



Psychiatric Bed Utilization Projections and Draft Need Determinations for Historically Underserved Populations

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Net Bed Utilization Projections for Acute Psychiatric Adult and Geriatric Beds, CY 2030

Health Planning Region	Occupancy	Net Bed Utilization Minimum	Net Bed Utilization Maximum
Baltimore Upper Shore	77.4%	-110	-20
Lower Eastern Shore	70.0%	6	11
Montgomery	78.1%	-10	16
Southern Maryland	72.7%	8	38
Western Maryland	71.5%	18	27

Sources: MHCC staff analysis of HSCRC discharge data, Maryland private psychiatric hospital data, and District of Columbia discharge data for CY 2017, CY 2018, CY 2019, CY 2021, CY 2022, CY 2023; Population estimates are from: Maryland Department of Planning; West Virginia University John Chambers College of Business and Economics; University of Virginia Weldon Cooper Center for Public Service; Pennsylvania State Data Center; Delaware Office of State Planning Coordination; District of Columbia Office of Planning; and United States Census Bureau.



Net Bed Utilization Projections for Acute Psychiatric Adolescent Beds, CY 2030

Health Planning Region	Occupancy	Net Bed Utilization Minimum	Net Bed Utilization Maximum
Baltimore Upper Shore	76.4%	-26	-7
Lower Eastern Shore	70.0%	-10	-4
Montgomery	74.4%	-6	-2
Southern Maryland	70.0%	11	21
Western Maryland	75.0%	-2	3

Sources: MHCC staff analysis of HSCRC discharge data, Maryland private psychiatric hospital data, and District of Columbia discharge data for CY 2017, CY 2018, CY 2019, CY 2021, CY 2022, CY 2023; Population estimates are from: Maryland Department of Planning; West Virginia University John Chambers College of Business and Economics; University of Virginia Weldon Cooper Center for Public Service; Pennsylvania State Data Center; Delaware Office of State Planning Coordination; District of Columbia Office of Planning; and United States Census Bureau.



Net Bed Utilization Projections for Acute Psychiatric Child Beds, CY 2030

Health Planning Region	Occupancy	Net Bed Utilization Minimum	Net Bed Utilization Maximum
Baltimore Upper Shore	70.0%	-4	9
Lower Eastern Shore	70.0%	-5	-4
Montgomery	70.0%	-12	-8
Southern Maryland	70.0%	0	4
Western Maryland	70.0%	-4	13

Sources: MHCC staff analysis of HSCRC discharge data, Maryland private psychiatric hospital data, and District of Columbia discharge data for CY 2017, CY 2018, CY 2019, CY 2021, CY 2022, CY 2023; Population estimates are from: Maryland Department of Planning; West Virginia University John Chambers College of Business and Economics; University of Virginia Weldon Cooper Center for Public Service; Pennsylvania State Data Center; Delaware Office of State Planning Coordination; District of Columbia Office of Planning; and United States Census Bureau.



Estimates of Psychiatric Bed Need for Historically Underserved Populations

Definition of Historically Underserved Populations:

- Children
- Adolescents
- Patients with a primary psychiatric diagnosis and a secondary diagnosis for a substance use disorder
- Patients with a primary psychiatric diagnosis and a secondary developmental disability diagnosis



Estimates of the Unmet Need for Psychiatric Beds for Historically Underserved Populations

- Staff analyzed Health Services Cost Review Commission (HSCRC) outpatient data to estimate boarding times, using the start dates and end dates of ED Visits.
- Other criteria that staff used to estimate unmet need included disposition (discharge location) and number of nights spent in the ED.



Unmet Psychiatric Bed Need for Children and Adolescents

Health Planning Region of Patient Origin	Estimated Inpatient Bed Need (Children)	Estimated Inpatient Bed Need (Adolescents)
Baltimore Upper Shore	1.8	4.9
Lower Eastern Shore	0.2	0.4
Montgomery	0.1	1.5
Southern Maryland	0.3	0.9
Western Maryland	0.1	0.3
Other	0.1	0.2

Source: Maryland Health Care Commission. “Analysis of Need for Acute Psychiatric Services for Historically Underserved Populations.” Tables 1 and 2. (June 2025).



Unmet Psychiatric Bed Need for Adults With Secondary Diagnosis for SUD

Health Planning Region of Patient Origin	Percentage with Secondary SUD Diagnosis	Estimated Inpatient Bed Need
Baltimore Upper Shore	57.2%	10.6
Lower Eastern Shore	60.5%	0.3
Montgomery	42.1%	1.7
Southern Maryland	50.6%	1.7
Western Maryland	54.8%	0.4
Other	-	0.9

Source: Maryland Health Care Commission. “Analysis of Need for Acute Psychiatric Services for Historically Underserved Populations.” Tables 3 and 4. (June 2025).



Unmet Psychiatric Bed Need for Adolescents With Secondary SUD Diagnosis

Health Planning Region of Patient Origin	Percentage with Secondary SUD Diagnosis	Estimated Inpatient Bed Need
Baltimore Upper Shore	21.4%	12.2
Lower Eastern Shore	21.8%	0.4
Montgomery	18.4%	2.1
Southern Maryland	23.3%	2.3
Western Maryland	9.2%	1.5

Source: Maryland Health Care Commission. “Analysis of Need for Acute Psychiatric Services for Historically Underserved Populations.” Tables 5 and 6. (June 2025).



Unmet Psychiatric Bed Need for Adults With Secondary Diagnosis of a Developmental Disability

Health Planning Region of Patient Origin	Number of Visits	Number of Days	Estimated Inpatient Bed Need
Baltimore Upper Shore	617	6938	2.0
Lower Eastern Shore	22	111	0.2
Montgomery	80	809	0.3
Southern Maryland	121	1104	0.1
Western Maryland	114	817	0.1
Other	84	1367	0.0

Source: Maryland Health Care Commission. “Analysis of Need for Acute Psychiatric Services for Historically Underserved Populations.” Table 7. (June 2025);



Unmet Psychiatric Bed Need for Adolescents With a Secondary Diagnosis of a Developmental Disability

Health Planning Region of Patient Origin	Number of Visits	Number of Days	Estimated Inpatient Bed Need
Baltimore Upper Shore	80	1830	0.8
Lower Eastern Shore	6	50	0.1
Montgomery	28	222	0.3
Southern Maryland	22	127	0.1
Western Maryland	3	26	0.0
Other	8	93	0.0

Source: Maryland Health Care Commission. “Analysis of Need for Acute Psychiatric Services for Historically Underserved Populations.” Table 8. (June 2025);



Unmet Psychiatric Bed Need for Children With a Secondary Diagnosis of a Developmental Disability

Health Planning Region of Patient Origin	Number of Visits	Number of Days	Estimated Inpatient Bed Need
Baltimore Upper Shore	31	415	0.5
Lower Eastern Shore	1	6	0.1
Montgomery	5	112	0.0
Southern Maryland	4	31	0.0
Western Maryland	1	112	0.0
Other	1	11	0.0

Source: Maryland Health Care Commission. “Analysis of Need for Acute Psychiatric Services for Historically Underserved Populations.” Table 9. (June 2025).



Next Steps

- MHCC staff is continuing to follow-up with stakeholders to solicit additional feedback on how to modify the projections to better reflect the need for additional acute psychiatric services for children, adolescents, and patients of all ages with a secondary diagnosis of a developmental disability.
- Staff plans to revise projections to incorporate CY 2024 and potentially make other changes based on additional feedback.



Questions/ Discussion



Appendix

- Comments Received
- Comments on Methodology
- Comments on Unmet Psychiatric Bed Need for Children and Adolescents
- Comments on Unmet Psychiatric Bed Need for Patients With a Secondary Diagnosis of a Developmental Disability
- Additional Comments
- Analysis of CY 2024 HSCRC Discharge Data for Psychiatric Patients with a a Secondary Diagnosis of a Developmental Disability



Comments Received

- Anne Arundel County Mental Health Agency
- Garrett County Local Behavioral Health Authority
- Garrett Regional Medical Center
- Johns Hopkins Health System
- Johns Hopkins Medicine
- Mental Health Association of Maryland
- Maryland Hospital Association
- Sheppard Pratt



Comments on Methodology

- Psychiatric patients in observation status appear to have been excluded from the analysis
- The number of geriatric-psychiatric beds should be distinguished from general beds for adults, adolescents, and children.
- The level of need identified is too low and does not align with experiences reported by hospitals, families, and jurisdictions, especially for youth with both mental health conditions and diagnoses for developmental disabilities. (MHAMD, MHA)
- The distinction between general lower intensity beds and specialized high-intensity psychiatric beds is crucial.
- The current methodology does not sufficiently account for tertiary-level patients who routinely wait weeks or months for placement.



Comments on Unmet Psychiatric Bed Need for Children and Adolescents

- For the adolescent bed need estimate, factor in patient health system needs to better reflect real-world acuity and care access barriers.
- Distinguish the number of child and adolescent neuro psychiatric beds from general beds for adolescents, and children.
- Using ED boarding days as a proxy for the unmet need for psychiatric beds does not account for children and adolescents who might be discharged quickly, diverted to other settings, or denied admissions — not due to lack of need, but due to lack of available beds.
- Complement ED boarding metrics with additional data sources.



Comments on Unmet Psychiatric Bed Need for Patients With a Secondary Diagnosis of a Developmental Disability

- Approximately 30 to 40 tertiary care beds are needed for adolescents and 50-60 for adults statewide, especially for patients with dual diagnoses, neurodevelopmental disorders, and severe aggression
- Approximately 75 to 100 tertiary care beds are needed for both adolescents and adults statewide, especially for patients with dual diagnoses, neurodevelopmental disorders, and severe aggression
- The estimates of the need for child and adolescent psychiatric beds and psychiatric beds for patients of all ages with a secondary diagnosis of a developmental disability underestimate the actual need.



Additional Comments

- Mental Health Association of Maryland commented that it needed more time to review the projections and noted that legislation was adopted that establishes a workgroup to determine the number and type of additional acute psychiatric beds needed.
- Sheppard Pratt expressed concerns about the psychiatric bed utilization projections, which were provided as supplemental information, not for public comment. They noted that inpatient overstays can block new admissions and skew utilization rates downward, specifically impacting youth with severe behavioral needs and co-occurring developmental disabilities.
- Johns Hopkins Health System noted that it reviewed the information provided, and on behalf of the hospitals in its system, it does not have comments at this time.



Inpatient Utilization for Adult Psychiatric Patients With a Secondary Diagnosis of a Developmental Disability

Health Planning Region*	Number of Discharges	Number of Days	Estimated Special Bed Need**
Baltimore Upper Shore	967	12,699	43.5
Lower Eastern Shore	126	320	1.1
Montgomery	127	1,750	6.0
Southern Maryland	164	1,782	6.1
Western Maryland	138	1,118	3.8
Statewide Total	1,422	17,669	60.5

Source: MHCC staff analysis of HSCRC discharge abstract data, CY 2024

*The health planning region is based on patient origin for Maryland residents and region of care for non-Maryland residents.

**The estimated bed need assumes 80% occupancy and 365 days in a year and that all dually diagnosed patients should be in a special bed for dually diagnosed patients; it does not account for the current inventory of those beds.



Inpatient Utilization for Adolescent Psychiatric Patients With a Secondary Diagnosis of a Developmental Disability

Health Planning Region*	Number of Discharges	Number of Days	Estimated Special Bed Need**
Baltimore Upper Shore	212	6,138	24.0
Lower Eastern Shore	16	342	1.3
Montgomery	34	697	2.7
Southern Maryland	42	545	2.1
Western Maryland	30	384	1.5
Statewide Total	334	8,106	31.7

Source: MHCC staff analysis of HSCRC discharge abstract data for CY 2024.

*The health planning region is based on patient origin for Maryland residents and region of care for non-Maryland residents.

** The estimated bed need assumes 70% occupancy and 365 days in a year and that all dually diagnosed patients should be in a special bed for dually diagnosed patients; it does not account for the current inventory of those beds.

Inpatient Utilization for Child Psychiatric Patients With a Secondary Diagnosis of a Developmental Disability



Health Planning Region*	Number of Visits	Number of Days	Estimated Special Bed Need**
Baltimore Upper Shore	110	2,754	10.8
Lower Eastern Shore	10	139	0.5
Montgomery	14	474	1.9
Southern Maryland	21	291	1.1
Western Maryland	114	3,195	12.5
Statewide Total	269	6,853	26.8

Source: MHCC staff analysis of HSCRC discharge abstract data for CY 2024.

*The health planning region is based on patient origin for Maryland residents and region of care for non-Maryland residents.

**The estimated bed need assumes 70% occupancy and 365 days in a year and that all dually diagnosed patients should be in a special bed for dually diagnosed patients; it does not account for the current inventory of those beds.