

# FY23 Report on Behavioral Health Services for Children

Health-General Article § 7.5-209

Maryland Department of Health

**February 2025**

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## **Executive Summary**

In accordance with the Maryland Annotated Code, Health-General Article (HG) § 7.5–209, the Behavioral Health Administration (BHA) is required to provide an annual report on behavioral health services for children (birth through 17 years) and young adults (18–25 years). This report is developed in consultation with stakeholders through the Maryland Children’s Behavioral Health Coalition, which includes 18 member organizations representing consumers, families, service providers, and behavioral health professionals.

The FY2023 report (spanning July 1, 2022, to June 30, 2023) provides data on the utilization, costs, geographic distribution, and service patterns for children and young adults accessing public behavioral health services (PBHS). The services examined include outpatient mental health care, psychiatric inpatient services, emergency department visits for behavioral health emergencies, residential treatment, substance use disorder programs, and intensive community-based services (e.g., case management, respite care, psychiatric rehabilitation).

### **Key Findings:**

- **Total Expenditures:** \$689.9 million was spent on PBHS services for 123,614 recipients, costing an average of \$5,581 per person.
- **Age Group Costs:** Youth (ages 0-17) had higher costs per person (\$5,671) compared to young adults (ages 18-25), who had an average cost of \$5,404.
- **Age-Specific Expenditures:** The 13-17 age group accounted for \$234.2 million (34% of total expenditures) and had the highest per-person cost of \$6,374.
- **Racial/Ethnic Disparities:** Non-Hispanic Black children and young adults had the highest overall expenditures at \$298.4 million (43.3% of total costs), with an average cost of \$6,195 per person.

This report highlights the ongoing challenges in addressing the behavioral health needs of Maryland’s youth, including the high costs associated with service provision and disparities across age and racial/ethnic groups. These insights are critical for ongoing efforts to enhance the accessibility, effectiveness, and equity of behavioral health services for Maryland’s children and young adults.

## Introduction

The United States, including Maryland, continues to grapple with the effects of the COVID-19 pandemic, particularly on the mental health of children and adolescents. Experts have identified that the pandemic profoundly impacted youth mental health, stemming from multiple factors. These include public lockdowns, nationwide school closures, increased exposure to adverse home environments due to pandemic-related stressors on parents, and the deteriorating mental health of caregivers. The pandemic safety measures such as home confinement, social distancing, and lifestyle changes like prolonged screen time, sleep disturbances, and reduced physical activity have been linked to the factors directly or indirectly. Despite post-pandemic transitions, such as the easing of movement restrictions, the return to in-person schooling, and the resumption of regular activities, mental health challenges among children and youths have not only persisted but worsened.<sup>123</sup>

A study funded by the National Institute of Mental Health found that mental health-related emergency department (ED) visits for children and adolescents declined significantly during the first year of the COVID-19 pandemic. However, in the pandemic's second year, these visits surged by nearly 7%, with adolescent females driving this increase—visits among this group spiked by 22.1%, while visits among males saw a decline.<sup>4</sup> Numerous survey studies on child and adolescent mental health during the pandemic highlighted anxiety, depression, loneliness, stress, and emotional tension as the most commonly reported symptoms. The groups at most significant risk included adolescent females, children and youth with pre-existing mental health conditions, and those lacking supportive family environments. These findings underscore the pandemic's uneven mental health toll, especially among vulnerable populations.<sup>5</sup>

The Maryland Department of Health's Behavioral Health Administration (BHA) manages the provision of behavioral health services for children, young adults, and their families through a comprehensive network of state—and federally funded programs. This system is designed to be equitable, integrated, and coordinated, ensuring access to a wide range of behavioral health service options and recovery supports across the state.

Service offerings span from ambulatory outpatient care for both mental health and substance use disorders to more intensive interventions such as mobile crisis response, stabilization services, and sub-acute or inpatient treatment. Additionally, the BHA provides care coordination, psychiatric residential treatment centers, and various community-based support services, including family peer support. This system of care is specifically designed to adapt to the

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<sup>1</sup> Bridge, J. A., Ruch, D. A., Sheftall, A. H., Hahm, H. C., Fontanella, C. A., Brock, G., Campo J. V., & Horowitz, L. M. Youth Suicide During the First Year of the COVID-19

Pandemic. *Pediatrics*, 151(3) (2023). <https://doi.org/10.1542/peds.2022-058375>

<sup>2</sup> Ng CSM, Ng SSL. Impact of the COVID-19 pandemic on children's mental health: A systematic review. *Front Psychiatry*. 2022 Oct 18;13:975936. doi: 10.3389/fpsy.2022.975936. PMID: 36329921; PMCID: PMC9622998. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9622998/#:~:text=Key%20risk%20factors%20were%20identified,with%20the%20pandemic%20safety%20measures%2C>

<sup>3</sup> 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](https://nami.org/NAMI/media/NAMI-Media/PDFs/NAMI_2022_State_Legislation_Report.pdf)

<sup>4</sup> 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>

<sup>5</sup>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>

evolving needs of children, young adults, and their families, delivering timely and effective support across all aspects of their lives

In fiscal year 2023, the Public Behavioral Health System (PBHS) spent \$689.9 million on behavioral health services for 123,614 children and young adults, resulting in an average cost of \$5,581 per recipient.

Children aged birth to 17 incurred higher average costs, with an average of \$5,671 per person, compared to \$5,404 for young adults aged 18 to 25. Adolescents aged 13 to 17 represented the highest expenditure group, accounting for \$234.2 million, or 34% of total costs, with an average cost of \$6,374 per person.

When examining expenditures across racial and ethnic groups, non-Hispanic Black children and young adults had the highest overall costs, totaling \$298.4 million. This group represented 43.3% of the total costs, with an average of **\$6,195 per person**.

From fiscal year 2022 to fiscal year 2023, Maryland experienced notable increases in several areas:

- Overall spending rose by 18%.
- The number of service users increased by 7%.
- The average cost per person grew by 10%.

Over the six-year period from FY18 to FY23, behavioral health expenditures increased significantly by 39%, nearly four times the growth rate of service utilization, which rose by only 11%. Per-person spending also increased by 25%, more than double the rate of service utilization growth.

Several factors likely contributed to this rise in expenditures. Notably, the service reimbursement rate increased between FY18 and FY23, leading to a cumulative 24% rise in costs. Additionally, there has been a marked increase in utilization and expenditures for more intensive, higher-cost services. For example:

- Targeted Case Management (TCM) costs surged by 135%, representing an increase of \$6.2 million, despite a 1% decline in service use.
- Inpatient hospital treatment costs rose by 28%, representing an additional \$29.2 million, despite a 16% reduction in utilization.
- Expenditures for Residential Treatment Centers (RTCs) saw only a slight decline of 4%, or \$1.4 million, while service utilization dropped by 41%.

Furthermore, in FY23, service utilization varied significantly by gender, race, age, and geographic location, highlighting the population's diverse needs.

This report is based on data from fiscal year 2023, the most recent complete dataset available. Claims data for PBHS services are considered fully complete 12 months after the fiscal year ends, as providers have up to a year to submit claims. However, over 80% of claims are typically

submitted within the first three months following service delivery.

## **Eligibility and Utilization**

### **Population Eligible for Public Behavioral Health System Services**

According to the U.S. Census Bureau data, just under two million children and young adults aged 25 lived in Maryland in 2023, totaling 1,957,082. This age group represented nearly one-third (32%) of the state's population. Of this number, 939,143 (48%) were eligible for PBHS services. This eligibility increased slightly by 6% in fiscal year 2022 and by 5% in fiscal year 2023.

Maryland's youth and young adults (ages 0-25) population experienced a minor decrease of 0.05% from July 1, 2022, to July 1, 2023, dropping from 1,958,005 to 1,957,082. The largest decrease in the youth population was observed in Garrett County, which saw a 3% decline, while Frederick County experienced the largest increase, at 2%.

Non-Hispanic Black children and young adults represented the largest group eligible for services, accounting for 33%. This proportion is slightly higher than the overall proportion of non-Hispanic Black children and youth in the population, which is 31%.

In contrast, non-Hispanic White children and young adults made up 21% of those eligible for services, significantly lower than their representation in Maryland's overall child and youth population, where they account for 40%. Native Americans and Pacific Islanders represented less than one percent of total eligibility, as shown in Table 1 (see Appendix A)

Among those who received PBHS services, non-Hispanic Blacks comprised the largest group, at 39%, followed by non-Hispanic Whites, at 28%. Despite having a higher number of service users overall, non-Hispanic Black children and young adults accessed services at a lower rate than non-Hispanic Whites, with rates of 154 and 180 per 1,000 eligible individuals, respectively.

Females represented 51% of eligible children and young adults, while males accounted for 49%. Females had a slightly higher rate of eligibility than males. The number of individuals eligible for PBHS services was higher in youth (75%) than in young adults (25%), and youth had a higher rate of service eligibility.

Geographically, the number of PBHS-eligible individuals varied across the state, with the largest numbers of eligible individuals residing in the three jurisdictions with the largest populations of children and young adults, including Baltimore, Montgomery, and Prince George's Counties. Together, these counties accounted for nearly one-half (48%) of all PBHS-eligible children and young adults (see Appendix, Table B1). While the largest number of eligible children and young adults resided in the three most populated jurisdictions, the percentage of children and young adults who were MA eligible within each jurisdiction varied substantially across the state.

In Fiscal Year 2023 (FY23), the eligibility rates for Public Behavioral Health Services (PBHS) varied significantly across the state, as illustrated in Map 1 (Appendix A). Carroll County had the lowest eligibility rate at 28%, while Dorchester County had the highest at 81%. In comparison, Fiscal Year 2022 (FY22) showed eligibility rates ranging from a low of 26% in Howard County to a high of 91% in Baltimore City.

Notably, more than half of the state's jurisdictions—14 out of 24—had over 50% of their population aged 25 and younger eligible for Medicaid. This is an increase from FY22 when only 11 jurisdictions met this criterion.

The geographic differences in PBHS service eligibility closely correlate with poverty rates across the state. Jurisdictions with the highest proportions of eligible children and young adults also rank among the top areas regarding the percentage of their populations and children living below the federal poverty line. Conversely, jurisdictions with the lowest eligibility rates generally have the lowest percentage of impoverished individuals.

### **Utilization of Public Behavioral Health System Services**

In FY23, 123,614 children and young adults—representing 13% of eligible Medicaid recipients—received one or more behavioral health services within the PBHS system statewide. Youth accounted for 66% of the service users, double the percentage of young adults, who made up 34% of the users. Among the children and young adults receiving PBHS services, nearly one-third (30%) were aged 13 to 17—children aged 7 to 12 comprised 28% of the service recipients. The youngest children, those from birth to six years old, were the least likely to access behavioral health services, making up only 9% of the recipients. Young adults aged 18 to 21 and those aged 22 to 25 each represented 17% of the service users.

Overall, females were more likely than males to utilize these services, accounting for 55% of the users. However, in the younger age group (birth through 12 years), male service recipients were more prevalent, comprising 56% of that demographic, while females were more likely to seek services after age 13, making up 61% of that group.

Non-Hispanic Black children and young adults comprised the majority of PBHS service recipients, accounting for 39%, followed by Non-Hispanic White individuals at 28%. Non-Hispanic Black youth exhibited the highest service usage frequency, with over 31,000 individuals accessing services in the latest fiscal year. However, Non-Hispanic White youth had the highest overall rate of service usage. Among young adults, Non-Hispanic Black individuals again had the highest number of service users, while non-Hispanic whites reported higher service utilization rates. Additionally, Native Americans had the second-highest service use rate at 158 per 1,000 Medicaid-eligible individuals, despite making up less than one percent of the total number of service users, as shown in Table 1 (see Appendix A).

More than one-half (58%) of all PBHS service recipients resided in four jurisdictions (Baltimore City, Baltimore, Prince George's, and Montgomery Counties). Baltimore City alone was home to nearly one-quarter (22%) of children and young adult service recipients. In contrast, counties in the eastern shore region (Kent, Queen Anne's, and Talbot Counties) and western Maryland (Garrett County) had the lowest number of service users, with each jurisdiction serving less than 1,000 children and young adults in FY23. 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 service recipients. Despite these low counts, all jurisdictions under 1,000 had service utilization rates above the state average (see Appendix, Table B3).

In FY23, 132 out of every 1,000 children and young adults eligible for Medicaid used Public Behavioral Health Services (PBHS). As illustrated in Map 2, the usage rates of PBHS varied significantly throughout the State, with a high of 223 per 1,000 eligible individuals in Dorchester County and a low of 76 per 1,000 in Prince George's County. Other counties with high service

utilization included Somerset (213 per 1,000) and Worcester (202 per 1,000). In contrast, Montgomery (85 per 1,000) and Charles (89 per 1,000) were the counties with the lowest usage rates. Notably, all but five jurisdictions had PBHS service use rates above the state average of 132 per 1,000 eligible individuals. Overall, the usage rates among eligible children and young adults slightly increased in FY23, rising to 131.6 per 1,000 from 128.9 per 1,000 in FY22.

Between FY22 and FY23, the service utilization rate for Public Behavioral Health Services (PBHS) increased by 2.1%. As illustrated in Map 3 (see Appendix A), the overall change in utilization rates varied significantly, with a decrease of 6.9% in Cecil County and an increase of 12.9% in Dorchester County, which experienced the most significant increase from FY21 to FY22. Service utilization rates declined in 12 of 24 jurisdictions between FY22 and FY23.

Outpatient behavioral health treatment services were

- the most frequently utilized category,
- comprising 94% of users,
- totaling 115,898 individuals—a 6% increase from FY22.

Additionally, 9.5% of all service users visited psychiatric-related emergency rooms, representing a 4% increase, and 5.4% were hospitalized for psychiatric reasons, marking a 5% increase. Less than 1% of children and young adults accessed residential treatment center services, reflecting a 4% decrease from the previous year's count of 349. Services related to substance use disorders accounted for 12% of all service users, which was a notable 19% increase compared to FY22. Telehealth services were accessed by 58% of all service users, although this figure represents a decrease of 4% since FY22.

Among the selected intensive community-based services, psychiatric rehabilitation was the most commonly utilized, with nearly one in five (18%) children and young adults using this service. The next most frequently used service was targeted case management, accessed by only 1.6% of service recipients. Excluding outpatient and telehealth services, psychiatric rehabilitation was the most common service for youth from birth to 17 years old, while young adults aged 18 to 25 were most likely to benefit from substance-related disorder program services. The subsections below provide a detailed breakdown of each selected PBHS service, as listed in Table 2.

### **Outpatient Behavioral Health Services**

Outpatient Behavioral Health Services in PBHS include individual, group, and family therapy, intensive outpatient programs, diagnostic assessments, hospital-based outpatient services, and other ancillary services available statewide.

Since FY21, outpatient PBHS services have increased by 15%. Males are the most frequent users of these services among children aged birth to 12 years, while females are the most frequent users among individuals aged 13 to 25. Non-Hispanic Black youth represented the largest group of service users; however, non-Hispanic White young adults had the highest overall service use rate.

In FY23, 115,898 children and young adults received one or more outpatient behavioral health services from PBHS, which accounts for 93.8% of all child and young adult service recipients. Overall service usage has increased by 15% since FY21 (which recorded 100,771 users), with youth service use rising by 14% and young adults by 17%. The most notable increases were

among children aged six and under (26%) and Hispanic youth and young adults (40%). Although trends have been recorded since FY18, the legislation only required data reporting on outpatient services starting in FY21.

Among outpatient service recipients, youth constituted the majority, with 78,787 users (112 per 1,000 eligible), while young adults had a higher usage rate of 37,111 users (158 per 1,000 eligible). Children aged 7 to 12 represented 29% of outpatient recipients, while those aged 13 to 17 accounted for 30%, representing 59% of all outpatient service recipients.

Behavioral health outpatient service users were evenly divided by gender among the youth demographic, with 50% female and 50% male. However, there was a significant increase in female usage (63%) compared to male usage (37%) among young adults. The racial and ethnic distribution was similar across youth and young adults, with over one-third (38%) being Non-Hispanic Black, followed by Non-Hispanic White at 29%. Service use rates increased across all racial, ethnic, and gender groups from youth to young adulthood.

Statewide, 123 out of every 1,000 PBHS-eligible children and young adults utilized outpatient behavioral health services. Females accessed outpatient services at a higher rate of 133 per 1,000 eligible individuals compared to 114 per 1,000 eligible males. Non-Hispanic White children and young adults had a higher service use rate of 172 per 1,000 eligible individuals, contrasted with 142 per 1,000 eligible non-Hispanic Black individuals. Native Americans, making up 0.5% of service recipients, had a use rate of 149 per 1,000 eligible individuals, the second highest rate, while Hispanics, making up 2.1% of service users, had 58 per 1,000 eligible individuals.

Usage rates for outpatient behavioral health services varied widely across the State, ranging from a low of 71 per 1,000 PBHS-eligible individuals in Prince George's County to a high of 214 per 1,000 eligible individuals in Dorchester County. Somerset (204 per 1,000), Worcester (196 per 1,000), and Kent (194 per 1,000) Counties also had high usage rates, while Montgomery (81 per 1,000) and Charles (81 per 1,000) Counties reported lower rates. Higher outpatient service usage rates were closely associated with areas having high Medicaid eligibility rates, including the State's lower shore and far western regions. Nearly four-fifths (19 out of 24) of all jurisdictions had outpatient utilization rates above the state average of 123 per 1,000 (see Appendix, Table B3).

### **Inpatient Behavioral Health Services**

Inpatient behavioral health services provide a comprehensive range of medical and psychosocial diagnostic evaluations. These services include developing individualized treatment plans, medication management, and various forms of therapy—individual, group, and family—along with other supportive services. They are available to children and young adults at 28 acute care general hospitals with psychiatric units across the State and four private psychiatric hospitals, with 11 units specifically designed for children.

Since FY18, the use of inpatient services has decreased by 16%. Females aged 13-17 have utilized inpatient services more than twice as frequently as males. Non-Hispanic Black youth were the most frequent users of these services, while non-Hispanic White young adults had the highest service usage rate.

In FY23, 6,553 children and young adults received services following one or more psychiatric-related hospitalizations, which represents 5.3% of all service recipients. Service usage has decreased by 16% since FY18 (from 7,773), but it has increased by 10% since FY21 (5,940).

Both youth and young adults experienced similar decreases (15.5% and 15.9%, respectively). The most significant decline in service usage occurred among those aged 6 years and younger (82%) and Native Americans (79%).

Inpatient psychiatric hospital services were utilized by 7 out of every 1,000 individuals eligible for PBHS statewide. The majority of users were among youths rather than young adults; however, young adults had a service use rate more than double that of youth (5 vs. 13 per 1,000 eligible). Youth aged 13 to 17 accounted for the most significant % of service users, making up 39%. Among these youth, inpatient psychiatric hospitalization services were utilized more frequently by females (64%) than males (36%). In contrast, the distribution of service use among young adults was more balanced, with 54% female and 46% male. Specifically, females aged 13–17 (1,721 individuals; 67.3%) were over twice as likely to use inpatient psychiatric hospital services compared to their male counterparts (836 individuals; 32.7%). Overall, the service use rate was 8 per 1,000 eligible for females and 6 per 1,000 eligible for males.

In terms of ethnicity, both youth and young adults who identified as non-Hispanic Black exhibited higher service use frequencies compared to non-Hispanic Whites. Nevertheless, non-Hispanic Whites had a higher overall service use rate of 10 per 1,000 eligible, while non-Hispanic Black individuals had a rate of 8 per 1,000 eligible. Native Americans represented less than 1% of service users, yet they had the highest inpatient service state at 11 per 1,000 eligible individuals.

Inpatient service use rates varied significantly across the State, ranging from a low of 4.5 to a high of 10.4 per 1,000 eligible individuals. Kent (10.4 per 1,000), Washington (10.3 per 1,000), and Allegany (9.3 per 1,000) Counties reported the highest usage rates. In contrast, Prince George's (4.5 per 1,000), Charles (4.9 per 1,000), and Garrett (5.2 per 1,000) Counties had the lowest rates. Notably, over half (15 out of 24) of all jurisdictions had inpatient utilization rates above the statewide average of 7.0 per 1,000 eligible individuals (see Appendix, Table B7).

#### Psychiatric Emergency Room Services

Psychiatric emergency room services encompass all visits to the emergency room for behavioral health-related emergencies. These services are available for children and adolescents who need urgent psychiatric assessment, crisis intervention, evaluation, and referral. The services include immediate medical evaluation and intervention to help prevent self-harm or harm to others, manage acute symptoms, stabilize patients, and provide referrals for follow-up treatment.

Although service usage has decreased by 13% since fiscal year 2021, it has risen. Usage rates more than doubled when comparing youth to young adults. Non-Hispanic Black youth were the most frequent users of these services, while non-Hispanic White young adults had the highest rate of service usage.

In fiscal year 2023 (FY23), 11,312 children and young adults who received Public Behavioral Health Services (PBHS) had one or more visits to psychiatric emergency rooms (ERs). This represents nearly one in ten (9.2%) of children and young adult service recipients, a frequency that mirrors that of FY22. The overall service use rate for psychiatric ER visits was 12.0 per 1,000 eligible children and young adults. Although the overall use of psychiatric emergency services declined by 13.3% between FY18 and FY23, it increased by 14.2% since reaching its lowest point in FY21. Among these groups, young adults (17%) saw a more significant decrease than youth (10%) since FY18.

The most notable reductions were among children aged six years and under and Native American individuals. Despite the decreasing trend of service use, Hispanic youth and young adults were the only demographic to experience an increase, with a remarkable 139% rise over the last two fiscal years (from 111 in FY21 to 265 in FY23).

Emergency room services utilization was predominantly among youth (57% of visits; 9.1 per 1,000 eligible), but the service use rate was more than double for young adults (43%; 21.0 per 1,000 eligible). Among all psychiatric ER users, children aged 13 to 17 accounted for the largest proportion (38%). Additionally, within both youth and young adult demographics, females represented a larger share of service users (60% and 54%, respectively), although females had a higher service use rate than males only among youth.

As shown in Table 5 (see Appendix A), emergency room users were more frequently Non-Hispanic Black (39%) compared to Non-Hispanic White (28%). However, Non-Hispanic White youth and young adults had a higher overall service use rate (16.1 vs. 14.1 per 1,000 eligible). Native Americans represented only 0.5% of service users but had the second-highest psychiatric ER service use rate overall (14.9 per 1,000). Among the youth population, Non-Hispanic Black children accounted for 37% of service users, increasing to 41% among young adults. The service use rate for non-Hispanic Black youth was more than double that of young adults (10.6 compared to 23.3 per 10,000 eligible). Non-Hispanic White youth comprised 29% of service users, which decreased to 26% among young adults, yet the service use rate for this group increased from youth to young adulthood (13.2 to 23.6 per 1,000 eligible). Service use rates increased among Hispanic individuals and other racial and ethnic groups.

The utilization of psychiatric emergency room services varied across the State, ranging from a low of 7.1 per 1,000 eligible PBHS recipients to a high of 21.3 per 1,000. Three jurisdictions—Somerset (21.3 per 1,000 eligible), Dorchester (20.0 per 1,000), and Allegany (19.9 per 1,000)—reported rates significantly above the state average of 12.0 per 1,000 eligible. In contrast, Prince George's (7.1 per 1,000), Garrett (9.0 per 1,000), and Montgomery (9.5 per 1,000) Counties had the lowest rates (see Appendix, Table B9).

### **Residential Treatment Centers (RTCs)**

Residential treatment center services are available for individuals under the age of 18 who experience severe symptoms that cannot be treated in community settings. Those placed in treatment before turning 18 may continue receiving care until they reach age 21. In fiscal year 2023, four 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 severe emotional and behavioral challenges across the State. These facilities are located in three jurisdictions: Baltimore City (three centers), Baltimore County (two centers), and Montgomery County (one center).

Youth ages 13 to 17 accounted for nearly 60% of the total service users. Males were twice as likely to use these services than females, utilizing them at double the rate. The largest group of service users consisted of non-Hispanic Black youth.

In FY23, 268 children and young adults received services in community RTCs, a 41% decrease from FY18. While many services presented in this report have seen service use rebound since the COVID-19 pandemic, RTC use continues to decline. RTC services were used by 0.2% of all PBHS service users in FY23. Overall, the service use rate for residential treatment centers is 0.2 service users per 1,000 PBHS-eligible children and young adults. Individuals aged 13 to 17 and 18 to 21 saw the largest decreases since FY18. Non-Hispanic Black and Non-Hispanic White individuals and female and male service users saw equivalent reductions.

Among youth and young adult service users, males (67%; 180) accounted for more than double the number of female service users (33%; 88) and had a rate double that of females. Youth were the primary users of residential treatment services, with ages 13 to 17 accounting for 59% and ages 7 to 12 accounting for 35%. In total, youth between the ages of 7 and 17 accounted for 94% of service users. As seen in Table 6 (See Appendix A), service recipients were also more likely to be non-Hispanic Black (47%) than non-Hispanic White (31%), even though utilization rates were similarly distributed between both populations (0.4 per 1,000 eligible).

The statewide utilization of RTC services was relatively low at 0.29 per 1,000 eligible children and young adults. Statewide, use rates ranged from a low of 0.07 per 1,000 to 0.9 per 1,000. The jurisdictions with the highest use rates included Baltimore City (0.9 per 1,000) and Baltimore County (0.64 per 1,000), which had rates more than double the state average. The jurisdictions with the lowest use rates included Carroll (0.07 per 1,000), Prince George's (0.08 per 1,000), and Calvert (0.11 per 1,000) Counties.

In addition, 45 children and young adults received services in Regional Institutes for Children and Adolescents (RICA) facilities during FY23. Among those receiving RICA services, 47% received treatment in the Baltimore County facility, and the remaining 53% in the Montgomery County facility. Service use decreased by 40% (35 to 21 service users) between FY22 and FY23 in the Baltimore County facility and increased by 14 (21 to 24 ) in the Montgomery County facility. The use of RICAs was generally low across the State, with a utilization rate of 0.05 per 1,000 eligible children and young adults.

### **Intensive Community-Based Services**

The Maryland PBHS provides several 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) § 1915(i) waiver services, (c) respite care, and (d) psychiatric rehabilitation program services.

### Targeted Case Management Services (TCM)

Targeted Case Management (TCM) services are available for children and young adults, ages birth to 21. There are three intensity levels: Level I, II, and III.

**Level I TCM:** This is the least intensive service, allowing for a maximum of twelve 15-minute units (2.5 hours) of service per month. At least two of these units must involve face-to-face contact with the participant.

**Level II TCM:** This level allows for a maximum of 30 monthly units (7.5 hours), with a minimum requirement of four face-to-face contact units with the participant.

**Level III TCM (Intensive):** This is the most intensive service, providing up to 60 monthly units (15 hours). It requires at least six units of face-to-face contact with the participant.

This structure ensures that the services are tailored to the varying needs of participants. Individuals not qualifying for Medicaid may still receive services through the TCM Plus program. This program accommodates 92 non-Medicaid child and young adult recipients and is available to children and young adults throughout the State.

Table 7 shows targeted case management services for children and young adults receiving PBHS services in FY23. Historical counts now include youth aged birth to 21; previous reports extended to 25 years, which merged two case management types. The following figure displays combined counts for youth and young adults due to low service usage among the latter.

In FY23, 2,021 children and young adults accessed Targeted Case Management (TCM) services, representing less than 2% of overall service utilization. Among those aged birth to 21, 91% received either Level I (38% or 770 individuals) or Level II (53% or 1,074 individuals) TCM services. Only 9% (147 individuals) utilized the more intensive Level III services.

Over recent years, there has been minimal change in TCM usage, with only a 1% reduction observed since FY18. The populations experiencing the most significant decreases include children aged six and younger, Native Americans, and females. Conversely, increases in service usage were noted among 7 to 12-year-olds and 13 to 17-year-olds.

The TCM service utilization rate was 2.2 per 1,000 eligible children and young adults in the Public Behavioral Health System (PBHS). Figure 12 illustrates the demographic distribution of all service users without separating by age due to the low number of young adult users.

Most individuals receiving case management services, specifically 88%, were between the ages of 7 to 12 and 13 to 17, with service utilization rates of 3.7 and 4.7 per 1,000, respectively. This trend was observed across all three Targeted Case Management (TCM) levels. Additionally, males utilized TCM services more frequently than females at all levels, with 58% of recipients being male. The utilization rate for males was 2.5 per 1,000, whereas for females it was 1.8 per 1,000.

As shown in Table 7 (see Appendix A), Targeted Case Management (TCM) was more prevalent among Non-Hispanic White children and young adults, with a rate of 39%, compared to 36%

among Non-Hispanic Black individuals. This trend was consistent across all service levels, except for Level III, where Black service users were the most represented. The utilization rate for Non-Hispanic White individuals was nearly double that of Non-Hispanic Black children and young adults, with 4.0 per 1,000 eligible for Whites compared to 2.3 per 1,000 for Blacks.

Statewide, in fiscal year 2022, the overall rate of TCM service use was 2.2 per 1,000 eligible children and young adults. However, usage rates varied significantly across the State, ranging from 0.3 per 1,000 eligible in Montgomery and Prince George's Counties to 16.5 per 1,000 eligible in Washington County. Six other jurisdictions—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), and Wicomico (8.5 per 1,000 eligible)—had usage rates exceeding three times the state average (see Appendix, Table B13).

### § 1915(i) Waiver Services

The home and community-based services (HCBS) benefit for children and youth with serious emotional disturbances and their families are authorized under the § 1915(i) Medicaid State Plan Amendment. Eligibility for these services is determined by an income limit below 150% of the federal poverty level (FPL). As of October 1, 2020, this income limit was increased to 300% of FPL, aligning with Maryland's Medicaid coverage for children and young adults up to that threshold.

These services help participants remain in their homes by providing a wraparound service delivery model. The services offered include

- intensive in-home support,
- community-based respite care,
- out-of-home respite care,
- family peer support, and
- expressive and experiential behavioral services.

In fiscal year 2023 (FY23), 15 children and young adults were enrolled in the § 1915(i) waiver services, less than half the number served in fiscal year 2022 (FY22). Over half of the service recipients (73%) were aged 13 to 17. The demographic makeup of service recipients was primarily non-Hispanic White (53%) and non-Hispanic Black (20%). Service usage was evenly distributed between males and females.

### Respite Care Services

Respite care services give family caregivers a break from the demands of caring for a child with behavioral and emotional challenges. These services help increase the chances that children and young adults can remain in their homes, receiving necessary mental health support, rather than being placed in more restrictive, out-of-home environments. Respite care is provided short-term, either in the participant's home or in an approved community setting, and can be delivered in hourly, daily, or weekend increments. In the Appendix, Table B8 details the usage of respite care services among child recipients of PBHS services in FY23.

In FY23, 211 children received respite care services statewide, representing less than one percent of all child and young adult recipients of PBHS services. Overall, there was a 34% decrease in respite care services since FY18. This decline can be partially attributed to the closure of several

respite care facilities. The decrease was consistent across all demographic groups, with the largest reductions observed among individuals aged 13 to 17 and Native American youths. The service utilization rate for respite care services was 0.3 per 1,000 PBHS-eligible youth.

Respite care services are exclusively utilized by youth aged 17 and under. More than half (53%) of all respite care recipients were between the ages of 7 and 12, closely followed by those aged 13 to 17 (41%). These two age groups account for 94% of all service users. As indicated in Table 8 (see Appendix A), respite care recipients were more likely to be male (62%) than female, although the distribution of genders was more balanced among children aged six and under. The rates of respite care usage were higher for males (0.36 per 1,000 eligible) than females (0.23 per 1,000 eligible).

Non-Hispanic Black and Non-Hispanic White youths accessed respite care services at similar frequencies; however, the usage rates were higher among non-Hispanic White children (0.57 per 1,000 eligible) than among non-Hispanic Black children (0.37 per 1,000 eligible).

Respite care services were available statewide, but five jurisdictions accounted for over 70% of total service usage: Frederick (18%), Wicomico (15%), Baltimore City (14%), Baltimore County (13%), and Somerset County (10%). During FY23, no child or young adult received respite services in six jurisdictions: Allegany, Charles, Garrett, Kent, Queen Anne's, and St. Mary's Counties (see Appendix, Table B15).

#### Psychiatric Rehabilitation Program Services (PRP)

Psychiatric Rehabilitation Program (PRP) services provide rehabilitation and support for children and young adults, helping them develop and enhance their independent living skills.

In fiscal year 2023 (FY23), 22,801 children and young adults received PRP services statewide, making up 18% of total service use. Overall, the use of PRP services increased by 25% since fiscal year 2018 (FY18), with a 10% increase observed in the last year alone. The most significant increases were seen among young adults (58% increase), Hispanics (177%), and Asians (86%). Despite the overall increasing trend in service use, notable decreases were recorded among Non-Hispanic White and Native American youth and young adults. PRP services' utilization rate was 24.3 per 1,000 eligible individuals, ranking as the third highest rate, following outpatient and telehealth services.

Youth primarily utilized PRP services (77%; 17,592 individuals), with an overall service use rate of 25 per 1,000 eligible. Young adults, accounting for 23% (5,209 individuals), had a slightly lower rate of 22 per 1,000. Nearly two-fifths (39%) of child and young adult PRP recipients were aged 7 to 12, while nearly one-third (32%) were between 13 and 17. Males and females had roughly equivalent service use counts and rates overall; however, service utilization differed by age. Among youth, males had a higher service utilization proportion (53%) and a rate of 26 per 1,000 eligible, while females had a lower rate of 24 per 1,000. Among young adults, males accounted for 40% of service utilization, with a rate of 20 per 1,000, while females had a higher rate of 24 per 1,000.

Non-Hispanic Black youth and young adults were the primary users of PRP services, representing 58% of overall use with a rate of 42 per 1,000, compared to the state rate of 24 per 1,000. In contrast, Non-Hispanic White youth and young adults accounted for 15% of service use

with a rate of 18 per 1,000. Native Americans had the second-highest rate at 24 per 1,000, representing less than 1% of overall PRP service users.

Over two-fifths (41%) of PRP recipients resided in Baltimore City, having the highest utilization rate of 70 per 1,000 eligible individuals. Utilization rates varied from a low of 6 per 1,000 eligible children and young adults to a high of 70 per 1,000. Baltimore City had the highest rate of 70 per 1,000 eligible individuals, nearly triple the state average of 24 per 1,000. The jurisdictions with the next highest rates were Dorchester (44 per 1,000 eligible), Somerset (28 per 1,000 eligible), and Baltimore (27 per 1,000 eligible) Counties. While Garrett (6 per 1,000 eligible), Calvert (7 per 1,000 eligible), and St. Mary's (8 per 1,000 eligible) counties had the lowest service rates.

### **Substance-Related Disorders Program Services**

The Public Behavioral Health System provides a range of services for individuals dealing with substance-related disorders, particularly targeting children and young adults. Available services include:

1. Outpatient therapy and counseling
2. Intensive outpatient programs
3. Inpatient hospital care
4. Partial hospitalization
5. Laboratory services
6. Residential treatment for substance use disorders (SUD)
7. Medication-assisted treatment for opioid use disorders (OUD)
8. Services for problem gambling

These resources are accessible throughout the State.

There has been a rapid increase in service usage, with a 25% rise observed over the past two years. Young adults represent the majority of those utilizing these services, accounting for 70% of users. Additionally, while non-Hispanic Black children and young adults make up a significant portion of service users, non-Hispanic whites demonstrate a higher engagement rate with these services.

In FY23, 14,599 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 (12%) child and young adult PBHS service recipients. Service use counts increased by 25% between FY21 and FY23, with the most significant increases seen in youth (85%), Hispanics (206%), and Non-Hispanic Blacks (33%). The only populations to experience a decrease in SUD service use are Asian (4%) and Native American (6%) individuals. The overall service use rate for this category of services was 16 per 1,000 PBHS-eligible individuals.

The largest portion of service use in the substance use disorder (SUD) category was for laboratory services, which accounted for 9,516 users (65%). This was followed by outpatient services (7,372 users; 51%), intensive outpatient services (1,920 users; 13%), residential services (1,117 users; 8%), methadone maintenance (739 users; 5%), partial hospitalization (537 users; 4%), and inpatient services (379 users; 3%). Additionally, SUD adolescent residential treatment had 33 service users, making up only 0.2% of total SUD treatment.

Among recipients of substance-related disorder services, young adults were more prevalent, representing 70% of users, as compared to youth at 30%. The service use rate for young adults was over seven times that of youth (44 per 1,000 eligible young adults versus 6 per 1,000 eligible youth). Furthermore, both youth and young adult service users were more likely to be female (56%) than male (44%), with females exhibiting a higher overall service use rate (17 per 1,000 eligible females compared to 14 per 1,000 eligible males).

Race and ethnicity distributions were similar across youth and young adults, with non-Hispanic Blacks accounting for 37% of total service use, followed by non-Hispanic Whites at 28%. However, non-Hispanic Whites had a higher service use rate in both demographics, showing an overall rate of 21 per 1,000, whereas non-Hispanic Blacks had a rate of 17 per 1,000. Native Americans and Pacific Islanders had the third highest service use rate at 15 per 1,000 eligible users despite making up only 0.6% of the total service users.

Service use rates for substance-related disorders varied significantly across the State, ranging from a low of 8 per 1,000 eligible users in Prince George's County to 40 per 1,000 eligible users in Dorchester County. The jurisdictions with the highest service use rates included Dorchester (40 per 1,000), Somerset (35 per 1,000), Cecil (27 per 1,000), and Wicomico (27 per 1,000) Counties. In contrast, the jurisdictions with the lowest use rates were Prince George's (8 per 1,000), Montgomery (9 per 1,000), and Howard (9 per 1,000) Counties. Although Baltimore City is the most affected by the opioid epidemic and has the highest overdose death rate in Maryland, it ranks tenth in SUD service use rates among youth and young adults. Nearly three-quarters (17 out of 24) of all jurisdictions had substance-related service utilization rates above the state average of 16 per 1,000 (see Appendix, Table B19).

### **Utilization of PBHS Services Through Telehealth**

Traditionally, telehealth services are conducted through established video channels, connecting originating provider sites with participating providers using approved HIPAA-compliant software and hardware. The acceptable modalities for telehealth include video platforms (such as Zoom, Google Meet, and Skype), telephone (audio), and email.

Since fiscal year 2021, the use of telehealth services among youth has decreased, whereas utilization among young adults has increased. Youth are the primary users of telehealth services, accounting for 66% of users. Non-Hispanic Black youth and young adults make up the most significant proportion of service users, while non-Hispanic white individuals have the highest rate of service use.

In FY23, 71,164 children and young adults received PBHS services and utilized one or more PBHS Telehealth services, making up 58% of all service recipients in this category. This represents an overall decrease of 5% compared to FY21, which had 74,990 recipients. Usage among youth decreased by 11%, while young adult telehealth service use increased by 9%. Additionally, the rate of telehealth use among females remained nearly unchanged since FY21, while male usage decreased by 12%. All racial and ethnic groups experienced declines in service use, except Asians (8% increase), Hispanics (11% increase), and Pacific Islanders (11%

increase). The telehealth service use rate was 76 per 1,000 eligible individuals in the PBHS program.

Among telehealth service recipients, youth comprised two-thirds (66%) of the total. However, young adults had a significantly higher service use rate at 103 per 1,000, compared to youth at 67 per 1,000. Female and male service use among youth was fairly balanced, with females at 52% and males at 48%. In contrast, females represented 66% of service users among young adults, while males accounted for 34%. Overall, females had a service use rate of 85 per 1,000, compared to 67 per 1,000 for males. The service use rates for both males and females increased from youth to young adulthood.

The distribution of service use by race and ethnicity was similar across youth and young adulthood. Non-Hispanic Black individuals accounted for 38% of overall service use, while non-Hispanic White individuals comprised 30%. Although the total number of users was lower, Non-Hispanic White children and young adults accessed telehealth services at a significantly higher rate of 109 per 1,000 eligible individuals, compared to 86 per 1,000 eligible Non-Hispanic Black children and young adults. Interestingly, Native Americans, who represented only 0.6% of telehealth service recipients, had the second-highest utilization rate at 101 per 1,000 eligible individuals in the State. Service use rates increased across all racial and ethnic groups from youth to young adulthood.

Telehealth use rates varied widely across the State, ranging from a low of 35 per 1,000 eligible individuals to a high of 123 per 1,000. The jurisdictions with the highest service use rates included Somerset County (123 per 1,000), Dorchester County (114 per 1,000), and Carroll County (106 per 1,000). Conversely, the counties with the lowest use rates were Garrett County (35 per 1,000), Prince George's County (47 per 1,000), and St. Mary's County (53 per 1,000). Notably, more than half (15 out of 24) of all jurisdictions had telehealth service utilization rates that exceeded the state average of 76 per 1,000 (see Appendix, Table B21).

## **Expenditures and Costs**

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.

### Total Cost per Child and Young Adult for All Public Behavioral Health Services

Non-Hispanic (NH) Black children and young adults account for 43% of overall expenditures, while Non-Hispanic Whites account for 27% of expenditures. Other races, including Asians, Native Americans, and Pacific Islanders account for 3.2% of expenditures and Hispanic individuals account for 1.7% of expenditures. One-quarter (25%) of overall expenditures were associated with service users who did not have their race or ethnicity recorded. NH Black individuals (\$6,195) had the highest overall per person costs, followed by Native Americans (\$5,999), and Non-Hispanic White (\$5,281) individuals. Among all races and ethnicities the cost per person decreased between youth and young adulthood.

In FY23, total expenditures ranged from a low of \$2.2 million in Garrett County to a high of \$192.3 million in Baltimore City. These jurisdictions also represented the lowest and highest per person expenditures which ranged from a low of \$3,260 per person in Garrett County to a high of \$7,085 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 \$5,581 (see Appendix, Table B43).

### **A. Expenditures: Targeted Public Behavioral Health Services**

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.

#### **Outpatient Behavioral Health Services**

Outpatient Public Behavioral Health services were utilized by 115,898 children and young adults at a total cost of \$339.2 million, which accounts for nearly one-half (48%) of the total child and young adult PBHS expenditures (\$689.9 million) in FY23, with an average per person cost of \$2,927. Use of outpatient services increased by 15% between FY21 and FY23, while total expenditures increased at a substantially faster rate of 31%, which led to an increase of 14% in average per person costs.

As shown in Table 14a (See Appendix A), Youth accounted for nearly three-quarters (74%; \$250.1 million) of the total outpatient expenditures and had the highest per person expenditures (\$3,175 per person), while young adults accounted for 26% (\$89.1 million) and had lower per person expenditures (\$2,401 per person) (see Table 14b). Male and female expenditures were roughly evenly split among youth, however among young adults, female service recipients (65%; \$58.1 million) accounted for a larger share of the total expenditure than males (35%; \$31.0 million). Similarly, youth saw similar per person costs for both males and females while in young adulthood, females had a slightly higher cost per person than males (\$2,481 versus \$2,265 per person).

Among racial and ethnic groups, NH Blacks accounted for more than one-third of total outpatient expenditures among both youth and young adults, and had the highest per person costs in both age groups. NH White recipients accounted for over one-quarter of total expenditures in both youth and young adults and had per person costs that were similar to the other racial/ethnic groups. While overall expenditures and service use counts differed greatly among all races and ethnicities, average costs per person were generally similar between all groups in both youth and young adults.

The Baltimore region (Baltimore City, Baltimore County, and Anne Arundel County) accounted for one-half (50%; \$169.6 million) of all outpatient expenditures (see Appendix, Table B22) and the capital region (Montgomery and Prince George's Counties) also accounted for a significant

portion of total expenditures (19%; \$64.5 million). Annual per person expenditures for outpatient behavioral health services varied substantially across the state from a low of \$1,766 per person in Garrett County to a high of \$4,024 per person in Somerset. Six jurisdictions had annual per person expenditures above the state average of \$2,927 per person (see Appendix, Table B22).

### **Inpatient Psychiatric Hospital Services**

Inpatient psychiatric hospitalization services were utilized by 6,553 children and young adults and accounted for 40% (\$135.4 million) of the total child and young adult PBHS expenditures in FY23, with an average per person cost of \$20,669. Between FY18 and FY23, total inpatient expenditures increased by 28%, while service use decreased by 16%, leading to a 51% increase in costs per person compared to FY18.

Youth Accounted for 66% of total inpatient expenditures (\$88.9 million), while young adults accounted for 34% (\$46.5 million) and had the highest per person cost at an average of \$24,686, compared to young adults at an average of \$15,765 per person. Children six years of age and under had significantly higher per person costs (\$60,590 per person) which is likely impacted by the age of the service user and the small counts at which these individuals access this service, however this did not have a significant impact on the overall youth average per person cost. Overall, female service recipients accounted for a larger share (54.4%, 73.6 million) of the total expenditures than males (45.6%, 61.8 million), however, males had a higher cost per person than females (+\$4,376). Among youth, females accounted for a larger portion of total expenditures (59%, 52.4 million), but lower per person costs than that of males. In young adulthood, females accounted for a smaller proportion of total expenditures (45.6%, 21.2 million) and again had a lower average cost per person by over five thousand dollars.

Among racial and ethnic groups, NH Blacks accounted for 30% (\$53.9 million) of overall inpatient expenditures, with the proportion increasing slightly between youth and young adulthood. NH White service users accounted for 28% (\$38.3 million) of overall expenditures with a decreasing proportion trend between youth and young adulthood (see Table 15a). Among both age groups, NH Black individuals had the highest average per person costs. In all races and ethnicities, the cost per person declined between youth and young adulthood.

Inpatient expenditures varied substantially across the state with Baltimore City and Baltimore County accounting for more than one-third (38%; \$51.9 million) of overall inpatient psychiatric expenditures and ranging from a low of \$11,966 per person in Cecil County to a high of \$24,858 per person in Baltimore City. Eight jurisdictions all had annual per person expenditures above the state average of \$20,669 per person (see Appendix, Table B25). 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.

### **Behavioral Health Emergency Room Services**

In FY23, a total of 11,312 children and young adults used emergency room services at a total cost of \$13.8 million, and an average annual per person cost of \$1,216. Service use decreased by 13% since FY18, while overall expenditures decreased at a slightly slower rate of 11%, accounting for a small increase in per person cost of 3% (+\$32) since FY18. Despite the overall decrease in use and expenditures, both have been increasing since a low in FY21. Psychiatric

emergency room expenditures represent 2% of the overall annual behavioral health expenditure in FY23.

Youth accounted for a larger portion (56%; \$7.6 million) of overall expenditures compared to young adults (44%; \$6.0 million), however both groups had relatively similar average costs per person. Among youth, females accounted for 61% (\$4.7 million) of emergency room expenditures, which dropped to 50% (\$3.0 million) in young adulthood. The average cost per person was slightly higher (+\$83) for females in youth, but was higher (+\$195) for males among young adults. Costs per person decreased for females but increased for males from youth to young adulthood.

NH Black recipients accounted for 42.7% (\$5.8 million) of total emergency room expenditures at a per person cost of \$1,330, followed by NH White recipients who accounted for 26% (\$3.5 million) of expenditures and had a lower per person cost of \$1,141. Native Americans had the highest per person cost of \$1,451, although they accounted for less than one percent of overall expenditures. Average costs per person decreased from youth to young adulthood in all races and ethnicities except for NH Black individuals for which it increased.

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% of the total emergency room expenditures statewide, with Baltimore City alone accounting for almost one-quarter (24%; \$3.3 million) of the state total (see Appendix, Table B26). The average per person emergency room expenditures varied substantially across the state from a low of \$603 per person in Worcester County to a high of \$2,339 per person in Kent County. Eleven jurisdictions had annual per child and young adult expenditures higher than the state average of \$1,216 per person, while three jurisdictions (Somerset, Wicomico, and Worcester Counties) had annual per person expenditure considerably below the state average (see Appendix, Table B27).

### **Residential Treatment Center Services**

A total of 268 children and young adults used RTC services in FY23 at a total cost of \$33.9 million, with a per person cost of \$126,594. Service use has decreased by 41% since FY18, while overall expenditures decreased by only 4%, leading to an increase in per person cost of 63% (+\$48,851). Annual expenditures for RTC services represent 5% 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 average per person cost of all the services presented in this report.

Youth were the primary users of residential treatment center services and accounted for 95% of all expenditures. Among youth, males accounted for 65% of RTC expenditures, while females had a slightly higher per person cost (+\$3,291). Among young adults, males were the only users of RTC services, and had an average cost per person that was higher (+\$15,947) than male youth, however they have very low RTC service use counts which can skew the findings.

Among racial and ethnic groups, NH Black children and young adults accounted 44% of RTC expenditures (\$15.0 million) but had a relatively low cost per person of \$119,150, compared to

NH White children and young adults who accounted for 35% (\$12.0 million) of RTC expenditures and had the highest per person cost of \$144,894.

Baltimore City alone accounted for over two-fifths (40%; \$13.6 million) of overall RTC expenditures. The average per person expenditures varied greatly across the state from a low of \$40,250 per person in St. Mary's County to a high of \$400,827 per person in Calvert County (see Appendix, Table B29).

### **Substance-Related Disorder Program Service Expenditures**

Substance-related disorder program services were utilized by a total of 14,599 children and young adults and accounted for 7% (\$47.3 million) of the total child and young adult PBHS expenditures in FY23 with an average per person cost of \$3,242. Since FY21, service use increased by 25% while expenditures increased even more drastically (67%), and the average cost per person increased by 34%. The majority of the increase in service use was seen among youth, who increased by 85% since FY21, while young adults increased by only 9%.

Young adult service users accounted for the largest portion of service use (88%), and had significantly higher costs per person compared to youth. Females accounted for a slightly larger portion of expenditures in youth (52%), however in young adulthood, male service recipients accounted for a larger portion of the total expenditure (60%) and had more than double the cost per person (\$5,901 versus \$2,785 per person) compared to females.

Among racial and ethnic groups in youth, NH Black recipients accounted for 43% of total expenditures with the highest per person cost of \$1,467, followed by NH Whites, who accounted for 19% of total substance-related disorder expenditures with a per person cost of \$1,001 (see Table 18b). In young adulthood, this trend changes and NH White and Black individuals have similar total expenditures (34% and 33%, respectively), however NH White young adults have a significantly higher average cost per person (\$4,525 versus \$3,796).

Baltimore City accounted for more than one-quarter (28%; \$13.3 million) of all substance related service expenditures (Appendix Table B32). Per recipient costs varied widely across jurisdictions ranging from a low of \$1,425 in Dorchester County to a high of \$5,773 in Carroll County. The top five counties with the highest per recipient costs, included: Carroll (\$5,773), Allegany (\$5,127), Kent (\$4,837), Anne Arundel (\$4,246), and Baltimore City (\$4,050) (See Appendix, Table B33).

### **Intensive Community-Based PBHS Services**

In FY23, a total of \$126.6 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. These services together represented 18.4% of the overall child and young adult PBHS expenditures and had an annual average per person expenditure of \$5,133. Overall expenditures increased by 75% since FY18, while average per person cost increased by 42%, with a 23% increase in service use.. 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.

As shown in Table 19a (See Appendix), children accounted for 67% (\$84.8 million) of intensive community-based service expenditures. While total expenditures were lower among young adults (33%; \$41.8 million), the average per person expenditure was considerably higher for young adults (\$7,528) than for youth (\$4,437). Females accounted for a smaller portion of youth service use (45%), but accounted for a larger proportion among young adults (57%). Females had a slightly lower average cost per person compared to males in both youth and young adulthood.

NH Black children and young adults accounted for the largest proportion of expenditures (58%), which was significantly higher than NH White children and young adults who accounted for only 16% of overall expenditures, however both groups had similar average per person costs. Asian children and young adults had the highest average per person cost, although they accounted for only 2% of overall expenditures in this category. The average cost per person increased from youth into young adulthood among all races and ethnicities.

Three jurisdictions (Baltimore City, Baltimore County, and Prince George's County) accounted for roughly two-thirds or 66% (\$83.6 million) of the total intensive community-based service expenditures (see Appendix, Table B30). Average per person expenditures also varied across the state ranging from a low of \$4,098 per person in Charles County to a high of \$6,312 per person in Caroline County with an average statewide per person cost of \$5,133 (see Appendix, Table B31).

### **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.

As shown in Table (insert table #) (See Appendix), The total expenditures and per person costs for each of the four services that comprise the intensive community-based services for this report. Each service is expanded on within its corresponding section below.

#### **Targeted Case Management**

In FY23, \$10.7 million was expended on children and young adults ages 0-21 years accessing PBHS Targeted Case Management (TCM) services at an average per person cost of \$5,299. TCM services represented 1.6% of all PBHS service expenditures in FY23. Children accounted for 94% (\$10.1 million) of the total TCM expenditures, while young adults represented 6% (\$642,982) of annual expenditures (see Appendix, Table B34). The primary drivers of these costs were 7-12 year olds (41%; \$4.4 million) and 13-17 year olds (45%; \$4.8 million). Youth had an average cost per person that was slightly more than half of the average for young adults. NH White children and young adults accounted for the largest overall expenditure (\$4.1 million), followed closely by NH Black individuals (\$3.8 million). In line with overall expenditures, NH Black and White individuals also had similar average costs per person. As shown in Table B35, the annual per person expenditures varied across the state ranging from \$1,839 in Charles County to \$7,262 in Harford County.

### **§ 1915(i) Waiver Services**

In FY23, 15 children and young adults with intensive behavioral and emotional challenges received § 1915(i) waiver services. A total of \$45,693 was expended overall at an annual cost of \$3,046 per person. Waiver services represented less than 1% of all PBHS service expenditures. Service use decreased by 72% since FY18, and overall expenditures also decreased greatly by 80%, leading to an overall decrease in the per person cost of 28%. Waiver services provided to children ages 13–17 years accounted for more than 88% (\$40,142) of the total waiver service expenditures (see Appendix, Table B38).

NH White children and young adults had a higher overall expenditure but a lower per person cost (\$22,027; \$2,752 per person) compared to NH Black children and young adults (\$11,466; \$3,822 per person). Annual per person expenditures varied from a low of \$268 in Frederick County to a high of \$4,872 in Baltimore County (see Appendix, Table B39).

### **Respite Care Services**

As shown in Table 20a (See Appendix), the total annual expenditure for respite services was \$529,387 in FY23. A total of 211 children were served with this amount, at an average annual per person expenditure of \$2,509. Respite services represented less than 1% of total behavioral health service expenditures in FY23. Since FY18, service use counts have decreased by 34% while overall expenditures decreased by 45%, leading to an average per person cost decrease of 16%. Children accounted for 100% of the expenditures for this service in FY23. Average annual expenditures were higher for older children ages 13–17 years (\$2,744 per person) and the youngest age group at 0 to 6 years old (\$2,791 per person) compared to children ages 7–12 years (\$2,292 per person) (see Appendix, Table B37). NH White service users had the highest overall expenditures (\$206,454), followed by NH Blacks (\$159,266). NH White individuals also had the highest per person cost (\$2,581 per person), which was significantly higher than the per person cost for NH Black individuals (\$1,896 per person). Males (\$287,512) had a higher overall cost than that of females (\$241,875), but had a lower cost per person (\$2,195 vs \$3,023 per person).

As shown in Table B36 (See Appendix B), children from three jurisdictions, Frederick County, Baltimore County, and Baltimore City accounted for nearly one-half, 46% (\$245,240) of the annual respite service expenditures. Annual per person expenditures varied greatly across the state from a low of \$193 per person in Calvert County to a high of \$8,621 per person in Talbot County (see Appendix, Table B37).

### **Psychiatric Rehabilitation Program Services**

As shown in Table 20a (See Appendix A), a total of \$114.9 million was expended for PRP services for 22,801 children and young adults at an annual cost of \$5,039 per person. PRP services represented 16.6% of total PBHS service expenditures. The FY23 PRP expenditures represented a 73% increase from the FY18 total, and a 39% increase over the FY18 per person cost, while service use increased by 25%. Youth accounted for the majority of service use (65%) but had a significantly lower cost per person (\$4,215) compared to young adults (\$7,823).

Children ages 7–12 accounted for almost one-third (33%; \$37.6 million) of total PRP expenditures (see Appendix, Table B40). NH Black children and young adults had the highest

overall expenditures (\$69.4 million) and accounted for 60% of overall expenditures, followed by NH White service users (\$16.2 million) who accounted for only 14% of expenditures. Despite NH Black service users having over four times greater overall expenditures, the costs per person were only moderately higher between this group and NH White service users (\$5,237 vs \$4,734 per person, respectively). The overall costs and per person expenditures were similar between females (\$57.1 million; \$5,036 per person) and males (\$57.8 million; \$5,042 per person).

Baltimore City accounted for 44% of statewide PRP expenditures and Baltimore and Prince George's Counties combined accounted for 26% of expenditures. Per person expenditures also varied across the state and ranged from a low of \$3,768 per person in Talbot County to a high of \$6,359 per person in Allegany County. Eight jurisdictions had average annual per person expenditures higher than the state average of \$5,039 (see Appendix, Table B41).

### **Timing and Admission**

HG § 7.5–209(b)(5-8) requests data on: (A) 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; (B) The number of children and young adults who were readmitted within 30 days at (1) the same hospital, (2) the same residential treatment center, or (3) any other hospital or residential treatment center; (C) The median length of stay for children and young adults at (1) a residential treatment center, (2) a psychiatric unit at a hospital, and (3) a residential substance-related disorders program; and (D) For residential treatment centers (1) the total number of children and young adults admitted during the report year, and (2) the total number of children and young adults discharged during the report year.

#### **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 21 (See Appendix A), a total of 671 children and youth had a behavioral health ED visit within the one-month (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 (5.4 hours) waited longer than males (4.5 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 over 6 hours.

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

All residential treatment facilities were contacted in July 2024 and requested to provide data on children and young adults who were admitted in FY23, including dates of referral and dates of placement. Data was obtained from five facilities, including three RTCs and two RICAs. Table 22 summarizes data for FY23 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 three community RTCs.

In FY23, there were a total of 144 admissions to RTCs, including 45 admissions to the two Regional Institutes for Children and Adolescents (RICA) and 99 to three community RTCs. RTC admissions decreased by 31.1% from 209 to 144 between FY22 and FY23. As shown in Table 22, across all RTCs, wait time between referral and placement ranged from a low of 0 days to a high of 307 days, with an average wait time of 71 days. The average wait time for placement in a RICA bed was 81 days (9.4% decrease from FY22) compared to 67 days (same as FY22) 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.

Table 23 (See Appendix A) displays the number of 30-day readmissions to inpatient psychiatric and residential treatment facilities summarized by age group and jurisdiction in FY23. Of the 7,495 children and young adults discharged from a psychiatric inpatient or RTC, 792 were readmitted to either the same RTC (15), inpatient hospital facility (353) or to any other RTC or hospital (424), reflecting a combined 30-day readmission rate of 10.6%, a rate much lower rate than the FY22 rate of 18.2% but slightly higher than the FY21 rate of 8.6%. Thirty-day readmissions varied by age with young adults (ages 18–25) accounting for 11.8% of readmissions, while youth accounted for 9.5% of all 30-day readmissions. Thirty-day readmission rates varied widely across jurisdictions ranging from a low of 4% in Cecil County to a high of 17% in Garrett County. Overall, one-half (12) of all jurisdictions had readmission rates higher than the statewide rate of 10.6%.

#### **1. 30-Day Readmissions to the Same Inpatient Hospital**

In FY23, a total of 7,299 children and young adults were discharged from inpatient psychiatric facilities, a 1.8% increase from FY22 (7,170). Among those discharged, 353 (4.8%) were readmitted to the same hospital within 30 days of discharge. Four jurisdictions, including Baltimore City and Baltimore, Montgomery, and Prince George’s Counties, accounted for 60% of these readmissions. Children and young adults ages 13-17 accounted for the largest proportion (34%) of all same hospital readmissions (see Table 23).

#### **2. 30-Day Readmissions to the Same Residential Treatment Center**

Statewide, a total of 196 children and young adults were discharged from RTCs in FY23, which is roughly equal to the number of children and young adults discharged in FY22 (198). Among those discharged, 15 (7.7%) were readmitted to the same RTC within 30 days, compared to 18 readmissions in FY22 (see Table 23).

### **3. 30-Day Readmissions to Any Other Hospital or RTC**

In FY23, a total of 424 children who were discharged from an inpatient hospital or residential treatment center, were readmitted to any other hospital or RTC within 30 days of discharge. This is a 54% decrease from the number of readmissions to any other facility in FY22, which had 925 readmissions.

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 Residential Treatment Centers**

Statewide, in FY23, the average length of stay (ALOS) in RTCs was 126 days, an increase of one day from 125 days in FY22. As shown in Table 24, ALOS varied by age group with young adults ages 18 to 21 years having the longest stays (161 days), although service use for this age group is very low (13 service users) which can greatly skew the average. Ages 13–17 years had the largest number of service users, but the lowest ALOS (158 service users; 119 days), and children ages 7–12 years had the second highest number of service users and the second highest ALOS (95 service users; 135 days). RTC lengths of stay varied widely across the state ranging from 16 days in Cecil County to 232 days in Anne Arundel County. A total of 11 jurisdictions had average lengths of stay above the state average of 126 days.

#### **2. Average Length of Stay at Psychiatric Inpatient Facilities**

Statewide, in FY23, the ALOS in acute psychiatric inpatient hospitals was nine days, which is one day less than the ALOS in FY20 through FY22. As shown in Table 24, length of stays for young adults aged 18-21 (1,533 service users; 6 days) and 22-25 (1,418 service users; 7 days) were slightly shorter compared to children and youth aged 7-12 (1,002 service users; 11 days) and aged 13-17 years (2,557 service users; 11 days), while children ages birth to 6 years (43 service users; 15 days) had the longest average length of stay but very low service use counts which can impact the average. Inpatient hospital ALOS also varied substantially across jurisdictions, ranging from a high of 13 days in Kent County to a low of 5 days in Calvert County, both jurisdictions held the highest and lowest average length of stays in FY22, as well. Nine jurisdictions had an ALOS above the state average of nine days (see Table 24).

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

Statewide, in FY23, children and young adults enrolled in residential substance-related disorder programs stayed on average 23 days. As shown in Table 24, the average length of stay varied by age group, with the number of days increasing as age also increased. The oldest age group of

young adults aged 22 to 25 years, who make up the largest proportion (41%) of service users in this category, had the longest ALOS (24 days), followed by service users aged 18 to 21 years (21 days), and youth aged 13 to 17 years (8 days). This variability in ALOS is largely driven by very small numbers of child service recipients in these age groups and outliers should be interpreted with caution. Residential substance-related disorder program ALOS also varied substantially across jurisdictions, ranging from a high of 45 days in Worcester County to a low of 14 days in Kent County. Fifteen jurisdictions had an ALOS above the state average of 23 days (see Table 24).

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.

Table 25 displays the number of children and young adults discharged from inpatient psychiatric and RTCs summarized by age group and jurisdiction in FY23. The data in the table below includes all discharge instances, and therefore may include duplicate individuals who were discharged more than once in the given fiscal year.

### **1. Psychiatric Inpatient Hospital**

Statewide, in FY23 there were a total of 7,299 child and young adult discharges from inpatient psychiatric hospitals. The majority of discharges occurred among youth (53%) which is similar to the total percent of youth who accessed inpatient psychiatric hospital services (55%). Among youth, there were similar counts of discharges among Non-Hispanic Black and White service users, however in young adulthood, Non-Hispanic Black service users had significantly higher discharge frequency. These trends align with inpatient service use, as seen in Section IV.B.2.

### **2. Residential Treatment Discharges**

Statewide, in FY23 there were a total of 196 child and young adult discharges from residential treatment centers. Youth accounted for the vast majority of discharges (95%). Non-Hispanic Black service users accounted for just under half (47%) of the total number of discharges and males accounted for nearly double the number of discharges compared to females. Children ages 13 to 17 accounted for the greatest proportion of discharges from both inpatient (37.5%) and RTC (62.6%) services, respectively.

## **Summary and Conclusions**

### **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 28% of children and young adults in Carroll County to 91% in Baltimore City, while rates of service use among those eligible ranged from a low of 76 per 1,000 eligible in Prince George's County to a high of 223 per 1,000 eligible in Dorchester County, with a state average of 132 per 1,000 eligible. Generally, PBHS service use aligns

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 NH White individuals used services at higher rates than NH Black individuals. Gender disparities were most clearly evidenced in males between birth and six years of age and older female youth ages 13 years and older. Older female children and young adults had higher rates of service use in nearly every service, with the most clear disparities in inpatient hospital treatment and emergency room services, specifically among 13 to 17 year olds. Females in this age group were hospitalized at twice the rate of males , 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. Females 13 to 17 years of age also had the highest overall service use rate at 223 per 1,000 compared to males of the same age at 163 per 1,000 eligible. However, male service recipients were more likely to use intensive community based services including targeted case management services, RTC, respite care services, and PRP services compared to females. For Targeted Case Management (TCM) services, youth between 0 and 17 years accounted for 90.2% (\$10.0 million) of the total TCM expenditures while young adults (18-25 years) accounted for less than 10% of total expenditures but had the highest per person cost of \$9,892 per person.

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 (179.7 per 1,000 versus 154.1 per 1,000 eligible). Service utilization among Hispanic children and young adults increased by 34.9% from FY22 to FY23 (1,929 vs 2,604). This increase is notably greater than what was seen overall (7.1%; 115,465 vs 123,614), and among NH White (3.3%; 33,773 vs 34,901) and NH Black (7.7%; 44,719 vs 48,167) children and young adults during the same time period.

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 4% in Cecil County to a high of 17% in Garrett County, with a statewide rate of 10.6%. Overall, half (12) of all jurisdictions had readmission rates higher than the statewide rate. Thirty day readmission rates varied by age with more than one-half (52%) of readmissions attributed to young adults 18 to 25 years old. Youth 13 to 17 years accounted for over one-third (36%) of all readmissions and children 12 years and under accounted for 13% of all readmissions. It should be noted that a low total number of readmissions can cause large swings in percent changes.

**Geographic Disparities:** The reported Medical Assistance (MA) eligibility of children and young adults ranged from a low of 30.2% (32,971 eligible) in Howard County to a high of 81% (7,592 eligible) in Dorchester County, while rates of service use among MA eligible individuals ranged from a low of 76.1 per 1,000 eligible in Prince George’s County to a high of 223.4 per 1,000 eligible in Dorchester County, with a state average of 131.6 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 corresponding to those areas of the State with higher poverty and public assistance rates and higher numbers of at-risk children and families. However, while Baltimore City is the most disproportionately affected by the opioid epidemic and has the highest overdose death rate in Maryland, Baltimore only ranks 10th in the state for substance-related disorder service use rates among children and young adults at 24.1 per 1,000 eligible youth accessing SUD-related services.

### **Gaps in the Continuum of Behavioral Health Services**

Maryland is dedicated to developing a comprehensive continuum of care that ensures children, youth, young adults, and families are safe, healthy, and successful in their homes, schools, and communities. While gaps exist in the continuum of care In recent years, Maryland has made significant progress in expanding its continuum of care in several key areas, including:

- Mobile Crisis Teams and Mobile Response Stabilization Services.

In Maryland, Mobile Response and Stabilization Services (MRSS) has been adopted and 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 evidence-informed 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. Over the past few years, Maryland has made substantial progress in building out MRSS across the state by completing a statewide MRSS needs and readiness assessment, training local jurisdictional partners and providers in the approach and funding jurisdictional early adopters to implement the practice. While significant progress has been made to build out the continuum of children and youth crisis services, there is still much work to be done to train the workforce and to continue to build capacity across the state.

In FY23, respite care services were provided as either a scheduled in-home visit or as a short-term stay in an alternative community location. Although this service is well-regarded and highly popular with families, availability of the service is not adequate to meet the demand. Respite care services remain a notable gap in the children’s PBHS continuum of care. Utilization of this service has declined by 34% since 2018, largely due to reduced provider capacity over this period. Respite care services are currently used by less than 1% of child and young adult PBHS recipients and represent a cost-effective opportunity to expand capacity and to reframe the service as an “on-demand” overnight or other brief respite service, incorporated within and in support of Mobile Response and Stabilization Services.

The report findings revealed substantial 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 treatment interventions that are designed to support the family systems functioning, and to reduce the use of inpatient hospital and other more restrictive out-of-home placements. The child- and family-centered, individualized planning approach characteristic of these services are designed to support children and youth to remain 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 level III targeted case management and § 1915(i) Waiver services, 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 1.6% of all service users and accounted for less than 2% of total expenditures. More intensive care management alternatives, including TCM level III (177 service users) or § 1915(i) waiver services (15 service users) are utilized by far less than 1% of child service recipients. In FY23, level III case management services were used by only 9% of all children enrolled in TCM services.

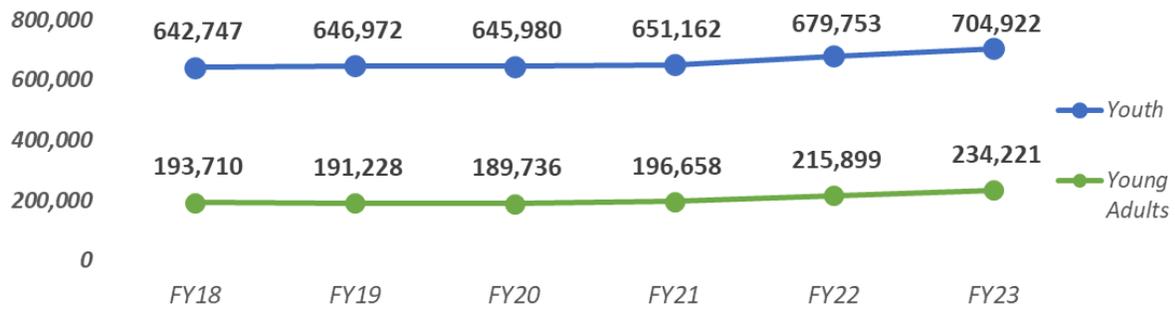
The report findings indicate significant resource and capacity needs in the provision of SUD services for youth and young adults in Maryland. It is estimated that 6.9% of Maryland youth ages 12 to 17 years and 29.0% of young adults ages 18 to 25 are in need of substance-use treatment services, but not receiving care.<sup>6</sup> This translates to approximately 32,295 youth (12 to 17 years) and 17,887 young adults (18 to 25 years) who are in need of substance use services in Maryland. In FY23, just over one in every 10 (12%; 14,599) children and young adults received substance related treatment services in the PBHS system at a rate of 15.5 per 1,000 MA eligible individuals and accounted for only 7% (\$47.3 million) of overall behavioral health expenditures. Young adults (18 to 25 years) accounted for the majority of service users (70%; 10,211) and of the overall expenditures (88%; \$41.7 million), while youth 17 years and younger accounted for 30% (4,388) of the service users and only 12% (\$5.6 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

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<sup>6</sup> Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021.

**APPENDIX A**

**Figure 1. Trend in Overall Eligibility for Public Behavioral Health System Services Among Youth and Young Adults, FY18 - FY23**



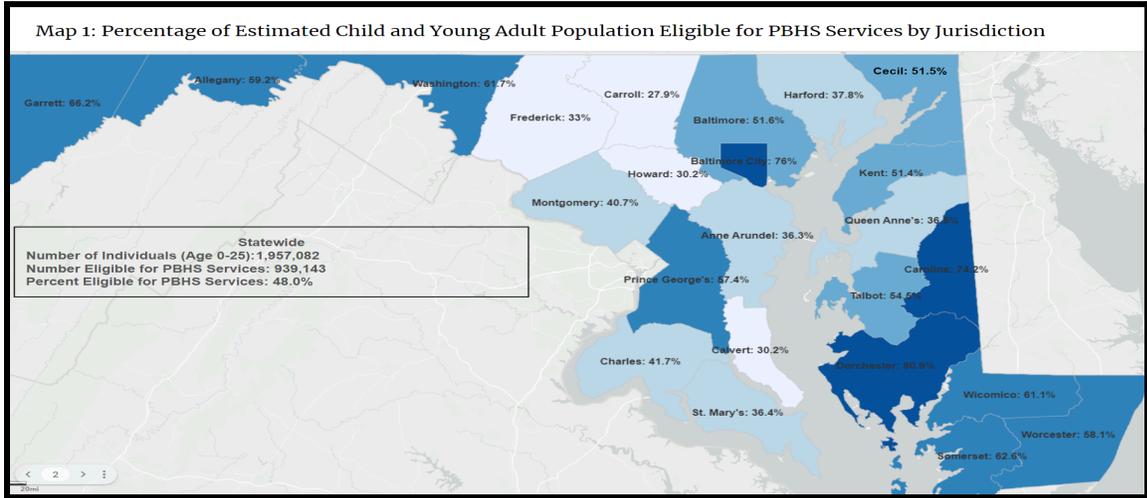
**Table 1: Eligibility and Utilization of PBHS Services by Race and Gender, FY23**  
**Source: Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.**

Race/Ethnicity	Total Number Eligible for PBHS Services		Total Number Receiving PBHS Services		
	N	%	N	%	Rate of Utilization per 1,000 Eligible
Non-Hispanic Black	312,596	33.3%	48,167	39.0%	154.1
Asian	47,969	5.1%	3,646	2.9%	76.0
Non-Hispanic White	194,166	20.7%	34,901	28.2%	179.7
Hispanic	41,395	4.4%	2,604	2.1%	62.9
Native American	3,972	0.4%	626	0.5%	157.6
Pacific Islander	1,988	0.2%	212	0.2%	106.6
<b>Gender</b>					
Female	474,347	50.5%	67,523	54.6%	142.3
Male	464,788	49.5%	56,088	45.4%	120.7
<b>Age Group</b>					

Youth (0-17)	704,922	75.1%	82,101	66.4%	116.5
Young Adults (18-25)	234,221	24.9%	41,513	33.6%	177.2
<b>Total</b>	<b>939,143</b>	<b>100.0%</b>	<b>123,614</b>	<b>100.0%</b>	<b>131.6</b>

*Note: <sup>a</sup>The 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. <sup>b</sup>The number and percent columns here represent the percentage of children and young adults receiving care based on the statewide number of service recipients (N=123,614). <sup>c</sup>The 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.*

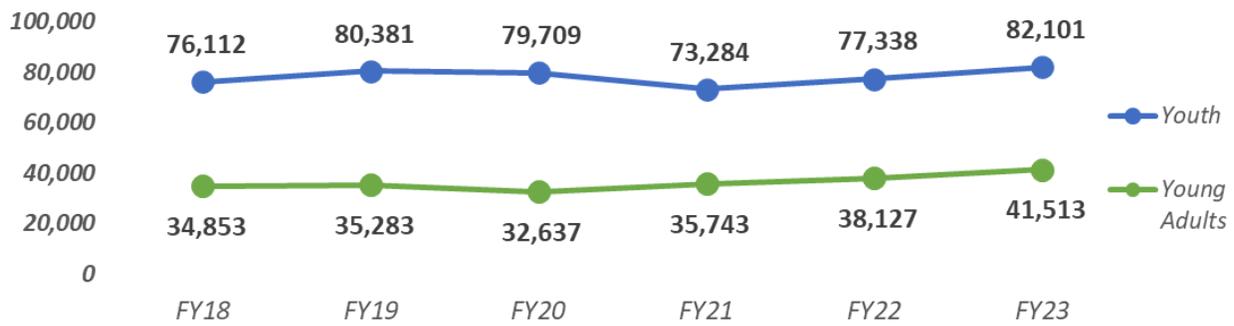
**Map 1: Children and Young Adults Eligible for PBHS Services, FY23**



**Data Source:** Maryland medical assistance (Medicaid) eligibility data FY23, and United States Census data for July 1, 2023.

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.

**Figure 2. Trend in Overall Utilization of Public Behavioral Health System Services Among Youth and Young Adults, FY18 - FY23**



**Table 2: Number, Percent and Rate of Selected PBHS Services, FY23**

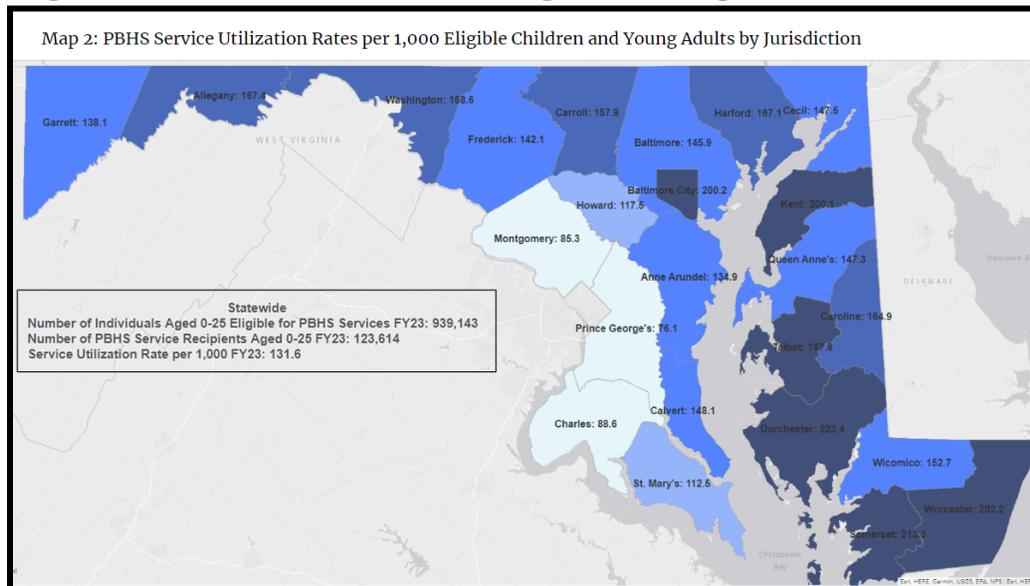
Selected PBHS Services	Youth (0-17)			Young Adults (18-25)			Total		
	N	%	Rate per 1,000	N	%	Rate per 1,000	N	%	Rate per 1,000
Outpatient Behavioral Health Services	78,787	68.0%	111.8	37,111	32.0%	158.4	115,898	93.8%	123.4
Inpatient Psychiatric Hospitalization	3,602	55.0%	5.1	2,951	45.0%	12.6	6,553	5.3%	7.0
Psychiatric Emergency Room	6,395	56.5%	9.1	4,917	43.5%	21.0	11,312	9.2%	12.0
Residential Treatment Center	255	95.1%	0.4	13	4.9%	0.1	268	0.2%	0.3
Substance-Related Disorder Program Services	4,388	30.1%	6.2	10,211	69.9%	43.6	14,599	11.8%	15.5
Any PBHS Services Through Telehealth	47,000	66.0%	66.7	24,164	34.0%	103.2	71,164	57.6%	75.8
<b>Intensive Community-Based Services</b>									
Targeted Case Management	770	38.1%	1,074.0				2,021	1.6%	2.2
Respite Care	211	100.0%	0.3				211	0.2%	0.2

§ 1915(i) Waiver Services	14	93.3%	0.02				15	0.01%	0.02
Psychiatric Rehabilitation	17,592	77.2%	25.0	5,209	22.8%	22.2	22,801	18.4%	24.3
<b>All Intensive PBHS Services<sup>c</sup></b>	<b>19,111</b>	<b>77.5%</b>	<b>27.1</b>	<b>5,558</b>	<b>22.5%</b>	<b>23.7</b>	<b>24,669</b>	<b>20.0%</b>	<b>26.3</b>
<b>All PBHS Services</b>	<b>82,101</b>	<b>66.4%</b>	<b>116.5</b>	<b>41,513</b>	<b>33.6%</b>	<b>177.2</b>	<b>123,614</b>	<b>100.0%</b>	<b>131.6</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

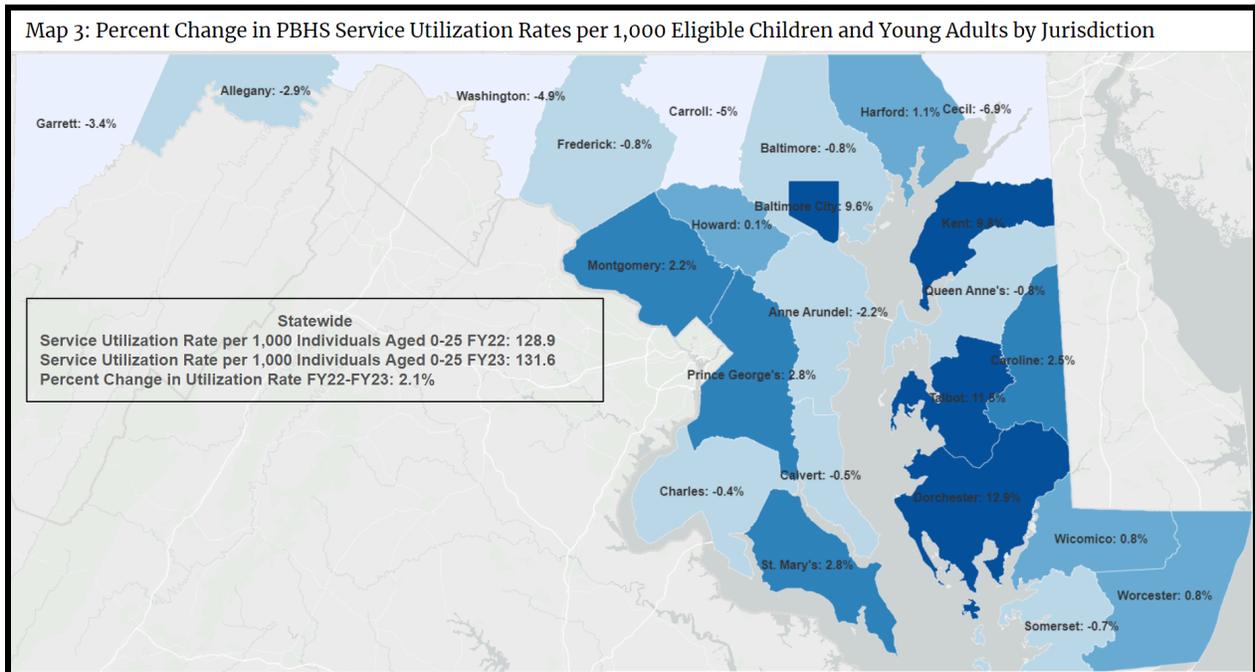
**Note:** <sup>a</sup>The number and percent by age group represent the total number of children and young adults within each age group that received a particular service and the percentage accounted for by each age group. <sup>b</sup>The total percent column represents the percentage of children and young adults receiving care based on the statewide number of service recipients (N=123,614). <sup>c</sup>The total number and percent for all selected PBHS services represents the number of individuals who received one of the selected PBHS services divided by the total number of individuals who received any PBHS service

### Map 2: PBHS Service Utilization Rates per 1,000 Eligible, FY23



**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

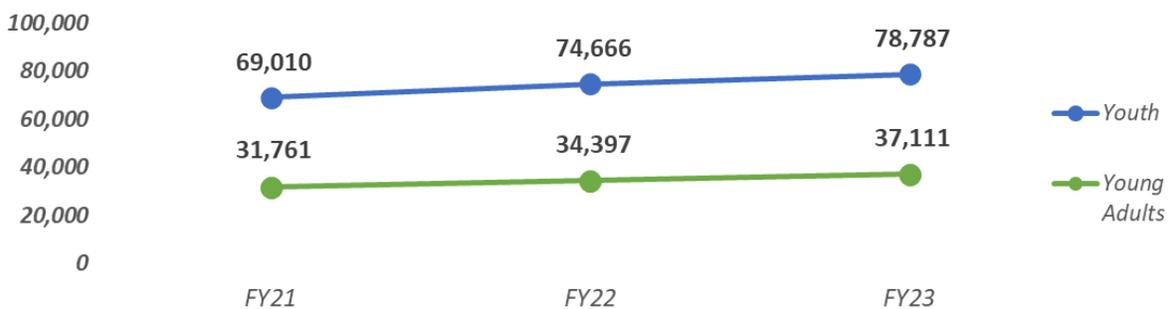
### Map 3: Percent Change in PBHS Service Utilization Rates per 1,000 Eligible, FY22–FY23



**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

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.

**Figure 3. Trend in Outpatient Behavioral Health Service Use Among Youth and Young Adults, FY21 - FY23**



**Figure 4. Outpatient Behavioral Health Service Use Among Youth and Young Adults by Race/Ethnicity and Gender, FY23**



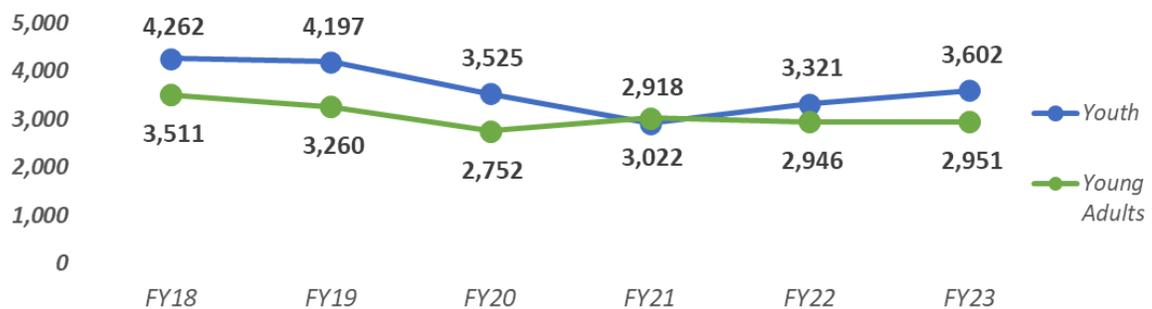
**Table 3: Outpatient Behavioral Health Services by Race and Gender, FY23**

Race/Ethnicity	Youth (0-17)			Young Adults (18-25)			Total		
	N	%	Rate per 1,000	N	%	Rate per 1,000	N	%	Rate per 1,000
Non-Hispanic Black	29,914	38.0%	132.8	14,585	39.3%	167.1	44,499	38.4%	142.4
Non-Hispanic White	22,845	29.0%	162.6	10,620	28.6%	198.0	33,465	28.9%	172.4
Hispanic	1,856	2.4%	54.0	545	1.5%	77.3	2,401	2.1%	58.0
Other	2,445	3.1%	63.3	1,773	4.8%	115.8	4,218	3.6%	78.2
Unknown	21,727	27.6%	81.6	9,587	25.8%	135.1	31,314	27.0%	92.9
<b>Gender</b>									
Female	39,463	50.1%	114.2	23,423	63.1%	182.0	62,886	54.3%	132.6
Male	39,324	49.9%	109.5	13,687	36.9%	129.7	53,011	45.7%	114.1
<b>Total</b>	<b>78,787</b>	<b>68.0%</b>	<b>111.8</b>	<b>37,111</b>	<b>32.0%</b>	<b>158.4</b>	<b>115,898</b>	<b>100.0%</b>	<b>123.4</b>

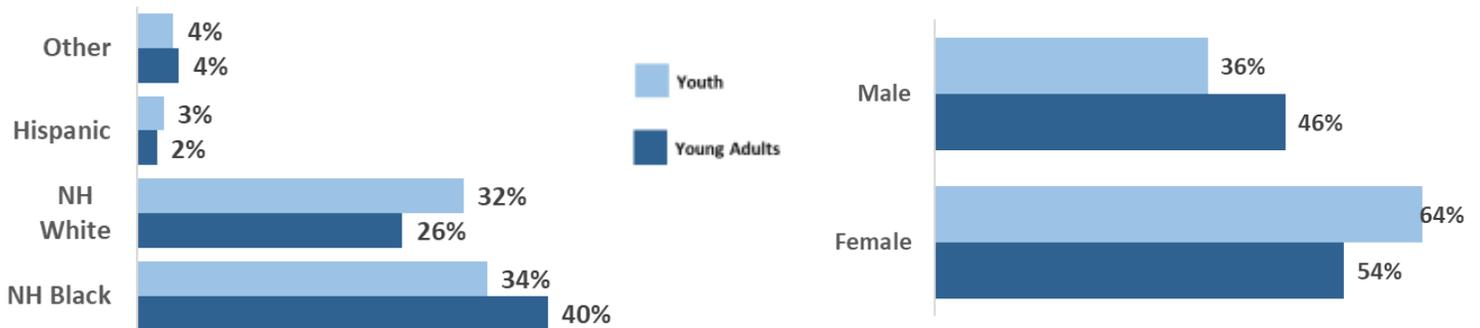
*Data Source: Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.*

*Note: <sup>a</sup>The 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. <sup>b</sup>The 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.*

**Figure 5. Trend in Inpatient Behavioral Health Service Use Among Youth and Young Adults, FY18 - FY23**



**Figure 6. Inpatient Behavioral Health Service Use Among Youth and Young Adults by Race/Ethnicity and Gender, FY23**



**Table 4: Inpatient Psychiatric Hospital Services by Race and Gender, FY23**

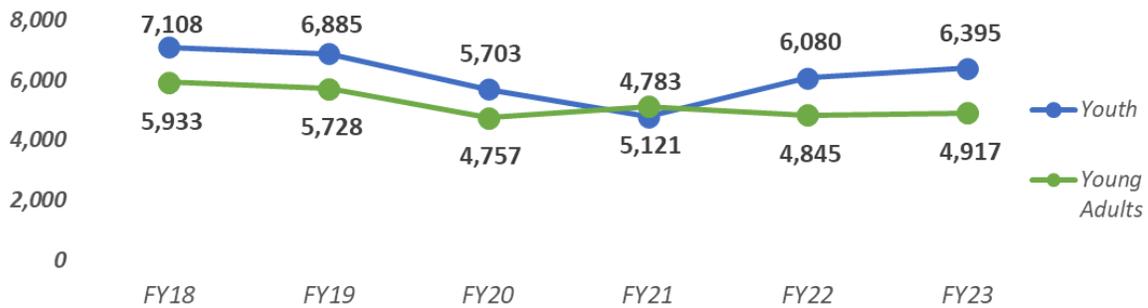
Race/Ethnicity	Youth (0-17)			Young Adults (18-25)			Total		
	N	%	Rate per 1,000	N	%	Rate per 1,000	N	%	Rate per 1,000
Non-Hispanic Black	1,234	34.3%	5.5	1,185	40.2%	13.6	2,419	36.9%	7.7
Non-Hispanic White	1,150	31.9%	8.2	766	26.0%	14.3	1,916	29.2%	9.9
Hispanic	96	2.7%	2.8	59	2.0%	8.4	155	2.4%	3.7
Other	129	3.6%	3.3	122	4.1%	8.0	251	3.8%	4.7
Unknown	993	27.6%	3.7	819	27.8%	11.5	1,812	27.7%	5.4
<b>Gender</b>									
Female	2,309	64.1%	6.7	1,589	53.8%	12.3	3,898	59.5%	8.2
Male	1,293	35.9%	3.6	1,362	46.2%	12.9	2,655	40.5%	5.7
<b>Total</b>	<b>3,602</b>	<b>55.0%</b>	<b>5.1</b>	<b>2,951</b>	<b>45.0%</b>	<b>12.6</b>	<b>6,553</b>	<b>100.0%</b>	<b>7.0</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

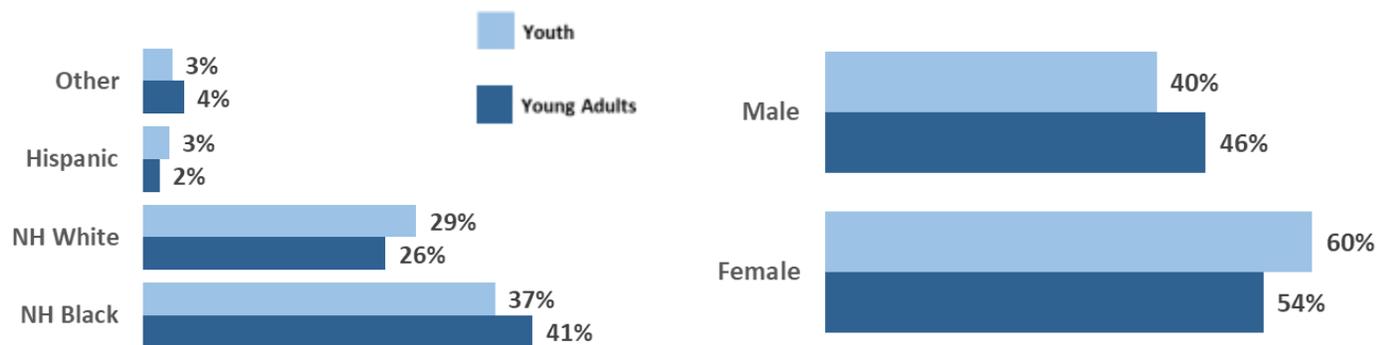
**Note:** The category of unknown is included to reflect counts of children and young adults whose race/ethnicity is unknown. <sup>a</sup>The number and percent by race/ethnicity and gender represent the total number of children and young adults within these groups receiving inpatient psychiatric hospital services and the percentage accounted for by each race/ethnic and gender group. <sup>b</sup>The 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.

**Figure 7. Trend in Psychiatric Emergency Room Service Use Among Youth and Young Adults, FY18 - FY23**



**Figure 8. Psychiatric Emergency Room Service Use Among Youth and Young Adults by Race/Ethnicity and Gender, FY2**



**Table 5: Psychiatric Emergency Room Services by Race and Gender, FY23**

Race/Ethnicity	Youth (0-17)			Young Adults (18-25)			Total		
	N	%	Rate per 1,000	N	%	Rate per 1,000	N	%	Rate per 1,000
Non-Hispanic Black	2,388	37.3%	10.6	2,032	41.3%	23.3	4,420	39.1%	14.1
Non-Hispanic White	1,853	29.0%	13.2	1,264	25.7%	23.6	3,117	27.6%	16.1
Hispanic	179	2.8%	5.2	86	1.7%	12.2	265	2.3%	6.4
Other	198	3.1%	5.1	212	4.3%	13.9	410	3.6%	7.6
Unknown	1,777	27.8%	6.7	1,323	26.9%	18.6	3,100	27.4%	9.2

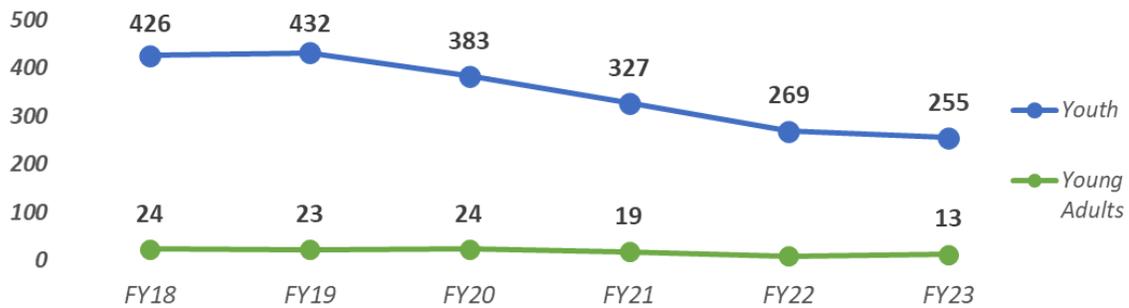
Gender									
Female	3,806	59.5%	11.0	2,631	53.5%	20.4	6,437	56.9%	13.6
Male	2,589	40.5%	7.2	2,286	46.5%	21.7	4,875	43.1%	10.5
<b>Total</b>	<b>6,395</b>	<b>56.5%</b>	<b>9.1</b>	<b>4,917</b>	<b>43.5%</b>	<b>21.0</b>	<b>11,312</b>	<b>100.0%</b>	<b>12.0</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

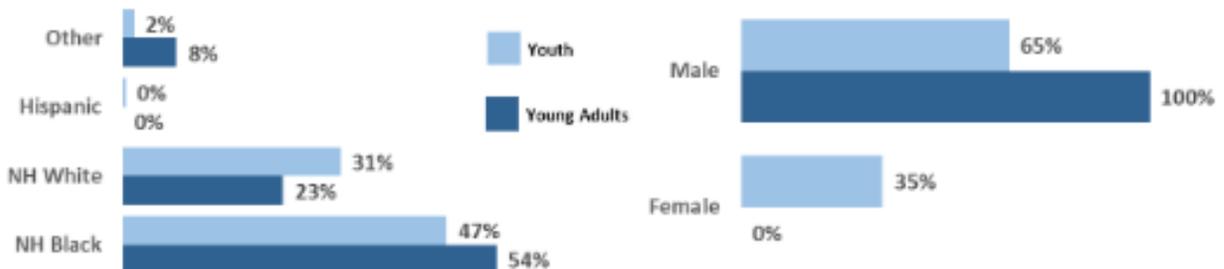
**Note:** The category of unknown is included to reflect counts of children and young adults whose race/ethnicity is unknown.

<sup>a</sup>The 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. <sup>b</sup>The 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.

**Figure 9. Trend in Residential Treatment Center Service Use Among Youth and Young Adults, FY18 - FY23**



**Figure 10. Residential Treatment Center Service Use Among Youth and Young Adults by Race/Ethnicity and Gender, FY23**



**Table 6: Residential Treatment Center Services by Race and Gender, FY23**

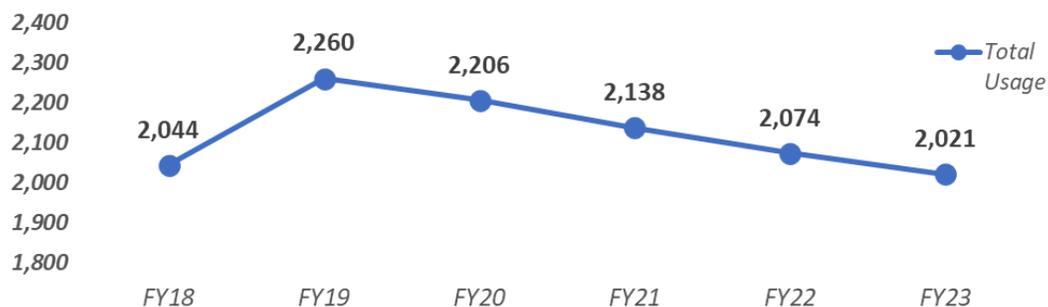
Race/Ethnicity	Youth (0-17)			Young Adults (18-25)			Total		
	N	%	Rate per 1,000	N	%	Rate per 1,000	N	%	Rate per 1,000
Non-Hispanic Black	119	46.7%	0.5		53.8%	0.1	126	47.0%	0.4
Non-Hispanic White	80	31.4%	0.6		23.1%	0.1	83	31.0%	0.4
Hispanic		0.4%	0.0		0.0%	0.0		0.4%	0.0
Other		1.6%	0.1		7.7%	0.1		1.9%	0.1
Unknown	51	20.0%	0.2		15.4%	0.0	53	19.8%	0.2
<b>Gender</b>									
Female	88	34.5%	0.3		0.0%	0.0	88	32.8%	0.2
Male	167	65.5%	0.5	13	100.0%	0.1	180	67.2%	0.4
<b>Total</b>	<b>255</b>	<b>95.1%</b>	<b>0.4</b>	<b>13</b>	<b>4.9%</b>	<b>0.1</b>	<b>268</b>	<b>100.0%</b>	<b>0.3</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

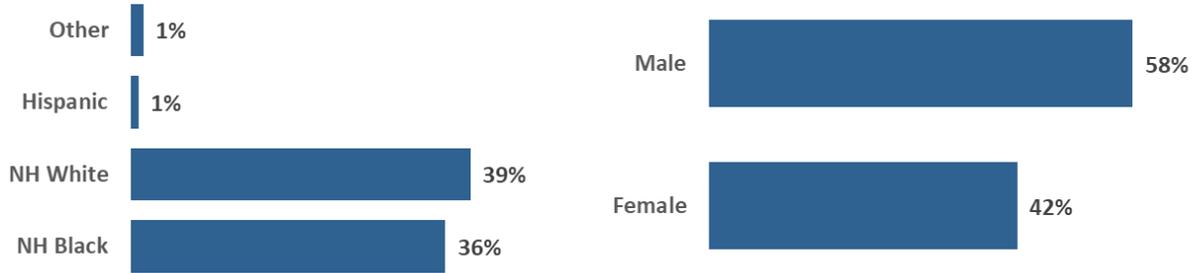
**Note:** The category of unknown is included to reflect counts of children and young adults whose race/ethnicity is unknown.

<sup>a</sup>The 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. <sup>b</sup>The rate of utilization per 1,000 eligible individuals 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.

**Figure 11. Trend in Targeted Case Management Service Use Among Youth and Young Adults, FY18 - FY23**



**Figure 12. Targeted Case Management Service Use Among All Service Users by Race/Ethnicity and Gender, FY23**



**Table 7: Targeted Case Management Services by Race and Gender, FY23**

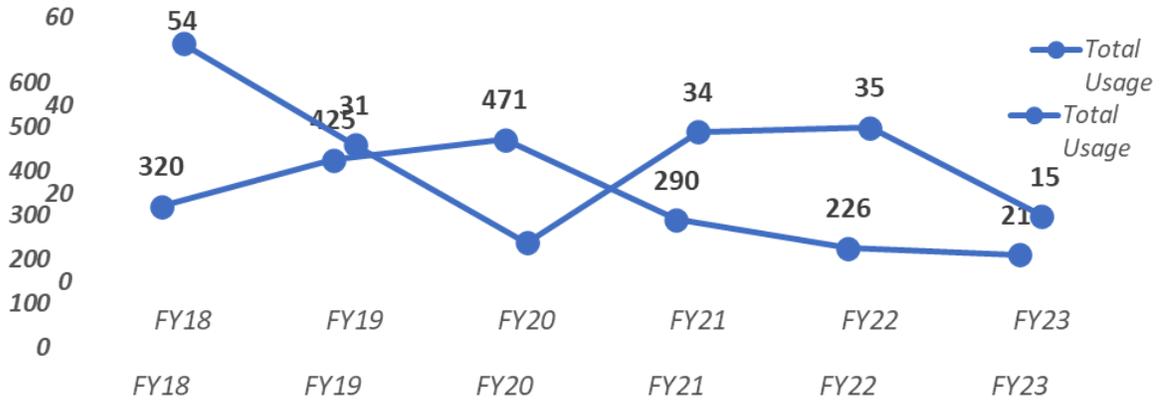
Race/Ethnicity	Level I		Level II		Level III		Total		Rate per 1,000
	N	%	N	%	N	%	N	%	
Non-Hispanic Black	271	35.2%	379	35.3%	75	42.4%	725	35.9%	2.3
Non-Hispanic White	314	40.8%	407	37.9%	61	34.5%	782	38.7%	4.0
Hispanic		1.2%		0.7%		0.6%	18	0.9%	0.4
Other	13	1.7%		0.7%		4.0%	29	1.4%	0.5
Unknown	163	21.2%	271	25.2%	33	18.6%	467	23.1%	1.4
<b>Gender</b>									
Female	325	42.2%	455	42.4%	71	40.1%	851	42.1%	1.8
Male	445	57.8%	619	57.6%	106	59.9%	1,170	57.9%	2.5
<b>Age</b>									
0 - 6	70	9.1%	95	8.8%	15	8.5%	180	8.9%	0.6
7 - 12	330	42.9%	460	42.8%	84	47.5%	874	43.2%	3.7
13 - 17	341	44.3%	490	45.6%	71	40.1%	902	44.6%	4.7
18 - 21	29	3.8%	29	2.7%		4.0%	65	3.2%	0.5
<b>Total</b>	<b>770</b>	<b>38.1%</b>	<b>1,074</b>	<b>53.1%</b>	<b>177</b>	<b>8.8%</b>	<b>2,021</b>	<b>100.0%</b>	<b>2.2</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

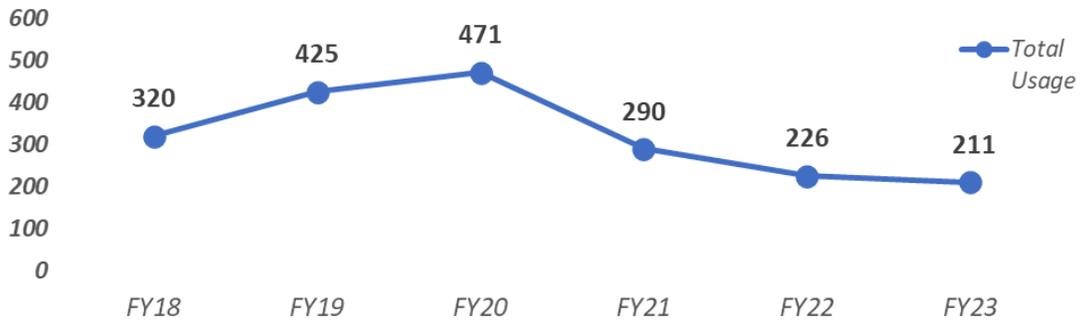
**Note:** The category of unknown is included to reflect counts of children and young adults whose race/ethnicity is unknown.

<sup>a</sup>The 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. <sup>b</sup>The 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.

**Figure 13. Trend in § 1915(i) Waiver Service Use Among Youth and Young Adults, FY18 - FY23**



**Figure 14. Trend in Respite Care Service Use Among Youth and Young Adults, FY18 - FY23**



**Table 8: Respite Care Services by Race and Gender, FY23**

Race/Ethnicity	Youth (0-17)			Young Adults (18-25)			Total		
	N	%	Rate per 1,000	N	%	Rate per 1,000	N	%	Rate per 1,000
Non-Hispanic Black	84	39.8%	0.37				84	39.8%	0.27
Non-Hispanic White	80	37.9%	0.57				80	37.9%	0.41

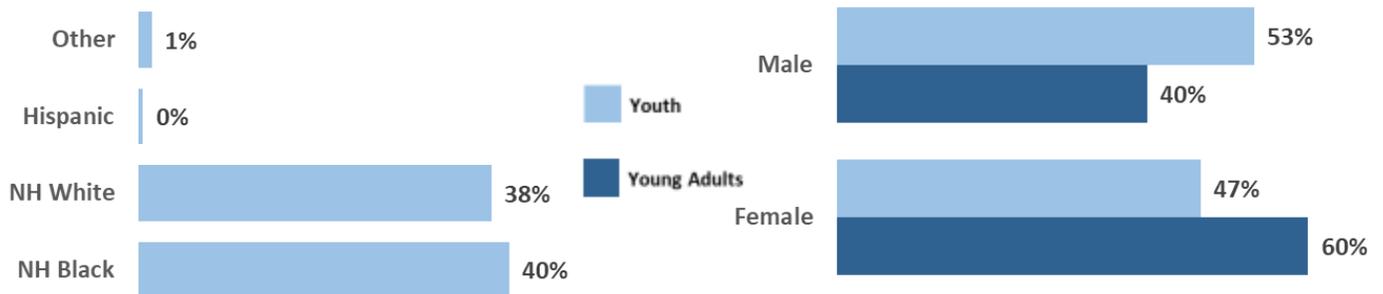
Hispanic		0.5%	0.03					0.5%	0.02
Other		1.4%	0.08					1.4%	0.06
Unknown	43	20.4%	0.16				43	20.4%	0.13
<b>Gender</b>									
Female	80	37.9%	0.23				80	37.9%	0.17
Male	131	62.1%	0.36				131	62.1%	0.28
<b>Total</b>	<b>211</b>	<b>100.0%</b>	<b>0.30</b>				<b>211</b>	<b>100.0%</b>	<b>0.22</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

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

<sup>a</sup>The 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. <sup>b</sup>The 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.

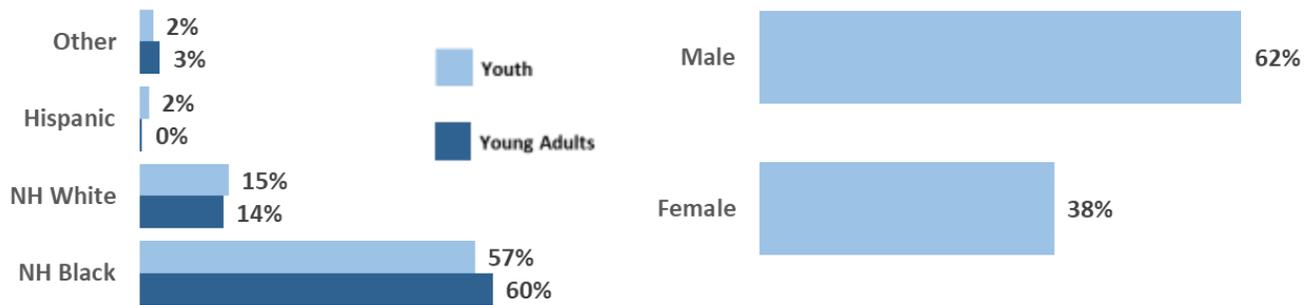
**Figure 15. Respite Care Service Use Among Youth and Young Adults by Race/Ethnicity and Gender, FY23**



**Figure 16. Trend in Psychiatric Rehabilitation Program Service Use Among Youth and Young Adults, FY18 - FY23**



**Figure 17. Psychiatric Rehabilitation Program Service Use Among Youth and Young Adults by Race/Ethnicity and Gender, FY23**



**Table 9: Psychiatric Rehabilitation Services by Race and Gender, FY23**

Race/Ethnicity	Youth (0-17)			Young Adults (18-25)			Total		
	N	%	Rate per 1,000	N	%	Rate per 1,000	N	%	Rate per 1,000
Non-Hispanic Black	10,098	57.4%	44.8	3,151	60.5%	36.1	13,249	58.1%	42.4
Non-Hispanic White	2,678	15.2%	19.1	744	14.3%	13.9	3,422	15.0%	17.6
Hispanic	267	1.5%	7.8	21	0.4%	3.0	288	1.3%	7.0
Other	411	2.3%	10.6	179	3.4%	11.7	590	2.6%	10.9
Unknown	4,138	23.5%	15.5	1,113	21.4%	15.7	5,251	23.0%	15.6
<b>Gender</b>									
Female	8,193	46.6%	23.7	3,142	60.3%	24.4	11,335	49.7%	23.9
Male	9,399	53.4%	26.2	2,066	39.7%	19.6	11,465	50.3%	24.7
<b>Total</b>	<b>17,592</b>	<b>77.2%</b>	<b>25.0</b>	<b>5,209</b>	<b>22.8%</b>	<b>22.2</b>	<b>22,801</b>	<b>100.0%</b>	<b>24.28</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

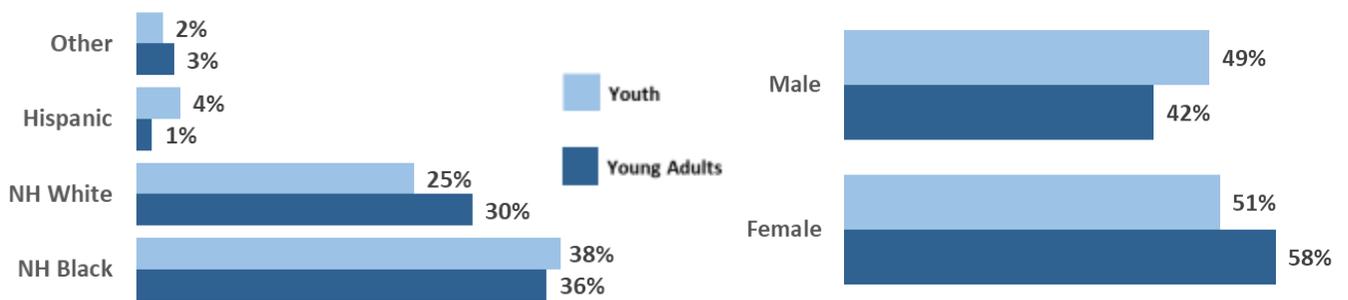
**Note:** The category of unknown is included to reflect counts of children and young adults whose race/ethnicity is unknown.

<sup>a</sup>The 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. <sup>b</sup>The 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.

**Figure 18. Trend in Substance-Related Disorders Program Service Use Among Youth and Young Adults, FY21 - FY23**



**Figure 19. Substance-Related Disorder Program Service Use Among Youth and Young Adults by Race/Ethnicity and Gender, FY23**



**Table 10: Selected Substance-Related Disorder Services by Age, FY23**

SUD Services	Youth (0-17)		Young Adults (18-25)		Total	
	N	%	N	%	N	%
SUD Laboratory Services	2,791	29.3%	6,718	70.6%	9,516	65.2%
SUD Outpatient	2,052	27.8%	5,318	72.1%	7,372	50.5%
SUD Intensive Outpatient	310	16.1%	1,610	83.9%	1,920	13.2%
SUD Residential	33	3.0%	1,084	97.0%	1,117	7.7%
SUD Methadone Maintenance		0.9%	732	99.1%	739	5.1%
SUD Partial Hospitalization	17	3.2%	520	96.8%	537	3.7%
SUD Inpatient	118	31.1%	261	68.9%	379	2.6%

SUD Adolescent Residential Treatment	20	60.6%	13	39.4%	33	0.2%
<b>SUD Services Total</b>	<b>4,388</b>	<b>30.1%</b>	<b>10,211</b>	<b>69.9%</b>	<b>14,599</b>	<b>100.0%</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30

**Table 11: Substance-Related Disorder Services by Race and Gender, FY23**

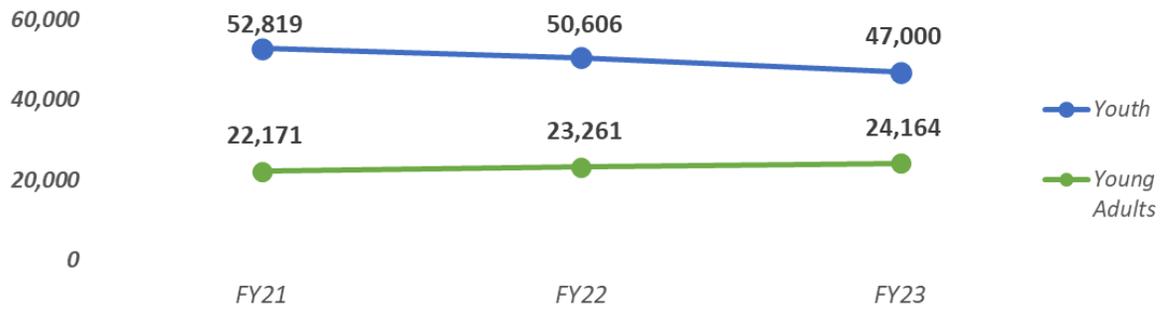
Race/Ethnicity	Youth (0-17)			Young Adults (18-25)			Total		
	N	%	Rate per 1,000	N	%	Rate per 1,000	N	%	Rate per 1,000
Non-Hispanic Black	1,650	37.6%	7.3	3,711	36.3%	42.5	5,361	36.7%	17.1
Non-Hispanic White	1,079	24.6%	7.7	3,039	29.8%	56.6	4,118	28.2%	21.2
Hispanic	172	3.9%	5.0	146	1.4%	20.7	318	2.2%	7.7
Other	103	2.3%	2.7	347	3.4%	22.7	450	3.1%	8.3
Unknown	1,384	31.5%	5.2	2,968	29.1%	41.8	4,352	29.8%	12.9
<b>Gender</b>									
Female	2,225	50.7%	6.4	5,944	58.2%	46.2	8,169	56.0%	17.2
Male	2,163	49.3%	6.0	4,266	41.8%	40.4	6,429	44.0%	13.8
<b>Total</b>	<b>4,388</b>	<b>30.1%</b>	<b>6.2</b>	<b>10,211</b>	<b>69.9%</b>	<b>43.6</b>	<b>14,599</b>	<b>100.0%</b>	<b>15.5</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

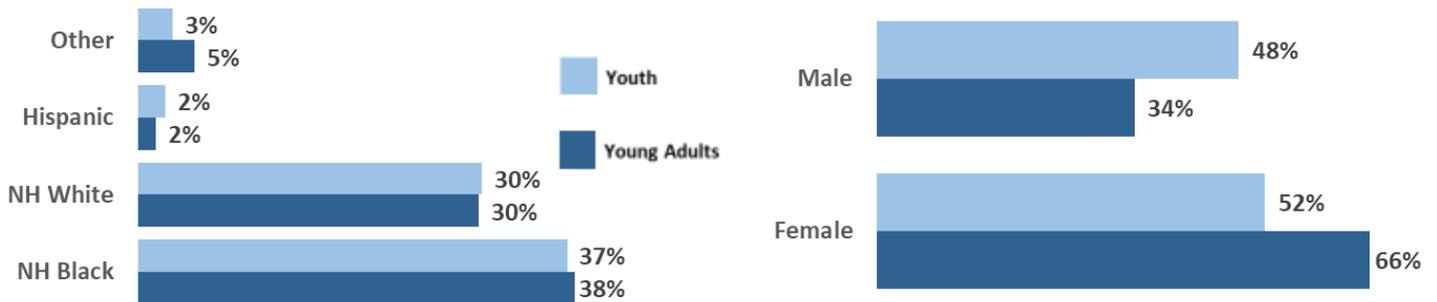
**Note:** The category of unknown is included to reflect counts of children and young adults whose race/ethnicity is unknown.

<sup>a</sup>The 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. <sup>b</sup>The 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.

**Figure 20. Trend in Utilization of PBHS Services Through Telehealth Among Youth and Young Adults, FY21 - FY23**



**Figure 21. Utilization of PBHS Services Through Telehealth Among Youth and Young Adults by Race/Ethnicity and Gender, FY23**



**Table 12: Number and Percent of Child and Young Adult Recipients of PBHS Services Through Telehealth by Race and Gender, FY23**

Race/Ethnicity	Youth (0-17)			Young Adults (18-25)			Total		
	N	%	Rate per 1,000	N	%	Rate per 1,000	N	%	Rate per 1,000
Non-Hispanic Black	17,532	37.3%	77.8	9,181	38.0%	105.2	26,713	37.5%	85.5
Non-Hispanic White	14,040	29.9%	99.9	7,148	29.6%	133.2	21,188	29.8%	109.1
Hispanic	1,122	2.4%	32.7	373	1.5%	52.9	1,495	2.1%	36.1
Other	1,433	3.0%	37.1	1,192	4.9%	77.9	2,625	3.7%	48.7
Unknown	12,873	27.4%	48.4	6,270	25.9%	88.4	19,143	26.9%	56.8
<b>Gender</b>									
Female	24,320	51.7%	70.4	15,868	65.7%	123.3	40,188	56.5%	84.7
Male	22,680	48.3%	63.1	8,293	34.3%	78.6	30,973	43.5%	66.6

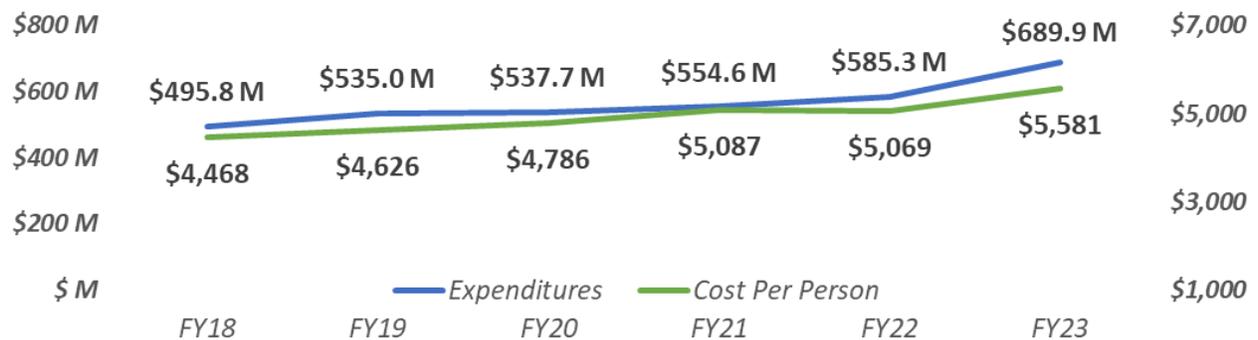
<b>Total</b>	<b>47,000</b>	<b>66.0%</b>	<b>66.7</b>	<b>24,164</b>	<b>34.0%</b>	<b>103.2</b>	<b>71,164</b>	<b>100.0%</b>	<b>75.8</b>
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**Data Source:** Optum behavioral health services claims and eligibility data for FY23. Based on claims paid through June 30, 2024.

**Note:** <sup>a</sup>The 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. <sup>b</sup>The 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. Statewide numbers reflect unduplicated counts of service recipients. Cells with counts less than 10 are grayed out to protect individual privacy.

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.

**Figure 22. Trend in all Public Behavioral Health Services Expenditures Among Youth and Young Adults, FY18 - FY23**



**Table 13a: Total Expenditures for All PBHS Behavioral Health Services, FY23**

Race/Ethnicity	Youth (0-17)		Young Adults (18-25)		Overall Expenditures <sup>b</sup>	
	Youth Expenditures	%	YA Expenditures	%	Race/Ethnicity Total <sup>b</sup>	%
Non-Hispanic Black	\$198,832,822	42.7%	\$99,539,462	44.4%	\$298,372,283	43.2%
Non-Hispanic White	\$126,536,455	27.2%	\$57,759,080	25.7%	\$184,295,534	26.7%
Hispanic	\$9,428,528	2.0%	\$2,492,684	1.1%	\$11,921,212	1.7%
Other	\$13,236,245	2.8%	\$8,962,911	4.0%	\$22,199,157	3.2%
Unknown	\$117,554,022	25.2%	\$55,600,586	24.8%	\$173,154,609	25.1%
<b>Gender</b>	<b>Youth Expenditures</b>	<b>%</b>	<b>YA Expenditures</b>	<b>%</b>	<b>Gender Total<sup>b</sup></b>	<b>%</b>

Female	\$232,728,065	50.0%	\$121,295,135	54.1%	\$354,023,201	51.3%
Male	\$232,860,006	50.0%	\$103,050,636	45.9%	\$335,910,641	48.7%
<b>Total</b>	<b>\$465,588,071</b>	<b>67.5%</b>	<b>\$224,356,641</b>	<b>32.5%</b>	<b>\$689,944,711</b>	<b>100.0%</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

**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.

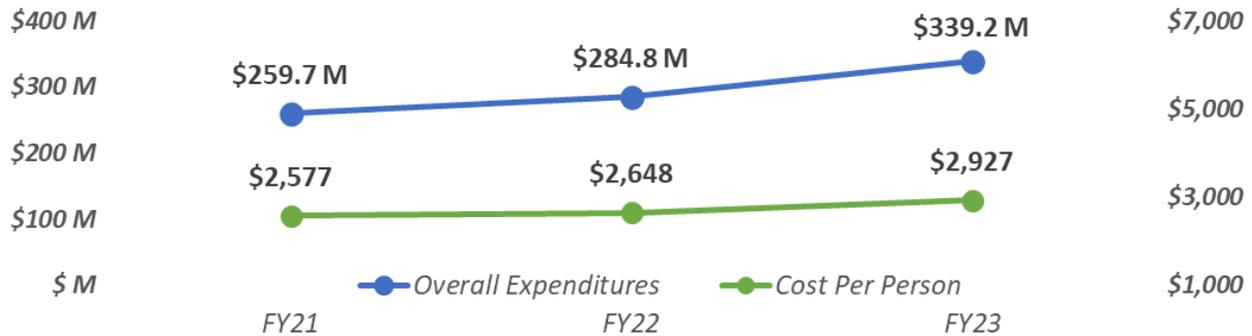
**Table 13b: Expenditures per Recipient of All PBHS Behavioral Health Services, FY23**

Race/Ethnicity	Youth (0-17)		Young Adults (18-25)		Overall Cost Per Person	
	Youth Cost Per Person	N	YA Cost Per Person	N	Race/Ethnicity Total <sup>b</sup>	N
Non-Hispanic Black	\$6,267	31,729	\$6,055	16,438	\$6,195	48,167
Non-Hispanic White	\$5,445	23,240	\$4,953	11,661	\$5,281	34,901
Hispanic	\$4,820	1,956	\$3,847	648	\$4,578	2,604
Other	\$5,263	2,515	\$4,552	1,969	\$4,951	4,484
Unknown	\$5,188	22,661	\$5,150	10,796	\$5,175	33,457
Gender	Youth Cost Per Person	N	YA Cost Per Person	N	Gender Total <sup>b</sup>	N
Female	\$5,677	40,993	\$4,572	26,530	\$5,243	67,523
Male	\$5,665	41,108	\$6,879	14,980	\$5,989	56,088
<b>Total</b>	<b>\$5,671</b>	<b>82,101</b>	<b>\$5,404</b>	<b>41,513</b>	<b>\$5,581</b>	<b>123,614</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

**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.

**Figure 23. Trend in Outpatient Behavioral Health Expenditures Among Youth and Young Adults, FY21 - FY23**



**Table 14a: Total Expenditures for Outpatient Behavioral Health Services, FY23**

Race/Ethnicity	Youth (0-17)		Young Adults (18-25)		Overall Expenditures <sup>b</sup>	
	Youth Expenditures	%	YA Expenditures	%	Race/Ethnicity Total <sup>b</sup>	%
Non-Hispanic Black	\$98,205,062	39.3%	\$37,243,818	41.8%	\$135,448,880	39.9%
Non-Hispanic White	\$71,467,822	28.6%	\$24,709,606	27.7%	\$96,177,429	28.4%
Hispanic	\$5,922,039	2.4%	\$1,196,108	1.3%	\$7,118,146	2.1%
Other	\$8,012,728	3.2%	\$4,065,982	4.6%	\$12,078,709	3.6%
Unknown	\$66,519,902	26.6%	\$21,899,331	24.6%	\$88,419,232	26.1%
Gender	Youth Expenditures	%	YA Expenditures	%	Gender Total <sup>b</sup>	%
Female	\$125,368,937	50.1%	\$58,115,521	65.2%	\$183,484,459	54.1%
Male	\$124,758,615	49.9%	\$30,999,229	34.8%	\$155,757,843	45.9%
<b>Total</b>	<b>\$250,127,552</b>	<b>73.7%</b>	<b>\$89,114,943</b>	<b>26.3%</b>	<b>\$339,242,495</b>	<b>100.0%</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

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

**Table 14b: Expenditures per Recipient of Outpatient Behavioral Health Services, FY23**

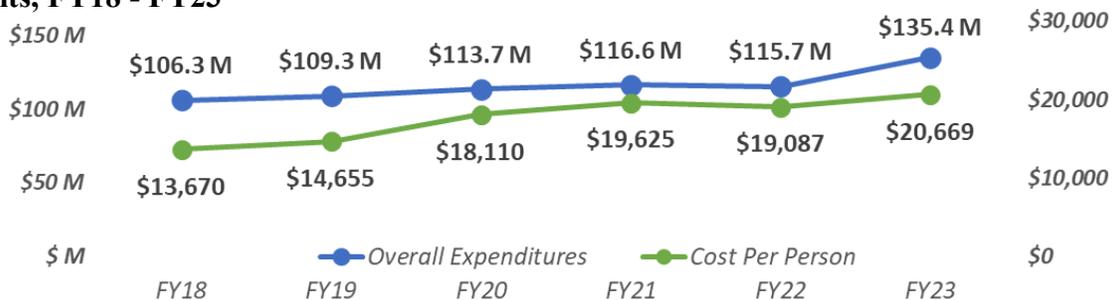
Race/Ethnicity	Youth (0-17)		Young Adults (18-25)		Overall Cost Per Person	
	Youth Cost Per Person	N	YA Cost Per Person	N	Race/Ethnicity Total <sup>b</sup>	N

Non-Hispanic Black	\$3,283	29,914	\$2,554	14,585	\$3,044	44,499
Non-Hispanic White	\$3,128	22,845	\$2,327	10,620	\$2,874	33,465
Hispanic	\$3,191	1,856	\$2,195	545	\$2,965	2,401
Other	\$3,277	2,445	\$2,293	1,773	\$2,864	4,218
Unknown	\$3,062	21,727	\$2,284	9,587	\$2,824	31,314
<b>Gender</b>	<b>Youth Cost Per Person</b>	<b>N</b>	<b>YA Cost Per Person</b>	<b>N</b>	<b>Gender Total<sup>b</sup></b>	<b>N</b>
Female	\$3,177	39,463	\$2,481	23,423	\$2,918	62,886
Male	\$3,173	39,324	\$2,265	13,687	\$2,938	53,011
<b>Total</b>	<b>\$3,175</b>	<b>78,787</b>	<b>\$2,401</b>	<b>37,111</b>	<b>\$2,927</b>	<b>115,898</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

**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.

**Figure 24. Trend in Inpatient Psychiatric Hospital Expenditures Among Youth and Young Adults, FY18 - FY23**



**Table 15a: Total Expenditures for Inpatient Psychiatric Services, FY23**

Race/Ethnicity	Youth (0-17)		Young Adults (18-25)		Overall Expenditures <sup>b</sup>	
	Youth Expenditures	%	YA Expenditures	%	Race/Ethnicity Total <sup>b</sup>	%
Non-Hispanic Black	\$34,349,061	38.6%	\$19,626,396	42.2%	\$53,975,458	39.9%
Non-Hispanic White	\$26,522,652	29.8%	\$11,778,912	25.3%	\$38,301,564	28.3%
Hispanic	\$1,991,608	2.2%	\$763,229	1.6%	\$2,754,838	2.0%

Other	\$2,657,657	3.0%	\$1,886,016	4.1%	\$4,543,672	3.4%
Unknown	\$23,398,037	26.3%	\$12,467,950	26.8%	\$35,865,987	26.5%
<b>Gender</b>	<b>Youth Expenditures</b>	<b>%</b>	<b>YA Expenditures</b>	<b>%</b>	<b>Gender Total<sup>b</sup></b>	<b>%</b>
Female	\$52,438,374	59.0%	\$21,216,310	45.6%	\$73,654,684	54.4%
Male	\$36,480,642	41.0%	\$25,306,194	54.4%	\$61,786,835	45.6%
<b>Total</b>	<b>\$88,919,017</b>	<b>65.7%</b>	<b>\$46,522,503</b>	<b>34.3%</b>	<b>\$135,441,519</b>	<b>100.0%</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

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

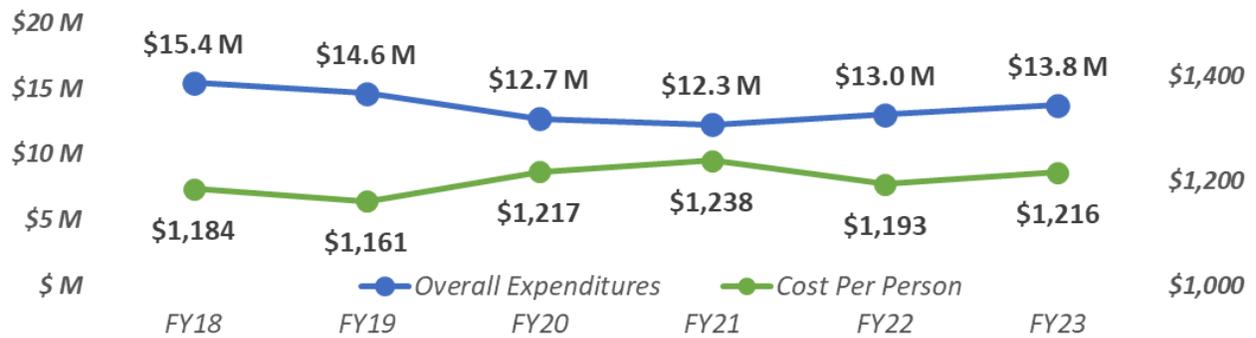
**Table 15b: Expenditures per Recipient of Inpatient Psychiatric Services, FY23**

<b>Race/Ethnicity</b>	<b>Youth (0-17)</b>		<b>Young Adults (18-25)</b>		<b>Overall Cost Per Person</b>	
	<b>Youth Cost Per Person</b>	<b>N</b>	<b>YA Cost Per Person</b>	<b>N</b>	<b>Race/Ethnicity Total<sup>b</sup></b>	<b>N</b>
Non-Hispanic Black	\$27,836	1,234	\$16,562	1,185	\$22,313	2,419
Non-Hispanic White	\$23,063	1,150	\$15,377	766	\$19,990	1,916
Hispanic	\$20,746	96	\$12,936	59	\$17,773	155
Other	\$20,602	129	\$15,459	122	\$18,102	251
Unknown	\$23,563	993	\$15,223	819	\$19,794	1,812
<b>Gender</b>	<b>Youth Cost Per Person</b>	<b>N</b>	<b>YA Cost Per Person</b>	<b>N</b>	<b>Gender Total<sup>b</sup></b>	<b>N</b>
Female	\$22,710	2,309	\$13,352	1,589	\$18,896	3,898
Male	\$28,214	1,293	\$18,580	1,362	\$23,272	2,655
<b>Total</b>	<b>\$24,686</b>	<b>3,602</b>	<b>\$15,765</b>	<b>2,951</b>	<b>\$20,669</b>	<b>6,553</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

**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

**Figure 25. Trend in Behavioral Health Emergency Room Expenditures Among Youth and Young Adults, FY18 - FY23**



**Table 16a: Total Expenditures for Behavioral Health Emergency Room Service, FY23**

Race/Ethnicity	Youth (0-17)		Young Adults (18-25)		Overall Expenditures <sup>b</sup>	
	Youth Expenditures	%	YA Expenditures	%	Race/Ethnicity Total <sup>b</sup>	%
Non-Hispanic Black	\$3,056,375	39.8%	\$2,822,138	46.5%	\$5,878,513	42.7%
Non-Hispanic White	\$2,174,794	28.3%	\$1,381,235	22.8%	\$3,556,029	25.9%
Hispanic	\$219,524	2.9%	\$91,737	1.5%	\$311,262	2.3%
Other	\$211,418	2.8%	\$223,577	3.7%	\$434,995	3.2%
Unknown	\$2,022,994	26.3%	\$1,548,087	25.5%	\$3,571,081	26.0%
Gender	Youth Expenditures	%	YA Expenditures	%	Gender Total <sup>b</sup>	%
Female	\$4,702,439	61.2%	\$3,007,581	49.6%	\$7,710,019	56.1%
Male	\$2,982,666	38.8%	\$3,059,193	50.4%	\$6,041,860	43.9%
<b>Total</b>	<b>\$7,685,105</b>	<b>55.9%</b>	<b>\$6,066,773</b>	<b>44.1%</b>	<b>\$13,751,879</b>	<b>100.0%</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

**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.

**Table 16b: Expenditures per Recipient of Behavioral Health Emergency Room Services, FY23**

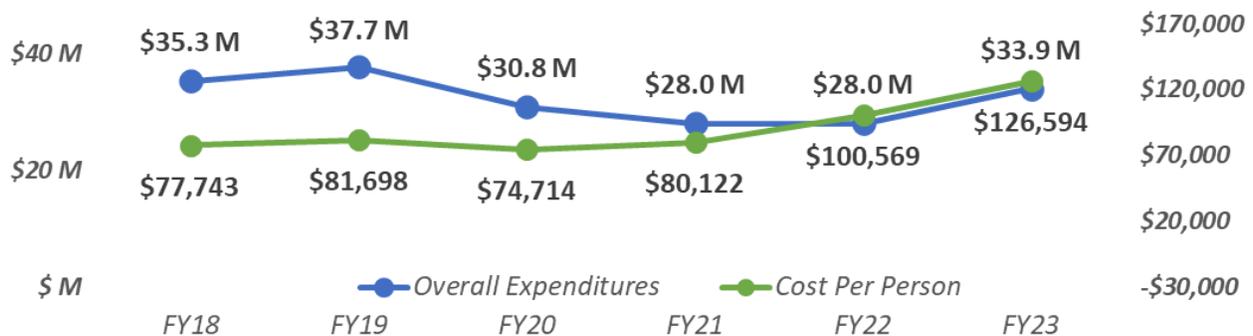
Race/Ethnicity	Youth (0-17)		Young Adults (18-25)		Overall Cost Per Person	
	Youth Cost Per Person	N	YA Cost Per Person	N	Race/Ethnicity Total <sup>b</sup>	N

Non-Hispanic Black	\$1,280	2,388	\$1,389	2,032	\$1,330	4,420
Non-Hispanic White	\$1,174	1,853	\$1,093	1,264	\$1,141	3,117
Hispanic	\$1,226	179	\$1,067	86	\$1,175	265
Other	\$1,068	198	\$1,055	212	\$1,061	410
Unknown	\$1,138	1,777	\$1,170	1,323	\$1,152	3,100
<b>Gender</b>	<b>Youth Cost Per Person</b>	<b>N</b>	<b>YA Cost Per Person</b>	<b>N</b>	<b>Gender Total<sup>b</sup></b>	<b>N</b>
Female	\$1,236	3,806	\$1,143	2,631	\$1,198	6,437
Male	\$1,152	2,589	\$1,338	2,286	\$1,239	4,875
<b>Total</b>	<b>\$1,202</b>	<b>6,395</b>	<b>\$1,234</b>	<b>4,917</b>	<b>\$1,216</b>	<b>11,312</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

**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.

**Figure 26. Trend in Residential Treatment Center Services Expenditures Among Youth and Young Adults, FY18 - FY23**



**Table 17a: Total Expenditures for Residential Treatment Services, FY23**

Race/Ethnicity	Youth (0-17)		Young Adults (18-25)		Overall Expenditures <sup>b</sup>	
	Youth Expenditures	%	YA Expenditures	%	Race/Ethnicity Total <sup>b</sup>	%
Non-Hispanic Black	\$14,069,019	43.8%	\$943,925	51.6%	\$15,012,944	44.3%
Non-Hispanic	\$11,579,906	36.1%	\$446,323	24.4%	\$12,026,230	35.4%

White						
Hispanic	\$130,574	0.4%	\$0	0.0%	\$130,574	0.4%
Other	\$320,534	1.0%	\$100,207	5.5%	\$420,740	1.2%
Unknown	\$5,998,167	18.7%	\$338,466	18.5%	\$6,336,633	18.7%
<b>Gender</b>	<b>Youth Expenditures</b>	<b>%</b>	<b>YA Expenditures</b>	<b>%</b>	<b>Gender Total<sup>b</sup></b>	<b>%</b>
Female	\$11,266,710	35.1%	\$0	0.0%	\$11,266,709	33.2%
Male	\$20,831,491	64.9%	\$1,828,920	100.0%	\$22,660,411	66.8%
<b>Total</b>	<b>\$32,098,200</b>	<b>94.6%</b>	<b>\$1,828,920</b>	<b>5.4%</b>	<b>\$33,927,120</b>	<b>100.0%</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

**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.

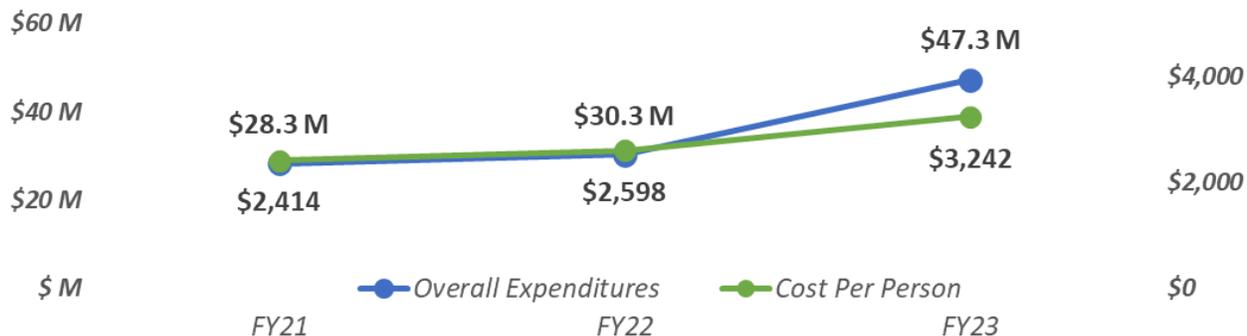
**Table 17b: Expenditures per Recipient of Residential Treatment Services, FY23**

Race/Ethnicity	Youth (0-17)		Young Adults (18-25)		Overall Cost Per Person	
	Youth Cost Per Person	N	YA Cost Per Person	N	Race/Ethnicity Total <sup>b</sup>	N
Non-Hispanic Black	\$118,227	119	\$134,846		\$119,150	126
Non-Hispanic White	\$144,749	80	\$148,774		\$144,894	83
Hispanic	\$130,574				\$130,574	
Other	\$80,134		\$100,207		\$84,148	
Unknown	\$117,611	51	\$169,233		\$119,559	53
<b>Gender</b>	<b>Youth Cost Per Person</b>	<b>N</b>	<b>YA Cost Per Person</b>	<b>N</b>	<b>Gender Total<sup>b</sup></b>	<b>N</b>
Female	\$128,031	88			\$128,031	88
Male	\$124,739	167	\$140,686	13	\$125,891	180
<b>Total</b>	<b>\$125,875</b>	<b>255</b>	<b>\$140,686</b>	<b>13</b>	<b>\$126,594</b>	<b>268</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

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

**Figure 27. Trend in Substance-Related Disorder Program Expenditures Among Youth and Young Adults, FY18 - FY23**



**Table 18a: Total Expenditures for Substance-Related Disorder Program Services, FY23**

Race/Ethnicity	Youth (0-17)		Young Adults (18-25)		Overall Expenditures <sup>b</sup>	
	Youth Expenditures	%	YA Expenditures	%	Race/Ethnicity Total <sup>b</sup>	%
Non-Hispanic Black	\$2,421,026	43.3%	\$14,087,146	33.8%	\$16,508,172	34.9%
Non-Hispanic White	\$1,080,431	19.3%	\$13,750,171	32.9%	\$14,830,602	31.3%
Hispanic	\$229,381	4.1%	\$308,204	0.7%	\$537,586	1.1%
Other	\$139,895	2.5%	\$1,306,304	3.1%	\$1,446,200	3.1%
Unknown	\$1,725,691	30.8%	\$12,284,544	29.4%	\$14,010,235	29.6%
Gender	Youth Expenditures	%	YA Expenditures	%	Gender Total <sup>b</sup>	%
Female	\$2,909,854	52.0%	\$16,554,949	39.7%	\$19,464,803	41.1%
Male	\$2,686,571	48.0%	\$25,173,257	60.3%	\$27,859,828	58.9%
<b>Total</b>	<b>\$5,596,424</b>	<b>11.8%</b>	<b>\$41,736,370</b>	<b>88.2%</b>	<b>\$47,332,795</b>	<b>100.0%</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

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

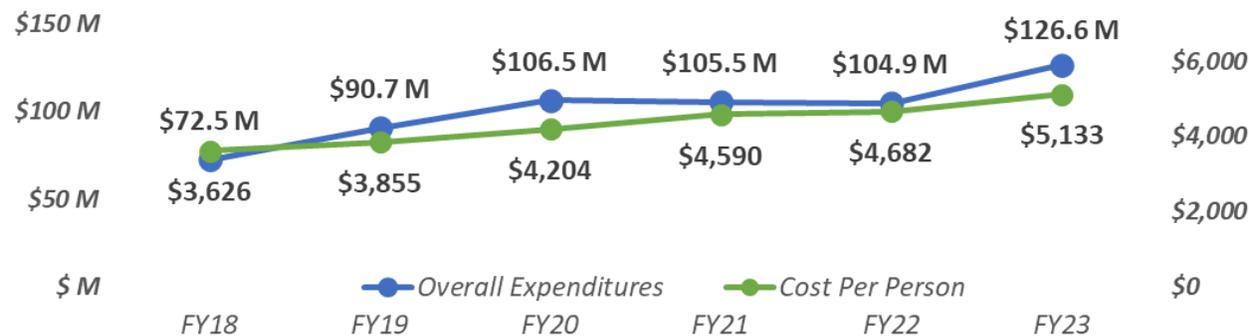
**Table 18b: Expenditures per Recipient of Substance-Related Disorder Program Services, FY23**

Race/Ethnicity	Youth (0-17)		Young Adults (18-25)		Overall Cost Per Person	
	Youth Cost Per Person	N	YA Cost Per Person	N	Race/Ethnicity Total <sup>b</sup>	N
Non-Hispanic Black	\$1,467	1,650	\$3,796	3,711	\$3,079	5,361
Non-Hispanic White	\$1,001	1,079	\$4,525	3,039	\$3,601	4,118
Hispanic	\$1,334	172	\$2,111	146	\$1,691	318
Other	\$1,358	103	\$3,765	347	\$3,214	450
Unknown	\$1,247	1,384	\$4,139	2,968	\$3,219	4,352
Gender	Youth Cost Per Person	N	YA Cost Per Person	N	Gender Total <sup>b</sup>	N
Female	\$1,308	2,225	\$2,785	5,944	\$2,383	8,169
Male	\$1,242	2,163	\$5,901	4,266	\$4,333	6,429
<b>Total</b>	<b>\$1,275</b>	<b>4,388</b>	<b>\$4,087</b>	<b>10,211</b>	<b>\$3,242</b>	<b>14,599</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

**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.

**Figure 28. Trend in Intensive Community-Based Expenditures Among Youth and Young Adults, FY18 - FY23**



**Table 19a: Total Expenditures for Intensive Community-Based Services (combined), FY23**

Race/Ethnicity	Youth (0-17)		Young Adults (18-25)		Overall Expenditures <sup>b</sup>	
	Youth	%	YA	%	Race/Ethnicity	%

	Expenditures		Expenditures		y Total <sup>b</sup>	
Non-Hispanic Black	\$48,183,259	56.8%	\$25,355,755	60.6%	\$73,539,014	58.1%
Non-Hispanic White	\$14,292,144	16.9%	\$6,407,252	15.3%	\$20,699,396	16.3%
Hispanic	\$1,157,960	1.4%	\$171,167	0.4%	\$1,329,127	1.0%
Other	\$1,927,940	2.3%	\$1,488,172	3.6%	\$3,416,114	2.7%
Unknown	\$19,225,249	22.7%	\$8,419,011	20.1%	\$27,644,259	21.8%
Gender	Youth Expenditures	%	YA Expenditures	%	Gender Total <sup>b</sup>	%
Female	\$38,375,158	45.3%	\$23,798,307	56.9%	\$62,173,466	49.1%
Male	\$46,411,393	54.7%	\$18,040,425	43.1%	\$64,451,819	50.9%
<b>Total</b>	<b>\$84,786,552</b>	<b>67.0%</b>	<b>\$41,841,439</b>	<b>33.0%</b>	<b>\$126,627,991</b>	<b>100.0%</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

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

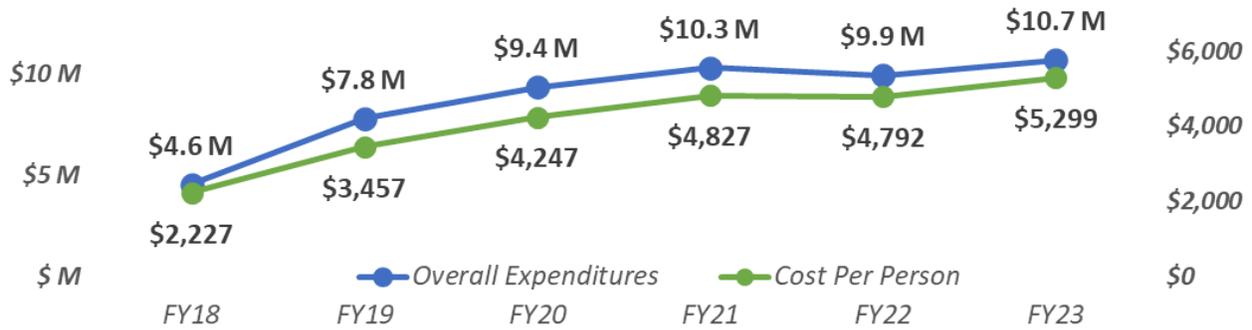
**Table 19b: Expenditures per Recipient of Intensive Community Services (combined), FY23**

Race/Ethnicity	Youth (0-17)		Young Adults (18-25)		Overall Cost Per Person	
	Youth Cost Per Person	N	YA Cost Per Person	N	Race/Ethnicity Total <sup>b</sup>	N
Non-Hispanic Black	\$4,526	10,646	\$7,780	3,259	\$5,289	13,905
Non-Hispanic White	\$4,391	3,255	\$7,264	882	\$5,003	4,137
Hispanic	\$4,092	283	\$7,780	22	\$4,358	305
Other	\$4,463	432	\$7,832	190	\$5,492	622
Unknown	\$4,277	4,495	\$6,993	1,204	\$4,851	5,699
Gender	Youth Cost Per Person	N	YA Cost Per Person	N	Gender Total <sup>b</sup>	N
Female	\$4,341	8,840	\$7,087	3,358	\$5,097	12,198
Male	\$4,519	10,271	\$8,208	2,198	\$5,169	12,469
<b>Total</b>	<b>\$4,437</b>	<b>19,111</b>	<b>\$7,528</b>	<b>5,558</b>	<b>\$5,133</b>	<b>24,669</b>

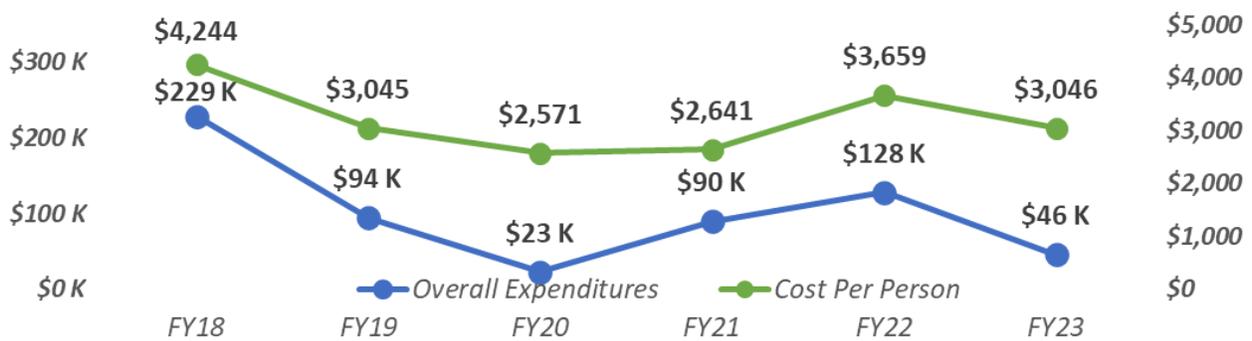
**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

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

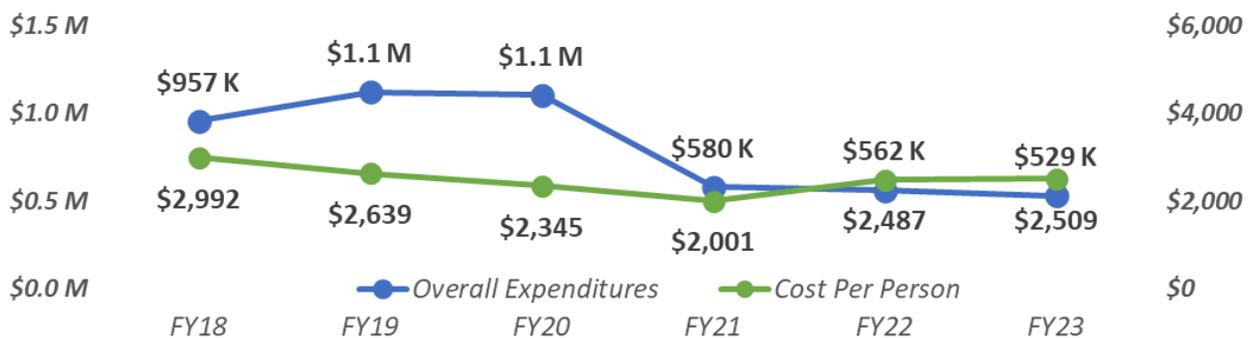
**Figure 29. Trend in Targeted Case Management Expenditures Among Youth and Young Adults, FY18 - FY23**



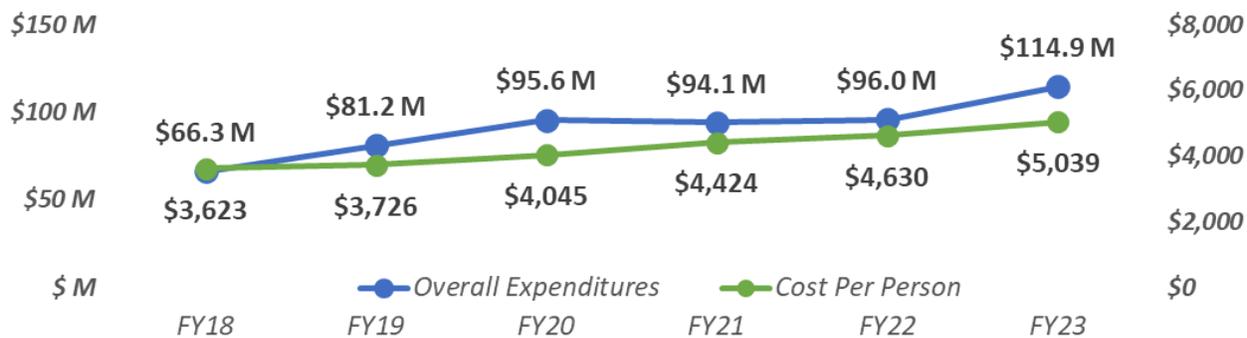
**Figure 30. Trend in § 1915(i) Waiver Services Expenditures Among Youth and Young Adults, FY18 - FY23**



**Figure 31. Trend in Respite Care Services Expenditures Among Youth and Young Adults, FY18 - FY23**



**Figure 32. Trend in Psychiatric Rehabilitation Program Services Expenditures Among Youth and Young Adults, FY18 - FY23**



**Table 20a: Total Expenditures for Selected Intensive Community-Based Services, FY23**

Race/Ethnicity	Intensive Service Category			
	Case Management	Respite Care	1915 i Waiver	PRP
Non-Hispanic Black	\$3,824,458	\$159,266	\$11,466	\$69,386,438
Non-Hispanic White	\$4,089,673	\$206,454	\$22,027	\$16,201,417
Hispanic	\$80,578	\$774	\$0	\$1,246,874
Other	\$167,408	\$1,611	\$0	\$3,231,473
Unknown	\$2,547,085	\$161,281	\$12,200	\$24,830,591
Gender	Case Management	Respite Care	1915 i Waiver	PRP
Female	\$4,511,169	\$241,875	\$31,645	\$57,086,899
Male	\$6,198,031	\$287,512	\$14,048	\$57,807,868
Age Group	Case Management	Respite Care	1915 i Waiver	PRP
Youth	\$10,066,218	\$529,386	\$44,908	\$74,146,040
Young Adult	\$1,089,820	\$0	\$785	\$40,750,832
<b>Total</b>	<b>\$10,709,200</b>	<b>\$529,387</b>	<b>\$45,693</b>	<b>\$114,896,871</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

**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 20b: Per Person Expenditures for Selected Intensive Community Based Services, FY23**

Race/Ethnicity	Intensive Service Category			
	Case Management	Respite Care	1915 i Waiver	PRP
Non-Hispanic Black	\$5,275	\$1,896	\$3,822	\$5,237
Non-Hispanic White	\$5,230	\$2,581	\$2,753	\$4,734
Hispanic	\$4,477	\$0	\$0	\$4,329
Other	\$5,773	\$537	\$0	\$5,477
Unknown	\$5,454	\$3,751	\$3,050	\$4,729
Gender	Case Management	Respite Care	1915 i Waiver	PRP
Female	\$5,301	\$3,023	\$3,956	\$5,036
Male	\$5,297	\$2,195	\$2,007	\$5,042
Age Group	Case Management	Respite Care	1915 i Waiver	PRP
Youth	\$5,146	\$2,509	\$3,208	\$4,215
Young Adult	\$9,892	\$0	\$785	\$7,823
<b>Total</b>	<b>\$5,299</b>	<b>\$2,509</b>	<b>\$3,046</b>	<b>\$5,039</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

**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 21: Emergency Department Median Wait Times For June 2023**

Gender	Age Group						Total	
	Birth to 6		7 to 12		13 to 17			
	Median Wait Hours	N	Median Wait Hours	N	Median Wait Hours	N	Median Wait Hours	N
Male	4.00	<11	4.4	67	6.2	207	4.5	280
Female	1.9	<11	4.00	65	6.2	322	5.4	391
<b>Total</b>	<b>3.7</b>	<b>&lt;11</b>	<b>4.2</b>	<b>132</b>	<b>5.6</b>	<b>529</b>	<b>6.87</b>	<b>671</b>

**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 the month of June 2023. Numbers denote the total number of children and youth who registered at an ED by gender and age category. Only one month of data is included in this report as the data collection was initiated in June of 2023. A full fiscal year will be included in the next report. Per CMS Suppression ruling any numbers between 1-10 must be suppressed and are represented as "<11".

**Table 22: Time (Days) between Referral and Placement in a Residential Treatment Bed, FY23**

Facility Type	# of Facilities	Total # of Admissions	Avg. # of Admissions	Min Wait Days	Max Wait Days	Avg. # Wait Days
RTC	3	99	33	0	218	67
RICA	2	45	23	11	307	81
<b>Total</b>	<b>5</b>	<b>144</b>	<b>29</b>	<b>0</b>	<b>307</b>	<b>71</b>

**Data Source:** RTC operational data for FY23.

**Table 23: Number of 30-Day Readmissions to Psychiatric Inpatient and Residential Treatment Facilities, FY23**

Race/Ethnicity	Same Hospital			Same RTC			Other Hospital or RTC			Total
	Youth (0-17)	Young Adults (18-25)	Total	Youth (0-17)	Young Adults (18-25)	Total	Youth (0-17)	Young Adults (18-25)	Total	
Non-Hispanic Black	61	82	143				73	102	175	318
Non-Hispanic White	56	42	98				78	47	125	223
Hispanic									10	10

Other			12						12	24	
Unknown	42	51	93					39	63	102	195
<b>Gender</b>											
Female	95	81	176					116	90	206	382
Male	74	103	177					84	134	218	395
<b>Total</b>	<b>169</b>	<b>184</b>	<b>353</b>	<b>15</b>			<b>15</b>	<b>200</b>	<b>224</b>	<b>424</b>	<b>792</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

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

**Table 24: Average Length of Stay in Psychiatric Inpatient, Residential Treatment Centers, and Residential Substance-Related Disorder Programs, FY23**

Race/Ethnicity	Residential Treatment Center						Psychiatric Inpatient						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.	
Non-Hispanic Black		122	126	124		125	9	11	12	7	6	9					26	21	23
Asian			249	143		214	12	9	12	6	7	9					13	36	30
Non-Hispanic White		151	118	238		132	9	12	11	6	6	9			10	21	26	24	
Hispanic		206				206	3	7	10	6	7	8					14	14	14
Native American						0		8	11	4	17	9					13	26	24
Pacific Islander						0		10	7	3		6						24	24
Unknown		124	90	248		105	40	9	10	6	7	9			7	18	23	21	
<b>Gender</b>																			
Female		117	102			107	56	9	10	6	6	8			8	20	24	22	
Male		144	129	161		136	9	13	13	7	7	10			9	22	24	23	
<b>Total</b>	<b>0</b>	<b>135</b>	<b>119</b>	<b>161</b>	<b>0</b>	<b>126</b>	<b>15</b>	<b>11</b>	<b>11</b>	<b>6</b>	<b>7</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>21</b>	<b>24</b>	<b>23</b>	

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

**Note:** RTC ALOS includes private RTCs only. Psychiatric inpatient hospitals include psychiatric units at general hospitals and private psychiatric treatment facilities. Grayed out cells represent counts of zero.

**Table 25: Discharges from Inpatient Psychiatric and Residential Treatment Facilities, FY23**

Race/Ethnicity	Residential Treatment Center			Inpatient Psychiatric Hospital			Overall Total
	Youth (0-17)	Young Adults (18-25)	Total	Youth (0-17)	Young Adults (18-25)	Total	
Non-Hispanic Black	86		92	1,314	1,440	2,754	2,846
Non-Hispanic White	66		68	1,280	845	2,125	2,193
Hispanic				98	64	162	162
Other				119	132	251	251
Unknown	31		32	1,037	970	2,007	2,039
<b>Gender</b>							
Female	66		66	2,466	1,732	4,198	4,264
Male	120	10	130	1,382	1,719	3,101	3,231
<b>Total</b>	<b>186</b>	<b>10</b>	<b>196</b>	<b>3,848</b>	<b>3,451</b>	<b>7,299</b>	<b>7,495</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

**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.

**APPENDIX B**

**Table B1: Number and Percent Eligible for PBHS Services within Each Jurisdiction, FY23**

Jurisdiction	Age Group <sup>a</sup>										Jurisdiction Total <sup>b</sup>		
	Birth to 6		7 to 12		13 to 17		18 to 21		22 to 25		N	% of State Total	Rate per 1,000
	N	%	N	%	N	%	N	%	N	%			
Allegany	3,453	29.0%	2,929	24.6%	2,285	19.2%	1,683	14.1%	1,575	13.2%	11,925	1.3%	591.9
Anne Arundel	20,337	30.1%	17,517	25.9%	13,676	20.2%	8,756	12.9%	7,333	10.8%	67,619	7.2%	363.2
Baltimore City	38,151	28.1%	32,384	23.9%	27,285	20.1%	19,207	14.2%	18,581	13.7%	135,608	14.4%	760.0
Baltimore	41,712	30.1%	34,563	25.0%	27,841	20.1%	18,358	13.3%	16,049	11.6%	138,523	14.7%	516.0
Calvert	2,528	27.8%	2,260	24.8%	1,938	21.3%	1,287	14.1%	1,089	12.0%	9,102	1.0%	302.4
Caroline	2,285	28.4%	2,036	25.3%	1,764	21.9%	1,126	14.0%	830	10.3%	8,041	0.9%	741.8
Carroll	4,425	28.8%	3,931	25.6%	3,230	21.0%	2,086	13.6%	1,691	11.0%	15,363	1.6%	279.0
Cecil	4,985	29.6%	4,188	24.8%	3,445	20.4%	2,282	13.5%	1,967	11.7%	16,867	1.8%	514.8
Charles	7,137	30.1%	6,132	25.9%	4,696	19.8%	3,039	12.8%	2,704	11.4%	23,708	2.5%	417.5
Dorchester	2,164	28.5%	1,869	24.6%	1,609	21.2%	1,064	14.0%	886	11.7%	7,592	0.8%	809.0
Frederick	9,404	29.8%	8,118	25.8%	6,626	21.0%	4,144	13.1%	3,225	10.2%	31,517	3.4%	330.1

Garrett	1,402	29.3 %	1,122	23.5 %	970	20.3 %	701	14.7 %	583	12.2 %	<b>4,778</b>	<b>0.5</b> %	<b>662.</b> <b>0</b>
Harford	8,805	28.5 %	7,772	25.2 %	6,419	20.8 %	4,336	14.1 %	3,509	11.4 %	<b>30,841</b>	<b>3.3</b> %	<b>378.</b> <b>4</b>
Howard	8,985	27.3 %	8,585	26.0 %	7,144	21.7 %	4,693	14.2 %	3,564	10.8 %	<b>32,971</b>	<b>3.5</b> %	<b>301.</b> <b>7</b>
Kent	720	26.7 %	688	25.5 %	565	21.0 %	375	13.9 %	345	12.8 %	<b>2,693</b>	<b>0.3</b> %	<b>514.</b> <b>1</b>
Montgomery	39,873	29.5 %	34,071	25.2 %	28,446	21.0 %	18,812	13.9 %	14,107	10.4 %	<b>135,309</b>	<b>14.4</b> %	<b>407.</b> <b>0</b>
Prince George's	55,025	31.5 %	44,179	25.3 %	34,591	19.8 %	22,282	12.7 %	18,731	10.7 %	<b>174,808</b>	<b>18.6</b> %	<b>574.</b> <b>1</b>
Queen Anne's	1,594	28.8 %	1,366	24.7 %	1,172	21.2 %	794	14.4 %	600	10.9 %	<b>5,526</b>	<b>0.6</b> %	<b>365.</b> <b>3</b>
Somerset	1,494	28.2 %	1,413	26.6 %	1,050	19.8 %	759	14.3 %	587	11.1 %	<b>5,303</b>	<b>0.6</b> %	<b>626.</b> <b>5</b>
St. Mary's	4,173	29.4 %	3,573	25.1 %	2,938	20.7 %	1,847	13.0 %	1,682	11.8 %	<b>14,213</b>	<b>1.5</b> %	<b>364.</b> <b>1</b>
Talbot	1,559	29.5 %	1,270	24.0 %	1,127	21.3 %	742	14.0 %	585	11.1 %	<b>5,283</b>	<b>0.6</b> %	<b>545.</b> <b>0</b>
Washington	8,848	29.7 %	7,477	25.1 %	6,011	20.2 %	4,028	13.5 %	3,384	11.4 %	<b>29,748</b>	<b>3.2</b> %	<b>616.</b> <b>6</b>
Wicomico	7,529	31.3 %	5,762	24.0 %	4,674	19.4 %	3,230	13.4 %	2,857	11.9 %	<b>24,052</b>	<b>2.6</b> %	<b>610.</b> <b>9</b>
Worcester	2,007	25.9 %	1,976	25.5 %	1,644	21.2 %	1,214	15.7 %	909	11.7 %	<b>7,750</b>	<b>0.8</b> %	<b>581.</b> <b>4</b>
<b>Statewide</b>	<b>278,595</b>	<b>29.7</b> <b>%</b>	<b>235,181</b>	<b>25.0</b> <b>%</b>	<b>191,146</b>	<b>20.4</b> <b>%</b>	<b>126,846</b>	<b>13.5</b> <b>%</b>	<b>107,375</b>	<b>11.4</b> <b>%</b>	<b>939,143</b>	<b>100</b> <b>%</b>	<b>479.</b> <b>9</b>

**Data Source:** Optum behavioral health services claims and eligibility data for FY23. Based on claims paid through June 30, 2024.

**Note:** <sup>a</sup>The number and percent by age group represent the total number of children and young adults within each age group that were MA eligible in that jurisdiction and the percentage of the jurisdiction total accounted for by each age group. <sup>b</sup>The total percent column represents the percentage of children and young adults who are Medicaid eligible in each jurisdiction, based on the statewide number of eligible individuals (N=939,143).

**Table B2: Overall Behavioral Health Service Use by Race and Gender, FY23**

Race/Ethnicity	Birth to 6		7 to 12		13 to 17		18 to 21		22 to 25		Total		Rate of Utilization per 1,000 Eligible
	N	%	N	%	N	%	N	%	N	%	N	%	
Non-Hispanic Black	3,384	31.5%	13,978	40.4%	14,367	39.1%	8,234	39.5%	8,204	39.7%	48,167	39.0%	154.1
Asian	324	3.0%	773	2.2%	877	2.4%	712	3.4%	960	4.6%	3,646	2.9%	76.0
Non-Hispanic White	2,503	23.3%	10,222	29.5%	10,515	28.6%	5,842	28.0%	5,819	28.2%	34,901	28.2%	179.7
Hispanic	251	2.3%	718	2.1%	987	2.7%	370	1.8%	278	1.3%	2,604	2.1%	62.9
Native American	33	0.3%	195	0.6%	185	0.5%	111	0.5%	102	0.5%	626	0.5%	157.6
Pacific Islander	25	0.2%	47	0.1%	56	0.2%	41	0.2%	43	0.2%	212	0.2%	106.6
Unknown	4,212	39.2%	8,683	25.1%	9,766	26.6%	5,545	26.6%	5,251	25.4%	33,457	27.1%	99.3
<b>Gender</b>													
Female	3,964	36.9%	16,135	46.6%	20,894	56.8%	13,207	63.3%	13,323	64.5%	67,523	54.6%	142.3
Male	6,768	63.1%	18,481	53.4%	15,859	43.2%	7,647	36.7%	7,333	35.5%	56,088	45.4%	120.7
<b>Total</b>	<b>10,732</b>	<b>8.7%</b>	<b>34,616</b>	<b>28.0%</b>	<b>36,753</b>	<b>29.7%</b>	<b>20,856</b>	<b>16.9%</b>	<b>20,657</b>	<b>16.7%</b>	<b>123,614</b>	<b>100.0%</b>	<b>131.6</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

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

**Table B3: Number and Percent of Child and Young Adult Recipients of PBHS Services, FY23**

Jurisdiction	Age Group <sup>a</sup>										Jurisdiction Total <sup>b</sup>		
	Birth to 6		7 to 12		13 to 17		18 to 21		22 to 25		N	% of State Total	Rate per 1,000
	N	%	N	%	N	%	N	%	N	%			
Allegany	156	7.8%	522	26.2%	548	27.5%	377	18.9%	393	19.7%	1,996	1.6%	167.4
Anne Arundel	763	8.4%	2,781	30.5%	2,738	30.0%	1,411	15.5%	1,426	15.6%	9,119	7.4%	134.9
Baltimore City	2,618	9.6%	7,754	28.6%	7,678	28.3%	4,470	16.5%	4,622	17.0%	27,142	22.0%	200.2
Baltimore	1,967	9.7%	5,738	28.4%	5,941	29.4%	3,247	16.1%	3,319	16.4%	20,212	16.4%	145.9
Calvert	90	6.7%	364	27.0%	402	29.8%	246	18.2%	246	18.2%	1,348	1.1%	148.1
Caroline	119	9.0%	436	32.9%	426	32.1%	182	13.7%	163	12.3%	1,326	1.1%	164.9
Carroll	217	8.9%	730	30.1%	724	29.8%	390	16.1%	365	15.0%	2,426	2.0%	157.9
Cecil	279	11.2%	737	29.6%	673	27.0%	377	15.2%	422	17.0%	2,488	2.0%	147.5
Charles	131	6.2%	536	25.5%	644	30.7%	392	18.7%	398	18.9%	2,101	1.7%	88.6
Dorchester	178	10.5%	500	29.5%	529	31.2%	270	15.9%	219	12.9%	1,696	1.4%	223.4
Frederick	411	9.2%	1,293	28.9%	1,438	32.1%	693	15.5%	644	14.4%	4,479	3.6%	142.1
Garrett	69	10.5%	200	30.3%	198	30.0%	86	13.0%	107	16.2%	660	0.5%	138.1
Harford	485	9.4%	1,507	29.2%	1,452	28.2%	843	16.4%	866	16.8%	5,153	4.2%	167.1
Howard	272	7.0%	1,003	25.9%	1,257	32.4%	734	18.9%	608	15.7%	3,874	3.1%	117.5

Kent	55	10.2%	160	29.7%	175	32.5%	62	11.5%	87	16.1%	539	0.4%	200.1
Montgomery	732	6.3%	3,041	26.4%	3,508	30.4%	2,243	19.4%	2,015	17.5%	11,539	9.3%	85.3
Prince George's	896	6.7%	3,280	24.7%	4,284	32.2%	2,458	18.5%	2,382	17.9%	13,300	10.8%	76.1
Queen Anne's	66	8.1%	223	27.4%	274	33.7%	128	15.7%	123	15.1%	814	0.7%	147.3
Somerset	103	9.1%	399	35.3%	301	26.6%	173	15.3%	155	13.7%	1,131	0.9%	213.3
St. Mary's	113	7.1%	364	22.8%	506	31.6%	278	17.4%	338	21.1%	1,599	1.3%	112.5
Talbot	109	11.0%	295	29.8%	288	29.1%	154	15.5%	145	14.6%	991	0.8%	187.6
Washington	497	9.9%	1,448	28.9%	1,371	27.3%	834	16.6%	866	17.3%	5,016	4.1%	168.6
Wicomico	298	8.1%	951	25.9%	1,116	30.4%	670	18.2%	638	17.4%	3,673	3.0%	152.7
Worcester	138	8.8%	496	31.7%	473	30.2%	239	15.3%	221	14.1%	1,567	1.3%	202.2
<b>Statewide</b>	<b>10,732</b>	<b>8.7%</b>	<b>34,616</b>	<b>28.0%</b>	<b>36,753</b>	<b>29.7%</b>	<b>20,856</b>	<b>16.9%</b>	<b>20,657</b>	<b>16.7%</b>	<b>123,614</b>	<b>100.0%</b>	<b>131.6</b>

**Data Source:** Optum behavioral health services claims and eligibility data for FY23. Based on claims paid through June 30, 2024.

**Note:** <sup>a</sup>The number and percent by age group represent the total number of children and young adults within each age group that received services in that jurisdiction and the percentage of the jurisdiction total accounted for by each age group. <sup>b</sup>The total percent column represents the percentage of children and young adults receiving services in each jurisdiction, based on the statewide number of service recipients (N=123,614). 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 B4: Outpatient Behavioral Health Services by Race and Gender, FY23**

Race/Ethnicity	Birth to 6		7 to 12		13 to 17		18 to 21		22 to 25		Total		Rate of Utili
	N	%	N	%	N	%	N	%	N	%	N	%	

													ratio n per 1,000 Eligi ble
Non-Hispanic Black	3,286	31.2%	13,264	39.6%	13,364	38.4%	7,373	39.0%	7,212	39.6%	44,499	38.4%	142.4
Asian	319	3.0%	756	2.3%	840	2.4%	663	3.5%	849	4.7%	3,427	3.0%	71.4
Non-Hispanic White	2,481	23.6%	10,114	30.2%	10,250	29.5%	5,437	28.7%	5,183	28.5%	33,465	28.9%	172.4
Hispanic	251	2.4%	695	2.1%	910	2.6%	325	1.7%	220	1.2%	2,401	2.1%	58.0
Native American	32	0.3%	194	0.6%	182	0.5%	97	0.5%	87	0.5%	592	0.5%	149.0
Pacific Islander	25	0.2%	46	0.1%	51	0.1%	39	0.2%	38	0.2%	199	0.2%	100.1
Unknown	4,123	39.2%	8,442	25.2%	9,162	26.4%	4,982	26.3%	4,605	25.3%	31,314	27.0%	92.9
<b>Gender</b>													
Female	3,879	36.9%	15,649	46.7%	19,935	57.4%	11,837	62.6%	11,586	63.7%	62,886	54.3%	132.6
Male	6,638	63.1%	17,862	53.3%	14,824	42.6%	7,079	37.4%	6,608	36.3%	53,011	45.7%	114.1
<b>Total</b>	<b>10,517</b>	<b>9.1%</b>	<b>33,511</b>	<b>28.9%</b>	<b>34,759</b>	<b>30.0%</b>	<b>18,917</b>	<b>16.3%</b>	<b>18,194</b>	<b>15.7%</b>	<b>115,898</b>	<b>100.0%</b>	<b>123.4</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

**Note:** <sup>a</sup>The 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. <sup>b</sup>The 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.

**Table B5: Number and Percent of PBHS Recipients of Outpatient Behavioral Health Services, FY23**

Jurisdiction	Age Group <sup>a</sup>										Jurisdiction Total <sup>b</sup>		
	Birth to 6		7 to 12		13 to 17		18 to 21		22 to 25		N	% of State Total	Rate per 1,000
	N	%	N	%	N	%	N	%	N	%			
Allegany	155	8.0%	519	26.8%	537	27.8%	362	18.7%	362	18.7%	1,935	1.7%	162.3
Anne Arundel	758	8.6%	2,744	31.2%	2,666	30.3%	1,332	15.1%	1,294	14.7%	8,794	7.6%	130.1
Baltimore City	2,521	10.3%	7,244	29.5%	6,938	28.2%	3,909	15.9%	3,962	16.1%	24,574	21.2%	181.2
Baltimore	1,927	10.2%	5,525	29.2%	5,632	29.7%	2,948	15.6%	2,910	15.4%	18,942	16.3%	136.7
Calvert	90	7.0%	359	28.0%	388	30.2%	222	17.3%	224	17.5%	1,283	1.1%	141.0
Caroline	118	9.4%	425	33.9%	407	32.5%	165	13.2%	138	11.0%	1,253	1.1%	155.8
Carroll	215	9.1%	726	30.6%	716	30.2%	379	16.0%	336	14.2%	2,372	2.0%	154.4
Cecil	276	12.1%	726	31.9%	642	28.2%	310	13.6%	320	14.1%	2,274	2.0%	134.8
Charles	123	6.4%	517	26.8%	602	31.2%	336	17.4%	350	18.2%	1,928	1.7%	81.3
Dorchester	174	10.7%	497	30.6%	514	31.7%	241	14.8%	197	12.1%	1,623	1.4%	213.8
Frederick	410	9.5%	1,284	29.8%	1,404	32.5%	647	15.0%	570	13.2%	4,315	3.7%	136.9
Garrett	69	10.8%	199	31.1%	194	30.3%	81	12.7%	97	15.2%	640	0.6%	133.9
Harford	471	9.8%	1,465	30.4%	1,383	28.7%	751	15.6%	742	15.4%	4,812	4.2%	156.0
Howard	266	7.2%	975	26.3%	1,210	32.7%	700	18.9%	552	14.9%	3,703	3.2%	112.3

Kent	53	10.2%	160	30.7%	172	33.0%	59	11.3%	77	14.8%	521	0.4%	193.5
Montgomery	726	6.6%	2,992	27.2%	3,332	30.3%	2,100	19.1%	1,845	16.8%	10,995	9.5%	81.3
Prince George's	884	7.1%	3,146	25.3%	3,981	32.0%	2,259	18.2%	2,162	17.4%	12,432	10.7%	71.1
Queen Anne's	66	8.4%	219	27.8%	270	34.3%	117	14.9%	115	14.6%	787	0.7%	142.4
Somerset	101	9.3%	393	36.4%	293	27.1%	156	14.4%	138	12.8%	1,081	0.9%	203.8
St. Mary's	111	7.6%	362	24.7%	486	33.2%	238	16.2%	269	18.3%	1,466	1.3%	103.1
Talbot	109	11.4%	294	30.8%	283	29.7%	144	15.1%	123	12.9%	953	0.8%	180.4
Washington	488	10.5%	1,402	30.1%	1,305	28.0%	724	15.6%	736	15.8%	4,655	4.0%	156.5
Wicomico	297	8.5%	942	27.1%	1,072	30.8%	598	17.2%	573	16.5%	3,482	3.0%	144.8
Worcester	138	9.1%	495	32.5%	466	30.6%	228	15.0%	194	12.8%	1,521	1.3%	196.3
<b>Statewide</b>	<b>10,517</b>	<b>9.1%</b>	<b>33,511</b>	<b>28.9%</b>	<b>34,759</b>	<b>30.0%</b>	<b>18,917</b>	<b>16.3%</b>	<b>18,194</b>	<b>15.7%</b>	<b>115,898</b>	<b>100.0%</b>	<b>123.4</b>

**Data Source:** Optum behavioral health services claims and eligibility data for FY23. Based on claims paid through June 30, 2024.

**Note:** <sup>a</sup>The number and percent by age group represent the total number of children and young adults within each age group that received services in that jurisdiction and the percentage of the jurisdiction total accounted for by each age group. <sup>b</sup>The 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=115,898). 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 B6: Inpatient Psychiatric Hospital Services by Race and Gender, FY23**

Race/Ethnicity	Birth to 6		7 to 12		13 to 17		18 to 21		22 to 25		Total		Rate of
	N	%	N	%	N	%	N	%	N	%	N	%	

													Utilization per 1,000 Eligible
Non-Hispanic Black	14	32.6%	333	33.2%	887	34.7%	634	41.4%	551	38.9%	2,419	36.9%	7.7
Asian	3	7.0%	25	2.5%	71	2.8%	43	2.8%	52	3.7%	194	3.0%	4.0
Non-Hispanic White	13	30.2%	361	36.0%	776	30.3%	389	25.4%	377	26.6%	1,916	29.2%	9.9
Hispanic	1	2.3%	21	2.1%	74	2.9%	32	2.1%	27	1.9%	155	2.4%	3.7
Native American	0	0.0%	10	1.0%	11	0.4%	16	1.0%	8	0.6%	45	0.7%	11.3
Pacific Islander	0	0.0%	2	0.2%	7	0.3%	2	0.1%	1	0.1%	12	0.2%	6.0
Unknown	12	27.9%	250	25.0%	731	28.6%	417	27.2%	402	28.3%	1,812	27.7%	5.4
<b>Gender</b>													
Female	9	20.9%	579	57.8%	1,721	67.3%	858	56.0%	731	51.6%	3,898	59.5%	8.2
Male	34	79.1%	423	42.2%	836	32.7%	675	44.0%	687	48.4%	2,655	40.5%	5.7
<b>Total</b>	<b>43</b>	<b>0.7%</b>	<b>1,002</b>	<b>15.3%</b>	<b>2,557</b>	<b>39.0%</b>	<b>1,533</b>	<b>23.4%</b>	<b>1,418</b>	<b>21.6%</b>	<b>6,553</b>	<b>100.0%</b>	<b>7.0</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

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

**Table B7: Number and Percent of PBHS Recipients of Inpatient Psychiatric Hospitalization, FY23**

Jurisdiction	Age Group <sup>a</sup>										Jurisdiction Total <sup>b</sup>		
	Birth to 6		7 to 12		13 to 17		18 to 21		22 to 25		N	% of State Total	Rate per 1,000
	N	%	N	%	N	%	N	%	N	%			
Allegany		0.0%	16	14.4%	45	40.5%	27	24.3%	23	20.7%	111	1.7%	9.3
Anne Arundel		1.1%	84	17.9%	173	37.0%	103	22.0%	103	22.0%	468	7.1%	6.9
Baltimore City		0.7%	162	14.0%	420	36.3%	303	26.2%	264	22.8%	1,157	17.7%	8.5
Baltimore	11	1.1%	162	15.9%	415	40.8%	235	23.1%	193	19.0%	1,016	15.5%	7.3
Calvert		0.0%		11.9%	50	59.5%	14	16.7%	10	11.9%	84	1.3%	9.2
Caroline		0.0%		11.8%	29	56.9%		17.6%		13.7%	51	0.8%	6.3
Carroll		1.5%	20	15.3%	51	38.9%	35	26.7%	23	17.6%	131	2.0%	8.5
Cecil		2.2%	21	15.1%	43	30.9%	35	25.2%	37	26.6%	139	2.1%	8.2
Charles		0.0%	18	15.7%	44	38.3%	26	22.6%	27	23.5%	115	1.8%	4.9
Dorchester		0.0%	13	22.4%	26	44.8%		12.1%	12	20.7%	58	0.9%	7.6
Frederick		1.6%	50	19.5%	105	40.9%	50	19.5%	48	18.7%	257	3.9%	8.2
Garrett		4.0%		12.0%		36.0%		28.0%		20.0%	25	0.4%	5.2
Harford		0.4%	57	20.1%	103	36.3%	56	19.7%	67	23.6%	284	4.3%	9.2
Howard		0.4%	37	15.5%	102	42.9%	59	24.8%	39	16.4%	238	3.6%	7.2
Kent		0.0%		25.0	12	42.9		10.7		21.4	28	0.4%	10.4

				%		%		%		%			
Montgomery		0.2%	105	11.9%	368	41.7%	218	24.7%	189	21.4%	882	13.5%	6.5
Prince George's		0.6%	82	10.5%	291	37.1%	199	25.4%	207	26.4%	784	12.0%	4.5
Queen Anne's		0.0%		14.3%	17	48.6%		11.4%		25.7%	35	0.5%	6.3
Somerset		0.0%		21.6%	19	51.4%		18.9%		8.1%	37	0.6%	7.0
St. Mary's		0.0%	16	15.0%	48	44.9%	28	26.2%	15	14.0%	107	1.6%	7.5
Talbot		0.0%		14.3%		28.6%		14.3%	12	42.9%	28	0.4%	5.3
Washington		0.0%	85	27.7%	103	33.6%	53	17.3%	66	21.5%	307	4.7%	10.3
Wicomico		0.0%	28	15.5%	70	38.7%	44	24.3%	39	21.5%	181	2.8%	7.5
Worcester		0.0%		12.9%	24	38.7%	14	22.6%	16	25.8%	62	0.9%	8.0
<b>Statewide</b>	<b>43</b>	<b>0.7%</b>	<b>1,002</b>	<b>15.3%</b>	<b>2,557</b>	<b>39.0%</b>	<b>1,533</b>	<b>23.4%</b>	<b>1,418</b>	<b>21.6%</b>	<b>6,553</b>	<b>100.0%</b>	<b>7.0</b>

**Data Source:** Optum behavioral health services claims and eligibility data for FY23. Based on claims paid through June 30, 2024.

**Note:** <sup>a</sup>The number and percent by age group represent the total number of children and young adults within each age group that received services in that jurisdiction and the percentage of the jurisdiction total accounted for by each age group. <sup>b</sup>The total percent column represents the percentage of children and young adults receiving services in each jurisdiction, based on the statewide number of service recipients (N=6,553). 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 B8: Psychiatric Emergency Room Services by Race and Gender, FY23**

Race/Ethnicity	Birth to 6		7 to 12		13 to 17		18 to 21		22 to 25		Total		Rate of
	N	%	N	%	N	%	N	%	N	%	N	%	

													Utilization per 1,000 Eligible
Non-Hispanic Black	63	35.6%	677	35.7%	1,648	38.1%	1,080	42.4%	952	40.2%	4,420	39.1%	14.1
Asian		0.6%	53	2.8%	106	2.5%	84	3.3%	87	3.7%	331	2.9%	6.9
Non-Hispanic White	42	23.7%	604	31.9%	1,207	27.9%	637	25.0%	627	26.5%	3,117	27.6%	16.1
Hispanic		3.4%	41	2.2%	132	3.1%	49	1.9%	37	1.6%	265	2.3%	6.4
Native American		0.0%		0.5%	21	0.5%	16	0.6%	13	0.5%	59	0.5%	14.9
Pacific Islander		0.0%		0.2%		0.1%		0.3%		0.2%	20	0.2%	10.1
Unknown	65	36.7%	508	26.8%	1,204	27.9%	675	26.5%	648	27.4%	3,100	27.4%	9.2
<b>Gender</b>													
Female	49	27.7%	1,052	55.5%	2,705	62.6%	1,428	56.0%	1,203	50.8%	6,437	56.9%	13.6
Male	128	72.3%	843	44.5%	1,618	37.4%	1,120	44.0%	1,166	49.2%	4,875	43.1%	10.5
<b>Total</b>	<b>177</b>	<b>1.6%</b>	<b>1,895</b>	<b>16.8%</b>	<b>4,323</b>	<b>38.2%</b>	<b>2,548</b>	<b>22.5%</b>	<b>2,369</b>	<b>20.9%</b>	<b>11,312</b>	<b>100.0%</b>	<b>12.0</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

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

<sup>a</sup>The 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. <sup>b</sup>The 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.

**Table B9: Number and Percent of Psychiatric Emergency Room Services, FY23**

Jurisdiction	Age Group <sup>a</sup>										Jurisdiction Total <sup>b</sup>		
	Birth to 6		7 to 12		13 to 17		18 to 21		22 to 25		N	% of State Total	Rate per 1,000
	N	%	N	%	N	%	N	%	N	%			
Allegany		1.3%	49	20.7%	87	36.7%	45	19.0%	53	22.4%	237	2.1%	19.9
Anne Arundel	15	1.9%	155	19.2%	309	38.2%	153	18.9%	177	21.9%	809	7.2%	12.0
Baltimore City	30	1.3%	351	15.7%	766	34.3%	556	24.9%	531	23.8%	2,234	19.7%	16.5
Baltimore	26	1.6%	261	15.9%	638	38.9%	360	22.0%	355	21.6%	1,640	14.5%	11.8
Calvert		1.2%	28	17.0%	71	43.0%	36	21.8%	28	17.0%	165	1.5%	18.1
Caroline		1.9%	14	13.3%	54	51.4%	15	14.3%	20	19.0%	105	0.9%	13.1
Carroll		3.6%	41	16.5%	96	38.7%	51	20.6%	51	20.6%	248	2.2%	16.1
Cecil		1.6%	27	14.8%	63	34.6%	44	24.2%	45	24.7%	182	1.6%	10.8
Charles		1.7%	40	16.7%	96	40.0%	51	21.3%	49	20.4%	240	2.1%	10.1
Dorchester		2.0%	38	25.0%	68	44.7%	24	15.8%	19	12.5%	152	1.3%	20.0
Frederick		1.7%	72	20.1%	137	38.3%	81	22.6%	62	17.3%	358	3.2%	11.4
Garrett		2.3%		4.7%	14	32.6%	19	44.2%		16.3%	43	0.4%	9.0
Harford		1.1%	90	19.6%	159	34.6%	107	23.3%	98	21.4%	459	4.1%	14.9
Howard		1.4%	55	15.1%	147	40.4%	90	24.7%	67	18.4%	364	3.2%	11.0

Kent		4.3%	10	21.3 %	19	40.4 %		12.8 %	10	21.3 %	47	0.4%	17.5
Montgomery	13	1.0%	168	13.1 %	548	42.8 %	306	23.9 %	244	19.1 %	1,279	11.3 %	9.5
Prince George's	20	1.6%	173	14.0 %	468	37.7 %	305	24.6 %	274	22.1 %	1,240	11.0 %	7.1
Queen Anne's		1.4%	14	20.0 %	31	44.3 %	14	20.0 %	10	14.3 %	70	0.6%	12.7
Somerset		1.8%	27	23.9 %	44	38.9 %	21	18.6 %	19	16.8 %	113	1.0%	21.3
St. Mary's		0.4%	57	21.8 %	110	42.1 %	47	18.0 %	46	17.6 %	261	2.3%	18.4
Talbot		1.4%	15	20.3 %	28	37.8 %	13	17.6 %	17	23.0 %	74	0.7%	14.0
Washington	11	2.3%	117	24.9 %	156	33.3 %	91	19.4 %	94	20.0 %	469	4.1%	15.8
Wicomico	12	2.9%	71	17.3 %	172	41.8 %	87	21.2 %	69	16.8 %	411	3.6%	17.1
Worcester		0.0%	22	18.3 %	44	36.7 %	27	22.5 %	27	22.5 %	120	1.1%	15.5
<b>Statewide</b>	<b>177</b>	<b>1.6%</b>	<b>1,895</b>	<b>16.8 %</b>	<b>4,323</b>	<b>38.2 %</b>	<b>2,548</b>	<b>22.5 %</b>	<b>2,369</b>	<b>20.9 %</b>	<b>11,312</b>	<b>100.0 %</b>	<b>12.0</b>

**Data Source:** Optum behavioral health services claims and eligibility data for FY23. Based on claims paid through June 30, 2024.

**Note:** <sup>a</sup>The number and percent by age group represent the total number of children and young adults within each age group that received services in that jurisdiction and the percentage of the jurisdiction total accounted for by each age group. <sup>b</sup>The total percent column represents the percentage of children and young adults receiving services in each jurisdiction, based on the statewide number of service recipients (N=11,312). 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 B10: Residential Treatment Center Services by Race and Gender, FY23**

Race/Ethn	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	Total	Rate
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icity													of Utilization per 1,000 Eligible
	N	%	N	%	N	%	N	%	N	%	N	%	
Non-Hispanic Black		0.0%	47	49.5%	72	45.6%		53.8%			126	47.0%	0.4
Asian		50.0%		0.0%		1.9%		7.7%				1.9%	0.1
Non-Hispanic White		0.0%	27	28.4%	53	33.5%		23.1%			83	31.0%	0.4
Hispanic		0.0%		1.1%		0.0%		0.0%				0.4%	0.0
Native American		0.0%		0.0%		0.0%		0.0%				0.0%	0.0
Pacific Islander		0.0%		0.0%		0.0%		0.0%				0.0%	0.0
Unknown		50.0%	20	21.1%	30	19.0%		15.4%			53	19.8%	0.2
<b>Gender</b>													
Female		0.0%	39	41.1%	49	31.0%		0.0%			88	32.8%	0.2
Male		100.0%	56	58.9%	109	69.0%	13	100.0%			180	67.2%	0.4
<b>Total</b>		<b>0.7%</b>	<b>95</b>	<b>35.4%</b>	<b>158</b>	<b>59.0%</b>	<b>13</b>	<b>4.9%</b>		<b>0.0%</b>	<b>268</b>	<b>100.0%</b>	<b>0.3</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

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

<sup>a</sup>The 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. <sup>b</sup>The 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.

**Table B11: Number and Percent of Residential Treatment Services, FY23<sup>c</sup>**

Jurisdiction	Age Group <sup>a</sup>										Jurisdiction Total <sup>b</sup>		
	Birth to 6		7 to 12		13 to 17		18 to 21		22 to 25		N	% of State Total	Rate per 1,000
	N	%	N	%	N	%	N	%	N	%			
Allegany	0	0.0%	0	33.3%	0	66.7%	0	0.0%	0	0.0%	6	2.2%	0.5
Anne Arundel	0	0.0%	0	66.7%	0	22.2%	1	11.1%	0	0.0%	9	3.4%	0.1
Baltimore City	0	0.0%	27	22.1%	88	72.1%	7	5.7%	0	0.0%	122	45.5%	0.9
Baltimore	0	2.2%	47	52.8%	36	40.4%	4	4.5%	0	0.0%	89	33.2%	0.6
Calvert	0	0.0%	0	0.0%	0	100.0%	0	0.0%	0	0.0%	1	0.4%	0.1
Caroline	0	0.0%	0	25.0%	0	75.0%	0	0.0%	0	0.0%	4	1.5%	0.5
Carroll	0	0.0%	0	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0.4%	0.1
Cecil	0	0.0%	0	0.0%	0	100.0%	0	0.0%	0	0.0%	2	0.7%	0.1
Charles	0	0.0%	0	33.3%	0	0.0%	2	66.7%	0	0.0%	3	1.1%	0.1
Dorchester	0	0.0%	0	33.3%	0	66.7%	0	0.0%	0	0.0%	3	1.1%	0.4
Frederick	0	0.0%	0	25.0%	0	50.0%	1	25.0%	0	0.0%	4	1.5%	0.1
Garrett	0	0.0%	0	0.0%	0	100.0%	0	0.0%	0	0.0%	1	0.4%	0.2
Harford	0	0.0%	0	43.8%	0	56.3%	0	0.0%	0	0.0%	16	6.0%	0.5
Howard	0	0.0%	0	75.0%	0	25.0%	0	0.0%	0	0.0%	4	1.5%	0.1
Kent	0	0.0%	0	0.0%	0	100.0%	0	0.0%	0	0.0%	1	0.4%	0.4

						%							
Montgomery	0	5.9%	0	47.1%	0	41.2%	1	5.9%	0	0.0%	17	6.3%	0.1
Prince George's	0	0.0%	0	42.9%	0	57.1%	0	0.0%	0	0.0%	14	5.2%	0.1
Queen Anne's		0.0%		0.0%		100.0%		0.0%		0.0%		0.7%	0.4
Somerset		0.0%		0.0%		100.0%		0.0%		0.0%		0.7%	0.4
St. Mary's		0.0%		0.0%		100.0%		0.0%		0.0%		1.5%	0.3
Talbot		0.0%		66.7%		33.3%		0.0%		0.0%		1.1%	0.6
Washington		0.0%		33.3%		50.0%		16.7%		0.0%	12	4.5%	0.4
Wicomico		0.0%		0.0%		100.0%		0.0%		0.0%		1.5%	0.2
Worcester		0.0%		100.0%		0.0%		0.0%		0.0%		0.4%	0.1
<b>Statewide</b>		<b>0.7%</b>	<b>95</b>	<b>35.4%</b>	<b>158</b>	<b>59.0%</b>	<b>13</b>	<b>4.9%</b>		<b>0.0%</b>	<b>268</b>	<b>100.0%</b>	<b>0.3</b>

**Data Source:** Optum behavioral health services claims and eligibility data for FY23. Based on claims paid through June 30, 2024.

**Note:** <sup>a</sup>The number and percent by age group represent the total number of children and young adults within each age group that received services in that jurisdiction and the percentage of the jurisdiction total accounted for by each age group. <sup>b</sup>The total percent column represents the percentage of children and young adults receiving services in each jurisdiction, based on the statewide number of service recipients (N=268). Statewide and jurisdiction numbers reflect unduplicated counts of service recipients. The sum of jurisdiction counts does not equal the statewide numbers, since some service recipients may receive behavioral health services in more than one jurisdiction. Cells with counts less than 10 are grayed out to protect individual privacy. The jurisdiction category of unknown is included to reflect counts of children and young adults whose jurisdiction of residence is unknown. The RICA data included in this report is provided by facility and not by jurisdiction of client residence. Given the presentation of data, the RICA information is not included in this table. In some instances, the jurisdiction of residence recorded is the address of the RTC, not the home of the child. <sup>c</sup>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.

**Table B12: Targeted Case Management Services by Race and Gender, FY23**

Race/Ethnicity	Birth to 6		7 to 12		13 to 17		18 to 21		22 to 25		Total		Rate of Utilization per 1,000 Eligible
	N	%	N	%	N	%	N	%	N	%	N	%	
Non-Hispanic Black	50	27.8%	304	34.8%	349	38.7%	22	33.8%			725	35.9%	2.3
Asian		1.1%	11	1.3%		0.7%		1.5%			20	1.0%	0.4
Non-Hispanic White	54	30.0%	351	40.2%	348	38.6%	29	44.6%			782	38.7%	4.0
Hispanic		0.6%		1.0%		0.9%		0.0%			18	0.9%	0.4
Native American		0.0%		0.2%		0.4%		1.5%				0.3%	1.8
Pacific Islander		0.0%		0.1%		0.1%		0.0%				0.1%	1.0
Unknown	73	40.6%	196	22.4%	186	20.6%	12	18.5%			467	23.1%	1.4
<b>Gender</b>													
Female	56	31.1%	336	38.4%	425	47.1%	34	52.3%			851	42.1%	1.8
Male	124	68.9%	538	61.6%	477	52.9%	31	47.7%			1,170	57.9%	2.5
<b>Total</b>	<b>180</b>	<b>8.9%</b>	<b>874</b>	<b>43.2%</b>	<b>902</b>	<b>44.6%</b>	<b>65</b>	<b>3.2%</b>		<b>0.0%</b>	<b>2,021</b>	<b>100.0%</b>	<b>2.2</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

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

<sup>a</sup>The 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. <sup>b</sup>The rate of utilization per 1,000 eligible individuals 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.

**Table B13: Number and Percent of PBHS Recipients of Targeted Case Management, FY23**

Jurisdiction	Age Group <sup>a</sup>										Jurisdiction Total <sup>b</sup>		
	Birth to 6		7 to 12		13 to 17		18 to 21		22 to 25		N	% of State Total	Rate per 1,000
	N	%	N	%	N	%	N	%	N	%			
Allegany		5.8%	20	38.5%	28	53.8%		1.9%		0.0%	52	2.6%	4.4
Anne Arundel		9.0%	29	37.2%	40	51.3%		2.6%		0.0%	78	3.9%	1.2
Baltimore City	17	6.8%	106	42.2%	122	48.6%		2.4%		0.0%	251	12.4%	1.9
Baltimore		6.0%	59	39.1%	80	53.0%		2.0%		0.0%	151	7.5%	1.1
Calvert		5.3%	11	57.9%		36.8%		0.0%		0.0%	19	0.9%	2.1
Caroline		3.8%	38	48.7%	31	39.7%		7.7%		0.0%	78	3.9%	9.7
Carroll	12	13.5%	39	43.8%	35	39.3%		3.4%		0.0%	89	4.4%	5.8
Cecil		23.8%		38.1%		38.1%		0.0%		0.0%	21	1.0%	1.2
Charles	10	17.2%	28	48.3%	20	34.5%		0.0%		0.0%	58	2.9%	2.4
Dorchester	10	10.6%	33	35.1%	42	44.7%		9.6%		0.0%	94	4.7%	12.4
Frederick	14	14.7%	41	43.2%	39	41.1%		1.1%		0.0%	95	4.7%	3.0
Garrett		0.0%		53.8%		38.5%		7.7%		0.0%	13	0.6%	2.7

				%		%							
Harford	15	11.6%	63	48.8%	46	35.7%		3.9%		0.0%	129	6.4%	4.2
Howard		3.8%	21	40.4%	28	53.8%		1.9%		0.0%	52	2.6%	1.6
Kent		5.9%		41.2%		52.9%		0.0%		0.0%	17	0.8%	6.3
Montgomery		3.6%	11	39.3%	16	57.1%		0.0%		0.0%	28	1.4%	0.2
Prince George's		4.4%	19	42.2%	23	51.1%		2.2%		0.0%	45	2.2%	0.3
Queen Anne's		9.1%	17	51.5%	12	36.4%		3.0%		0.0%	33	1.6%	6.0
Somerset		3.4%	30	50.8%	25	42.4%		3.4%		0.0%	59	2.9%	11.1
St. Mary's		13.0%	26	56.5%	14	30.4%		0.0%		0.0%	46	2.3%	3.2
Talbot		12.2%	20	48.8%	14	34.1%		4.9%		0.0%	41	2.0%	7.8
Washington	41	10.7%	173	45.1%	153	39.8%	17	4.4%		0.0%	384	19.0%	12.9
Wicomico		5.5%	59	35.8%	93	56.4%		2.4%		0.0%	165	8.2%	6.9
Worcester		10.0%	18	45.0%	17	42.5%		2.5%		0.0%	40	2.0%	5.2
<b>Statewide</b>	<b>180</b>	<b>8.9%</b>	<b>874</b>	<b>43.2%</b>	<b>902</b>	<b>44.6%</b>	<b>65</b>	<b>3.2%</b>		<b>0.0%</b>	<b>2,021</b>	<b>100.0%</b>	<b>2.2</b>

**Data Source:** Optum behavioral health services claims and eligibility data for FY23. Based on claims paid through June 30, 2024.

**Note:** <sup>a</sup>The number and percent by age group represent the total number of children and young adults within each age group that received services in that jurisdiction and the percentage of the jurisdiction total accounted for by each age group. <sup>b</sup>The total percent column represents the percentage of children and young adults receiving services in each jurisdiction, based on the statewide number of service recipients (N=2,021). 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 B14: Respite Care Services by Race and Gender, FY23**

Race/Ethnicity	Birth to 6		7 to 12		13 to 17		18 to 21		22 to 25		Total		Rate of Utilization per 1,000 Eligible
	N	%	N	%	N	%	N	%	N	%	N	%	
Non-Hispanic Black		53.8%	52	46.8%	25	28.7%					84	39.8%	0.3
Asian		0.0%		0.9%		1.1%						0.9%	0.0
Non-Hispanic White		15.4%	33	29.7%	45	51.7%					80	37.9%	0.4
Hispanic		0.0%		0.9%		0.0%						0.5%	0.0
Native American		0.0%		0.0%		1.1%						0.5%	0.3
Pacific Islander		0.0%		0.0%		0.0%						0.0%	0.0
Unknown		30.8%	24	21.6%	15	17.2%					43	20.4%	0.1
<b>Gender</b>													
Female		53.8%	39	35.1%	34	39.1%					80	37.9%	0.2
Male		46.2%	72	64.9%	53	60.9%					131	62.1%	0.3
<b>Total</b>	<b>13</b>	<b>6.2%</b>	<b>111</b>	<b>52.6%</b>	<b>87</b>	<b>41.2%</b>		<b>0.0%</b>		<b>0.0%</b>	<b>211</b>	<b>100.0%</b>	<b>0.2</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

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

<sup>a</sup>The 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. <sup>b</sup>The 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.

**Table B15: Number and Percent of PBHS Recipients of Respite Care Services, FY23**

Jurisdiction	Age Group <sup>a</sup>										Jurisdiction Total <sup>b</sup>		
	Birth to 6		7 to 12		13 to 17		18 to 21		22 to 25		N	% of State Total	Rate per 1,000
	N	%	N	%	N	%	N	%	N	%			
Allegany	0	#DI V/0	0	#DI V/0	0	#DI V/!	0	#DI V/0	0	#DI V/0	0	0.0%	0.0
Anne Arundel	1	25.0 %	3	75.0 %	0	0.0%	0	0.0%	0	0.0%	4	1.9%	0.1
Baltimore City	2	6.7%	25	83.3 %	3	10.0 %	0	0.0%	0	0.0%	30	14.2 %	0.2
Baltimore	3	11.1 %	15	55.6 %	9	33.3 %	0	0.0%	0	0.0%	27	12.8 %	0.2
Calvert	0	0.0%	1	100.0 %	0	0.0%	0	0.0%	0	0.0%	1	0.5%	0.1
Caroline	1	8.3%	7	58.3 %	4	33.3 %	0	0.0%	0	0.0%	12	5.7%	1.5
Carroll	0	0.0%	0	0.0%	2	100.0 %	0	0.0%	0	0.0%	2	0.9%	0.1
Cecil	0	0.0%	2	100.0 %	0	0.0%	0	0.0%	0	0.0%	2	0.9%	0.1
Charles	0	#DI V/0	0	#DI V/0	0	#DI V/0	0	#DI V/0	0	#DI V/!	0	0.0%	0.0
Dorchester	2	33.3 %	4	66.7 %	0	0.0%	0	0.0%	0	0.0%	6	2.8%	0.8
Frederick	0	0.0%	9	23.7 %	29	76.3 %	0	0.0%	0	0.0%	38	18.0 %	1.2
Garrett	0	#DI V/0	0	#DI V/0	0	#DI V/!	0	#DI V/!	0	#DI V/!	0	0.0%	0.0

Harford	0	0.0%	3	50.0%	3	50.0%	0	0.0%	0	0.0%	6	2.8%	0.2
Howard	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	1	0.5%	0.0
Kent	0	#DI V/0	0	#DI V/!	0	#DI V/!	0	#DI V/!	0	#DI V/0	0	0.0%	0.0
Montgomery	0	0.0%	2	28.6%	5	71.4%	0	0.0%	0	0.0%	7	3.3%	0.1
Prince George's	0	0.0%	1	50.0%	1	0.0%	0	.0%	0	.0%	2	0.9%	0.0
Queen Anne's	0	#DI V/0	0	#IV/ 0!	0	#DI V/!	0	#DI V/!	0	#DI V/0	0	0.0%	0.0
Somerset	2	9.1%	14	63.6%	6	27.3%	0	0.0%	0	0.0%	22	10.4%	4.1
St. Mary's	0	#DI V/0	0	#DI V/0	0	#DI V/0	0	#DI V/!	0	#DI/ 0!	0	0.0%	0.0
Talbot	0	0.0%	2	50.0%	2	50.0%	0	0.0%	0	0.0%	4	1.9%	0.8
Washington	0	0.0%	3	25.0%	9	75.0%	0	0.0%	0	0.0%	12	5.7%	0.4
Wicomico	1	3.2%	17	54.8%	13	41.9%	0	0.0%	0	0.0%	31	14.7%	1.3
Worcester	1	25.0%	3	75.0%	0	0.0%	0	0.0%	0	0.0%	4	1.9%	0.5
<b>Statewide</b>	<b>13</b>	<b>6.2%</b>	<b>111</b>	<b>52.6%</b>	<b>87</b>	<b>41.2%</b>					<b>211</b>	<b>100.0%</b>	<b>0.2</b>

**Data Source:** Optum behavioral health services claims and eligibility data for FY23. Based on claims paid through June 30, 2024.

**Note:** <sup>a</sup>The number and percent by age group represent the total number of children and young adults within each age group that received services in that jurisdiction and the percentage of the jurisdiction total accounted for by each age group. <sup>b</sup>The total percent column represents the percentage of children and young adults receiving services in each jurisdiction, based on the statewide number of service recipients (N=211). 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 B16: Psychiatric Rehabilitation Services by Race and Gender, FY23**

Race/Ethnicity	Birth to 6		7 to 12		13 to 17		18 to 21		22 to 25		Total		Rate of Utilization per 1,000 Eligible
	N	%	N	%	N	%	N	%	N	%	N	%	
Non-Hispanic Black	669	46.5%	5,104	57.3%	4,325	59.6%	1,602	62.1%	1,549	58.9%	13,249	58.1%	42.4
Asian	34	2.4%	152	1.7%	135	1.9%	58	2.2%	96	3.6%	475	2.1%	9.9
Non-Hispanic White	195	13.5%	1,511	17.0%	972	13.4%	336	13.0%	408	15.5%	3,422	15.0%	17.6
Hispanic	16	1.1%	124	1.4%	127	1.8%	12	0.5%		0.3%	288	1.3%	7.0
Native American		0.4%	44	0.5%	27	0.4%		0.3%	12	0.5%	96	0.4%	24.2
Pacific Islander		0.1%		0.1%		0.1%		0.1%		0.1%	19	0.1%	9.6
Unknown	519	36.0%	1,958	22.0%	1,661	22.9%	559	21.7%	554	21.1%	5,251	23.0%	15.6
<b>Gender</b>													
Female	573	39.8%	3,978	44.7%	3,642	50.2%	1,486	57.6%	1,656	62.9%	11,335	49.7%	23.9
Male	867	60.2%	4,922	55.3%	3,610	49.8%	1,091	42.3%	975	37.1%	11,465	50.3%	24.7
<b>Total</b>	<b>1,440</b>	<b>6.3%</b>	<b>8,900</b>	<b>39.0%</b>	<b>7,252</b>	<b>31.8%</b>	<b>2,578</b>	<b>11.3%</b>	<b>2,631</b>	<b>11.5%</b>	<b>22,801</b>	<b>100.0%</b>	<b>24.3</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

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

<sup>a</sup>The 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. <sup>b</sup>The 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 B17: Number and Percent of PBHS Recipients of Psychiatric Rehabilitation Services, FY23**

Jurisdiction	Age Group <sup>a</sup>										Jurisdiction Total <sup>b</sup>		
	Birth to 6		7 to 12		13 to 17		18 to 21		22 to 25		N	% of State Total	Rate per 1,000
	N	%	N	%	N	%	N	%	N	%			
Allegany			66	37.3%	38	21.5%	27	15.3%	37	20.9%	177	0.8%	14.8
Anne Arundel	55	5.6%	364	36.8%	307	31.1%	134	13.6%	128	13.0%	988	4.3%	14.6
Baltimore City	601	6.4%	3,468	36.7%	3,003	31.8%	1,187	12.6%	1,191	12.6%	9,450	41.4%	69.7
Baltimore	250	6.7%	1,423	38.4%	1,201	32.4%	416	11.2%	415	11.2%	3,705	16.2%	26.7
Calvert			26	39.4%	16	24.2%	15	22.7%			66	0.3%	7.3
Caroline			54	48.2%	40	35.7%					112	0.5%	13.9
Carroll	16	6.2%	133	51.8%	60	23.3%	22	8.6%	26	10.1%	257	1.1%	16.7
Cecil	10	4.9%	91	44.4%	62	30.2%	14	6.8%	28	13.7%	205	0.9%	12.2
Charles	16	5.6%	105	36.5%	86	29.9%	38	13.2%	43	14.9%	288	1.3%	12.1
Dorchester	21	6.3%	154	45.8%	113	33.6%	29	8.6%	19	5.7%	336	1.5%	44.3
Frederick	44	8.8%	236	47.2%	170	34.0%	26	5.2%	24	4.8%	500	2.2%	15.9
Garrett			11	39.3%							28	0.1%	5.9
Harford	44	6.0%	307	41.7%	221	30.0%	63	8.6%	101	13.7%	736	3.2%	23.9

Howard	31	5.6%	220	39.9%	170	30.9%	62	11.3%	68	12.3%	551	2.4%	16.7
Kent			12	27.9%	18	41.9%			11	25.6%	43	0.2%	16.0
Montgomery	51	4.7%	417	38.8%	352	32.8%	124	11.5%	130	12.1%	1,074	4.7%	7.9
Prince George's	117	4.5%	1,013	39.4%	892	34.7%	298	11.6%	253	9.8%	2,573	11.3%	14.7
Queen Anne's			17	38.6%	12	27.3%			11	25.0%	44	0.2%	8.0
Somerset	14	9.5%	79	53.4%	37	25.0%					148	0.6%	27.9
St. Mary's			28	26.4%	32	30.2%	14	13.2%	27	25.5%	106	0.5%	7.5
Talbot	12	10.1%	49	41.2%	32	26.9%	13	10.9%	13	10.9%	119	0.5%	22.5
Washington	68	10.2%	344	51.7%	186	27.9%	28	4.2%	40	6.0%	666	2.9%	22.4
Wicomico	62	11.8%	223	42.4%	164	31.2%	39	7.4%	38	7.2%	526	2.3%	21.9
Worcester	10	5.7%	83	47.7%	54	31.0%	15	8.6%	12	6.9%	174	0.8%	22.5
<b>Statewide</b>	<b>1,440</b>	<b>6.3%</b>	<b>8,900</b>	<b>39.0%</b>	<b>7,252</b>	<b>31.8%</b>	<b>2,578</b>	<b>11.3%</b>	<b>2,631</b>	<b>11.5%</b>	<b>22,801</b>	<b>100.0%</b>	<b>24.3</b>

**Data Source:** Optum behavioral health services claims and eligibility data for FY23. Based on claims paid through June 30, 2024.

**Note:** <sup>a</sup>The number and percent by age group represent the total number of children and young adults within each age group that received services in that jurisdiction and the percentage of the jurisdiction total accounted for by each age group. <sup>b</sup>The total percent column represents the percentage of children and young adults receiving services in each jurisdiction, based on the statewide number of service recipients (N=22,801). 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 B18: Substance-Related Disorder Services by Race and Gender, FY23**

Race/Ethnicity	Birth to 6		7 to 12		13 to 17		18 to 21		22 to 25		Total		Rate of Utilization per 1,000 Eligible
	N	%	N	%	N	%	N	%	N	%	N	%	
Non-Hispanic Black	36	32.7%	222	37.8%	1,392	37.7%	1,648	39.1%	2,063	34.4%	5,361	36.7%	17.1
Asian		0.0%		1.4%	71	1.9%	88	2.1%	193	3.2%	360	2.5%	7.5
Non-Hispanic White	24	21.8%	156	26.6%	899	24.4%	1,176	27.9%	1,863	31.1%	4,118	28.2%	21.2
Hispanic		0.9%	17	2.9%	154	4.2%	69	1.6%	77	1.3%	318	2.2%	7.7
Native American		0.0%		0.3%	15	0.4%	21	0.5%	22	0.4%	60	0.4%	15.1
Pacific Islander		0.9%		0.0%		0.2%		0.2%	15	0.3%	30	0.2%	15.1
Unknown	48	43.6%	182	31.0%	1,154	31.3%	1,204	28.6%	1,764	29.4%	4,352	29.8%	12.9
<b>Gender</b>													
Female	55	50.0%	298	50.8%	1,872	50.7%	2,526	59.9%	3,418	57.0%	8,169	56.0%	17.2
Male	55	50.0%	289	49.2%	1,819	49.3%	1,687	40.0%	2,579	43.0%	6,429	44.0%	13.8
<b>Total</b>	<b>110</b>	<b>0.8%</b>	<b>587</b>	<b>4.0%</b>	<b>3,691</b>	<b>25.3%</b>	<b>4,214</b>	<b>28.9%</b>	<b>5,997</b>	<b>41.1%</b>	<b>14,599</b>	<b>100.0%</b>	<b>15.5</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

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

<sup>a</sup>The 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. <sup>b</sup>The 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.

**Table B19: Number and Percent of PBHS Recipients of Substance-Related Disorder Program Services, FY23**

Jurisdiction	Age Group <sup>a</sup>										Jurisdiction Total <sup>b</sup>		
	Birth to 6		7 to 12		13 to 17		18 to 21		22 to 25		N	% of State Total	Rate per 1,000
	N	%	N	%	N	%	N	%	N	%			
Allegany					43	14.7%	80	27.3%	163	55.6%	293	2.0%	24.6
Anne Arundel			26	2.8%	201	21.6%	249	26.7%	453	48.7%	931	6.4%	13.8
Baltimore City	35	1.1%	114	3.5%	779	23.8%	973	29.7%	1,372	41.9%	3,273	22.4%	24.1
Baltimore	14	0.7%	65	3.2%	479	23.7%	582	28.8%	879	43.5%	2,019	13.8%	14.6
Calvert					39	17.6%	90	40.7%	91	41.2%	221	1.5%	24.3
Caroline			12	7.8%	41	26.6%	38	24.7%	62	40.3%	154	1.1%	19.2
Carroll					50	22.3%	52	23.2%	116	51.8%	224	1.5%	14.6
Cecil			17	3.7%	82	17.8%	141	30.6%	217	47.1%	461	3.2%	27.3
Charles					61	25.1%	75	30.9%	102	42.0%	243	1.7%	10.2
Dorchester	14	4.7%	47	15.6%	84	27.9%	83	27.6%	73	24.3%	301	2.1%	39.6
Frederick			16	3.0%	136	25.6%	145	27.3%	234	44.1%	531	3.6%	16.8
Garrett					18	18.2%	26	26.3%	50	50.5%	99	0.7%	20.7
Harford			26	3.8%	146	21.3%	203	29.6%	307	44.8%	686	4.7%	22.2
Howard					79	27.0%	90	30.7%	108	36.9%	293	2.0%	8.9

						%		%		%			
Kent					11	18.6 %	12	20.3 %	34	57.6 %	<b>59</b>	<b>0.4%</b>	<b>21.9</b>
Montgomery			57	4.9%	436	37.3 %	300	25.6 %	373	31.9 %	<b>1,170</b>	<b>8.0%</b>	<b>8.6</b>
Prince George's			83	5.8%	544	37.8 %	399	27.7 %	406	28.2 %	<b>1,438</b>	<b>9.8%</b>	<b>8.2</b>
Queen Anne's					16	17.4 %	29	31.5 %	44	47.8 %	<b>92</b>	<b>0.6%</b>	<b>16.6</b>
Somerset			16	8.7%	42	23.0 %	56	30.6 %	65	35.5 %	<b>183</b>	<b>1.3%</b>	<b>34.5</b>
St. Mary's					50	17.4 %	79	27.5 %	151	52.6 %	<b>287</b>	<b>2.0%</b>	<b>20.2</b>
Talbot					23	20.7 %	29	26.1 %	50	45.0 %	<b>111</b>	<b>0.8%</b>	<b>21.0</b>
Washington			15	2.1%	124	17.1 %	232	32.0 %	352	48.5 %	<b>726</b>	<b>5.0%</b>	<b>24.4</b>
Wicomico			38	5.8%	151	23.1 %	209	32.0 %	251	38.4 %	<b>654</b>	<b>4.5%</b>	<b>27.2</b>
Worcester					66	33.8 %	45	23.1 %	75	38.5 %	<b>195</b>	<b>1.3%</b>	<b>25.2</b>
<b>Statewide</b>	<b>110</b>	<b>0.8%</b>	<b>587</b>	<b>4.0%</b>	<b>3,691</b>	<b>25.3</b> <b>%</b>	<b>4,214</b>	<b>28.9</b> <b>%</b>	<b>5,997</b>	<b>41.1</b> <b>%</b>	<b>14,599</b>	<b>100.0</b> <b>%</b>	<b>15.5</b>

**Data Source:** Optum behavioral health services claims and eligibility data for FY23. Based on claims paid through June 30, 2024.

**Note:** <sup>a</sup>The number and percent by age group represent the total number of children and young adults within each age group that received services in that jurisdiction and the percentage of the jurisdiction total accounted for by each age group. <sup>b</sup>The 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=14,599). 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 B20: Number and Percent of Child and Young Adult Recipients of PBHS Services Through Telehealth by Race and Gender, FY23**

Race/Ethnicity	Birth to 6		7 to 12		13 to 17		18 to 21		22 to 25		Total		Rate of Utilization per 1,000 Eligible
	N	%	N	%	N	%	N	%	N	%	N	%	
Non-Hispanic Black	1,336	31.5%	7,966	38.7%	8,230	37.1%	4,552	37.5%	4,629	38.5%	26,713	37.5%	85.5
Asian	107	2.5%	448	2.2%	524	2.4%	471	3.9%	546	4.5%	2,096	2.9%	43.7
Non-Hispanic White	1,043	24.6%	6,266	30.5%	6,731	30.3%	3,569	29.4%	3,579	29.7%	21,188	29.8%	109.1
Hispanic	105	2.5%	440	2.1%	577	2.6%	228	1.9%	145	1.2%	1,495	2.1%	36.1
Native American	21	0.5%	131	0.6%	130	0.6%	61	0.5%	58	0.5%	401	0.6%	101.0
Pacific Islander	10	0.2%	28	0.1%	34	0.2%	29	0.2%	27	0.2%	128	0.2%	64.4
Unknown	1,617	38.1%	5,285	25.7%	5,971	26.9%	3,222	26.6%	3,048	25.3%	19,143	26.9%	56.8
<b>Gender</b>													
Female	1,601	37.8%	9,637	46.9%	13,082	58.9%	7,917	65.3%	7,951	66.1%	40,188	56.5%	84.7
Male	2,638	62.2%	10,927	53.1%	9,115	41.1%	4,213	34.7%	4,080	33.9%	30,973	43.5%	66.6
<b>Total</b>	<b>4,239</b>	<b>6.0%</b>	<b>20,564</b>	<b>28.9%</b>	<b>22,197</b>	<b>31.2%</b>	<b>12,132</b>	<b>17.0%</b>	<b>12,032</b>	<b>16.9%</b>	<b>71,164</b>	<b>100.0%</b>	<b>75.8</b>

**Data Source:** Optum behavioral health services claims and eligibility data for FY23. Based on claims paid through June 30, 2024.

**Note:** <sup>a</sup>The 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. <sup>b</sup>The 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. Statewide numbers reflect unduplicated counts of service recipients. Cells with counts less than 10 are grayed out to protect individual privacy.

**Table B21: Number and Percent of Child and Young Adult Recipients of PBHS Services Through Telehealth by Race and Age, FY23**

Jurisdiction	Age Group <sup>a</sup>										Jurisdiction Total <sup>b</sup>		
	Birth to 6		7 to 12		13 to 17		18 to 21		22 to 25		N	% of State Total	Rate per 1,000
	N	%	N	%	N	%	N	%	N	%			
Allegany	52	4.7%	275	24.9%	315	28.5%	224	20.3%	240	21.7%	1,106	1.6%	92.7
Anne Arundel	405	6.8%	1,970	33.1%	1,866	31.4%	865	14.5%	845	14.2%	5,951	8.4%	88.0
Baltimore City	854	6.2%	4,067	29.7%	4,074	29.8%	2,279	16.7%	2,412	17.6%	13,686	19.2%	100.9
Baltimore	754	6.3%	3,601	30.0%	3,771	31.4%	1,914	16.0%	1,957	16.3%	11,997	16.9%	86.6
Calvert	19	3.9%	112	23.0%	147	30.2%	100	20.5%	109	22.4%	487	0.7%	53.5
Caroline	22	4.0%	145	26.3%	201	36.5%	94	17.1%	89	16.2%	551	0.8%	68.5
Carroll	96	5.9%	495	30.5%	533	32.8%	250	15.4%	249	15.3%	1,623	2.3%	105.6
Cecil	146	10.5%	461	33.2%	394	28.4%	187	13.5%	201	14.5%	1,389	2.0%	82.4
Charles	45	3.5%	332	26.1%	409	32.2%	233	18.3%	253	19.9%	1,272	1.8%	53.7
Dorchester	67	7.7%	259	29.8%	286	32.9%	136	15.7%	120	13.8%	868	1.2%	114.3
Frederick	232	7.3%	983	30.9%	1,076	33.8%	478	15.0%	414	13.0%	3,183	4.5%	101.0
Garrett			52	31.3%	54	32.5%	23	13.9%	29	17.5%	166	0.2%	34.7
Harford	141	5.1%	823	30.0%	826	30.1%	467	17.0%	486	17.7%	2,743	3.9%	88.9
Howard	98	4.0%	645	26.2%	861	35.0%	462	18.8%	397	16.1%	2,463	3.5%	74.7

				%		%		%		%			
Kent			49	22.2%	92	41.6%	35	15.8%	37	16.7%	221	0.3%	82.1
Montgomery	413	5.2%	2,024	25.4%	2,458	30.8%	1,617	20.3%	1,470	18.4%	7,982	11.2%	59.0
Prince George's	446	5.4%	2,218	26.9%	2,632	31.9%	1,520	18.4%	1,427	17.3%	8,243	11.6%	47.2
Queen Anne's	10	2.8%	88	24.4%	135	37.5%	60	16.7%	67	18.6%	360	0.5%	65.1
Somerset	54	8.3%	231	35.5%	176	27.0%	95	14.6%	95	14.6%	651	0.9%	122.8
St. Mary's	27	3.6%	137	18.3%	249	33.3%	151	20.2%	184	24.6%	748	1.1%	52.6
Talbot	37	7.3%	142	28.1%	163	32.2%	80	15.8%	84	16.6%	506	0.7%	95.8
Washington	155	6.1%	765	29.9%	764	29.8%	420	16.4%	457	17.8%	2,561	3.6%	86.1
Wicomico	121	6.2%	539	27.5%	585	29.8%	370	18.9%	345	17.6%	1,960	2.8%	81.5
Worcester	41	5.9%	200	28.7%	210	30.1%	127	18.2%	119	17.1%	697	1.0%	89.9
<b>Statewide</b>	<b>4,239</b>	<b>6.0%</b>	<b>20,564</b>	<b>28.9%</b>	<b>22,197</b>	<b>31.2%</b>	<b>12,132</b>	<b>17.0%</b>	<b>12,032</b>	<b>16.9%</b>	<b>71,164</b>	<b>100.0%</b>	<b>75.8</b>

**Data Source:** Optum behavioral health services claims and eligibility data for FY23. Based on claims paid through June 30, 2024.

**Note:** <sup>a</sup>The number and percent by age group represent the total number of children and young adults within each age group that received services in that jurisdiction and the percentage of the jurisdiction total accounted for by each age group. <sup>b</sup>The 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=71,164). 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 B22: Total Expenditures for Outpatient Psychiatric Services by Jurisdiction, FY23**

	Age Group <sup>a</sup>	
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<b>Jurisdiction</b>	<b>Birth to 6</b>	<b>7 to 12</b>	<b>13 to 17</b>	<b>18 to 21</b>	<b>22 to 25</b>	<b>Jurisdiction Total<sup>b</sup></b>
Allegany	\$348,291	\$1,189,340	\$1,145,242	\$694,149	\$860,553	\$4,237,576
Anne Arundel	\$2,413,174	\$9,776,758	\$8,424,553	\$3,057,724	\$3,019,412	\$26,691,621
Baltimore City	\$7,182,842	\$28,418,102	\$24,544,589	\$11,414,635	\$11,600,111	\$83,160,280
Baltimore	\$5,976,722	\$19,586,424	\$19,153,218	\$7,824,646	\$7,205,152	\$59,746,162
Calvert	\$195,473	\$774,169	\$717,814	\$320,788	\$396,267	\$2,404,511
Caroline	\$185,394	\$813,044	\$906,813	\$253,422	\$256,919	\$2,415,592
Carroll	\$583,403	\$2,250,794	\$2,299,483	\$914,993	\$802,570	\$6,851,243
Cecil	\$727,490	\$2,113,907	\$1,487,302	\$564,726	\$608,186	\$5,501,611
Charles	\$317,153	\$1,593,373	\$1,766,787	\$721,536	\$785,185	\$5,184,035
Dorchester	\$394,269	\$1,459,770	\$1,290,860	\$471,300	\$341,380	\$3,957,579
Frederick	\$1,142,328	\$4,390,660	\$4,528,025	\$1,425,022	\$1,166,137	\$12,652,173
Garrett	\$89,476	\$361,121	\$338,473	\$149,168	\$191,837	\$1,130,074
Harford	\$1,176,427	\$4,396,487	\$3,608,357	\$1,709,073	\$1,799,991	\$12,690,336
Howard	\$658,353	\$3,459,876	\$4,137,493	\$1,589,110	\$1,349,644	\$11,194,475
Kent	\$64,356	\$419,047	\$455,055	\$125,165	\$194,091	\$1,257,714
Montgomery	\$2,040,581	\$9,463,636	\$9,281,492	\$4,856,635	\$3,874,512	\$29,516,856
Prince George's	\$2,220,916	\$10,272,631	\$12,299,009	\$5,499,400	\$4,738,230	\$35,030,185
Queen Anne's	\$99,653	\$481,766	\$620,887	\$230,957	\$187,000	\$1,620,263
Somerset	\$384,811	\$2,094,224	\$1,251,025	\$360,866	\$258,916	\$4,349,840
St. Mary's	\$361,201	\$888,823	\$998,398	\$359,359	\$445,668	\$3,053,450
Talbot	\$206,192	\$662,542	\$626,812	\$239,079	\$241,900	\$1,976,524
Washington	\$1,024,418	\$3,865,814	\$3,178,482	\$1,423,682	\$1,517,563	\$11,009,959
Wicomico	\$870,023	\$3,333,522	\$3,171,901	\$1,205,303	\$1,113,428	\$9,694,177
Worcester	\$367,597	\$1,590,907	\$1,154,151	\$379,634	\$336,917	\$3,829,206
<b>Statewide</b>	<b>\$29,030,813</b>	<b>\$113,660,48</b>	<b>\$107,436,25</b>	<b>\$45,804,629</b>	<b>\$43,310,314</b>	<b>\$339,155,44</b>

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**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

**Table B23: Expenditures per Recipient of Outpatient Psychiatric Services, FY23**

Jurisdiction	Age Group <sup>a</sup>					Jurisdiction Total <sup>b</sup>
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$2,247	\$2,292	\$2,133	\$1,918	\$2,377	\$2,190
Anne Arundel	\$3,184	\$3,563	\$3,160	\$2,296	\$2,333	\$3,035
Baltimore City	\$2,849	\$3,923	\$3,538	\$2,920	\$2,928	\$3,384
Baltimore	\$3,102	\$3,545	\$3,401	\$2,654	\$2,476	\$3,154
Calvert	\$2,172	\$2,156	\$1,850	\$1,445	\$1,769	\$1,874
Caroline	\$1,571	\$1,913	\$2,228	\$1,536	\$1,862	\$1,928
Carroll	\$2,714	\$3,100	\$3,212	\$2,414	\$2,389	\$2,888
Cecil	\$2,636	\$2,912	\$2,317	\$1,822	\$1,901	\$2,419
Charles	\$2,578	\$3,082	\$2,935	\$2,147	\$2,243	\$2,689
Dorchester	\$2,266	\$2,937	\$2,511	\$1,956	\$1,733	\$2,438
Frederick	\$2,786	\$3,420	\$3,225	\$2,203	\$2,046	\$2,932
Garrett	\$1,297	\$1,815	\$1,745	\$1,842	\$1,978	\$1,766
Harford	\$2,498	\$3,001	\$2,609	\$2,276	\$2,426	\$2,637
Howard	\$2,475	\$3,549	\$3,419	\$2,270	\$2,445	\$3,023
Kent	\$1,214	\$2,619	\$2,646	\$2,121	\$2,521	\$2,414
Montgomery	\$2,811	\$3,163	\$2,786	\$2,313	\$2,100	\$2,685
Prince George's	\$2,512	\$3,265	\$3,089	\$2,434	\$2,192	\$2,818
Queen Anne's	\$1,510	\$2,200	\$2,300	\$1,974	\$1,626	\$2,059
Somerset	\$3,810	\$5,329	\$4,270	\$2,313	\$1,876	\$4,024

St. Mary's	\$3,254	\$2,455	\$2,054	\$1,510	\$1,657	\$2,083
Talbot	\$1,892	\$2,254	\$2,215	\$1,660	\$1,967	\$2,074
Washington	\$2,099	\$2,757	\$2,436	\$1,966	\$2,062	\$2,365
Wicomico	\$2,929	\$3,539	\$2,959	\$2,016	\$1,943	\$2,784
Worcester	\$2,664	\$3,214	\$2,477	\$1,665	\$1,737	\$2,518
<b>Statewide</b>	<b>\$2,760</b>	<b>\$3,392</b>	<b>\$3,091</b>	<b>\$2,421</b>	<b>\$2,380</b>	<b>\$2,927</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

**Table B24: Total Expenditures for Inpatient Psychiatric Services by Jurisdiction, FY23**

Jurisdiction	Age Group <sup>a</sup>					Jurisdiction Total <sup>b</sup>
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$0	\$227,580	\$713,894	\$407,316	\$342,464	\$1,691,255
Anne Arundel	\$183,230	\$1,987,958	\$4,913,285	\$1,546,792	\$2,509,149	\$11,140,413
Baltimore City	\$690,770	\$4,974,406	\$12,304,252	\$5,616,640	\$5,174,525	\$28,760,594
Baltimore	\$259,765	\$4,804,011	\$11,149,546	\$3,877,966	\$3,095,003	\$23,186,290
Calvert	\$0	\$201,914	\$531,661	\$126,416	\$145,168	\$1,005,159
Caroline	\$0	\$329,750	\$402,645	\$188,215	\$70,721	\$991,332
Carroll	\$30,309	\$324,035	\$1,026,972	\$472,236	\$250,400	\$2,103,952
Cecil	\$68,672	\$188,969	\$670,677	\$523,696	\$540,592	\$1,992,605
Charles	\$0	\$517,646	\$733,111	\$206,354	\$395,798	\$1,852,910
Dorchester	\$0	\$258,948	\$501,258	\$248,633	\$79,958	\$1,088,797
Frederick	\$1,227,789	\$842,550	\$1,767,741	\$766,642	\$724,881	\$5,329,603
Garrett	\$32,371	\$58,498	\$148,362	\$68,653	\$70,062	\$377,946
Harford	\$20,649	\$1,119,950	\$2,655,694	\$678,586	\$1,058,035	\$5,532,913
Howard	\$8,391	\$764,029	\$2,810,941	\$725,188	\$850,456	\$5,159,004
Kent	\$0	\$68,083	\$380,079	\$40,499	\$47,212	\$535,872
Montgomery	\$7,517	\$2,258,554	\$6,905,505	\$2,667,573	\$3,644,479	\$15,483,628

Prince George's	\$75,928	\$1,747,955	\$8,714,145	\$2,692,092	\$3,268,252	\$16,498,372
Queen Anne's	\$0	\$134,198	\$644,394	\$139,181	\$63,835	\$981,609
Somerset	\$0	\$191,648	\$612,098	\$39,622	\$43,118	\$886,486
St. Mary's	\$0	\$464,920	\$456,063	\$208,560	\$239,357	\$1,368,901
Talbot	\$0	\$37,771	\$224,447	\$23,946	\$172,858	\$459,022
Washington	\$0	\$1,541,918	\$2,267,950	\$310,334	\$666,529	\$4,786,732
Wicomico	\$0	\$698,230	\$1,117,156	\$419,494	\$321,961	\$2,556,841
Worcester	\$0	\$225,013	\$288,866	\$302,361	\$333,360	\$1,149,599
<b>Statewide</b>	<b>\$2,605,391</b>	<b>\$24,058,810</b>	<b>\$62,254,816</b>	<b>\$22,304,121</b>	<b>\$24,218,382</b>	<b>\$135,441,519</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

**Table B25: Expenditures per Recipient of Inpatient Psychiatric Services, FY23**

Jurisdiction	Age Group <sup>a</sup>					Jurisdiction Total <sup>b</sup>
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$0	\$14,224	\$15,864	\$15,086	\$14,890	\$15,237
Anne Arundel	\$36,646	\$23,666	\$28,400	\$15,017	\$24,361	\$23,804
Baltimore City	\$86,346	\$30,706	\$29,296	\$18,537	\$19,600	\$24,858
Baltimore	\$23,615	\$29,654	\$26,866	\$16,502	\$16,036	\$22,821
Calvert	\$0	\$20,191	\$10,633	\$9,030	\$14,517	\$11,966
Caroline	\$0	\$54,958	\$13,884	\$20,913	\$10,103	\$19,438
Carroll	\$15,154	\$16,202	\$20,137	\$13,492	\$10,887	\$16,061
Cecil	\$22,891	\$8,999	\$15,597	\$14,963	\$14,611	\$14,335
Charles	\$0	\$28,758	\$16,662	\$7,937	\$14,659	\$16,112
Dorchester	\$0	\$19,919	\$19,279	\$35,519	\$6,663	\$18,772
Frederick	\$306,947	\$16,851	\$16,836	\$15,333	\$15,102	\$20,738
Garrett	\$32,371	\$19,499	\$16,485	\$9,808	\$14,012	\$15,118

Harford	\$20,649	\$19,648	\$25,783	\$12,118	\$15,792	\$19,482
Howard	\$8,391	\$20,649	\$27,558	\$12,291	\$21,807	\$21,676
Kent	\$0	\$9,726	\$31,673	\$13,500	\$7,869	\$19,138
Montgomery	\$3,759	\$21,510	\$18,765	\$12,237	\$19,283	\$17,555
Prince George's	\$15,186	\$21,317	\$29,946	\$13,528	\$15,789	\$21,044
Queen Anne's	\$0	\$26,840	\$37,906	\$34,795	\$7,093	\$28,046
Somerset	\$0	\$23,956	\$32,216	\$5,660	\$14,373	\$23,959
St. Mary's	\$0	\$29,058	\$9,501	\$7,449	\$15,957	\$12,793
Talbot	\$0	\$9,443	\$28,056	\$5,987	\$14,405	\$16,394
Washington	\$0	\$18,140	\$22,019	\$5,855	\$10,099	\$15,592
Wicomico	\$0	\$24,937	\$15,959	\$9,534	\$8,255	\$14,126
Worcester	\$0	\$28,127	\$12,036	\$21,597	\$20,835	\$18,542
<b>Statewide</b>	<b>\$60,590</b>	<b>\$24,011</b>	<b>\$24,347</b>	<b>\$14,549</b>	<b>\$17,079</b>	<b>\$20,669</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

**Table B26: Total Expenditures for Behavioral Health Emergency Room Service, FY23**

Jurisdiction	Age Group <sup>a</sup>					Jurisdiction Total <sup>b</sup>
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$2,742	\$55,378	\$108,784	\$57,524	\$89,397	\$313,826
Anne Arundel	\$24,234	\$167,111	\$337,865	\$160,032	\$255,271	\$944,512
Baltimore City	\$25,238	\$456,815	\$1,084,236	\$815,973	\$932,886	\$3,315,147
Baltimore	\$28,985	\$329,191	\$838,026	\$421,259	\$470,941	\$2,088,402
Calvert	\$1,192	\$27,163	\$73,057	\$32,010	\$37,637	\$171,058
Caroline	\$1,265	\$27,825	\$113,635	\$19,125	\$20,877	\$182,727
Carroll	\$7,256	\$44,572	\$112,738	\$50,111	\$48,013	\$262,689

Cecil	\$1,712	\$21,028	\$51,948	\$46,350	\$42,845	\$163,882
Charles	\$2,893	\$40,208	\$89,033	\$41,472	\$81,104	\$254,710
Dorchester	\$1,747	\$55,471	\$90,114	\$32,479	\$17,716	\$197,526
Frederick	\$12,350	\$105,290	\$177,755	\$93,847	\$71,009	\$460,250
Garrett	\$223	\$1,016	\$10,666	\$18,612	\$13,032	\$43,549
Harford	\$3,346	\$104,862	\$192,416	\$152,341	\$119,374	\$572,339
Howard	\$6,245	\$102,300	\$262,843	\$83,930	\$92,484	\$547,802
Kent	\$543	\$20,409	\$64,606	\$9,139	\$15,232	\$109,928
Montgomery	\$4,286	\$129,178	\$445,590	\$227,545	\$262,370	\$1,068,969
Prince George's	\$21,017	\$225,987	\$640,520	\$314,026	\$361,913	\$1,563,463
Queen Anne's	\$3,342	\$31,360	\$29,659	\$25,468	\$5,978	\$95,806
Somerset	\$469	\$17,266	\$25,954	\$9,130	\$18,757	\$71,575
St. Mary's	\$245	\$63,195	\$122,285	\$52,283	\$52,421	\$290,429
Talbot	\$366	\$14,186	\$70,537	\$13,296	\$23,039	\$121,423
Washington	\$8,537	\$159,069	\$188,623	\$88,159	\$122,271	\$566,659
Wicomico	\$5,865	\$47,223	\$97,183	\$53,399	\$51,045	\$254,715
Worcester	\$0	\$16,155	\$27,103	\$12,890	\$16,224	\$72,372
<b>Statewide</b>	<b>\$164,099</b>	<b>\$2,263,275</b>	<b>\$5,257,731</b>	<b>\$2,833,575</b>	<b>\$3,233,198</b>	<b>\$13,751,879</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

**Table B27: Expenditures per Recipient of Behavioral Health Emergency Room Services, FY23**

Jurisdiction	Age Group <sup>a</sup>					Jurisdiction Total <sup>b</sup>
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$914	\$1,130	\$1,250	\$1,278	\$1,687	\$1,324
Anne Arundel	\$1,616	\$1,078	\$1,093	\$1,046	\$1,442	\$1,168

Baltimore City	\$841	\$1,301	\$1,415	\$1,468	\$1,757	\$1,484
Baltimore	\$1,115	\$1,261	\$1,314	\$1,170	\$1,327	\$1,273
Calvert	\$596	\$970	\$1,029	\$889	\$1,344	\$1,037
Caroline	\$632	\$1,987	\$2,104	\$1,275	\$1,044	\$1,740
Carroll	\$806	\$1,087	\$1,174	\$983	\$941	\$1,059
Cecil	\$571	\$779	\$825	\$1,053	\$952	\$900
Charles	\$723	\$1,005	\$927	\$813	\$1,655	\$1,061
Dorchester	\$582	\$1,460	\$1,325	\$1,353	\$932	\$1,300
Frederick	\$2,058	\$1,462	\$1,297	\$1,159	\$1,145	\$1,286
Garrett	\$223	\$508	\$762	\$980	\$1,862	\$1,013
Harford	\$669	\$1,165	\$1,210	\$1,424	\$1,218	\$1,247
Howard	\$1,249	\$1,860	\$1,788	\$933	\$1,380	\$1,505
Kent	\$271	\$2,041	\$3,400	\$1,523	\$1,523	\$2,339
Montgomery	\$330	\$769	\$813	\$744	\$1,075	\$836
Prince George's	\$1,051	\$1,306	\$1,369	\$1,030	\$1,321	\$1,261
Queen Anne's	\$3,342	\$2,240	\$957	\$1,819	\$598	\$1,369
Somerset	\$234	\$639	\$590	\$435	\$987	\$633
St. Mary's	\$245	\$1,109	\$1,112	\$1,112	\$1,140	\$1,113
Talbot	\$366	\$946	\$2,519	\$1,023	\$1,355	\$1,641
Washington	\$776	\$1,360	\$1,209	\$969	\$1,301	\$1,208
Wicomico	\$489	\$665	\$565	\$614	\$740	\$620
Worcester	\$0	\$734	\$616	\$477	\$601	\$603
<b>Statewide</b>	<b>\$927</b>	<b>\$1,194</b>	<b>\$1,216</b>	<b>\$1,112</b>	<b>\$1,365</b>	<b>\$1,216</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

**Table B28: Total Expenditures for Residential Treatment Services, FY23**

	Age Group <sup>a</sup>	
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Jurisdiction	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	Jurisdiction Total <sup>b</sup>
Allegany	\$0	\$73,172	\$571,277	\$0	\$0	\$644,449
Anne Arundel	\$0	\$661,310	\$39,649	\$45,269	\$0	\$746,228
Baltimore City	\$0	\$2,440,718	\$10,516,954	\$687,119	\$0	\$13,644,791
Baltimore	\$79,912	\$5,433,467	\$3,616,132	\$307,874	\$0	\$9,437,386
Calvert	\$0	\$0	\$400,827	\$0	\$0	\$400,827
Caroline	\$0	\$128,042	\$199,401	\$0	\$0	\$327,443
Carroll	\$0	\$199,960	\$0	\$0	\$0	\$199,960
Cecil	\$0	\$0	\$316,011	\$0	\$0	\$316,011
Charles	\$0	\$40,540	\$0	\$301,853	\$0	\$342,393
Dorchester	\$0	\$46,048	\$292,830	\$0	\$0	\$338,877
Frederick	\$0	\$13,811	\$272,449	\$93,185	\$0	\$379,444
Garrett	\$0	\$0	\$214,836	\$0	\$0	\$214,836
Harford	\$0	\$475,048	\$856,414	\$0	\$0	\$1,331,462
Howard	\$0	\$298,994	\$66,233	\$0	\$0	\$365,227
Kent	\$0	\$0	\$110,487	\$0	\$0	\$110,487
Montgomery	\$12,088	\$441,604	\$1,021,270	\$62,632	\$0	\$1,537,594
Prince George's	\$0	\$374,099	\$463,913	\$0	\$0	\$838,012
Queen Anne's	\$0	\$0	\$298,375	\$0	\$0	\$298,375
Somerset	\$0	\$0	\$312,738	\$0	\$0	\$312,738
St. Mary's	\$0	\$0	\$161,002	\$0	\$0	\$161,002
Talbot	\$0	\$242,404	\$10,742	\$0	\$0	\$253,146
Washington	\$0	\$310,235	\$270,025	\$330,988	\$0	\$911,248
Wicomico	\$0	\$0	\$350,556	\$0	\$0	\$350,556
Worcester	\$0	\$109,757	\$0	\$0	\$0	\$109,757
<b>Statewide</b>	<b>\$92,000</b>	<b>\$11,539,002</b>	<b>\$20,467,198</b>	<b>\$1,828,920</b>	<b>\$0</b>	<b>\$33,927,120</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

**Table B29: Expenditures per Recipient of Residential Treatment Services, FY23**

Jurisdiction	Age Group <sup>a</sup>					Jurisdiction Total <sup>b</sup>
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$0	\$36,586	\$142,819	\$0	\$0	\$107,408
Anne Arundel	\$0	\$110,218	\$19,824	\$45,269	\$0	\$82,914
Baltimore City	\$0	\$90,397	\$119,511	\$98,160	\$0	\$111,843
Baltimore	\$39,956	\$115,606	\$100,448	\$76,969	\$0	\$106,038
Calvert	\$0	\$0	\$400,827	\$0	\$0	\$400,827
Caroline	\$0	\$128,042	\$66,467	\$0	\$0	\$81,861
Carroll	\$0	\$199,960	\$0	\$0	\$0	\$199,960
Cecil	\$0	\$0	\$158,006	\$0	\$0	\$158,006
Charles	\$0	\$40,540	\$0	\$150,926	\$0	\$114,131
Dorchester	\$0	\$46,048	\$146,415	\$0	\$0	\$112,959
Frederick	\$0	\$13,811	\$136,224	\$93,185	\$0	\$94,861
Garrett	\$0	\$0	\$214,836	\$0	\$0	\$214,836
Harford	\$0	\$67,864	\$95,157	\$0	\$0	\$83,216
Howard	\$0	\$99,665	\$66,233	\$0	\$0	\$91,307
Kent	\$0	\$0	\$110,487	\$0	\$0	\$110,487
Montgomery	\$12,088	\$55,200	\$145,896	\$62,632	\$0	\$90,447
Prince George's	\$0	\$62,350	\$57,989	\$0	\$0	\$59,858
Queen Anne's	\$0	\$0	\$149,188	\$0	\$0	\$149,188
Somerset	\$0	\$0	\$156,369	\$0	\$0	\$156,369
St. Mary's	\$0	\$0	\$40,250	\$0	\$0	\$40,250
Talbot	\$0	\$121,202	\$10,742	\$0	\$0	\$84,382

Washington	\$0	\$77,559	\$45,004	\$165,494	\$0	\$75,937
Wicomico	\$0	\$0	\$87,639	\$0	\$0	\$87,639
Worcester	\$0	\$109,757	\$0	\$0	\$0	\$109,757
<b>Statewide</b>	<b>\$46,000</b>	<b>\$121,463</b>	<b>\$129,539</b>	<b>\$140,686</b>	<b>\$0</b>	<b>\$126,594</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

**Table B30: Total Expenditures for Intensive Community Services (combined), FY23**

Jurisdiction	Age Group <sup>a</sup>					Jurisdiction Total <sup>b</sup>
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$41,876	\$332,498	\$277,866	\$335,983	\$375,074	\$1,363,297
Anne Arundel	\$252,160	\$1,575,036	\$1,379,078	\$930,454	\$864,004	\$5,000,732
Baltimore City	\$2,265,279	\$16,194,585	\$14,721,667	\$9,326,581	\$9,501,580	\$52,009,692
Baltimore	\$914,229	\$6,301,539	\$5,967,123	\$3,165,750	\$3,331,574	\$19,680,215
Calvert	\$4,621	\$97,015	\$75,406	\$88,885	\$82,179	\$348,106
Caroline	\$24,728	\$437,641	\$424,568	\$85,791	\$56,190	\$1,028,918
Carroll	\$88,885	\$782,350	\$503,260	\$201,718	\$255,342	\$1,831,555
Cecil	\$52,856	\$352,237	\$272,098	\$212,402	\$217,072	\$1,106,666
Charles	\$75,362	\$425,244	\$342,816	\$228,869	\$308,573	\$1,380,864
Dorchester	\$110,982	\$693,489	\$527,084	\$276,717	\$146,987	\$1,755,260
Frederick	\$166,933	\$1,031,098	\$1,072,690	\$257,680	\$357,329	\$2,885,730
Garrett	\$1,801	\$81,445	\$51,123	\$29,737	\$45,273	\$209,378
Harford	\$211,698	\$1,667,296	\$1,160,089	\$516,127	\$815,928	\$4,371,137
Howard	\$102,392	\$1,083,953	\$853,315	\$528,779	\$671,087	\$3,239,524
Kent	\$3,182	\$107,536	\$148,540	\$12,862	\$92,711	\$364,831
Montgomery	\$171,385	\$1,565,782	\$1,431,628	\$927,725	\$1,198,922	\$5,295,442
Prince George's	\$410,890	\$4,284,014	\$3,553,805	\$2,007,043	\$1,605,519	\$11,861,270
Queen	\$22,927	\$106,903	\$98,366	\$10,454	\$181,426	\$420,075

Anne's						
Somerset	\$64,636	\$498,745	\$301,759	\$130,252	\$142,499	\$1,137,891
St. Mary's	\$38,385	\$141,554	\$134,610	\$83,933	\$293,739	\$692,220
Talbot	\$55,798	\$377,144	\$235,903	\$58,366	\$61,880	\$789,090
Washington	\$450,300	\$2,474,355	\$1,682,493	\$294,036	\$453,232	\$5,354,416
Wicomico	\$299,983	\$1,250,018	\$1,111,439	\$410,093	\$432,061	\$3,503,595
Worcester	\$57,781	\$427,668	\$269,503	\$118,098	\$109,602	\$982,652
<b>Statewide</b>	<b>\$5,889,068</b>	<b>\$42,289,143</b>	<b>\$36,608,341</b>	<b>\$20,238,335</b>	<b>\$21,603,104</b>	<b>\$126,627,991</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

**Table B31: Expenditures per Recipient of Intensive Community Services (combined), FY23**

	Age Group <sup>a</sup>					
Jurisdiction	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	Jurisdiction Total <sup>b</sup>
Allegany	\$3,807	\$4,105	\$4,482	\$10,499	\$9,617	\$6,059
Anne Arundel	\$4,134	\$4,080	\$4,141	\$6,742	\$6,595	\$4,767
Baltimore City	\$3,671	\$4,561	\$4,740	\$7,708	\$7,801	\$5,361
Baltimore	\$3,585	\$4,296	\$4,732	\$7,431	\$7,766	\$5,128
Calvert	\$4,621	\$2,772	\$3,591	\$5,229	\$8,218	\$4,144
Caroline	\$3,533	\$5,995	\$6,739	\$6,599	\$8,027	\$6,312
Carroll	\$3,174	\$4,829	\$5,242	\$5,452	\$6,228	\$5,032
Cecil	\$3,524	\$3,594	\$4,001	\$9,655	\$5,712	\$4,592
Charles	\$3,014	\$3,457	\$3,328	\$5,449	\$7,013	\$4,098
Dorchester	\$3,580	\$4,055	\$3,660	\$7,479	\$7,736	\$4,366
Frederick	\$2,981	\$3,847	\$5,084	\$5,726	\$11,167	\$4,715
Garrett	\$1,801	\$4,791	\$4,648	\$4,956	\$7,545	\$5,107
Harford	\$3,714	\$4,631	\$4,479	\$6,975	\$7,625	\$5,101
Howard	\$3,103	\$4,613	\$4,376	\$8,135	\$9,587	\$5,417

Kent	\$1,591	\$6,326	\$6,458	\$3,215	\$7,726	\$6,290
Montgomery	\$3,296	\$3,658	\$3,890	\$7,363	\$9,152	\$4,792
Prince George's	\$3,453	\$4,163	\$3,910	\$6,713	\$6,199	\$4,536
Queen Anne's	\$7,642	\$3,686	\$4,471	\$2,614	\$13,956	\$5,917
Somerset	\$4,309	\$4,987	\$5,203	\$10,854	\$14,250	\$5,835
St. Mary's	\$3,838	\$3,012	\$3,059	\$3,997	\$9,475	\$4,524
Talbot	\$4,650	\$6,857	\$5,754	\$3,891	\$4,760	\$5,802
Washington	\$4,248	\$5,253	\$5,225	\$3,869	\$5,092	\$5,032
Wicomico	\$4,348	\$4,902	\$4,690	\$9,537	\$11,078	\$5,449
Worcester	\$4,127	\$4,599	\$4,211	\$6,947	\$6,089	\$4,770
<b>Statewide</b>	<b>\$3,690</b>	<b>\$4,443</b>	<b>\$4,578</b>	<b>\$7,314</b>	<b>\$7,740</b>	<b>\$5,133</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

**Table B32: Total Expenditures for Substance-Related Disorder Program Services, FY23**

Jurisdiction	Age Group <sup>a</sup>					Jurisdiction Total <sup>b</sup>
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$231	\$1,610	\$38,897	\$228,341	\$1,233,066	\$1,502,144
Anne Arundel	\$513	\$18,902	\$261,547	\$841,274	\$2,834,998	\$3,957,233
Baltimore City	\$49,162	\$122,228	\$1,633,397	\$3,865,814	\$7,592,364	\$13,262,965
Baltimore	\$8,718	\$40,280	\$585,563	\$1,664,256	\$3,453,829	\$5,752,646
Calvert	\$0	\$140	\$55,140	\$189,103	\$455,644	\$700,028
Caroline	\$174	\$994	\$50,683	\$123,061	\$284,554	\$459,466
Carroll	\$356	\$792	\$34,887	\$289,819	\$967,238	\$1,293,092
Cecil	\$437	\$8,276	\$50,228	\$325,117	\$993,021	\$1,377,080
Charles	\$99	\$4,213	\$69,278	\$120,427	\$371,535	\$565,551
Dorchester	\$1,664	\$15,236	\$46,660	\$141,265	\$222,735	\$427,560

Frederick	\$0	\$9,157	\$86,031	\$614,485	\$1,304,453	\$2,014,126
Garrett	\$0	\$488	\$12,962	\$71,445	\$189,875	\$274,770
Harford	\$1,177	\$21,643	\$128,510	\$419,924	\$1,411,433	\$1,982,687
Howard	\$7,405	\$4,519	\$143,308	\$236,798	\$667,222	\$1,059,252
Kent	\$0	\$3,718	\$9,374	\$96,370	\$175,936	\$285,398
Montgomery	\$6,906	\$23,176	\$473,617	\$803,255	\$1,379,524	\$2,686,478
Prince George's	\$2,749	\$40,685	\$1,053,814	\$968,459	\$1,667,955	\$3,733,662
Queen Anne's	\$49	\$3,391	\$10,620	\$32,873	\$190,280	\$237,213
Somerset	\$447	\$1,997	\$36,675	\$191,796	\$487,952	\$718,866
St. Mary's	\$49	\$5,053	\$43,531	\$237,800	\$482,278	\$768,710
Talbot	\$49	\$1,220	\$21,214	\$92,684	\$207,160	\$322,328
Washington	\$3,390	\$6,492	\$103,697	\$431,225	\$1,270,319	\$1,815,123
Wicomico	\$4,575	\$6,871	\$134,203	\$568,877	\$816,208	\$1,530,734
Worcester	\$0	\$3,019	\$79,669	\$97,266	\$376,992	\$556,946
<b>Statewide</b>	<b>\$88,149</b>	<b>\$344,099</b>	<b>\$5,164,176</b>	<b>\$12,658,474</b>	<b>\$29,077,896</b>	<b>\$47,332,795</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

**Table B33: Expenditures per Recipient of Substance-Related Disorder Program Services, FY23**

Jurisdiction	Age Group <sup>a</sup>					Jurisdiction Total <sup>b</sup>
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$231	\$268	\$905	\$2,854	\$7,565	\$5,127
Anne Arundel	\$257	\$700	\$1,301	\$3,365	\$6,272	\$4,246
Baltimore City	\$1,366	\$1,082	\$2,089	\$3,989	\$5,522	\$4,050
Baltimore	\$671	\$620	\$1,228	\$2,845	\$3,929	\$2,849
Calvert	\$0	\$140	\$1,414	\$2,125	\$5,007	\$3,182

Caroline	\$174	\$83	\$1,236	\$3,238	\$4,517	\$2,964
Carroll	\$178	\$198	\$698	\$5,573	\$8,338	\$5,773
Cecil	\$109	\$487	\$613	\$2,306	\$4,576	\$2,987
Charles	\$99	\$1,053	\$1,155	\$1,585	\$3,642	\$2,327
Dorchester	\$119	\$324	\$562	\$1,702	\$3,051	\$1,425
Frederick	\$0	\$572	\$633	\$4,238	\$5,599	\$3,800
Garrett	\$0	\$98	\$720	\$2,748	\$3,797	\$2,775
Harford	\$294	\$832	\$880	\$2,079	\$4,613	\$2,899
Howard	\$1,058	\$502	\$1,814	\$2,631	\$6,178	\$3,615
Kent	\$0	\$1,859	\$852	\$8,031	\$5,175	\$4,837
Montgomery	\$1,726	\$407	\$1,089	\$2,669	\$3,698	\$2,296
Prince George's	\$458	\$490	\$1,934	\$2,427	\$4,108	\$2,595
Queen Anne's	\$49	\$1,695	\$664	\$1,134	\$4,425	\$2,607
Somerset	\$112	\$125	\$873	\$3,365	\$7,507	\$3,907
St. Mary's	\$49	\$842	\$871	\$3,010	\$3,194	\$2,678
Talbot	\$49	\$153	\$884	\$3,196	\$4,143	\$2,878
Washington	\$1,130	\$433	\$830	\$1,859	\$3,609	\$2,497
Wicomico	\$915	\$181	\$889	\$2,735	\$3,252	\$2,344
Worcester	\$0	\$335	\$1,207	\$2,161	\$5,027	\$2,856
<b>Statewide</b>	<b>\$801</b>	<b>\$586</b>	<b>\$1,399</b>	<b>\$3,004</b>	<b>\$4,849</b>	<b>\$3,242</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

**Table B34: Total Expenditures for Targeted Case Management, FY23**

Jurisdiction	Age Group <sup>a</sup>					Jurisdiction Total <sup>b</sup>
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$11,244	\$89,627	\$114,115	\$16,685	\$6,009	\$237,680
Anne Arundel	\$30,127	\$116,457	\$161,203	\$18,663	\$13,370	\$339,821

Baltimore City	\$115,678	\$596,345	\$712,554	\$91,298	\$87,649	\$1,603,524
Baltimore	\$43,764	\$363,289	\$539,831	\$62,573	\$48,965	\$1,058,422
Calvert	\$4,621	\$30,822	\$45,492	\$12,770	\$3,305	\$97,010
Caroline	\$14,226	\$187,838	\$202,387	\$43,605	\$901	\$448,957
Carroll	\$44,330	\$295,549	\$256,473	\$48,349	\$39,811	\$684,512
Cecil	\$11,768	\$21,561	\$37,278	\$11,267	\$10,967	\$92,840
Charles	\$21,027	\$47,533	\$38,263	\$6,310	\$2,704	\$115,837
Dorchester	\$29,983	\$153,180	\$185,138	\$45,096	\$0	\$413,397
Frederick	\$71,613	\$126,784	\$156,797	\$38,400	\$11,417	\$405,012
Garrett	\$0	\$41,348	\$22,044	\$7,386	\$0	\$70,778
Harford	\$99,978	\$475,493	\$369,763	\$49,084	\$29,595	\$1,023,914
Howard	\$2,193	\$50,204	\$93,607	\$13,960	\$5,108	\$165,072
Kent	\$1,411	\$56,904	\$63,070	\$4,357	\$2,554	\$128,294
Montgomery	\$967	\$46,576	\$62,373	\$2,554	\$7,662	\$120,132
Prince George's	\$2,982	\$45,239	\$60,415	\$7,447	\$12,169	\$128,252
Queen Anne's	\$18,457	\$72,218	\$72,379	\$1,814	\$5,859	\$170,726
Somerset	\$12,412	\$175,487	\$150,924	\$15,378	\$3,455	\$357,657
St. Mary's	\$18,891	\$72,143	\$43,165	\$6,610	\$12,319	\$153,128
Talbot	\$28,371	\$167,205	\$101,193	\$5,228	\$0	\$301,997
Washington	\$203,112	\$863,548	\$808,286	\$124,617	\$118,381	\$2,117,945
Wicomico	\$42,275	\$258,525	\$405,700	\$8,518	\$751	\$715,769
Worcester	\$10,518	\$73,346	\$90,393	\$1,015	\$23,887	\$199,159
<b>Statewide</b>	<b>\$839,948</b>	<b>\$4,427,221</b>	<b>\$4,799,049</b>	<b>\$642,982</b>	<b>\$446,838</b>	<b>\$11,156,040</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024

**Table B35: Expenditures per Recipient of Targeted Case Management, FY23**

	Age Group <sup>a</sup>	
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Jurisdiction	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	Jurisdiction Total <sup>b</sup>
Allegany	\$3,748	\$4,481	\$4,076	\$2,781	\$3,005	\$4,028
Anne Arundel	\$4,304	\$4,016	\$4,030	\$3,733	\$3,343	\$3,998
Baltimore City	\$6,805	\$5,573	\$5,793	\$3,261	\$2,739	\$5,223
Baltimore	\$4,863	\$6,157	\$6,748	\$4,470	\$3,767	\$6,048
Calvert	\$4,621	\$2,802	\$6,499	\$3,192	\$1,653	\$3,880
Caroline	\$4,742	\$4,943	\$6,529	\$7,267	\$901	\$5,683
Carroll	\$3,694	\$7,578	\$6,749	\$3,223	\$2,342	\$5,657
Cecil	\$2,354	\$2,695	\$4,660	\$1,408	\$1,097	\$2,381
Charles	\$2,103	\$1,698	\$1,913	\$2,103	\$1,352	\$1,839
Dorchester	\$2,998	\$4,642	\$4,408	\$5,011	\$0	\$4,398
Frederick	\$5,115	\$3,092	\$3,646	\$1,920	\$1,631	\$3,240
Garrett	\$0	\$5,907	\$4,409	\$3,693	\$0	\$5,056
Harford	\$6,665	\$7,548	\$8,038	\$4,462	\$4,933	\$7,262
Howard	\$1,097	\$2,282	\$3,228	\$4,653	\$2,554	\$2,846
Kent	\$1,411	\$8,129	\$7,008	\$1,452	\$2,554	\$6,109
Montgomery	\$967	\$4,234	\$3,898	\$1,277	\$3,831	\$3,754
Prince George's	\$1,491	\$2,262	\$2,627	\$7,447	\$1,738	\$2,420
Queen Anne's	\$6,152	\$4,248	\$6,032	\$1,814	\$1,953	\$4,742
Somerset	\$6,206	\$5,850	\$6,037	\$5,126	\$3,455	\$5,863
St. Mary's	\$3,149	\$2,775	\$3,083	\$944	\$3,080	\$2,686
Talbot	\$5,674	\$8,360	\$7,228	\$1,743	\$0	\$7,190
Washington	\$4,954	\$4,992	\$5,249	\$2,492	\$2,321	\$4,516
Wicomico	\$4,697	\$4,382	\$4,362	\$1,704	\$751	\$4,286
Worcester	\$2,630	\$4,075	\$5,317	\$507	\$3,412	\$4,149
<b>Statewide</b>	<b>\$4,666</b>	<b>\$5,048</b>	<b>\$5,262</b>	<b>\$3,076</b>	<b>\$2,568</b>	<b>\$4,743</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

**Table B36: Total Expenditures for Respite Care Services, FY23**

Jurisdiction	Age Group <sup>a</sup>					Jurisdiction Total <sup>b</sup>
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Anne Arundel	\$9,888	\$12,862	\$0	\$0	\$0	\$22,750
Baltimore City	\$193	\$54,539	\$2,238	\$0	\$0	\$56,969
Baltimore	\$2,719	\$45,381	\$23,139	\$0	\$0	\$71,240
Caroline	\$0	\$193	\$0	\$0	\$0	\$193
Carroll	\$965	\$23,300	\$29,422	\$0	\$0	\$53,686
Dorchester	\$0	\$0	\$9,672	\$0	\$0	\$9,672
Frederick	\$0	\$2,314	\$0	\$0	\$0	\$2,314
Garrett	\$10,370	\$19,929	\$0	\$0	\$0	\$30,299
Harford	\$0	\$16,300	\$100,731	\$0	\$0	\$117,031
Howard	\$0	\$4,068	\$13,706	\$0	\$0	\$17,774
Montgomery	\$0	\$0	\$2,556	\$0	\$0	\$2,556
Prince George's	\$0	\$863	\$10,006	\$0	\$0	\$10,868
Queen Anne's	\$0	\$723	\$723	\$0	\$0	\$1,447
Somerset	\$10,283	\$16,414	\$3,316	\$0	\$0	\$30,013
Talbot	\$0	\$20,257	\$14,228	\$0	\$0	\$34,486
Washington	\$0	\$14,313	\$16,483	\$0	\$0	\$30,796
Wicomico	\$424	\$17,996	\$12,487	\$0	\$0	\$30,908
Worcester	\$1,447	\$4,939	\$0	\$0	\$0	\$6,386
<b>Statewide</b>	<b>\$36,288</b>	<b>\$254,392</b>	<b>\$238,706</b>	<b>\$0</b>	<b>\$0</b>	<b>\$529,387</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

**Table B37: Expenditures per Recipient of Respite Care Services, FY23**

Jurisdiction	Age Group <sup>a</sup>					Jurisdiction Total <sup>b</sup>
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Anne Arundel	\$9,888	\$4,287	\$0	\$0	\$0	\$5,687
Baltimore City	\$96	\$2,182	\$746	\$0	\$0	\$1,899
Baltimore	\$906	\$3,025	\$2,571	\$0	\$0	\$2,639
Caroline	\$0	\$193	\$0	\$0	\$0	\$193
Carroll	\$965	\$3,329	\$7,355	\$0	\$0	\$4,474
Dorchester	\$0	\$0	\$4,836	\$0	\$0	\$4,836
Frederick	\$0	\$1,157	\$0	\$0	\$0	\$1,157
Garrett	\$5,185	\$4,982	\$0	\$0	\$0	\$5,050
Harford	\$0	\$1,811	\$3,473	\$0	\$0	\$3,080
Howard	\$0	\$1,356	\$4,569	\$0	\$0	\$2,962
Montgomery	\$0	\$0	\$2,556	\$0	\$0	\$2,556
Prince George's	\$0	\$431	\$2,001	\$0	\$0	\$1,553
Queen Anne's	\$0	\$723	\$723	\$0	\$0	\$723
Somerset	\$5,141	\$1,172	\$553	\$0	\$0	\$1,364
Talbot	\$0	\$10,129	\$7,114	\$0	\$0	\$8,621
Washington	\$0	\$4,771	\$1,831	\$0	\$0	\$2,566
Wicomico	\$424	\$1,059	\$961	\$0	\$0	\$997
Worcester	\$1,447	\$1,646	\$0	\$0	\$0	\$1,596
<b>Statewide</b>	<b>\$2,791</b>	<b>\$2,292</b>	<b>\$2,744</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,509</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

**Table B38: Total Expenditures for § 1915(i) Waiver Services, FY23**

Jurisdiction	Age Group <sup>a</sup>					Jurisdiction Total <sup>b</sup>
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Anne Arundel	\$0	\$0	\$11,174	\$785	\$0	\$11,960
Baltimore	\$0	\$0	\$14,616	\$0	\$0	\$14,616
Cecil	\$0	\$0	\$1,838	\$0	\$0	\$1,838
Frederick	\$0	\$268	\$0	\$0	\$0	\$268
Prince George's	\$0	\$0	\$1,071	\$0	\$0	\$1,071
Somerset	\$0	\$0	\$3,749	\$0	\$0	\$3,749
St. Mary's	\$0	\$268	\$3,213	\$0	\$0	\$3,481
Talbot	\$0	\$4,230	\$0	\$0	\$0	\$4,230
Washington	\$0	\$0	\$536	\$0	\$0	\$536
Wicomico	\$0	\$0	\$3,944	\$0	\$0	\$3,944
<b>Statewide</b>	<b>\$0</b>	<b>\$4,766</b>	<b>\$40,142</b>	<b>\$785</b>	<b>\$0</b>	<b>\$45,693</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

**Table B39: Expenditures per Recipient of § 1915(i) Waiver Services, FY23**

Jurisdiction	Age Group <sup>a</sup>					Jurisdiction Total <sup>b</sup>
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Anne Arundel	\$0	\$0	\$5,587	\$785	\$0	\$3,987
Baltimore	\$0	\$0	\$4,872	\$0	\$0	\$4,872
Cecil	\$0	\$0	\$1,838	\$0	\$0	\$1,838
Frederick	\$0	\$268	\$0	\$0	\$0	\$268
Prince George's	\$0	\$0	\$1,071	\$0	\$0	\$1,071
Somerset	\$0	\$0	\$3,749	\$0	\$0	\$3,749
St. Mary's	\$0	\$268	\$3,213	\$0	\$0	\$1,741

Talbot	\$0	\$4,230	\$0	\$0	\$0	\$4,230
Washington	\$0	\$0	\$536	\$0	\$0	\$536
Wicomico	\$0	\$0	\$3,944	\$0	\$0	\$3,944
<b>Statewide</b>	<b>\$0</b>	<b>\$1,589</b>	<b>\$3,649</b>	<b>\$785</b>	<b>\$0</b>	<b>\$3,046</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

**Table B40: Total Expenditures for Psychiatric Rehabilitation Services, FY23**

Jurisdiction	Age Group <sup>a</sup>					Jurisdiction Total <sup>b</sup>
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$30,632	\$242,871	\$163,751	\$319,298	\$369,065	\$1,125,617
Anne Arundel	\$214,593	\$1,451,708	\$1,210,678	\$911,006	\$850,634	\$4,638,619
Baltimore City	\$2,139,918	\$15,541,934	\$13,991,755	\$9,235,283	\$9,431,362	\$50,340,252
Baltimore	\$877,236	\$5,894,635	\$5,400,680	\$3,103,177	\$3,265,179	\$18,540,906
Calvert	\$0	\$65,999	\$29,914	\$76,201	\$78,873	\$250,988
Caroline	\$9,537	\$226,502	\$192,760	\$42,186	\$55,289	\$526,275
Carroll	\$44,555	\$486,801	\$237,116	\$153,369	\$215,531	\$1,137,371
Cecil	\$41,088	\$328,363	\$232,982	\$201,135	\$206,106	\$1,009,674
Charles	\$54,336	\$386,654	\$304,553	\$222,474	\$305,869	\$1,273,885
Dorchester	\$70,629	\$520,379	\$341,946	\$231,622	\$146,987	\$1,311,563
Frederick	\$94,272	\$887,746	\$814,074	\$219,279	\$345,827	\$2,361,198
Garrett	\$1,801	\$40,097	\$29,079	\$22,350	\$45,273	\$138,600
Harford	\$111,720	\$1,187,735	\$776,620	\$467,042	\$786,332	\$3,329,450
Howard	\$100,199	\$1,033,749	\$757,151	\$514,819	\$665,979	\$3,071,896
Kent	\$1,772	\$50,632	\$85,471	\$8,505	\$90,157	\$236,537
Montgomery	\$170,417	\$1,518,343	\$1,359,249	\$925,171	\$1,191,345	\$5,164,526
Prince George's	\$405,460	\$4,229,108	\$3,491,595	\$1,999,596	\$1,593,350	\$11,719,110
Queen	\$4,469	\$34,685	\$25,987	\$8,641	\$175,567	\$249,349

Anne's						
Somerset	\$41,941	\$306,843	\$143,770	\$114,874	\$139,044	\$746,473
St. Mary's	\$19,493	\$69,143	\$88,231	\$77,323	\$281,420	\$535,611
Talbot	\$27,426	\$185,451	\$120,481	\$53,138	\$61,880	\$448,377
Washington	\$248,236	\$1,590,502	\$858,276	\$169,419	\$334,851	\$3,201,284
Wicomico	\$257,285	\$973,498	\$689,307	\$401,575	\$431,310	\$2,752,974
Worcester	\$45,815	\$349,384	\$179,110	\$117,083	\$85,716	\$777,108
<b>Statewide</b>	<b>\$5,012,832</b>	<b>\$37,602,764</b>	<b>\$31,530,444</b>	<b>\$19,594,567</b>	<b>\$21,156,265</b>	<b>\$114,896,871</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

**Table B41: Expenditures per Recipient of Psychiatric Rehabilitation Services, FY23**

	Age Group <sup>a</sup>					
Jurisdiction	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	Jurisdiction Total <sup>b</sup>
Allegany	\$3,404	\$3,680	\$4,309	\$11,826	\$9,975	\$6,359
Anne Arundel	\$3,902	\$3,988	\$3,944	\$6,799	\$6,646	\$4,695
Baltimore City	\$3,561	\$4,482	\$4,659	\$7,780	\$7,919	\$5,327
Baltimore	\$3,509	\$4,142	\$4,497	\$7,460	\$7,868	\$5,004
Calvert	\$0	\$2,538	\$1,870	\$5,080	\$8,764	\$3,803
Caroline	\$3,179	\$4,194	\$4,819	\$4,687	\$9,215	\$4,699
Carroll	\$2,785	\$3,660	\$3,952	\$6,971	\$8,290	\$4,426
Cecil	\$4,109	\$3,608	\$3,758	\$14,367	\$7,361	\$4,925
Charles	\$3,396	\$3,682	\$3,541	\$5,855	\$7,113	\$4,423
Dorchester	\$3,363	\$3,379	\$3,026	\$7,987	\$7,736	\$3,903
Frederick	\$2,143	\$3,762	\$4,789	\$8,434	\$14,409	\$4,722
Garrett	\$1,801	\$3,645	\$4,846	\$5,588	\$7,545	\$4,950
Harford	\$2,539	\$3,869	\$3,514	\$7,413	\$7,785	\$4,524
Howard	\$3,232	\$4,699	\$4,454	\$8,304	\$9,794	\$5,575

Kent	\$1,772	\$4,219	\$4,748	\$8,505	\$8,196	\$5,501
Montgomery	\$3,342	\$3,641	\$3,862	\$7,461	\$9,164	\$4,809
Prince George's	\$3,465	\$4,175	\$3,914	\$6,710	\$6,298	\$4,555
Queen Anne's	\$4,469	\$2,040	\$2,166	\$2,880	\$15,961	\$5,667
Somerset	\$2,996	\$3,884	\$3,886	\$12,764	\$15,449	\$5,044
St. Mary's	\$3,899	\$2,469	\$2,757	\$5,523	\$10,423	\$5,053
Talbot	\$2,286	\$3,785	\$3,765	\$4,088	\$4,760	\$3,768
Washington	\$3,651	\$4,624	\$4,614	\$6,051	\$8,371	\$4,807
Wicomico	\$4,150	\$4,365	\$4,203	\$10,297	\$11,350	\$5,234
Worcester	\$4,582	\$4,209	\$3,317	\$7,806	\$7,143	\$4,466
<b>Statewide</b>	<b>\$3,481</b>	<b>\$4,225</b>	<b>\$4,348</b>	<b>\$7,601</b>	<b>\$8,041</b>	<b>\$5,039</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

**Table B42: Total Expenditures for All PBHS Behavioral Health Services, FY23**

Jurisdiction	Age Group <sup>a</sup>					Jurisdiction Total <sup>b</sup>
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$390,399	\$1,831,210	\$2,738,687	\$1,684,454	\$2,608,491	\$9,253,240
Anne Arundel	\$2,856,182	\$14,142,225	\$15,119,702	\$6,437,881	\$9,240,981	\$47,796,970
Baltimore City	\$10,209,925	\$52,578,761	\$64,538,119	\$31,211,568	\$33,771,761	\$192,310,134
Baltimore	\$7,243,487	\$36,447,343	\$41,234,673	\$16,990,681	\$17,004,046	\$118,920,229
Calvert	\$200,094	\$1,079,008	\$1,816,128	\$734,759	\$1,055,316	\$4,885,306
Caroline	\$210,296	\$1,716,453	\$1,938,578	\$642,441	\$616,154	\$5,123,922
Carroll	\$702,771	\$3,574,211	\$3,925,399	\$1,983,508	\$2,393,876	\$12,579,766
Cecil	\$851,180	\$2,683,402	\$2,789,781	\$1,688,644	\$2,345,792	\$10,358,799
Charles	\$392,614	\$2,681,822	\$3,150,234	\$1,748,281	\$2,002,009	\$9,974,960

Dorchester	\$506,916	\$2,470,106	\$2,644,010	\$1,131,258	\$840,562	\$7,592,851
Frederick	\$2,536,003	\$6,325,794	\$7,739,695	\$3,181,242	\$3,687,649	\$23,470,383
Garrett	\$123,647	\$501,553	\$755,786	\$309,816	\$460,645	\$2,151,447
Harford	\$1,423,376	\$7,695,864	\$8,507,550	\$3,288,811	\$5,087,552	\$26,003,153
Howard	\$769,260	\$5,671,675	\$8,034,699	\$3,125,522	\$3,785,488	\$21,386,644
Kent	\$67,538	\$597,772	\$1,098,828	\$260,912	\$472,616	\$2,497,666
Montgomery	\$2,236,146	\$13,772,684	\$19,037,905	\$9,627,729	\$10,713,321	\$55,387,786
Prince George's	\$2,714,724	\$16,799,584	\$25,894,691	\$11,355,199	\$11,801,204	\$68,565,400
Queen Anne's	\$122,629	\$722,990	\$1,675,010	\$411,500	\$620,957	\$3,553,086
Somerset	\$449,893	\$2,792,735	\$2,527,629	\$694,613	\$962,819	\$7,427,690
St. Mary's	\$399,635	\$1,504,537	\$1,837,589	\$986,262	\$1,557,740	\$6,285,763
Talbot	\$262,039	\$1,339,404	\$1,115,449	\$411,133	\$730,052	\$3,858,077
Washington	\$1,508,419	\$8,591,158	\$7,936,889	\$3,019,238	\$4,012,936	\$25,068,639
Wicomico	\$1,170,230	\$5,319,062	\$5,913,327	\$2,656,002	\$2,754,542	\$17,813,163
Worcester	\$425,378	\$2,382,483	\$1,797,045	\$887,630	\$1,157,547	\$6,650,083
<b>Statewide</b>	<b>\$37,773,049</b>	<b>\$193,565,648</b>	<b>\$234,249,374</b>	<b>\$104,497,336</b>	<b>\$119,859,305</b>	<b>\$689,944,711</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

**Table B43: Expenditures per Recipient of All PBHS Behavioral Health Services, FY23**

	Age Group <sup>a</sup>					
Jurisdiction	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	Jurisdiction Total <sup>b</sup>
Allegany	\$2,503	\$3,508	\$4,998	\$4,468	\$6,637	\$4,636
Anne Arundel	\$3,743	\$5,085	\$5,522	\$4,563	\$6,480	\$5,241
Baltimore City	\$3,900	\$6,781	\$8,406	\$6,982	\$7,307	\$7,085
Baltimore	\$3,683	\$6,352	\$6,941	\$5,233	\$5,123	\$5,884

Calvert	\$2,223	\$2,964	\$4,518	\$2,987	\$4,290	\$3,624
Caroline	\$1,767	\$3,937	\$4,551	\$3,530	\$3,780	\$3,864
Carroll	\$3,239	\$4,896	\$5,422	\$5,086	\$6,559	\$5,185
Cecil	\$3,051	\$3,641	\$4,145	\$4,479	\$5,559	\$4,164
Charles	\$2,997	\$5,003	\$4,892	\$4,460	\$5,030	\$4,748
Dorchester	\$2,848	\$4,940	\$4,998	\$4,190	\$3,838	\$4,477
Frederick	\$6,170	\$4,892	\$5,382	\$4,591	\$5,726	\$5,240
Garrett	\$1,792	\$2,508	\$3,817	\$3,603	\$4,305	\$3,260
Harford	\$2,935	\$5,107	\$5,859	\$3,901	\$5,875	\$5,046
Howard	\$2,828	\$5,655	\$6,392	\$4,258	\$6,226	\$5,521
Kent	\$1,228	\$3,736	\$6,279	\$4,208	\$5,432	\$4,634
Montgomery	\$3,055	\$4,529	\$5,427	\$4,292	\$5,317	\$4,800
Prince George's	\$3,030	\$5,122	\$6,045	\$4,620	\$4,954	\$5,155
Queen Anne's	\$1,858	\$3,242	\$6,113	\$3,215	\$5,048	\$4,365
Somerset	\$4,368	\$6,999	\$8,397	\$4,015	\$6,212	\$6,567
St. Mary's	\$3,537	\$4,133	\$3,632	\$3,548	\$4,609	\$3,931
Talbot	\$2,404	\$4,540	\$3,873	\$2,670	\$5,035	\$3,893
Washington	\$3,035	\$5,933	\$5,789	\$3,620	\$4,634	\$4,998
Wicomico	\$3,927	\$5,593	\$5,299	\$3,964	\$4,317	\$4,850
Worcester	\$3,082	\$4,803	\$3,799	\$3,714	\$5,238	\$4,244
<b>Statewide</b>	<b>\$3,520</b>	<b>\$5,592</b>	<b>\$6,374</b>	<b>\$5,010</b>	<b>\$5,802</b>	<b>\$5,581</b>

**Data Source:** Optum behavioral health services claims data for FY23. Based on claims paid through June 30, 2024.

## **APPENDIX C**

### **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; 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 under age of 21 and who have Medicaid are eligible for RTC services. 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 two 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 state 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 care services (community-based 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.

## Methods and Limitations

**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 2023 (July 1, 2022 to June 30, 2023). Individuals who are enrolled in Medicaid or who are uninsured are eligible for PBHS services. In this report “youth” and “children” are used interchangeably and are defined as individuals between birth to 17 years of age and “young adults” are defined as individuals between the ages of 18 to 25 years.

**Data Sources:** All service count and expenditure data was 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, 2022 through June 30, 2023 which were paid through the end of the following 12-month period (June 30, 2024). 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 or 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, 2023 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 FY23 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 (27.1%) 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

**List of Acronyms:**

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