

Report on Behavioral Health Services for Children and Young Adults  
Fiscal Year 2020

Submitted by the Maryland Department of Health Behavioral Health  
Administration

Maryland Annotated Code  
Health General Article § 7.5–209(e)

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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 FY20 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 is focused 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 2020, there were just under two million (1,931,562) children and young adults (birth to 25 years) residing in Maryland, which represents 31.9% of the State's population (6,055,802). Two in five or 43.73% (835,716) of those children and young adults were eligible for Medical Assistance and PBHS services, while a total of 112,334 (representing 5.8% of the child and young adult population) received services within the PBHS statewide. This number represents a decrease of 2.9% under the 115,655 children and young adults who received services in FY19. In 2020, a total of \$537,660,847 was expended on behavioral health services provided to child and young adult recipients of PBHS services, with an average annual per child and young adult expenditure of \$4,787 per person. These numbers represent a 3.5 percent increase over the previous fiscal year, with total expenditures increasing by \$2.7 million and per individual expenditures increasing by \$161.

*Inpatient Psychiatric Hospital Services:* A total of 6,277 PBHS child and young adult service recipients had one or more psychiatric related hospitalizations, representing 5.6% of all child and young adult recipients of PBHS services and a 15.8% decrease from FY19. Inpatient hospitalizations accounted for nearly one-quarter (21.1%; \$113,678,820) of the total PBHS expenditures for the group and an average per child and young adult expenditure of \$18,110 per person. In FY20, the number of child and young adult recipients of inpatient services decreased, while the total expenditures and per person cost increased by 4.0% and 23.6% respectively, over the previous fiscal year. Children and young adults ages 13 and older accounted for 80.3% of inpatient service users. Inpatient service users were more likely to be female (54%) and non-Hispanic Black (41%). In addition, a total of 7,490 children and young adults were discharged from inpatient psychiatric hospitals in FY20 with an average length of stay (ALOS) of 10 days. The number of youth discharged represents a 13.8% decrease from the 8,694 discharged in FY19. Of those discharged, 737 were readmitted to the same or other hospital within 30 days reflecting a 9.7% hospital 30-day readmission rate. FY20 readmissions were 18.4% lower than the FY19 total of 903.

*Psychiatric Emergency Room Services:* A total of 10,460 PBHS service recipients had one or more psychiatric emergency room visits at an annual expenditure of \$12,726,069 and an average annual per child and young adult expenditure of \$1,217 per person. These numbers represent a decrease in service recipients (17.1%) and total expenditures (13.1%) from FY19. Children and young adults ages 13 and older accounted for 79.5% of emergency room users, while children

birth through six accounted for just over two percent of service users. Emergency room users were more likely to be female (54.5%) and were similarly divided between Non-Hispanic Black (40.5%) and non-Hispanic White (39.8%) children and young adults.

*Residential Treatment Centers (or RTC):* Statewide, 412 children and young adults were treated in private RTCs, while 32 received treatment in the two state-operated Regional Institutes for Children and Adolescents (RICA). The annual expenditure for these services in FY20 was \$30,782,139 and reflects an average per child and young adult expenditure of \$74,714 per person, and decreased by 18.3% and 8.5% respectively compared to FY19. The average time waiting between referral and placement was 59 days for residential treatment centers and 153 days for RICAs. Once placed, the average length of stay in residential treatment centers was 89 days. A total of 703 children and young adults were discharged from residential treatment centers, double the number of children and young adults discharged (306) in FY19. The 30 day readmission rate to the same RTC was approximately six percent compared to seven percent in FY19.

*Intensive Community-Based Services:* Intensive community-based services, as defined in the statute, include psychiatric rehabilitation program services (PRP), targeted case management (TCM), respite care, and § 1915(i) waiver services. In FY20, of the PBHS eligible children and young adults, 23,645 received PRP services, 2,399 received targeted case management services, 412 received respite services statewide, and nine were enrolled in § 1915(i) waiver services. A total of \$106,472,409 was expended on intensive community-based services for children and young adults, averaging \$4,204 per individual. The total expenditures for these services and cost per individual increased by 17.4% (15.7 Million) and 9.1% (\$350) since FY19.

## **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).<sup>1</sup>

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 to care coordination and other community support services including in psychiatric residential treatment centers and family peer support. The goal of the

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<sup>1</sup> 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.

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 FY20. 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 percentage of children and young adults that were (A) eligible for and (B) used public behavioral health services “during the reported year.” FY20 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 FY20, any child (birth through 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 2 million (1,931,562) children and young adults residing in Maryland in 2020. As a group, those in this age range (birth through 25 years) made up nearly one-third (31.9%) of the State’s population and 835,716 or 43.7% were eligible for PBHS services, a number that decreased in FY20, the first time since the reports inception in 2017 (FY17: 816,691; FY18: 836,457; FY19: 838,200; FY20: 835,716).

Non-Hispanic Black children and young adults made up the largest segment of those eligible at 34.4%, followed by non-Hispanic, White children and young adults who accounted for 20.8% of those eligible for services. Females represented 51% of eligible children and young adults while males accounted for 49.0 % (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 31.8% (265,767) 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 12.2% and 10.5%, 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: Baltimore City (14.5%) and Baltimore (14.5%), Montgomery (14.3%), and Prince George’s (18.6%) Counties, and accounted for nearly two-thirds (63%) of all PBHS eligible individuals (see Table 1).

**Table 1: Number and Percent Eligible for PBHS Services within Each Jurisdiction, FY20**

Jurisdiction	Age Group <sup>a</sup>										Jurisdiction Total <sup>b</sup>	
	Birth to 6		7 to 12		13 to 17		18 to 21		22 to 25			
	N	%	N	%	N	%	N	%	N	%	N	% of State Total
Allegany	3,347	30.8%	2,692	24.85	1,971	18.1%	1,532	14.1%	1,323	12.2%	10,865	1.3%
Anne Arundel	18,879	32.3%	16,132	27.6	10,605	18.2%	6,830	11.7%	5,941	10.2%	58,387	7.0%
Baltimore City	38,716	29.8%	33,004	25.4	24,075	18.5%	17,650	13.6%	16,525	12.7%	129,970	16%
Baltimore	38,781	32.1%	32,198	26.6	22,442	18.6%	14,635	12.1%	12,826	10.6%	120,882	14.5%
Calvert	2,343	29.2%	2,104	26.2	1,621	20.2%	1,025	12.8%	929	11.6%	8,022	1.0%
Caroline	2,290	31.3%	2,002	27.4	1,447	19.8%	862	11.8%	714	9.8%	7,315	0.9%
Carroll	3,971	30.5%	3,486	26.7	2,547	19.5%	1,611	12.4%	1,423	10.9%	13,038	1.6%
Cecil	4,706	31.1%	3,980	26.3	2,932	19.4%	1,885	12.5%	1,618	10.7%	15,121	1.8%
Charles	6,456	32.1%	5,396	26.8	3,644	18.1%	2,396	11.9%	2,249	11.2%	20,141	2.4%
Dorchester	2,092	30.2%	1,862	26.8	1,322	19.1%	897	12.9%	765	11.0%	6,938	0.8%
Frederick	8,461	31.7%	7,479	28.0	5,077	19.0%	3,107	11.7%	2,541	9.5%	26,665	3.2%
Garrett	1,326	29.7%	1,118	25.0	869	19.4%	626	14.0%	532	11.9%	4,471	0.5%
Harford	8,340	31.0%	7,050	26.2	5,245	19.5%	3,275	12.2%	3,010	11.2%	26,920	3.2%
Howard	8,480	29.9%	7,830	27.6	5,876	20.7%	3,501	12.3%	2,701	9.5%	28,388	3.4%
Kent	738	28.7%	675	26.3	486	18.9%	363	14.1%	306	11.9%	2,568	0.3%
Montgomery	38,641	32.3%	32,877	27.5	23,502	19.6%	13,991	11.7%	10,598	8.9%	119,609	14.3%
Prince George’s	53,094	34.2%	41,992	27.0	27,589	17.8%	17,228	11.1%	15,380	9.9%	155,283	18.6%
Queen Anne’s	1,477	30.1%	1,318	26.8	1,009	20.5%	624	12.7%	487	9.9%	4,915	0.6%
Somerset	1,478	30.8%	1,276	26.6	937	19.5%	590	12.3%	519	10.8%	4,800	0.6%
St. Mary’s	3,883	30.3%	3,434	26.8	2,389	18.7%	1,645	12.8%	1,458	11.4%	12,809	1.5%
Talbot	1,464	31.2%	1,266	27.0	930	19.8%	572	12.2%	461	9.8%	4,693	0.6%
Washington	8,154	31.6%	6,822	26.4	4,871	18.9%	3,188	12.3%	2,802	10.8%	25,837	3.1%
Wicomico	6,648	31.8%	5,527	26.4	3,889	18.6%	2,658	12.7%	2,207	10.5%	20,929	2.5%
Worcester	2,001	28.1%	1,938	27.3	1,466	20.6%	942	13.2%	764	10.7%	7,111	0.9%
<b>Statewide</b>	<b>265,767</b>	<b>31.8%</b>	<b>223,465</b>	<b>26.7%</b>	<b>156,748</b>	<b>18.8%</b>	<b>101,643</b>	<b>12.2%</b>	<b>88,093</b>	<b>10.5%</b>	<b>835,716</b>	<b>43.3%</b>

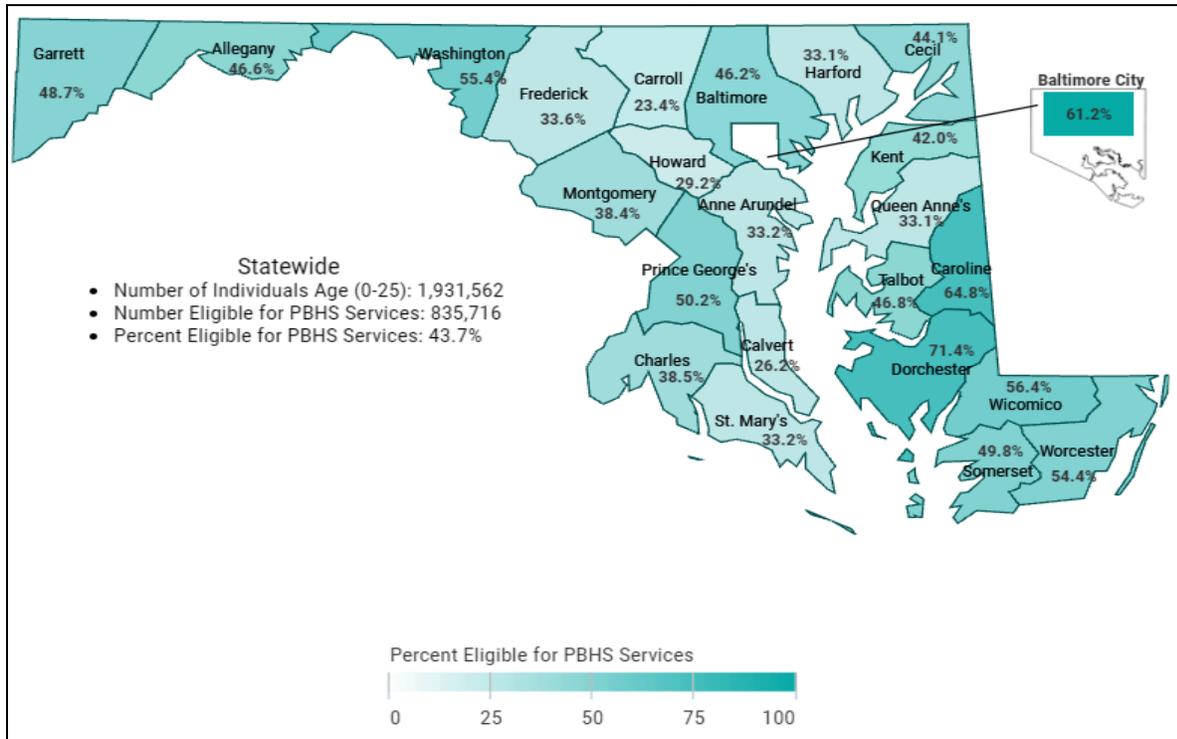
**Data Source:** Behavioral health services claims and eligibility data for FY20. Based on claims paid through May 31, 2021.

**Note:** <sup>a</sup>The number and percent by age group represent the total number of children and young adults within each age group that were MA eligible in that jurisdiction and the percentage of the jurisdiction total accounted for by each age group. <sup>b</sup>The 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=835,716).

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, PBHS eligibility rates ranged from a low of 23.4% in Carroll County to a high of 71.4% in Dorchester County. In addition to Dorchester County, Caroline County (64.8%), Baltimore City (61.2%), Wicomico County (56.4%), Washington County (55.4%), Worcester County (54.4%), and Prince George’s County (50.2%) had more than one-half of all children and young adults eligible for Medical Assistance (Medicaid) services. In contrast, Carroll (23.4%), Calvert (26.2%), and Howard (29.2%) 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 Children and Young Adult’s Eligible for PBHS Services, FY20**



**Data Source:** Maryland medical assistance eligibility data, FY20 Total PBHS eligible children and youth is 835,716.

**Note:** <sup>a</sup>The percent for each jurisdiction is based on the number of children and young adults eligible for PBHS services divided by the total population of children and young adults within the jurisdiction.

## 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 FY20, a total of 112,334 children and young adults (13.4% of those eligible) received one or more behavioral health services within the PBHS statewide. Of those children and young adults receiving PBHS services, 33% were between the ages of 7–12, followed by children 13–17 who made up 28% of service recipients. Younger children, birth through six, were the least likely to use behavioral health services, representing 10.4% of service recipients, while 14.8% and 14.2% of service recipients were young adults ages 18–21 and 22–25 years, respectively. Additionally,

Non-Hispanic Black (46%) and Non-Hispanic White (42%) children and young adults accounted for the majority of PBHS service users (see Appendix, Table A1). Younger service recipients, birth through 21, were more likely to be Non-Hispanic Black (45,262 versus 40,138), while those ages 22–25 were more likely to be Non-Hispanic White (7,026 versus 6,788). Service utilization was similarly distributed between males and females, with each accounting for approximately 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, 60% of the PBHS service recipients resided in the four jurisdictions (Baltimore City, Baltimore County, Prince George’s County and Montgomery County). Baltimore City alone, served almost one-quarter of children and young adult service users (23%). 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 FY20. 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, FY20**

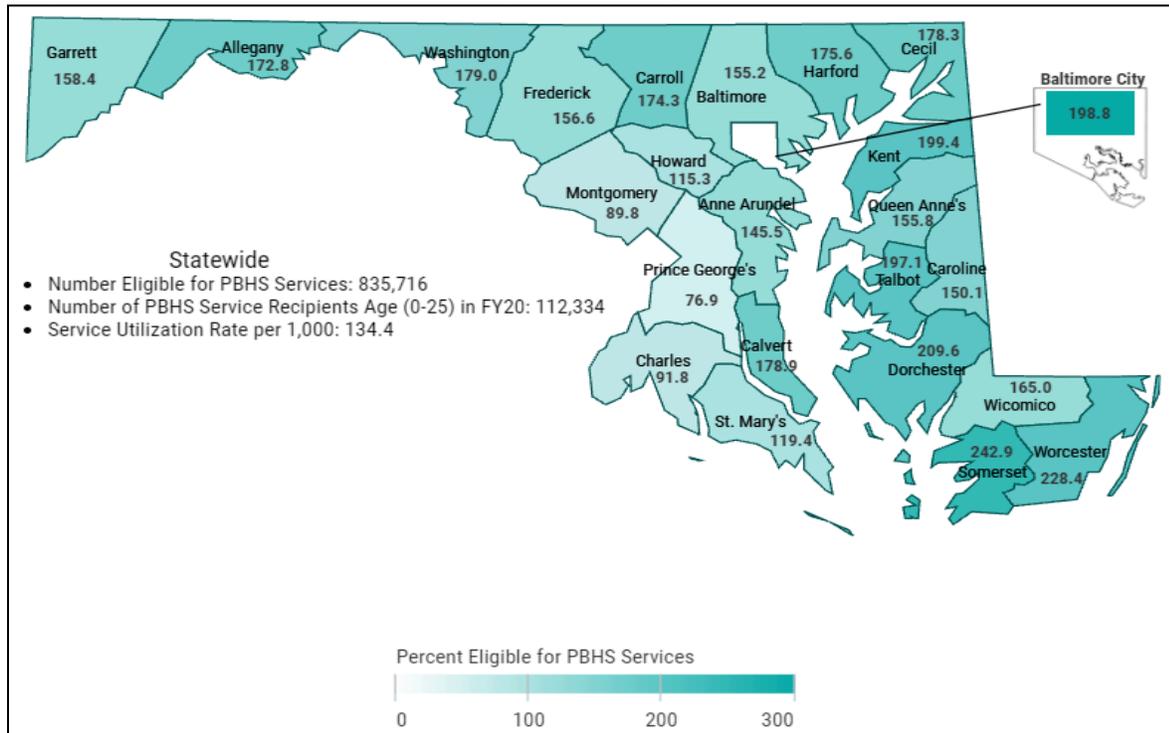
Jurisdiction	Age Group										Jurisdiction Total <sup>b</sup>		
	Birth to 6		7 to 12		13 to 17		18 to 21		22 to 25		N	% of State Total	Rate per 1,000
	N	%	N	%	N	%	N	%	N	%			
Allegany	174	9.3%	505	26.9%	492	26.2%	343	18.3%	364	19.4%	1,878	1.7%	172.9
Anne Arundel	875	10.3%	2,881	33.9%	2,275	26.8%	1,240	14.6%	1,228	14.5%	8,498	7.6%	145.5
Baltimore City	3,093	12.0%	8,648	33.5%	6,843	26.5%	3,703	14.3%	3,560	13.8%	25,844	23.0%	198.9
Baltimore	2,034	10.8%	6,439	34.3%	5,063	27.0%	2,649	14.1%	2,580	13.8%	18,761	16.7%	155.2
Calvert	136	9.5%	396	27.6%	390	27.2%	260	18.1%	253	17.6%	1,435	1.3%	178.9
Caroline	94	8.6%	360	32.8%	319	29.1%	147	13.4%	178	16.2%	1,098	1.0%	150.1
Carroll	228	10.0%	731	32.2%	651	28.7%	324	14.3%	338	14.9%	2,272	2.0%	174.3
Cecil	277	10.3%	868	32.2%	702	26.0%	407	15.1%	442	16.4%	2,696	2.4%	178.3
Charles	155	8.4%	521	28.2%	518	28.0%	317	17.1%	338	18.3%	1,849	1.7%	91.8
Dorchester	154	10.6%	492	33.8%	407	28.0%	207	14.2%	194	13.3%	1,454	1.3%	209.6
Frederick	430	10.3%	1,462	35.0%	1,209	29.0%	544	13.0%	531	12.7%	4,176	3.7%	156.6
Garrett	74	10.5%	232	32.8%	191	27.0%	95	13.4%	116	16.4%	708	0.6%	158.4
Harford	522	11.0%	1,524	32.2%	1,255	26.6%	673	14.2%	752	15.9%	4,726	4.2%	175.6
Howard	321	9.8%	1,002	30.6%	1,040	31.8%	479	14.6%	431	13.2%	3,273	2.9%	115.3
Kent	38	7.4%	157	30.7%	138	27.0%	76	14.8%	103	20.1%	512	0.5%	199.4
Montgomery	939	8.7%	3,373	31.4%	3,414	31.8%	1,662	15.5%	1,356	12.6%	10,744	9.6%	89.8
Prince George's	1,104	9.2%	3,829	32.1%	3,527	29.5%	1,871	15.7%	1,609	13.5%	11,939	10.6%	76.9
Queen Anne's	64	8.4%	241	31.5%	237	30.9%	112	14.6%	112	14.6%	766	0.7%	155.9
Somerset	139	11.9%	418	35.8%	327	28.0%	137	11.7%	145	12.4%	1,166	1.0%	242.9
St. Mary's	131	8.6%	408	26.7%	371	24.2%	272	17.8%	348	22.7%	1,530	1.4%	119.5
Talbot	95	10.3%	316	34.2%	268	29.0%	150	16.2%	96	10.4%	925	0.8%	197.1
Washington	532	11.5%	1,410	30.5%	1,190	25.7%	726	15.7%	768	16.6%	4,626	4.1%	179.1
Wicomico	291	8.4%	1,098	31.8%	981	28.4%	590	17.1%	495	14.3%	3,454	3.1%	165.0
Worcester	147	9.1%	539	33.2%	527	32.5%	206	12.7%	205	12.6%	1,624	1.45%	228.4
Unknown	7	4.6%	29	19.2%	35	23.2%	37	24.5%	43	28.5%	151	0.1%	3871.8
<b>Statewide</b>	<b>11,706</b>	<b>10.4%</b>	<b>36,584</b>	<b>32.6%</b>	<b>31,419</b>	<b>28.0%</b>	<b>16,675</b>	<b>14.8%</b>	<b>15,962</b>	<b>14.2%</b>	<b>112,334</b>	<b>100.0%</b>	<b>134.4</b>

Data Source: Behavioral health services claims and eligibility data for FY20. Based on claims paid through May 31, 2021.

**Note:** <sup>a</sup>The 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. <sup>b</sup>The 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=112,334). 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, 134 in every 1,000 children and young adults eligible to receive services used PBHS services in FY20. As shown in Map 2, rates of PBHS service use varied substantially across the State, ranging from a high of 243 per 1,000 eligible in Somerset County to a low of 77 per 1,000 eligible in Prince George’s County. These jurisdictions also represented the areas with the highest and lowest rates of utilization in FY18 and FY19. 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 134 per 1,000 eligible. Three jurisdictions, including Charles, Montgomery and Prince George’s Counties had utilization rates of less than 100 per 1,000 eligible. Overall the rates of service use among eligible children and young adults decreased in FY20 (134 per 1,000) compared to FY19 (138 per 1000). Howard County was the only jurisdiction that showed an increase in the rate of PBHS service use between FY20 (115 per 1,000) and FY19 (112 per 1,000).

**Map 2: PBHS Service Utilization Rates per 1,000 Eligible, FY20**

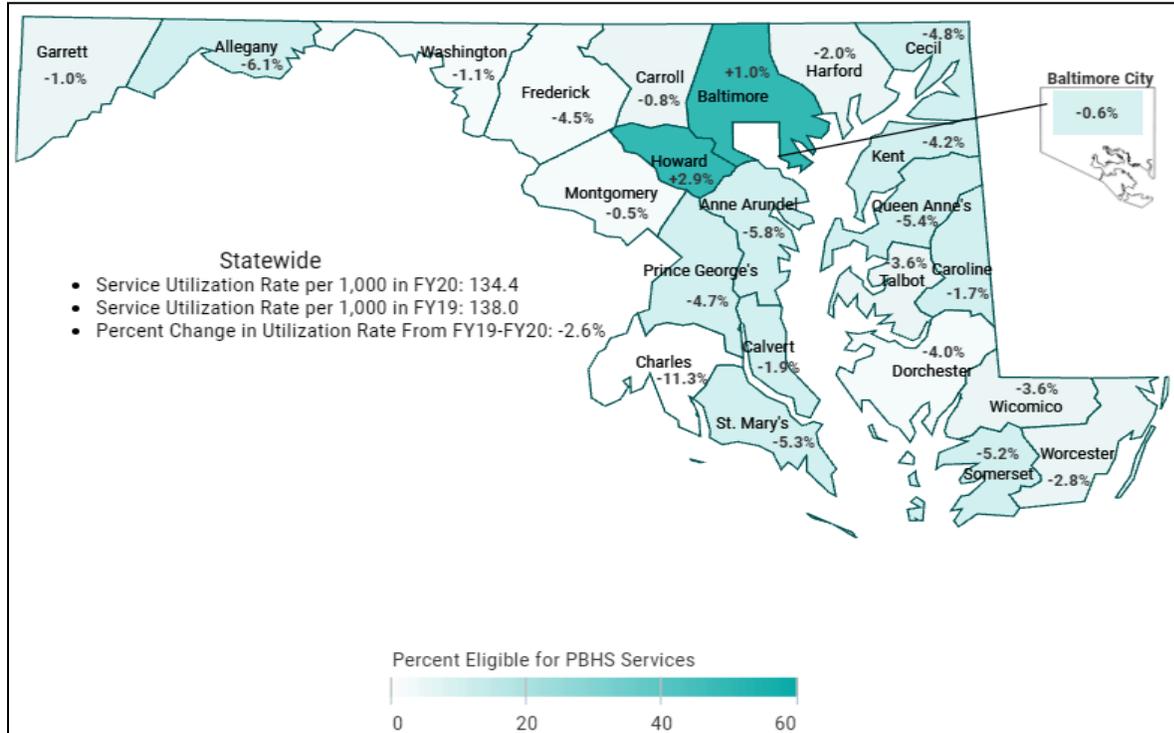


**Data Source:** Behavioral health services claims data for FY20. Based on claims paid through May 31, 2021.

For the first time since the inception of this report in 2017 the rate of PBHS service use decreased in FY2020. Between FY19 and FY20, the rate of PBHS service use decreased by 2.6%.

As shown in Map 3, the overall change in utilization rates ranged from a decrease of -11.3% in Charles County to an increase of 2.9% in Howard County. Twenty-three of the 24 jurisdictions dropped in service utilization rates.

**Map 3: Percent Change in PBHS Service Utilization Rates per 1,000 Eligible, FY19-FY20**



**Data Source:** Behavioral health services claims data for FY20. Based on claims paid through May 31, 2021.

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 selected services accounted for 39% of all child and young adult PBHS service users. Among those receiving services, 9% had a behavioral health related emergency room visit, while 6% were hospitalized for psychiatric reasons. Residential treatment center services were utilized by 412 children and young adults, representing less than one percent of child and young adult service users in FY20. Among the intensive community-based services, psychiatric rehabilitation was the most frequently used, with 21% 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 Selected PBHS Services, FY20**

Selected PBHS Services	Age Group <sup>a</sup>										Jurisdiction Total <sup>b</sup>	
	Birth to 6		7 to 12		13 to 17		18 to 21		22 to 25		N	% State Total
	N	%	N	%	N	%	N	%	N	%		
Inpatient Psychiatric Hospitalization	111	1.8%	1,126	18.0%	2,288	36.4%	1,445	23.0%	1,307	20.8%	6,277	5.6%
Psychiatric Emergency Room	230	2.2%	1,905	18.2%	3,568	34.1%	2,555	24.4%	2,202	21.0%	10,460	9.3%
Residential Treatment Center	5	1.2%	123	29.9%	260	63.1%	24	5.8%	0	0%	412	0.4%
<b>Intensive Community Based Services</b>												
Targeted Case Management	218	9.1%	959	40.0%	840	35.0%	189	7.9%	193	8.1%	2,399	2.1%
Respite Care	43	9.1%	265	56.2%	164	34.8%	2	0.4%	1	0.2%	471	0.4%
§ 1915(j) Waiver Services	0	0.0%	3	33.3%	5	55.6%	1	11.0%	0	0.0%	9	0.0%
Psychiatric Rehabilitation	1,983	8.4%	10,406	44.0%	6,970	29.5%	2,194	9.3%	2,093	8.9%	23,645	21.0%
<b>All Selected PBHS Services<sup>c</sup></b>											<b>43,673</b>	<b>5.2%</b>
<b>All PBHS Services</b>	<b>11,706</b>	<b>10.4%</b>	<b>36,584</b>	<b>32.6%</b>	<b>31,419</b>	<b>28.0%</b>	<b>16,675</b>	<b>14.8%</b>	<b>15,962</b>	<b>14.2%</b>	<b>112,334</b>	<b>100.0%</b>

**Data Source:** Behavioral health services claims data for FY20. Based on claims paid through May 31, 2021.

**Note:** <sup>a</sup>The 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. <sup>b</sup>The total percent column represents the percentage of children and young adults receiving based on the statewide number of service recipients (N=112,334). <sup>c</sup>The total number and percent for all selected PBHS services represents the number of individuals who received one of the selected PBHS services divided by the total number of individuals who were MA eligible.

## 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 four private psychiatric hospitals. In 2020, a total of 6,277 children and young adult recipients of PBHS service had one or more psychiatric related hospitalizations, accounting for 5.6% of all child and young adult service users and a 15.8% decrease from psychiatric related hospitalizations in FY19. Individuals using this service were more likely to be older, as 43.8% of inpatient users were 18–25 years old and 36.4% were between 13–17 years of age. These age groups accounted for 80% of all inpatient service users. Children and young adults using inpatient psychiatric hospitalization services were also more likely to be female (54.5%) and Non-Hispanic Black (40.5%) (see Appendix, Table A2).

Statewide, approximately 8 children and young adults out of every 1,000 PBHS eligible utilized inpatient psychiatric hospital services. Females used inpatient hospital services at a rate of 8.0 per 1,000 eligible compared to 7.0 per 1,000 eligible males. Non-Hispanic White children and young adults used inpatient services at a rate of 14.4 per 1,000 compared to 8.8 per 1,000 eligible Non-Hispanic Black children and young adults. Native Americans, who made up 1.6% of service users, had a utilization rate at 25.6 per 1,000 eligible, three 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 4.1 per 1,000 PBHS eligible in Prince George’s County to a high of 13 per 1,000 eligible in Kent County. Kent County (13 per 1,000), Allegany County (12.5 per 1,000), and Washington County (11 per 1,000) had the highest use rates, while Prince George’s (4.1 per 1,000), Queen Anne’s (4.3 per 1,000), Caroline (5.6 per 1,000), Charles (4.6 per 1,000), Garrett (5.1 per 1,000)

and Talbot (6 per 1,000) Counties had the lowest use rates. Over one-half (14 out of 24) of all jurisdictions had inpatient utilization rates above the state average (7.5 per 1,000).

**Table 4: Number and Percent of PBHS Recipients of Inpatient Psychiatric Hospitalization, FY20**

Jurisdiction	Age Group <sup>a</sup>										Jurisdiction Total <sup>b</sup>		Rate Per 1,000 Eligible
	Birth to 6		7 to 12		13 to 17		18 to 21		22 to 25		N	% State Total	
	N	%	N	%	N	%	N	%	N	%			
Allegany			17	12.5%	50	36.8%	37	27.2%	30	22.1%	136	2.2%	12.5
Anne Arundel	12	2.6%	69	15.1%	174	38.0%	101	22.1%	102	22.3%	458	7.3%	7.8
Baltimore City	26	2.0%	249	19.4%	446	34.8%	284	22.2%	277	21.6%	1,282	20.4%	9.9
Baltimore	29	2.5%	269	23.0%	436	37.2%	212	18.1%	225	19.2%	1,171	18.7%	9.7
Calvert					18	34.0%	16	30.2%	13	24.5%	53	0.8%	6.6
Caroline					16	39.0%					41	0.7%	5.6
Carroll			24	18.5%	62	47.7%	19	14.6%	25	19.2%	130	2.1%	10.0
Cecil			31	19.0%	58	35.6%	42	25.8%	26	16.0%	163	2.6%	10.8
Charles					38	40.9%	23	24.7%	23	24.7%	93	1.5%	4.6
Dorchester			15	26.8%	20	35.7%					56	0.9%	8.1
Frederick			60	22.1%	97	35.7%	62	22.8%	52	19.1%	272	4.3%	10.2
Garrett											23	0.4%	5.1
Harford			44	16.9%	96	36.8%	52	19.9%	59	22.6%	261	4.2%	9.7
Howard			43	19.5%	84	38.0%	56	25.3%	37	16.7%	221	3.5%	7.8
Kent					12	35.3%				23.5%	34	0.5%	13.2
Montgomery			105	13.9%	298	39.4%	201	26.6%	150	19.8%	756	12.0%	6.3
Prince George's			64	10.0%	206	32.3%	197	30.9%	166	26.1%	637	10.2%	4.1
Queen Anne's									9.5%		21	0.3%	4.3
Somerset					14	35.0%					40	0.60%	8.3
St. Mary's			12	12.9%	35	37.6%	20	21.5%	25	26.9%	93	1.5%	7.3
Talbot				14.3%	14	50.0%					28	0.5%	6.0
Washington			76	26.8%	107	37.7%	48	16.9%	47	16.5%	284	4.5%	11.0
Wicomico			30	19.7%	57	37.5%	39	25.7%	23	15.1%	152	2.4%	7.3
Worcester			12	18.5%	24	36.9%	12	18.5%	17	26.2%	65	1.0%	9.1
Unknown											15	0.2%	384.62
<b>Statewide</b>	<b>111</b>	<b>1.8%</b>	<b>1,126</b>	<b>17.9%</b>	<b>2,288</b>	<b>36.5%</b>	<b>1,445</b>	<b>23.0%</b>	<b>1,307</b>	<b>20.8%</b>	<b>6,277</b>	<b>100.0%</b>	<b>7.5</b>

**Data Source:** Behavioral health services claims and eligibility data for FY20. Based on claims paid through May 31, 2021.

**Note:** <sup>a</sup>The 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. <sup>b</sup>The 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=6277). 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

Nearly one in ten (9.3%) PBHS service recipients had one or more psychiatric emergency room visits in FY20. Emergency room services were most frequently used by children ages 13–17

years (34.1%)\_followed by young adults ages 18–21 years (24.4%) and 22–25 (21%). Children and young adults ages 13 and older accounted for more than three-quarters (79.5%) of those using psychiatric emergency room services, while children birth through six accounted for just over two percent of service users. In examining utilization rates across age groups, young adults ages 18–25 years had the highest use rate (25 per 1,000), while children birth through six years of age had the lowest use rate (<1 per 1,000). Emergency room users were more likely to be female (54%) and Non-Hispanic Black (42%), with non-Hispanic Whites accounting for (36.3%) of all emergency room users. Female children and young adults used emergency room services at a rate of (13 per 1,000 eligible) compared to males at a rate of (12 per 1,000 eligible). Non-Hispanic White children and young adults used emergency room services at a slightly higher rate (22 per 1,000 eligible versus 15 per 1,000 eligible) than Non-Hispanic Black children and young adults (see Appendix, Table A3).

As shown in Table 5, use of emergency room services varied across the State, with 12.5 per 1,000 PBHS eligible children and young adults utilizing emergency room services. Three jurisdictions, including Dorchester (24.4 per 1,000), Allegany (22.5 per 1,000), and Somerset Counties (20.4 per 1,000), all had rates well above the state average of (12.5 per 1,000), while the lowest rates were in Garrett (4.7 per 1,000), Prince George’s (5.8 per 1,000) Charles (9.1 per 1,000), and Montgomery (9.2 per 1,000) Counties.

**Table 5: Number and Percent of Psychiatric Emergency Room Services, FY20**

Jurisdiction	Age Group <sup>a</sup>										Jurisdiction Total <sup>b</sup>		Rate Per 1,000 Eligible
	Birth to 6		7 to 12		13 to 17		18 to 21		22 to 25		N	% State Total	
	N	%	N	%	N	%	N	%	N	%			
Allegany			40	16.3%	92	37.6%	58	23.7%	50	20.4%	245	2.3%	22.5
Anne Arundel	25	2.8%	166	18.8%	298	33.7%	223	25.2%	173	19.6%	885	8.5%	15.2
Baltimore City	65	2.9%	435	19.3%	673	29.8%	566	25.1%	518	23.0%	2,257	21.6%	17.4
Baltimore	35	2.2%	335	20.7%	548	33.8%	364	22.5%	338	20.9%	1,620	15.5%	13.4
Calvert			17	13.4%	45	35.4%	33	26.0%	32	25.2%	127	1.2%	15.8
Caroline			21	20.0%	43	41.0%	22	21.0%	16	15.2%	105	1.0%	14.4
Carroll			38	18.2%	77	36.8%	46	22.0%	46	22.0%	209	2.0%	16.0
Cecil			28	13.2%	71	33.5%	60	28.3%	51	24.1%	212	2.0%	14.0
Charles			23	12.6%	71	38.8%	44	24.0%	42	23.0%	183	1.7%	9.1
Dorchester			43	25.4%	57	33.7%	28	16.6%	32	18.9%	169	1.6%	24.4
Frederick			97	23.2%	147	35.2%	93	22.3%	74	17.7%	418	4.0%	15.7
Garrett											21	0.2%	4.7
Harford			50	15.4%	108	33.3%	80	24.7%	81	25.0%	324	3.1%	12.0
Howard			64	16.8%	157	41.2%	88	23.1%	69	18.1%	381	3.6%	13.4
Kent					12	24.5%	14	28.6%	14	28.6%	49	0.5%	19.1
Montgomery	12	1.1%	164	15.0%	447	40.8%	289	26.4%	184	16.8%	1,096	10.5%	9.2
Prince George's	13	1.5%	129	14.4%	272	30.3%	253	28.1%	232	25.1%	899	8.6%	5.8
Queen Anne's					20	35.1%	18	31.6%			57	0.5%	11.6
Somerset			23	23.5%	36	36.7%	14	14.3%	19	19.4%	98	0.9%	20.4
St. Mary's			36	17.1%	68	32.2%	48	22.8%	52	24.6%	211	2.0%	16.5
Talbot			20	23.8%	31	36.9%	19	22.6%	12	14.3%	84	0.8%	17.9
Washington	11	2.4%	94	20.9%	144	32.0%	103	22.9%	98	21.8%	450	4.3%	17.4
Wicomico	11	3.1%	67	19.0%	134	38.0%	87	24.7%	54	15.3%	353	3.4%	16.9
Worcester			20	16.8%	43	36.1%	25	21.0%	29	24.4%	119	1.1%	16.7

Unknown											15	0.1%	384.6
<b>Statewide</b>	<b>230</b>	<b>2.2%</b>	<b>1,905</b>	<b>18.2%</b>	<b>3,568</b>	<b>34.1%</b>	<b>2,555</b>	<b>24.4%</b>	<b>2,202</b>	<b>21.1%</b>	<b>10,460</b>	<b>100.0%</b>	<b>12.5</b>

**Data Source:** Behavioral health services claims and eligibility data for FY20. Based on claims paid through May 31, 2021.

**Note:** <sup>a</sup>The 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. <sup>b</sup>The 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=10460). 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 FY20, 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 FY20, 412 children and young adults were treated in private RTCs with 79.1% of RTC recipients residing in Baltimore City and Baltimore County, a 10.6% decrease from 461 in FY19. Males were overwhelmingly more likely to use RTC services (68.9%) and had higher utilization rates (0.7 per 1000 versus 0.3 per 1,000) compared to females. Individual service users were also more likely to be Non-Hispanic Black (54.4%), even though utilization rates were similarly distributed between Non-Hispanic Black (.8 per 1,000) and non-Hispanic White users (.9 per 1,000) (see Appendix, Table A4). Nearly two-thirds of RTC users (63.1%) were between the ages of 13–17 years, while 31.1% were 12 years or younger and 5.8% 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 0.1 per 1,000 in Prince George’s County to 1.7 per 1,000 in Frederick County. Four jurisdictions, including Baltimore City (1.2 per 1,000) and Baltimore (1.4 per 1,000), Frederick (1.7 per 1,000), and Somerset (1.0 per 1,000) Counties, had use rates at least twice the state average (0.5 per 1,000).

In addition, 32 children and young adults received services in RICA facilities during FY20 (see note on Table 6). Of those receiving RICA services, 68.8% were treated in the Baltimore County facility and 31.5% in the Montgomery County facility. In general, the use of RICAs was low across the state, with a utilization rate of 0.04 per 1,000 eligible children and young adults.

**Table 6: Number and Percent of Residential Treatment Services, FY20<sup>2</sup>**

	Age Group <sup>a</sup>										Jurisdiction Total <sup>b</sup>		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	% State Total	
Allegany													0.4
Anne Arundel											15	3.6%	0.3
Baltimore City			15	9.4%	132	82.5%	11	6.9%	0	0.0%	160	38.8%	1.2
Baltimore			94	56.6%	61	36.8%			0	0.0%	166	40.3%	1.4
Calvert													0.3
Caroline													0.6
Carroll													0.2
Cecil											12	2.9%	0.8
Charles													0.2
Dorchester													0.0
Frederick					37	84.1%					44	10.7%	1.7
Garrett													0.2
Harford											19	4.6%	0.7
Howard													0.3
Kent													0.4
Montgomery											29	7.0%	0.2
Prince George's											17	4.1%	0.1
Queen Anne's													0.4
Somerset													1.0
St. Mary's													0.4
Talbot													0.2
Washington											13	3.2%	0.5
Wicomico													0.3
Worcester													0.1
Unknown													102.6
<b>Statewide</b>	<b>5</b>	<b>1.2%</b>	<b>123</b>	<b>29.9%</b>	<b>260</b>	<b>63.1%</b>	<b>24</b>	<b>5.8%</b>	<b>0</b>	<b>0.0%</b>	<b>412</b>	<b>100.0%</b>	<b>0.5</b>

**Data Source:** Behavioral health services claims and eligibility data for FY20. Based on claims paid through May 31, 2021.

**Note:** <sup>a</sup>The 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. <sup>b</sup>The 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=412). 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) targeted case management, (b) psychiatric rehabilitation, (c) § 1915(i) waiver services, and (d) respite care services among others.

<sup>2</sup> 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 increased 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 FY20.

Just over two percent (2,399) of child and young adult recipients of PBHS services utilized TCM services in FY20, a rate similar to FY19. Most case management recipients (84.1%) were 17 years or younger, and more likely to be male (58.2%) with a utilization rate of 3.4 per 1,000. Approximately 50.4% were non-Hispanic White with a utilization rate of 6.9 per 1,000. Non-Hispanic Black children and young adults accounted for 43.6% of users at a rate of 3.6 per 1,000 eligible (see Appendix, Table A5).

As shown in Table 7, a statewide average of 2.9 per 1,000 eligible children and young adults used TCM services in FY20. Use rates differed across the State, ranging from a low of 0.1 per 1,000 in Montgomery County to a high of 19.1 per 1,000 in Washington County. In addition to Washington County, three jurisdictions, including Somerset (15.0 per 1,000), Dorchester (14.8 per 1000), and Wicomico (12.6 per 1,000) Counties had use rates more than three times the state average, while Montgomery (0.1 per 1,000), Prince George’s (0.2 per 1,000) and Allegany (0.7 per 1,000) Counties had utilization rates of less than 1 per 1,000.

**Table 7: Number and Percent of PBHS Recipients of Targeted Case Management, FY20**

Jurisdiction	Age Group <sup>a</sup>										Jurisdiction Total <sup>b</sup>		Rate Per 1,000 Eligible
	Birth to 6		7 to 12		13 to 17		18 to 21		22 to 25		N	% State Total	
	N	%	N	%	N	%	N	%	N	%			
Allegany													0.7
Anne Arundel			45	42.1%	34	31.8%					107	4.5%	1.8
Baltimore City	26	8.1%	127	39.4%	106	32.2%	24	7.5%	39	12.1%	322	13.4%	2.5

Baltimore	12	8.1%	57	38.3%	60	40.3%			11	7.4%	149	6.2%	1.2
Calvert			13	37.1%							35	1.5%	4.4
Caroline			19	38.0%	22	44.0%					50	2.1%	6.8
Carroll			42	37.2%	33	29.0%	17	15.0%	14	12.4%	113	4.7%	8.7
Cecil			18	50.0%							36	1.5%	2.4
Charles	12	16.4%	35	48.0%	21	28.8%					73	3.0%	3.6
Dorchester	11	10.7%	47	45.6%	43	41.8%					103	4.3%	14.9
Frederick	11	6.5%	53	31.2%	56	32.94%	29	17.06%	21	12.35%	170	7.1%	6.4
Garrett											19	0.9%	4.3
Harford	14	10.8%	61	46.9%	51	39.2%					130	5.4%	4.8
Howard	21	16.3%	63	48.8%	42	32.6%					129	5.4%	4.5
Kent			14	50.0%	11	39.3%					28	1.2%	10.9
Montgomery											14	0.6%	0.1
Prince George's					12	40.0%					30	1.3%	0.2
Queen Anne's			11	44.0%							25	1.0%	5.1
Somerset			30	41.7%	31	43.1%					72	3.0%	15.0
St. Mary's			27	50.0%							54	2.3%	4.2
Talbot			16	44.4%	17	47.2%					36	1.5%	7.7
Washington	51	10.3%	189	38.3%	138	27.9%	59	11.9%	57	11.5%	494	20.6%	19.1
Wicomico	14	5.3%	100	37.9%	134	50.8%	13	4.9%			264	11.0%	12.6
Worcester											22	0.9%	3.1
Unknown													
<b>Statewide</b>	<b>218</b>	<b>9.1%</b>	<b>959</b>	<b>40.0%</b>	<b>840</b>	<b>35.0%</b>	<b>189</b>	<b>7.9%</b>	<b>193</b>	<b>8.1%</b>	<b>2,399</b>	<b>100.0%</b>	<b>2.9</b>

**Data Source:** Behavioral health services claims and eligibility data for FY20. Based on claims paid through May 31, 2021.

**Note:** <sup>a</sup>The 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. <sup>b</sup>The 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=2,399). 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 FY20.

**Table 8: Number and Percent of PBHS Recipients of Respite Care Services, FY20**

Jurisdiction	Age Group <sup>a</sup>										Jurisdiction Total <sup>b</sup>		Rate Per 1,000 Eligible
	Birth to 6		7 to 12		13 to 17		18 to 21		22 to 25		N	% State Total	
	N	%	N	%	N	%	N	%	N	%			
Allegany													0.2
Anne Arundel							0	0.0%	0	0.0%	14	2.3%	0.2
Baltimore City			20	57.14%			0	0.0%	0	0.0%	35	7.4%	0.3
Baltimore			11	35.48%	18	58.06%	0	0.0%	0	0.0%	31	6.6%	0.3

Calvert	0	0.0%	0	0.00%	0	0.00%	0	0.0%	0	0.0%	0	0.0%	0.0
Caroline			16	48.48%	14	42.42%	0	0.0%	0	0.0%	33	7.0%	4.5
Carroll	0	0.0%	0	0.00%			0	0.0%	0	0.0%			0.1
Cecil	0	0.0%					0	0.0%	0	0.0%			0.3
Charles	0	0.0%	0	0.00%	0	0.00%	0	0.0%	0	0.0%	0	0.0%	0.0
Dorchester	0	0.0%					0	0.0%	0	0.0%			1.3
Frederick	0	0.0%	28	48.28%	30	51.72%	0	0.0%	0	0.0%	58	12.3%	2.2
Garrett	0	0.0%	0	0.00%	0	0.00%	0	0.0%	0	0.0%	0	0.0%	0
Harford			12	75.00%			0	0.0%	0	0.0%	16	3.4%	0.6
Howard	0	0.0%	0	0.00%			0	0.0%	0	0.0%			0.0
Kent					0	0.00%	0	0.0%	0	0.0%			1.6
Montgomery	0	0.0%					0	0.0%	0	0.0%			0.1
Prince George's	0	0.0%	0	0.0%			0	0.0%	0	0.0%			0.0
Queen Anne's							0	0.0%	0	0.0%			1.8
Somerset	12	12.6%	59	62.1%	24	25.3%	0	0.0%	0	0.0%	95	20.17%	19.8
St. Mary's	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.00%	0.0
Talbot							0	0.0%	0	0.0%	14	2.97%	3.0
Washington							0	0.0%	0	0.0%			0.4
Wicomico	13	9.3%	88	62.9%	40	28.6%	0	0.0%	0	0.0%	140	29.72%	6.7
Worcester							0	0.0%	0	0.0%			1.0
Unknown	0	0.0%	0	0.0%			0	0.0%	0	0.0%			25.6
<b>Statewide</b>	<b>43</b>	<b>9.1%</b>	<b>265</b>	<b>56.3%</b>	<b>164</b>	<b>34.8%</b>	<b>0</b>	<b>0.0%</b>	<b>0</b>	<b>0.0%</b>	<b>471</b>	<b>100.0%</b>	<b>0.6</b>

**Data Source:** Behavioral health services claims and eligibility data for FY20. Based on claims paid through May 31, 2021.

**Note:** <sup>a</sup>The 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. <sup>b</sup>The 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=471). 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 FY20, 471 children and young adults received respite care services statewide, representing (<1%) of all child and young adult PBHS service users. While the number of respite service users remains low, the FY20 service use (471) increased by 10.8% compared to FY19 (425). Over one-half (56.3%) of all respite users were between the ages of 7–12, followed by children ages 13–17 (34.8%). Respite care users were also more likely to be male (57.3%), but similarly used by Non-Hispanic Black and Non-Hispanic White who accounted for 49.1% and 47.8% of respite service users respectively. Respite care rates were higher in males (0.7 per 1,000 eligible versus 0.5 per 1,000 eligible) than females and in non-Hispanic White children (1.3 per 1,000 eligible versus 0.8 per 1,000 eligible) compared to Non-Hispanic Blacks (see Appendix, Table A6).

Respite care services were provided statewide, however over one -quarter (29.7%) of service recipients resided in Wicomico County. During this period, no child or young adult received respite services in four jurisdictions, including Calvert, Charles, Garrett, 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 FY20 a total of 9 children and young adults were enrolled in § 1915(i) waiver services, 22 children less than the FY19 total of 31. All § 1915(i) waiver users resided in one of six jurisdictions including Baltimore City, Baltimore, Charles, Frederick, Washington, and Wicomico 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 FY20, there were 23,645 child and young adult users of PBHS services who received PRP services statewide, an increase of 8.4% over FY19. Forty-four percent of PRP users were ages of 7–12, 54.3% were male and 68.6% were Non-Hispanic Black. Use rates for PRP were higher in males (31.3 per 1,000 eligible versus 25.4 per 1,000 eligible) compared to females and in Non-Hispanic Blacks (56.4 per 1,000 eligible versus 34.2 per 1,000 eligible) compared to non-Hispanic White children and young adults (see Appendix, Table A8).

Forty-three percent of PRP users resided in Baltimore City, which had the highest utilization rate of 78.3 per 1,000. As shown in Table 9, utilization rates varied from a low of 8.9 per 1,000 eligible children and young adults in Montgomery County to a high of 78.3 per 1,000 in Baltimore City. PRP use rates in Baltimore City were more than double the state average of 28.3 per 1,000, while Montgomery County (8.9 per 1,000) and Charles County (9.2 per 1000) had utilization rates of less than 10 per 1,000 eligible.

**Table 9: Number and Percent of PBHS Recipients of Psychiatric Rehabilitation Services, FY20**

Jurisdiction	Age Group <sup>a</sup>										Jurisdiction Total <sup>b</sup>		Rate Per 1,000 Eligible
	Birth to 6		7 to 12		13 to 17		18 to 21		22 to 25		N	% State Total	
	N	%	N	%	N	%	N	%	N	%			
Allegany			65	31.9%	65	31.9%	30	14.7%	34	16.7%	204	0.9%	18.8
Anne Arundel	68	6.8%	488	48.5%	246	24.4%	99	9.8%	106	10.5%	1,007	4.3%	17.2
Baltimore City	912	9.0%	4,295	42.2%	3,013	29.6%	1,007	9.9%	951	9.3%	10,178	43.0%	78.3
Baltimore	345	9.0%	1,676	43.8%	1,081	28.2%	397	10.4%	331	8.6%	3,830	16.2%	31.7
Calvert			24	29.3%	13	15.9%	17	20.7%	19	23.2%	82	0.3%	10.2
Caroline			63	40.9%	65	42.2%					154	0.7%	21.1
Carroll	31	10.8%	140	49.0%	80	28.0%	18	6.3%	17	5.9%	286	1.2%	21.9
Cecil	24	5.4%	248	56.0%	126	28.4%	19	4.3%	26	5.9%	443	1.9%	29.3
Charles			63	33.9%	56	30.1%	27	14.5%	32	17.2%	186	0.8%	9.2
Dorchester	19	8.8%	94	43.3%	70	32.3%	19	8.8%	15	6.9%	217	0.9%	31.3
Frederick	60	8.2%	424	58.2%	183	25.1%	25	3.4%	36	5.0%	728	3.1%	27.3
Garrett			23	49.0%							47	0.2%	10.5
Harford	49	6.4%	362	46.9%	231	29.9%	54	7.0%	76	9.8%	772	3.3%	28.7
Howard	30	6.9%	185	42.4%	127	29.1%	47	10.8%	47	10.8%	436	1.8%	15.4
Kent			15	29.4%	19	37.3%					51	0.2%	19.9
Montgomery	74	7.0%	414	39.0%	345	32.5%	101	9.5%	127	12.0%	1,061	4.5%	8.9
Prince George's	220	8.7%	1,094	43.3%	773	30.6%	238	9.4%	204	8.1%	2,529	10.7%	16.3
Queen Anne's			14	26.4%	16	30.2%					53	0.2%	10.8

Somerset	20	7.7%	148	57.1%	71	27.4%	11	4.3%			259	1.1%	54.0
St. Mary's			46	31.1%	36	24.3%	27	18.2%	34	23.0%	148	0.6%	11.6
Talbot			46	40.0%	42	36.5%	13	11.3%			115	0.5%	24.5
Washington	89	11.5%	435	56.4%	168	21.8%	38	4.9%	41	5.3%	771	3.3%	29.8
Wicomico	40	5.8%	317	45.7%	234	33.8%	64	9.2%	38	5.5%	693	2.9%	33.1
Worcester	11	5.2%	103	49.1%	75	35.7%	15	7.1%			210	0.9%	29.5
Unknown									11	29.7%	37	0.2%	948.7
<b>Statewide</b>	<b>1,983</b>	<b>8.4%</b>	<b>10,406</b>	<b>44.0%</b>	<b>6,970</b>	<b>29.5%</b>	<b>2,194</b>	<b>9.3%</b>	<b>2,093</b>	<b>8.9%</b>	<b>23,645</b>	<b>100.0%</b>	<b>28.3</b>

**Data Source:** Behavioral health services claims and eligibility data for FY20. Based on claims paid through May 31, 2021.

**Note:** <sup>a</sup>The 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. <sup>b</sup>The 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=23645). 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 6,277 children and young adults and accounted for 21.1% (\$113.6 million) of the total child and young adult PBHS expenditures (\$537,660,847) in FY20, and an average per person cost of \$18,110. These costs represented a 4.0% increase in total expenditures and a 23.6% increase in costs per person compared to FY19. Expenditures were evenly split between male and female service recipients, however, males had a higher cost per person (\$19,871 versus \$16,636) than females. Among racial and ethnic groups, Non-Hispanic Blacks accounted for 42.0% of hospital expenditures (\$18,777 per person), followed by non-Hispanic White users at 35.5% (\$16,169 per person). Though Hispanic children and young adults accounted for only 2.0% of the total expenditures, they had the highest costs per person (\$24,347 per person), followed by Asian children and young adults who accounted for 4.3% of expenditures but had the second highest expenditure rate (\$22,689 per person) (see Appendix, Table A2). As shown in Table 10a, children (Birth to 17 years) accounted for 65.5% of inpatient expenditures (\$74,466,576), while young adults accounted for 34.5% (\$39,212,245). Children ages 7–12 had the highest per child and young adult expenditures (\$22,725 per person), while young adults 22–25 (\$14,158 per person) had the lowest per child

and young adult expenditures (see Table 10b). Baltimore City and Baltimore County accounted for 42.1% of state expenditures on inpatient psychiatric hospitalization.

**Table 10a: Total Expenditures for Inpatient Psychiatric Services, FY20**

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$17,280	\$297,051	\$696,881	\$223,637	\$154,066	\$1,388,916
Anne Arundel	\$344,710	\$1,350,104	\$3,211,885	\$1,431,134	\$1,321,608	\$7,659,442
Baltimore City	\$359,478	\$5,580,984	\$11,149,551	\$4,693,881	\$4,403,486	\$26,187,380
Baltimore	\$705,063	\$6,345,679	\$8,958,739	\$2,609,991	\$3,021,923	\$21,641,394
Calvert	\$0	\$333,252	\$282,471	\$218,114	\$142,487	\$976,325
Caroline	\$14,969	\$99,520	\$254,353	\$102,317	\$52,101	\$523,261
Carroll	\$0	\$554,595	\$1,298,776	\$439,903	\$293,728	\$2,587,002
Cecil	\$30,220	\$715,961	\$728,241	\$540,084	\$247,052	\$2,261,559
Charles	\$0	\$155,125	\$582,701	\$274,299	\$240,436	\$1,252,561
Dorchester	\$67,535	\$208,953	\$461,056	\$118,874	\$258,419	\$1,114,837
Frederick	\$176	\$991,499	\$1,913,516	\$674,856	\$532,750	\$4,112,798
Garrett	\$15,981	\$33,614	\$76,453	\$32,756	\$47,532	\$206,335
Harford	\$264,714	\$1,450,403	\$1,581,472	\$814,415	\$652,473	\$4,763,476
Howard	\$30,309	\$839,846	\$1,646,093	\$1,240,949	\$408,688	\$4,165,885
Kent	\$63,186	\$84,722	\$278,527	\$206,114	\$93,075	\$725,625
Montgomery	\$25,178	\$1,987,677	\$5,805,932	\$2,913,787	\$2,634,322	\$13,366,897
Prince George's	\$36,187	\$1,382,001	\$3,469,591	\$2,606,060	\$2,826,655	\$10,320,494
Queen Anne's	\$0	\$13,704	\$169,124	\$60,321	\$20,568	\$263,717
Somerset	\$30,662	\$129,097	\$201,698	\$102,161	\$147,272	\$610,891
St. Mary's	\$23,656	\$207,804	\$702,864	\$139,169	\$127,075	\$1,200,568
Talbot	\$0	\$84,892	\$140,968	\$37,962	\$59,357	\$323,179
Washington	\$91,460	\$1,149,182	\$1,765,540	\$454,546	\$242,778	\$3,703,505
Wicomico	\$53,810	\$510,927	\$690,286	\$511,420	\$194,260	\$1,960,703
Worcester	\$0	\$171,610	\$608,048	\$84,222	\$124,647	\$988,527
Unknown	\$0	\$909,592	\$29,439	\$177,368	\$257,146	\$1,373,545
<b>Statewide</b>	<b>\$2,174,574</b>	<b>\$25,587,795</b>	<b>\$46,704,206</b>	<b>\$20,708,341</b>	<b>\$18,503,904</b>	<b>\$113,678,820</b>

**Data Source:** Behavioral health services claims data for FY20. Based on claims paid through May 31, 2021.

**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 \$8,971 per person in Garrett County to a high of \$21,342 per person in Kent County. Eight jurisdictions, including Baltimore City and Baltimore, Calvert, Carroll, Dorchester, Harford, Howard, and Kent Counties all had annual per person expenditures above the state average of \$18,110 per person (see Table 10b).

**Table 10b: Expenditures per Recipient of Inpatient Psychiatric Services, FY20**

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$8,640	\$17,474	\$13,938	\$6,044	\$5,136	\$10,213
Anne Arundel	\$28,726	\$19,567	\$18,459	\$14,170	\$12,957	\$16,724
Baltimore City	\$13,826	\$22,414	\$24,999	\$16,528	\$15,897	\$20,427
Baltimore	\$24,313	\$23,590	\$20,548	\$12,311	\$13,431	\$18,481
Calvert	\$0	\$55,542	\$15,693	\$13,632	\$10,961	\$18,421

Caroline	\$14,969	\$12,440	\$15,897	\$12,790	\$6,513	\$12,762
Carroll	\$0	\$23,108	\$20,948	\$23,153	\$11,749	\$19,900
Cecil	\$5,037	\$23,096	\$12,556	\$12,859	\$9,502	\$13,875
Charles	\$0	\$17,236	\$15,334	\$11,926	\$10,454	\$13,468
Dorchester	\$33,767	\$13,930	\$23,053	\$13,208	\$25,842	\$19,908
Frederick	\$176	\$16,525	\$19,727	\$10,885	\$10,245	\$15,121
Garrett	\$7,990	\$6,723	\$9,557	\$6,551	\$15,844	\$8,971
Harford	\$26,471	\$32,964	\$16,474	\$15,662	\$11,059	\$18,251
Howard	\$30,309	\$19,531	\$19,596	\$22,160	\$11,046	\$18,850
Kent	\$31,593	\$10,590	\$23,211	\$51,529	\$11,634	\$21,342
Montgomery	\$12,589	\$18,930	\$19,483	\$14,496	\$17,562	\$17,681
Prince George's	\$9,047	\$21,594	\$16,843	\$13,229	\$17,028	\$16,202
Queen Anne's	\$0	\$6,852	\$16,912	\$8,617	\$10,284	\$12,558
Somerset	\$30,662	\$12,910	\$14,407	\$12,770	\$21,039	\$15,272
St. Mary's	\$23,656	\$17,317	\$20,082	\$6,958	\$5,083	\$12,909
Talbot	\$0	\$21,223	\$10,069	\$6,327	\$14,839	\$11,542
Washington	\$15,243	\$15,121	\$16,500	\$9,470	\$5,165	\$13,041
Wicomico	\$17,937	\$17,031	\$12,110	\$13,113	\$8,446	\$12,899
Worcester	\$0	\$14,301	\$25,335	\$7,019	\$7,332	\$15,208
Unknown	\$0	\$454,796	\$9,813	\$35,474	\$51,429	\$91,570
<b>Statewide</b>	<b>\$19,591</b>	<b>\$22,725</b>	<b>\$20,413</b>	<b>\$14,331</b>	<b>\$14,158</b>	<b>\$18,110</b>

**Data Source:** Behavioral health services claims data for FY20. Based on claims paid through May 31, 2021.

**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 FY20, 10,460 children and young adults used emergency room services at a total cost of \$12,726,069, a 13.1% decrease from FY19 and an average annual per person cost of \$1,217 an increase of 4.8% per person from FY19. Psychiatric emergency room expenditures represent 2.4% of the overall annual behavioral health expenditure in FY20. Females account for 52.8% of emergency room expenditures, however males had a higher per person cost than female service recipients (\$1,269 per person versus \$1,172 per person). Non-Hispanic Black users accounted for 45.5% of total emergency room expenditures and a per person cost of \$1,319, followed by non-Hispanic White users who accounted for 33.3% of expenditures and a per person cost of \$1,114. Total emergency room expenditures were highest among children age 13–17 (\$4,226,117) and young adults ages 22–25 years (\$3.0 million) and lowest among children birth – 6 years old (\$213,543) (see Table 11a).

**Table 11a: Total Expenditures for Behavioral Health Emergency Room Service, FY20**

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$5,041	\$46,234	\$120,412	\$84,655	\$64,351	\$320,694
Anne Arundel	\$23,134	\$167,486	\$365,155	\$228,799	\$240,468	\$1,025,043
Baltimore City	\$67,704	\$614,107	\$1,063,242	\$868,597	\$940,875	\$3,554,526
Baltimore	\$36,858	\$429,378	\$698,230	\$407,232	\$456,686	\$2,028,383
Calvert	\$0	\$12,889	\$46,879	\$33,307	\$50,285	\$143,359
Caroline	\$1,861	\$18,751	\$68,774	\$17,859	\$13,547	\$120,791
Carroll	\$892	\$38,314	\$67,721	\$53,340	\$47,509	\$207,776
Cecil	\$828	\$27,805	\$58,889	\$59,188	\$51,221	\$197,931

Charles	\$1,367	\$31,416	\$66,700	\$42,650	\$44,218	\$186,351
Dorchester	\$13,018	\$58,243	\$64,095	\$25,566	\$45,636	\$206,557
Frederick	\$3,614	\$120,377	\$159,305	\$90,981	\$80,960	\$455,237
Garrett	\$591	\$3,027	\$9,667	\$5,637	\$4,850	\$23,770
Harford	\$8,075	\$66,016	\$133,620	\$104,195	\$125,661	\$437,567
Howard	\$5,601	\$96,365	\$183,862	\$99,464	\$62,264	\$447,556
Kent	\$969	\$18,384	\$29,783	\$16,586	\$15,278	\$81,000
Montgomery	\$4,867	\$123,260	\$340,113	\$246,322	\$193,344	\$907,905
Prince George's	\$8,944	\$181,403	\$330,078	\$288,844	\$280,149	\$1,089,418
Queen Anne's	\$793	\$4,264	\$24,802	\$15,168	\$7,549	\$52,577
Somerset	\$2,372	\$17,606	\$20,944	\$10,448	\$17,571	\$68,941
St. Mary's	\$6,955	\$50,146	\$81,629	\$63,650	\$81,587	\$283,968
Talbot	\$1,208	\$23,876	\$38,315	\$19,724	\$12,429	\$95,552
Washington	\$9,769	\$94,188	\$127,942	\$94,280	\$92,440	\$418,619
Wicomico	\$7,162	\$44,518	\$90,627	\$65,181	\$44,831	\$252,319
Worcester	\$1,921	\$15,560	\$29,886	\$17,822	\$22,884	\$88,073
Unknown	\$0	\$3,667	\$5,446	\$6,227	\$16,815	\$32,155
<b>Statewide</b>	<b>\$213,543</b>	<b>\$2,307,280</b>	<b>\$4,226,117</b>	<b>\$2,965,723</b>	<b>\$3,013,407</b>	<b>\$12,726,069</b>

**Data Source:** Behavioral health services claims data for FY20. Based on claims paid through May 31, 2021.

**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, four jurisdictions, including Baltimore City and Baltimore, Anne Arundel, and Prince George's Counties were responsible for 60% of the total emergency room expenditures statewide, with Baltimore City alone accounting for over one-quarter 27.9% (\$3.5 million) of the state total. The average per person emergency room expenditures varied substantially across the State from a low of \$703 per person in Somerset County to \$1,653 per person in Kent County. Seven jurisdictions, including Baltimore City and Allegany, Baltimore, Dorchester, Harford, Kent and St. Mary's Counties, had annual per children and young adult expenditures higher than the state average of \$1,217 per person, while three jurisdictions (Somerset, Wicomico and Worcester Counties) had annual per person expenditure considerably below the state average (see Table 11b).

**Table 11b: Expenditures per Recipient of Behavioral Health Emergency Room Services, FY20**

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$1,008	\$1,156	\$1,309	\$1,460	\$1,287	\$1,309
Anne Arundel	\$925	\$1,009	\$1,225	\$1,026	\$1,390	\$1,158
Baltimore City	\$1,042	\$1,412	\$1,580	\$1,535	\$1,816	\$1,575
Baltimore	\$1,053	\$1,282	\$1,274	\$1,119	\$1,351	\$1,252
Calvert	\$0	\$758	\$1,042	\$1,009	\$1,571	\$1,129
Caroline	\$620	\$893	\$1,599	\$812	\$847	\$1,150
Carroll	\$446	\$1,008	\$879	\$1,160	\$1,033	\$994
Cecil	\$414	\$993	\$829	\$986	\$1,004	\$934
Charles	\$456	\$1,366	\$939	\$969	\$1,053	\$1,018
Dorchester	\$1,446	\$1,354	\$1,124	\$913	\$1,426	\$1,222
Frederick	\$516	\$1,241	\$1,084	\$978	\$1,094	\$1,089
Garrett	\$591	\$1,513	\$1,208	\$1,127	\$970	\$1,132
Harford	\$1,615	\$1,320	\$1,237	\$1,302	\$1,551	\$1,351
Howard	\$1,867	\$1,506	\$1,171	\$1,130	\$902	\$1,175
Kent	\$969	\$2,298	\$2,482	\$1,185	\$1,091	\$1,653

Montgomery	\$406	\$752	\$761	\$852	\$1,051	\$828
Prince George's	\$688	\$1,406	\$1,214	\$1,142	\$1,208	\$1,212
Queen Anne's	\$793	\$533	\$1,240	\$843	\$755	\$922
Somerset	\$395	\$765	\$582	\$746	\$925	\$703
St. Mary's	\$994	\$1,393	\$1,200	\$1,326	\$1,569	\$1,346
Talbot	\$604	\$1,194	\$1,236	\$1,038	\$1,036	\$1,138
Washington	\$888	\$1,002	\$888	\$915	\$943	\$930
Wicomico	\$651	\$664	\$676	\$749	\$830	\$715
Worcester	\$960	\$778	\$695	\$713	\$789	\$740
Unknown	\$0	\$1,222	\$1,815	\$1,245	\$4,204	\$2,144
<b>Statewide Avg.</b>	<b>\$928</b>	<b>\$1,211</b>	<b>\$1,184</b>	<b>\$1,161</b>	<b>\$1,368</b>	<b>\$1,217</b>

**Data Source:** Behavioral health services claims data for FY20. Based on claims paid through May 31, 2021.

**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 412 children and young adults used RTC services in FY20 at a total cost of \$30,782,139 a decrease of 18.3% from FY19. Annual expenditures for RTC services represent 5.7% 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 \$74,714 (see Table 12b). Males accounted for 69.0% of the RTC expenditures, however there was no difference between males and females in per person cost. Among racial/ethnic groups, Non-Hispanic Black children and young adults accounted 54.9% of RTC expenditures (\$16,903,688) and had the highest per person cost of \$75,463; followed by non-Hispanic White children and young adults who accounted for 35.4% (\$10,902,425)(see Appendix, Table A4). As shown in Table 12b, average per person expenditures varied greatly across the State from \$25,989 per person in Kent County to \$91,178 per person in Washington County.

**Table 12a: Total Expenditures for Residential Treatment Services, FY20**

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	\$167,857	\$47,598	\$0	\$0	\$215,455
Anne Arundel	\$0	\$561,656	\$279,210	\$65,429	\$0	\$906,294
Baltimore City	\$122,562	\$820,914	\$6,742,671	\$702,202	\$0	\$8,388,349
Baltimore	\$263,776	\$6,724,078	\$3,473,324	\$536,094	\$0	\$10,997,272
Calvert	\$0	\$164,127	\$5,556	\$0	\$0	\$169,683
Caroline	\$0	\$0	\$235,660	\$0	\$0	\$235,660
Carroll	\$0	\$111,372	\$18,880	\$0	\$0	\$130,252
Cecil	\$0	\$187,574	\$475,964	\$31,202	\$0	\$694,739
Charles	\$0	\$0	\$58,090	\$78,727	\$0	\$136,817
Frederick	\$0	\$51,049	\$2,046,152	\$286,214	\$0	\$2,383,415
Garrett	\$0	\$0	\$58,502	\$0	\$0	\$58,502
Harford	\$16,519	\$451,791	\$196,348	\$0	\$0	\$664,659
Howard	\$0	\$0	\$413,154	\$0	\$0	\$413,154
Kent	\$0	\$0	\$25,989	\$0	\$0	\$25,989
Montgomery	\$0	\$600,023	\$1,205,415	\$14,449	\$0	\$1,819,887
Prince George's	\$0	\$523,821	\$590,813	\$79,497	\$0	\$1,194,130
Queen Anne's	\$0	\$0	\$177,296	\$0	\$0	\$177,296

Somerset	\$0	\$51,035	\$157,511	\$0	\$0	\$208,546
St. Mary's	\$0	\$1,599	\$199,912	\$0	\$0	\$201,510
Talbot	\$0	\$0	\$46,621	\$0	\$0	\$46,621
Washington	\$113,503	\$146,009	\$925,798	\$0	\$0	\$1,185,311
Wicomico	\$0	\$39,966	\$234,136	\$93,090	\$0	\$367,192
Worcester	\$0	\$53,821	\$0	\$0	\$0	\$53,821
<b>Statewide</b>	<b>\$516,360.72</b>	<b>\$10,662,262</b>	<b>\$17,716,613</b>	<b>\$1,886,903</b>	<b>\$0</b>	<b>\$30,782,139</b>

**Data Source:** Behavioral health services claims data for FY20. Based on claims paid through May 31, 2021.

**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 Recipient of Residential Treatment Services, FY20**

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	\$83,929	\$23,799	\$0	\$0	\$53,864
Anne Arundel	\$0	\$80,237	\$39,887	\$65,429	\$0	\$60,420
Baltimore City	\$61,281	\$54,728	\$51,081	\$63,837	\$0	\$52,427
Baltimore	\$87,925	\$71,533	\$56,940	\$67,012	\$0	\$66,249
Calvert	\$0	\$164,127	\$5,556	\$0	\$0	\$84,841
Caroline	\$0	\$0	\$58,915	\$0	\$0	\$58,915
Carroll	\$0	\$111,372	\$18,880	\$0	\$0	\$65,126
Cecil	\$0	\$46,893	\$67,995	\$31,202	\$0	\$57,895
Charles	\$0	\$0	\$19,363	\$78,727	\$0	\$34,204
Frederick	\$0	\$17,016	\$55,301	\$71,553	\$0	\$54,169
Garrett	\$0	\$0	\$58,502	\$0	\$0	\$58,502
Harford	\$16,519	\$45,179	\$24,544	\$0	\$0	\$34,982
Howard	\$0	\$0	\$59,022	\$0	\$0	\$59,022
Kent	\$0	\$0	\$25,989	\$0	\$0	\$25,989
Montgomery	\$0	\$60,002	\$66,967	\$14,449	\$0	\$62,755
Prince George's	\$0	\$65,478	\$73,852	\$79,497	\$0	\$70,243
Queen Anne's	\$0	\$0	\$88,648	\$0	\$0	\$88,648
Somerset	\$0	\$25,517	\$52,504	\$0	\$0	\$41,709
St. Mary's	\$0	\$1,599	\$49,978	\$0	\$0	\$40,302
Talbot	\$0	\$0	\$46,621	\$0	\$0	\$46,621
Washington	\$113,503	\$73,005	\$92,580	\$0	\$0	\$91,178
Wicomico	\$0	\$39,966	\$46,827	\$93,090	\$0	\$52,456
Worcester	\$0	\$53,821	\$0	\$0	\$0	\$53,821
<b>Statewide Avg.</b>	<b>\$103,272</b>	<b>\$86,685</b>	<b>\$68,141</b>	<b>\$78,621</b>	<b>\$0</b>	<b>\$74,714</b>

**Data Source:** Behavioral health services claims data for FY20. Based on claims paid through May 31, 2021.

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

#### 4. Intensive Community-Based PBHS Services

In FY19, a total of \$106,472,409 was expended on intensive community-based services, including targeted case management, psychiatric rehabilitation services, (c) § 1915(i) waiver services, and respite care services for child and young adult recipients of PBHS services, an increase of 17.4% from FY19. These services together represented 19.8% of the overall child and young adult behavioral health expenditures and an annual average per person expenditure of \$4,204. As shown in Table 13a, children (birth through 17) accounted for 75% (\$79.7 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 (\$5,847 per person) and ages 22–25 years (\$5,677 per person). Two jurisdictions, Baltimore City and Baltimore County accounted for more than one-half 54.7% (\$58,199,579) of the total intensive community-based service expenditures. Average per person expenditures also varied across the State ranging from a low of \$2,246 per person in Worcester County to a high of \$6,132 per person in Kent 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 Intensive Community Services (combined), FY20**

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$45,484	\$228,618	\$237,567	\$194,829	\$169,613	\$876,111
Anne Arundel	\$230,737	\$1,709,732	\$886,917	\$451,441	\$781,920	\$4,060,747
Baltimore City	\$3,184,030	\$17,179,879	\$11,561,652	\$5,879,426	\$5,068,477	\$42,873,464
Baltimore	\$1,179,976	\$6,202,581	\$4,115,406	\$2,057,777	\$1,770,375	\$15,326,115
Calvert	\$20,157	\$93,985	\$57,219	\$118,528	\$100,920	\$390,808
Caroline	\$68,034	\$400,583	\$379,612	\$54,833	\$52,685	\$955,746
Carroll	\$92,897	\$676,505	\$392,727	\$118,487	\$85,848	\$1,366,465
Cecil	\$81,470	\$877,867	\$467,851	\$109,917	\$208,070	\$1,745,175
Charles	\$54,445	\$293,728	\$232,684	\$105,410	\$200,958	\$887,225
Dorchester	\$105,558	\$509,689	\$488,982	\$125,240	\$86,025	\$1,315,495
Frederick	\$181,346	\$1,837,356	\$831,732	\$301,494	\$406,804	\$3,558,732
Garrett	\$15,374	\$102,319	\$55,063	\$21,646	\$41,507	\$235,909
Harford	\$219,436	\$1,615,448	\$1,121,170	\$304,510	\$378,552	\$3,639,117
Howard	\$150,024	\$835,946	\$561,448	\$428,676	\$282,340	\$2,258,433
Kent	\$13,723	\$124,898	\$97,635	\$36,575	\$162,574	\$435,405
Montgomery	\$203,722	\$1,310,256	\$1,098,563	\$809,067	\$783,933	\$4,205,541
Prince George's	\$618,138	\$3,683,468	\$2,634,332	\$1,311,772	\$1,158,873	\$9,406,582
Queen Anne's	\$17,183	\$72,548	\$88,630	\$59,780	\$39,486	\$277,628
Somerset	\$75,559	\$785,093	\$382,722	\$82,531	\$40,881	\$1,366,786
St. Mary's	\$28,125	\$183,878	\$123,061	\$240,744	\$187,263	\$763,070
Talbot	\$29,495	\$184,349	\$226,854	\$50,942	\$57,530	\$549,170
Washington	\$478,614	\$2,667,240	\$1,221,347	\$381,591	\$422,291	\$5,171,082
Wicomico	\$195,961	\$1,752,931	\$1,417,769	\$500,301	\$249,299	\$4,116,261
Worcester	\$17,538	\$258,833	\$155,490	\$43,786	\$32,011	\$507,658
Unknown	\$1,456	\$15,957	\$32,960	\$37,752	\$95,558	\$183,684
<b>Statewide</b>	<b>\$7,308,482</b>	<b>\$43,603,687</b>	<b>\$28,869,395</b>	<b>\$13,827,054</b>	<b>\$12,863,791</b>	<b>\$106,472,409</b>

**Data Source:** Behavioral health services claims data for FY20. Based on claims paid through May 31, 2021.

**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 Recipient of Intensive Community Services (combined), FY20**

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$4,548	\$3,517	\$3,494	\$6,494	\$4,711	\$4,192
Anne Arundel	\$3,036	\$3,307	\$3,249	\$4,142	\$6,920	\$3,732
Baltimore City	\$3,427	\$3,938	\$3,772	\$5,730	\$5,161	\$4,136

Baltimore	\$3,352	\$3,642	\$3,681	\$5,068	\$5,177	\$3,909
Calvert	\$2,016	\$3,032	\$3,012	\$5,644	\$4,205	\$3,722
Caroline	\$4,536	\$5,642	\$4,745	\$6,093	\$5,854	\$5,194
Carroll	\$2,580	\$4,027	\$3,636	\$3,385	\$2,769	\$3,615
Cecil	\$3,395	\$3,456	\$3,544	\$4,580	\$6,936	\$3,761
Charles	\$3,403	\$3,539	\$3,232	\$3,765	\$5,742	\$3,792
Dorchester	\$4,060	\$4,013	\$4,939	\$6,262	\$5,377	\$4,568
Frederick	\$2,748	\$3,994	\$3,554	\$5,689	\$7,137	\$4,090
Garrett	\$1,708	\$3,411	\$4,589	\$4,329	\$5,188	\$3,686
Harford	\$3,719	\$4,153	\$4,231	\$5,537	\$4,853	\$4,302
Howard	\$3,125	\$3,715	\$3,531	\$8,931	\$5,762	\$4,269
Kent	\$3,431	\$5,204	\$3,616	\$6,096	\$16,257	\$6,132
Montgomery	\$2,753	\$3,135	\$3,103	\$8,011	\$5,984	\$3,901
Prince George's	\$2,747	\$3,349	\$3,364	\$5,443	\$5,626	\$3,682
Queen Anne's	\$3,437	\$3,023	\$3,693	\$5,435	\$3,949	\$3,752
Somerset	\$2,906	\$4,701	\$4,252	\$6,349	\$3,716	\$4,452
St. Mary's	\$2,812	\$3,170	\$3,077	\$7,766	\$4,567	\$4,239
Talbot	\$3,277	\$3,234	\$4,280	\$3,919	\$5,753	\$3,867
Washington	\$3,572	\$4,559	\$4,241	\$4,017	\$4,590	\$4,331
Wicomico	\$3,697	\$4,674	\$4,588	\$6,761	\$6,232	\$4,843
Worcester	\$1,594	\$2,419	\$1,944	\$2,433	\$3,201	\$2,246
Unknown	\$1,456	\$2,280	\$2,996	\$4,719	\$7,963	\$4,710
<b>Statewide Avg.</b>	<b>\$3,391</b>	<b>\$3,966</b>	<b>\$3,824</b>	<b>\$5,847</b>	<b>\$5,677</b>	<b>\$4,204</b>

**Data Source:** Behavioral health services claims data for FY20. Based on claims paid through May 31, 2021.

**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 FY20, \$9.7 million was expended on 2,399 child and young adult recipients of PBHS services at an annual per children and young adult cost of \$4,047, an increase of 23.6% compared to FY19. Children accounted for 92.0% (\$8,934,093) of the total TCM expenditures, while young adults represented 8.0% (\$775,284) of annual expenditures (see Table 14a). As shown in Table 14b, the annual per person expenditures varied across the State ranging from \$187 in Allegany County to \$6,186 in Harford County.

**Table 14a: Total Expenditures for Targeted Case Management, FY20**

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	\$261	\$740	\$0	\$494	\$1,495
Anne Arundel	\$26,860	\$115,092	\$98,466	\$9,878	\$10,367	\$260,663
Baltimore City	\$121,369	\$566,348	\$425,012	\$60,923	\$72,499	\$1,246,151
Baltimore	\$60,536	\$244,657	\$287,964	\$26,459	\$14,812	\$634,427

Calvert	\$2,352	\$27,261	\$28,516	\$10,309	\$9,989	\$78,426
Caroline	\$21,329	\$77,359	\$117,669	\$14,904	\$1,852	\$233,113
Carroll	\$25,767	\$209,136	\$132,314	\$40,957	\$18,644	\$426,819
Cecil	\$420	\$31,781	\$20,395	\$2,346	\$3,581	\$58,523
Charles	\$29,775	\$92,602	\$47,295	\$2,099	\$1,976	\$173,747
Dorchester	\$55,079	\$173,483	\$233,362	\$7,021	\$1,193	\$470,138
Frederick	\$21,197	\$175,536	\$128,888	\$47,646	\$24,941	\$398,208
Garrett	\$2,120	\$51,773	\$25,734	\$2,698	\$6,667	\$88,992
Harford	\$60,128	\$374,077	\$357,298	\$9,355	\$3,334	\$804,192
Howard	\$61,173	\$245,405	\$129,930	\$1,976	\$2,346	\$440,828
Kent	\$11,558	\$51,900	\$41,301	\$0	\$0	\$104,759
Montgomery	\$861	\$8,810	\$6,955	\$0	\$13,211	\$29,838
Prince George's	\$3,577	\$6,690	\$63,119	\$13,244	\$2,716	\$89,347
Queen Anne's	\$8,711	\$35,339	\$52,197	\$14,540	\$0	\$110,787
Somerset	\$17,057	\$180,119	\$138,077	\$16,111	\$6,667	\$358,032
St. Mary's	\$16,129	\$68,016	\$21,992	\$11,215	\$7,881	\$125,233
Talbot	\$11,161	\$74,851	\$93,067	\$0	\$0	\$179,080
Washington	\$213,060	\$1,006,604	\$606,422	\$91,433	\$121,248	\$2,038,767
Wicomico	\$65,975	\$504,610	\$667,444	\$45,404	\$8,396	\$1,291,828
Worcester	\$0	\$28,549	\$22,290	\$6,544	\$5,680	\$63,063
<b>Statewide</b>	<b>\$836,194</b>	<b>\$4,351,451</b>	<b>\$3,746,448</b>	<b>\$435,062</b>	<b>\$340,222</b>	<b>\$9,709,377</b>

**Data Source:** Behavioral health services claims data for FY20. Based on claims paid through May 31, 2021.

**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 Recipient of Targeted Case Management, FY20**

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	\$131	\$185	\$0	\$247	\$187
Anne Arundel	\$2,686	\$2,558	\$2,896	\$988	\$1,296	\$2,436
Baltimore City	\$4,668	\$4,459	\$4,010	\$2,538	\$1,859	\$3,870
Baltimore	\$5,045	\$4,292	\$4,799	\$2,940	\$1,347	\$4,258
Calvert	\$1,176	\$2,097	\$3,168	\$2,062	\$1,665	\$2,241
Caroline	\$3,555	\$4,072	\$5,349	\$7,452	\$1,852	\$4,662
Carroll	\$3,681	\$4,979	\$4,010	\$2,409	\$1,332	\$3,777
Cecil	\$420	\$1,766	\$2,549	\$469	\$895	\$1,626
Charles	\$2,481	\$2,646	\$2,252	\$1,049	\$659	\$2,380
Dorchester	\$5,007	\$3,691	\$5,427	\$7,021	\$1,193	\$4,564
Frederick	\$1,927	\$3,312	\$2,302	\$1,643	\$1,188	\$2,342
Garrett	\$2,120	\$7,396	\$6,434	\$1,349	\$1,333	\$4,684
Harford	\$4,295	\$6,132	\$7,006	\$4,678	\$1,667	\$6,186
Howard	\$2,913	\$3,895	\$3,094	\$1,976	\$1,173	\$3,417
Kent	\$3,853	\$3,707	\$3,755	\$0	\$0	\$3,741
Montgomery	\$861	\$4,405	\$1,159	\$0	\$2,642	\$2,131
Prince George's	\$715	\$956	\$5,260	\$3,311	\$1,358	\$2,978
Queen Anne's	\$4,355	\$3,213	\$5,220	\$7,270	\$0	\$4,431
Somerset	\$3,411	\$6,004	\$4,454	\$5,370	\$2,222	\$4,973
St. Mary's	\$2,304	\$2,519	\$2,444	\$2,804	\$1,126	\$2,319
Talbot	\$3,720	\$4,678	\$5,475	\$0	\$0	\$4,974
Washington	\$4,178	\$5,326	\$4,394	\$1,550	\$2,127	\$4,127
Wicomico	\$4,713	\$5,046	\$4,981	\$3,493	\$2,799	\$4,893

Worcester	\$0	\$3,569	\$3,184	\$2,181	\$1,420	\$2,866
<b>Statewide Avg.</b>	<b>\$3,836</b>	<b>\$4,537</b>	<b>\$4,460</b>	<b>\$2,302</b>	<b>\$1,763</b>	<b>\$4,047</b>

**Data Source:** Behavioral health services claims data for FY20. Based on claims paid through May 31, 2021.

**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 (\$1,104,568) in FY20. A total of 471 children were served with these dollars, at an average annual per person expenditure of \$2,345. Children ages 7–17 years accounted 95.1% (\$1,050,960) of the overall expenditures in this area. Average annual person expenditures were higher for older children ages 13–17 years (\$2,754 per person) compared to younger children ages 7–12 years (\$2,261 per person).

As shown in Table 15a, children from four jurisdictions, including Caroline, Frederick, Somerset and Wicomico Counties, accounted for almost two-thirds, 62.8% (\$693,757) of the annual respite service expenditures. Annual per person expenditures varied greatly across the State from a low of \$654 per person in Howard County to a high of \$6,869 per person in Carroll County (see Table 15b).

**Table 15a: Total Expenditures for Respite Care Services, FY20**

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	\$991	\$753	\$0	\$0	1744
Anne Arundel	\$6,336	\$13,546	\$19,843	\$0	\$0	\$39,725
Baltimore City	\$8,323	\$16,567	\$21,374	\$0	\$0	\$46,264
Baltimore	\$6,449	\$36,351	\$31,912	\$0	\$0	\$74,712
Caroline	\$3,655	\$71,171	\$43,000	\$0	\$0	\$117,825
Carroll	\$0	\$0	\$6,869	\$0	\$0	\$6,869
Cecil	\$0	\$3,004	\$649	\$0	\$0	\$3,654
Dorchester	\$0	\$7,483	\$1,909	\$0	\$0	\$9,392
Frederick	\$0	\$119,702	\$160,873	\$0	\$0	\$280,575
Harford	\$950	\$18,317	\$3,501	\$0	\$0	\$22,768
Howard	\$0	\$0	\$654	\$0	\$0	\$654
Kent	\$154	\$12,721	\$0	\$0	\$0	\$12,876
Montgomery	\$0	\$23,714	\$16,959	\$0	\$0	\$40,673
Prince George's	\$0	\$0	\$3,766	\$0	\$0	\$3,766
Queen Anne's	\$566	\$2,959	\$3,862	\$0	\$0	\$7,387
Somerset	\$3,905	\$83,063	\$12,092	\$0	\$0	\$99,060
Talbot	\$12,374	\$24,285	\$38,126	\$0	\$0	\$74,785
Washington	\$0	\$11,312	\$31,894	\$0	\$0	\$43,205
Wicomico	\$10,897	\$138,956	\$46,444	\$0	\$0	\$196,297
Worcester	\$0	\$15,108	\$491	\$0	\$0	\$15,599
<b>Statewide</b>	<b>\$53,608</b>	<b>\$599,251</b>	<b>\$451,710</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,104,568</b>

**Data Source:** Behavioral health services claims data for FY20. Based on claims paid through May 31, 2021.

**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 Recipient of Respite Care Services, FY20**

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	\$991	\$753	\$0	\$0	872
Anne Arundel	\$2,112	\$1,935	\$4,961	\$0	\$0	\$2,837
Baltimore City	\$1,387	\$828	\$2,375	\$0	\$0	\$1,322
Baltimore	\$3,224	\$3,305	\$1,773	\$0	\$0	\$2,410
Caroline	\$1,218	\$4,448	\$3,071	\$0	\$0	\$3,570
Carroll	\$0	\$0	\$6,869	\$0	\$0	\$6,869
Cecil	\$0	\$1,001	\$649	\$0	\$0	\$913
Dorchester	\$0	\$1,247	\$636	\$0	\$0	\$1,044
Frederick	\$0	\$4,275	\$5,362	\$0	\$0	\$4,838
Harford	\$950	\$1,526	\$1,167	\$0	\$0	\$1,423
Howard	\$0	\$0	\$654	\$0	\$0	\$654
Kent	\$154	\$4,240	\$0	\$0	\$0	\$3,219
Montgomery	\$0	\$4,743	\$3,392	\$0	\$0	\$4,067
Prince George's	\$0	\$0	\$3,766	\$0	\$0	\$3,766
Queen Anne's	\$283	\$592	\$1,931	\$0	\$0	\$821
Somerset	\$325	\$1,408	\$504	\$0	\$0	\$1,043
Talbot	\$6,187	\$3,469	\$7,625	\$0	\$0	\$5,342
Washington	\$0	\$3,771	\$5,316	\$0	\$0	\$4,801
Wicomico	\$838	\$1,579	\$1,161	\$0	\$0	\$1,402
Worcester	\$0	\$3,022	\$245	\$0	\$0	\$2,228
<b>Statewide Avg.</b>	<b>\$1,247</b>	<b>\$2,261</b>	<b>\$2,754</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,345</b>

**Data Source:** Behavioral health services claims data for FY20. Based on claims paid through May 31, 2021.

**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

In FY20, only 9 children and young adults with intensive behavioral and emotional challenges received § 1915(i) waiver services, a decrease of 71% compared to FY19. A total of \$23,143 were expended overall at an annual cost of \$2,571 per person. As shown in Table 16a, § 1915(i) waiver services provided to children ages 13–17 years accounted for more than 64.8% (\$14,987) of the total waiver service expenditures. Annual per person expenditures varied from a low of \$616 in Calvert County to a high of \$5,958 in Baltimore City.

**Table 16a: Total Expenditures for § 1915(i) Waiver Services, FY20**

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Baltimore City	\$0				\$0	\$5,958
Baltimore	\$0				\$0	\$5,280
Charles	\$0				\$0	\$5,741
Frederick	\$0				\$0	\$822
Washington	\$0				\$0	\$4,725
Wicomico	\$0				\$0	\$616
<b>Statewide</b>	<b>\$0</b>	<b>\$5,280</b>	<b>\$14,987</b>	<b>\$2,876</b>	<b>\$0</b>	<b>\$23,143</b>

**Data Source:** Behavioral health services claims data for FY20. Based on claims paid through May 31, 2021.

**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 Recipient of § 1915(i) Waiver Services, FY20**

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Baltimore City	\$0				\$0	\$5,958
Baltimore	\$0				\$0	\$1,760
Charles	\$0				\$0	\$5,741
Frederick	\$0				\$0	\$822
Washington	\$0				\$0	\$2,363
Wicomico	\$0				\$0	\$616
<b>Statewide Avg.</b>	<b>\$0</b>	<b>\$1,760</b>	<b>\$2,997</b>	<b>\$2,876</b>	<b>\$0</b>	<b>\$2,571</b>

**Data Source:** Behavioral health services claims data for FY20. Based on claims paid through May 31, 2021.

**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 95.6 million was expended for PRP services for 23,645 children and young adults at an annual cost of \$4,045 per person. The FY20 PRP cost represented a 17.7% increase over the FY19 total of 81.2 million and an 8.6% increase over the FY19 per person cost of \$3,726. Children ages 7–12 accounted for 40.4%, (\$38,647,705) of the PRP expenditures, while 27.1% (\$25,912,684) was expended on young adults (see Table 17a). The average annual per person expenditures were higher for young adults 18–21 years (\$6,103 per person) and 22–25 years (\$5,984 per person) compared to younger children (see Table 17b). Per person expenditures also varied across the State and ranged from a low of \$2,043 per person in Worcester County to a high of \$6,231 per person in Kent County. In addition to Kent County, four jurisdictions, including Baltimore City and Allegany, Howard, and St. Mary’s Counties, all had average annual per person expenditures higher than the state average of \$4,045.

**Table 17a: Total Expenditures for Psychiatric Rehabilitation Services, FY20**

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$45,484	\$227,365	\$236,074	\$194,829	\$169,119	\$872,872
Anne Arundel	\$197,541	\$1,581,094	\$768,608	\$441,563	\$771,552	\$3,760,359
Baltimore City	\$3,054,339	\$16,596,965	\$11,109,308	\$5,818,503	\$4,995,977	\$41,575,092
Baltimore	\$1,112,991	\$5,921,019	\$3,793,681	\$2,028,442	\$1,755,563	\$14,611,696
Calvert	\$17,805	\$66,725	\$28,703	\$108,219	\$90,931	\$312,382
Caroline	\$43,050	\$252,053	\$218,943	\$39,929	\$50,833	\$604,807
Carroll	\$67,130	\$467,369	\$253,543	\$77,530	\$67,204	\$932,777
Cecil	\$81,050	\$843,081	\$446,807	\$107,571	\$204,489	\$1,682,998
Charles	\$24,670	\$201,125	\$179,648	\$103,311	\$198,982	\$707,736
Dorchester	\$50,480	\$328,724	\$253,710	\$118,219	\$84,832	\$835,965
Frederick	\$160,149	\$1,542,117	\$541,149	\$253,847	\$381,863	\$2,879,126
Garrett	\$13,254	\$50,546	\$29,329	\$18,948	\$34,839	\$146,917
Harford	\$158,358	\$1,223,054	\$760,371	\$295,155	\$375,219	\$2,812,157
Howard	\$88,851	\$590,541	\$430,865	\$426,700	\$279,994	\$1,816,951

Kent	\$2,010	\$60,277	\$56,334	\$36,575	\$162,574	\$317,770
Montgomery	\$202,861	\$1,277,731	\$1,074,650	\$809,067	\$770,721	\$4,135,030
Prince George's	\$614,561	\$3,676,777	\$2,567,447	\$1,298,527	\$1,156,157	\$9,313,470
Queen Anne's	\$7,906	\$34,250	\$32,571	\$45,239	\$39,486	\$159,453
Somerset	\$54,597	\$521,911	\$232,553	\$66,420	\$34,213	\$909,695
St. Mary's	\$11,995	\$115,862	\$101,070	\$229,529	\$179,382	\$637,837
Talbot	\$5,960	\$85,213	\$95,661	\$50,942	\$57,530	\$295,305
Washington	\$265,553	\$1,644,599	\$583,031	\$290,158	\$301,043	\$3,084,385
Wicomico	\$119,090	\$1,109,365	\$703,266	\$454,897	\$240,903	\$2,627,520
Worcester	\$17,538	\$215,176	\$132,710	\$37,242	\$26,332	\$428,997
Unknown	\$1,456	\$14,765	\$26,222	\$37,752	\$93,829	\$174,024
<b>Statewide</b>	<b>\$6,418,680</b>	<b>\$38,647,705</b>	<b>\$24,656,251</b>	<b>\$13,389,116</b>	<b>\$12,523,568</b>	<b>\$95,635,321</b>

**Data Source:** Behavioral health services claims data for FY20. Based on claims paid through May 31, 2021.

**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 Recipient of Psychiatric Rehabilitation Services, FY20**

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$4,548	\$3,498	\$3,632	\$6,494	\$4,974	\$4,279
Anne Arundel	\$2,905	\$3,240	\$3,124	\$4,460	\$7,279	\$3,734
Baltimore City	\$3,349	\$3,864	\$3,687	\$5,778	\$5,253	\$4,085
Baltimore	\$3,226	\$3,533	\$3,509	\$5,109	\$5,304	\$3,815
Calvert	\$1,978	\$2,780	\$2,208	\$6,366	\$4,786	\$3,810
Caroline	\$4,305	\$4,001	\$3,368	\$4,991	\$6,354	\$3,927
Carroll	\$2,165	\$3,338	\$3,169	\$4,307	\$3,953	\$3,261
Cecil	\$3,377	\$3,400	\$3,546	\$5,662	\$7,865	\$3,799
Charles	\$3,084	\$3,192	\$3,208	\$3,826	\$6,218	\$3,805
Dorchester	\$2,657	\$3,497	\$3,624	\$6,222	\$5,655	\$3,852
Frederick	\$2,669	\$3,637	\$2,957	\$10,154	\$10,607	\$3,955
Garrett	\$1,657	\$2,198	\$3,259	\$6,316	\$8,710	\$3,126
Harford	\$3,232	\$3,379	\$3,292	\$5,466	\$4,937	\$3,643
Howard	\$2,962	\$3,192	\$3,393	\$9,079	\$5,957	\$4,167
Kent	\$2,010	\$4,018	\$2,965	\$6,096	\$16,257	\$6,231
Montgomery	\$2,741	\$3,086	\$3,115	\$8,011	\$6,069	\$3,897
Prince George's	\$2,793	\$3,361	\$3,321	\$5,456	\$5,667	\$3,683
Queen Anne's	\$2,635	\$2,446	\$2,036	\$4,524	\$3,949	\$3,009
Somerset	\$2,730	\$3,526	\$3,275	\$6,038	\$3,801	\$3,512
St. Mary's	\$2,399	\$2,519	\$2,807	\$8,501	\$5,276	\$4,310
Talbot	\$1,490	\$1,852	\$2,278	\$3,919	\$5,753	\$2,568
Washington	\$2,984	\$3,781	\$3,470	\$7,636	\$7,343	\$4,000
Wicomico	\$2,977	\$3,500	\$3,005	\$7,108	\$6,340	\$3,792
Worcester	\$1,594	\$2,089	\$1,769	\$2,483	\$4,389	\$2,043
Unknown	\$1,456	\$2,109	\$2,622	\$4,719	\$8,530	\$4,703
<b>Statewide</b>	<b>\$3,237</b>	<b>\$3,714</b>	<b>\$3,537</b>	<b>\$6,103</b>	<b>\$5,984</b>	<b>\$4,045</b>

**Data Source:** Behavioral health services claims data for FY20. Based on claims paid through May 31, 2021.

**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 FY20, a total of \$537,660,847 was expended on behavioral health services provided to 112,334 child and young adult recipients of PBHS services, at an average cost of \$4,787 per person. There were more funds expended to provide services to fewer children and young adults in FY20 compared to FY19 (\$534,965,343; 115,655). FY20 had a 5.0% increase in total expenditures and a 3.4% increase in per person cost compared to FY19. As shown in Table 18a, annual PBHS service costs were highest for children 7–12 years (\$183,144,548), an increase of 3.1% from FY19 and accounted for 34.1% of the total expenditures. Per person costs for FY20 were highest for children ages 13–17 years (\$5,496 per person) and lowest for children birth through six years (\$3,235 per person).

In FY20, total expenditures ranged from a low of \$1,588,568 in Garrett County to a high of \$150,057,234 in Baltimore City. These jurisdictions also represented the lowest and highest per person expenditures which ranged from a low of \$2,244 per person in Garrett County to a high of \$5,807 per person in Baltimore City. Four jurisdictions, including Baltimore City and Baltimore, Frederick, and Somerset Counties, had average per person expenditures above the state average of \$4,787 (see Table 18b). All jurisdictions demonstrated an increase in total expenditures for FY20 compared to FY19, however 14 of the 24 jurisdictions decreased in their per person cost over this time period. Queen Anne’s county had the greatest decrease (-34.8%) in per person cost, followed by Anne Arundel (-26.3%) and Calvert (-25.4%) Counties. In contrast, Somerset County had the greatest increase in cost per person (+48.7%), followed by Wicomico (23.1%) and Baltimore (+19.3%) Counties.

**Table 18a: Total Expenditures for All PBHS Behavioral Health Services, FY20**

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$295,326	\$1,503,216	\$1,811,190	\$1,066,827	\$1,200,077	\$5,876,636
Anne Arundel	\$2,574,702	\$11,359,264	\$9,710,746	\$4,654,565	\$6,251,765	\$34,551,043
Baltimore City	\$11,564,277	\$50,629,963	\$49,023,369	\$19,561,227	\$19,278,398	\$150,057,234
Baltimore	\$7,527,712	\$38,069,504	\$30,228,254	\$10,609,755	\$10,849,951	\$97,285,177
Calvert	\$280,283	\$1,195,127	\$1,002,581	\$698,188	\$712,223	\$3,888,401
Caroline	\$197,650	\$1,055,119	\$1,512,407	\$322,011	\$384,423	\$3,471,610
Carroll	\$570,493	\$3,189,725	\$3,418,369	\$1,360,124	\$1,653,208	\$10,191,919
Cecil	\$649,958	\$3,750,212	\$2,933,990	\$1,450,107	\$1,600,362	\$10,384,629
Charles	\$348,600	\$1,605,785	\$2,096,364	\$1,092,274	\$1,242,791	\$6,385,813
Dorchester	\$484,248	\$1,697,799	\$1,695,032	\$569,160	\$876,409	\$5,322,649
Frederick	\$1,252,530	\$7,590,805	\$7,782,411	\$2,310,733	\$3,081,662	\$22,018,142
Garrett	\$125,887	\$480,514	\$438,273	\$205,630	\$338,263	\$1,588,568
Harford	\$1,657,971	\$6,755,911	\$5,259,107	\$2,241,573	\$2,954,302	\$18,868,864
Howard	\$940,351	\$4,352,064	\$5,514,584	\$2,629,128	\$1,661,588	\$15,097,715
Kent	\$129,573	\$477,097	\$624,134	\$371,083	\$516,829	\$2,118,715
Montgomery	\$2,434,903	\$13,073,165	\$16,556,326	\$6,827,251	\$6,456,028	\$45,347,673

Prince George's	\$2,751,164	\$15,485,670	\$15,146,037	\$7,267,904	\$7,102,638	\$47,753,414
Queen Anne's	\$122,229	\$450,868	\$780,917	\$306,719	\$283,209	\$1,943,943
Somerset	\$642,538	\$3,029,443	\$1,836,810	\$435,970	\$598,431	\$6,543,191
St. Mary's	\$194,279	\$1,002,968	\$1,610,365	\$825,483	\$1,039,954	\$4,673,049
Talbot	\$167,502	\$823,651	\$882,177	\$355,832	\$377,537	\$2,606,699
Washington	\$1,630,811	\$7,050,182	\$6,184,239	\$2,250,285	\$2,710,744	\$19,826,262
Wicomico	\$967,029	\$5,851,616	\$4,655,801	\$2,080,655	\$1,581,891	\$15,136,992
Worcester	\$342,742	\$1,677,527	\$1,768,124	\$450,869	\$528,743	\$4,768,005
Unknown	\$15,090	\$987,352	\$207,154	\$277,401	\$467,507	\$1,954,505
<b>Staterwide</b>	<b>\$37,867,850</b>	<b>\$183,144,548</b>	<b>\$172,678,763</b>	<b>\$70,220,752</b>	<b>\$73,748,934</b>	<b>\$537,660,847</b>

**Data Source:** Behavioral health services claims data for FY20. Based on claims paid through May 31, 2021.

**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 Recipient of All PBHS Behavioral Health Services, FY20**

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$1,697	\$2,977	\$3,681	\$3,110	\$3,297	\$3,129
Anne Arundel	\$2,943	\$3,943	\$4,268	\$3,754	\$5,091	\$4,066
Baltimore City	\$3,739	\$5,855	\$7,165	\$5,284	\$5,417	\$5,807
Baltimore	\$3,701	\$5,914	\$5,970	\$4,005	\$4,205	\$5,186
Calvert	\$2,061	\$3,018	\$2,571	\$2,685	\$2,815	\$2,710
Caroline	\$2,103	\$2,931	\$4,741	\$2,191	\$2,160	\$3,162
Carroll	\$2,502	\$4,364	\$5,251	\$4,198	\$4,891	\$4,486
Cecil	\$2,346	\$4,321	\$4,179	\$3,563	\$3,621	\$3,852
Charles	\$2,249	\$3,082	\$4,047	\$3,446	\$3,677	\$3,454
Dorchester	\$3,144	\$3,451	\$4,165	\$2,750	\$4,518	\$3,661
Frederick	\$2,913	\$5,192	\$6,437	\$4,248	\$5,804	\$5,273
Garrett	\$1,701	\$2,071	\$2,295	\$2,165	\$2,916	\$2,244
Harford	\$3,176	\$4,433	\$4,191	\$3,331	\$3,929	\$3,993
Howard	\$2,929	\$4,343	\$5,302	\$5,489	\$3,855	\$4,613
Kent	\$3,410	\$3,039	\$4,523	\$4,883	\$5,018	\$4,138
Montgomery	\$2,593	\$3,876	\$4,850	\$4,108	\$4,761	\$4,221
Prince George's	\$2,492	\$4,044	\$4,294	\$3,885	\$4,414	\$4,000
Queen Anne's	\$1,910	\$1,871	\$3,295	\$2,739	\$2,529	\$2,538
Somerset	\$4,623	\$7,247	\$5,617	\$3,182	\$4,127	\$5,612
St. Mary's	\$1,483	\$2,458	\$4,341	\$3,035	\$2,988	\$3,054
Talbot	\$1,763	\$2,606	\$3,292	\$2,372	\$3,933	\$2,818
Washington	\$3,071	\$5,000	\$5,197	\$3,100	\$3,530	\$4,287
Wicomico	\$3,323	\$5,329	\$4,746	\$3,527	\$3,196	\$4,382
Worcester	\$2,332	\$3,112	\$3,355	\$2,189	\$2,579	\$2,936
Unknown	\$2,156	\$34,047	\$5,919	\$7,497	\$10,872	\$12,944
<b>Staterwide</b>	<b>\$3,235</b>	<b>\$5,006</b>	<b>\$5,496</b>	<b>\$4,211</b>	<b>\$4,621</b>	<b>\$4,787</b>

**Data Source:** Behavioral health services claims data for FY20. Based on claims paid through May 31, 2021.

**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 2021 and requested to provide data on children and young adults who were admitted in FY20, including dates of referral and dates of placement. Data was obtained from six facilities, including the four RTCs and two RICAs. Table 19 summarizes data for FY20 on the amount of time children and young adults 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 four RTCs.

**Table 19: Time (Days) between Referral and Placement in a Residential Treatment Bed, FY20**

Facility Type	# of Facilities	Total # of Admissions	Avg. # of Admissions	Min Wait Days	Max Wait Days	Avg. # Wait Days
RTC	4	184	46	7	299	59
RICA	2	32	16	17	419	153
<b>Total</b>	<b>6</b>	<b>216</b>	<b>36</b>	<b>7</b>	<b>419</b>	<b>73</b>

**Data Source:** RTC operational data for FY20; The Jefferson facility closed in August of 2020 and is not included in the count.

In FY20, there were a total of 216 admissions to RTCs, a 20.9% decrease from FY19. Residential treatment included 32 admissions to the two RICAs and 184 to four RTCs. As shown in Table 19, across all RTCs, wait time between referral and placement ranged from a low of seven days to a high of 419 days, with an average wait time of 73 days. The average wait time for placement in a RICA bed was 153 days compared to 59 days in the private, community 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-readmissions to inpatient psychiatric and residential treatment facilities summarized by age group and jurisdiction in FY20. Of the 8,193 children and young adults discharged from a psychiatric inpatient or RTC, 793 were readmitted to either the same RTC (45), inpatient hospital facility (359) or to any other RTC or hospital (389), reflecting a combined 30-day readmission rate of 9.7%, a rate slightly lower than the FY19 rate of 10.3%. Thirty-day readmissions varied by age with young adults (ages 18-25) accounting for 45.5% of readmissions, while children 13–17 years and 12 years and under accounted for 33.7% and 20.1% of all 30-day readmissions, respectively. Thirty-day readmission rates varied widely across jurisdictions ranging from a low of 3.4% in Talbot County to a high of 16.7% in Kent County. Overall, one-half (13) of all jurisdictions, including Baltimore City, Anne Arundel, Baltimore, Calvert, Caroline, Cecil, Frederick, Harford, Kent, Montgomery, Queen Anne, Somerset, and Worcester Counties, had readmission rates higher than the statewide rate of 10.6%.

**Table 20: Number of 30-Day Readmissions to Psychiatric Inpatient and Residential Treatment Facilities, FY20**

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																			13
Anne Arundel						21												32	54
Baltimore City			30	21	15	76			12			16		11	36	17	26	92	182
Baltimore		27	20		12	70						11		17	20	15	16	69	150
Calvert																			8
Caroline																			8
Carroll																			11
Cecil						19													27
Charles																			5
Dorchester																			7
Frederick						13												18	36
Garrett																			1
Harford																		16	33
Howard																		16	24
Kent																			8
Montgomery			20	12	12	50	0	0	0	0	0	0			16	11	20	52	102
Prince George's					12	30											13	28	59
Queen Anne's																			3
Somerset																			9
St. Mary's																			8
Talbot																			1
Washington						17												12	29
Wicomico																		13	21
Worcester																			4

Statewide	10	68	119	80	82	359	1	15	28	1		4	64	112	92	106	378	793
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Data Source: Behavioral health services claims data for FY20. Based on claims paid through May 31, 2021.

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

## 2. 30-Day Readmissions to the Same Hospital

In FY20, a total of 7,490 children and young adults were discharged from inpatient psychiatric facilities. Of those discharged, 359 (4.7%) 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 63% of these readmissions. Children and young adults ages 13-17 accounted for one-third 36.2% of all same hospital readmissions (see Table 20).

## 3. 30-Day Readmissions to RTCs

Statewide, a total of 703 children and young adults were discharged from RTCs in FY20, more than double the 306 children and young adults discharged in FY19. Of those discharged, 45 (6.4%) were readmitted to the same RTC within 30 days. Children ages 13–17 years accounted for 62% of these readmissions. Baltimore City and Baltimore County accounted for 60% 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 FY20, the average length of stay (ALOS) in RTCs was 89 days. As shown in Table 21, ALOS varied by age group with children birth through six years of age having longer stays (138 days) compared to 7–12 years (98 days), and 13–17 years (82 days) and young adults 18-21 (108 days). RTC lengths of stay differed widely across the State ranging from 31 days in Garrett County to 254 days in Worcester County. A total of twelve jurisdictions had average lengths of stay above the state average of 89 days.

**Table 21: Average Length of Stay in Psychiatric Inpatient and Residential Treatment Facilities, FY20**

Jurisdiction	Residential Treatment Centers						Psychiatric Hospitals					
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	Avg.	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	Avg.
Allegany	0	165	35	0	0	74	8	10	9	4	3	7
Anne Arundel	0	182	40	0	0	85	10	10	11	8	7	9
Baltimore City	57	95	69	103	0	74	8	10	17	8	8	12
Baltimore	186	92	87	128	0	92	11	12	13	8	7	11
Calvert	0	84	13	0	0	70	0	18	7	6	4	7
Caroline	0	0	56	0	0	56	11	11	15	9	4	11

Carroll	0	69	44	0	0	63	0	13	11	10	9	11
Cecil	0	57	153	52	0	118	8	19	11	8	5	11
Charles	0	0	70	148	0	85	0	6	7	5	5	6
Dorchester	0	0	0	0	0	0	12	10	20	8	9	13
Frederick	0	57	80	147	0	85	0	10	12	6	6	9
Garrett	0	0	31	0	0	31	6	5	8	5	7	6
Harford	0	81	61	0	0	72	10	16	13	7	7	11
Howard	0	0	100	0	0	100	17	11	11	9	6	9
Kent	0	0	211	0	0	211	15	7	13	15	8	11
Montgomery	0	172	121	57	0	133	9	11	12	8	8	10
Prince George's	0	76	145	87	0	108	5	9	9	7	8	8
Queen Anne's	0	0	94	0	0	94	0	8	14	9	12	12
Somerset	0	39	56	0	0	50	11	10	15	6	7	10
St. Mary's	0	0	113	0	0	113	4	9	12	3	3	7
Talbot	0	0	100	0	0	100	0	19	39	5	6	23
Washington	366	106	181	0	0	174	12	11	12	6	4	9
Wicomico	0	228	102	58	0	101	9	11	10	7	5	9
Worcester	0	254	0	0	0	254	0	10	16	5	5	10
<b>Statewide ALOS</b>	<b>178</b>	<b>269</b>	<b>241</b>	<b>347</b>	<b>0</b>	<b>89</b>	<b>10</b>	<b>11</b>	<b>13</b>	<b>8</b>	<b>7</b>	<b>10</b>

**Data Source:** Behavioral health services claims data for FY20. Based on claims paid through May 31, 2021.

**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 FY20, the average length of stay in acute psychiatric inpatient hospitals was ten days. As shown in Table 21, length of stays for young adults were slightly shorter (7-8 days) compared to that for children (10-13 days). Inpatient hospital ALOS also varied substantially across jurisdictions, ranging from a high of 23 days in Talbot County to a low of six days in Charles and Garrett Counties. Ten jurisdictions had an ALOS above the state average of ten days, while eleven 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 FY20.

**Table 22: Discharges from Inpatient Psychiatric and Residential Treatment Facilities, FY20**

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					0			20	55	33	28	138	148
Anne Arundel			15		0	22	15	79	187	114	112	507	529
Baltimore City		25	179	13	0	221	22	265	552	343	328	1,510	1,731

Baltimore		112	83		0	205	36	314	442	232	268	1,292	1,497
Calvert					0				23	21	18	67	72
Caroline					0				27	11		55	64
Carroll					0			28	71	28	22	149	153
Cecil					0	14		44	68	51	25	193	207
Charles					0			12	42	27	24	105	110
Dorchester					0			17	23		19	73	73
Frederick			47		0	53		73	118	64	58	313	366
Garrett					0							21	25
Harford		12	11		0	23	17	53	99	78	60	307	330
Howard					0			49	92	74	40	256	265
Kent					0				19			48	49
Montgomery			28		0	39		125	355	234	221	937	976
Prince George's		14	13		0	29		76	232	211	200	721	750
Queen Anne's					0				12			23	27
Somerset					0			13	21	11	11	58	67
St. Mary's					0			15	34	23	24	98	103
Talbot					0				14			29	30
Washington			11		0	16		80	118	50	38	292	308
Wicomico					0			38	73	53	27	195	204
Worcester					0			14	29	13	15	71	72
<b>Statewide</b>	<b>7</b>	<b>206</b>	<b>457</b>	<b>33</b>	<b>0</b>	<b>703</b>	<b>124</b>	<b>1,358</b>	<b>2,715</b>	<b>1,715</b>	<b>1,578</b>	<b>7490</b>	<b>8193</b>

**Data Source:** Behavioral health services claims data for FY20. Based on claims paid through May 31, 2021.

**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 FY20 there were a total of 8,193 child and young adult discharges from inpatient psychiatric hospitals (7,490) and RTCs (703). 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 (36.2%) and RTC (65.0%) services respectively. The number of hospital discharges varied widely across the State with 50.0% occurring in three jurisdictions, including Baltimore City (20.2%) and Baltimore (17.2%), and Montgomery (12.5%) Counties. For those discharged from RTC's, Baltimore City (31.4%) and Baltimore County (29.2%) accounted for 60.6% of all discharges.

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

Table 23 presents an end of year (FY20) summary of children and young adults in RTCs by age group and jurisdiction.

**Table 23: Number of Children and Young Adult Residents in RTC at the End of the Year, FY20**

Jurisdiction	Age Group					Total
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany					0	1
Anne Arundel					0	6
Baltimore City			26		0	35
Baltimore		33	18		0	53
Calvert					0	1
Caroline					0	3

Carroll					0	1
Cecil						2
Charles					0	3
Dorchester					0	
Frederick					0	8
Garrett					0	
Harford					0	26
Howard					0	23
Kent					0	
Montgomery					0	512
Prince George's					0	111
Queen Anne's					0	1
Somerset					0	13
St. Mary's					0	2
Talbot					0	1
Washington					0	27
Wicomico					0	12
Worcester					0	
<b>Statewide</b>	<b>5</b>	<b>63</b>	<b>92</b>	<b>3</b>	<b>0</b>	<b>163</b>

**Data Source:** Behavioral health services claims data for FY20. Based on claims paid through May 31, 2021.

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

A total of 163 children and young adults were in an RTC bed as of the end of FY20 (June 30, 2020). These residents were more likely to be between the ages of 13–17 years (56.4%) and, reside in Baltimore County (32.5%) or Baltimore City.

## VI. Summary and Conclusions

### A. Overall PBHS Service Utilization and Expenditures

In FY 20, there were 1,931,562 children and young adults ages birth through 25 years in the State of Maryland, more than 50 thousand less than FY19. Two out of every five (43.7%, 835,716) were eligible for PBHS services, of which slightly more than one in 10 (13.4%, 112,334) received one or more behavioral health services in the PBHS. Though fewer children and young adults received PBHS services in FY20, the percent who received services among those eligible were similar for FY20 (13.4%) and FY19 (13.8%). The total annual cost of services for this group was \$534.9 million, of which the services highlighted in this report accounted for 49.0% (\$263.6 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 (21.0%, 23,645) than any other service and had the highest utilization rates per 1,000 persons eligible at 28.3. Emergency room services (9.3%, 10,460) and inpatient hospitalization (5.6%, 6,277) were the second and third highest used services and ranked second and third in utilization per 1,000 eligible at 12.5 and 7.5

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 (2.1%, 2,399), Respite Care (<1%, 471) or § 1915(i) Waiver services (<1%, 9). 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 (Dorchester and Somerset Counties). There were no jurisdictions ranked in the top five for PRP that were also ranked in the top five for inpatient hospitalization.

### **C. High Expenditure PBHS Services**

In FY19, the total cost for inpatient hospital services was \$113,678,820 accounting for one-fifth (21.1%) of the total expenditures for children and young adults, the highest annual expenditure among the services reviewed in this report, and the second highest PBHS expenditure overall behind outpatient mental health services with an annual expenditure of \$246,998,224. PRP and residential treatment center (RTC) services had the second and third highest expenditures of the remaining services at \$95,635,321 and \$30,782,139 respectively. In addition to overall expenditures, RTC services, while utilized by only 412 individuals statewide, had the highest per person expenditure (\$74,714 per person) of all the services. In comparison, inpatient hospitalization was second among the selected services at \$18,110 per person and all other services in this report had expenditures of less than \$4,100 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 23.4% of children and young adults in Carroll County to 71.4% in Dorchester County, while rates of use among those eligible ranged from 77 per 1,000 eligible in Prince George's County to 243 per 1,000 eligible in Somerset County, with a state average of 134 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 4.7 per 1,000 eligible in Garrett County to 24.4 per 1,000 eligible in Dorchester 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 4.1 per 1,000 in Prince George's County to a high of 13 per 1,000 in Kent County, with a statewide rate of 7.5 per 1,000 eligible. Approximately four in five (80%) 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 ages 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 3.4% in Talbot County to a high of 16.7% in Kent County, with a statewide rate of 9.7%. A low total number of readmissions can cause large swings in percent changes. The total number of readmissions were five or below in Talbot, Garrett, Queen Anne, Worcester, and Charles Counties, with four of these jurisdictions having the lowest rates of readmission.

In FY20, there were 23,645 child and young adult users of PBHS services statewide, an increase of 8.4% over FY19. PRP use rates varied widely across the State from 8.9 per 1,000 eligible children and young adults in Montgomery County to 78.3 per 1,000 in Baltimore City, with a state average of 28.3 per 1,000. Baltimore City had the highest use rates across all jurisdictions in FY2020 and FY19. Use rates were also higher in males (31.3 per 1,000 eligible versus 25.4 per 1,000 eligible) compared to females and in Non-Hispanic Blacks (56.4 per 1,000 eligible versus 34.2 per 1,000 eligible) compared to non-Hispanic White 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, FY20**

Race/Ethnicity	Total Number Eligible for PBHS Services		Total Number Receiving PBHS Services		Rate of Utilization Per 1,000 Eligible
	N	%	N	%	
Non-Hispanic Black	287,677	34.4%	52,044	46.3%	180.9
Asian	39,157	4.7%	3,492	3.1%	89.2
Non-Hispanic White	173,996	20.8%	47,160	42.0%	271.0
Hispanic	6,104	0.7%	718	0.6%	117.6
Native American	3,949	0.5%	2,063	1.8%	522.4
Pacific Islander	1,568	0.2%	268	0.2%	170.9
Unknown	322,997	38.6%	25,682	22.9%	79.5
<b>Total</b>	<b>835,716</b>	<b>100%</b>	<b>112,334</b>	<b>100%</b>	<b>134.4</b>
<b>Gender</b>					
Female	425,906	51.0%	56,837	50.6%	133.4
Male	409,807	49.0%	55,593	49.5%	135.7
<b>Total</b>	<b>838,200</b>	<b>100%</b>	<b>115,655</b>	<b>100%</b>	<b>134.4</b>

**Data Source:** Behavioral health services claims data for FY20. Based on claims paid through May 31, 2021.

**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, FY20**

Race/Ethnicity	Total Number Receiving Inpatient Hospital Services		Rate of Utilization Per 1,000 Eligible	Expenditures	
	N	%		Total	Per Child/Young Adult
Non-Hispanic Black	2,542	40.50%	8.8	\$47,730,464	\$18,777
Asian	215	3.43%	5.5	\$4,878,237	\$22,689
Non-Hispanic White	2,498	39.80%	14.4	\$40,389,551	\$16,169
Hispanic	95	1.51%	15.6	\$2,312,927	\$24,347
Native American	101	1.61%	25.6	\$1,507,236	\$14,923
Pacific Islander	13	0.21%	8.3	\$207,091	\$15,930
Unknown	1,174	18.70%	3.6	\$16,227,920	\$13,823
<b>Total</b>	<b>6,277</b>	<b>100%</b>	<b>7.5</b>	<b>\$113,678,820</b>	<b>\$18,110</b>
<b>Gender</b>					
Female	3,423	54.53%	8.0	\$56,946,086	\$16,636
Male	2,855	45.48%	7.0	\$56,732,734	\$19,871
<b>Total</b>	<b>6,277</b>	<b>100%</b>	<b>7.5</b>	<b>\$113,678,820</b>	<b>\$18,110</b>

**Data Source:** Behavioral health services claims data for FY20. Based on claims paid through May 31, 2021.

**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, FY20**

Race/Ethnicity	Total Number Receiving Emergency Room Services		Rate of Utilization Per 1,000 Eligible	Expenditures	
	N	%		Total	Per Child/Young Adult
Non-Hispanic Black	4,386	41.93%	15.2	\$5,787,026	\$1,319
Asian	318	3.04%	8.1	\$331,843	\$1,044
Non-Hispanic White	3,801	36.34%	21.8	\$4,235,141	\$1,114
Hispanic	95	0.91%	15.6	\$101,618	\$1,070
Native American	131	1.25%	33.2	\$132,461	\$1,011
Pacific Islander	21	0.20%	13.4	\$15,233	\$725
Unknown	1,980	18.93%	6.1	\$2,112,835	\$1,067
<b>Total</b>	<b>10,460</b>	<b>100%</b>	<b>12.5</b>	<b>\$12,726,069</b>	<b>\$1,217</b>
<b>Gender</b>					

Female	5,632	53.8%	13.2	\$6,598,121	\$1,172
Male	4,829	46.2%	11.8	\$6,127,948	\$1,269
<b>Total</b>	<b>10,460</b>	<b>100%</b>	<b>12.5</b>	<b>\$12,726,069</b>	<b>\$1,217</b>

**Data Source:** Behavioral health services claims data for FY20. Based on claims paid through May 31, 2021.

**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, FY20**

Race/Ethnicity	Total Number Receiving Residential Treatment Services		Rate of Utilization Per 1,000 Eligible	Expenditures	
	N	%		Total	Per Child/Young Adult
Non-Hispanic Black	224	54.4%	0.8	\$16,903,688	\$75,463
Asian	5	1.2%	0.1	\$336,686	\$67,337
Non-Hispanic White	156	37.9%	0.9	\$10,902,425	\$69,887
Hispanic	2	0.5%	0.3	\$147,935	\$73,967
Native American	8	1.9%	2.0	\$305,458	\$38,182
Pacific Islander	5	1.2%	3.2	\$305,679	\$61,136
<b>Total</b>	<b>412</b>	<b>100%</b>	<b>0.5</b>	<b>\$30,782,139</b>	<b>\$74,714</b>
<b>Gender</b>					
Female	128	31.1%	0.3	\$9,548,171	\$74,595
Male	284	68.9%	0.7	\$21,233,967	\$74,767
<b>Total</b>	<b>412</b>	<b>100%</b>	<b>0.5</b>	<b>\$30,782,139</b>	<b>\$74,714</b>

**Data Source:** Behavioral health services claims data for FY20. Based on claims paid through May 31, 2021.

**Table A5: Targeted Case Management Services by Race and Gender, FY20**

Race/Ethnicity	Total Number Receiving Targeted Case Management Services		Rate of Utilization Per 1,000 Eligible	Expenditures	
	N	%		Total	Per Child/Young Adult
Non-Hispanic Black	1,047	43.6%	3.6	\$4,188,522	\$4,000
Asian	39	1.6%	1.0	\$97,674	\$2,504
Non-Hispanic White	1,208	50.4%	6.9	\$4,128,157	\$3,417
Hispanic	14	0.6%	2.3	\$42,904	\$3,065
Native American	47	2.0%	11.9	\$121,912	\$2,594
Pacific Islander	2	0.1%	1.3	\$3,234	\$1,617
<b>Total</b>	<b>2,399</b>	<b>100%</b>	<b>2.9</b>	<b>\$9,709,377</b>	<b>\$4,047</b>
<b>Gender</b>					
Female	1,003	41.8%	2.4	\$3,766,272	\$3,755
Male	1,397	58.2%	3.4	\$5,943,106	\$4,254
<b>Total</b>	<b>2,399</b>	<b>100%</b>	<b>2.9</b>	<b>\$9,709,377</b>	<b>\$4,047</b>

**Data Source:** Behavioral health services claims data for FY20. Based on claims paid through May 31, 2021.

**Table A6: Respite Care Services by Race and Gender, FY20**

Race/Ethnicity	Total Number Receiving Respite Care Services		Rate of Utilization Per 1,000 Eligible	Expenditures	
	N	%		Total	Per Child/Young Adult
Non-Hispanic Black	231	49.0%	0.8	\$411,211	\$1,780
Asian	4	0.8%	0.1	\$630	\$157
Non-Hispanic White	225	47.8%	1.3	\$565,654	\$2,514
Hispanic	2	0.4%	0.3	\$12,571	\$6,286
Native American	8	1.7%	2.0	\$15,558	\$1,945
Pacific Islander	0	0.0%	0.0	\$0	\$0
<b>Total</b>	<b>471</b>	<b>100.0%</b>	<b>0.6</b>	<b>\$1,104,568</b>	<b>\$2,345</b>
<b>Gender</b>					
Female	201	42.7%	0.5	476,595	2,371
Male	270	57.3%	0.7	627,973	2,326

<b>Total</b>	471	100.0%	0.6	\$1,104,568	\$2,345
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**Data Source:** Behavioral health services claims data for FY20. Based on claims paid through May 31, 2021.

**Table A7: § 1915(i) Waiver Services by Race and Gender, FY20**

Race/Ethnicity	Total Number Receiving § 1915(i) Waiver Services		Rate of Utilization Per 1,000 Eligible	Expenditures	
	N	%		Total	Per Child/Young Adult
Non-Hispanic Black	3	33.3%	0.01	\$9,389	\$3,130
Asian	0	0.0%	0.00	\$0	\$0
Non-Hispanic White	4	44.4%	0.02	\$4,725	\$1,181
Hispanic	1	11.1%	0.16	\$3,287	\$3,287
Native American	0	0.0%	0.00	\$0	\$0
Pacific Islander	0	0.0%	0.00	\$0	\$0
<b>Total</b>	<b>9</b>	<b>100%</b>	<b>0.01</b>	<b>\$23,143</b>	<b>\$2,571</b>
<b>Gender</b>					
Female	5	55.6%	0.01	\$14,309	\$2,862
Male	4	44.4%	0.01	\$8,834	\$2,209
<b>Total</b>	<b>9</b>	<b>100.0%</b>	<b>0.01</b>	<b>\$23,143</b>	<b>\$2,571</b>

**Data Source:** Behavioral health services claims data for FY20. Based on claims paid through May 31, 2021.

**Table A8: Psychiatric Rehabilitation Services by Race and Gender, FY20**

Race/Ethnicity	Total Number Receiving Psychiatric Rehabilitation Services		Rate of Utilization Per 1,000 Eligible	Expenditures	
	N	%		Total	Per Child/Young Adult
Non-Hispanic Black	16,216	68.6%	50.9	\$62,444,380	\$3,851
Asian	486	2.1%	10.1	\$1,651,564	\$3,398
Non-Hispanic White	5,951	25.2%	34.5	\$19,668,886	\$3,305
Hispanic	121	0.5%	18.0	\$501,924	\$4,148
Native American	326	1.4%	84.1	\$827,558	\$2,539
Pacific Islander	43	0.2%	30.2	\$101,556	\$2,362
Unknown	4,175	17.7%	0	\$10,436,470	\$2,500
<b>Total</b>	<b>23,645</b>	<b>100%</b>	<b>26.0</b>	<b>\$95,635,321</b>	<b>\$4,045</b>
<b>Gender</b>					
Female	10,817	45.7%	25.4	\$43,401,086	\$4,012
Male	12,845	54.3%	31.3	\$52,234,235	\$4,067
<b>Total</b>	<b>23,645</b>	<b>100.0%</b>	<b>28.3</b>	<b>\$95,635,321</b>	<b>\$4,045</b>

**Data Source:** Behavioral health services claims data for FY20. Based on claims paid through May 31, 2021.

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