



**Annual Report on Facilities Requesting to be an Emergency Facility
Pursuant to Md. Health-General Code Ann. § 10-621**

Table of Contents

Executive Summary	3
I. Introduction and Overview	5
II. Reporting Requirements	5
III. Next Steps	6
IV. Conclusion	7
Appendix A	8
2024 Designated Psychiatric Emergency Facilities List	8
Appendix B:	13
Model Program Structure of Designated Psychiatric Emergency Facilities	13

Executive Summary

The Health-General Article § 10-621 in the Annotated Code of Maryland requires the Maryland Department of Health (MDH) to:

1. At least once a year, publish a list of emergency facilities and their addresses and give the list to each health department, judge of a court, sheriff's office, police station, local behavioral health authority, and Secret Service office in this State; and
2. Each year, the MDH shall report to the General Assembly, per § 2-1257 of the State Government Article, on:
 - a. The number of facilities that have sought to be designated an emergency facility;
 - b. The number of the facilities reported under item (a) of this subsection that have attempted to meet the model facility standards developed under Health-General Article § 10-621(c);
 - c. The progress of the facilities reported under item (b) of this subsection toward meeting the model facility standards;
 - d. The development of collaborative models between State, local, and private entities; and
 - e. Whether the Department, in consultation with stakeholders, has determined that any changes to the model facility standards are necessary.

Maryland currently has 37 facilities designated as psychiatric emergency facilities. During the fiscal year 2024, no new facility sought designation as an emergency facility. The Maryland Department of Health, Behavioral Health Administration (BHA), model facility standards developed in collaboration with stakeholders were also utilized in the development of the behavioral health crisis stabilization center's regulations promulgated under the Annotated Code of Maryland (COMAR) 10.63 and 10.09.16 in May 2024. The Department is working collaboratively with stakeholders to facilitate establishing essential services as part of a comprehensive urgent care continuum. It has awarded \$13.5 million to implement pilot projects to expand Mobile Crisis Team services and establish Behavioral Health Crisis Stabilization Centers (BHCSC). MDH continues to work with stakeholders, united by our shared goal of expanding the number and type of facilities designated as psychiatric emergency facilities across the state to design and implement an

innovative, comprehensive, integrated behavioral health crisis system serving children, youth, adults, and senior adults in the State while operating with a regional and local approach.

I. Introduction and Overview

Health-General Article § 10-620 in the Annotated Code of Maryland defines an “Emergency Facility” as a facility designated in writing by the MDH. This includes a licensed general hospital with an emergency room, unless the MDH, in consultation with the health officer, exempts the hospital.

Health General Article § 10-621 states that emergency facilities can include a wide range of facilities, such as comprehensive crisis response centers, crisis stabilization centers, crisis treatment centers established under Health General § 7.5–207, and outpatient mental health clinics, provided they meet the model program structure.

Maryland currently has 37 facilities designated as psychiatric emergency facilities (see Appendix A), all of which are hospital emergency departments. BHA is collaborating with stakeholders, recognizing the importance of their role, to increase the number and variety of facilities designated as psychiatric emergency facilities across the state.

II. Reporting Requirements

The Health-General Article § 10-621 requires MDH to report annually on the following:

1. The number of facilities that have sought to be designated an emergency facility;
During the reporting period, no facilities sought designation as emergency facilities.
2. The number of the facilities reported under item (1) of this subsection that have attempted to meet the model facility standards developed under subsection (c) of this section
During the reporting period, no facilities attempted to meet the model facility standards.
3. The progress of the facilities reported under item (2) of this subsection toward meeting the model facility standards is Not applicable.
4. The development of collaborative models between State, local, and private entities:

The Department collaborates with local jurisdictions and providers to develop a statewide continuum of integrated, comprehensive, and equitable models for urgent and acute behavioral healthcare services.

5. Whether the Department, in consultation with stakeholders, has determined that any changes to the model facility standards are necessary.

The Department has determined that the model facility standards are still the same.

The Department has awarded \$13.5 million to implement pilot projects to expand Mobile Crisis Team services and establish Behavioral Health Crisis Stabilization Centers (BHCS), which will significantly improve mental health services in our communities.

BHA conducts monthly meetings with jurisdictions receiving pilot funding to monitor project implementation.

The Department collaborates with all local behavioral health authorities, core service agencies, and providers to facilitate establishing these essential services as part of a comprehensive urgent care continuum.

III. Next Steps

In FY24, the Moore-Miller Administration demonstrated its commitment to improving the crisis continuum by investing \$107.5 million. This investment allows the Behavioral Health Administration (BHA) to offer funding to all Maryland jurisdictions interested in adding or bolstering mobile crisis teams and crisis stabilization centers. Based on this funding opportunity, BHA is currently working with jurisdictions to establish behavioral health crisis stabilization centers (BHCS) across the state, furthering our collective goal of enhancing the crisis continuum.

The department is collaborating with all local behavioral health authorities, core service agencies, and providers to facilitate the establishment of these essential services as part of a comprehensive urgent care continuum.

The department has awarded \$13.5 million to implement pilot projects to expand Mobile Crisis Team services and establish Behavioral Health Crisis Stabilization Centers (BHCSC), significantly improving our communities' mental health services.

BHA conducts monthly meetings with jurisdictions receiving pilot funding to monitor project implementation.

The BHCSC (Behavioral Health Crisis Stabilization Centers) is a newly regulated service type in Maryland. It is jointly funded through BHA (Behavioral Health Administration) awards and the Maryland Medical Assistance Program fee-for-service billing. BHCSCs are regulated under COMAR 10.63 and 10.09.16. All BHCSC services licensed by the department must accept individuals on an involuntary status via the Petition for Emergency Evaluation (EP) process (Health-General Article § 10-621 in the Annotated Code of Maryland). By meeting these regulation standards and accepting EPs, all licensed BHCSC facilities will jointly meet all 'model facility standards' for Emergency Facilities in Maryland. These BHCSCs play a crucial role in our comprehensive crisis continuum, serving as reliable and appropriate alternatives to higher levels of care, such as emergency rooms and psychiatric inpatient hospital settings.

IV. Conclusion

MDH continues to work with stakeholders, united by our shared goal of expanding the number and type of facilities designated as psychiatric emergency facilities across the State. Our collective aim is to design and implement an innovative, comprehensive, integrated behavioral health crisis system serving children, youth, adults, and senior adults in the State while operating with a regional and local approach.

In collaboration with diverse stakeholders, including hospital and behavioral health providers, people with lived experiences, advocacy organizations, and numerous state partners, MDH will continue to identify and determine changes and refinements to the model facility standards. This collaborative approach is aimed at expanding the number of facilities seeking designation as psychiatric emergency facilities across the State, all under the overarching goal of designing and implementing an innovative, comprehensive, integrated behavioral health crisis system.

Appendix A

2024 Designated Psychiatric Emergency Facilities List

Facility_Name	Facility_Address	Facility_City	Facility_State	Facility_Zip	Facility_Ph one
U P M C Western Maryland	12500 Willowbrook Road	Cumberland	MD	21502	(240) 964-7000

Facility_Name	Facility_Address	Facility_City	Facility_State	Facility_Zip	Facility_Ph one
Luminis Health Anne Arundel Medical Center, Inc	2001 Medical Parkway	Annapolis	MD	21401	(443) 481-1000
UM Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	MD	21061	(410) 595-1967

Facility_Name	Facility_Address	Facility_City	Facility_State	Facility_Zip	Facility_Ph one
Grace Medical Center	2000 West Baltimore Street	Baltimore	MD	21223	(410) 362-3000
Johns Hopkins Bayview Medical Center	4940 Eastern Avenue	Baltimore	MD	21224	(410) 550-0123
Johns Hopkins Hospital, The	600 North Wolfe Street	Baltimore	MD	21287	(410) 955-5000
MedStar Union Memorial Hospital	201 East University Parkway	Baltimore	MD	21218	(410) 554-2227
Sinai Hospital Of Baltimore	2401 West Belvedere Avenue	Baltimore	MD	21215	(410) 601-5131

University Of Maryland Medical Center	22 South Greene Street	Baltimore	MD	21201	(410) 328-8667
University Of Md Medical Center Midtown Campus	827 Linden Avenue	Baltimore	MD	21201	(410) 225-8996

Facility_Name	Facility_Address	Facility_City	Facility_State	Facility_Zip	Facility_Ph one
MedStar Franklin Square Medical Center	9000 Franklin Square Drive	Rosedale	MD	21237	(443) 777-7850
Northwest Hospital Center	5401 Old Court Road	Randallstown	MD	21133	(410) 521-2200
University Of Md St Joseph Medical Center	7601 Osler Drive	Towson	MD	21204	(410) 337-1000

Facility_Name	Facility_Address	Facility_City	Facility_State	Facility_Zip	Facility_Ph one
Calvert Health Medical Center	100 Hospital Road	Prince Frederick	MD	20678	(410) 535-8240

Facility_Name	Facility_Address	Facility_City	Facility_State	Facility_Zip	Facility_Ph one
UM Shore Medical Ctr At Chestertown	100 Brown Street	Chestertown	MD	21620	(410) 778-7668
UM Shore Medical Center at Dorchester	300 Byrn Street	Cambridge	MD	21613	(410) 228-5511
UM Shore Medical Center At Easton	219 South Washington Street	Easton	MD	21601	(410) 822-1000

Facility_Name	Facility_Address	Facility_City	Facility_State	Facility_Zip	Facility_Ph one
Carroll Hospital Center	200 Memorial Avenue	Westminster	MD	21157	(410) 848-3000

Facility_Name	Facility_Address	Facility_City	Facility_State	Facility_Zip	Facility_Ph one
Union Hospital Of Cecil County	106 Bow Street	Elkton	MD	21921	(410) 392-7009

Facility_Name	Facility_Address	Facility_City	Facility_State	Facility_Zip	Facility_Ph one
University Of Md Charles Regional Medical Center	5 Garrett Avenue	La Plata	MD	20646	(301) 609-4265

Facility_Name	Facility_Address	Facility_City	Facility_State	Facility_Zip	Facility_Ph one
UM Shore Medical Center at Dorchester	300 Byrn Street	Cambridge	MD	21613	(410) 228-5511

Facility_Name	Facility_Address	Facility_City	Facility_State	Facility_Zip	Facility_Ph one
Frederick Health Hospital	400 West Seventh St	Frederick	MD	21701	(240) 566-3300

Facility_Name	Facility_Address	Facility_City	Facility_State	Facility_Zip	Facility_Ph one
Garrett Regional Medical Center	251 North Fourth Street	Oakland	MD	21550	(301) 533-4173

Facility_Name	Facility_Address	Facility_City	Facility_State	Facility_Zip	Facility_Ph one
University Of Md Harford Memorial Hospital	501 South Union Avenue	Havre De Grace	MD	21078	(443) 643-3303
University Of Md Upper Chesapeake Medical Center	500 Upper Chesapeake Drive	Bel Air	MD	21014	(443) 643-3303

Facility_Name	Facility_Address	Facility_City	Facility_State	Facility_Zip	Facility_Ph one
Howard County General Hospital	5755 Cedar Lane	Columbia	MD	21044	(410) 740-7890

Facility_Name	Facility_Address	Facility_City	Facility_State	Facility_Zip	Facility_Ph one
UM Shore Medical Ctr At Chestertown	100 Brown Street	Chestertown	MD	21620	(410) 778-7668

Facility_Name	Facility_Address	Facility_City	Facility_State	Facility_Zip	Facility_Ph one
Adventist Healthcare Shady Grove Medical Center	9901 Medical Center Drive	Rockville	MD	20850	(240) 826-6527
Adventist Healthcare White Oak Medical Center	11890 Healing Way	Silver Spring	MD	20904	(240) 637-4000
Holy Cross Hospital	1500 Forest Glen Road	Silver Spring	MD	20910	(301) 754-7000
MedStar Montgomery Medical Center	18101 Prince Philip Drive	Olney	MD	20832	(301) 774-8771
Suburban Hospital	8600 Old Georgetown Road	Bethesda	MD	20814	(301) 896-2576

Facility_Name	Facility_Address	Facility_City	Facility_State	Facility_Zip	Facility_Ph one
Luminis Health Doctors Community Medical Ctr, Inc	8118 Good Luck Road	Lanham	MD	20706	(301) 552-8118
MedStar Southern Maryland Hospital Center	7503 Surratts Road	Clinton	MD	20735	(301) 868-8000
UM Laurel Medical Center	7300 Van Dusen Rd	Laurel	MD	20707	(301) 725-4300
University of Maryland Prince George's Hospital Center	3001 Hospital Drive	Cheverly	MD	20785	(301) 618-2000

Facility_Name	Facility_Address	Facility_City	Facility_State	Facility_Zip	Facility_Ph one
UM Shore Medical Ctr At Chestertown	100 Brown Street	Chestertown	MD	21620	(410) 778-7668
UM Shore Medical Ctr At Easton	219 South Washington Street	Easton	MD	21601	(410) 822-1000

Facility_Name	Facility_Address	Facility_City	Facility_State	Facility_Zip	Facility_Ph one
Medstar Saint Mary's Hospital	25500 Point Lookout Road	Leonardtwn	MD	20650	(301) 475-6001

Facility_Name	Facility_Address	Facility_City	Facility_State	Facility_Zip	Facility_Ph one
Tidal Health Peninsula Regional, Inc	100 East Carroll Avenue	Salisbury	MD	21801	(410) 546-6400

Facility_Name	Facility_Address	Facility_City	Facility_State	Facility_Zip	Facility_Ph one
UM Shore Medical Center At Easton	219 South Washington Street	Easton	MD	21601	(410) 822-1000

Facility_Name	Facility_Address	Facility_City	Facility_State	Facility_Zip	Facility_Ph one
Meritus Medical Center	11116 Medical Campus Road	Hagerstown	MD	21742	(240) 313-9500

Facility_Name	Facility_Address	Facility_City	Facility_State	Facility_Zip	Facility_Ph one
Tidal Health Peninsula Regional, Inc	100 East Carroll Avenue	Salisbury	MD	21801	(410) 546-6400

Facility_Name	Facility_Address	Facility_City	Facility_State	Facility_Zip	Facility_Ph one
Tidal Health Peninsula Regional, Inc	100 East Carroll Avenue	Salisbury	MD	21801	(410) 546-6400

Appendix B:

Model Program Structure of Designated Psychiatric Emergency Facilities

Introduction The Designated Psychiatric Emergency Facilities list, published by the Maryland Department of Health (MDH) Behavioral Health Administration (BHA), is required to meet the criteria listed in Health-General Article § 10-621:

1. Is adequately staffed to provide 24-hour emergency petition services
2. Provides the necessary services required for an emergency petition
3. Has written procedures in place that provide for involuntary admissions, through an emergency petition, including to a licensed hospital, as necessary
4. Provides additional support to respect the due process rights of patients received through the emergency petition process
5. Complies with additional procedures as otherwise determined by the Department

The Health-General Article § 10-620 in the Annotated Code of Maryland defines an "Emergency Facility" as "a facility that the MDH designates, in writing, as an emergency facility and includes a licensed general hospital that has an emergency room, unless the MDH, after consultation with the health officer, exempts the hospital." Emergency facilities include comprehensive crisis response centers, crisis stabilization centers, crisis treatment centers established under Health General § 7.5–207, and outpatient mental health clinics that meet the model program structure. The BHA model program structure describes the main components facilities require to become a designated psychiatric emergency facility that accepts emergency petitioned individuals. They include: 1. Comprehensive services and adequate staffing; 2. 24/7 hours of operation; 3. Assessment timelines; 4. Medical evaluation; 5. Withdrawal management capabilities for all substances along with initiation of medication for the treatment of opioid use disorder (MOUD); and 6. Secure locked facility

Comprehensive services and adequate staffing: Designated Psychiatric Emergency facilities require higher staff numbers than non-designated facilities with the capacity and expertise to handle high psychiatric emergencies from emergency petitioned individuals without

impacting the care of others in the facility. Psychiatrists or psychiatric nurse practitioners can provide psychiatric care, and the facility's medical director is to be a psychiatrist. Unlike hospital-based emergency rooms, free-standing crisis facilities do not have extra staff to respond immediately and assist in a psychiatric or medical emergency; thus, the minimum staffing requirement for all shifts is 24 hours a day.

24/7 hours of operation: Health-General Article § 10-621 requires Psychiatric Emergency Facilities to be open 24 hours a day, seven days a week, this differentiates them from crisis facilities or urgent care centers that serve only individuals presenting voluntarily for assessment and treatment. Assessment timelines; - Designated Psychiatric Emergency Facilities have the capacity to provide the Core Components of Behavioral Health Assessment and Treatment: these are

1. comprehensive services
2. on-site behavioral health crisis stabilization,
3. withdrawal management capabilities for all substances,
4. screening for suicide risk,
5. comprehensive suicide risk assessment and planning,
6. violence risk and comprehensive risk assessment,
7. initiation of medication for the treatment of opioid use disorder
8. There should be a linkage of services provided to existing community behavioral health service providers.
9. Individuals provided care linked to follow-up and outpatient support services upon discharge. Finally, for those needing hospitalization, there should be written agreements with nearby community hospitals for admission to their psychiatric units or medical admission if indicated.
10. Withdrawal management capabilities for all substances along with initiation of medication for the treatment of opioid use disorder (MOUD).

Medical evaluation: Medical evaluation and physical exam, with a medical review of systems and medical history, should accompany the initial behavioral assessment by a psychiatrist or psychiatric nurse practitioner in these facilities. Initial evaluations done by telehealth are to be followed up by an in-person physical exam conducted by a psychiatrist or psychiatric nurse practitioner when next on-site, but no later than 24 hours after admission. In addition, provision of needed medical treatment interventions, assessment of medical stability, and evaluation of laboratory and diagnostic orders as indicated.

Secure locked facility: A designated Psychiatric Emergency Facility must be secure to accept individuals presenting voluntarily with behavioral health issues and involuntarily on an emergency petition. The receiving facilities must have a secure and locked dedicated

drop-off space for mobile crisis, law enforcement, or medical services personnel bringing in individuals to the facility with minimal turnaround time.

Legal and accreditation processes and activities

Respect for the due process and rights of patients received through the emergency petition, and certification for involuntary hospitalization must follow all emergency petition and involuntary hospitalization procedures.

The patient's right to an Involuntary Admission hearing before an administrative law judge as provided in Health-General Article §10-632. Relevant statutes include Health General §§10-613, 10-614, 10-615, 10-616, and 10-617, Health-General Article §§10-620, 10-621, 10-622, 10-623, 10-624, and 10-625, and Health-General Article §§10-631, 10-632, and 10-633

Summary

As Maryland moves towards improving crisis care across the state through initiatives like redirecting behavioral health-related 911 calls to mobile crisis teams instead of law enforcement, statutory change may be needed to facilitate access to care for emergency petitioned individuals. There is also a need to facilitate accreditation of designated facilities such as the Behavioral Health Crisis Stabilization Center from the appropriate accrediting bodies such as the Joint Commission or CARF, With BHA providing oversight to ensure facilities are up to date.