



FREQUENTLY ASKED QUESTIONS MARYLAND DEPARTMENT OF HEALTH FACILITIES MASTER PLAN

Question: What is the purpose of the Maryland Department of Health (MDH) Facilities Master Plan?

Answer: The purpose of the Master Plan is to align MDH’s long-term patient care needs with health care services offered or provided by the state, as well as the facilities in which the services are provided.

Question: What are the MDH healthcare facilities included in the Facilities Master Plan?

Answer: MDH has 14 health care facility campuses located throughout the state. There are 11 facilities that are currently operating: Springfield Hospital Center, Spring Grove Hospital Center, Clifton T. Perkins Hospital Center, Eastern Shore Hospital Center, Thomas B. Finan Center, RICA Baltimore, John L. Gildner RICA, Holly Center, Potomac Center, Western Maryland Hospital Center and Deer’s Head Hospital Center. Additionally, three facilities still owned by MDH have been closed already: Crownsville Hospital Center, Regional Institute for Children & Adolescents (RICA) Southern Maryland and Upper Shore Community Mental Health Center.

Question: How was the plan developed? Who provided input?

Answer: MDH and the Department of General Services (DGS) worked closely to develop the Master Plan. External healthcare system planning partners also contributed their expertise, ideas, and more in a series of work sessions. The planning process, particularly the current state assessment and development of the future care model, engaged a wide group of MDH leadership, medical, clinical, and administrative staff, strategy and business planners and partners, and DGS leadership and staff.

Question: Why is the state doing this now?

Answer: MDH recognizes the importance of long-term strategic planning and has worked cooperatively with the Maryland State Legislature since 2017, when it developed the Conceptual Facilities Master Plan. In 2018, MDH began assessing our current operations and infrastructure to ensure we planned for and are implementing the best care environment for our patients now and in the future. Anticipated cost savings from right-sizing MDH's physical infrastructure can be reinvested into future patient care, making these facilities more sustainable over time.

Question: What services do the MDH health care facilities provide?

Answer: These MDH facilities provide key inpatient psychiatric care, residential and day treatment programs for children and adolescents with emotional disabilities, chronic care, and residential care for individuals with intellectual and developmental disabilities.

Question: What does all of this mean for patients and staff currently at facilities and future patients?

Answer: For most patients and staff, there will be no significant change in their day-to-day care or activities. For operating facilities recommended for service transition, MDH will work with community partners to ensure a smooth transition of services for patients and will provide more information as it becomes available. MDH also will work with staff at locations transitioning within the state system or with community partners. A main goal during this entire process is to keep patients and staff as close to their families and support networks as possible.

Question: What is the timeline for the Master Plan?

Answer: The Master Plan is a 20-year plan broken out into the following phases:

- Phase I (Fiscal Years 2022-2026)
- Phase II (Fiscal Years 2027-2031)
- Phase III (Fiscal Years 2032-2041)

Question: What is a Crisis Center and what services would they perform?

Answer: Phase I of the Master Plan includes construction of four 24-hour regional crisis centers in the state; specifically Western Maryland, Central Maryland, Southern Maryland, and the Eastern Shore. When constructed, the proposed Crisis Centers will provide the following services:

- Behavioral health crisis intervention;
- Assessment;
- 24/7 call center;
- Residential treatment; and

- Outpatient care

Question: What is the funding source for Master Plan projects?

Answer: Funding for projects in the Master Plan will come from a variety of sources, including MDH, DGS, the Maryland Department of Budget and Management (DBM), the Office of the Governor, and the Maryland State Legislature. In addition, it is expected that the implementation of the Master Plan will save the state \$321.6 million by implementation of the Plan over the 20-year term. The continued savings will support the delivery of health care in the state.

Question: Are the current MDH health care facilities safe and maintained properly for patient care? How are maintenance issues being addressed?

Answer: Yes, the current MDH facilities are safe and maintained to safely serve patients. Staff and patient safety and well-being remain a top priority. Buildings at some of the facilities, however, are aging and in time will no longer align with evolving patient care models or are reaching the end of their useful life. MDH ongoing maintenance and repair projects, including scheduled system replacements, continually address facility needs.

Question: How can the state divest facilities given that patient beds are mostly or completely full?

Answer: The Master Plan recommends divesting non-operating facilities that currently are not providing patient care and which no longer align with best practices for patient care. Much of the non-operating infrastructure recommended for divestiture is currently partially or fully vacant. The Master Plan outlines a plan for building new or renovating existing infrastructure to maintain operations and deliver health care in high quality facilities aligned with current best practices for patient care. Additionally, the assessment shows that there is an expected decrease in demand for certain bed types over time. MDH is committed to working with partners to provide appropriate levels of care within the community, reducing the reliance on state-run facilities.

Question: How does the Master Plan support the overarching goals of the State's Total Cost of Care Model?

Answer: Maryland's Total Cost of Care Model is designed to provide patients with care in the right place at the right time, including moving care out of hospital settings if other settings are more appropriate. The Total Cost of Care Model also supports improvement in population health, with opioid overdoses as one for three key population health goals. The Master Plan supports the Total Cost of Care Model by

investing in the development of crisis services capacity throughout the state. These crisis services will help provide patients with services in a crisis center that is specifically designed for the care they need in that moment. With increased access to crisis services, utilization of hospital emergency departments and jail to address behavioral health crises should decrease. The crisis services developed under the Master Plan will complement ongoing partnerships between hospitals and community-based organizations to expand crisis service capacity in the state.

For more information, please visit [MDH's Facilities Master Plan page](#).

If you have questions, please email mdh.masterplan@maryland.gov