Regional Acute Psychiatric Hospital Bed Utilization Projections for Calendar Year 2031

In accordance with the requirements in the State Health Plan (SHP) chapter for Acute Psychiatric Services, COMAR 10.24.21.05B(2), the Maryland Health Care Commission (Commission) publishes the following notice regarding the projected regional acute psychiatric hospital utilization for child (ages 0-12), adolescent (ages 13-17), adult (ages 18-64), and geriatric (ages 64+) populations. These projections are final and will apply to Certificate of Need (CON) applications acted on by the Commission after the date of publication. Published utilization projections remain in effect until new projections are published in the Maryland Register.

An applicant for a CON for acute psychiatric services must address the need for its proposed project within the context of these regional utilization projections. However, these projections do not place a cap on available beds.

Table A summarizes the regional utilization projections for calendar year (CY) 2031 for all populations as possible net bed shortages.

Table A. Net Projected Bed Utilization in CY 2031 in Relation to Current Bed Inventory

Health Planning Region (County of Residence)	Children	Adolescents	Adults	Geriatrics
Baltimore Upper Shore	--	--	--	Possible shortage of 0-20 beds
Lower Eastern Shore	--	--	Possible shortage of 2-6 beds	Possible shortage of 1-3 beds
Montgomery	Possible shortage of 1-4 beds	--	--	Possible shortage of 1-7 beds
Southern Maryland	Possible shortage of 0-5 beds	Possible shortage of 9-23 beds	Possible shortage of 0-21 beds	Possible shortage of 0-11 beds
Western Maryland	--	--	--	Possible shortage of 4-6 beds

Note: Cells with -- indicates no projected bed shortage for that population and health planning region.

Tables B through E show detailed calculations leading to the final possible net bed shortage for each population in each region of the State, according to the methodology found in the SHP. The most recent data available was for CY 2024, which was used as the base year in calculations.

Table B. Acute Psychiatric Utilization Projections for Children in CY 2031

HPR (County of Residence)	Avg Annual Discharges (CY20–CY24)	Avg Annual Patient Days (CY20–CY24)	Licensed Beds (CY 2026)	Min Discharges (CY 2031)	Max Discharges (CY 2031)	Min Patient Days (CY 2031)	Max Patient Days (CY 2031)	Occupancy	Min Gross Beds	Max Gross Beds	Min Net Beds	Max Net Beds
Baltimore Upper Shore	675	8,643	48	751	948	9,391	11,852	70%	37	46	-11	-2
Lower Eastern Shore	41	567	5	12	20	152	250	70%	1	1	-4	-4
Montgomery	150	1,752	0	19	84	232	1,046	70%	1	4	1	4
Southern MD	141	1,652	0	*	93	*	1,164	70%	0	5	0	5
Western MD	172	2,131	14	176	255	2,201	3,193	70%	9	12	-5	-2

*= 10 or fewer patients

Table C. Acute Psychiatric Utilization Projections for Adolescents in CY 2031

HPR (County of Residence)	Avg Annual Discharges (CY20–CY24)	Avg Annual Patient Days (CY20–CY24)	Licensed Beds (CY 2026)	Min Discharges (CY 2031)	Max Discharges (CY 2031)	Min Patient Days (CY 2031)	Max Patient Days (CY 2031)	Occupancy	Min Gross Beds	Max Gross Beds	Min Net Beds	Max Net Beds
Baltimore Upper Shore	2,062	26,068	154	2,289	2,563	27,152	30,844	76.8%	97	107	-57	-47
Lower Eastern Shore	81	1,381	10	77	146	915	1,734	70.0%	4	7	-6	-3
Montgomery	802	8,305	27	563	628	6,683	7,455	74.4%	25	27	-2	0
Southern MD	605	6,080	0	201	506	2,389	5,997	70.0%	9	23	9	23
Western MD	465	5,831	24	469	559	5,555	6,631	75.0%	20	24	-4	0

Table D. Acute Psychiatric Utilization Projections for Adults in CY 2031

HPR (County of Residence)	Avg Annual Discharges (CY20–CY24)	Avg Annual Patient Days (CY20–CY24)	Licensed Beds (CY 2026)	Min Discharges (CY 2031)	Max Discharges (CY 2031)	Min Patient Days (CY 2031)	Max Patient Days (CY 2031)	Occupancy	Min Gross Beds	Max Gross Beds	Min Net Beds	Max Net Beds
Baltimore Upper Shore	13,495	125,245	628	15,514	17,211	132,157	146,619	77.0%	470	522	-158	-106
Lower Eastern Shore	752	5,316	13	450	571	3,832	4,867	70.0%	15	19	2	6
Montgomery	3,682	32,609	134	3,581	4,252	30,508	36,226	78.1%	107	127	-27	-7
Southern MD	4,066	29,669	95	2,737	3,614	23,320	30,791	72.7%	88	116	-7	21
Western MD	2,362	14,643	74	1,893	2,049	16,124	17,452	71.4%	62	67	-12	-7

Table E. Acute Psychiatric Utilization Projections for Geriatrics in CY 2031

HPR (County of Residence)	Avg Annual Discharges (CY20–CY24)	Avg Annual Patient Days (CY20–CY24)	Licensed Beds (CY 2026)	Min Discharges (CY 2031)	Max Discharges (CY 2031)	Min Patient Days (CY 2031)	Max Patient Days (CY 2031)	Occupancy	Min Gross Beds	Max Gross Beds
Baltimore Upper Shore	1,847	30,061	33	1,951	2,393	28,682	35,183	70%	-5	20
Lower Eastern Shore	89	784	0	66	105	974	1,550	70%	1	3
Montgomery	444	5,930	0	413	517	6,067	7,602	70%	1	7
Southern MD	363	3,784	0	192	456	2,819	6,704	70%	-4	11
Western MD	261	2,935	0	273	299	4,015	4,398	70%	4	6

Note: Net Bed Need is not shown in this Table as the methodology for projecting geriatric utilization differs from other populations, by directly comparing population growth to base year (2024) discharges and bypassing current bed inventory in accordance with the SHP.

Notes for all Utilization Projections:

Acute psychiatric discharges include all discharges from Maryland general hospitals with major diagnosis category (MDC) 19 according to Health Services Cost Review Commission (HSCRC) discharge data and all discharges from special psychiatric hospitals in Maryland.

The following health planning regions (HPRs) are defined in the SHP: Baltimore Upper Shore includes Anne Arundel, Baltimore, Carroll, Cecil, Harford, Howard, Kent, Queen Anne's, and Talbot Counties, as well as Baltimore City; the Lower Eastern Shore includes Caroline, Dorchester, Somerset, Wicomico, and Worcester Counties; Montgomery includes only Montgomery County; Southern Maryland includes Calvert, Charles, Prince George's, and St. Mary's Counties; and Western Maryland includes Allegany, Frederick, Garrett, and Washington Counties.

The current inventory of licensed beds reflects the current number of licensed beds devoted to that population in each HPR for fiscal year (FY) 2026. This number includes any beds approved through the CON process, which has not yet been established.

The occupancy level reflects a weighted average of the minimum average occupancy level for each facility with acute psychiatric beds in an HPR. The minimum average occupancy rate for a facility is defined in the SHP.

The minimum and maximum net bed numbers indicate the possible shortage or surplus of beds that are possible in CY 2031, if past utilization patterns continue.

Needs Determination for Acute Psychiatric Hospital Beds for Historically Underserved Populations

In accordance with the requirements in the SHP, the Commission publishes the following notice regarding the needs determination for historically underserved populations. This needs determination for acute psychiatric beds by population and health planning region is final and will apply to Certificate of Need (CON) applications acted on by the Commission after the date of publication. Published needs determinations remain in effect until new determinations are published in the Maryland Register.

Historically underserved populations are defined in the SHP as the following patient populations: children (ages 0-12); adolescents (13-17); patients with mental disorders and one or more developmental disabilities; and patients with mental disorders and a secondary diagnosis of substance use disorder (SUD). Because CON applicants must specify the ages of the population the project proposes to serve, the needs determination for patients with mental disorders and one or more developmental disabilities is broken down by age group. Likewise, a needs determination for both adolescents and adults with secondary SUD is provided; however, no determination was made for children due to the very small percentage of children diagnosed with a secondary SUD.

As specified in COMAR 10.24.21.05B(2), in developing the needs determinations, the Commission considered several factors including, but not limited to, trends in acute psychiatric discharges, trends in emergency department (ED) boarding, and needs assessments by local behavioral health authorities (LBHAs) and State agencies that identify gaps in the behavioral health system. The Commission also considered comments received in response to draft determinations published on June 10, 2025. To supplement and contextualize available data, the Commission conducted interviews with relevant stakeholders. The Commission approved establishing these draft determinations as final at the February 19, 2026, public meeting of the Commission.

If the Commission determines that there is a regional need for four or more beds for any of the underserved populations, a CON applicant must demonstrate how it will serve one or more of these populations with its project. Exemptions from this requirement may be requested if the applicant can demonstrate that developing bed capacity or programming to serve the specified underserved population(s) would jeopardize the financial viability of the hospital or the ability of the hospital to meet the needs of the broader patient population it serves. An exception may also be granted if, after considering evidence provided by the applicant, the Commission finds that the applicant will be unable to effectively meet the needs of the historically underserved population(s). **This determination is an informational tool that encourages the development of acute psychiatric services for the identified populations. It does not limit the number or population an applicant may propose to serve.**

Table F identifies the underserved populations and health planning regions where the Commission determined a need for four or more acute psychiatric hospital beds.

Table F. Need for Psychiatric Hospital Beds by Health Planning Region and Underserved Population

Health Planning Region	Children	Children (psych + DD)	Adolescents	Adolescents (psych + DD)	Adolescents (psych + SUD)	Adults (psych + DD)	Adults (psych + SUD)
Baltimore Upper Shore	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Lower Eastern Shore	Yes	Yes	Yes	Yes	Yes	Yes	--
Montgomery	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Southern Maryland	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Western Maryland	Yes	Yes	Yes	Yes	Yes	Yes	--

Note: Cells with -- indicates no bed need was determined for that population and health planning region.

Conclusions

The following conclusions regarding the need for additional acute psychiatric beds for children, adolescents, psychiatric patients dually diagnosed with a developmental disability, and psychiatric patients dually diagnosed with a SUD are based on available data and stakeholder feedback. After analyzing the available data and synthesizing it with the best available evidence to inform decision making, the Commission found a need for four or more acute psychiatric beds across the State for almost all underserved populations.

Children and Adolescents

There is a need for acute psychiatric hospital beds for both children and adolescents in all regions of the State. On any given day, approximately 50 youth are waiting for psychiatric services in Maryland. This includes patients who are in hospital overstay status and those boarding in EDs.

Maryland lacks both inpatient psychiatric hospital beds and appropriate community resources for both children and adolescents with behavioral health needs across the State. This leads to long ED boarding times and patients rotating in and out of the ED where services provided are very minimal. It can also be nearly impossible to find appropriate support for youth with complex needs or a history of aggressive behaviors.

Long travel times often lead to limited family involvement in the more rural health planning regions. This, in turn, may contribute to worse outcomes, which includes foregoing educational services when the patient must be treated out-of-State.

Psychiatric Patients Dually Diagnosed with One or More Developmental Disability

Maryland only has one special psychiatric hospital with available acute inpatient beds dedicated to the treatment of patients with both a psychiatric diagnosis and at least one developmental disability. Psychiatric patients with co-occurring developmental disabilities can experience difficulty obtaining services prior to the age of 21, and available service providers typically have long waitlists.

If aggressive behaviors or substance use are also present, it can be very difficult to identify an appropriate placement for the patient to obtain acute psychiatric hospital services. Finding placement for these individuals is also complicated by the lack of skilled behavioral health providers trained to work with this population in Maryland. For these reasons, most psychiatric patients with a co-occurring developmental disability experience lengthy ED boarding times and frequently, out-of-State placements occur. Thus, there is a need for four or more acute psychiatric hospital beds in all regions of the State for psychiatric patients of all ages with co-occurring developmental disabilities.

Psychiatric Patients Dually Diagnosed with a Substance Use Disorder

Acute psychiatric patients with co-occurring SUD are frequently admitted to a hospital bed for medical detoxification services, prior to their psychiatric issues being addressed. Consequently, patients are often referred to community psychiatric services after their medical status is stabilized. Therefore, a need for four or more acute hospital beds devoted to the treatment of adolescents and adults with co-occurring SUD was identified in all regions of the State, except for two. For adult psychiatric patients with SUD, acute hospital bed need was not determined for the Lower Eastern Shore and Western Maryland health planning regions.