



Annual Report on Behavioral Health Services for Children Required by Section 7.5-209 of the
Health-General Article
Submitted by the Maryland Department of Health Behavioral Health Administration
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Maryland Annotated Code
Health General Article § 7.5–209

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Table of Contents

Table of Contents	2
List of Tables	4
List of Figures	7
I. Executive Summary	1
II. Methods and Limitations	6
III. Introduction	8
IV. Service Eligibility and Utilization	9
A. Population Eligible for Public Behavioral Health System Services.....	9
B. Utilization of Public Behavioral Health System Services.....	11
1. Outpatient Behavioral Health Services.....	15
2. Inpatient Psychiatric Hospital Services.....	17
3. Psychiatric Emergency Room Services.....	19
4. Residential Treatment Centers (RTCs).....	20
5. Intensive Community Based Services.....	22
a. Targeted Case Management Services (TCM).....	22
b. Respite Care Services.....	24
c. § 1915(i) Waiver Services.....	25
d. Psychiatric Rehabilitation Program Services (PRP).....	26
6. Substance Related Disorders Program Services.....	28
7. Utilization of PBHS Services Through Telehealth.....	29
V. Expenditures and Costs	31
A. Expenditures: Targeted Public Behavioral Health Services.....	31
1. Outpatient Behavioral Health Services.....	31
2. Inpatient Psychiatric Hospital Services.....	33
3. Behavioral Health Emergency Room Services.....	35
4. Residential Treatment Center Services.....	36
5. Intensive Community-Based PBHS Services.....	37
6. Substance-Related Disorder Program Service Expenditures.....	39
B. Expenditures: Selected Intensive Community-Based PBHS Services.....	40
1. Targeted Case Management.....	42
2. Respite Care Services.....	42
3. § 1915(i) Waiver Services.....	42
4. Psychiatric Rehabilitation Program Services.....	43
C. Total Cost per Child and Young Adult: All Behavioral Health Services.....	43
VI. Timing and Admission	45

A. Length of Time Pending.....	45
1. Time in Emergency Room.....	46
2. Wait Time between Referral and Placement in a Residential Treatment Bed.....	46
B. 30-Day Readmissions.....	47
1. 30-Day Readmissions to Psychiatric Inpatient or Residential Treatment Facilities.....	47
2. 30-Day Readmissions to the Same Hospital.....	48
3. 30-Day Readmissions to RTCs.....	49
C. Length of Stay.....	49
1. Average Length of Stay at RTCs.....	49
2. Average Length of Stay at Psychiatric Inpatient Facilities.....	50
3. Average Length of Stay at Residential Substance-Related Disorder Programs.....	50
D. Residential Treatment Centers.....	51
1. Psychiatric Inpatient Hospital and Residential Treatment Discharges.....	51
VII. Summary and Conclusions.....	52
A. Overall PBHS Service Utilization and Expenditures.....	52
B. High Use PBHS Services.....	53
C. Service Expenditures and Trends.....	55
D. Service Use and Expenditure Variability and Disparities.....	57
E. Substance Related Disorders Program Services.....	58
APPENDIX A.....	60
APPENDIX B.....	88

List of Tables

Table 1: Eligibility and Utilization of PBHS Services by Race and Gender, FY22	6
Table 2: Number and Percent of Selected PBHS Services, FY22	11
Table 3: Outpatient Behavioral Health Services by Race and by Gender, FY22	12
Table 4: Outpatient Behavioral Health Services by Gender and Age, FY22	12
Table 5: Inpatient Psychiatric Hospital Services by Race and Gender, FY22	13
Table 6: Inpatient Psychiatric Hospital Services by Gender and Age, FY22	14
Table 7: Psychiatric Emergency Room Services by Race and Gender, FY22	15
Table 8: Psychiatric Emergency Room Services by Gender and Age, FY22	16
Table 9: Residential Treatment Services by Race and Gender, FY22	16
Table 10: Residential Treatment Services by Gender and Age, FY22	17
Table 11: Targeted Case Management Services by Race and Gender, FY22	19
Table 12: Targeted Case Management Services by Gender and Age, FY22	19
Table 13: Respite Care Services by Race and Gender, FY22	20
Table 14: Respite Care Services by Gender and Age, FY22	21
Table 15: § 1915(i) Waiver Services by Race and Gender, FY22	22
Table 16: Psychiatric Rehabilitation Services by Race and Gender, FY22	23
Table 17: Psychiatric Rehabilitation Services by Gender and Age, FY22	23
Table 18: Substance-Related Disorder Program Services by Race and Gender, FY22	24
Table 19: Substance-Related Disorder Program Services by Gender and Age, FY22	25
Table 20: Number and Percent of Child and Young Adult Recipients of PBHS Services Through Telehealth by Race and Age, FY22	26

Table 21a: Total Expenditures for Outpatient Psychiatric Services, FY22	28
Table 21b: Expenditures per Child and Young Adult Recipient of Outpatient Psychiatric Services	28
Table 22a: Total Expenditures of Inpatient Psychiatric Services	29
Table 22b: Expenditures per Child and Young Adult Recipient of Inpatient Psychiatric Services	30
Table 23a: Total Expenditures of Behavioral Health Emergency Room Service	31
Table 23b: Expenditures per Child and Young Adult Recipient of Behavioral Health Emergency Room Services	31
Table 24a: Total Expenditures of Residential Treatment Services	32
Table 24b: Expenditures per Child and Young Adult Recipient of Residential Treatment Services	33
Table 25a: Total Expenditures for Recipients of Intensive Community Services	34
Table 25b: Expenditures per Child and Young Adult Recipients of Intensive Community Services	34
Table 26a: Total Expenditures for Substance-Related Disorder Program Services, FY21	35
Table 26b: Expenditures per Child and Young Adult Recipients of Substance Related Disorder Program Services	36
Table 27a: Total Expenditures for Selected Intensive Community-Based Services by Race and Gender	36
Table 27b: Per Person Expenditures for Selected Intensive Community Based Services by Race and Gender	37
Table 28a: Total Expenditures of Targeted Case Management	38
Table 28b: Expenditures per Child and Young Adult Recipients of Targeted Case Management	38
Table 29a: Total Expenditures of Respite Care Services	40
Table 29b: Expenditures per Child and Young Adult Recipients of Respite Care Services	40

Table 30a: Total Expenditures of § 1915(i) Waiver Services	41
Table 30b: Expenditures per Child and Young Adult Recipient of § 1915(i) Waiver Services	42
Table 31a: Total Expenditures of Psychiatric Rehabilitation Services	43
Table 31b: Expenditures per Child and Young Adult Recipient of Psychiatric Rehabilitation Services	43
Table 32a: Total Expenditures of All PBHS Behavioral Health Services	45
Table 32b: Expenditures Per Child and Young Adult for All PBHS Behavioral Health Services	46
Table 33: Emergency Department Median Wait Times, June & July 2023	47
Table 34: Time (In Days) between Referral and Placement in a Residential Treatment Bed	48
Table 35: Number of Child and Young Adult 30-Day Readmissions to Psychiatric Inpatient and Residential Treatment Facilities	49
Table 36: Average Length of Stay for Children and Young Adults in Psychiatric Inpatient, Residential Treatment Facilities, and Residential Substance-Related Disorder Programs	51
Table 37: Discharges from Inpatient Psychiatric and Residential Treatment Facilities	53

List of Figures

- Map 1: Percentage of Estimated Child and Young Adult Population Eligible for PBHS Services by Jurisdiction 7
- Map 2: PBHS Service Utilization Rates per 1,000 Eligible Children and Young Adults by Jurisdiction 9
- Map 3: Percent Change in PBHS Service Utilization Rates per 1,000 Eligible Children and Young Adults by Jurisdiction 10

I. Executive Summary

In response to Maryland Annotated Code, Health-General Article § 7.5–209, the Behavioral Health Administration (BHA) analyzed Fiscal Year 2022 (FY22) data on behavioral health services for children (birth through 17 years) and young adults (18–25 years) in the State. The data provided information on children and young adults eligible to receive services through the public behavioral health system (PBHS). The report is focused on data pertaining to the number of children and young adults utilizing PBHS mental health and substance use services, the cost of these services, the geographic distribution of service use and expenditures, 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 continue to face unprecedented times due to the response to the COVID-19 pandemic and its aftermath. Experts have noted that the impact of the pandemic on the mental health of children and adolescents was substantial and influenced by multiple factors. Multiple survey studies regarding child and adolescent mental health during the pandemic indicated that anxiety, depression, loneliness, stress, and tension were the most frequently reported symptoms. Adolescent females, children and youth with pre-existing mental challenges, and individuals lacking positive family support were the most at risk¹. Despite post-pandemic changes such as easing of restrictions, returning to schools, jobs and regular lives, mental health challenges among children and youth have continued to intensify². A NIMH supported study, showed that while mental health related emergency department visits decreased substantially for children and youth during the first year of the pandemic, mental health related visits increased by nearly seven percent in the second year. This increase was almost exclusively driven by an increase in visits among adolescent females (22.1%), while use among males decreased³. The data in this report demonstrates a number of challenges facing children and youth with behavioral health needs in Maryland. The key takeaways from the report include:

Service Utilization and Expenditure Trends

- In FY22, a total of \$585.3 million was expended on PBHS behavioral health services provided to 115,465 child and young adult recipients at an average cost of \$5,069 per person. The highest cost per person was in 13-17 year olds with an average cost of \$5,790 per person compared to the lowest cost per person in 0-6 year olds with an average cost of \$3,136 per person . While both the overall expenditures (\$554.6 million) and service user counts (109,027) increased from FY21, the average cost per person decreased

¹ Theberath, M., Bauer, D. , et al. (2022) Effects of covid19 on mental health of children and adolescents: a systematic review of survey studies. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8972920/>

² Schreiber S. et al, 2022. NAMI State Legislation Report: Trends in State Mental Health Policy https://nami.org/NAMI/media/NAMI-Media/PDFs/NAMI_2022_State_Legislation_Report.pdf

³ Overhage, L., Hailu, R. et al. (2023) Trends in acute care use for mental health conditions among youth during the covid19 pandemic. *Jama Psychiatry*. <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2806889>

slightly from \$5,087 in FY21 to \$5,069 in FY22. Over the past five years (FY18 to FY22) behavioral health expenditures overall increased at more than four times the rate of service utilization while per person expenditures increased at twice the rate of service utilization. Multiple factors likely contributed to this discrepancy. First, rate increases occurred in each of the intervening years between FY18 and FY22, resulting in an overall 15% increase. Second, the largest variances between expenditures and utilization occurred in more intensive, higher cost service areas, including Targeted Case Management (TCM) where expenditures increased by (100%, \$5.3 million), while service use decreased by (4%); Psychiatric Rehabilitation Program (PRP) Services, where expenditures increased by 45% (\$30 million), while utilization increased by 13%, and Inpatient Hospital treatment, where expenditures increased by 9% (\$9 million) while utilization decreased by 19%. These findings suggest that while service use either decreased or increased more slowly during the pandemic, those individuals who accessed services had more intensive needs, and utilized higher intensity services, for longer periods of time. Examination of Inpatient Hospital length of stay (LOS) data shows that between FY19 and FY22, LOS increased substantially from an average of 8 days to 10 days respectively. This increase was almost exclusively driven by adolescent females, while males showed no change in LOS over this time period.

- Telehealth flexibilities were instrumental in the delivery of behavioral health services throughout the COVID-19 pandemic and continue to be widely utilized across the PBHS. In FY22, a total of 73,867 children and young adult PBHS service recipients used one or more PBHS services via telehealth, accounting for 64.0% of all child and young adult service recipients, a decrease of 1.5% compared to FY21 (74,990).
- Inpatient psychiatric treatment services represented the second highest expenditure, and accounted for nearly one-fifth (19.8%; \$115.7 million) of all PBHS expenditures in FY22 and 5.4% (6,267) of service recipients. Inpatient hospital expenditures have increased by 8.9% and per person expenditures have increased by 35.0% between FY18 and FY22. While expenditures increased, inpatient service use declined by 19.4% over the same period. The declines in service use are likely associated with hospital use and stay at home restrictions during the pandemic. Between FY21 and FY22 both overall inpatient expenditures and per person expenditures declined less than 1% and 5.9% respectively, while service use increased by 5.5%.
- Psychiatric Rehabilitation Program (PRP) services accounted for 18% of all service users (20,742) and the third highest annual expenditure at \$94.1 million with an annual per person cost of \$4630. Service expenditures have increased by 45%, since FY18, while annual per person expenditures increased by 28% over the same period. Expenditures have increased at more than three times the service utilization rate which increased by only 13% over the same period. This discrepancy between utilization and expenditures suggests that fewer service users are receiving more frequent service PRP service encounters. PRP expenditures continued to increase in FY22 by 2%; \$1.9 Million) while service use decreased by 2.5% (533 service users).

- Residential Treatment Center (RTC) services accounted for 4.8% (\$28.0 million) of overall behavioral health expenditures and less than 1% (278) of service users. Since FY18, Residential Treatment Center (RTC) service use has decreased by 63% (FY18: 454; FY22: 278). This is most directly related to a reduction in bed capacity (operational beds) both loss of providers and loss of open beds relating to staff. Along with the decrease in service use, overall expenditures also decreased by 21%, while annual per person costs increased by 29% (\$22,826 per person increase). Between FY21 and FY22 overall expenditures remained relatively unchanged, but service use declined by 20% (71 individuals) and per person cost jumped by 26% (\$20,447 per person increase). The increase in per person costs is likely attributable to children and youth with more intensive behavioral health needs accessing the service, more service encounters and longer lengths of stay.
- Targeted Case Management (TCM) Services accounted for 1.9% (2,237) of child and young adult service recipients and 1.8% (\$10.3 million) of the overall expenditures at an annual per children and young adult cost of \$4,618. Between FY18 and FY22, TCM expenditures have more than doubled (FY18: \$5.0 million; FY22: \$10.3 million) along with annual per person costs (\$2,465 increase). This increase in expenditures has been largely driven by an increase in the frequency of use of level I and Level II TCM, while more intensive care management alternatives, level III TCM and 1915i Waiver services have remained low. More intensive Care Management alternatives, including TCM level III (147 service users) and § 1915(i) waiver services (34 service users) are utilized by less than 1% of children and youth. While expenditures have increased, overall service use has declined by 3.8% (FY18: 2,325; FY22: 2,237) over the same period. In FY22, both overall TCM expenditures and service use decreased by 3.2% (\$335,829 decrease) and 2.7% (88 users).

Service Use Disparities

- ***Gender and Age Disparities.*** Substantial gender differences in service utilization and expenditures were identified, evidenced largely among female youth aged 13 years and older and with the use of acute inpatient hospital treatment and emergency room services. Specifically, females 13 to 17 years old used inpatient hospital and emergency room services at twice the rate of males. Once admitted to an ER, females in this age group experienced substantially longer wait times compared to males for a final disposition. However, male service recipients were more likely to use intensive community based services including targeted case management services, RTC and PRP services compared to females.
- ***Racial and Ethnic Disparities.*** Service use and expenditures varied by race and ethnicity. Statewide, Non-Hispanic White children and young adults used services at a higher rate compared to Non-Hispanic Black individuals. Service utilization among Hispanic children and young adults increased by 70.4% from FY21 to FY22 (1,132 vs 1,929). This increase is significantly greater than what was seen overall (5.9%; 109,027 vs 115,465), and among Non-Hispanic White (6.0%; 31,866 vs 33,773) and

Non-Hispanic Black (5.1%; 42,534 vs 44,719) children and young adults during the same time period.

- ***Geographic Disparities.*** The report. MA eligibility of children and young adults ranged from a low of 25.6% (28,216 eligible) in Howard County to a high of 90.9% (162,559 eligible) in Baltimore City, while rates of service use among MA eligible individuals ranged from a low of 74 per 1,000 eligible in Prince George’s County to a high of 215 per 1,000 eligible in Somerset County, with a state average of 129 per 1,000 eligible. The highest service use rates were on the Eastern Shore in Somerset, Worcester, Dorchester and Kent Counties and in Baltimore City, while the lowest use rates were in the Capital region (Prince George’s and Montgomery Counties), Howard County and the Southern region, including Charles and St. Mary’s Counties. Generally, the use of PBHS services maps closely with Medicaid eligibility rates across the state with the highest use rates generally corresponding to those areas of the State with higher poverty and public assistance rates and higher numbers of at-risk children and families.

Psychiatric Inpatient use rates ranged from a low of 4.4 per 1,000 MA eligibles in Prince George’s County to a high of 12.1 per 1,000 in Cecil County and a State rate of 7.0 per 1,000. The highest use rates were in Cecil, Washington, Calvert, Kent and Allegany Counties, while Prince George’s, Garrett, Charles, and St. Mary’s Counties had the lowest use rates. The statewide Psychiatric Emergency Room use rates varied from 6.6 per 1,000 in Garrett County to 21.6 per 1,000 in Somerset County. Somerset, Kent, Allegany, Dorchester, and St. Mary’s Counties had the highest Psych ER use rates, while Garrett, Prince George’s, Montgomery, Howard and Charles Counties had the lowest rates.

Gaps in the Continuum of Behavioral Health Services

- ***Mobile Crisis Teams and Mobile Response Stabilization Services.*** In the past few years Maryland has made a commitment to build out an effective crisis system. A good, modern children’s crisis system is the most cost effective and efficient way to interrupt pathways to ERs while supporting youth to remain in their homes, schools, and communities. In Maryland, Mobile Response and Stabilization Services (MRSS) serves as an anchor for the crisis continuum by operating as a coordinated and individualized intervention to deescalate a family-defined crisis and address significant behavioral concerns in a community setting. This framework is designed to meet the youth and caregivers' sense of urgency when children and youth begin to demonstrate behavioral changes associated with the early phase of a crisis.

While the effort to create a comprehensive, statewide, 24/7 crisis resource has begun, in FY22, significant geographic and temporal gaps remained. As these services transition to the traditional fee for service model, claims data, consistent with the remainder of this report will be available to incorporate in future reports.

- ***Respite Services.*** In FY22 respite services were “scheduled” in home or out of home respite services. Although this service is well regarded and highly popular with families,

availability of this service has never been adequate to meet the demand. Respite services remain a notable gap in the children’s continuum of care. Provider capacity has continued to decline, in part because respite slots have typically been in unused congregate care (foster) system facilities. The opportunity presents to expand capacity and to reframe this service as more of an “on demand” overnight or other brief respite service, incorporated in and in support of a crisis stabilization intervention.

- ***Intensive Community-Based Services.*** The report findings revealed gaps in community based services for youth with higher intensity behavioral health needs, including intensive care coordination using a high fidelity Wraparound Services model, and evidence based intensive in-home based treatment interventions that are designed to support the family systems functioning, and to reduce the use of inpatient hospital and other out of home placements. These individualized plans of care with intensive services are designed to support children and youth remaining in their homes, schools and natural communities. While Psychiatric Rehabilitation Program (PRP) services were widely used and accounted for nearly one-in-five child and young adult service users, other community-based service alternatives such as targeted case management (care coordination to develop these intensive plans of care) and § 1915(i) Waiver services (the actual service interventions), which are designed to support children and youth with more intensive behavioral health needs, are much less frequently utilized in the PBHS. Targeted Case Management services were utilized by just 1.9% of all service users and accounted for 1.8% of total expenditures. More intensive Care Management alternatives, including TCM level III (147 service users) or § 1915(i) waiver services (34 service users) are utilized by less than 1% of children and youth.
- ***Substance Use Disorder Services.*** It is estimated that 6.9% of Maryland youth ages 12 to 17 years and 29.0% of young adults ages 18 to 25 are in need of substance-use treatment services, but not receiving care.⁴ This translates to approximately 32,295 youth (12 to 17 years) and 17,887 young adults (18 to 25 years) in need of substance use services. In FY22, just over one in every 10 (11.1%; 12,787) children and young adults received substance related treatment services in the PBHS system at a rate of 13.7 per 1,000 MA eligible individuals and accounted for just 5.1% (\$30.3 Million) of overall behavioral health expenditures. Young adults (18 to 25 years) accounted for the majority of service users (75%; 9,220) and of the overall expenditures (90%; \$27.1 Million), while youth 17 years and younger accounted for 25% (3,067) of the service users and only 10% (\$3,1 Million) of substance related expenditures. These findings point to a need for additional service and program capacity that specifically targets youth 12 to 17 years of age with a focus on evidence-supported substance abuse education, prevention, treatment and recovery services.

II. Methods and Limitations

⁴ Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021.

Population: This focus of this report is on children and young adults (ages birth to 25 years) who received services in the Maryland Public Behavioral Health System (PBHS) in Fiscal Year 2022 (July 1, 2021 to June 30, 2022). Individuals who are enrolled in Medicaid or who are uninsured are eligible for PBHS services.

Data Sources: All service count and expenditure data is obtained from PBHS Service Claims data that is obtained from the behavioral health Administrative Services Organization ASO (Optum). All data reflects paid claims for services occurring from July 1, 2021 through June 30, 2022 which were paid through the end of the following 12-month period (June 30, 2023). The demographic data obtained from Optum for this report includes: each service user's age category (0-6, 7-12, 13-17, 18-21, 21-25), Race/Ethnicity (Non-Hispanic Black, Asian, Non-Hispanic White, Hispanic, Native American, Pacific Islander, and Unknown), Gender (male, female), and Jurisdiction of residence. All Jurisdiction data provided in this report is based on the service user's place of residence and not based on location of services received. Medicaid eligibility data was obtained from Medicaid eligibility files. In this report, population estimates were obtained from the latest Maryland census estimates for July 1, 2022 based on the 2020 United States Census. Population estimates for each age range presented were created from the five-year age cohorts used in the census estimates by separating each age group into single-year age estimates. Service use rates used in this report was the number of service users per 1,000 Medicaid eligible population and were derived by dividing the FY22 service utilization counts by the Medicaid eligible population of children and young adults ages birth to 25 years for the state and each jurisdiction and then multiplying by 1,000.

Service User Count Totals: Service user counts are unduplicated within each overall service category and within each specific service category presented, however, because an individual may receive multiple services throughout the fiscal year, the sum of service categories is not equal to the overall service count. In addition, service users may reside in more than one jurisdiction over the course of the fiscal year, which may cause the sum of counts across jurisdictions for a given service to not be equal to the unduplicated count of service users for the service.

Privacy Protection and Personally Identifiable Information: Any service counts that are 10 or less are suppressed to protect individual privacy, and the data cell will appear as a blank gray box.

Small Service User Counts: It should be noted that some services highlighted in this report that are infrequently utilized have small user counts. These small counts can inflate percentages and potentially skew any perceived trends or disparities and should be interpreted with caution.

Unknown Race Category: When interpreting the race and ethnicity data present in this report, it is important to note that individuals for whom their Race/Ethnicity is unknown, represent a large (26.7%) portion of the population. This uncertainty in the data makes interpretations of the race/ethnicity trends and disparities more difficult and should be considered when viewing demographic trends throughout the report. The data for gender, age, and jurisdiction is significantly more complete and results can be interpreted with more confidence.

Gender Identity and Sexual Orientation: The data collected on Gender and Gender Identity is very limited with the current collection standards. Gender is limited to the male/female binary and does not include any other identity options. In addition, no information is collected on a person’s sexual orientation, so we are unable to examine the LGBTQIA+ population. This prevents us from identifying any potential disparities in care that may exist related to an individual’s Gender Identity or Sexual Orientation.

III. Introduction

In response to the Maryland Annotated Code, Health-General Article (HG) § 7.5–209 requires that BHA provides an annual report on behavioral health services provided to children (birth through 17 years) and young adults (18–25 years).⁵

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 equitable integrated and coordinated system of care that provides access to a wide array of behavioral health service options and recovery supports. The available service options range from ambulatory outpatient care for both mental health and substance use disorders, to mobile crisis response and stabilization services, sub-acute and intensive inpatient treatment, care coordination and other community support services including psychiatric residential treatment centers and family peer support. The goal of the system of care is to respond to the changing needs of these children and young adults and their families in all aspects of their lives in a timely and effective manner.

This report provides a high-level summary of the geographic and demographic distribution of child and young adult eligibility, utilization, and expenditure patterns for public behavioral health services in FY22. Fiscal Year 2022 spans July 1, 2021 through June 30, 2022. The report specifically focuses on behavioral health services provided in 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-based 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.

IV. Service Eligibility and Utilization

⁵ 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.

HG § 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. FY22 data is referenced in this report since it is the most recent complete set of data available. PBHS claims data is considered fully complete 12-months after the close of the Fiscal Year, since service providers have up to 12-months after the service is provided to submit service claims. However, most claims (greater than 80%) are submitted within three months.

A. Population Eligible for Public Behavioral Health System Services

HG § 7.5–209(b)(1)(i) requests data on the number and percentage of children and young adults who were “eligible for public behavioral health services” in FY22, 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 two million (1,958,005) children and young adults residing in Maryland in 2022. As a group, those in this age range (birth through 25 years) made up nearly one-third (31.8%) of the State’s overall population and 895,652 (45.7%) were eligible for PBHS services, a number that increased slightly by 1.4% in FY21, and increased by 5.6% in FY22 (FY17: 816,691; FY18: 836,457; FY19: 838,200; FY20: 835,716; FY21: 847,820; FY22: 895,652). Maryland’s overall youth and young adult population (ages 0-25) decreased by 0.6% between July 1, 2021 and July 1, 2022 (1,970,381 vs 1,958,005). The jurisdictions that saw the largest decrease were Somerset (3.4% decrease) and Allegany (3.3% decrease) Counties while the largest increases were seen in Frederick (2.6% increase) and Talbot (1.4% increase) Counties.

As shown in Table 1, Non-Hispanic Black children and young adults made up the largest segment of those eligible at 33.5%, followed by Non-Hispanic White children and young adults who accounted for 20.9% of those eligible for services. Females represented 50.7% of eligible children and young adults while males accounted for 49.3%. The number and percentage of children eligible for PBHS services decreased with each age group, with children ages birth through six accounting for just under one-third (30.4%; 272,551) of all the eligible children across the State, followed by individuals ages 7–12 (25.5%; 228,829), 13–17 (19.9%; 178,373), 18–21 (13.1%; 117,614), and 22–25 (11.0%; 98,285).

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 (18.1%; 162,559), and Baltimore (11.3%; 100,914), Montgomery (14.6%; 130,779), and Prince George’s (19.3%; 172,677) Counties. Together these counties accounted for nearly two-thirds (63.3%) of all PBHS eligible children and young adults (see Appendix, Table A1).

Table 1: Eligibility and Utilization of PBHS Services by Race and Gender, FY22

Race/Ethnicity	Total Number Eligible for PBHS Services ^a		Total Number Receiving PBHS Services ^b		Rate of Utilization per 1,000 Eligible ^c
	N	%	N	%	

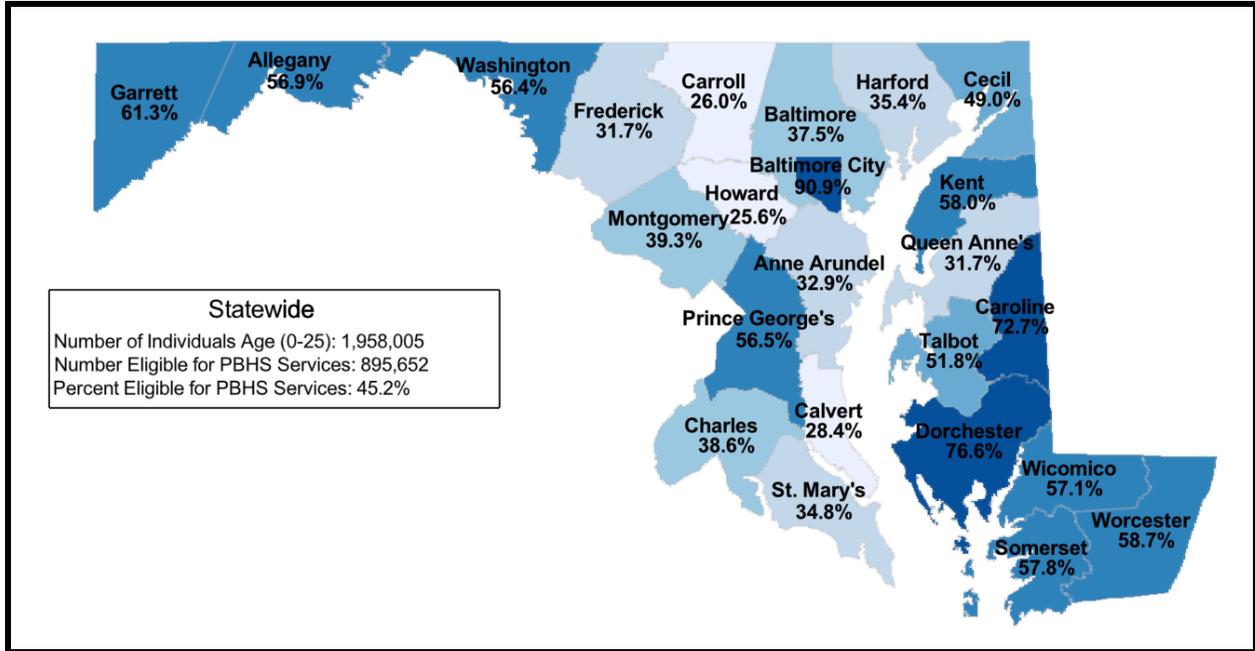
Non-Hispanic Black	300,354	33.5%	44,719	38.7%	148.9
Asian	46,260	5.2%	3,426	3.0%	74.1
Non-Hispanic White	186,984	20.9%	33,773	29.2%	180.6
Hispanic	31,153	3.5%	1,929	1.7%	61.9
Native American	3,930	0.4%	641	0.6%	163.1
Pacific Islander	1,948	0.2%	199	0.2%	102.2
Unknown	325,022	36.3%	30,778	26.7%	94.7
Total	895,652	100.0%	115,465	100.0%	128.9
Gender					
Female	454,042	50.7%	62,668	54.3%	138.0
Male	441,606	49.3%	52,795	45.7%	119.6
Total	895,652	100.0%	115,465	100.0%	128.9

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

Note: ^aThe number and percent by race/ethnicity and gender represent the total number of children and young adults within these groups that were PBHS eligible and the percentage accounted for by each race/ethnic and gender group. ^bThe number and percent columns here represent the percentage of children and young adults receiving care based on the statewide number of service recipients (N=115,465). ^cThe rate of utilization per 1,000 eligible represents the number of individuals who received PBHS services within each group divided by the total number of individuals eligible for PBHS services in that group.

While the largest number of eligible children and young adults resided in the four most populated jurisdictions, the percent of children and young adults who were MA eligible within each jurisdiction varied substantially across the state. As shown in Map 1, in FY22 PBHS eligibility rates ranged from a low of 25.6% in Howard to a high of 90.9% in Baltimore City while in FY21 it ranged from a low of 24.3% in Howard County to a high of 86.1% in Baltimore City. In addition to Baltimore City, eleven counties, including Dorchester (76.6%), Caroline (72.7%), Garrett (61.3%), Worcester (58.7%), Kent (58.0%), Somerset (57.8%), Wicomico (57.1%), Allegany (56.9%), Prince George's (56.5%), Washington (56.4%) and Talbot (51.8%) Counties, had Medicaid eligible children and young adults represent more than one-half of all children and young adults residing in the county. In comparison to FY21, in FY22 Calvert (28.4%), Carroll (26.0%), and Howard (25.6%) Counties had the lowest MA eligibility rates, while Baltimore City (90.9%), and Dorchester (76.6%), Caroline (72.7%), and Garrett (61.3%) Counties had the highest 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 Adults Eligible for PBHS Services, FY22



Data Source: Maryland medical assistance (Medicaid) eligibility data FY22, and United States Census data for July 1, 2022.

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

B. Utilization of Public Behavioral Health System 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:

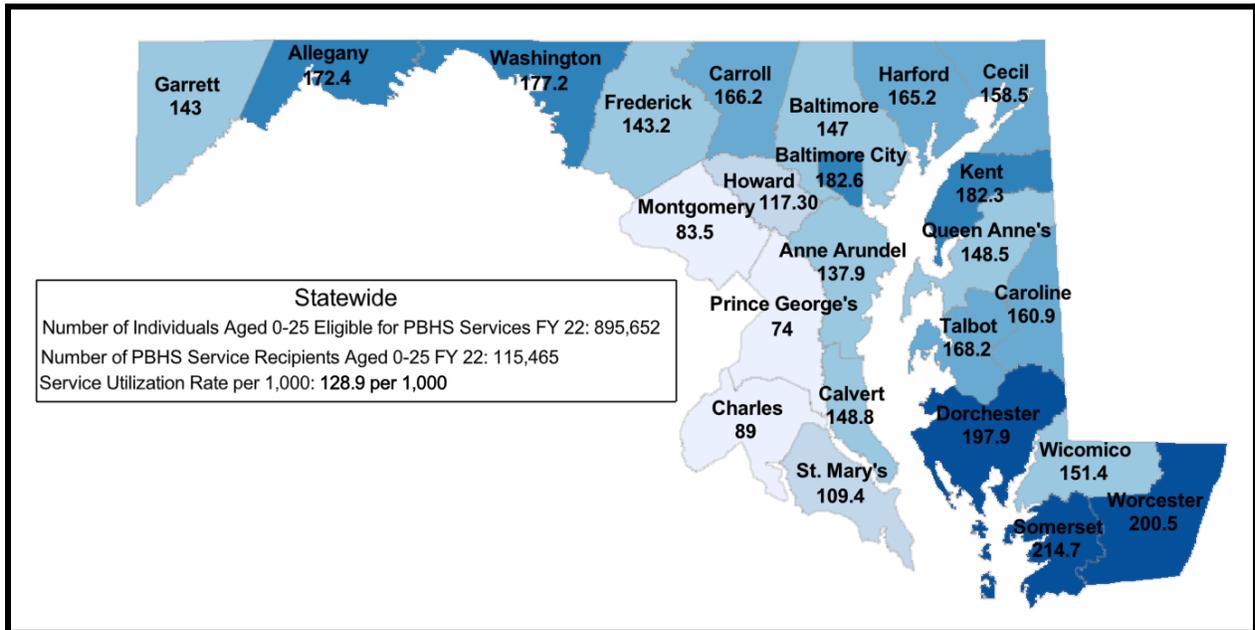
(1) an outpatient service; (2) an inpatient service; (3) an emergency room service; (4) an RTC service; (5) an intensive community service; and (6) a substance-related disorder program service.”

In FY22, a total of 115,465 children and young adults (12.9% of those who are MA eligible) received one or more behavioral health services within the PBHS system statewide. Of those children and young adults receiving PBHS services, 29.4% were between the ages of 13–17, followed by children ages 7–12 who made up 29.0% of service recipients. Younger children, from birth through six years, were the least likely to use behavioral health services, representing only 8.6% of service recipients, while service recipients who were young adults ages 18–21 and 22–25 years, each made up 16.6% and 16.4%, of service users, respectively. As seen in Table 1, Non-Hispanic Black (38.7%) and Non-Hispanic White (29.2%) children and young adults accounted for the majority of PBHS service recipients. Overall, females (54.3%) were more likely than males (45.7%) to utilize services. However, male service recipients were more common (55.7%) in the younger age groups (birth through 12 years), while females (60.3%) were more likely to use services after age 13 years. 59.1% of PBHS service recipients resided in four jurisdictions (Baltimore City, Baltimore County, Prince George’s County and Montgomery County). Baltimore City alone served over one-quarter (25.7%) of the total of children and young adult service recipients. In contrast, counties in the eastern shore region (Kent, Queen Anne’s and Talbot Counties) and in western Maryland (Garrett County) served the lowest overall

counts, with each jurisdiction serving less than 1,000 children and young adults in FY22. 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. Despite these low counts, all of the jurisdictions with counts under 1,000, had service utilization rates above the state average (see Appendix, Table A2).

Statewide, 128.9 in every 1,000 children and young adults who were Medicaid eligible used PBHS services in FY22. As shown in Map 2, rates of PBHS service use varied substantially across the State, ranging from a high of 214.7 per 1,000 eligible in Somerset County to a low of 74.0 per 1,000 eligible in Prince George’s County. These jurisdictions also represented the areas with the highest and lowest rates of utilization in FY20 and FY21. The jurisdictions with the highest service utilization rates included Somerset (214.7 per 1,000), Worcester (200.5 per 1,000) and Dorchester (197.9 per 1,000) Counties, while Prince George’s (74.0 per 1,000) and Montgomery (83.5 per 1,000) Counties recorded the lowest service use rates. All jurisdictions, except Charles, Howard, Montgomery, Prince George’s and St. Mary’s Counties had PBHS service use rates that were higher than the state average of 128.9 per 1,000 eligible. Three of these 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 increased slightly in FY22 (128.9 per 1,000) compared to FY21 (128.6 per 1,000).

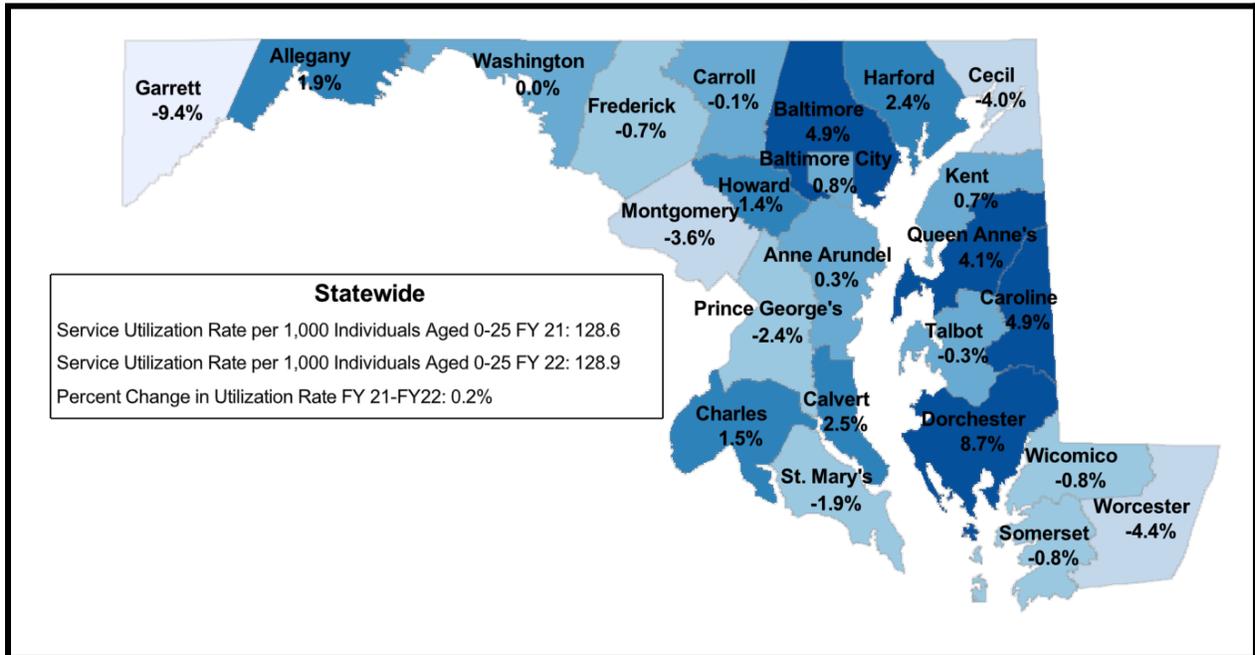
Map 2: PBHS Service Utilization Rates per 1,000 Eligible, FY22



Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

Between FY21 and FY22, the rate of PBHS service use increased by 0.2%. As shown in Map 3, the overall change in utilization rates ranged from a decrease of 9.4% in Garrett County to an increase of 8.7% in Dorchester County. Service utilization rates declined in 10 of the 24 jurisdictions between FY21 and FY22. In addition to Garrett County, utilization rates declined in Worcester (-4.4%), Cecil (-4.0%), Montgomery (-3.6%), Prince George’s (-2.4%), St. Mary’s (-1.9%), Somerset (-0.8%), Wicomico (-0.8%), Frederick (-0.7%), and Talbot (-0.3%) Counties.

Map 3: Percent Change in PBHS Service Utilization Rates per 1,000 Eligible, FY21–FY22



Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

Table 2 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 (4.5%) of children and young adults who were eligible, received at least one of the selected PBHS services presented in Table 2. Recipients of these selected services accounted for 35.3% of all child and young adult PBHS service recipients, a 4.1% decrease from FY21. Among those receiving services, 9.5% had a psychiatric related emergency room visit, while 5.4% were hospitalized for psychiatric reasons. These percentages closely mirror FY21 utilization percentages. Residential treatment center services were utilized by 278 children and young adults, a decrease of 20.3% compared to FY21’s count of 349, and represented less than one percent of the total child and young adult service recipients in FY22.

Outpatient psychiatric treatment services was the most frequently used service category with 109,063 users and represented 94.5% of all child and young adult service recipients. Among the selected intensive community-based services, psychiatric rehabilitation was the most frequently used, with 18.0% of children and young adults utilizing this service, while the next largest service was targeted case management, which was used by just 1.9% of service recipients. Among the selected intensive community based 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 2.

Table 2: Number and Percent of Selected PBHS Services, FY22

	Age Group*	
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Selected PBHS Services	Birth to 6		7 to 12		13 to 17		18 to 21		22 to 25		Service Category Total ^b	
	N	%	N	%	N	%	N	%	N	%	N	% of State Total
Inpatient Psychiatric Hospitalization	49	0.8%	951	15.2%	2,321	37.0%	1,461	23.3%	1,485	23.7%	6,267	5.4%
Psychiatric Emergency Room	166	1.5%	1,892	17.3%	4,022	36.8%	2,467	22.6%	2,378	21.8%	10,925	9.5%
Residential Treatment Center			95	34.2%	174	62.6%					278	0.2%
Intensive Community Based Services												
Targeted Case Management	149	6.7%	883	39.5%	854	38.2%	188	8.4%	163	7.3%	2,237	1.9%
Respite Care	13	5.8%	112	49.6%	100	44.2%					226	0.2%
§ 1915(i) Waiver Services			11	31.4%	24	68.6%					35	0.03%
Psychiatric Rehabilitation	1,207	5.8%	8,444	40.7%	6,698	32.3%	2,247	10.8%	2,146	10.3%	20,742	18.0%
All Selected PBHS Services ^c	1,584	1.4%	12,388	10.7%	14,193	12.3%	6,373	5.5%	6,172	5.3%	40,710	35.3%
All PBHS Services	9,935	8.6%	33,462	29.0%	33,941	29.4%	19,204	16.6%	18,923	16.4%	115,465	100.0%

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

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=40,710). ^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 FY22, a total of 109,063 children and young adult recipients of PBHS service received one or more outpatient behavioral health services, accounting for 94.5% 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 29.7% of outpatient recipients were 7 to 12 years, and 29.7% were between 13 and 17 years old. Taken together, these age groups accounted for roughly 60.0% of all outpatient service recipients. As seen in Table 3, children and young adults using behavioral health outpatient services were slightly more likely to be female (54.1%) than male (45.9%) and more than one-third (38.3%) were Non-Hispanic Black, followed by Non-Hispanic White (29.7%).

Table 3: Outpatient Behavioral Health Services by Race and Gender, FY22

Race/Ethnicity	Total Number Receiving Outpatient Behavioral Health Services ^a		Rate of Utilization per 1,000 Eligible ^b	Expenditures	
	N	%		Total	Per Child/Young Adult
Non-Hispanic Black	41,713	38.3%	138.9	\$113,380,563	\$2,756

Asian	3,227	3.0%	69.8	\$7,418,640	\$2,346
Non-Hispanic White	32,432	29.7%	173.4	\$82,912,464	\$2,595
Hispanic	1,837	1.7%	59.0	\$5,665,953	\$3,094
Native American	609	0.6%	155.0	\$1,689,904	\$2,821
Pacific Islander	190	0.2%	97.5	\$409,626	\$2,202
Unknown	29,055	26.6%	89.4	\$73,312,365	\$2,557
Total	109,063	100.0%	121.8	\$284,789,515	\$2,648
Gender					
Female	59,042	54.1%	130.0	\$152,544,254	\$2,625
Male	50,020	45.9%	113.3	\$132,244,331	\$2,676
Total	109,063	100.0%	121.8	\$284,789,515	\$2,648

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

Note: ^aThe number and percent by race/ethnicity and gender represent the total number of children and young adults within these groups receiving outpatient behavioral health services and the percentage accounted for by each race/ethnic and gender group. ^bThe rate of utilization per 1,000 eligible represents the number of individuals who received outpatient behavioral health services within each group divided by the total number of individuals eligible for PBHS services in that group.

Statewide, 122 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 130 per 1,000 eligible compared to 113 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 139 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 155 per 1,000 eligible individuals, which is the second largest rate, and Hispanics who made up 1.7% of service users had a rate of 59 per 1,000 PBHS eligible individuals. Prince George's County (6,365) has the largest population of Native American youth and young adults, followed by Montgomery County (4,343), and Baltimore County (2,004).

Table 4: Outpatient Behavioral Health Services by Gender and Age, FY22

Gender	Age Group ^a										Gender Total ^b	
	Birth to 6		7 to 12		13 to 17		18 to 21		22 to 25			
	N	%	N	%	N	%	N	%	N	%	N	% of State Total
Female	3,650	37.3%	15,085	46.5%	18,652	57.5%	11,015	62.6%	10,640	63.3%	59,042	54.1%
Male	6,134	62.7%	17,355	53.5%	13,790	42.5%	6,585	37.4%	6,156	36.6%	50,020	45.9%
Total	9,784	9.0%	32,440	29.7%	32,442	29.7%	17,600	16.1%	16,797	15.4%	109,063	100.0%

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

Note: ^aThe number and percent by age group represent the total number of children and young adults within each age group that received outpatient behavioral health services and the percentage accounted for by each age group. ^bThe total number and percent represents the number of individuals within each gender group who received outpatient behavioral health services divided by the total number of individuals who received outpatient behavioral health service.

Outpatient behavioral health service use rates varied widely across the State, ranging from a low of 70 per 1,000 PBHS eligible in Prince George's County to a high of 209 per 1,000 eligible in Somerset County. Worcester County (195 per 1,000), Dorchester County (191 per 1,000), and Kent County (178 per 1,000) had the next highest use rates, while Montgomery (80 per 1,000),

and Charles (83 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 (121.8 per 1,000) (see Appendix, Table A3).

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 FY22, a total of 6,267 children and young adult recipients of PBHS services had one or more psychiatric related hospitalizations, accounting for 5.4% of all child and young adult service recipients, a 5.5% increase in utilization from FY21 (5,940). Individuals using this service were more likely to be older, as 37.0% (2,321) of inpatient recipients were 13–17 years, and 47.0% (2,946) were between 18 and 25 years old. Together, these age groups accounted for 84.0% (5,267) of all inpatient service recipients. Children and young adults using inpatient psychiatric hospitalization services were more likely to be female (58.5%; 3,667) than male (41.5%; 2,600) and more than one-third (35.9%; 2,247) were Non-Hispanic Black.

Table 5: Inpatient Psychiatric Hospital Services by Race and Gender, FY22

Race/Ethnicity	Total Number Receiving Inpatient Behavioral Health Services ^a		Rate of Utilization per 1,000 Eligible ^b	Expenditures	
	N	%		Total	Per Child/Young Adult
Non-Hispanic Black	2,247	35.9%	7.5	\$44,605,473	\$20,461
Asian	230	3.7%	5.0	\$3,526,359	\$15,813
Non-Hispanic White	1,827	29.2%	9.8	\$34,108,965	\$19,271
Hispanic	104	1.7%	3.3	\$1,621,451	\$15,591
Native American	32	0.5%	8.1	\$496,798	\$15,525
Pacific Islander			4.6	\$107,375	\$11,931
Unknown	1,818	29.0%	5.6	\$31,218,437	\$17,911
Total	6,267	100.0%	7.0	\$115,684,857	\$19,087
Gender					
Female	3,667	58.5%	8.1	\$62,873,949	\$17,646
Male	2,600	41.5%	5.9	\$52,810,908	\$21,141
Total	6,267	100.0%	7.0	\$115,684,857	\$19,087

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

Note: The category of unknown is included to reflect counts of children and young adults whose race/ethnicity is unknown. ^aThe number and percent by race/ethnicity and gender represent the total number of children and young adults within these groups receiving inpatient psychiatric hospital services and the percentage accounted for by each race/ethnic and gender group. ^bThe rate of utilization per 1,000 eligible represents the number of individuals who received inpatient psychiatric hospital services within each group divided by the total number of individuals eligible for PBHS services in that group.

Statewide, approximately 7 children and young adults out of every 1,000 PBHS eligible individuals utilized inpatient psychiatric hospital services. As seen in Table 6, females used inpatient hospital services at a rate of 8 per 1,000 eligible compared to 6 per 1,000 eligible males. Non-Hispanic White children and young adults used inpatient services at a rate of 9.8 per 1,000

compared to 7.5 per 1,000 eligible Non-Hispanic Black children and young adults. Native Americans, who made up 0.5% of service recipients, had a utilization rate of 8.1 per 1,000 eligible, which is the second largest rate. These trends are similar to what was seen in FY21.

Table 6: Inpatient Psychiatric Hospital Services by Gender and Age, FY22

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
	N	%	N	%	N	%	N	%	N	%		
Female			553	58.1%	1,538	66.3%	829	56.7%	739	49.8%	3,667	58.5%
Male	41	83.7%	398	41.9%	783	33.7%	632	43.3%	746	50.2%	2,600	41.5%
Total	49	0.8%	951	15.2%	2,321	37.0%	1,461	23.3%	1,485	23.7%	6,267	100.0%

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

Note: ^aThe number and percent by age group represent the total number of children and young adults within each age group that received inpatient psychiatric hospital services and the percentage accounted for by each age group. ^bThe total number and percent represents the number of individuals within each gender group who received inpatient psychiatric hospital services divided by the total number of individuals who received inpatient psychiatric hospital service.

Inpatient service use rates varied widely across the State, ranging from a low of 4.4 per 1,000 PBHS eligible in Prince George’s County to a high of 12.1 per 1,000 eligible in Cecil County. Cecil (12.1 per 1,000), Washington (10.2 per 1,000), and Calvert (9.5 per 1,000) Counties had the highest use rates, while Prince George’s (4.4 per 1,000), Garrett (5.0 per 1,000), and Charles (5.9 per 1,000) Counties had the lowest use rates. Over one-half (15 out of 24) of all jurisdictions had inpatient utilization rates above the state average (7.0 per 1,000) (see Appendix, Table A4). Females (1,538; 66.3%) aged 13–17 years old were almost twice as likely to use Inpatient Psychiatric Hospital Services than their male counterparts (783; 33.7%).

3. Psychiatric Emergency Room Services

Nearly one in ten (9.5%) child and young adult service recipients had one or more psychiatric emergency room visits in FY22, which is a similar rate to FY21. Emergency room services were most frequently used by children ages 13–17 years (36.8%) followed by young adults ages 18–21 years (22.6%) and 22–25 (21.8%). Service use increased for service users in the 13–17 years age group by over 27% between FY21 and FY22. Overall, children and young adults ages 13 and older accounted for more than three quarters (81.2%) 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 (24 per 1,000 eligible), while children ages six and under had the lowest utilization rate (<1 per 1,000 eligible).

Table 7: Psychiatric Emergency Room Services by Race and Gender, FY22

Race/Ethnicity	Total Number Receiving Psychiatric Emergency Room Services ^a		Rate of Utilization per 1,000 Eligible ^b	Expenditures	
	N	%		Total	Per Child/Young

					Adult
Non-Hispanic Black	4,190	38.4%	14.0	\$5,310,657	\$1,302
Asian	338	3.1%	7.3	\$323,557	\$986
Non-Hispanic White	3,119	28.6%	16.7	\$3,445,060	\$1,140
Hispanic	171	1.6%	5.5	\$218,710	\$1,287
Native American	62	0.6%	15.8	\$103,325	\$1,694
Pacific Islander	18	0.2%	9.2	\$16,923	\$995
Unknown	3,027	27.7%	9.3	\$3,618,263	\$1,236
Total	10,925	100.0%	12.2	\$13,036,495	\$1,229
Gender					
Female	6,298	57.7%	13.9	\$7,414,152	\$1,211
Male	4,627	42.4%	10.5	\$5,622,343	\$1,255
Total	10,925	100.0%	12.2	\$13,036,495	\$1,229

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

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

^aThe number and percent by race/ethnicity and gender represent the total number of children and young adults within these groups receiving psychiatric emergency room services and the percentage accounted for by each race/ethnic and gender group. ^bThe rate of utilization per 1,000 eligible represents the number of individuals who received psychiatric ER services within each group divided by the total number of individuals eligible for PBHS services in that group.

As seen in Table 7, Emergency room recipients were more likely to be female (57.7%) than male (42.4%) and more likely to be Non-Hispanic Black (38.4%) than Non-Hispanic White (28.6%). Female children and young adults used emergency room services at a rate of 14 per 1,000 eligible compared to males who used services at a rate of 11 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 (17 per 1,000 eligible versus 14 per 1,000 eligible).

Table 8: Psychiatric Emergency Room Services by Gender and Age, FY22

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
	N	%	N	%	N	%	N	%	N	%		
Female	44	26.5%	1,051	55.5%	2,567	63.8%	1,373	55.7%	1,263	53.1%	6,298	57.7%
Male	122	73.5%	841	44.5%	1,455	36.2%	1,094	44.3%	1,115	46.9%	4,627	42.4%
Total	166	1.5%	1,892	17.3%	4,022	36.8%	2,467	22.6%	2,378	21.8%	10,925	100.0%

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

Note: ^aThe number and percent by age group represent the total number of children and young adults within each age group that received psychiatric ER services and the percentage accounted for by each age group. ^bThe total number and percent represents the number of individuals within each gender group who received psychiatric ER services divided by the total number of individuals who received psychiatric ER service.

Utilization of emergency room services varied across the State, with an average of 12.2 per 1,000 PBHS eligible children and young adults utilizing emergency room services, compared to 11.7 in FY21 reflecting a 4.3 percent increase. Three jurisdictions, Somerset (21.6 per 1,000 eligible), Allegany (20.7 per 1,000) and Kent (20.1 per 1,000) Counties, had rates well above the state

average of 12.2 per 1,000 eligible, while the lowest rates were in Garrett (6.6 per 1,000), Prince George’s (6.7 per 1,000), and Montgomery (9.0 per 1,000) Counties (see Appendix, Table A5). Children and Young Adult emergency room service recipients were more likely to be female (6,298; 57.7%) than male (4,627; 42.4%). Females accounted for the largest emergency room service use in all child and young adult age groups with the exception of those aged birth to 6 years old.

4. Residential Treatment Centers (RTCs)

In FY22, six residential treatment centers, including two state-operated Regional Institutes for Children and Adolescents (RICAs), provided mental health treatment services to children and young adults with serious emotional and behavioral challenges across the State. These facilities are located in three jurisdictions: Baltimore City (3), Baltimore County (2), and Montgomery County (1).

Table 9: Residential Treatment Services by Race and Gender, FY22

Race/Ethnicity	Total Number Receiving Residential Treatment Services ^a		Rate of Utilization per 1,000 Eligible ^b	Expenditures	
	N	%		Total	Per Child/ Young Adult
Non-Hispanic Black	122	43.9%	0.4	\$12,405,920	\$101,688
Asian			0.1	\$360,851	\$90,213
Non-Hispanic White	107	38.5%	0.6	\$10,722,005	\$100,206
Unknown	45	16.2%	0.1	\$4,469,369	\$99,319
Total	278	100.0%	0.3	\$27,958,145	\$100,569
Gender					
Female	87	31.3%	0.2	\$8,766,184	\$100,761
Male	191	68.7%	0.4	\$19,191,962	\$100,481
Total	278	100.0%	0.3	\$27,958,145	\$100,569

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

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

^aThe number and percent by race/ethnicity and gender represent the total number of children and young adults within these groups receiving residential treatment services and the percentage accounted for by each race/ethnic and gender group. ^bThe rate of utilization per 1,000 eligible represents the number of individuals who received residential treatment services within each group divided by the total number of individuals eligible for PBHS services in that group.

In FY22, 278 children and young adults were treated in community RTCs, a 20.3% decrease from 349 in FY21. The vast majority (93.2%) of RTC recipients resided in Baltimore City (51.8%) and Baltimore County (41.4%). Males were more likely to use RTC services (68.7%) and had higher utilization rates (0.4 per 1000 versus 0.2 per 1,000) compared to females. As seen in Table 9, Individual service recipients were also more likely to be Non-Hispanic Black (43.9%), even though utilization rates were similarly distributed between Non-Hispanic Black (0.4 per 1,000 eligible) and Non-Hispanic White recipients (0.6 per 1,000 eligible). Nearly two-thirds (62.6%) of all RTC recipients were between the ages of 13–17 years, while 34.2% were 12 years or younger.

Table 10: Residential Treatment Services by Gender and Age, FY22

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
	N	%	N	%	N	%	N	%	N	%		
Female			33	34.7%	53	30.5%					87	31.3%
Male			62	65.3%	121	69.5%					191	68.7%
Total			95	34.2%	174	62.6%					278	100.0%

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

Note: The number and percent by age group represent the total number of children and young adults within each age group that received residential treatment services and the percentage accounted for by each age group. ^bThe total number and percent represents the number of individuals within each gender group who received residential treatment services divided by the total number of individuals who received residential treatment service.

The statewide utilization of RTC services was relatively low at 0.31 per 1,000 eligible children and young adults. Statewide, use rates ranged from 0.03 per 1,000 in Frederick County to 1.14 per 1,000 in Baltimore County. Four jurisdictions, including Baltimore City (0.89 per 1,000 eligible), Baltimore (1.14 per 1,000 eligible), Kent (0.66 per 1,000 eligible), and Queen Anne’s (0.63 per 1,000 eligible) counties, had use rates at least twice the state average (0.31 per 1,000 eligible) (see Appendix, Table A6).

In addition, 56 children and young adults received services in Regional Institutes for Children and Adolescents (RICA) facilities during FY22. Of those receiving RICA services, 62.5% were treated in the Baltimore County facility and the remaining 37.5% were treated in the Montgomery County facility. Service use increased by 29.6% (27 to 35 service users) between FY21 to FY22 in the Baltimore County facility and stayed relatively the same in the Montgomery 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.

5. Intensive Community Based Services

The Maryland PBHS provides a number of community-based service alternatives that target children and young adults with more intensive behavioral health challenges across the State, including (a) targeted case management, (b) psychiatric rehabilitation, (c) § 1915(i) waiver services, and (d) respite care services.

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 twelve 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.

Table 11: Targeted Case Management Services by Race and Gender, FY22

Race/Ethnicity	Total Number Receiving Targeted Case Management Services ^a		Rate of Utilization per 1,000 Eligible ^b	Expenditures	
	N	%		Total	Per Child/ Young Adult
Non-Hispanic Black	798	35.7%	2.7	\$3,846,508	\$4,820
Asian	29	1.3%	0.6	\$93,421	\$3,221
Non-Hispanic White	880	39.3%	4.7	\$4,053,107	\$4,606
Hispanic	10	0.4%	0.3	\$50,972	\$5,097
Native American	13	0.6%	3.3	\$44,953	\$3,458
Pacific Islander			2.6	\$28,212	\$5,642
Unknown	502	22.4%	1.5	\$2,212,233	\$4,407
Total	2,237	100.0%	2.5	\$10,329,406	\$4,618
Gender					
Female	945	42.2%	2.1	\$4,280,854	\$4,530
Male	1,292	57.8%	2.9	\$6,048,552	\$4,682
Total	2,237	100.0%	2.5	\$10,329,406	\$4,618

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

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

^aThe number and percent by race/ethnicity and gender represent the total number of children and young adults within these groups receiving targeted case management services and the percentage accounted for by each race/ethnic and gender group. ^bThe rate of utilization per 1,000 eligible represents the number of individuals who received targeted case management services within each group divided by the total number of individuals eligible for PBHS services in that group.

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 11 and 12 display the use of targeted case management services among children and young adult recipients of PBHS services in FY22.

Table 12: Targeted Case Management Services by Gender and Age, FY22

Gender	Age Group ^a										Gender Total ^b	
	Birth to 6		7 to 12		13 to 17		18 to 21		22 to 25			
	N	%	N	%	N	%	N	%	N	%	N	% of State Total
Female	49	32.9%	327	37.0%	358	41.9%	110	58.5%	101	62.0%	945	42.2%
Male	100	67.1%	556	63.0%	496	58.1%	78	41.5%	62	38.0%	1,292	57.8%
Total	149	6.7%	883	39.5%	854	38.2%	188	8.4%	163	7.3%	2,237	100.0%

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

Note: The number and percent by age group represent the total number of children and young adults within each age group that received targeted case management services and the percentage accounted for by each age group. ^bThe total number and percent represents the number of individuals within each gender group who received targeted case management services divided by the total number of individuals who received targeted case management service.

Just under two percent (2,237) of child and young adult recipients of PBHS services utilized TCM services in FY22, a rate similar to FY21. The vast majority (92.4%) of service recipients ages birth to 21 years received either level I (37.7%, 730) or Level II (54.6%, 1,057) TCM with only 7.6% (147) using more intensive Level III services. Most case management recipients (77.7%) were between the ages of 7 and 17, and were overall more likely to be male (57.8%) reflecting a utilization rate of 2.9 per 1,000, compared to 2.1 per 1,000 for females. As seen in Table 11, use was more common in Non-Hispanic White (39.3%) children and young adults compared to Non-Hispanic Black (35.7%) individuals. Non-Hispanic White individuals used TCM services at nearly twice the rate (4.7 per 1,000 eligible) compared to Non-Hispanic Black children and young adults who had a utilization rate of 2.7 per 1,000 eligible.

Statewide, 2.5 per 1,000 eligible children and young adults used TCM services in FY22. Use rates varied substantially across the state, ranging from a low of 0.3 per 1,000 eligible in Montgomery and Prince George’s Counties to a high of 16.5 per 1,000 eligible in Washington County. In addition to Washington County, six jurisdictions, including Caroline (11.2 per 1,000 eligible), Dorchester (12.4 per 1,000 eligible), Somerset (12.2 per 1,000 eligible), Talbot (9.6 per 1,000 eligible), Washington (16.5 per 1,000 eligible), and Wicomico (8.5 per 1,000 eligible) Counties, had use rates more than three times the state average (see Appendix, Table A7).

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 more restrictive, 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. In the Appendix, Table A8 displays the use of respite care services among children and young adult recipients of PBHS services in FY22.

Table 13: Respite Care Services by Race and Gender, FY22

Race/Ethnicity	Total Number Receiving Respite Care Services ^a		Rate of Utilization per 1,000 Eligible ^b	Expenditures	
	N	%		Total	Per Child/ Young Adult
Non-Hispanic Black	83	36.7%	0.3	\$171,353	\$2,064
Asian			0.0	\$674	\$337
Non-Hispanic White	94	41.6%	0.5	\$235,446	\$2,505
Hispanic			0.1	\$9,444	\$4,722

Native American			0.3	\$1,174	\$1,174
Unknown	44	19.5%	0.1	\$144,065	\$3,274
Total	226	100.0%	0.3	\$562,157	\$2,487
Gender					
Female	84	37.2%	0.2	\$222,175	\$2,645
Male	142	62.8%	0.3	\$339,982	\$2,394
Total	226	100.0%	0.3	\$562,157	\$2,487

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

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

^aThe number and percent by race/ethnicity and gender represent the total number of children and young adults within these groups receiving respite care services and the percentage accounted for by each race/ethnic and gender group. ^bThe rate of utilization per 1,000 eligible represents the number of individuals who received respite care services within each group divided by the total number of individuals eligible for PBHS services in that group.

In FY22, a total of 226 children and young adults received respite care services statewide, representing less than one percent of all child and young adult PBHS service recipients. The FY22 total of respite care service recipients reflect a 22% decrease in respite care use compared to FY21 (290). This was due in part to a number of closures of respite care facilities. Nearly one-half (49.6%) of all respite recipients were between the ages of 7–12, closely followed by children ages 13–17 (44.2%). These two age groups account for 93.8% of all service users. As seen in Table 13, respite care recipients were also more likely to be male (62.8%), and were more frequently used by Non-Hispanic White compared to Non-Hispanic Black children and young adults who accounted for 41.6% and 36.7% of respite service recipients, respectively. Respite care rates were higher for males (0.3 per 1,000 eligible) compared to females (0.2 per 1,000 eligible) and rates are greater in Non-Hispanic White (0.5 per 1,000 eligible) compared to Non-Hispanic Black children (0.3 per 1,000 eligible).

Table 14: Respite Care Services by Gender and Age, FY22

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
	N	%	N	%	N	%	N	%	N	%		
Female			42	37.5%	35	35.0%					84	37.2%
Male			70	62.5%	65	65.0%					142	62.8%
Total	13	5.8%	112	49.6%	100	44.2%					226	100.0%

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

Note: The number and percent by age group represent the total number of children and young adults within each age group that received respite care services and the percentage accounted for by each age group. ^bThe total number and percent represents the number of individuals within each gender group who received respite care services divided by the total number of individuals who received respite care service.

Respite care services were provided statewide, however one-fifth of service recipients resided in Wicomico County (21.2%) and Frederick County (20.8%). During this period, no child or young adult received respite services in six jurisdictions, including Allegany, Calvert, Charles, Howard, Kent, and St. Mary's Counties (see Appendix, Table A8).

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 FY22 a total of 35 children and young adults were enrolled in § 1915(i) waiver services, which is one child more than the FY21 total of 34. More than half (68.5%) of service recipients were aged 13–17 years old, and either White (51.6%) or African American (48.3%). No significant findings between genders were identified.

Table 15: § 1915(i) Waiver Services by Race and Gender, FY22

Race/Ethnicity	Total Number Receiving § 1915(i) Waiver Services ^a		Rate of Utilization per 1,000 Eligible ^b	Expenditures	
	N	%		Total	Per Child/Young Adult
Non-Hispanic Black	15	42.9%	0.05	\$36,258	\$2,417
Non-Hispanic White	16	45.7%	0.09	\$64,382	\$4,024
Unknown			0.01	\$27,414	\$6,854
Total	35	100.0%	0.04	\$128,054	\$3,659
Gender					
Female	17	48.6%	0.04	\$60,570	\$3,563
Male	18	51.4%	0.04	\$67,484	\$3,749
Total	35	100.0%	0.04	\$128,054	\$3,659

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

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

^aThe number and percent by race/ethnicity and gender represent the total number of children and young adults within these groups receiving 1915(i) waiver services and the percentage accounted for by each race/ethnic and gender group. ^bThe rate of utilization per 1,000 eligible represents the number of individuals who received 1915(i) waiver services within each group divided by the total number of individuals eligible for PBHS services in that group.

d. Psychiatric Rehabilitation Program Services (PRP)

Psychiatric rehabilitation program (PRP) services provide rehabilitation and support services for children and young adults to aid in the development and enhancement of their independent living skills. In FY22, there were 20,742 child and young adult recipients of PBHS services who received PRP services statewide, a decrease of 2.5% compared to FY21 (21,275). More than two in five (40.7%) of child and young adult PRP recipients were between the ages of 7 and 12, and nearly one-third (32.3%) were 13–17 years. As seen in Table 16, males accounted for 51.7% and more than one-half (58.6%) were Non-Hispanic Black, while only 16.2% of service users were Non-Hispanic White. Nearly a quarter (21.4%; 4,448) of service recipients with an unknown race received PRP services in FY22 suggesting a need for further investigation.

Service Use rates for PRP were higher in males (24.3 per 1,000 eligible) compared to females (22.1 per 1,000 eligible) and Non-Hispanic Blacks (40.5 per 1,000 eligible) had substantially higher rates compared to Non-Hispanic White children and young adults (18.0 per 1,000 eligible). Nearly one-half (45.6%) of PRP recipients resided in Baltimore City, which also had

the highest utilization rate of 58.2 per 1,000 eligible. Utilization rates varied from a low of 5.7 per 1,000 eligible children and young adults in Queen Anne’s County to a high of 58.2 per 1,000 in Baltimore City. PRP use rates in Baltimore City were more than double the state average of 23.2 per 1,000 eligible, followed by Somerset County (33.2 per 1,000 eligible), and Dorchester County (30.5 per 1,000 eligible). The lowest service use rates were in Queen Anne’s (5.7 per 1,000 eligible), St. Mary’s (6.8 per 1,000 eligible), Calvert (7.2 per 1,000 eligible), and Montgomery (7.3 per 1,000 eligible) Counties (see Appendix, Table A9).

Table 16: Psychiatric Rehabilitation Services by Race and Gender, FY22

Race/Ethnicity	Total Number Receiving Psychiatric Rehabilitation Services ^a		Rate of Utilization per 1,000 Eligible ^b	Expenditures	
	N	%		Total	Per Child/Young Adult
Non-Hispanic Black	12,162	58.6%	40.5	\$58,163,984	\$4,782
Asian	429	2.1%	9.3	\$2,241,305	\$5,224
Non-Hispanic White	3,363	16.2%	18.0	\$14,850,648	\$4,416
Hispanic	239	1.2%	7.7	\$943,513	\$3,948
Native American	77	0.4%	19.6	\$343,055	\$4,455
Pacific Islander	24	0.1%	12.3	\$82,150	\$3,423
Unknown	4,448	21.4%	13.7	\$19,401,524	\$4,362
Total	20,742	100.0%	23.2	\$96,026,179	\$4,630
Gender					
Female	10,015	48.3%	22.1	\$46,066,932	\$4,600
Male	10,726	51.7%	24.3	\$49,958,187	\$4,658
Total	20,742	100.0%	23.2	\$96,026,179	\$4,630

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

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

^aThe number and percent by race/ethnicity and gender represent the total number of children and young adults within these groups receiving psychiatric rehabilitation services and the percentage accounted for by each race/ethnic and gender group. ^bThe rate of utilization per 1,000 eligible represents the number of individuals who received psychiatric rehabilitation services within each group divided by the total number of individuals eligible for PBHS services in that group.

Table 17: Psychiatric Rehabilitation Services by Gender and Age, FY22

Gender	Age Group ^a										Gender Total ^b	
	Birth to 6		7 to 12		13 to 17		18 to 21		22 to 25			
	N	%	N	%	N	%	N	%	N	%	N	% of State Total
Female	484	40.1%	3,603	42.7%	3,252	48.6%	1,324	58.9%	1,352	63.0%	10,015	48.3%
Male	723	59.9%	4,841	57.3%	3,446	51.4%	922	41.0%	794	37.0%	10,726	51.7%
Total	1,207	6.0%	8,444	41.0%	6,698	32.0%	2,247	11.0%	2,146	10.0%	20,742	100.0%

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

Note: The number and percent by age group represent the total number of children and young adults within each age group that received psychiatric rehabilitation services and the percentage accounted for by each age group. ^bThe total number and percent represents the number of individuals within each gender group who received psychiatric rehabilitation services divided by the total number of individuals who received psychiatric rehabilitation service

6. Substance Related Disorders Program Services

The Public Behavioral Health System 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 FY22, a total of 12,287 children and young adult recipients of PBHS service used one or more substance-related disorder program services, accounting for slightly more than one in every ten (11%) of all child and young adult PBHS service recipients. The service that accounted for the largest use in this category was SUD laboratory services (7,938; 64.6%), followed by SUD intensive outpatient (1,340; 10.9%), SUD Methadone maintenance (875; 7.1%) and SUD partial hospitalization (464; 3.8%). Recipients of substance related disorder services were more likely to be older, as 45.8% of service recipients were 22–25 years, and 29.2% were between 18 to 21 years old (see Table 19). Together, these age groups accounted for 75% of all SUD service recipients. As seen in Table 18, Children and young adults recipients of substance related disorder services were more likely to be female (54.4%) than male (45.6%) and more than one-third (35.3%) were Non-Hispanic Black, followed closely by Non-Hispanic White (30.7%).

Table 18: Substance-Related Disorder Program Services by Race and Gender, FY22

Race/Ethnicity	Total Number Receiving Substance-Related Disorder Program Services ^a		Rate of Utilization per 1,000 Eligible ^b	Expenditures	
	N	%		Total	Per Child/Young Adult
Non-Hispanic Black	4,333	35.3%	14.4	\$10,125,216	\$2,337
Asian	359	2.9%	7.8	\$623,901	\$1,738
Non-Hispanic White	3,770	30.7%	20.2	\$13,171,151	\$3,494
Hispanic	164	1.3%	5.3	\$212,861	\$1,298
Native American	59	0.5%	15.0	\$194,677	\$3,300
Pacific Islander	29	0.2%	14.9	\$114,578	\$3,951
Unknown	3,573	29.1%	11.0	\$10,554,341	\$2,954
Total	12,287	100.0%	13.7	\$34,996,725	\$2,848
Gender					
Female	6,687	54.4%	14.7	\$14,320,021	\$2,141
Male	5,599	45.6%	12.7	\$20,643,050	\$3,687
Total	12,287	100.0%	13.7	\$34,996,725	\$2,848

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

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

^aThe number and percent by race/ethnicity and gender represent the total number of children and young adults within these groups receiving substance-related disorder services and the percentage accounted for by each race/ethnic and gender group. ^bThe rate of utilization per 1,000 eligible represents the number of individuals who received substance-related disorder services within each group divided by the total number of individuals eligible for PBHS services in that group.

Statewide, approximately 13.7 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 14.7 per 1,000 eligible compared to 12.7 per 1,000 eligible males. As seen in Table 18, Non-Hispanic White children and young adults used these services at a substantially higher rate of 20.2 per 1,000 eligible compared to 14.4 per 1,000 eligible Non-Hispanic Black children and young adults. Native Americans, who represented only 0.5% of service recipients, had the second highest utilization rate of 15.0 per 1,000 eligible, followed by Pacific Islanders who accounted for only 0.2% of both the Medicaid eligible and service user population and had a utilization rate of 14.9 per 1,000 eligible, and Hispanic children and young adults, who made up 1.3% of service users had the lowest use rate of 5.3 per 1,000 PBHS eligible individuals.

Table 19: Substance-Related Disorder Program Services by Gender and Age, FY22

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
	N	%	N	%	N	%	N	%	N	%		
Female	26	38.2%	208	53.6%	1,270	48.6%	2,079	57.9%	3,104	55.2%	6,687	54.4%
Male	42	61.8%	180	46.4%	1,341	51.4%	1,514	42.1%	2,522	44.8%	5,599	45.6%
Total	68	0.6%	388	3.2%	2,611	21.3%	3,593	29.2%	5,627	45.8%	12,287	100.0%

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

Note: ^aThe number and percent by age group represent the total number of children and young adults within each age group that received substance-related disorder services and the percentage accounted for by each age group. ^bThe total number and percent represents the number of individuals within each gender group who received substance-related disorder services divided by the total number of individuals who received substance-related disorder service.

Substance related disorder service use rates varied widely across the State, ranging from a low of 6.1 per 1,000 PBHS eligible in Prince George’s County to a high of 28.1 per 1,000 eligible in Washington County. Cecil (27.5 per 1,000), Allegany (26.5 per 1,000), Dorchester (26.5 per 1,000), and Garrett (26.5 per 1,000) Counties had the next highest use rates, while Montgomery (7.3 per 1,000), and Howard (8.1 per 1,000) Counties had the next lowest use rates. Three-quarters (18 out of 24) of all jurisdictions had substance related service utilization rates above the state average (13.7 per 1,000). (see Appendix, Table A10)

7. Utilization of PBHS Services Through Telehealth

In FY22, a total of 73,867 children and young adult recipients of PBHS service used one or more PBHS Telehealth services, accounting for 64.0% of all child and young adult service recipients. This is a decrease of 1.5% compared to FY21 (74,990). Recipients of telehealth services were more likely to be children between the ages of 7 and 17 years accounting for 62% of all telehealth service recipients. Children and young adults recipients of telehealth services were slightly more likely to be female (55.2%) than male (44.8%) and more than one-third of recipients (37.8%) were Non-Hispanic Black, followed by Non-Hispanic White (30.3%). All races and ethnicities saw a small decrease in service counts between FY21 and FY22 except for Asian children and young adults who saw a 14% increase.

As shown in Table 20, statewide, 82.5 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 89.8 per 1,000 eligible compared to 75.0 per 1,000 eligible males. Non-Hispanic White children and young adults used these services at a substantially higher rate of 119.8 per 1,000 eligible compared to 92.9 per 1,000 eligible Non-Hispanic Black children and young adults. Native Americans, who represented only 0.6% of telehealth service recipients, had the second highest utilization rate of 103.6 per 1,000 eligible.

Table 20: Number and Percent of Child and Young Adult Recipients of PBHS Services Through Telehealth by Race and Gender, FY22

Race/Ethnicity	Age Group ^a										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	1,680	34.9%	8,819	38.9%	8,705	37.6%	4,457	37.6%	4,246	37.2%	27,907	37.8%	92.9
Asian	122	2.5%	461	2.0%	598	2.6%	466	3.9%	560	4.9%	2,207	3.0%	47.7
Non-Hispanic White	1,287	26.8%	7,020	31.0%	6,992	30.2%	3,565	30.1%	3,540	31.0%	22,404	30.3%	119.8
Hispanic	80	1.7%	447	2.0%	520	2.2%	163	1.4%	92	0.8%	1,302	1.8%	41.8
Native American	18	0.4%	126	0.6%	145	0.6%	54	0.5%	64	0.6%	407	0.6%	103.6
Pacific Islander			36	0.2%	40	0.2%	21	0.2%	22	0.2%	127	0.2%	65.2
Unknown	1,614	33.6%	5,748	25.4%	6,140	26.5%	3,124	26.4%	2,887	25.3%	19,513	26.4%	60.0
Total	4,809	6.50%	22,657	30.70%	23,140	31.30%	11,850	16.00%	11,411	15.40%	73,867	100.0%	82.5
Gender													
Female	1,871	38.9%	10,467	46.2%	13,411	58.0%	7,579	64.0%	7,424	65.1%	40,752	55.2%	89.8
Male	2,938	61.1%	12,190	53.8%	9,729	42.0%	4,270	36.0%	3,986	34.9%	33,113	44.8%	75.0
Total	4,809	6.5%	22,657	30.7%	23,140	31.3%	11,850	16.0%	11,411	15.4%	73,867	100.0%	82.5

Data Source: Behavioral health services claims and eligibility data for FY22. Based on claims paid through June 30, 2023.

Note: ^aThe number and percent by age group represent the total number of children and young adults within each race/ethnicity or gender that received services and the percentage of the race/ethnicity or gender total accounted for by each age group. ^bThe total percent column represents the percentage of children and young adults of each race/ethnicity or gender receiving services, based on the statewide number of service recipients (N=73,867). Statewide numbers reflect unduplicated counts of service recipients. Cells with counts less than 10 are grayed out to protect individual privacy.

Telehealth use rates varied widely across the State, ranging from a low of 48.5 per 1,000 PBHS eligible in Garrett County to a high of 129.5 per 1,000 eligible in Somerset County. Worcester (118.8 per 1,000), Carroll (115.1 per 1,000), and Dorchester (112.3 per 1,000) Counties had the next highest use rates, while Prince George’s (50.6 per 1,000), St. Mary’s (56.6 per 1,000), and Charles (57.4 per 1,000) Counties had the next lowest use rates. Over one-half (16 out of 24) of all jurisdictions had telehealth service use utilization rates above the state average (82.5 per 1,000) (see Appendix, Table A11).

V. 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 gender, Race/Ethnicity, 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 Public Behavioral Health services were utilized by 109,063 children and young adults and accounted for nearly one-half (48.7%; \$284.8 million) of the total child and young adult PBHS expenditures (\$585.3 million) in FY22, and an average per person cost of \$2,648. Use of outpatient services increased by 8.2% between FY21 (100,771) and FY22 (109,063). Female service recipients accounted for a larger share of the total expenditure than males (\$152.5 million versus \$132.2 million), however, males had a higher cost per person (\$2,676 versus \$2,625 per person) than females. Among racial and ethnic groups, Non-Hispanic Blacks accounted for more than one-third (39.8%) of total outpatient expenditures with a per person cost of \$2,756 per person, while Non-Hispanic White recipients accounted for 29.1% of expenditures at a per person cost of \$2,595 per person. Though Hispanic children and young adults accounted for only 2.0% of the total expenditures, they had the highest costs per person at \$3,094 per person, followed by Native Americans (0.6% of total cost) who had the next highest cost per person of \$2,821 (see Table 3).

As shown in Table 21a, children ages 7 to 17 years accounted for more than two-thirds (67.8%; \$176.2 million) of total outpatient expenditures, while young adults 18 to 25 years accounted for 23.3% (\$66.4 million). Children ages birth to 6 years accounted for only 8.9% of total expenditures (\$25.3 million). Children ages 7 to 12 had the highest per person expenditures (\$3,095 per person), while young adults ages 22-25 had the lowest per person expenditures (\$1,897 per person) (see Table 21b). Baltimore City and Baltimore County accounted for 42.4% (\$120.7 million) of all Outpatient PBHS expenditures (see Appendix, Table A12).

Table 21a: Total Expenditures for Outpatient Psychiatric Services, FY22

Race/Ethnicity	Age Group ^a					Race/Ethnicity Total ^b
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Non-Hispanic Black	\$8,815,983	\$41,505,616	\$36,442,438	\$14,938,858	\$11,677,668	\$113,380,563
Asian	\$601,067	\$1,920,079	\$2,351,957	\$1,313,149	\$1,232,389	\$7,418,640
Non-Hispanic White	\$6,650,397	\$29,983,702	\$27,039,042	\$10,654,029	\$8,585,294	\$82,912,464

Hispanic	\$515,936	\$2,082,672	\$2,333,278	\$490,386	\$243,681	\$5,665,953
Native American	\$98,012	\$602,422	\$577,889	\$246,910	\$164,672	\$1,689,904
Pacific Islander	\$38,290	\$135,974	\$128,394	\$46,506	\$60,463	\$409,626
Unknown	\$8,568,391	\$24,165,852	\$23,792,249	\$9,796,126	\$6,989,747	\$73,312,365
Gender	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	Gender Total^b
Female	\$9,023,258	\$45,370,331	\$54,714,900	\$24,566,386	\$18,869,379	152,544,254
Male	\$16,264,819	\$55,025,985	\$37,950,346	\$12,919,577	\$10,083,604	132,244,331
Total	\$25,288,076	\$100,396,316	\$92,665,246	\$37,485,963	\$28,953,913	\$284,789,515

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

Note: The category of unknown is included to reflect outpatient psychiatric service expenditures by children and young adults whose race/ethnicity is unknown.

Annual per person expenditures for Outpatient Behavioral Health services varied substantially across the State from a low of \$1,623 per person in Calvert County to a high of \$3,504 per person in Somerset. Six jurisdictions had annual per person expenditures above the state average of \$2,648 per person (see Appendix, Table 13).

Table 21b: Expenditures per Recipient of Outpatient Psychiatric Services, FY22

Race/Ethnicity	Age Group ^a					Race/Ethnicity Total ^b
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Non-Hispanic Black	\$2,651	\$3,236	\$2,939	\$2,205	\$2,007	\$2,756
Asian	\$2,312	\$2,853	\$2,764	\$2,008	\$1,702	\$2,346
Non-Hispanic White	\$2,610	\$2,994	\$2,790	\$2,073	\$1,885	\$2,595
Hispanic	\$2,915	\$3,264	\$3,382	\$2,292	\$2,176	\$3,094
Native American	\$2,513	\$3,121	\$2,994	\$2,871	\$1,871	\$2,821
Pacific Islander	\$2,553	\$2,386	\$2,518	\$1,453	\$1,950	\$2,202
Unknown	\$2,505	\$3,006	\$2,777	\$2,084	\$1,774	\$2,557
Gender	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	Gender Total^b
Female	\$2,472	\$3,008	\$2,933	\$2,230	\$1,942	\$2,625
Male	\$2,652	\$3,171	\$2,752	\$1,962	\$1,818	\$2,676
Total	\$2,585	\$3,095	\$2,856	\$2,130	\$1,897	\$2,648

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

Note: The category of unknown is included to reflect expenditures per child and young adult recipient of outpatient psychiatric services whose race/ethnicity is unknown.

2. Inpatient Psychiatric Hospital Services

Inpatient psychiatric hospitalization services were utilized by 6,267 children and young adults and accounted for 19.8% (\$115.7 million) of the total child and young adult PBHS expenditures (\$554.6 million) in FY22, and an average per person cost of \$19,087. These costs represented a less than a 1% decrease in total inpatient expenditures and a 2.7% decrease in costs per person compared to FY21. Female service recipients accounted for a larger share of the total

expenditures than males (\$62.9 million versus \$52.8 million), however, males had a higher cost per person (\$21,141 versus \$17,646) than females. Among racial and ethnic groups, Non-Hispanic Blacks accounted for 35.9% of hospital expenditures (\$20,461 per person), followed by Non-Hispanic White recipients at 29.2% (\$19,271 per person) (see Table 5).

As shown in Table 22a, children (Birth to 17 years) accounted for 64.9% of inpatient expenditures (\$75.0 million), while young adults accounted for 35.1% (\$40.7 million). Children ages 13 to 17 had the highest overall expenditures and accounted for 45.0% (\$52.1 million) of overall inpatient costs. Children ages 0-6 had the highest per person expenditures (\$21,851 per person), while young adults ages 18-21 (\$14,591 per person) had the lowest per child and young adult expenditures (see Table 22b). Children in the youngest age group had very small counts compared to all other age groups which may impact results. Inpatient expenditures varied substantially across the state with Baltimore City and Baltimore County accounting for more than one-third (39.1%; \$45.2 million) of overall inpatient psychiatric expenditures (see Appendix, Table A14).

Table 22a: Total Expenditures for Inpatient Psychiatric Services, FY22

Race/Ethnicity	Age Group ^a					Race/Ethnicity Total ^b
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Non-Hispanic Black	\$518,663	\$7,468,259	\$20,423,401	\$8,823,240	\$7,371,909	\$44,605,473
Asian	\$12,717	\$262,290	\$2,012,319	\$640,440	\$598,592	\$3,526,359
Non-Hispanic White	\$335,183	\$8,747,477	\$15,909,622	\$5,265,199	\$3,851,483	\$34,108,965
Hispanic	\$0	\$299,297	\$918,737	\$192,956	\$210,461	\$1,621,451
Native American	\$0	\$37,184	\$196,370	\$165,135	\$98,109	\$496,798
Pacific Islander	\$0	\$5,570	\$94,108	\$73	\$7,625	\$107,375
Unknown	\$204,146	\$5,055,668	\$12,522,255	\$6,230,433	\$7,205,935	\$31,218,437
Gender	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	Gender Total ^b
Female	\$165,744	\$11,948,220	\$30,885,207	\$10,859,174	\$9,015,603	62,873,949
Male	\$904,965	\$9,927,525	\$21,191,603	\$10,458,303	\$10,328,512	52,810,908
Total	\$1,070,709	\$21,875,745	\$52,076,811	\$21,317,477	\$19,344,115	\$115,684,857

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

Note: The category of unknown is included to reflect inpatient psychiatric service expenditures by children and young adults whose race/ethnicity is unknown.

Annual per person expenditures for inpatient hospital services also varied substantially across the State from a low of \$10,264 per person in Cecil County to a high of \$22,526 per person in Baltimore City. Six jurisdictions, including Baltimore City and Anne Arundel, Baltimore, Harford, Howard, and Kent Counties all had annual per person expenditures above the state average of \$19,087 per person (see Appendix, Table A15). Additional information on the average length of stay of inpatient and other residential services can be found in Section VI Timing and Admission, Sub-section C Length of Stay.

Table 22b: Expenditures per Recipient of Inpatient Psychiatric Services, FY22

Race/Ethnicity	Age Group ^a					Race/Ethnicity Total ^b
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Non-Hispanic Black	\$25,933	\$23,559	\$25,951	\$15,265	\$15,422	\$20,461
Asian	\$12,717	\$11,404	\$21,873	\$11,436	\$11,737	\$15,813
Non-Hispanic White	\$22,346	\$25,652	\$22,127	\$13,570	\$12,546	\$19,271
Hispanic	\$0	\$15,752	\$15,572	\$14,843	\$16,189	\$15,591
Native American	\$0	\$6,197	\$17,852	\$23,591	\$12,264	\$15,525
Pacific Islander	\$0	\$5,570	\$15,685	\$73	\$7,625	\$11,931
Unknown	\$15,704	\$20,720	\$19,354	\$14,905	\$17,116	\$17,911
Gender	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	Gender Total ^b
Female	\$20,718	\$21,606	\$20,081	\$13,099	\$14,198	\$17,646
Male	\$22,072	\$24,944	\$27,065	\$16,548	\$16,038	\$21,141
Total	\$21,851	\$23,003	\$22,437	\$14,591	\$15,124	\$19,087

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

Note: The category of unknown is included to reflect expenditures per child and young adult recipient of inpatient psychiatric services whose race/ethnicity is unknown.

3. Behavioral Health Emergency Room Services

In FY22, a total of 10,925 children and young adults used emergency room services at a total cost of \$13.0 million, a 6.3% increase from FY21 and an average annual per person cost of \$1,229 a decrease of less than 1% per person from FY21. Psychiatric emergency room expenditures represent 2.2% of the overall annual behavioral health expenditure in FY22. Females account for 57.7% of emergency room expenditures, however, as with inpatient psychiatric services, males had a slightly higher per person cost compared to females (\$1,255 per person versus \$1,211 per person). Non-Hispanic Black recipients accounted for 40.7% of total emergency room expenditures at a per person cost of \$1,302, followed by Non-Hispanic White recipients who accounted for 26.4% of expenditures and had a per person cost of \$1,140. Total emergency room expenditures were highest among children ages 13–17 (\$4.9 million) and lowest among children birth to 6 years old (\$156,825) (see Table 23a).

Table 23a: Total Expenditures for Behavioral Health Emergency Room Service, FY22

Race/Ethnicity	Age Group ^a					Race/Ethnicity Total ^b
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Non-Hispanic Black	\$54,872	\$931,615	\$1,974,599	\$1,289,968	\$1,059,604	\$5,310,657
Asian	\$2,971	\$33,699	\$134,978	\$68,650	\$83,260	\$323,557
Non-Hispanic White	\$39,612	\$771,983	\$1,333,183	\$666,521	\$633,760	\$3,445,060
Hispanic	\$2,469	\$45,180	\$101,318	\$34,838	\$34,905	\$218,710
Native American	\$0	\$11,758	\$34,317	\$37,328	\$19,922	\$103,325
Pacific Islander	\$0	\$213	\$10,903	\$1,685	\$4,123	\$16,923
Unknown	\$56,901	\$618,537	\$1,299,335	\$806,458	\$837,032	\$3,618,263

Gender	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	Gender Total ^b
Female	\$41,708	\$1,391,564	\$3,124,848	\$1,576,455	\$1,279,576	7,414,152
Male	\$115,118	\$1,021,421	\$1,763,784	\$1,328,993	\$1,393,029	5,622,343
Total	\$156,825	\$2,412,985	\$4,888,632	\$2,905,448	\$2,672,606	\$13,036,495

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

Note: The category of unknown is included to reflect behavioral health emergency room service expenditures by children and young adults whose race/ethnicity is unknown.

Four jurisdictions, including Baltimore City, and Baltimore, Montgomery, and Prince George’s Counties each had total expenditures greater than one million dollars and were responsible for 58.8% of the total emergency room expenditures statewide, with Baltimore City alone accounting for over one-quarter 28.3% (\$3.7 million) of the state total (see Appendix, Table A16). The average per person emergency room expenditures varied substantially across the State from a low of \$610 per person in Worcester County to a high of \$1,498 per person in Kent County. Eleven jurisdictions had annual per child and young adult expenditures higher than the state average of \$1,229 per person, while two jurisdictions (Wicomico and Worcester Counties) had annual per person expenditure considerably below the state average (see Appendix, Table 17).

Table 23b: Expenditures per Recipient of Behavioral Health Emergency Room Services, FY22

Race/Ethnicity	Age Group ^a					Race/Ethnicity Total ^b
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Non-Hispanic Black	\$930	\$1,346	\$1,310	\$1,246	\$1,346	\$1,302
Asian	\$743	\$963	\$1,015	\$880	\$1,067	\$986
Non-Hispanic White	\$943	\$1,214	\$1,139	\$1,061	\$1,161	\$1,140
Hispanic	\$617	\$1,329	\$1,126	\$1,244	\$2,493	\$1,287
Native American	\$0	\$1,069	\$1,492	\$2,489	\$1,660	\$1,694
Pacific Islander	\$0	\$213	\$1,558	\$337	\$1,031	\$995
Unknown	\$998	\$1,281	\$1,190	\$1,189	\$1,357	\$1,236
Gender	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	Gender Total ^b
Female	\$948	\$1,324	\$1,217	\$1,148	\$1,175	\$1,211
Male	\$944	\$1,215	\$1,212	\$1,215	\$1,438	\$1,255
Total	\$945	\$1,275	\$1,215	\$1,178	\$1,299	\$1,229

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

Note: The category of unknown is included to reflect expenditures per child and young adult recipient of behavioral health emergency room services whose race/ethnicity is unknown.

4. Residential Treatment Center Services

A total of 278 children and young adults used RTC services in FY22 at a total cost of \$28.0 million, a decrease of less than 1% from FY21. Annual expenditures for RTC services represent 4.8% 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 \$100,569, a 25.5% increase from FY21 (see Table 24b). Males accounted for 68.7% of the RTC expenditures, however there was no difference between males and females in per person cost.

Among racial and ethnic groups, Non-Hispanic Black children and young adults accounted 43.9% of RTC expenditures (\$12.4 million) and had the highest per person cost of \$101,688, followed by Non-Hispanic White children and young adults who accounted for 38.5% (\$10.7 million) of RTC expenditures and had the second highest per person cost of \$100,206. The average per person expenditures varied greatly across the State from a low of \$9,901 per person in Cecil County to a high of \$116,083 per person in Washington County (see Appendix, Table A19).

Table 24a: Total Expenditures for Residential Treatment Services, FY22

Race/Ethnicity	Age Group ^a					Race/Ethnicity Total ^b
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Non-Hispanic Black	\$0	\$6,091,949	\$5,868,441	\$445,531	\$0	\$12,405,920
Asian	\$0	\$53,684	\$307,167	\$0	\$0	\$360,851
Non-Hispanic White	\$0	\$3,828,348	\$6,491,319	\$402,338	\$0	\$10,722,005
Unknown	\$0	\$1,313,651	\$3,081,322	\$74,396	\$0	\$4,469,369
Gender	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	Gender Total ^b
Female	\$0	\$3,553,810	\$5,191,656	\$20,717	\$0	8,766,184
Male	\$0	\$7,733,822	\$10,556,593	\$901,547	\$0	19,191,962
Total	\$0	\$11,287,632	\$15,748,249	\$922,264	\$0	\$27,958,145

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

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 24b: Expenditures per Recipient of Residential Treatment Services, FY22

Race/Ethnicity	Age Group ^a					Race/Ethnicity Total ^b
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Non-Hispanic Black	\$0	\$129,616	\$82,654	\$111,383	\$0	\$101,688
Asian	\$0	\$53,684	\$102,389	\$0	\$0	\$90,213
Non-Hispanic White	\$0	\$103,469	\$98,353	\$100,584	\$0	\$100,206
Unknown	\$0	\$131,365	\$90,627	\$74,396	\$0	\$99,319
Gender	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	Gender Total ^b
Female	\$0	\$107,691	\$97,956	\$20,717	\$0	\$100,761
Male	\$0	\$124,739	\$87,245	\$112,693	\$0	\$100,481
Total	\$0	\$118,817	\$90,507	\$102,474	\$0	\$100,569

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

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

5. Intensive Community-Based PBHS Services

In FY22, a total of \$104.9 million 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 FY22 less than 1% compared to FY21. These services together represented 17.9% of the overall child and young adult PBHS expenditures and had an annual average per person expenditure of \$4,682. As shown in Table 25a, children (birth through 17) accounted for 71.8% (\$75.3 million) of intensive community-based service expenditures. While total expenditures were lower among young adults (28.2%; \$29.6 million), the average annual per person expenditures were considerably higher for young adults ages 18–21 years and 22–25 years (\$6,512 and \$6,460 per person, respectively). Three jurisdictions (Baltimore City, Baltimore County, and Prince George’s County) accounted for roughly two-thirds or 64.9% (\$68.1 million) of the total intensive community-based service expenditures (see Appendix, Table A20). Average per person expenditures also varied across the State ranging from a low of \$3,330 per person in Charles County to a high of \$6,181 per person in Caroline County with average statewide per person cost of \$4,682 (see Appendix, Table 21). The total and per person expenditures for selected intensive community-based services by type of service, age group, and jurisdiction is summarized below in Section B.

Table 25a: Total Expenditures for Intensive Community Services (combined), FY22

Race/Ethnicity	Age Group ^a					Race/Ethnicity Total ^b
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Non-Hispanic Black	\$2,509,872	\$22,281,807	\$18,548,390	\$9,751,916	\$7,809,881	\$60,901,867
Asian	\$105,560	\$585,572	\$599,316	\$386,806	\$585,854	\$2,263,109
Non-Hispanic White	\$839,455	\$7,297,223	\$5,468,896	\$2,378,862	\$2,802,540	\$18,786,977
Hispanic	\$40,601	\$459,036	\$401,173	\$63,602	\$39,518	\$1,003,929
Native American	\$18,885	\$146,916	\$149,389	\$25,657	\$33,636	\$374,484
Pacific Islander	\$1,732	\$46,916	\$24,008	\$12,799	\$24,593	\$110,047
Unknown	\$1,224,663	\$8,068,753	\$6,430,071	\$3,172,573	\$2,521,060	\$21,417,120
Gender	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	Gender Total ^b
Female	\$1,816,345	\$16,255,073	\$14,287,938	\$8,939,313	\$8,094,682	49,393,352
Male	\$2,924,423	\$22,631,150	\$17,333,306	\$6,851,841	\$5,722,400	55,463,121
Total	\$4,740,767	\$38,886,224	\$31,621,244	\$15,792,216	\$13,817,082	\$104,857,533

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

Note: Intensive community-based services per legislation include: case management, psychiatric rehabilitation services, respite care service, and § 1915(i) waiver services.

Table 25b: Expenditures per Recipient of Intensive Community Services (combined), FY22

Race/Ethnicity	Age Group ^a					Race/Ethnicity Total ^b
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Non-Hispanic Black	\$3,627	\$4,337	\$4,391	\$6,749	\$6,580	\$4,801
Asian	\$3,519	\$3,930	\$4,473	\$7,163	\$6,974	\$5,018
Non-Hispanic White	\$3,698	\$4,144	\$4,249	\$6,429	\$6,563	\$4,614
Hispanic	\$4,060	\$3,957	\$3,785	\$5,782	\$6,586	\$4,032
Native American	\$2,698	\$3,866	\$4,668	\$8,552	\$4,805	\$4,304
Pacific Islander	\$1,732	\$4,692	\$2,668	\$2,560	\$6,148	\$3,795
Unknown	\$3,266	\$4,265	\$4,034	\$5,908	\$5,946	\$4,442
Gender	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	Gender Total ^b
Female	\$3,427	\$4,218	\$4,028	\$6,264	\$6,005	\$4,614
Male	\$3,602	\$4,311	\$4,515	\$6,872	\$7,234	\$4,745
Total	\$3,533	\$4,271	\$4,281	\$6,512	\$6,460	\$4,682

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

Note: Intensive community-based services per legislation include: case management, psychiatric rehabilitation services, respite care service, and § 1915(i) waiver services.

6. Substance-Related Disorder Program Service Expenditures

Substance-related disorder program services were utilized by a total of 12,287 children and young adults and accounted for 5.1% (\$30.3 million) of the total child and young adult PBHS expenditures (\$595.3 million) in FY22 with an average per person cost of \$2,598. Male service recipients accounted for a larger portion of the total expenditure than females (\$20.6 million versus \$14.3 million), and males had nearly double the cost per person (\$3,687 versus \$2,141 per person) compared to females. Among racial and ethnic groups, Non-Hispanic Black recipients accounted for 35.3% (\$10.1 million) at a per person cost of \$2,337, followed by Non-Hispanic Whites, who accounted for 30.7% (\$13.2 million) of total substance-related disorder expenditures with a per person cost of \$3,494. Though Pacific Islander children and young adults accounted for less than 1% of the total expenditures, they had the highest costs per person at \$3,951 per person (see Table 26b).

As shown in Table 26a, young adults (18 to 25 years) accounted for 89.6% of substance-related disorder expenditures (\$27.2 million), while children ages birth to 17 accounted for 10.4% (\$3.1 million). Young adults ages 22-25 had the highest per person expenditures (\$3,719 per person), and young adults 18-21 (\$2,381 per person) had the next highest per person expenditures (see Table 26b). Baltimore City accounted for nearly one-quarter (24.8%; \$7.5 million) of all substance related service expenditures. In addition to Baltimore City, Anne Arundel, Baltimore, Montgomery, and Prince George's Counties had the highest expenditures. and together accounted for one-third (31.1%; \$9.4 million) of total substance-related disorder expenditures (See Appendix Table A22). Per recipient costs also varied widely across jurisdictions ranging from a low of \$1,965 in Calvert County to a high of \$3,972 in Kent County. The top five counties with the highest per recipient costs, included: Kent (\$3,972), Frederick (\$3,880), Carroll (\$3,787),

Cecil (\$3,379) and Queen Anne’s (\$3,301) Counties. Eleven jurisdictions had annual per person expenditures above the state average of \$2,598 per person (See Appendix, Table A23).

Table 26a: Total Expenditures for Substance-Related Disorder Program Services, FY22

Race/Ethnicity	Age Group ^a					Race/Ethnicity Total ^b
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Non-Hispanic Black	\$13,437	\$83,195	\$1,155,520	\$2,621,207	\$4,908,943	\$8,782,302
Asian	\$0	\$2,206	\$45,760	\$151,616	\$399,244	\$598,825
Non-Hispanic White	\$5,242	\$68,781	\$742,478	\$3,042,748	\$7,432,257	\$11,291,506
Hispanic	\$2,027	\$1,956	\$57,840	\$29,576	\$103,235	\$194,635
Native American	\$49	\$0	\$9,897	\$15,045	\$140,611	\$165,603
Pacific Islander	\$0	\$0	\$6,472	\$66,105	\$37,373	\$109,950
Unknown	\$43,850	\$71,829	\$833,683	\$2,629,763	\$5,569,512	\$9,148,637
Gender	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	Gender Total^b
Female	\$11,115	\$173,494	\$1,390,469	\$3,438,150	\$7,404,743	12,417,971
Male	\$53,490	\$54,472	\$1,461,181	\$5,117,911	\$11,175,594	17,862,649
Total	\$64,605	\$227,967	\$2,851,651	\$8,556,061	\$18,591,175	\$30,291,459

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

Note: The category of unknown is included to reflect substance-related disorder service expenditures by children and young adults whose race/ethnicity is unknown.

Table 26b: Expenditures per Recipient of Substance-Related Disorder Program Services, FY22

Race/Ethnicity	Age Group ^a					Race/Ethnicity Total ^b
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Non-Hispanic Black	\$640	\$566	\$1,126	\$2,029	\$2,988	\$2,127
Asian	\$0	\$315	\$897	\$1,430	\$2,335	\$1,788
Non-Hispanic White	\$308	\$564	\$1,076	\$2,887	\$4,429	\$3,171
Hispanic	\$1,013	\$163	\$964	\$604	\$2,868	\$1,224
Native American	\$49	\$0	\$761	\$716	\$6,696	\$2,957
Pacific Islander	\$0	\$0	\$1,294	\$7,345	\$2,492	\$3,791
Unknown	\$1,624	\$718	\$1,088	\$2,476	\$3,881	\$2,699
Gender	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	Gender Total^b
Female	\$427	\$834	\$1,095	\$1,654	\$2,692	\$1,961
Male	\$1,274	\$303	\$1,090	\$3,380	\$4,974	\$3,355
Total	\$950	\$588	\$1,092	\$2,381	\$3,719	\$2,598

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

Note: The category of unknown is included to reflect expenditures per child and young adult recipient of substance-related disorder services whose race/ethnicity is unknown.

B. Expenditures: Selected Intensive Community-Based PBHS Services

HG § 7.5–209(b)(4) requests 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.

Table 27a: Total Expenditures for Selected Intensive Community-Based Services by Race and Gender

Race/Ethnicity	Intensive Service Category			
	Case Management	Respite Care	1915(i) Waiver	Psych Rehabilitation
Non-Hispanic Black	\$3,846,508	\$171,353	\$36,258	\$58,163,984
Asian	\$93,421	\$674	\$0	\$2,241,305
Non-Hispanic White	\$4,053,107	\$235,446	\$64,382	\$14,850,648
Hispanic	\$50,972	\$9,444	\$0	\$943,513
Native American	\$44,953	\$1,174	\$0	\$343,055
Pacific Islander	\$28,212	\$0	\$0	\$82,150
Unknown	\$2,212,233	\$562,157	\$27,414	\$19,401,524
Gender	Case Management	Respite Care	1915(i) Waiver	Psych Rehabilitation
Female	\$4,280,854	\$222,175	\$60,570	\$46,066,932
Male	\$6,048,552	\$339,982	\$67,484	\$49,958,187
Total	\$10,329,406	\$562,157	\$128,054	\$96,026,179

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

Note: The category of unknown is included to reflect substance-related disorder service expenditures by children and young adults whose race/ethnicity is unknown.

Table 27b: Per Person Expenditures for Selected Intensive Community Based Services by Race and Gender

Race/Ethnicity	Intensive Service Category			
	Case Management	Respite Care	1915 i Waiver	PRP
Non-Hispanic Black	\$4,820	\$2,064	\$2,417	\$4,782
Asian	\$3,221	\$337	\$0	\$5,224
Non-Hispanic White	\$4,606	\$2,505	\$4,024	\$4,416
Hispanic	\$5,097	\$4,722	\$0	\$3,948
Native American	\$3,458	\$1,174	\$0	\$4,455
Pacific Islander	\$5,642	\$0	\$0	\$3,423
Unknown	\$4,407	\$3,274	\$6,854	\$4,362
Gender	Case Management	Respite Care	1915 i Waiver	PRP
Female	\$4,530	\$2,645	\$3,563	\$4,600
Male	\$4,682	\$2,394	\$3,749	\$4,658
Average	\$4,618	\$2,487	\$3,659	\$4,630

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

Note: The category of unknown is included to reflect substance-related disorder service expenditures by children and young adults whose race/ethnicity is unknown.

1. Targeted Case Management

In FY22, \$10.3 million was expended on 2,237 child and young adult recipients of PBHS services at an annual per children and young adult cost of \$4,618, a decrease of less than 1% compared to FY21. Children (0-17 years old) accounted for 92.0% (\$9.5 million) of the total TCM expenditures, while young adults (18-25 years old) represented 8.0% (\$825,555) of annual expenditures (see Appendix, Table A24). The primary drivers of these costs were 7-12 year olds (44%; \$4.5 million) and 13-17 year olds (42%; \$4.3 million). Non-Hispanic White children and young adults accounted for the largest overall expenditure (\$4.1 million), followed closely by Non-Hispanic Black individuals (\$3.8 million), however, Non-Hispanic Black service users had the higher per person cost compared to Non-Hispanic White service users (\$4,820 vs \$4,606 per person). As shown in Table A25, the annual per person expenditures varied across the State ranging from \$781 in Cecil County to \$7,135 in Harford County.

2. Respite Care Services

As shown in Table 27a, the total annual expenditure for respite services was \$562,157 in FY22. A total of 226 children were served with this amount, at an average annual per person expenditure of \$2,487. Children ages 0–17 years accounted for 99.9% of the expenditures for this service and young adults ages 18-25 accounted for 0.1% (\$740). Average annual expenditures were slightly higher for older children ages 13–17 years (\$2,950 per person) compared to younger children ages 7–12 years (\$2,087 per person) and 0-6 years (\$2,511 per person) (see Appendix, Table A27). Non-Hispanic White service users had the highest overall expenditures (\$235,446), followed by Non-Hispanic Blacks (\$171,353). Hispanic Individuals had the highest per person cost (\$4,722 per person) which was significantly higher than that of Non-Hispanic Whites (\$2,505 per person) and Non-Hispanic Blacks (\$2,064 per person). Males (\$339,982) had an overall cost that was roughly 50% greater than that of females (\$222,175), but had a lower cost per person (\$2,394 vs \$2,645 per person).

As shown in Table A26, children from three jurisdictions, including Caroline, Frederick and Wicomico Counties, accounted for nearly one-half, 49.6% (\$278,693) of the annual respite service expenditures. Annual per person expenditures varied greatly across the State from a low of \$675 per person in Queen Anne’s County to a high of \$4,558 per person in Worcester County (see Appendix, Table A27).

3. § 1915(i) Waiver Services

In FY22, 35 children and young adults with intensive behavioral and emotional challenges received § 1915(i) waiver services, an increase of 3% (one service user) compared to FY21. A total of \$128,054 was expended overall at an annual cost of \$3,659 per person. Waiver services provided to children ages 13–17 years accounted for more than 64.3% (\$82,347) of the total waiver service expenditures (see Appendix, Table A28). Annual per person expenditures varied

from a low of \$711 in Harford County to a high of \$7,324 in Caroline County (see Appendix, Table A29).

Non-Hispanic White children and young adults had both a higher overall expenditure, as well as a higher per person cost (\$64,382; \$4,024 per person) compared to Non-Hispanic Black children and young adults (\$36,258; \$2,417 per person)

4. Psychiatric Rehabilitation Program Services

As shown in Table A30, a total of \$96.0 million was expended for PRP services for 20,742 children and young adults at an annual cost of \$4,630 per person. The FY22 PRP expenditures represented a 2.0% increase over the FY21 total of \$94.1 million and a 4.7% increase over the FY21 per person cost of \$4,424. Children ages 7–12 accounted for more than one-third (35.5%; \$34.1 million) of the PRP expenditures (see Appendix, Table A30). Non-Hispanic Black children and young adults had the highest overall expenditures (\$58.2 million) followed by Non-Hispanic White service users (\$19.4 million). Despite Non-Hispanic Black service users having nearly four times greater overall expenditures, the expenditures per person were similar between this group and Non-Hispanic White service users (\$4,782 vs \$4,416 per person, respectively). The overall costs and per person expenditures were similar between females (\$46.1 million; \$4,600 per person) and males (\$50.0 million; \$4,658 per person).

Baltimore City accounted for nearly one-half (47.4%) of statewide PRP expenditures and Baltimore and Prince George’s Counties combined accounted for 22.5% of expenditures. The average annual per person expenditures were nearly two times greater for young adults 18–21 years (\$6,834 per person) and 22–25 years (\$7,276 per person) compared to younger children (see Appendix, Table A30). Per person expenditures also varied across the State and ranged from a low of \$3,192 per person in Garrett County to a high of \$6,218 per person in St. Mary’s County. In addition to Kent County, eight jurisdictions, including Baltimore City and Allegany, Calvert, Howard, Montgomery, Queen Anne’s, St. Mary’s, and Wicomico Counties, all had average annual per person expenditures higher than the state average of \$4,630 (see Appendix, Table A31).

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 FY22, a total of \$585.3 million was expended on behavioral health services provided to 115,465 child and young adult recipients of PBHS services, at an average cost of \$5,069 per person. While both the overall expenditures and service user counts increased, the average cost per person decreased since FY21 (\$554.6 million; \$5,087; 109,027). In FY22 there was a 5.5% increase in total expenditures and a less than 1% decrease in per person cost compared to FY21. As shown in Table 28a, annual PBHS service costs were highest for children 13–17 years (\$196.5 million), an increase of 10.3% from FY21, and accounting for 33.6% of the total expenditures. Per person costs for FY22 were highest for children ages 13–17 years (\$5,790 per person) and lowest for children birth through six years (\$3,136 per person).

In FY22, total expenditures ranged from a low of \$2.0 million in Garrett County to a high of \$182.0 million in Baltimore City. These jurisdictions also represented the lowest and highest per person expenditures which ranged from a low of \$3,079 per person in Garrett County to a high of \$6,132 per person in Baltimore City. Three jurisdictions, including Baltimore City and Baltimore and Somerset Counties, had average per person expenditures above the state average of \$5,069 (see Appendix, A33). All but one jurisdiction had an increase in total expenditures for FY22 compared to FY21, the largest increase was in Harford County (18.2%), followed by Queen Anne’s County (16.9%), and Somerset County (15.2%). The one jurisdiction that had a decrease in total expenditures for FY22 was in Frederick County (6.0%). Per person expenditures increased in 17 of the 24 jurisdictions in FY22, with the largest increase in Garrett County (22.7%), followed by Somerset County (11.0%). Seven of the 24 jurisdictions had a decrease in per person expenditures for FY22, with the largest decrease in Frederick County (11.3%), followed by Baltimore County (7.2%).

Table 28a: Total Expenditures for All PBHS Behavioral Health Services, FY22

Race/Ethnicity	Age Group ^a					Race/Ethnicity Total ^b
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Non-Hispanic Black	\$11,807,146	\$77,483,921	\$82,519,591	\$37,313,917	\$38,709,198	\$247,833,773
Asian	\$717,401	\$2,817,820	\$5,355,046	\$2,522,615	\$3,247,930	\$14,660,812
Non-Hispanic White	\$7,791,718	\$49,999,351	\$56,103,311	\$22,181,876	\$27,224,990	\$163,301,246
Hispanic	\$555,198	\$2,848,560	\$3,755,538	\$785,734	\$611,667	\$8,556,697
Native American	\$115,783	\$795,692	\$937,847	\$468,116	\$501,728	\$2,819,166
Pacific Islander	\$39,911	\$198,808	\$253,173	\$129,627	\$143,639	\$765,157
Unknown	\$9,963,450	\$38,839,719	\$46,577,114	\$22,017,629	\$26,628,754	\$144,026,666
Gender	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	Gender Total ^b
Female	\$10,939,578	\$77,536,554	\$107,132,750	\$48,594,505	\$51,356,391	295,559,778
Male	\$20,051,030	\$95,447,317	\$88,368,869	\$36,823,947	\$45,711,516	286,402,679
Total	\$30,990,608	\$172,983,872	\$195,501,619	\$85,419,513	\$97,067,907	\$581,963,518

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

Note: Expenditures include all PBHS behavioral health services billed through the Administrative Services Organization (Optum), 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.

Table 28b: Expenditures per Recipient of All PBHS Behavioral Health Services, FY22

Race/Ethnicity	Age Group ^a					Race/Ethnicity Total ^b
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Non-Hispanic Black	\$3,485	\$5,759	\$6,258	\$5,009	\$5,391	\$5,549
Asian	\$2,707	\$4,072	\$6,134	\$3,588	\$3,666	\$4,288
Non-Hispanic White	\$3,038	\$4,932	\$5,662	\$4,032	\$4,837	\$4,840

Hispanic	\$3,137	\$4,342	\$5,253	\$3,329	\$4,248	\$4,438
Native American	\$2,757	\$3,959	\$4,620	\$5,144	\$4,824	\$4,398
Pacific Islander	\$2,661	\$3,488	\$4,869	\$3,704	\$3,683	\$3,864
Unknown	\$2,880	\$4,716	\$5,193	\$4,272	\$5,441	\$4,690
Gender	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	Gender Total^b
Female	\$2,953	\$5,002	\$5,555	\$4,026	\$4,272	\$4,723
Male	\$3,230	\$5,322	\$6,044	\$5,186	\$6,669	\$5,433
Total	\$3,127	\$5,174	\$5,766	\$4,456	\$5,142	\$5,047

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

Note: Expenditures include all PBHS behavioral health services billed through the Administrative Services Organization (Optum), 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.

VI. 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 made available through a recent data collaboration between BHA and the Health Service Cost Review Commission (HSCRC). The data includes all children and youth ages birth to 17 years who are enrolled in Medicaid and had a behavioral health related Emergency Department (ED) encounter. Wait time was calculated from the time of registration at an ED to the time of final disposition. As seen in Table 29, a total of 1,405 children and youth had a behavioral health ED visit over the two-month (June-July 2023) period. Overall wait times for children and youth ranged from less than one hour to 915 hours (15 days) with a median wait time of 6.87 hours. Females (7.44 hours) waited longer than males (6.12 hours) and wait times increased with age, with the longest wait times recorded for 13 to 17 year old females who had a median wait time of nearly 9 hours.

Table 29: Emergency Department Median Wait Times, June & July 2023

Gender	Age Group						Total	
	Birth to 6		7 to 12		13 to 17		Avg. # of Wait Hours	N
	Avg. # of Wait Hours	N	Avg. # of Wait Hours	N	Avg. # of Wait Hours	N		
Male	5.65	17	5.78	156	6.35	426	6.12	599
Female	3.37	12	5.89	168	8.66	624	7.44	804

Total	4.36	29	5.84	324	7.55	1,052	6.87	1,405
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Data Source: HSCRC Case Mix data. Data reflect median wait times in hours for all Medicaid enrolled youth (ages 0 to 17) who had a behavioral health related emergency department visit in June or July 2023. Numbers in parentheses denote the total number of children and youth ED recipients in gender and age category.

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

All residential treatment facilities were contacted in July 2023 and requested to provide data on children and young adults who were admitted in FY22, including dates of referral and dates of placement. Data was obtained from six facilities, including the four RTCs and two RICAs. Table 30 summarizes data for FY22 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 community RTCs.

Table 30: Time (Days) between Referral and Placement in a Residential Treatment Bed, FY22

Facility Type	# of Facilities	Total # of Admissions	Avg. # of Admissions	Min Wait Days	Max Wait Days	Avg. # Wait Days
RTC	4	153	38	1	259	67
RICA	2	56	28	7	226	74
Total	6	209	35	1	259	69

Data Source: RTC operational data for FY22.

In FY22, there were a total of 209 admissions to RTCs, including 56 admissions to the two Regional Institutes for Children and Adolescents (RICA) and 153 to four community RTCs. RTC admissions decreased by 20.8% from 264 to 209 between FY21 and FY22. As shown in Table 30, across all RTCs, wait time between referral and placement ranged from a low of 1 day to a high of 259 days, with an average wait time of 69 days. The average wait time for placement in a RICA bed was 74 days (25.3% decrease from FY21) compared to 67 days (3.1% increase from FY21) 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 31 displays the number of 30-day readmissions to inpatient psychiatric and residential treatment facilities summarized by age group and jurisdiction in FY22. Of the 7,368 children and young adults discharged from a psychiatric inpatient or RTC, 1,338 were readmitted to either the same RTC (18), inpatient hospital facility (395) or to any other RTC or hospital (925), reflecting a combined 30-day readmission rate of 18.2%, a rate much higher than the FY21 rate of 8.6%.

Thirty-day readmissions varied by age with young adults (ages 18–25) accounting for 42.6% of readmissions, while children 13–17 years and 12 years and under accounted for 15.5% and 14.7% of all 30-day readmissions, respectively. Thirty-day readmission rates varied widely across jurisdictions ranging from a low of 5.4% in Dorchester County to a high of 33.3% in Somerset County. Overall, half (12) of all jurisdictions, including Calvert, Cecil, Frederick, Harford, Howard, Kent, Prince George’s, Queen Anne’s, Somerset, Washington, Wicomico, and Worcester had readmission rates higher than the statewide rate of 18.2%.

Table 31: Number of 30-Day Readmissions to Psychiatric Inpatient and Residential Treatment Facilities, FY22

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	Avg.	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	Avg.	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	Avg.	
Allegany																			16
Anne Arundel			13			28								11	29	13	16	69	98
Baltimore City			21	14	20	57			10			12			64	45	55	172	241
Baltimore		10	12			29								22	35	16	19	93	124
Calvert																		16	21
Caroline																			
Carroll																		11	16
Cecil						13										14		32	45
Charles																			11
Dorchester																			
Frederick						16									12		13	35	51
Garrett						21													
Harford						15								10	16	12		44	66
Howard															14			31	46
Kent						45													13
Montgomery			16	15	12	66									26	32	36	98	143
Prince George’s			10	28	28										17	54	60	136	202
Queen Anne’s																		10	14
Somerset																		14	21
St. Mary’s																			14
Talbot																			
Washington				14		36									13	25	10	56	92
Wicomico			10			20									16	13	12	49	69
Worcester																			13
Statewide		42	128	110	113	395			13			18		92	294	262	275	925	1,338

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

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

2. 30-Day Readmissions to the Same Hospital

In FY22, a total of 7,170 children and young adults were discharged from inpatient psychiatric facilities, a 3.8% increase from FY21 (6,909). Of those discharged, 395 (5.5%) were readmitted to the same hospital within 30 days of discharge. Three jurisdictions, including Baltimore City and Montgomery and Prince George’s Counties, accounted for 42.5% of these readmissions. Children and young adults ages 13-17 accounted for the largest proportion (32.4%) of all same hospital readmissions (see Table 31).

3. 30-Day Readmissions to RTCs

Statewide, a total of 198 children and young adults were discharged from RTCs in FY22, which is roughly half the number of children and young adults discharged in FY21 (386). Of those discharged, 18 were readmitted to the same RTC within 30 days, compared to zero readmissions in FY21 (see Table 31).

C. Length of Stay

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

1. Average Length of Stay at RTCs

Statewide, in FY22, the average length of stay (ALOS) in RTCs was 125 days, a 10% decrease from 139 days in FY21. As shown in Table 32, ALOS varied by age group with children ages 7 to 12 years having the longest stays (156 days) compared to ages 13–17 years (125 days), and young adults ages 18–21 years (73 days). During FY22, 46 children ages 7–12 years were discharged from RTCs compared to 124 children ages 13–17 years, and 28 young adults ages 18–21 years. RTC lengths of stay varied widely across the State ranging from 7 days in Howard County to 300 days in Caroline County. A total of eight jurisdictions had average lengths of stay above the state average of 125 days.

Table 32: Average Length of Stay in Psychiatric Inpatient, Residential Treatment Facilities, and Residential Substance-Related Disorder Programs, FY22

Jurisdiction	Residential Treatment Centers						Psychiatric Hospitals						Residential Substance-Related Disorder Program					
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	Avg.	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	Avg.	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	Avg.
Allegany						0		11	15	4	4	9				28	26	27
Anne Arundel		220	136	4		145		13	12	7	8	10			30	10	23	21
Baltimore City		192	115	57		116	10	12	14	8	9	11			19	15	26	24

Baltimore		143	120	141		136	7	14	13	8	8	11				10	15	14
Calvert						0		10	8	4	5	6				54	25	31
Caroline			300			300		10	10	6	6	8				13	19	16
Carroll						0	7	9	11	6	6	8				17	25	24
Cecil		98	16	22		39	9	11	12	6	5	8				21	18	19
Charles						0		9	11	7	9	9				21	21	21
Dorchester			293			293		8	11	6	3	9					50	50
Frederick			72			72	8	10	14	5	6	10				23	22	22
Garrett						0		9	5	5	4	6					39	39
Harford			168	40		125	7	12	12	6	10	10				19	14	15
Howard				7		7	8	9	14	7	9	10				8	25	21
Kent						0		15	15	8	7	13				14	28	27
Montgomery		301	167	23		130	17	11	10	8	8	9			11	21	15	17
Prince George's			204	13		108	8	12	11	7	7	9				13	21	19
Queen Anne's			108			108		11	11	9	6	9				39	17	19
Somerset			28			28		17	15	6	5	10				36	30	30
St. Mary's		182	167	30		143		10	13	6	4	9				23	29	27
Talbot						0		12	11	11	6	10				32	11	14
Washington			157			157		12	12	6	5	9				22	27	25
Wicomico			17	299		158		17	11	6	9	10				20	34	30
Worcester						0		16	14	4	7	11				39	26	31
Statewide	0	156	125	73	0	125	9	12	12	7	8	10	0	0	20	18	23	22

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

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. Grayed out cells represent counts of zero.

2. Average Length of Stay at Psychiatric Inpatient Facilities

Statewide, in FY22, the ALOS in acute psychiatric inpatient hospitals was ten days, which is equal to the ALOS in FY20 and FY21. As shown in Table 32, length of stays for young adults aged 18-21 (1,461; 23.3%) and 22-25 (1,485; 23.7%) were slightly shorter (7–8 days) compared to children and youth aged 7-12 (951; 15.2%) and aged 13-17 years (2,321; 37.0%) with an average length of stay of 12 days, while children ages birth to 6 years (49; 0.8%) had an average length of stay of 9 days. Inpatient hospital ALOS also varied substantially across jurisdictions, ranging from a high of 13 days in Kent County to a low of 6 days in Calvert and Garrett Counties. In FY21, the ALOS range was 16 days in Kent County and 5 days in St. Mary's County. Four jurisdictions had an ALOS above the state average of ten days, while twenty jurisdictions were below the statewide average (see Table 32).

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

Statewide, in FY22, children and young adults enrolled in residential substance-related disorder programs stayed on average 22 days. As shown in Table 32, the average length of stay varied by age group with young adults 22 to 25 years, who make up the majority (45.8%) of service users in this category, having longer LOS (22 to 25 years; 23 days) and youth 18 to 21 years having LOS 18 days.

As shown in Table 32, there was substantial variability ALOS in younger children and youth (birth to 17 years) ranging from zero days (birth to 12 years) to 20 days (13 to 17 years). 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 50 days in Dorchester County to a low of 14 days in Baltimore and Talbot Counties. Twelve jurisdictions had an ALOS above the state average of 22 days (see Table 32).

D. Residential Treatment Centers

HG § 7.5–209(b)(8) requests data on (1) the total number of children and young adults admitted to RTCs, and (2) the total number of children and young adults discharged from RTCs. The data on children and young adults admitted to RTCs during this report year is presented in Section III.B.4 of this report.

1. Psychiatric Inpatient Hospital and Residential Treatment Discharges

Table 33 displays the number of children and young adults discharged from inpatient psychiatric and RTCs summarized by age group and jurisdiction in FY22.

Table 33: Discharges from Inpatient Psychiatric and Residential Treatment Facilities, FY22

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								17	40	14	35	106	106
Anne Arundel								87	220	98	142	547	551
Baltimore City			76			89		175	470	372	400	1,425	1,514
Baltimore		35	19			62	10	149	344	181	189	873	935
Calvert									41	25	24	96	96
Caroline									32	16	13	67	69
Carroll								10	52	26	17	106	106
Cecil								30	67	48	59	212	216
Charles								13	55	24	31	123	123
Dorchester								13	26			54	56
Frederick								40	108	43	66	263	264
Garrett										15		33	33

Harford								54	109	68	69	301	304	
Howard								30	94	67	52	244	245	
Kent									26			42	42	
Montgomery								67	409	228	236	941	949	
Prince George's								65	251	254	304	878	884	
Queen Anne's									11	21		44	46	
Somerset									27		23	62	63	
St. Mary's									36	29	16	89	94	
Talbot									15	13	10	43	43	
Washington								54	109	72	62	297	301	
Wicomico								29	104	60	56	249	251	
Worcester									33	12	10	61	61	
Statewide			46	124	28		198	40	886	2,688	1,713	1,843	7,170	7,368

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

Note: RTC discharges are 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 FY22 there were a total of 7,368 child and young adult discharges from inpatient psychiatric hospitals (7,170) and RTCs (198). The number of children and young adult discharges from psychiatric inpatient and RTCs are summarized by jurisdiction and by age group in Table 33. Children ages 13 to 17 accounted for the greatest proportion of discharges from both inpatient (37.5%) and RTC (62.6%) services, respectively. The number of hospital discharges varied widely across the State with 57.4% occurring in four jurisdictions, including Baltimore City (19.9%) and Baltimore (12.2%), Montgomery (13.1%), and Prince George's (12.2%) Counties. For those discharged from RTC's, Baltimore City (44.9%) and Baltimore County (31.3%) accounted for 76.3% of all discharges.

VII. Summary and Conclusions

A. Overall PBHS Service Utilization and Expenditures

In FY22, 1,958,005 children and young adults (birth through 25 years) resided in the State of Maryland, an increase of more than twenty thousand from FY21 (1,935,150). Almost half (45.7%; 895,652) were eligible for PBHS services, a 5.6% increase from FY21 (847,820). Slightly more than 1 in 10 (12.9%; 115,465) children and young adults received one or more behavioral health services in FY22 compared to 109,027 in FY21. While PBHS service use decreased during the pandemic, specifically between FY20 (112,334) and FY21 (109,027), the number of children and young adults who received PBHS services increased by 5.9% from 109,027 in FY21 to 115,465 in FY22 nearly reaching prepandemic counts. The total annual cost of services continued to trend upward in FY22, increasing from \$554.6 million in FY21 to \$585.3 million in FY22, reflecting a 5.5% increase. Although annual expenditures continued to trend upward, the annual per person cost decreased slightly from \$5,087 in FY21 to \$5,069 in FY22. Of those children and young adults receiving PBHS services, more than one-half (59.1%; 67,403) were between the ages of 7 and 17 similar to FY21 (58.3%; 63,561). Although

Non-Hispanic Black (38.7%; 44,719) and Non-Hispanic White (29.2%; 33,773) accounted for the majority of PBHS service recipients, service utilization by Hispanic children and young adults increased 70% from FY21 (1.4%; 1,132) to FY22 (2.3%; 1,929). Females (54.3%; 62,668) were more likely to use PBHS services than males (45.7%; 52,795) and had higher rates of service use.

B. High Use PBHS Services

Traditional outpatient behavioral health services⁶ was the most frequently used service area among children and young adult recipients of PBHS services. In FY22, a total of 109,063 children and young adult recipients of PBHS services received one or more outpatient behavioral health services, accounting for 94.5% of all child and young adult service recipients. Statewide, 122 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 130 per 1,000 eligible compared to 113 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 139 per 1,000 eligible Non-Hispanic Black children and young adults.

After Outpatient services, PRP services was the second most frequently used service with nearly one in every five children and young adults (17.9%; 20,742) utilizing the service at a rate of 25.1 service users per 1,000 Medicaid eligible individuals. While PRP service use had been trending up between FY18 and FY20, service use has declined between FY20 and FY21 by 10% and another 2.5% in FY22. Service use rates for PRP were higher in males (24.3 per 1,000 eligible) compared to females (22.1 per 1,000 eligible) and Non-Hispanic Blacks (40.5 per 1,000 eligible) had substantially higher rates compared to Non-Hispanic White children and young adults (18.0 per 1,000 eligible).

Nearly one in ten (9.5%) child and young adult service recipients had one or more psychiatric emergency room visits in FY22, which is a similar rate to FY21. Emergency room services were most frequently used by children ages 13–17 years (36.8%; 4,022) followed by young adults ages 18–21 years (22.6%; 2,467) and 22–25 (21.8%; 2,378). Service use increased for service users in the 13–17 years age group by over 27% between FY21 and FY22 (3,157 vs 4,022). Overall, children and young adults ages 13 and older accounted for more than three quarters (81.2%; 8,867) of those using psychiatric emergency room services. Young adults ages 18–25 years had the highest utilization rate (24 per 1,000 eligible), while children ages six and under had the lowest utilization rate (<1 per 1,000 eligible). Female children and young adults (14 per 1,000 eligible) used emergency room services at a higher rate compared to males (11 per 1,000 eligible) with the highest use rate among females 13 to 17 years. In this age category, female (13.33 per 1,000) use rates were nearly twice that of males (7.35 per 1,000 eligible). In addition, Non-Hispanic White children and young adults used emergency room services at a substantially higher rate than Non-Hispanic Black children and young adults (17 per 1,000 eligible versus 14 per 1,000 eligible). While ER use declined substantially by 21.5% between FY19 and FY21,

⁶PBHS 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.

likely related to the impact of the pandemic, utilization increased by 10% in FY22 (FY19: 12,613; FY20: 10,460; FY21: 9,904; FY22: 10,925).

A total of 6,267 children and young adult recipients of PBHS services had one or more psychiatric related hospitalizations in FY22, accounting for 5.4% of all child and young adult service recipients, reflecting a 5.5% increase in inpatient utilization between FY21 (5,940) and FY22. Similar to ER service, Inpatient hospital service use declined by 20.3% between FY19 and FY21 (7,457 vs 5,940). Statewide, approximately 7 children and young adults out of every 1,000 PBHS eligible individuals utilized inpatient hospital services. Females used inpatient hospital services at a rate of 8 per 1,000 eligible compared to 6 per 1,000 eligible males. Inpatient hospitalization rates were highest among 13 to 17 year old females and in this age group, females were hospitalized at twice the rate of their male counterparts . Inpatient utilization rates also varied substantially by race. Non-Hispanic White children and young adults used inpatient services at a rate of 9.8 per 1,000 compared to 7.5 per 1,000 eligible Non-Hispanic Black children and young adults.

Behavioral health related ER and inpatient hospital services were the third and fourth highest use services after Outpatient and PRP services and ranked third and fourth in utilization per 1,000 eligible at 12.2 per 1,000 and 7.0 per 1,000 respectively.

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 psychiatric emergency room, inpatient hospital care, and residential treatment center services. In contrast to the use of PRP services, other community-based service alternatives designed to support children and youth with more intensive behavioral health needs are much less frequently utilized in the PBHS. In FY22, Targeted Case Management (TCM) services were utilized by only 1.9% (2,237) children and young adults at a rate of 2.5 users per 1,000 eligible. TCM utilization has declined by 11% since FY19, declining 8.5% in FY20 and FY21 and another 2.7% in FY22. Only 147 children and youth used Intensive Case Management Services (Level III TCM) accounting for 6.6% of all TCM users and less than 1% of all child and young PBHS service recipients. In addition, § 1915(i) Waiver services that are designed to provide intensive care management and in-home treatment to children and youth at high risk for inpatient hospitalization or out of home residential placement was used by just 34 children and youth and accounted for less than 1% of child and young adult service users. Though one of the goals of intensive community services is to limit use of ER and inpatient services, two of the jurisdictions ranked in the top five for PRP and TCM utilization also ranked in top five for emergency room utilization (Dorchester and Somerset Counties). Washington County also ranked in the top five for PRP (653; 3.1%) and TCM (450; 20.1%) utilization ranked in the top five for inpatient hospital treatment (279; 4.5%).

C. Service Expenditures and Trends

In FY22, a total of \$585.3 million was expended on PBHS behavioral health services provided to 115,465 child and young adult recipients at an average cost of \$5,069 per person. While both the overall expenditures (\$554.6 million) and service user counts (109,027) increased from FY21, the average cost per person decreased slightly from \$5,087 in FY21 to \$5,069 in FY22.

Expenditure trends between FY18 and FY22 indicate that overall behavioral health service costs increased by 18.1% (\$495.8 Million vs \$585.3 Million) and per person expenditures increased by 13.5% (\$4,466 vs \$5,069), while service use increased by 4.1% (110,965 vs 115,465) over the same period. Overall behavioral health expenditures increased at more than 4 times the service utilization rate while per person expenditures increased at twice the rate of service utilization.

Outpatient behavioral health services accounted for the vast majority of service users (94%; 109,063) and had the highest overall expenditures, accounting for nearly one-half (48.7%; \$284.8 million) of the total behavioral health expenditures for children and young adults, with an average per person cost of \$2,648. Female service recipients accounted for a larger share of the total expenditure than males (\$152.5 million versus \$132.2 million), however, males had a higher cost per person (\$2,676 versus \$2,625 per person) than females. Children and youth ages 7 to 17 years accounted for more than two-thirds (67.8%; \$176.2 million) of total outpatient expenditures, while young adults 18 to 25 years accounted for 23.3% (\$66.4 million). Though Hispanic children and young adults accounted for only 2.0% (\$5.7 Million) of the total expenditures, they had the highest per person costs at \$3,094 per person, followed by Native Americans (0.6%; \$1.7 Million) who had the next highest cost per person of \$2,821. Service use and expenditure trends show that between FY21 and FY22, overall expenditures increased by 9.6% (\$25.1 million), while service utilization increased by 8.2% (8,292 service users). However, per person expenditures remained relatively stable in FY22, decreasing by 1.3% (\$37 per person)

Inpatient psychiatric services represented the second highest expenditure, and accounted for nearly one-fifth (19.8%; \$115.7 million) of all PBHS expenditures in FY22. Inpatient hospital expenditures decreased by 1.2% from FY21 (21.0%; \$116.6 million). In FY22, 6,267 children and young adults utilized the service with an average per person cost of \$19,087 representing a 2.7% decrease in per person costs compared to FY21 (\$19,625 per person). Examination of expenditure trends over the past five years (FY18-FY22) show that inpatient hospital expenditures have increased by 8.9% (\$106.3 million vs \$115.7 million) and per person expenditures have increased by 39.6% (\$13,670 vs \$19,087). While expenditures increased, inpatient service use declined by 19.4% (7,773 vs 6,267) over the same period. Service use declines are likely associated with hospital use restrictions during the pandemic. Between FY21 and FY22 both overall inpatient expenditures and per person expenditures declined less than 1% (\$116.6 million vs \$115.7 million) and 5.9% (\$19,625 vs \$19,087) respectively, while service use increased by 5.5% (5,940 vs 6,267).

In FY22, a total of 10,925 children and young adults used emergency room services at a total cost of \$13.0 million, a 6.3% increase from FY21 and an average annual per person cost of \$1,229, a decrease of less than 1% per person from FY21. Emergency room expenditures accounted for 2.2% of the overall annual behavioral health expenditure (\$585.3 million) in FY22. Females account for 57.7% (6,298 service users) of emergency room expenditures, however, as with inpatient psychiatric services, males had a slightly higher per person cost compared to females (\$1,255 per person versus \$1,211 per person). Non-Hispanic Black recipients accounted for 40.7% (4,190 service users) of total emergency room expenditures at a per person cost of \$1,302, followed by Non-Hispanic White recipients who accounted for 26.4% (3,119 service users) of expenditures and had a per person cost of \$1,140. Total emergency room

expenditures were highest among children ages 13–17 (37.5%; \$4.9 million) and lowest among the youngest age group (birth to 6 years) (1.2%; \$156,825). Over the past five years (FY18–FY22), both ER use and overall expenditures have decreased at comparable rates decreasing by 15.6% and 16.2%, respectively. However, in FY22 both ER service use (10.2%; 9,904 vs 10,925) and overall expenditures (6.3%; \$12.3 million vs \$13.0 million) increased.

Psychiatric Rehabilitation Program (PRP) Services accounted for 18% of all service users (20,742) and the third highest annual expenditure at \$94.1 million with an annual per person cost of \$4,630. The average annual per person expenditures were nearly two times greater for young adults 18–21 years (\$6,834 per person) and 22–25 years (\$7,276 per person) compared to younger children. Expenditures were equally distributed between males (52%; \$49.7 million) and females (48%; \$45.8 million). Non-Hispanic Black children and young adults accounted for more than one-half (61%; \$58.2 Million) of the overall PRP expenditures, while Non-Hispanic White individuals accounted for just (15.5%; \$14.8 million) of overall expenditures. Between FY18 and FY22, PRP expenditures have had an upward trajectory, increasing by 45% (\$66.3 million vs \$96.0 million), while annual per person expenditures increased by 28% (\$3,623 vs \$4,630) over the same period. Expenditures have increased at more than three times the service utilization rate which increased by only 13% (18,299 vs 20,742) over the same period. PRP expenditures continued to increase in FY22 (2%; \$1.9 Million) while service use decreased by 2.5% (533 service users).

Residential Treatment Center (RTC) services accounted for 4.8% (\$28.0 million) of overall behavioral health expenditures. While RTC services were utilized by 278 individuals statewide, it accounted for the highest per person expenditure (\$100,569 per person) of all the services, while inpatient hospitalization had the second highest per person expenditures at \$19,625 per person. Male service users accounted for just over two-thirds (68.6%; \$19.2 million) of RTC expenditures and Non-Hispanic Black children and young adults (44.4%; \$12.4 million) had the highest expenditures followed by Non-Hispanic White individuals (38.4%; \$10.7 million). Since FY18, RTC service use has decreased dramatically by 63% (FY18: 454; FY22: 278). Along with this decrease in service use, overall expenditures have also decreased by 21%, while annual per person costs increased by 29% (\$22,826 per person increase). Between FY21 and FY22 overall expenditures remained relatively unchanged, but service use declined by 20% (71 individuals) and per person cost jumped by 26% (\$20,447 increase)

Targeted Case Management Services accounted for 1.9% (2,237) of child and young adult service recipients and 1.8% (\$10.3 million) of the overall expenditures at an annual per children and young adult cost of \$4,618. Males accounted for over one-half (59%; \$6.0 million) of TCM expenditures, children and youth between 7 and 17 years accounted for 85.5% (\$8.8 million) of the total TCM expenditures and had the highest per person costs of \$5,092 and \$5,085 respectively. Between FY18 and FY22, TCM expenditures have more than doubled (FY18: \$5.0 million; FY22: \$10.3 million) along with annual per person costs (\$2,465 increase). While expenditures have increased, service use has declined by 3.8% (FY18: 2,325; FY22: 2,237) over the same period. In FY22, both overall TCM expenditures and service use decreased by 3.2% (\$335,829 decrease) and 2.7% (88 users).

D. Service Use and Expenditure Variability and Disparities

In addition to profiling child and young adult service use and expenditures in Maryland's PBHS system, this report highlights substantial variation in MA eligibility, service use and expenditures across geographic areas and by the demographic characteristics of children and young adults. MA eligibility ranged from 25.6% of children and young adults in Howard County to 90.9% in Baltimore City, while rates of service use among those eligible ranged from a low of 74 per 1,000 eligible in Prince George's County to a high of 215 per 1,000 eligible in Somerset County, with a state average of 129 per 1,000 eligible. Generally, the use of PBHS services maps closely with Medicaid eligibility rates across the state with the highest use rates corresponding to those areas of the State with higher poverty and public assistance rates and higher numbers of at-risk children and families. While geographic disparities in service use can be attributed, in part, to variation in MA eligibility across Maryland's jurisdictions, multiple system and community factors likely contribute to this variation, including differences in access to services, poverty and income levels, employment, education level, racial and ethnic profile of communities, exposure to trauma and violence, among other vulnerability factors.

PBHS Service use rates also varied substantially by gender, age group and race and ethnicity.

Females used PBHS services at a higher rate than males and Non-Hispanic White individuals used services at higher rates than NH Black individuals. Gender disparities were most clearly evidenced with older female youth 13 years and older and the use of acute inpatient hospital treatment and emergency room services. Compared to males, females were more likely to use emergency rooms across all age groups with the exception of birth to 6 years old. Females 13 to 17 years of age also had the highest overall service use rate at 101.7 per 1,000 compared to males of the same age at 73.9 per 1,000 eligible. Females (8.1 per 1,000) in this age group were hospitalized at twice the rate of males (3.9 per 1,000), and were nearly twice as likely to use emergency room services. In addition, once admitted to emergency rooms, females had the longest wait times to final disposition with a median time of 8.66 hours compared to 6.35 hours for males in the same age group and 6.86 hours for all child and youth ER users.

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 to inpatient hospital treatment and to RTC varied across the State from a low of 5.4% in Dorchester County to a high of 33.3% in Somerset County, with a statewide rate of 18.2%. Overall, half (12) of all jurisdictions, including Calvert, Cecil, Frederick, Harford, Howard, Kent, Prince George's, Queen Anne's, Somerset, Washington, Wicomico, and Worcester had readmission rates higher than the statewide rate of 18.2%. Thirty day readmission rates varied by age with more than two-fifths (42.6%) of readmissions attributed to young adults 18 to 25 years old. Youth 13 to 17 years and 12 years and under accounted for 15.5% and 14.7% of all readmissions. It should be noted that a low total number of readmissions can cause large swings in percent changes.

E. Substance Related Disorders Program Services

In Maryland, it is estimated that 6.9% of youth 12 to 17 years and 29.0% of young adults are in need, but not receiving substance use services.⁷ This translates to 32,295 youth 12 to 17 years and 17,887 young adults 18 to 25 years in need of substance use services. In FY22, just over one in every 10 (11.1%; 12,787) children and young adults received substance related treatment services in the PBHS at a rate of 13.7 per 1,000 MA eligible individuals and accounted for just 5.1% of overall behavioral health expenditures. Young adults 18 to 25 years of age accounted for 72% of service users and 89.6% (\$27.1 million) of total expenditures (\$30.3 million), while younger children and youth represented just under a quarter (24%; 3,067) of the service users and accounted for only 10% (\$3.1 million) of the total expenditures. Females were more likely to use substance related disorder services at a rate of 14.7 per 1,000 eligible compared to 12.7 per 1,000 eligible males. Non-Hispanic White children and young adults used these services at a substantially higher rate of 20.2 per 1,000 eligible compared to 14.4 per 1,000 eligible for Non-Hispanic Black individuals. Similar to other behavioral health services, Substance related service use rates varied widely across Maryland jurisdictions. Washington (28.1 per 1,000), Cecil (27.5 per 1,000), Allegany (26.5 per 1,000), Dorchester (26.5 per 1,000) and Garrett (26.5 per 1,000) Counties recorded the highest rates, while Prince George's (6.1 per 1,000), Montgomery (7.3 per 1,000) and Howard (8.1 per 1,000) Counties had the low use rates. Service use rates in all of the top five high service use Counties were two times higher than the State rate. Between FY21 and FY22, substance related service use increased from 11,717 to 12,287, reflecting a 4.9% increase in service use. Along with increases in service use, both overall expenditures and per person expenditures increased by 7.1% and 7.6% over the same period.

⁷ Estimates based on National Survey of Drug Use and Health 2021 estimates of the number of youth 12–17 and young adults who were in need of substance use services but did not receive treatment.

APPENDIX A

Table A1: Number and Percent Eligible for PBHS Services within Each Jurisdiction, FY22

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	3,354	29.1%	2,902	25.2%	2,150	18.7%	1,633	14.2%	1,484	12.9%	11,523	1.3%
Anne Arundel	18,739	30.6%	16,068	26.3%	12,075	19.7%	7,752	12.7%	6,546	10.7%	61,180	6.8%
Baltimore City	47,757	29.4%	40,446	24.9%	32,079	19.7%	22,026	13.5%	20,251	12.5%	162,559	18.1%
Baltimore	31,080	30.8%	25,169	24.9%	19,651	19.5%	13,471	13.3%	11,543	11.4%	100,914	11.3%
Calvert	2,409	28.0%	2,188	25.5%	1,760	20.5%	1,255	14.6%	977	11.4%	8,589	1.0%
Caroline	2,271	29.2%	2,020	26.0%	1,662	21.4%	1,056	13.6%	767	9.9%	7,776	0.9%
Carroll	4,155	29.3%	3,678	25.9%	2,944	20.8%	1,833	12.9%	1,574	11.1%	14,184	1.6%
Cecil	4,801	29.9%	4,049	25.3%	3,245	20.2%	2,161	13.5%	1,777	11.1%	16,033	1.8%
Charles	6,665	30.5%	5,678	26.0%	4,235	19.4%	2,784	12.8%	2,459	11.3%	21,821	2.4%
Dorchester	2,098	28.9%	1,828	25.2%	1,491	20.5%	990	13.6%	849	11.7%	7,256	0.8%
Frederick	9,084	30.6%	7,663	25.8%	6,138	20.7%	3,795	12.8%	2,968	10.0%	29,648	3.3%
Garrett	1,356	29.7%	1,078	23.7%	936	20.5%	638	14.0%	550	12.1%	4,558	0.5%
Harford	8,536	29.4%	7,394	25.5%	5,951	20.5%	3,896	13.4%	3,253	11.2%	29,030	3.2%
Howard	7,951	28.2%	7,245	25.7%	6,022	21.3%	4,008	14.2%	2,990	10.6%	28,216	3.2%
Kent	858	28.2%	769	25.3%	634	20.9%	430	14.1%	348	11.5%	3,039	0.3%
Montgomery	39,730	30.4%	33,974	26.0%	27,057	20.7%	17,249	13.2%	12,769	9.8%	130,779	14.6%
Prince George's	56,187	32.5%	44,843	26.0%	33,177	19.2%	20,816	12.1%	17,654	10.2%	172,677	19.3%
Queen Anne's	1,366	28.6%	1,234	25.9%	1,016	21.3%	658	13.8%	495	10.4%	4,769	0.5%
Somerset	1,362	28.2%	1,296	26.9%	950	19.7%	681	14.1%	536	11.1%	4,825	0.5%
St. Mary's	4,059	29.8%	3,431	25.2%	2,728	20.0%	1,828	13.4%	1,583	11.6%	13,629	1.5%
Talbot	1,506	30.2%	1,275	25.6%	1,026	20.6%	682	13.7%	500	10.0%	4,989	0.6%
Washington	8,189	30.0%	6,984	25.6%	5,437	19.9%	3,675	13.5%	3,025	11.1%	27,310	3.0%
Wicomico	6,930	30.8%	5,557	24.7%	4,378	19.5%	3,101	13.8%	2,518	11.2%	22,484	2.5%
Worcester	2,086	26.8%	2,042	26.2%	1,618	20.8%	1,186	15.2%	853	11.0%	7,785	0.9%
Statewide	272,551	30.4%	228,829	25.5%	178,373	19.9%	117,614	13.1%	98,285	11.0%	895,652	100.0%

Data Source: Behavioral health services claims and eligibility data for FY22. Based on claims paid through June 30, 2023.

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=895,652).

Table A2: Number and Percent of Child and Young Adult Recipients of PBHS Services, FY22

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	140	7.0%	527	26.5%	541	27.2%	393	19.8%	386	19.4%	1,987	1.7%	172.4
Anne Arundel	731	8.7%	2,575	30.5%	2,468	29.3%	1,259	14.9%	1,403	16.6%	8,436	7.3%	137.9
Baltimore City	2,911	9.8%	8,998	30.3%	8,453	28.5%	4,712	15.9%	4,612	15.5%	29,686	25.7%	182.6
Baltimore	1,403	9.5%	4,419	29.8%	4,181	28.2%	2,416	16.3%	2,418	16.3%	14,837	12.8%	147.0
Calvert	111	8.7%	338	26.4%	358	28.0%	243	19.0%	228	17.8%	1,278	1.1%	148.8
Caroline	100	8.0%	405	32.4%	416	33.3%	173	13.8%	157	12.5%	1,251	1.1%	160.9
Carroll	214	9.1%	715	30.3%	685	29.1%	363	15.4%	380	16.1%	2,357	2.0%	166.2
Cecil	266	10.5%	786	30.9%	667	26.2%	388	15.3%	434	17.1%	2,541	2.2%	158.5
Charles	124	6.4%	490	25.2%	582	30.0%	346	17.8%	400	20.6%	1,942	1.7%	89.0
Dorchester	131	9.1%	437	30.4%	453	31.5%	207	14.4%	208	14.5%	1,436	1.2%	197.9
Frederick	374	8.8%	1,273	30.0%	1,309	30.8%	685	16.1%	605	14.2%	4,246	3.7%	143.2
Garrett	57	8.7%	202	31.0%	191	29.3%	91	14.0%	111	17.0%	652	0.6%	143.0
Harford	432	9.0%	1,434	29.9%	1,343	28.0%	774	16.1%	814	17.0%	4,797	4.2%	165.2
Howard	223	6.7%	904	27.3%	1,059	32.0%	618	18.7%	507	15.3%	3,311	2.9%	117.3
Kent	52	9.4%	178	32.1%	158	28.5%	77	13.9%	89	16.1%	554	0.5%	182.3
Montgomery	694	6.4%	2,920	26.8%	3,472	31.8%	2,020	18.5%	1,808	16.6%	10,914	9.5%	83.5
Prince George's	875	6.8%	3,314	25.9%	3,963	31.0%	2,325	18.2%	2,301	18.0%	12,778	11.1%	74.0
Queen Anne's	48	6.8%	187	26.4%	252	35.6%	121	17.1%	100	14.1%	708	0.6%	148.5
Somerset	100	9.7%	361	34.8%	278	26.8%	145	14.0%	152	14.7%	1,036	0.9%	214.7
St. Mary's	99	6.6%	370	24.8%	427	28.6%	300	20.1%	295	19.8%	1,491	1.3%	109.4
Talbot	74	8.8%	255	30.4%	259	30.9%	126	15.0%	125	14.9%	839	0.7%	168.2
Washington	498	10.3%	1,346	27.8%	1,280	26.4%	817	16.9%	899	18.6%	4,840	4.2%	177.2
Wicomico	243	7.1%	932	27.4%	1,050	30.8%	617	18.1%	563	16.5%	3,405	2.9%	151.4
Worcester	125	8.0%	525	33.6%	488	31.3%	219	14.0%	204	13.1%	1,561	1.4%	200.5
Statewide	9,935	8.6%	33,462	29.0%	33,941	29.4%	19,204	16.6%	18,923	16.4%	115,465	100.0%	128.9

Data Source: Behavioral health services claims and eligibility data for FY22. Based on claims paid through June 30, 2023.

Note: ^aThe number and percent by age group represent the total number of children and young adults within each age group that received services in that jurisdiction and the percentage of the jurisdiction total accounted for by each age group. ^bThe total percent column represents the percentage of children and young adults receiving services in each jurisdiction, based on the statewide number of service recipients (N=115,465). 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.

Table A3: Number and Percent of PBHS Recipients of Outpatient Behavioral Health Services, FY22

Jurisdiction	Age Group ^a					Jurisdiction Total ^b
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	

	N	%	N	%	N	%	N	%	N	%	N	% of State Total	Rate per 1,000
Allegany	139	7.2%	523	27.2%	535	27.8%	374	19.4%	355	18.4%	1,926	1.8%	167.1
Anne Arundel	726	8.9%	2,535	31.2%	2,415	29.7%	1,202	14.8%	1,256	15.4%	8,134	7.5%	133.0
Baltimore City	2,842	10.4%	8,490	31.0%	7,766	28.4%	4,233	15.5%	4,019	14.7%	27,350	25.1%	168.2
Baltimore	1,379	9.9%	4,229	30.3%	3,992	28.6%	2,216	15.9%	2,147	15.4%	13,963	12.8%	138.4
Calvert	111	9.0%	336	27.4%	352	28.7%	222	18.1%	206	16.8%	1,227	1.1%	142.9
Caroline	98	8.1%	397	32.8%	406	33.6%	163	13.5%	146	12.1%	1,210	1.1%	155.6
Carroll	210	9.2%	711	31.1%	675	29.5%	347	15.2%	342	15.0%	2,285	2.1%	161.1
Cecil	262	11.2%	777	33.1%	637	27.1%	326	13.9%	347	14.8%	2,349	2.2%	146.5
Charles	118	6.5%	477	26.3%	548	30.2%	308	17.0%	361	19.9%	1,812	1.7%	83.0
Dorchester	128	9.2%	427	30.8%	441	31.8%	203	14.6%	189	13.6%	1,388	1.3%	191.3
Frederick	373	9.1%	1,255	30.6%	1,289	31.4%	636	15.5%	554	13.5%	4,107	3.8%	138.5
Garrett	54	8.9%	199	32.8%	180	29.7%	77	12.7%	97	16.0%	607	0.6%	133.2
Harford	426	9.5%	1,390	31.0%	1,284	28.6%	691	15.4%	697	15.5%	4,488	4.1%	154.6
Howard	218	6.8%	873	27.4%	1,033	32.4%	592	18.6%	469	14.7%	3,185	2.9%	112.9
Kent	51	9.4%	177	32.7%	156	28.8%	77	14.2%	80	14.8%	541	0.5%	178.0
Montgomery	691	6.6%	2,870	27.5%	3,334	32.0%	1,877	18.0%	1,648	15.8%	10,420	9.6%	79.7
Prince George's	869	7.2%	3,233	26.6%	3,799	31.3%	2,161	17.8%	2,080	17.1%	12,142	11.1%	70.3
Queen Anne's	48	6.9%	185	26.7%	252	36.3%	116	16.7%	93	13.4%	694	0.6%	145.5
Somerset	99	9.8%	358	35.5%	271	26.9%	135	13.4%	145	14.4%	1,008	0.9%	208.9
St. Mary's	98	7.2%	365	26.8%	409	30.0%	252	18.5%	238	17.5%	1,362	1.2%	99.9
Talbot	72	8.8%	252	30.7%	256	31.2%	123	15.0%	117	14.3%	820	0.8%	164.4
Washington	488	11.0%	1,292	29.1%	1,212	27.3%	708	15.9%	746	16.8%	4,446	4.1%	162.8
Wicomico	242	7.4%	920	28.2%	1,029	31.5%	567	17.4%	508	15.6%	3,266	3.0%	145.3
Worcester	125	8.2%	524	34.5%	483	31.8%	204	13.4%	185	12.2%	1,521	1.4%	195.4
Statewide	9,784	9.0%	32,440	29.7%	32,442	29.7%	17,600	16.1%	16,797	15.4%	109,063	100.0%	121.8

Data Source: Behavioral health services claims and eligibility data for FY22. Based on claims paid through June 30, 2023.

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 the 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=109,063). 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.

Table A4: Number and Percent of PBHS Recipients of Inpatient Psychiatric Hospitalization, FY22

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			19	19.0%	30	30.0%	18	18.0%	32	32.0%	100	1.6%	8.7
Anne Arundel			85	17.9%	177	37.3%	86	18.1%	122	25.7%	475	7.6%	7.8
Baltimore City	13	1.0%	191	14.4%	445	33.6%	342	25.9%	332	25.1%	1,323	21.1%	8.1
Baltimore			143	18.1%	295	37.2%	170	21.5%	175	22.1%	792	12.6%	7.8
Calvert			11	13.4%	35	42.7%	20	24.4%	16	19.5%	82	1.3%	9.5
Caroline					28	49.1%	11	19.3%			57	0.9%	7.3
Carroll			15	15.3%	39	39.8%	25	25.5%	18	18.4%	98	1.6%	6.9
Cecil			32	16.5%	51	26.3%	47	24.2%	57	29.4%	194	3.1%	12.1
Charles			18	14.1%	52	40.6%	22	17.2%	36	28.1%	128	2.0%	5.9
Dorchester			14	27.5%	21	41.2%			11	21.6%	51	0.8%	7.0
Frederick			42	17.5%	91	37.9%	49	20.4%	53	22.1%	240	3.8%	8.1
Garrett											23	0.4%	5.0
Harford			50	20.3%	86	35.0%	59	24.0%	49	19.9%	246	3.9%	8.5
Howard			34	16.2%	82	39.0%	63	30.0%	30	14.3%	210	3.4%	7.4
Kent					15	55.6%					27	0.4%	8.9
Montgomery			92	11.2%	363	44.1%	181	22.0%	187	22.7%	824	13.1%	6.3
Prince George's			73	9.6%	240	31.4%	221	28.9%	227	29.7%	764	12.2%	4.4
Queen Anne's					15	44.1%	11	32.4%			34	0.5%	7.1
Somerset					16	43.2%					37	0.6%	7.7
St. Mary's			11	12.6%	37	42.5%	23	26.4%	16	18.4%	87	1.4%	6.4
Talbot					14	40.0%					35	0.6%	7.0
Washington			62	22.2%	111	39.8%	49	17.6%	56	20.1%	279	4.5%	10.2
Wicomico			23	13.6%	72	42.6%	39	23.1%	35	20.7%	169	2.7%	7.5
Worcester					25	48.1%					52	0.8%	6.7
Statewide	49	0.8%	951	15.2%	2,321	37.0%	1,461	23.3%	1,485	23.7%	6,267	100.0%	7.0

Data Source: Behavioral health services claims and eligibility data for FY22. Based on claims paid through June 30, 2023.

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=6,267). 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.

Table A5: Number and Percent of Psychiatric Emergency Room Services, FY22

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			50	21.0%	88	37.0%	39	16.4%	58	24.4%	238	2.2%	20.7
Anne Arundel			146	18.4%	292	36.7%	155	19.5%	193	24.3%	795	7.3%	13.0
Baltimore City	43	1.6%	447	17.0%	876	33.3%	658	25.0%	607	23.1%	2,631	24.1%	16.2
Baltimore	26	2.1%	209	16.5%	463	36.7%	291	23.0%	274	21.7%	1,263	11.6%	12.5
Calvert			18	14.0%	56	43.4%	32	24.8%	20	15.5%	129	1.2%	15.0
Caroline			17	17.0%	50	50.0%	21	21.0%	12	12.0%	100	0.9%	12.9
Carroll			43	19.3%	82	36.8%	46	20.6%	47	21.1%	223	2.0%	15.7
Cecil			33	15.3%	69	32.1%	51	23.7%	60	27.9%	215	2.0%	13.4
Charles			39	17.6%	78	35.1%	44	19.8%	58	26.1%	222	2.0%	10.2
Dorchester			40	29.2%	54	39.4%	16	11.7%	22	16.1%	137	1.3%	18.9
Frederick			71	17.4%	170	41.6%	76	18.6%	85	20.8%	409	3.7%	13.8
Garrett					10	33.3%					30	0.3%	6.6
Harford			58	15.7%	130	35.1%	88	23.8%	89	24.1%	370	3.4%	12.7
Howard			43	12.8%	142	42.4%	81	24.2%	65	19.4%	335	3.1%	11.9
Kent			14	23.0%	25	41.0%	13	21.3%			61	0.6%	20.1
Montgomery			170	14.4%	503	42.7%	253	21.5%	242	20.6%	1,177	10.8%	9.0
Prince George's	15	1.3%	169	14.6%	388	33.5%	305	26.4%	280	24.2%	1,157	10.6%	6.7
Queen Anne's			19	20.7%	37	40.2%	22	23.9%	13	14.1%	92	0.8%	19.3
Somerset			31	29.8%	30	28.8%	14	13.5%	27	26.0%	104	1.0%	21.6
St. Mary's			49	20.6%	93	39.1%	53	22.3%	40	16.8%	238	2.2%	17.5
Talbot			21	24.7%	32	37.6%	18	21.2%	12	14.1%	85	0.8%	17.0
Washington	10	2.1%	110	23.6%	161	34.5%	91	19.5%	95	20.3%	467	4.3%	17.1
Wicomico			71	18.2%	164	42.1%	83	21.3%	66	16.9%	390	3.6%	17.3
Worcester			21	18.9%	52	46.8%	22	19.8%	14	12.6%	111	1.0%	14.3
Statewide	166	1.5%	1,892	17.3%	4,022	36.8%	2,467	22.6%	2,378	21.8%	10,925	100.0%	12.2

Data Source: Behavioral health services claims and eligibility data for FY22. Based on claims paid through June 30, 2023.

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=10,925). 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.

Table A6: Number and Percent of Residential Treatment Services, FY22⁸

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													0.3
Anne Arundel													0.1
Baltimore City			25	17.4%	116	80.6%					144	51.8%	0.9
Baltimore			74	64.3%	36	31.3%					115	41.4%	1.1
Calvert													0.1
Caroline													0.4
Carroll													0.1
Cecil													0.1
Charles													0.1
Dorchester													0.6
Frederick													0.0
Garrett													0.2
Harford											12	4.3%	0.4
Howard													0.0
Kent													0.7
Montgomery					13	92.9%					14	5.0%	0.1
Prince George's													0.1
Queen Anne's													0.6
Somerset													0.6
St. Mary's													0.4
Talbot													0.6
Washington													0.3
Wicomico													0.2
Worcester													0.1
Statewide			95	34.2%	174	62.6%					278	100.0%	0.3

Data Source: Behavioral health services claims and eligibility data for FY22. Based on claims paid through June 30, 2023.

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=278). 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

⁸In 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.

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.

Table A7: Number and Percent of PBHS Recipients of Targeted Case Management, FY22

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			20	37.7%	27	50.9%					53	2.4%	4.6
Anne Arundel			48	47.5%	42	41.6%					101	4.5%	1.7
Baltimore City			91	33.7%	94	34.8%	38	14.1%	38	14.1%	270	12.1%	1.7
Baltimore			49	45.0%	43	39.4%					109	4.9%	1.1
Calvert											26	1.2%	3.0
Caroline			34	39.1%	41	47.1%					87	3.9%	11.2
Carroll	11	11.1%	30	30.3%	36	36.4%	12	12.1%			99	4.4%	7.0
Cecil					11	52.4%					21	0.9%	1.3
Charles			27	40.9%	24	36.4%					66	3.0%	3.0
Dorchester			41	45.6%	40	44.4%					90	4.0%	12.4
Frederick			46	36.2%	36	28.3%	25	19.7%			127	5.7%	4.3
Garrett											22	1.0%	4.8
Harford			63	42.9%	64	43.5%					147	6.6%	5.1
Howard			35	52.2%	25	37.3%					67	3.0%	2.4
Kent											15	0.7%	4.9
Montgomery			11	28.9%	23	60.5%					38	1.7%	0.3
Prince George's			17	29.3%	20	34.5%			13	22.4%	58	2.6%	0.3
Queen Anne's			11	36.7%	16	53.3%					30	1.3%	6.3
Somerset			27	45.8%	23	39.0%					59	2.6%	12.2
St. Mary's			29	53.7%	13	24.1%					54	2.4%	4.0
Talbot			20	41.7%	21	43.8%					48	2.1%	9.6
Washington	48	10.7%	169	37.6%	141	31.3%	41	9.1%	51	11.3%	450	20.1%	16.5
Wicomico			72	37.7%	98	51.3%	16	8.4%			191	8.5%	8.5
Worcester			21	41.2%	17	33.3%					51	2.3%	6.6
Statewide	149	6.7%	883	39.5%	854	38.2%	188	8.4%	163	7.3%	2,237	100.0%	2.5

Data Source: Behavioral health services claims and eligibility data for FY22. Based on claims paid through June 30, 2023.

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=2,237). 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.

Table A8: Number and Percent of PBHS Recipients of Respite Care Services, FY22

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													
Anne Arundel													0.1
Baltimore City			12	80.0%							15	6.6%	0.1
Baltimore											14	6.2%	0.1
Calvert													
Caroline											13	5.8%	1.7
Carroll													0.4
Cecil													
Charles													
Dorchester											11	4.9%	1.5
Frederick			15	31.3%	33	68.8%					48	21.2%	1.6
Garrett													0.2
Harford													0.2
Howard													
Kent													
Montgomery													0.1
Prince George's													
Queen Anne's													0.2
Somerset			18	78.3%							23	10.2%	4.8
St. Mary's													
Talbot													1.8
Washington													0.3
Wicomico			24	51.1%	20	42.6%					47	20.8%	2.1
Worcester													0.3
Statewide	13	5.8%	112	49.6%	100	44.2%					226	100.0%	0.3

Data Source: Behavioral health services claims and eligibility data for FY22. Based on claims paid through June 30, 2023.
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=226). 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.

Table A9: Number and Percent of PBHS Recipients of Psychiatric Rehabilitation Services, FY22

	Age Group ^a												
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Jurisdiction	Birth to 6		7 to 12		13 to 17		18 to 21		22 to 25		Jurisdiction Total ^b		
	N	%	N	%	N	%	N	%	N	%	N	% of State Total	Rate per 1,000
Allegany	10	5.7%	57	32.4%	48	27.3%	29	16.5%	32	18.2%	176	0.8%	15.3
Anne Arundel	53	5.8%	349	38.4%	278	30.5%	108	11.9%	122	13.4%	910	4.4%	14.9
Baltimore City	534	5.6%	3,761	39.8%	3,048	32.2%	1,125	11.9%	993	10.5%	9,461	45.6%	58.2
Baltimore	148	6.0%	994	40.6%	754	30.8%	277	11.3%	278	11.3%	2,451	11.8%	24.3
Calvert			18	29.0%	11	17.7%	19	30.6%	10	16.1%	62	0.3%	7.2
Caroline			60	47.2%	46	36.2%					127	0.6%	16.3
Carroll	17	6.7%	128	50.8%	68	27.0%	22	8.7%	17	6.7%	252	1.2%	17.8
Cecil	10	3.8%	124	47.0%	91	34.5%	17	6.4%	22	8.3%	264	1.3%	16.5
Charles	16	6.9%	83	35.8%	74	31.9%	32	13.8%	27	11.6%	232	1.1%	10.6
Dorchester	14	6.3%	97	43.9%	78	35.3%	16	7.2%	16	7.2%	221	1.1%	30.5
Frederick	25	5.2%	239	49.9%	164	34.2%	20	4.2%	31	6.5%	479	2.3%	16.2
Garrett			22	51.2%							43	0.2%	9.4
Harford	33	5.4%	258	42.5%	179	29.5%	58	9.6%	79	13.0%	607	2.9%	20.9
Howard	28	6.4%	176	40.2%	126	28.8%	53	12.1%	55	12.6%	438	2.1%	15.5
Kent			17	39.5%	13	30.2%			10	23.3%	43	0.2%	14.1
Montgomery	41	4.3%	353	37.2%	350	36.9%	93	9.8%	112	11.8%	949	4.6%	7.3
Prince George's	134	5.4%	967	39.0%	884	35.7%	270	10.9%	224	9.0%	2,479	12.0%	14.4
Queen Anne's											27	0.1%	5.7
Somerset	16	10.0%	77	48.1%	46	28.8%	10	6.3%	11	6.9%	160	0.8%	33.2
St. Mary's			24	25.8%	23	24.7%	19	20.4%	26	28.0%	93	0.4%	6.8
Talbot			37	37.8%	33	33.7%			12	12.2%	98	0.5%	19.6
Washington	68	10.4%	342	52.4%	175	26.8%	25	3.8%	43	6.6%	653	3.1%	23.9
Wicomico	38	6.8%	241	43.2%	189	33.9%	50	9.0%	40	7.2%	558	2.7%	24.8
Worcester	10	5.7%	93	53.1%	52	29.7%	16	9.1%			175	0.8%	22.5
Statewide	1,207	5.8%	8,444	40.7%	6,698	32.3%	2,247	10.8%	2,146	10.3%	20,742	100.0%	23.2

Data Source: Behavioral health services claims and eligibility data for FY22. Based on claims paid through June 30, 2023.

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=20,742). 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.

Table A10: Number and Percent of PBHS Recipients of Substance-Related Disorder Program Services, FY22

Jurisdiction	Age Group ^a					Jurisdiction Total ^b
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	

	N	%	N	%	N	%	N	%	N	%	N	% of State Total	Rate per 1,000
Allegany					50	16.4%	93	30.5%	153	50.2%	305	2.5%	26.5
Anne Arundel			22	2.5%	160	18.2%	212	24.1%	484	54.9%	881	7.2%	14.4
Baltimore City	22	0.7%	93	3.1%	655	21.9%	904	30.2%	1,321	44.1%	2,995	24.4%	18.4
Baltimore			37	2.7%	259	19.1%	383	28.2%	670	49.4%	1,356	11.0%	13.4
Calvert					30	13.5%	75	33.8%	115	51.8%	222	1.8%	25.8
Caroline					31	28.7%	31	28.7%	46	42.6%	108	0.9%	13.9
Carroll					49	22.4%	42	19.2%	120	54.8%	219	1.8%	15.4
Cecil					59	13.5%	135	31.0%	233	53.4%	436	3.5%	27.2
Charles					38	16.5%	63	27.4%	116	50.4%	230	1.9%	10.5
Dorchester			15	7.8%	52	27.1%	41	21.4%	81	42.2%	192	1.6%	26.5
Frederick			15	3.2%	102	21.7%	148	31.4%	204	43.3%	471	3.8%	15.9
Garrett					24	19.8%	39	32.2%	48	39.7%	121	1.0%	26.5
Harford			18	3.0%	96	16.0%	182	30.3%	304	50.6%	601	4.9%	20.7
Howard					63	27.5%	77	33.6%	78	34.1%	229	1.9%	8.1
Kent							13	22.8%	32	56.1%	57	0.5%	18.8
Montgomery			40	4.2%	316	33.2%	252	26.5%	341	35.8%	952	7.7%	7.3
Prince George's			38	3.6%	269	25.4%	317	29.9%	431	40.7%	1,060	8.6%	6.1
Queen Anne's					20	25.6%	21	26.9%	35	44.9%	78	0.6%	16.4
Somerset					27	22.0%	33	26.8%	61	49.6%	123	1.0%	25.5
St. Mary's					38	13.4%	98	34.6%	144	50.9%	283	2.3%	20.8
Talbot					11	16.7%	18	27.3%	35	53.0%	66	0.5%	13.2
Washington			33	4.3%	119	15.5%	236	30.7%	375	48.8%	768	6.3%	28.1
Wicomico			13	2.7%	107	21.9%	155	31.8%	211	43.2%	488	4.0%	21.7
Worcester					55	32.4%	47	27.6%	63	37.1%	170	1.4%	21.8
Statewide	68	0.6%	388	3.2%	2,611	21.3%	3,593	29.2%	5,627	45.8%	12,287	100.0%	13.7

Data Source: Behavioral health services claims and eligibility data for FY22. Based on claims paid through June 30, 2023.

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=12,287). 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.

Table A11: Number and Percent of Child and Young Adult Recipients of PBHS Services Through Telehealth by Race and Age, FY22

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	56	4.8%	302	26.10%	313	27.10%	242	20.9%	244	21.1%	1,157	1.6%	100.4
Anne Arundel	433	7.3%	2,012	33.80%	1,835	30.80%	847	14.2%	833	14.0%	5,960	8.1%	97.4
Baltimore City	1,304	7.5%	5,663	32.40%	5,323	30.40%	2,659	15.2%	2,537	14.5%	17,486	23.7%	107.6
Baltimore	651	6.7%	3,095	32.10%	2,913	30.20%	1,516	15.7%	1,475	15.3%	9,650	13.1%	95.6
Calvert	35	5.6%	167	26.60%	194	30.80%	114	18.1%	119	18.9%	629	0.9%	73.2
Caroline	33	4.9%	204	30.30%	240	35.60%	100	14.8%	97	14.4%	674	0.9%	86.7
Carroll	96	5.9%	531	32.50%	502	30.70%	245	15.0%	259	15.9%	1,633	2.2%	115.1
Cecil	158	9.7%	571	35.10%	461	28.40%	209	12.9%	226	13.9%	1,625	2.2%	101.4
Charles	52	4.2%	327	26.10%	400	31.90%	232	18.5%	242	19.3%	1,253	1.7%	57.4
Dorchester	57	7.0%	237	29.10%	271	33.30%	124	15.2%	126	15.5%	815	1.1%	112.3
Frederick	239	7.4%	1,055	32.60%	1,074	33.20%	464	14.3%	405	12.5%	3,237	4.4%	109.2
Garrett	14	6.3%	63	28.50%	76	34.40%	25	11.3%	43	19.5%	221	0.3%	48.5
Harford	195	6.6%	931	31.40%	923	31.10%	454	15.3%	463	15.6%	2,966	4.0%	102.2
Howard	109	4.8%	640	28.30%	766	33.90%	417	18.4%	329	14.6%	2,261	3.1%	80.1
Kent	15	4.9%	90	29.20%	101	32.80%	50	16.2%	52	16.9%	308	0.4%	101.3
Montgomery	444	5.4%	2,232	27.30%	2,639	32.30%	1,513	18.5%	1,351	16.5%	8,179	11.1%	62.5
Prince George's	498	5.7%	2,462	28.20%	2,870	32.90%	1,469	16.8%	1,431	16.4%	8,730	11.8%	50.6
Queen Anne's	10	2.7%	94	25.30%	141	37.90%	59	15.9%	68	18.3%	372	0.5%	78.0
Somerset	48	7.7%	226	36.20%	171	27.40%	86	13.8%	94	15.0%	625	0.8%	129.5
St. Mary's	38	4.9%	171	22.20%	236	30.60%	163	21.1%	164	21.2%	772	1.0%	56.6
Talbot	33	6.4%	156	30.30%	170	33.00%	78	15.1%	78	15.1%	515	0.7%	103.2
Washington	173	6.8%	777	30.50%	738	29.00%	414	16.2%	447	17.5%	2,549	3.5%	93.3
Wicomico	100	4.9%	570	27.90%	669	32.70%	357	17.5%	348	17.0%	2,044	2.8%	90.9
Worcester	51	5.5%	290	31.40%	309	33.40%	151	16.3%	124	13.4%	925	1.3%	118.8
Statewide	4,809	6.5%	22,657	30.7%	23,140	31.3%	11,850	16.0%	11,411	15.4%	73,867	100.0%	82.5

Table A12: Total Expenditures for Outpatient Psychiatric Services by Jurisdiction, FY22

Jurisdiction	Age Group ^a					Jurisdiction Total ^b
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$220,270	\$1,104,470	\$1,092,421	\$608,841	\$608,715	\$3,634,717
Anne Arundel	\$1,916,570	\$8,462,532	\$7,027,477	\$2,446,979	\$2,262,481	\$22,116,040
Baltimore City	\$7,694,402	\$29,963,105	\$25,481,076	\$11,011,926	\$8,371,940	\$82,522,449
Baltimore	\$3,890,685	\$13,319,409	\$12,266,867	\$4,939,121	\$3,766,006	\$38,182,088
Calvert	\$194,971	\$581,042	\$646,589	\$283,996	\$241,405	\$1,948,002
Caroline	\$160,932	\$716,161	\$742,995	\$240,571	\$163,105	\$2,023,764
Carroll	\$478,824	\$1,954,779	\$1,957,453	\$686,687	\$464,619	\$5,542,362
Cecil	\$669,574	\$1,836,005	\$1,331,992	\$493,010	\$491,814	\$4,822,395
Charles	\$290,562	\$1,258,322	\$1,502,597	\$512,041	\$412,387	\$3,975,908

Dorchester	\$295,582	\$1,143,971	\$1,013,099	\$297,040	\$256,364	\$3,006,055
Frederick	\$951,286	\$3,942,868	\$3,909,628	\$1,241,162	\$806,394	\$10,851,339
Garrett	\$98,979	\$383,400	\$288,374	\$119,826	\$142,680	\$1,033,258
Harford	\$1,070,870	\$3,923,811	\$3,100,649	\$1,363,626	\$1,136,273	\$10,595,229
Howard	\$586,225	\$2,892,178	\$3,264,415	\$1,242,456	\$764,813	\$8,750,088
Kent	\$62,327	\$345,630	\$359,507	\$129,877	\$123,046	\$1,020,388
Montgomery	\$1,720,695	\$7,993,866	\$8,819,342	\$3,889,283	\$2,644,397	\$25,067,582
Prince George's	\$2,246,315	\$9,845,479	\$10,572,150	\$4,502,280	\$3,343,012	\$30,509,234
Queen Anne's	\$69,480	\$416,105	\$528,688	\$171,574	\$124,233	\$1,310,080
Somerset	\$419,187	\$1,713,755	\$865,054	\$281,619	\$227,962	\$3,507,578
St. Mary's	\$186,534	\$694,904	\$725,678	\$340,985	\$291,596	\$2,239,696
Talbot	\$162,200	\$569,236	\$510,842	\$155,514	\$162,354	\$1,560,146
Washington	\$952,565	\$3,262,257	\$2,780,386	\$1,155,902	\$1,088,259	\$9,239,369
Wicomico	\$600,830	\$2,694,180	\$2,730,672	\$1,016,883	\$783,537	\$7,826,101
Worcester	\$347,988	\$1,378,853	\$1,139,049	\$340,483	\$258,208	\$3,464,581
Statewide	\$25,288,076	\$100,396,316	\$92,665,246	\$37,485,963	\$28,953,913	\$284,789,515

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

Table A13: Expenditures per Recipient of Outpatient Psychiatric Services, FY22

Jurisdiction	Age Group ^a					Jurisdiction Total ^b
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$1,585	\$2,112	\$2,042	\$1,628	\$1,902	\$1,922
Anne Arundel	\$2,640	\$3,338	\$2,910	\$2,036	\$1,979	\$2,757
Baltimore City	\$2,707	\$3,529	\$3,281	\$2,601	\$2,285	\$3,057
Baltimore	\$2,821	\$3,150	\$3,073	\$2,229	\$1,948	\$2,777
Calvert	\$1,756	\$1,729	\$1,837	\$1,279	\$1,349	\$1,623
Caroline	\$1,642	\$1,804	\$1,830	\$1,476	\$1,226	\$1,691
Carroll	\$2,280	\$2,749	\$2,900	\$1,979	\$1,538	\$2,469
Cecil	\$2,556	\$2,363	\$2,091	\$1,512	\$1,532	\$2,076
Charles	\$2,462	\$2,638	\$2,742	\$1,662	\$1,285	\$2,244
Dorchester	\$2,309	\$2,679	\$2,297	\$1,463	\$1,448	\$2,185
Frederick	\$2,550	\$3,142	\$3,033	\$1,952	\$1,603	\$2,675
Garrett	\$1,833	\$1,927	\$1,602	\$1,556	\$1,534	\$1,714
Harford	\$2,514	\$2,823	\$2,415	\$1,973	\$1,804	\$2,397
Howard	\$2,689	\$3,313	\$3,160	\$2,099	\$1,834	\$2,793
Kent	\$1,222	\$1,953	\$2,305	\$1,687	\$1,709	\$1,914
Montgomery	\$2,490	\$2,785	\$2,645	\$2,072	\$1,750	\$2,438
Prince George's	\$2,585	\$3,045	\$2,783	\$2,083	\$1,801	\$2,560
Queen Anne's	\$1,447	\$2,249	\$2,098	\$1,479	\$1,497	\$1,915

Somerset	\$4,234	\$4,787	\$3,192	\$2,086	\$1,652	\$3,504
St. Mary's	\$1,903	\$1,904	\$1,774	\$1,353	\$1,369	\$1,675
Talbot	\$2,253	\$2,259	\$1,995	\$1,264	\$1,437	\$1,912
Washington	\$1,952	\$2,525	\$2,294	\$1,633	\$1,589	\$2,107
Wicomico	\$2,483	\$2,928	\$2,654	\$1,793	\$1,689	\$2,429
Worcester	\$2,784	\$2,631	\$2,358	\$1,669	\$1,467	\$2,291
Statewide	\$2,585	\$3,095	\$2,856	\$2,130	\$1,897	\$2,648

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

Table A14: Total Expenditures for Inpatient Psychiatric Services by Jurisdiction, FY22

Jurisdiction	Age Group ^a					Jurisdiction Total ^b
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$37,523	\$364,430	\$984,981	\$94,192	\$237,959	\$1,719,084
Anne Arundel	\$57,474	\$2,044,687	\$3,850,431	\$1,187,287	\$1,660,591	\$8,800,469
Baltimore City	\$226,601	\$4,956,656	\$12,993,136	\$5,323,184	\$5,311,143	\$28,810,720
Baltimore	\$128,577	\$4,283,286	\$7,479,313	\$2,561,574	\$1,943,389	\$16,396,139
Calvert	\$0	\$154,218	\$637,624	\$199,381	\$168,137	\$1,159,360
Caroline	\$0	\$118,418	\$647,238	\$136,864	\$92,571	\$995,091
Carroll	\$11,298	\$244,197	\$782,968	\$265,556	\$118,122	\$1,422,140
Cecil	\$81,141	\$394,392	\$706,861	\$417,679	\$309,077	\$1,909,151
Charles	\$0	\$491,790	\$785,328	\$326,971	\$343,932	\$1,948,020
Dorchester	\$0	\$182,501	\$242,979	\$38,678	\$64,713	\$528,870
Frederick	\$365,981	\$625,984	\$2,084,008	\$404,599	\$559,619	\$4,040,191
Garrett	\$0	\$98,784	\$60,146	\$111,841	\$24,189	\$294,960
Harford	\$30,095	\$1,314,306	\$1,499,449	\$860,417	\$1,006,100	\$4,710,367
Howard	\$20,975	\$522,946	\$2,291,920	\$1,004,000	\$512,118	\$4,351,959
Kent	\$0	\$105,691	\$319,330	\$43,697	\$59,939	\$528,658
Montgomery	\$28,387	\$1,691,331	\$6,714,324	\$2,985,326	\$2,443,822	\$13,863,191
Prince George's	\$52,860	\$1,914,523	\$5,398,280	\$3,236,238	\$3,114,234	\$13,716,135
Queen Anne's	\$0	\$75,662	\$241,087	\$225,534	\$57,961	\$600,244
Somerset	\$0	\$150,823	\$303,828	\$88,749	\$111,650	\$655,050
St. Mary's	\$0	\$148,258	\$618,535	\$213,535	\$103,583	\$1,083,912
Talbot	\$0	\$57,547	\$231,237	\$165,152	\$79,243	\$533,180
Washington	\$29,797	\$1,173,812	\$1,709,317	\$768,401	\$538,685	\$4,220,012
Wicomico	\$0	\$631,097	\$985,669	\$568,742	\$396,996	\$2,582,503
Worcester	\$0	\$130,408	\$449,895	\$58,238	\$66,429	\$704,970
Statewide	\$1,070,709	\$21,875,745	\$52,076,811	\$21,317,477	\$19,344,115	\$115,684,857

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

Table A15: Expenditures per Recipient of Inpatient Psychiatric Services, FY22

Jurisdiction	Age Group ^a					Jurisdiction Total ^b
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$37,523	\$19,181	\$32,833	\$5,233	\$8,205	\$17,723
Anne Arundel	\$11,495	\$24,055	\$21,754	\$13,806	\$15,967	\$19,257
Baltimore City	\$17,431	\$25,951	\$29,198	\$15,565	\$18,441	\$22,526
Baltimore	\$14,286	\$29,953	\$25,354	\$15,068	\$13,496	\$21,546
Calvert	\$0	\$14,020	\$18,218	\$9,969	\$11,209	\$14,313
Caroline	\$0	\$14,802	\$23,116	\$12,442	\$10,286	\$17,769
Carroll	\$11,298	\$16,280	\$20,076	\$10,622	\$9,843	\$15,458
Cecil	\$11,592	\$12,325	\$13,860	\$8,887	\$6,308	\$10,264
Charles	\$0	\$27,322	\$15,102	\$14,862	\$12,738	\$16,370
Dorchester	\$0	\$13,036	\$11,570	\$7,736	\$5,883	\$10,370
Frederick	\$73,196	\$14,904	\$22,901	\$8,257	\$13,324	\$17,643
Garrett	\$0	\$16,464	\$7,518	\$27,960	\$4,838	\$12,824
Harford	\$15,047	\$26,286	\$17,435	\$14,583	\$22,866	\$19,545
Howard	\$20,975	\$15,381	\$27,950	\$15,937	\$19,697	\$21,126
Kent	\$0	\$26,423	\$21,289	\$8,739	\$19,980	\$19,580
Montgomery	\$28,387	\$18,384	\$18,497	\$16,494	\$15,179	\$17,372
Prince George's	\$17,620	\$26,226	\$22,493	\$14,644	\$15,417	\$18,560
Queen Anne's	\$0	\$18,916	\$16,072	\$20,503	\$14,490	\$17,654
Somerset	\$0	\$25,137	\$18,989	\$11,094	\$15,950	\$17,704
St. Mary's	\$0	\$13,478	\$16,717	\$9,284	\$7,968	\$12,904
Talbot	\$0	\$11,509	\$16,517	\$20,644	\$11,320	\$15,682
Washington	\$29,797	\$18,932	\$15,399	\$15,682	\$10,774	\$15,458
Wicomico	\$0	\$27,439	\$13,690	\$14,583	\$12,406	\$15,557
Worcester	\$0	\$18,630	\$17,996	\$5,824	\$7,381	\$13,823
Statewide	\$21,851	\$23,003	\$22,437	\$14,591	\$15,124	\$19,087

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

Table A16: Total Expenditures for Behavioral Health Emergency Room Service, FY22

Jurisdiction	Age Group ^a					Jurisdiction Total ^b
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$2,174	\$56,399	\$105,011	\$39,965	\$77,929	\$281,478
Anne Arundel	\$13,582	\$192,510	\$356,744	\$145,649	\$213,786	\$922,271
Baltimore City	\$42,081	\$590,753	\$1,232,097	\$966,615	\$862,623	\$3,694,168
Baltimore	\$19,614	\$301,763	\$550,478	\$329,914	\$304,652	\$1,506,421
Calvert	\$3,575	\$17,183	\$63,848	\$40,943	\$49,434	\$174,983

Caroline	\$0	\$19,555	\$60,131	\$25,283	\$12,588	\$117,557
Carroll	\$2,489	\$62,333	\$90,023	\$47,582	\$35,567	\$237,993
Cecil	\$1,092	\$30,423	\$65,546	\$46,841	\$67,133	\$211,036
Charles	\$3,493	\$42,192	\$84,681	\$45,662	\$40,233	\$216,261
Dorchester	\$7,000	\$78,981	\$64,851	\$12,820	\$26,384	\$190,036
Frederick	\$9,212	\$124,640	\$250,076	\$88,464	\$89,488	\$561,880
Garrett	\$0	\$3,004	\$16,533	\$10,981	\$7,311	\$37,829
Harford	\$6,704	\$68,401	\$132,259	\$116,388	\$74,101	\$397,853
Howard	\$3,680	\$71,499	\$203,320	\$100,653	\$52,822	\$431,974
Kent	\$220	\$24,396	\$49,047	\$11,916	\$4,312	\$89,891
Montgomery	\$5,503	\$140,226	\$472,862	\$215,044	\$201,203	\$1,034,837
Prince George's	\$20,273	\$279,010	\$517,219	\$315,898	\$302,939	\$1,435,339
Queen Anne's	\$1,276	\$23,722	\$67,557	\$27,910	\$8,971	\$129,436
Somerset	\$1,152	\$17,950	\$24,555	\$26,744	\$23,050	\$93,451
St. Mary's	\$2,691	\$63,004	\$100,116	\$62,765	\$39,293	\$267,868
Talbot	\$896	\$22,835	\$62,522	\$18,806	\$18,100	\$123,160
Washington	\$7,534	\$130,654	\$177,984	\$112,080	\$106,507	\$534,758
Wicomico	\$2,189	\$40,598	\$106,087	\$79,911	\$43,216	\$272,001
Worcester	\$395	\$10,955	\$30,443	\$15,743	\$9,541	\$67,077
Statewide	\$156,825	\$2,412,985	\$4,888,632	\$2,905,448	\$2,672,606	\$13,036,495

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

Table A17: Expenditures per Recipient of Behavioral Health Emergency Room Services, FY22

Jurisdiction	Age Group ^a					Jurisdiction Total ^b
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$725	\$1,128	\$1,193	\$1,025	\$1,470	\$1,208
Anne Arundel	\$1,509	\$1,319	\$1,222	\$940	\$1,328	\$1,209
Baltimore City	\$979	\$1,322	\$1,407	\$1,469	\$1,612	\$1,444
Baltimore	\$754	\$1,444	\$1,189	\$1,134	\$1,291	\$1,230
Calvert	\$1,192	\$955	\$1,140	\$1,279	\$2,908	\$1,389
Caroline	\$0	\$1,150	\$1,203	\$1,204	\$1,144	\$1,187
Carroll	\$498	\$1,450	\$1,098	\$1,034	\$847	\$1,092
Cecil	\$546	\$922	\$950	\$918	\$1,291	\$1,019
Charles	\$1,164	\$1,082	\$1,086	\$1,038	\$856	\$1,025
Dorchester	\$1,400	\$1,975	\$1,201	\$801	\$1,319	\$1,408
Frederick	\$1,316	\$1,755	\$1,471	\$1,164	\$1,336	\$1,437
Garrett	\$0	\$501	\$1,653	\$1,830	\$1,044	\$1,304
Harford	\$1,341	\$1,179	\$1,017	\$1,323	\$1,001	\$1,121

Howard	\$920	\$1,663	\$1,432	\$1,243	\$927	\$1,321
Kent	\$220	\$1,743	\$1,962	\$917	\$616	\$1,498
Montgomery	\$611	\$825	\$940	\$850	\$963	\$905
Prince George's	\$1,352	\$1,651	\$1,333	\$1,036	\$1,242	\$1,280
Queen Anne's	\$1,276	\$1,249	\$1,826	\$1,269	\$748	\$1,422
Somerset	\$576	\$579	\$818	\$1,910	\$922	\$916
St. Mary's	\$897	\$1,286	\$1,077	\$1,184	\$1,191	\$1,160
Talbot	\$448	\$1,087	\$1,954	\$1,045	\$1,645	\$1,466
Washington	\$753	\$1,188	\$1,105	\$1,232	\$1,268	\$1,173
Wicomico	\$365	\$572	\$647	\$963	\$772	\$716
Worcester	\$198	\$522	\$585	\$716	\$734	\$610
Statewide	\$945	\$1,275	\$1,215	\$1,178	\$1,299	\$1,229

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

Table A18: Total Expenditures for Residential Treatment Services, FY22

Jurisdiction	Age Group ^a					Jurisdiction Total ^b
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$0	\$36,497	\$90,381	\$0	\$0	\$126,878
Anne Arundel	\$0	\$598,732	\$127,638	\$0	\$0	\$726,370
Baltimore City	\$0	\$1,967,108	\$9,366,310	\$256,192	\$0	\$11,589,610
Baltimore	\$0	\$7,421,332	\$2,523,037	\$416,573	\$0	\$10,360,942
Calvert	\$0	\$0	\$59,625	\$0	\$0	\$59,625
Caroline	\$0	\$0	\$48,956	\$0	\$0	\$48,956
Carroll	\$0	\$0	\$14,092	\$0	\$0	\$14,092
Cecil	\$0	\$10,315	\$9,488	\$0	\$0	\$19,802
Charles	\$0	\$0	\$198,769	\$0	\$0	\$198,769
Dorchester	\$0	\$0	\$421,196	\$0	\$0	\$421,196
Frederick	\$0	\$0	\$38,517	\$0	\$0	\$38,517
Garrett	\$0	\$0	\$110,035	\$0	\$0	\$110,035
Harford	\$0	\$326,900	\$372,182	\$20,717	\$0	\$719,799
Howard	\$0	\$72,509	\$0	\$0	\$0	\$72,509
Kent	\$0	\$150,517	\$71,182	\$0	\$0	\$221,699
Montgomery	\$0	\$22,349	\$615,489	\$0	\$0	\$637,838
Prince George's	\$0	\$268,019	\$295,792	\$0	\$0	\$563,811
Queen Anne's	\$0	\$0	\$231,342	\$0	\$0	\$231,342
Somerset	\$0	\$0	\$104,007	\$0	\$0	\$104,007
St. Mary's	\$0	\$140,968	\$358,326	\$0	\$0	\$499,293
Talbot	\$0	\$127,217	\$0	\$0	\$0	\$127,217
Washington	\$0	\$104,371	\$595,514	\$228,782	\$0	\$928,667

Wicomico	\$0	\$0	\$93,407	\$0	\$0	\$93,407
Worcester	\$0	\$40,799	\$0	\$0	\$0	\$40,799
Statewide	\$0	\$11,287,632	\$15,748,249	\$922,264	\$0	\$27,958,145

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

Table A19: Expenditures per Recipient of Residential Treatment Services, FY22

Jurisdiction	Age Group ^a					Jurisdiction Total ^b
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$0	\$36,497	\$45,190	\$0	\$0	\$42,293
Anne Arundel	\$0	\$119,746	\$63,819	\$0	\$0	\$103,767
Baltimore City	\$0	\$78,684	\$80,744	\$85,397	\$0	\$80,483
Baltimore	\$0	\$100,288	\$70,084	\$83,315	\$0	\$90,095
Calvert	\$0	\$0	\$59,625	\$0	\$0	\$59,625
Caroline	\$0	\$0	\$16,319	\$0	\$0	\$16,319
Carroll	\$0	\$0	\$14,092	\$0	\$0	\$14,092
Cecil	\$0	\$10,315	\$9,488	\$0	\$0	\$9,901
Charles	\$0	\$0	\$66,256	\$0	\$0	\$66,256
Dorchester	\$0	\$0	\$105,299	\$0	\$0	\$105,299
Frederick	\$0	\$0	\$38,517	\$0	\$0	\$38,517
Garrett	\$0	\$0	\$110,035	\$0	\$0	\$110,035
Harford	\$0	\$46,700	\$93,045	\$20,717	\$0	\$59,983
Howard	\$0	\$72,509	\$0	\$0	\$0	\$72,509
Kent	\$0	\$150,517	\$71,182	\$0	\$0	\$110,850
Montgomery	\$0	\$22,349	\$47,345	\$0	\$0	\$45,560
Prince George's	\$0	\$44,670	\$73,948	\$0	\$0	\$56,381
Queen Anne's	\$0	\$0	\$77,114	\$0	\$0	\$77,114
Somerset	\$0	\$0	\$34,669	\$0	\$0	\$34,669
St. Mary's	\$0	\$70,484	\$89,581	\$0	\$0	\$83,216
Talbot	\$0	\$42,406	\$0	\$0	\$0	\$42,406
Washington	\$0	\$104,371	\$99,252	\$228,782	\$0	\$116,083
Wicomico	\$0	\$0	\$23,352	\$0	\$0	\$23,352
Worcester	\$0	\$40,799	\$0	\$0	\$0	\$40,799
Statewide	\$0	\$118,817	\$90,507	\$102,474	\$0	\$100,569

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

Table A20: Total Expenditures for Intensive Community Services (combined), FY22

Jurisdiction	Age Group ^a					Jurisdiction Total ^b
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$40,448	\$275,715	\$283,479	\$279,055	\$177,786	\$1,056,484

Anne Arundel	\$174,034	\$1,378,540	\$1,259,546	\$647,044	\$560,983	\$4,020,148
Baltimore City	\$1,908,885	\$16,744,928	\$13,653,015	\$7,783,298	\$5,933,263	\$46,023,389
Baltimore	\$524,900	\$4,338,547	\$3,322,541	\$1,820,020	\$1,675,841	\$11,681,849
Calvert	\$18,263	\$67,748	\$40,224	\$125,862	\$106,427	\$358,523
Caroline	\$36,252	\$464,623	\$489,226	\$80,459	\$48,236	\$1,118,795
Carroll	\$66,017	\$644,293	\$399,959	\$138,254	\$219,293	\$1,467,815
Cecil	\$28,500	\$442,128	\$305,383	\$139,446	\$166,413	\$1,081,869
Charles	\$54,056	\$287,540	\$268,227	\$183,731	\$138,764	\$932,319
Dorchester	\$67,991	\$556,965	\$490,521	\$75,248	\$80,565	\$1,271,290
Frederick	\$90,124	\$1,132,984	\$911,848	\$202,367	\$307,375	\$2,644,700
Garrett	\$3,163	\$69,076	\$68,763	\$33,560	\$43,027	\$217,588
Harford	\$153,886	\$1,396,140	\$1,094,646	\$462,853	\$525,625	\$3,633,150
Howard	\$110,410	\$761,875	\$665,149	\$317,901	\$463,581	\$2,318,915
Kent	\$5,067	\$75,560	\$60,885	\$12,519	\$63,807	\$217,838
Montgomery	\$138,693	\$1,363,124	\$1,301,672	\$731,414	\$1,085,154	\$4,620,058
Prince George's	\$456,445	\$3,859,835	\$3,371,884	\$1,505,238	\$1,160,141	\$10,353,542
Queen Anne's	\$6,812	\$77,501	\$98,455	\$21,568	\$71,245	\$275,580
Somerset	\$70,820	\$454,632	\$267,798	\$74,995	\$69,108	\$937,353
St. Mary's	\$3,704	\$142,114	\$117,623	\$150,912	\$244,942	\$659,297
Talbot	\$82,754	\$290,768	\$253,364	\$28,085	\$49,258	\$704,229
Washington	\$482,748	\$2,269,838	\$1,394,345	\$278,484	\$269,110	\$4,694,525
Wicomico	\$156,747	\$1,321,403	\$1,244,271	\$610,935	\$326,112	\$3,659,469
Worcester	\$60,052	\$470,347	\$258,419	\$88,966	\$28,461	\$906,245
Statewide	\$4,740,767	\$38,886,224	\$31,621,244	\$15,792,216	\$13,817,082	\$104,857,533

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

Table A21: Expenditures per Recipient of Intensive Community Services (combined), FY22

Jurisdiction	Age Group ^a					Jurisdiction Total ^b
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$3,111	\$3,777	\$4,050	\$9,302	\$6,131	\$4,914
Anne Arundel	\$3,001	\$3,562	\$4,050	\$5,829	\$4,964	\$4,102
Baltimore City	\$3,522	\$4,360	\$4,373	\$6,721	\$6,213	\$4,785
Baltimore	\$3,431	\$4,196	\$4,243	\$6,454	\$6,396	\$4,647
Calvert	\$3,653	\$2,509	\$2,235	\$5,244	\$10,643	\$4,268
Caroline	\$4,531	\$5,881	\$6,795	\$6,705	\$4,824	\$6,181
Carroll	\$2,358	\$4,413	\$4,000	\$4,066	\$8,434	\$4,395
Cecil	\$2,850	\$3,375	\$3,054	\$7,339	\$8,321	\$3,864
Charles	\$2,252	\$2,875	\$2,884	\$5,249	\$4,956	\$3,330
Dorchester	\$3,578	\$4,492	\$4,500	\$4,426	\$5,035	\$4,461

Frederick	\$2,575	\$4,046	\$4,537	\$4,599	\$8,089	\$4,423
Garrett	\$1,054	\$2,657	\$4,298	\$5,593	\$4,303	\$3,567
Harford	\$3,753	\$4,489	\$4,678	\$6,908	\$6,826	\$4,977
Howard	\$3,807	\$3,848	\$4,684	\$5,887	\$8,747	\$4,872
Kent	\$2,533	\$3,022	\$3,805	\$6,260	\$6,381	\$3,961
Montgomery	\$3,302	\$3,745	\$3,480	\$7,781	\$10,048	\$4,705
Prince George's	\$3,332	\$3,935	\$3,751	\$5,474	\$5,346	\$4,127
Queen Anne's	\$1,703	\$4,079	\$4,688	\$5,392	\$11,874	\$5,103
Somerset	\$3,934	\$4,736	\$4,120	\$5,357	\$5,316	\$4,550
St. Mary's	\$926	\$3,024	\$3,361	\$6,288	\$8,748	\$4,778
Talbot	\$5,517	\$5,701	\$5,278	\$3,511	\$4,478	\$5,295
Washington	\$4,389	\$4,789	\$4,602	\$4,219	\$3,204	\$4,527
Wicomico	\$3,645	\$4,736	\$4,879	\$9,257	\$8,153	\$5,358
Worcester	\$4,003	\$4,566	\$3,976	\$4,943	\$2,846	\$4,295
Statewide	\$3,533	\$4,271	\$4,281	\$6,512	\$6,460	\$4,682

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

Table A22: Total Expenditures for Substance-Related Disorder Program Services, FY22

Jurisdiction	Age Group ^a					Jurisdiction Total ^b
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$0	\$2,426	\$70,757	\$251,731	\$639,507	\$964,422
Anne Arundel	\$314	\$20,471	\$223,717	\$484,634	\$1,818,625	\$2,547,762
Baltimore City	\$16,049	\$69,434	\$803,787	\$2,423,649	\$4,183,818	\$7,496,737
Baltimore	\$4,838	\$42,055	\$283,305	\$644,406	\$1,737,632	\$2,712,236
Calvert	\$0	\$265	\$39,688	\$106,230	\$254,623	\$400,806
Caroline	\$0	\$0	\$29,977	\$72,574	\$177,673	\$280,224
Carroll	\$1,076	\$4,712	\$60,733	\$165,851	\$547,807	\$780,178
Cecil	\$49	\$2,763	\$42,435	\$514,581	\$839,106	\$1,398,934
Charles	\$6,425	\$15,219	\$45,032	\$141,508	\$288,838	\$497,021
Dorchester	\$190	\$1,957	\$37,081	\$33,979	\$292,662	\$365,869
Frederick	\$223	\$2,907	\$132,618	\$532,960	\$1,073,232	\$1,741,940
Garrett	\$364	\$678	\$7,934	\$30,369	\$237,972	\$277,317
Harford	\$384	\$9,494	\$75,660	\$424,006	\$949,809	\$1,459,354
Howard	\$5,044	\$6,222	\$48,750	\$140,796	\$252,851	\$453,663
Kent	\$0	\$1,332	\$9,335	\$25,834	\$170,295	\$206,796
Montgomery	\$2,424	\$17,517	\$409,401	\$581,877	\$1,046,846	\$2,058,066
Prince George's	\$24,868	\$10,775	\$244,543	\$544,131	\$1,274,362	\$2,098,678
Queen Anne's	\$0	\$281	\$16,776	\$41,649	\$182,267	\$240,974
Somerset	\$0	\$140	\$20,502	\$129,082	\$226,179	\$375,903

St. Mary's	\$1,124	\$1,562	\$18,913	\$183,386	\$384,627	\$589,612
Talbot	\$0	\$1,290	\$11,074	\$42,072	\$110,055	\$164,492
Washington	\$296	\$9,995	\$112,759	\$631,013	\$1,081,873	\$1,835,937
Wicomico	\$937	\$2,954	\$72,088	\$287,456	\$591,394	\$954,830
Worcester	\$0	\$3,517	\$34,379	\$113,531	\$188,214	\$339,640
Statewide	\$64,605	\$227,967	\$2,851,651	\$8,556,061	\$18,591,175	\$30,291,459

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

Table A23: Expenditures per Recipient of Substance-Related Disorder Program Services, FY22

Jurisdiction	Age Group ^a					Jurisdiction Total ^b
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$0	\$270	\$1,415	\$2,707	\$4,536	\$3,292
Anne Arundel	\$105	\$931	\$1,398	\$2,286	\$4,171	\$3,059
Baltimore City	\$729	\$747	\$1,227	\$2,681	\$3,561	\$2,631
Baltimore	\$691	\$1,137	\$1,094	\$1,683	\$3,017	\$2,149
Calvert	\$0	\$132	\$1,323	\$1,416	\$2,625	\$1,965
Caroline	\$0	\$0	\$967	\$2,341	\$4,230	\$2,694
Carroll	\$538	\$785	\$1,239	\$3,949	\$5,120	\$3,787
Cecil	\$49	\$345	\$719	\$3,812	\$3,977	\$3,379
Charles	\$1,606	\$1,691	\$1,185	\$2,246	\$2,804	\$2,290
Dorchester	\$63	\$130	\$713	\$829	\$3,851	\$1,957
Frederick	\$112	\$194	\$1,300	\$3,601	\$5,897	\$3,880
Garrett	\$91	\$113	\$331	\$779	\$5,173	\$2,330
Harford	\$384	\$527	\$788	\$2,330	\$3,625	\$2,611
Howard	\$1,261	\$889	\$774	\$1,829	\$3,831	\$2,091
Kent	\$0	\$333	\$1,167	\$1,987	\$6,307	\$3,977
Montgomery	\$808	\$438	\$1,296	\$2,309	\$3,466	\$2,254
Prince George's	\$4,974	\$284	\$909	\$1,717	\$3,371	\$2,084
Queen Anne's	\$0	\$140	\$839	\$1,983	\$6,076	\$3,301
Somerset	\$0	\$70	\$759	\$3,912	\$3,900	\$3,133
St. Mary's	\$1,124	\$781	\$498	\$1,871	\$3,127	\$2,250
Talbot	\$0	\$645	\$1,007	\$2,337	\$3,237	\$2,531
Washington	\$59	\$303	\$948	\$2,674	\$3,210	\$2,515
Wicomico	\$469	\$227	\$674	\$1,855	\$3,146	\$2,053
Worcester	\$0	\$703	\$625	\$2,416	\$3,085	\$2,022
Statewide	\$950	\$588	\$1,092	\$2,381	\$3,719	\$2,598

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

Table A24: Total Expenditures for Targeted Case Management, FY22

Jurisdiction	Age Group ^a					Jurisdiction Total ^b
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$16,314	\$96,858	\$98,962	\$3,382	\$693	\$216,209
Anne Arundel	\$21,609	\$171,120	\$165,942	\$4,159	\$11,755	\$374,585
Baltimore City	\$38,026	\$598,821	\$608,401	\$64,069	\$85,268	\$1,394,585
Baltimore	\$39,752	\$331,720	\$267,291	\$30,478	\$22,896	\$692,137
Calvert	\$4,517	\$11,936	\$14,929	\$5,854	\$2,205	\$39,441
Caroline	\$25,391	\$199,966	\$236,277	\$23,505	\$1,092	\$486,231
Carroll	\$32,234	\$175,174	\$188,351	\$29,886	\$36,490	\$462,136
Cecil	\$0	\$10,992	\$4,876	\$532	\$0	\$16,400
Charles	\$18,995	\$77,131	\$45,760	\$4,160	\$3,689	\$149,734
Dorchester	\$14,252	\$193,355	\$221,751	\$13,636	\$0	\$442,994
Frederick	\$31,010	\$165,993	\$126,683	\$28,548	\$25,640	\$377,873
Garrett	\$1,804	\$18,452	\$46,091	\$6,692	\$7,690	\$80,729
Harford	\$37,731	\$488,180	\$449,956	\$59,091	\$13,953	\$1,048,911
Howard	\$18,916	\$104,278	\$126,725	\$143	\$8,663	\$258,724
Kent	\$4,022	\$15,548	\$6,967	\$0	\$840	\$27,377
Montgomery	\$5,007	\$19,493	\$52,805	\$71	\$3,247	\$80,623
Prince George's	\$12,141	\$64,629	\$47,195	\$7,406	\$25,026	\$156,397
Queen Anne's	\$1,917	\$49,162	\$73,206	\$5,235	\$5,082	\$134,602
Somerset	\$9,596	\$133,396	\$115,263	\$11,626	\$4,579	\$274,460
St. Mary's	\$2,523	\$59,689	\$45,585	\$4,403	\$5,976	\$118,177
Talbot	\$57,950	\$158,608	\$121,688	\$0	\$0	\$338,247
Washington	\$233,323	\$851,174	\$627,219	\$94,926	\$117,257	\$1,923,899
Wicomico	\$9,387	\$386,743	\$555,969	\$35,852	\$280	\$988,231
Worcester	\$29,148	\$113,397	\$94,580	\$1,372	\$8,207	\$246,704
Statewide	\$665,565	\$4,495,817	\$4,342,469	\$435,026	\$390,529	\$10,329,406

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

Table A25: Expenditures per Recipient of Targeted Case Management, FY22

Jurisdiction	Age Group ^a					Jurisdiction Total ^b
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$4,079	\$4,843	\$3,665	\$3,382	\$693	\$4,079
Anne Arundel	\$4,322	\$3,565	\$3,951	\$1,386	\$3,918	\$3,709
Baltimore City	\$4,225	\$6,580	\$6,472	\$1,686	\$2,244	\$5,165
Baltimore	\$9,938	\$6,770	\$6,216	\$5,080	\$3,271	\$6,350
Calvert	\$1,506	\$1,326	\$2,133	\$1,171	\$1,103	\$1,517
Caroline	\$4,232	\$5,881	\$5,763	\$5,876	\$546	\$5,589

Carroll	\$2,930	\$5,839	\$5,232	\$2,491	\$3,649	\$4,668
Cecil	\$0	\$1,374	\$443	\$266	\$0	\$781
Charles	\$2,111	\$2,857	\$1,907	\$1,387	\$1,230	\$2,269
Dorchester	\$2,036	\$4,716	\$5,544	\$6,818	\$0	\$4,922
Frederick	\$3,101	\$3,609	\$3,519	\$1,142	\$2,564	\$2,975
Garrett	\$1,804	\$2,636	\$5,761	\$2,231	\$2,563	\$3,669
Harford	\$5,390	\$7,749	\$7,031	\$6,566	\$3,488	\$7,135
Howard	\$6,305	\$2,979	\$5,069	\$143	\$2,888	\$3,862
Kent	\$4,022	\$1,555	\$2,322	\$0	\$840	\$1,825
Montgomery	\$5,007	\$1,772	\$2,296	\$71	\$1,623	\$2,122
Prince George's	\$4,047	\$3,802	\$2,360	\$1,481	\$1,925	\$2,697
Queen Anne's	\$1,917	\$4,469	\$4,575	\$5,235	\$5,082	\$4,487
Somerset	\$3,199	\$4,941	\$5,011	\$2,906	\$2,290	\$4,652
St. Mary's	\$631	\$2,058	\$3,507	\$881	\$1,992	\$2,188
Talbot	\$8,279	\$7,930	\$5,795	\$0	\$0	\$7,047
Washington	\$4,861	\$5,037	\$4,448	\$2,315	\$2,299	\$4,275
Wicomico	\$2,347	\$5,371	\$5,673	\$2,241	\$280	\$5,174
Worcester	\$7,287	\$5,400	\$5,564	\$457	\$1,368	\$4,837
Statewide	\$4,467	\$5,092	\$5,085	\$2,314	\$2,396	\$4,618

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

Table A26: Total Expenditures for Respite Care Services, FY22

Jurisdiction	Age Group ^a					Jurisdiction Total ^b
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Anne Arundel	\$3,552	\$15,729	\$10,339	\$0	\$0	\$29,620
Baltimore City	\$144	\$22,599	\$2,306	\$0	\$0	\$25,048
Baltimore	\$136	\$21,253	\$8,721	\$0	\$0	\$30,111
Caroline	\$0	\$30,324	\$28,006	\$0	\$0	\$58,330
Carroll	\$0	\$8,184	\$5,132	\$0	\$0	\$13,316
Dorchester	\$7,420	\$28,985	\$0	\$0	\$0	\$36,405
Frederick	\$0	\$36,689	\$110,082	\$0	\$0	\$146,772
Garrett	\$0	\$0	\$0	\$740	\$0	\$740
Harford	\$427	\$495	\$9,950	\$0	\$0	\$10,872
Howard	\$0	\$0	\$1,124	\$0	\$0	\$1,124
Montgomery	\$0	\$0	\$28,062	\$0	\$0	\$28,062
Prince George's	\$0	\$1,493	\$1,295	\$0	\$0	\$2,788
Queen Anne's	\$0	\$0	\$675	\$0	\$0	\$675
Somerset	\$8,947	\$19,324	\$4,881	\$0	\$0	\$33,152
Talbot	\$2,698	\$11,347	\$15,706	\$0	\$0	\$29,752

Washington	\$0	\$551	\$32,133	\$0	\$0	\$32,685
Wicomico	\$6,404	\$30,594	\$36,593	\$0	\$0	\$73,591
Worcester	\$2,912	\$6,204	\$0	\$0	\$0	\$9,116
Statewide	\$32,640	\$233,772	\$295,005	\$740	\$0	\$562,157

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

Table A27: Expenditures per Recipient of Respite Care Services, FY22

Jurisdiction	Age Group ^a					Jurisdiction Total ^b
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Anne Arundel	\$3,552	\$2,622	\$10,339	\$0	\$0	\$3,702
Baltimore City	\$144	\$1,883	\$1,153	\$0	\$0	\$1,670
Baltimore	\$136	\$3,036	\$1,454	\$0	\$0	\$2,151
Caroline	\$0	\$4,332	\$4,668	\$0	\$0	\$4,487
Carroll	\$0	\$2,728	\$1,711	\$0	\$0	\$2,219
Dorchester	\$3,710	\$3,221	\$0	\$0	\$0	\$3,310
Frederick	\$0	\$2,446	\$3,336	\$0	\$0	\$3,058
Garrett	\$0	\$0	\$0	\$740	\$0	\$740
Harford	\$214	\$247	\$4,975	\$0	\$0	\$1,812
Howard	\$0	\$0	\$1,124	\$0	\$0	\$1,124
Montgomery	\$0	\$0	\$2,806	\$0	\$0	\$2,806
Prince George's	\$0	\$1,493	\$1,295	\$0	\$0	\$1,394
Queen Anne's	\$0	\$0	\$675	\$0	\$0	\$675
Somerset	\$8,947	\$1,074	\$1,220	\$0	\$0	\$1,441
Talbot	\$2,698	\$2,269	\$5,235	\$0	\$0	\$3,306
Washington	\$0	\$276	\$4,590	\$0	\$0	\$3,632
Wicomico	\$2,135	\$1,275	\$1,830	\$0	\$0	\$1,566
Worcester	\$2,912	\$6,204	\$0	\$0	\$0	\$4,558
Statewide	\$2,511	\$2,087	\$2,950	\$740	\$0	\$2,487

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

Table A28: Total Expenditures for § 1915(i) Waiver Services, FY22

Jurisdiction	Age Group ^a					Jurisdiction Total ^b
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Anne Arundel	\$0	\$7,817	\$26,813	\$0	\$0	\$34,630
Baltimore	\$0	\$18,377	\$6,816	\$0	\$0	\$25,193
Caroline	\$0	\$0	\$7,324	\$0	\$0	\$7,324
Carroll	\$0	\$0	\$999	\$0	\$0	\$999
Frederick	\$0	\$0	\$4,313	\$0	\$0	\$4,313
Harford	\$0	\$0	\$1,421	\$0	\$0	\$1,421

Howard	\$0	\$7,286	\$10,865	\$0	\$0	\$18,151
Prince George's	\$0	\$6,088	\$0	\$0	\$0	\$6,088
Queen Anne's	\$0	\$0	\$3,316	\$0	\$0	\$3,316
St. Mary's	\$0	\$4,245	\$499	\$0	\$0	\$4,744
Washington	\$0	\$1,895	\$1,753	\$0	\$0	\$3,648
Wicomico	\$0	\$0	\$12,689	\$0	\$0	\$12,689
Worcester	\$0	\$0	\$5,538	\$0	\$0	\$5,538
Statewide	\$0	\$45,708	\$82,347	\$0	\$0	\$128,054

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

Table A29: Expenditures per Recipient of § 1915(i) Waiver Services, FY22

Jurisdiction	Age Group ^a					Jurisdiction Total ^b
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Anne Arundel	\$0	\$2,606	\$4,469	\$0	\$0	\$3,848
Baltimore	\$0	\$6,126	\$1,363	\$0	\$0	\$3,149
Caroline	\$0	\$0	\$7,324	\$0	\$0	\$7,324
Carroll	\$0	\$0	\$999	\$0	\$0	\$999
Frederick	\$0	\$0	\$4,313	\$0	\$0	\$4,313
Harford	\$0	\$0	\$711	\$0	\$0	\$711
Howard	\$0	\$7,286	\$3,622	\$0	\$0	\$4,538
Prince George's	\$0	\$3,044	\$0	\$0	\$0	\$3,044
Queen Anne's	\$0	\$0	\$3,316	\$0	\$0	\$3,316
St. Mary's	\$0	\$4,245	\$499	\$0	\$0	\$2,372
Washington	\$0	\$1,895	\$1,753	\$0	\$0	\$1,824
Wicomico	\$0	\$0	\$4,230	\$0	\$0	\$4,230
Worcester	\$0	\$0	\$5,538	\$0	\$0	\$5,538
Statewide	\$0	\$4,155	\$3,431	\$0	\$0	\$3,659

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

Table A30: Total Expenditures for Psychiatric Rehabilitation Services, FY22

Jurisdiction	Age Group ^a					Jurisdiction Total ^b
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$24,134	\$178,857	\$184,517	\$275,673	\$193,021	\$856,203
Anne Arundel	\$148,874	\$1,183,874	\$1,056,453	\$642,885	\$683,954	\$3,716,039
Baltimore City	\$1,870,715	\$16,123,507	\$13,042,308	\$7,719,230	\$6,743,428	\$45,499,188
Baltimore	\$485,012	\$3,967,197	\$3,039,713	\$1,789,542	\$1,932,083	\$11,213,547
Calvert	\$13,746	\$55,811	\$25,295	\$120,007	\$112,925	\$327,785
Caroline	\$10,860	\$234,333	\$217,620	\$56,954	\$59,044	\$578,811
Carroll	\$33,782	\$460,935	\$205,478	\$108,368	\$212,443	\$1,021,005

Cecil	\$28,500	\$431,136	\$300,507	\$138,914	\$228,615	\$1,127,671
Charles	\$35,060	\$210,409	\$222,467	\$179,572	\$173,266	\$820,775
Dorchester	\$46,318	\$334,625	\$268,770	\$61,612	\$90,193	\$801,518
Frederick	\$59,114	\$930,303	\$670,770	\$173,820	\$324,295	\$2,158,302
Garrett	\$1,359	\$50,624	\$22,672	\$26,128	\$36,457	\$137,240
Harford	\$115,728	\$907,465	\$633,318	\$403,761	\$618,376	\$2,678,649
Howard	\$91,494	\$650,311	\$526,435	\$317,758	\$495,165	\$2,081,163
Kent	\$1,045	\$60,012	\$53,919	\$12,519	\$66,637	\$194,132
Montgomery	\$133,687	\$1,343,631	\$1,220,805	\$731,343	\$1,185,911	\$4,615,377
Prince George's	\$444,304	\$3,787,624	\$3,323,393	\$1,497,832	\$1,346,220	\$10,399,374
Queen Anne's	\$4,895	\$28,338	\$21,258	\$16,333	\$79,486	\$150,310
Somerset	\$52,276	\$301,912	\$147,654	\$63,369	\$71,359	\$636,571
St. Mary's	\$1,181	\$78,181	\$71,539	\$146,509	\$280,830	\$578,239
Talbot	\$22,106	\$120,813	\$115,970	\$28,085	\$59,150	\$346,123
Washington	\$249,424	\$1,416,218	\$733,240	\$183,558	\$220,660	\$2,803,101
Wicomico	\$140,956	\$904,065	\$639,021	\$575,084	\$368,987	\$2,628,112
Worcester	\$27,992	\$350,746	\$158,301	\$87,594	\$29,745	\$654,378
Statewide	\$4,042,562	\$34,110,927	\$26,901,424	\$15,356,450	\$15,614,817	\$96,026,179

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

Table A31: Expenditures per Recipient of Psychiatric Rehabilitation Services, FY22

Jurisdiction	Age Group ^a					Jurisdiction Total ^b
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$2,413	\$3,138	\$3,844	\$9,506	\$6,032	\$4,865
Anne Arundel	\$2,809	\$3,392	\$3,800	\$5,953	\$5,606	\$4,084
Baltimore City	\$3,503	\$4,287	\$4,279	\$6,862	\$6,791	\$4,809
Baltimore	\$3,277	\$3,991	\$4,031	\$6,460	\$6,950	\$4,575
Calvert	\$3,436	\$3,101	\$2,300	\$6,316	\$11,293	\$5,287
Caroline	\$3,620	\$3,906	\$4,731	\$6,328	\$6,560	\$4,558
Carroll	\$1,987	\$3,601	\$3,022	\$4,926	\$12,497	\$4,052
Cecil	\$2,850	\$3,477	\$3,302	\$8,171	\$10,392	\$4,271
Charles	\$2,191	\$2,535	\$3,006	\$5,612	\$6,417	\$3,538
Dorchester	\$3,308	\$3,450	\$3,446	\$3,851	\$5,637	\$3,627
Frederick	\$2,365	\$3,892	\$4,090	\$8,691	\$10,461	\$4,506
Garrett	\$680	\$2,301	\$2,519	\$8,709	\$5,208	\$3,192
Harford	\$3,507	\$3,517	\$3,538	\$6,961	\$7,828	\$4,413
Howard	\$3,268	\$3,695	\$4,178	\$5,995	\$9,003	\$4,752
Kent	\$1,045	\$3,530	\$4,148	\$6,260	\$6,664	\$4,515

Montgomery	\$3,261	\$3,806	\$3,488	\$7,864	\$10,588	\$4,863
Prince George's	\$3,316	\$3,917	\$3,759	\$5,548	\$6,010	\$4,195
Queen Anne's	\$1,632	\$3,542	\$3,037	\$5,444	\$13,248	\$5,567
Somerset	\$3,267	\$3,921	\$3,210	\$6,337	\$6,487	\$3,979
St. Mary's	\$1,181	\$3,258	\$3,110	\$7,711	\$10,801	\$6,218
Talbot	\$2,763	\$3,265	\$3,514	\$3,511	\$4,929	\$3,532
Washington	\$3,668	\$4,141	\$4,190	\$7,342	\$5,132	\$4,293
Wicomico	\$3,709	\$3,751	\$3,381	\$11,502	\$9,225	\$4,710
Worcester	\$2,799	\$3,771	\$3,044	\$5,475	\$7,436	\$3,739
Statewide	\$3,349	\$4,040	\$4,016	\$6,834	\$7,276	\$4,630

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

Table A32: Total Expenditures for All PBHS Behavioral Health Services, FY22

Jurisdiction	Age Group ^a					Jurisdiction Total ^b
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$303,654	\$1,784,571	\$2,484,113	\$1,229,355	\$1,847,979	\$7,649,672
Anne Arundel	\$2,148,392	\$12,559,293	\$12,473,602	\$4,713,476	\$7,646,782	\$39,541,545
Baltimore City	\$9,845,570	\$54,054,617	\$62,993,351	\$27,075,030	\$28,072,758	\$182,041,327
Baltimore	\$4,550,798	\$29,575,060	\$26,186,203	\$10,572,749	\$11,068,336	\$81,953,146
Calvert	\$213,234	\$812,221	\$1,455,826	\$771,698	\$931,545	\$4,184,524
Caroline	\$197,183	\$1,299,202	\$1,934,553	\$539,781	\$565,631	\$4,536,351
Carroll	\$556,188	\$2,859,807	\$3,216,243	\$1,333,356	\$1,962,554	\$9,928,148
Cecil	\$781,469	\$2,708,456	\$2,427,628	\$1,574,855	\$2,178,885	\$9,671,294
Charles	\$345,841	\$2,074,876	\$2,974,108	\$1,278,140	\$1,617,385	\$8,290,349
Dorchester	\$363,763	\$1,891,686	\$2,184,443	\$469,348	\$824,167	\$5,733,407
Frederick	\$1,407,615	\$5,763,953	\$7,121,694	\$2,373,049	\$3,345,479	\$20,011,790
Garrett	\$102,505	\$551,938	\$533,761	\$317,550	\$501,771	\$2,007,526
Harford	\$1,264,539	\$6,997,606	\$6,159,133	\$3,132,782	\$4,185,405	\$21,739,465
Howard	\$717,891	\$4,288,343	\$6,380,820	\$2,751,285	\$2,585,363	\$16,723,701
Kent	\$67,394	\$677,679	\$812,037	\$208,188	\$454,808	\$2,220,105
Montgomery	\$1,887,867	\$11,112,352	\$17,807,742	\$8,607,139	\$8,856,173	\$48,271,272
Prince George's	\$2,764,265	\$16,026,406	\$19,953,232	\$10,056,485	\$11,322,193	\$60,122,580
Queen Anne's	\$76,291	\$569,548	\$1,131,983	\$462,394	\$518,745	\$2,758,961
Somerset	\$490,007	\$2,319,858	\$1,550,960	\$572,407	\$754,227	\$5,687,459
St. Mary's	\$190,238	\$1,160,291	\$1,859,371	\$960,958	\$1,352,158	\$5,523,017
Talbot	\$244,954	\$1,044,859	\$1,002,324	\$382,969	\$519,173	\$3,194,279
Washington	\$1,470,820	\$7,073,002	\$6,801,956	\$3,253,204	\$3,691,177	\$22,290,160
Wicomico	\$757,626	\$4,647,604	\$5,111,408	\$2,609,319	\$2,368,462	\$15,494,420

Worcester	\$408,040	\$2,024,803	\$1,877,188	\$590,196	\$603,021	\$5,503,248
Statewide	\$31,156,367	\$173,878,031	\$196,504,876	\$85,901,970	\$97,856,837	\$585,298,081

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

Table A33: Expenditures per Recipient of All PBHS Behavioral Health Services, FY22

Jurisdiction	Age Group ^a					Jurisdiction Total ^b
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$2,169	\$3,386	\$4,592	\$3,128	\$4,788	\$3,850
Anne Arundel	\$2,939	\$4,877	\$5,054	\$3,744	\$5,450	\$4,687
Baltimore City	\$3,382	\$6,007	\$7,452	\$5,746	\$6,087	\$6,132
Baltimore	\$3,244	\$6,693	\$6,263	\$4,376	\$4,577	\$5,524
Calvert	\$1,921	\$2,403	\$4,067	\$3,176	\$4,086	\$3,274
Caroline	\$1,972	\$3,208	\$4,650	\$3,120	\$3,603	\$3,626
Carroll	\$2,599	\$4,000	\$4,695	\$3,673	\$5,165	\$4,212
Cecil	\$2,938	\$3,446	\$3,640	\$4,059	\$5,020	\$3,806
Charles	\$2,789	\$4,234	\$5,110	\$3,694	\$4,043	\$4,269
Dorchester	\$2,777	\$4,329	\$4,822	\$2,267	\$3,962	\$3,993
Frederick	\$3,764	\$4,528	\$5,441	\$3,464	\$5,530	\$4,713
Garrett	\$1,798	\$2,732	\$2,795	\$3,490	\$4,520	\$3,079
Harford	\$2,927	\$4,880	\$4,586	\$4,048	\$5,142	\$4,532
Howard	\$3,219	\$4,744	\$6,025	\$4,452	\$5,099	\$5,051
Kent	\$1,296	\$3,807	\$5,139	\$2,704	\$5,110	\$4,007
Montgomery	\$2,720	\$3,806	\$5,129	\$4,261	\$4,898	\$4,423
Prince George's	\$3,159	\$4,836	\$5,035	\$4,325	\$4,921	\$4,705
Queen Anne's	\$1,589	\$3,046	\$4,492	\$3,821	\$5,187	\$3,897
Somerset	\$4,900	\$6,426	\$5,579	\$3,948	\$4,962	\$5,490
St. Mary's	\$1,922	\$3,136	\$4,354	\$3,203	\$4,584	\$3,704
Talbot	\$3,310	\$4,097	\$3,870	\$3,039	\$4,153	\$3,807
Washington	\$2,953	\$5,255	\$5,314	\$3,982	\$4,106	\$4,605
Wicomico	\$3,118	\$4,987	\$4,868	\$4,229	\$4,207	\$4,550
Worcester	\$3,264	\$3,857	\$3,847	\$2,695	\$2,956	\$3,525
Statewide	\$3,136	\$5,196	\$5,790	\$4,473	\$5,171	\$5,069

Data Source: Behavioral health services claims data for FY22. Based on claims paid through June 30, 2023.

APPENDIX B

Definition of Terms and List of Acronyms

1. Outpatient Behavioral Health Services

Outpatient services include traditional outpatient evaluation and therapeutic individual, group, and family services as well as a number of other services provided in diverse settings. These include hospital outpatient mental health services, Federally Qualified Health Centers, and Outpatient Mental Health Clinics (OMHCs). Additionally, private Medicaid enrolled practitioners may offer services and bill either individually or as a group practice. Therapeutic Behavioral Services, Transcranial Magnetic Stimulation, and psychological evaluation services are also included in the mental health outpatient service category, as are the Evaluation and Management services of the professionals offering services in hospital outpatient departments. Outpatient behavioral health service expenditures are funded through Medicaid, Medicaid State Funds for certain services not eligible for Medicaid, or through state funds for individuals not eligible for Medicaid but whose financial and medical needs qualify them for the service.

2. Inpatient Psychiatric Hospital Services

Inpatient psychiatric services are provided by acute care general and private psychiatric hospitals that are approved Medicaid providers, licensed and regulated by the state of Maryland. They serve children and youth in need of acute psychiatric hospitalization providing crisis intervention and stabilization, comprehensive diagnostic evaluation and treatment including; individual, group and family therapy; behavioral therapy; medication management and occupational therapy. Inpatient psychiatric hospital service expenditures are funded only through Medicaid as uninsured individuals are covered through the Medicare Waiver.

3. Psychiatric Emergency Room Services

Psychiatric Emergency Department (ED) services are provided for children and youth who require urgent psychiatric assessment, crisis intervention, evaluation and referral. ED utilization is defined as service recipients not admitted to an inpatient level of care service, but had a claim associated with revenue codes 0450-0452.

4. Residential Treatment Centers

Residential treatment center services are provided to individuals under the age of 18 whose symptoms are so intense that they cannot be treated in a community setting. Individuals placed before the age of 18 may continue in treatment until the age of 21. In addition to room and board, a single day rate covers all of the individual's health, behavioral health, and medication needs as well as any necessary psychological testing. Discharge planning must be considered prior to placement in an RTC and the discharge plan must be actively reviewed throughout the treatment process. Youth who would not otherwise be eligible for Medicaid may have an eligibility

reconsideration after their first full month in the facility and are evaluated as a “family of one”, excluding the income and assets of the individuals responsible for the youth.

Expenditures for this service are funded through Medicaid. The 2 state RTCs: RICA Baltimore and RICA Montgomery are not included.

5. Intensive Community Based PBHS Services

a. Targeted Case Management

Targeted case management (TCM) programs are available across the lifespan to assist participants with gaining access to the full range of available mental health services, as well as to any needed medical, social, financial, counseling, educational, housing, and other supportive services needed in order to maintain stability in the community. TCM service expenditures are funded through Medicaid, Medicaid State Funds for certain services not eligible for Medicaid, or through state funds for individuals not eligible for Medicaid but whose financial and medical needs qualify them for the service.

b. Respite Care

Respite care services provide short-term, in home or temporary overnight out-of-home services to support an individual to remain in their home. Respite services to children and adolescents may be either facility or in-home based. Facility-based respite providers can include licensed foster homes, group homes, or other facilities approved as a respite services provider. Services are authorized in full-day increments, 12-hour minimum. In-home respite services may be provided in the community at a variety of locations through prearrangement with the caregiver and the participant. Services are authorized in hourly increments, 10 hours a day, maximum and paid in 15 minute increments. These services are not eligible for Medicaid reimbursement; expenditures are either from the Medicaid State Funded services or the state-only funds.

c. 1915(i) Waiver

The 1915(i) waiver are intensive behavioral health services for children, youth, and families. It builds upon the prior 1915(c) Residential Treatment Center (RTC) waiver that allowed states to provide home and community-based care to participants that would otherwise be institutionalized. This plan amendment is intended to support youth with the highest mental health needs as a method to divert an individual from an Inpatient or RTC admission or to reduce the length of stay in a facility by providing a number of services not part of the basic Maryland plan to support the youth in the community.

Services provided include 24-hour mental health and/or crisis services, which are provided to the child or adolescent and family using a wraparound approach that includes intensive care coordination with an individualized plan of care. Specialized services not otherwise available through the Medicaid program include intensive in-home services, respite services (in and out of home), family and peer support services, and expressive and experiential behavioral services.

d. Psychiatric Rehabilitation Program

Psychiatric Rehabilitation Program (PRP) provides community-based comprehensive rehabilitation and recovery services and supports that promote successful community integration and use of community resources. Services may be provided on-site in groups at a facility that lasts a minimum of one hour or off-site at the consumer's residence or other community locations.

PRP expenditures are funded through Medicaid or through state funds for individuals not eligible for Medicaid but whose financial and medical needs qualify them for the service.

6. Substance Related Disorder Program Services

Substance related disorder services are utilized by individuals who have a qualifying primary substance use disorder (SUD) diagnosis and who meet at least the minimum American Society for Addiction Medicine (ASAM) I criteria (acute intoxication and/or withdrawal potential).

Substance use disorder services provided by the PBHS includes, Outpatient therapy and counseling options, Inpatient hospital services, Problem gambling services, SUD Partial Hospitalization, SUD Labs, SUD Methadone Maintenance, SUD Residential - Adolescents, SUD Intensive Outpatient, SUD Court Ordered Placement - Residential, SUD Residential - Pregnant Women/Women with Children and SUD Residential - All Levels.

These services are funded through Medicaid, Medicaid State Funds for certain services not eligible for Medicaid, or through state funds for individuals not eligible for Medicaid but whose financial and medical needs qualify them for the service.

7. Telehealth

Traditionally, telehealth services were conducted through established video channels between originating provider sites and participating providers using approved HIPAA compliant software and hardware. But in response to COVID-19, telehealth services were expanded to include email; provided that any and all telehealth practices are clinically appropriate, properly documented, and otherwise comply with proper standards of care.

Acceptable forms of telehealth modalities include, Video (Zoom, Google Meets, Skype), Telephone (audio) and Email.

Provider types and services available through telemedicine include Outpatient (Mental Health and Substance Use) service, Psychiatric Rehabilitation Program services, Opioid Maintenance services, Intensive Outpatient services, Partial Hospitalization, and Support Services (ex: Case Management, Supported Employment, Gambling).

8. Other Definitions

a. Mental Health

Mental health disorders are health conditions that affect an individual's daily functioning, mood, feeling, and ability to relate to others. These are behavioral or emotional illnesses that result from a psychiatric disorder.

b. Substance Use Disorder

Substance use disorders are associated with the misuse of, or dependence on, alcohol, legal drugs, illegal drugs, and or prescription drugs that cause significant impairment.

c. Public Behavioral Health System

Public Behavioral Health System (PBHS) is a statewide system that provides mental health and substance use disorder services to uninsured individuals and Medicaid beneficiaries. PBHS is managed through an Administrative Services Organization (ASO) Optum.

d. PBHS eligibility

Children and youth birth to 25 years eligible to receive services through the public behavioral health system.

e. PBHS Utilization

Children and youth birth to 25 years who receive services through the public behavioral health system.

f. PBHS Expenditures

PBHS expenditures is the total cost of PBHS service for children and young adults receiving care within the public behavioral health system. It also shows the average cost of PBHS services per recipient.

g. 30-Day Readmission

30-day readmission refers to children and young adults discharged from a psychiatric inpatient or residential treatment center, but readmitted to either the same RTC, inpatient hospital facility or to any other RTC.

h. Average Length of Stay

Average length of stay (ALOS) is the average number of days a patient stays at a facility. It is calculated by dividing the number of inpatient days by the number of admissions.

i. Federal Poverty Level

Federal poverty level (FPL) is a measure of income issued annually by the department of health and human services; FPL is used to determine an individual's eligibility for program benefits such as Medicaid and CHIP.

List of Acronyms

ALOS	Average Length of Stay
ASAM	American Society for Addiction Medicine
ASO	Administrative Service Organization
BHA	Behavioral Health Administration
FPL	Federal Poverty Level
HG	Health General Article
ER	Emergency Room
ED	Emergency Department
MA	Medicaid or Medical Assistance
MDH	Maryland Department of Health
MH	Mental Health
NIMH	National Institute of Mental Health
OD	Opioid Use Disorder
PBHS	Public Behavioral Health System
PRP	Psychiatric Rehabilitation Program
RICA	Regional Institutes for Children and Adolescents
RTC	Residential Treatment Center
SUD	Substance Use Disorder
TCM	Targeted case management
LGBTQIA+	Lesbian, Gay, Bisexual, Trans, Queer or Questioning, Intersex, Asexual. The plus sign represents other identities