

Department of Legislative Services  
Maryland General Assembly  
2015 Session

FISCAL AND POLICY NOTE

Senate Bill 697  
Finance

(Senator Hershey, *et al.*)

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Department of Health and Mental Hygiene - Workgroup to Evaluate Mental  
Health Care Delivery on the Eastern Shore

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This bill requires the Department of Health and Mental Hygiene (DHMH) to convene a workgroup to evaluate and make findings and recommendations regarding the state of mental health care delivery on the Eastern Shore of Maryland. The workgroup must report its findings and recommendations by December 31, 2015, to specified committees of the General Assembly.

The bill takes effect June 1, 2015.

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Fiscal Summary

**State Effect:** DHMH can likely convene and staff the workgroup with existing budgeted resources, as discussed below. Revenues are not affected.

**Local Effect:** The bill does not materially affect local government operations or finances.

**Small Business Effect:** None.

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Analysis

**Bill Summary:** The 20-member workgroup must evaluate the state of mental health care and delivery on the Eastern Shore of Maryland including:

- whether and to what extent individuals with mental illness are being referred to out-of-state mental health facilities;
- the adequacy of the mental health care workforce;

- the impact that closure of the Upper Shore Community Mental Health Center has had on access to mental health services and drug treatment in communities in the former service area of the center and the feasibility and cost of reopening the center;
- the barriers to accessibility of mental health services on the Eastern Shore; and
- the volume of admissions and mix of forensic and nonforensic patients in State-run psychiatric facilities and whether there is sufficient capacity for nonforensic patients in these facilities.

**Background:** On November 18, 2009, the Board of Public Works approved processing of the budget amendment approving the closure of the Upper Shore Community Mental Health Center. At the time it closed, the center had a bed capacity of 40. Two other facilities formerly operated under the direction of the then Mental Hygiene Administration (Walter P. Carter Community Mental Health Center and Crownsville Hospital Center) have also closed in recent years.

Chapter 395 of 2011 (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 systemwide 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 plants at Thomas B. Finan Hospital Center and Clifton T. Perkins Hospital Center, while older, are 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. According to DHMH, starting in 2002, admissions without court involvement began to be referred to private hospitals regardless of insurance status, resulting in a 60% decrease in the total number of admissions to State-run psychiatric hospitals. However, during this time, DHMH has continued to admit patients with court involvement to these facilities, so that these cases now account for about 90% of all admissions. The number of forensic admissions per year has remained relatively constant over the past 13 years.

**State Fiscal Effect:** DHMH has advised that two additional part-time contractual employees are needed to meet the bill's requirements. However, DHMH provided no additional information on the workgroup duties that would be addressed with additional staff. Given that DHMH examined the implications of closing the Upper Shore Community Mental Health Center at the time of closure and has already been evaluating the delivery of mental health care services on the Eastern Shore and the capacity of State-run psychiatric hospitals, the Department of Legislative Services advises that it is likely that DHMH can handle the bill's requirements with existing resources. Even so, given the timeframe for reporting, staff may have to be diverted from other priorities and minimal contractual services may be needed for completing the required report.

**Local Fiscal Effect:** The bill requires the participation of local health officers representing the upper, mid, and lower Eastern Shore. It does not allow for a designee to participate in their stead. The Maryland Association of County Health Officers advises that there may be travel costs associated with workgroup participation but that the magnitude of these costs depends on the location of meetings and the length of workgroup involvement.

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### **Additional Information**

**Prior Introductions:** SB 1097 of 2014, as amended by the Senate was similar to this bill; it was referred to the House Rules and Executive Nominations Committee, where no further action was taken. Its cross file, HB 1144, received an unfavorable report from the House Health and Government Operations Committee. Another similar bill as amended by the Senate, SB 972 of 2013, was also referred to the House Rules and Executive Nominations Committee, where no further action was taken.

**Cross File:** HB 1053 (Delegate Jacobs, *et al.*) - Health and Government Operations.

**Information Source(s):** Department of Health and Mental Hygiene, Maryland Association of County Health Officers, Department of Legislative Services

**Fiscal Note History:** First Reader - February 25, 2015  
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