

DL Testimony S 870 Kids MH.pdf

Uploaded by: Danielle Leclair

Position: FAV

Testimony in SUPPORT of SB 870 – MD Department of Health – Adolescent Psychiatric
Inpatient Beds – Capacity in Prince George’s County and Report
Sponsored by: Senator Alonzo Washington

To the Members of the Committee on Finance in the Maryland Senate –

My name is Danielle LeClair and I am testifying today in favor of SB 870, which would finally bring critically needed mental health services for kids to Prince George’s County.

I adopted my daughter Patience from foster care when she was 9 years old. Patience has a significant history of trauma from her birth and foster families and serious mental diagnoses including PTSD and depression. We live in University Park in Prince George’s County.

Unfortunately, Patience has needed to be hospitalized for mental health treatment a number of times. Even worse, due to a shortage of inpatient psychiatric hospital beds for treating kids and teens, Patience’s health has been actually made worse on multiple occasions.

Patience has “boarded” or stayed for a prolonged period of time at several Emergency Rooms – including one stay of 10 days, and once when an ER moved her to another hospital without telling me. None of those ERs had pediatric ER areas, so Patience was exposed to some really scary things, including adult men at the same ER area with Mental Health issues, people coming in with heart attacks and from car crashes, and more. This is terrifying for a child – especially one with a history of trauma and PTSD.

Due to a shortage of inpatient psychiatric hospital beds in Maryland, Patience has had to go to DC, Pennsylvania and even Utah for lifesaving mental health treatment. Some of this was covered by insurance and some was not.

Even when Patience was able to get admitted to a hospital in Maryland, she was often an hour or more away from home – in Baltimore City, in Calvert County, and in Frostburg (Allegany County). That meant that I had to travel extremely long distances to visit her. When you are a worried mom, the last thing you need is a 2-hour roundtrip drive to visit your child at a hospital.

While this bill would require the new inpatient hospital beds for psychiatric care for kids/teens in Prince George’s County, this bill will help ALL children facing mental health issues in our state who need inpatient care. This is because there is a serious shortage of inpatient psychiatric bed for kids/teens in our whole state. Opening two dozen beds in my county will mean that kids who live in the Baltimore area can hopefully get treated in Baltimore, kids in Southern Maryland can get treatment there, etc. Further, there are fewer than 10 hospital overstay beds (at Brooklane)

for kids in the entire state; Maryland closed Salem Trust in Frostburg about 4 years ago, leaving only a few beds at Brooklane for kids who need extended mental health hospitalizations.

I want to close by sharing one really scary story. Two years ago, when she was 16 years old, Patience was hospitalized 3 times in 2 months for mental health care. I begged every Department in Maryland for help (Developmental Disabilities Administration, Department of Behavioral Health, etc), I was finally told that DDA had a short-term “program” where kids like Patience with serious mental health issues and developmental disabilities could be placed in an apartment – in Baltimore City- an hour from our home – with just one aide outside their door. No treatment was offered – just minimal supervision. I agonized at the time what to do. Ultimately, I declined the offer and my incredible delegates and senator from District 22 and my county council member helped me to find resources and I was able to get Patience into a long-term mental health program. I am glad to say that her mental health has improved somewhat since then.

But, when I read the story of the death of Miss Kanaiyah Ward last Fall alone in a hotel room in Baltimore, I broke down in tears. Just like Patience, Kanaiyah was 16 years old. Just like Patience, Kanaiyah needed lifesaving mental health care. Just like Patience, Kanaiyah lived in Prince George’s County. Just like Patience, Kanaiyah’s mom was not given the opportunity to have her daughter be treated in a hospital, and instead was only offered lodging (in a hotel) an hour away with one aide as a last resort to help her daughter. The only difference is that Kanaiyah died alone in a hotel instead of getting lifesaving treatment at a hospital, and my child is alive today. I grieve with Kanaiyah’s mom and everyone who loved her. The same tragedy could absolutely have happened to my child.

Maryland should not be offering hotel rooms and apartments to children with serious mental health issues. These children need to be in a health care setting – hospital, hospital overstay, residential treatment.

SB 870 would ensure that children like my daughter would finally get the lifesaving mental health care that they need. **I beg you to pass this bill so that no more children in our state lose their lives due to a lack of access of mental health care.**

Thank you for the opportunity to testify in favor of SB 870 today and I hope that it will pass the Committee and become law this year.

AHarrison Testimony SB870 PGC Adolescent Psych Hos

Uploaded by: Debra Bennett

Position: FAV

Testimony SB 870

From: Alexis Harrison, Chair, Prince George's County Local Care Team

March 6, 2026

Position: Support

I strongly support Senate Bill 870 – Maryland Department of Health – Adolescent Psychiatric Inpatient Beds – Capacity in Prince George's County and Report.

Since 2020, I have served on Prince George's County Department of Family Services' Local Care Team (LCT). I currently serve as Chair for the LCT which is a multidisciplinary body that includes representatives from child-serving agencies and a parent advocate. We meet to review cases, recommend community resources, and coordinate care plans for youth with intensive behavioral, developmental, educational, or mental health needs. Many of these youth require residential placement—or would benefit from alternatives to residential placement—because their needs exceed what families can safely manage at home.

Maryland hospitals are already experiencing pediatric psychiatric overstays and boarding pressures. State and local behavioral health planning documents have identified the ongoing need to expand and strengthen the quality and availability of behavioral health services for children and youth. Yet in Prince George's County, the lack of adolescent psychiatric inpatient beds continues to create unnecessary hardship for families.

During LCT meetings, parents consistently reported the following barriers and impacts related to the lack of adolescent psychiatric beds in Prince George's County:

- **Parental Onsite Stays** – Some hospitals require caregivers to remain on site around the clock until a bed is located and transport is arranged.
- **Deprioritized Admission** – At Children's National Hospital in Washington, DC, understandable, Prince George's County youth may be deprioritized for admission in favor of DC residents when beds become available.
- **Jurisdictional Challenges** – When an adolescent bed becomes available in DC or another Maryland county, they particularly face challenges related to transportation and coordination.
- **Emotional and Financial Impacts** – Parents express experiencing workplace tension, loss of leave, and financial strain when they miss extended periods of work to remain with their hospitalized child.
- **Exhaustion** – Parents express significant emotional exhaustion and frustration during an already overwhelming crisis, especially when a child faces extended hospital boarding because adequate post-discharge support is not available.

These and the systemic gaps place additional stress on families who are already navigating mental health crises. They also delay appropriate treatment for youth who urgently need specialized care.

Increasing inpatient capacity in Prince George's County will reduce psychiatric boarding, improve continuity of care, and better support families across the region.

For these reasons, I respectfully urge your support of SB 870.

DBennett Testimony SB870 PGC Adolescent Psych Hosp

Uploaded by: Debra Bennett

Position: FAV

Testimony SB 870

From: Debra Bennett, mental health advocate and member of Prince George's County Local Care Team

March 6, 2026

Position: Support

I strongly support Senate Bill 870 – Maryland Department of Health – Adolescent Psychiatric Inpatient Beds – Capacity in Prince George's County and Report.

Since 2020, I have served as a parent advocate on Prince George's County Department of Family Services' Local Care Team (LCT). The LCT is a multidisciplinary body that includes representatives from child-serving agencies and a parent advocate. We meet to review cases, recommend community resources, and coordinate care plans for youth with intensive behavioral, developmental, educational, or mental health needs. Many of these youth require residential placement—or would benefit from alternatives to residential placement—because their needs exceed what families can safely manage at home.

Maryland hospitals are already experiencing pediatric psychiatric overstays and boarding pressures. State and local behavioral health planning documents have identified the ongoing need to expand and strengthen the quality and availability of behavioral health services for children and youth. Yet in Prince George's County, the lack of adolescent psychiatric inpatient beds continues to create unnecessary hardship for families.

During LCT meetings, parents consistently reported the following barriers and impacts:

- **Jurisdictional Challenges** – When an adolescent bed becomes available in another Maryland county or in Washington, DC, they particularly face challenges related to transportation and coordination.
- **Deprioritized Admission** – At Children's National Hospital in Washington, DC, understandable, Prince George's County youth may be deprioritized in favor of DC residents when beds become available.
- **Parental Onsite Stays** – Some hospitals require caregivers to remain on site around the clock until a bed is located and transport is arranged.
- **Exhaustion** – Parents express significant emotional exhaustion and frustration during an already overwhelming crisis, especially when a child faces extended hospital boarding because adequate post-discharge support is not available.
- **Emotional and Financial Impacts** – Workplace tension, loss of leave, and financial strain is experienced when caregivers miss extended periods of work to remain with their hospitalized child

These and the systemic gaps place additional stress on families who are already navigating mental health crises. They also delay appropriate treatment for youth who urgently need specialized care.

Increasing inpatient capacity in Prince George's County will reduce psychiatric boarding, improve continuity of care, and better support families across the region.

For these reasons, I respectfully urge your support of SB 870..

MDH response to DLS - adolescent psychiatric beds

Uploaded by: Lien Hoang

Position: FAV

MHCC Response to DLS 1/28/2026 – Adolescent Psychiatric Beds

Do you have a list of staffed beds by local jurisdiction?

MHCC Response: MHCC’s most recent data as of June 1, 2024, shows the number of staffed adolescent psychiatric beds we have by county in Maryland. This data is extracted from Tables 24, 25, and 26 in the [FY 2025 Chartbook of Maryland General and Special Hospital Facilities and Services](#) (starting on p 43 of 49 of the pdf).

Adolescent Psychiatric Beds – Staffed Beds by Hospital, County, and Region *Counties and Hospital Not Listed have no Psychiatric Hospital Facilities nor Services*

County	County Total: Adolescent Psychiatric Beds	Hospital
Allegany	0	UPMC Western Maryland (0) Thomas B. Finan Center (0)
Frederick	0	Frederick Health Hospital (0)
Washington	24	Meritus Medical Center (0) Brook Lane Health Services (24)
Western MD Total	24	
Montgomery	23	Adventist HealthCare Shady Grove Medical Center (18) Holy Cross Germantown Hospital (0) MedStar Montgomery Medical Center (5) Suburban Hospital (0)
Montgomery County Total	23	
Calvert	0	Calvert Health Medical Center (0)
Prince George’s	0	Luminus Doctors Community Hospital (0) MedStar Southern Maryland Hospital Center (0)
St. Mary’s	0	University of MD Capital Regional Medical Center MedStar St. Mary’s Hospital (0)
Southern MD Total	0	
Anne Arundel	0	University of MD Baltimore Washington Medical Center (0) Luminis Health J. Kent McNew Family Medical Center (0)
Baltimore City	8	John’s Hopkins Bayview Medical Center (0) MedStar Harbor Hospital (0) Sinai Hospital of Baltimore (0) John’s Hopkins Hospital (0) University of MD Medical Center (8) University of MD Medical Center Midtown Campus (0)
Baltimore County	109	MedStar Franklin Square Medical Center (11) Northwest Hospital Center (0) University of MD St. Joseph Medical Center (0) Sheppard and Enoch Pratt Hospital (88) Spring Grove Hospital Center (10)
Carroll	3	Carroll Hospital Center (3) Springfield Hospital Center (0)

Harford	0	University of MD Upper Chesapeake Behavioral Health (0)
Howard	34	Howard County General Hospital (0)
		Sheppard Pratt Baltimore Washington Campus (34)
		Clifton T. Perkins Hospital Center (0)
Central MD Total	154	
Cecil	0	ChristianaCare Union Hospital (0)
Dorchester	0	Eastern Shore Hospital Center (0)
Talbot	0	University of MD Shore Medical Center at Easton (0)
Wicomico	10	TidalHealth Peninsula Regional Medical Center (10)
Eastern Shore Total	10	

Do you have a sense of the need in each jurisdiction for these beds, or if the number of available beds in each county align with the demand for that county?

MHCC Response: We do not currently capture the staffed bed occupancy for adolescents, so data is not currently available to determine whether the present distribution of adolescent inpatient psychiatric beds corresponds with demand. However, MHCC could explore the feasibility of capturing this data going forward.

The tables below are Tables 29-31 in the FY 2025 Chartbook (starting on p. 47 of 49 of the pdf) They show psychiatric units in hospitals, freestanding private psychiatric facilities and freestanding State psychiatric facilities. The columns on the right show **staffed bed occupancy percentages**. These tables do not break down the occupancy by age (e.g. child, adolescent, adult, geriatric) and are facility-wide.

Table 29: Inventory and Utilization of Psychiatric Beds at General Acute Care Hospitals Maryland, CY 2024

Jurisdiction / Region	Hospital	Licensed Psych Beds	Physical Bed Capacity	Staffed Psych Beds	Patient Days CY 2024	Staffed Bed Occupancy CY 2024
Allegany	UPMC Western Maryland	17	19	17	3,080	49.6%
Frederick	Frederick Health Hospital	21	21	21	5,725	74.7%
Washington	Meritus Medical Center	18	18	18	3,611	55.0%
WESTERN MARYLAND TOTAL		56	58	56	12,416	60.7%
Montgomery	Adventist HealthCare Shady Grove Medical Center	133	133	90	25,739	78.4%
	Holy Cross Germantown Hospital	6	6	6	1,603	73.2%
	MedStar Montgomery Medical Center	14	14	14	2,880	56.4%
	Suburban Hospital	24	24	18	5,845	89.0%
MONTGOMERY COUNTY TOTAL		177	177	128	36,067	77.2%

Calvert	CalvertHealth Medical Center	22	22	13	3,576	75.4%
Prince George's	Luminis Doctors Community Hospital	16	16	16	4,432	75.9%
	MedStar Southern Maryland Hospital Center	24	24	24	5,547	63.3%
	University of MD Capital Region Medical Center	28	27	27	8,415	85.4%
St. Mary's	MedStar St. Mary's Hospital	12	12	5	1,889	103.5%
SOUTHERN MARYLAND TOTAL		102	101	85	23,859	76.9%
Anne Arundel	University of MD Baltimore Washington Medical Center	24	24	14	4,820	94.3%
Baltimore City	Johns Hopkins Bayview Medical Center	20	20	20	5,396	73.9%
	MedStar Harbor Hospital	36	36	29	8,300	78.4%
	Sinai Hospital of Baltimore	48	48	48	11,978	68.4%
	Johns Hopkins Hospital	108	108	98	28,604	80.0%
	University of MD Medical Center	42	44	29	9,076	85.7%
	University of MD Medical Center Midtown Campus	37	37	37	9,687	71.7%
Baltimore County	MedStar Franklin Square Medical Center	40	40	40	10,580	72.5%
	Northwest Hospital Center	49	49	35	10,826	84.7%
	University of MD St. Joseph Medical Center	18	19	19	4,901	70.7%
Carroll	Carroll Hospital Center	20	20	12	3,222	73.6%
Howard	Howard County General Hospital	20	20	20	6,234	85.4%
CENTRAL MARYLAND TOTAL		462	465	401	113,624	77.6%
Cecil	ChristianaCare Union Hospital	12	12	12	2,431	55.5%
Talbot	University of MD Shore Medical Center at Easton	11	12	12	2,826	64.5%
Wicomico	TidalHealth Peninsula Regional Medical Center	28	28	28	3,398	33.2%
EASTERN SHORE TOTAL		51	52	52	8,655	45.6%
STATE OF MARYLAND TOTAL		848	853	722	194,621	73.9%

Sources: Licensed Beds, MDH Office of Health Care Quality; Physical Capacity and Staffed Beds, MHCC Supplemental Survey: Special Hospitals - Psychiatric, FY 2025; Patient Days, MHCC staff analysis of HSCRC discharge data.

Table 30: Inventory and Utilization of Psychiatric Beds at Private Psychiatric Hospitals: Maryland, June 1, 2024

Jurisdiction / Region	Private Special Hospital - Psychiatric	Licensed Psych Beds	Physical Bed Capacity	Staffed Psych Beds	Patient Days CY 2024	Staffed Bed Occupancy CY 2024
Anne Arundel	Luminis Health J. Kent McNew Family Medical Center	16	16	16	4749	81.3%
Baltimore County	Sheppard and Enoch Pratt Hospital	323	332	256	80,881	86.6%
Harford	University of MD Upper Chesapeake Behavioral Health	33	33	33	7059	58.6%
Howard	Sheppard Pratt Baltimore Washington Campus	85	85	85	22,346	72.0%
Washington	Brook Lane Health Services	65	65	58	16,657	78.7%
STATE OF MARYLAND TOTAL		522	531	448	131,692	80.5%

Sources: Licensed Beds, MDH Office of Health Care Quality; Physical Capacity and Staffed Beds, MHCC Supplemental Survey: Special Hospitals - Psychiatric, FY 2025; Patient Days, MHCC staff analysis of HSCRC discharge data.

Table 31: Inventory and Utilization of Psychiatric Beds at State Psychiatric Hospitals: Maryland, June 1, 2024

Jurisdiction / Region	State Special Hospital - Psychiatric	Licensed Beds	Physical Bed Capacity		Staffed Beds		Patient Days CY 2024	Staffed Bed Occupancy CY 2024
			Acute Care	Continuing Care	Acute Care	Continuing Care		
Allegany	Thomas B. Finan Center	66	44	22	44	22	23,647	98%
Baltimore County	Spring Grove Hospital Center	639	159	248	159	248	144,750	97%
Carroll	Springfield Hospital Center	522	229	0	220	0	78,600	98%
Dorchester	Eastern Shore Hospital Center	84	44	40	44	40	30,227	98%
Howard	Clifton T. Perkins Hospital Center	298	70	216	70	216	102,639	98%

STATE OF MARYLAND TOTAL	1,609	546	526	537	526	379,863	98%
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Sources: Licensed Beds, MDH Office of Health Care Quality; Physical Capacity and Staffed Beds, MHCC
Supplemental Survey: Special Hospitals - Psychiatric, FY 2025; Patient Days, MHCC staff analysis of HSCRC
discharge data.

SB870 - Public Testimony.pdf

Uploaded by: Lien Hoang

Position: FAV

ALONZO T. WASHINGTON
Legislative District 22
Prince George's County

Finance Committee



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THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

March 10, 2026

The Honorable Pamela Beidle, Chair
Finance Committee
Maryland State Senate
Annapolis, Maryland

Re: SB 870 – Maryland Department of Health – Adolescent Psychiatric Inpatient Beds – Capacity in Prince George’s County and Report

Dear Chair Beidle and Members of the Committee:

I respectfully submit this testimony in support of Senate Bill 870. This legislation requires the Maryland Department of Health, in consultation with the Prince George’s County Local Behavioral Health Authority, to ensure the establishment and ongoing operation of at least 24 licensed adolescent psychiatric inpatient beds in Prince George’s County.

In Prince George’s County, families facing a youth mental health emergency too often experience the same painful reality: there is nowhere local to go. When an adolescent needs inpatient stabilization, parents are left waiting for extended periods in emergency departments or traveling outside the county to find an available bed. That delay is not just inconvenient—it is destabilizing for children in crisis, exhausting for families, and it strains hospitals that are not designed to serve as long-term holding settings for psychiatric placement.

Hospitals across Maryland have documented how serious this has become. The Maryland Hospital Association has reported that children and youth are staying in emergency departments and inpatient units beyond medical necessity because the system cannot move them to the appropriate level of care. Hospitals have reported approximately 43 children stuck across Maryland, with nearly 20% in emergency departments, and an average length of stay after being cleared for discharge measured in weeks—not hours. These system failures don’t just affect behavioral health patients. They slow throughput, consume staffing resources, and reduce emergency capacity for every Marylander who needs timely care.

SB 870 is a practical, accountable solution. It sets a clear standard—24 beds in Prince George’s County—and a deadline for delivery. It also includes a clear backup plan: if the capacity cannot be delivered through expansion, the Department must procure the beds through an RFP to ensure implementation stays on schedule. Finally, the bill prioritizes access regardless of payer source, including Medicaid, so these beds are available to the families who need them most.

Maryland cannot credibly address the youth behavioral health crisis while leaving Prince George’s County without adolescent inpatient capacity. SB 870 is a focused step that delivers a measurable result for real families and strengthens our statewide hospital system.

For these reasons, I respectfully request a favorable report on Senate Bill 870.

With regards,

A handwritten signature in black ink, appearing to read 'Alonzo T. Washington', written in a cursive style.

Alonzo T. Washington
Maryland State Senator
District 22

SB870 Psych Beds NAMI FAV.pdf

Uploaded by: Morgan Mills

Position: FAV

March 10, 2026

Chair Beidle, Vice Chair Hayes, and distinguished members of the Finance Committee,

NAMI Maryland and our 11 local affiliates across the state represent a network of more than 60,000 families, individuals, community-based organizations, and service providers. NAMI Maryland is a 501(c)(3) non-profit dedicated to providing education, support, and advocacy for people living with mental illnesses, their families, and the wider community.

Across our state, hospitals are grappling with severe pediatric psychiatric overstay and emergency department boarding pressures that leave our youth without timely access to necessary treatment. This is a crisis that leaves many vulnerable people languishing in settings that are ill-equipped to treat them.

We're seeing reductions in adolescent inpatient bed capacity. By requiring MDH to ensure the establishment of at least 24 licensed adolescent psychiatric inpatient beds in Prince George's County, this bill addresses a critical gap in our behavioral health infrastructure. These beds, providing 24-hour facility-based stabilization and treatment for youth aged 12 to 17, are essential for moving children out of emergency rooms and into appropriate clinical settings. We strongly support the bill's requirement that these beds be fully operational by December 31, 2028, and its focus on prioritizing solutions that ensure access regardless of a patient's payer source, including those on Medicaid.

While our organization advocates for increased bed capacity across the entire state, we view this legislation as a vital step in the right direction. The annual reporting requirements established by this bill, which will track bed capacity by county and identify staffing barriers, will provide the data needed to address the ongoing need to expand and strengthen the availability of behavioral health services for all Maryland children. We urge a favorable report on SB 870.

Stephanie Slowly-Little
Executive Director
National Alliance on Mental Illness, Maryland

Contact: Morgan Mills
Compass Government Relations
Mmills@compassadvocacy.com

PGCC_SB870_FAV.pdf

Uploaded by: Therese Hessler

Position: FAV



THE PRINCE GEORGE'S COUNTY GOVERNMENT

(301) 952-3700
County Council

March 10, 2026

Senate Finance Committee

Senate Bill 870 — Maryland Department of Health – Adolescent Psychiatric Inpatient Beds – Capacity in Prince George's County

POSITION: Favorable

Chair Beidle, Vice Chair Hayes, and Members of the Committee:

On behalf of the Prince George's County Council, we respectfully submit this testimony in support of Senate Bill 870, which would require the Maryland Department of Health to ensure the establishment and ongoing operation of a minimum number of licensed adolescent psychiatric inpatient beds in Prince George's County and to evaluate options for expanding capacity when needed. Currently, Prince George's County has zero adolescent psychiatric inpatient beds.

Prince George's County is home to one of the largest youth populations in the State, yet families continue to face significant challenges accessing timely inpatient behavioral health services for adolescents experiencing acute mental health crises. Limited bed availability often results in extended emergency department boarding, delayed treatment, and families being forced to seek care outside of their home jurisdiction. Expanding local inpatient capacity is essential to ensuring that youth receive appropriate, timely care in the least disruptive setting possible.

Senate Bill 870 addresses a critical gap in Maryland's behavioral health infrastructure by prioritizing geographic equity in access to inpatient psychiatric services. Ensuring sufficient adolescent bed capacity within Prince George's County will help reduce strain on emergency departments, improve continuity of care, and support better outcomes for youth and families. Increased local capacity also enhances coordination with community-based providers, schools, and family support systems, which are all vital components of effective behavioral health treatment.

From a local government perspective, improving access to adolescent behavioral health services can also reduce downstream impacts on public safety systems, school systems, and social services. When youth are unable to access appropriate care in a timely manner, local systems often absorb the consequences through increased crisis response demands and service utilization.

Senate Bill 870 represents an important step toward strengthening Maryland's behavioral health continuum and ensuring that Prince George's County residents have equitable access to needed services. The Prince George's County Council supports efforts to expand behavioral health capacity and improve outcomes for young people experiencing mental health crises.

For these reasons, the Prince George's County Council respectfully urges a favorable report on Senate Bill 870.

Prepared by: Ashlar Government Relations on behalf of Prince George's County Council

Wayne K. Curry Administration Building – Upper Marlboro, Maryland 20772

SB870_PGCoSenateDelegation_FWA

Uploaded by: Senator Watson

Position: FWA

Ron Watson
Chair

Nick Charles
Vice Chair



Malcolm Augustine
Joanne C. Benson
Kevin M. Harris
Anthony C. Muse
Jim Rosapepe
Alonzo T. Washington

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401
PRINCE GEORGE'S COUNTY SENATE DELEGATION

March 12, 2026

Honorable Pamela Beidle
Chair
Finance Committee
Maryland General Assembly
3 West Miller Senate Office Building
Annapolis, Maryland 21401

Dear Chair Beidle:

On behalf of the Prince George's County Senate Delegation, I am requesting the Committee's support of **SB 870 Maryland Department of Health – Adolescent Psychiatric Inpatient Beds – Capacity in Prince George's County and Report**. This bill was voted favorably with amendments (803520) by Prince George's County Senate Delegation on 3/11/26.

If you have any questions, please contact my office.

A handwritten signature in black ink that reads "Ron L. Watson".

Ron Watson
Chair
Prince George's County Senate Delegation

SB 870-FIN-MDH -LOI (1).pdf

Uploaded by: Meghan Lynch

Position: INFO



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

March 10, 2026

The Honorable Pamela Beidle
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

RE: Senate Bill 870– Maryland Department of Health - Adolescent Psychiatric Inpatient Beds – Capacity in Prince George’s and Report - Letter of Information

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (the Department) respectfully submits this letter of information for senate bill (SB) 870– Maryland Department of Health - Adolescent Psychiatric Inpatient Beds - Capacity in Prince George’s County and Report.

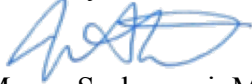
SB 870 requires the Department to work in coordination with the Prince George’s County Local Behavioral Health Authority (LBHA) to establish ongoing operations of at least 24 adolescent psychiatric inpatient beds through prescribed methods. Specifically, the Department and the County LBHA would be required to expand capacity at an existing inpatient facility, contract with a private or nonprofit operator, or establish a public-private partnership to finance and operate adolescent psychiatric inpatient beds. Further, this legislation requires the Department to prioritize solutions that reduce pediatric psychiatric emergency department boarding and inpatient overstay, that boarding and overstay data be reflected through the State’s Psychiatric Bed Registry and Referral System, and that equitable access is provided regardless of payor source. If SB 870’s requirements cannot be met within the prescribed deadline of June 30, 2027, the Department is required to issue a request for proposals to establish the adolescent psychiatric inpatient beds. This legislation further provides for the administration of grant funds for specified purposes.

The Department is sensitive to the mental health needs of all individuals throughout the State and prioritizes the placement of both resources and services to help ensure a targeted and holistic approach is provided to match treatments with patients’ specific needs. To ensure the correct type of services are provided to adolescents within Prince George’s County, the Department would like to partner with an organization such as the National Association of State Mental Health Program Directors (NASMHPD), to conduct a specific study to outline the type of resources, staffing, treatment plans, and therapeutic environments that the children would need to help ensure the best possible outcome and recovery.

The Department would also like to note that the construction or renovation of a facility to provide these beds would require extensive funding, planning, and time. To begin a construction project to this level, multiple procurements, consultants and studies would be needed to determine patient services, the location for a facility, the design to maximize patient recovery, and the specific service lines that the facility would serve. Projects to this magnitude require Capital funding submissions through the Department of Budget and Management, and would require inclusion in the Maryland Capital Improvement Plan for approval by the General Assembly. To help provide the correct type of critical and sustainable healthcare services to the right populations, the Department is respectfully requesting that a study be conducted to ensure Marylanders receive access to the quality of care that they need and deserve.

If you would like to discuss this further, please do not hesitate to contact Meghan Lynch, Director of Governmental Affairs at Meghan.Lynch@maryland.gov.

Sincerely,



Meena Seshamani, M.D., Ph.D
Secretary of Health