



Report on Behavioral Health Services for Children and Young Adults
Fiscal Year 2019

Submitted by the Maryland Department of Health Behavioral Health Administration

Maryland Annotated Code
Health General Article § 7.5–209



DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

July 30, 2021

The Honorable Larry Hogan
Governor
State of Maryland
100 State Circle
Annapolis, MD 21401-1991

The Honorable Bill Ferguson
President of the Senate
State House, H-107
Annapolis, MD 21401-1991

The Honorable Adrienne A. Jones
Speaker of the House
State House, H-101
Annapolis, MD 21401-1991

Re: Health-General Article, § 7.5–209, Annotated Code of Maryland - Report on Behavioral Health Services for Children and Young Adults (MSAR # 11535)

Dear Governor Hogan, President Ferguson, and Speaker Jones:

Pursuant to Maryland Health-General § 7.5–209, the Maryland Department of Health respectfully submits the annual report on behavioral health services for children and young adults on behalf of the Behavioral Health Administration.

If you have any questions regarding this report, please contact Heather Shek, Director, Office of Governmental Affairs at heather.shek@maryland.gov.

Sincerely,

Dennis R. Schrader
Secretary

cc: Aliya Jones, M.D., MBA, MDH Deputy Secretary for Behavioral Health
Heather Shek, JD, Director, Office of Governmental Affairs
Sarah Albert, MSAR# 11535

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I. Executive Summary

In response to Maryland Annotated Code, Health-General Article § 7.5–209, the Behavioral Health Administration (BHA) analyzed FY19 data on selected behavioral health services provided to children (birth through 17 years) and young adults (18–25 years) who are eligible and receive services through the public behavioral health system (PBHS). The report focuses on data pertaining to the number of children and young adults utilizing PBHS mental health and substance use services, the cost of these services, the geographic distribution of service use and costs, length of stay in inpatient and residential settings, and the time a child or young adult waits for selected services.

Based on U.S. Census Bureau data, in 2019, there were just under two million (1,982,983) children and young adults (birth to 25 years) residing in Maryland, which represents 32.8% of the State's population. Two in five or 42.3% (838,200) of those children and young adults were eligible for PBHS services, while a total of 115,655 (represents 5.8% of the child and young adult population) received services within the PBHS statewide. This number represents an increase of 4.2% over the 110,965 children and young adults who received services in FY18. A total of \$534,965,343 was expended on services provided to child and young adult recipients of PBHS services, with an average annual per child and young adult expenditure of \$4,626 per person. These numbers also represent an increase over the previous fiscal year, with total expenditures increasing by \$39.2 million or 7.9% and per person expenditures increasing by \$160 or 3.6%.

Inpatient Psychiatric Hospital Services: A total of 7,457 PBHS child and young adult service recipients had one or more psychiatric related hospitalizations, representing just 6.4% of all child and young adult recipients of PBHS services and a four percent decrease from FY18. Inpatient hospitalizations accounted for 20% (\$109,285,836) of the total PBHS expenditures for the group and an average per child and young adult expenditure of \$14,655 per person. Though the number of child and young adult recipients of inpatient services decreased, both total expenditures and per person cost increased by 2.9% and 7.2% respectively, over the previous fiscal year. Children and young adults ages 13 and older accounted for 77% of inpatient service users and were more likely to be female (54%) and non-Hispanic Caucasian (48%). In addition, a total of 8,694 children and young adults were discharged from inpatient psychiatric hospitals in FY19 with an average length of stay (ALOS) of eight days. While the ALOS remains the same, the number of youth discharged represent a 3.6% decrease from the 9,017 discharged in FY18. Of those discharged, 903 were readmitted to the same or other hospital within 30 days reflecting a 10.4% hospital 30-day readmission rate, a rate similar to FY18.

Psychiatric Emergency Room Services: A total of 12,613 PBHS service recipients had one or more psychiatric emergency room visits at an annual expenditure of \$14,642,179 and an average annual per child and young adult expenditure of \$1,161 per person. These numbers represent a decrease in service recipients (3.3%), total expenditures (5.2%), and per person cost (1.9%) from FY18. Children and young adults ages 13 and older accounted for 77.8% of emergency room users, while children birth through six accounted for just under three percent of service users. Emergency room users were more likely to be female (53.3%) and were

relatively evenly divided between African-American (45.1%) and non-Hispanic Caucasian (45.3%) children and young adults.

Residential Treatment Centers (or RTC): Statewide, 461 children and young adults were treated in private RTCs, while 58 received treatment in the two state-operated Regional Institutes for Children and Adolescents (RICA). The annual expenditure for these services in FY19 was \$37,662,978 and reflects an average per child and young adult expenditure of \$81,698 per person, and increased by 6.7% and 5.1% respectively over FY18. The average time waiting between referral and placement was 50 days for residential treatment centers and 69 days for RICAs. Once placed, the average length of stay in residential treatment centers was 252 days. A total of 306 children and young adults were discharged from residential treatment centers and the 30 day readmission rate to the same RTC was seven percent compared to nine percent in FY18.

Intensive Community-Based Services: Intensive community-based services include psychiatric rehabilitation program (PRP), targeted case management (TCM), respite care, and § 1915(i) waiver services. In FY19, of the PBHS eligible children and young adults, 21,805 received PRP services, 2,514 received targeted case management services, 425 received respite services statewide, and 31 were enrolled in § 1915(i) waiver services. A total of \$90,689,828 was expended on intensive community-based services for children and young adults, averaging \$3,855 per individual. Each intensive community based service saw an increase in service recipients from the previous fiscal year except § 1915(i) waiver services. Additionally expenditures and per person costs for intensive services increased by 25% and 6.3% respectively, from FY18.

II. Introduction

This report is provided in response to the Maryland Annotated Code, Health-General Article (HG) § 7.5–209. The statute requires BHA, to provide an annual report on selected behavioral health services provided to children (birth through 17 years) and young adults (18–25 years) who are eligible and receive services through the public behavioral health system (PBHS).¹

BHA oversees the delivery of behavioral health services for children, young adults, and their families through a broad network of state and federally funded programs and services with the goal of creating an integrated and coordinated system of care that provides access to a wide array of behavioral health service options and recovery supports. These options range from ambulatory outpatient care for both mental health and substance use disorders to sub-acute and intensive inpatient treatment including long term care in psychiatric residential treatment centers and family peer support. The goal of the system of care is to respond to the changing needs of these children and young adults and their families in all aspects of their lives in a timely and effective manner.

This report provides a high-level summary of the geographic and demographic distribution of child and young adult eligibility, utilization, and expenditure patterns for public behavioral health services in FY19. The report focuses on a narrow but important sub-set of services within the public behavioral health service delivery system for children and young adults including psychiatric inpatient hospitalization, hospital emergency department utilization for behavioral health emergencies, residential treatment services, and a group of specialized intensive community services. This latter group includes mental health targeted case management, respite care, psychiatric rehabilitation services, and the special services offered to selected individuals under an approved Medicaid State Plan Amendment under § 1915(i) of the Social Security Act.

III. Service Eligibility and Utilization

HG § 7.5–209(b)(1) requires BHA to provide data on the number and the percentage of children and young adults that were (A) eligible for and (B) used public behavioral health services “during the reported year.” FY19 data is referenced in this report since it is the most recent complete set of data available.

A. Population Eligible for Public Behavioral Health Services

HG § 7.5–209(b)(1)(i) requests data on the number and percentage of children and young adults who were “eligible for public behavioral health services” in FY19. Any child (birth through

¹ HG § 7.5–209(a) requires BHA to consult with interested stakeholders. This consultation was undertaken in conjunction with the Maryland Children’s Behavioral Health Coalition. The Coalition brings together organizations representing consumers, families, advocates, service agencies, and behavioral health professionals to ensure that Maryland children with mental health and substance use disorders have access to services that meet their unique needs. The group currently has 18 affiliate member organizations.

17 years) or young adult (18–25 years) in the State of Maryland who is determined eligible for Maryland Medical Assistance (Medicaid) or who is uninsured is eligible to receive PBHS services.

Based on U.S. Census Bureau data, there were just under two million (1,982,983) children and young adults residing in Maryland in 2019. As a group, those in this age range (birth through 25) made up 32.8% of the State’s population and 838,200 or 42.3% were eligible for PBHS services, a number that has increased each year (FY17: 816,691; FY18: 836,457; FY19: 838,200) since the inception of this report in 2017.

African-American children and young adults made up the largest segment of those eligible at 35.4%, followed by non-Hispanic, Caucasian children and young adults who made up 21.6% of those eligible for services. Females represented 51% of eligible children and young adults while males accounted for 49% (see Appendix, Table A1). The number and percentage of children eligible for PBHS services decreased with each age group, with children ages birth through six accounting for 32.2% of all the eligible children across the State, followed by children ages 7–12, with 26.7% eligible. Young adults ages 18–21 and 22–25 accounted for the smallest proportion of eligible individuals at 12.1% and 10.8%, respectively.

Geographically, the number of PBHS eligible individuals varied across the State with the largest numbers residing in the four jurisdictions with the largest populations of children and young adults. These jurisdictions, located within the Baltimore-Washington metropolitan area, included Baltimore City and Baltimore, Montgomery, and Prince George’s Counties, and accounted for 63% of all PBHS eligible individuals (see Table 1).

Table 1: Number and Percent of Children and Young Adults Eligible for PBHS Services by Age Group, FY19

Jurisdiction	Age Group ^a										Total ^b	
	Birth to 6		7 to 12		13 to 17		18 to 21		22 to 25			
	N	%	N	%	N	%	N	%	N	%	N	%
Allegany	3,388	30.5%	2,692	24.3%	2,032	18.3%	1,508	13.6%	1,472	13.3%	11,092	1.3%
Anne Arundel	19,090	32.8%	15,979	27.4%	10,367	17.8%	6,757	11.6%	6,022	10.3%	58,215	6.9%
Baltimore City	40,194	30.2%	33,805	25.4%	24,028	18.1%	17,707	13.3%	17,238	13.0%	132,972	15.9%
Baltimore	38,718	32.4%	31,895	26.7%	21,714	18.2%	14,258	11.9%	12,840	10.8%	119,425	14.2%
Calvert	2,328	29.2%	2,078	26.1%	1,548	19.4%	1,051	13.2%	960	12.1%	7,965	1.0%
Caroline	2,341	31.7%	2,016	27.3%	1,399	19.0%	898	12.2%	724	9.8%	7,378	0.9%
Carroll	4,006	30.7%	3,463	26.5%	2,494	19.1%	1,617	12.4%	1,476	11.3%	13,056	1.6%
Cecil	4,766	30.8%	4,088	26.4%	2,953	19.1%	1,966	12.7%	1,700	11.0%	15,473	1.8%
Charles	6,490	32.5%	5,238	26.2%	3,510	17.6%	2,395	12.0%	2,328	11.7%	19,961	2.4%
Dorchester	2,112	30.2%	1,916	27.4%	1,297	18.6%	906	13.0%	756	10.8%	6,987	0.8%
Frederick	8,317	32.0%	7,243	27.8%	4,858	18.7%	3,015	11.6%	2,588	9.9%	26,021	3.1%
Garrett	1,364	29.7%	1,094	23.8%	892	19.4%	639	13.9%	600	13.1%	4,589	0.5%
Harford	8,253	30.8%	7,053	26.3%	5,208	19.4%	3,257	12.2%	3,026	11.3%	26,797	3.2%
Howard	8,524	30.3%	7,753	27.5%	5,670	20.1%	3,487	12.4%	2,736	9.7%	28,170	3.4%
Kent	772	29.0%	709	26.7%	503	18.9%	369	13.9%	305	11.5%	2,658	0.3%
Montgomery	39,403	32.9%	33,014	27.6%	22,831	19.1%	13,788	11.5%	10,580	8.8%	119,616	14.3%
Prince George’s	54,344	34.8%	41,956	26.9%	26,768	17.2%	17,255	11.1%	15,638	10.0%	155,961	18.6%
Queen Anne’s	1,438	29.4%	1,340	27.4%	1,000	20.5%	615	12.6%	494	10.1%	4,887	0.6%

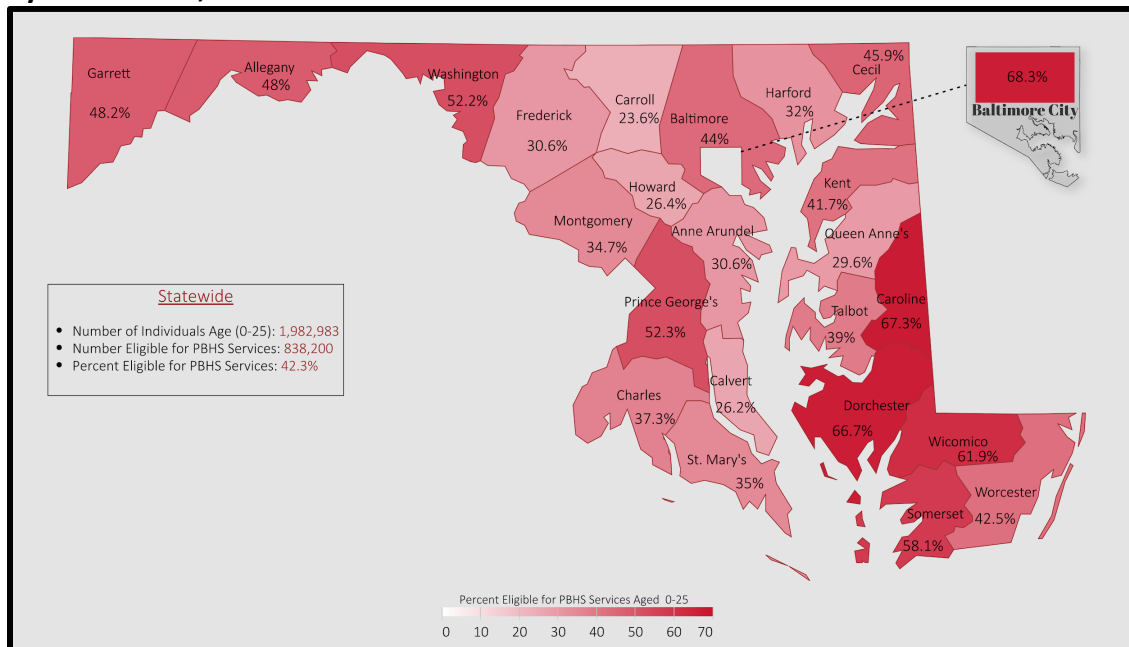
Somerset	1,519	31.1%	1,281	26.3%	918	18.8%	589	12.1%	571	11.7%	4,878	0.6%
St. Mary's	3,973	30.5%	3,505	26.9%	2,366	18.2%	1,579	12.1%	1,591	12.2%	13,014	1.6%
Talbot	1,466	30.8%	1,285	27.0%	952	20.0%	582	12.2%	473	9.9%	4,758	0.6%
Washington	8,177	31.6%	6,852	26.5%	4,773	18.5%	3,214	12.4%	2,828	10.9%	25,844	3.1%
Wicomico	6,641	31.6%	5,556	26.4%	3,895	18.5%	2,646	12.6%	2,281	10.9%	21,019	2.5%
Worcester	2,082	28.5%	1,910	26.2%	1,526	20.9%	950	13.0%	827	11.3%	7,295	0.9%
Statewide	269,709	32.2%	223,728	26.7%	153,535	18.3%	101,099	12.1%	90,129	10.8%	838,200	100%

Data Source: Behavioral health services claims and eligibility data for FY19. Based on claims paid through January 2, 2020.

Note: ^aThe number and percent by age group represent the total number of children and young adults within each age group that received services in that jurisdiction and the percentage of the jurisdiction total accounted for by each age group. ^bThe total percent column represents the percentage of children and young adults who are Medicaid eligible in each jurisdiction, based on the statewide number of eligible individuals (N=838,200).

While the largest number of eligible children and young adults resided in the four most populated jurisdictions, the percent eligible within each jurisdiction varied greatly across the state. As shown in Map 1, Medicaid and PBHS eligibility rates range from a low of 23.6% in Carroll County to a high of 68.3% in Baltimore City. There were seven jurisdictions—including Baltimore City (68.3%) and Caroline (67.3%), Dorchester (66.7%), Wicomico (61.4%), Somerset (58.1%), Prince George's (52.3%), and Washington (52.2%) Counties—where more than one-half of all children and young adults were eligible for Medical Assistance (Medicaid) services. In contrast, Carroll (23.6%), Calvert (26.2%), and Howard (26.4%) Counties had the lowest eligibility rates. The geographic differences in PBHS service eligibility closely align with poverty rates across the State. Jurisdictions with the greatest proportion of children and young adults eligible to receive public services rank among the top jurisdictions in percent of population and percent of children living below the federal poverty line, while those with the lowest eligibility rates have the lowest percent of the population living in poverty.

Map 1: Percentage of Estimated Child and Young Adult Population Eligible for PBHS Services by Jurisdiction, FY19



Data Source: Maryland medical assistance eligibility data, FY19. Total PBHS eligible children and youth is 838,200.

B. Utilization of PBHS Services

HG § 7.5–209(b)(1)(ii) requests data on the number and the percentage of children and young adults who “used a public behavioral health service, including: (1) an inpatient service; (2) an emergency room service; (3) a RTC service; and (4) an intensive public behavioral health service, including targeted or mental health case management services, respite care services, services provided under § 1915(i) of the Social Security Act, and psychiatric rehabilitation services.”

In FY19, a total of 115,655 children and young adults (13.8% of those eligible) received one or more behavioral health services within the PBHS statewide. Of those children and young adults receiving PBHS services, 32% were between the ages of 7–12, followed by children 13–17 who made up 26.8% of service recipients. Younger children, birth through six, were the least likely to use behavioral health services, representing 10.7% of service recipients, while 14.5% and 16.0% of service recipients were young adults ages 18–21 and 22–25 years, respectively. Additionally, African-American (47.7%) and Caucasian (46.3%) children and young adults accounted for the majority of PBHS service users (see Appendix, Table A1). Younger services recipients, birth through 21, were more likely to be African-American (46,935 versus 44,660), while those ages 22–25 were more likely to be Caucasian (8,901 versus 8,260). Service utilization was evenly distributed between males and females, with each accounting for 50% of service use. Male service users were more likely to be younger (birth through 12 years), while female users were older (13–25 years).

As shown in Table 2, approximately one-half 49.7% of the PBHS service recipients resided in the three jurisdictions (Baltimore City, Baltimore County, and Prince George’s County). Baltimore City alone, served almost one-quarter of children and young adult service users. In contrast, counties in the mid-shore (Kent, Queen Anne’s, and Talbot Counties) and far western Maryland (Garrett County) served far fewer, with each serving less than 1,000 children and young adults in FY19. These numbers align with the overall Medicaid eligibility number and percentages as jurisdictions with more children and young adults eligible for services generally had higher numbers of service users.

Table 2: Number and Percent of Child and Young Adult Recipients of PBHS Services, FY19

Jurisdiction	Age Group										Total ^b	
	Birth to 6		7 to 12		13 to 17		18 to 21		22 to 25			
	N	%	N	%	N	%	N	%	N	%	N	%
Allegany	194	9.5%	544	26.6%	554	27.1%	315	15.4%	435	21.3%	2,042	1.8%
Anne Arundel	929	10.3%	3,003	33.4%	2,273	25.3%	1,272	14.1%	1,513	16.8%	8990	7.8%
Baltimore City	3,178	11.9%	8,880	33.4%	6,647	25.0%	3,726	14.0%	4,185	15.7%	26,613	23.0%
Baltimore	2,113	11.5%	6,198	33.8%	4,783	26.1%	2,426	13.2%	2,830	15.4%	18,350	15.9%
Calvert	139	9.6%	406	28.0%	363	25.0%	234	16.1%	310	21.3%	1,452	1.3%
Caroline	112	9.9%	354	31.4%	304	27.0%	164	14.6%	194	17.2%	1,127	1.0%
Carroll	259	11.3%	692	30.2%	622	27.1%	329	14.3%	391	17.1%	2,293	2.0%
Cecil	322	11.1%	871	30.1%	721	24.9%	445	15.4%	539	18.6%	2,898	2.5%
Charles	176	8.5%	533	25.8%	548	26.5%	356	17.2%	453	21.9%	2,066	1.8%

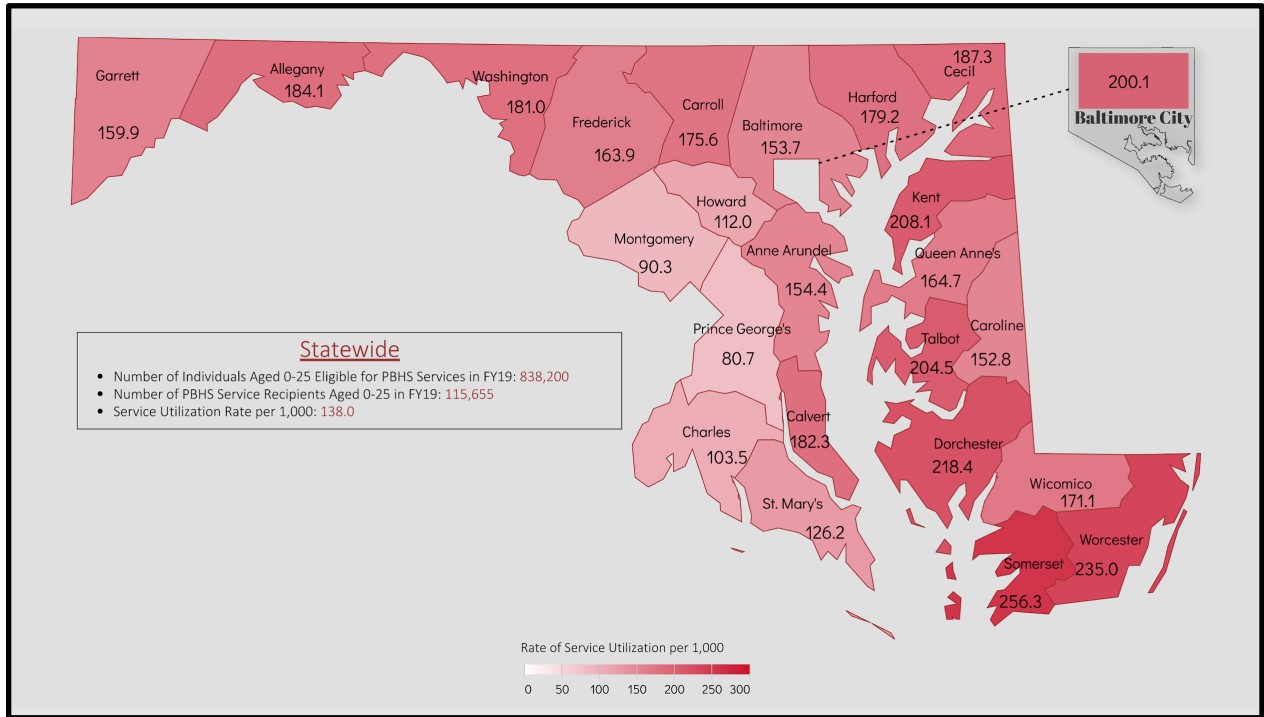
Dorchester	165	10.8%	523	34.3%	398	26.1%	243	15.9%	197	12.9%	1,526	1.3%
Frederick	424	9.9%	1,427	33.5%	1,240	29.1%	568	13.3%	607	14.2%	4,266	3.7%
Garrett	74	10.1%	218	29.7%	197	26.8%	111	15.1%	134	18.3%	734	0.6%
Harford	516	10.7%	1,484	30.9%	1,244	25.9%	697	14.5%	860	17.9%	4,801	4.2%
Howard	302	9.6%	918	29.1%	959	30.4%	485	15.4%	492	15.6%	3,156	2.7%
Kent	45	8.1%	170	30.7%	158	28.6%	86	15.6%	94	17.0%	553	0.5%
Montgomery	1,019	9.4%	3,400	31.5%	3,268	30.3%	1,591	14.7%	1,522	14.1%	10,800	9.3%
Prince George's	1,239	9.8%	3,969	31.6%	3,598	28.6%	1,906	15.2%	1,870	14.9%	12,579	10.9%
Queen Anne's	72	8.9%	239	29.7%	230	28.6%	110	13.7%	154	19.1%	805	0.7%
Somerset	137	11.0%	433	34.6%	355	28.4%	143	11.4%	183	14.6%	1,250	1.1%
St. Mary's	116	7.1%	432	26.3%	402	24.5%	296	18.0%	396	24.1%	1,642	1.4%
Talbot	90	9.2%	320	32.9%	277	28.5%	146	15.0%	140	14.4%	973	0.8%
Washington	556	11.9%	1,385	29.6%	1,196	25.6%	702	15.0%	840	18.0%	4,679	4.0%
Wicomico	298	8.3%	1,114	31.0%	989	27.5%	574	16.0%	622	17.3%	3,597	3.1%
Worcester	180	10.5%	541	31.6%	512	29.9%	238	13.9%	243	14.2%	1,714	1.5%
Unknown	0	0.0%	2	10.0%	1	5.0%	4	20.0%	13	65.0%	20	0.0%
Statewide	12,354	10.7%	37,035	32.0%	30,992	26.8%	16,724	14.5%	18,559	16.0%	115,655	100.0%

Data Source: Behavioral health services claims and eligibility data for FY19. Based on claims paid through January 2, 2020.

Note: ^aThe number and percent by age group represent the total number of children and young adults within each age group that received services in that jurisdiction and the percentage of the jurisdiction total accounted for by each age group. ^bThe total percent column represents the percentage of children and young adults receiving services in each jurisdiction, based on the statewide number of service recipients (N=115,655). Statewide and jurisdiction numbers reflect unduplicated counts of service recipients. The sum of jurisdiction counts does not equal the statewide numbers, since some service recipients may receive behavioral health services in more than one jurisdiction over a 12-month period. Cells with counts less than 10 are grayed out to protect individual privacy. The jurisdiction category of unknown is included to reflect counts of children and young adults whose jurisdiction of residence is unknown.

Statewide, 138 in every 1,000 children and young adults eligible to receive services used PBHS services in FY19. As shown in Map 2, rates of PBHS service use varied substantially across the State, ranging from a low of 80.7 per 1,000 eligible in Prince George's County to a high of 256.3 per 1,000 eligible in Somerset County. These jurisdictions also represented the areas with the lowest and highest rates of utilization in FY18. Six jurisdictions, including Baltimore City and Dorchester, Kent, Somerset, Talbot, and Worcester Counties, had PBHS service use rates that were substantially higher than the state average of 138 per 1,000 eligible, a rate higher than the 133 per 1,000 eligible in FY18. The utilization rate was higher in 19 out of the 24 jurisdictions in FY19. Allegany, Garrett and St. Mary's Counties were slightly lower than their FY18 utilization rates while rates in Caroline and Charles Counties remained the same. Though more children and young adults used services in highly populated jurisdictions, utilization rates indicate higher rates of service use in those areas of the State with the highest proportion of children and families living below the federal poverty level.

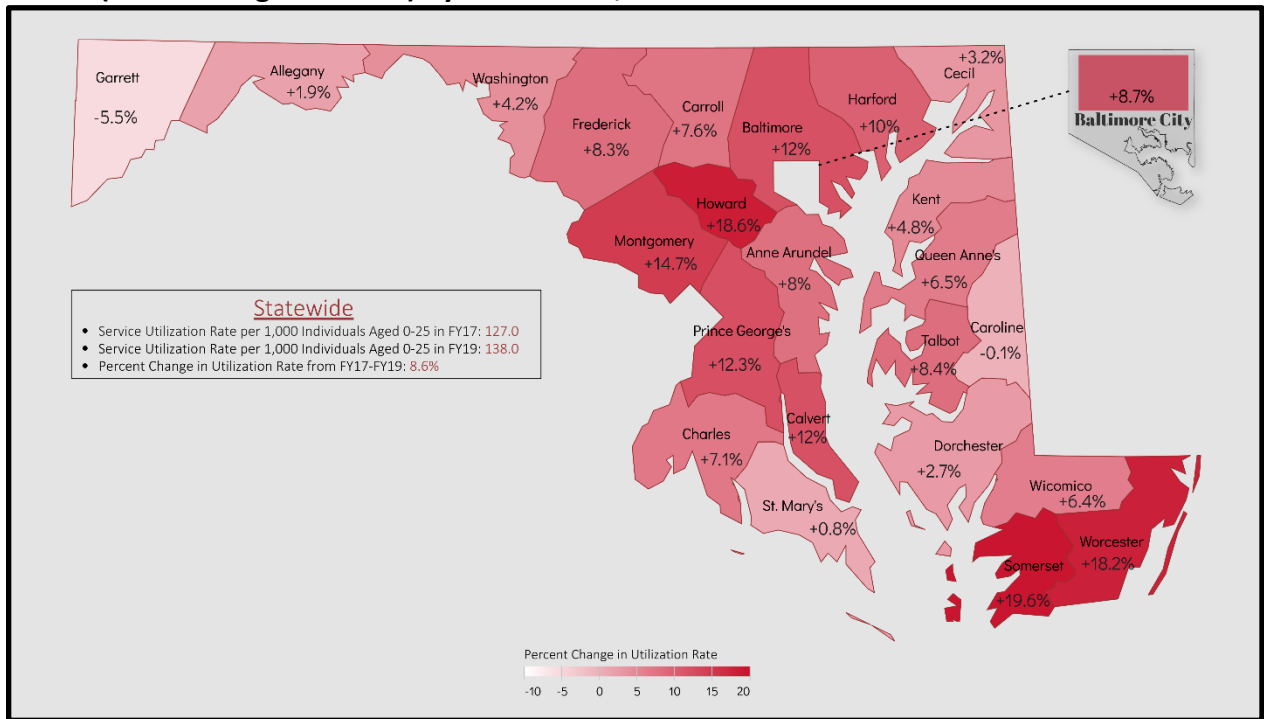
Map 2: PBHS Service Utilization Rates per 1,000 Eligible Children and Young Adults (Birth through 25 Years) by Jurisdiction, FY19



Data Source: FY19 behavioral health service claims data based on claims paid through January 2, 2020, and PBHS eligibility data, FY19.

Over the course of the past three fiscal years (2017–2019), the rate of PBHS service use has increased each year, resulting in a statewide 8.6% increase in the rate of child and young adult service use from 2017 to 2019. As shown in Map 3, the overall change in rate ranged from a low of -5.5% in Garrett County to a high of 19.6% in Somerset County. Twenty-two of the 24 jurisdictions demonstrated an increase in service utilization rates during this time, with Somerset, Howard, Worcester, Montgomery, Prince George’s, Calvert, Baltimore, and Harford Counties showing an increase of 10% or more. Only Garrett and Caroline Counties showed a decrease in service utilization rates from 2017 to 2019.

Map 3: Percent Change in PBHS Service Utilization Rates per 1,000 Eligible Children and Young Adults (Birth through 25 Years) by Jurisdiction, FY19



Data Source: PBHS service claims data based on claims paid through January 2, 2020, and PBHS eligibility data, FY17 through FY19.

Table 3 displays the number and percentages of children and young adult PBHS service recipients for selected behavioral health services detailed in the Maryland Annotated Code, Health-General Article (HG) § 7.5–209. Five percent of children and young adults who were eligible received at least one of the selected PBHS services presented in Table 3. Recipients of these services accounted for 39.2% of all child and young adult PBHS service users. Among those receiving services, 10.9% had a behavioral health related emergency room visit, while 6.4% were hospitalized for psychiatric reasons. Residential treatment center services were utilized by 461 children and young adults, representing less than one percent of child and young adult service users in FY19. Among the intensive community-based services, psychiatric rehabilitation was the most frequently used, with 18.9% of children and young adults utilizing this service, while just two percent of service users received targeted case management services. Psychiatric rehabilitation was the most frequently used service among children in each age group from birth through 17, while young adults 18–25 years were most likely to use emergency room services. The subsections below provide a detailed breakdown of each selected PBHS service listed in Table 3.

Table 3: Number and Percent of Children and Young Adult Recipients of Selected PBHS Services, FY19

Selected PBHS Services	Age Group ^a										Total ^b	
	Birth to 6		7 to 12		13 to 17		18 to 21		22 to 25			
	N	%	N	%	N	%	N	%	N	%	N	%
Inpatient Psychiatric Hospitalization	195	2.6%	1,494	20.0%	2,508	33.6%	1,614	21.6%	1,646	22.1%	7,457	6.4%
Psychiatric Emergency Room	344	2.7%	2,464	19.5%	4,077	32.3%	2,871	22.8%	2,857	22.7%	12,613	10.9%
Residential Treatment Center			110	23.9%	322	69.8%	23	5.0%	0	0%		
Intensive Community Based Services												
Targeted Case Management	246	9.8%	963	38.3%	833	33.1%	218	8.7%	254	10.1%	2,514	2.17%
Respite Care	30	7.0%	266	62.6%	126	29.6%					425	<1.0%
§ 1915(i) Waiver Services	0	0	15	48.3%	16	51.6%	0	0	0	0	31	<1.0%
Psychiatric Rehabilitation	1,825	8.4%	9,823	45.0%	6,106	28.0%	1,982	9.1%	2,072	9.5%	21,805	18.9%
All PBHS Services	12,354	10.7%	37,035	32.0%	30,992	26.8%	16,724	14.5%	18,559	16.0%	115,655	100%

Data Source: Behavioral health services claims data for FY19. Based on claims paid through January 2, 2020.

Note: ^aThe number and percent by age group represent the total number of children and young adults within each age group that received a particular and the percentage accounted for by each age group. ^bThe total percent column represents the percentage of children and young adults receiving based on the statewide number of service recipients (N=115,655). All PBHS services reflect unduplicated counts of children and young adult users of all PBHS services. Cells with counts under 10 are grayed out to protect individual privacy.

1. Inpatient Psychiatric Hospital Services

Inpatient psychiatric hospital services are available to children and young adults in 29 acute care general hospitals with psychiatric units across the State and five private psychiatric hospitals. In 2019, a total of 7,457 children and young adult recipients of PBHS service had one or more psychiatric related hospitalizations, accounting for 6.4% of all child and young adult service users and a four percent decrease from psychiatric related hospitalizations in FY18. Individuals using this service were more likely to be older, as 43.7% of inpatient users were 18–25 years old and 33.6% were between 13–17 years of age. These age groups accounted for 77% of all inpatient service users. Children and young adults using inpatient psychiatric hospitalization services were also more likely to be female (54%) and non-Hispanic Caucasian (48%) (see Appendix, Table A2).

Statewide, approximately 9 children and young adults out of every 1,000 PBHS eligible utilized inpatient psychiatric hospital services. Females used inpatient hospital services at 9.4 per 1,000 eligible compared to a rate of 8.4 per 1,000 eligible males. Caucasian children and young adults used inpatient services at a rate of 19.9 per 1,000 compared to 11.2 per 1,000 eligible African-American children and young adults. Native Americans, who made up 2.7% of service users, had the highest utilization rate at 43.2 per 1,000 eligible, five times the state average (see Appendix, Table A2).

As shown in Table 4, inpatient service use rates varied widely across the State, ranging from a low of 4.9 per 1,000 PBHS eligible in Prince George’s County to a high of 14.1 per 1,000 eligible in Washington County. Washington County (14.1 per 1,000), Cecil County (12.8 per 1,000), and Harford County (12.3 per 1,000) had the highest use rates, while Prince George’s (4.9 per 1,000), Queen Anne’s (5.5 per 1,000), Caroline (6.1 per 1,000), Charles (6.2 per 1,000), Dorchester (6.4 per 1,000) and Worcester (6.9 per 1,000) Counties had the lowest use rates.

One-half (12 out of 24) jurisdictions had inpatient utilization rates above the state average (8.9 per 1,000).

Table 4: Number and Percent of Children and Young Adult PBHS Recipients of Inpatient Psychiatric Hospital Services, FY19

Jurisdiction	Age Group ^a										Total ^b		Rate Per 1,000 Eligible
	Birth to 6		7 to 12		13 to 17		18 to 21		22 to 25		N	%	
	N	%	N	%	N	%	N	%	N	%			
Allegany					42	34.7%	28	23.1%	40	33.1%	121	1.6%	10.9
Anne Arundel	17	2.9%	106	18.2%	187	32.2%	141	24.3%	130	22.4%	581	7.8%	10.0
Baltimore City	67	4.3%	344	22.1%	488	31.3%	317	20.3%	343	22.0%	1,559	20.9%	11.7
Baltimore	39	3.0%	322	25.1%	452	35.2%	229	17.8%	241	18.8%	1,283	17.2%	10.7
Calvert			12	12.9%	29	31.2%	25	26.9%	23	24.7%			
Caroline	0	0.0%	8	17.8%	17	37.8%	13	28.9%	7	15.6%	45	0.6%	6.1
C Carroll			23	17.6%	52	39.7%	21	16.0%	31	23.7%	131	1.8%	10.0
Cecil			41	20.7%	56	28.3%	48	24.2%	47	23.7%	198	2.7%	12.8
Charles					45	36.3%	34	27.4%	34	27.4%	124	1.7%	6.2
Dorchester	0	0.0%	13	28.9%	16	35.6%					45	0.6%	6.4
Frederick			58	20.5%	92	32.5%	62	21.9%	66	23.3%	283	3.8%	10.9
Garrett											35	0.5%	7.6
Harford			70	21.2%	104	31.5%	77	23.3%	72	21.8%	330	4.4%	12.3
Howard			46	16.8%	105	38.5%	62	22.7%	56	20.5%	273	3.7%	9.7
Kent					11	45.8%					24	0.3%	9.0
Montgomery			154	16.0%	386	40.2%	218	22.7%	198	20.6%	961	12.9%	8.0
Prince George's	11	1.4%	104	13.6%	259	33.8%	189	24.7%	203	26.5%	766	10.3%	4.9
Queen Anne's	0	0.0%									27	0.4%	5.5
Somerset			12	25.5%	15	31.9%					47	0.6%	9.6
St. Mary's	0	0.0%	18	17.3%	34	32.7%	19	18.3%	33	31.7%	104	1.4%	8.0
Talbot							11	32.4%			34	0.5%	7.1
Washington	17	4.7%	117	32.1%	100	27.4%	62	17.0%	69	18.9%	365	4.9%	14.1
Wicomico			39	19.8%	69	35.0%	47	23.9%	39	19.8%	197	2.6%	9.4
Worcester			12	24.0%	18	36.0%					50	0.7%	6.9
Unknown	0	0.0%	0	0.0%	0	0.0%	0	0.0%					
Statewide	195	0.8%	1,494	20.0%	2,508	33.6%	1,614	21.6%	1,646	22.1%	7,457	6.4%	8.9

Data Source: Behavioral health services claims and eligibility data for FY19. Based on claims paid through January 2, 2020.

Note: ^aThe number and percent by age group represent the total number of children and young adults within each age group that received services in that jurisdiction and the percentage of the jurisdiction total accounted for by each age group. ^bThe total percent column represents the percentage of children and young adults receiving services in each jurisdiction, based on the statewide number of service recipients (N=7,773). Statewide and jurisdiction numbers reflect unduplicated counts of service recipients. The sum of jurisdiction counts does not equal the statewide numbers, since some service recipients may receive behavioral health services in more than one jurisdiction over a 12-month period. Counts include acute inpatient hospital services provided in general hospitals and private psychiatric facilities. Cells with counts less than 10 are grayed out to protect individual privacy. The jurisdiction category of unknown is included to reflect counts of children and young adults whose jurisdiction of residence is unknown.

2. Psychiatric Emergency Room Services

Slightly over one in every 10 (10.9%) PBHS service recipients had one or more psychiatric emergency room visits in FY19. Emergency room services were most frequently used by children ages 13–17 years (32.3%), followed by young adults ages 18–21 years (22.8%) and 22–25 (22.7%). Children and young adults ages 13 and older accounted for more than three-quarters (77.8%) of those using psychiatric emergency room services, while children birth through six accounted for just under three percent of service users. In examining utilization

rates across age groups, young adults ages 22–25 years had the highest use rate (31.7 per 1,000), while children birth through six years of age had the lowest use rate (1.3 per 1,000). Emergency room users were more likely to be female (53.3%), but were relatively evenly divided between non-Hispanic Caucasian (45.3%) and African-American (45.1%) individuals. Female children and young adults used emergency room services at a higher rate (15.7 per 1,000 eligible) than males (14.4 per 1,000 eligible) while non-Hispanic Caucasian children and young adults used emergency room services at a slightly higher rate (31.6 per 1,000 eligible versus 19.2 per 1,000 eligible) than African-American children and young adults (see Appendix, Table A3).

As shown in Table 5, use of emergency room services varied widely across the State, with 15.0 per 1,000 PBHS eligible children and young adults utilizing emergency room services. Three jurisdictions, including Allegany (25.6 per 1,000), Somerset (24.8 per 1,000), and Dorchester (24.2 per 1,000) Counties, all had rates well above the state average (15.0 per 1,000), while the lowest rates were in Prince George’s (7.9 per 1,000), Montgomery (11.2 per 1,000), Garrett (11.3 per 1,000), and Charles (10.0 per 1,000) Counties.

Table 5: Number and Percent of Children and Young Adult PBHS Recipients of Psychiatric Emergency Room Services, FY19

Jurisdiction	Age Group ^a										Total ^b		Rate Per 1,000 Eligible
	Birth to 6		7 to 12		13 to 17		18 to 21		22 to 25		N	%	
	N	%	N	%	N	%	N	%	N	%			
Allegany			47	16.5%	107	37.7%	61	21.5%	63	22.2%			
Anne Arundel	20	1.9%	209	19.5%	346	32.3%	247	23.0%	250	23.3%	1,072	8.5%	18.4
Baltimore City	115	4.3%	529	19.9%	741	27.9%	611	23.0%	657	24.8%	2,653	21.0%	20.0
Baltimore	55	3.0%	380	20.9%	611	33.6%	408	22.4%	365	20.1%	1,819	14.4%	15.2
Calvert			23	16.9%	44	32.4%	35	25.7%	29	21.3%			
Caroline			18	16.2%	51	45.9%	25	22.5%	16	14.4%			
Carroll			49	18.0%	96	35.3%	56	20.6%	66	24.3%			
Cecil			48	18.5%	78	30.0%	59	22.7%	68	26.2%			
Charles			25	10.4%	87	36.1%	58	24.1%	68	28.2%			
Dorchester			48	28.4%	49	29.0%	38	22.5%	30	17.8%			
Frederick	17	3.4%	110	21.9%	153	30.5%	111	22.1%	111	22.1%	502	4.0%	19.3
Garrett	2	3.8%			15	28.8%	13	25.0%	15	28.8%	52	0.4%	11.3
Harford	7	1.5%	90	19.9%	139	30.7%	116	25.6%	101	22.3%	453	3.6%	16.9
Howard	10	2.4%	81	19.4%	159	38.0%	90	21.5%	78	18.7%	418	3.3%	14.8
Kent				19.2%	18	34.6%			11	21.2%	52	0.4%	19.6
Montgomery	21	1.6%	231	17.2%	515	38.3%	298	22.2%	278	20.7%	1,343	10.6%	11.2
Prince George's	23	1.9%	193	15.8%	390	31.8%	304	24.8%	315	25.7%	1,225	9.7%	7.9
Queen Anne's	0	0.0%	14	16.7%	26	31.0%	26	31.0%	18	21.4%	84	0.7%	17.2
Somerset	8	6.6%	32	26.4%	49	40.5%	15	12.4%	17	14.0%	121	1.0%	24.8
St. Mary's			53	21.0%	73	29.0%	51	20.2%	74	29.4%	252	2.0%	19.4
Talbot			22	23.7%	29	31.2%	25	26.9%	15	16.1%	93	0.7%	19.5
Washington	22	3.9%	141	25.2%	149	26.6%	108	19.3%	140	25.0%	560	4.4%	21.7
Wicomico			95	21.1%	151	33.6%	106	23.6%	90	20.0%	450	3.6%	21.4
Worcester			20	16.8%	44	37.0%	28	23.5%	26	21.8%	119	0.9%	16.3
Unknown	0	0.0%	0	0.0%	0	0.0%	0	0.0%					
Statewide	344	2.1%	2,464	19.5%	4,077	32.3%	2,871	22.8%	2,857	22.7%	12,613	10.9%	15.0

Data Source: Behavioral health services claims and eligibility data for FY19. Based on claims paid through Jan 2, 2020.

Note: ^aThe number and percent by age group represent the total number of children and young adults within each age group that received services in that jurisdiction and the percentage of the jurisdiction total accounted for by each age group. ^bThe total percent column represents the percentage of children and young adults receiving services in each jurisdiction, based on the statewide number of service recipients (N=13,041). Statewide and jurisdiction numbers reflect unduplicated counts of service recipients. The sum of jurisdiction counts does not equal the statewide numbers, since some service recipients may receive behavioral health services in more than one jurisdiction over a 12-month period. Cells with counts less than 10 are grayed out to protect individual privacy. The jurisdiction category of unknown is included to reflect counts of children and young adults whose jurisdiction of residence is unknown.

3. Residential Treatment Centers (RTCs)

In FY19, seven residential treatment centers, including two state-operated Regional Institutes for Children and Adolescents (RICAs), provided mental health treatment services to children and young adults with serious emotional and behavioral challenges across the State. These facilities are located in four jurisdictions: Baltimore City (3), Baltimore County (2), Frederick County (1), and Montgomery County (1).

In FY19, 461 children and young adults were treated in private RTCs with 84.6% of RTC recipients residing in Baltimore City and Baltimore County, a 32.7% increase over FY18. Males were overwhelmingly more likely to use RTC services (70.9%) and had higher utilization rates (0.8 per 1000 versus 0.3 per 1,000) compared to females. Individual service users were also more likely to be African-American (57.3%), even though utilization rates were similarly distributed between African-American (0.9 per 1,000) and non-Hispanic Caucasian users (1.0 per 1,000) (see Appendix, Table A4). More than two-thirds of RTC users (69.8%) were between the ages of 13–17 years, while one-quarter (25.2%) were 12 year or younger and 5.0% were 18 years or older.

As shown in Table 6, the statewide utilization of RTC services was relatively low at 0.5 per 1,000 eligible children and young adults. Statewide, use rates ranged from .20 per 1,000 in Carroll County to 2.7 per 1,000 in Frederick County. Four jurisdictions, including Baltimore City (1.6 per 1,000) and Baltimore (1.5 per 1,000), Cecil (1.0 per 1,000), and Frederick (2.7 per 1,000) Counties, had use rates at least twice the state average (.5 per 1,000).

In addition, 58 children and young adults received services in RICA facilities during FY19 (see note on Table 6). Of those receiving RICA services, 65.5% were treated in the Baltimore County facility and 34.5% in the Montgomery County facility. In general, the use of RICAs was low across the state, with a utilization rate of 0.07 per 1,000 eligible child and young adult.

Table 6: Number and Percent of Children and Young Adult PBHS Recipients of Residential Treatment Services, FY19²

Jurisdiction	Age Group ^a										Total ^b		Rate Per 1,000 Eligible
	Birth to 6		7 to 12		13 to 17		18 to 21		22 to 25		N	%	
	N	%	N	%	N	%	N	%	N	%			
Allegany	0	0.0%	0	0.0%			0	0.0%	0	0.0%			
Anne Arundel	0	0.0%	3	11.1%	20	74.1%	4	14.8%	0	0.0%	27	5.9%	0.5
Baltimore City	0	0.0%	29	13.9%	175	83.7%	5	2.4%	0	0.0%	209	45.3%	1.6
Baltimore	5	2.8%	86	47.5%	77	42.5%	13	7.2%	0	0.0%	181	39.3%	1.5
Calvert	0	0.0%							0	0.0%			
Caroline	0	0.0%	0	0.0%			0	0.0%	0	0.0%			
Carroll	0	0.0%					0	0.0%	0	0.0%			
Cecil									0	0.0%	15	3.3%	1.0
Charles	0	0.0%							0	0.0%			
Dorchester	0	0.0%	0	0.0%			0	0.0%	0	0.0%			
Frederick	0	0.0%			65	94.2%			0	0.0%	69	15.0%	2.7
Garrett			0	0.0%	0	0.0%	0	0.0%	0	0.0%			
Harford	0	0.0%							0	0.0%	17	3.7%	0.6
Howard	0	0.0%							0	0.0%			
Kent	0	0.0%	0	0.0%			0	0.0%	0	0.0%			
Montgomery			12	38.7%	17	54.8%			0	0.0%			
Prince George's	0	0.0%			20	83.3%	0	0.0%	0	0.0%			
Queen Anne's													0.0
Somerset	0	0.0%	0	0.0%			0	0.0%	0	0.0%			
St. Mary's	0	0.0%	0	0.0%			0	0.0%	0	0.0%			
Talbot							0	0.0%	0	0.0%			
Washington	0	0.0%					0	0.0%	0	0.0%			
Wicomico	0	0.0%					0	0.0%	0	0.0%			
Worcester	0	0.0%					0	0.0%	0	0.0%			
Statewide			110	23.9%	322	69.8%	23	5.0%	0	0.0%	461	<1%	0.5

Data Source: Behavioral health services claims and eligibility data for FY19. Based on claims paid through January 2, 2020.

Note: ^aThe number and percent by age group represent the total number of children and young adults within each age group that received services in that jurisdiction and the percentage of the jurisdiction total accounted for by each age group. ^bThe total percent column represents the percentage of children and young adults receiving services in each jurisdiction, based on the statewide number of service recipients (N=454). Statewide and jurisdiction numbers reflect unduplicated counts of service recipients. The sum of jurisdiction counts does not equal the statewide numbers, since some service recipients may receive behavioral health services in more than one jurisdiction. Cells with counts less than 10 are grayed out to protect individual privacy. The RICA data included in this report is provided by facility and not by jurisdiction of client residence. Given the presentation of data, the RICA information is not included in this table.

4. Intensive Community Based Services

The Maryland PBHS provides a number of intensive community-based service alternatives to children and young adults across the State, including (a) case management, (b) psychiatric rehabilitation, (c) § 1915(i) waiver services, and (d) respite care services among others.

² In some instances, the jurisdiction of residence recorded is the address of the RTC, not the home of the child. For some categories of Medicaid eligibility that are used for admission to an RTC, the children and young adults are means tested as a “family of one.” This practice disregards the income and assets of the child or young adult’s parent and, unless the child or young adult has independent income and assets, grants the child or young adult Medicaid eligibility.

a. Targeted Case Management Services (TCM)

TCM services can be provided to a child or young adult based on three levels of intensity, from Level I to Level III. Level I TCM is the least intensive case management service offered and has a maximum of 12 15-minute units (2.5 hours) of service per month. At least two of these units must be face-to-face contact with the participant. “Level II TCM” services have a maximum of 30 units per month (7.5 hours) and a minimum of four units of face-to-face contact with the participant. The most intensive case management service is Level III (Intensive) TCM. These services have a maximum of 60 units (15 hours) per month. At least six units of face-to-face contact with the participant are required.

Children and young adults in Level III TCM are also eligible for the § 1915(i) waiver program. Eligibility for § 1915(i) services are determined by an income cutoff below 150% federal poverty level (FPL). On October 1, 2020, this rate will increase to 300% FPL, which aligns with Maryland Medicaid coverage of children and young adults up to 300% FPL. Those that do not qualify for Medicaid may receive services through the TCM Plus program, which has availability for 50 non-Medicaid child and young adult users. TCM Plus services are available to children and young adults statewide. Table 7 displays the use of targeted case management services among children and young adult recipients of PBHS services in FY19.

Just over two percent (2,514) of child and young adult recipients of PBHS services utilized TCM services in FY19, a rate similar to FY18. Most case management recipients (81.2%) were 17 years or younger, and more likely to be male (57.4%) with a utilization rate of 3.5 per 1,000 and non-Hispanic Caucasian (51.9%) with a utilization rate of 7.2 per 1,000. African-American children and young adults accounted for 46.1% of users at a rate of 3.9 per 1,000 eligible (see Appendix, Table A5).

As shown in Table 7, a statewide average of 3.0 per 1,000 eligible children and young adults used TCM services in FY19. Use rates differed across the State, ranging from a low of 0.1 per 1,000 in Montgomery County to a high of 20.7 per 1,000 in Washington County. Three jurisdictions, including Washington (20.7 per 1,000), Somerset (16.2 per 1,000), and Wicomico (12.9 per 1,000), had use rates more than three times the state average (3.0 per 1,000), while Montgomery County (0.1 per 1,000), Prince George’s County (0.4 per 1,000) had the lowest utilization rates in the State.

Table 7: Number and Percent of Children and Young Adult PBHS Recipients of Targeted Case Management Services, FY19

Jurisdiction	Age Group ^a										Total ^b		Rate Per 1,000 Eligible
	Birth to 6		7 to 12		13 to 17		18 to 21		22 to 25		N	%	
	N	%	N	%	N	%	N	%	N	%			
Allegany		0.0%									18	0.7%	1.6
Anne Arundel			44	43.1%	28	27.5%	12	11.8%	13	12.7%	102	4.1%	1.8
Baltimore City	47	11.5%	150	36.6%	128	31.2%	36	8.8%	49	12.0%	410	16.3%	3.1
Baltimore			72	43.6%	64	38.8%			13	7.9%	165	6.6%	1.4
Calvert			13	36.1%	8	22.2%					36	1.4%	4.5

Caroline			12	35.3%	17	50.0%				0.0%	34	1.4%	4.6
Carroll			32	36.0%	18	20.2%	14	15.7%	19	21.3%	89	3.5%	6.8
Cecil			18	40.0%	15	33.3%					45	1.8%	2.9
Charles			32	41.0%	27	34.6%					78	3.1%	3.9
Dorchester	12	18.5%	28	43.1%	22	33.8%					65	2.6%	9.3
Frederick	17	9.4%	55	30.6%	56	31.1%	26	14.4%	26	14.4%	180	7.2%	6.9
Garrett											19	0.8%	4.1
Harford	11	9.3%	55	46.6%	49	41.5%					118	4.7%	4.4
Howard	20	16.8%	58	48.7%	34	28.6%	1	0.8%	6	5.0%	119	4.7%	4.2
Kent								0.0%		0.0%	20	0.8%	7.5
Montgomery											12	0.5%	0.1
Prince George's			20	36.4%	22	40.0%					55	2.2%	0.4
Queen Anne's										0.0%	15	0.6%	3.1
Somerset			29	36.7%	37	46.8%					79	3.1%	16.2
St. Mary's			32	47.1%	16	23.5%	4	5.9%	12	17.6%	68	2.7%	5.2
Talbot					11	50.0%					22	0.9%	4.6
Washington	66	12.3%	185	34.6%	143	26.7%	76	14.2%	65	12.1%	535	21.3%	20.7
Wicomico	24	8.8%	109	40.1%	132	48.5%				0.0%	272	10.8%	12.9
Worcester					11	35.5%					31	1.2%	4.2
Statewide	246	9.8%	963	38.3%	833	33.1%	218	8.7%	254	10.1%	2,514	2.17%	3.0

Data Source: Behavioral health services claims and eligibility data for FY19. Based on claims paid through January 2, 2020.

Note: ^aThe number and percent by age group represent the total number of children and young adults within each age group that received services in that jurisdiction and the percentage of the jurisdiction total accounted for by each age group. ^bThe total percent column represents the percentage of children and young adults receiving services in each jurisdiction, based on the statewide number of service recipients (N=2,325). Statewide and jurisdiction numbers reflect unduplicated counts of service recipients. The sum of jurisdiction counts does not equal the statewide numbers, since some service recipients may receive behavioral health services in more than one jurisdiction over a 12-month period. Cells with counts less than 10 are grayed out to protect individual privacy. The jurisdiction category of unknown is included to reflect counts of children and young adults whose jurisdiction of residence is unknown.

b. Respite Care Services

Respite care services are designed to provide a break to family caregivers from the stress of caring for a child with behavioral and emotional challenges. These services increase the likelihood that children and young adults will be able to remain in their homes while receiving mental health support rather than being placed in out-of-home settings. Services are provided on a short-term basis in the participant's home or in an approved community-based setting and are to be delivered in hourly, daily, and weekend increments. Table 8 displays the use of respite care services among children and young adult recipients of PBHS services in FY19.

Table 8: Number and Percent of Children and Young Adult PBHS Recipients of Respite Care Services, FY19

Jurisdiction	Age Group ^a										Total ^b		Rate Per 1,000 Eligible
	Birth to 6		7 to 12		13 to 17		18 to 21		22 to 25		N	%	
	N	%	N	%	N	%	N	%	N	%			
Allegany	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0
Anne Arundel	0	0.0%					0	0.0%	0	0.0%			
Baltimore City			24	70.6%			0	0.0%	0	0.0%			
Baltimore			15	50.0%	13	43.3%	0	0.0%	0	0.0%	30	7.1%	0.3
Calvert	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0
Caroline			19	61.3%			0	0.0%	0	0.0%	31	7.3%	4.2
Carroll	0	0.0%			0	0.0%	0	0.0%	0	0.0%			
Cecil	0	0.0%				33.3%	0	0.0%	0	0.0%			

Charles	0	0.0%	0	0.0%			0	0.0%	0	0.0%			
Dorchester							0	0.0%	0	0.0%	11	2.6%	1.6
Frederick	0	0.0%	22	44.0%	28	56.0%	0	0.0%	0	0.0%	50	11.8%	1.9
Garrett	0	0.0%	0	0.0%	0	0.0%							
Harford			11	68.8%			0	0.0%	0	0.0%	16	3.8%	0.6
Howard	0	0.0%	0	0.0%			0	0.0%	0	0.0%			
Kent							0	0.0%	0	0.0%			
Montgomery	0	0.0%					0	0.0%	0	0.0%			
Prince George's	0	0.0%					0	0.0%	0	0.0%			
Queen Anne's	0	0.0%			0	0.0%	0	0.0%	0	0.0%			
Somerset			41	67.2%			0	0.0%	0	0.0%	61	14.4%	12.5
St. Mary's	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0
Talbot							0	0.0%	0	0.0%	15	3.5%	3.2
Washington	0	0.0%					0	0.0%	0	0.0%	11	2.6%	0.4
Wicomico			104	77.0%	24	17.8%	0	0.0%	0	0.0%	135	31.8%	6.4
Worcester	0	0.0%					0	0.0%	0	0.0%			
Unknown	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0
Statewide	30	7.1%	266	62.6%	126	29.6%					425	<1%	0.5

Data Source: Behavioral health services claims and eligibility data for FY19. Based on claims paid through January 2, 2020.

Note: ^aThe number and percent by age group represent the total number of children and young adults within each age group that received services in that jurisdiction and the percentage of the jurisdiction total accounted for by each age group. ^bThe total percent column represents the percentage of children and young adults receiving services in each jurisdiction, based on the statewide number of service recipients (N=320). Statewide and jurisdiction numbers reflect unduplicated counts of service recipients. The sum of jurisdiction counts does not equal the statewide numbers, since some service recipients may receive behavioral health services in more than one jurisdiction over a 12-month period. Cells with counts less than 10 are grayed out to protect individual privacy. The jurisdiction category of unknown is included to reflect counts of children and young adults whose jurisdiction of residence is unknown.

In FY19, 425 children and young adults received respite care services statewide, representing less than one percent (.4%) of all child and young adult PBHS service users. While the number of respite service users remains low (<1%), the FY19 service use represents a 32.8% increase from FY18. Almost two-thirds (62.6%) of respite users were between the ages of 7–12, followed by children ages 13–17 (29.6%). Respite care users were also more likely to male (59.5%), but services were similarly used by African-American (49.4%) and Caucasian children (48.9%). Respite care rates were higher in males (0.6 per 1,000 eligible versus 0.4 per 1,000 eligible) than females and in non-Hispanic Caucasian children (1.1 per 1,000 eligible versus 0.7 per 1,000 eligible) compared to African-Americans (see Appendix, Table A6).

Respite care services were provided statewide, however almost one-third (31.8%) of service recipients resided in Wicomico County. During this period, no child or young adult received respite services in three jurisdictions, including Allegany, Calvert, and St. Mary's Counties.

c. § 1915(i) Waiver Services

Section 1915(i) waiver services are additional TCM Level III services provided to children and young adults who are found financially eligible. These services include intensive in-home services, mobile crisis response services, community-based respite care, family peer support, expressive and experiential behavioral health services, and customized goods and services. In FY19 a total of 31 children and young adults were enrolled in § 1915(i) waiver services accounting for less than one percent (0.03%) of all PBHS service recipients and a decrease of 23 children and young adults or 42.6% from FY18. Children ages 7–17 accounted for all service

recipients, with the number of service recipients almost evenly split between children ages 7–12 (15 users) and children ages 13–17 (16 users). As a group, service users were also similarly distributed between males and females and between African-American and Caucasian children (see Appendix, Table A7). All § 1915(i) waiver users resided in one of nine jurisdictions including Baltimore City and Allegany, Anne Arundel, Baltimore, Calvert, Caroline, Charles, Frederick and Howard Counties.

d. Psychiatric Rehabilitation Program Services (PRP)

Psychiatric rehabilitation program services provide rehabilitation and support services for children and young adults to aid in the development and enhancement of their independent living skills. In FY19, 21,805 child and young adult users of PBHS services received PRP services statewide, a 19.2% increase from FY18. PRP users were more likely to be between the ages of 7–17 (73.1%), male (55%) and African-American (69.2%). Use rates for PRP were also higher in males (29.3 per 1,000 eligible versus 22.9 per 1,000 eligible) compared to females and in African-Americans (50.9 per 1,000 eligible versus 34.5 per 1,000 eligible) compared to non-Hispanic Caucasian children and young adults (see Appendix, Table A8).

Nearly two-thirds (64.7%) of PRP users resided in three jurisdictions, including Baltimore City (41.1%), Baltimore County (15.0%), and Prince George’s County (10.6%). As shown in Table 9, PRP use rates varied widely across the State from 4.1 per 1,000 eligible children and young adults in Garrett County to 67.3 per 1,000 in Baltimore City. PRP use rates in Baltimore City (67.3 per 1,000) and Somerset County (55.8 per 1,000) were more than double the state average of 26.0 per 1,000, while three jurisdictions—Garrett (4.1 per 1,000), Montgomery (8.1 per 1,000), and Calvert (9.9 per 1,000) Counties—had utilization rates of 10 or less per 1,000 eligible.

Table 9: Number and Percent of Children and Young Adult PBHS Recipients of Psychiatric Rehabilitation Services, FY19

Jurisdiction	Age Group ^a										Total ^b		Rate Per 1,000 Eligible
	Birth to 6		7 to 12		13 to 17		18 to 21		22 to 25		N	%	
	N	%	N	%	N	%	N	%	N	%			
Allegany	18	6.9%	100	38.6%	70	27.0%	35	13.5%	36	13.9%	259	1.2%	23.4
Anne Arundel	69	6.5%	479	45.4%	276	26.2%	103	9.8%	128	12.1%	1,055	4.8%	18.1
Baltimore City	794	8.9%	3,962	44.3%	2,488	27.8%	844	9.4%	865	9.7%	8,951	41.1%	67.3
Baltimore	280	8.6%	1,496	45.8%	892	27.3%	287	8.8%	313	9.6%	3,268	15.0%	27.4
Calvert			31	39.2%	19	24.1%			16	20.3%	79	0.4%	9.9
Caroline	19	11.8%	69	42.9%	49	30.4%	16	9.9%	8	5.0%	161	0.7%	21.8
Carroll	24	8.8%	143	52.2%	73	26.6%	13	4.7%	21	7.7%	274	1.3%	21.0
Cecil	40	9.1%	245	55.7%	115	26.1%	23	5.2%	17	3.9%	440	2.0%	28.4
Charles	15	7.1%	68	32.1%	61	28.8%	27	12.7%	41	19.3%	212	1.0%	10.6
Dorchester	14	6.5%	105	48.8%	60	27.9%	23	10.7%	13	6.0%	215	1.0%	30.8
Frederick	72	9.4%	422	55.2%	208	27.2%	20	2.6%	42	5.5%	764	3.5%	29.4
Garrett											19	0.1%	4.1
Harford	75	9.6%	336	43.2%	217	27.9%	66	8.5%	84	10.8%	778	3.6%	29.0
Howard	28	7.3%	149	38.6%	104	26.9%	51	13.2%	54	14.0%	386	1.8%	13.7
Kent			19	35.2%	16	29.6%					54	0.2%	20.3

Montgomery	65	6.7%	357	36.9%	286	29.6%	129	13.3%	130	13.4%	967	4.4%	8.1
Prince George's	182	7.8%	998	43.0%	696	30.0%	222	9.6%	224	9.6%	2,322	10.6%	14.9
Queen Anne's			13	24.1%	15	27.8%	13	24.1%			54	0.2%	11.0
Somerset	26	9.6%	161	59.2%	66	24.3%					272	1.2%	55.8
St. Mary's			48	28.6%	46	27.4%	33	19.6%	32	19.0%	168	0.8%	12.9
Talbot		0.0%	34	35.8%	34	35.8%	15	15.8%	12	12.6%	95	0.4%	20.0
Washington	83	11.7%	406	57.0%	147	20.6%	38	5.3%	38	5.3%	712	3.3%	27.5
Wicomico	35	5.5%	296	46.3%	209	32.7%	55	8.6%	44	6.9%	639	2.9%	30.4
Worcester	21	8.8%	114	47.7%	77	32.2%	19	7.9%	8	3.3%	239	1.1%	32.8
Unknown		0.0%		0.0%		0.0%		0.0%				0.0%	5.9
Statewide	1,825	8.4%	9,823	45.0%	6,106	28.0%	1,982	9.1%	2,072	9.5%	21,805	18.9%	26.0

Data Source: Behavioral health services claims and eligibility data for FY19. Based on claims paid through January 2, 2020.

Note: ^aThe number and percent by age group represent the total number of children and young adults within each age group that received services in that jurisdiction and the percentage of the jurisdiction total accounted for by each age group. ^bThe total percent column represents the percentage of children and young adults receiving services in each jurisdiction, based on the statewide number of service recipients (N=21,805). Statewide and jurisdiction numbers reflect unduplicated counts of service recipients. The sum of jurisdiction counts does not equal the statewide numbers, since some service recipients may receive behavioral health services in more than one jurisdiction over a 12-month period. Cells with counts less than 10 are grayed out to protect individual privacy. The jurisdiction category of unknown is included to reflect counts of children and young adults whose jurisdiction of residence is unknown.

IV. Expenditures and Costs

A. Expenditures: Targeted Public Behavioral Health Services

HG § 7.5–209(b)(2) requests data on the total expenditure and expenditure per child and young adult using a public behavioral health service, including: (1) an inpatient service; (2) an emergency room service; (3) an RTC service; and (4) an intensive community service.

This section summarizes the total expenditures and expenditures per child and young adult recipients of PBHS services by age and jurisdiction for targeted behavioral health services, including inpatient psychiatric hospital services, psychiatric emergency room services, residential treatment services and intensive community-based services (case management, psychiatric rehabilitation services, respite care, and § 1915(i) waiver services).

1. Inpatient Psychiatric Hospital Services

Inpatient psychiatric hospitalization services were utilized by 7,457 children and young adults and accounted for 20.4% (\$109.2 million) of the total child and young adult PBHS expenditures (\$534,965,343) in FY19 and an average per person cost of \$14,655, an increase of 7.2% per person from FY18. Males had a higher cost per person (\$15,967 versus \$13,534) than females. Among racial and ethnic groups, African-Americans accounted for 45.4% of hospital expenditures (\$14,981 per person), followed by non-Hispanic Caucasian users at 45.2% (\$13,690 per person). Though Hispanic children and young adults accounted for only 2.4% of the total expenditures, they had the highest costs per person (\$20,056 per person), followed by Asian children and young adults who accounted for 4.0% of expenditures but had the second highest expenditure rate (\$17,816 per person) (see Appendix, Table A2). As shown in Table 10a, children (Birth to 17 years) accounted for 64.2% of inpatient hospital expenditures (\$70,186,154), while young adults accounted for 35.8% (\$39,099,682). Children ages 7–12 had

the highest per child and young adult expenditures (\$17,660 per person), while young adults 18–21 (\$11,523 per person) had the lowest average per child and young adult expenditures (see Table 10b).

Table 10a: Total Expenditures of Inpatient Psychiatric Services, FY19

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$12,558	\$162,877	\$560,157	\$215,127	\$203,909	\$1,154,627
Anne Arundel	\$205,613	\$1,897,492	\$2,889,394	\$1,559,118	\$1,638,441	\$8,190,058
Baltimore City	\$863,941	\$6,650,813	\$8,661,687	\$4,303,666	\$5,124,992	\$25,605,099
Baltimore	\$403,461	\$4,377,157	\$6,523,542	\$3,037,327	\$3,086,712	\$17,428,199
Calvert	\$46,144	\$187,274	\$336,335	\$219,081	\$200,120	\$988,954
Caroline	\$0	\$85,124	\$193,015	\$186,342	\$48,818	\$513,299
Carroll	\$12,793	\$302,814	\$1,276,388	\$305,828	\$461,183	\$2,359,007
Cecil	\$80,141	\$776,460	\$848,022	\$736,145	\$360,460	\$2,801,229
Charles	\$6,943	\$149,941	\$876,924	\$235,276	\$358,871	\$1,627,956
Dorchester	\$0	\$175,638	\$199,154	\$194,000	\$177,753	\$746,545
Frederick	\$67,388	\$859,842	\$1,356,236	\$509,386	\$550,438	\$3,343,291
Garrett	\$51,292	\$97,192	\$184,826	\$54,165	\$35,868	\$423,344
Harford	\$63,378	\$1,043,570	\$1,246,173	\$856,734	\$735,890	\$3,945,745
Howard	\$86,489	\$1,138,383	\$1,841,140	\$1,104,774	\$700,407	\$4,871,195
Kent	\$40,506	\$19,398	\$122,141	\$54,851	\$19,940	\$256,837
Montgomery	\$30,134	\$3,383,647	\$4,903,623	\$2,040,939	\$2,603,336	\$12,961,678
Prince George's	\$184,798	\$2,264,020	\$5,564,837	\$1,788,838	\$2,079,291	\$11,881,786
Queen Anne's	\$0	\$30,912	\$76,675	\$43,150	\$41,767	\$192,504
Somerset	\$26,816	\$187,108	\$204,205	\$139,865	\$195,329	\$753,323
St. Mary's	\$0	\$333,941	\$530,747	\$75,031	\$286,737	\$1,226,456
Talbot	\$21,589	\$54,986	\$106,647	\$113,292	\$95,767	\$392,281
Washington	\$119,023	\$1,253,592	\$1,452,219	\$394,322	\$635,624	\$3,854,780
Wicomico	\$93,603	\$676,743	\$1,156,803	\$298,156	\$542,929	\$2,768,235
Worcester	\$38,111	\$275,304	\$236,312	\$133,239	\$254,241	\$937,206
Unknown	\$0	\$0	\$0	\$0	\$62,204	\$62,204
Statewide	\$2,454,721	\$26,384,230	\$41,347,204	\$18,598,654	\$20,501,028	\$109,285,836

Data Source: Behavioral health services claims data for FY19. Based on claims paid through January 2, 2020.

Note: The jurisdiction category of unknown is included to reflect counts of children and young adults whose jurisdiction of residence is unknown. Further study is needed to better understand the specific drivers of these cost disparities.

Annual per person expenditures for inpatient hospital services varied substantially across the State from a low of \$7,130 per person in Queen Anne’s County to a high of \$18,744 per person in Worcester County. Seven jurisdictions, including Baltimore City and Carroll, Dorchester, Howard, Prince George’s, Somerset, and Worcester Counties all had annual per person expenditures above the state average of \$14,655 per person (see Table 10b).

Table 10b: Expenditures per Child and Young Adult Recipient of Inpatient Psychiatric Services, FY19

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$12,558	\$16,288	\$13,337	\$7,683	\$5,098	\$9,542
Anne Arundel	\$12,095	\$17,901	\$15,451	\$11,058	\$12,603	\$14,096
Baltimore City	\$12,895	\$19,334	\$17,749	\$13,576	\$14,942	\$16,424
Baltimore	\$10,345	\$13,594	\$14,433	\$13,263	\$12,808	\$13,584

Calvert	\$11,536	\$15,606	\$11,598	\$8,763	\$8,701	\$10,634
Caroline	\$0	\$10,641	\$11,354	\$14,334	\$6,974	\$11,407
Carroll	\$3,198	\$13,166	\$24,546	\$14,563	\$14,877	\$18,008
Cecil	\$13,357	\$18,938	\$15,143	\$15,336	\$7,669	\$14,148
Charles	\$6,943	\$14,994	\$19,487	\$6,920	\$10,555	\$13,129
Dorchester	\$0	\$13,511	\$12,447	\$24,250	\$22,219	\$16,590
Frederick	\$13,478	\$14,825	\$14,742	\$8,216	\$8,340	\$11,814
Garrett	\$12,823	\$10,799	\$20,536	\$6,018	\$8,967	\$12,096
Harford	\$9,054	\$14,908	\$11,982	\$11,126	\$10,221	\$11,957
Howard	\$21,622	\$24,747	\$17,535	\$17,819	\$12,507	\$17,843
Kent	\$20,253	\$9,699	\$11,104	\$7,836	\$9,970	\$10,702
Montgomery	\$6,027	\$21,972	\$12,704	\$9,362	\$13,148	\$13,488
Prince George's	\$16,800	\$21,769	\$21,486	\$9,465	\$10,243	\$15,511
Queen Anne's	\$0	\$7,728	\$8,519	\$5,394	\$6,961	\$7,130
Somerset	\$13,408	\$15,592	\$13,614	\$15,541	\$21,703	\$16,028
St. Mary's	\$0	\$18,552	\$15,610	\$3,949	\$8,689	\$11,793
Talbot	\$21,589	\$10,997	\$11,850	\$10,299	\$11,971	\$11,538
Washington	\$7,001	\$10,714	\$14,522	\$6,360	\$9,212	\$10,561
Wicomico	\$31,201	\$17,352	\$16,765	\$6,344	\$13,921	\$14,052
Worcester	\$38,111	\$22,942	\$13,128	\$14,804	\$25,424	\$18,744
Unknown	\$0	\$0	\$0	\$0	\$15,551	\$15,551
Statewide	\$12,588	\$17,660	\$16,486	\$11,523	\$12,455	\$14,655

Data Source: Behavioral health services claims data for FY19. Based on claims paid through January 2, 2020.

Note: The jurisdiction category of unknown is included to reflect counts of children and young adults whose jurisdiction of residence is unknown. Further study is needed to better understand the specific drivers of these cost disparities.

2. Behavioral Health Emergency Room Services

In FY19, 12,613 children and young adults used emergency room services at a total cost of \$14,642,179 and an average annual per person cost of \$1,161, a decrease of 2% per person from FY18. Psychiatric emergency room expenditures represent slightly less than three percent (2.7%) of the overall annual behavioral health expenditure in FY19. The overall cost is evenly distributed between males and females, with each accounting for 50% of the total expenditures, however males had a higher per person cost than female service recipients (\$1,241 per person versus \$1,090 per person). African-American users accounted for 49.1% of total emergency room expenditures and a per person cost of \$1,264, followed by non-Hispanic Caucasian users who accounted for 42.2% of expenditures and a per person cost of \$1,080. While Native American children and young adults account for a small percentage of the overall cost (2.4%), they ranked the highest in per person cost (\$1,519 per person) (see Appendix, Table A3). Emergency room expenditures were highest among children age 13–17 (4.3 million) and young adults ages 22–25 years (\$4.1 million) and lowest among children ages 12 and younger (\$2.8 million) (see Table 11a).

Table 11a: Total Expenditures of Behavioral Health Emergency Room Service, FY19

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$3,971	\$48,384	\$135,152	\$70,950	\$72,273	\$330,731
Anne Arundel	\$23,896	\$221,456	\$387,250	\$267,687	\$298,849	\$1,199,138
Baltimore City	\$110,910	\$666,395	\$906,231	\$987,789	\$1,471,612	\$4,142,937
Baltimore	\$45,381	\$381,644	\$597,975	\$469,805	\$520,763	\$2,015,567

Calvert	\$3,205	\$18,621	\$41,645	\$30,267	\$30,113	\$123,851
Caroline	\$330	\$15,947	\$68,559	\$27,519	\$22,423	\$134,778
Carroll	\$4,960	\$44,716	\$104,812	\$46,221	\$63,376	\$264,086
Cecil	\$3,528	\$36,570	\$60,429	\$89,743	\$76,622	\$266,891
Charles	\$5,882	\$24,238	\$91,824	\$65,900	\$67,919	\$255,764
Dorchester	\$2,315	\$63,930	\$51,046	\$49,376	\$41,345	\$208,012
Frederick	\$10,080	\$128,930	\$132,496	\$116,784	\$110,361	\$498,650
Garrett	\$2,030	\$4,834	\$18,401	\$9,529	\$11,181	\$45,975
Harford	\$6,017	\$85,697	\$149,678	\$145,732	\$162,916	\$550,039
Howard	\$8,484	\$68,344	\$144,262	\$83,015	\$82,439	\$386,543
Kent	\$6,012	\$6,754	\$22,684	\$9,831	\$7,611	\$52,893
Montgomery	\$10,757	\$190,700	\$456,141	\$255,402	\$288,413	\$1,201,414
Prince George's	\$22,967	\$285,722	\$500,319	\$316,735	\$413,543	\$1,539,285
Queen Anne's	\$0	\$10,589	\$22,494	\$23,179	\$11,954	\$68,216
Somerset	\$3,124	\$20,089	\$30,728	\$13,068	\$12,934	\$79,944
St. Mary's	\$334	\$48,754	\$94,721	\$46,013	\$97,843	\$287,665
Talbot	\$4,826	\$21,235	\$28,877	\$29,274	\$19,805	\$104,016
Washington	\$14,344	\$102,839	\$116,131	\$98,219	\$159,548	\$491,080
Wicomico	\$5,541	\$49,012	\$99,179	\$69,503	\$70,073	\$293,307
Worcester	\$1,603	\$15,638	\$36,261	\$22,433	\$24,409	\$100,344
Unknown	\$0	\$0	\$0	\$0	\$1,053	\$1,053
Statewide	\$300,495	\$2,561,038	\$4,297,293	\$3,343,974	\$4,139,379	\$14,642,179

Data Source: Behavioral health services claims data for FY19. Based on claims paid through January 2, 2020.

Note: The jurisdiction category of unknown is included to reflect counts of children and young adults whose jurisdiction of residence is unknown. Further study is needed to better understand the specific drivers of these cost disparities.

As shown in Table 11a, five jurisdictions, including Baltimore City and Baltimore, Anne Arundel, Montgomery, and Prince George's Counties were responsible for 69% of the total emergency room expenditures statewide, with Baltimore City alone accounting for over one-quarter 28.3% (\$4.1 million) of the state total. The average per person emergency room expenditures varied substantially across the State from a low of \$652 per person in Wicomico County to \$1,562 per person in Baltimore City. Six jurisdictions, including Baltimore City and Allegany, Caroline, Dorchester, Harford, and Prince George's Counties, had annual per children and young adult expenditures higher than the state average of \$1,161 per person, while two jurisdictions (Somerset and Wicomico Counties) had annual per person expenditure considerably below the state average (see Table 11b).

Table 11b: Expenditures per Child and Young Adult Recipient of Behavioral Health Emergency Room Services, FY19

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$662	\$1,029	\$1,263	\$1,163	\$1,147	\$1,165
Anne Arundel	\$1,195	\$1,060	\$1,119	\$1,084	\$1,195	\$1,119
Baltimore City	\$964	\$1,260	\$1,223	\$1,617	\$2,240	\$1,562
Baltimore	\$825	\$1,004	\$979	\$1,151	\$1,427	\$1,108
Calvert	\$641	\$810	\$946	\$865	\$1,038	\$911
Caroline	\$330	\$886	\$1,344	\$1,101	\$1,401	\$1,214
Carroll	\$992	\$913	\$1,092	\$825	\$960	\$971
Cecil	\$504	\$762	\$775	\$1,521	\$1,127	\$1,027
Charles	\$1,961	\$970	\$1,055	\$1,136	\$999	\$1,061
Dorchester	\$579	\$1,332	\$1,042	\$1,299	\$1,378	\$1,231

Frederick	\$593	\$1,172	\$866	\$1,052	\$994	\$993
Garrett	\$1,015	\$691	\$1,227	\$733	\$745	\$884
Harford	\$860	\$952	\$1,077	\$1,256	\$1,613	\$1,214
Howard	\$848	\$844	\$907	\$922	\$1,057	\$925
Kent	\$1,503	\$675	\$1,260	\$1,092	\$692	\$1,017
Montgomery	\$512	\$826	\$886	\$857	\$1,037	\$895
Prince George's	\$999	\$1,480	\$1,283	\$1,042	\$1,313	\$1,257
Queen Anne's	\$0	\$756	\$865	\$891	\$664	\$812
Somerset	\$391	\$628	\$627	\$871	\$761	\$661
St. Mary's	\$334	\$920	\$1,298	\$902	\$1,322	\$1,142
Talbot	\$2,413	\$965	\$996	\$1,171	\$1,320	\$1,118
Washington	\$652	\$729	\$779	\$909	\$1,140	\$877
Wicomico	\$693	\$516	\$657	\$656	\$779	\$652
Worcester	\$1,603	\$782	\$824	\$801	\$939	\$843
Unknown	\$0	\$0	\$0	\$0	\$527	\$527
Statewide Avg.	\$874	\$1,039	\$1,054	\$1,165	\$1,449	\$1,161

Data Source: Behavioral health services claims data for FY19. Based on claims paid through January 2, 2020.

Note: The jurisdiction category of unknown is included to reflect counts of children and young adults whose jurisdiction of residence is unknown. Further study is needed to better understand the specific drivers of these cost disparities.

3. Residential Treatment Center Services

A total of 461 children and young adults used RTC services in FY19 at a total cost of \$37,662,978, an increase of 6.7% from FY18. Annual expenditures for RTC services represent 7.0% of the total annual behavioral health expenditures for children and young adults. While serving a relatively small number of users, this service had the highest annual per person expenditures at \$81,698 (see Table 12b). Males accounted for 72.8% of the RTC expenditures and a per person cost of \$83,823. Females accounted for 27.2% of the expenditures and had a per person cost of \$76,513. Among racial/ethnic groups, African-American children and young adults accounted 56.3% of RTC expenditures (\$21,194,511); followed by non-Hispanic Caucasian children and young adults who accounted for 39.5% (\$14,889,739); and the highest per person cost of \$80,052 (see Appendix, Table A4). As shown in Table 12b, the average per person expenditures were highest among children 7–12 years (\$88,132) and lowest for children birth through six years (\$55,040). The average per person expenditures varied greatly across the State from \$3,334 per person in Garrett County to \$99,306 per person in Calvert County.

A total of 151 children and young adults used RICA services in FY19 at a total cost of \$27,511,008 (see note on Table 12a). Annual expenditures for these two facilities accounted for 5.1% of the total behavioral health expenditures for children and young adults. Overall, the expenditures were slightly higher for the Montgomery County facility representing 57.3% (\$15,774,480) of RICA expenditures compared to Baltimore City at 42.7% (\$11,736,528).

Table 12a: Total Expenditures of Residential Treatment Services, FY19

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$0	\$0	\$145,958	\$0	\$0	\$145,958
Anne Arundel	\$0	\$49,709	\$460,832	\$30,490	\$0	\$541,031
Baltimore City	\$0	\$1,103,255	\$11,340,094	\$174,234	\$0	\$12,617,583
Baltimore	\$216,435	\$7,179,875	\$4,851,010	\$1,226,794	\$0	\$13,474,113
Calvert	\$0	\$180,534	\$112,553	\$4,832	\$0	\$297,919
Caroline	\$0	\$0	\$294,909	\$0	\$0	\$294,909
Carroll	\$0	\$21,541	\$91,703	\$0	\$0	\$113,244
Cecil	\$66,107	\$164,122	\$214,254	\$209,925	\$0	\$654,408
Charles	\$0	\$29,543	\$415,857	\$31,231	\$0	\$476,631
Dorchester	\$0	\$0	\$161,973	\$0	\$0	\$161,973
Frederick	\$0	\$92,615	\$4,499,313	\$111,097	\$0	\$4,703,025
Garrett	\$6,667	\$0	\$0	\$0	\$0	\$6,667
Harford	\$0	\$423,639	\$279,690	\$15,694	\$0	\$719,023
Howard	\$0	\$45,646	\$259,063	\$20,237	\$0	\$324,947
Kent	\$0	\$0	\$83,465	\$0	\$0	\$83,465
Montgomery	\$28,721	\$251,032	\$865,264	\$47,102	\$0	\$1,192,119
Prince George's	\$0	\$66,162	\$621,181	\$0	\$0	\$687,342
Queen Anne's	\$0	\$0	\$0	\$0	\$0	\$0
Somerset	\$0	\$0	\$29,372	\$0	\$0	\$29,372
St. Mary's	\$0	\$0	\$294,495	\$0	\$0	\$294,495
Talbot	\$12,309	\$31,799	\$154,617	\$0	\$0	\$198,725
Washington	\$0	\$25,644	\$322,085	\$0	\$0	\$347,729
Wicomico	\$0	\$20,668	\$239,177	\$0	\$0	\$259,845
Worcester	\$0	\$8,719	\$29,736	\$0	\$0	\$38,455
Statewide	\$330,240	\$9,694,501	\$25,766,601	\$1,871,636	\$0	\$37,662,978

Data Source: Behavioral health services claims data for FY19. Based on claims paid through January 2, 2020.

Note: The RICA data included in this report is provided by facility and not by jurisdiction of client residence. Given the presentation of data, the RICA expenditure information is not included in this table. RICA data included in this section is based on per diem data via the Office of Reimbursement against total bed days utilized in the fiscal year.

Table 12b: Expenditures per Child and Young Adult Recipient of Residential Treatment Services, FY19

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$0	\$0	\$48,653	\$0	\$0	\$48,653
Anne Arundel	\$0	\$16,570	\$23,042	\$7,622	\$0	\$20,038
Baltimore City	\$0	\$38,043	\$64,801	\$34,847	\$0	\$60,371
Baltimore	\$43,287	\$83,487	\$63,000	\$94,369	\$0	\$74,443
Calvert	\$0	\$180,534	\$112,553	\$4,832	\$0	\$99,306
Caroline	\$0	\$0	\$73,727	\$0	\$0	\$73,727
Carroll	\$0	\$21,541	\$45,851	\$0	\$0	\$37,748
Cecil	\$66,107	\$41,030	\$23,806	\$209,925	\$0	\$43,627
Charles	\$0	\$29,543	\$83,171	\$31,231	\$0	\$68,090
Dorchester	\$0	\$0	\$53,991	\$0	\$0	\$53,991
Frederick	\$0	\$46,307	\$69,220	\$55,549	\$0	\$68,160
Garrett	\$3,334	\$0	\$0	\$0	\$0	\$3,334
Harford	\$0	\$70,606	\$27,969	\$15,694	\$0	\$42,295
Howard	\$0	\$22,823	\$37,009	\$20,237	\$0	\$32,495
Kent	\$0	\$0	\$83,465	\$0	\$0	\$83,465
Montgomery	\$28,721	\$20,919	\$50,898	\$47,102	\$0	\$38,455
Prince George's	\$0	\$16,540	\$31,059	\$0	\$0	\$28,639
Queen Anne's	\$0	\$0	\$0	\$0	\$0	\$0

Somerset	\$0	\$0	\$14,686	\$0	\$0	\$14,686
St. Mary's	\$0	\$0	\$73,624	\$0	\$0	\$73,624
Talbot	\$12,309	\$31,799	\$154,617	\$0	\$0	\$66,242
Washington	\$0	\$12,822	\$64,417	\$0	\$0	\$49,676
Wicomico	\$0	\$10,334	\$39,863	\$0	\$0	\$32,481
Worcester	\$0	\$8,719	\$29,736	\$0	\$0	\$19,227
Statewide Avg.	\$55,040	\$88,132	\$80,020	\$81,375	\$0	\$81,698

Data Source: Behavioral health services claims data for FY19. Based on claims paid through January 2, 2020.

Note: Expenditures do not include state-operated RICA facilities.

4. Intensive Community-Based PBHS Services

In FY19, a total of \$90,689,828 was expended on intensive community-based services for child and young adult recipients of PBHS services, an increase of 25.1% from FY18, representing 17% of the overall child and young adult behavioral health expenditures and an annual average per person expenditure of \$3,855. As shown in Table 13a, children accounted for 73% (\$66.2 million) of intensive community-based service expenditures. While total expenditures were lower among young adults, the average annual per person expenditures were considerably higher for young adults ages 18–21 years (\$5,378 per person) and ages 22–25 years (\$5,556 per person). Two jurisdictions, Baltimore City and Baltimore County accounted for one-half 51.2% (\$46,391,565) of the total intensive community-based service expenditures. Average per person expenditures also varied across the State ranging from a low of \$2,093 per person in Worcester County to a high of \$5,872 per person in Queen Anne’s County (see Table 13b). The total and per person expenditures for selected intensive community-based services by type of service, age group, and jurisdiction is summarized below in Tables 13–17.

Table 13a: Total Expenditures for Recipients of Intensive Community Services (combined), FY19

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$53,695	\$257,318	\$233,717	\$132,930	\$182,075	\$859,734
Anne Arundel	\$177,242	\$1,627,166	\$847,881	\$525,832	\$771,046	\$3,949,166
Baltimore City	\$2,310,110	\$14,147,476	\$8,944,910	\$4,540,558	\$4,749,798	\$34,692,852
Baltimore	\$756,351	\$4,917,455	\$2,977,881	\$1,385,329	\$1,661,697	\$11,698,713
Calvert	\$18,082	\$115,405	\$86,601	\$33,450	\$147,161	\$400,698
Caroline	\$74,600	\$420,262	\$286,451	\$97,532	\$50,940	\$929,787
Carroll	\$60,004	\$505,881	\$241,500	\$98,798	\$107,920	\$1,014,102
Cecil	\$107,094	\$961,052	\$377,401	\$137,645	\$146,866	\$1,730,058
Charles	\$58,941	\$254,507	\$304,385	\$133,751	\$157,538	\$909,122
Dorchester	\$66,925	\$464,905	\$301,156	\$183,482	\$77,585	\$1,094,054
Frederick	\$233,451	\$1,633,916	\$975,581	\$316,776	\$539,658	\$3,699,382
Garrett	\$7,221	\$49,750	\$21,256	\$30,068	\$31,403	\$139,699
Harford	\$238,801	\$1,405,339	\$978,758	\$287,097	\$532,234	\$3,442,230
Howard	\$108,233	\$512,525	\$388,408	\$506,793	\$340,368	\$1,856,328
Kent	\$22,815	\$105,140	\$86,678	\$69,742	\$64,992	\$349,367
Montgomery	\$191,845	\$1,069,633	\$891,776	\$998,187	\$817,243	\$3,968,684
Prince George's	\$437,777	\$3,326,809	\$2,318,865	\$1,062,201	\$1,290,993	\$8,436,646
Queen Anne's	\$5,690	\$62,711	\$70,091	\$94,233	\$137,193	\$369,918
Somerset	\$81,964	\$664,615	\$305,841	\$48,739	\$66,031	\$1,167,190

St. Mary's	\$29,016	\$225,321	\$181,853	\$250,408	\$193,474	\$880,073
Talbot	\$6,582	\$170,494	\$164,533	\$56,471	\$60,977	\$459,057
Washington	\$498,481	\$2,353,337	\$1,074,600	\$327,113	\$317,960	\$4,571,490
Wicomico	\$164,058	\$1,590,517	\$1,206,277	\$326,153	\$244,836	\$3,531,842
Worcester	\$45,739	\$226,607	\$135,864	\$59,136	\$70,478	\$537,825
Unknown	\$0	\$0	\$0	\$0	\$1,812	\$1,812
Statewide	\$5,754,718	\$37,068,141	\$23,402,265	\$11,702,425	\$12,762,279	\$90,689,828

Data Source: Behavioral health services claims data for FY19. Based on claims paid through January 2, 2020.

Note: Intensive community-based services per legislation include: case management, psychiatric rehabilitation services, respite care service, and § 1915(i) waiver services. The jurisdiction category of unknown is included to reflect counts of children and young adults whose jurisdiction of residence is unknown.

Table 13b: Expenditures per Child and Young Adult Recipient of Intensive Community Services (combined), FY19

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$2,983	\$2,573	\$3,158	\$3,593	\$4,441	\$3,184
Anne Arundel	\$2,462	\$3,216	\$2,864	\$4,613	\$5,628	\$3,510
Baltimore City	\$2,821	\$3,518	\$3,500	\$5,219	\$5,225	\$3,782
Baltimore	\$2,645	\$3,210	\$3,161	\$4,761	\$5,161	\$3,468
Calvert	\$2,583	\$3,297	\$3,936	\$2,787	\$5,886	\$3,967
Caroline	\$3,552	\$5,679	\$4,774	\$5,737	\$6,368	\$5,165
Carroll	\$2,143	\$3,162	\$2,981	\$3,659	\$2,767	\$3,027
Cecil	\$2,550	\$3,799	\$3,068	\$5,506	\$6,119	\$3,705
Charles	\$2,563	\$2,959	\$3,758	\$4,315	\$3,425	\$3,405
Dorchester	\$2,574	\$3,842	\$4,070	\$7,977	\$5,172	\$4,224
Frederick	\$2,847	\$3,591	\$3,856	\$7,039	\$8,302	\$4,110
Garrett	\$3,610	\$2,926	\$3,543	\$5,011	\$3,925	\$3,582
Harford	\$2,843	\$3,809	\$3,995	\$4,222	\$6,262	\$4,045
Howard	\$2,517	\$2,712	\$2,965	\$9,746	\$5,769	\$3,916
Kent	\$5,704	\$4,044	\$3,940	\$7,749	\$8,124	\$5,063
Montgomery	\$2,951	\$2,963	\$3,086	\$7,620	\$6,099	\$4,050
Prince George's	\$2,392	\$3,304	\$3,261	\$4,659	\$5,613	\$3,576
Queen Anne's	\$1,897	\$3,484	\$3,689	\$7,249	\$13,719	\$5,872
Somerset	\$2,644	\$3,755	\$3,324	\$4,062	\$5,079	\$3,591
St. Mary's	\$2,638	\$3,521	\$3,190	\$6,956	\$4,499	\$4,171
Talbot	\$1,646	\$4,262	\$3,917	\$3,529	\$5,081	\$4,027
Washington	\$3,639	\$4,287	\$3,936	\$2,921	\$3,278	\$3,914
Wicomico	\$3,281	\$4,468	\$4,103	\$5,261	\$5,564	\$4,382
Worcester	\$2,178	\$1,937	\$1,657	\$2,688	\$4,699	\$2,093
Unknown	\$0	\$0	\$0	\$0	\$1,812	\$1,812
Statewide Avg.	\$2,874	\$3,573	\$3,504	\$5,378	\$5,556	\$3,855

Data Source: Behavioral health services claims data for FY19. Based on claims paid through January 2, 2020.

Note: Intensive community-based services per legislation include: case management, psychiatric rehabilitation services, respite care service, and § 1915(i) waiver services. The jurisdiction category of unknown is included to reflect counts of children and young adults whose jurisdiction of residence is unknown. Further study is needed to better understand the specific drivers of these cost disparities.

B. Expenditures: Selected Intensive Community-Based PBHS Services

HG § 7.5–209(b)(4) request the total expenditure and expenditure per child and young adult for four intensive community services: (1) targeted case management, (2) respite care services, (3) § 1915(i) waiver services, and (4) psychiatric rehabilitation services.

1. Targeted Case Management

In FY19, \$8.2 million was expended on 2,514 child and young adult recipients of PBHS services at an annual per children and young adult cost of \$3,275. Children accounted for 89.9% (\$7,399,941) of the total TCM expenditures, while young adults represented 10.1% (\$834,386) of annual expenditures (see Table 14a). As shown in Table 14b, the annual per person expenditures varied across the State ranging from \$599 in Allegany County to \$4,910 in Harford County.

Table 14a: Total Expenditures of Targeted Case Management, FY19

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$0	\$1,472	\$1,696	\$954	\$6,660	\$10,782
Anne Arundel	\$12,815	\$116,373	\$63,055	\$11,059	\$9,189	\$212,491
Baltimore City	\$131,014	\$514,278	\$425,740	\$79,990	\$96,323	\$1,247,346
Baltimore	\$32,240	\$266,368	\$265,169	\$11,569	\$19,069	\$594,416
Calvert	\$5,216	\$22,492	\$31,072	\$9,543	\$14,187	\$82,511
Caroline	\$5,664	\$31,008	\$84,704	\$11,200	\$0	\$132,576
Carroll	\$17,184	\$120,010	\$66,077	\$24,739	\$29,823	\$257,833
Cecil	\$4,192	\$39,168	\$29,664	\$1,193	\$7,157	\$81,375
Charles	\$20,850	\$67,283	\$79,772	\$10,259	\$7,515	\$185,679
Dorchester	\$21,856	\$62,976	\$82,774	\$6,080	\$6,434	\$180,120
Frederick	\$33,312	\$143,680	\$139,407	\$44,107	\$39,008	\$399,514
Garrett	\$6,752	\$35,495	\$16,701	\$5,458	\$8,058	\$72,464
Harford	\$36,608	\$258,432	\$281,277	\$2,863	\$239	\$579,419
Howard	\$54,301	\$160,784	\$104,897	\$596	\$10,843	\$331,422
Kent	\$18,048	\$27,456	\$21,216	\$0	\$0	\$66,720
Montgomery	\$3,456	\$5,854	\$11,488	\$3,102	\$6,438	\$30,337
Prince George's	\$1,248	\$45,955	\$56,209	\$13,097	\$6,035	\$122,545
Queen Anne's	\$3,680	\$33,088	\$24,320	\$4,175	\$0	\$65,263
Somerset	\$14,132	\$86,927	\$113,843	\$2,055	\$3,579	\$220,535
St. Mary's	\$11,594	\$97,642	\$41,673	\$9,662	\$21,711	\$182,283
Talbot	\$2,752	\$14,752	\$42,944	\$119	\$596	\$61,164
Washington	\$253,856	\$916,404	\$552,380	\$136,638	\$117,501	\$1,976,779
Wicomico	\$82,752	\$441,120	\$555,501	\$19,820	\$0	\$1,099,193
Worcester	\$256	\$10,590	\$14,976	\$3,931	\$11,810	\$41,562
Statewide	\$773,779	\$3,519,606	\$3,106,556	\$412,211	\$422,175	\$8,234,327

Data Source: Behavioral health services claims data for FY19. Based on claims paid through January 2, 2020.

Note: Intensive community-based services per legislation include: case management, psychiatric rehabilitation services, respite care service, and § 1915(i) waiver services. The jurisdiction category of unknown is included to reflect counts of children and young adults whose jurisdiction of residence is unknown. Further study is needed to better understand the specific drivers of these cost disparities.

Table 14b: Expenditures per Child and Young Adult Recipient of Targeted Case Management, FY19

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$0	\$368	\$339	\$318	\$1,110	\$599
Anne Arundel	\$2,563	\$2,645	\$2,252	\$922	\$707	\$2,083
Baltimore City	\$2,788	\$3,429	\$3,326	\$2,222	\$1,966	\$3,042
Baltimore	\$3,582	\$3,700	\$4,143	\$1,653	\$1,467	\$3,603
Calvert	\$5,216	\$1,730	\$3,884	\$1,909	\$1,576	\$2,292
Caroline	\$1,888	\$2,584	\$4,983	\$5,600	\$0	\$3,899
Carroll	\$2,864	\$3,750	\$3,671	\$1,767	\$1,570	\$2,897
Cecil	\$2,096	\$2,176	\$1,978	\$596	\$895	\$1,808
Charles	\$2,085	\$2,103	\$2,955	\$2,565	\$1,503	\$2,381
Dorchester	\$1,821	\$2,249	\$3,762	\$6,080	\$3,217	\$2,771
Frederick	\$1,960	\$2,612	\$2,489	\$1,696	\$1,500	\$2,220
Garrett	\$6,752	\$4,437	\$3,340	\$2,729	\$2,686	\$3,814
Harford	\$3,328	\$4,699	\$5,740	\$1,431	\$239	\$4,910
Howard	\$2,715	\$2,772	\$3,085	\$596	\$1,807	\$2,785
Kent	\$6,016	\$3,051	\$2,652	\$0	\$0	\$3,336
Montgomery	\$3,456	\$1,951	\$5,744	\$1,551	\$1,609	\$2,528
Prince George's	\$1,248	\$2,298	\$2,555	\$2,183	\$1,006	\$2,228
Queen Anne's	\$3,680	\$4,727	\$4,053	\$4,175	\$0	\$4,351
Somerset	\$2,826	\$2,997	\$3,077	\$411	\$1,193	\$2,792
St. Mary's	\$2,899	\$3,051	\$2,605	\$2,416	\$1,809	\$2,681
Talbot	\$1,376	\$2,107	\$3,904	\$119	\$596	\$2,780
Washington	\$3,846	\$4,954	\$3,863	\$1,798	\$1,808	\$3,695
Wicomico	\$3,448	\$4,047	\$4,208	\$2,831	\$0	\$4,041
Worcester	\$256	\$1,513	\$1,361	\$983	\$1,476	\$1,341
Statewide Avg.	\$3,145	\$3,655	\$3,729	\$1,891	\$1,662	\$3,275

Data Source: Behavioral health services claims data for FY19. Based on claims paid through January 2, 2020.

Note: Intensive community-based services per legislation include: case management, psychiatric rehabilitation services, respite care service, and § 1915(i) waiver services. The jurisdiction category of unknown is included to reflect counts of children and young adults whose jurisdiction of residence is unknown. Further study is needed to better understand the specific drivers of these cost disparities.

2. Respite Care Services

As shown in Table 15a, the total annual expenditure for respite services was just over one million dollars (\$1,121,376) in FY19. A total of 425 children and young adults were served with these dollars, at an average annual per person expenditure of \$2,639. Children ages 7–17 years accounted 97% (\$1,086,939) of the overall expenditures in this area. Average annual person expenditures were higher for older children ages 13–17 years (\$3,249 per person) compared to younger children ages 7–12 years (\$2,547 per person).

As shown in Table 15a, children and young adults from four jurisdictions, including Caroline, Frederick, Somerset and Wicomico Counties, accounted for two-thirds, 65.8% (\$738,053) of the annual respite service expenditures. Annual per person expenditures in those jurisdictions where services were provided varied greatly across the State from a low of \$644 per person in Harford County to a high of \$5,420 per person in Frederick County (see Table 15b).

Table 15a: Total Expenditures of Respite Care Services, FY19

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$0	\$0	\$0	\$0	\$0	\$0
Anne Arundel	\$0	\$4,267	\$21,831	\$0	\$0	\$26,098
Baltimore City	\$268	\$18,843	\$24,808	\$0	\$0	\$43,919
Baltimore	\$4,109	\$24,989	\$26,886	\$0	\$0	\$55,983
Calvert	\$0	\$0	\$0	\$0	\$0	\$0
Caroline	\$8,426	\$111,253	\$26,414	\$0	\$0	\$146,093
Carroll	\$0	\$1,149	\$0	\$0	\$0	\$1,149
Cecil	\$0	\$3,937	\$92	\$0	\$0	\$4,029
Charles	\$0	\$0	\$9,740	\$0	\$0	\$9,740
Dorchester	\$1,053	\$19,338	\$448	\$0	\$0	\$20,839
Frederick	\$0	\$123,031	\$147,949	\$0	\$0	\$270,980
Garrett	\$0	\$0	\$0	\$2,408	\$332	\$2,740
Harford	\$1,877	\$7,738	\$689	\$0	\$0	\$10,304
Howard	\$0	\$0	\$7,775	\$0	\$0	\$7,775
Kent	\$1,149	\$7,469	\$383	\$0	\$0	\$9,001
Montgomery	\$0	\$16,488	\$27,660	\$0	\$0	\$44,148
Prince George's	\$0	\$4,979	\$2,283	\$0	\$0	\$7,262
Queen Anne's	\$0	\$3,830	\$0	\$0	\$0	\$3,830
Somerset	\$3,332	\$83,440	\$13,777	\$0	\$0	\$100,550
St. Mary's	\$0	\$0	\$0	\$0	\$0	\$0
Talbot	\$3,830	\$47,610	\$24,594	\$0	\$0	\$76,035
Washington	\$0	\$24,416	\$30,261	\$0	\$0	\$54,677
Wicomico	\$7,652	\$169,467	\$43,311	\$0	\$0	\$220,430
Worcester	\$0	\$5,370	\$425	\$0	\$0	\$5,795
Statewide	\$31,696	\$677,613	\$409,326	\$2,408	\$332	\$1,121,376

Data Source: Behavioral health services claims data for FY19. Based on claims paid through January 2, 2020.

Note: Intensive community-based services per legislation include: case management, psychiatric rehabilitation services, respite care service, and § 1915(i) waiver services. The jurisdiction category of unknown is included to reflect counts of children and young adults whose jurisdiction of residence is unknown. Further study is needed to better understand the specific drivers of these cost disparities.

Table 15b: Expenditures per Child and Young Adult Recipient of Respite Care Services, FY19

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$0	\$0	\$0	\$0	\$0	\$0
Anne Arundel	\$0	\$1,422	\$5,458	\$0	\$0	\$3,728
Baltimore City	\$134	\$785	\$3,101	\$0	\$0	\$1,292
Baltimore	\$2,054	\$1,666	\$2,068	\$0	\$0	\$1,866
Calvert	\$0	\$0	\$0	\$0	\$0	\$0
Caroline	\$2,809	\$5,855	\$2,935	\$0	\$0	\$4,713
Carroll	\$0	\$1,149	\$0	\$0	\$0	\$1,149
Cecil	\$0	\$1,969	\$92	\$0	\$0	\$1,343
Charles	\$0	\$0	\$4,870	\$0	\$0	\$4,870
Dorchester	\$1,053	\$2,149	\$448	\$0	\$0	\$1,894
Frederick	\$0	\$5,592	\$5,284	\$0	\$0	\$5,420
Garrett	\$0	\$0	\$0	\$1,204	\$332	\$913
Harford	\$938	\$703	\$230	\$0	\$0	\$644
Howard	\$0	\$0	\$3,887	\$0	\$0	\$3,887
Kent	\$1,149	\$7,469	\$383	\$0	\$0	\$3,000
Montgomery	\$0	\$4,122	\$4,610	\$0	\$0	\$4,415
Prince George's	\$0	\$4,979	\$1,141	\$0	\$0	\$2,421
Queen Anne's	\$0	\$3,830	\$0	\$0	\$0	\$3,830

Somerset	\$333	\$2,035	\$1,378	\$0	\$0	\$1,648
St. Mary's	\$0	\$0	\$0	\$0	\$0	\$0
Talbot	\$1,915	\$5,951	\$4,919	\$0	\$0	\$5,069
Washington	\$0	\$4,883	\$5,043	\$0	\$0	\$4,971
Wicomico	\$1,093	\$1,629	\$1,805	\$0	\$0	\$1,633
Worcester	\$0	\$1,074	\$425	\$0	\$0	\$966
Statewide Avg.	\$1,057	\$2,547	\$3,249	\$1,204	\$332	\$2,639

Data Source: Behavioral health services claims data for FY19. Based on claims paid through January 2, 2020.

Note: Intensive community-based services per legislation include: case management, psychiatric rehabilitation services, respite care service, and § 1915(i) waiver services. The jurisdiction category of unknown is included to reflect counts of children and young adults whose jurisdiction of residence is unknown. Further study is needed to better understand the specific drivers of these cost disparities.

3. § 1915(i) Waiver Services

Statewide, in FY19, a total of \$94,385 was expended to serve 31 children and young adults with intensive behavioral and emotional challenges at an annual per person cost of \$3,045. As shown in Table 16a, § 1915(i) waiver services provided to children ages 13–17 years accounted for more than 57.6% (\$54,375) of the total waiver service expenditures. Services provided in three jurisdictions, including Baltimore City and Washington, and Wicomico Counties, accounted for 58% (\$54,796) of the overall waiver expenditures (see Table 16a). Annual per person expenditures varied from a low of \$1,027 in Calvert County to a high of \$4,832 in Frederick County.

Table 16a: Total Expenditures of § 1915(i) Waiver Services, FY19

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$0	\$1,849	\$4,520	\$0	\$0	\$6,369
Anne Arundel	\$0	\$2,412	\$1,608	\$0	\$0	\$4,020
Baltimore City	\$0	\$616	\$3,698	\$0	\$0	\$4,314
Baltimore	\$0	\$13,765	\$10,419	\$0	\$0	\$24,184
Calvert	\$0	\$0	\$1,027	\$0	\$0	\$1,027
Caroline	\$0	\$0	\$3,287	\$0	\$0	\$3,287
Carroll	\$0	\$0	\$0	\$0	\$0	\$0
Cecil	\$0	\$0	\$0	\$0	\$0	\$0
Charles	\$0	\$0	\$9,656	\$0	\$0	\$9,656
Dorchester	\$0	\$0	\$0	\$0	\$0	\$0
Frederick	\$0	\$0	\$9,663	\$0	\$0	\$9,663
Garrett	\$0	\$0	\$0	\$0	\$0	\$0
Harford	\$0	\$0	\$0	\$0	\$0	\$0
Howard	\$0	\$0	\$1,251	\$0	\$0	\$1,251
Kent	\$0	\$0	\$0	\$0	\$0	\$0
Montgomery	\$0	\$0	\$0	\$0	\$0	\$0
Prince George's	\$0	\$0	\$0	\$0	\$0	\$0
Queen Anne's	\$0	\$0	\$0	\$0	\$0	\$0
Somerset	\$0	\$0	\$0	\$0	\$0	\$0
St. Mary's	\$0	\$0	\$0	\$0	\$0	\$0
Talbot	\$0	\$0	\$0	\$0	\$0	\$0
Washington	\$0	\$13,354	\$0	\$0	\$0	\$13,354
Wicomico	\$0	\$8,013	\$9,245	\$0	\$0	\$17,258
Worcester	\$0	\$0	\$0	\$0	\$0	\$0
Unknown	\$0	\$0	\$0	\$0	\$0	\$0
Statewide	\$0	\$40,010	\$54,375	\$0	\$0	\$94,385

Data Source: Behavioral health services claims data for FY19. Based on claims paid through January 2, 2020.

Note: Intensive community-based services per legislation include: case management, psychiatric rehabilitation services, respite care service, and § 1915(i) waiver services. The jurisdiction category of unknown is included to reflect counts of children and young adults whose jurisdiction of residence is unknown. Further study is needed to better understand the specific drivers of these cost disparities.

Table 16b: Expenditures per Child and Young Adult Recipient of § 1915(i) Waiver Services, FY19

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$0	\$1,849	\$4,520	\$0	\$0	\$3,184
Anne Arundel	\$0	\$2,412	\$1,608	\$0	\$0	\$2,010
Baltimore City	\$0	\$616	\$1,849	\$0	\$0	\$1,438
Baltimore	\$0	\$3,441	\$3,473	\$0	\$0	\$3,455
Calvert	\$0	\$0	\$1,027	\$0	\$0	\$1,027
Caroline	\$0	\$0	\$3,287	\$0	\$0	\$3,287
Carroll	\$0	\$0	\$0	\$0	\$0	\$0
Cecil	\$0	\$0	\$0	\$0	\$0	\$0
Charles	\$0	\$0	\$4,828	\$0	\$0	\$4,828
Dorchester	\$0	\$0	\$0	\$0	\$0	\$0
Frederick	\$0	\$0	\$4,832	\$0	\$0	\$4,832
Garrett	\$0	\$0	\$0	\$0	\$0	\$0
Harford	\$0	\$0	\$0	\$0	\$0	\$0
Howard	\$0	\$0	\$1,251	\$0	\$0	\$1,251
Kent	\$0	\$0	\$0	\$0	\$0	\$0
Montgomery	\$0	\$0	\$0	\$0	\$0	\$0
Prince George's	\$0	\$0	\$0	\$0	\$0	\$0
Queen Anne's	\$0	\$0	\$0	\$0	\$0	\$0
Somerset	\$0	\$0	\$0	\$0	\$0	\$0
St. Mary's	\$0	\$0	\$0	\$0	\$0	\$0
Talbot	\$0	\$0	\$0	\$0	\$0	\$0
Washington	\$0	\$3,339	\$0	\$0	\$0	\$3,339
Wicomico	\$0	\$2,003	\$4,623	\$0	\$0	\$2,876
Worcester	\$0	\$0	\$0	\$0	\$0	\$0
Unknown	\$0	\$0	\$0	\$0	\$0	\$0
Statewide Avg.	\$0	\$2,667	\$3,398	\$0	\$0	\$3,045

Data Source: Behavioral health services claims data for FY19. Based on claims paid through January 2, 2020.

Note: Intensive community-based services per legislation include: case management, psychiatric rehabilitation services, respite care service, and § 1915(i) waiver services. The jurisdiction category of unknown is included to reflect counts of children and young adults whose jurisdiction of residence is unknown. Further study is needed to better understand the specific drivers of these cost disparities.

4. Psychiatric Rehabilitation Program Services

As shown in Table 17a, a total of \$81.2 million was expended for PRP services for 21,805 children and young adults at an annual cost of \$3,726 per person. Children ages 7–12 accounted for 40.4%, (\$32,830,912) of the PRP expenditures, while 29.1% (\$23,627,578) was expended on young adults (see Table 17a). The average annual per person expenditures were higher for young adults 18–21 years (\$5,695 per person) and 22–25 years (\$5,955 per person) compared to younger children (see Table 17b). Per person expenditures also varied across the State and ranged from a low of \$2,052 per person in Worcester County to a high of \$5,571 per person in Queen Anne’s County. In addition to Queen Anne’s County, nine jurisdictions, including Baltimore City and Calvert, Caroline, Cecil, Dorchester, Frederick, Howard, Kent, Montgomery, and St. Mary’s Counties, all had average annual per person expenditures higher than the state average of \$3,726.

Table 17a: Total Expenditures of Psychiatric Rehabilitation Services, FY19

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$53,695	\$253,997	\$253,997	\$131,975	\$175,415	\$842,583
Anne Arundel	\$164,426	\$1,504,114	\$1,504,114	\$514,774	\$761,857	\$3,706,558
Baltimore City	\$2,178,828	\$13,613,739	\$13,613,739	\$4,460,568	\$4,653,475	\$33,397,273
Baltimore	\$720,002	\$4,612,333	\$4,612,333	\$1,373,760	\$1,642,628	\$11,024,130
Calvert	\$12,866	\$92,913	\$92,913	\$23,907	\$132,973	\$317,160
Caroline	\$60,510	\$278,001	\$278,001	\$86,332	\$50,940	\$647,830
Carroll	\$42,820	\$384,722	\$384,722	\$74,059	\$78,097	\$755,121
Cecil	\$102,902	\$917,946	\$917,946	\$136,453	\$139,709	\$1,644,654
Charles	\$38,091	\$187,224	\$187,224	\$123,492	\$150,023	\$704,047
Dorchester	\$44,016	\$382,592	\$382,592	\$177,402	\$71,151	\$893,095
Frederick	\$200,139	\$1,367,205	\$1,367,205	\$272,669	\$500,650	\$3,019,224
Garrett	\$469	\$14,255	\$14,255	\$22,202	\$23,013	\$64,495
Harford	\$200,317	\$1,139,169	\$1,139,169	\$284,234	\$531,996	\$2,852,508
Howard	\$53,932	\$351,741	\$351,741	\$506,197	\$329,525	\$1,515,880
Kent	\$3,618	\$70,216	\$70,216	\$69,742	\$64,992	\$273,646
Montgomery	\$188,389	\$1,047,291	\$1,047,291	\$995,085	\$810,806	\$3,894,199
Prince George's	\$436,529	\$3,275,876	\$3,275,876	\$1,049,103	\$1,284,958	\$8,306,839
Queen Anne's	\$2,010	\$25,793	\$25,793	\$90,058	\$137,193	\$300,825
Somerset	\$64,500	\$494,247	\$494,247	\$46,685	\$62,453	\$846,105
St. Mary's	\$17,422	\$127,679	\$127,679	\$240,745	\$171,763	\$697,790
Talbot	\$0	\$108,132	\$108,132	\$56,352	\$60,380	\$321,859
Washington	\$244,625	\$1,399,162	\$1,399,162	\$190,474	\$200,459	\$2,526,680
Wicomico	\$73,654	\$971,918	\$971,918	\$306,334	\$244,836	\$2,194,961
Worcester	\$45,483	\$210,648	\$210,648	\$55,205	\$58,669	\$490,468
Unknown	\$0	\$0	\$0	\$0	\$1,812	\$1,812
Statewide	\$4,949,243	\$32,830,912	\$32,830,912	\$11,287,806	\$12,339,772	\$81,239,740

Data Source: Behavioral health services claims data for FY19. Based on claims paid through January 2, 2020.

Note: Intensive community-based services per legislation include: case management, psychiatric rehabilitation services, respite care service, and § 1915(i) waiver services. The jurisdiction category of unknown is included to reflect counts of children and young adults whose jurisdiction of residence is unknown. Further study is needed to better understand the specific drivers of these cost disparities.

Table 17b: Expenditures per Child and Young Adult Recipient of Psychiatric Rehabilitation Services, FY19

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$2,983	\$2,540	\$3,250	\$3,771	\$4,873	\$3,253
Anne Arundel	\$2,383	\$3,140	\$2,759	\$4,998	\$5,952	\$3,513
Baltimore City	\$2,744	\$3,436	\$3,413	\$5,285	\$5,380	\$3,731
Baltimore	\$2,571	\$3,083	\$2,999	\$4,787	\$5,248	\$3,373
Calvert	\$2,144	\$2,997	\$2,869	\$3,415	\$8,311	\$4,015
Caroline	\$3,185	\$4,029	\$3,511	\$5,396	\$6,368	\$4,024
Carroll	\$1,784	\$2,690	\$2,403	\$5,697	\$3,719	\$2,756
Cecil	\$2,573	\$3,747	\$3,023	\$5,933	\$8,218	\$3,738
Charles	\$2,539	\$2,753	\$3,364	\$4,574	\$3,659	\$3,321
Dorchester	\$3,144	\$3,644	\$3,632	\$7,713	\$5,473	\$4,154
Frederick	\$2,780	\$3,240	\$3,262	\$13,633	\$11,920	\$3,952
Garrett	\$469	\$1,584	\$4,555	\$5,551	\$5,753	\$3,394
Harford	\$2,671	\$3,390	\$3,211	\$4,307	\$6,333	\$3,666
Howard	\$1,926	\$2,361	\$2,639	\$9,925	\$6,102	\$3,927
Kent	\$1,809	\$3,696	\$4,067	\$7,749	\$8,124	\$5,068

Montgomery	\$2,898	\$2,934	\$2,981	\$7,714	\$6,237	\$4,027
Prince George's	\$2,399	\$3,282	\$3,248	\$4,726	\$5,736	\$3,577
Queen Anne's	\$670	\$1,984	\$3,051	\$6,928	\$13,719	\$5,571
Somerset	\$2,481	\$3,070	\$2,700	\$5,187	\$6,245	\$3,111
St. Mary's	\$1,936	\$2,660	\$3,047	\$7,295	\$5,368	\$4,154
Talbot	\$0	\$3,180	\$2,853	\$3,757	\$5,032	\$3,388
Washington	\$2,947	\$3,446	\$3,347	\$5,012	\$5,275	\$3,549
Wicomico	\$2,104	\$3,284	\$2,862	\$5,570	\$5,564	\$3,435
Worcester	\$2,166	\$1,848	\$1,564	\$2,906	\$7,334	\$2,052
Unknown	\$0	\$0	\$0	\$0	\$1,812	\$1,812
Statewide	\$2,712	\$3,342	\$3,248	\$5,695	\$5,955	\$3,726

Data Source: Behavioral health services claims data for FY19. Based on claims paid through January 2, 2020.

Note: Intensive community-based services per legislation include: case management, psychiatric rehabilitation services, respite care service, and § 1915(i) waiver services. The jurisdiction category of unknown is included to reflect counts of children and young adults whose jurisdiction of residence is unknown. Further study is needed to better understand the specific drivers of these cost disparities.

C. Total Cost Per Child and Young Adult: All Behavioral Health Services

HG § 7.5–209(b)(3) requests data on the total cost per child or young adult for all behavioral health services provided to the child or young adult. Further study is needed to better understand the specific drivers of these cost disparities.

In FY19, a total of \$534,965,343 was expended on behavioral health services provided to 115,655 child and young adult recipients of PBHS services, at an average cost per person of \$4,626. As shown in Table 18a, annual PBHS service costs were highest for children 7–12 years (\$177,616,881), an increase of 11.3% from FY18 and accounting for 33.2% of the total expenditures. Per person costs for FY19 were highest for children ages 13–17 years (\$5,378 per person) and lowest for children birth through six years (\$3,014 per person). Total per person expenditures varied widely across jurisdictions, ranging from a low of \$2,822 per person in Caroline County to a high of \$5,755 per person in Frederick County. Five jurisdictions, including Baltimore City and Baltimore, Carroll, Frederick, and Montgomery Counties, had average per person expenditures above the state average of \$4,626 (see Table 18b).

Table 18a: Total Expenditures for All PBHS Behavioral Health Services, FY19

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$360,845	\$1,290,109	\$1,833,371	\$920,200	\$1,455,947	\$1,455,947
Anne Arundel	\$2,420,112	\$11,892,096	\$9,657,336	\$5,094,412	\$8,344,469	\$8,344,469
Baltimore City	\$11,531,265	\$50,697,296	\$47,302,010	\$17,488,037	\$22,803,240	\$22,803,240
Baltimore	\$6,674,470	\$35,421,333	\$27,075,045	\$10,473,679	\$12,299,294	\$12,299,294
Calvert	\$278,550	\$1,180,860	\$1,218,940	\$630,198	\$1,125,255	\$1,125,255
Caroline	\$269,666	\$1,105,881	\$1,328,113	\$530,012	\$547,490	\$547,490
Carroll	\$593,427	\$2,666,743	\$3,501,572	\$1,079,041	\$2,085,725	\$2,085,725
Cecil	\$834,497	\$3,801,174	\$2,694,464	\$2,012,486	\$2,036,165	\$2,036,165
Charles	\$357,386	\$1,740,117	\$2,966,143	\$1,076,054	\$1,873,158	\$1,873,158
Dorchester	\$358,112	\$1,658,914	\$1,351,709	\$730,112	\$812,990	\$812,990
Frederick	\$1,365,963	\$6,859,424	\$9,680,572	\$2,195,094	\$3,493,070	\$3,493,070
Garrett	\$196,028	\$551,331	\$453,448	\$292,312	\$383,881	\$383,881
Harford	\$1,423,766	\$6,239,315	\$4,944,811	\$2,333,648	\$3,588,015	\$3,588,015
Howard	\$714,375	\$3,859,740	\$4,780,029	\$2,673,129	\$2,261,722	\$2,261,722

Kent	\$136,705	\$371,237	\$536,423	\$312,138	\$334,498	\$334,498
Montgomery	\$2,493,056	\$13,035,599	\$14,141,052	\$5,856,829	\$7,199,659	\$7,199,659
Prince George's	\$3,109,557	\$16,195,712	\$17,170,805	\$5,852,257	\$6,919,838	\$6,919,838
Queen Anne's	\$107,373	\$436,313	\$509,179	\$359,072	\$599,034	\$599,034
Somerset	\$694,386	\$2,707,258	\$1,511,936	\$493,829	\$690,821	\$690,821
St. Mary's	\$220,358	\$1,209,366	\$1,625,383	\$810,199	\$1,565,015	\$1,565,015
Talbot	\$144,618	\$855,965	\$921,637	\$487,020	\$491,600	\$491,600
Washington	\$1,468,168	\$6,406,202	\$5,079,725	\$2,016,371	\$3,562,092	\$3,562,092
Wicomico	\$1,013,238	\$5,848,383	\$5,038,231	\$1,607,687	\$2,214,696	\$2,214,696
Worcester	\$466,679	\$1,586,630	\$1,345,829	\$556,204	\$803,512	\$803,512
Unknown	\$0	-\$118	\$138	\$3,239	\$73,513	\$73,513
Statewide	\$37,232,604	\$177,616,881	\$166,667,900	\$65,883,257	\$87,564,701	\$534,965,343

Data Source: Behavioral health services claims data for FY19. Based on claims paid through January 2, 2020.

Note: Expenditures include all PBHS behavioral health services billed through the Administrative Services Organization (Beacon Health Options), including: inpatient psychiatric hospital, emergency room, residential treatment, residential rehabilitation, crisis residential services, psychiatric rehabilitation, mobile treatment, MH outpatient, MH partial hospitalization, respite care, supported employment, § 1915(i) waiver services, SUD intensive outpatient, SUD court ordered residential, SUD opioid treatment program, SUD laboratory, SUD partial hospitalization, SUD residential (adolescent) and SUD residential pregnant women and children. The jurisdiction category of unknown is included to reflect counts of children and young adults whose jurisdiction of residence is unknown. Further study is needed to better understand the specific drivers of these cost disparities.

Table 18b: Expenditures Per Child and Young Adult for All PBHS Behavioral Health Services, FY19

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$1,860	\$2,372	\$3,309	\$2,921	\$3,347	\$3,347
Anne Arundel	\$2,605	\$3,960	\$4,249	\$4,005	\$5,515	\$5,515
Baltimore City	\$3,628	\$5,709	\$7,116	\$4,694	\$5,449	\$5,449
Baltimore	\$3,159	\$5,715	\$5,661	\$4,317	\$4,346	\$4,346
Calvert	\$2,004	\$2,909	\$3,358	\$2,693	\$3,630	\$3,630
Caroline	\$2,408	\$3,124	\$4,369	\$3,232	\$2,822	\$2,822
Carroll	\$2,291	\$3,854	\$5,630	\$3,280	\$5,334	\$5,334
Cecil	\$2,592	\$4,364	\$3,737	\$4,522	\$3,778	\$3,778
Charles	\$2,031	\$3,265	\$5,413	\$3,023	\$4,135	\$4,135
Dorchester	\$2,170	\$3,172	\$3,396	\$3,005	\$4,127	\$4,127
Frederick	\$3,222	\$4,807	\$7,807	\$3,865	\$5,755	\$5,755
Garrett	\$2,649	\$2,529	\$2,302	\$2,633	\$2,865	\$2,865
Harford	\$2,759	\$4,204	\$3,975	\$3,348	\$4,172	\$4,172
Howard	\$2,365	\$4,205	\$4,984	\$5,512	\$4,597	\$4,597
Kent	\$3,038	\$2,184	\$3,395	\$3,630	\$3,558	\$3,558
Montgomery	\$2,447	\$3,834	\$4,327	\$3,681	\$4,730	\$4,730
Prince George's	\$2,510	\$4,081	\$4,772	\$3,070	\$3,700	\$3,700
Queen Anne's	\$1,491	\$1,826	\$2,214	\$3,264	\$3,890	\$3,890
Somerset	\$5,069	\$6,252	\$4,259	\$3,453	\$3,775	\$3,775
St. Mary's	\$1,900	\$2,799	\$4,043	\$2,737	\$3,952	\$3,952
Talbot	\$1,607	\$2,675	\$3,327	\$3,336	\$3,511	\$3,511
Washington	\$2,641	\$4,625	\$4,247	\$2,872	\$4,241	\$4,241
Wicomico	\$3,400	\$5,250	\$5,094	\$2,801	\$3,561	\$3,561
Worcester	\$2,593	\$2,933	\$2,629	\$2,337	\$3,307	\$3,307
Unknown	\$0	-\$59	\$138	\$810	\$5,655	\$5,655
Statewide	\$3,014	\$4,796	\$5,378	\$3,939	\$4,718	\$4,626

Data Source: Behavioral health services claims data for FY19. Based on claims paid through January 2, 2020.

Note: Expenditures include all PBHS behavioral health services billed through the Administrative Services Organization (Beacon Health Options), including: inpatient psychiatric hospital, emergency room, residential treatment, residential rehabilitation, crisis residential services, psychiatric rehabilitation, mobile treatment, MH outpatient, MH partial hospitalization, respite care, supported employment, § 1915(i) waiver services, SUD intensive outpatient, SUD court ordered residential, SUD opioid treatment program, SUD laboratory, SUD partial hospitalization, SUD

residential (adolescent) and SUD residential pregnant women and children. The jurisdiction category of unknown is included to reflect counts of children and young adults whose jurisdiction of residence is unknown. Further study is needed to better understand the specific drivers of these cost disparities.

V. Timing and Admission

A. Length of Time Pending

HG § 7.5–209(b)(5) requests data on the average length of time children and young adults spent: (1) in the hospital emergency room pending psychiatric inpatient hospitalization; and (2) waiting for placement in an RTC from the date of the referral to the date of the placement.

1. Time in Emergency Room

Data relating to time waiting in emergency rooms pending admission to a psychiatric inpatient unit was unavailable for this report. Subsequent to the codification of § 7.5–209, BHA contacted the Health Services Cost Review Commission (HSCRC) and the Maryland Hospital Association (MHA) to obtain this data. The data of interest, however, is not obtainable from the hospital data collected by the HSCRC. Further, while individual hospitals collect this information, the MHA was unable to provide the information on behalf of its members.

2. Wait Time between Referral and Placement in a Residential Treatment Bed

All residential treatment facilities were contacted in July of 2020 and requested to provide data on children and young adults who were admitted in FY19, including dates of referral and dates of placement. Data was obtained from all seven facilities, including the five RTCs³ and two RICAs. Table 19 summarizes data for FY19 on the amount of time children and young adult wait from referral to placement in a residential treatment bed. The average wait times are reported for the two-state operated RICAs and for the five RTCs.

Table 19: Time (In Days) between Referral and Placement in a Residential Treatment Bed, FY19

Facility Type	# of Facilities	Avg. # of Admissions	Min Wait Days	Max Wait Days	Avg. # Wait Days
RTC	5	43	6	222	50
RICA	2	29	23	170	69
Total	7	39	6	222	54

Data Source: RTC operational data for FY19.

In FY19, there were a total of 273 admissions to RTCs, including 58 admissions to the two RICAs and 215 to five RTCs. As shown in Table 19, across all RTCs, time waiting between referral and placement ranged from a low of six days to 222 days, with an average wait time of 54 days. Average wait times for placement in a RICA bed averaged 69 days compared to 50 days in the private, community RTCs.

³ Community, private RTCs.

B. 30-Day Readmissions

HG § 7.5–209(b)(6) requests data on the number of children and young adults who were readmitted for a 30-day admission at: (1) the same hospital; (2) the same RTC; or (3) any other hospital or RTC.

1. 30-Day Readmissions to Psychiatric Inpatient or Residential Treatment Facilities

Table 20 displays the number of 30-Day readmissions to inpatient psychiatric and residential treatment facilities summarized by age group and jurisdiction in FY19. Of the 9,000 children and young adults discharged from a psychiatric inpatient or RTC, 925 were readmitted to either the same RTC (21), inpatient hospital facility (437) or to any other RTC or hospital (467), reflecting a combined 30-day readmission rate of 10.3%, a rate similar to the FY18 rate of 10.8%. Thirty-day readmissions varied by age with young adults accounting for 47.9% of readmissions, while children 13–17 years and 12 years and under accounted for 30% and 22.2% of all 30-day readmissions, respectively. Thirty-day readmission rates varied widely across jurisdictions ranging from a low of 2.6% in Talbot County to a high of 18.9% in Dorchester County. Overall, one-half (12) of all jurisdictions, including Baltimore City, Anne Arundel, Calvert, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Somerset, St. Mary's, and Worcester Counties, had readmission rates higher than the statewide average of 10.3%.

Table 20: Number of Child and Young Adult 30-Day Readmissions to Psychiatric Inpatient and Residential Treatment Facilities, FY19

Jurisdiction	Same Hospital						Same RTC						Other Hospital or RTC						Overall Total
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	Total	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	Total	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	Total	
Allegany																			11
Anne Arundel			12			35									12		11	36	71
Baltimore City		20	25	20	17	86								26	28	27	40		216
Baltimore		12	22	20	15	70								15	18	15	16		142
Calvert																			13
Caroline																			
Carroll																			20
Cecil						20													28
Charles																		13	18
Dorchester																			14
Frederick						15												16	38
Garrett																			
Harford						15												13	28
Howard																		21	32
Kent																			
Montgomery					11	52									23	15	19		117
Prince George's		11	15	12		46										14	18	45	91
Queen Anne's																			
Somerset																			
St. Mary's													1	2			3	6	14
Talbot																			
Washington						19												14	33

Wicomico						15														22
Worcester																				
Statewide	8	92	141	109	87	437	0		17	0	0	21		94	119	108	139	467	925	

Data Source: FY19 behavioral health service claims data based on claims paid through January 2, 2020.

Note: Cells with counts under 10 are grayed out to protect individual privacy.

2. 30-Day Readmissions to the Same Hospital

In FY19, a total of 8,694 children and young adults were discharged from inpatient psychiatric facilities. Of those discharged, 437 (5%) were readmitted to the same hospital within 30 days of discharge. Four jurisdictions, including Baltimore City and Baltimore, Montgomery, and Prince George’s Counties, accounted for 58% of these readmissions. Children and young adults ages 13 and older accounted for 77.1% of all same hospital readmissions (see Table 20).

3. 30-Day Readmissions to RTCs

Statewide, a total of 306 children and young adults were discharged from RTCs in FY19. Of those discharged, 21 (6.9%) were readmitted to the same RTC within 30 days of being discharged. Children ages 13–17 years accounted for 81% of these readmissions. Three jurisdictions, including Baltimore City, Baltimore County, and Frederick County, represented 90.5% of the children and young adults readmitted to the same RTC’s statewide (see Table 20).

C. Length of Stay

HG § 7.5–209(b)(7) requires data on the average length of stay for children and young adults at (1) an RTC and (2) a psychiatric unit at a hospital.

1. Average Length of Stay at RTCs

Statewide, in FY19, the average length of stay (ALOS) in RTCs was 252 days. As shown in Table 21, ALOS varied by age group with young adults ages 18–21 years having longer stays (347 days) compared to children birth through six years (178 days), 7–12 years (269 days), and 13–17 years (241 days). RTC lengths of stay differed widely across the State ranging from 47 days in Somerset County to 460 days in Caroline County. A total of fourteen jurisdictions had RTC average lengths of stay above the state average of 252 days.

Table 21: Average Length of Stay for Children and Young Adults in Psychiatric Inpatient and Residential Treatment Facilities, FY19

Jurisdiction	Residential Treatment Centers					Psychiatric Hospitals						
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	Total	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	Total
Allegany			328			328	11	11	8	4	4	6
Anne Arundel		341	314	473		338	8	9	10	8	7	9
Baltimore City		144	212	423		218	8	9	12	7	8	9
Baltimore		287	228	379		264	10	9	10	8	7	9
Calvert		295	64	19		84	6	7	7	5	4	6
Caroline			377			377		10	9	9	5	9
Carroll		254				254	9	8	11	8	10	9
Cecil	193		373			343	13	17	14	5	4	10
Charles		237	399	364		366	5	8	9	4	5	7
Dorchester			175			175		8	10	6	7	8
Frederick			221			221	7	8	10	5	6	7
Garrett							8	7	8	5	5	7
Harford		377	223	358		298	8	12	11	5	6	8
Howard		97	205	171		177	7	13	11	10	8	11
Kent			340			340	15	3	8	5	5	7
Montgomery	207	242	291			274	6	12	8	5	6	7
Prince George's		255	287			285	8	9	11	5	5	8
Queen Anne's						0		4	8	4	6	6
Somerset			47			47	9	9	13	5	9	9
St. Mary's			460			460		11	7	3	4	6
Talbot	135	221	659			397	8	8	16	6	6	9
Washington			339			309	7	9	12	4	6	8
Wicomico			154			154	14	12	12	4	7	9
Worcester			185			185	12	14	9	8	11	10
Statewide ALOS	178	269	241	347		252	8	10	10	6	7	8

Data Source: Behavioral health services claims data for FY19. Based on claims paid through January 2, 2020.

Note: RTC ALOS includes private RTCs only. RTC ALOS in 18 out of 24 jurisdictions is based on 10 or fewer discharges and should be considered in interpreting the findings. Psychiatric inpatient hospitals include psychiatric units at general hospitals and private psychiatric treatment facilities.

2. Average Length of Stay at Psychiatric Inpatient Facilities

Statewide, in FY19, the average length of stay in acute psychiatric inpatient hospitals was eight days. As shown in Table 21, length of stays for young adults were slightly shorter (6–7 days) compared to that for children (8–10 days). Inpatient hospital ALOS also varied substantially across the State ranging from a high of 11 days in Howard County to a low of six days in Allegany, Calvert, Queen Anne’s, and St. Mary’s Counties. Eleven jurisdictions had ALOSs above the state average of eight days, while nine jurisdictions were below the statewide average (see Table 21).

D. Residential Treatment Centers

HG § 7.5–209(b)(8) requests data on the (1) the total number of children and young adults discharged from RTCs, and (2) the number of residents at RTCs at the end of the year who are children or young adults.

1. Psychiatric Inpatient Hospital and Residential Treatment Discharges

Table 22 displays the number of children and young adults discharged from inpatient psychiatric and RTCs summarized by age group and jurisdiction in FY19.

Table 22: Discharges from Inpatient Psychiatric and Residential Treatment Facilities, FY19

Jurisdiction	Residential Treatment Centers						Psychiatric Hospitals						Overall Total
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	Total	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	Total	
Allegany								12	49	35	38	135	137
Anne Arundel			11			15	14	128	209	151	143	645	660
Baltimore City			72			82	48	384	528	384	409	1,753	1835
Baltimore		30	44			82	28	296	444	288	281	1,337	1419
Calvert								16	35	28	26	109	116
Caroline									21	16		52	54
Carroll								26	75	30	36	168	169
Cecil								52	76	66	46	248	254
Charles								12	61	36	40	150	156
Dorchester								14	19	21	16	70	74
Frederick			35			35		76	90	74	66	313	348
Garrett									16	12		47	47
Harford								68	110	96	73	353	363
Howard								61	122	77	60	326	331
Kent									15			29	30
Montgomery			12			17		199	451	243	266	1,162	1179
Prince George's			17					135	296	222	243	906	924
Queen Anne's												25	25
Somerset								16	17	16	12	63	64
St. Mary's								21	43	18	45	127	129
Talbot										13		37	39
Washington							12	96	89	62	76	335	339
Wicomico								46	85	48	45	230	233
Worcester								16	24	14	15	70	71
Statewide		52	232	19		306	165	1,702	2,894	1,965	1,968	8,694	9000

Data Source: Behavioral health services claims data for FY19. Based on claims paid through January 2, 2020.

Note: RTC discharges based on private RTCs only. Inpatient psychiatric hospitals include psychiatric units in general hospitals and private psychiatric hospitals. Cells with counts under 10 are grayed out to protect individual privacy.

Statewide, in FY19 there were a total of 9,000 child and young adult discharges from inpatient psychiatric hospitals (8,694) and RTCs (306). The number of children and young adult discharges from psychiatric inpatient and RTCs are summarized by jurisdiction and by age group in Table 22. Children ages 13–17 accounted for the greatest proportion of discharges from both inpatient (33.3%) and RTC (75.8%) services respectively. The number of hospital discharges varied widely across the State with 48.9% occurring in three jurisdictions, including Baltimore City (20.2%) and Baltimore (15.4), and Montgomery (13.4%) Counties. For those discharged from RTC's, three jurisdictions accounted for 65% of all discharges, including Baltimore City (26.8%), Baltimore County (26.8%), and Frederick County (11.4%).

2. Number of Child and Young Adult RTC Residents at the End of the Year

Table 23 presents an end of year (FY19) summary of children and young adults in RTCs by age group and jurisdiction.

Table 23: Number of Children and Young Adult Residents in an RTC at the End of the Year, FY19

Jurisdiction	Age Group					Total
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany						
Anne Arundel						
Baltimore City		15	73			90
Baltimore		43	26			74
Calvert						
Caroline						
Carroll						
Cecil						
Charles						
Dorchester						
Frederick			25			27
Garrett						
Harford						
Howard						
Kent						
Montgomery						
Prince George's						
Queen Anne's						
Somerset						
St. Mary's						
Talbot						
Washington						
Wicomico						
Worcester						
Statewide		67	140			216

Data Source: Behavioral health services claims data for FY19. Based on claims paid through January 2, 2020.

Note: Cells with counts less than 10 are grayed out to protect individual privacy.

A total of 216 children and young adults were in an RTC bed as of the end of FY19 (June 30, 2019). These residents were more likely to be between the ages of 13–17 years (64.8%) and, reside in Baltimore City (41.7%), Baltimore County (34.3%), or Frederick County (12.5%).

VI. Summary and Conclusions

A. Overall PBHS Service Utilization and Expenditures

In FY 2019, there were 1,982,983 children and young adults ages birth through 25 years in the State of Maryland. Two out of every five (42.2%, 838,200) were eligible for PBHS services, of which slightly more than one in 10 (13.8%, 115,655) received one or more behavioral health services in the PBHS. The total annual cost of services for this group was \$534.9 million, of

which the services highlighted in this report accounted for 47.2% (\$252.2 Million) of the total PBHS child and young adult expenditure across the State.

B. High Use PBHS Services

This report focused on a few select services, including psychiatric inpatient hospitalization, emergency room services, residential treatment, targeted case management, respite care, § 1915(i) waiver services and psychiatric rehabilitation. Among these services, PRP services were used by more children and young adults (18.9%, 21,805) than any other service and had the highest utilization rates per 1,000 persons eligible at 26.0. Emergency room services (10.9%, 12,613) and inpatient hospitalization (6.4%, 7,457) were the second and third highest used services and ranked second and third in utilization per 1,000 eligible at 15.0 and 8.9 respectively. PRP services are among the subset of intensive community based services included in this report that are designed to provide intensive treatment and support for children and young adults. In comparison to PRP, fewer children and young adults utilized other intensive community based services such as TCM services (2.2%, 2,514), Respite Care (<1%, 425) or § 1915(i) Waiver services (<1%, 31). Intensive community based services enable children and young adults to remain in their homes and communities and limit more restrictive and costly services, such as emergency room and inpatient hospital care. Though one of the goals of intensive community services is to limit use of ER and inpatient services, two of the jurisdictions ranked in the top five for PRP utilization per 1,000 eligible also ranked in the top five for emergency room utilization (Somerset and Wicomico Counties) and one jurisdiction ranked in the top five for PRP and inpatient hospitalization (Baltimore City).

C. High Expenditure PBHS Services

In FY19, the total cost for inpatient hospital services was \$109,285,836 accounting for one-fifth (20.4%) of the total expenditures for children and young adults. This is the highest annual expenditure among the services reviewed in this report, and the second highest PBHS expenditure overall behind outpatient mental health services that has an annual expenditure of \$236,457,038. PRP and residential treatment center (RTC) services had the second and third highest expenditures of the remaining services at \$81,239,740 and \$37,662,978 respectively. In addition to overall expenditures, RTC services, while utilized by only 454 individuals statewide, had the highest per person expenditure (\$81,698 per person) of all the services. In comparison, inpatient hospitalization was second at \$14,655 per person and all other services in this report had expenditures of less than \$4,000 per person.

D. PBHS Service Variability

In addition to the overall use and costs of these PBHS services, this report highlighted the variability in eligibility, service use and expenditures that differ by geographic location and demographic characteristics of children and young adults. Each service provided within the PBHS varied greatly across the State. The rates of eligibility ranged from 23.6% of children and young adults in Carroll County to 68.3% in Baltimore City, while rates of use among those eligible ranged from 80.7 per 1,000 eligible in Prince George's County to 256.3 per 1,000 eligible in Somerset County, with a state average of 138 per 1,000 eligible. Use of PBHS services were

highest in those areas of the State with generally higher poverty and public assistance rates and higher numbers of at risk children and families.

Emergency room rates ranged from 7.9 per 1,000 eligible in Prince George's County to 25.6 per 1,000 eligible in Allegany County, with a statewide rate of 15.0 per 1,000 eligible children and young adults, while inpatient hospitalization rates ranged from a low of 4.8 per 1,000 in Prince George's County to a high of 14.1 per 1,000 in Washington County, with a statewide rate of 8.9 per 1,000 eligible. More than three-quarters (77%) of child and young adult users of hospital emergency room and inpatient services were 13 years or older. Emergency room and inpatient hospital service use rates were highest for females and young adults age 22–25 years.

Hospital readmission rates were also assessed in this study. Readmission rates are widely used as an indicator of the quality and degree of continuity of hospital discharge and follow-up care as well as the effectiveness of the community service system to meet the service needs of individuals requiring more intensive behavioral health care. Thirty-day readmission rates varied across the State from a low of 2.6% in Talbot County to a high of 18.9% in Dorchester County, with a statewide rate of 10.3%. These numbers demonstrate a reversal from FY18 where rates of readmission ranged from a low of 7.1% in Dorchester to a high of 16.3% in Talbot County. This turnabout in rates are likely due to the low total number of readmissions which can cause large swings in percent changes. The total number of readmissions were <11 for in Talbot County for FY18 and FY19 and <11 in Dorchester County in FY18. An examination of geographic differences in service use and expenditures, revealed no consistent pattern of service use associated with lower readmission rates or use of hospital inpatient and emergency services. Older children and young adults, 13 years and older and those from minority backgrounds were more likely to be readmitted.

PRP use rates varied widely across the State from 4.1 per 1,000 eligible children and young adults in Garrett County to 67.3 per 1,000 in Baltimore City, with a state average of 26.0 per 1,000. Use rates were also higher in males (29.3 per 1,000 eligible versus 29.9 per 1,000 eligible) compared females and in African-Americans (50.9 per 1,000 eligible versus 34.5 per 1,000 eligible) compared to non-Hispanic Caucasian users.

The results of this study highlight the need to further identify and better understand the individual, program and service system factors that account for the variation in service rates found in this study. In particular, the wide geographic variation in PRP utilization and the substantially higher use and expenditures compared to other intensive community based services such as TCM and § 1915(i) Waiver services may warrant further future examination.

APPENDIX

Table A1: Eligibility and Utilization of PBHS Services by Race and Gender, FY19

Race/Ethnicity	Total Number Eligible for PBHS Services		Total Number Receiving PBHS Services		Rate of Utilization Per 1,000 Eligible
	N	%	N	%	
African-American	296,485	35.4%	55,191	47.7%	186.2
Asian	37,001	4.4%	3,184	2.8%	86.1
Caucasian	180,935	21.6%	53,558	46.3%	296.0
Hispanic	5,955	0.7%	755	0.7%	126.8
Native American	4,031	0.5%	2,314	2.0%	574.1
Pacific Islander	1,456	0.2%	330	0.3%	226.7
Unknown	312,337	37.3%	3,825	3.3%	12.2
Total	838,200	100%	115,655	100%	138.0
Gender					
Female	428,408	51.11%	58,074	50.2%	135.6
Male	409,781	48.89%	57,627	49.8%	140.6
Total	838,200	100%	115,655	100%	138.0

Data Source: Behavioral health services claims data for FY19. Based on claims paid through January 2, 2020.

Note: The category of unknown is included to reflect counts of children and young adults whose race/ethnicity is unknown.

Table A2: Inpatient Psychiatric Hospital Services by Race and Gender, FY19

Race/Ethnicity	Total Number Receiving Inpatient Hospital Services		Rate of Utilization Per 1,000 Eligible	Expenditures	
	N	%		Total	Per Child/Young Adult
African-American	3,309	44.37%	11.2	\$49,572,455	\$14,981
Asian	243	3.26%	6.6	\$4,329,204	\$17,816
Caucasian	3,608	48.38%	19.9	\$49,393,052	\$13,690
Hispanic	129	1.73%	21.7	\$2,587,266	\$20,056
Native American	174	2.33%	43.2	\$2,728,763	\$15,683
Pacific Islander	11	0.15%	7.6	\$93,590	\$8,508
Unknown	126	1.69%	0.4	\$581,507	\$4,615
Total	7,457	100%	8.9	\$109,285,836	\$14,655
Gender					
Female	4,033	54.1%	9.4	\$54,583,283	\$13,534
Male	3,426	45.9%	8.4	\$54,702,553	\$15,967
Total	7,457	100%	8.9	\$109,285,836	\$14,655

Data Source: Behavioral health services claims data for FY19. Based on claims paid through January 2, 2020.

Note: The category of unknown is included to reflect counts of children and young adults whose race/ethnicity is unknown.

Table A3: Psychiatric Emergency Room Services by Race and Gender, FY19

Race/Ethnicity	Total Number Receiving Emergency Room Services		Rate of Utilization Per 1,000 Eligible	Expenditures	
	N	%		Total	Per Child/Young Adult
African-American	5,686	45.1%	19.2	\$7,184,713	\$1,264
Asian	360	2.9%	9.7	\$395,733	\$1,099
Caucasian	5,719	45.3%	31.6	\$6,176,388	\$1,080
Hispanic	119	0.9%	20.0	\$151,250	\$1,271
Native American	229	1.8%	56.8	\$347,930	\$1,519
Pacific Islander	24	0.2%	16.5	\$18,223	\$759
Unknown	559	4.4%	1.8	\$367,942	\$658
Total	12,613	100%	15.0	\$14,642,179	\$1,161
Gender					
Female	6,716	53.3%	15.7	\$7,321,113	\$1,090

Male	5,900	46.8%	14.4	\$7,321,067	\$1,241
Total	12,613	100%	15.0	\$14,642,179	\$1,161

Data Source: Behavioral health services claims data for FY19. Based on claims paid through January 2, 2020.

Note: The category of unknown is included to reflect counts of children and young adults whose race/ethnicity is unknown.

Table A4: Residential Treatment Services by Race and Gender, FY19

Race/Ethnicity	Total Number Receiving Residential Treatment Services		Rate of Utilization Per 1,000 Eligible	Expenditures	
	N	%		Total	Per Child/Young Adult
African-American	264	57.3%	0.9	\$21,194,511	\$80,282
Asian	6	1.3%	0.2	\$342,954	\$57,159
Caucasian	186	40.4%	1.0	\$14,889,739	\$80,052
Hispanic	7	1.5%	1.2	\$364,732	\$52,105
Native American	10	2.2%	2.5	\$798,071	\$79,807
Pacific Islander	3	0.7%	2.1	\$72,971	\$24,324
Total	461	100%	0.5	\$37,662,978	\$81,698
Gender					
Female	134	29.1%	0.3	\$10,252,771	\$76,513
Male	327	70.9%	0.8	\$27,410,206	\$83,823
Total	461	100%	.05	\$37,662,978	\$81,698

Data Source: Behavioral health services claims data for FY19. Based on claims paid through January 2, 2020.

Table A5: Targeted Case Management Services by Race and Gender, FY19

Race/Ethnicity	Total Number Receiving Targeted Case Management Services		Rate of Utilization Per 1,000 Eligible	Expenditures	
	N	%		Total	Per Child/Young Adult
African-American	1,160	46.1%	3.9	\$3,714,795	\$3,202
Asian	33	1.3%	0.9	\$83,369	\$2,526
Caucasian	1,305	51.9%	7.2	\$4,204,659	\$3,222
Hispanic	18	0.7%	3.0	\$61,477	\$3,415
Native American	49	1.9%	12.2	\$152,481	\$3,112
Pacific Islander	4	0.2%	2.7	\$13,450	\$3,362
Total	2,514	100%	3.0	\$8,234,327	\$3,275
Gender					
Female	1,072	42.6%	2.5	\$3,304,787	\$3,083
Male	1,443	57.4%	3.5	\$4,929,540	\$3,416
Total	2,514	100%	3.0	\$8,234,327	\$3,275

Data Source: Behavioral health services claims data for FY19. Based on claims paid through January 2, 2020.

Table A6: Respite Care Services by Race and Gender, FY19

Race/Ethnicity	Total Number Receiving Respite Care Services		Rate of Utilization Per 1,000 Eligible	Expenditures	
	N	%		Total	Per Child/Young Adult
African-American	210	49.4%	0.7	\$465,872	\$2,218
Asian	3	0.7%	0.1	\$4,385	\$1,462
Caucasian	208	48.9%	1.1	\$615,772	\$2,960
Hispanic	3	0.7%	0.5	\$5,554	\$1,851
Native American	7	1.6%	1.7	\$29,793	\$4,256
Pacific Islander	0	0	0.0	\$0	\$0
Total	425	100%	0.5	\$1,121,376	\$2,639
Gender					
Female	172	40.5%	0.4	\$464,391	\$2,700
Male	253	59.5%	0.6	\$656,984	\$2,597
Total	425	100%	.05	\$1,121,376	\$2,639

Data Source: Behavioral health services claims data for FY19. Based on claims paid through January 2, 2020.

Table A7: § 1915(i) Waiver Services by Race and Gender, FY19

Race/Ethnicity	Total Number Receiving § 1915(i) Waiver Services		Rate of Utilization Per 1,000 Eligible	Expenditures	
	N	%		Total	Per Child/Young Adult
African-American	13	41.9%	0.04	\$41,876	\$3,221
Asian	0	0%	0	\$0	\$0
Caucasian	17	54.8%	0.09	\$49,437	\$2,908
Hispanic	1	0%	0.17	\$2,055	\$2,055
Native American	2	0%	0.50	\$1,017	\$508
Pacific Islander	0	0%	0	\$0	\$0
Total	31	100%	0.04	\$94,385	\$3,045
Gender					
Female	15	48.4%	0.04	\$36,859	\$2,457
Male	16	51.6%	0.04	\$57,526	\$3,595
Total	31	100%	0.04	\$94,385	\$3,045

Data Source: Behavioral health services claims data for FY19. Based on claims paid through January 2, 2020.

Table A8: Psychiatric Rehabilitation Services by Race and Gender, FY19

Race/Ethnicity	Total Number Receiving Psychiatric Rehabilitation Services		Rate of Utilization Per 1,000 Eligible	Expenditures	
	N	%		Total	Per Child/Young Adult
African-American	15,090	69.2%	50.9	\$56,339,130	\$3,734
Asian	375	1.7%	10.1	\$1,275,027	\$3,400
Caucasian	6,236	28.6%	34.5	\$22,032,051	\$3,533
Hispanic	107	0.5%	18.0	\$416,632	\$3,894
Native American	339	1.6%	84.1	\$1,0533,132	\$3,107
Pacific Islander	44	.2%	30.2	\$107,637	\$2,446
Unknown	15	0.07%	0	\$16,131	\$1,075
Total	21,805	100%	26.0	\$81,239,740	\$3,726
Gender					
Female	9,820	45%	22.9	\$36,177,035	\$3,684
Male	11,992	55%	29.3	\$45,062,705	\$3,758
Total	21,805	100%	26.0	\$81,239,740	\$3,726

Data Source: Behavioral health services claims data for FY19. Based on claims paid through January 2, 2020.

Note: The category of unknown is included to reflect counts of children and young adults whose race/ethnicity is unknown.