

Department of Legislative Services
Maryland General Assembly
2013 Session

FISCAL AND POLICY NOTE
Revised

Senate Bill 972

(Senator Pipkin)

Finance

Rules and Executive Nominations

Task Force to Evaluate Mental Health Care Delivery on the Eastern Shore

This bill establishes, and specifies membership for, the Task Force to Evaluate Mental Health Care Delivery on the Eastern Shore. The Department of Health and Mental Hygiene (DHMH) is required to staff the task force, which must report its findings and recommendations to the Governor and specified committees of the General Assembly by December 31, 2013.

The bill takes effect June 1, 2013, and terminates January 31, 2014.

Fiscal Summary

State Effect: It is assumed that expenditures are not affected in FY 2013, during which time task force members are appointed. General fund expenditures increase by approximately \$25,000 in FY 2014 for contractual services to assist DHMH in staffing the task force and completing the required report. Revenues are not affected.

(in dollars)	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	0	25,000	0	0	0
Net Effect	\$0	(\$25,000)	\$0	\$0	\$0

Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate effect

Local Effect: None.

Small Business Effect: None.

Analysis

Bill Summary: The task force must evaluate the state of mental health care delivery on the Eastern Shore, including (1) whether, and to what extent, patients with mental

illnesses are being referred to out-of-state mental health facilities; (2) the adequacy of the mental health care workforce; (3) the impact that the closure of the Upper Shore Community Mental Health Center has had on communities in the former service area of the center; (4) the feasibility of reopening the center; (5) the barriers to accessibility of mental health services on the Eastern Shore; (6) the volume of admissions and mix of forensic and nonforensic patients in State-run psychiatric facilities; and (7) whether there is sufficient capacity for nonforensic patients in State-run psychiatric facilities.

A member of the task force may not receive compensation as a member of the task force but is entitled to reimbursement for standard expenses, as provided in the State budget.

Current Law/Background: The Upper Shore Community Mental Health Center ceased to be operated by the Mental Hygiene Administration (MHA) within DHMH in fiscal 2009. Two other facilities formerly operated under the direction of MHA (Walter P. Carter Community Mental Health Center and Crownsville Hospital Center) have also closed in recent years.

Chapter 395 of 2011 (HB 70, the fiscal 2012 budget bill) included language restricting a total of \$200,000 in the budgets of the State-run psychiatric hospitals for the purpose of conducting an independent analysis of population and placement trends at those hospitals. The report was due to the General Assembly by December 1, 2011. After requesting and being granted an extension, DHMH submitted the report in September 2012.

The report was intended to be a starting point in the assembling of data necessary to properly plan future capacity at the State-run psychiatric hospitals. Legislative interest in this issue stemmed from the knowledge that the physical plant of the current facilities system-wide is inadequate as well as the potential reuse of current State-run psychiatric facility sites. Of the five facilities, the Eastern Shore Hospital Center (built within the past 15 years) is the newest facility. The facility plant at Thomas B. Finan Hospital Center and Clifton T. Perkins Hospital Center, while older, is generally considered adequate; Perkins, in particular, has seen considerable capital improvements in recent years and is scheduled for more in the *Capital Improvement Program*. Springfield Hospital Center and Spring Grove Hospital Center are both facilities set on sprawling campuses that were designed to hold thousands of patients and are now serving just over 600 combined.

In the past several years, operating capacity at, and admissions to, the facilities has fallen significantly. Types of admissions have also changed significantly. For example, nonforensic admissions now form only 20% of total State-run psychiatric facility admissions. However, the average length of stay at the facilities has increased.

State Expenditures: DHMH advises that contractual services are needed to assist the department in staffing the task force and submitting the required report. Given the breadth of the task force's charge and the relatively short time period within which the required report must be submitted, the Department of Legislative Services concurs that DHMH cannot handle the bill's requirements with existing budgeted resources. Accordingly, general fund expenditures increase by approximately \$25,000 in fiscal 2014 for contractual services to assist DHMH in staffing the task force and completing the required report. (It is assumed that expenditures are not affected in fiscal 2013, during which time task force members are appointed.)

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): Kent County, Department of Health and Mental Hygiene,
Department of Legislative Services

Fiscal Note History: First Reader - March 12, 2013
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