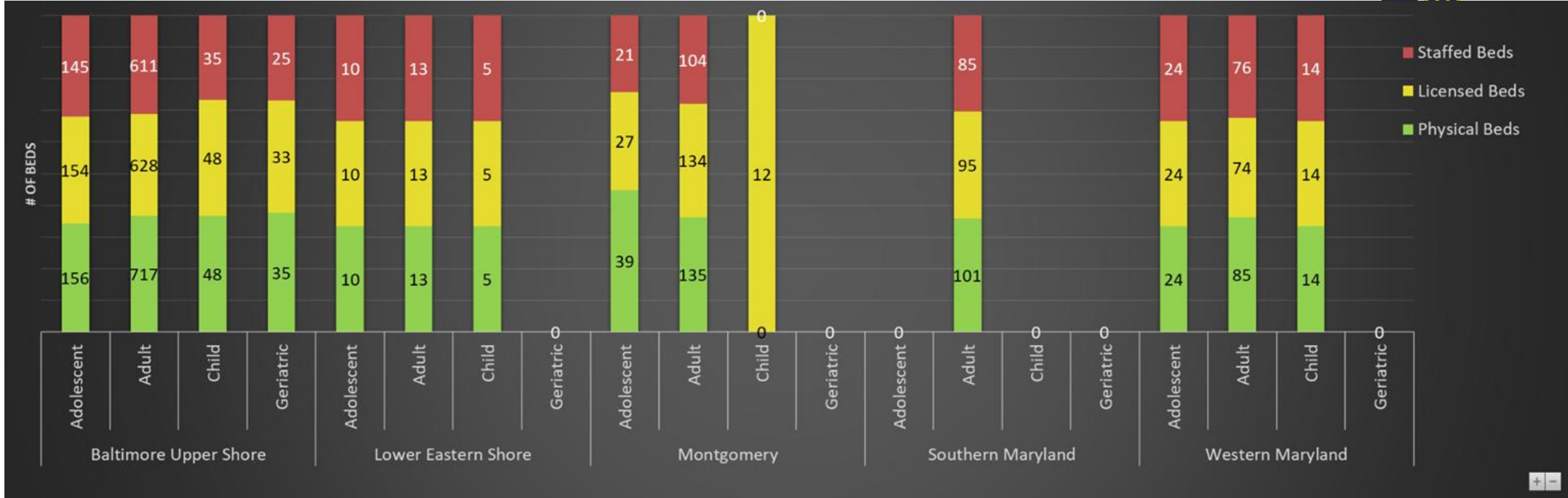




Part I: Acute Inpatient Psychiatric Bed Utilization Projections and Calculations

Appendix 1: Current Licensed Hospital Bed Inventory FY 2026

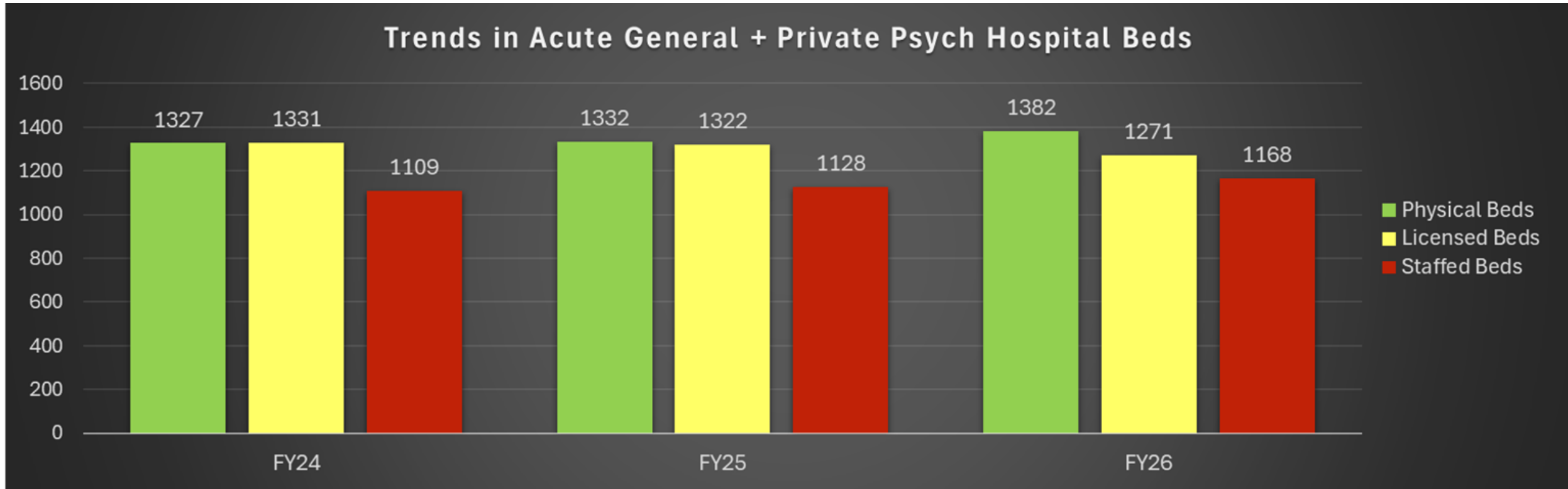


Includes: Acute inpatient psychiatric services available at Maryland General Acute Care Hospitals (27); and inpatient services available at Maryland Private Psychiatric Hospitals (4)

Excludes: State psychiatric hospital beds; per COMAR they are NOT part of the inventory

Data as of July 01, 2025 (tracks next FY inventory per the Acute Psych Survey)

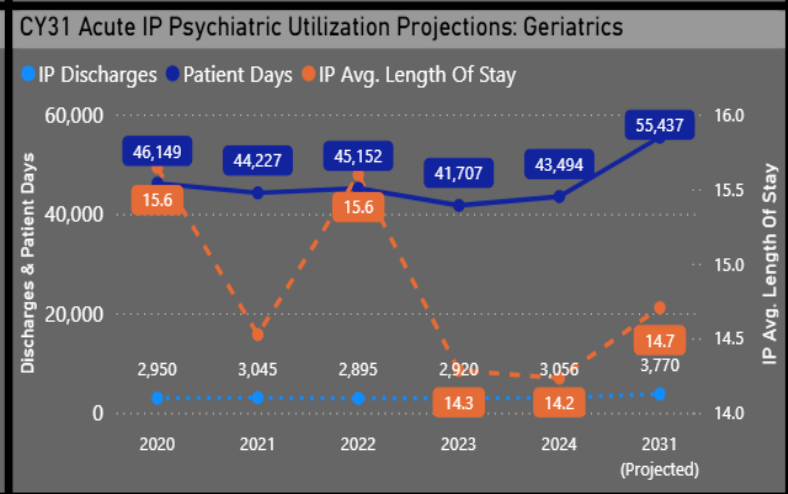
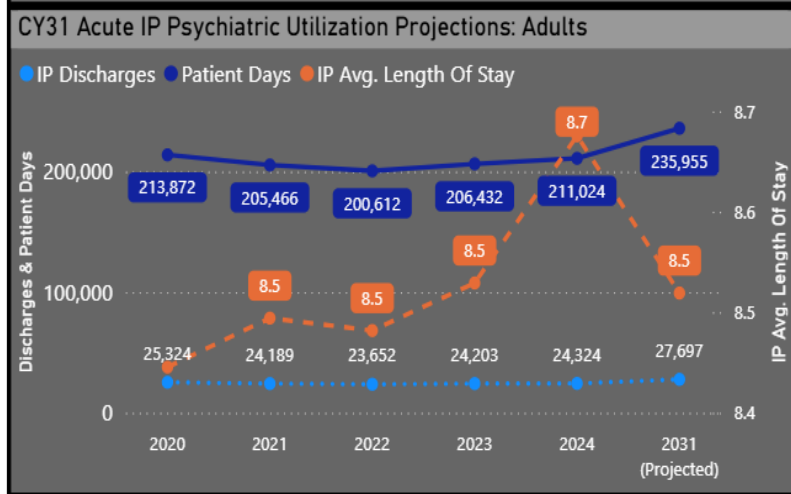
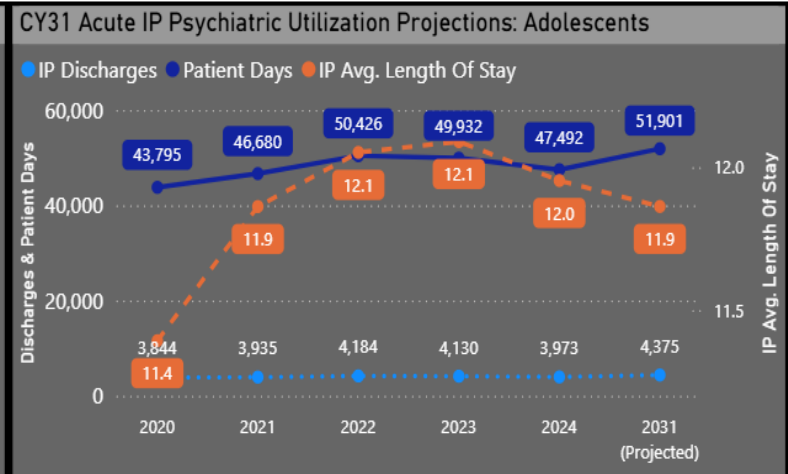
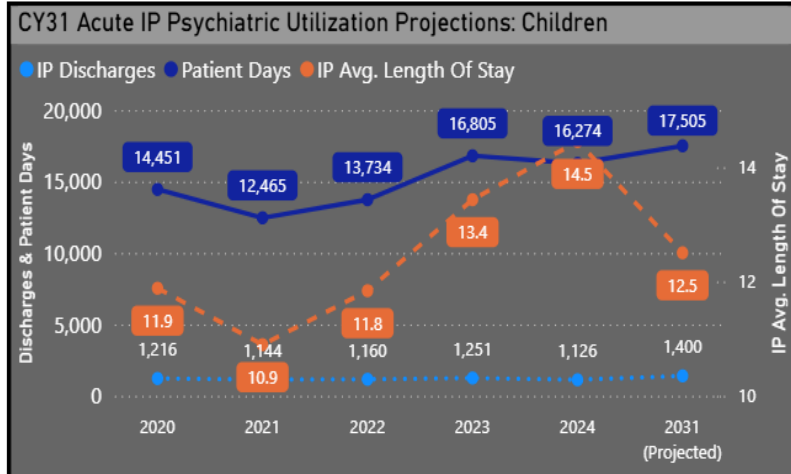
Appendix 2: Trends in Statewide Hospital Bed Inventory



Notes:

1. PB/LB/SB inventory experienced negligible or almost flat growth/fall from FY24-FY26
2. Staffed beds on average run 13% lower than Licensed beds as observed between FY24-FY26; however, regional variations may be more pronounced as seen from Appendix 1

Appendix 3: Impact of CY31 Utilization Projections

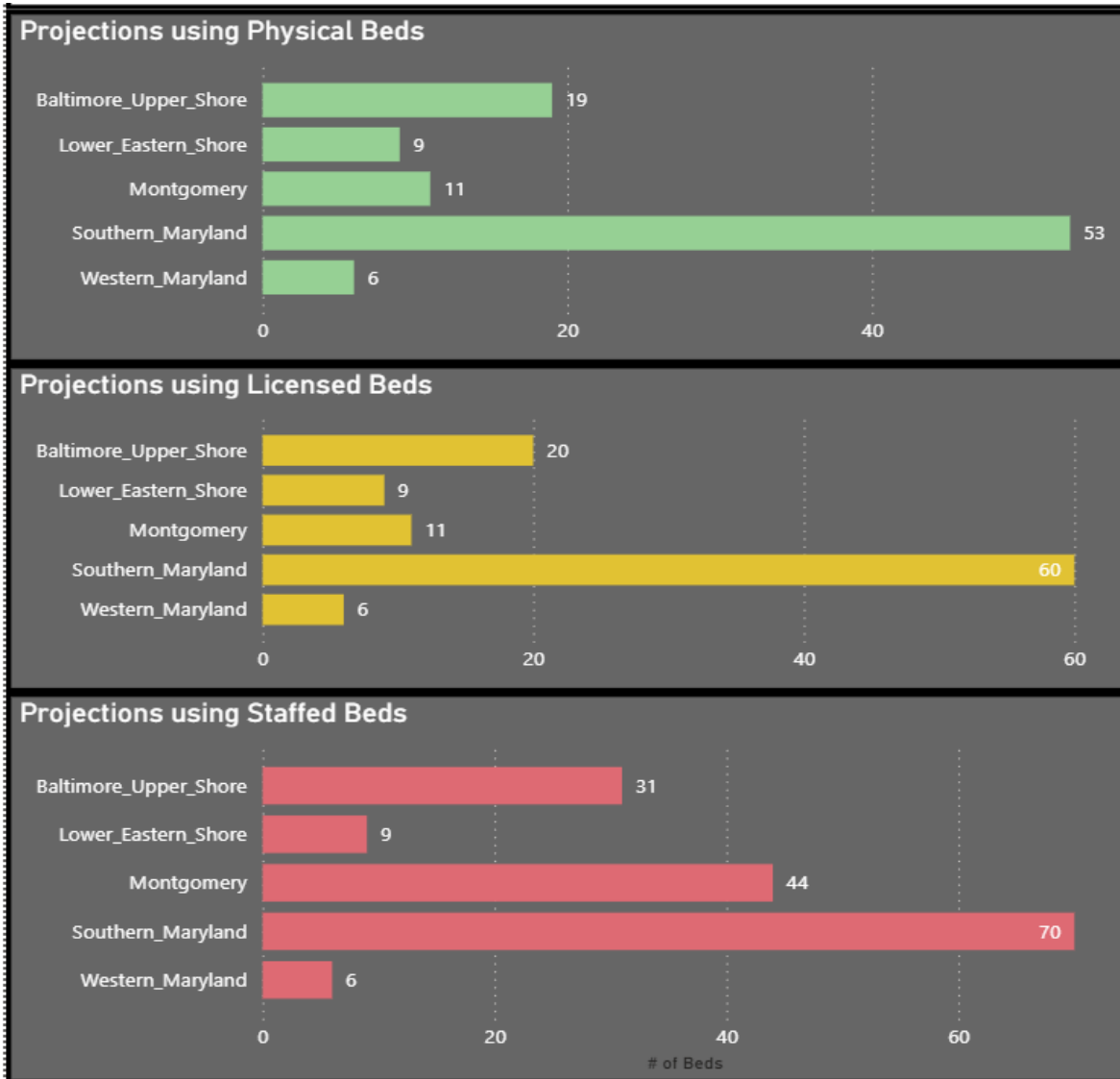


- ★ Maintains steady length of stay through CY31 across age groups
- ★ Projections account for current inventory, discharge rate, average length of stay, in and out migration (seeking care) and corresponding growth in population across health planning regions
- ★ Expected % growth in discharges in CY31 by age groups compared to their 5-yr average:
 - Children: 19%
 - Adolescents: 9%
 - Adults: 14%
 - Geriatrics: 26%*

* Geriatrics follow slightly different projection method per COMAR 10.24.21.06 (G) (4) which directly compares population growth to base year (2024) discharges, bypassing current bed inventory levels.

Appendix 4: Statewide Acute Psychiatric Bed Utilization Forecast

Utilization Projections for CY 2031 using Physical, Licensed and Staffed Bed Inventories



Following up on the Commissioners' request from July 2025, staff analyzed projections using Physical (PB), Licensed (LB), and Staffed (SB) bed inventories to compare projected shortages.

- **Baltimore Upper Shore:** Licensed bed shortage of 20 geriatric beds; 11 children's beds short (using SB inventory)
- **Lower Eastern Shore & Western MD:** Self-sufficient based on utilization and proportionate PB/LB/SB levels, but underserved populations show special needs (Slide 19)
- **Montgomery:** Largest gap between LB and SB (44: SB vs. 11: PB/LB), suggesting a staffing opportunity over capacity creation. The LB-SB gap is 30% for adults (SB: 104, LB: 134) and 100% for children (SB: 0, LB: 12), compared to a regional average of 13%
- **Southern Maryland (SMD):** Shows the largest licensed bed deficit, accounting for 57% of the state's total shortage (60 of 106 beds), with shortages across all age groups
- **All Regions:** Shortage of geriatric beds

Appendix 5.1.: Psychiatric Utilization Projections: Children, CY31



Health Planning Region (County of Residence)	Historical (CY20 - CY24 ¹)			Current Inventory (FY26)		Projected (CY31)										
	Avg. Annual Discharges	Avg. Annual Patient Days (a)	Avg. Daily Census (b)	Bed Inventory (c)	Patient Days per Inventory (d)	Min. Discharges incl. In/Out Migration	Max. Discharges incl. In/Out Migration	Min. Patient Days incl. In/Out Migration (e)	Min. Patient Days incl. In/Out Migration (f)	Avg. Daily Census Min (g)	Avg. Daily Census Max (h)	Min Occu (i)	Gross Beds Min (j)	Gross Beds Max (k)	Net Beds Min (l)	Net Beds Max (m)
Baltimore Upper Shore	675	8,643	24	48	17,520	751	948	9,391	11,852	26	32	70%	37	46	-11	-2
Lower Eastern Shore	41	567	*	5	1,825	12	20	152	250	*	*	70%	1	1	-4	-4
Montgomery	150	1,752	*	0	4380	19	84	232	1,046	*	*	70%	1	4	1	4
Southern Maryland	141	1,652	*	0	0	*	93	0	1,164	*	*	70%	0	5	0	5
Western Maryland	172	2,131	*	14	5,110	176	255	2,201	3,193	*	*	70%	9	12	-5	-2

See column calculations explained in notes

*= 10 or fewer patients

Appendix 5.2: Psychiatric Utilization Projections: Adolescents, CY31



Health Planning Region (County of Residence)	Historical (CY20 - CY24 ¹)			Current Inventory (FY26)		Projected (CY31)										
	Avg. Annual Discharges	Avg. Annual Patient Days (a)	Avg. Daily Census (b)	Bed Inventory (c)	Patient Days per Inventory (d)	Min. Discharges incl. In/Out Migration	Max. Discharges incl. In/Out Migration	Min. Patient Days incl. In/Out Migration (e)	Min. Patient Days incl. In/Out Migration (f)	Avg. Daily Census Min (g)	Avg. Daily Census Max (h)	Min Occu (i)	Gross Beds Min (j)	Gross Beds Max (k)	Net Beds Min (l)	Net Beds Max (m)
Baltimore Upper Shore	2,062	26,068	71	154	56,210	2,289	2,536	27,152	30,084	74	82	76.8%	97	107	-57	-47
Lower Eastern Shore	81	1,381	*	10	3,650	77	146	915	1,734	*	*	70.0%	4	7	-6	-3
Montgomery	802	8,305	23	27	9,855	563	628	6,683	7,455	18	20	74.4%	25	27	-2	0
Southern Maryland	605	6,080	17	0	0	201	506	2,389	5,997	*	16	70.0%	9	23	9	23
Western Maryland	465	5,831	16	24	8,760	469	559	5,555	6,631	15	18	75.0%	20	24	-4	0

See column calculations explained in notes

*= 10 or fewer patients

Appendix 5.3: Psychiatric Utilization Projections: Adult, CY31



Health Planning Region (County of Residence)	Historical (CY20 - CY24 ¹)			Current Inventory (FY26)		Projected (CY31)										
	Avg. Annual Discharges	Avg. Annual Patient Days (a)	Avg. Daily Census (b)	Bed Inventory (c)	Patient Days per Inventory (d)	Min. Discharges incl. In/Out Migration	Max. Discharges incl. In/Out Migration	Min. Patient Days incl. In/Out Migration (e)	Min. Patient Days incl. In/Out Migration (f)	Avg. Daily Census Min (g)	Avg. Daily Census Max (h)	Min Occu (i)	Gross Beds Min (j)	Gross Beds Max (k)	Net Beds Min (l)	Net Beds Max (m)
Baltimore Upper Shore	13,495	125,245	343	628	229,220	15,514	17,211	132157	146619	362	402	77.0%	470	522	-158	-106
Lower Eastern Shore	752	5,316	15	13	4,745	450	571	3832	4867	*	13	70.0%	15	19	2	6
Montgomery	3,682	32,609	89	134	48,910	3,581	4,252	30508	36226	84	99	78.1%	107	127	-27	-7
Southern Maryland	4,066	29,669	81	95	34,675	2,737	3,614	23320	30791	64	84	72.7%	88	116	-7	21
Western Maryland	2,362	14,643	40	74	27,010	1,893	2,049	16124	17452	44	48	71.4%	62	67	-12	-7

See column calculations explained in notes

*= 10 or fewer patients

Appendix 5.4: Psychiatric Utilization Projections: Geriatric, CY31



Health Planning Region (County of Residence)	Historical (CY20 - CY24 ¹)			Current Inventory (FY26)		Projected (CY31)								
	Avg. Annual Discharges	Base Year Annual Patient Days (a)	Avg. Daily Census (b)	Bed Inventory (c)	Patient Days per Inventory (d)	Min. Discharges incl. In/Out Migration	Max. Discharges incl. In/Out Migration	Min. Patient Days incl. In/Out Migration (e)	Min. Patient Days incl. In/Out Migration (f)	Avg. Daily Census Min (g)	Avg. Daily Census Max (h)	Min Occu (i)	Gross Beds Min (j)*	Gross Beds Max (k)*
Baltimore Upper Shore	1,847	30,061	82	33	12,045	1,951	2,393	28,682	35,183	*	14	70%	-5	20
Lower Eastern Shore	89	784	*	0	0	66	105	974	1,550	*	*	70%	1	3
Montgomery	444	5,930	16	0	0	413	517	6,067	7,602	*	*	70%	1	7
Southern Maryland	363	3,784	*	0	0	192	456	2,819	6,704	*	*	70%	-4	11
Western Maryland	261	2,935	*	0	0	273	299	4,015	4,398	*	*	70%	4	6

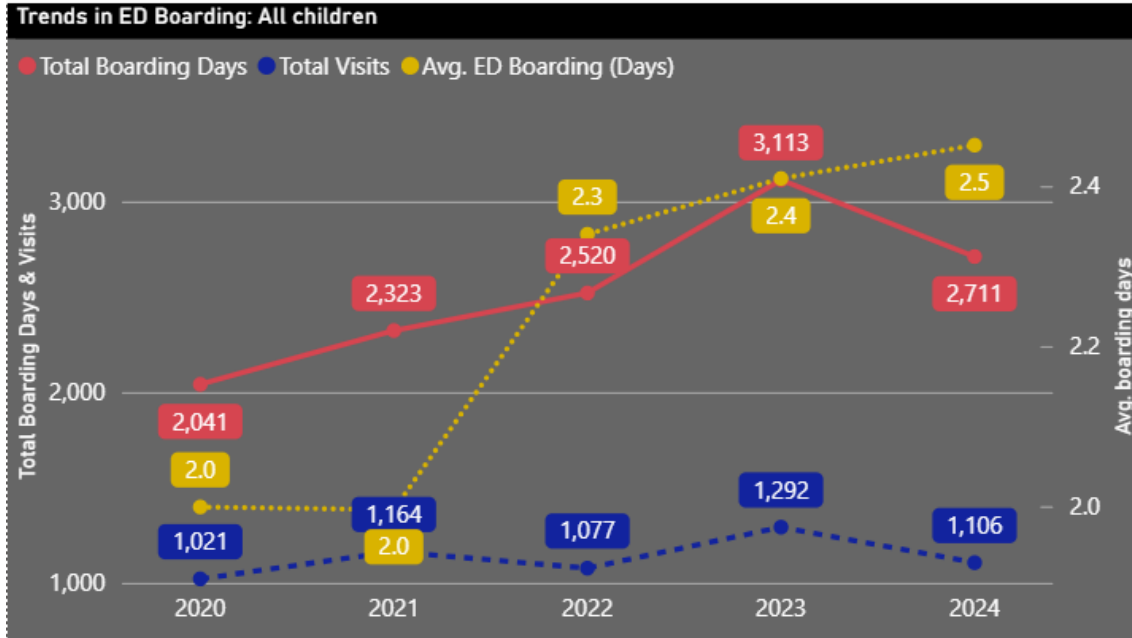
See column calculations explained in notes

*= 10 or fewer patients



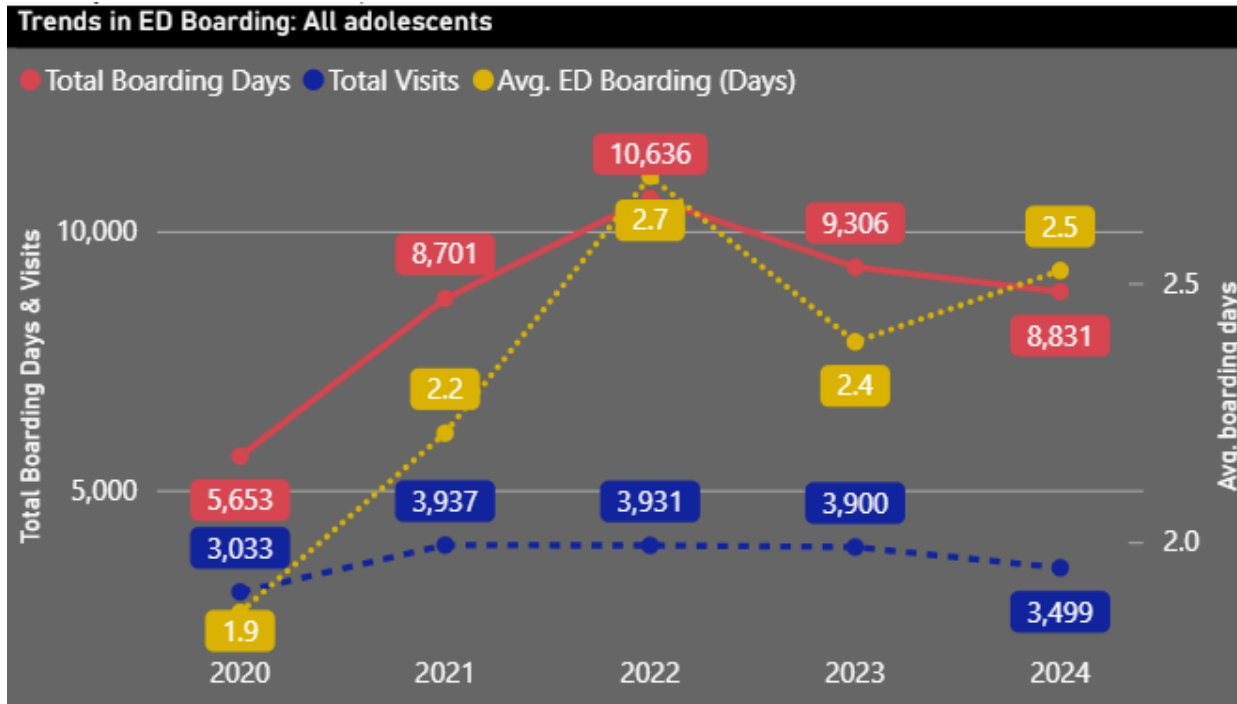
Part II:
Trends in ED Boarding Considered for the
Needs Determination for Historically
Underserved Populations

Appendix 6.1: Needs Determination - Trends in ED Boarding for All Children with Primary Psych Disorder, including those with Co-occurring DD or SUD



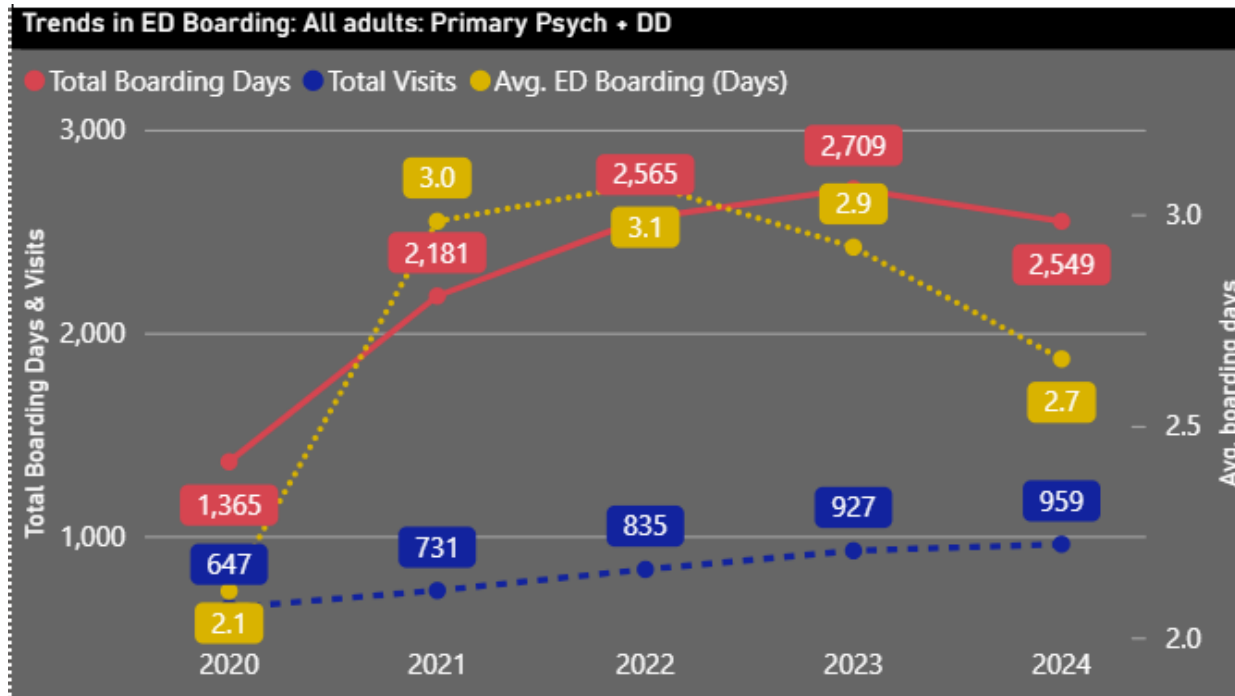
- ED boarding visits for children grew by ~30% between 2020 and 2023, whereas ED boarding days grew by over 50%; leading to increased average boarding time from 2 days (2020) to 2.4 (2023)
- Children with primary psych disorders averaged over 2 days in the ED over the last 5 years!!
- Baltimore Upper Shore: estimates bed need of 6 additional beds for children; with other 4 regions showing need for a single bed; reflecting a clear urban v/s semi-urban/rural pattern in terms of acuity of care
- Montgomery with its 12 licensed and 0 staffed beds (Appendix 3) indicates ‘phantom beds’ which exist as per regulatory license but are unavailable for children and could be the primary cause of ED boarding
- Lower Eastern Shore and Western MD, reflect stable proportions of staffed, licensed and physical bed (5 and 14 each respectively) mostly balancing out the acute inpatient utilization volumes
- Southern MD: Green light for Acute inpatient capacity creation (projected shortage of 5 beds for children, Appendix 5.1) promises to ease ED boarding in future
- ED boarding trends along with considerations such as Acute IP care for underserved children, prevalence of aggression (17% of ED boarding) and discussions/comments with/from stakeholders guided the staff to assess a bed need for Children across all regions of the State

Appendix 6.2: Needs Determination - Trends in ED Boarding for All Adolescents with Primary Psych Disorders, including those with Co-occurring DD and SUD



- Adolescent ED boarding visits grew by ~30% between 2020 and 2022-23, whereas boarding days exhibited a rather disproportionate growth of 90% during the same; leading to an ALOS of almost 3 days in the ED!!
- Despite the cooling off between 2022-24 (5-10%) in terms of ED usage; average boarding time remained above 2.5 days
- Almost all regions show an estimated bed need; level of need clearly reflects a divide between urban and rural areas
- ED boarding trends correlate deeply with LOS observed in acute inpatient settings for this segment across many regions including Baltimore Upper Shore, Montgomery, Western MD and Lower Eastern Shore which signals a mix of staffing and capacity constraints
- These ED boarding trends along with considerations such as acute inpatient care, prevalence of aggression (15% of patients boarding) and discussions/comments with/from stakeholders guided the staff to assess a bed need for adolescents in most of the regions

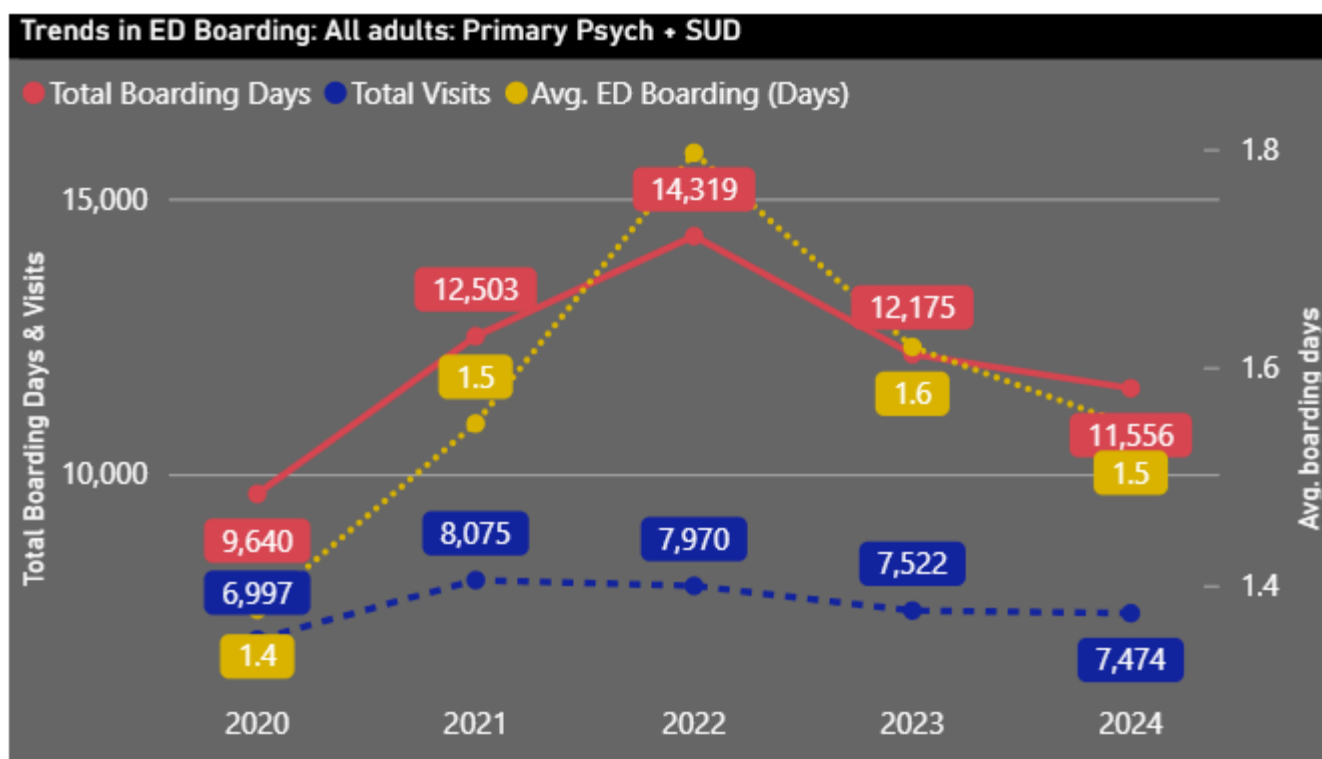
Appendix 6.3: Needs Determination - Trends in ED Boarding for Adults with Primary Psych Disorders + Developmental Disabilities



- ED boarding visits for adults with dual diagnosis of developmental disabilities grew by 46% and total ED boarding days grew by almost 87% between 2020 and 2024 - which made adults with DD spend on avg. 3 days in the ED over last 5 years!!
- Almost all regions show an estimated bed need - yet again reflecting a clear urban v/s rural divide similar to that seen in adolescents and children
- ED boarding trends correlate deeply with higher LOS and growing # of discharges observed in acute inpatient settings for this segment across many regions including Baltimore Upper Shore, Montgomery, Western MD and Lower Eastern Shore
- This population may benefit from adding staff across regions rather than beds as the difference between Staffed and Licensed bed inventory is less pronounced than that of Children and Adolescents
- ED boarding trends along with considerations such as acute inpatient care and discussions/comments with/from stakeholders guided the staff to assess a moderate bed need across all regions for adults with dual diagnosis of DD

Underserved bed need for Adults with Primary Psych + DD includes Geriatrics

Appendix 6.4: Needs Determination - Trends in ED Boarding for Adults with Primary Psych Disorders + Substance Use Disorders



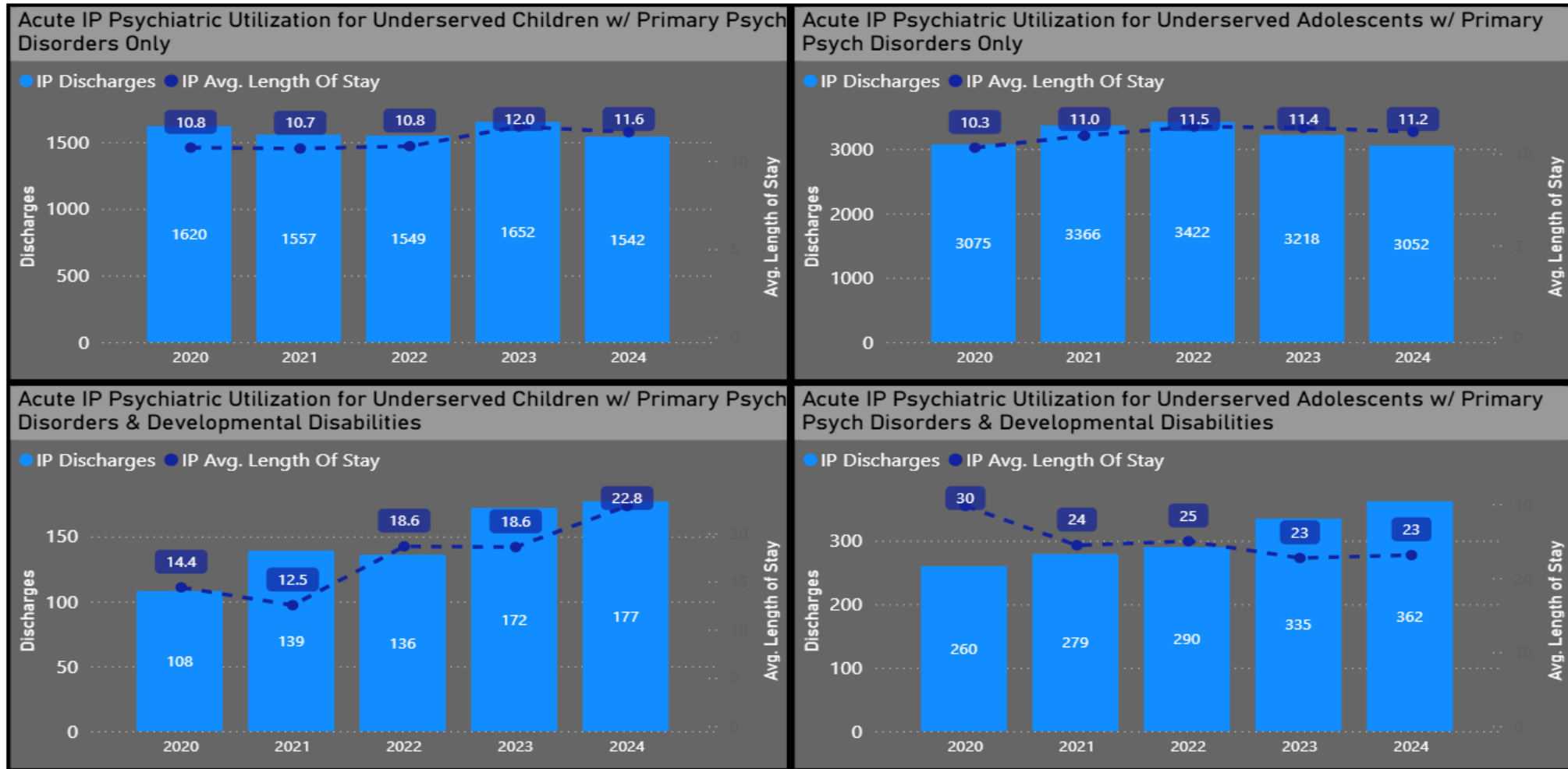
- Significant decline observed in ED visits and boarding days by adults with dual diagnosis of substance use disorders (SUD) seen in recent years as compared to 2021-22
- Adults with dual diagnosis of SUD spend between 1-2 days in ED over last 5 years
- While most regions show a downward trend in acute inpatient LOS and corresponding discharges, Baltimore Upper Shore remains an exception where the discharges are growing albeit at a slower pace which correlates with the higher ED boarding days
- SUD as a subgroup of total adult acute inpatient discharges is on the downward trend with lower ALOS (6-8 days) compared to overall ALOS of (7-9 days) for Adults
- These ED boarding trends along with considerations such as acute inpatient care and discussions/comments with/from stakeholders guided the staff to assess a bed need across Baltimore Upper Shore, Montgomery and Southern MD for adults with dual diagnosis of SUD

Underserved bed need for Adults with Primary Psych + SUD includes Geriatric



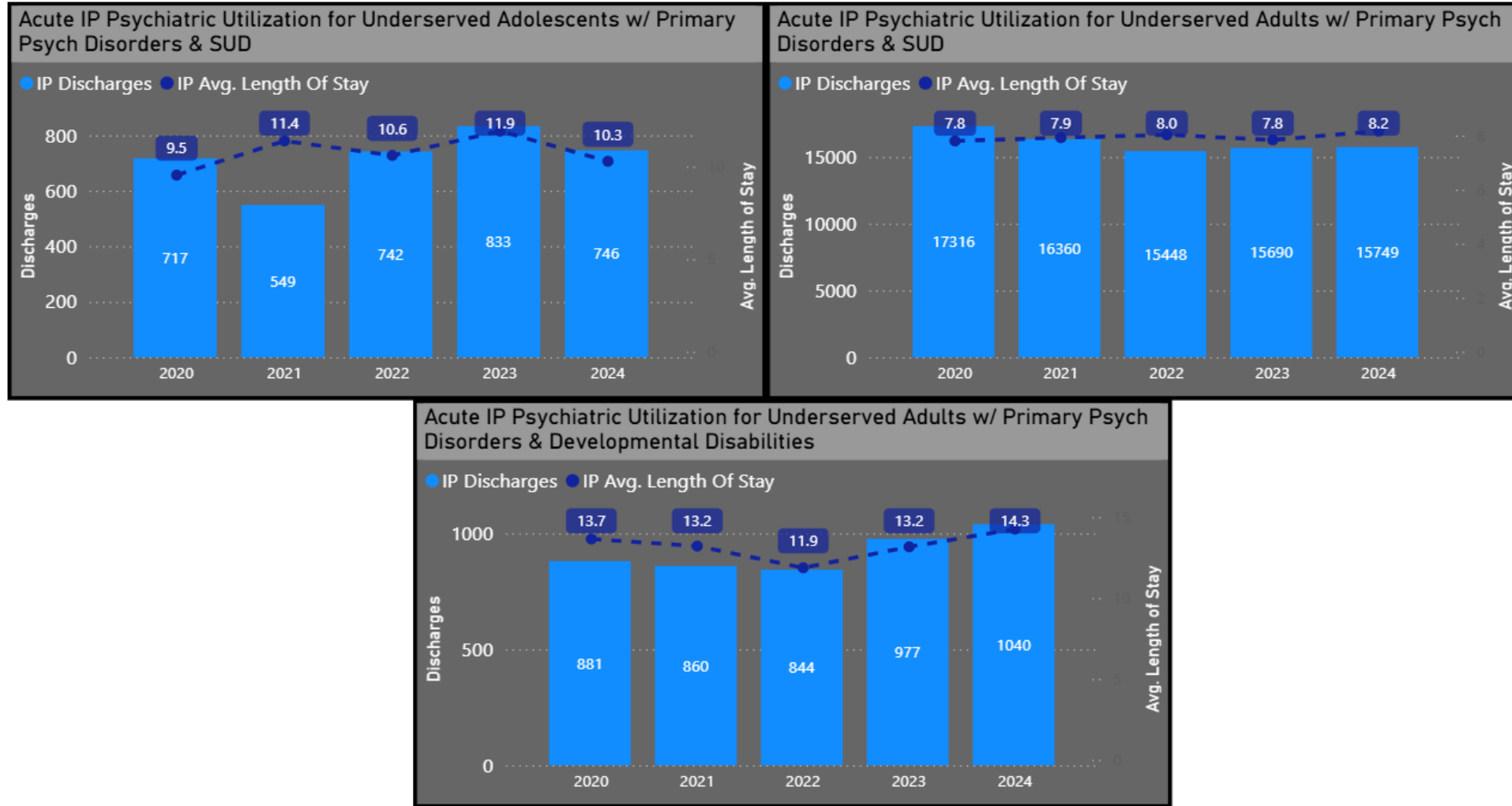
Part II:
Trends in Acute Inpatient Discharges Considered
for the Needs Determination for Historically
Underserved Populations

Appendix 7.1: Needs Determination - Trends in Acute Inpatient Discharges Across All Historically Underserved Populations



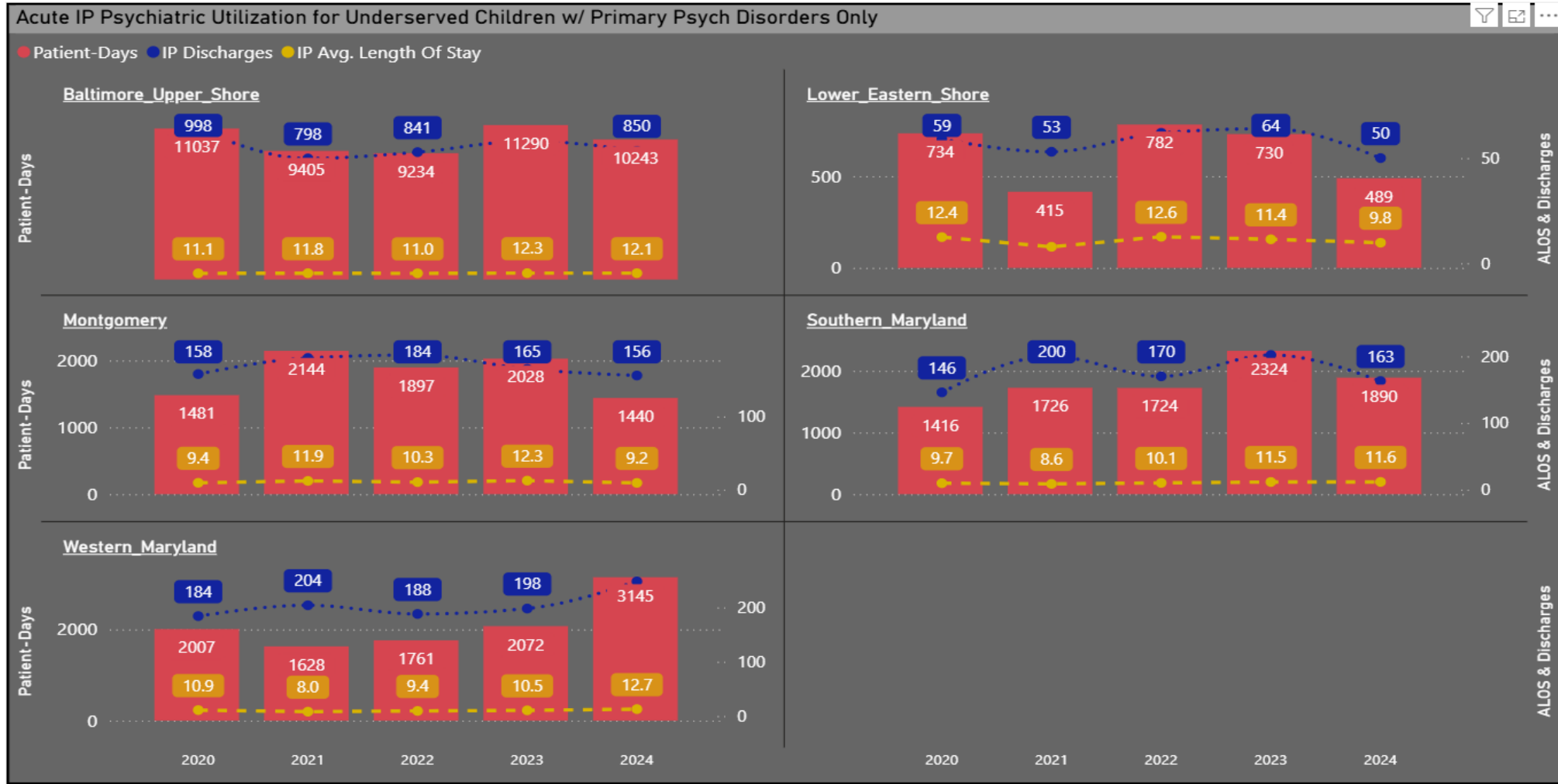
Source: HSCRC data for Acute inpatient discharges across Maryland Acute General Hospitals and Maryland Private Psych Hospitals

Appendix 7.2: Needs Determination - Trends in Acute Inpatient Discharges Across All Historically Underserved Populations Continued



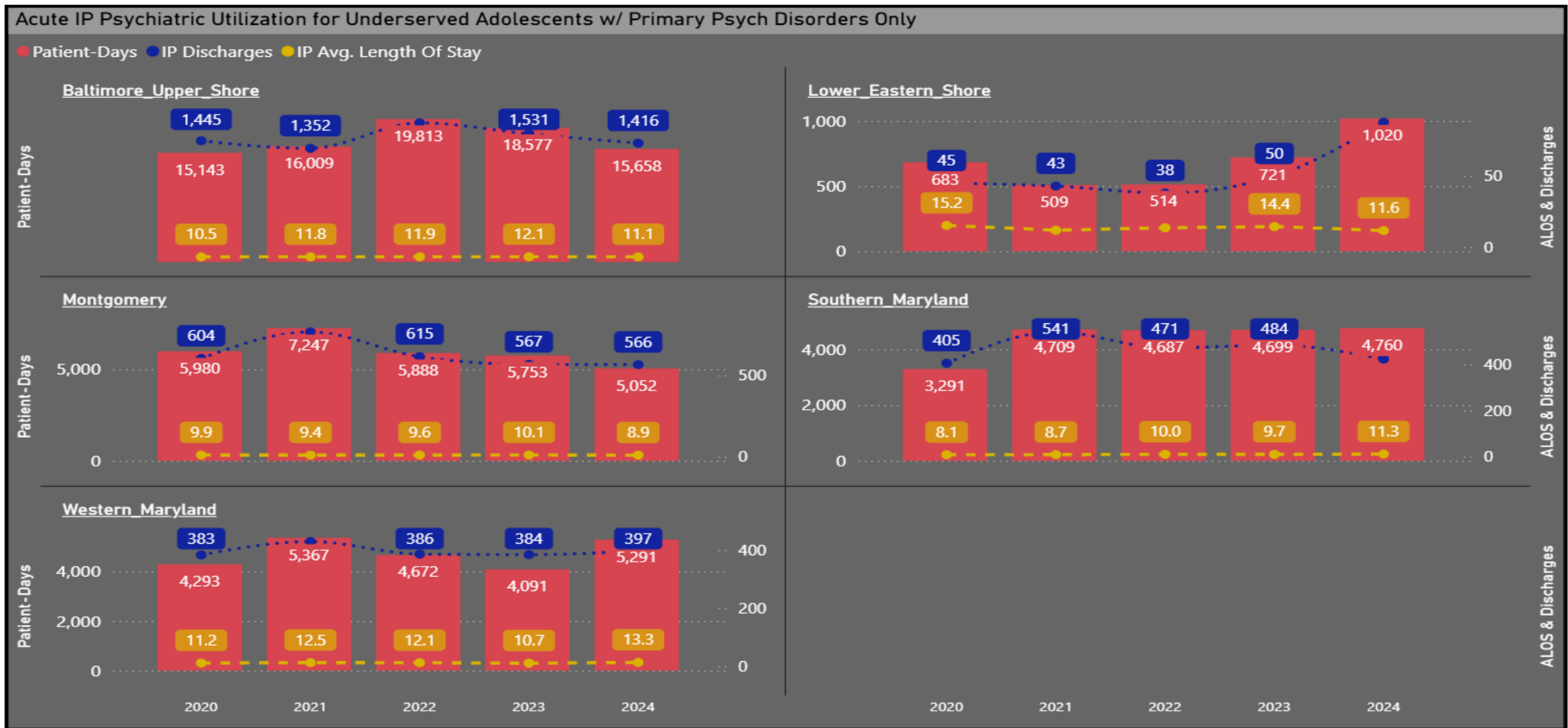
Source: HSCRC data for Acute IP discharges across Maryland Acute General Hospitals and Maryland Private Psych Hospitals

Appendix 8.1: Needs Determination - Regional Trends in Acute Inpatient Utilization - Children w/ Primary Psych



Source: HSCRC data for Acute IP discharges across Maryland Acute General Hospitals and Maryland Private Psych Hospitals from 2020-2024

Appendix 8.2: Needs Determination - Regional Trends in Acute Inpatient Utilization - Adolescents w/ Primary Psych



Source: HSCRC data for Acute IP discharges across Maryland Acute General Hospitals and Maryland Private Psych Hospitals from 2020-2024

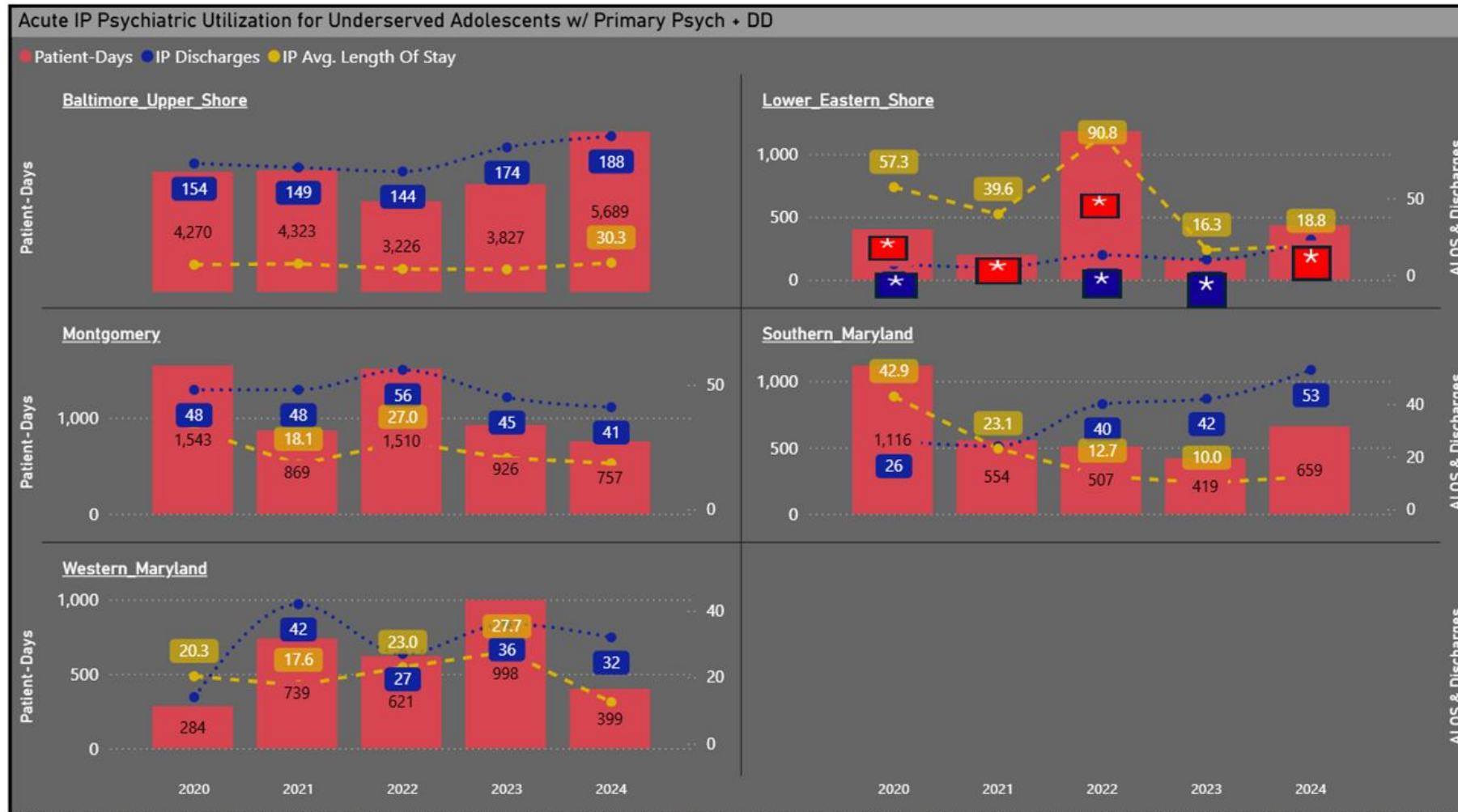
Appendix 8.3: Needs Determination - Regional Trends in Acute Inpatient Utilization - Children w/ Psych + Developmental Disabilities



Source: HSCRC data for Acute IP discharges across Maryland Acute General Hospitals and Maryland Private Psych Hospitals from 2020-2024

*= 10 or fewer patients

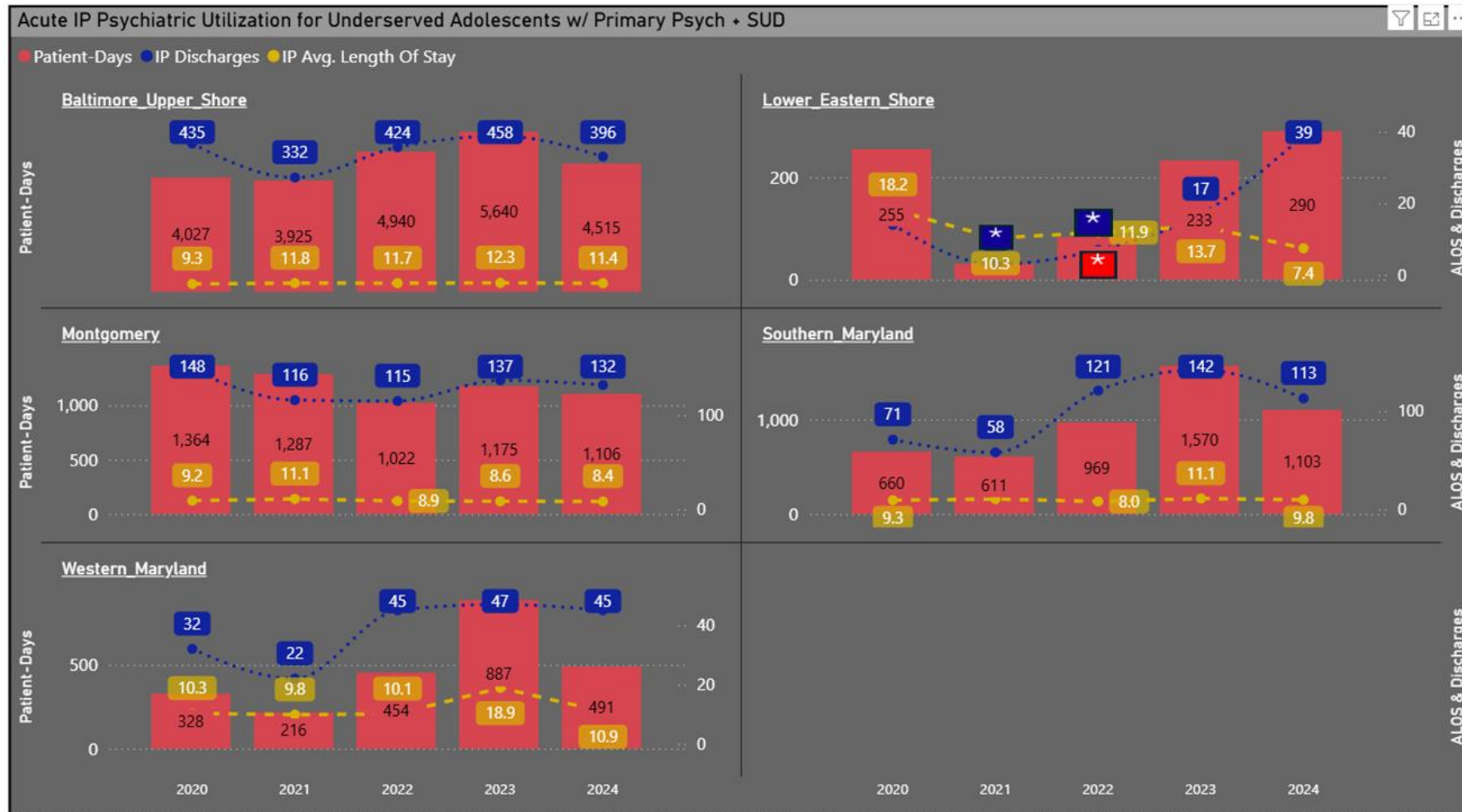
Appendix 8.4: Needs Determination - Regional Trends in Acute Inpatient Utilization - Adolescents w/ Psych + Developmental Disabilities



Source: HSCRC data for Acute IP discharges across Maryland Acute General Hospitals and Maryland Private Psych Hospitals from 2020-2024

*= 10 or fewer patients

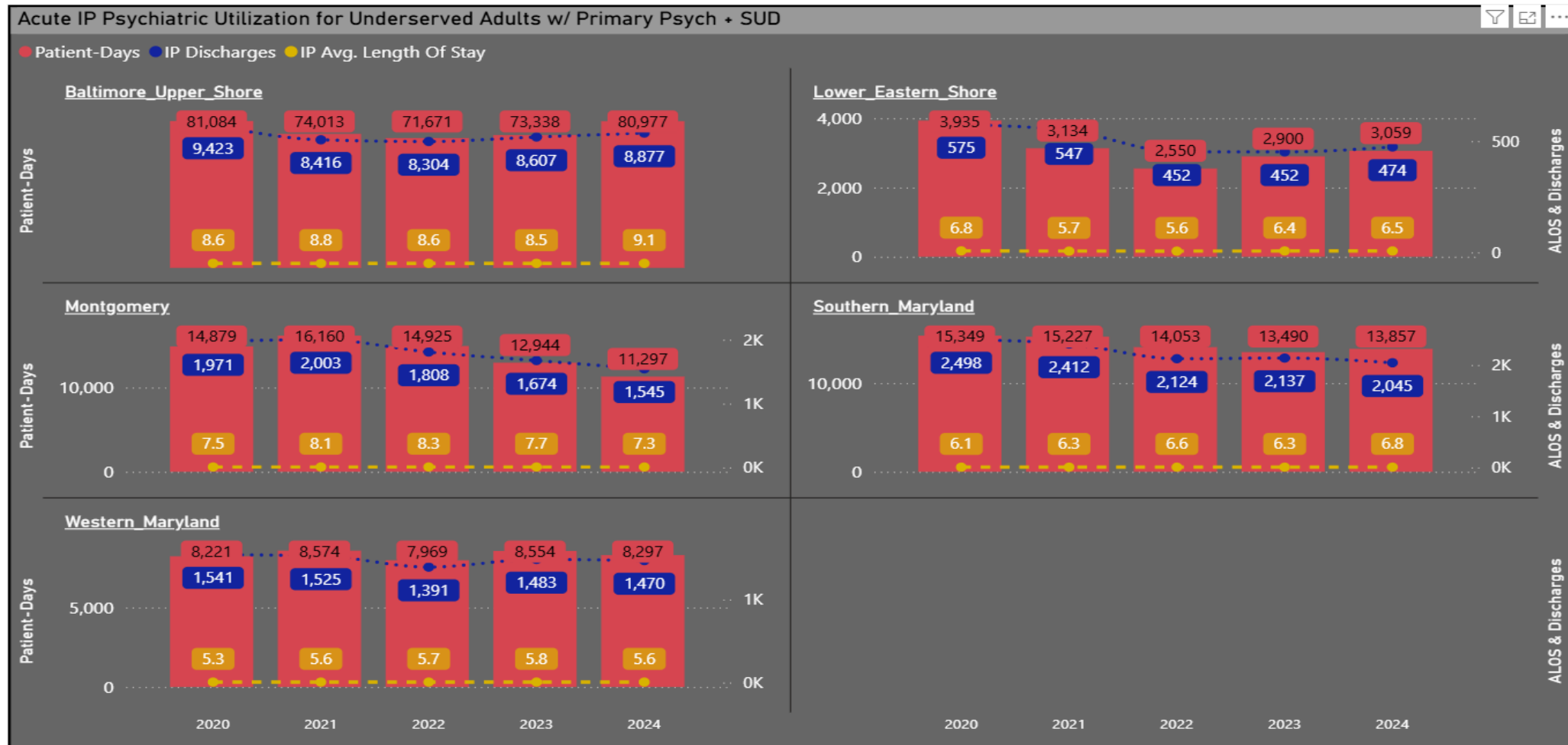
Appendix 8.5: Needs Determination - Regional Trends in Acute Inpatient Utilization - Adolescents w/ Psych + SUD



Source: HSCRC data for Acute IP discharges across Maryland Acute General Hospitals and Maryland Private Psych Hospitals from 2020-2024

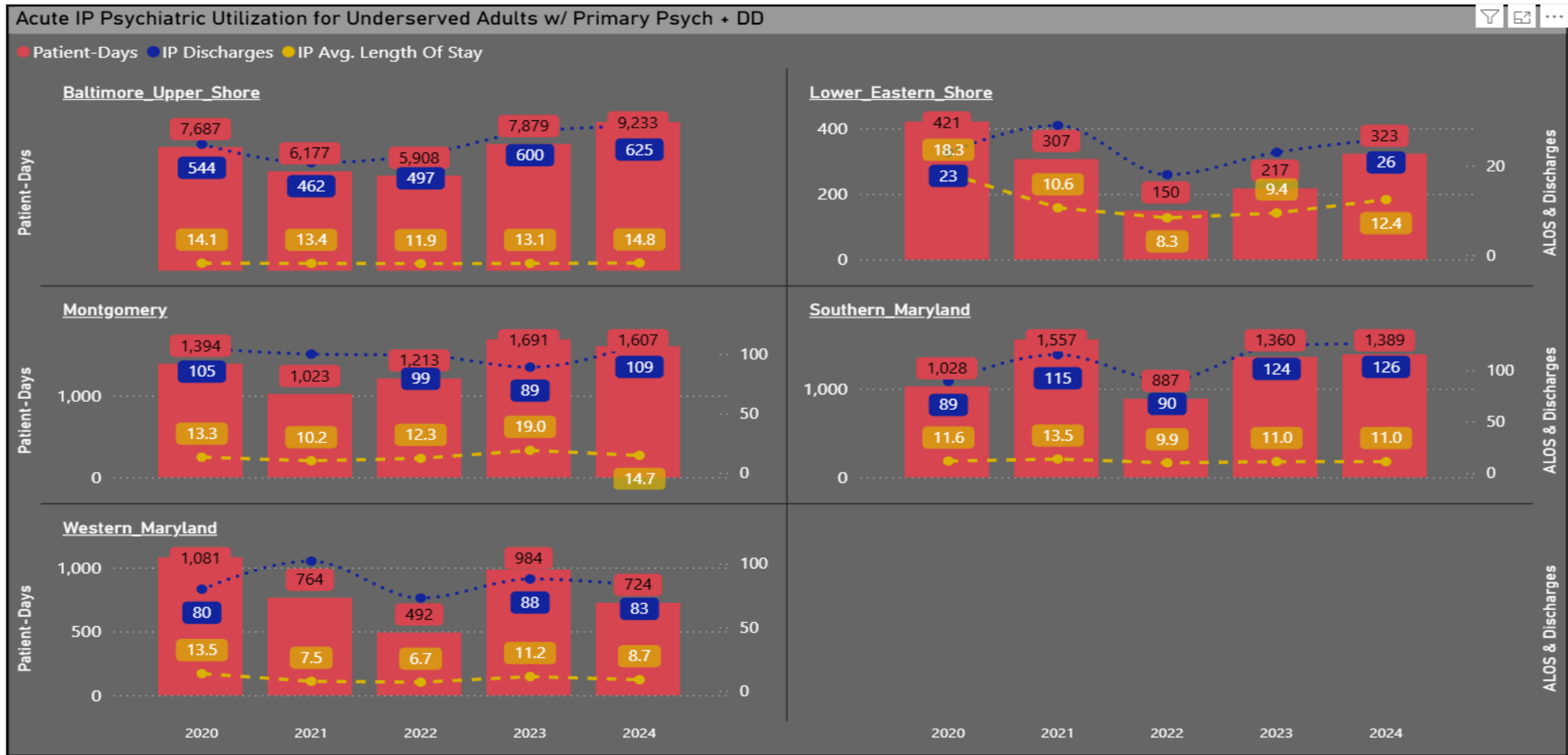
*= 10 or fewer patients

Appendix 8.6: Needs Determination - Regional Trends in Acute Inpatient Utilization - Adults w/ Psych + SUD



Source: HSCRC data for Acute IP discharges across Maryland Acute General Hospitals and Maryland Private Psych Hospitals from 2020-2024

Appendix 8.7: Needs Determination - Regional Trends in Acute Inpatient Utilization - Adults w/ Psych + Developmental Disabilities



Source: HSCRC data for Acute IP discharges across Maryland Acute General Hospitals and Maryland Private Psych Hospitals from 2020-2024