne Center	Baltimore City	48	48	48
Regional Institute for Children and Adolescents (RICA) - Baltimore	Baltimore City	45	30	45
Sheppard Pratt Berkeley & Eleanor Mann Residential Treatment Center	Baltimore County	63	47	47
Chesapeake Treatment Center - New Directions	Baltimore County	29	17	27
St. Vincent's Villa	Baltimore County	95	50	65
John L. Gildner Regional Institute for Children (RICA) - Rockville	Montgomery County	80	34	36
Statewide		**364**	**230**	**272**

Source: https://health.maryland.gov/ohcq/pages/Licensee-Directory.aspx and MHCC survey of RTC providers in Maryland (2023).

Although Maryland has 364 licensed RTC beds, there are only 272 physical beds available, which is approximately 75 percent of the capacity licensed by OHCQ. The number of staffed beds is even lower, with just 230 staffed beds available to treat youth in Maryland, which is only 63 percent of the total number of beds licensed. Based on recent communications between MHCC staff and RTC representatives, staffing limits RTC bed availability. The difficulty in hiring staff was attributed to low salaries and increased opportunities for telework in other settings since the COVID-19 pandemic that began in 2020. Staffing has still not returned to pre-COVID levels.[33]

Since 2016, four RTCs have closed in Maryland, reducing the total number of licensed beds from 643 beds to 364. Table 4 identifies the facilities that have closed, the closure date, and the number of licensed beds decommissioned with each closure. While some RTCs closed because of declining census, the closing of Good Shepherd, which served all girls, was initiated by the State due to repeated quality concerns.

[31] Board of Child Care, Renewed First Use Approval on December 18, 2023, for February 1, 2024.
[32] Staff Report and Recommendation, Board of Child Care of the United Methodist Church, Inc., Docket No. 22-03-2460. https://mhcc.maryland.gov/mhcc/Pages/hcfs/hcfs_con/hcfs_con_staff_report.aspx.
[33] Governor's Office of Crime Prevention, Youth, and Victim Services, FY 2021 State of Maryland Out-of-Home Placement and Family Preservation Resource Plan, 13, (December 31, 2021). https://goccp.maryland.gov/reports-and-publications/

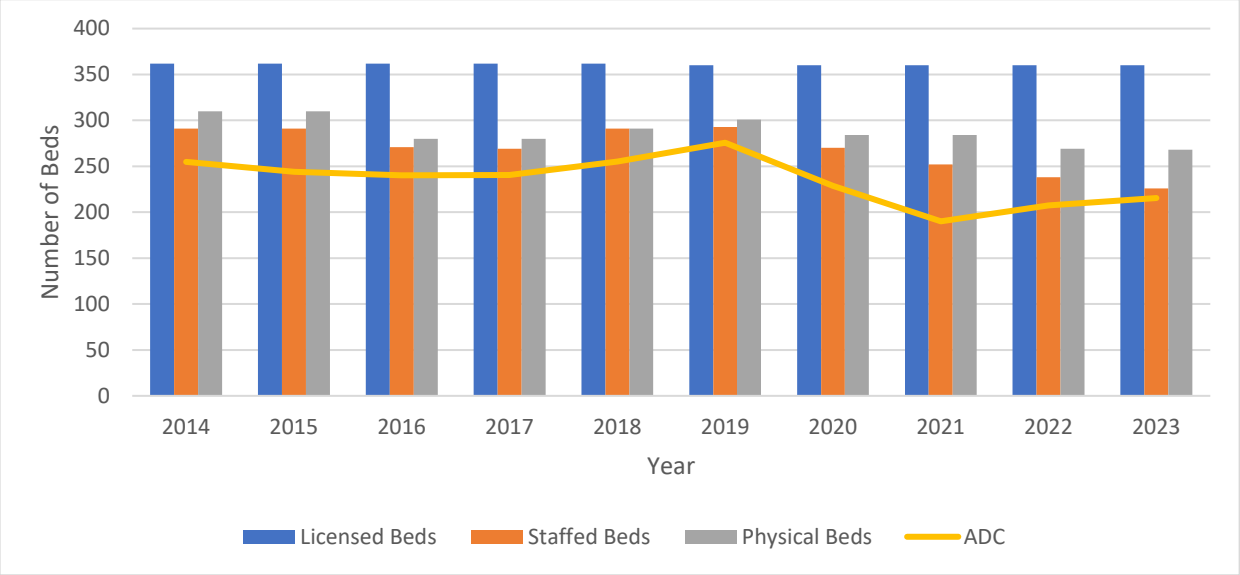
Table 4. Residential Treatment Centers Closed Since 2016

Facility	Jurisdiction	Licensed Beds	Year Closed
The Jefferson School	Frederick County	53	2020
Good Shepherd	Baltimore County	115	2017
Adventist Behavioral Health Rockville	Montgomery County	82	2017
Adventist Behavioral Health Eastern Shore	Dorchester County	59	2016
	Statewide	**309**	

Source: Maryland Department of Health. Presentation for Bed Registry Meeting on August 31, 2023.

Among the remaining seven RTC facilities, the number of licensed beds has stayed about the same over the last decade, while the number of physical and staffed beds has dropped significantly, as shown in Figure 1. From CY 2014 to CY 2023, the number of licensed beds has declined slightly, dropping from 362 beds to 360 beds, before increasing to 364 in CY 2024. The number of staffed beds fluctuated between CY 2014 and CY 2023, ranging from a low of 226 beds in CY 2023 to a high of 293 beds in CY 2019. Similarly, physical bed capacity has also varied, ranging from a low of 268 beds in CY 2023 to a high of 301 beds in CY 2019. For changes at individual RTCs in licensed, staffed, and physical bed capacity, refer to Appendices 2 through 4.

Figure 1. Trends in Maryland RTC Bed Capacity and ADC, CY 2014 – 2023



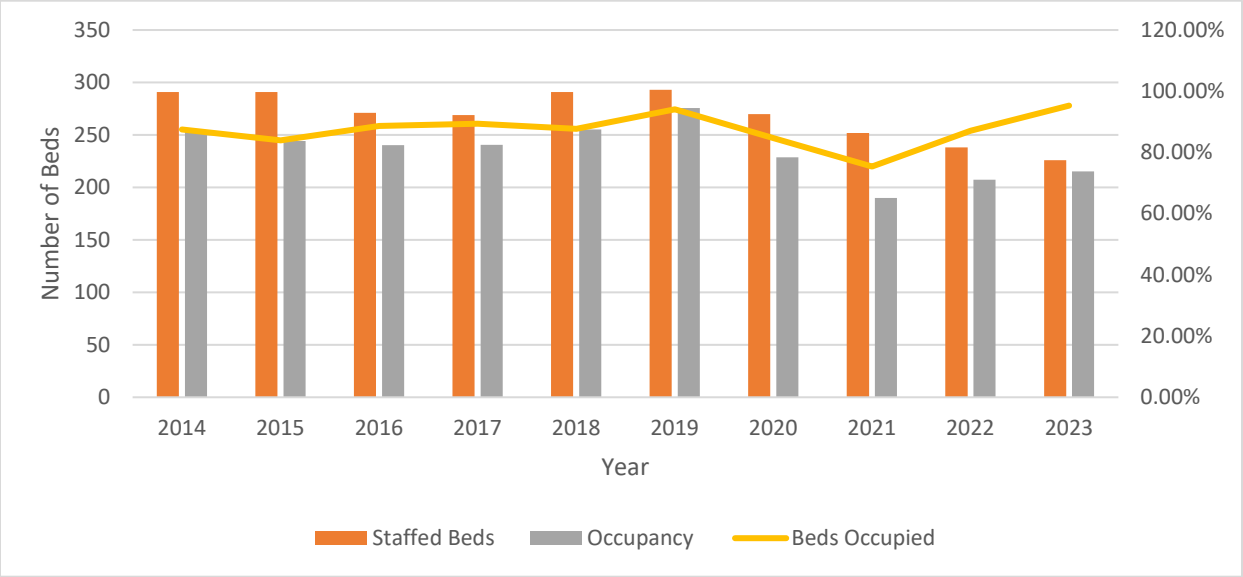
Source: MHCC surveys of Maryland RTC providers (2018-2023) and the OHCQ licensee directory.

While the average daily census (ADC) for RTC services remained relatively consistent from CY 2014 (254.7) to CY 2018 (255.2), the ADC climbed in CY 2019 to 275.7 before dropping by 17 percent during the public health emergency in CY 2020 (228.8). It fell again by 17 percent

in CY 2021 (190.1). In CY 2022, the ADC rose to 207.4 and then climbed even further in CY 2023 to 215.3.[34]

During the period between CY 2014 and CY 2023, the staffed bed occupancy remained about the same from CY 2014 to CY 2018, 87.5 percent, and 87.7 percent, respectively (Figure 2). In CY 2019, the percentage of staffed beds occupied increased to 94.1, followed by an 18.7 percent decline by CY 2021 (75.4 percent) before climbing again to 95.3 percent in CY 2023, a 19.9 percent increase. This data indicates that, even though there was a drop in occupancy during the COVID-19 public health emergency, occupancy has since returned to a similar, slightly higher level. RTCs in Maryland are currently operating near the maximum staffed bed capacity, which aligns with reports from RTCs of current waitlists for accepting new patients. Similarly, corresponding increases to wait times for RTC services have been reported, with 50 days and 73 days reported between referral and admission in FY 2019 and FY 2020, respectively.

Figure 2. Percent of RTC Staffed Beds Occupied, CY 2014-2023



Source: MHCC staff analysis of surveys of Maryland RTC providers (2018-2023).

Capacity Concerns

There are far fewer beds than the number of licensed beds available for youth who need RTC services because many licensed beds are not staffed. RTCs reported to MHCC staff that finding trained staff is one of the biggest challenges facing the industry,[35] as competition for staff exists among other providers on the behavioral health continuum of care.[36] The SHP currently requires that an applicant provide the curriculum for new employee training, which must be a

[34] ADC is calculated by dividing the number of patient days reported by the RTCs by 365, or 366 for leap years.
[35] Conversations with Maryland RTCs, December 2023)
[36] Conversation with MDH Operations and Behavioral Health Administration representatives (August 31, 2023).

minimum of 40 hours, and a plan for the implementation of a continuing education program for all types of personnel. MHCC staff assess the proposed staffing levels, as well as the applicant's plan for security and criminal background investigations.[37]

Many of the existing RTCs are viewed as unable to handle certain youth who are awaiting transfer from hospitals.[38] These hospitalized youth tend to have complex needs and to be struggling with reaching mental and emotional stability. A prolonged stay in the hospital can intensify stress and increase existing deficits in the patient's social and emotional development.[39] RTCs in Maryland do not currently offer the services needed to appropriately address the ongoing needs of the youth identified at risk for a hospital overstay.[40] The hospital overstay issue is a large problem for the behavioral health system, and leads to a lack of inpatient bed availability, extended length of stays, and financial losses for facilities.[41]

Patients experiencing overstays have higher acuity needs requiring dedication of higher-than-average staffing levels and other resources for their security to achieve safe and effective treatment. These patients often display aggressive, sexually reactive, or fire setting behaviors.[42] The expense of additional resources for higher acuity patients are only fractionally covered by Medicaid reimbursement even though Medicaid is the funding source for the majority of these patients' care. Although RTCs may want to serve these patients, they are unwilling to accept them for admission in significant numbers because they tend to create large operating losses for the facilities, due to the high cost of staffing.[43] This suggests a need to reform RTC Medicaid reimbursement rates or to establish another ongoing source of supplemental funding, in order to address the persistent and costly problem of hospital patient overstays.

The Maryland Children's Cabinet and MDH recognize the need to support those youth experiencing extended and repetitive psychiatric stays in hospitals. In 2021, MDH developed a five-year grant initiative, the Adolescent Hospital Overstay Grant Program, to support the

[37] COMAR 10.24.07.02.
[38] Conversation with MDH Operations and Behavioral Health Administration representatives (August 31, 2023) and MHCC survey of DHS, DJS, and BHA (2020).
[39] Maryland Health Care Commission, Board of Child Care Staff Report and Recommendation, (December 15, 2022). Docket No. 22-03-2460.
[40] Governor's Office of Crime Prevention, Youth, and Victim Services, FY 2022 State of Maryland Out-of-Home Placement and Family Preservation Resource Plan, 6 (2022).
[41] Maryland Health Care Commission, Board of Child Care Staff Report and Recommendation, (December 15, 2022). Docket No. 22-03-2460.
[42] Maryland Hospital Association, House Bill 406 – Children in Out-of-Home Placements – Placements in Medical Facilities (2022). https://www.mhaonline.org/docs/default-source/position-papers/2022/house/hb-406-children-in-out-of-home-placements--placements-in-medical-facilities--support-with-amendments.pdf?sfvrsn=361ad287_4
[43] Maryland Health Care Commission, Board of Child Care Staff Report and Recommendation, (December 15, 2022). Docket No. 22-03-2460.

development of RTC programs to reduce youth hospital overstays.[44] Creating capacity to provide care to youth who are the hardest to move out of hospitals is the primary focus of these grants.[45] MDH projects that 25 RTC beds are necessary on an annual basis for hospital overstays by adolescents in Maryland, and the State allocated $5 million dollars to address the need for high-level residential space.[46] Unfortunately, only two facilities applied for a grant, the Board of Child Care and Salem Children's Trust.[47] The latter provided services for a short while before closing in 2023. As of December 2023, less than $2 million of these funds had been marked for distribution.[48] However, MDH officials reported that they have been discussing other potential opportunities to utilize unused funds that would provide appropriate community-based services and supports to adolescents experiencing hospital overstays.[49]

Access to RTCs in Maryland

The seven RTCs currently in operation are concentrated in the Central Maryland region as seen in Figure 3. The facilities are geographically located in Baltimore and Montgomery Counties and Baltimore City; there are no RTCs in the Western, Southern, or Eastern Maryland Counties. Additionally, there are no RTCs within the District of Columbia. While this may result in geographic barriers to access for families located in the far regions of the State, at times, an RTC in another state may be closer to that individual's home than if they were placed in an in-State facility. For example, the Grafton School in Virginia offers an RTC with a residential placement option, is a short drive away for adolescents in Allegany, Washington, and Frederick Counties. Nevertheless, out-of-state placements can be disruptive and hinder treatment to the youth and their family, and distance can be a significant barrier to the family's ability to participate in the child's treatment. Program costs may also be more expensive than the cost of an RTC in Maryland.

[44] Maryland Department of Health, Monthly BH Partner Letter (December 21, 2021). Available at: https://maryland.optum.com/content/dam/ops-maryland/documents/provider/Alerts/december-2021/BH%20Monthly%20Partner%20Letter.%20Dec%202021%20final%2012.21.21%20FINAL.pdf

[45] Maryland Health Services Cost Review Commission, Behavioral Health Emergency Department Wait Times and Service Improvements in Maryland: Report at the Request of the House Health Government Operations Committee. (January 2022). https://dlslibrary.state.md.us/publications/Exec/MDH/HSCRC/HB1121,2020Ch29(2021)_2022.pdf

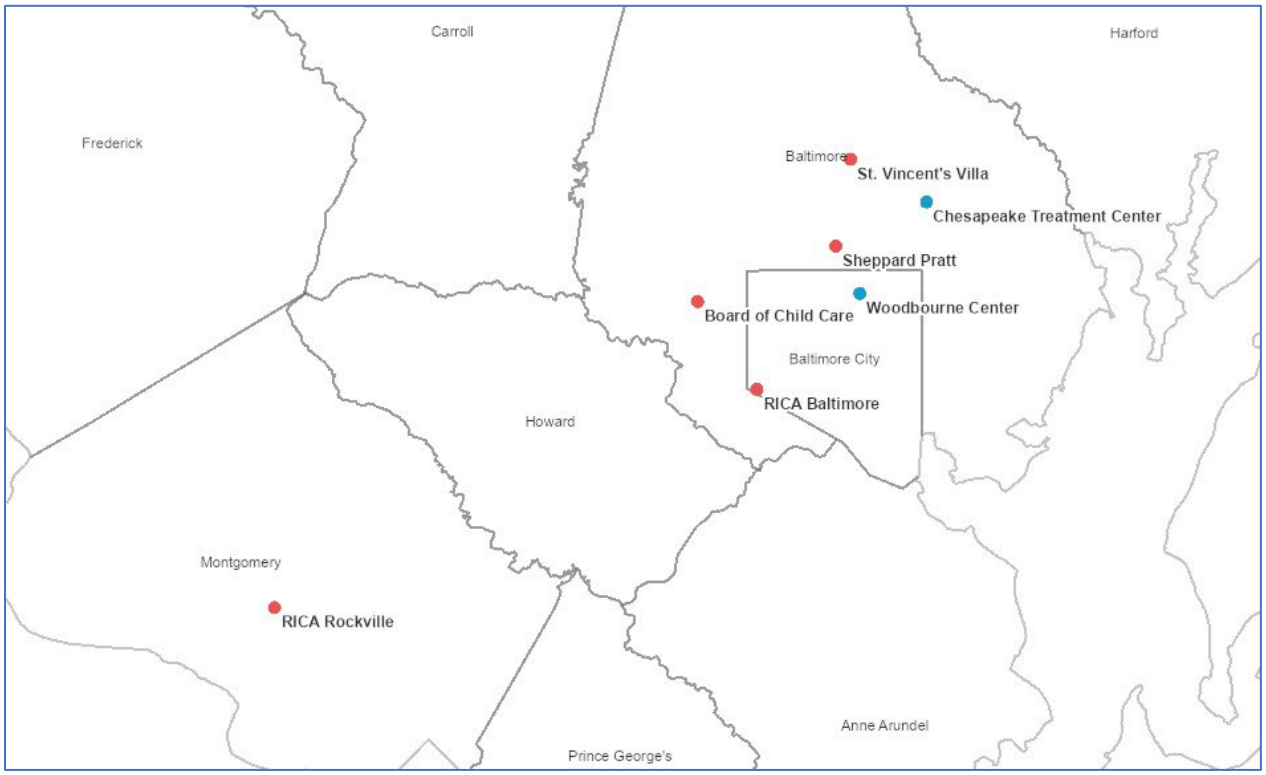
[46] Maryland Department of Health, Hospital Overstay Population Grant Initiative Webinar. March 17, 2021, https://www.youtube.com/watch?v=iQgYCnY0Y94

[47] Conversation with MDH Operations and Behavioral Health Administration representatives (August 31, 2023).

[48] Email from Connie Martin, Acting Director of Fiscal and Financial Management, at the Behavioral Health Administration (December 5, 2023).

[49] Email from Marshall Henson, Director of Operations, at the Behavioral Health Administration (December 8, 2023).

Figure 3. RTC Locations in Maryland



While similar programming is offered at the different RTCs in Maryland, some RTCs only treat one gender or only children in a specific age range. For example, two of the seven RTCs support only males (Chesapeake Treatment Center and Woodbourne Center), while there are no facilities that focus on treatment for girls. Only one RTC supports younger children ages five through 14 (St. Vincent's Villa), and only one treats youth past the age of 18 (Chesapeake Treatment Center). The other RTCs are co-ed and provide services to adolescents.

Of the seven facilities that currently provide RTC services, only one facility, Chesapeake Treatment Center, is hardware secured and it accepts only males. The only hardware secured facility for girls in Maryland closed in 2017 (Good Shepard), leaving an unaddressed niche in Maryland.

Only two RTCs accept involuntary admissions (Sheppard Pratt and Woodbourne Center). An involuntary admission is one where a youth is admitted to an RTC without the consent of the youth, or the child's parent or guardian.[50] It is rare for youth to be involuntarily admitted to an RTC, so this only marginally affects the provision of RTC services to Maryland youth. See Appendix 5 for more details about the population served by each RTC in the State and the programs available.

[50] Health-General § 10-613 and Health-General § 10-610.

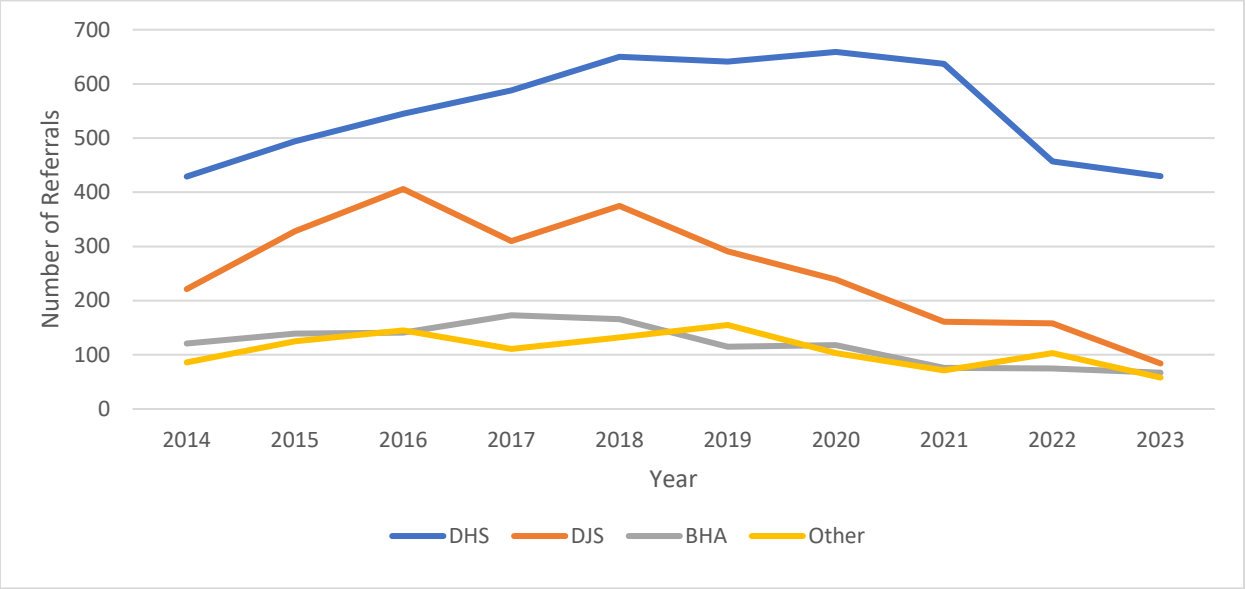
It has historically been difficult to serve children and adolescents with the most severe needs in Maryland RTCs because of the lack of specialized services. Youth with the most complicated physical, emotional, psychiatric, and educational needs are placed in out-of-state RTCs.[51] These include youth with sexual offenses, aggressive or violent behaviors, fire starting behaviors, low IQ, and co-occurring developmental disabilities including those with self-injurious behaviors.[52] An Interagency Placement Committee provides central coordination for services for these children and adolescents. This committee ensures that all in-State options have been exhausted before an out-of-state placement option is explored. In the past, placements have been reported as far away as Arizona, Florida, Iowa, and Michigan.[53] The out-of-state RTC placements are primarily caused by a shortage of hardware secured beds for males and staff secured beds for females in Maryland.[54]

Referral Sources for RTCs in Maryland

Maryland state agencies place and fund the vast majority of children and adolescents in RTC care, both in Maryland and out-of-State. In CY 2022, State agencies were the source of approximately 87 percent of referrals to the RTCs in Maryland.[55] DHS and DJS are the primary agencies that place youth in RTCs, with 53.2 percent and 24.8 percent of the RTC placements, respectively. The Behavioral Health Administration (BHA) funded 11.5 percent of the total placements that were not under the care of another agency. MSDE is not a placement agency but also funds occasional placements if it relates to a child's Individualized Education Plan (IEP). Other referral sources reported by Maryland's RTCs are hospitals, the Department of Human Resources, the D.C. Department of Youth Rehabilitation Services, and self-referral.[56] Figure 4 shows the trends in agency placements from CY 2014 to CY 2023.

[51] Maryland Department of Health, Governor's Office for Children, FY 2019 State of Maryland Out-of-Home Placement and Family Preservation Resource Plan, 123, (2020). *Available at*: https://goccp.maryland.gov/reports-and-publications/.
[52] Maryland Health Care Commission Survey of DHS, DJS and BHA (2020).
[53] Maryland Department of Juvenile Services, Data Resource Guide Fiscal Year 2016. *Available at:* https://djs.maryland.gov/Pages/Data-Resource-Guides.aspx.
[54] Maryland Department of Health, Governor's Office for Children, FY 2019 State of Maryland Out-of-Home Placement and Family Preservation Resource Plan, 123, (2020). *Available at:* https://goccp.maryland.gov/reports-and-publications/.
[55] Referrals includes placement sources, funding sources, and other modes of referring individuals to RTCs.
[56] MHCC Maryland RTC provider survey, August 2023.

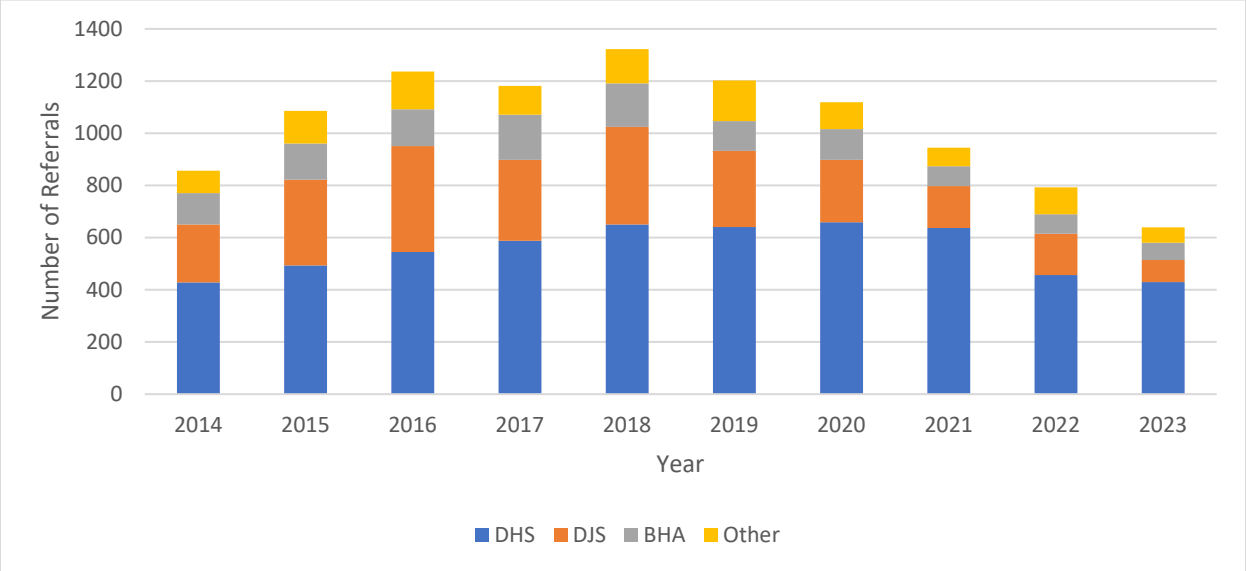
Figure 4. Trends in RTC Referrals, CY 2014 – 2023



Source: MHCC surveys of Maryland RTC providers (2018- 2023).
* Numbers for 2023 reflect those referrals received from January 1, 2023, through June 30, 2023.

As shown in Figure 5, during the same period, the total number of referrals received for RTC placements increased 54 percent from CY 2014 (857) to CY 2018 (1,323), and then declined to 945 referrals by CY 2021, a reduction of 29 percent. The total number of referrals dropped even further in CY 2022 to 793. As of July 1, 2023, 498 referrals were reported by RTCs in Maryland for CY 2023, which projects an increase in RTC referrals in CY 2023.

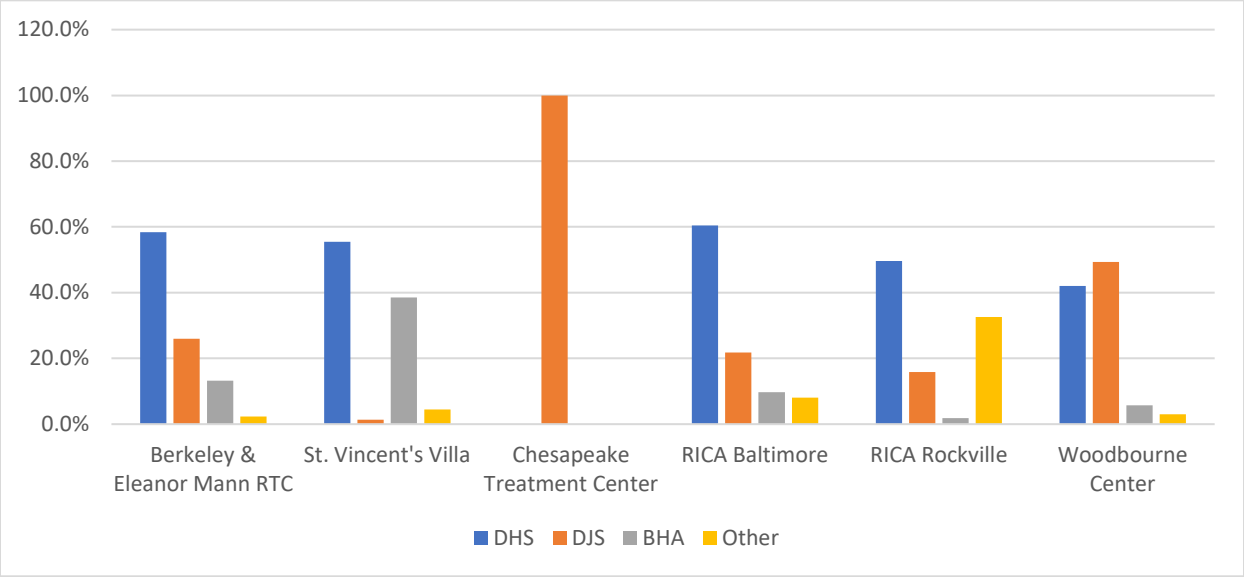
Figure 5. Total Number of Maryland Referrals by Source, CY 2014 – 2023



Source: MHCC surveys of Maryland RTC providers (2018-2023).
* Numbers for 2023 reflect those referrals received from January 1, 2023, through June 30, 2023.

Figure 6 shows the referral source for each RTC. Most RTCs receive the majority of their referrals from DHS, however, DJS is the main referral source for the two RTCs that only accept males. Additionally, Chesapeake Treatment Center reports that it only receives referrals from DJS, being the only hardware secured RTC in the State.

Figure 6. Percentage of Referrals by Source for Each RTC, CY 2014-2023



Source: MHCC surveys of Maryland RTC providers (2018- 2023).

Even with the decline in referrals, Maryland RTCs have reported long wait lists, which continue to grow longer.[57] In FY 2020, the wait time between referral and placement ranged from seven to 419 days, with an average wait time of 73 days.[58] This is close to a fifty percent increase from the average of 50 days wait time reported in FY 2019. Longer admission wait times are a result of the considerable decline in bed capacity due to facility closures, staffing issues, and a shortage of specialized programming in the State.[59] Additionally, RTCs report an increase in application denials for youth who the RTC could not effectively and safely serve.

Despite the growing waitlists for RTCs, there have been few applicants that have proposed to establish a new RTC in Maryland. Over the last twenty years, MHCC staff have received only three RTC CON applications. Two applications were withdrawn, while the other (Board of Child Care) was approved for the establishment of a four-bed RTC.[60]

[57] Governor's Office of Crime Prevention, Youth, and Victim Services, FY 2021 State of Maryland Out-of-Home Placement and Family Preservation Resource Plan, (December 31, 2021). https://goccp.maryland.gov/reports-and-publications/
[58] Ibid.
[59] Ibid.
[60] Maryland Health Care Commission, Docket No. 17-16-2408, Docket No. 14-16-2357, and Docket No. 22-03-2460.

Access Concerns

State representatives have indicated that there is a particular gap in programs that serve youth in need of hardware secured, Level III placement settings.[61] Those youth who need a hardware secured placement typically have an array of behavioral health concerns, including aggression, substance use, problems with family functioning, and other mental health issues.[62] In a survey of DHS, DJS, and BHA, the most difficult-to-place youth identified are those exhibiting violent and assaultive behaviors or highly sexualized behaviors, those with developmental disabilities or low IQ (below 70), and those with mental health and/or addiction issues.[63]

As previously mentioned although the State has dedicated funding to increase the availability of an in-state RTC placement for youth who are harder to treat, existing RTCs have not demonstrated interest from in taking advantage of this funding.[64] However, MDH is in the planning process to build a third state facility that will include high intensity RTC beds and facility for children (FFC) beds.[65] FFC beds are for children and adolescents that are identified as not competent to stand trial; children and adolescents placed in FFC beds are provided education, case management and other related services.. Statutory requirements dictate that children who are not competent to stand trial cannot be treated in a detention center or a psychiatric hospital; rather, these children receive competency attainment services, including treatment to allow them to understand the court proceedings in which they are involved.[66] [67] There are currently six FFC beds available at RICA Rockville; four of these are staffed. Planning is currently underway to open another stand-alone facility with FFC beds on the campus of RICA Baltimore. This facility will have 48 FFC beds.[68]

Quality

The quality of RTCs is primarily assured through accreditation and licensing processes. Every three years, the Joint Commission completes a certification visit. OHCQ conducts an initial licensing survey of new RTCs, and then recertification visits should take place at each RTC once every five years.[69] Staff at OHCQ, DHS, and DJS also complete visits to investigate complaints at an RTC as required. Complaint investigations may be regarding resident care, safety concerns,

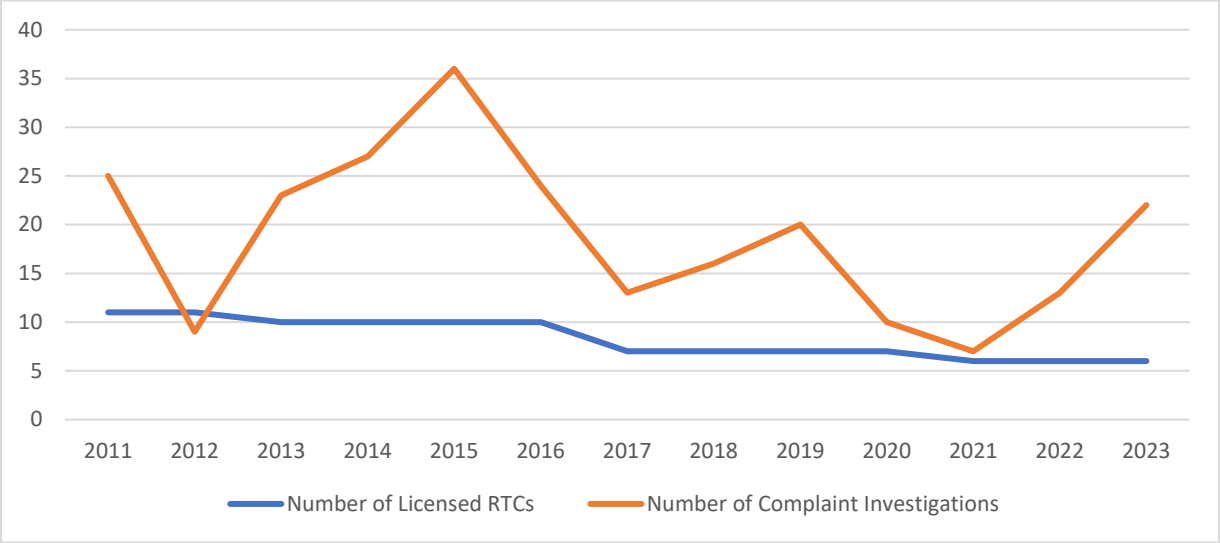
[61] Conversation with MDH Operations and Behavioral Health Administration representatives (August 31, 2023).

[62] Maryland Department of Juvenile Services, Residential and Communication Based Services Gap Analysis (2013).
[63] Maryland Health Care Commission Survey of DHS, DJS and BHA (2020).
[64] Conversation with MDH representatives (August 31, 2023).
[65] Ibid.
[66] Md. Code, Cts. & Jud. Proc. § 3-8A-17.6.
[67] Email between MHCC staff and Jordan Fisher at the MDH Office of Facilities (November 29, 2023).
[68] Conversation with MDH Operations and Behavioral Health Administration representatives (August 31, 2023).
[69] Conversation with Oksana Likhova at the Office of Health Care Quality (December 7, 2023).

medical and nursing supervision, the physical environment, sanitation, or dietary matters. [70] Each RTC is also required to report self-injurious or harmful behaviors of youth in its care, including deaths and suicide attempts. [71]

The number of formal complaint investigations completed by OHCQ at RTCs decreased by 12 percent from FY 2011 (25 investigations) to FY 2023 (22 investigations), as shown in Figure 8. The number of complaints fluctuated over time, reaching a peak in FY 2015, before declining for two years, and then increasing slightly the next two years, followed by the same pattern over the next four years.[72] Overall, the trend is downward since FY 2015.

Figure 8. RTC Complaint Investigations, FY 2011 – FY 2023



Source: Office of Health Care Quality, Annual Report and Staffing Analysis, FY 2014 – FY 2023.

CON Regulation of RTCs in Other States

There are very few states that control the development of RTCs through the CON process. Of the 35 states identified by the National Conference of State Legislatures (NCSL) as having some form of CON program, only a few states regulate RTCs or equivalent facilities through a CON process: Alaska, Arkansas, Connecticut, Mississippi, and South Carolina. Arkansas, however, has had a moratorium on psychiatric rehabilitation treatment facilities, which are equivalent to RTCs in Maryland, since 2008.[73] Alaska requires a CON for residential psychiatric treatment centers, which are defined as secure or semi-secure facilities for children with severe

[70] 10.07.04.17
[71] 10.07.04.18
[72] Maryland Department of Health, Office of Health Care Quality, Annual Report and Staffing Analysis, FY 2014 – 2023, available at https://health.maryland.gov/ohcq/Pages/Reports.aspx.
[73] National Conference of State Legislatures, *Certificate of Need State Laws* (updated January 1, 2023), https://www.ncsl.org/health/certificate-of-need-state-laws.

emotional or behavioral disorders that are licensed to provide therapeutically appropriate and medically necessary diagnostic, evaluation, and treatment services.[74] However, Alaska's CON process for all health facilities, including residential psychiatric treatment centers[75], is only triggered by exceeding an expenditure threshold of $1 million.[76] Similar to Maryland, Alaska requires an applicant for a CON to demonstrate the need for additional residential psychiatric treatment beds; the ability to provide quality of care; the financial feasibility of the project, the financial effect on consumers and the State; and cost effectiveness.[77]

Mississippi requires a CON for a psychiatric residential treatment facility, which is defined as a facility that serves "emotionally disturbed" children and adolescents who are not in an acute phase of illness that requires the services of a psychiatric hospital, but who need restorative residential treatment.[78] A psychiatric residential treatment facility in Mississippi is the equivalent of an RTC in Maryland. In Mississippi, the CON review criteria for psychiatric residential treatment facilities include whether there is a need for the project and whether the number of beds requested is within the level authorized by legislation (334 beds).[79] The need for beds assumes that there should be a ratio of 0.5 psychiatric residential treatment beds per 1,000 population aged five to 19, as projected by the Division of Health Planning and Resource Development. Mississippi's CON review process also evaluates whether the projects meet staffing and facility structure requirements.[80]

South Carolina requires a CON for residential treatment facilities for children and adolescents, which is defined as a facility for "children and/or adolescents up to age 21 who manifest a substantial disorder of cognitive or emotional process."[81] For CON applications, need projections are calculated by service area for residential treatment facilities for children and adolescents, which are consistent with service areas for psychiatric services and inpatient drug and alcohol abuse services. The applicant must also demonstrate why current resources are not adequate to meet the needs in the service area. An existing facility with an occupancy rate of at least 70 percent for the most recent year can add up to five additional beds without demonstrating bed need. The bed need methodology is based on a standard of 41.4 beds per 100,000 children (or .414 beds per 1,000), based on the population aged five to 21.

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[74] FindLaw.com – Alaska Statutes Title 18. Health, Safety, Housing, Human Rights, and Public Defender 18.07.111. Definitions – *last updated January 1, 2022*, https://codes.findlaw.com/ak/title-18-health-safety-housing-human-rights-and-public-defender/ak-st-sect-18-07-111.html.

[75] Residential psychiatric treatment centers in Alaska are equivalent to RTCs in Maryland.

[76] Alaska Department of Health, Office of the Commissioner. Certificate of Need, Statute and Regulations (2023). https://health.alaska.gov/Commissioner/Pages/RateReview/CertificateOfNeed/CON-Statutes-and-Regulations.aspx.

[77] Id.

[78] Miss. Code Ann. § 41-7-171

[79] Miss. Code Ann. § 41-7-191

[80] Mississippi State Department of Health, FY 2022 Mississippi State Health Plan. *Available at:* https://msdh.ms.gov/page/resources/16691.pdf.

[81] S.C. Department of Health and Environmental Control. *Regulation 61-15 Certification of Need for Health Facilities and Services.* https://live-sc-dhec.pantheonsite.io/sites/default/files/media/document/R.61-15.pdf#page=6.

Connecticut also requires a CON for establishment of a new facility for mental health or substance abuse services, including a private mental health residential center, which is equivalent to an RTC in Maryland. Connecticut's CON process is similar to Maryland's. When a new CON application is transmitted to Connecticut's Office of Health Strategy (OHS), the Health Systems Planning Unit reviews the application and determines whether to grant the CON. Connecticut law requires that deliberations involving a CON application shall take into consideration numerous principles including, but not limited to, the relationship of the proposed project to the state-wide health care facilities plan; whether there is a clear public need for the proposed health care facility; whether the proposal is financially feasible for the applicant; whether the proposal will improve health care quality, accessibility and cost effectiveness; the population to be served by the proposed project; the utilization of existing health care facilities and health care services in the service area of the applicant; whether the proposed project might result in a duplication of existing health care facilities; and whether the proposed project might reduce access to services by Medicaid recipients or indigent persons.[82] However, there is an exemption in Connecticut from the CON process for expanding beds at a mental health facility.

Alternatives to CON Regulation

MHCC staff investigated the approaches of neighboring states without CON for RTCs or equivalent type facilities and states identified as both high and low performers with respect to access to mental health services by Mental Health America in its 2023 report for the youth population.[83] The high-ranking states were Delaware (2/51), the District of Columbia (1/51), and Pennsylvania (4/51). The low-ranking states included Virginia (48/51) and West Virginia (45/51).[84] A summary of comparative information for several of these states is shown in Table 5. Comparative information is also included for two states that have CON for RTCs, Maryland and Connecticut.

While most of the states included in Table 5 require that an RTC or an equivalent type facility be licensed and Medicaid-certified, these are not requirements in all states. Delaware does not require licensing, but it does require Medicaid approval. Virginia requires licensing, but it does not require Medicaid approval. Massachusetts and Connecticut require RTCs to be accredited by the Joint Commission, but West Virginia and Virginia do not require accreditation. All of the representatives for state agencies or RTC facilities contacted expressed that there is a need for additional RTC facilities and beds. None of those contacted stated that state regulations for licensure were the barrier to opening additional facilities. The consensus was that insufficient staffing levels are the main barrier to having a greater number of RTC beds available for the treatment of youth.

[82] General Statutes of Connecticut, Title 19a, Chapter 368z, Section 19a-639, paragraph (a).
[83] https://mhanational.org/issues/2023/mental-health-america-youth-data#received-some-consistent-treatment
[84] https://mhanational.org/issues/2023/mental-health-america-youth-data#received-some-consistent-treatment

Table 5: Comparison of Maryland RTC Requirements and Capacity to Other States

	Maryland	Delaware	West Virginia	Virginia	Massachusetts	Connecticut
Facility Type	Residential Treatment Centers	Residential Treatment Centers	Licensed Behavioral Health Center (BHC)	Children's Residential Facility (CRF)	Intensive Residential Treatment Program (IRTP)	Private Mental Health Residential Living Centers
License Required?	Yes [Note 4]	No	Yes	Yes	Yes	Yes
How Many Statewide?	6 [Note 2]	2		14 [Note 1]	5	5 PRTFs
Total Beds	360 [Note 2]	approx. 32		221 [Note 1]	80	75-100
Accredita-tion Required?	Yes - JCAHO [Note 5]	unsure -	No	No	Yes - JCAHO	Yes - JCAHO
Medicaid approved?	Yes - Medicaid certification [Note 5]	yes	Yes	No	Yes	Yes
Population [Note 7]	6,164,660	1,018,396	1,775,156	8,683,619	6,981,974	3,626,205
Residents Aged 5-19 [Note 7]	1,149,449	180,316		1,620,870	1,200,766	659,057
Beds Per 10,000 residents aged 5-19	2.91	1.77		1.36	0.67	1.14 - 1.52
Note 1: https://www.dss.virginia.gov/facility/search/crf.cgi						
Note 2: https://app.smartsheet.com/b/publish?EQBCT=08adff96ac8c4d18a97bf909162a2250						
Note 3: COMAR 10.24.01.02						
Note 4: 10.07.04.03						
Note 5: COMAR 10.24.07.02.(3)(k)						
Note 6: COMAR 10.24.07.02.(3)(f)						
Note 7: 1. data.census.gov 2. select "build maps" 3. select a state 4. select "view profile" 5. select "tables" near the top of the screen 6. select "American Community Survey"						

Conclusion

In Maryland, the number of RTCs and RTC beds available for treatment of children and adolescents have drastically decreased in the past decade. With the closure of four licensed RTCs, the number of licensed beds decreased by more than 50 percent, and the seven remaining RTCs report that there are even fewer staffed beds (230 beds). As reflected in the decline in the number of available beds, utilization of RTCs has been declining over the last decade, corresponding with a decrease in staffed bed capacity. Conversely, the ALOS has been increasing during this period. RTCs report a current total occupancy rate of more than 95 percent, based on the number of staffed beds. RTCs also report an increase in application denials and wait times for access to RTCs. Contributing factors include a lack of available community step-down services after discharge, which delays the discharge of children and adolescents from RTCs.

Despite the decrease in RTC bed utilization, there is a clear need for RTC beds. The MDH recognizes this need; in 2021, MDH, as part of its development of the Adolescent Hospital Overstay Program, calculated a need for 25 additional RTC beds annually. Patients experiencing hospital overstays often have higher acuity needs requiring higher staffing levels and resources to achieve safe and successful treatment that existing RTCs are unable to handle. Consequently, these youth spend an excess number of days waiting for transfer from a hospital to an RTC. Additionally, adolescents who are not Medicaid recipients may have a hard time accessing RTC services in the State.

Because of the reported difficulties with staffing RTCs and the number of licensed beds at existing RTCs that are not staffed, it is not surprising that MHCC has received few CON applications to establish RTCs. In conversations with the RTCs in Maryland, it was clear that CON is not the barrier to establishing increased bed capacity or the development of additional RTCs in the State. Retaining staff remains a consistent challenge for RTC leaders and referring agencies. The COVID-19 pandemic increased staff shortages and made recruitment even more difficult. The challenges with recruitment of staff have continued because of low salaries that are driven by low reimbursement rates, the option to telework, and competitive employment with other behavioral health providers. This problem is not specific to Maryland. Staff attrition is a problem across the nation, based on MHCC staff's conversations with state government employees in several states contacted regarding their states' regulations for RTCs.

Staff received a few suggestions from RTCs regarding how to address some of the problems identified. These include the development of niche programming and improving staffing ratios in current and future RTCs.[85] Increasing Medicaid financial reimbursement is also recommended for future sustainability of the RTCs in Maryland.[86]

[85] Conversations with Maryland RTCs, December 2023.
[86] Ibid.

Appendix 1: Behavioral Health Continuum of Care

Prevention/Promotion				Primary Behavioral Health		Urgent/Acute Care		Treatment/Recovery	
Promotion	**Universal Prevention**	**Selective Prevention**	**Indicated Prevention**	**Outpatient Care**	**Intermediate Care**	**Urgent/Crisis Care**	**Acute Treatment**	**Long-term Treatment**	**Recovery Supports**
General Outreach Population Specific Outreach Comms Campaigns	ACEs Preschool Services School-based Services	SBIRT Harm Reduction PASRR	Home Visiting Mental Health First Aid TAY	Community Based Services Case Management TAMAR MCCJTP MH Client Support Services Drug Court Outpatient Detox MAT Maternal Health	Partial Hospitalization	988 Hotline Urgent Care Services Crisis Stabilization Centers Mobile Crisis Teams MHSS/MRSS Residential Crisis STOP ED/Hospital Diversion	ED Inpatient Inpatient Detox	Assisted Living RRPs PRPs RTCs MAT	State Care Coordinator MDRN START Peers Adolescent Clubhouse Clubhouse Wellness/Recovery Centers Permanent Supported Housing CoC SOAR Respite
			SATS (TCA) Targeted Case Management		ACT MHSS/MRSS Safe Stations		Transitional Case Management Residential Treatment		

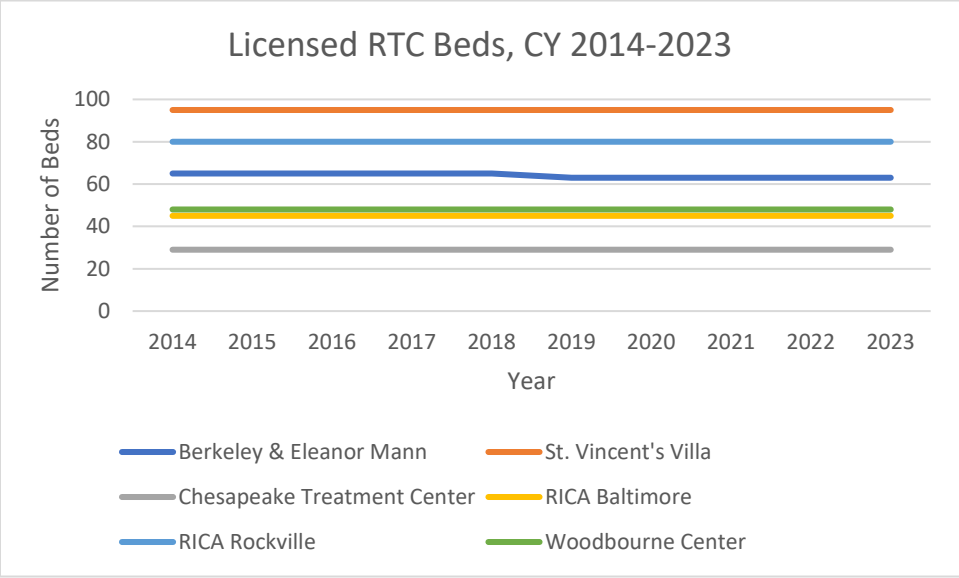
Source: Maryland Department of Health, Bed Registry Meeting, August 31, 2023.

*ACEs = Adverse Childhood Experiences, SBIRT = Screening, Brief Intervention and Referral to Treatment, PASRR = Preadmission Screening and Resident Review, TAY = Transitional Age Youth, TAMAR = Trauma, Addictions, Mental Health & Recovery, MCCJTP = Maryland Community Criminal Justice Treatment Program, MAT = Medication Assisted Treatment, MHSS/MRSS = Mental Health Supportive Services/Mobile Response and Stabilization Services, STOP = Substance Abuse Treatment Outcome Partnership, RRPs = Residential Rehab Programs, PRPs = Psychiatric Rehab Programs, MDRN = Maryland Recovery Net, START = Sobriety Treatment and Recovery Teams, CoC = Continuum of Care Program, SOAR = SSI/SSDI Outreach, Access and Recovery

Appendix 2: Trends in Licensed RTC Beds, CY 2014-2023

Facility Name	Licensed Beds									
	2014	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**
Berkeley & Eleanor Mann RTC	65	65	65	65	65	63	63	63	63	63
St. Vincent's Villa RTC (Catholic Charities)	95	95	95	95	95	95	95	95	95	95
Chesapeake Treatment Center (New Directions)	29	29	29	29	29	29	29	29	29	29
Regional Institute of Children and Adolescents - Baltimore	45	45	45	45	45	45	45	45	45	45
John L. Gildner Regional Institute for Children and Adolescents (RICA-Rockville)	80	80	80	80	80	80	80	80	80	80
Woodbourne Center	48	48	48	48	48	48	48	48	48	48
Total	**362**	**362**	**362**	**362**	**362**	**360**	**360**	**360**	**360**	**360**

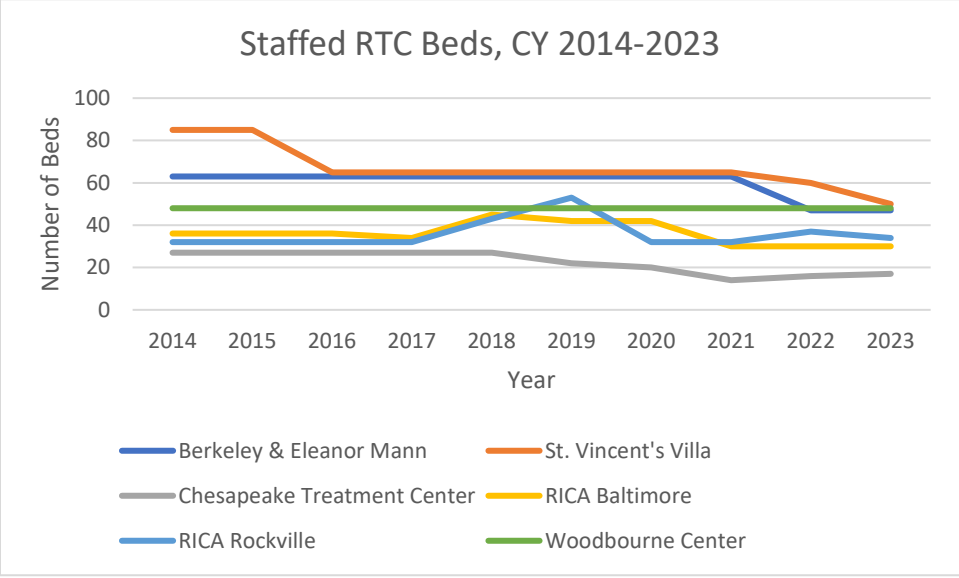
Source: MHCC staff surveys of Maryland RTCs (2018-2023).



Appendix 3: Trends in Staffed RTC Beds, CY 2014-2023

Facility Name	Staffed Beds									
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Berkeley & Eleanor Mann RTC	63	63	63	63	63	63	63	63	47	47
St. Vincent's Villa RTC (Catholic Charities)	85	85	65	65	65	65	65	65	60	50
Chesapeake Treatment Center (New Directions)	27	27	27	27	27	22	20	14	16	17
Regional Institute of Children and Adolescents - Baltimore	36	36	36	34	45	42	42	30	30	30
John L. Gildner Regional Institute for Children and Adolescents (RICA-Rockville)	32	32	32	32	43	53	32	32	37	34
Woodbourne Center	48	48	48	48	48	48	48	48	48	48
Total	**291**	**291**	**271**	**269**	**291**	**293**	**270**	**252**	**238**	**226**

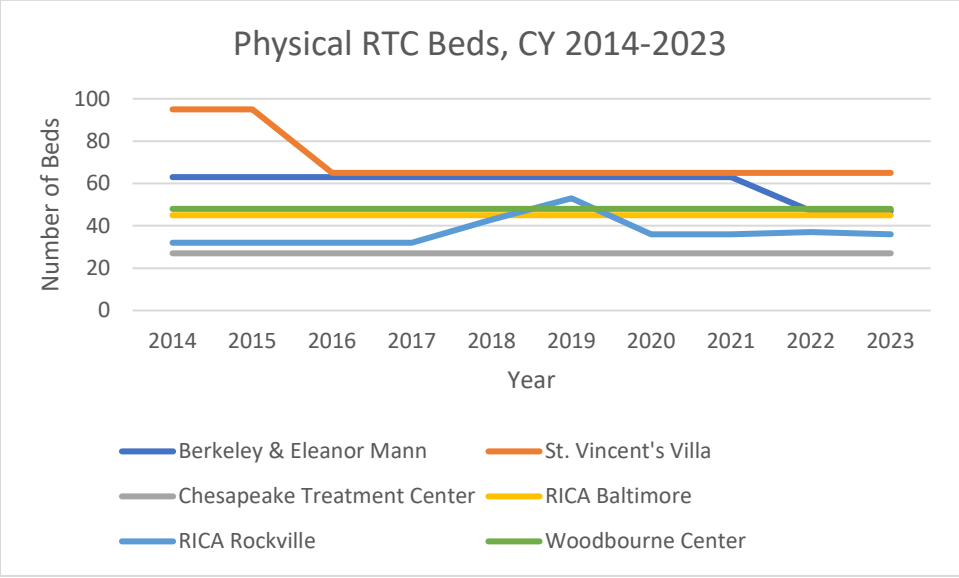
Source: MHCC staff surveys of Maryland RTCs (2018-2023).



Appendix 4: Trends in Physical RTC Beds, CY 2014-2023

Facility Name	Physical Beds									
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Berkeley & Eleanor Mann RTC	63	63	63	63	63	63	63	63	47	47
St. Vincent's Villa RTC (Catholic Charities)	95	95	65	65	65	65	65	65	65	65
Chesapeake Treatment Center (New Directions)	27	27	27	27	27	27	27	27	27	27
Regional Institute of Children and Adolescents - Baltimore	45	45	45	45	45	45	45	45	45	45
John L. Gildner Regional Institute for Children and Adolescents (RICA-Rockville)	32	32	32	32	43	53	36	36	37	36
Woodbourne Center	48	48	48	48	48	48	48	48	48	48
Total	**310**	**310**	**280**	**280**	**291**	**301**	**284**	**284**	**269**	**268**

Source: MHCC staff surveys of Maryland RTCs (2018-2023).



Appendix 5: Profiles of RTCs in Maryland

Facility	Age	Gender	Diagnosis	Security	Specialty	Trauma-Informed Treatment	Discharge Planning & Aftercare	Percent Medicaid	Accepts Involuntary Admission
Nexus Woodbourne Center	12-18	Males Only	ADHD, DMDD, PTSD, Bipolar, Depression, Sex issues	Staff-Secured	Sexually suggestive and problematic behaviors; IQ criteria 70+	No	Yes	2023 - 100%	Yes
RICA - Baltimore	12-17.6	Males & Females	ADHD, DMDD, PTSD, Bipolar, Depression	Staff-Secured		Yes	No	2020 – 100% 2021 – 92%	No
Sheppard Pratt Berkeley & Eleanor Mann	12-18	Males & Females	ADHD, DMDD, PTSD, Bipolar, Depression	Staff-Secured		Yes	No	2021 -95%	Yes
Chesapeake Treatment Center	13-20	Males only	Evaluated with each referral	Hardware Secured	Sexually aggressive; referred by DJS	Yes	No	2023 – 90%	No
St. Vincent's Villa	5-14	Males & Females	ADHD, DMDD	Staff-Secured		Yes	Yes	2023 - 94%	No
RICA - Rockville	11-18	Males & Females	AHDH, DMDD, PTSD, Bipolar	Staff-Secured		Yes	No	2020 – 75% 2021 – 55%	No
Board of Child Care	14-20	Males & Females			Co-occurring psych and developmental diagnoses	Yes			No

Note: ADHD – Attention Deficit Hyperactivity Disorder; DMDD – Disruptive Mood Dysregulation Disorder; PTSD – Post Traumatic Stress Disorder