

Department of Legislative Services  
Maryland General Assembly  
2011 Session

FISCAL AND POLICY NOTE  
Revised

Senate Bill 556

(Senator Pugh, *et al.*)

Finance

Health and Government Operations

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**Mental Hygiene Administration - Facilities - Trauma-Informed Care**

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This bill requires the Mental Hygiene Administration (MHA) to develop and implement a plan (that maximizes the use of available resources and infrastructure) to secure the sleeping quarters of male and female patients at all State mental health facilities. The bill also establishes training and reporting requirements related to sexual abuse and sexual harassment.

MHA must report to the Governor and the General Assembly on the implementation of the bill by June 1, 2012.

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**Fiscal Summary**

**State Effect:** The bill's requirements can be handled with existing resources. Revenues are not affected.

**Local Effect:** None.

**Small Business Effect:** Minimal.

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**Analysis**

**Bill Summary:** Under the bill, each State facility must:

- use evidence-based screening tools to identify a patient's risk of being an abuse victim or an abuser and consider the assessment of risk in making any unit and room assignment;

- reassign any patient accused of sexual assault to a different unit and ensure that the alleged victim and assailant are never housed in the same unit;
- provide a patient who has a history of sexual trauma with treatment and education that is evidence-based or reflective of best practices; and
- ensure that designated clinical staff are trained in at least one trauma recovery modality that is considered to be a best practice.

A person or any employee of a facility or of the Department of Health and Mental Hygiene (DHMH) who receives a complaint of abuse, or who observes or has reason to believe that abuse has occurred, must promptly report the alleged abuse to an appropriate law enforcement agency or the administrative head of the facility. A State facility must report complaints of sexual abuse and sexual harassment to the State-designated protection and advocacy system. MHA must ensure that State facilities (1) develop uniform policies and procedures related to making and responding to complaints of sexual abuse or sexual harassment; (2) ensure that staff provide assistance to patients who have requested assistance in making such complaints; and (3) develop and oversee both staff training and patient education related to sexual abuse and sexual harassment.

“Trauma-informed care” means mental health treatment that includes (1) an appreciation for the prevalence of trauma experienced by individuals receiving mental health services; (2) an understanding of the various effects of trauma and violence, including sexual abuse and exploitation, on an individual; and (3) an understanding of the environment, practices, and treatments that may need to be modified to address treatment issues. The bill requires a facility to ensure that (1) all clinical, direct care, and other designated staff with regular patient interaction receive training in trauma-informed care and demonstrate competency in providing trauma-informed care services within three months of being hired and on an annual basis; (2) any policy or practice followed by the facility is reviewed and revised to conform with trauma-informed care principles; and (3) the physical environment of the facility is assessed at least annually and modified if the modifications are necessary to ensure conformity with trauma-informed care principles and can be funded through the State’s operating or capital budget.

In addition, MHA is required to:

- utilize the Maryland Consumer Quality Team (CQT) to develop and conduct a survey of female patients at each State facility;
- design and implement a three-year pilot program for a voluntary single gender unit at a State facility (with a priority toward a voluntary all-female unit);
- assess the current design of units at each State facility;

- request technical assistance and a consultant from the National Association of State Mental Health Program Directors (NASMHPD) to implement the bill's requirements; and
- convene a committee to advise the administration and assist with the implementation of certain provisions of the bill.

**Current Law:** “Facility” does not include an acute general care hospital that does not have a separately identified inpatient psychiatric service. With regard to State facilities, a person who believes that an individual in a facility has been abused must promptly report the alleged abuse to (1) an appropriate law enforcement agency; or (2) the facility’s administrative head, who must promptly report the alleged abuse to an appropriate law enforcement agency. For purposes of these reporting requirements, “abuse” means cruel or inhumane treatment that causes any physical injury or sexual abuse; “abuse” does not include the performance of an accepted medical procedure properly ordered by a physician.

**Background:** In September 2010, a female patient was allegedly murdered by a male patient in a co-ed, medium-security ward at Clifton T. Perkins Hospital. The victim’s bedroom was just two doors away from the bedroom of the alleged assailant, who had previously been found not criminally responsible for another murder. Although the ward was equipped with a door-locking system, a recent investigation conducted by DHMH found that the system was inexplicably turned off on the night of the victim’s death.

According to the Maryland Disability Law Center, up to 81% of men and women in psychiatric hospitals who are diagnosed with a variety of major illnesses have experienced physical and/or sexual abuse. A task force convened in 2005 by the law center, which has a federal mandate to oversee the well-being of psychiatric patients in the State, urged MHA to separate the bedrooms of male and female patients to the extent possible.

**State Fiscal Effect:** The bill limits the scope of employees to be trained under the bill to only those employees who have direct contact with patients. Accordingly, MHA advises that it can utilize existing staff and resources to fulfill the bill’s training requirements. In addition, because the pilot program described by the bill offers flexibility for the shifting of resources and the utilization of assistance of certain nonprofit organizations, MHA advises that it can also meet the bill’s other requirements with existing resources. (It is assumed that NASMHPD and CQT – two nonprofit organizations focused on the delivery of mental health services – will provide technical assistance, consulting services, and any other necessary support at no cost to the State.)

## Additional Information

**Prior Introductions:** None.

**Cross File:** HB 1150 (Delegate Hubbard, *et al.*) - Health and Government Operations.

**Information Source(s):** Maryland Disability Law Center, *The Baltimore Sun*, Department of Budget and Management, Department of Health and Mental Hygiene, Human Relations Commission, Department of Legislative Services

**Fiscal Note History:** First Reader - March 1, 2011  
mlm/mwc Revised - Senate Third Reader - March 30, 2011  
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