Maryland Department of Health - Administration
Fiscal Year 2023 Operating Budget
Response to Department of Legislative Services Analysis

Senate Budget and Taxation Committee
Health and Human Services Subcommittee
Senator Melony Griffith
February 18, 2022

House Appropriations Committee
Health and Social Services Subcommittee
Delegate Kirill Reznik
February 21, 2022

The Department thanks the Governor, the Department of Budget and Management, and the Budget Committees for their support in 2020 and in 2021 with COVID-19 response efforts. We thank the Department of Legislative Services for its insightful budget analysis.

DLS recommends adopting committee narrative requesting a report on patient and staff safety at MDH facilities. This report should include discussion of efforts to improve both measures of safety and make recommendations for opportunities for uniform reporting of patient and staff safety. The committee narrative also requests that these recommendations be implemented in future MFR submissions. (pg. 5, 27)

MDH Response: The Department concurs. The safety of the patients and staff within MDH's Healthcare System is one of the Department's highest priorities. We are committed to continuing our implementation of measures to increase staffing where appropriate, implementing crisis intervention programs, and providing other training to our staff to create as safe an environment as possible.

DLS is concerned with the downward trend in the timeliness of IST/NCR admissions and adjudications and is therefore recommending budget bill language restricting funds [$100,000] pending a report on the placement of ICR/NST patients, including efforts being made to meet legislative mandates for placements throughout the Hospital System. (pg. 7, 27)

MDH Response: The Department respectfully does not agree. DLS' analysis does not account for the significant impact of COVID-19 on state clinical facilities as they have on healthcare facilities nationwide. The safety of patients and staff within the MDH Healthcare System is one of the Department's highest priorities. When we cannot admit patients safely due to outbreaks or availability of staff, cycle times may increase.

At the onset of the COVID-19 pandemic in March 2020, MDH ceased admissions to the inpatient behavioral health facilities for approximately two months due to concerns associated with patient and staff safety. The Department worked diligently to reopen admissions to these facilities on May 11, 2020, while many other community behavioral health providers were still closed or not accepting new patients. This created a backlog in admissions that impacted the Department's ability to satisfy the 10-business day requirement for admissions for court-ordered patients because we were unable to discharge patients to lower clinical acuity-level providers. MDH worked to address this patient backlog and was able to reduce the average cycle time for admissions of court-ordered patients to under 10 business days by August 2020.

The average cycle time for admitting court-ordered patients into the MDH inpatient psychiatric facilities for calendar year 2020 was 17 days. The average cycle time for admitting patients from January through November 2021 was 17 days. The average cycle time remained steady through December 2021 despite having over 150 more commitment orders in 2021 compared to 2020. Cycle times vary and tend to increase when COVID positivity rates increase, which corresponds with the surges attributable to variants (e.g., Delta and Omicron variants) and those typically experienced during flu season.

The Omicron Variant caused an unprecedented surge in COVID-19 positive cases among MDH facility staff and residents (trending with the statewide positivity rate). Our facilities, like all the hospitals in the State, were significantly impacted. Throughout this surge, MDH did not close admissions across the board but there have been outbreaks on several admissions units and units to which admitted patients would normally be transferred. This has resulted in unavoidable delays and an increased waiting list for admission to our hospitals.

Additionally, the limited availability of beds in community providers due to high positivity rates for patients and staff, as well as staffing shortages have caused delays in discharges from MDH facilities to make room for additional patients from the waitlist to be admitted. These providers include residential rehabilitation program (RRP) beds that are utilized as step-down beds for discharging patients from MDH facilities into the community.

MDH has been working closely with the Maryland Judiciary over the past two years with regular staff and leadership meetings to address the waitlist for court-ordered patients into MDH facilities. In addition, MDH works closely with the Department of Public Safety and Correctional Services (DPSCS) to manage patients committed to the Department who may need to wait longer than usual for admission due to COVID outbreak status in the hospitals or timely COVID test results. For example, MDH offers psychiatric consultation services to DPSCS and does regular acuity checks for patients on the waitlist to ensure that the individuals most in need of admission are prioritized first.

Despite the unprecedented challenges faced by the MDH Hospitals, we remain committed to admitting court-ordered patients as quickly and as safely as possible. During August and October 2021, MDH received record numbers of commitment orders, yet maintained a cycle time of 9-16 days for admissions throughout the Summer and Fall 2021.

In 2021, MDH opened two new inpatient psychiatric units, adding an additional 40 beds to the system, and have recently repurposed over fifty vacant merit positions to ensure those units stay open permanently. We are working closely with the Behavioral Health Administration on several initiatives to add capacity to community providers so that more patients can be appropriately discharged into the community. MDH will continue to explore every avenue to ensure patient flow through the system to ensure that we serve as many patients as possible.

Therefore, DLS recommends budget bill language restricting funds [$100,000] pending a report on MDH staffing, particularly at the State facilities, that discusses how the new salaries under Chapters 572 and 576 compare with compensation for similar positions in the private sector and their impact on recruitment and retention. (pg. 23, 26)

MDH Response: The Department respectfully does not agree. The nationwide shortage of healthcare workers, felt across the state, has created challenges in recruitment and retention of clinical staff. MDH has made efforts, such as recent salary increases, to be competitive with the private sector. Currently, private sector salaries for clinical staff are extremely high due to staffing shortages directly resulting from the COVID-19 pandemic.

As directed by Chs. 572 and 576 (2020), MDH has promoted existing staff and recruited new staff into the security attendant classification series to meet the required staffing ratios in the applicable MDH Healthcare System facilities. We continue to recruit for these positions through various initiatives, including online postings and locally hosted job fairs.

In addition, MDH has implemented several initiatives to recruit and retain facility staff including adding the option for nurses to work a 3 12-hour schedule each week (as authorized by Ch. 327 of 2021), offering COVID response pay to staff members who interact directly with patients, and holding several regional career fairs to drive recruitment. MDH also highlights the benefits associated with Maryland state government jobs (e.g., health care benefits, State Retirement and Pension System benefits, life insurance benefits, etc.) that may not be present in private sector positions during the recruitment process.

We also note that the FY 2023 allowance includes a one-grade Annual Salary Review (ASR) increase for the Epidemiologist series and for over 100 classifications of nursing positions. This salary enhancement will help retain current employees and bolster recruitment efforts to fill vacancies.

Given the FMP's [Facilities Master Plan] impact on the care delivery for several of the State's hospitals, notably the chronic hospitals in the near-term, MDH should discuss the short-, medium- and long-term impact of the implementation of the FMP on the current MDH employees, including how the department intends to align State employees with the projects outlined in the FMP. (pg. 23)

MDH Response: The guiding principles of the 2041 Facilities Master Plan are to realign healthcare delivery to support evolving care models and trends; improve the patient care environment; and implement efficiencies in service through the utilization of all appropriate healthcare assets available throughout Maryland - not just those owned and operated by MDH.

The plan is broken out into three phases over the next twenty years.

Phase I (FY 2022-2026) includes:

Divesting three non-operating facilities: Crownsville Hospital Center in Anne Arundel County, Regional Institute for Children & Adolescents (RICA) Southern Maryland in Prince George's County, and Upper Shore Community Mental Health Center in Kent County. As these facilities are closed, they do not have permanently assigned MDH staff.

Construction of four 24-hour Regional Crisis Centers in Western Maryland, Central Maryland, Southern Maryland, and the Eastern Shore. MDH plans to contract with regional partners to provide services at these locations.

Identifying strategic partners to transfer services currently provided at Western Maryland Hospital Center in Hagerstown and Deer's Head Hospital Center in Salisbury, to healthcare and community providers. MDH is developing transition plans for any affected staff to ensure that the impact is as minimal as possible. The leadership for the MDH Healthcare System is working to ensure that updates and next steps are communicated with staff and employees have opportunities to ask questions about this long-term planning process.

MDH will work with the Maryland Department of General Services to perform an assessment of the current Central Maryland Inpatient Behavioral Health Capacity with the goal of identifying potential partners that may be engaged to assist the State in transitioning patient care from Spring Grove Hospital Center. This step will inform the next steps for implementation of Phase II (FY 2027-2031) which includes the planned expansion of patient services at Springfield Hospital Center and the development of behavioral health care partnerships in Central Maryland.

Phases II (FY 2027-2031) and III (FY 2032-2041) of the Facilities Master Plan are based on a projected reduction in demand for certain current services that are currently provided in MDH facilities, and the need to expand other services to meet other health and wellness goals.

Phase II (medium term impact) recommendations include the construction of a new Facility for Children (Central Maryland) and a new Secure Evaluation Therapeutic Treatment (SETT) Facility (Jessup). Construction of the SETT facility will centrally locate the program within the State. During Phase II of the FMP MDH will also work to plan and construct a replacement building at Springfield Hospital Center that will also increase patient capacity of the hospital.

Phase III (long term impact) recommendations include the renovation of the Holly Center, continued community integration and development of behavioral health and developmental disabilities services, and the transition services currently provided at Potomac Center and Spring Grove Hospital Center.

Patient and staff safety and well-being are at the heart of the FMP and since this is a twenty year plan, many items included are under development and may be adjusted as MDH moves forward. In the same way employee transitions are being developed for facilities that will be divested in Phase

I, MDH anticipates exploring a similar transition model to ensure patients continue to be served regionally and MDH employees are afforded the opportunity to continue employment with State benefits and union representation.

Cumulative cost avoidance of $321.6 million is projected through implementation of the FMP over the twenty-year term, including and a one-time cost avoidance of $24.1 million gained through the transition of services from four (4) facilities. These savings will aid the State in meeting the goals of the Total Cost of Care model and well position MDH to expand services supporting the mission to promote the health and wellness of all Marylanders.

No specific dates for any action items in the plan have been selected yet, but the focus is to maintain continuity of communication and to share information as it becomes available. The MDH Facilities Master Plan is a planning document that will continue to evolve over the 20 years it covers.