



Annual Report on Behavioral Health Services for Children
Required by Section 7.5-209 of the Health-General Article (MSAR # 13361)
and the 2023 Joint Chairmen's Report (Pages 112-113)

September 2023

Wes Moore, Governor

Aruna Miller, Lt. Governor

Laura Herrera Scott, M.D., M.P.H.,
Secretary of Health

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DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

September 6, 2023

The Honorable Wes Moore
Governor
100 State Circle
Annapolis, MD 21401-1991

The Honorable Bill Ferguson
President of the Senate
H-107 State House
100 State Circle
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The Honorable Adrienne A. Jones
Speaker of the House
H-101 State House
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Annapolis, MD 21401-1991

RE: Report required by Section 7.5-209 of the Health-General Article on behavioral health services data for children and young adults (MSAR # 13361)

Dear Governor Moore, President Ferguson, and Speaker Jones:

Pursuant to § 7.5–209 of the Health-General Article, the Maryland Department of Health (MDH) respectfully submits the annual report on behavioral health services for children and young adults on behalf of the Behavioral Health Administration. MDH respectfully requests the release of funds as outlined in the 2023 JCR (p 112-113):

“provided that \$100,000 of this appropriation made for the purpose of program direction may not be expended until the Maryland Department of Health submits the report required under Section 7.5-209 of the Health-General Article on behavioral health services data for children and young adults that was due on December 1, 2022.”

This report focuses on various aspects of our public behavioral health system (PBHS) for children, youth, and young adults, including service eligibility and utilization, expenditures and costs, timing, and admission. In FY21, MDH found that 847,820 children and young adults in Maryland were eligible for Medicaid services, with the largest numbers residing in the four jurisdictions with the largest populations of children and young adults in the state, including: Baltimore City, Baltimore, Montgomery, and Prince George’s Counties.

The report has found that more children were eligible for PBHS services in FY21, yet fewer children utilized services, and overall expenditures increased, suggesting those that did receive services have higher behavioral health needs. Among the services studied, psychiatric rehabilitation services (PRP), which provide rehabilitation and support services to aid in the development and enhancement of independent living skills, were the most utilized services.

Targeted Case Management (TCM), Respite Care, and § 1915 (i) Waiver services were among the lowest utilized services. These services are designed to provide care coordination and in-home supports that are essential to allow children and youth with more intensive behavioral health challenges to remain in their homes and communities and limit the use of more restrictive and costly emergency department and inpatient hospital services. Inpatient hospital services were among the highest annual expenditure among the services reviewed.

Maryland has a vision based on a solid foundation of work and research to further destigmatize behavioral health services, increase the utilization of intensive community-based services, and implement more crisis response and recovery support.

MDH will continue to monitor trends pertaining to behavioral health services for children, and is committed to keeping the General Assembly updated on these efforts.

If you have any questions or comments about this report, please contact Megan Peters, Acting Director, Office of Governmental Affairs, at 410-844-2318 or megan.peters@maryland.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read 'LH Scott', is positioned above the typed name of the signatory.

Laura Herrera Scott, M.D., M.P.H.
Secretary

cc: Alyssa Lord, Deputy Secretary, Behavioral Health Administration
Marie Grant, Assistant Secretary for Health Policy
Megan Peters, Acting Director, Office of Governmental Affairs
Sarah Albert, Department of Legislative Services (5 copies) MSAR #13361

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I. Executive Summary

Health-General Article § 7.5–209 of the Maryland Annotated Code requires the Maryland Department of Health’s (MDH) Behavioral Health Administration (BHA) to prepare an annual report on behavioral health services for children and young adults in the State. To prepare this most recent report, BHA analyzed Fiscal Year (FY) 2021 data on selected behavioral health services provided to children (birth through 17 years) and young adults (18–25 years) in the State 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 using 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.

The United States and Maryland faced unprecedented times following the start of and response to the COVID-19 pandemic that impacted the daily lives of the world. Experts have noted that due to COVID-19, the health and economic effects of the pandemic, and the school closings/social distancing measures that contributed to social isolation and limited access to services, the levels of stress felt by families has increased.¹ Expert data has shown a 44% drop in outpatient mental health visits among children, even after accounting for an increase in telehealth.¹

Maryland is no stranger to the struggles related to COVID-19 and its impact on the behavioral health needs of children and young adults, and MDH aims to address both in the coming months and years. The data in this report demonstrates that there are a number of challenges facing Maryland youth. Specifically, key findings indicate:

- There was a decrease in utilization across most service areas between 2020 and 2021. A multitude of factors likely contributed to this, including those related to the pandemic.
- There is a need for more community based services for youth with high behavioral health needs, such as high fidelity wraparound and intensive home based services, and services for children and youth with substance use disorder.
- In FY21, the number of children and young adult recipients of inpatient services and total expenditures for these services declined. However, the per person cost for such services increased by 8.4% over the previous fiscal year, indicating that while a lower number of youth were served in the inpatient setting, acuity increased.
- Spending on substance use disorder treatment was significantly lower than spending on mental health services for youth.

¹ Bella, Melanie, and Kisha Davis. *Report to Congress on Medicaid and CHIP*, chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/<https://www.macpac.gov/wp-content/uploads/2021/06/June-2021-Report-to-Congress-on-Medicaid-and-CHIP.pdf>

- There are disparities in access to key services across the State. These disparities are in part due to provider availability and social determinants of health that disconnect certain geographical areas from the highest standard of care. Examples of disparities include:
 - Low behavioral health service utilization in Prince George’s County, including low emergency room rates, targeted case management, and substance use programs;
 - All jurisdictions, except Charles, Howard, Montgomery, Prince George’s and St. Mary’s, had PBHS service use rates that were higher than the State average of 128.6 per 1,000 eligible; and
 - Three jurisdictions, including Charles, Montgomery and Prince George’s counties, had utilization rates of less than 100 per 1,000 eligible.

Based on U.S. Census Bureau data, in 2021, there were just under two million (1,935,150) children and young adults (birth to 25 years) residing in Maryland, which represents 32% of the State’s population (6,055,802). More than two in five or 44% (847,820) of those children and young adults were eligible for Medical Assistance and PBHS services, while a total of 109,027 (representing 5.6% of the child and young adult population, and about 12.9% of the eligible child and young adult population) received services within the PBHS statewide. This number represents a decrease of 2.9% of children and young adults who received services in FY20. In FY21, a total of \$554,576,052 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 \$5,087 per person. These numbers represent a 3.1% and 6.3% increase, respectively, over the previous fiscal year, with total expenditures increasing by \$16.9 million and per individual expenditures increasing by \$300. The increase in expenditures is likely driven by increases in the number and units of service received.

Outpatient Behavioral Health Services:

Outpatient Behavioral Health Services represents an array of mental health services that do not require hospitalization. In FY 21 a combination of \$259,699,945 state and federal dollars was spent representing nearly one-half (46.8%) of all behavioral health expenditures, an average expenditure of \$2,576 per recipient.

100,771 children and young adults received outpatient mental health and/or substance use disorder services in FY21, and this accounted for 92% of all child and young adult PBHS recipients. Children and young adults using outpatient services were more likely to be female (53.4%) than male (46.6%) and more than one-third (38.3%) identified as Non-Hispanic Black, followed by Non-Hispanic White (30.2%).

Inpatient Psychiatric Hospital Services:

Inpatient hospitalizations represented nearly a quarter (21.0%) of behavioral health expenditures, accounting for over \$100 million (\$116,572,769) in dollars spent. 5,940 PBHS child and young adult service recipients had one or more psychiatric related hospitalizations, representing 5.4% of all child and young adult recipients of PBHS services and a 5.4% decrease from FY20. There has been a reduction of inpatient and emergency department (ED) utilization in FY21 data. Inpatient service recipients were more likely to be female (58%) and Non-Hispanic Black (36%). In addition,

6,909 children and young adults were discharged from inpatient psychiatric hospitals in FY21 representing an average length of stay (ALOS) of 10 days.

Psychiatric Emergency Room Services:

9,904 PBHS service recipients had one or more psychiatric related emergency room visits at an annual expenditure of \$12,260,808 and an average annual per child and young adult expenditure of \$1,238 per person. These numbers represent a decrease in service recipients (5.3%) and total expenditures (3.7%) from FY20. Emergency room recipients were more likely to be female (57.5%) and were more likely to be Non-Hispanic Black (37.8%) than non-Hispanic White (28.7%).

Residential Treatment Centers (or RTC):

Residential Treatment Centers function as mental health facilities for children and youth adults with serious emotional and behavioral challenges, with an annual expenditure of \$27,962,750, representing a 9.2% decrease from FY20, though expenditure per person increased by 7.2%. The average time waiting between referral and placement was 65 days for community residential treatment centers and 99 days for state-operated Regional Institutes for Children and Adolescents (RICAs). Once placed, the average length of stay in residential treatment centers was 139 days, an increase of 56% from FY20. The 30-day readmission rate to the same RTC was approximately 2% compared to 6% in FY20.

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. A total of \$105,463,695 was expended on intensive community-based services for children and young adults, with the total expenditures for these services and cost per person decreased by less than 1% and increased by 9.2%, respectively, since FY20.

Substance-Related Disorder Program Services:

Nearly 12,000 (11,717) children and young adults received substance related disorder services in FY21, accounting for 11% of all child and young adult PBHS recipients. Children and young adults using substance-related disorder services were more likely to be female (56.8%) than Male (43.2%) and more than one-third (34.5%) Non-Hispanic Black, followed closely by Non-Hispanic White (32.3%).

I. Introduction

In response to the Maryland Annotated Code, Health-General Article (HG) § 7.5–209 and the 2023 Joint Chairmen’s Report (p. 112-113), the Maryland Department of Health (MDH) Behavioral Health Administration (BHA) submits the annual report on 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).²

MDH 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 (RTCs) and family peer support. The goal of the system of care is to respond to the changing needs of these children and young adults and their families in all aspects of their lives in a timely and effective manner.

This report provides a summary of the geographic and demographic distribution of child and young adult eligibility, utilization, and expenditure patterns for public behavioral health services in FY21. The report focuses services within the public behavioral health service delivery system for children and young adults including outpatient behavioral health services, psychiatric inpatient hospitalization, hospital emergency department utilization for behavioral health emergencies, residential treatment services, substance-related disorder program 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.

II. Service Eligibility and Utilization

Health General Article § 7.5–209(b)(1) requires BHA to provide data on the number and percentage of children and young adults that were (i) eligible for and (ii) used public behavioral health services “during the reported year.” FY21 data is referenced in this report since it is the most recent complete set of data available.

² HG § 7.5–209(a) requires BHA to consult with interested stakeholders on an annual basis. This consultation is 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.

A. Population Eligible for Public Behavioral Health Services

Health General Article § 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 FY21, 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 (1,935,150) children and young adults residing in Maryland in 2021. As a group, those in this age range (birth through 25 years) made up nearly one-third (32.0%) of the State’s population and 847,820 or 43.8% were eligible for PBHS services, a number that decreased in FY20 but increased slightly by 1.4% in FY21 (FY17: 816,691; FY18: 836,457; FY19: 838,200; FY20: 835,716; FY21:847,820).

Non-Hispanic Black children and young adults made up the largest segment of those eligible at 34.0%, followed by Non-Hispanic White children and young adults who accounted for 20.7% of those eligible for services. Females represented 50.9% of eligible children and young adults while males accounted for 49.1 % (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 roughly one-third (31.3%; 265,238) of all the eligible children across the State, followed by individuals ages 7–12 (26.2%; 222,060), 13–17 (19.3%; 163,864), 18-21 (12.5%; 106,140), and ages 22–25 (10.7%; 90,518).

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, including: Baltimore City (18.6%), Baltimore (11.1%), Montgomery (14.5%), and Prince George’s (19.1%) Counties, and accounted for nearly two-thirds (63.3%) of all PBHS eligible individuals (see Table 1).

Table 1: Number and Percent Eligible for PBHS Services within Each Jurisdiction, FY21

Jurisdiction	Age Group ^a										Jurisdiction Total ^b	
	Birth to 6		7 to 12		13 to 17		18 to 21		22 to 25		N	% of State Total
	N	%	N	%	N	%	N	%	N	%		
Allegany	3,325	30.2%	2,766	25.2%	2,014	18.3%	1,507	13.7%	1,386	12.6%	10,998	1.3%
Anne Arundel	18,408	31.8%	15,562	26.9%	10,992	19.0%	6,974	12.0%	5,969	10.3%	57,905	6.8%
Baltimore City	47,296	30.0%	40,105	25.4%	30,195	19.2%	20,888	13.2%	19,189	12.2%	157,673	18.6%
Baltimore	29,617	31.5%	24,190	25.7%	17,848	19.0%	12,026	12.8%	10,455	11.1%	94,136	11.1%
Calvert	2,338	28.6%	2,158	26.4%	1,621	19.8%	1,104	13.5%	952	11.6%	8,173	1.0%
Caroline	2,236	30.1%	1,995	26.8%	1,534	20.6%	961	12.9%	707	9.5%	7,433	0.9%
Carroll	4,045	30.2%	3,576	26.7%	2,690	20.1%	1,648	12.3%	1,445	10.8%	13,404	1.6%
Cecil	4,678	30.9%	3,916	25.9%	2,992	19.8%	1,948	12.9%	1,595	10.5%	15,129	1.8%

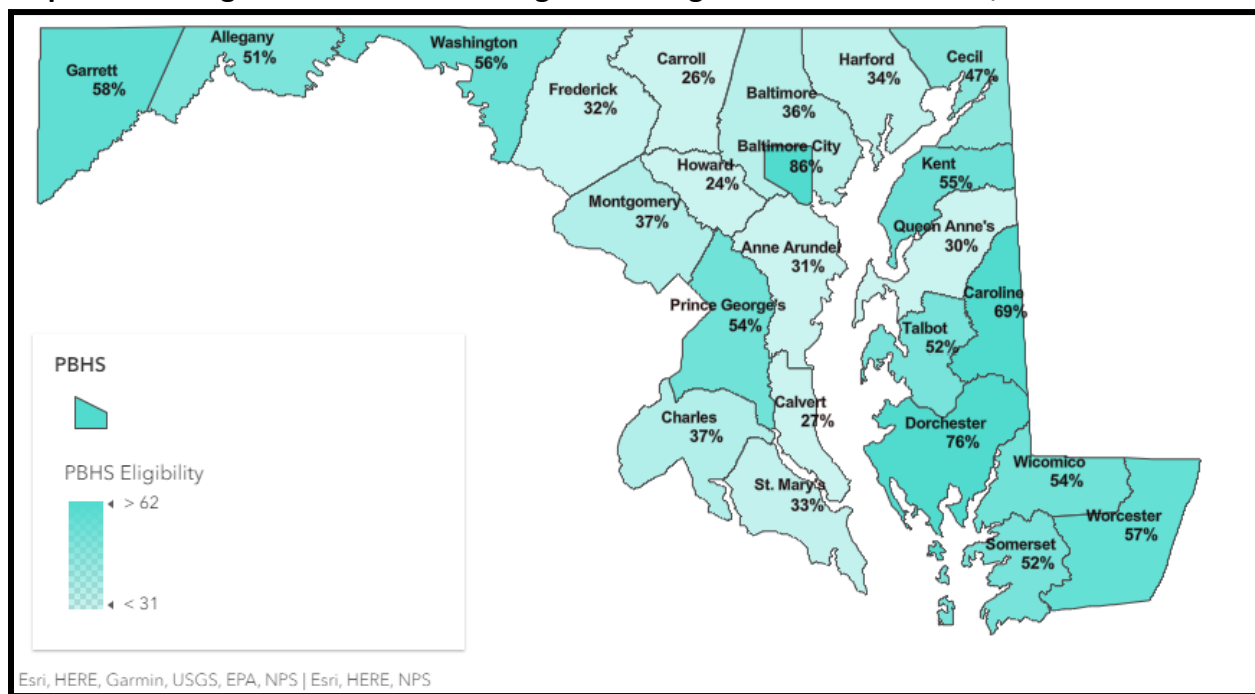
Charles	6,419	31.3%	5,448	26.6%	3,850	18.8%	2,476	12.1%	2,311	11.3%	20,504	2.4%
Dorchester	2,060	29.5%	1,859	26.6%	1,380	19.7%	926	13.2%	769	11.0%	6,994	0.8%
Frederick	8,717	31.4%	7,492	26.9%	5,572	20.0%	3,350	12.0%	2,672	9.6%	27,803	3.3%
Garrett	1,342	30.4%	1,049	23.8%	889	20.1%	605	13.7%	531	12.0%	4,416	0.5%
Harford	8,397	30.5%	7,072	25.7%	5,589	20.3%	3,436	12.5%	3,073	11.1%	27,567	3.3%
Howard	7,575	28.7%	7,064	26.8%	5,542	21.0%	3,523	13.4%	2,669	10.1%	26,373	3.1%
Kent	860	29.2%	765	25.9%	581	19.7%	410	13.9%	334	11.3%	2,950	0.3%
Montgomery	38,636	31.5%	32,944	26.9%	24,681	20.1%	15,053	12.3%	11,374	9.3%	122,688	14.5%
Prince George's	54,293	33.5%	42,894	26.5%	29,968	18.5%	18,645	11.5%	16,240	10.0%	162,040	19.1%
Queen Anne's	1,353	29.8%	1,192	26.2%	939	20.7%	595	13.1%	465	10.2%	4,544	0.5%
Somerset	1,367	29.7%	1,227	26.6%	900	19.5%	618	13.4%	497	10.8%	4,609	0.5%
St. Mary's	3,970	30.4%	3,370	25.8%	2,525	19.3%	1,708	13.1%	1,493	11.4%	13,066	1.5%
Talbot	1,493	31.3%	1,254	26.3%	955	20.0%	612	12.8%	463	9.7%	4,777	0.6%
Washington	8,084	31.0%	6,759	25.9%	5,034	19.3%	3,315	12.7%	2,856	11.0%	26,048	3.1%
Wicomico	6,652	31.4%	5,423	25.6%	4,031	19.0%	2,778	13.1%	2,308	10.9%	21,192	2.5%
Worcester	2,071	28.1%	1,978	26.8%	1,540	20.9%	1,032	14.0%	761	10.3%	7,382	0.9%
Statewide	265,238	31.3%	222,060	26.2%	163,864	19.3%	106,140	12.5%	90,518	10.7%	847,820	100.0%

Data Source: Behavioral health services claims and eligibility data for FY21. Based on claims paid through June 30, 2022.

Note: ^aThe 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. ^bThe total percent column represents the percentage of children and young adults who are Medicaid eligible in each jurisdiction, based on the statewide number of eligible individuals (N=847,820).

While the largest number of eligible children and young adults resided in the four most populated jurisdictions, the percent of children and young adults MA eligible within each jurisdiction varied substantially across the state. As shown in Map 1, in FY21 PBHS eligibility rates ranged from a low of 24.3% in Howard to a high of 86.1% in Baltimore City while in FY20 it ranged from a low of 23.4% in Carroll County to a high of 71.4% in Dorchester County. In addition to Baltimore City, Somerset (51.6%), Dorchester (76.4%), Caroline County (69.0%), Garrett County (58.5%), Worcester County (56.9%), Washington County (55.5%), Kent County (55.2%), Prince George's County (54.2%), Wicomico County (53.8%), Talbot (51.8%) and Allegany (51.2%) had more than one-half of all children and young adults eligible for Medical Assistance (Medicaid) services. In contrast, similar to FY20 in FY21 Carroll (25.7%), Calvert (27.4%), and Howard (24.3%) 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, FY21



Data Source: Maryland medical assistance (Medicaid) eligibility data, FY21 Total PBHS eligible children and youth is 847,820.
Note: ^aThe 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 outpatient service; (2) an inpatient service; (3) an emergency room service; (4) an RTC service; (5) an intensive community service; and (6) a substance-related disorder program service.”

In FY21, a total of 109,027 children and young adults (12.9% of those eligible) received one or more behavioral health services within the PBHS statewide. Of those children and young adults receiving PBHS services, 30.0% were between the ages of 7–12, followed by children 13–17 who made up 28.3% of service recipients. Younger children, from birth through six, were the least likely to use behavioral health services, representing only 8.9% of service recipients, while service recipients who were young adults ages 18–21 and 22–25 years, each made up 16.4%. Additionally, Non-Hispanic Black (39%) and Non-Hispanic White (29%) children and young adults accounted for the majority of PBHS service recipients (see Appendix, Table A1). Service utilization was more commonly used by females (53%) than males (47%). Male service recipients were more likely to be younger (birth through 12 years), while female recipients were older (13–25 years).

As shown in Table 2, 59% 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 over one-quarter of children and young adult service recipients (26%). In

contrast, counties in the eastern shore region (Kent, Queen Anne’s, Somerset and Talbot Counties) and far western Maryland (Garrett County) served far fewer, with each serving less than 1,000 children and young adults in FY21. These numbers align with the overall PBHS eligibility counts and percentages as jurisdictions with more children and young adults eligible for services, generally had higher numbers of service recipients.

Table 2: Number and Percent of Child and Young Adult Recipients of PBHS Services, FY21

Jurisdiction	Age Group ^a										Jurisdiction Total ^b		
	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	161	8.6%	485	26.0%	465	25.0%	362	19.4%	389	20.9%	1,862	1.7%	169.30
Anne Arundel	723	9.1%	2,475	31.1%	2,210	27.8%	1,208	15.2%	1,344	16.9%	7,960	7.3%	137.47
Baltimore City	2,719	9.5%	8,967	31.4%	7,987	28.0%	4,465	15.6%	4,428	15.5%	28,566	26.2%	181.17
Baltimore	1,241	9.4%	4,040	30.6%	3,563	27.0%	2,109	16.0%	2,241	17.0%	13,194	12.1%	140.16
Calvert	113	9.5%	327	27.6%	322	27.2%	193	16.3%	231	19.5%	1,186	1.1%	145.11
Caroline	88	7.7%	376	33.0%	337	29.6%	174	15.3%	165	14.5%	1,140	1.0%	153.37
Carroll	206	9.2%	699	31.3%	635	28.5%	331	14.8%	359	16.1%	2,230	2.0%	166.37
Cecil	239	9.6%	748	30.0%	626	25.1%	412	16.5%	472	18.9%	2,497	2.3%	165.05
Charles	148	8.2%	457	25.4%	500	27.8%	327	18.2%	366	20.4%	1,798	1.6%	87.69
Dorchester	116	9.1%	393	30.9%	376	29.5%	201	15.8%	187	14.7%	1,273	1.2%	182.01
Frederick	340	8.5%	1,249	31.2%	1,217	30.4%	601	15.0%	601	15.0%	4,008	3.7%	144.16
Garrett	63	9.0%	209	30.0%	194	27.8%	104	14.9%	127	18.2%	697	0.6%	157.84
Harford	407	9.1%	1,287	28.9%	1,229	27.6%	743	16.7%	784	17.6%	4,450	4.1%	161.42
Howard	244	8.0%	882	28.9%	929	30.4%	531	17.4%	465	15.2%	3,051	2.8%	115.69
Kent	50	9.4%	167	31.3%	153	28.7%	83	15.5%	81	15.2%	534	0.5%	181.02
Montgomery	779	7.3%	3,012	28.4%	3,235	30.4%	1,905	17.9%	1,693	15.9%	10,624	9.7%	86.59
Prince George's	962	7.8%	3,503	28.5%	3,593	29.2%	2,192	17.8%	2,035	16.6%	12,285	11.3%	75.81
Queen Anne's	50	7.7%	173	26.7%	206	31.8%	102	15.7%	117	18.1%	648	0.6%	142.61
Somerset	110	11.0%	343	34.4%	285	28.6%	131	13.1%	129	12.9%	998	0.9%	216.53
St. Mary's	114	7.8%	347	23.8%	386	26.5%	289	19.8%	321	22.0%	1,457	1.3%	111.51
Talbot	71	8.8%	243	30.1%	255	31.6%	135	16.7%	102	12.7%	806	0.7%	168.73
Washington	501	10.8%	1,316	28.5%	1,177	25.5%	761	16.5%	863	18.7%	4,618	4.2%	177.29
Wicomico	239	7.4%	931	28.8%	979	30.3%	565	17.5%	521	16.1%	3,235	3.0%	152.65
Worcester	136	8.8%	505	32.6%	467	30.2%	234	15.1%	206	13.3%	1,548	1.4%	209.70
Unknown									15	42.9%	35	0.0%	2187.50
Statewide	9,723	8.9%	32,690	30.0%	30,871	28.3%	17,848	16.4%	17,895	16.4%	109,027	100.0%	128.60

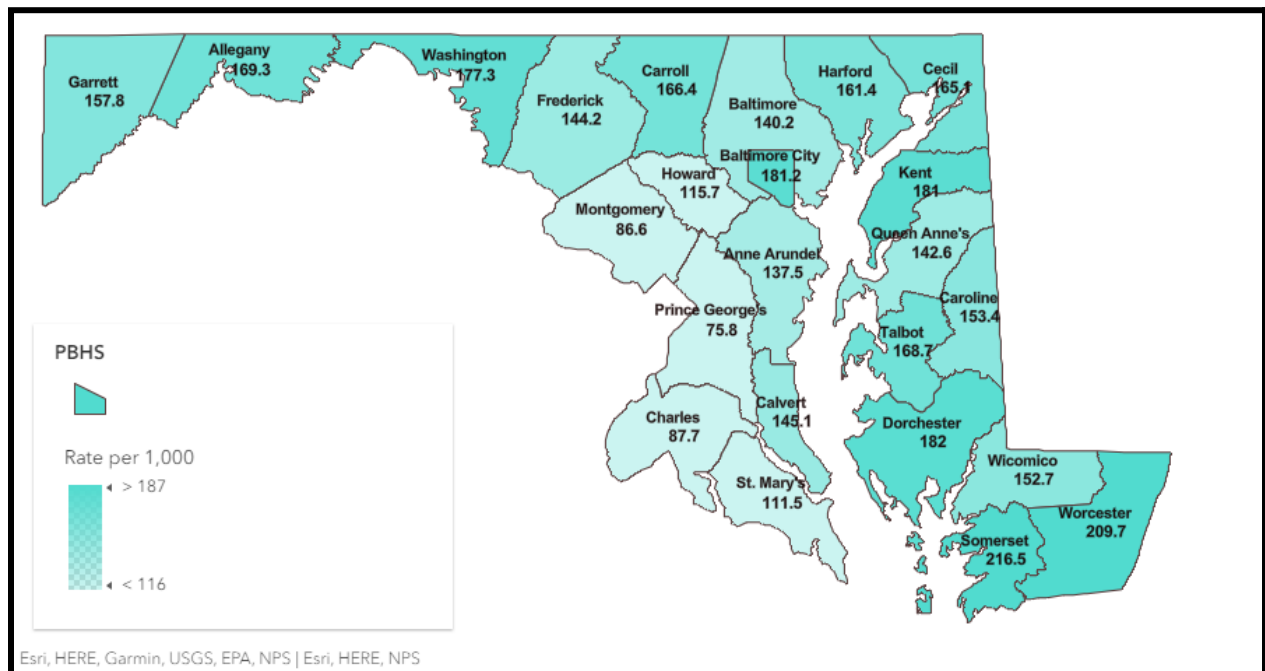
Data Source: Behavioral health services claims and eligibility data for FY21. Based on claims paid through June 30, 2022.

Note: ^aThe number and percent by age group represent the total number of children and young adults within each age group that received services in that jurisdiction and the percentage of the jurisdiction total accounted for by each age group. ^bThe total percent column represents the percentage of children and young adults receiving services in each jurisdiction, based on the statewide number of service recipients (N=109,027). 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, 128.6 in every 1,000 children and young adults eligible to receive services used PBHS services in FY21. As shown in Map 2, rates of PBHS service use varied substantially across the State, ranging from a high of 216.5 per 1,000 eligible in Somerset County to a low of 75.81 per 1,000 eligible in Prince George’s County. These jurisdictions also represented the areas with the highest and lowest rates of utilization in FY19 and FY20. The jurisdictions with the highest service utilization rates included Somerset (216.6 per 1,000), Worcester (209.7 per 1,000) and Dorchester (182 per 1,000) Counties, while Prince George’s (75.8 per 1,000) and Montgomery (86.6 per 1,000) recorded the lowest service use rates. All jurisdictions, except Charles, Howard, Montgomery, Prince George’s and St. Mary’s had PBHS service use rates that were higher than the state average of 128.6 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 FY21 (128.6 per 1,000) compared to FY20 (134 per 1000). Caroline County was the only jurisdiction that showed an increase in the rate of PBHS service use between FY21 (153.4 per 1,000) and FY20 (150.1 per 1,000)

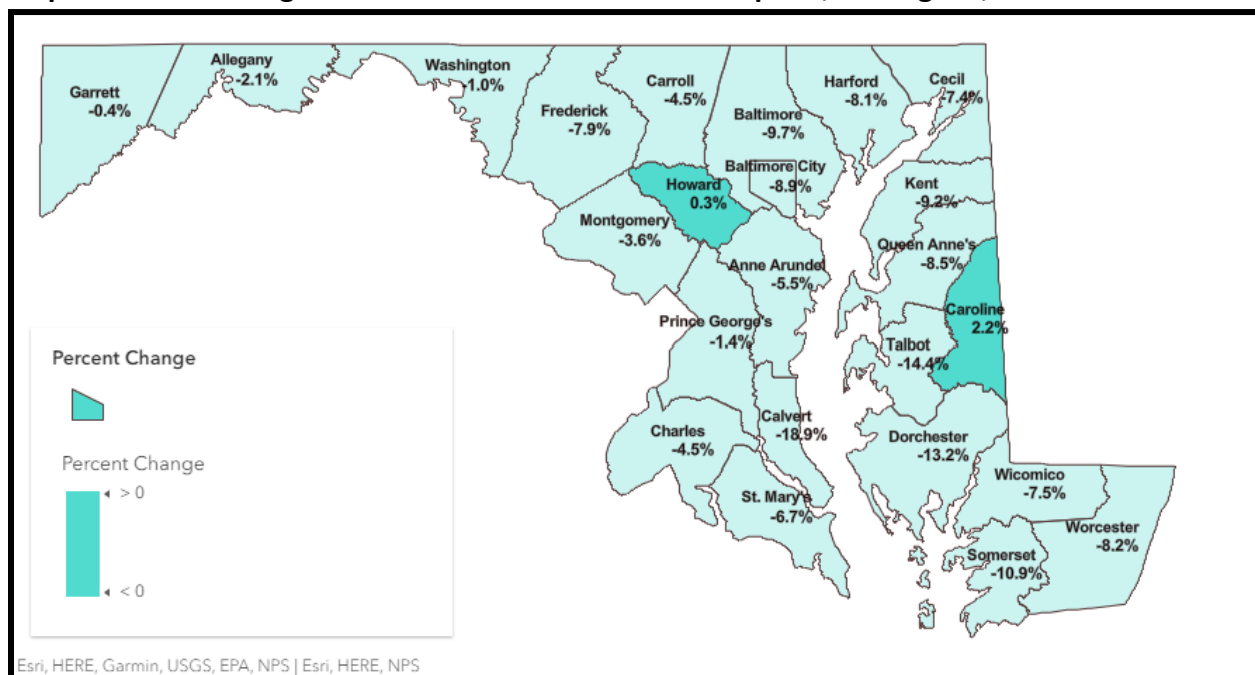
Map 2: PBHS Service Utilization Rates per 1,000 Eligible, FY21



Data Source: Behavioral health services claims data for FY21. Based on claims paid through June 30, 2022.

Between FY20 and FY21, the rate of PBHS service use decreased by 4.3%. As shown in Map 3, the overall change in utilization rates ranged from a decrease of -18.9% in Calvert County to an increase of 2.2% in Caroline County. Service utilization rates declined in 22 of the 24 jurisdictions between FY20 and FY21

Map 3: Percent Change in PBHS Service Utilization Rates per 1,000 Eligible, FY20-FY21



Data Source: Behavioral health services claims data for FY21. Based on claims paid through June 30, 2022.

Table 3 details the number and percentage of children and young adult PBHS service recipients for selected behavioral health services as outlined in the Maryland Annotated Code, Health-General Article (HG) § 7.5–209. Just under five percent (4.7%) 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 36.8% of all child and young adult PBHS service recipients, a 5.6% decrease from FY20. Among those receiving services, 9.1% had a psychiatric related emergency room visit, while 5.5% were hospitalized for psychiatric reasons, these percentages are similar to what was seen in FY20. Residential treatment center services were utilized by 349 children and young adults, representing less than half of a percent of child and young adult service recipients in FY21.

The largest service category was outpatient psychiatric treatment services with 100,771 users, making up 92.4% of all PBHS recipients. Among the intensive community-based services, psychiatric rehabilitation was the most frequently used, with 19.5% of children and young adults utilizing this service, while just 2.1% of service recipients received targeted case management services. Psychiatric rehabilitation was the most frequently used service among children in each age group from birth through 17 years, while young adults ages 18–25 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, FY21

Selected PBHS Services	Age Group ^a										Jurisdiction Total ^b	
	Birth to 6		7 to 12		13 to 17		18 to 21		22 to 25		N	% State Total
	N	%	N	%	N	%	N	%	N	%		
Outpatient Psychiatric Treatment	8,356	8.3%	30,747	30.5%	29,907	29.7%	16,258	16.1%	15,503	15.4%	100,771	92.4%
Inpatient Psychiatric Hospitalization	48	0.8%	873	14.7%	1,997	33.6%	1,507	25.4%	1,515	25.5%	5,940	5.5%
Psychiatric Emergency Room	134	1.4%	1,492	15.1%	3,157	31.9%	2,576	26.0%	2,545	25.7%	9,904	9.1%
Residential Treatment Center			120	34.4%	207	59.3%	19	5.4%			349	0.3%
Substance-Related Disorder Program	53	0.5%	244	2.1%	2,079	17.7%	3,556	30.3%	5,785	49.4%	11,717	10.7%
Targeted Case Management	175	7.6%	931	40.5%	844	36.7%	188	8.2%	161	7.0%	2,299	2.1%
Respite Care	16	5.5%	171	59.0%	103	35.5%					290	0.3%
§ 1915(i) Waiver Services			15	44.1%	18	52.9%					34	0.03%
Psychiatric Rehabilitation	1,346	6.3%	9,082	42.7%	6,693	31.5%	2,129	10.0%	2,025	9.5%	21,275	19.5%
All Selected PBHS Services^c	1,723	4.3%	12,684	31.6%	13,019	32.5%	6,419	16.0%	6,246	15.6%	40,091	36.8%
All PBHS Services	9,723	8.9%	32,690	30.0%	30,871	28.3%	17,848	16.4%	17,895	16.4%	109,027	100%

Data Source: Behavioral health services claims data for FY21. Based on claims paid through June 30, 2022.

Note: ^aThe number and percent by age group represent the total number of children and young adults within each age group that received a particular service and the percentage accounted for by each age group. ^bThe total percent column represents the percentage of children and young adults receiving care based on the statewide number of service recipients (N=40,091). ^cThe 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 received any PBHS service.

1. Outpatient Behavioral Health Services

In FY21, a total of 100,771 children and young adult recipients of PBHS service received one or more outpatient behavioral health services, accounting for 92% of all child and young adult service recipients. PBHS outpatient services cover a broad array of services, including individual, group and family therapy, intensive outpatient, diagnostic assessment, hospital based outpatient and other ancillary services and are available statewide. Recipients of this service were more likely to be between the ages of 7 to 17 years old, as 30.5% of outpatient recipients were 7-12 years, and 29.7% were between 13 and 17 years old. Taken together, these age groups accounted for 60% of all outpatient service recipients. Children and young adults using behavioral health outpatient services were slightly more likely to be female (53.4%) than Male (46.6%) and more than one-third (38.3%) were Non-Hispanic Black, followed by Non-Hispanic White (30.2%) (see Appendix, Table A2).

Statewide, 119 children and young adults out of every 1,000 PBHS eligible individuals utilized outpatient behavioral health services. Females used outpatient services at a higher rate of 125 per 1,000 eligible compared to 112 per 1,000 eligible males. Non-Hispanic White children and young adults used outpatient services at a higher rate of 173 per 1,000 compared to 134 per 1,000 eligible Non-Hispanic Black children and young adults. Native Americans, who made up

0.6% of service recipients, had a use rate of 142 per 1,000 eligible, which is the second largest rate, and Hispanics who made up 1.7% of service users had a rate of 136 per 1,000 PBHS eligible individuals (see Appendix, Table A2).

As shown in Table 4, outpatient behavioral health service use rates varied widely across the State, ranging from a low of 71 per 1,000 PBHS eligible in Prince George’s County to a high of 209 per 1,000 eligible in Somerset County. Worcester County (203 per 1,000), Dorchester County (172 per 1,000), and Kent County (168 per 1,000) had the next highest use rates, while Charles (79 per 1,000), and Montgomery (82 per 1,000) Counties had the next lowest use rates. Higher use rates map closely to those areas with the highest Medicaid eligibility rates, including the lower shore and far western regions of the state. Over one-half (19 out of 24) of all jurisdictions had outpatient utilization rates above the state average (118.8 per 1,000).

Table 4: Number and Percent of PBHS Recipients of Outpatient Behavioral Health Services, FY21

Jurisdiction	Age Group ^a										Jurisdiction Total ^b		
	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	131	7.3%	481	27.0%	474	26.6%	338	19.0%	359	20.1%	1,783	1.8%	162.12
Anne Arundel	633	8.4%	2,385	31.8%	2,211	29.5%	1,127	15.0%	1,144	15.3%	7,500	7.4%	129.52
Baltimore City	2,315	9.2%	8,018	31.7%	7,314	28.9%	3,840	15.2%	3,789	15.0%	25,276	25.1%	160.31
Baltimore	1,085	8.8%	3,806	31.0%	3,473	28.3%	1,963	16.0%	1,948	15.9%	12,275	12.2%	130.40
Calvert	96	8.5%	311	27.6%	327	29.0%	184	16.3%	210	18.6%	1,128	1.1%	138.02
Caroline	72	6.7%	371	34.7%	336	31.5%	150	14.0%	139	13.0%	1,068	1.1%	143.68
Carroll	177	8.4%	672	32.0%	636	30.2%	305	14.5%	313	14.9%	2,103	2.1%	156.89
Cecil	208	9.1%	731	31.8%	610	26.6%	358	15.6%	389	16.9%	2,296	2.3%	151.76
Charles	122	7.5%	416	25.7%	497	30.7%	279	17.2%	306	18.9%	1,620	1.6%	79.01
Dorchester	101	8.4%	374	31.2%	367	30.6%	187	15.6%	171	14.3%	1,200	1.2%	171.58
Frederick	309	8.1%	1,207	31.7%	1,191	31.3%	576	15.1%	528	13.9%	3,811	3.8%	137.07
Garrett	56	8.7%	192	29.9%	188	29.2%	91	14.2%	116	18.0%	643	0.6%	145.61
Harford	352	8.7%	1,226	30.2%	1,157	28.5%	670	16.5%	649	16.0%	4,054	4.0%	147.06
Howard	206	7.2%	845	29.4%	900	31.3%	525	18.3%	396	13.8%	2,872	2.9%	108.90
Kent	35	7.0%	166	33.4%	152	30.6%	73	14.7%	71	14.3%	497	0.5%	168.47
Montgomery	638	6.4%	2,867	28.6%	3,233	32.3%	1,806	18.0%	1,474	14.7%	10,018	9.9%	81.65
Prince George's	817	7.1%	3,307	28.9%	3,523	30.8%	2,009	17.5%	1,793	15.7%	11,449	11.4%	70.66
Queen Anne's	42	6.8%	168	27.3%	200	32.5%	102	16.6%	104	16.9%	616	0.6%	135.56
Somerset	99	10.3%	336	34.9%	284	29.5%	132	13.7%	112	11.6%	963	1.0%	208.94
St. Mary's	95	7.1%	339	25.3%	370	27.6%	256	19.1%	281	21.0%	1,341	1.3%	102.63
Talbot	64	8.2%	234	29.9%	256	32.7%	131	16.7%	98	12.5%	783	0.8%	163.91
Washington	443	10.7%	1,249	30.2%	1,113	26.9%	638	15.4%	691	16.7%	4,134	4.1%	158.71
Wicomico	203	6.6%	888	28.9%	952	31.0%	539	17.6%	489	15.9%	3,071	3.0%	144.91

Worcester	118	7.9%	497	33.2%	479	32.0%	220	14.7%	185	12.3%	1,499	1.5%	203.06
Unknown			19	19.6%	20	20.6%	23	23.7%	26	26.8%	97	0.1%	
Statewide	8,356	8.3%	30,747	30.5%	29,907	29.7%	16,258	16.1%	15,503	15.4%	100,771	100.0%	118.86

Data Source: Behavioral health services claims and eligibility data for FY21. Based on claims paid through June 30, 2022.

Note: ^aThe number and percent by age group represent the total number of children and young adults within each age group that received services in that jurisdiction and the percentage of the jurisdiction total accounted for by each age group. ^bThe percent of state total column represents the percentage of children and young adults receiving services in each jurisdiction, based on the statewide number of service recipients (N=100,771). 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.

2. Inpatient Psychiatric Hospital Services

Inpatient psychiatric hospital services are available to children and young adults in 32 acute care general hospitals with psychiatric units across the State and four private psychiatric hospitals. In FY21, a total of 5,940 children and young adult recipients of PBHS service had one or more psychiatric related hospitalizations, accounting for 5.5% of all child and young adult service recipients and a 5.7% decrease from psychiatric related hospitalizations in FY20. Individuals using this service were more likely to be older, as 33.6% of inpatient recipients were 13-17 years, and 50.9% were between 18 and 25 years old. Together, these age groups accounted for 85% of all inpatient service recipients, a 6.2% increase from FY20. Children and young adults using inpatient psychiatric hospitalization services were slightly more likely to be female (57.7%) than Male (42.3%) and more than one-third (36.0%) Non-Hispanic Black (see Appendix, Table A3).

Statewide, approximately 7 children and young adults out of every 1,000 PBHS eligible individuals utilized inpatient psychiatric hospital services. Females used inpatient hospital services at a rate of 8.0 per 1,000 eligible compared to 6.0 per 1,000 eligible males. Non-Hispanic White children and young adults used inpatient services at a rate of 10.1 per 1,000 compared to 7.4 per 1,000 eligible Non-Hispanic Black children and young adults. Native Americans, who made up 0.2% of service recipients, had a utilization rate of 8.7 per 1,000 eligible, which is the second largest rate (see Appendix, Table A3). These trends are similar to what was seen in FY20, however the utilization rate for Native American children and young adults decreased from 25.6 per 1,000 eligible in FY20.

As shown in Table 5, inpatient service use rates varied widely across the State, ranging from a low of 4.3 per 1,000 PBHS eligible in Prince George's County to a high of 11.7 per 1,000 eligible in Cecil County. Cecil County (11.7 per 1,000), Kent County (11.2 per 1,000), and Worcester County (9.6 per 1,000) had the highest use rates, while Prince George's (4.3 per 1,000), Charles (5.1 per 1,000) Counties had the lowest use rates. Over one-half (16 out of 24) of all jurisdictions had inpatient utilization rates above the state average (7.01 per 1,000).

Table 5: Number and Percent of PBHS Recipients of Inpatient Psychiatric Hospitalization, FY21

Jurisdiction	Age Group ^a										Jurisdiction Total ^b		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	16.5%	36	35.0%	26	25.2%	23	22.3%	103	1.7%	9.37
Anne Arundel			65	14.9%	139	32.0%	103	23.7%	125	28.7%	435	7.3%	7.51
Baltimore City	18	1.4%	166	13.3%	372	29.9%	329	26.4%	359	28.9%	1,244	20.9%	7.89
Baltimore			140	18.4%	271	35.6%	174	22.9%	171	22.5%	761	12.8%	8.08
Calvert					26	36.6%	25	35.2%	14	19.7%	71	1.2%	8.69
Caroline					23	48.9%	12	25.5%			47	0.8%	6.32
Carroll			20	17.1%	43	36.8%	27	23.1%	25	21.4%	117	2.0%	8.73
Cecil			37	20.9%	56	31.6%	39	22.0%	42	23.7%	177	3.0%	11.70
Charles			12	11.5%	33	31.7%	28	26.9%	31	29.8%	104	1.8%	5.07
Dorchester			10	20.8%	16	33.3%	11	22.9%	11	22.9%	48	0.8%	6.86
Frederick			45	19.4%	93	40.1%	40	17.2%	50	21.6%	232	3.9%	8.34
Garrett					13	37.1%					35	0.6%	7.93
Harford			40	17.9%	72	32.3%	59	26.5%	48	21.5%	223	3.8%	8.09
Howard			32	15.8%	73	36.0%	46	22.7%	51	25.1%	203	3.4%	7.70
Kent					16	48.5%					33	0.6%	11.19
Montgomery			85	10.1%	300	35.8%	233	27.8%	220	26.2%	839	14.1%	6.84
Prince George's			85	12.2%	203	29.3%	198	28.5%	206	29.7%	694	11.7%	4.28
Queen Anne's					18	52.9%					34	0.6%	7.48
Somerset					15	46.9%					32	0.5%	6.94
St. Mary's			11	12.5%	25	28.4%	27	30.7%	24	27.3%	88	1.5%	6.74
Talbot					12	38.7%					31	0.5%	6.49
Washington			39	15.9%	77	31.3%	61	24.8%	66	26.8%	246	4.1%	9.44
Wicomico			32	18.2%	70	39.8%	44	25.0%	29	16.5%	176	3.0%	8.31
Worcester					39	54.9%	16	22.5%	10	14.1%	71	1.2%	9.62
Unknown												0.1%	
Statewide	48	0.8%	873	14.7%	1,997	33.6%	1,507	25.4%	1,515	25.5%	5,940	100.0%	7.01

Data Source: Behavioral health services claims and eligibility data for FY21. Based on claims paid through June 30, 2022.

Note: ^aThe number and percent by age group represent the total number of children and young adults within each age group that received services in that jurisdiction and the percentage of the jurisdiction total accounted for by each age group. ^bThe total percent column represents the percentage of children and young adults receiving services in each jurisdiction, based on the statewide number of service recipients (N=5,940). 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.

3. Psychiatric Emergency Room Services

Nearly one in ten (9.1%) child and young adult service recipients had one or more psychiatric emergency room visits in FY21, which is a similar rate to FY20. Emergency room services were most frequently used by children ages 13–17 years (31.9%), followed by young adults ages 18–21 years (26.0%) and 22–25 (25.7%). Children and young adults ages 13 and older accounted for more than three quarters (83.6%) of those using psychiatric emergency room services, while children ages six and under account for less than two percent of service recipients. In examining utilization rates across age groups, young adults ages 18–25 years had the highest utilization rate (26 per 1,000 eligible), while children ages six and under had the lowest utilization rate (<1 per 1,000 eligible). Emergency room recipients were more likely to be female (57.4%) and Non-Hispanic Black (37.8%), with Non-Hispanic Whites accounting for (28.7%) of all emergency room recipients. 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 substantially higher rate than Non-Hispanic Black children and young adults (22 per 1,000 eligible versus 15 per 1,000 eligible) see Appendix, Table A4.

As shown in Table 6, utilization of emergency room services varied across the State, with an average of 11.7 per 1,000 PBHS eligible children and young adults utilizing emergency room services, compared to 12.5 in FY20. Two jurisdictions, Allegany (20.1 per 1,000 eligible), and Dorchester Counties (20.5 per 1,000), had rates well above the state average of (11.7 per 1,000), while the lowest rates were in Garrett (7.7 per 1,000), Prince George’s (6.2 per 1,000) Charles (9.1 per 1,000), and Montgomery (9.0 per 1,000) Counties.

Table 6: Number and Percent of Psychiatric Emergency Room Services, FY21

Jurisdiction	Age Group ^a										Jurisdiction Total ^b		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			36	16.3%	65	29.4%	56	25.3%	57	25.8%	221	2.2%	20.09
Anne Arundel			122	15.9%	230	29.9%	201	26.2%	208	27.1%	768	7.8%	13.26
Baltimore City	38	1.6%	325	13.8%	696	29.5%	617	26.2%	680	28.9%	2,356	23.8%	14.94
Baltimore	15	1.4%	181	16.5%	334	30.5%	276	25.2%	290	26.5%	1,096	11.1%	11.64
Calvert			26	18.4%	44	31.2%	40	28.4%	29	20.6%	141	1.4%	17.25
Caroline			18	18.4%	37	37.8%	20	20.4%	21	21.4%	98	1.0%	13.18
Carroll			37	16.3%	77	33.9%	62	27.3%	45	19.8%	227	2.3%	16.94
Cecil			34	15.8%	68	31.6%	53	24.7%	55	25.6%	215	2.2%	14.21
Charles			22	11.8%	59	31.6%	47	25.1%	59	31.6%	187	1.9%	9.12
Dorchester			30	21.0%	48	33.6%	32	22.4%	28	19.6%	143	1.4%	20.45
Frederick			51	15.2%	111	33.0%	75	22.3%	94	28.0%	336	3.4%	12.09
Garrett							11	32.4%			34	0.3%	7.70
Harford			55	14.7%	118	31.5%	100	26.7%	97	25.9%	375	3.8%	13.60

Howard			44	15.5%	109	38.5%	70	24.7%	58	20.5%	283	2.9%	10.73
Kent					19	38.8%	12	24.5%	12	24.5%	49	0.5%	16.61
Montgomery			145	13.2%	403	36.6%	287	26.1%	260	23.6%	1,101	11.1%	8.97
Prince George's	10	1.0%	152	15.1%	314	31.2%	274	27.3%	255	25.4%	1,005	10.1%	6.20
Queen Anne's					26	43.3%	11	18.3%	17	28.3%	60	0.6%	13.20
Somerset			16	19.5%	23	28.0%	26	31.7%	15	18.3%	82	0.8%	17.79
St. Mary's			28	13.1%	67	31.3%	60	28.0%	56	26.2%	214	2.2%	16.38
Talbot			14	18.9%	24	32.4%	20	27.0%	14	18.9%	74	0.7%	15.49
Washington			71	16.5%	133	30.9%	118	27.4%	104	24.1%	431	4.4%	16.55
Wicomico			62	16.9%	121	33.1%	101	27.6%	79	21.6%	366	3.7%	17.27
Worcester			14	13.2%	38	35.8%	28	26.4%	24	22.6%	106	1.1%	14.36
Unknown													
Statewide	134	1.4%	1,492	15.1%	3,157	31.9%	2,576	26.0%	2,545	25.7%	9,904	100.0%	11.68

Data Source: Behavioral health services claims and eligibility data for FY21. Based on claims paid through June 30, 2022.

Note: ^aThe number and percent by age group represent the total number of children and young adults within each age group that received services in that jurisdiction and the percentage of the jurisdiction total accounted for by each age group. ^bThe total percent column represents the percentage of children and young adults receiving services in each jurisdiction, based on the statewide number of service recipients (N=9,904). 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.

4. Residential Treatment Centers (RTCs)

In FY21, six RTCs, 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 three jurisdictions: Baltimore City (3), Baltimore County (2), and Montgomery County (1). The Jefferson facility (Frederick County) was closed in August of 2020.

In FY21, 349 children and young adults were treated in private RTCs with 94.3% of RTC recipients reside in Baltimore City and Baltimore County, a 10.6% decrease from 412 in FY19. Males were more likely to use RTC services (70.8%) and had higher utilization rates (0.6 per 1,000 versus 0.2 per 1,000) compared to females. Individual service recipients were also more likely to be Non-Hispanic Black (47.0%), even though utilization rates were similarly distributed between Non-Hispanic Black (<1 per 1,000 eligible) and Non-Hispanic White recipients (<1 per 1,000 eligible) (see Appendix, Table A5). Over half of all RTC recipients (59.3.1%) were between the ages of 13–17 years, while 35.2% were 12 years or younger and 5.4% were 18 years or older.

As shown in Table 7, the statewide utilization of RTC services was relatively low at 0.4 per 1,000 eligible children and young adults. Statewide, use rates ranged from 0.07 per 1,000 in Prince George's, Carroll, and Cecil Counties to 1.6 per 1,000 in Baltimore County. Three jurisdictions, including Baltimore City (1.1 per 1,000 eligible), Baltimore (1.6 per 1,000 eligible), and Frederick

(1.2 per 1,000 eligible) counties, had use rates at least twice the state average (0.4 per 1,000 eligible).

In addition, 48 children and young adults received services in RICA facilities during FY21 (see note on Table 7). Of those receiving RICA services, 56.3% were treated in the Baltimore County facility 43.8% in the Montgomery County facility. Service use increased by 39% between FY20 to FY21 in the Montgomery County facility. In general, the use of RICAs was low across the state, with a utilization rate of 0.06 per 1,000 eligible children and young adults.

Table 7: Number and Percent of Residential Treatment Services, FY21³

	Age Group ^a										Jurisdiction Total ^b		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													0.36
Anne Arundel											10	2.9%	0.17
Baltimore City			24	13.4%	148	82.7%					179	51.3%	1.14
Baltimore			103	68.7%	35	23.3%					150	43.0%	1.59
Calvert													0.12
Caroline													0.40
Carroll													0.07
Cecil													0.07
Charles													0.20
Dorchester													0.29
Frederick					28	87.5%					32	9.2%	1.15
Garrett													0.00
Harford													0.22
Howard													0.15
Kent													0.00
Montgomery					12	70.6%					17	4.9%	0.14
Prince George's											11	3.2%	0.07
Queen Anne's													0.22
Somerset													0.22
St. Mary's													0.38
Talbot													0.42
Washington											15	4.3%	0.58
Wicomico													0.09
Worcester													0.14

³ 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.

Unknown													
Statewide		120	34.4%	207	59.3%	19	5.4%			349	100.0%	0.41	

Data Source: Behavioral health services claims and eligibility data for FY21. Based on claims paid through June 30, 2022.

Note: ^aThe number and percent by age group represent the total number of children and young adults within each age group that received services in that jurisdiction and the percentage of the jurisdiction total accounted for by each age group. ^bThe total percent column represents the percentage of children and young adults receiving services in each jurisdiction, based on the statewide number of service recipients (N=349). 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 jurisdiction category of unknown is included to reflect counts of children and young adults whose jurisdiction of residence is unknown. 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.

5. 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.

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 units 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 recipients. TCM Plus services are available to children and young adults statewide. Table 8 displays the use of targeted case management services among children and young adult recipients of PBHS services in FY21.

Just over two percent (2,299) of child and young adult recipients of PBHS services utilized TCM services in FY21, a rate similar to FY20. Most case management recipients (77.2%) were between the ages of 7 and 17 and were overall more likely to be male (58.5%) with a utilization rate of 3.2 per 1,000. Use was evenly distributed between Non-Hispanic White (38.2%) and Non-Hispanic Black (37.8%) children and young adults, however Non-Hispanic White individuals had the highest utilization rate of 5 per 1,000 eligible compared to Non-Hispanic Black children and young adults who had a utilization rate of 3 per 1,000 eligible (see Appendix, Table A6).

As shown in Table 8, the statewide average of 2.7 per 1,000 eligible children and young adults used TCM services in FY21. Use rates differed across the state, ranging from a low of 0.2 per 1,000 eligible in Montgomery County to a high of 17.1 per 1,000 eligible in Washington County. In addition to Washington County, five jurisdictions, including Dorchester (14.3 per 1,000 eligible), Somerset (12.8 per 1,000 eligible), Talbot (10.9 per 1,000 eligible), and Wicomico (10.9 per 1,000 eligible), and Caroline (9.7 per 1,000 eligible) counties, had use rates more than three times the state average, while Montgomery (<1 per 1,000 eligible) and Prince George's (<1 per 1,000 eligible) counties had utilization rates of less than 1 per 1,000 eligible.

Table 8: Number and Percent of PBHS Recipients of Targeted Case Management, FY21

Jurisdiction	Age Group ^a										Jurisdiction Total ^b		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	10	26.3%	15	39.5%	11	28.9%					38	1.7%	3.46
Anne Arundel			57	50.9%	43	38.4%					112	4.9%	1.93
Baltimore City	15	5.1%	117	39.9%	94	32.1%	34	11.6%	33	11.3%	293	12.7%	1.86
Baltimore			42	40.4%	38	36.5%	12	11.5%			104	4.5%	1.10
Calvert			11	44.0%							25	1.1%	3.06
Caroline			32	44.4%	29	40.3%					72	3.1%	9.69
Carroll	10	10.0%	34	34.0%	34	34.0%	14	14.0%			100	4.3%	7.46
Cecil			14	42.4%	11	33.3%					33	1.4%	2.18
Charles			37	54.4%	16	23.5%					68	3.0%	3.32
Dorchester			44	44.0%	47	47.0%					100	4.3%	14.30
Frederick			50	38.8%	37	28.7%	17	13.2%	16	12.4%	129	5.6%	4.64
Garrett											16	0.7%	3.62
Harford	13	8.2%	72	45.6%	65	41.1%					158	6.9%	5.73
Howard			51	51.5%	34	34.3%					99	4.3%	3.75
Kent					13	59.1%					22	1.0%	7.46
Montgomery					12	41.4%					29	1.3%	0.24
Prince George's			14	26.4%	25	47.2%					53	2.3%	0.33
Queen Anne's			12	35.3%	17	50.0%					34	1.5%	7.48
Somerset			21	35.6%	30	50.8%					59	2.6%	12.80
St. Mary's			20	43.5%	12	26.1%					46	2.0%	3.52
Talbot			20	38.5%	24	46.2%					52	2.3%	10.89
Washington	41	9.2%	175	39.4%	126	28.4%	49	11.0%	53	11.9%	444	19.3%	17.05
Wicomico			77	33.5%	128	55.7%	17	7.4%			230	10.0%	10.85
Worcester			17	44.7%	13	34.2%					38	1.7%	5.15
Unknown													
Statewide	175	7.6%	931	40.5%	844	36.7%	188	8.2%	161	7.0%	2,299	100.0%	2.71

Data Source: Behavioral health services claims and eligibility data for FY21. Based on claims paid through June 30, 2022.

Note: ^aThe number and percent by age group represent the total number of children and young adults within each age group that received services in that jurisdiction and the percentage of the jurisdiction total accounted for by each age group. ^bThe total percent column represents the percentage of children and young adults receiving services in each jurisdiction, based on the statewide number of service recipients (N=2,299). 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 9 displays the use of respite care services among children and young adult recipients of PBHS services in FY21.

Table 9: Number and Percent of PBHS Recipients of Respite Care Services, FY21

Jurisdiction	Age Group ^a										Jurisdiction Total ^b		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													0.00
Anne Arundel													0.16
Baltimore City			18	60.0%	10	33.3%					30	10.3%	0.19
Baltimore											13	4.5%	0.14
Calvert													0.00
Caroline											13	4.5%	1.75
Carroll													0.22
Cecil													0.26
Charles													0.00
Dorchester													1.14
Frederick			26	47.3%	29	52.7%					55	19.0%	1.98
Garrett													0.00
Harford											14	4.8%	0.51
Howard													0.00
Kent													0.68
Montgomery													0.05
Prince George's													0.01
Queen Anne's													0.44
Somerset			15	71.4%							21	7.2%	4.56
St. Mary's													0.00

Talbot													1.88
Washington											12	4.1%	0.46
Wicomico			52	64.2%	24	29.6%					81	27.9%	3.82
Worcester													1.08
Unknown													
Statewide	16	5.5%	171	59.0%	103	35.5%					290	100.0%	0.34

Data Source: Behavioral health services claims and eligibility data for FY21. Based on claims paid through June 30, 2022.

Note: ^aThe number and percent by age group represent the total number of children and young adults within each age group that received services in that jurisdiction and the percentage of the jurisdiction total accounted for by each age group. ^bThe total percent column represents the percentage of children and young adults receiving services in each jurisdiction, based on the statewide number of service recipients (N=290). 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 FY21, a total of 290 children and young adults received respite care services statewide, representing less than one percent of all child and young adult PBHS service recipients. The FY21 total of respite care service recipients reflect a 38% decrease in respite care use compared to FY20 (471). This was due in part to a number of closures of respite care facilities. Over one-half (56.3%) of all respite recipients were between the ages of 7–12, followed by children ages 13–17 (34.8%). Respite care recipients were also more likely to be male (60.7%), and were more frequently used by Non-Hispanic Black compared to Non-Hispanic White who accounted for 46.9% and 32.4% of respite service recipients respectively. Respite care rates were higher for males (<1 per 1,000 eligible) compared to females (< per 1,000 eligible) and rates were equal between Non-Hispanic White children and Non-Hispanic Blacks (<1 per 1,000 eligible) see Appendix, Table A7.

Respite care services are available to be scheduled across the state, however over one-quarter (28%) of service recipients resided in Wicomico County and roughly one-fifth (19%) resided in Frederick County. During this period, no child or young adult received respite services in six jurisdictions, including Allegany, Calvert, Charles, Garrett, Howard, 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 FY21 a total of 34 children and young adults were enrolled in § 1915(i) waiver services, 25 children more than the FY20 total of 9 and 3 more than the FY19 total of 31.

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 FY21, there were 21,275 child and young adult recipients of PBHS services who received PRP

services statewide, a decrease of 10% compared to FY20. More than two in five (43%) of child and young adult PRP recipients were ages of 7–12, 52.6% were male and more than one-half (58.9%) were Non-Hispanic Black. Use rates for PRP were higher in males (26.9 per 1,000 eligible) compared to females (23.4 per 1,000 eligible) and Non-Hispanic Blacks (43.5 per 1,000 eligible) had substantially higher rates compared to non-Hispanic White children and young adults (19.4 per 1,000 eligible) (see Appendix, Table A9).

Nearly one-half (46.6%) of PRP recipients resided in Baltimore City, which had the highest utilization rate of 62.8 per 1,000 eligible. As shown in Table 10, utilization rates varied from a low of 7.0 per 1,000 eligible children and young adults in Calvert County to a high of 62.8 per 1,000 in Baltimore City. PRP use rates in Baltimore City were more than double the state average of 25.1 per 1,000 eligible, followed by 43.4 per 1,000 eligible) in Somerset County, while St. Mary’s County (8.8 per 1,000 eligible), Montgomery County (8.3 per 1000 eligible), Charles County (8.1 per 1,000 eligible), Queen Anne’s County (7.9 per 1,000 eligible), and all had utilization rates of less than 10 per 1,000 eligible.

Table 10: Number and Percent of PBHS Recipients of Psychiatric Rehabilitation Services, FY21

Jurisdiction	Age Group ^a										Jurisdiction Total ^b		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	13	7.4%	59	33.5%	42	23.9%	35	19.9%	27	15.3%	176	0.8%	16.00
Anne Arundel	49	5.5%	389	43.5%	254	28.4%	88	9.8%	114	12.8%	894	4.2%	15.44
Baltimore City	633	6.4%	4,106	41.4%	3,145	31.7%	1,051	10.6%	971	9.8%	9,906	46.6%	62.83
Baltimore	150	6.3%	1,020	43.0%	715	30.2%	242	10.2%	244	10.3%	2,371	11.1%	25.19
Calvert			15	26.3%	11	19.3%	18	31.6%	11	19.3%	57	0.3%	6.97
Caroline			74	51.4%	51	35.4%	10	6.9%			144	0.7%	19.37
Carroll	24	9.3%	119	45.9%	86	33.2%	16	6.2%	14	5.4%	259	1.2%	19.32
Cecil	18	5.9%	142	46.6%	96	31.5%	26	8.5%	23	7.5%	305	1.4%	20.16
Charles			56	33.3%	49	29.2%	25	14.9%	33	19.6%	168	0.8%	8.19
Dorchester	17	8.8%	81	42.0%	67	34.7%	12	6.2%	16	8.3%	193	0.9%	27.60
Frederick	26	4.9%	303	57.0%	151	28.4%	21	3.9%	31	5.8%	532	2.5%	19.13
Garrett			22	38.6%	16	28.1%					57	0.3%	12.91
Harford	31	4.6%	281	42.1%	210	31.5%	70	10.5%	75	11.2%	667	3.1%	24.20
Howard	29	7.3%	139	35.1%	133	33.6%	48	12.1%	47	11.9%	396	1.9%	15.02
Kent			16	38.1%	14	33.3%					42	0.2%	14.24
Montgomery	57	5.6%	382	37.7%	353	34.8%	102	10.1%	120	11.8%	1,014	4.8%	8.26
Prince George's	154	6.4%	1,039	43.3%	784	32.7%	241	10.0%	181	7.5%	2,399	11.3%	14.80
Queen Anne's			11	30.6%	11	30.6%					36	0.2%	7.92
Somerset	12	6.0%	109	54.5%	59	29.5%	14	7.0%			200	0.9%	43.39
St. Mary's			28	24.3%	22	19.1%	26	22.6%	35	30.4%	115	0.5%	8.80
Talbot			35	36.8%	35	36.8%	11	11.6%	10	10.5%	95	0.4%	19.89

Washington	74	10.3%	384	53.5%	183	25.5%	25	3.5%	52	7.2%	718	3.4%	27.56
Wicomico	31	5.3%	267	45.7%	197	33.7%	59	10.1%	30	5.1%	584	2.7%	27.56
Worcester			85	50.0%	56	32.9%	14	8.2%			170	0.8%	23.03
Unknown													
Statewide	1,346	6.3%	9,082	42.7%	6,693	31.5%	2,129	10.0%	2,025	9.5%	21,275	100.0%	25.09

Data Source: Behavioral health services claims and eligibility data for FY21. Based on claims paid through June 30, 2022.

Note: ^aThe number and percent by age group represent the total number of children and young adults within each age group that received services in that jurisdiction and the percentage of the jurisdiction total accounted for by each age group. ^bThe total percent column represents the percentage of children and young adults receiving services in each jurisdiction, based on the statewide number of service recipients (N=21,275). 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.

6. Substance Related Disorders Program Services

The PBHS provides a range of Substance Related Disorder services to children and young adults, including outpatient therapy and counseling options, Intensive Outpatient Programs, inpatient hospital services, partial hospitalization, laboratory services, SUD residential, Medication for OUD services and problem gambling services that are available across the state. In FY21, a total of 11,717 children and young adult recipients of PBHS service used one or more substance-related disorder program services, accounting for 11% of all child and young adult PBHS service recipients. Recipients of substance related disorder services were more likely to be older, as 49.4% of service recipients were 22-25 years, and 30.3% were between 18 to 21 years old. Together, these age groups accounted for 80% of all SUD service recipients. Children and young adults recipients of substance related disorder services were more likely to be female (56.8%) than male (43.2%) and more than one-third (34.5%) Non-Hispanic Black, followed closely by Non-Hispanic White (32.3%) (see Appendix, Table A10).

Statewide, approximately 13.8 children and young adults out of every 1,000 PBHS eligible individuals used substance related disorder services. Females were more likely to use substance related disorder services at a rate of 15.4 per 1,000 eligible compared to 12.2 per 1,000 eligible males. Non-Hispanic White children and young adults used these services at a substantially higher rate of 21.5 per 1,000 eligible compared to 14.0 per 1,000 eligible Non-Hispanic Black children and young adults. Native Americans, who represented only 0.55% of service recipients, had the next highest utilization rate of 16.3 per 1,000 eligible and Hispanics individuals, who made up less than 1% of service users had the lowest use rate of 8.3 per 1,000 PBHS eligible individuals (see Appendix, Table A10).

As shown in Table 11, substance related disorder service use rates varied widely across the State, ranging from a low of 6.2 per 1,000 PBHS eligible in Prince George's County to a high of 36.9 per 1,000 eligible in Garrett County. Cecil County (33.4 per 1,000), Washington County (28.2 per 1,000), and Allegany County (26.6 per 1,000) had the next highest use rates, while Montgomery (7.0 per 1,000), and Howard (8.7 per 1,000) Counties had the next lowest use rates. Over one-half

(19 out of 24) of all jurisdictions had substance related service utilization rates above the state average (13.8 per 1,000).

Table 11: Number and Percent of PBHS Recipients of Substance-Related Disorder Program Services, FY21

Jurisdiction	Age Group ^a										Jurisdiction Total ^b		
	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					54	18.4%	71	24.2%	158	53.9%	293	2.5%	26.64
Anne Arundel			15	1.7%	126	14.3%	239	27.2%	493	56.1%	879	7.5%	15.18
Baltimore City	10	0.4%	33	1.2%	469	16.8%	891	31.9%	1,391	49.8%	2,794	23.8%	17.72
Baltimore			14	1.2%	185	15.9%	329	28.2%	630	54.1%	1,165	9.9%	12.38
Calvert					27	14.1%	60	31.3%	105	54.7%	192	1.6%	23.49
Caroline					19	14.1%	43	31.9%	69	51.1%	135	1.2%	18.16
Carroll			11	5.0%	47	21.5%	51	23.3%	109	49.8%	219	1.9%	16.34
Cecil			24	4.8%	66	13.1%	148	29.3%	266	52.7%	505	4.3%	33.38
Charles					32	15.3%	66	31.6%	109	52.2%	209	1.8%	10.19
Dorchester					35	21.2%	39	23.6%	84	50.9%	165	1.4%	23.59
Frederick					98	21.3%	132	28.7%	224	48.7%	460	3.9%	16.54
Garrett			11	6.7%	32	19.6%	47	28.8%	69	42.3%	163	1.4%	36.91
Harford					64	11.4%	175	31.3%	310	55.5%	559	4.8%	20.28
Howard					57	24.9%	80	34.9%	87	38.0%	229	2.0%	8.68
Kent							12	19.0%	43	68.3%	63	0.5%	21.36
Montgomery			18	2.1%	223	26.1%	278	32.5%	335	39.2%	855	7.3%	6.97
Prince George's			24	2.4%	214	21.4%	353	35.3%	405	40.5%	1,000	8.5%	6.17
Queen Anne's					17	23.9%	18	25.4%	35	49.3%	71	0.6%	15.63
Somerset			15	12.6%	28	23.5%	26	21.8%	49	41.2%	119	1.0%	25.82
St. Mary's					28	10.4%	83	31.0%	152	56.7%	268	2.3%	20.51
Talbot					12	16.9%	23	32.4%	35	49.3%	71	0.6%	14.86
Washington			19	2.6%	92	12.5%	208	28.3%	407	55.4%	734	6.3%	28.18
Wicomico			13	2.7%	99	20.5%	161	33.3%	211	43.6%	484	4.1%	22.84
Worcester					56	31.8%	45	25.6%	70	39.8%	176	1.5%	23.84
Unknown									15	50.0%	30	0.3%	
Statewide	53	0.5%	244	2.1%	2,079	17.7%	3,556	30.3%	5,785	49.4%	11,717	100.0%	13.82

Data Source: Behavioral health services claims and eligibility data for FY21. Based on claims paid through June 30, 2022.

Note: ^aThe number and percent by age group represent the total number of children and young adults within each age group that received services in that jurisdiction and the percentage of the jurisdiction total accounted for by each age group. ^bThe percent of state total column represents the percentage of children and young adults receiving services in each jurisdiction, based on the statewide number of service recipients (N=100,771). 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.

7. Utilization of PBHS Services Through Telehealth

In FY21, a total of 74,990 children and young adult recipients of PBHS service used one or more PBHS Telehealth services, accounting for 68.8% of all child and young adult service recipients. Recipients of telehealth services were more likely to be children between the ages of 7- and 17-years accounting for 64% of all telehealth service recipients. Children and young adults recipients of telehealth services were slightly more likely to be female (53.2%) than Male (46.9%) and more than one-third of recipients (37.9%) were Non-Hispanic Black, followed by Non-Hispanic White (31.0%).

As shown in Table 12, statewide, 88.3 children and young adults out of every 1,000 PBHS eligible individuals used telehealth services. Females were more likely to use telehealth services at a rate of 92.5 per 1,000 eligible compared to 84.3 per 1,000 eligible males. Non-Hispanic White children and young adults used these services at a substantially higher rate of 132.36 per 1,000 eligible compared to 98.6 per 1,000 eligible Non-Hispanic Black children and young adults. Hispanics, who represented only 1.8% of telehealth service recipients, had the second highest utilization rate of 107.0 per 1,000 eligible. Native American individuals, who made up less than 1% of service users had the lowest use rate of only 0.5 per 1,000 PBHS eligible individuals, which is markedly lower than all other groups.

Table 12: Number and Percent of Child and Young Adult Recipients of PBHS Services Through Telehealth by Race and Age, FY21

Race/ Ethnicity	Age Group ^a										Race/ Ethnicity Total ^b		
	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	%			
Non-Hispanic Black	1,722	6.1%	9,612	33.8%	8,852	31.2%	4,262	15.0%	3,960	13.9%	28,408	37.9%	98.64
Asian	93	4.8%	454	23.4%	531	27.3%	410	21.1%	455	23.4%	1,943	2.6%	46.32
Non-Hispanic White	1,435	6.2%	7,635	32.8%	7,143	30.7%	3,501	15.1%	3,548	15.3%	23,262	31.0%	132.36
Hispanic	91	6.8%	524	39.0%	515	38.3%	139	10.3%	75	5.6%	1,344	1.8%	107.01
Native American	24	5.7%	134	31.8%	144	34.1%	54	12.8%	66	15.6%	422	0.6%	0.51
Pacific Islander	11	9.6%	32	27.8%	29	25.2%	13	11.3%	30	26.1%	115	0.2%	66.74
Unknown	1,479	7.6%	6,119	31.4%	6,240	32.0%	2,960	15.2%	2,696	13.8%	19,494	26.0%	60.18
Total	4,855	6.5%	24,510	32.7%	23,454	31.3%	11,341	15.1%	10,830	14.5%	74,990	100.0%	88.34

Data Source: Behavioral health services claims and eligibility data for FY21. Based on claims paid through June 30, 2022.

Note: The number and percent by age group represent the total number of children and young adults within each race/ethnicity that received services and the percentage of the race/ethnicity total accounted for by each age group. ^aThe total percent column represents the percentage of children and young adults of each race/ethnicity receiving services, based on the statewide number of service recipients (N=74,990). Statewide numbers reflect unduplicated counts of service recipients. 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 race/ethnicity is unknown.

Table 13: Number and Percent of Child and Young Adult Recipients of PBHS Telehealth Services by Gender and Age, FY21

Gender	Age Group ^a										Gender Total ^b		
	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	%			
Female	1,961	4.9%	10,855	27.2%	13,162	33.0%	7,117	17.8%	6,782	17.0%	39,877	53.2%	92.45
Male	2,894	8.2%	13,655	38.9%	10,292	29.3%	4,223	12.0%	4,048	11.5%	35,112	46.9%	84.31
Total	4,855	6.5%	24,510	32.7%	23,454	31.3%	11,341	15.1%	10,830	14.5%	74,990	100.0%	88.34

Data Source: Behavioral health services claims and eligibility data for FY21. Based on claims paid through June 30, 2022.

Note: The number and percent by age group represent the total number of children and young adults within each gender that received services and the percentage of each gender's total accounted for by each age group. ^bThe total percent column represents the percentage of children and young adults of each gender receiving services, based on the statewide number of service recipients (N=74,990). Statewide numbers reflect unduplicated counts of service recipients. Cells with counts less than 10 are grayed out to protect individual privacy.

As shown in Table 14, telehealth use rates varied widely across the State, ranging from a low of 53.6 per 1,000 PBHS eligible in Prince George's County to a high of 159.3 per 1,000 eligible in Worcester County. Somerset County (159.0 per 1,000), Dorchester County (130.7 per 1,000), and Carroll County (122.3 per 1,000) had the next highest use rates, while Charles (59.4 per 1,000), and Montgomery (68.1 per 1,000) Counties had the next lowest use rates. Over one-half (19 out of 24) of all jurisdictions had telehealth service use utilization rates above the state average (88.3 per 1,000).

Table 14: Number and Percent of Child and Young Adult Recipients of PBHS Services Through Telehealth by Jurisdiction, FY21

Jurisdiction	Jurisdiction Total ^b		
	N	% of State Total	Rate per 1,000
Allegany	1,181	1.6%	107.38
Anne Arundel	5,709	7.6%	98.59
Baltimore City	18,014	24.1%	114.25
Baltimore	8,918	11.9%	94.74
Calvert	736	1.0%	90.05
Caroline	782	1.0%	105.21
Carroll	1,639	2.2%	122.28
Cecil	1,746	2.3%	115.41
Charles	1,218	1.6%	59.40
Dorchester	914	1.2%	130.68
Frederick	3,270	4.4%	117.61
Garrett	391	0.5%	88.54
Harford	3,022	4.0%	109.62
Howard	2,141	2.9%	81.18
Kent	354	0.5%	120.00
Montgomery	8,351	11.1%	68.07

Prince George's	8,682	11.6%	53.58
Queen Anne's	427	0.6%	93.97
Somerset	733	1.0%	159.04
St. Mary's	948	1.3%	72.55
Talbot	562	0.8%	117.65
Washington	2,735	3.7%	105.00
Wicomico	2,229	3.0%	105.18
Worcester	1,176	1.6%	159.31
Statewide	74,900	100.0%	88.34

Data Source: Behavioral health services claims and eligibility data for FY21. Based on claims paid through June 30, 2022.

Note: ^aThe number and percent by age group represent the total number of children and young adults that received services in that jurisdiction and the percentage of the jurisdiction total. ^bThe total percent column represents the percentage of children and young adults receiving services in each jurisdiction, based on the statewide number of service recipients (N=74,900). 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.

III. 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 outpatient service; (2) an inpatient service; (3) an emergency room service; (4) an RTC service; (5) an intensive community service; and (6) a substance-related disorder program 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 outpatient psychiatric services, inpatient psychiatric hospital services, psychiatric emergency room services, residential treatment services, intensive community-based services (case management, psychiatric rehabilitation services, respite care, and § 1915(i) waiver services), and substance-related disorder program services.

1. Outpatient Behavioral Health Services

Outpatient Behavioral Health services were utilized by 100,771 children and young adults and accounted for nearly one-half (46.8%, \$259.7 million) of the total child and young adult PBHS expenditures (\$554,576,052) in FY21, and an average per person cost of \$2,576. Female service recipients accounted for a larger share of the total expenditure than males (\$136.0 million versus \$123.6 million), however, males had a higher cost per person (\$2,632 versus \$2,529) than females. Among racial and ethnic groups, Non-Hispanic Blacks accounted for more than one-third (39.6%) of total outpatient expenditures with a per person cost of \$2,664 per person, while Non-Hispanic White recipients accounted for 29.6% of expenditures at a per person cost of

\$2,525 per person. Though Hispanic children and young adults accounted for only 1.9% of the total expenditures, they had the highest costs per person at \$2,942 per person, followed by Native Americans (<1% of total cost) who had the next highest cost per person of \$2,857 (see Appendix, Table A2).

As shown in Table 15a, children (7 to 17 years) accounted for more than two-thirds (67.8%) of total outpatient expenditures (\$176,152,457), while young adults 18 to 25 years accounted for 23.4% (\$60,648,791). Children ages birth to 6 years accounted for 8.8% (\$22,868,697) and children ages 7-12 had the highest per child and young adult expenditures (\$3,055 per person), while young adults 22-25 (\$1,840 per person) had the lowest per person expenditures (see Table 15b). Baltimore City and Baltimore County accounted for 42.5% (\$110.5 million) of all Outpatient Behavioral Health expenditures.

Table 15a: Total Expenditures for Outpatient Psychiatric Services, FY21

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$216,899	\$878,901	\$877,569	\$578,749	\$537,890	\$3,090,008
Anne Arundel	\$1,712,697	\$7,625,678	\$6,153,509	\$2,336,079	\$2,450,267	\$20,278,230
Baltimore City	\$6,808,902	\$28,418,534	\$23,474,077	\$9,226,740	\$8,535,789	\$76,464,043
Baltimore	\$3,276,155	\$12,349,498	\$10,600,413	\$4,226,083	\$3,550,603	\$34,002,751
Calvert	\$192,928	\$459,224	\$492,955	\$229,659	\$258,906	\$1,633,671
Caroline	\$128,448	\$655,543	\$575,750	\$198,535	\$187,826	\$1,746,102
Carroll	\$469,473	\$1,759,367	\$1,623,904	\$601,524	\$532,842	\$4,987,110
Cecil	\$509,967	\$1,796,298	\$1,261,430	\$487,312	\$513,305	\$4,568,311
Charles	\$339,929	\$1,043,074	\$1,155,174	\$438,633	\$449,934	\$3,426,744
Dorchester	\$174,963	\$880,277	\$770,401	\$271,538	\$248,568	\$2,345,748
Frederick	\$791,070	\$3,910,330	\$3,278,560	\$1,030,313	\$895,282	\$9,905,555
Garrett	\$60,570	\$236,200	\$245,673	\$102,468	\$159,993	\$804,903
Harford	\$1,122,768	\$3,117,046	\$2,495,972	\$1,021,406	\$1,112,049	\$8,869,239
Howard	\$685,384	\$2,661,187	\$2,762,157	\$1,007,391	\$684,745	\$7,800,865
Kent	\$61,532	\$258,732	\$275,650	\$144,323	\$155,546	\$895,784
Montgomery	\$1,826,358	\$8,539,569	\$8,458,655	\$3,462,983	\$2,398,909	\$24,686,473
Prince George's	\$2,073,649	\$9,756,996	\$9,548,895	\$3,686,851	\$2,828,539	\$27,894,930
Queen Anne's	\$92,728	\$341,510	\$384,971	\$148,947	\$158,819	\$1,126,976
Somerset	\$366,400	\$1,489,124	\$841,795	\$214,696	\$210,215	\$3,122,230
St. Mary's	\$195,217	\$618,514	\$605,179	\$351,182	\$352,559	\$2,122,650
Talbot	\$120,326	\$448,573	\$458,509	\$186,889	\$155,726	\$1,370,023
Washington	\$879,274	\$2,855,387	\$2,338,216	\$929,700	\$1,101,418	\$8,103,994
Wicomico	\$441,602	\$2,717,338	\$2,382,173	\$905,111	\$743,140	\$7,189,364

Worcester	\$314,723	\$1,088,908	\$1,121,889	\$302,717	\$248,547	\$3,076,783
Unknown	\$6,738	\$36,081	\$27,093	\$37,793	\$49,754	\$157,459
Statewide	\$22,868,697	\$93,941,888	\$82,210,569	\$32,127,619	\$28,521,172	\$259,669,945

Data Source: Behavioral health services claims data for FY21. Based on claims paid through June 30, 2022.

Note: The jurisdiction category of unknown is included to reflect counts of children and young adults whose jurisdiction of residence is unknown.

Annual per person expenditures for Outpatient Behavioral Health services varied substantially across the State from a low of \$1,252 per person in Garrett County to a high of \$3,242 per person in Somerset. Six jurisdictions had annual per person expenditures above the state average of \$2,576 per person (see Table 15b).

Table 15b: Expenditures per Recipient of Outpatient Psychiatric Services, FY21

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$1,655.71	\$1,827.24	\$1,851.41	\$1,712.27	\$1,498.30	\$1,733.04
Anne Arundel	\$2,705.68	\$3,197.35	\$2,783.13	\$2,072.83	\$2,141.84	\$2,703.76
Baltimore City	\$2,941.21	\$3,544.34	\$3,209.47	\$2,402.80	\$2,252.78	\$3,025.16
Baltimore	\$3,019.50	\$3,244.74	\$3,052.24	\$2,152.87	\$1,822.69	\$2,770.08
Calvert	\$2,009.66	\$1,476.60	\$1,507.51	\$1,248.14	\$1,232.88	\$1,448.29
Caroline	\$1,783.99	\$1,766.96	\$1,713.54	\$1,323.57	\$1,351.27	\$1,634.93
Carroll	\$2,652.39	\$2,618.11	\$2,553.31	\$1,972.21	\$1,702.37	\$2,371.43
Cecil	\$2,451.77	\$2,457.32	\$2,067.92	\$1,361.21	\$1,319.55	\$1,989.68
Charles	\$2,786.30	\$2,507.39	\$2,324.29	\$1,572.16	\$1,470.37	\$2,115.27
Dorchester	\$1,732.31	\$2,353.68	\$2,099.19	\$1,452.07	\$1,453.62	\$1,954.79
Frederick	\$2,560.10	\$3,239.71	\$2,752.78	\$1,788.74	\$1,695.61	\$2,599.20
Garrett	\$1,081.60	\$1,230.21	\$1,306.77	\$1,126.02	\$1,379.25	\$1,251.79
Harford	\$3,189.68	\$2,542.45	\$2,157.28	\$1,524.49	\$1,713.48	\$2,187.77
Howard	\$3,327.11	\$3,149.33	\$3,069.06	\$1,918.84	\$1,729.15	\$2,716.18
Kent	\$1,758.05	\$1,558.63	\$1,813.49	\$1,977.03	\$2,190.79	\$1,802.38
Montgomery	\$2,862.63	\$2,978.57	\$2,616.35	\$1,917.49	\$1,627.48	\$2,464.21
Prince George's	\$2,538.13	\$2,950.41	\$2,710.44	\$1,835.17	\$1,577.55	\$2,436.45
Queen Anne's	\$2,207.82	\$2,032.80	\$1,924.86	\$1,460.27	\$1,527.11	\$1,829.51
Somerset	\$3,701.01	\$4,431.92	\$2,964.07	\$1,626.49	\$1,876.92	\$3,242.19
St. Mary's	\$2,054.91	\$1,824.53	\$1,635.62	\$1,371.80	\$1,254.66	\$1,582.89
Talbot	\$1,880.09	\$1,916.98	\$1,791.05	\$1,426.64	\$1,589.04	\$1,749.71
Washington	\$1,984.82	\$2,286.14	\$2,100.82	\$1,457.21	\$1,593.95	\$1,960.33
Wicomico	\$2,175.38	\$3,060.07	\$2,502.28	\$1,679.24	\$1,519.71	\$2,341.05
Worcester	\$2,667.14	\$2,190.96	\$2,342.15	\$1,375.99	\$1,343.50	\$2,052.56
Unknown	\$748.67	\$1,898.98	\$1,354.65	\$1,643.16	\$1,913.63	\$1,623.29
Statewide	\$2,736.80	\$3,055.32	\$2,748.87	\$1,976.11	\$1,839.72	\$2,576.83

Data Source: Behavioral health services claims data for FY21. Based on claims paid through June 30, 2022.

Note: The jurisdiction category of unknown is included to reflect counts of children and young adults whose jurisdiction of residence is unknown.

2. Inpatient Psychiatric Hospital Services

Inpatient psychiatric hospitalization services were utilized by 5,940 children and young adults and accounted for 21.0% (\$116.6 million) of the total child and young adult PBHS expenditures (\$554,576,052) in FY21, and an average per person cost of \$19,625. These costs represented a 2.6% increase in total expenditures and a 8.4% increase in costs per person compared to FY20. Female service recipients accounted for a larger share of the total expenditure than males (\$60.1 million versus \$56.5 million), however, males had a higher cost per person (\$22,500 versus \$17,520) than females. Among racial and ethnic groups, Non-Hispanic Blacks accounted for 39.3% of hospital expenditures (\$21,388 per person), followed by non-Hispanic White recipients at 29.8% (\$19,501 per person). Though Asian children and young adults accounted for only 3.6% of the total expenditures, they had the highest costs per person (\$22,948 per person) (see Appendix, Table A3).

As shown in Table 16a, children (Birth to 17 years) accounted for 62.9% of inpatient expenditures (\$73,285,336), while young adults accounted for 37.1% (\$43,287,433). Children ages 0-6 had the highest per child and young adult expenditures (\$40,394 per person), while young adults 18-21 (\$14,173 per person) had the lowest per child and young adult expenditures (see Table 16b). Children in the youngest age group had very small counts compared to all other age groups which may impact results. Baltimore City and Baltimore County accounted for 42.0% (\$49.0 million) of state expenditures on inpatient psychiatric hospitalization.

Table 16a: Total Expenditures for Inpatient Psychiatric Services, FY21

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$23,347	\$328,610	\$1,203,222	\$106,602	\$112,878	\$1,774,659
Anne Arundel	\$31,248	\$1,660,198	\$2,886,752	\$1,388,379	\$1,578,332	\$7,544,910
Baltimore City	\$1,249,084	\$7,331,346	\$10,532,549	\$6,437,652	\$6,262,955	\$31,813,585
Baltimore	\$23,263	\$3,337,442	\$9,067,185	\$2,757,942	\$2,014,000	\$17,199,831
Calvert	\$0	\$170,156	\$324,623	\$321,717	\$207,900	\$1,024,395
Caroline	\$0	\$93,822	\$416,440	\$74,824	\$26,323	\$611,408
Carroll	\$15,696	\$319,645	\$966,022	\$273,431	\$291,063	\$1,865,858
Cecil	\$17,945	\$709,683	\$561,934	\$312,669	\$323,430	\$1,925,661
Charles	\$0	\$254,965	\$470,739	\$293,244	\$374,780	\$1,393,728
Dorchester	\$0	\$276,598	\$339,290	\$91,092	\$95,599	\$802,579
Frederick	\$77,800	\$1,145,483	\$2,918,881	\$332,403	\$509,644	\$4,984,210
Garrett	\$0	\$89,616	\$160,964	\$94,987	\$62,599	\$408,167
Harford	\$65,024	\$721,575	\$1,233,666	\$874,934	\$735,730	\$3,630,930
Howard	\$278,602	\$1,205,564	\$2,117,508	\$656,313	\$875,233	\$5,133,221
Kent	\$0	\$121,589	\$295,780	\$116,763	\$19,771	\$553,904

Montgomery	\$13,881	\$1,717,801	\$5,777,469	\$3,039,277	\$3,443,460	\$13,991,889
Prince George's	\$8,135	\$1,811,502	\$4,466,760	\$2,188,893	\$3,567,683	\$12,042,973
Queen Anne's	\$0	\$165,032	\$415,845	\$18,177	\$54,879	\$653,933
Somerset	\$0	\$93,214	\$158,778	\$133,810	\$14,853	\$400,656
St. Mary's	\$11,044	\$163,759	\$245,315	\$318,827	\$180,676	\$919,621
Talbot	\$0	\$91,107	\$330,513	\$159,891	\$44,914	\$626,424
Washington	\$103,527	\$536,150	\$1,789,548	\$845,813	\$540,439	\$3,815,478
Wicomico	\$20,331	\$550,197	\$849,669	\$317,195	\$405,444	\$2,142,837
Worcester	\$0	\$33,329	\$673,611	\$101,177	\$104,330	\$912,447
Unknown	\$0	\$0	\$214,962	\$103,305	\$81,201	\$399,468
Statewide	\$1,938,928	\$22,928,383	\$48,418,025	\$21,359,316	\$21,928,117	\$116,572,769

Data Source: Behavioral health services claims data for FY21. Based on claims paid through June 30, 2022.

Note: The jurisdiction category of unknown is included to reflect counts of children and young adults whose jurisdiction of residence is unknown.

Annual per person expenditures for inpatient hospital services varied substantially across the State from a low of \$10,450 per person in St. Mary's County to a high of \$25,574 per person in Baltimore City. Five jurisdictions, including Baltimore City and Baltimore, Frederick, Howard, and Talbot Counties all had annual per person expenditures above the state average of \$19,625 per person (see Table 16b).

Table 16b: Expenditures per Recipient of Inpatient Psychiatric Services, FY21

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$23,347	\$19,330	\$33,423	\$4,100	\$4,908	\$17,230
Anne Arundel	\$10,416	\$25,542	\$20,768	\$13,479	\$12,627	\$17,345
Baltimore City	\$69,394	\$44,165	\$28,313	\$19,567	\$17,446	\$25,574
Baltimore	\$4,653	\$23,839	\$33,458	\$15,850	\$11,778	\$22,602
Calvert	\$0	\$28,359	\$12,486	\$12,869	\$14,850	\$14,428
Caroline	\$0	\$13,403	\$18,106	\$6,235	\$5,265	\$13,009
Carroll	\$7,848	\$15,982	\$22,466	\$10,127	\$11,643	\$15,948
Cecil	\$5,982	\$19,181	\$10,035	\$8,017	\$7,701	\$10,879
Charles	\$0	\$21,247	\$14,265	\$10,473	\$12,090	\$13,401
Dorchester	\$0	\$27,660	\$21,206	\$8,281	\$8,691	\$16,720
Frederick	\$19,450	\$25,455	\$31,386	\$8,310	\$10,193	\$21,484
Garrett	\$0	\$11,202	\$12,382	\$15,831	\$7,825	\$11,662
Harford	\$16,256	\$18,039	\$17,134	\$14,829	\$15,328	\$16,282
Howard	\$278,602	\$37,674	\$29,007	\$14,268	\$17,161	\$25,287
Kent	\$0	\$17,370	\$18,486	\$16,680	\$6,590	\$16,785
Montgomery	\$13,881	\$20,209	\$19,258	\$13,044	\$15,652	\$16,677
Prince George's	\$4,068	\$21,312	\$22,004	\$11,055	\$17,319	\$17,353
Queen Anne's	\$0	\$33,006	\$23,102	\$3,635	\$9,147	\$19,233

Somerset	\$0	\$15,536	\$10,585	\$14,868	\$7,426	\$12,520
St. Mary's	\$11,044	\$14,887	\$9,813	\$11,808	\$7,528	\$10,450
Talbot	\$0	\$15,184	\$27,543	\$22,842	\$7,486	\$20,207
Washington	\$34,509	\$13,747	\$23,241	\$13,866	\$8,188	\$15,510
Wicomico	\$20,331	\$17,194	\$12,138	\$7,209	\$13,981	\$12,175
Worcester	\$0	\$5,555	\$17,272	\$6,324	\$10,433	\$12,851
Unknown	\$0	\$0	\$107,481	\$103,305	\$16,240	\$49,934
Statewide	\$40,394	\$26,264	\$24,245	\$14,173	\$14,474	\$19,625

Data Source: Behavioral health services claims data for FY21. Based on claims paid through June 30, 2022.

Note: The jurisdiction category of unknown is included to reflect counts of children and young adults whose jurisdiction of residence is unknown. Howard County had an outlier service user expenditure in the 0-6 age group that caused the overall average to be elevated.

3. Behavioral Health Emergency Room Services

In FY21, a total of 9,904 children and young adults used emergency room services at a total cost of \$12,260,808, a 3.7% decrease from FY20 and an average annual per person cost of \$1,238 an increase of 1.7% per person from FY20. Psychiatric emergency room expenditures represent 2.2% of the overall annual behavioral health expenditure in FY21. Females account for 54.7% of emergency room expenditures, however males had a higher per person cost than female service recipients (\$1,320 per person versus \$1,177 per person). Non-Hispanic Black recipients accounted for 41.3% of total emergency room expenditures at a per person cost of \$1,353, followed by non-Hispanic White recipients who accounted for 26.8% of expenditures and a per person cost of \$1,158. Total emergency room expenditures were highest among children age 13–17 (\$3,822,672) and young adults ages 22–25 years (\$3,554,051) and lowest among children birth to 6 years old (\$125,820) (see Table 17a).

Table 17a: Total Expenditures for Behavioral Health Emergency Room Service, FY21

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$10,065	\$45,023	\$100,137	\$56,645	\$57,657	\$269,526
Anne Arundel	\$5,926	\$131,198	\$328,766	\$217,438	\$303,654	\$986,982
Baltimore City	\$31,452	\$451,497	\$940,836	\$907,741	\$1,214,505	\$3,546,031
Baltimore	\$11,196	\$232,178	\$437,094	\$332,675	\$349,658	\$1,362,801
Calvert	\$2,133	\$32,894	\$39,940	\$58,575	\$59,724	\$193,267
Caroline	\$1,630	\$19,653	\$59,134	\$20,313	\$21,675	\$122,406
Carroll	\$5,052	\$32,040	\$90,828	\$66,661	\$46,985	\$241,567
Cecil	\$2,864	\$37,137	\$64,719	\$52,200	\$64,328	\$221,248
Charles	\$0	\$35,405	\$77,992	\$56,069	\$77,156	\$246,623
Dorchester	\$2,798	\$53,165	\$50,373	\$32,237	\$28,207	\$166,780
Frederick	\$11,303	\$66,210	\$156,786	\$63,278	\$99,684	\$397,260
Garrett	\$68	\$4,262	\$5,906	\$12,422	\$11,709	\$34,367
Harford	\$10,740	\$46,791	\$123,223	\$127,211	\$125,857	\$433,822

Howard	\$866	\$70,401	\$136,429	\$75,807	\$65,591	\$349,093
Kent	\$0	\$11,198	\$20,633	\$14,379	\$11,787	\$57,998
Montgomery	\$4,497	\$115,336	\$368,125	\$243,025	\$268,688	\$999,672
Prince George's	\$6,080	\$207,263	\$385,767	\$291,831	\$372,686	\$1,263,627
Queen Anne's	\$657	\$5,728	\$41,557	\$8,112	\$19,588	\$75,642
Somerset	\$1,262	\$12,042	\$14,368	\$18,054	\$13,298	\$59,024
St. Mary's	\$3,123	\$29,677	\$80,051	\$76,715	\$76,996	\$266,562
Talbot	\$5,774	\$23,283	\$36,711	\$21,825	\$15,746	\$103,339
Washington	\$5,873	\$77,954	\$151,951	\$131,708	\$149,427	\$516,912
Wicomico	\$1,277	\$39,213	\$84,695	\$70,650	\$71,302	\$267,138
Worcester	\$1,183	\$5,876	\$26,652	\$14,872	\$21,162	\$69,745
Unknown	\$0	\$0	\$0	\$2,397	\$6,979	\$9,377
Statewide	\$125,820	\$1,785,423	\$3,822,672	\$2,972,842	\$3,554,051	\$12,260,808

Data Source: Behavioral health services claims data for FY21. Based on claims paid through June 30, 2022.

Note: The jurisdiction category of unknown is included to reflect counts of children and young adults whose jurisdiction of residence is unknown.

As shown in Table 17a, three jurisdictions, including Baltimore City, Baltimore County, and Prince George's County each had total costs greater than one million dollars and were responsible for 50.3% of the total emergency room expenditures statewide, with Baltimore City alone accounting for over one-quarter 28.9% (\$3.5 million) of the state total. The average per person emergency room expenditures varied substantially across the State from a low of \$658 per person in Worcester County to a high of \$1,505 per person in Baltimore City. Ten jurisdictions, including Baltimore City and Anne Arundel, Baltimore, Calvert, Caroline, Charles, Prince George's, Queen Anne's, St. Mary's, and Talbot Counties, had annual per children and young adult expenditures higher than the state average of \$1,238 per person, while three jurisdictions (Somerset, Wicomico and Worcester Counties) had annual per person expenditure considerably below the state average (see Table 17b).

Table 17b: Expenditures per Recipient of Behavioral Health Emergency Room Services, FY21

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$1,438	\$1,251	\$1,541	\$1,012	\$1,012	\$1,220
Anne Arundel	\$847	\$1,075	\$1,429	\$1,082	\$1,460	\$1,285
Baltimore City	\$828	\$1,389	\$1,352	\$1,471	\$1,786	\$1,505
Baltimore	\$746	\$1,283	\$1,309	\$1,205	\$1,206	\$1,243
Calvert	\$1,067	\$1,265	\$908	\$1,464	\$2,059	\$1,371
Caroline	\$815	\$1,092	\$1,598	\$1,016	\$1,032	\$1,249
Carroll	\$842	\$866	\$1,180	\$1,075	\$1,044	\$1,064
Cecil	\$573	\$1,092	\$952	\$985	\$1,170	\$1,029
Charles	\$0	\$1,609	\$1,322	\$1,193	\$1,308	\$1,319
Dorchester	\$560	\$1,772	\$1,049	\$1,007	\$1,007	\$1,166

Frederick	\$2,261	\$1,298	\$1,412	\$844	\$1,060	\$1,182
Garrett	\$68	\$710	\$656	\$1,129	\$1,673	\$1,011
Harford	\$2,148	\$851	\$1,044	\$1,272	\$1,297	\$1,157
Howard	\$433	\$1,600	\$1,252	\$1,083	\$1,131	\$1,234
Kent	\$0	\$1,866	\$1,086	\$1,198	\$982	\$1,184
Montgomery	\$750	\$795	\$913	\$847	\$1,033	\$908
Prince George's	\$608	\$1,364	\$1,229	\$1,065	\$1,462	\$1,257
Queen Anne's	\$657	\$1,146	\$1,598	\$737	\$1,152	\$1,261
Somerset	\$631	\$753	\$625	\$694	\$887	\$720
St. Mary's	\$1,041	\$1,060	\$1,195	\$1,279	\$1,375	\$1,246
Talbot	\$2,887	\$1,663	\$1,530	\$1,091	\$1,125	\$1,396
Washington	\$1,175	\$1,098	\$1,142	\$1,116	\$1,437	\$1,199
Wicomico	\$426	\$632	\$700	\$700	\$903	\$730
Worcester	\$591	\$420	\$701	\$531	\$882	\$658
Unknown	\$0	\$0	\$0	\$1,199	\$1,163	\$1,172
Statewide Avg.	\$939	\$1,197	\$1,211	\$1,154	\$1,396	\$1,238

Data Source: Behavioral health services claims data for FY21. Based on claims paid through June 30, 2022.

Note: The jurisdiction category of unknown is included to reflect counts of children and young adults whose jurisdiction of residence is unknown.

4. Residential Treatment Center Services

A total of 349 children and young adults used RTC services in FY21 at a total cost of \$27,962,750 a decrease of 9.2% from FY20. Annual expenditures for RTC services represent 5.0% of the total annual PBHS behavioral health expenditures for children and young adults. While serving a relatively small number of recipients, this service had the highest annual per person expenditures at \$80,122, a 7.2% increase from FY20 (see Table 18b). Males accounted for 70.8% 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 47.6% of RTC expenditures (\$13,317,390) and had the second highest per person cost of \$81,204; followed by non-Hispanic White children and young adults who accounted for 34.4% (\$9,627,112) of RTC expenditures. While Native American children and young adults had the lowest number of RTC recipients they had the highest per person cost (\$93,949) for RTC services (see Appendix, Table A5). As shown in Table 18b, average per person expenditures varied greatly across the State from a low of \$977 per person in Queen Anne's County to a high of \$82,282 per person in Baltimore County.

Table 18a: Total Expenditures for Residential Treatment Services, FY21

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$17,734	\$0	\$74,719	\$0	\$0	\$92,454
Anne Arundel	\$0	\$130,562	\$187,907	\$0	\$0	\$318,469

Baltimore City	\$26,047	\$919,495	\$9,560,054	\$450,815	\$0	\$10,956,411
Baltimore	\$272,112	\$9,180,686	\$2,062,411	\$827,034	\$0	\$12,342,244
Calvert	\$0	\$0	\$31,127	\$0	\$0	\$31,127
Caroline	\$0	\$144,092	\$64,234	\$0	\$0	\$208,326
Carroll	\$0	\$0	\$41,333	\$0	\$0	\$41,333
Cecil	\$0	\$27,710	\$0	\$0	\$0	\$27,710
Charles	\$0	\$0	\$130,048	\$97,367	\$0	\$227,414
Frederick	\$0	\$0	\$49,378	\$0	\$0	\$49,378
Garrett	\$0	\$88,118	\$1,157,869	\$53,526	\$0	\$1,299,512
Harford	\$0	\$121,924	\$203,053	\$0	\$0	\$324,977
Howard	\$0	\$28,065	\$139,857	\$0	\$0	\$167,923
Kent	\$0	\$112,885	\$300,266	\$11,064	\$0	\$424,215
Montgomery	\$0	\$240,274	\$173,703	\$0	\$0	\$413,978
Prince George's	\$0	\$0	\$65,483	\$0	\$0	\$65,483
Queen Anne's	\$0	\$0	\$0	\$977	\$0	\$977
Somerset	\$0	\$123,587	\$93,656	\$0	\$0	\$217,243
St. Mary's	\$0	\$0	\$89,402	\$0	\$0	\$89,402
Talbot	\$0	\$129,915	\$192,691	\$202,467	\$0	\$525,074
Washington	\$0	\$0	\$91,777	\$0	\$0	\$91,777
Wicomico	\$0	\$0	\$37,619	\$0	\$0	\$37,619
Worcester	\$0	\$0	\$9,703	\$0	\$0	\$9,703
Statewide	\$315,894	\$11,247,314	\$14,756,292	\$1,643,251	\$0	\$27,962,750

Data Source: Behavioral health services claims data for FY21. Based on claims paid through June 30, 2022.

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 18b: Expenditures per Recipient of Residential Treatment Services, FY21

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$17,734	\$0	\$24,906	\$0	\$0	\$23,113
Anne Arundel	\$0	\$43,521	\$26,844	\$0	\$0	\$31,847
Baltimore City	\$26,047	\$38,312	\$64,595	\$75,136	\$0	\$61,209
Baltimore	\$90,704	\$89,133	\$58,926	\$91,893	\$0	\$82,282
Calvert	\$0	\$0	\$31,127	\$0	\$0	\$31,127
Caroline	\$0	\$144,092	\$32,117	\$0	\$0	\$69,442
Carroll	\$0	\$0	\$41,333	\$0	\$0	\$41,333
Cecil	\$0	\$27,710	\$0	\$0	\$0	\$27,710
Charles	\$0	\$0	\$43,349	\$97,367	\$0	\$56,854
Frederick	\$0	\$0	\$24,689	\$0	\$0	\$24,689

Garrett	\$0	\$88,118	\$41,352	\$17,842	\$0	\$40,610
Harford	\$0	\$40,641	\$67,684	\$0	\$0	\$54,163
Howard	\$0	\$28,065	\$46,619	\$0	\$0	\$41,981
Kent	\$0	\$28,221	\$25,022	\$11,064	\$0	\$24,954
Montgomery	\$0	\$40,046	\$34,741	\$0	\$0	\$37,634
Prince George's	\$0	\$0	\$65,483	\$0	\$0	\$65,483
Queen Anne's	\$0	\$0	\$0	\$977	\$0	\$977
Somerset	\$0	\$61,793	\$31,219	\$0	\$0	\$43,449
St. Mary's	\$0	\$0	\$44,701	\$0	\$0	\$44,701
Talbot	\$0	\$18,559	\$27,527	\$202,467	\$0	\$35,005
Washington	\$0	\$0	\$45,889	\$0	\$0	\$45,889
Wicomico	\$0	\$0	\$37,619	\$0	\$0	\$37,619
Worcester	\$0	\$0	\$9,703	\$0	\$0	\$9,703
Statewide Avg.	\$105,298	\$93,728	\$71,286	\$86,487	\$0	\$80,122

Data Source: Behavioral health services claims data for FY21. Based on claims paid through June 30, 2022.

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

5. Intensive Community-Based PBHS Services

In FY21, a total of \$105,463,695 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. Overall expenditures decreased in FY21 less than 1% compared to FY20. These services together represented 19.0% of the overall child and young adult PBHS expenditures and had an annual average per person expenditure of \$4,590. As shown in Table 19a, children (birth through 17) accounted for 71.7% (\$75.6 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 (\$6,335 per person, reflecting an 8% increase from FY20) and ages 22–25 years (\$7,062 per person, reflecting a 24% increase from FY20). Two jurisdictions, Baltimore City and Baltimore County accounted for more than one-half or 53.7% (\$56,615,558) of the total intensive community-based service expenditures. Average per person expenditures also varied across the State ranging from a low of \$3,038 per person in Worcester County to a high of \$5,946 per person in Kent County with average statewide person cost of \$4590 (see Table 19b). 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 19a: Total Expenditures for Intensive Community Services (combined), FY21

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$78,366	\$241,835	\$165,465	\$165,444	\$246,735	\$897,845
Anne Arundel	\$153,339	\$1,476,469	\$1,019,589	\$401,359	\$862,298	\$3,913,054
Baltimore City	\$2,337,977	\$17,335,999	\$12,797,859	\$6,804,355	\$6,631,982	\$45,908,172
Baltimore	\$562,561	\$4,247,204	\$2,841,020	\$1,507,177	\$1,549,425	\$10,707,386
Calvert	\$7,713	\$86,107	\$56,747	\$122,007	\$108,400	\$380,975
Caroline	\$32,436	\$499,407	\$388,780	\$86,235	\$53,355	\$1,060,213
Carroll	\$83,126	\$561,298	\$444,167	\$145,452	\$122,654	\$1,356,698
Cecil	\$55,592	\$551,566	\$324,860	\$133,378	\$201,636	\$1,267,032
Charles	\$35,633	\$287,624	\$183,035	\$133,133	\$231,070	\$870,494
Dorchester	\$96,523	\$556,021	\$539,831	\$66,947	\$133,799	\$1,393,120
Frederick	\$106,439	\$1,467,980	\$814,326	\$256,149	\$391,963	\$3,036,857
Garrett	\$21,338	\$94,672	\$83,454	\$23,930	\$50,246	\$273,640
Harford	\$178,192	\$1,456,294	\$1,160,411	\$460,399	\$629,657	\$3,884,953
Howard	\$112,887	\$678,086	\$586,839	\$395,047	\$454,676	\$2,227,535
Kent	\$13,436	\$118,728	\$88,345	\$16,503	\$119,771	\$356,783
Montgomery	\$172,020	\$1,474,075	\$1,258,849	\$1,019,412	\$1,111,943	\$5,036,299
Prince George's	\$515,637	\$3,980,115	\$2,942,652	\$1,444,635	\$1,186,956	\$10,069,996
Queen Anne's	\$15,867	\$91,012	\$99,506	\$42,275	\$38,465	\$287,125
Somerset	\$63,946	\$522,869	\$370,090	\$156,514	\$42,186	\$1,155,604
St. Mary's	\$24,058	\$120,834	\$100,306	\$206,348	\$310,764	\$762,310
Talbot	\$44,391	\$252,991	\$258,437	\$57,270	\$76,479	\$689,569
Washington	\$426,962	\$2,692,864	\$1,471,845	\$357,018	\$508,643	\$5,457,333
Wicomico	\$139,127	\$1,564,505	\$1,417,022	\$502,433	\$252,562	\$3,875,649
Worcester	\$21,500	\$316,020	\$178,893	\$54,140	\$21,865	\$592,419
Unknown	\$0	\$505	\$0	\$0	\$2,129	\$2,634
Statewide	\$5,299,067	\$40,675,081	\$29,592,325	\$14,557,561	\$15,339,662	\$105,463,695

Data Source: Behavioral health services claims data for FY21. Based on claims paid through June 30, 2022.

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 19b: Expenditures per Recipient of Intensive Community Services (combined), FY21

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$3,918	\$3,556	\$3,447	\$4,727	\$8,812	\$4,512
Anne Arundel	\$2,738	\$3,418	\$3,504	\$4,510	\$7,370	\$3,973
Baltimore City	\$3,647	\$4,150	\$3,988	\$6,306	\$6,632	\$4,543
Baltimore	\$3,561	\$4,092	\$3,855	\$5,934	\$6,223	\$4,395
Calvert	\$3,857	\$3,588	\$3,338	\$6,421	\$6,376	\$4,822
Caroline	\$3,604	\$5,549	\$5,717	\$7,840	\$6,669	\$5,700
Carroll	\$2,771	\$3,871	\$3,966	\$4,848	\$5,575	\$4,002
Cecil	\$2,926	\$3,605	\$3,124	\$4,446	\$8,065	\$3,828
Charles	\$3,239	\$3,508	\$3,051	\$4,438	\$6,796	\$4,011
Dorchester	\$4,596	\$5,101	\$5,292	\$4,463	\$8,362	\$5,297
Frederick	\$3,131	\$4,280	\$4,241	\$6,741	\$8,521	\$4,651
Garrett	\$2,667	\$3,641	\$3,793	\$3,419	\$5,583	\$3,801
Harford	\$4,243	\$4,467	\$4,605	\$6,394	\$8,073	\$5,045
Howard	\$3,225	\$3,965	\$3,811	\$8,062	\$9,279	\$4,864
Kent	\$6,718	\$5,397	\$3,681	\$4,126	\$14,971	\$5,946
Montgomery	\$2,820	\$3,839	\$3,449	\$9,617	\$9,190	\$4,857
Prince George's	\$3,223	\$3,798	\$3,651	\$5,921	\$6,381	\$4,120
Queen Anne's	\$3,967	\$4,551	\$3,827	\$5,284	\$6,411	\$4,486
Somerset	\$4,263	\$4,286	\$4,685	\$8,695	\$6,027	\$4,795
St. Mary's	\$2,406	\$3,098	\$3,040	\$6,878	\$8,178	\$5,082
Talbot	\$4,036	\$5,060	\$4,970	\$4,773	\$7,648	\$5,108
Washington	\$3,812	\$5,199	\$5,006	\$5,028	\$4,987	\$4,975
Wicomico	\$3,975	\$5,047	\$5,025	\$6,790	\$7,653	\$5,280
Worcester	\$2,389	\$3,327	\$2,840	\$3,008	\$2,187	\$3,038
Unknown	\$0	\$505	\$0	\$0	\$2,129	\$1,317
Statewide Avg.	\$3,549	\$4,195	\$4,043	\$6,335	\$7,062	\$4,590

Data Source: Behavioral health services claims data for FY21. Based on claims paid through June 30, 2022.

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.

6. Substance-Related Disorder Program Service Expenditures

Substance-related disorder program services were utilized by a total of 11,717 children and young adults and accounted for 5.1% (\$28.3 million) of the total child and young adult PBHS expenditures (\$554,576,052) in FY21 with an average per person cost of \$2,414. Male service recipients accounted for a larger portion of the total expenditure than females (\$16.8 million

versus \$11.5 million), and males had nearly double the cost per person (\$3,315 versus \$1,730) compared to females. Among racial and ethnic groups, Non-Hispanic Whites accounted for 40.4% (\$11,423,128) of total substance-related disorder expenditures with a per person cost of \$3,017. followed by non-Hispanic Black recipients who together, accounted for 27.0% (\$7,644,992) at a per person cost of \$1,891. Though Pacific Islander children and young adults accounted for less than 1% of the total expenditures, they had the third highest costs per person at \$1,872 per person (see Appendix, Table A10).

As shown in Table 20a, young adults (18 to 25 years) accounted for 91.1% of substance-related disorder expenditures (\$25,768,975), while children ages birth to 17 accounted for 8.9% (\$2,521,148). Young adults ages 22-25 had the highest per person expenditures (\$3,238 per person), and young adults 18-21 (\$1,978 per person) had the next highest per person expenditures (see Table 20b). Baltimore City, Baltimore County, and Anne Arundel County accounted for nearly one-half (45%, \$12.9 million) of total expenditures on substance-related disorder services.

Table 20a: Total Expenditures for Substance-Related Disorder Program Services, FY21

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$409	\$730	\$65,705	\$249,254	\$503,534	\$819,631
Anne Arundel	\$30,084	\$12,802	\$155,993	\$642,851	\$2,229,455	\$3,071,184
Baltimore City	\$13,315	\$72,604	\$672,546	\$1,742,057	\$4,766,955	\$7,267,476
Baltimore	\$945	\$35,744	\$221,316	\$647,394	\$1,650,272	\$2,555,671
Calvert	\$0	\$0	\$31,536	\$155,766	\$220,554	\$407,855
Caroline	\$2,588	\$298	\$13,904	\$87,606	\$135,612	\$240,008
Carroll	\$174	\$2,689	\$56,642	\$165,684	\$560,709	\$785,898
Cecil	\$352	\$8,853	\$67,440	\$318,940	\$1,013,950	\$1,409,534
Charles	\$0	\$298	\$30,705	\$211,795	\$361,276	\$604,075
Dorchester	\$0	\$1,364	\$48,940	\$92,782	\$263,296	\$406,382
Frederick	\$0	\$609	\$121,868	\$246,848	\$1,139,182	\$1,508,507
Garrett	\$648	\$1,864	\$8,516	\$64,059	\$198,446	\$273,534
Harford	\$91	\$4,482	\$58,309	\$247,007	\$880,804	\$1,190,694
Howard	\$548	\$1,972	\$85,436	\$122,883	\$213,995	\$424,834
Kent	\$0	\$174	\$5,595	\$28,899	\$157,884	\$192,551
Montgomery	\$91	\$9,797	\$159,555	\$448,756	\$998,057	\$1,616,256
Prince George's	\$1,627	\$25,338	\$236,675	\$382,592	\$841,460	\$1,487,693
Queen Anne's	\$0	\$142	\$14,117	\$26,067	\$148,396	\$188,724
Somerset	\$51	\$2,000	\$17,026	\$42,980	\$96,397	\$158,454
St. Mary's	\$2,797	\$340	\$19,643	\$153,291	\$367,108	\$543,178
Talbot	\$0	\$1,538	\$9,291	\$63,523	\$133,659	\$208,011
Washington	\$755	\$6,056	\$52,633	\$487,604	\$1,140,377	\$1,687,426

Wicomico	\$0	\$4,561	\$74,254	\$276,572	\$500,713	\$856,100
Worcester	\$120	\$3,361	\$32,678	\$68,131	\$180,206	\$284,496
Unknown	\$0	\$0	\$8,613	\$60,234	\$33,104	\$101,951
Statewide	\$54,595	\$197,616	\$2,268,937	\$7,033,574	\$18,735,401	\$28,290,123

Data Source: Behavioral health services claims data for FY21. Based on claims paid through June 30, 2022.

Note: The jurisdiction category of unknown is included to reflect counts of children and young adults whose jurisdiction of residence is unknown.

As shown in Table 20b., annual per person expenditures for substance-related disorder services varied substantially across the State from a low of \$1,331 per person in Somerset County to a high of \$3,588 per person in Carroll County. Twelve jurisdictions had annual per person expenditures above the state average of \$2,414 per person (see Table 20b).

Table 20b: Expenditures per Recipient of Substance-Related Disorder Program Services, FY21

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$136.41	\$104.22	\$1,216.75	\$3,510.61	\$3,186.93	\$2,797.38
Anne Arundel	\$5,014.02	\$853.44	\$1,238.04	\$2,689.75	\$4,522.22	\$3,493.95
Baltimore City	\$1,331.48	\$2,200.11	\$1,434.00	\$1,955.17	\$3,427.00	\$2,601.10
Baltimore	\$134.98	\$2,553.16	\$1,196.30	\$1,967.76	\$2,619.48	\$2,193.71
Calvert	\$0.00	\$0.00	\$1,168.00	\$2,596.09	\$2,100.51	\$2,124.25
Caroline	\$2,588.29	\$99.46	\$731.78	\$2,037.35	\$1,965.39	\$1,777.84
Carroll	\$173.89	\$244.43	\$1,205.15	\$3,248.71	\$5,144.12	\$3,588.57
Cecil	\$351.78	\$368.86	\$1,021.82	\$2,155.00	\$3,811.84	\$2,791.16
Charles	\$0.00	\$149.19	\$959.54	\$3,209.02	\$3,314.46	\$2,890.31
Dorchester	\$0.00	\$194.89	\$1,398.28	\$2,379.02	\$3,134.48	\$2,462.92
Frederick	\$0.00	\$101.47	\$1,243.55	\$1,870.06	\$5,085.64	\$3,279.36
Garrett	\$162.04	\$169.44	\$266.14	\$1,362.96	\$2,876.03	\$1,678.12
Harford	\$90.97	\$498.03	\$911.08	\$1,411.47	\$2,841.30	\$2,130.04
Howard	\$273.80	\$657.42	\$1,498.88	\$1,536.04	\$2,459.71	\$1,855.17
Kent	\$0.00	\$173.89	\$799.22	\$2,408.26	\$3,671.72	\$3,056.37
Montgomery	\$90.97	\$544.28	\$715.49	\$1,614.23	\$2,979.27	\$1,890.36
Prince George's	\$406.75	\$1,055.77	\$1,105.96	\$1,083.83	\$2,077.68	\$1,487.69
Queen Anne's	\$0.00	\$142.37	\$830.44	\$1,448.19	\$4,239.89	\$2,658.08
Somerset	\$51.40	\$133.34	\$608.06	\$1,653.07	\$1,967.28	\$1,331.54
St. Mary's	\$1,398.38	\$113.32	\$701.54	\$1,846.87	\$2,415.18	\$2,026.78
Talbot	\$0.00	\$1,537.59	\$774.27	\$2,761.87	\$3,818.83	\$2,929.73
Washington	\$94.38	\$318.76	\$572.10	\$2,344.25	\$2,801.91	\$2,298.95
Wicomico	\$0.00	\$350.83	\$750.04	\$1,717.84	\$2,373.05	\$1,768.80
Worcester	\$120.09	\$840.27	\$583.54	\$1,514.02	\$2,574.37	\$1,616.45
Unknown	\$0.00	\$0.00	\$1,435.46	\$6,692.66	\$2,206.93	\$3,398.36
Statewide	\$1,030.09	\$809.90	\$1,091.36	\$1,977.95	\$3,238.62	\$2,414.45

Data Source: Behavioral health services claims data for FY21. Based on claims paid through June 30, 2022.

Note: The jurisdiction category of unknown is included to reflect counts of children and young adults whose jurisdiction of residence is unknown.

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 FY21, \$10.7 million was expended on 2,299 child and young adult recipients of PBHS services at an annual per children and young adult cost of \$4,641, an increase of 14.7% compared to FY20. Children (0-17 years old) accounted for 91.3% (\$9,744,744) of the total TCM expenditures, while young adults (18-15 years old) represented 8.7% (\$924,491) of annual expenditures (see Table 21a). As shown in Table 21b, the annual per person expenditures varied across the State ranging from \$670 in Cecil County to \$6,631 in Harford County.

Table 21a: Total Expenditures for Targeted Case Management, FY21

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$34,586	\$56,753	\$37,283	\$797	\$1,457	\$130,877
Anne Arundel	\$17,890	\$134,590	\$128,349	\$1,688	\$11,565	\$294,082
Baltimore City	\$55,401	\$565,814	\$454,301	\$90,059	\$73,019	\$1,238,595
Baltimore	\$49,715	\$290,693	\$224,280	\$43,046	\$5,656	\$613,390
Calvert	\$0	\$35,281	\$20,336	\$8,354	\$13,396	\$77,367
Caroline	\$24,571	\$163,909	\$184,923	\$8,019	\$2,228	\$383,649
Carroll	\$40,026	\$182,135	\$185,734	\$40,110	\$18,129	\$466,135
Cecil	\$344	\$12,051	\$5,261	\$4,190	\$266	\$22,112
Charles	\$26,888	\$100,130	\$45,500	\$6,721	\$2,089	\$181,327
Dorchester	\$37,220	\$241,629	\$254,113	\$2,239	\$0	\$535,201
Frederick	\$39,239	\$211,568	\$150,994	\$40,798	\$30,658	\$473,257
Garrett	\$0	\$20,562	\$35,275	\$2,865	\$5,845	\$64,548
Harford	\$71,328	\$477,824	\$454,138	\$37,213	\$7,260	\$1,047,762
Howard	\$20,890	\$169,200	\$118,321	\$4,093	\$3,883	\$316,388
Kent	\$13,436	\$50,387	\$45,688	\$0	\$0	\$109,512
Montgomery	\$13,360	\$33,985	\$26,501	\$3,998	\$8,742	\$86,586
Prince George's	\$34,023	\$71,970	\$96,799	\$10,332	\$9,899	\$223,023
Queen Anne's	\$9,907	\$54,627	\$76,575	\$5,166	\$3,131	\$149,406
Somerset	\$20,996	\$116,349	\$137,315	\$18,635	\$2,998	\$296,292

St. Mary's	\$15,794	\$48,534	\$27,741	\$6,399	\$11,583	\$110,050
Talbot	\$27,286	\$121,228	\$127,892	\$6,119	\$0	\$282,525
Washington	\$199,298	\$994,781	\$736,223	\$141,559	\$123,793	\$2,195,654
Wicomico	\$13,070	\$420,438	\$683,380	\$83,921	\$8,555	\$1,209,364
Worcester	\$4,064	\$90,356	\$53,694	\$9,188	\$4,832	\$162,134
Statewide	\$769,332	\$4,664,795	\$4,310,617	\$575,508	\$348,983	\$10,669,235

Data Source: Behavioral health services claims data for FY21. Based on claims paid through June 30, 2022.

Table 21b: Expenditures per Recipient of Targeted Case Management, FY21

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$3,459	\$3,784	\$3,389	\$797	\$1,457	\$3,444
Anne Arundel	\$2,236	\$2,361	\$2,985	\$1,688	\$3,855	\$2,626
Baltimore City	\$3,693	\$4,836	\$4,833	\$2,649	\$2,213	\$4,227
Baltimore	\$7,102	\$6,921	\$5,902	\$3,587	\$1,131	\$5,898
Calvert	\$0	\$3,207	\$3,389	\$4,177	\$2,233	\$3,095
Caroline	\$4,095	\$5,122	\$6,377	\$2,673	\$1,114	\$5,328
Carroll	\$4,003	\$5,357	\$5,463	\$2,865	\$2,266	\$4,661
Cecil	\$172	\$861	\$478	\$1,047	\$133	\$670
Charles	\$3,361	\$2,706	\$2,844	\$1,344	\$1,044	\$2,667
Dorchester	\$6,203	\$5,492	\$5,407	\$746	\$0	\$5,352
Frederick	\$4,360	\$4,231	\$4,081	\$2,400	\$1,916	\$3,669
Garrett	\$0	\$5,141	\$5,039	\$1,433	\$1,948	\$4,034
Harford	\$5,487	\$6,636	\$6,987	\$9,303	\$1,815	\$6,631
Howard	\$2,321	\$3,318	\$3,480	\$2,046	\$1,294	\$3,196
Kent	\$6,718	\$7,198	\$3,514	\$0	\$0	\$4,978
Montgomery	\$3,340	\$5,664	\$2,208	\$999	\$2,914	\$2,986
Prince George's	\$5,670	\$5,141	\$3,872	\$3,444	\$1,980	\$4,208
Queen Anne's	\$9,907	\$4,552	\$4,504	\$1,722	\$3,131	\$4,394
Somerset	\$6,999	\$5,540	\$4,577	\$4,659	\$2,998	\$5,022
St. Mary's	\$2,632	\$2,427	\$2,312	\$1,600	\$2,896	\$2,392
Talbot	\$3,898	\$6,061	\$5,329	\$6,119	\$0	\$5,433
Washington	\$4,861	\$5,684	\$5,843	\$2,889	\$2,336	\$4,945
Wicomico	\$2,614	\$5,460	\$5,339	\$4,937	\$2,852	\$5,258
Worcester	\$4,064	\$5,315	\$4,130	\$2,297	\$1,611	\$4,267
Statewide Avg.	\$4,396	\$5,011	\$5,107	\$3,061	\$2,168	\$4,641

Data Source: Behavioral health services claims data for FY21. Based on claims paid through June 30, 2022.

Note: Statewide averages for each age group are different from the average of each jurisdiction's total for a given age due to some service recipients receiving care in multiple jurisdictions. The overall jurisdictional average of cost per recipient is the total jurisdictional expenditure divided by the total number of services recipients in that jurisdiction.

2. Respite Care Services

As shown in Table 22a, the total annual expenditure for respite services was \$580,176 in FY21. A total of 290 children were served with this amount, at an average annual per person expenditure of \$2,001. Children ages 0–17 years accounted for 100% of the expenditures for this service. Average annual expenditures were higher for older children ages 13–17 years (\$2,216 per person) compared to younger children ages 7–12 years (\$2,261 per person) and 0-6 years (\$1,785).

As shown in Table 22a, children from four jurisdictions, including Caroline, Frederick, and Wicomico Counties, accounted for just over one-half, 50.6% (\$293,812) of the annual respite service expenditures. Annual per person expenditures varied greatly across the State from a low of \$316 per person in Queen Anne’s County to a high of \$5,782 per person in Carroll County (see Table 22b).

Table 22a: Total Expenditures for Respite Care Services, FY21

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Anne Arundel	\$2,474	\$9,102	\$11,240	\$0	\$0	\$22,815
Baltimore City	\$1,201	\$35,946	\$16,711	\$0	\$0	\$53,859
Baltimore	\$8,308	\$26,671	\$874	\$0	\$0	\$35,853
Caroline	\$0	\$43,266	\$31,906	\$0	\$0	\$75,172
Carroll	\$0	\$1,758	\$4,119	\$0	\$0	\$5,876
Cecil	\$264	\$2,893	\$0	\$0	\$0	\$3,157
Dorchester	\$165	\$15,003	\$5,091	\$0	\$0	\$20,259
Frederick	\$0	\$49,420	\$83,367	\$0	\$0	\$132,787
Harford	\$767	\$8,792	\$2,737	\$0	\$0	\$12,296
Kent	\$0	\$4,082	\$0	\$0	\$0	\$4,082
Montgomery	\$0	\$3,963	\$4,855	\$0	\$0	\$8,817
Prince George's	\$0	\$5,013	\$0	\$0	\$0	\$5,013
Queen Anne's	\$0	\$206	\$427	\$0	\$0	\$633
Somerset	\$3,550	\$23,106	\$13,695	\$0	\$0	\$40,350
Talbot	\$8,583	\$22,261	\$19,662	\$0	\$0	\$50,506
Washington	\$0	\$5,630	\$14,276	\$0	\$0	\$19,906
Wicomico	\$3,241	\$63,749	\$18,864	\$0	\$0	\$85,853
Worcester	\$0	\$2,512	\$427	\$0	\$0	\$2,939
Statewide	\$28,552	\$323,373	\$228,251	\$0	\$0	\$580,176

Data Source: Behavioral health services claims data for FY21. Based on claims paid through June 30, 2022.

Table 22b: Expenditures per Recipient of Respite Care Services, FY21

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Anne Arundel	\$1,237	\$1,820	\$5,620	\$0	\$0	\$2,535
Baltimore City	\$601	\$1,997	\$1,671	\$0	\$0	\$1,795
Baltimore	\$4,154	\$3,334	\$291	\$0	\$0	\$2,758
Caroline	\$0	\$5,408	\$6,381	\$0	\$0	\$5,782
Carroll	\$0	\$879	\$4,119	\$0	\$0	\$1,959
Cecil	\$264	\$964	\$0	\$0	\$0	\$789
Dorchester	\$165	\$3,751	\$1,697	\$0	\$0	\$2,532
Frederick	\$0	\$1,901	\$2,875	\$0	\$0	\$2,414
Harford	\$767	\$977	\$684	\$0	\$0	\$878
Kent	\$0	\$2,041	\$0	\$0	\$0	\$2,041
Montgomery	\$0	\$1,981	\$1,214	\$0	\$0	\$1,470
Prince George's	\$0	\$2,507	\$0	\$0	\$0	\$2,507
Queen Anne's	\$0	\$206	\$427	\$0	\$0	\$316
Somerset	\$3,550	\$1,540	\$2,739	\$0	\$0	\$1,921
Talbot	\$8,583	\$5,565	\$4,915	\$0	\$0	\$5,612
Washington	\$0	\$1,408	\$1,784	\$0	\$0	\$1,659
Wicomico	\$648	\$1,226	\$786	\$0	\$0	\$1,060
Worcester	\$0	\$359	\$427	\$0	\$0	\$367
Statewide Avg.	\$1,785	\$1,891	\$2,216	\$0	\$0	\$2,001

Data Source: Behavioral health services claims data for FY21. Based on claims paid through June 30, 2022.

Note: Statewide averages for each age group are different from the average of each jurisdiction's total for a given age due to some service recipients receiving care in multiple jurisdictions. The overall jurisdictional average of cost per recipient is the total jurisdictional expenditure divided by the total number of services recipients in that jurisdiction.

3. § 1915(i) Waiver Services

In FY21, 34 children and young adults with intensive behavioral and emotional challenges received § 1915(i) waiver services, an increase of 277% compared to FY20 and an increase of 9.6% compared to FY19. A total of \$89,791 were expended overall at an annual cost of \$2,641 per person. As shown in Table 23a, § 1915(i) waiver services provided to children ages 13–17 years accounted for more than 54.8% (\$49,202) of the total waiver service expenditures. Annual per person expenditures varied from a low of \$237 in Caroline and Queen Anne's Counties to a high of \$5,643 in Wicomico County.

Table 23a: Total Expenditures for § 1915(i) Waiver Services, FY21

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$2,369	\$0	\$0	\$0	\$0	\$2,369
Anne Arundel	\$0	\$10,897	\$5,922	\$0	\$0	\$16,819
Baltimore City	\$0	\$0	\$3,457	\$0	\$0	\$3,457
Baltimore County	\$0	\$11,747	\$2,747	\$0	\$0	\$14,493

Caroline	\$0	\$0	\$237	\$0	\$0	\$237
Cecil	\$0	\$0	\$1,397	\$0	\$0	\$1,397
Howard	\$0	\$3,080	\$10,168	\$0	\$0	\$13,247
Montgomery	\$0	\$2,369	\$0	\$0	\$0	\$2,369
Prince George's	\$0	\$0	\$3,545	\$0	\$0	\$3,545
Queen Anne's	\$0	\$0	\$237	\$0	\$0	\$237
Washington	\$0	\$8,573	\$474	\$0	\$0	\$9,046
Wicomico	\$0	\$1,555	\$21,018	\$0	\$0	\$22,573
Statewide	\$2,369	\$38,220	\$49,202	\$0	\$0	\$89,791

Data Source: Behavioral health services claims data for FY21. Based on claims paid through June 30, 2022.

Table 23b: Expenditures per Recipient of § 1915(i) Waiver Services, FY21

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$2,369	\$0	\$0	\$0	\$0	\$2,369
Anne Arundel	\$0	\$1,816	\$1,481	\$0	\$0	\$1,682
Baltimore City	\$0	\$0	\$1,729	\$0	\$0	\$1,729
Baltimore County	\$0	\$2,937	\$1,373	\$0	\$0	\$2,416
Caroline	\$0	\$0	\$237	\$0	\$0	\$237
Cecil	\$0	\$0	\$699	\$0	\$0	\$699
Howard	\$0	\$3,080	\$5,084	\$0	\$0	\$4,416
Montgomery	\$0	\$2,369	\$0	\$0	\$0	\$2,369
Prince George's	\$0	\$0	\$3,545	\$0	\$0	\$3,545
Queen Anne's	\$0	\$0	\$237	\$0	\$0	\$237
Washington	\$0	\$2,858	\$474	\$0	\$0	\$2,262
Wicomico	\$0	\$1,555	\$7,006	\$0	\$0	\$5,643
Statewide Avg.	\$2,369	\$2,548	\$2,733	\$0	\$0	\$2,641

Data Source: Behavioral health services claims data for FY21. Based on claims paid through June 30, 2022.

Note: Statewide averages for each age group are different from the average of each jurisdiction's total for a given age due to some service recipients receiving care in multiple jurisdictions. The overall jurisdictional average of cost per recipient is the total jurisdictional expenditure divided by the total number of services recipients in that jurisdiction.

4. Psychiatric Rehabilitation Program Services

As shown in Table 24a, a total of \$94.1 million was expended for PRP services for 21,175 children and young adults at an annual cost of \$4,424 per person. The FY21 PRP expenditures represented a 1.5% decrease over the FY20 total of \$95.6 million and a 9.4% increase over the FY20 per person cost of \$4,045. Children ages 7–12 accounted for more than one-third (37.9%), (\$35,648,693) of the PRP expenditures, while 30.8% (\$28,972,732) was expended on young adults (see Table 24a). Baltimore City and Baltimore County accounted for more than one-half (58.1%) of statewide PRP expenditures. The average annual per person expenditures were nearly two times greater for

young adults 18–21 years (\$6,567 per person) and 22–25 years (\$7,403 per person) compared to younger children (see Table 24b). Per person expenditures also varied across the State and ranged from a low of \$2,514 per person in Worcester County to a high of \$5,790 per person in Kent County. In addition to Kent County, eight jurisdictions, including Baltimore City and Calvert, Frederick, Howard, Kent, Montgomery, St. Mary’s, and Washington Counties, all had average annual per person expenditures higher than the state average of \$4,424.

Table 24a: Total Expenditures for Psychiatric Rehabilitation Services, FY21

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$41,411	\$185,082	\$128,182	\$164,646	\$245,278	\$764,600
Anne Arundel	\$132,975	\$1,321,881	\$874,078	\$399,672	\$850,732	\$3,579,338
Baltimore City	\$2,281,374	\$16,734,238	\$12,323,390	\$6,714,296	\$6,558,963	\$44,612,260
Baltimore	\$504,537	\$3,918,094	\$2,613,119	\$1,464,131	\$1,543,769	\$10,043,649
Calvert	\$7,713	\$50,826	\$36,412	\$113,652	\$95,005	\$303,608
Caroline	\$7,865	\$292,232	\$171,714	\$78,216	\$51,128	\$601,155
Carroll	\$43,100	\$377,405	\$254,314	\$105,342	\$104,525	\$884,687
Cecil	\$54,984	\$536,622	\$318,201	\$129,188	\$201,371	\$1,240,365
Charles	\$8,745	\$187,494	\$137,535	\$126,412	\$228,981	\$689,166
Dorchester	\$59,138	\$299,389	\$280,626	\$64,708	\$133,799	\$837,660
Frederick	\$67,200	\$1,206,993	\$579,964	\$215,351	\$361,306	\$2,430,813
Garrett	\$21,338	\$74,110	\$48,179	\$21,065	\$44,401	\$209,093
Harford	\$106,097	\$969,678	\$703,536	\$423,187	\$622,398	\$2,824,895
Howard	\$91,997	\$505,806	\$458,350	\$390,954	\$450,793	\$1,897,900
Kent	\$0	\$64,258	\$42,656	\$16,503	\$119,771	\$243,189
Montgomery	\$158,660	\$1,433,758	\$1,227,493	\$1,015,414	\$1,103,201	\$4,938,526
Prince George's	\$481,614	\$3,903,132	\$2,842,307	\$1,434,303	\$1,177,057	\$9,838,414
Queen Anne's	\$5,960	\$36,179	\$22,268	\$37,109	\$35,334	\$136,850
Somerset	\$39,401	\$383,414	\$219,080	\$137,879	\$39,188	\$818,962
St. Mary's	\$8,265	\$72,300	\$72,565	\$199,949	\$299,181	\$652,260
Talbot	\$8,523	\$109,502	\$110,883	\$51,151	\$76,479	\$356,539
Washington	\$227,664	\$1,683,880	\$720,873	\$215,459	\$384,850	\$3,232,727
Wicomico	\$122,817	\$1,078,763	\$693,760	\$418,512	\$244,007	\$2,557,859
Worcester	\$17,436	\$223,152	\$124,772	\$44,953	\$17,034	\$427,346
Unknown	\$0	\$505	\$0	\$0	\$2,129	\$2,634
Statewide	\$4,498,814	\$35,648,693	\$25,004,256	\$13,982,053	\$14,990,679	\$94,124,494

Data Source: Behavioral health services claims data for FY21. Based on claims paid through June 30, 2022.

Note: The jurisdiction category of unknown is included to reflect counts of children and young adults whose jurisdiction of residence is unknown.

Table 24b: Expenditures per Recipient of Psychiatric Rehabilitation Services, FY21

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$3,185	\$3,137	\$3,052	\$4,704	\$9,084	\$4,344
Anne Arundel	\$2,714	\$3,398	\$3,441	\$4,542	\$7,463	\$4,004
Baltimore City	\$3,604	\$4,076	\$3,918	\$6,388	\$6,755	\$4,504
Baltimore	\$3,364	\$3,841	\$3,655	\$6,050	\$6,327	\$4,236
Calvert	\$3,857	\$3,388	\$3,310	\$6,314	\$8,637	\$5,326
Caroline	\$2,622	\$3,949	\$3,367	\$7,822	\$8,521	\$4,175
Carroll	\$1,796	\$3,171	\$2,957	\$6,584	\$7,466	\$3,416
Cecil	\$3,055	\$3,779	\$3,315	\$4,969	\$8,755	\$4,067
Charles	\$1,749	\$3,348	\$2,807	\$5,056	\$6,939	\$4,102
Dorchester	\$3,479	\$3,696	\$4,188	\$5,392	\$8,362	\$4,340
Frederick	\$2,585	\$3,983	\$3,841	\$10,255	\$11,655	\$4,569
Garrett	\$2,667	\$3,369	\$3,011	\$4,213	\$7,400	\$3,668
Harford	\$3,422	\$3,451	\$3,350	\$6,046	\$8,299	\$4,235
Howard	\$3,172	\$3,639	\$3,446	\$8,145	\$9,591	\$4,793
Kent	\$0	\$4,016	\$3,047	\$4,126	\$14,971	\$5,790
Montgomery	\$2,784	\$3,753	\$3,477	\$9,955	\$9,193	\$4,870
Prince George's	\$3,127	\$3,757	\$3,625	\$5,951	\$6,503	\$4,101
Queen Anne's	\$1,987	\$3,289	\$2,024	\$6,185	\$7,067	\$3,801
Somerset	\$3,283	\$3,518	\$3,713	\$9,849	\$6,531	\$4,095
St. Mary's	\$2,066	\$2,582	\$3,298	\$7,690	\$8,548	\$5,672
Talbot	\$2,131	\$3,129	\$3,168	\$4,650	\$7,648	\$3,753
Washington	\$3,077	\$4,385	\$3,939	\$8,618	\$7,401	\$4,502
Wicomico	\$3,962	\$4,040	\$3,522	\$7,093	\$8,134	\$4,380
Worcester	\$2,180	\$2,625	\$2,228	\$3,211	\$2,433	\$2,514
Unknown	\$0	\$505	\$0	\$0	\$2,129	\$1,317
Statewide	\$3,342	\$3,925	\$3,736	\$6,567	\$7,403	\$4,424

Data Source: Behavioral health services claims data for FY21. Based on claims paid through June 30, 2022.

Note: Statewide averages for each age group are different from the average of each jurisdiction's total for a given age due to some service recipients receiving care in multiple jurisdictions. The overall jurisdictional average of cost per recipient is the total jurisdictional expenditure divided by the total number of services recipients in that jurisdiction. The jurisdiction category of unknown is included to reflect counts of children and young adults whose jurisdiction of residence is unknown.

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.

In FY21, a total of \$554,576,052 was expended on behavioral health services provided to 109,027 child and young adult recipients of PBHS services, at an average cost of \$5,087 per person. More

funds were expended to provide services to fewer children and young adults in FY21 compared to FY20 (\$537,660,847; 112,334). In FY21 there was a 3.1% increase in total expenditures and a 6.2% increase in per person cost compared to FY20. As shown in Table 25a, annual PBHS service costs were highest for children 7–12 years (\$178,207,676), a decrease of 2.7% from FY20 accounting for 32.1% of the total expenditures. Per person costs for FY21 were highest for children ages 13–17 years (\$5,773 per person) and lowest for children birth through six years (\$3,332 per person).

In FY21, total expenditures ranged from a low of \$1,749,633 in Garrett County to a high of \$176,435,794 in Baltimore City. These jurisdictions also represented the lowest and highest per person expenditures which ranged from a low of \$2,510 per person in Garrett County to a high of \$6,176 per person in Baltimore City. Four jurisdictions, including Baltimore City and Baltimore, Frederick, and Howard Counties, had average per person expenditures above the state average of \$5,087 (see Table 25b). Fourteen of the 24 jurisdictions had an increase in total expenditures for FY21 compared to FY20, the largest increase was in Queen Anne’s County (21.5%), followed by Baltimore City (17.6%), and Caroline County (15.1%). Ten of the 24 jurisdictions had a decrease in total expenditures for FY21 compared to FY20, the largest decrease was in Somerset County (24.5%), followed by Baltimore County (19.2%) and Cecil County (10.2%). Per person expenditures increased in 21 out of 24 jurisdictions in FY21 compared to FY20, with the largest increase in Queen Anne’s County (43.6%), followed by Talbot County (32%) and Calvert County (17.2%). Somerset County had the largest decrease in per person expenditures at 11.8%.

Table 25a: Total Expenditures for All PBHS Behavioral Health Services, FY21

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$369,480	\$1,455,779	\$2,369,380	\$1,070,734	\$1,471,180	\$6,736,553
Anne Arundel	\$2,062,567	\$11,051,862	\$10,441,074	\$4,633,813	\$7,878,631	\$36,067,947
Baltimore City	\$10,907,324	\$55,084,533	\$57,552,837	\$25,044,608	\$27,846,492	\$176,435,794
Baltimore	\$4,356,278	\$29,428,844	\$24,907,746	\$10,299,559	\$9,577,628	\$78,570,054
Calvert	\$206,314	\$745,247	\$980,860	\$906,622	\$928,946	\$3,767,989
Caroline	\$176,382	\$1,388,647	\$1,461,917	\$463,605	\$506,926	\$3,997,476
Carroll	\$616,655	\$2,682,389	\$3,145,063	\$1,313,792	\$1,979,462	\$9,737,361
Cecil	\$633,202	\$3,128,201	\$2,196,242	\$1,363,515	\$2,003,126	\$9,324,286
Charles	\$405,401	\$1,694,080	\$2,072,316	\$1,276,803	\$1,761,750	\$7,210,350
Dorchester	\$289,628	\$1,744,852	\$1,721,253	\$527,458	\$937,873	\$5,221,063
Frederick	\$1,029,854	\$6,696,337	\$8,369,020	\$1,899,684	\$3,305,394	\$21,300,290
Garrett	\$88,005	\$428,782	\$495,046	\$292,419	\$445,380	\$1,749,633
Harford	\$1,425,242	\$5,432,790	\$5,145,460	\$2,684,589	\$3,698,231	\$18,386,311
Howard	\$1,110,810	\$4,657,911	\$5,679,766	\$2,263,563	\$2,644,575	\$16,356,625
Kent	\$87,768	\$518,679	\$665,169	\$301,364	\$456,437	\$2,029,417
Montgomery	\$2,227,623	\$12,062,003	\$16,029,446	\$8,486,467	\$8,998,707	\$47,804,246
Prince George's	\$2,909,475	\$16,095,671	\$17,336,840	\$8,103,203	\$9,514,799	\$53,959,987

Queen Anne's	\$116,134	\$594,138	\$978,822	\$229,012	\$442,901	\$2,361,007
Somerset	\$446,088	\$2,119,849	\$1,372,559	\$612,026	\$387,456	\$4,937,977
St. Mary's	\$260,240	\$1,042,902	\$1,080,462	\$1,112,600	\$1,427,627	\$4,923,832
Talbot	\$172,292	\$805,899	\$1,139,141	\$468,677	\$412,649	\$2,998,659
Washington	\$1,487,761	\$6,346,342	\$5,989,888	\$3,055,520	\$3,555,474	\$20,434,985
Wicomico	\$642,382	\$4,918,556	\$4,818,355	\$2,059,077	\$2,214,132	\$14,652,501
Worcester	\$365,074	\$1,461,565	\$2,032,359	\$567,562	\$601,564	\$5,028,124
Unknown	\$323	\$2,225	\$226,658	\$182,993	\$171,386	\$583,584
Statewide	\$32,392,302	\$171,588,083	\$178,207,676	\$79,219,265	\$93,168,726	\$554,576,052

Data Source: Behavioral health services claims data for FY21. Based on claims paid through June 30, 2022.

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.

Table 25b: Expenditures per Recipient of All PBHS Behavioral Health Services, FY21

Jurisdiction	Age Group					All Children and Young Adults
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$2,295	\$3,002	\$5,095	\$2,958	\$3,782	\$3,618
Anne Arundel	\$2,853	\$4,465	\$4,724	\$3,836	\$5,862	\$4,531
Baltimore City	\$4,012	\$6,143	\$7,206	\$5,609	\$6,289	\$6,176
Baltimore	\$3,510	\$7,284	\$6,991	\$4,884	\$4,274	\$5,955
Calvert	\$1,826	\$2,279	\$3,046	\$4,698	\$4,021	\$3,177
Caroline	\$2,004	\$3,693	\$4,338	\$2,664	\$3,072	\$3,507
Carroll	\$2,993	\$3,837	\$4,953	\$3,969	\$5,514	\$4,367
Cecil	\$2,649	\$4,182	\$3,508	\$3,310	\$4,244	\$3,734
Charles	\$2,739	\$3,707	\$4,145	\$3,905	\$4,814	\$4,010
Dorchester	\$2,497	\$4,440	\$4,578	\$2,624	\$5,015	\$4,101
Frederick	\$3,029	\$5,361	\$6,877	\$3,161	\$5,500	\$5,314
Garrett	\$1,397	\$2,052	\$2,552	\$2,812	\$3,507	\$2,510
Harford	\$3,502	\$4,221	\$4,187	\$3,613	\$4,717	\$4,132
Howard	\$4,553	\$5,281	\$6,114	\$4,263	\$5,687	\$5,361
Kent	\$1,755	\$3,106	\$4,348	\$3,631	\$5,635	\$3,800
Montgomery	\$2,860	\$4,005	\$4,955	\$4,455	\$5,315	\$4,500
Prince George's	\$3,024	\$4,595	\$4,825	\$3,697	\$4,676	\$4,392
Queen Anne's	\$2,323	\$3,434	\$4,752	\$2,245	\$3,785	\$3,644
Somerset	\$4,055	\$6,180	\$4,816	\$4,672	\$3,004	\$4,948
St. Mary's	\$2,283	\$3,005	\$2,799	\$3,850	\$4,447	\$3,379
Talbot	\$2,427	\$3,316	\$4,467	\$3,472	\$4,046	\$3,720
Washington	\$2,970	\$4,822	\$5,089	\$4,015	\$4,120	\$4,425

Wicomico	\$2,688	\$5,283	\$4,922	\$3,644	\$4,250	\$4,529
Worcester	\$2,684	\$2,894	\$4,352	\$2,425	\$2,920	\$3,248
Unknown	\$161	\$556	\$37,776	\$22,874	\$11,426	\$16,674
Statewide	\$3,332	\$5,249	\$5,773	\$4,439	\$5,206	\$5,087

Data Source: Behavioral health services claims data for FY21. Based on claims paid through June 30, 2022.

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.

IV. 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 2022 and requested to provide data on children and young adults who were admitted in FY21, including dates of referral and dates of placement. Data was obtained from six facilities, including the four RTCs and two RICAs. Table 26 summarizes data for FY21 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 26: Time (Days) between Referral and Placement in a Residential Treatment Bed, FY21

Facility Type	# of Facilities	Total # of Admissions	Avg. # of Admissions	Min Wait Days	Max Wait Days	Avg. # Wait Days
RTC	4	216	54	0	413	65
RICA	2	48	24	7	256	99
Total	6	264	44	0	413	72

Data Source: RTC operational data for FY21; The Jefferson facility closed in August of 2020 and is not included in the count.

In FY21, there were a total of 264 admissions to RTCs, a 22.2% increase from FY20. Residential treatment included 48 admissions to the two RICAs and 216 to four RTCs. As shown in Table 26, across all RTCs, wait time between referral and placement ranged from a low 0 wait day to a high of 413 days, with an average wait time of 72 days. The average wait time for placement in a RICA bed was 99 days (35% decrease from FY20) compared to 65 days (10% increase from FY20) 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 27 displays the number of 30-readmissions to inpatient psychiatric and residential treatment facilities summarized by age group and jurisdiction in FY21. Of the 7,295 children and young adults discharged from a psychiatric inpatient or RTC, 630 were readmitted to either the same RTC, inpatient hospital facility (273) or to any other RTC or hospital (349), reflecting a combined 30-day readmission rate of 8.6%, a rate slightly lower than the FY20 rate of 9.7%. Thirty-day readmissions varied by age with young adults (ages 18-25) accounting for 56.6% of readmissions, while children 13–17 years and 12 years and under accounted for 28.3% and 14.3% of all 30-day readmissions, respectively. Thirty-day readmission rates varied widely across jurisdictions ranging from a low of 3.8% in Caroline County to a high of 14.6% in Somerset County. Overall, more than half (14) of all jurisdictions, including Baltimore City, Allegany, Baltimore, Calvert, Carroll, Cecil, Dorchester, Frederick, Garrett, Howard, Montgomery, Prince George, Somerset, Talbot, had readmission rates higher than the statewide rate of 9.0%.

Table 27: Number of 30-Day Readmissions to Psychiatric Inpatient and Residential Treatment Facilities, FY21

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						9													13
Anne Arundel						13									10			31	44
Baltimore City			10	15	22	57										23	34	70	129
Baltimore			13			30									17	12	11	48	82
Calvert																			
Caroline																			
Carroll																			12
Cecil						12													20
Charles																			
Dorchester																			
Frederick						16												11	28
Garrett																			
Harford																		10	19
Howard																		12	21
Kent																			
Montgomery				13	11	39									14	14	21	54	93
Prince George's					12	31										15	19	42	73
Queen Anne's																			
Somerset																			
St. Mary's																			
Talbot																			
Washington						14													20
Wicomico																		10	16
Worcester																			
Statewide		46	81	67	75	273								43	95	95	115	349	630

Data Source: Behavioral health services claims data for FY21. Based on claims paid through June 30, 2022.

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

2. 30-Day Readmissions to the Same Hospital

In FY21, a total of 6,909 children and young adults were discharged from inpatient psychiatric facilities, a 7.8% decrease from FY20 (7,490). Of those discharged, 273 (4.0%) 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 57.5% of these

readmissions. Children and young adults ages 13-17 accounted for almost one third 29.7% of all same hospital readmissions (see Table 27).

3. 30-Day Readmissions to RTCs

Statewide, a total of 386 children and young adults were discharged from RTCs in FY21, nearly two times less than the 703 children and young adults discharged in FY20. Of those discharged, none were readmitted to the same RTC within 30 days. (see Table 27).

C. Length of Stay

HG § 7.5–209(b)(7) requires data on the ALOS for children and young adults at (1) an RTC; (2) a psychiatric unit at a hospital; and (3) a residential substance-related disorders program.

1. Average Length of Stay at RTCs

Statewide, in FY21, the ALOS in RTCs was 139 days, a 56% increase from 89 days in FY20.⁴ As shown in Table 28, ALOS varied by age group with children (birth through six years of age) having longer stays (190 days) compared to 7–12 years (162 days), and 13–17 years (126 days) and young adults 18-21 (137 days). During this period three children in Baltimore County ages birth through six years were discharged from RTCs compared to 126 children (ages 7–12 years), 235 children (13–17 years) and 22 young adults (18-21 years). RTC lengths of stay differed widely across the State ranging from 4 days in Talbot County to 231 days in Somerset County. A total of six jurisdictions had average lengths of stay above the state average of 139 days.

Table 28: Average Length of Stay in Psychiatric Inpatient, Residential Treatment Facilities, and Residential Substance-Related Disorder Programs, FY21

Jurisdiction	Residential Treatment Centers						Psychiatric Hospitals						Residential Substance-Related Disorder Program					
	0 to 6	7 to 12	13 to 17	18 to 21	22 to 25	Avg.	0 to 6	7 to 12	13 to 17	18 to 21	22 to 25	Avg.	0 to 6	7 to 12	13 to 17	18 to 21	Avg.	
Allegany	0	0	24	0	0	24	8	9	13	3	3	8	0	0	0	38	29	31
Anne Arundel	0	71	33	0	0	48	6	10	10	7	8	9	182	0	0	21	44	40
Baltimore City	0	132	150	133	0	148	23	17	12	9	9	11	7	0	0	32	36	35
Baltimore	190	175	140	156	0	167	5	14	21	8	7	14	0	0	0	29	27	27

⁴Youth were electively discharged home in response to COVID-19 isolation /quarantine decisions in FY20, which likely impacted the ALOS for FY20.

Calvert	0	0	62	0	0	62	0	11	7	6	6	7	0	0	0	54	2	33
Caroline	0	260	62	0	0	161	0	12	15	5	4	12	0	0	0	31	1	20
Carroll	0	0	0	0	0	0	5	12	11	5	7	9	0	0	26	34	3	32
Cecil	0	50	0	0	0	50	5	15	9	5	5	9	0	0	0	24	2	26
Charles	0	0	138	176	0	157	0	8	7	5	7	7	0	0	0	71	4	51
Dorchester	0	0	21	0	0	21	0	12	13	5	7	10	0	0	0	30	2	27
Frederick	0	0	57	34	0	55	7	12	13	6	6	11	0	0	0	17	3	30
Garrett	0	0	0	0	0	0	0	11	10	5	4	7	0	0	0	46	2	36
Harford	0	22	163	0	0	116	10	12	11	7	9	9	0	0	0	18	4	35
Howard	0	0	140	0	0	140	0	16	17	8	12	13	0	0	0	17	3	29
Kent	0	0	0	0	0	0	0	12	26	8	5	16	0	0	0	19	2	22
Montgomery	0	18	48	115	0	48	10	11	10	7	8	9	0	0	0	28	2	28
Prince George's	0	113	79	0	0	93	5	10	11	6	8	9	0	0	0	65	3	41
Queen Anne's	0	0	134	0	0	134	0	16	17	4	6	13	0	0	0	13	2	21
Somerset	0	0	0	231	0	231	0	8	10	8	7	9	0	0	0	16	2	22
St. Mary's	0	116	41	0	0	78	8	10	5	5	3	5	7	0	0	43	3	34
Talbot	0	0	4	0	0	4	0	11	13	13	5	12	0	0	0	27	2	25
Washington	0	102	88	167	0	109	14	10	13	7	5	9	0	0	0	40	2	32
Wicomico	0	0	122	0	0	122	15	12	10	4	8	9	0	0	0	48	2	32
Worcester	0	0	78	0	0	78	0	7	11	6	5	9	0	0	0	11	1	11
Statewide ALOS	190	162	126	137	0	139	14	13	13	7	8	10	65	0	26	35	3	33

Data Source: Behavioral health services claims data for FY21. Based on claims paid through June 30, 2022.

Note: RTC ALOS includes private RTCs only. RTC ALOS in 20 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 FY21, the ALOS in acute psychiatric inpatient hospitals was ten days, which is equal to the ALOS in FY20. As shown in Table 28, length of stays for young adults were slightly shorter (7-8 days) compared to younger children and youth (birth to 17 years (13-14 days). Inpatient hospital ALOS also varied substantially across jurisdictions, ranging from a high of 16 days in Kent County to a low of 5 days in St. Mary’s County. In FY20, the ALOS range was 23 days in Talbot County and 6 days in Charles and Garrett Counties. Eight jurisdictions had an ALOS above the state average of ten days, while sixteen jurisdictions were below the statewide average (see Table 28).

3. Average Length of Stay at Residential Substance-Related Disorder Programs

Statewide, in FY21, children and young adults enrolled in residential substance-related disorder programs stayed on average 33 days. As shown in Table 28, the ALOS varied by age group with young adults 18 to 25 years, who make up the majority (80%) of service users in this category, having longer LOS (18 to 21 years; 35 days - 22 to 25 years; 33 days). As shown in Table 28, there was large variability ALOS in younger children and youth (birth to 17 years) ranging from 65 days in the youngest group to zero days for children and youth 7 to 12. This variability is largely driven by very small numbers of child service recipients in these age groups and outliers and should be interpreted with caution. Residential substance-related disorder programs ALOS also varied substantially across jurisdictions, ranging from a high of 51 days in Kent County to a low of 11 days in Worcester County. Seven jurisdictions had an ALOS above the state average of 33 days (see Table 28).

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 29 displays the number of children and young adults discharged from inpatient psychiatric and RTCs summarized by age group and jurisdiction in FY21.

Table 29: Discharges from Inpatient Psychiatric and Residential Treatment Facilities, FY21

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								20	53	22	20	117	119
Anne Arundel								75	180	119	114	491	496
Baltimore City		12	143			160	22	208	387	379	400	1,396	1,556
Baltimore		100	29			141		164	324	194	176	861	1,002

Calvert								25	29	19	81	82		
Caroline								33	11		53	55		
Carroll							17	53	30	23	125	125		
Cecil							52	59	40	35	190	191		
Charles							16	37	29	28	110	112		
Dorchester							18	18	12		56	57		
Frederick			29			32		57	138	35	47	282	314	
Garrett								12	11		38	38		
Harford							46	84	70	55	261	264		
Howard							48	77	55	44	224	225		
Kent								15	10		37	37		
Montgomery						10		108	364	272	274	1,019	1,029	
Prince George's								85	238	208	271	803	810	
Queen Anne's								21			38	39		
Somerset							10	16	13		41	42		
St. Mary's								12	27	29	25	94	98	
Talbot								18			40	41		
Washington								36	87	70	58	256	265	
Wicomico								40	92	46	27	206	207	
Worcester								52	12	10	80	81		
Statewide			126	235	22		386	56	1,063	2,414	1,711	1,665	6,909	7,295

Data Source: Behavioral health services claims data for FY21. Based on claims paid through June 30, 2022.

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 FY21 there were a total of 7,295 child and young adult discharges from inpatient psychiatric hospitals (6,909) and RTCs (386). The number of children and young adult discharges from psychiatric inpatient and RTCs are summarized by jurisdiction and by age group in Table 29. Children ages 13 to 17 accounted for the greatest proportion of discharges from both inpatient (34.9%) and RTC (60.9%) services respectively. The number of hospital discharges varied widely across the State with 47.4% occurring in three jurisdictions, including Baltimore City (20.2%) and Baltimore (12.5%), and Montgomery (14.7%) Counties. For those discharged from RTC's, Baltimore City (41.4%) and Baltimore County (36.5%) accounted for 78.0% of all discharges.

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

Table 30 presents an end of year (FY21) summary of children and young adults in RTCs by age group and jurisdiction.

Table 30: Number of Children and Young Adult Residents in RTC at the End of the Year, FY21

Jurisdiction	Age Group					Total
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany						
Anne Arundel						
Baltimore City		10	53			63
Baltimore		41	14			57
Calvert						
Caroline						
Carroll						
Cecil						
Charles						
Dorchester						
Frederick						
Garrett						
Harford						
Howard						
Kent						
Montgomery						
Prince George's						
Queen Anne's						
Somerset						
St. Mary's						
Talbot						
Washington						
Wicomico						
Worcester						
Statewide		63	79			145

Data Source: Behavioral health services claims data for FY21. Based on claims paid through June 30, 2022.

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

A total of 145 children and young adults were in an RTC bed as of the end of FY21 (June 30, 2021). More than one-half (54.5%) of these residents were between the ages of 13–17 years and the vast majority (82.7%) resided in Baltimore County (39.3%) or Baltimore City (43.4%).

V. Summary and Conclusions

A. Overall PBHS Service Utilization and Expenditures

In FY21, there were 1,935,150 children and young adults ages birth through 25 years in the State of Maryland, roughly five thousand more than FY20. Two out of every five (43.8%, 847,820) were

eligible for PBHS services, of which slightly more than 1 in 10 (12.9%, 109,027) received one or more behavioral health services in the PBHS. More children were eligible for PBHS services in FY21 than FY20 (847,820 versus 835,716), yet fewer children overall used services (109,027 versus 112,334). Even though fewer children used services, overall expenditures increased from \$537,660,847 in FY20 to \$554,576,052 in FY21, reflecting a 3.2% increase in expenditures.

B. High Use PBHS Services

This report focused 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 utilized by more children and young adults (19.5%, 21,275) compared to other services and had the highest utilization rates per 1,000 persons eligible at 25.1. Emergency room services (9.1%, 9,904) and inpatient hospitalization (5.4%, 5,940) were the second and third highest used services and ranked second and third in utilization per 1,000 eligible at 12.5 per 1,000 and 7.0 per 1,000 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%, 2,299), Respite Care (<1%, 290) or § 1915(i) Waiver services (<1%, 34). Intensive community-based services are designed to support 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, three 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, Somerset, and Wicomico Counties). There was one jurisdiction (Washington County) ranked in the top five for PRP utilization rate that was also ranked in the top five for inpatient hospitalization.

C. High Expenditure PBHS Services

In FY21, the total cost for inpatient hospital services was \$116,572,769 accounting for one-fifth (21.0%) 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 \$259,933,155. PRP and RTC services had the second and third highest expenditures of the remaining services at \$94,124,494 and \$27,962,750 respectively. In addition to overall expenditures, RTC services, while utilized by only 349 individuals statewide, had the highest per person expenditure (\$80,112 per person) of all the services. In comparison, inpatient hospitalization was second among the selected services at \$19,625 per person and all other services in this report had expenditures of less than \$4,641 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 a low of 77 per 1,000 eligible in Prince George's County to a high of 243 per 1,000 eligible in Somerset County, with a state average of 134 per 1,000 eligible.

Emergency room rates ranged from 6.2 per 1,000 eligible in Prince George's County to 20.5 per 1,000 eligible in Dorchester County, with a statewide rate of 11.7 per 1,000 eligible children and young adults, while inpatient hospitalization rates ranged from a low of 4.3 per 1,000 in Prince George's County to a high of 11.7 per 1,000 in Cecil County, with a statewide rate of 7.0 per 1,000 eligible. Approximately four in five (84%) child and young adult recipients 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 3.8% in Caroline County to a high of 14.6% in Kent County, with a statewide rate of 8.6%. A low total number of readmissions can cause large swings in percent changes. The total number of readmissions were five or below in Caroline, Garrett, Kent, and Queen Anne's Counties.

In FY21, there were 21,275 child and young adult recipients of psychiatric rehabilitation program (PRP) services statewide, a decrease of 10% over FY20. PRP use rates varied widely across the State from 7.0 per 1,000 eligible children and young adults in Calvert County to 62.8 per 1,000 in Baltimore City, with a state average of 25.1 per 1,000. Baltimore City had the highest use counts across all jurisdictions in FY21. Use rates were also higher for males (26.9 per 1,000 eligible versus 23.4 per 1,000 eligible) compared to females and in Non-Hispanic Blacks (43.54 per 1,000 eligible versus 34.2 per 1,000 eligible) compared to non-Hispanic White recipients.

Conclusion

The results of this report highlight the continued need to identify and understand the individual, program, and systemwide factors that account for the variation in access to, and utilization of behavioral health services. While we believe that this data represents an outlier due to COVID-19 impacts in FY 2021, further analysis will be important to confirm and drive action to meet the needs of Maryland residents. The issue of insufficient capacity of RTC beds began in 2020 with the closure of the Jefferson RTC in Frederick, MD. In FY 2021, capacity of RTC beds further declined because of the COVID-related need for isolation space, single rooms, and more recently staffing capacity limitations.

There is a need to grow capacity for specialized types of behavioral health programming for children and youth, including inpatient and community-based services. Though this data reflects a

tumultuous public health crisis in the state, the report still shows disparities in behavioral health services for youth. In particular, there is wide geographic variation in psychiatric rehabilitation program (PRP) utilization and the substantially higher use and expenditures compared to other intensive community-based services such as targeted case management and § 1915(i) home and community based services warrants further future examination. Geographic disparities in access are also notable throughout this report, and require further examinations. More work needs to be done to address these disparities and connect youth individuals to better behavioral health services.

MDH is committed to establishing a strong continuum of care system for behavioral health services, building on resources currently available in the State. The major branches of the continuum include primary prevention, crisis and acute care, post acute care, and recovery. Quality, health care financing, and workforce underpin the continuum. MDH is working to identify and address gaps in these branches to improve access to care. The Commission on Behavioral Health Treatment and Access, established through Chapter 291 (HB 1148) of the General Assembly Acts of 2023, will work on challenges, identify gaps, conduct a needs assessment, and provide recommendations for the state. MDH looks forward to working with the Commission and the General Assembly to improve access to behavioral health care for children and youth.

APPENDIX

Table A1: Eligibility and Utilization of PBHS Services by Race and Gender, FY21

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	287,997	34.0%	42,534	39.0%	147.69
Asian	41,946	45.0%	2,988	2.7%	71.23
Non-Hispanic White	175,747	20.7%	31,866	29.2%	181.32
Hispanic	12,560	1.5%	1,132	1.0%	90.13
Native American	3,917	0.5%	621	0.6%	158.54
Pacific Islander	1,723	0.2%	176	0.2%	102.15
Unknown	323,927	38.2%	29,708	27.2%	91.71
Total	847,820	100.0%	109,027	100.0%	128.60
Gender					
Female	431,346	50.9%	58,242	53.4%	135.02
Male	416,471	49.1%	50,784	46.6%	121.94
Total	847,820	100.0%	109,027	100.0%	128.60

Data Source: Behavioral health services claims data for FY21. Based on claims paid through June 30, 2022.

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

Table A2: Outpatient Behavioral Health Services by Race and Gender, FY21

Race/Ethnicity	Total Number Receiving Outpatient Behavioral Health Services		Rate of Utilization Per 1,000 Eligible	Expenditures	
	N	%		Total	Per Child/Young Adult
Non-Hispanic Black	38,564	38.27%	133.90	\$102,742,835	\$2,664.22
Asian	2,761	2.74%	65.82	\$6,215,947	\$2,251.34
Non-Hispanic White	30,458	30.22%	173.31	\$76,894,915	\$2,524.62
Hispanic	1,719	1.71%	136.86	\$5,056,763	\$2,941.69
Native American	557	0.55%	142.20	\$1,591,235	\$2,856.79
Pacific Islander	160	0.16%	92.86	\$382,238	\$2,388.99
Unknown	26,550	26.35%	81.96	\$66,784,582	\$2,515.43
Total	100,771	100.0%	118.86	\$259,669,945	\$2,576.83
Gender					
Female	53,793	53.38%	124.71	\$136,024,257	\$2,528.66
Male	46,978	46.62%	112.80	\$123,645,688	\$2,631.99
Total	100,771	100.0%	118.86	\$259,669,945	\$2,576.83

Data Source: Behavioral health services claims data for FY21. Based on claims paid through June 30, 2022.

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

Table A3: Inpatient Psychiatric Hospital Services by Race and Gender, FY21

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	2,141	36.0%	7.43	\$45,791,288	\$21,388
Asian	185	3.1%	4.41	\$4,245,415	\$22,948
Non-Hispanic White	1,779	30.0%	10.12	\$34,692,887	\$19,501
Hispanic	70	1.2%	5.57	\$1,285,327	\$18,362
Native American	32	0.5%	8.17	\$445,060	\$13,908
Pacific Islander	13	0.2%	7.54	\$278,468	\$21,421
Unknown	1,720	29.0%	5.31	\$29,834,324	\$17,346
Total	5,940	100.0%	7.01	\$116,572,769	\$19,625
Gender					
Female	3,429	57.7%	7.95	\$60,074,832	\$17,520
Male	2,511	42.3%	6.03	\$56,497,938	\$22,500
Total	5,940	100.0%	7.01	\$116,572,769	\$19,625

Data Source: Behavioral health services claims data for FY21. Based on claims paid through June 30, 2022.

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

Table A4: Psychiatric Emergency Room Services by Race and Gender, FY21

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	3,745	37.8%	15.2	\$5,067,587	\$1,353
Asian	307	3.1%	8.1	\$313,887	\$1,022
Non-Hispanic White	2,840	28.7%	21.8	\$3,289,357	\$1,158
Hispanic	111	1.1%	15.6	\$125,914	\$1,134
Native American	52	0.5%	33.2	\$64,786	\$1,246
Pacific Islander	15	0.2%	13.4	\$14,578	\$972
Unknown	2,834	28.6%	6.1	\$3,384,698	\$1,194
Total	9,904	100.0%	12.5	\$12,260,808	\$1,238
Gender					
Female	5,692	57.5%	13.2	\$6,701,700	\$1,177
Male	4,212	42.5%	11.8	\$5,559,108	\$1,320
Total	9,904	100.0%	12.5	\$12,260,808	\$1,238

Data Source: Behavioral health services claims data for FY21. Based on claims paid through June 30, 2022.

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

Table A5: Residential Treatment Services by Race and Gender, FY21

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	164	47.0%	0.57	\$13,317,390	\$81,204
Asian	3	0.9%	0.07	\$234,012	\$78,004
Non-Hispanic White	119	34.1%	0.68	\$9,627,112	\$80,900
Native American	2	0.6%	0.51	\$187,898	\$93,949
Pacific Islander	3	0.6%	1.74	\$143,041	\$47,680
Unknown	58	16.6%	0.18	\$4,453,297	\$76,781
Total	349	100.0%	0.41	\$27,962,750	\$80,122
Gender					
Female	102	29.2%	0.24	\$8,216,570	\$80,555
Male	247	70.8%	0.59	\$19,746,181	\$79,944
Total	349	100.0%	0.41	\$27,962,750	\$80,122

Data Source: Behavioral health services claims data for FY21. Based on claims paid through June 30, 2022.

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

Table A6: Targeted Case Management Services by Race and Gender, FY21

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	868	37.8%	3.01	\$4,012,641	\$4,623
Asian	27	1.2%	0.64	\$87,561	\$3,243
Non-Hispanic White	879	38.2%	5.00	\$4,124,552	\$4,692
Hispanic	10	0.4%	0.80	\$61,250	\$6,125
Native American	14	0.6%	3.57	\$71,499	\$5,107
Pacific Islander	1	0.0%	0.58	\$133	\$133
Unknown	500	21.7%	1.54	\$2,311,599	\$4,623
Total	2,299	100.0%	2.71	\$10,669,235	\$4,641
Gender					
Female	955	41.5%	2.21	\$4,305,129	\$4,508
Male	1,344	58.5%	3.23	\$6,364,106	\$4,735
Total	2,299	100.0%	2.71	\$10,669,235	\$4,641

Data Source: Behavioral health services claims data for FY21. Based on claims paid through June 30, 2022.

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

Table A7: Respite Care Services by Race and Gender, FY21

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	136	46.9%	0.47	\$221,143	\$1,626
Asian	1	0.3%	0.02	\$8,147	\$8,147
Non-Hispanic White	94	32.4%	0.53	\$212,249	\$2,258
Hispanic	2	0.7%	0.16	\$8,515	\$4,258
Native American	2	0.7%	0.51	\$1,246	\$623
Unknown	55	19.0%	0.17	\$128,877	\$2,343
Total	290	100.0%	0.34	\$580,176	\$2,001
Gender					
Female	114	39.3%	0.26	231,343	2,029
Male	176	60.7%	0.42	348,833	1,982
Total	290	100.0%	0.34	\$580,176	\$2,001

Data Source: Behavioral health services claims data for FY21. Based on claims paid through June 30, 2022.

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

Table A8: § 1915(i) Waiver Services by Race and Gender, FY21

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	15	44.1%	0.05	\$37,655	\$2,510
Asian	0	0.0%	0.00	\$0	\$0
Non-Hispanic White	11	32.4%	0.06	\$25,881	\$2,353
Hispanic	0	0.0%	0.00	\$0	\$0
Native American	0	0.0%	0.00	\$0	\$0
Unknown	8	23.5%	0.02	\$26,255	\$3,282
Total	34	100.0%	0.04	\$89,791	\$2,641
Gender					
Female	16	47.1%	0.04	\$40,469	\$2,529
Male	18	52.9%	0.04	\$49,321	\$2,740
Total	34	100.0%	0.04	\$89,791	\$2,641

Data Source: Behavioral health services claims data for FY21. Based on claims paid through June 30, 2022.

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

Table A9: Psychiatric Rehabilitation Services by Race and Gender, FY21

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	12,540	58.9%	43.54	\$56,874,064	\$4,536
Asian	401	1.9%	9.56	\$1,879,247	\$4,686
Non-Hispanic White	3,400	16.0%	19.35	\$15,154,875	\$4,457
Hispanic	152	0.7%	12.10	\$653,118	\$4,297
Native American	94	0.4%	24.00	\$349,244	\$3,715
Pacific Islander	22	0.1%	12.77	\$94,934	\$4,315
Unknown	4,666	21.9%	14.40	\$19,119,012	\$4,097
Total	21,275	100.0%	25.09	\$94,124,494	\$4,424
Gender					
Female	10,088	47.4%	23.39	\$44,492,505	\$4,410
Male	11,187	52.6%	26.86	\$49,631,989	\$4,437
Total	21,275	100.0%	25.09	\$94,124,494	\$4,424

Data Source: Behavioral health services claims data for FY21. Based on claims paid through June 30, 2022.

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

Table A10: Substance-Related Disorder Program Services by Race and Gender, FY21

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	4,041	34.49%	14.03	\$7,644,992	\$1,891.86
Asian	374	3.19%	8.92	\$538,523	\$1,439.90
Non-Hispanic White	3,786	32.31%	21.54	\$11,423,128	\$3,017.20
Hispanic	104	0.89%	8.28	\$98,981	\$951.74
Native American	64	0.55%	16.34	\$106,831	\$1,669.24
Pacific Islander	27	0.23%	15.67	\$50,545	\$1,872.03
Unknown	3,319	28.33%	10.25	\$8,425,690	\$2,538.62
Total	11,717	100.0%	13.82	\$28,290,123	\$2,414.45
Gender					
Female	6,658	56.82%	15.44	\$11,519,146	\$1,730.12
Male	5,059	43.18%	12.15	\$16,770,977	\$3,315.08
Total	11,717	100.0%	13.82	\$28,290,123	\$2,414.45

Data Source: Behavioral health services claims data for FY21. Based on claims paid through June 30, 2022.

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