

# **Behavioral Health Services for Children**

FY 2024 Report

**Health-General Article § 7.5-209**

Maryland Department of Health

**September 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 youth (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 Fiscal Year (FY) 2024 report (spanning July 1, 2023, to June 30, 2024) provides data on the utilization, costs, geographic distribution, and service patterns for children, youth 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., targeted case management, 1915i services, respite care, psychiatric rehabilitation program services).

### Key Findings:

- **Service Use and Total Expenditures:** In FY24, a total of \$781.6 million was spent on PBHS services for 128,790 youth and young adult service recipients, costing an average of \$6,069 per person. Since FY23 both expenditures and service use increased by 13% and 4%, respectively.
- **Age-Specific Service Use and Expenditures:** Youth (Birth-17 years) accounted for two-thirds (66%, 85,238) of the service users at a higher average cost per person \$6,092, compared to young adults (18-25 years), with an average cost of \$6,023. While representing just over one-third (34%, 43,552) of service recipients, young adults had substantially higher rates of service use (172.6 per 1,000 eligible versus 117 per 1,000 eligible). Adolescents (13 to 17 years) accounted for the largest proportion of service users (29.6%), the highest rate of service use (189 per 1,000 eligible) and the highest average per person cost of \$6,741.
- **Gender Specific Differences:** Females accounted for a higher proportion of service users (54%) and had a higher rate of overall service use (141 per 1,000 eligible) compared to males (46%, and 121 per 1,000 eligible). However, males had higher average per person costs (\$6,584) compared to females (\$5,635). Adolescent females used inpatient hospital and emergency department services at substantially higher rates than males, while males were twice as likely to use residential treatment services compared to females and used these services at twice the rate. Younger (12 years and younger) males generally had higher rates of service use across a number of service areas and were more frequent users of targeted case management, 1915i, and respite care services.
- **Racial/Ethnic Disparities:** Service use and expenditures varied widely across racial and ethnic groups. Non-Hispanic (NH) Black youth and young adults accounted for the highest proportion of service users (39%), had the highest overall expenditures at \$346.3 million (44% of total costs), and the highest average cost of \$6,867 per person. However, NH White youth and young adults had a higher overall rate of service use (174 per 1,000 eligible) compared to 155 per 1,000 eligible for NH Black individuals. Native American youth and young adults, while representing less than one percent of overall service

recipients, had the second highest rate of service use (164 per 1,000 eligible). Further examination of service use trends by race and ethnicity showed that between FY18 and FY24, service use declined sharply for Native American (-67%) and NH White (-32%) youth and young adults, while increasing for Asian and Hispanic individuals, with service use increasing nearly four-fold (364%) for Hispanic/Latinx youth and young adults.

This report provides an in-depth examination of the utilization and expenditures of public behavioral health system services (PBHS) among Maryland's youth and young adults. Specifically, the report includes service use and expenditure trends, and disparities across gender, age, racial/ethnic groups and geographic areas. The insights obtained from this report are essential for ongoing efforts to enhance the accessibility, effectiveness, and addressing health disparities of behavioral health services for Maryland's children, youth, and young adults.

## Methods and Limitations

**Population:** The focus of this report is on youth and young adults (ages birth to 25 years) who received services in the Maryland Public Behavioral Health System (PBHS) in FY 2024 (July 1, 2023 to June 30, 2024). 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, 2023 through June 30, 2024 which were paid through December 31, 2024. It should be noted that providers have up to 12 months to submit claims for services delivered during the fiscal year. However, for this report we had to limit the claims runout period to six months through December 2024 rather than June 30, 2025. This was necessary, as the Administration has not yet received an updated claims file from the new ASO (Carelton). While this data is estimated to be more than 95% complete, some of the data may change as all of the claims are submitted, processed, and resolved. The demographic data obtained from the ASO 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 the Medicaid eligibility files. In this report, population estimates were obtained from the latest Maryland census estimates for July 1, 2024 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 were calculated in this report as the number of service users per 1,000 Medicaid eligible population and were derived by dividing the FY24 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. The Medicaid eligible population was used as it provides a more precise estimate of the population that is

served by the Public Behavioral Health System than the full population estimates from the US census.

**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 be notated as <11 due to CMS suppression rules.

**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 (25.6%) 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.

## Introduction

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 continuum of state and federally funded programs and services. 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.

The array of services spans a continuum of care from ambulatory outpatient care and early intervention services for both mental health and substance use disorders to more intensive interventions such as mobile crisis response, stabilization services, residential treatment, and sub-acute and inpatient hospital treatment. Additionally, the BHA provides a number of community-based support services to service recipients, including, but not limited to, care coordination, family peer support, and respite care, as well as a number of preventative services. This system of care is specifically designed to provide individualized, person-centered care and to adapt to the evolving needs of children, youth young adults, and their families, delivering timely and effective support across all aspects of their lives

In FY 2024, the Public Behavioral Health System (PBHS) spent a total of \$781.6 million on behavioral health services for 128,790 youth and young adults, at an average cost of \$6,069 per

service recipient. Service use among youth and young adults was largely concentrated in four jurisdictions with the highest youth and young adult population densities, including Baltimore City and Baltimore, Prince George's and Montgomery Counties. Together these jurisdictions accounted for more than one-half (60%, 76,941) of the service users and nearly two-thirds (64%, 503.5 million) of expenditures statewide. Average annual per person costs also varied substantially across jurisdictions with Baltimore City (\$7,836) and Baltimore County having the highest per person expenditures, while Garrett (\$3,132) and Caroline Counties had the lowest expenditures.

Between FY23 to FY24, the statewide number of youth and young adult service users increased by 7.1% while overall expenditures increased by 13.3%. Examination of this trend since FY 2018 shows that PBHS expenditures for youth and young adults has increased at more than three times (58% increase) the rate of service utilization (16% increase).

Youth had higher overall expenditures at \$519.3 million, accounting for two-thirds (66%) of total PBHS expenditures at an average cost of \$6,092 per person, while young adults accounted for one-third (33%) of expenditures at an average per person cost of \$6,023. While young adults represented a smaller proportion of the service users, they used services at a substantially higher rate (173 per 1,000 eligible) compared to youth (117 per 1,000 eligible). Adolescent youth (aged 13 to 17 years) and young adults (aged 22 to 25 years), had the highest rates of service use at 189 per 1,000 eligibles. While Females (54%) accounted for a slightly higher proportion of service users than males (46%), males had higher average per person expenditures (\$6,584), compared to Females (\$5,635).

When examining service use and expenditures across racial and ethnic groups, NH Black youth and young adults accounted for the largest proportion of service users (39%), the highest overall expenditures (\$346.3 million) and the highest average per person cost of \$6,867, compared to NH White and individuals from other racial/ethnic backgrounds. In contrast, NH White youth and young adults used services at a substantially higher rate (174 per 1,000 eligible) compared to NH Blacks (155 per 1,000 eligible) and other racial/ethnic groups (83 per 1,000 eligible).

Three service types, including outpatient mental health services (\$368.4 million, 47%), inpatient psychiatric hospital services (\$144.3 Million, 18.5%), and psychiatric rehabilitation program services (\$134.3 Million, 17.2%) accounted for 83% of all PBHS expenditures for youth and young adults. The average cost per person varied widely across service types ranging from \$1,206 per person for emergency department services to a high of \$130,549 for residential treatment center services. Residential treatment center services and inpatient psychiatric hospital services (\$22,384) had the highest average per person expenditures, while emergency department (\$1,206), outpatient mental health (\$3,156), and substance use disorder (SUD) (\$3,242) services had the lowest average per person costs.

As noted above, between FY18 and FY24, the growth in expenditures for behavioral health services for youth and young adults outpaced service utilization by nearly 4 to 1. This growth was largely driven by three service areas, SUD Services, psychiatric rehabilitation program (PRP) services and targeted case management (TCM) Services. Substance use disorder expenditures more than doubled (135%) between FY21 (\$28.3 million) and FY24 (\$66.6

million) and increased by 41% in FY24 (\$47.3 million to \$66.6 million) alone with expenditures increasing at more than three times the rate of service utilization. This increase may be, in part, be attributable to a 33% increase in SUD provider locations serving youth (birth to 17 years) from 286 in FY21 to 379 in FY24.<sup>1</sup> Despite a steady decline (-19.6%) in service use since FY19, targeted case management service expenditures have more than doubled (133%). In addition, there has been expansive growth in PRP services for youth and young adults since FY18 with service utilization increasing by 37%, while expenditures have more than doubled (103%). Since FY23, PRP expenditures increased by 41% while service use increased by 10%.

This report is based on data from fiscal year 2024, 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.

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<sup>1</sup> Note that SUD expenditures have increased nationally: “Over the past decade, converging risks stemming from widespread legalization of medical and recreational marijuana use, the opioid use epidemic, and the onset and aftermath of the COVID-19 pandemic, have given rise to unprecedented levels of SU vulnerability among adolescents and emerging adults in the United States.” Hogue, A., Becker, S.J., Henderson, C.E. et al. (2025). Contemporary developments in treatment services for youth substance use disorders: Introduction to the special issue. *Journal of Substance Use & Addiction Treatment*, 76.  
[https://www.jsatjournal.com/article/S2949-8759\(25\)00129-8/abstract](https://www.jsatjournal.com/article/S2949-8759(25)00129-8/abstract)

## Eligibility and Utilization

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

According to the U.S. Census Bureau data, just under two million youth and young adults (birth through age 25) lived in Maryland in 2024, totaling 1,983,376 individuals and represented nearly one-third (32%) of the state's population. This age cohort increased from 1,957,082 in FY23 to 1,983,376 in FY24, reflecting a 1.3% increase. Of these, 981,541 (49%) were eligible for Medicaid-reimbursable PBHS services in FY24. Between FY18 and FY24, eligibility for this group increased by 12% overall, including a 4.5% increase since FY23.

Between FY23 and FY24, the largest increases in the youth and young adult population were observed in Somerset (6.4%), Kent (5.0%), and Caroline (4.3%) Counties, while the largest decreases occurred in Worcester (-3.0%), Garrett (-1.9%), and Cecil (-1.1%). In FY24, youth (Birth to 17 years) represented the largest percentage of Medicaid eligible individuals, accounting for nearly three-quarters (74%) of the Medicaid Eligible youth and young adult population, while young adults (18-25 years) accounted for 26% of the population. Younger children ages birth to six years (29%) and 7 to 12 years (24.7%) accounted for the largest proportion of the eligible population, while young adults 22 to 25 years accounted for the smallest percentage at 12%. Between FY18 and FY24 the number of eligible young adults increased by 30.3%, at more than twice the rate of the youth population that showed a 13% increase over the same time period.

Medicaid eligibility varied substantially across race and ethnicity categories. NH Black youth and young adults represented the largest group eligible for services, accounting for 33.3%. This proportion is slightly higher than the overall proportion of NH Black youth and young adults in the population, which is 30%. In contrast, NH White youth and young adults accounted for 20% of the eligible population, lower than their representation in Maryland's overall youth and young adult population, where they account for 31%. Youth and young adults identifying as an Other Race, including Asian, Native American, Pacific Islander and Multi-Racial accounted for 5.7% of the Eligible population, and Hispanic/Latinx individuals represented 5.8% of the eligible population. Males and females were equally represented among eligible youth and young adults. Youth accounted for the majority of the eligible population (74%), while young adults accounted for just over one-quarter (26%) of the eligible population ([See Appendix A, Table A1. Eligibility and Utilization of PBHS Services by Gender, Age, Race and Ethnicity, FY24](#))

Geographically, the number of PBHS-eligible individuals varied widely across the state, with the largest numbers of eligible individuals residing in the four jurisdictions with the largest populations of youth and young adults, including Baltimore City, and Baltimore, Montgomery, and Prince George's Counties. Together, these counties accounted for nearly two-thirds (62.3%) of all PBHS-eligible youth and young adults. In FY24, the eligibility rates for PBHS services varied widely across the state, as illustrated in Map 1 ([See Appendix C, Map 1](#)).

## **[Map 1. Percentage and Rate of Children and Young Adults Eligible for PBHS Services, FY24.](#)**

As shown in Map 1, the rate of eligibility varied substantially across the state ranging from a low of 291.7 eligibles per 1,000 population in Carroll County to a high of 826.2 per 1,000 population in Dorchester County. In addition to Dorchester County, Baltimore City (782.7 per 1,000 population) and Caroline County (745 per 1,000) had the highest eligibility rates, while Carroll (291.7 per 1,000), Calvert (313 per 1,000), and Howard (317.7 per 1,000) had among the lowest eligibility rates. Notably, in more than one-half of the state's jurisdictions—(14 out of 24) the PBHS eligible population accounted for 50% or more of their population aged 25 and younger ([See Appendix B, Table B1](#)).

The geographic differences in PBHS service eligibility closely align with poverty rates across the state. Those 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 FY24, a total 128,790 youth and young adults, representing 13.1% of the eligible Medicaid population, received one or more behavioral health services within the PBHS statewide. Between FY18 and FY24, youth and young adult service utilization increased by 16.1% and by 4.2% since FY23. Figure 1. (see link below) displays the trend in overall PBHS service use for youth and young adults between FY18 to FY24.

### **[Figure 1. Trend in Overall Utilization of PBHS Service Among Youth and Young Adults, FY 18 to FY 24.](#)**

Youth accounted for 66% of the service users, while young adults accounted for 33.8% of service users. Among service users, nearly one-third (29.6%) were aged 13 to 17 years followed by children aged 7 to 12 years who comprised 27.8% 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 8.8% of the recipients. Young adults aged 18 to 21 years and those aged 22 to 25 represented 16.7% and 17.1% of the service users respectively.

Overall, females were more likely than males to use PBHS services and accounted for 54.3% of the users. Females utilized services at a rate of 141.4 per 1,000 eligible individuals, compared to males who accounted for 45.7% of service users and utilized services at a rate of 120.9 per 1,000 users. A further breakdown of service use by gender and age group shows that in younger age groups (birth through age 12), males were more likely to utilize services, while females were more likely to access services after age 13 years. Figures 2 and 3 (see links below) display the

percent of youth and young adult service recipients by race and ethnicity and the percent of youth and young adults by gender and age, respectively.

**[Figure 2. Percent of Youth and Young Adult Service Recipients By Race and Ethnicity](#)**  
**[Figure 3. Percent of Youth and Young Adults by Gender and Age](#)**

Non-Hispanic Black youth and young adults represented the majority of PBHS service recipients, accounting for just over one-third (39%) of users, followed by NH White individuals who accounted for 28% of users. While NH Black youth and young adults exhibited the highest frequency of service use with 50,429 individuals accessing services in the latest fiscal year, NH White individuals had the highest overall rate of service utilization at 174 per 1,000 eligible individuals. Native American youth and young adults exhibited the second-highest service use rate at 163.7 per 1,000 eligible individuals, despite making up less than one percent of the total number of service users, and NH Black individuals utilized services at a rate of 154.8 per 1,000 eligible individuals ([See Appendix A, Table A2](#)).

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 and Queen Anne's Counties) and western Maryland (Garrett County) had the lowest numbers of service users, with each jurisdiction serving less than 1,000 youth and young adults in FY24. Despite these low user counts, all of these jurisdictions exhibited service utilization rates above the state average (these service utilization numbers align with the overall PBHS eligibility counts and percentages, as jurisdictions with more youth and young adults eligible for services generally had higher numbers of service recipients). ([See Appendix B, Table B2](#)). In FY24, as shown in Map 2 (see link below), 131.2 out of every 1,000 Medicaid eligible youth and young adults used PBHS. As illustrated in Map 2, the utilization rates of PBHS services varied widely throughout the State, a high of 237.1 per 1,000 eligible individuals in Somerset County and a low of 75.5 per 1,000 eligibles in Prince George's County. Other counties with high service utilization rates included Dorchester (223 per 1,000) and Worcester (210.6 per 1,000) and Baltimore City (208.9 per 1,000 eligible. In contrast, Prince George's (75.5 per 1,000), Montgomery (85.4 per 1,000) and Charles (96.8 per 1,000) were the counties with the lowest service use rates.

**[Map 2. PBHS Service Utilization Rates Across Maryland Jurisdictions, FY 2024.](#)**

Overall, PBHS service use rates among eligible youth and young adults remained essentially unchanged in FY24 at 131.2 per 1,000 compared to 131.6 per 1,000 in FY23. As illustrated in Map 3 (See link below), the change in utilization rates varied across the state, with the largest increases occurring in Garrett (11.6%), Somerset (11.2%), and Charles (9.3%) Counties, while Carroll (6.0%), Queen Anne's (5.8%) and Cecil (5.1%) exhibited the largest decreases in use rates. Between FY23 and FY24 service use rates increased in 13 and declined in 11 of 24 jurisdictions.

**[Map 3. Change in PBHS Service Rates Across Maryland Jurisdictions, FY23 to FY24.](#)**

## Utilization by Service Type

This section summarizes the service utilization and trends for youth 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) services), substance use disorder program services and telehealth services. For a summary of youth and young adult utilization of key behavioral health services [\(See Appendix A, Table A3\)](#).

### Outpatient Mental Health Services

Outpatient Mental Health Services (OMHS) in the PBHS include individual, group, and family therapy, intensive outpatient programs, diagnostic assessments, hospital-based outpatient services, and other ancillary services available statewide. In FY24, a total of 116,740 youth and young adults received one or more outpatient behavioral health services in the PBHS at a rate of 118.9 individuals per 1,000 eligible youth and young adults. Outpatient services were the most frequently accessed service area accounting for 90.6% of all youth and young adult service recipients. Between FY21 and FY24, outpatient PBHS services have increased by 15.8% and have remained relatively unchanged between FY23 and FY24, increasing by less than 1%. The link below shows the trend in OMHS service use for youth and young adults between FY21 and FY24. Among outpatient service recipients, youth constituted the majority, with 80,651 users and a service use rate of 110.6 per 1,000 eligible youth, while young adults had a substantially lower number of service users (36,089), they used services at a higher rate (143.0 per 1,000 eligible young adults) compared to youth.

#### **[Figure 4. Trend in Outpatient Service Use Among Youth and Young Adults Between FY21 and FY24.](#)**

Since FY21, OMHS service use increased for both youth and young adult populations, at approximately the same rate of 16.9% and 16.8% respectively. However, between FY23 and FY24, while utilization among youth increased by 2.4%, it declined by 2.8% for young adult service users. Younger children (birth to six years and youth 13 to 17 years) exhibited the largest increase in utilization. While service use increased for all racial and ethnic groups, Asian and Hispanic youth and young adults experienced the largest increases, increasing by 26.5% and 60.9% respectively.

OMHS users were relatively evenly divided by gender with 54.2% female and 45.8% male. However, females (128.1 per 1,000 eligible) used outpatient services at a higher rate compared to males (109.6 per 1,000 eligible). Similar to the trend in overall PBHS service use, younger males under age 13 were more likely to use outpatient services and exhibited a decline in service use with increasing age. In contrast, service use among females increased substantially after age 13 and showed an increase with age. Youth aged 13 to 17 years exhibited the highest rate of outpatient service use at 174.4 per 1,000 eligibles, while young children (birth to six years) showed the lowest rate of service use at 38.9 per 1,000 eligibles. Female service use increased substantially at age 13 to 17 years (202 per 1,000 eligible) compared to males of the same age (147.7 per 1,000 eligibles) as demonstrated by a 50% increase in the rate of service use for females between the ages of 7-12 and 13 to 17 years.

**Figure 5. Percent of Youth and Young Adult Outpatient Service Recipients By Race and Ethnicity and Figure 6. Percent of Youth and Young Adults by Gender and Age**

The racial and ethnic distribution of outpatient service recipients was similar across youth and young adult populations, with over one-third (38.5%) being NH Black, followed by NH White at 28.0%. Individuals who identified with Other Races, including Asian, Native American, Pacific Islander, and Multi-Racial accounted for 3.7% of youth and young adults and 2.4 % identified as of Hispanic/Latinx origin. Service use rates increased across all racial, ethnic, and gender groups from youth to young adulthood. While NH Black youth and young adults represented the largest proportion of outpatient service users, NH White individuals used services at substantially higher rates (163.1 per 1,000 eligible) compared to 138.1 per 1,000 eligible for NH Black youth and young adults. Native American youth and young adults, while representing less than 1% of outpatient service users had the second highest rate of service use at 149.1 per 1,000 eligibles. [\*\(See Appendix A, Table A4: Utilization of Outpatient Mental Health Services Among Youth and Young Adults by Race and Gender, FY24\)\*](#)

Outpatient service use rates varied widely across the State, ranging from a low of 68.2 per 1,000 PBHS-eligible individuals in Prince George's County to a high of 211.5 per 1,000 eligible individuals in Somerset County. Dorchester (201.2 per 1,000 eligible), Worcester (196.1 per 1,000 eligible), and Kent (189 per 1,000 eligible) Counties also had high usage rates, while Prince George's (68.2 per 1,000 eligible), Montgomery (78.3 per 1,000 eligible), and Charles (87.2 per 1,000 eligibles) Counties reported lower use 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. More than three-quarters jurisdictions (19 out of 24) of all Maryland jurisdictions had outpatient utilization rates above the state average of 118.9 per 1,000 eligible [\*\(See Appendix B, Table B3\)\*](#). The variation in service use rates is likely related to the barriers and facilitators children, youth, and families experience within their county of residence, such as provider availability and accessibility, including expertise in treating particular conditions or co-occurring disorders; transportation and travel time; stigma; child care; etc.

### **Inpatient Hospital Psychiatric Services**

Inpatient psychiatric 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. Inpatient hospital services are available to youth and young adults in 16 counties across the state. In FY24, there were 28 licensed acute care facilities with Psychiatric units. Of the 28, there were five Maryland facilities that have child or adolescent psychiatric units— 3 general acute care (MedStar Franklin Square (Baltimore City), MedStar St. Mary's (St. Mary's County), and University of Maryland Capital region) and 2 private (Brook Lane (Washington County) and Sheppard Pratt (Baltimore County)).

In FY24, a total of 6,337 youth and young adults had one or more psychiatric-related hospitalizations at a rate of 6.5 per 1,000 eligibles, and represented 4.9% of all youth and young adult service recipients. As shown in Figure 7 below, inpatient hospital service use continued a downward trend in FY24, decreasing by 18.5% since FY18 (from 7,773) and 3.3% since FY23

from 6,553 to 6,337. Young adult inpatient use decreased at a slightly faster rate than youth, decreasing by 20.1% compared to 17.1% in youth under 18 years. Since FY18, inpatient service use declined for all racial and ethnic groups, except for Hispanic individuals. Native American (85%) and NH Whites (50%) exhibited the largest declines, while service use among Hispanic youth and young adults increased by 65%.

**[Figure 7. Trend in Inpatient Psychiatric Service Use Among Youth and Young Adults Between FY18 and FY24.](#)**

In FY24, inpatient hospital services were utilized by 6 out of every 1,000 individuals eligible for PBHS statewide. Youth accounted for over one-half (55.7%) of inpatient users while young adults accounted for the remaining 44.2% of users. However, a comparison of service use rates showed that young adults had a service use rate more than double that of youth (4.9 vs. 11.1 per 1,000 eligible). Youth aged 13 to 17 years accounted for the largest proportion of service users, comprising more than one-third (38.9%) of all inpatient users. Compared to males, female youth and young adults were more frequent users of inpatient hospital services accounting for more than one-half (56%) of users and were more likely to use services across all age groups other than the youngest, birth to six year category. Overall, females used inpatient services at a substantially higher rate compared to males with service use rates of 7.3 and 5.6 per 1,000 eligible respectively. Hospitalizations increased substantially for both males and females in the teen years 13 to 17 year age group. However, females exhibited a much steeper increase as demonstrated by a use rate of 15.4 per 1,000 eligibles, compared to males at 9.2 per 1,000 eligible ([See Appendix C, Figure 7](#)).

Figure 8 in the link below displays the race and ethnicity for youth and young adult recipients of inpatient hospital service. Youth and young adults who identified as NH Black individuals (38.0%) exhibited higher service use frequencies compared to NH Whites (29.4%) individuals. Nevertheless, NH Whites had a higher overall service use rate of 9.3 per 1,000 eligible, compared to NH Black individuals who had a rate of 7.4 per 1,000 eligibles. Individuals of Hispanic/Latino origin represented a small proportion of inpatient service users accounting for just 2.9% users at a rate of 3.3 per 1,000 eligible individuals. While Native Americans represented less than 1% of service users, they had the second highest inpatient service use rate 7.9 per 1,000 eligible individuals ([See Appendix A, Table A5](#)).

**[Figure 8 Percent of Youth and Young Adult Inpatient Service Recipients By Race and Ethnicity and Figure 9. Percent of Youth and Young Adults by Gender and Age](#)**

In FY24, inpatient service use rates varied widely across the State, ranging from a low of 3.9 in Prince George's County to a high of 10.3 per 1,000 eligible individuals in Washington County. Kent (9.8 per 1,000), Washington (10.3 per 1,000), Dorchester (9.3 per 1,000) and Somerset (9.2 per 1,000) Counties reported the highest use rates. In contrast, Prince George's (3.9 per 1,000), Charles (4.8 per 1,000), and Talbot (4.8 per 1,000) Counties had the lowest rates. Notably, over one-half (16 out of 24) jurisdictions had inpatient utilization rates above the statewide average of 6.5 per 1,000 eligible individuals ([See Appendix B, Table B4](#)).

## 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 youth and young adults 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.<sup>2</sup>

In fiscal year 2024 (FY24), a total of 10,764 youth and young adults who received PBHS had one or more visits to psychiatric emergency rooms (ERs). This represents nearly one in ten (8.4%) of all youth and young adult PBHS service recipients. The statewide service use rate for psychiatric ER visits was 11.0 per 1,000 eligible youth and young adults. As shown in Table 10 displayed in the link below, similar to inpatient psychiatric services, the use of psychiatric emergency services continued to trend downward in FY24, declining by 4.8% since FY23 and 17.5% between FY18 and FY24. Young adult ER use decreased at a somewhat faster rate than youth, decreasing by 19.6% compared to 15.7% for youth under 18 years ([See Appendix C, Figure 10](#)).

Between FY18 and FY24, the most notable reductions were among youth aged 7 to 12 years (31.6%) and young adults 22 to 25 years (24.5%). ER use also declined substantially for Native American (81.0%) and for Non-Hispanic White (51.0%) individuals. Despite the decreasing trend in ER use overall, Hispanic youth and young adults were the only demographic to experience an increase, with nearly a two-fold (183.9%) increase in use since FY18 and a 26.4% increase between FY23 and FY24.

### [Figure 10. Trend in Psychiatric Emergency Room Use Among Youth and Young Adults Between FY18 and FY24.](#)

Youth under the age of 18 years were the predominant users of emergency room services accounting for (56% of ER users) compared to young adults who represented 44.3% of users. While the rate of service use among youth was 8.2 per 1,000 eligible), young adults used ER services at more than double the rate of youth (18.9 per 1,000 eligible). Among all ER users, youth aged 13 to 17 years accounted for the largest proportion (37.6%) of service users. Additionally, females represented a larger share of users across all the age groups other than the youngest age group. Accordingly, females (12.2 per 1,000 eligible) used ER services at a higher rate compared to males (9.7 per 1,000 eligibles). Female youth aged 13 to 17 years had the highest service use rates at 24.4 per 1,000 eligibles.

### [Figure 11. Percent of Youth and Young Adult Emergency Room Service Recipients By Race and Ethnicity](#) and [Figure 12. Percent of Youth and Young Adults by Gender and Age](#)

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<sup>2</sup> For additional information on emergency department use and wait times, see Maryland Health Services Cost Review Commission. (2022). Behavioral Health Emergency Department Wait Times and Service Improvements in Maryland, Report at the Request of the House Health and Government Operations Committee. [https://dlslibrary.state.md.us/publications/Exec/MDH/HSCRC/HB1121\\_2020Ch29\(2021\)\\_2022.pdf](https://dlslibrary.state.md.us/publications/Exec/MDH/HSCRC/HB1121_2020Ch29(2021)_2022.pdf) and Maryland Health Care Commission. (2025). Analysis of Need for Acute Psychiatric Services for Historically Underserved Populations. [https://mhcc.maryland.gov/mhcc/pages/home/public\\_comment/documents/1\\_analysis\\_need\\_acute\\_psych\\_hist\\_underserved\\_populations\\_draft.pdf](https://mhcc.maryland.gov/mhcc/pages/home/public_comment/documents/1_analysis_need_acute_psych_hist_underserved_populations_draft.pdf)

Youth and young adult emergency room users were most frequently NH Black (38.9%) compared to NH White (27.1%). However, NH White youth and young adults had the highest overall rate of service use at 14.5 per 1,000 eligibles, followed by NH Black individuals (12.9 per 1,000 eligible). Native Americans represented only 0.5% of service users but had the second-highest ER service use rate of 12.9 per 1,000 eligible. (*See Appendix A, Table A6*).

The utilization of psychiatric emergency room services varied across the State, ranging from a low of 6.7 per 1,000 eligible youth and young adults in Prince George's County to a high of 20.7 per 1,000 eligible. Three jurisdictions—Dorchester (20.7 per 1,000), Somerset (19.7 per 1,000 eligible) and Allegany (19.1 per 1,000) Counties exhibited the highest use rates well above the statewide rate of 11.0 per 1,000 eligible. In contrast, Prince George's (6.7 per 1,000) and Montgomery (8.8 per 1,000) Counties had the lowest rates (*See Appendix B, Table B5*).

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

Residential treatment center services are available for individuals under the age of 18 who experience serious emotional and behavioral challenges that cannot be treated safely in community settings. Those placed in treatment before turning 18 may continue receiving care until they reach age 21. In FY2024, six residential treatment centers, including two state-operated Regional Institutes for Children and Adolescents (RICAs), provided mental health treatment services to children and young adults with severe emotional and behavioral challenges across the State.<sup>3</sup>

In FY24, 281 Youth and young adults received RTC services in community RTCs or RICAs. RTC service use decreased year over year between FY19 and FY23, decreasing by 41.1%. Figure 13 displayed in the link below shows the trend in RTC use among youth and young adults. Between FY23 and FY24 RTC service use increased slightly from 268 to 281, representing a 4.9% increase. While many services presented in this report have seen service use rebound after the COVID-19 pandemic, RTC use has continued to decline.<sup>4</sup> RTC services were used by less than 1% of all PBHS service users in FY24. Overall, the service use rate for residential treatment centers is 0.32 service users per 1,000 PBHS-eligible youth and young adults. Individuals aged 13 to 17 and 18 to 21 saw the largest decrease in service use since FY18. Service use decreased at comparable rates for Non-Hispanic Black and Non-Hispanic White individuals as well as for female and male service users.

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<sup>3</sup> The six facilities are the Nexus Woodbourne Center (Baltimore City), Regional Institute for Children and Adolescents (RICA) - Baltimore (Baltimore City), Sheppard Pratt Berkeley & Eleanor Mann Residential Treatment Center (Baltimore County), Chesapeake Treatment Center - New Directions (Baltimore County), St. Vincent's Villa (Baltimore County), and John L. Gildner Regional Institute for Children (RICA) - Rockville (Montgomery County). Chesapeake Treatment Center and Nexus Woodbourne serve males (note that Nexus Woodbourne's diagnostic center serves male, female, transgender, and non-conforming youth who have been or are at risk of commercial sexual exploitation).

<sup>4</sup> "Overall, RTC utilization in Maryland has been declining for a number of years, and as a result, the total number of RTCs has declined. Since 2011, there have been only three CON [certificate of need] applications for RTC services. Out of these applications, two were withdrawn and one was approved." Maryland Health Care Commission. (2024). DRAFT White Paper: Residential Treatment Services. [https://mhcc.maryland.gov/mhcc/pages/home/workgroups/documents/rtc/chef\\_rtc\\_drft\\_white\\_paper.pdf](https://mhcc.maryland.gov/mhcc/pages/home/workgroups/documents/rtc/chef_rtc_drft_white_paper.pdf)

### **Figure 13. Trend in Residential Treatment Center Use Among Youth and Young Adults Between FY18 and FY24.**

Among youth and young adult service users, males (66.6%; 187) accounted for more than double the number of female service users (33.4%; 94) and had a service use rate double that of females.<sup>5</sup> Youth were the primary users of residential treatment services, with youth ages 13 to 17 accounting for 57.7% and ages 7 to 12 accounting for 35.2%. In total, youth between the ages of 7 and 17 accounted for 92.9% of RTC service users. Service recipients were also more likely to be non-Hispanic Black (47.3%) than non-Hispanic White (29.5%) (*See Appendix A, Table A7*).

### **Figure 14. Percent of Youth and Young Adult Residential Treatment Center Service Recipients By Race and Ethnicity and Figure 15. Percent of Youth and Young Adults by Gender and Age**

The statewide utilization rate of RTC services was relatively low at 0.32 per 1,000 eligible youth and young adults. Statewide, use rates ranged from a low of 0.07 per 1,000 in Prince George's County to a high of 1.1 per 1,000 in Somerset County. The jurisdictions with the highest use rates included Somerset (1.1 per 1,000), Baltimore City (0.87 per 1,000) and Baltimore County (0.84 per 1,000), which had rates more than double the state average. The jurisdictions with the lowest use rates included Prince George's (0.07 per 1,000), Montgomery (0.10 per 1,000), and Charles (0.12 per 1,000) counties. (*See Appendix B, Table B6*).

In addition, a total of 97 Youth and Young Adults received services in RICA facilities during FY24. Among those receiving RICA services, 44% received treatment in the Baltimore City facility, and the remaining 56% in the Montgomery County facility. Service use decreased by 10% (48 to 43 service users) between FY23 and FY24 in the Baltimore County facility and increased by 8% (50 to 54) in the Montgomery County facility.

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

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

#### **Targeted Case Management Services (TCM)**

Targeted Case Management (TCM) services are available for youth 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 (3.0 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.

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<sup>5</sup> Two of the six RTCs serve males.

**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 individualized needs of participants. Individuals not qualifying for Medicaid may still receive services through the TCM Plus program. This program accommodates up to 100 non-Medicaid child and young adult recipients and is available to children and young adults throughout the State.

In FY24 a total of 1,924 youth and young adults accessed TCM services, representing less than 2% of overall service utilization. Among those children and youth, 91.4% received either Level I (35.6% or 686 individuals) or Level II (55.8% or 1,073 individuals) TCM services. Only 8.6% (165 individuals) utilized the more intensive Level III services. Between FY23 and FY24 Level I TCM use decreased by 10.9%, Level II TCM remained largely unchanged. However, TCM III service use, while representing less than 10% of service users, increased by 12.2% from 147 to 165.

As shown in Figure 16, displayed in the link below, since FY19, there has been a slow but steady decline in TCM utilization, with overall use decreasing by 14.9% over this timeframe. Between FY23 and FY24 alone, use decreased by 4.9%. The demographics experiencing the most substantial decreases include children aged birth to six (32.9%) and Native American (87.8%) youth and young adults. Conversely, increases in TCM use were noted among youth 13 to 17-years of age ([See Appendix C, Figure 16](#)).

**[Figure 16. Trend in Targeted Case Management Use Among Youth and Young Adults Between FY18 and FY24.](#)**

In FY24, the TCM service utilization rate was 2.2 per 1,000 eligible youth in the PBHS. The vast majority (88.0%) of the youth recipients of TCM services, were between the ages of 7 to 12 and 13 to 17 years. This trend was observed across all three levels of TCM. These two age cohorts had service use rates of 3.3 and 4.4 per 1,000 eligible individuals respectively. Males were more frequent users of TCM services, representing 59.0% of all users compared to females who accounted for 41.0% of users. Males (2.6 per 1,000) also used services at a higher rate than females (1.8 per 1,000 eligible). In addition, males used services more frequently than females across all TCM levels ([See Figure 18 in link below](#)).

**[Figure 17. Percent of Youth and Young Adult Targeted Case Management \(TCM\) Recipients By Race and Ethnicity](#) and **[Figure 18. Percent of Youth and Young Adults by Gender and Age](#)****

TCM services were used more frequently by NH White youth and young adults (39.3%), compared to NH Black (33.1%) individuals. This trend was consistent across all TCM service levels, except for Level III, where NH Black youth accounted for the largest proportion of users (43.6%). The utilization rate for NH White individuals was nearly double that of NH Black service users; with 4.3 per 1,000 eligible for NH Whites compared to 2.3 per 1,000 for Blacks ([See Appendix A, Table A8](#)).

Statewide, in FY2024, the overall rate of TCM service use was 2.2 per 1,000 eligible youth and young adults. However, use rates varied substantially across the State, ranging from 0.1 per 1,000 eligible in Prince George's County to 15.1 per 1,000 eligible in Washington County. Washington (15.1 per 1,000), Kent (12.5 per 1,000) and Dorchester (12.4 per 1,000) Counties exhibited the highest use rates while Prince George's (.1 per 1,000), Montgomery (.2 per 1,000) Counties had the lowest use rates. Seven jurisdictions, including Caroline, Carroll, Dorchester, Kent, Somerset, Talbot, and Washington Counties had use rates more than three times the State average ([See Appendix B, Table B7](#)).

### **§ 1915(i) 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 support participants to remain in their homes by providing an intensive 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 FY 2024, 13 children and youth were enrolled in the §1915(i) services, down from 15 served in FY23 and less than one-half the number served in fiscal year 2022. More than two-thirds (69.2%) of recipients were aged 7 to 12, while 31% were between the ages of 13 to 17 years. The demographic makeup of service recipients was primarily non-Hispanic White (38.5%) and non-Hispanic Black (23.0%). The vast majority of service users were male (69.2%) compared to female (31.0%). ([See Appendix A, Table A9. Utilization of 1915i Waiver Service Among Youth and Young Adults by Race/Ethnicity and Gender, FY24](#)).

### **Respite Care Services**

Respite care services provide caregivers an opportunity for care and support in 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 FY24, 183 children and youth received respite care services statewide, representing less than one percent of all youth and young adult recipients of PBHS services. Overall, there was a 42.8% decrease in respite care services since FY18. Use of respite services increased by 42.3% between FY18 and FY20 followed by a substantial decline between FY20 and FY24. Figure 19 in the link

below displays the trend in respite service use between FY18 and FY24. This decline can be partially attributed to the closure of several respite care facilities. This decrease was consistent across all demographic groups. The service utilization rate for respite care services was 0.2 per 1,000 PBHS-eligible youth ([See Appendix C, Figure 19](#)).

**[Figure 19. Trend in Respite Care Service Use Among Children and Youth Between FY18 and FY24.](#)**

Respite care services are exclusively utilized by youth aged 17 and under. More than one-half (60.7%) of all respite care recipients were between the ages of 7 and 12, followed by those aged 13 to 17 (32.2%). These two age groups account for 93.0% of all service users. Respite care service recipients were more likely to be male (61.2%) than female (38.8%) and males (0.3 per 1,000 eligible) used services at a higher rate than females (0.2 per 1,000 eligible).

**[Figure 20. Percent of Children and Youth Respite Care Recipients By Race and Ethnicity and Figure 21. Percent of Youth and Young Adults by Gender and Age](#)**

In FY24, Non-Hispanic Black (43.2%) children and youth were more frequent users respite care services compared to Non-Hispanic Whites (34.4%), however, the use rates were higher among non-Hispanic White children and youth (0.44 per 1,000 eligible) compared to non-Hispanic Black children (0.34 per 1,000 eligible) ([See Appendix A, Table A10](#)).

Respite care services were available statewide, but four jurisdictions accounted for nearly three-quarters (73.8%) of the total service use, including Wicomico (21.9%), Somerset (20.2%) Baltimore City (13.7%), and Baltimore County (18.0%). During FY24, no children and youth received respite care services in nine jurisdictions including: Allegany, Carroll, Charles, Garrett, Kent, Montgomery, Prince George's, St. Mary's, and Washington Counties. ([See Appendix B, Table B8](#)).

**Psychiatric Rehabilitation Program Services (PRP)**

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

In FY24, a total of 24,753 youth and young adults received PRP services statewide, making up 19.2% of the total youth and young adult service users. Figure 22, displayed in the link below shows the trend in PRP service use among youth and young adults between FY18 and FY24. Over this timeframe, the use of PRP services increased substantially by 35.3% with an 8.6% increase observed in the last year alone. Service use among young adults nearly doubled, exhibiting an 82.2% increase since FY18, while youth service use increased at a substantially slower rate, increasing by 24.9%. Since FY18, service use among Hispanics/Latinx youth and young adults increased more than two-fold (217%), and more than doubled for Asian individuals (113%). Despite the overall increasing trend in service use, notable decreases were observed, among NH White (34.5%) and Native American (59.1%) youth and young adults. In FY24, the statewide PRP services' utilization rate was 25.2 per 1,000 eligible individuals, ranking as the third highest rate, following outpatient and telehealth services.

### **Figure 22. Trend in Psychiatric Rehabilitation Program Service Use Among Youth and Young Adults Between FY18 and FY24.**

PRP services were primarily used by youth (75.7%; 18,736 individuals), with an overall service use rate of 25.7 per 1,000 eligible. Young adults accounted for 24.3% (6,017 individuals), and had a slightly lower use rate of 23.8 per 1,000. More than one-third (37.6%) of youth and young adult PRP service recipients were between the ages of 7 and 12 years, followed closely by individuals 13 to 17 years accounting for 31.7%. Males and females had roughly equivalent service use counts and rates overall. Among youth, males (53.2%) accounted for a larger proportion of service users compared to females who accounted for 46.7%. This trend shifted for young adults with females (59.4%) accounting for a larger proportion of users compared to males who accounted for (41.0%) of service users.

### **Figure 23. Percent of Youth and Young Adult Psychiatric Rehabilitation Program Service Recipients By Race and Ethnicity and Figure 24. Percent of Youth and Young Adults by Gender and Age**

Non-Hispanic Black youth and young adults were the primary users of PRP services, representing 58% of overall use with a rate of 44.1 per 1,000, compared to the state rate of 25.2 per 1,000. In contrast, NH White youth and young adults accounted for 14.1% of service use with a rate of 17.5 per 1,000. Native Americans youth and young adults, while representing less than 1% of overall PRP service users had the highest rate of service use at 55.5 per 1,000 eligible ([See Appendix A, Table A11. Utilization of Psychiatric Rehabilitation Services Among Youth and Young Adults by Age, Race and Gender, FY24](#)).

More than one-half (60.3%) of PRP users resided in Baltimore City (42.4%) and Baltimore County (18.0%). Utilization rates varied from a low of 7.8 per 1,000 eligible youth and young adults in Montgomery County to a high of 75.6 per 1,000 in Baltimore City. Baltimore City had the highest service use rate, triple the state average of 25.2 per 1,000. The jurisdictions with the next highest rates were in Dorchester (47.9 per 1,000 eligibles), Baltimore (30.7 per 1,000 eligible), and Talbot (27.6 per 1,000 eligible) Counties. While Montgomery (7.8 per 1,000 eligible), Calvert (8.2 per 1,000 eligible), and St. Mary's (8.8 per 1,000 eligible) Counties had the lowest service rates ([See Appendix B, Table B9](#)).

## **Substance Use Disorders (SUD) Program Services**

The PBHS provides a range of services for young people dealing with Substance Use Disorders, particularly targeting youth and young adults. These resources are available statewide and include:

1. Outpatient therapy and counseling
2. Intensive outpatient programs
3. Inpatient hospital treatment
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

As shown in Figure 25, in the link below, the use of SUD services among youth and young adults has increased substantially over the past four years, increasing by 37.4% between FY21 and FY24 with a 10.2% increase over the past year. Young adults represent the vast majority of service users, accounting for 68.8% of users. Between FY21 and FY24, SUD service use more than doubled for youth (111.1%), while use among young adults increased at a much slower rate, increasing by 18.6%. In FY24 use among youth continued an upward trend, increasing by 14.3% while young adult use increased by 8.5%. Service use among Hispanic/Latinx individuals increased by more than four fold (495.2%) since FY21 and nearly doubled (94.7%) over the past year, while use among NH Blacks increased by 58% since FY21.

**[Figure 25. Trend in Substance Use Disorder Service Use Among Youth and Young Adults Children's Report Presentation Between FY21 and FY24.](#)**

In FY24, a total of 16,093 youth and young adult recipients of PBHS service used one or more SUD services, accounting for slightly more than one in every ten (12.5%) youth and young adult PBHS service recipients. The overall service use rate for this category of services was 16 per 1,000 eligible individuals.

The largest portion of service use in the substance use disorder (SUD) category was for laboratory services, which accounted for 10,187 users (63.3%). This was followed by SUD outpatient services (8,246) users; 51.2%), intensive outpatient services (2,703 users; 16.8%), SUD residential services (1,220 users; 7.6%), MOUD (medications for opioid use disorder) (619 users; 3.8%), SUD partial hospitalization (710; users; 4.4%), and SUD inpatient services (382 users; 2.4%).

Among recipients of SUD services, young adults were more prevalent, representing more than two-thirds (68.8%) of users, as compared to youth who accounted for 31.2%. The rate of service use for young adults (43.9 per 1,000 eligible) was more than six times that of youth (6.9 per 1,000 eligible). Furthermore, both youth and young adult service users were more likely to be female (55.9%) than male (44.1%), with females exhibiting a higher overall service use rate (18.2 per 1,000 eligible) compared to males (14.6 per 1,000 eligible).

**[Figure 26, Percent of Youth and Young Adult SUD Service Recipients By Race and Ethnicity and Figure 27, Percent of Youth and Young Adults by Gender and Age](#)**

Non-Hispanic Black youth and young adults (39.7%) accounted for the largest proportion of service users, followed by NH Whites who accounted for just under one-quarter (24.6%) of users. Rates of service use were comparable for NH Whites and NH Blacks at 19.7 per 1,000 and 19.6 per 1,000 respectively. Native Americans had the third highest service use rate at 18.3 per 1,000 eligible users despite accounting for less than 1% of the total SUD service users.<sup>6</sup>

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<sup>6</sup>As of the 2024 Census Data, Native American youth and young adults represented just .14% of the overall population, NH Whites represented, 38.7%, NH Blacks 24.1% and Hispanic youth represented 16.1%.

Non-Hispanic Black individuals were equally represented among youth and young adult Populations, while NH White individuals were more prevalent among young adults (25.5%), compared to youth (20.2%). As shown in Figure 27, in the above link, male and female service users were relatively equally represented across the age categories for youth under 18 years, while compared to males, females were more likely to use SUD service in the young adult age groups ([See Appendix A, Table A12](#)).

Service use rates for substance use disorder services varied widely across the state, ranging from a low of 9.1 per 1,000 eligible individuals in both Montgomery Prince George's Counties to a high of 38.5 per 1,000 eligible individuals in Somerset County. The jurisdictions with the highest SUD use rates included Baltimore City (29 per 1,000 eligible) and Somerset (38.5 per 1,000), Dorchester (37.8 per 1,000), and Calvert (26.7 per 1,000) Counties. In contrast, the jurisdictions with the lowest use rates were Prince George's (9.1 per 1,000), Montgomery (9.1 per 1,000), and Howard (9.9 per 1,000) Counties. Although Baltimore City has been most severely impacted by the opioid epidemic and has the highest overdose death rate in Maryland, it ranks third in SUD service use rates among youth and young adults. Nearly two-thirds (15 out of 24) of all jurisdictions had substance use disorder service utilization rates above the state average of 16.4 per 1,000 ([See Appendix B, Table B10](#)).

### **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.

Figure 28, shown in the link below, displays the trend in telehealth service use among youth and young adults between FY21 and FY24. Since FY21, the use of telehealth services among youth and young adults decreased by 6.3% and 1.3% in FY24 respectively. Use among youth decreased by 12.8% since FY21, while young adult use increased over the same time period by 9.2%. Over the past year, telehealth use declined for youth by 2.0%, while increasing to young adults by 3.9%. Non-Hispanic White individuals and males exhibited the largest decreases since FY21, decreasing by 12.3% and 12.0% respectively. In contrast, telehealth use increased substantially over the same time period for Hispanic/Latinx service recipients, increasing by 18.8%.

### **Figure 28. Trend in Telehealth Service Use Among Youth and Young Adults Between FY21 and FY24.**

In FY24, a total of 70,262 youth and young adults utilized PBHS telehealth services, accounting for 55% of all youth and young adult service recipients in this category and at a statewide rate of 71.6 per 1,000 eligible individuals. Among telehealth service recipients, youth comprised nearly two-thirds (65.5%) of the total service users compared to young adults who represented just over one-third of users. While youth accounted for the majority of telehealth service users, young adults utilized services at a substantially higher rate of 96 per 1,000 eligible individuals, compared to 63.1 per 1,000 eligible youth.

Females (56.0%) accounted for a higher proportion of service users compared to males (44%) and used telehealth services (79.6 per 1,000) at a higher rate than males (63.4 per 1,000). Non-Hispanic Black youth and young adults accounted for more than one-third (37.8%), while NH Whites represented just over one-quarter (29.0%) of service all users. Those individuals identifying with other racial or ethnic groups (Asian, Hispanic, Native American, Pacific Islander or Multi-racial) accounted for just 3.7% of users. While NH White youth and young adults represented just over one-quarter of service users, they exhibited the highest rate of service use at 101.5 per 1,000 eligible, followed by Native Americans (98.6 per 1,000 eligibles) and NH Blacks at 74.2 per 1,000 eligible individuals. The proportion of telehealth service users varied by gender and age group. Female service users increased in a stepwise progression from accounting for just 37.9% of birth to six year olds to representing two-thirds (66.2%) of young adults 22 to 25 years. In contrast, males exhibited the reverse trend, accounting for the largest proportion (62.1%) of youth birth to six years and the smallest proportion of young adults 22 to 25 years ([See Appendix A, Table A13](#)).

**[Figure 29. Percent of Youth and Young Adult Telehealth Service Recipients By Race and Ethnicity](#) and [Figure 30. Percent of Youth and Young Adults by Gender and Age](#)**

Telehealth service use rates varied widely across the State, ranging from a low of 40.5 per 1,000 eligible individuals to a high of 115.5 per 1,000. The jurisdictions with the highest service use rates included Somerset County (115.5 per 1,000), Dorchester County (109.2 per 1,000), and Baltimore City (99.9 per 1,000). Conversely, the jurisdictions with the lowest use rates were Calvert County (40.5 per 1,000), Prince George's County (43.6 per 1,000), and Garrett County (47.3 per 1,000). Notably, more than half (17 out of 24) of all jurisdictions had telehealth service utilization rates that exceeded the state average of 71.6 per 1,000 ([See Appendix B, Table B11](#)).

## **Expenditures and Costs**

This section summarizes the total expenditures and expenditures per youth and young adult recipients of PBHS services by gender, race/ethnicity, age, and jurisdiction for targeted behavioral health services.

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

In FY24, a total of \$781.6 million was expended for behavioral health services for youth and young adults at an average cost of \$6,069 per service recipient and accounted for 30.3% of overall PBHS expenditures (\$2.58 Billion). Figure 31, in the link below, displays the trend in overall and per person expenditure between FY18 and FY24. As shown in the Figure, expenditures increased by 58%, increasing by 13.3% in FY24 alone. Youth accounted for two-thirds (66.4%, \$519.3 million) of the expenditures, while young adults accounted for one-third (33.6%, \$262.3 million) of the expenditures. Average per person expenditures increased by 35.8% since FY18 and 8.7% in FY24.

**[Figure 31. Trend in Overall PBHS Expenditures and Cost Per Person for Youth and Young Adults. FY18 to FY24](#)**

In FY24, NH Black youth and young adults accounted for 44% of overall expenditures, while NH Whites accounted for 25% of expenditures. Other races, including Asians, Native Americans, Pacific Islanders, and individuals identifying as Multi-racial accounted for just 2.9% of expenditures, while Hispanic/Latinx individuals accounted for 2.3% of expenditures.<sup>7</sup> One-quarter (25.6%) of overall expenditures were associated with service users who did not have their race or ethnicity recorded. Looking at the average expenditures per service recipient, NH Black individuals (\$6,867) had the highest overall per person expenditures, followed by NH White (\$5,577) individuals. Average per person expenditures were highest for youth 13 to 17 years of age and young adults 22 to 25 years old and this pattern was consistent across all racial/ethnic groups. However among Hispanic/Latinx individuals per person expenditures were highest for younger youth 7 to 12 years of age and lower for older individuals. Overall expenditures were equally distributed among the genders with females accounting 50.4% and males 49.6% of overall expenditures. However, male service recipients (\$6,584) had substantially higher per person expenditures, compared to females (\$5,635), primarily related to the use of SUD and residential treatment services. Per person expenditures among males were highest for young adults 22 to 25 years and increased with each age group, while female expenditures were highest in the teen years (13 to 17 years) and decreased with age ([See Appendix A, Tables A14a and A14b](#)).

Behavioral health expenditures ranged from a low of \$2.3 million in Garrett County to a high of \$227.2 million in Baltimore City. These jurisdictions also represented the lowest and highest per person expenditures which ranged from a low of \$3,132 per person in Garrett County to a high of \$7,836 per person in Baltimore City.<sup>8</sup> Three jurisdictions, including Baltimore City and Baltimore and Somerset Counties, had the highest average per person expenditures, while Garrett, Caroline, and Calvert Counties had the lowest per person expenditures ([See Appendix B, Tables B12a and B12b](#)).

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

This section summarizes the total expenditures and expenditures per youth 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) services), substance use disorder program services and telehealth services.

#### **Outpatient Mental Health Services**

Outpatient Mental Health services were utilized by 116,740 youth and young adults at a total cost of \$368.4 million, which accounts for nearly one-half (47%) of the total youth and young adult PBHS expenditures (\$781.6 million) in FY24, with an average per person cost of \$3,156. As shown in Figure 32, in the link below, the use of outpatient mental health services increased

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<sup>7</sup> Using 2024 Census Data, compared to the overall population, NH Blacks over represented at 39.1% vs 24.1%; NH Whites are under represented accounting for 27.1% vs 38.7%; and the proportion of Native American and Hispanic youth served is roughly proportional to the population at < 1% and 2.6%.

<sup>8</sup> These data reflect jurisdictional provider data. Baltimore City has the highest density of providers and Garrett the second-to-lowest (only Caroline County has fewer providers).

by 15.8% between FY21 and FY23, while total expenditures increased at a substantially faster rate of 42%, and average per person costs increased by 22.5%. Since FY23 total expenditures and per person expenditures increased at similar rates of 8.6% and 7.8% respectively ([Appendix C, Figure 32](#)).

### **Figure 32. Trend in Outpatient Mental Health Expenditures for Youth and Young Adults. FY21 to FY24**

In FY24, youth accounted for three-quarters (75.1%; \$276.8 million) of the total outpatient expenditures and also had the highest per person expenditures (\$3,432 per person), while young adults accounted for 24.9% (\$91.6 million) and had lower per person expenditures (\$2,538 per person). Male and female expenditures were evenly distributed among youth, however among young adults, female service recipients (65.7%; \$60.2 million) accounted for a larger share of the total expenditure than males (34.3%; \$31.4 million). Similarly, youth had comparable per person expenditures for both males and females while female young adults (\$2,593), had a slightly higher cost per person compared to males (\$2,440). Average per person expenditures were highest for both genders in the 7 to 12 and 13 to 17 year age groups and generally decreased with increasing age.

Among racial and ethnic groups, NH Blacks accounted for more than one-third of total outpatient expenditures among both youth (39.6%) and young adults (42.8%), and had the highest per person costs in both age groups (\$3,586 and \$ 2,726). Non-Hispanic White service recipients accounted for over one-quarter of total expenditures in both youth (27%) and young adults and had per person costs that were comparable to the other racial/ethnic groups. While overall expenditures and service use counts differed greatly across all race/ethnicity categories, average costs per person were generally similar between all racial/ethnic groups for both youth and young adults ([See Appendix A, Table A15a and A15b](#)).

The Baltimore region (Baltimore City, Baltimore County, and Anne Arundel County) accounted for one-half (51%; \$186.7 million) of all outpatient expenditures followed by the Capital Region (Montgomery and Prince George's Counties) that accounted for 18.9%; \$69.8 million) of overall Outpatient Expenditure. Average per person expenditures for Outpatient Mental Health services varied substantially across the state from a low of \$1,761 per person in Garrett County to a high of \$4,047 per person in Somerset County. Somerset (\$4,047), Baltimore City (\$3,656), and Baltimore County (\$3,330) had the highest per person costs, while Garrent (\$1,761), Caroline (\$1,896) and Calvert (\$1,907) had the lowest per person expenditures ([See Appendix B, Tables B13a and B13b](#)).

### **Inpatient Psychiatric Hospital Services**

Inpatient psychiatric hospitalization services were utilized by 6,337 youth and young adults and accounted for 18.5% (\$144.3 million) of the total youth and young adult PBHS expenditures in FY24, with an average per person cost of \$22,384. Figure 33 shown in the link below, displays the trends in overall and per person inpatient expenditure between FY18 and FY24. Total inpatient expenditures increased by 35.8% (\$38.0 million) and average per person expenditures increased by 63.7% (\$6,999). This growth in expenditures was accompanied by an 18.5% decrease in service use over the same timeframe. In FY24 alone, both overall and per person

expenditures continued to increase by 6.6% and 8.3% respectively and service utilization declined by 3.3%.

### **Figure 33. Trend in Inpatient Psychiatric Service Expenditures for Youth and Young Adults. FY18 to FY24**

In FY24, youth accounted for 65% of total inpatient expenditures (\$93.7 million), while young adults accounted for just over one-third (35.1% - \$50.6 million) of expenditures. Average per person expenditures were substantially higher for youth (\$26,523) compared to young adults (\$18,054). Among youth, individuals 7 to 12 years (\$29,761) had the highest per person expenditures followed by children six years of age and under (\$26,971 per person) which is likely impacted by low frequency (n=65) at which these individuals access this service. Overall, males and females accounted for roughly equal shares of inpatient expenditures with females accounting for 51% (\$73.7 million) of the total expenditures and males accounting for 48.9% (\$70.6 million) in expenditures. However, males had a substantially higher average per person cost (\$25,067) compared to females (\$20,304). Among youth, females accounted for a slightly larger portion of the total expenditures (53.5%, \$50.1 million) than males (46.5%, \$43.6 million), but a lower per person costs than that of males (\$23,888 vs \$30,376). In young adults, females accounted for a smaller proportion of total expenditures (46.7%, \$23.6 million) compared to males (53.3%, \$27.0 million) and again had a lower average per person cost of \$15,920.

Among racial and ethnic groups, NH Blacks accounted for the largest proportion of overall inpatient expenditures (39.9%, \$57.6 million), while Non-Hispanic White individuals accounted for just over one-quarter (28%, \$40.4 million) of the expenditures. Youth and Young Adults identifying as Other Races, including Asian, Native American and Pacific Islanders accounted for 2.5% of overall expenditures and individuals of Hispanic/Latinx origin accounted for 4.0% of expenditures. Among both Youth and Young Adults, Hispanic/Latinx individuals had the highest per person costs followed by NH Black individuals. Across all race and ethnicity categories, the average per person costs declined between Youth and Young adults ([See Appendix A, Tables 16a and 16b](#)).

Inpatient expenditures varied substantially across the state with Baltimore City and Baltimore County accounting for more than one-third (39.5%; \$57.0 million) of overall inpatient psychiatric expenditures. Statewide average per person expenditures ranged from a low of \$10,576 per person in Caroline County to a high of \$28,389 in Queen Anne's County. Queen Anne's County, Baltimore City, and Kent's County had the highest per person expenditures, while Caroline, Garrett and Talbot Counties had the lowest. Six jurisdictions had annual per person expenditures above the state average of \$22,384 per person ([See Appendix B, Tables B14a and B14b](#)). Additional information on the average length of stay of inpatient and other residential services can be found in [Timing and Admission](#).

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

In FY24, a total of 10,764 youth and young adults used emergency room services at a total cost of \$12.9 million, and an average annual per person cost of \$1,206. Psychiatric emergency room expenditures represented just 1.7% of the annual behavioral health expenditure in FY24. Figure 34, shown in the link below, displays the trend in overall and per person emergency room

expenditures. Corresponding to a decrease in utilization, emergency room expenditures exhibited a decreasing trend between FY18 and FY21, decreasing 20.6% over this time frame. Both ER service use (+14.2%) and resulting expenditures (+12.2%) rebounded between FY21 and FY23. Between FY23 and FY24, ER use and expenditures again declined at comparable rates of 4.8% and 5.6% respectively. Average per person ER expenditures remained relatively stable between FY18 and FY24.

### **Figure 34. Trend in Behavioral Health Emergency Room Service Expenditures for Youth and Young Adults. FY18 to FY24**

Youth accounted for a slightly larger portion (54.6%; \$7.1 million) of overall expenditures compared to young adults (45.4%; \$5.9 million), however young adults (\$1,236) had a higher average cost per person than youth (\$1,183). Among youth, females accounted for 57.4% (\$4.1 million) of emergency room expenditures, while young adults accounted for 42.6% (\$3.0 million) of expenditures. The average cost per person did not differ for male and female youth, but was higher (+\$230) for males among young Adults. Costs per person was highest for females in their teen years (13 to 17 Year) and decreased in young adults, while male costs increased with age with young adults 22 to 25 years having the highest per person expenditures.

Non-Hispanic Black recipients accounted for 42% (\$5.4 million) of total emergency room expenditures at a per person cost of \$1,300, followed by NH White recipients who accounted for 26.4% (\$3.4 million) of expenditures and had a lower per person cost of \$1,175). Service recipients who identified as Other Race (Asian, Native American and Pacific Islander) accounted for 2.7% (\$350,249) of expenditures while Hispanic/Latinx individuals accounted for another 2.5% of the expenditures. Average costs per person were highest among NH Blacks, followed by Non-Hispanic White individuals. Per person expenditures increased from youth to young adulthood across all race/ethnicity categories but did not differ appreciably by gender ([See Appendix A, Table A17a and A17b](#)).

Four jurisdictions, including Baltimore City, and Baltimore, Montgomery, and Prince George's Counties accounted for more than one-half (59.3%, \$7.7 million) of the overall psychiatric emergency room expenditures statewide with Baltimore City alone accounting for one-quarter (25.1%; \$3.2 million) of the overall expenditures. The average per person emergency room expenditures varied widely across the state from a low of \$671 per person in Somerset County to a high of \$1,542 per person in Baltimore City. A total of eight jurisdictions had annual per youth and young adult expenditures higher than the state average of \$1,206 per person, while three jurisdictions (Somerset, Worcester and Wicomico) had average per person expenditure considerably below the state average of \$1,206 ([See Appendix B, Tables 15a and 15b](#)).

### **Residential Treatment Center Services (RTC)**

In FY24 a total of 281 youth and young adults used RTC services at a total cost of \$36.7 million, with an average per person cost of \$130,549. Trend data between FY18 and FY24, as shown in Table 35 in the link below, demonstrates that since FY18, RTC overall expenditures increased by 3.9%, while per person expenditures increased by 68% (+\$52,806). Expenditures increased despite a substantial decrease (38%) in service use over the same time period. Annual expenditures for RTC services represent 4.7% of the total annual PBHS behavioral health

expenditures for youth and young adults. While serving less than 1% of behavioral health service users, this service had the highest average per person cost of all the services presented in this report.

**[Figure 35. Trend in Residential Treatment Expenditures for Youth and Young Adults, FY18 to FY24](#)**

Youth were the primary users of residential treatment center services and accounted for the vast majority (95.2%) of RTC expenditures. Among youth, males accounted for nearly two-thirds (62.3%) of RTC expenditures, while females had substantially higher per person costs (\$143,073) compared to males (\$126,526). Among young adults, males (n=15) were the only users of RTC services, and had an average cost per person that was lower (\$125,615) compared to Male youth (\$126,526) however it should be noted the very low service counts for young adult RTC Users may skew the findings.

Among racial and ethnic groups, NH Black youth and young adults accounted for nearly one-half (48.7%) of RTC expenditures (\$17.8 million), compared to NH White youth and young adults who accounted for just over one-quarter (29.4% -\$10.7 million) of RTC expenditures. Non-Hispanic Blacks had the highest per person costs of \$145,101, followed by NH White individuals with a per person cost of \$129,890 ([See Appendix A, Tables A18a and A18b](#)).

Two jurisdictions, including Baltimore City and Baltimore County accounted for nearly three-quarters (72.7%; \$26.7 million) of overall RTC expenditures. The average per person expenditures varied greatly across the state from a low of \$5,074 per person in Talbot County to a high of \$164,603 per person in Howard County. Three jurisdictions had per person expenditures above the State average of \$130,549 ([See Appendix B, Table B16a and B16b](#)).

**Substance-Related Disorder Program Service Expenditures**

Substance-related disorder program services were utilized by a total of 16,093 youth and young adults and accounted for 8.5% (\$66.6 million) of the total youth and young adult expenditures in FY24 with an average per person cost of \$4,139. Figure 36, shown in the link below displays the trend in overall and per person SUD expenditures. SUD expenditures more than doubled (135%) between FY21 and FY24, while the average cost per person increased by 71.4% (+ \$1,725).

**[Figure 36. Trend in Substance Use Disorder Expenditures for Youth and Young Adults, FY18 to FY24](#)**

Young adult service users accounted for the largest portion of service users (84.0%), and had more than double (\$5,051) the per person costs compared to youth (\$2,126). males accounted for a larger proportion of the overall expenditures and higher per person expenditures in both youth and young adults. Average per person costs for both males and females increased substantially between youth and young adulthood with the highest per person costs occurring in the oldest age group - 22 to 25 years of age.

Among racial and ethnic groups, NH Black service recipients accounted for 44.1% of total expenditures and had the highest per person costs of \$4,593, followed by NH Whites, who

accounted for 22.6% of total substance-related disorder expenditures with a per person cost of \$3,802. Expenditures increased substantially across all racial and ethnic groups between youth and young adulthood ([See Appendix A, Tables A19a and A19b](#)).

Baltimore City alone accounted for more than one-third (37.6%; \$25 million) of all substance use disorder service expenditures. Per person costs varied widely across jurisdictions ranging from a low of \$1,616 in Charles County to a high of \$6,788 in Carroll County. The top three counties with the highest per person expenditures, included: Carroll (\$6,788), Baltimore City (\$6,230), and Anne Arundel County (\$4,821) ([See Appendix B, Tables B17a and B17b](#)).

### **Intensive Community-Based PBHS Services (ICBS)**

In FY24, a total of \$147.3 million was expended on intensive community-based services, including targeted case management, psychiatric rehabilitation services, (c) §1915(i) services, and respite care services to 26,525 youth and young adult service recipients. These services together represented 18.8% of the overall youth and young adult expenditures with an annual average per person expenditure of \$5,554. Figure 37 shown in the link below, displays the trend in overall and per person ICBS expenditures. Overall ICBS expenditures doubled (103%, +\$74.8 million) since FY18, while the average per person cost increased by 53%, (+\$1,928) over the same time period. In contrast, as previously documented, the use of ICBS increased at a slower rate (33%) than expenditures. Between FY23 and FY24 overall expenditures increased by 16%, while per person costs increased by 8%. The total and per person expenditures for selected intensive community-based services by type of service, age group, and jurisdiction is summarized below.

Youth accounted for 65% (\$84.8 million) of intensive community-based service expenditures. While total expenditures were lower among young adults (35%; \$51.2 million), the average per person expenditure was considerably higher for young adults (\$5,554) than for youth (\$4,777). Among youth, females accounted for a smaller portion of overall expenditures (46%), and accounted for larger proportion of expenditures among young adults (56%). Among both youth and young adults, females had a lower average cost per person compared to males. Per person expenditures for both males and females increased substantially between youth and young adult service recipients with young adults 22 to 25 years (\$8,264) having the highest per person costs.

Non-Hispanic Black youth and young adults accounted for the largest proportion of expenditures (58%), which was substantially higher than NH White youth and young adults who accounted for only 16% of overall expenditures, however both groups had similar average per person costs of \$5,698 and \$5,523. Non-Hispanic Black (\$5,698) youth and young adults had the highest average per person cost, followed by NH White (\$5,523) individuals. The average cost per person increased from youth into young adulthood across all races and ethnicities ([See Appendix A, Tables A20a and A20b](#)).

Three jurisdictions (Baltimore City, Baltimore County, and Prince George's County) accounted for roughly two-thirds or 67% (\$98.2 million) of the total intensive community-based service expenditures. Average per person expenditures also varied across the state ranging from a low of \$4,387 per person in Calvert County to a high of \$7,353 per person in Queen Anne's County with an average statewide per person cost of \$5,554 ([see Appendix B, Tables B18a And B18b](#)).

### **Expenditures: Selected Intensive Community-Based PBHS Services**

HG § 7.5–209(b)(4) requests the total expenditures and expenditures per ICBS for four intensive community services: (1) Targeted Case Management, (2) Respite Care services, (3) §1915(i) services, and (4) Psychiatric Rehabilitation Program (PRP) services. The total expenditures and per person costs for each of the four services that comprise the intensive community-based services broken down by gender, age, race and ethnicity is expanded on within its corresponding section below.

#### **Targeted Case Management**

In FY24, a total of \$11.7 million was expended on youth and young adult PBHS service recipients Birth to 21 years of age. Targeted Case Management (TCM) services at an average per person cost of \$6,074. TCM services represented 1.5% of all youth and young adult service expenditures in FY24. Figure 37, shown in the link below, displays the trend in overall and per person expenditures between FY18 and FY24. Since FY18, overall expenditures for Targeted Case Management and per person expenditures more than doubled (133% and 182% respectively), while, as previously noted, service use decreased by 17% over this time period.

#### **[Figure 37. Trend in Targeted Case Management Expenditures for Youth and Young Adults. FY18 to FY24](#)**

Youth accounted for 97% (\$11.3 million) of the total TCM expenditures, while young adults (18-21years) represented 3% (\$350,631) of annual expenditures. The primary drivers of these costs were youth 7-12 years of age (43%; \$5.1million) and 13-17 years of age (45%; \$5.3 million). Youth (\$6,097) had an average cost per person that was higher than that of young adults (\$5,394). Non Hispanic White individuals accounted for the largest proportion of overall expenditure (38%, \$4.4 million), followed closely by NH Black individuals (34%, 4.0 million). NH Black individuals (\$6,232) had slightly higher per person expenditures than NH White individuals (\$5,842). Native American (\$8,516) and Hispanic/Latinx youth and young adults (\$6,728) had the highest average per person expenditures ([See Appendix A, Tables A21a and A21b](#)).

Average per person expenditures for TCM varied across the state ranging from a low of \$2,482 in St. Mary's County to high of \$8,128 in Harford County. Those jurisdictions with the highest per person costs, included Harford and Talbot Counties along with Baltimore City ([See Appendix B, Tables B19a and B19b](#)).

#### **§ 1915(i) Services**

In FY24, 13 youth and young adults with intensive behavioral and emotional challenges received §1915(i) services with a total annual expenditure of \$34,071 and an average per person cost of \$2,621. 1915i Service use decreased by 75% since FY18. Aligned with the substantial decline in service use, overall expenditures and average per person expenditures also declined by 85% and 38% respectively over the same time period.

#### **[Figure 38. Trend in § 1915\(i\) Expenditures for Youth and Young Adults. FY18 to FY24](#)**

Youth 7 to 12 years of age accounted for more than three-quarter (81%, \$27,482) of the total service expenditures. NH White Youth represented a higher proportion (40%, \$22,027) of overall expenditures but a lower per person cost (\$2,758) per person) compared to NH Black youth who accounted for one-quarter (25%, \$8,696) and a per person cost of \$2,899. ([See Appendix A, Tables A21a and A21b](#)). Average per person expenditures varied substantially across Maryland jurisdictions from a low of \$375 in Anne Arundel County to a high of \$5,516 in Worcester County ([See Appendix B, Table B20a and B20b](#)).

### **Respite Care Services**

In FY24, the total of 183 youth received Respite Care services at an annual expenditure of \$344,587 and a per person cost of \$1,883. Respite services represented less than 1% of total youth and young adult behavioral health expenditures in FY24. Figure 39 as shown in the link below, displays the trend in respite care overall and per person expenditures between FY18 and F24. Since FY18, both overall and average per person expenditures have declined sharply, decreasing by 64% and 37% respectively.

### **Figure 39. Trend in Respite Care Service Expenditures for Youth and Young Adults. FY18 to FY24**

Among Respite Care service recipients, youth accounted for 100% of the expenditures for this service in FY24. Average per person expenditures were higher for children 7 to 12 years of age (\$2,190) per person) and substantially lower for youth ages 13 to 17 years (\$1,501 per person). NH Black service users accounted for the largest share of overall expenditures (46%, \$153,598), while NH White youth accounted for just 18% of expenditures (\$63,638). It should be noted that race and ethnicity was unknown for one-third (33%) of service recipients which may skew the findings. NH Black individuals had higher per person expenditures (\$1,944) compared to NH White youth (\$1,010). Male service recipients accounted for slightly more than one-half (53%) of service users, however females had substantially higher average per person expenditures (\$2,266) compared to males (\$1,640) ([See Appendix A, Tables A21a and A21b](#)).

As shown in Table B8, youth from three jurisdictions, including Baltimore City and Baltimore and Wicomico Counties accounted for nearly one-half (50%, \$170,802) of the annual respite service expenditures. Average per person expenditures varied widely across the state from a low of \$590 per person in Somerset County to a high of \$8,356 per person in Anne Arundel County ([see Appendix, Table B21b](#)).

### **Psychiatric Rehabilitation Program Services**

In FY24, a total of \$134.3 million was expended for PRP services for 24,753 youth and young adults at an average cost of \$ 5,427 per person. PRP services represented 17% of total youth and young adult service expenditures. Figure 40, as shown in the link below, displays the trend in PRP overall and per person expenditures between FY18 and FY24 Since FY18, PRP expenditures have more than doubled (103%), while service use increased at a slower rate, increasing by just 35% between FY18 and FY24. Average per person costs also increased substantially by 50% (+ \$1,804). Between FY23 and FY24, PRP expenditures continued to grow, exhibiting a 17% increase while service use increased by 9%.

## **Figure 40. Trend in Psychiatric Rehabilitation Program Service Expenditures for Youth and Young Adults. FY18 to FY24**

Youth accounted for nearly two-thirds (63%, \$84.3 million) of PRP expenditures but had substantially lower cost per person (\$4,504) compared to young adult service recipients (\$8,303). Youth ages 7 to 12 years accounted for almost one-third (31%; \$42.1 million) of the total PRP expenditures. Non-Hispanic Black youth and young Adults had the highest overall expenditures (\$80.4 million) and accounted for 60% of overall PRP expenditures, followed by NH White service users who accounted for (14%, \$18.6 million). Despite NH Black service users having over four times greater overall expenditures, the costs per person were only moderately higher than NH White service users (\$5,599 vs \$5,304 per person, respectively). Overall expenditures and average cost per person were essentially the same between females (\$66.9 million; \$5,422 per person) and males (\$67.4 million; \$5,432 per person) ([See Appendix A, Tables A21a and A21b](#)).

Baltimore City and Baltimore County accounted for more than one-half 61% of statewide PRP expenditures and Baltimore City alone accounted for 43% (\$58.3 million); those jurisdictions also have the highest number of PRP providers. Average per person expenditures also varied across the state and ranged from a low of \$4,142, per person in Calvert County to a high of \$6,645 per person in Queen Anne’s County. Eight jurisdictions had average annual per person expenditures higher than the state average of \$5,427 ([See Appendix B, Tables B22a and B22b](#)).

### **Timing and Admission**

HG § 7.5–209(b)(5-8) requests data on: (A) the average length of time youth 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 youth 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 youth 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 data collaboration between BHA and the Health Service Cost

Review Commission (HSCRC). Data is available for FY23 and FY24 only. 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.

A total of 11,266 children and youth (birth to 17 years) had a behavioral health ED visit in FY24. Overall median wait time for children and youth between initial registration at the ED and final determination was 6.4 hours. Females' (6.9 hours) wait times were slightly longer than males (5.9 hours) and wait times increased substantially for both males and females with increasing age, with the longest ED wait times recorded for 13 to 17 year old females who had a median wait time over 7 hours ([See Appendix A, Table A22](#)).

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

All residential treatment facilities were contacted in June 2025 and requested to provide data on children and youth who were admitted during FY24. Residential Treatment Centers (RTCs) were asked to provide the date of referral and date of placement in the RTC for all children and youth who were admitted into FY24. Data was obtained from six facilities, including four Community RTCs and the two State Regional Institutes for Children and Adolescents (RICAs). Table A23 summarizes data for FY24 on the amount of time children and youth wait from referral to placement in a residential treatment bed. The average wait times are reported for the two state-operated RICAs and for the four community RTCs.

In FY24, there were a total of 228 admissions to RTCs, including 57 admissions to the two RICAs and 171 to the four community RTCs. RTC admissions for both Community RTCs and RICAs increased by 73% (From 99 to 171) and 27% (from 45 to 57) respectively between FY23 and FY24. As shown in Table 23, across all RTCs, wait time between referral and placement ranged from a low of one day to a high of 391 days, with an average wait time of 82 days. Between FY23 and FY24 wait times across all RTCs increased from 71 days to 82 days, reflecting a 15.5% increase. In FY24, the average wait-time for placement in a community RTC was 65 days (3% decrease from FY23; avg. 67 days) while the average wait time for placement in a RICA bed was 98 days (21% increase from FY23; Avg. 81 days) ([See Appendix A, Table A23](#)).

## **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 A24, displays the number of 30-day readmissions to inpatient psychiatric and residential treatment facilities summarized by age group and jurisdiction in FY24. Of the 7,495 youth and young adults discharged from a psychiatric inpatient or RTC, 789 were readmitted to either the same RTC (12), inpatient hospital facility (352) or to any other RTC or hospital (425), reflecting a combined 30-day readmission rate of 10.5%. The overall readmission did not change from FY23, but remained lower than the 18.2% rate in FY22. While Youth and Young Adults

accounted for roughly the same proportion of thirty-day readmissions, readmission rates were substantially higher for young adults (12.3%), compared to youth who were readmitted at a rate of 9.2%. ([See Appendix A, Table A24](#)).

Combined inpatient and RTC 30 day readmission rates varied widely across jurisdictions ranging from a low of 5.9% in Charles County to a high of 13.7% in Wicomico County. Wicomico, St. Mary's, and Queen Anne's Counties had the highest re-admission rates, while Charles, Allegany, and Calvert Counties had the lowest rates. Over, one-half (13) of all jurisdictions had readmission rates higher than the statewide rate of 10.6%.

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

In FY24, a total of 7,308 youth and young adults were discharged from inpatient psychiatric facilities, less than a 1% increase from FY23 (7,299). Among those discharged, 352 (4.8%) were readmitted to the same hospital within 30 days of discharge. Males (49%) and females (51%) accounted for essentially equal shares of the inpatient readmissions as did youth (53%) and young Adults (48%). Youth 13 to 17 years of age accounted for one-third (33%) and the largest proportion of inpatient readmissions to the same hospital. However, males (5.3%) had slightly higher re-admit rates, compared to females (4.5%); young adults (4.5%) had higher rates than youth (5.2%) and NH White Youth and young adults (5.2%) had higher re-admit rates than NH Black service users (4.7%).

Four jurisdictions, including Baltimore City and Baltimore, Montgomery, and Prince George's Counties, accounted for more than one-half (53%) of these readmissions. Thirty day readmission rates ranged from a low of 1.5% in Charles County to a high of 7.6% in St. Mary's County. St. Mary's (7.6%), Washington (7.5%), and Garrett (7.5%) Counties had the highest rates, while Charles (1.5%), Kent (2.4%), and Anne Arundel (3.4%) had the lowest readmit rates. Nearly two-thirds (62%, 15) of jurisdictions had readmit rates higher than the State rate of 4.8%.

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

Statewide, a total of 187 Youth were discharged from RTCs in FY24, a 5% decrease from the number of youth discharged in FY23 (197). Among those discharged, 12 (6.4%) were readmitted to the same RTC within 30 days, compared to 15 readmissions in FY23 and a readmission rate of 7.7%, reflecting a 17% decline.

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

In FY24, a total of 425 youth and young adults who were discharged from an inpatient hospital or residential treatment center, were readmitted to any other hospital or RTC within 30 days of discharge remaining essentially unchanged from FY23 (424). In FY24, there were no readmissions to other RTCs.

## **Average Length of Stay**

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

### **1. Average Length of Stay at Residential Treatment Centers**

Statewide, in FY24, the average length of stay (ALOS) in RTCs was 125 days, a decrease of one day from 126 days in FY23. ALOS varied by age group with youth ages 13 to 17 years having the largest number of service recipients and the longest length of stays (128 days). Children ages 7–12 years had the second highest number of service users and the second highest ALOS (99 service users; 122 days). Between FY23 and FY24, ALOS increased for youth 13 to 17 years of age (8% increase), while decreasing for youth 7-12 (9.6%) and for young adults 18 to 21 years (30%). Note that the number of young adults was very small (n=17) and may lead to large variation in percentages. Length of Stay remained relatively unchanged for males and females and increased for NH Black Youth (4%), while decreasing for NH White (-6%) individuals. RTC lengths of stay varied widely across the State ranging from a low of 1 day in Talbot County to a high of 335 days in St. Mary’s County. St. Mary’s (335), Caroline (220), and Charles (187) had the highest ALOS, while Talbot (1), Allegany (16), and Carroll Counties had the lowest RTC ALOS. A total of 14 jurisdictions had average lengths of stay above the state average of 125 days ([See Appendix A, Table 25a](#)).

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

Statewide, in FY24, the ALOS in acute psychiatric inpatient hospitals was 9 days and remained unchanged from FY23. As shown in Table XX above, length of stays for young adults aged 18-21 (1,395 service users; 6 days) and 22-25 (1,409 service users; 7 days) were substantially shorter compared to youth aged 7-12 (1,004 service users; 12 days) and aged 13-17 years (2,464 service users; 11 days), and young children ages birth to 6 years (65 service users; 11 days). Between FY23 and FY24, ALOS decreased for the youngest age group (Birth to 6 Years) by 27% and four days, and increased by 9% for youth 7-12 Years by one day. Length of stay for females declined by 10%, one day), while increasing for males by 25%, two days).

Inpatient hospital ALOS also varied substantially across jurisdictions, ranging from a high of 14 days in Queen Anne’s County to a low of four days in Garrett County. Queen Anne’s (14 Days), Kent (13 Days), and Wicomico recorded the highest ALOS, while Garrett (4 Days), Calvert (6 Days), and St. Mary’s (7 Days) Counties had the highest length of stays. Nine jurisdictions had an ALOS above the state average of nine days ([see Appendix A, Table A25b](#)).

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

Statewide, in FY24, youth and young adults enrolled in residential substance-related disorder programs stayed on average 21 days. As shown in Table link above, the ALOS varied by age group, with the number of days increasing in a stepwise fashion with increasing age. The oldest age group, young adults aged 22 to 25 years, who make up the largest proportion (63%) of service users in this category, had the longest ALOS (23 days), followed by service users aged 18

to 21 years (20 days), and youth aged 13 to 17 years (10 days). ALOS decreased by 9% for all age groups between FY23 and FY24, residential substance use disorder program ALOS also varied substantially across jurisdictions, ranging from a high of 36 days in Caroline County to a low of 15 days in Montgomery County. Caroline (36 Days), Worcester (32 Days), and Dorchester (31 Days) Counties had the longest length of stays, while Montgomery (15 Days), Queen Annes's (16 Days), and Garrett (17 Days) had the shortest ALOS. Fifteen jurisdictions had an ALOS above the state average of 23 days ([See Appendix A, Table A25c](#)).

## **B. Discharges**

HG § 7.5–209(b)(8) requests data on (1) the total number of youth 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.

The Table Link below displays the number of youth and young adults discharged from inpatient Psychiatric and RTCs summarized by age group and jurisdiction in FY24. 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 ([Appendix A, Table A26](#)).

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

Statewide, in FY24 there were a total of 7,308 youth and young adult discharges from inpatient psychiatric hospitals. Youth accounted for the largest proportion (discharges from inpatient psychiatric facilities occurred among youth (56%) 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.

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

Statewide, in FY23 there were a total of 187 youth and young adults discharged from residential treatment centers. After peaking in FY22, discharges have exhibited a declining trend, decreasing by 5.6% between FY22 and FY24 with most of the decrease occurring in FY24 (-4.8%). Youth 7 to 17 years accounted for the vast majority of discharges (92%). Non-Hispanic Black service users accounted for just under one-half (43%) of all discharges, while NH White Youth accounted for just under one-third (32%). Males accounted for nearly double (63%, 118) the number of discharges compared to females (32%, 69).

## **Summary and Conclusions**

**Service Use and Expenditure Trends and Disparities:** In addition to profiling youth and young adult service use and expenditures in Maryland's PBHS system, this report highlights substantial variation in Medical Assistance (MA) eligibility, service use, and expenditures across geographic areas and by the demographic characteristics of youth and young adults. MA eligibility ranged from 29% of youth and young adults in Carroll County to 83% in Dorchester County. Among those eligible, rates of service use varied widely across jurisdictions ranging from a low of 75.5

per 1,000 eligible in Prince George's County to a high of 237 per 1,000 eligible in Somerset County, with a state average rate of 131 per 1,000 eligible.

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,<sup>9</sup> poverty and income levels, employment, education level, racial and ethnic profile of communities, exposure to trauma and violence, among other vulnerability factors. As documented throughout this report, PBHS Service use rates also varied substantially by gender, age group and race and ethnicity.

**Gender and Age Disparities:** Youth (birth to 17 years) accounted for two-thirds (66%) of all service users, however young adults used services at a substantially higher rate 173 per 1,000 eligible compared to youth (117 per 1,000 eligible). Females accounted for a higher proportion (54%) of youth and young adult service recipients compared to males (46%), and used PBHS services at a higher rate (141 per 1,000 eligible) compared to males (121 per 1,000 eligible). Gender disparities were most clearly evidenced in younger males under 12 years and older female youth ages 13 years and older. Younger males used services at higher rates than females, while beginning in adolescence this trend reversed and females generally had higher rates of service use across many of the behavioral health service types. The most apparent gender disparities occurred in inpatient hospital treatment and ER services. Specifically among adolescents 13 to 17 years of age), females (15 per 1,000 eligible) were hospitalized at nearly twice the rate of males (9 per 1,000 eligible), and used emergency department services at substantially higher rates. In addition, once admitted to emergency rooms, adolescent females had the longest wait times to final disposition with a median time of 7.5 hours compared to 6.6 hours for males in the same age group compared to 6.4 hours for all child and youth ER users. In contrast, male service recipients were more likely to use intensive community-based services including targeted case management services, RTC, 1915i services and respite care services compared to females. For TCM services, youth aged birth to 17 years accounted for 97% of the service users and overall expenditures (1,859 users and \$11 million), while young adults (18-21 years) accounted for less than 5% of service users and total expenditures (65 users; \$350,631).

Service use and expenditures varied widely by race and ethnicity. Statewide, Non-Hispanic White youth and young adults used services at a higher rate compared to Non-Hispanic Black individuals (174 per 1,000 versus 155.1 per 1,000 eligible), while Non-Hispanic Black youth and young adults had higher overall expenditures as well as the highest average per person costs compared Non-Hispanic Whites and individuals from other racial and ethnic groups.

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.

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<sup>9</sup> For example, residential treatment centers are heavily concentrated in the central Maryland region. See Maryland Health Care Commission. (2024). DRAFT White Paper: Residential Treatment Services. [https://mhcc.maryland.gov/mhcc/pages/home/workgroups/documents/rtc/chcf\\_rtc\\_drft\\_white\\_paper.pdf](https://mhcc.maryland.gov/mhcc/pages/home/workgroups/documents/rtc/chcf_rtc_drft_white_paper.pdf)

Thirty-day readmission rates to inpatient hospital treatment and to RTC varied across the state from a low of 3.8% in Talbot County to a high of 13.2% in St. Mary's County, with a statewide rate of 10.5%. Overall, just over one-half (13) of all jurisdictions had readmission rates higher than the statewide rate. Thirty-day readmission rates varied by age group, with young adults having substantially higher readmission rate compared to youth (12.3% vs 9.1%).

**Geographic Disparities:** The reported Medical Assistance (MA) eligibility of youth and young adults ranged from a low of 29% (16,094 eligible) in Carroll County to a high of 83% (7,728 eligible) in Dorchester County, while rates of service use among MA eligible individuals ranged from a low of 75.5 per 1,000 eligible in Prince George's County to a high of 237.1 per 1,000 eligible in Somerset County, with a State average of 131.2 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) and the Southern region, including Charles and St. Mary's Counties. Generally, the use of PBHS services 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.

**Gaps in the Continuum of Behavioral Health Services:** This report continues to highlight a number of gaps in the Maryland Public Behavioral Health system of care for youth, young adults and their families, including limited access to higher intensity community-based services, such as care coordination, in-home support services and and respite care for youth and young adults with complex needs; the need for continued expansion of the evidence-informed Mobile Response and Stabilization (MRSS) services and a lack of SUD prevention, treatment, and recovery services that specifically target youth and young adults.

Maryland has made significant gains in expanding the continuum of care for children, youth and families and addressing the service gaps in several key areas, including: the development of a comprehensive behavioral health continuum of care that ensures children, youth, young adults, and families are safe, healthy, and are successful in their homes, schools, and communities. In early 2024, BHA partnered with the Maryland Coalition of Families and Manatt Health to develop a roadmap for strengthening the public behavioral health system. The *Roadmap to Strengthen Maryland's Public Behavioral Health System for Children, Youth and Families*<sup>10</sup> (Roadmap) was published in June 2025 and sets forth a vision along with priority goals and strategies to guide the further development of a youth and family centered, accessible, and equitable public behavioral health system for children, youth, young adults, and families.

As documented in the *Roadmap*, Maryland has made substantial progress in building out a continuum of crisis services that aims to ensure, all Marylanders have Someone to Call, Someone to Respond, and a Safe Place to Be – when experiencing an urgent or acute behavioral health need and once stabilized, are connected to ongoing treatment. This system development effort has involved expanding the capacity of the 988 Suicide and Crisis Hotlines, and expanding

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<sup>10</sup>Maryland Department of Health. (2025). *The Roadmap to Strengthen Maryland's Public Behavioral Health System for Children, Youth, and Families*. <https://health.maryland.gov/bha/Documents/MDH%20BH%20Roadmap%20for%20Children%202025.pdf>

the statewide reach and access to mobile crisis and stabilization services. This work includes the continued statewide promotion and expansion of MRSS services for youth and young adults by training local jurisdictional partners and providers in the approach and funding jurisdictions to implement the practice. While significant progress has been made to build out the continuum of crisis services for youth and young adults crisis, there is still much work to be done to train the workforce and to continue to build capacity across the state. These community-based crisis services are essential for reducing hospital ER use and inpatient admissions, and in linking youth and families to ongoing support and behavioral health services and supports in their communities.

In FY24, 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 substantially by 61% since 2020 and 13% in FY24 alone, largely due to reduced provider capacity over this period. While respite care services represent a cost-effective opportunity to expand service capacity and potential to serve as an “on-demand” overnight or other brief respite service, incorporated within and in support of MRSS, they are currently used by less than 1% of child and youth PBHS recipients.

As noted above, the findings of this report continue to document opportunities for service enhancements in community-based services for youth with higher intensity behavioral health needs, including intensive care coordination, such as the Intensive Care Coordination Using a High Fidelity Wraparound Services Model,<sup>11</sup> and evidence-informed intensive in-home treatment interventions that are designed to support the family systems functioning, and reduce hospital overstay, the use of inpatient hospital and other more restrictive out-of-home placements.<sup>12</sup> The youth 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. Psychiatric Rehabilitation Program (PRP) services continue to be the most widely used service, other than outpatient mental health services, accounting for nearly one-in-five (19.2%) youth and young adult service users, while other higher intensity community-based service alternatives such as level III TCM and § 1915(i) services, which are designed to support children and youth with more intensive behavioral health needs, are much less frequently utilized in the PBHS. TCM continues to be under utilized accounting for less than 2% of all service users and overall expenditures. More intensive care management alternatives, including TCM level III (165 service users) or §1915(i) services (13 service users) are utilized by far less than 1% of youth and young adult service recipients. In FY24, level III targeted case management services were used by only 8.6% of all youth enrolled in TCM services.

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<sup>11</sup> See Administration for Children and Families, U.S. Department of Health and Human Services. (undated). Title IE-V Prevention Services Clearinghouse. Intensive Care Coordination Using High Fidelity Wraparound/High Fidelity Wraparound. <https://preventionservices.acf.hhs.gov/programs/830/show> and Olson, J. R., Benjamin, P. H., Azman, A. A., Kellogg, M. A., Pullmann, M. D., Suter, J. C., & Bruns, E. J. (2021). Systematic Review and Meta-analysis: Effectiveness of Wraparound Care Coordination for Children and Adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*, 60(11), 1353–1366. <https://doi.org/10.1016/j.jaac.2021.02.022>

<sup>12</sup> See, e.g., the California Evidence-Based Clearinghouse for Child Welfare. <https://www.cebc4cw.org/registry/>

Based on a program evaluation conducted the Spring 2024 and extensive stakeholder feedback, BHA, in collaboration with Medicaid, is actively pursuing changes to the §1915(i) and TCM programs. Updates to the State Plan Amendment (SPA) were approved by Medicaid in April and September 2025.<sup>13</sup> These changes include revising the eligibility criteria and process to reduce barriers and improve access to both §1915(i) and TCM services, including coverage for family peer support services as part of §1915(i) services, appointment of a §1915(i) liaison at the ASO, and enhanced outreach efforts to educate the provider workforce and increase awareness among families regarding these services. Regulatory updates to the Code of Maryland Regulations 10.09.89 and 10.09.90 are required prior to implementing the changes. The promulgation process to update the related regulations is in-process as of this report.

The report also documents continued 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>14</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 FY24, just over one in every 10 (12.5%; 16,093) youth and young adults received substance use disorder treatment services in the PBHS system at a rate of 16.4 per 1,000 eligible individuals and accounted for only 8.5% (\$66.6 million) of overall behavioral health expenditures. The use of SUD services has increased substantially since FY21, increasing by 37% since FY21 and by 10% between FY23 and FY24. Young adults (18 to 25 years) accounted for more than two-thirds of service users (69%; 11,077) and 84% (\$55.9 million), while youth 17 years and younger accounted for 31% (5,016) of the service users and only 16% (\$10.5 million) of SUD expenditures. While young adults continue to represent the majority of service users, since FY21 SUD service use among youth has more than doubled (111%) increasing at nearly 6 times the rate for young adults (19%). While these trends are promising, there is still a need for additional service and program capacity that specifically targets evidence supported substance use education, prevention, treatment and recovery services and targets these resources to those communities and populations with the greatest needs.

In addition to the positive trend in the use of SUD services, since FY18, the use of inpatient hospital services for youth and young adults has decreased by 18.5% and 3.3% in FY 24 alone. Inpatient use among young adults have decreased at a slightly faster rate compared to youth by 20.1% and 17.1% respectively with the largest decreases observed in children and youth under 12 years and in young adults 22 to 25 years of age and use. This decrease was largely driven by a decrease in inpatient use among males, who declined at more than six times (28%) the rate of females (4%) since FY18. Non-Hispanic White and Native American individuals experienced the largest decreases compared to Non-Hispanic Black and other racial and ethnic groups. However, inpatient use among Hispanic youth and young adults increased substantially by 36% over the same time period. A similar downward trend was demonstrated for behavioral health Emergency Department use. Between FY18 and FY24, ED use declined by 17.5% and 4.8% in

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<sup>13</sup>See Maryland State Plan Amendment 25-008

<https://www.medicaid.gov/medicaid/spa/downloads/MD-25-0008.pdf> and Maryland State Plan Amendment 25-002 <https://www.medicaid.gov/medicaid/spa/downloads/MD-25-0002.pdf>

<sup>14</sup>Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021.

<https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases/2021>

FY24. Young adult use again decreased (19.6%) at a faster rate than youth (15.7%) and similar to inpatient hospital use, the largest declines were for youth 7 to 12 years and young adults 22 to 25 years. Emergency Department use among Non-Hispanic White and Native American youth and young adults declined at a faster rate than Non-Hispanic Black individuals. In contrast, while Hispanic youth and young adults represented a relatively small proportion of ED users, their ED use increased nearly two-fold (184%) since FY18.

## APPENDIX A: Demographic Characteristics By Service

**Table A1: Eligibility and Utilization of PBHS Services Among Youth and Young Adults By Gender, Age, Race and Ethnicity, FY2024**

Race/Ethnicity	Total Number Eligible for PBHS Services <sup>a</sup>		Total Number Receiving PBHS Services <sup>b</sup>		
	N	%	N	%	Rate of Utilization per 1,000 Eligible <sup>c</sup>
Non-Hispanic Black	325,733	33.2%	50,429	39.2%	154.8
Asian	49,880	5.1%	3,768	2.9%	75.5
Non-Hispanic White	200,649	20.4%	34,912	27.1%	174.0
Hispanic	56,612	5.8%	3,307	2.6%	58.4
Multi-Racial	<11	0.0%	<11	*	*
Native American	4,045	0.4%	662	0.5%	163.7
Pacific Islander	2,019	0.2%	199	0.2%	98.6
Unknown	342,599	34.9%	35,510	27.6%	103.6
	Total Number Eligible for PBHS Services		Total Number Receiving PBHS Services		
Gender	N	%	N	%	Rate of Utilization per 1,000 Eligible
Female	494,285	50.4%	69,871	54.3%	141.4
Male	487,238	49.6%	58,913	45.7%	120.9
Unknown	18	0.0%	<11	*	*
	Total Number Eligible for PBHS Services		Total Number Receiving PBHS Services		
Age Group	N	%	N	%	Rate of Utilization per 1,000 Eligible
Youth (0-17)	729,205	74.3%	85,238	66.2%	116.9
Young Adults (18-25)	252,336	25.7%	43,552	33.8%	172.6
Total	981,541	100.0%	128,790	100.0%	131.2

**Data Source:** ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 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 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=**128,790**). <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.\*Percentage and rates were not calculated due to very small sample size.

**Table A2: Number and Percent of Youth and Young Adult PBHS Service Recipients By Gender, Age, Race and Ethnicity, FY2024**

Race/ Ethnicity	Birth to 6		7 to 12		13 to 17		18 to 21		22 to 25		Total <sup>a</sup>		Rate of Utilization per 1,000 Eligible
	N	%	N	%	N	%	N	%	N	%	N	%	
Non-Hispanic Black	3,529	30.9%	14,250	39.9%	15,147	39.8%	8,548	39.8%	8,955	40.6%	50,429	39.2%	154.8
Asian	368	3.2%	881	2.5%	898	2.4%	667	3.1%	954	4.3%	3,768	2.9%	75.5
Non-Hispanic White	2,411	21.1%	10,009	28.0%	10,630	27.9%	5,912	27.5%	5,950	27.0%	34,912	27.1%	174.0
Hispanic	281	2.5%	858	2.4%	1,184	3.1%	528	2.5%	456	2.1%	3,307	2.6%	58.4
Native American	40	0.4%	204	0.6%	192	0.5%	110	0.5%	116	0.5%	662	0.5%	163.7
Pacific Islander	18	0.2%	60	0.2%	42	0.1%	41	0.2%	38	0.2%	199	0.2%	98.6
Multi-Racial	0	0.0%	0	0.0%	0	0.0%	<11	*	<11	*	<11	*	*
Unknown	4,780	41.8%	9,487	26.5%	9,969	26.2%	5,684	26.4%	5,590	25.3%	35,510	27.6%	103.6
Gender	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	%	
Female	4,293	37.6%	16,589	46.4%	21,330	56.0%	13,411	62.4%	14,248	64.6%	69,871	54.3%	141.4
Male	7,134	62.4%	19,160	53.6%	16,732	44.0%	8,078	37.6%	7,809	35.4%	58,913	45.7%	120.9
Unknown	0	0.0%	0	0.0%	0	0.0%	<11	0.0%	<11	0.0%	<11	0.0%	*
Total	11,427	8.9%	35,749	27.8%	38,062	29.6%	21,492	16.7%	22,060	17.1%	128,790	100.0%	131.2

**Data Source:** ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 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 PBHS 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 individuals represents the number of individuals who received PBHS behavioral health services within each group divided by the total number of individuals eligible for PBHS services in that group.\*Percentage and rates were not calculated due to small sample sizes.

*Table A3 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.*

**Table A3: Number, Percent and Rate of Youth and Young Adult Utilization of Selected PBHS Services, FY2024**

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	80,651	68.0%	110.6	36,089	30.9%	143.0	116,740	90.6%	118.9
Inpatient Psychiatric Hospitalization	3,533	55.8%	4.8	2,804	44.2%	11.1	6,337	4.9%	6.5
Psychiatric Emergency Room	5,994	55.7%	8.2	4,770	44.3%	18.9	10,764	8.4%	11.0
Residential Treatment Center	281	94.0%	0.4	17	6.0%	0.1	281	0.2%	0.3
Substance-Related Disorder Program Services	5,016	31.2%	6.9	11,077	68.8%	43.9	16,093	12.5%	16.4
Any PBHS Services Through Telehealth	46,041	65.5%	63.1	24,221	34.5%	96.0	70,262	54.6%	71.6
<b>Intensive Community-Based Services</b>									
Targeted Case Management	1,859	96.6%	2.5	65	3.4%	0.48	1,924	1.8%	2.2
Respite Care	183	100.0%	1.7	0	0%	0	183	0.2%	1.7
§ 1915(i) Services	13	100.0%	0.02	0	0%	0	13	0.01%	0.02
Psychiatric Rehabilitation	18,736	75.7%	25.7	6,017	24.3%	23.8	24,753	19.2%	25.2
All Intensive PBHS Services <sup>c</sup>	20,124	75.9%	27.6	6,017	24.1%	25.4	26,525	20.6%	27.0
All PBHS Services	85,238	66.2%	116.9	43,552	33.8%	172.6	128,790	100.0%	131.2

**Data Source:** ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 2024.

**Note:** <sup>a</sup>The number and percent by age group represent the total number of youth 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=128,790). <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

**Table A4. Utilization of Outpatient Mental Health Services Among Youth and Young Adults by Race and Gender, FY24**

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	3,388	30.6%	13,452	39.0%	13,747	39.2%	7,176	39.2%	7,215	40.6%	44,978	38.5%	138.1
Asian	359	3.2%	862	2.5%	853	2.4%	608	3.3%	810	4.6%	3,492	3.0%	70.0
Non-Hispanic White	2,368	21.4%	9,882	28.7%	10,243	29.2%	5,251	28.7%	4,985	28.0%	32,729	28.0%	163.1
Hispanic	275	2.5%	819	2.4%	1,018	2.9%	378	2.1%	276	1.6%	2,766	2.4%	48.9
Native American	39	0.4%	200	0.6%	175	0.5%	94	0.5%	95	0.5%	603	0.5%	149.1
Pacific Islander	18	0.2%	59	0.2%	39	0.1%	37	0.2%	33	0.2%	186	0.2%	92.1
Unknown	4,636	41.8%	9,183	26.7%	9,036	25.7%	4,771	26.0%	4,360	24.5%	31,986	27.4%	93.4
Gender	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	%	
Female	4,142	37.4%	15,971	46.4%	19,988	56.9%	11,539	63.0%	11,672	65.7%	63,312	54.2%	128.1
Male	6,941	62.6%	18,486	53.6%	15,123	43.1%	6,776	37.0%	6,102	34.3%	53,428	45.8%	109.7
Total	11,083	9.5%	34,457	29.5%	35,111	30.1%	18,315	15.7%	17,774	15.2%	116,740	100.0%	118.9

**Data Source:** ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 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. Cells with counts less than 11 are indicated as <11 to protect individual privacy.



**Table A5: Utilization of Inpatient Psychiatric Hospital Services Among Youth and Young Adults by Race and Gender, FY2024**

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	21	32.3%	351	35.0%	879	35.7%	574	41.1%	581	41.2%	2,406	38.0%	7.4
Asian	0	0.0%	18	1.8%	57	2.3%	34	2.4%	45	3.2%	154	2.4%	3.1
Non-Hispanic White	24	36.9%	335	33.4%	789	32.0%	373	26.7%	344	24.4%	1,865	29.4%	9.3
Hispanic	<11	1.5%	21	2.1%	95	3.9%	43	3.1%	28	2.0%	188	3.0%	3.3
Native American	0	0.0%	<11	0.5%	<11	0.4%	<11	0.7%	<11	0.5%	32	0.5%	7.9
Pacific Islander	0	0.0%	<11	0.2%	<11	0.1%	<11	0.2%	<11	0.2%	11	0.2%	5.4
Unknown	19	29.2%	272	27.1%	631	25.6%	358	25.7%	401	28.5%	1,681	26.5%	4.9
Gender	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	%	
Female	19	29.2%	557	55.5%	1,522	61.8%	746	53.5%	738	52.4%	3,582	56.5%	7.2
Male	46	70.8%	447	44.5%	942	38.2%	649	46.5%	671	47.6%	2,755	43.5%	5.7
Total	65	1.0%	1,004	15.8%	2,464	38.9%	1,395	22.0%	1,409	22.2%	6,337	100.0%	6.5

**Data Source:** ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 2024.

**Note:** The category of unknown is included to reflect counts of youth 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 youth 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 individuals 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. Cells with counts less than 11 are indicated as <11 to protect individual privacy.

**Table A6: Utilization of Psychiatric Emergency Room Services Among Youth and Young Adults by Race and Gender, FY24**

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	112	63.3%	628	33.1%	1,523	35.2%	984	38.6%	943	39.8%	4,190	38.9%	12.9
Asian	<11	4.0%	35	1.8%	85	2.0%	48	1.9%	78	3.3%	253	2.4%	5.1
Non-Hispanic White	55	31.1%	493	26.0%	1,137	26.3%	634	24.9%	594	25.1%	2,913	27.1%	14.5
Hispanic	<11	2.8%	39	2.1%	174	4.0%	70	2.7%	47	2.0%	335	3.1%	5.9
Native American	0	0.0%	<11	0.4%	18	0.4%	13	0.5%	13	0.5%	52	0.5%	12.9
Pacific Islander	<11	1.1%	<11	0.2%	<11	0.1%	<11	0.2%	<11	0.2%	20	0.2%	9.9
Unknown	93	52.5%	464	24.5%	1,108	25.6%	659	25.9%	677	28.6%	3,001	27.9%	8.8
Gender	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	%	
Female	49	27.7%	1,052	55.5%	2,705	62.6%	1,428	56.0%	1,203	50.8%	6,032	56.0%	12.2
Male	128	72.3%	843	44.5%	1,618	37.4%	1,120	44.0%	1,166	49.2%	4,732	44.0%	9.7
Total	177	1.6%	1,895	17.6%	4,323	40.2%	2,548	23.7%	2,369	22.0%	10,764	100.0%	11.0

**Data Source:** ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 2024.

**Note:** The category of unknown is included to reflect counts of you 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. Cells with counts less than 11 are indicated as <11 to protect individual privacy.

**Table A7: Utilization of Residential Treatment Center Services Among Youth and Young Adults by Age, Race and Gender, FY2024**

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	33.3%	45	45.5%	72	44.4%	5	29.4%	0	0.00%	123	47.0	0.4
Asian	1	33.3%	1	1.0%	1	0.6%	0	0.0%	0	0.00%	3	1.9%	0.1
Non-Hispanic White	0	0.0%	25	25.3%	51	31.5%	7	41.2%	0	0.00%	83	31.0%	0.4
Hispanic	0	0.0%	2	2.0%	0	0.0%	0	0.0%	0	0.00%	2	0.4%	0.0
Native American	0	0.0%	0	0.0%	1	0.6%	0	0.0%	0	0.00%	1	0.0%	0.2
Pacific Islander	0	0.0%	0	0.0%	1	0.6%	0	0.0%	0	0.00%	1	0.0%	0.5
Unknown	1	33.3%	26	26.3%	36	22.2%	5	29.4%	0	0.00%	68	19.8%	0.2
Gender	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	%	
Female	0	0.0%	38	38.4%	54	33.3%	2	11.8%	0	0.00%	94	33.5%	0.2
Male	3	100.0%	61	61.6%	108	66.7%	15	88.2%	0	0.00%	187	66.5%	0.4
Total	3	1.1%	99	35.2%	162	57.7%	17	6.0%	0	0.0%	281	100.0%	0.3

**Data Source:** ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 2024.

**Note:** The category of unknown is included to reflect counts of youth 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. Cells with counts less than 11 are indicated as <11 to protect individual privacy.

**Table A8: Utilization of Targeted Case Management Services Among Youth and Young Adults by Age, Race and Gender, FY2024**

Race/Ethnicity	Level I		Level II		Level III		Total		
	N	%	N	%	N	%	N	%	Rate per 1,000
Non-Hispanic Black	199	29.0%	366	34.1%	72	43.6%	637	33.1%	2.0
Non-Hispanic White	301	43.9%	409	38.1%	46	27.9%	756	39.3%	3.8
Hispanic	<11	0.7%	13	1.2%	<11	0.6%	19	1.0%	0.3
Other	<11	1.3%	17	1.4%	<11	1.2%	28	1.5%	0.5
Unknown	172	25.1%	268	25.0%	44	26.7%	484	25.2%	1.4
Gender	Level I		Level II		Level III		Total		
	N	%	N	%	N	%	N	%	Rate per 1,000
Female	274	39.9%	441	41.1%	74	44.8%	789	41.0%	1.6
Male	412	60.1%	632	58.9%	91	55.2%	1,135	59.0%	2.3
Age	Level I		Level II		Level III		Total		
	N	%	N	%	N	%	N	%	Rate per 1,000
0 - 6	58	8.5%	92	8.6%	15	9.1%	165	8.6%	0.6
7 - 12	281	41.0%	458	42.7%	71	43.0%	810	42.1%	3.3
13 - 17	319	46.5%	489	45.6%	76	46.1%	884	45.9%	4.4
18 - 21	28	4.1%	34	3.2%	<11	1.8%	65	3.4%	0.5
Total	686	35.7%	1,073	55.8%	165	8.6%	1,924	100.0%	2.0

**Data Source:** ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 2024.

**Note:** The category of unknown is included to reflect counts of youth 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. Cells with counts less than 11 are indicated as <11 to protect individual privacy.

**Table A9. Utilization of 1915i Service Among Youth and Young Adults by Race/Ethnicity and Gender, FY2024**

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	<11	23.1%	0.01	0	0.0%	0.00	<11	23.1%	0.01
Non-Hispanic White	<11	38.5%	0.03	0	0.0%	0.00	<11	38.5%	0.02
Hispanic	0	0.0%	0.00	0	0.0%	0.00	0	0.0%	0.00
Other	0	0.0%	0.00	0	0.0%	0.00	0	0.0%	0.00
Unknown	<11	38.5%	0.02	0	0.0%	0.00	<11	38.5%	0.01
Gender	Youth (0-17)			Young Adults (18-25)			Total		
	N	%	Rate per 1,000	N	%	Rate per 1,000	N	%	Rate per 1,000
Female	<11	30.8%	0.01	0	0.0%	0.00	<11	30.8%	0.01
Male	<11	69.2%	0.03	0	0.0%	0.00	<11	69.2%	0.02
Total	13	100.0%	0.02	0	0.0%	0.00	13	100.0%	0.01

**Data Source:** ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 2024.

**Note:** The category of unknown is included to reflect counts of youth 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. Cells with counts less than 11 are indicated as <11 to protect individual privacy.

**Table A10: Utilization of Respite Care Services Among Youth and Young Adults by Race and Gender, FY24**

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	79	43.2%	0.34	0	0.0%	0.0	79	43.2%	0.24
Non-Hispanic White	63	34.4%	0.44	0	0.0%	0.0	63	34.4%	0.31
Hispanic	0	0.0%	0.00	0	0.0%	0.0	0	0.0%	0.00

Other	<11	0.5%	0.02	0	0.0%	0.0	<11	0.5%	0.02
Unknown	40	21.9%	0.15	0	0.0%	0.0	40	21.9%	0.12
Gender	Youth (0-17)			Young Adults (18-25)			Total		
	N	%	Rate per 1,000	N	%	Rate per 1,000	N	%	Rate per 1,000
Female	71	38.8%	0.21	0	0.0%	0.0	71	38.8%	0.14
Male	112	61.2%	0.31	0	0.0%	0.0	112	61.2%	0.23
Total	183	100.0%	0.25	0	0.0%	0.0	183	100.0%	0.19

**Data Source:** ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 2024.

**Note:** The category of unknown is included to reflect counts of youth 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 youth 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 A11: Utilization of Psychiatric Rehabilitation Services Among Youth and Young Adults by Age, Race and Gender, FY2024**

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	634	40.0%	5,291	56.9%	4,742	60.4%	1,841	63.4%	1,858	59.7%	14,366	58.0%	44.1
Asian	53	3.3%	188	2.0%	126	1.6%	62	2.1%	107	3.4%	536	2.2%	10.7
Non-Hispanic White	192	12.1%	1,486	16.0%	1,022	13.0%	359	12.4%	444	14.3%	3,503	14.2%	17.5
Hispanic	16	1.0%	132	1.4%	144	1.8%	23	0.8%	15	0.5%	330	1.3%	5.8
Multi-Racial	0	0.0%	0	0.0%	0	0.0%	0	0.0%	<11	100.0%	<11	*	*
Native American	<11	0.3%	46	0.5%	39	0.5%	<11	0.3%	15	0.5%	112	0.5%	27.7
Pacific Islander	0	0.0%	11	0.1%	<11	0.1%	<11	0.1%	<11	0.1%	23	0.1%	11.4
Unknown	685	43.2%	2,142	23.0%	1,777	22.6%	610	21.0%	668	21.5%	5,882	23.8%	17.2
Gender	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	%	
Female	669	42.2%	4,205	45.2%	3,893	49.6%	1,640	56.5%	1,935	62.2%	12,342	49.9%	25.0

Male	915	57.8%	5,091	54.8%	3,963	50.4%	1,265	43.5%	1,176	37.8%	12,410	50.1%	25.5
Total	1,584	6.4%	9,296	37.6%	7,856	31.7%	2,905	11.7%	3,112	12.6%	24,753	100.0%	25.2

**Data Source:** ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 2024.

**Note:** The category of unknown is included to reflect counts of youth 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 youth 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 individuals 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. Cells with counts less than 11 are indicated as <11 to protect individual privacy.

**Table A12: Utilization of Substance Use Disorder Services Among Youth and Young Adults by Age, Race and Gender, FY2024**

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	65	37.8%	226	37.1%	1,703	40.2%	1,909	42.1%	2,485	38.0%	6,388	39.7%	19.6
Asian	<11	2.9%	14	2.3%	66	1.6%	85	1.9%	221	3.4%	391	2.4%	7.8
Non-Hispanic White	36	20.9%	133	21.8%	875	20.7%	1,114	24.6%	1,804	27.6%	3,962	24.6%	19.7
Hispanic	<11	2.3%	36	5.9%	215	5.1%	165	3.6%	199	3.0%	619	3.8%	10.9
Multi-Racial	0	0.0%	0	0.0%	0	0.0%	<11	100.0%	0	0.0%	<11	*	*
Native American	0	0.0%	<11	0.5%	24	0.6%	17	0.4%	30	0.5%	74	0.5%	18.3
Pacific Islander	<11	0.6%	<11	0.2%	<11	*	<11	0.1%	<11	0.2%	19	0.1%	9.4
Unknown	61	35.5%	196	32.2%	1,350	31.9%	1,235	27.3%	1,797	27.5%	4,639	28.8%	13.5
Gender	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	%	
Female	79	45.9%	308	50.6%	2,103	49.7%	2,697	59.5%	3,807	58.2%	8,994	55.9%	18.2
Male	93	54.1%	301	49.4%	2,132	50.3%	1,833	40.5%	2,739	41.8%	7,098	44.1%	14.6
Total	172	1.1%	609	3.8%	4,235	26.3%	4,531	28.2%	6,546	40.7%	16,093	100.0%	16.4

**Data Source:** ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 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 individuals 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. Cells with counts less than 11 are indicated as <11 to protect individual privacy.

**Table A13: Utilization of PBHS Services through Telehealth Among Youth and Young Adults by Age, Race and Gender, FY24**

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	1,326	30.1%	7,680	38.6%	8,258	38.0%	4,582	37.9%	4,722	38.9%	26,568	37.8%	81.6
Asian	141	3.2%	467	2.3%	523	2.4%	402	3.3%	566	4.7%	2,099	3.0%	42.1
Non-Hispanic White	987	22.4%	5,784	29.1%	6,514	30.0%	3,578	29.6%	3,532	29.1%	20,395	29.0%	101.6
Hispanic	87	2.0%	465	2.3%	614	2.8%	251	2.1%	180	1.5%	1,597	2.3%	28.2
Multi-Racial	0	0.0%	0	0.0%	0	0.0%	<11	50.0%	<11	50.0%	<11	0.0%	X
Native American	15	0.3%	133	0.7%	130	0.6%	55	0.5%	66	0.5%	399	0.6%	98.6
Pacific Islander	<11	0.2%	42	0.2%	22	0.1%	31	0.3%	23	0.2%	128	0.2%	63.4
Unknown	1,833	41.7%	5,338	26.8%	5,672	26.1%	3,176	26.3%	3,055	25.2%	19,074	27.1%	55.7
Gender	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	%	
Female	1,666	37.9%	9,329	46.9%	12,575	57.9%	7,741	64.1%	8,046	66.2%	39,357	56.0%	79.6
Male	2,733	62.1%	10,580	53.1%	9,158	42.1%	4,333	35.9%	4,097	33.7%	30,901	44.0%	63.4
Unknown	0	0.0%	0	0.0%	0	0.0%	<11	50.0%	<11	50.0%	<11	0.0%	-
Total	4,399	6.3%	19,909	28.3%	21,733	30.9%	12,076	17.2%	12,145	17.3%	70,262	100.0%	71.6

**Data Source:** ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 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 11 are indicated as <11 to protect individual privacy.

## Expenditures and Costs

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.

**Table A14a. Total Behavioral Health Expenditures, for Youth and Young Adults by Gender, Race and Ethnicity, FY 2024**

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	\$225,671,593	43.5%	\$120,603,792	46.0%	\$346,275,385	44.3%
Non-Hispanic White	\$131,377,292	25.3%	\$63,309,887	24.1%	\$194,687,179	24.9%
Hispanic	\$13,064,327	2.5%	\$4,558,243	1.7%	\$17,622,571	2.3%
Other	\$13,858,106	2.7%	\$9,375,852	3.6%	\$23,233,958	3.0%
Unknown	\$135,335,480	26.1%	\$64,469,351	24.6%	\$199,804,832	25.6%
Gender	Youth (0-17)		Young Adults (18-25)		Overall Expenditures <sup>b</sup>	
	Youth Expenditures	%	YA Expenditures	%	Gender Total <sup>b</sup>	%
Female	\$232,728,065	44.8%	\$121,295,135	46.2%	\$393,741,337	50.4%
Male	\$232,860,006	44.8%	\$103,050,636	39.3%	\$387,877,349	49.6%
Unknown	\$0	0.0%	\$16,674	100.0%	\$16,674	0.0%
<b>Total</b>	<b>\$519,306,797</b>	<b>66.4%</b>	<b>\$262,328,563</b>	<b>33.6%</b>	<b>\$781,635,360</b>	<b>100.0%</b>

**Data Source:** ASO behavioral health services claims data for FY24. 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) 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 A14b: Behavioral Health Expenditures per Youth and Young Adult Recipient of Services, by Gender, Race and Ethnicity, FY 2024**

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	\$6,854	32,926	\$6,890	17,503	\$6,867	50,429
Non-Hispanic White	\$5,700	23,050	\$5,337	11,862	\$5,577	34,912
Hispanic	\$5,624	2,323	\$4,632	984	\$5,329	3,307
Other	\$5,127	2,703	\$4,868	1,926	\$5,019	4,629
Unknown	\$5,584	24,236	\$5,718	11,274	\$5,627	35,510
Gender	Youth (0-17)		Young Adults (18-25)		Overall Cost Per Person	
	Youth Cost Per Person	N	YA Cost Per Person	N	Gender Total <sup>b</sup>	N
Female	\$5,513	42,212	\$4,385	27,659	\$5,635	69,871
Male	\$5,412	43,026	\$6,486	15,887	\$6,584	58,913
Total	\$6,092	85,238	\$6,023	43,552	\$6,069	128,790

**Data Source:** ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 2024.

**Note:** Expenditures include all PBHS behavioral health services billed through the Administrative Services Organization, 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) 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 A15a: Total Expenditures for Outpatient Mental Services for Youth and Young Adults, By Gender, Race and Ethnicity, FY2024**

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	\$109,673,134	39.6%	\$39,230,995	42.8%	\$148,904,128	40.4%
Non-Hispanic White	\$74,766,191	27.0%	\$24,439,774	26.7%	\$99,205,965	26.9%
Hispanic	\$6,945,733	2.5%	\$1,619,045	1.8%	\$8,564,777	2.3%
Other	\$8,840,554	3.2%	\$4,151,860	4.5%	\$12,992,413	3.5%
Unknown	\$76,562,272	27.7%	\$22,165,620	24.2%	\$98,727,892	26.8%
Gender	Youth (0-17)		Young Adults (18-25)		Overall Expenditures <sup>b</sup>	
	Youth Expenditures	%	YA Expenditures	%	Gender Total <sup>b</sup>	%

Female	\$137,128,939	49.5%	\$60,188,487	65.7%	\$197,317,427	53.6%
Male	\$139,658,944	50.5%	\$31,418,804	34.3%	\$171,077,748	46.4%
Total	\$276,787,883	75.1%	\$91,607,293	24.9%	\$368,395,176	100.0%

**Data Source:** ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 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 A15b: Expenditures per Youth and Young Adult Recipients of Outpatient Mental Health Services By Gender, Race and Ethnicity, FY2024**

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	\$3,586	30,587	\$2,726	14,391	\$3,311	44,978
Non-Hispanic White	\$3,324	22,493	\$2,388	10,236	\$3,031	32,729
Hispanic	\$3,289	2,112	\$2,476	654	\$3,096	2,766
Other	\$3,395	2,604	\$2,476	1,677	\$3,035	4,281
Unknown	\$3,350	22,855	\$2,428	9,131	\$3,087	31,986
Gender	Youth (0-17)		Young Adults (18-25)		Overall Cost Per Person	
	Youth Cost Per Person	N	YA Cost Per Person	N	Gender Total <sup>b</sup>	N
Female	\$3,420	40,101	\$2,593	23,211	\$3,117	63,312
Male	\$3,444	40,550	\$2,440	12,878	\$3,202	53,428
Total	\$3,432	80,651	\$2,538	36,089	\$3,156	116,740

**Data Source:** ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 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.

**Table A16a: Total Inpatient Psychiatric Expenditures for Youth and Young Adults By Gender, Race and Ethnicity, FY2024**

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	\$36,328,540	38.8%	\$21,252,239	42.0%	\$57,580,779	39.9%
Non-Hispanic White	\$27,134,466	29.0%	\$13,307,813	26.3%	\$40,442,280	28.0%
Hispanic	\$4,119,496	4.4%	\$1,786,156	3.5%	\$5,905,652	4.1%
Other	\$1,963,020	2.1%	\$1,650,561	3.3%	\$3,613,581	2.5%

Unknown	\$24,161,619	25.8%	\$12,628,036	24.9%	\$36,789,654	25.5%
Gender	Youth (0-17)		Young Adults (18-25)		Overall Cost Per Person	
	Youth Expenditures	%	YA Expenditures	%	Gender Total <sup>b</sup>	%
Female	\$50,117,268	53.5%	\$23,625,344	46.7%	\$73,742,612	51.1%
Male	\$43,589,874	46.5%	\$26,999,461	53.3%	\$70,589,334	48.9%
Total	\$93,707,140	64.9%	\$50,624,804	35.1%	\$144,331,945	100.0%

**Data Source:** ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 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 A16b: Expenditures per Youth and Young Adult Recipient of Inpatient Psychiatric Services, By Gender, Race, and Ethnicity, FY2024**

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	\$29,040	1,251	\$18,400	1,155	\$23,932	2,406
Non-Hispanic White	\$23,636	1,148	\$18,560	717	\$21,685	1,865
Hispanic	\$35,209	117	\$25,157	71	\$31,413	188
Other	\$20,663	95	\$16,182	102	\$18,343	197
Unknown	\$26,206	922	\$16,638	759	\$21,886	1,681
Gender	Youth (0-17)		Young Adults (18-25)		Overall Cost Per Person	
	Youth Cost Per Person	N	YA Cost Per Person	N	Gender Total <sup>b</sup>	N
Female	\$23,888	2,098	\$15,920	1,484	\$20,587	3,582
Male	\$30,376	1,435	\$20,454	1,320	\$25,622	2,755
Total	\$26,523	3,533	\$18,054	2,804	\$22,776	6,337

**Data Source:** ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 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

**Table A17a: Total Behavioral Health Emergency Room Expenditures for Youth and Young Adults By Gender, Race and Ethnicity, FY2024**

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	\$2,940,313	41.5%	\$2,508,781	42.5%	\$5,449,094	42.0%
Non-Hispanic White	\$1,907,977	26.9%	\$1,514,320	25.7%	\$3,422,297	26.4%
Hispanic	\$199,291	2.8%	\$122,822	2.1%	\$322,113	2.5%
Other	\$175,196	2.5%	\$175,055	3.0%	\$350,249	2.7%
Unknown	\$1,865,440	26.3%	\$1,576,651	26.7%	\$3,442,091	26.5%
	Youth (0-17)		Young Adults (18-25)		Overall Cost Per Person	
Gender	Youth Expenditures	%	YA Expenditures	%	Gender Total <sup>b</sup>	%
Female	\$4,069,008	57.4%	\$2,924,597	49.6%	\$6,993,605	53.9%
Male	\$3,019,209	42.6%	\$2,973,032	50.4%	\$5,992,240	46.1%
Total	\$7,088,216	54.6%	\$5,897,628	45.4%	\$12,985,845	100.0%

**Data Source:** Optum behavioral health services claims data for FY24. Based on claims paid through December 31, 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 A17b: Expenditures per Youth and Young Adult Recipients of Behavioral Health Emergency Room Services By Gender, Race, and Ethnicity, FY2024**

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	\$1,299	2,263	\$1,302	1,927	\$1,300	4,190
Non-Hispanic White	\$1,132	1,685	\$1,233	1,228	\$1,175	2,913
Hispanic	\$914	218	\$1,050	117	\$962	335
Other	\$1,075	163	\$1,081	162	\$1,078	325
Unknown	\$1,120	1,665	\$1,180	1,336	\$1,147	3,001
	Youth (0-17)		Young Adults (18-25)		Overall Cost Per Person	
Gender	Youth Cost Per Person	N	YA Cost Per Person	N	Gender Total <sup>b</sup>	N
Female	\$1,181	3,446	\$1,131	2,586	\$1,159	6,032
Male	\$1,185	2,548	\$1,361	2,184	\$1,266	4,732
Total	\$1,183	5,994	\$1,236	4,770	\$1,206	10,764

**Data Source:** ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 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.

**Table A18a: Total Residential Treatment Center Expenditures for Youth and Young Adults By Gender, Race and Ethnicity, FY2024**

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	\$17,369,286	49.7%	\$478,140	27.2%	\$17,847,426	48.7%
Non-Hispanic White	\$9,994,444	28.6%	\$786,393	44.7%	\$10,780,837	29.4%
Hispanic	\$214,280	0.6%	\$0	0.0%	\$214,280	0.6%
Other	\$529,945	1.5%	\$0	0.0%	\$529,945	1.4%
Unknown	\$6,817,146	19.5%	\$494,537	28.1%	\$7,311,682	19.9%
Gender	Youth (0-17)		Young Adults (18-25)		Overall Cost Per Person	
	Youth Expenditures	%	YA Expenditures	%	Gender Total <sup>b</sup>	%
Female	\$13,162,711	37.7%	\$31,449	1.8%	\$13,194,160	36.0%
Male	\$21,762,389	62.3%	\$1,727,621	98.2%	\$23,490,010	64.0%
Total	\$34,925,099	95.2%	\$1,759,070	4.8%	\$36,684,170	100.0%

**Data Source:** ASO behavioral health services claims data for FY23. Based on claims paid through December 31, 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 A18b: Expenditures per Youth and Young Adult Recipient of Residential Treatment Center Services By Gender, Race and Ethnicity, FY2024**

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	\$147,197	118	\$95,628	5	\$145,101	123
Non-Hispanic White	\$131,506	76	\$112,342	7	\$129,890	83
Hispanic	\$107,140	2	\$0	0	\$107,140	2
Other	\$529,945	5	\$0	0	\$0	5
Unknown	\$108,209	63	\$98,907	5	\$107,525	68

Gender	Youth (0-17)		Young Adults (18-25)		Overall Cost Per Person	
	Youth Cost Per Person	N	YA Cost Per Person	N	Gender Total <sup>b</sup>	N
Female	\$143,073	92			\$140,363	94
Male	\$126,526	172	\$115,175	15	\$125,615	187
Total	\$132,292	264	\$103,475	17	\$130,549	281

**Data Source:** ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 2024.

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

**Table A19a: Total Substance Use Disorder Program Expenditures for Youth and Young Adults By Gender, Race and Ethnicity, FY2024**

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	\$5,899,044	55.3%	\$23,443,556	41.9%	\$29,342,600	44.1%
Non-Hispanic White	\$1,001,634	9.4%	\$14,060,760	25.1%	\$15,062,394	22.6%
Hispanic	\$257,672	2.4%	\$849,434	1.5%	\$1,107,107	1.7%
Other	\$243,904	2.3%	\$1,642,807	2.9%	\$1,886,710	2.8%
Unknown	\$3,261,216	30.6%	\$15,942,725	28.5%	\$19,203,943	28.8%
Gender	Youth (0-17)		Young Adults (18-25)		Overall Cost Per Person	
	Youth Expenditures	%	YA Expenditures	%	Gender Total <sup>b</sup>	%
Female	\$4,782,168	44.8%	\$22,622,816	40.4%	\$27,404,983	41.1%
Male	\$5,881,303	55.2%	\$33,312,871	59.5%	\$39,194,174	58.8%
Total	\$10,663,472	16.0%	\$55,945,114	84.0%	\$66,608,585	100.0%

**Data Source:** ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 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 A19b: Expenditures per Youth and Young Adult Recipient of Substance Use Disorder Program Services By Gender, Race and Ethnicity, FY2024**

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	\$2,958	1,994	\$5,335	4,394	\$4,593	6,388
Non-Hispanic White	\$959	1,044	\$4,819	2,918	\$3,802	3,962
Hispanic	\$1,010	255	\$2,334	364	\$1,789	619
Other	\$2,103	116	\$4,464	368	\$3,898	484
Unknown	\$2,029	1,607	\$5,258	3,032	\$4,140	4,639
Gender	Youth (0-17)		Young Adults (18-25)		Overall Cost Per Person	
	Youth Cost Per Person	N	YA Cost Per Person	N	Gender Total <sup>b</sup>	N
Female	\$1,921	2,490	\$3,478	6,504	\$3,047	8,994
Male	\$2,328	2,526	\$7,286	4,572	\$5,522	7,098
Total	\$2,126	5,016	\$5,051	11,077	\$4,139	16,093

**Data Source:** ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 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.

**Table A20a: Total Intensive Community-Based Services (combined) Expenditures for Youth and Young Adults By Gender, Race and Ethnicity, FY2024**

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	\$53,811,221	56.0%	\$31,084,710	60.7%	\$84,895,929	57.6%
Non-Hispanic White	\$15,855,510	16.5%	\$7,585,006	14.8%	\$23,440,516	15.9%
Hispanic	\$1,367,072	1.4%	\$255,055	0.5%	\$1,622,126	1.1%
Other	\$2,144,790	2.2%	\$1,552,618	3.0%	\$3,697,407	2.5%
Unknown	\$22,950,689	23.9%	\$10,715,214	20.9%	\$33,665,904	22.9%
Gender	Youth (0-17)		Young Adults (18-25)		Overall Cost Per Person	

Gender

	Youth Expenditures	%	YA Expenditures	%	Gender Total <sup>b</sup>	%
Female	\$43,921,930	45.7%	\$28,493,454	55.7%	\$72,415,384	49.2%
Male	\$52,207,350	54.3%	\$22,701,662	44.3%	\$74,909,013	50.8%
Total	\$96,129,280	65.2%	\$51,196,981	34.8%	\$147,326,261	100.0%

**Data Source:** ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 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.

**Table A20b: Expenditures per Youth and Young Adult Recipients of Intensive Community Services (combined) By Gender, Race and Ethnicity, FY2024**

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	\$4,853	11,088	\$8,159	3,810	\$5,698	14,898
Non-Hispanic White	\$4,847	3,271	\$7,795	973	\$5,523	4,244
Hispanic	\$4,439	308	\$6,376	40	\$4,661	348
Other	\$4,333	495	\$7,537	206	\$5,274	701
Unknown	\$4,625	4,962	\$7,816	1,371	\$5,316	6,333
Gender	Youth (0-17)		Young Adults (18-25)		Overall Cost Per Person	
	Youth Cost Per Person	N	YA Cost Per Person	N	Gender Total <sup>b</sup>	N
Female	\$4,702	9,342	\$7,479	3,810	\$5,506	13,152
Male	\$4,842	10,782	\$8,769	2,589	\$5,602	13,371
<b>Total</b>	<b>\$4,777</b>	<b>20,124</b>	<b>\$7,998</b>	<b>6,401</b>	<b>\$5,554</b>	<b>26,525</b>

**Data Source:** ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 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.

**Table A21a: Total Youth and Young Adult Expenditures for Selected Intensive Community-Based Services By Gender, Age, Race and Ethnicity, FY2024**

Race/Ethnicity	Intensive Service Category			
	Case Management	Respite Care	1915(i) Services	PRP
Non-Hispanic Black	\$3,970,069	\$153,598	\$8,696	\$80,436,151
Non-Hispanic White	\$4,416,394	\$63,638	\$13,791	\$18,581,085
Hispanic	\$127,838	\$774	\$0	\$1,492,812
Other	\$139,894	\$12,915	\$0	\$3,529,430
Unknown	\$3,032,592	\$114,436	\$11,584	\$30,298,030
Gender	Case Management	Respite Care	1915(i) Services	PRP
Female	\$4,745,358	\$160,910	\$6,589	\$66,923,687
Male	\$6,941,429	\$183,677	\$27,482	\$67,413,732
Age Group	Case Management	Respite Care	1915(i) Services	PRP
Youth	\$11,336,154	\$344,588	\$34,071	\$84,378,598
Young Adult	\$350,631	\$0	\$0	\$49,958,908
Total	\$11,686,785	\$344,587	\$34,071	\$134,337,506

**Data Source:** ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 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.

**Table A21b: Per Person Youth and Young Adult Expenditures for Selected Intensive Community-Based Services, By Gender, Age, Race and Ethnicity, FY24**

Race/Ethnicity	Intensive Service Category			
	Case Management	Respite Care	1915(i) Services	PRP
Non-Hispanic Black	\$6,232	\$1,944	\$2,899	\$5,599
Non-Hispanic White	\$5,842	\$1,010	\$2,758	\$5,304
Hispanic	\$6,728	\$0	\$0	\$4,524
Other	\$4,996	\$12,915	\$0	\$5,253
Unknown	\$6,266	\$2,861	\$2,317	\$5,151
Gender	Case Management	Respite Care	1915(i) Services	PRP
Female	\$6,014	\$2,266	\$1,647	\$5,422
Male	\$6,116	\$1,640	\$3,054	\$5,432
Age Group	Case Management	Respite Care	1915(i) Services	PRP
Youth	\$6,098	\$1,883	\$2,621	\$4,504
Young Adult	\$5,394	\$0	\$0	\$8,303
Total	\$6,074	\$1,883	\$2,621	\$5,427

**Data Source:** ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 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 A22: Median Emergency Department Wait Times For Youth By Gender and Age, FY 2024**

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	4.1	218	4.9	1,449	6.6	3,274	5.9	4,940
Female	4.3	107	5.8	1,413	7.5	4,807	6.9	6,326
Total	4.2	325	5.3	2,862	7.1	8,081	6.4	11,266

**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 2024. 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.

**Table A23: Time (Days) between Referral and Placement in a Residential Treatment Bed, FY24**

Facility Type	# of Facilities	Total # of Admissions	Avg. # of Admissions	Min Wait Days	Max Wait Days	Total Wait Days	Avg. # Wait Days
RTC	4	171	43	8	391	11,317	68
RICA	2	57	29	3	363	5,597	110
Total	6	228	38	3	391	16,914	89

**Data Source:** RTC operational data for FY24.

**Table A24: Number of 30-Day Readmissions Among Youth and Young Adults to Psychiatric Inpatient and Residential Treatment Facilities, FY2024**

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	65	64	129	7	0	7	69	99	169	305
Non-Hispanic White	66	49	115	4	0	4	69	60	129	248
Hispanic	4	3	7	-	-	-	4	6	10	17
Other	8	10	18	-	-	-	6	10	16	34
Unknown	40	43	83	1	0	1	44	57	101	185
Gender										
Female	108	72	180	7	0	7	115	105	220	407
Male	75	97	172	5	0	5	78	127	205	382
Total	183	169	352	12	0.00	12	193	232	425	789

Data Source: ASO behavioral health service claims data, updated through December 31, 2024.

**Table A25a: Average Length of Stay Among Youth and Young Adults in Residential Treatment Facilities By Gender, Age Race and Ethnicity, 2024**

Race/Ethnicity	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	Avg.
Non-Hispanic Black	22	104	147	119	0	130
Asian	103	0	253	0	0	178
Non-Hispanic White	0	183	104	116	0	124
Hispanic	0	206	0	0	0	133
Native American	0	0	0	0	0	0
Pacific Islander	0	0	197	0	0	0
Unknown	0	82	121	97	0	110
Gender	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	Avg.
Female	125	118	129	130	0	125
Male	124	131	126	21	0	124
Total	63	122	128	113	0	125

**Data Source:** ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 2024.

**Note:** Psychiatric inpatient hospitals include psychiatric units at general hospitals and private psychiatric treatment facilities.

**Table A25b: Average Length of Stay Among Youth and Young Adults in Psychiatric Inpatient Facilities By Gender, Age, Race and Ethnicity, 2024**

Race/Ethnicity	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	Avg.
Non-Hispanic Black	9	14	12	7	7	10
Asian	0	8	9	7	7	8
Non-Hispanic White	9	12	11	6	6	9

Hispanic	6	21	10	7	10	11
Native American	0	8	7	5	5	6
Pacific Islander	0	8	22	4	8	11
Unknown	17	10	11	6	6	9
Gender	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	Avg.
Female	12	14	12	7	7	10
Male	8	11	11	6	6	9
Statewide Average Length of Stay	11	12	11	6	7	9

**Data Source:** ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 2024.

**Note:** RTC ALOS includes private RTCs only.

**Table A25c: Average Length of Stay Among Youth and Young Adults in Psychiatric Inpatient Facilities By Gender, Age, Race and Ethnicity, 2024**

Race/Ethnicity	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	Avg.
Non-Hispanic Black	0	0	0	27	23	24
Asian	0	0	0	3	29	27
Non-Hispanic White	0	0	12	20	24	22
Hispanic	0	0	10	13	25	16
Native American	0	0	9	17	17	16
Pacific Islander	0	0	0	0	0	0
Unknown	0	0	10	17	22	19
Gender	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	Avg.
Female	0	0	10	20	24	21
Male	0	0	12	21	22	22
Total	0	0	10	20	23	21

**Data Source:** ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 2024.

**Table A26: Youth and Young Adult Discharges from Inpatient Psychiatric and Residential Treatment Facilities, FY2024**

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	77	<11	82	1,393	1,337	2,730	2,812
Non-Hispanic White	55	<11	60	1,340	878	2,218	2,278
Hispanic	<11	0	<11	126	80	206	207
Other	<11	0	<11	114	116	230	233
Unknown	38	10	32	1,094	830	1,924	1,956
Gender							
Female	67	<11	69	2,417	1,618	4,035	4,104
Male	107	11	118	1,650	1,623	3,273	3,391
Total	174	13	187	4,067	3,241	7,308	7,495

**Data Source:** ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 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. Cells with counts less than 11 are indicated as <11 to protect individual privacy.

## APPENDIX B: Service Utilization and Expenditure By Jurisdiction

**Table B1: Number and Percent of Youth and Young Adults Eligible for PBHS Services By Jurisdiction and Age, FY2024**

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	3,432	28.2%	2,946	24.2%	2,407	19.8%	1,704	14.0%	1,674	13.8%	12,163	1.2%	607.1
Anne Arundel	20,588	29.2%	17,916	25.4%	14,607	20.7%	9,384	13.3%	7,986	11.3%	70,481	7.2%	370.7
Baltimore City	38,522	27.8%	32,787	23.6%	28,028	20.2%	19,853	14.3%	19,582	14.1%	138,772	14.1%	782.7
Baltimore	42,646	29.4%	35,906	24.8%	29,158	20.1%	19,653	13.6%	17,474	12.1%	144,837	14.8%	533.5
Calvert	2,559	27.3%	2,311	24.7%	1,961	21.0%	1,376	14.7%	1,151	12.3%	9,358	1.0%	313.0
Caroline	2,422	28.8%	2,077	24.7%	1,838	21.8%	1,201	14.3%	886	10.5%	8,424	0.9%	745.0
Carroll	4,582	28.5%	4,050	25.2%	3,331	20.7%	2,318	14.4%	1,813	11.3%	16,094	1.6%	291.7
Cecil	5,065	28.9%	4,368	24.9%	3,601	20.5%	2,419	13.8%	2,096	11.9%	17,549	1.8%	541.5
Charles	7,268	29.4%	6,307	25.5%	5,012	20.2%	3,267	13.2%	2,899	11.7%	24,753	2.5%	433.0
Dorchester	2,196	28.4%	1,858	24.0%	1,644	21.3%	1,090	14.1%	940	12.2%	7,728	0.8%	826.2
Frederick	9,665	29.0%	8,465	25.4%	7,096	21.3%	4,493	13.5%	3,617	10.9%	33,336	3.4%	343.6
Garrett	1,385	28.4%	1,162	23.9%	973	20.0%	727	14.9%	625	12.8%	4,872	0.5%	688.3
Harford	8,967	28.0%	7,961	24.9%	6,705	21.0%	4,544	14.2%	3,808	11.9%	31,985	3.3%	395.9
Howard	9,142	26.3%	8,860	25.5%	7,684	22.1%	5,121	14.7%	3,937	11.3%	34,744	3.5%	317.7
Kent	727	26.4%	693	25.1%	599	21.7%	376	13.6%	361	13.1%	2,756	0.3%	501.1
Montgomery	40,839	28.6%	35,529	24.9%	30,282	21.2%	20,312	14.2%	15,954	11.2%	142,916	14.6%	419.6
Prince George's	56,784	30.7%	46,063	24.9%	37,001	20.0%	24,293	13.1%	20,652	11.2%	184,793	18.8%	591.3
Queen Anne's	1,610	28.6%	1,389	24.6%	1,176	20.9%	847	15.0%	616	10.9%	5,638	0.6%	367.3
Somerset	1,524	28.1%	1,390	25.6%	1,101	20.3%	768	14.1%	649	11.9%	5,432	0.6%	603.3
St. Mary's	4,192	28.8%	3,603	24.8%	3,009	20.7%	1,991	13.7%	1,743	12.0%	14,538	1.5%	370.5
Talbot	1,551	28.6%	1,314	24.2%	1,152	21.2%	802	14.8%	612	11.3%	5,431	0.6%	550.6
Washington	9,162	29.4%	7,775	25.0%	6,327	20.3%	4,254	13.7%	3,624	11.6%	31,142	3.2%	645.9
Wicomico	8,148	31.6%	6,124	23.8%	4,952	19.2%	3,434	13.3%	3,121	12.1%	25,779	2.6%	628.7
Worcester	2,020	25.2%	1,989	24.8%	1,722	21.5%	1,255	15.6%	1,034	12.9%	8,020	0.8%	620.2
Statewide	284,996	29.0%	242,843	24.7%	201,366	20.5%	135,482	13.8%	116,854	11.9%	981,541	100.0%	494.9

**Data Source:** ASO behavioral health services claims and eligibility data for FY23. Based on claims paid through December 31, 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=981,541).

**Table B2: Number and Percent of Youth and Young Adult Recipients of PBHS Services, By Jurisdiction, FY2024**

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	183	9.0%	519	25.5%	565	27.8%	334	16.4%	433	21.3%	2,034	1.6%	167.2
Anne Arundel	816	8.5%	2,893	30.2%	2,809	29.3%	1,502	15.7%	1,562	16.3%	9,582	7.4%	136.0
Baltimore City	2,883	9.9%	8,202	28.3%	8,141	28.1%	4,680	16.1%	5,090	17.6%	28,996	22.5%	208.9
Baltimore	2,162	9.9%	6,285	28.9%	6,184	28.4%	3,471	15.9%	3,682	16.9%	21,784	16.9%	150.4
Calvert	103	7.7%	364	27.1%	391	29.1%	243	18.1%	244	18.1%	1,345	1.0%	143.7
Caroline	144	10.4%	430	30.9%	439	31.6%	190	13.7%	188	13.5%	1,391	1.1%	165.1
Carroll	191	8.0%	688	28.8%	730	30.6%	406	17.0%	374	15.7%	2,389	1.9%	148.4
Cecil	237	9.6%	737	30.0%	685	27.9%	390	15.9%	407	16.6%	2,456	1.9%	140.0
Charles	191	8.0%	636	26.5%	730	30.5%	414	17.3%	426	17.8%	2,397	1.9%	96.8
Dorchester	195	11.3%	499	29.0%	544	31.6%	249	14.5%	236	13.7%	1,723	1.3%	223.0
Frederick	402	8.9%	1,289	28.6%	1,438	31.9%	723	16.0%	658	14.6%	4,510	3.5%	135.3
Garrett	62	8.3%	237	31.6%	224	29.8%	109	14.5%	119	15.8%	751	0.6%	154.1
Harford	514	9.6%	1,555	29.0%	1,534	28.6%	871	16.2%	894	16.7%	5,368	4.2%	167.8
Howard	294	7.0%	1,079	25.6%	1,372	32.6%	773	18.4%	691	16.4%	4,209	3.3%	121.1
Kent	47	8.5%	162	29.4%	179	32.5%	79	14.3%	84	15.2%	551	0.4%	199.9
Montgomery	800	6.6%	3,194	26.2%	3,752	30.7%	2,303	18.9%	2,154	17.7%	12,203	9.5%	85.4
Prince George's	989	7.1%	3,319	23.8%	4,528	32.4%	2,585	18.5%	2,537	18.2%	13,958	10.8%	75.5
Queen Anne's	54	6.9%	230	29.4%	256	32.7%	126	16.1%	116	14.8%	782	0.6%	138.7
Somerset	130	10.1%	398	30.9%	375	29.1%	205	15.9%	180	14.0%	1,288	1.0%	237.1
St. Mary's	141	8.8%	374	23.3%	470	29.3%	290	18.1%	329	20.5%	1,604	1.2%	110.3
Talbot	93	9.1%	316	31.0%	315	30.9%	150	14.7%	147	14.4%	1,021	0.8%	188.0
Washington	488	9.4%	1,485	28.6%	1,420	27.4%	890	17.2%	905	17.4%	5,188	4.0%	166.6
Wicomico	350	8.9%	1,038	26.3%	1,155	29.2%	674	17.1%	734	18.6%	3,951	3.1%	153.3
Unknown	<11	1.4%	<11	13.0%	18	26.1%	15	21.7%	26	37.7%	69	0.1%	-
Worcester	155	9.2%	525	31.1%	515	30.5%	255	15.1%	239	14.2%	1,689	1.3%	210.6
Statewide	11,427	8.9%	35,749	27.8%	38,062	29.6%	21,492	16.7%	22,060	17.1%	128,790	100.0%	131.2

**Data Source:** ASO behavioral health services claims and eligibility data for FY24. Based on claims paid through December 31, 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=128,790). 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 11 are indicated as <11 to protect individual privacy.

**Table B3: Number and Percent of Youth and Young Adult PBHS Recipients of Outpatient Mental Health Services By Jurisdiction, FY24**

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	179	9.4%	509	26.8%	550	28.9%	300	15.8%	364	19.1%	1,902	1.6%	156.4
Anne Arundel	801	8.9%	2,846	31.7%	2,683	29.9%	1,334	14.9%	1,304	14.5%	8,968	7.7%	127.2
Baltimore City	2,735	10.8%	7,626	30.1%	7,129	28.2%	3,836	15.2%	3,979	15.7%	25,305	21.7%	182.3
Baltimore	2,091	10.6%	5,976	30.2%	5,721	28.9%	2,992	15.1%	2,987	15.1%	19,767	16.9%	136.5
Calvert	102	8.4%	355	29.2%	374	30.8%	198	16.3%	187	15.4%	1,216	1.0%	129.9
Caroline	142	11.2%	427	33.6%	415	32.6%	138	10.8%	150	11.8%	1,272	1.1%	151.0
Carroll	190	8.4%	682	30.0%	709	31.2%	370	16.3%	323	14.2%	2,274	1.9%	141.3
Cecil	236	10.7%	731	33.0%	647	29.2%	316	14.3%	285	12.9%	2,215	1.9%	126.2
Charles	179	8.3%	616	28.5%	675	31.3%	355	16.4%	334	15.5%	2,159	1.8%	87.2
Dorchester	189	12.2%	491	31.6%	506	32.5%	209	13.4%	160	10.3%	1,555	1.3%	201.2
Frederick	399	9.5%	1,278	30.3%	1,384	32.9%	621	14.7%	531	12.6%	4,213	3.6%	126.4
Garrett	61	8.8%	233	33.5%	208	29.9%	101	14.5%	92	13.2%	695	0.6%	142.7
Harford	499	10.1%	1,520	30.9%	1,450	29.5%	735	14.9%	719	14.6%	4,923	4.2%	153.9
Howard	282	7.2%	1,035	26.3%	1,316	33.5%	700	17.8%	596	15.2%	3,929	3.4%	113.1
Kent	44	8.4%	161	30.9%	175	33.6%	70	13.4%	71	13.6%	521	0.4%	189.0
Montgomery	790	7.1%	3,121	27.9%	3,403	30.4%	2,024	18.1%	1,850	16.5%	11,188	9.6%	78.3
Prince George's	972	7.7%	3,163	25.1%	4,033	32.0%	2,261	18.0%	2,167	17.2%	12,596	10.8%	68.2
Queen Anne's	52	7.0%	227	30.7%	251	34.0%	114	15.4%	95	12.9%	739	0.6%	131.1
Somerset	126	11.0%	393	34.2%	353	30.7%	151	13.1%	126	11.0%	1,149	1.0%	211.5
St. Mary's	138	10.0%	373	26.9%	438	31.6%	220	15.9%	216	15.6%	1,385	1.2%	95.3
Talbot	91	9.6%	314	33.2%	302	31.9%	122	12.9%	117	12.4%	946	0.8%	174.2

Washington	472	10.1%	1,435	30.7%	1,334	28.5%	749	16.0%	689	14.7%	4,679	4.0%	150.2
Wicomico	346	9.8%	1,028	29.0%	1,109	31.3%	532	15.0%	527	14.9%	3,542	3.0%	137.4
Worcester	155	9.9%	524	33.3%	499	31.7%	215	13.7%	180	11.4%	1,573	1.3%	196.1
Unknown	<11	2.3%	<11	13.6%	12	27.3%	<11	20.5%	16	36.4%	44	0.0%	
<b>Statewide</b>	<b>11,083</b>	<b>9.5%</b>	<b>34,457</b>	<b>29.5%</b>	<b>35,111</b>	<b>30.1%</b>	<b>18,315</b>	<b>15.7%</b>	<b>17,774</b>	<b>15.2%</b>	<b>116,740</b>	<b>100.0%</b>	<b>118.9</b>

**Data Source:** Optum behavioral health services claims and eligibility data for FY23. Based on claims paid through December 31, 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=116,740). 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 11 are indicated as <11 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 B4: Number and Percent of Youth and Young Adult PBHS Recipients of Inpatient Psychiatric Hospital Services By Jurisdiction, FY2024**

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	2.8%	21	19.6%	44	41.1%	17	15.9%	22	20.6%	107	1.7%	8.8
Anne Arundel	0	1.0%	78	19.1%	156	38.2%	80	19.6%	90	22.1%	408	6.4%	5.8
Baltimore City	<11	0.9%	170	14.8%	396	34.4%	283	24.6%	291	25.3%	1,150	18.1%	8.3
Baltimore	11	1.1%	171	16.7%	423	41.4%	208	20.4%	209	20.5%	1,022	16.1%	7.1
Calvert	0	0.0%	0	12.2%	32	43.2%	14	18.9%	19	25.7%	74	1.2%	7.9
Caroline	0	0.0%	0	17.3%	28	53.8%	0	17.3%	0	11.5%	52	0.8%	6.2
Carroll	0	1.6%	19	15.4%	51	41.5%	20	16.3%	31	25.2%	123	1.9%	7.6
Cecil	0	3.6%	23	16.5%	56	40.3%	31	22.3%	24	17.3%	139	2.2%	7.9
Charles	0	0.0%	22	18.3%	54	45.0%	27	22.5%	17	14.2%	120	1.9%	4.8
Dorchester	0	0.0%	12	16.2%	36	48.6%	0	21.6%	10	13.5%	74	1.2%	9.6
Frederick	0	2.0%	49	19.8%	100	40.5%	50	20.2%	43	17.4%	247	3.9%	7.4
Garrett	0	0.0%	0	25.0%	0	34.4%	0	28.1%	0	12.5%	32	0.5%	6.6
Harford	0	1.4%	69	24.6%	110	39.3%	52	18.6%	45	16.1%	280	4.4%	8.8
Howard	0	0.4%	34	14.1%	108	44.8%	45	18.7%	53	22.0%	241	3.8%	6.9
Kent	0	3.7%	0	11.1%	16	59.3%	0	22.2%	0	3.7%	27	0.4%	9.8

Montgomery	0	0.8%	102	12.1%	335	39.7%	211	25.0%	188	22.3%	843	13.3%	5.9
Prince George's	0	0.6%	66	9.2%	246	34.3%	177	24.7%	224	31.2%	717	11.3%	3.9
Queen Anne's	0	0.0%	0	21.9%	14	43.8%	0	18.8%	0	15.6%	32	0.5%	5.7
Somerset	0	2.0%	10	20.0%	13	26.0%	0	30.0%	0	22.0%	50	0.8%	9.2
St. Mary's	0	0.0%	10	10.8%	37	39.8%	30	32.3%	16	17.2%	93	1.5%	6.4
Talbot	0	0.0%	0	15.4%	0	38.5%	0	15.4%	<11	30.8%	26	0.4%	4.8
Washington	0	0.3%	90	28.0%	121	37.7%	50	15.6%	59	18.4%	321	5.1%	10.3
Wicomico	0	2.8%	29	16.1%	82	45.6%	30	16.7%	34	18.9%	180	2.8%	7.0
Worcester	0	1.7%	0	11.7%	27	45.0%	15	25.0%	<11	16.7%	60	0.9%	7.5
Unknown	0	0.0%	<11	12.5%	<11	31.3%	<11	25.0%	<11	31.3%	16	0.3%	
<b>Statewide</b>	<b>65</b>	<b>1.0%</b>	<b>1,004</b>	<b>15.8%</b>	<b>2,464</b>	<b>38.9%</b>	<b>1,395</b>	<b>22.0%</b>	<b>1,409</b>	<b>22.2%</b>	<b>6,337</b>	<b>100.0%</b>	<b>6.5</b>

**Data Source:** ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 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=6,337). 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 11 are indicated as <11 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 B5: Number and Percent of Youth and Young Adult Recipients of Psychiatric Emergency Room Services By Jurisdiction, FY2024**

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	<11	2.6%	36	15.5%	99	42.7%	45	19.4%	46	19.8%	232	2.2%	19.1
Anne Arundel	14	1.9%	131	17.7%	294	39.7%	137	18.5%	164	22.2%	740	6.9%	10.5
Baltimore City	56	2.7%	306	14.5%	746	35.4%	494	23.4%	508	24.1%	2,110	19.6%	15.2
Baltimore	44	2.8%	235	15.2%	575	37.2%	345	22.3%	348	22.5%	1,547	14.4%	10.7
Calvert	<11	1.5%	29	21.8%	48	36.1%	25	18.8%	29	21.8%	133	1.2%	14.2
Caroline	<11	2.2%	12	13.2%	40	44.0%	22	24.2%	15	16.5%	91	0.8%	10.8

Carroll	<11	1.7%	29	12.1%	101	42.3%	55	23.0%	50	20.9%	239	2.2%	14.9
Cecil	<11	3.6%	23	13.9%	57	34.3%	39	23.5%	41	24.7%	166	1.5%	9.5
Charles	<11	6.2%	44	18.3%	79	32.8%	55	22.8%	48	19.9%	241	2.2%	9.7
Dorchester	<11	4.4%	30	18.8%	67	41.9%	37	23.1%	19	11.9%	160	1.5%	20.7
Frederick	<11	2.5%	78	19.7%	145	36.7%	88	22.3%	74	18.7%	395	3.7%	11.8
Garrett	0	0.0%	0	28.6%	18	25.7%	22	31.4%	0	14.3%	70	0.7%	14.4
Harford	<11	2.2%	83	18.1%	175	38.1%	91	19.8%	100	21.8%	459	4.3%	14.4
Howard	<11	1.8%	61	18.2%	129	38.5%	65	19.4%	74	22.1%	335	3.1%	9.6
Kent	0	0.0%	<11	19.0%	17	40.5%	0	23.8%	<11	16.7%	42	0.4%	15.2
Montgomery	17	1.3%	160	12.6%	517	40.9%	305	24.1%	266	21.0%	1,265	11.8%	8.9
Prince George's	23	1.9%	147	11.9%	453	36.8%	309	25.1%	300	24.4%	1,232	11.4%	6.7
Queen Anne's	<11	4.3%	12	17.4%	28	40.6%	15	21.7%	11	15.9%	69	0.6%	12.2
Somerset	<11	4.7%	28	26.2%	30	28.0%	26	24.3%	18	16.8%	107	1.0%	19.7
St. Mary's	<11	2.5%	22	10.8%	83	40.9%	50	24.6%	43	21.2%	203	1.9%	14.0
Talbot	<11	2.9%	<11	14.3%	26	37.1%	15	21.4%	17	24.3%	70	0.7%	12.9
Washington	15	3.2%	100	21.2%	165	35.0%	91	19.3%	101	21.4%	472	4.4%	15.2
Wicomico	20	5.7%	59	17.0%	147	42.2%	63	18.1%	59	17.0%	348	3.2%	13.5
Worcester	<11	3.3%	15	16.3%	35	38.0%	23	25.0%	16	17.4%	92	0.9%	11.5
Unknown	0	0.0%	<11	10.0%	<11	20.0%	<11	10.0%	<11	60.0%	<11	0.1%	-
Statewide	274	2.5%	1,671	15.5%	4,049	37.6%	2,413	22.4%	2,357	21.9%	10,764	100.0%	11.0

**Data Source:** ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 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=10,764). 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 11 are indicated as <11 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: Number and Percent of Youth and Young Adult Recipients of Residential Treatment Services By Jurisdiction, FY2024<sup>c</sup>**

	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	

Jurisdiction

	N	%	N	%	N	%	N	%	N	%	N	% of State Total	Rate per 1,000
Allegany	0	0.0%	0	33.3%	0	33.3%	<11	33.3%	0	0.0%	<11	1.1%	0.2
Anne Arundel	0	0.0%	0	28.6%	0	71.4%	0	0.0%	0	0.0%	14	5.0%	0.2
Baltimore City	0	0.0%	26	21.5%	89	73.6%	<11	5.0%	0	0.0%	121	43.1%	0.9
Baltimore	<11	1.7%	58	47.9%	53	43.8%	<11	6.6%	0	0.0%	121	43.1%	0.8
Calvert	0	0.0%	0	80.0%	0	20.0%	0	0.0%	0	0.0%	<11	1.8%	0.5
Caroline	0	0.0%	0	33.3%	0	66.7%	0	0.0%	0	0.0%	<11	1.1%	0.4
Carroll	0	0.0%	0	25.0%	0	75.0%	0	0.0%	0	0.0%	<11	1.4%	0.2
Cecil	<11	25.0%	0	25.0%	0	50.0%	0	0.0%	0	0.0%	<11	1.4%	0.2
Charles	0	0.0%	0	33.3%	0	66.7%	0	0.0%	0	0.0%	<11	1.1%	0.1
Dorchester	0	0.0%	0	33.3%	0	66.7%	0	0.0%	0	0.0%	<11	1.1%	0.4
Frederick	<11	16.7%	0	16.7%	0	33.3%	<11	33.3%	0	0.0%	<11	2.1%	0.2
Garrett	0	0.0%	0	33.3%	0	66.7%	0	0.0%	0	0.0%	<11	1.1%	0.6
Harford	0	0.0%	0	50.0%	0	42.9%	<11	7.1%	0	0.0%	14	5.0%	0.4
Howard	0	0.0%	0	25.0%	0	75.0%	0	0.0%	0	0.0%	<11	1.4%	0.1
Kent	0	0.0%	0	0.0%	0	100.0%	0	0.0%	0	0.0%	<11	0.4%	0.4
Montgomery	0	0.0%	0	50.0%	0	42.9%	<11	7.1%	0	0.0%	14	5.0%	0.1
Prince George's	0	0.0%	0	23.1%	0	69.2%	<11	7.7%	0	0.0%	13	4.6%	0.1
Queen Anne's	0	0.0%	0	0.0%	0	50.0%	<11	50.0%	0	0.0%	<11	0.7%	0.4
Somerset	0	0.0%	0	16.7%	0	83.3%	0	0.0%	0	0.0%	<11	2.1%	1.1
St. Mary's	0	0.0%	0	0.0%	0	100.0%	0	0.0%	0	0.0%	<11	0.7%	0.1
Talbot	0	0.0%	0	50.0%	0	50.0%	0	0.0%	0	0.0%	<11	0.7%	0.4
Washington	0	0.0%	0	47.1%	0	52.9%	0	0.0%	0	0.0%	17	6.0%	0.5
Wicomico	0	0.0%	0	0.0%	0	100.0%	0	0.0%	0	0.0%	<11	2.1%	0.2
Worcester	0	0.0%	0	16.7%	0	83.3%	0	0.0%	0	0.0%	<11	2.1%	0.7
Unknown	0	0.0%	<11	50.0%	<11	50.0%	0	0.0%	0	0.0%	<11	2.8%	-
Statewide	3	1.1%	99	35.2%	162	57.7%	17	6.0%	0	0.0%	281	100.0%	0.3

**Data Source:** ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 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=281). 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 11 are indicated as <11 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. °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 B7: Number and Percent of Youth and Young Adult PBHS Recipients of Targeted Case Management Services By Jurisdiction, FY24**

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	<11	8.9%	22	39.3%	28	50.0%	<11	1.8%	0	0.0%	56	2.9%	4.6
Anne Arundel	<11	7.0%	29	40.8%	37	52.1%	0	0.0%	0	0.0%	71	3.7%	1.0
Baltimore City	18	7.2%	97	39.0%	129	51.8%	<11	2.0%	0	0.0%	249	12.9%	1.8
Baltimore	13	7.9%	62	37.8%	85	51.8%	<11	2.4%	0	0.0%	164	8.5%	1.1
Calvert	<11	10.5%	<11	52.6%	<11	36.8%	0	0.0%	0	0.0%	19	1.0%	2.0
Caroline	<11	1.8%	24	42.9%	26	46.4%	<11	8.9%	0	0.0%	56	2.9%	6.6
Carroll	<11	8.1%	39	35.1%	60	54.1%	<11	2.7%	0	0.0%	111	5.8%	6.9
Cecil	<11	16.0%	<11	32.0%	11	44.0%	<11	8.0%	0	0.0%	25	1.3%	1.4
Charles	<11	17.4%	19	41.3%	19	41.3%	0	0.0%	0	0.0%	46	2.4%	1.9
Dorchester	<11	7.1%	35	41.7%	39	46.4%	<11	4.8%	0	0.0%	84	4.4%	10.9
Frederick	13	12.4%	44	41.9%	46	43.8%	<11	1.9%	0	0.0%	105	5.5%	3.1
Garrett	<11	9.1%	<11	45.5%	<11	36.4%	<11	9.1%	0	0.0%	11	0.6%	2.3
Harford	<11	6.5%	51	55.4%	29	31.5%	<11	6.5%	0	0.0%	92	4.8%	2.9
Howard	<11	4.8%	17	40.5%	23	54.8%	0	0.0%	0	0.0%	42	2.2%	1.2
Kent	<11	10.0%	11	36.7%	15	50.0%	<11	3.3%	0	0.0%	30	1.6%	10.9
Montgomery	<11	7.4%	<11	37.0%	14	51.9%	<11	3.7%	0	0.0%	27	1.4%	0.2
Prince George’s	0	0.0%	12	42.9%	12	42.9%	<11	14.3%	0	0.0%	28	1.5%	0.2
Queen Anne’s	<11	6.9%	11	37.9%	15	51.7%	<11	3.4%	0	0.0%	29	1.5%	5.1
Somerset	<11	3.6%	24	42.9%	28	50.0%	<11	3.6%	0	0.0%	56	2.9%	10.3
St. Mary’s	<11	6.9%	14	48.3%	13	44.8%	0	0.0%	0	0.0%	29	1.5%	2.0
Talbot	<11	13.6%	24	54.5%	11	25.0%	<11	6.8%	0	0.0%	44	2.3%	8.1
Washington	41	9.9%	190	45.7%	167	40.1%	18	4.3%	0	0.0%	416	21.6%	13.4

Wicomico	11	8.4%	51	38.9%	66	50.4%	<11	2.3%	0	0.0%	131	6.8%	5.1
Worcester	<11	12.5%	20	50.0%	15	37.5%	0	0.0%	0	0.0%	40	2.1%	5.0
Statewide	165	8.6%	810	42.1%	884	45.9%	65	3.4%		0.0%	1,924	100.0%	2.0

**Data Source:** ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 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=1,924). 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 11 are indicated as <11 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: Number and Percent of Youth PBHS Recipients of Respite Care Services By Jurisdiction, FY24**

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	%	0	%	0	0.0%	0.0
Anne Arundel	0	%	<11	100%	0	%	0	0.0%	0	0.0%	<11	1.6%	0.0
Baltimore City	<11	16.0%	18	72.0%	<11	48.0%	0	0.0%	0	0.0%	25	13.7%	0.2
Baltimore	<11	16.0%	17	72.0%	12	48.0%	0	0.0%	0	0.0%	33	18.0%	0.2
Calvert	0	%	0	%	0	%	0	%	0	%	0	0.0%	0.0
Caroline	<11	7.7%	<11	46.2%	<11	46.2%	0	0.0%	0	0.0%	13	7.1%	1.5
Carroll	0	%	0	%	0	%	0	%	0	%	0	0.9%	0.0
Cecil	0	0.0%	<11	66.7%	<11	33.3%	0	0.0%	0	0.0%	<11	1.6%	0.2
Charles	0	%	0	%	0	%	0	%	0	%	0	0.0%	0.0
Dorchester	0	0.0%	<11	75.0%	<11	25.0%	0	0.0%	0	0.0%	8	4.4%	1.0
Frederick	0	0.0%	0	0.0%	<11	100.0%	0	0.0%	0	0.0%	<11	<b>0.5%</b>	<b>0.0</b>
Garrett	0	%	0	%	0	%	0	%	0	%	0	0.0%	0.0

Harford	0	0.0%	<11	50.0%	<11	50.0%	0	0.0%	0	0.0%	<11	3.3%	0.2
Howard	0	0.0%	<11	33.3%	2	66.7%	0	0.0%	0	0.0%	3	1.6%	0.1
Kent	0	%	0	%	0	%	0	%	0	%	0	0.0%	0.0
Montgomery	0	%	0	%	0	%	0	%	0	%	0	0.0%	0.0
Prince George's	0	%	0	%	0	%	0	%	0	%	0	0.9%	0.0
Queen Anne's	0	0.0%	0	0.0%	<11	100.0%	0	0.0%	0	0.0%	<11	0.5%	0.2
Somerset	0	0.0%	26	70.3%	11	29.7%	0	0.0%	0	0.0%	37	20.2%	6.8
St. Mary's	0	%	0	%	0	%	0	%	0	%	0	0.0%	0.0
Talbot	<11	14.3%	<11	57.1%	<11	28.6%	0	0.0%	0	0.0%	<11	3.8%	1.3
Washington	0	%	0	%	0	%	0	%	0	%	0	0.0%	0.0
Wicomico	<11	12.5%	22	55.0%	13	32.5%	0	0.0%	0	0.0%	40	21.9%	1.6
Worcester	<11	12.5%	<11	75.0%	<11	12.5%	0	0.0%	0	0.0%	<11	4.4%	1.0
Statewide	13	7.1%	111	60.7%	59	32.2%	0	0.0%	0	0.0%	183	100.0%	0.2

**Data Source:** ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 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=183). 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 11 are indicated as <11 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 B9: Number and Percent of Youth and Young Adult PBHS Recipients of Psychiatric Rehabilitation Services By Jurisdiction FY2024**

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	<11	3.7%	61	32.1%	50	26.3%	32	16.8%	40	21.1%	190	0.8%	15.6
Anne Arundel	55	5.3%	382	36.6%	310	29.7%	138	13.2%	159	15.2%	1,044	4.2%	14.8

Baltimore City	697	6.6%	3,718	35.5%	3,264	31.1%	1,379	13.1%	1,429	13.6%	10,487	42.4%	75.6
Baltimore	295	6.6%	1,643	37.0%	1,399	31.5%	514	11.6%	593	13.3%	4,444	18.0%	30.7
Calvert	<11	2.6%	25	32.5%	20	26.0%	15	19.5%	15	19.5%	77	0.3%	8.2
Caroline	<11	7.3%	50	45.9%	40	36.7%	<11	6.4%	<11	3.7%	109	0.4%	12.9
Carroll	24	8.5%	148	52.3%	72	25.4%	17	6.0%	22	7.8%	283	1.1%	17.6
Cecil	11	5.9%	83	44.1%	48	25.5%	18	9.6%	28	14.9%	188	0.8%	10.7
Charles	16	4.9%	110	33.6%	123	37.6%	37	11.3%	41	12.5%	327	1.3%	13.2
Dorchester	36	9.7%	182	49.2%	108	29.2%	28	7.6%	16	4.3%	370	1.5%	47.9
Frederick	35	6.5%	277	51.2%	175	32.3%	26	4.8%	28	5.2%	541	2.2%	16.2
Garrett	<11	3.7%	23	42.6%	16	29.6%	<11	13.0%	<11	11.1%	54	0.2%	11.1
Harford	44	5.7%	318	40.9%	216	27.8%	96	12.3%	104	13.4%	778	3.1%	24.3
Howard	33	5.4%	229	37.4%	188	30.7%	80	13.1%	83	13.5%	613	2.5%	17.6
Kent	<11	3.4%	18	30.5%	25	42.4%	<11	5.1%	11	18.6%	59	0.2%	21.4
Montgomery	55	4.9%	386	34.7%	404	36.3%	134	12.0%	134	12.0%	1,113	4.5%	7.8
Prince George's	132	4.9%	987	36.5%	951	35.2%	323	11.9%	310	11.5%	2,703	10.9%	14.6
Queen Anne's	<11	1.9%	18	34.6%	18	34.6%	<11	7.7%	11	21.2%	52	0.2%	9.2
Somerset	<11	2.9%	68	49.6%	45	32.8%	12	8.8%	<11	5.8%	137	0.6%	25.2
St. Mary's	13	10.2%	42	32.8%	35	27.3%	17	13.3%	21	16.4%	128	0.5%	8.8
Talbot	<11	5.3%	74	49.3%	44	29.3%	12	8.0%	12	8.0%	150	0.6%	27.6
Washington	67	10.4%	329	51.1%	187	29.0%	30	4.7%	31	4.8%	644	2.6%	20.7
Wicomico	59	10.8%	227	41.7%	172	31.6%	32	5.9%	55	10.1%	545	2.2%	21.1
Worcester	11	6.4%	75	43.9%	55	32.2%	17	9.9%	13	7.6%	171	0.7%	21.3
Unknown	0	0.0%	0	0.0%	<11	57.1%	<11	14.3%	<11	28.6%	<11	0.0%	-
Statewide	1,584	6.4%	9,296	37.6%	7,856	31.7%	2,905	11.7%	3,112	12.6%	24,753	100.0%	25.2

**Data Source:** ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 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=24753). 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 11 are indicated as <11 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: Number and Percent of PBHS Recipients of Substance-Related Disorder Program Services By Jurisdiction, FY24**

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	<11	1.4%	<11	2.8%	58	20.1%	72	25.0%	146	50.7%	288	1.8%	23.7
Anne Arundel	11	1.1%	29	2.8%	233	22.4%	286	27.6%	479	46.1%	1,038	6.5%	14.7
Baltimore City	40	1.0%	120	3.0%	1,040	25.9%	1,185	29.5%	1,636	40.7%	4,021	25.0%	29.0
Baltimore	31	1.3%	72	3.1%	557	24.2%	641	27.8%	1,002	43.5%	2,303	14.3%	15.9
Calvert	<11	0.4%	<11	3.2%	46	18.4%	81	32.4%	114	45.6%	250	1.6%	26.7
Caroline	<11	1.1%	12	6.7%	45	25.1%	61	34.1%	59	33.0%	179	1.1%	21.2
Carroll	<11	1.0%	<11	1.9%	39	18.8%	55	26.6%	107	51.7%	207	1.3%	12.9
Cecil	0	0.0%	<11	1.8%	72	18.3%	120	30.5%	195	49.5%	394	2.4%	22.5
Charles	<11	2.5%	20	7.0%	69	24.3%	68	23.9%	120	42.3%	284	1.8%	11.5
Dorchester	16	5.5%	36	12.3%	74	25.3%	61	20.9%	105	36.0%	292	1.8%	37.8
Frederick	<11	0.4%	18	3.7%	108	22.4%	152	31.5%	202	41.9%	482	3.0%	14.5
Garrett	<11	1.0%	<11	7.8%	29	28.4%	22	21.6%	42	41.2%	102	0.6%	20.9
Harford	<11	0.8%	21	2.8%	171	23.1%	224	30.3%	317	42.9%	739	4.6%	23.1
Howard	<11	0.9%	<11	2.6%	79	22.8%	108	31.2%	147	42.5%	346	2.2%	10.0
Kent	<11	1.7%	<11	3.3%	12	20.0%	17	28.3%	28	46.7%	60	0.4%	21.8
Montgomery	<11	0.5%	68	5.2%	512	39.3%	319	24.5%	397	30.5%	1,303	8.0%	9.1
Prince George's	<11	0.6%	102	6.0%	679	40.2%	409	24.2%	487	28.9%	1,687	10.5%	9.1
Queen Anne's	<11	2.7%	<11	5.3%	12	16.0%	20	26.7%	37	49.3%	75	0.5%	13.3
Somerset	<11	1.0%	13	6.2%	49	23.4%	72	34.4%	73	34.9%	209	1.3%	38.5
St. Mary's	<11	1.0%	<11	0.7%	56	19.0%	91	31.0%	142	48.3%	294	1.8%	20.2
Talbot	<11	2.0%	<11	4.1%	46	31.3%	37	25.2%	55	37.4%	147	0.9%	27.1
Washington	<11	1.2%	18	2.6%	109	16.0%	222	32.6%	323	47.5%	680	4.2%	21.8
Wicomico	<11	1.5%	17	2.6%	123	18.6%	193	29.2%	319	48.2%	662	4.1%	25.7
Worcester	0	0.0%	<11	3.8%	50	23.6%	61	28.8%	93	43.9%	212	1.3%	26.4
Unknown	0	0.0%	<11	4.2%	<11	12.5%	<11	29.2%	13	54.2%	24	0.1%	-
Statewide	172	1.1%	609	3.8%	4,235	26.3%	4,531	28.2%	6,546	40.7%	16,093	100.0%	16.4

**Data Source:** ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 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=16,093). 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 11 are indicated as <11 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 B11: Number and Percent of Youth and Young Adult Recipients of PBHS Services Provided Through Telehealth by Jurisdiction, FY2024**

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	61	6.1%	240	24.0%	288	28.7%	185	18.5%	228	22.8%	1,002	1.6%	82.4
Anne Arundel	435	7.1%	1,988	32.3%	1,903	30.9%	907	14.8%	916	14.9%	6,149	8.4%	87.2
Baltimore City	990	7.1%	4,057	29.3%	4,021	29.0%	2,324	16.8%	2,473	17.8%	13,865	19.2%	99.9
Baltimore	779	6.4%	3,705	30.4%	3,643	29.9%	1,995	16.4%	2,059	16.9%	12,181	16.9%	84.1
Calvert	15	4.0%	67	17.7%	126	33.2%	78	20.6%	93	24.5%	379	0.7%	40.5
Caroline	33	5.7%	160	27.9%	193	33.6%	89	15.5%	99	17.2%	574	0.8%	68.1
Carroll	96	6.2%	442	28.7%	501	32.6%	263	17.1%	236	15.3%	1,538	2.3%	95.6
Cecil	132	9.1%	469	32.4%	420	29.0%	206	14.2%	220	15.2%	1,447	2.0%	82.5
Charles	50	3.7%	340	25.2%	460	34.1%	248	18.4%	252	18.7%	1,350	1.8%	54.5
Dorchester	63	7.5%	247	29.3%	285	33.8%	142	16.8%	107	12.7%	844	1.2%	109.2
Frederick	206	6.7%	912	29.6%	1,065	34.6%	468	15.2%	428	13.9%	3,079	4.5%	92.4
Garrett	<11	4.6%	58	26.9%	79	36.6%	31	14.4%	38	17.6%	216	0.2%	44.3
Harford	167	5.9%	837	29.7%	861	30.5%	465	16.5%	490	17.4%	2,820	3.9%	88.2
Howard	121	4.8%	640	25.4%	859	34.1%	476	18.9%	421	16.7%	2,517	3.5%	72.4
Kent	12	4.7%	71	28.0%	83	32.7%	42	16.5%	46	18.1%	254	0.3%	92.2
Montgomery	419	5.3%	1,964	25.0%	2,452	31.2%	1,581	20.1%	1,450	18.4%	7,866	11.2%	55.0
Prince George's	403	5.0%	2,056	25.5%	2,605	32.3%	1,544	19.1%	1,456	18.1%	8,064	11.6%	43.6
Queen Anne's	11	3.2%	88	25.4%	118	34.0%	64	18.4%	66	19.0%	347	0.5%	61.5
Somerset	62	9.9%	203	32.4%	185	29.5%	94	15.0%	83	13.2%	627	0.9%	115.4
St. Mary's	37	5.4%	125	18.1%	208	30.2%	149	21.6%	170	24.7%	689	1.1%	47.4
Talbot	20	4.2%	131	27.4%	153	32.0%	86	18.0%	88	18.4%	478	0.7%	88.0
Washington	153	6.0%	748	29.5%	740	29.2%	453	17.9%	440	17.4%	2,534	3.6%	81.4
Wicomico	142	7.6%	518	27.6%	571	30.4%	309	16.5%	338	18.0%	1,878	2.8%	72.8
Worcester	42	6.6%	174	27.2%	200	31.3%	115	18.0%	109	17.0%	640	1.0%	79.8
Unknown	0	0.0%	<11	15.4%	<11	30.8%	<11	19.2%	<11	34.6%	26	*	*

Statewide	4,399	6.3%	19,909	28.3%	21,733	30.9%	12,076	17.2%	12,145	17.3%	70,262	100.0%	71.6
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**Data Source:** ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 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=70,262). 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 11 are indicated as <11 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 B12a: Total Youth and Young Adult Expenditures for All PBHS Behavioral Health Services, By Jurisdiction, FY2024**

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	\$462,367	\$2,112,413	\$2,917,914	\$1,597,312	\$2,019,624	\$9,109,630
Anne Arundel	\$2,903,690	\$15,106,076	\$15,380,335	\$7,406,266	\$9,627,369	\$50,423,736
Baltimore City	\$11,810,500	\$61,472,125	\$73,013,957	\$38,211,926	\$42,715,088	\$227,223,597
Baltimore	\$8,047,941	\$44,305,959	\$45,825,786	\$20,663,379	\$21,775,978	\$140,619,044
Calvert	\$233,918	\$1,679,589	\$1,474,806	\$861,662	\$1,065,555	\$5,315,530
Caroline	\$249,799	\$1,455,680	\$1,912,412	\$602,652	\$601,454	\$4,821,995
Carroll	\$662,552	\$3,883,206	\$4,476,823	\$1,809,576	\$2,706,335	\$13,538,492
Cecil	\$972,086	\$3,019,415	\$3,282,585	\$1,962,429	\$2,445,304	\$11,681,819
Charles	\$468,254	\$3,423,102	\$4,504,241	\$1,956,411	\$1,720,430	\$12,072,438
Dorchester	\$587,834	\$2,719,810	\$3,040,654	\$1,123,395	\$964,389	\$8,436,082
Frederick	\$1,446,848	\$7,907,478	\$8,067,328	\$3,462,411	\$4,016,844	\$24,900,910
Garrett	\$83,256	\$638,804	\$646,114	\$520,430	\$463,691	\$2,352,295
Harford	\$1,634,251	\$8,503,299	\$7,674,774	\$3,843,739	\$5,319,553	\$26,975,615
Howard	\$1,032,682	\$5,812,220	\$9,351,079	\$3,519,447	\$4,931,285	\$24,646,712
Kent	\$77,123	\$630,447	\$1,185,684	\$314,259	\$400,237	\$2,607,750
Montgomery	\$3,103,727	\$15,285,808	\$19,813,985	\$11,827,416	\$11,986,130	\$62,017,065
Prince George's	\$2,846,668	\$17,554,672	\$26,305,020	\$12,991,350	\$13,928,017	\$73,625,726
Queen Anne's	\$112,400	\$789,391	\$1,529,054	\$495,096	\$677,590	\$3,603,530
Somerset	\$582,770	\$3,026,885	\$2,404,356	\$898,567	\$741,709	\$7,654,287

St. Mary's	\$418,571	\$1,222,276	\$2,567,712	\$1,399,169	\$1,735,504	\$7,343,232
Talbot	\$305,289	\$1,364,695	\$1,158,131	\$512,765	\$729,088	\$4,069,968
Washington	\$1,732,081	\$10,449,533	\$9,250,374	\$3,162,976	\$4,353,543	\$28,948,507
Wicomico	\$1,466,580	\$5,509,986	\$7,227,659	\$2,140,949	\$4,075,241	\$20,420,415
Worcester	\$590,759	\$2,504,019	\$2,762,072	\$852,655	\$895,874	\$7,605,378
Unknown	\$261	\$535,518	\$789,332	\$68,966	\$227,529	\$1,621,607
Statewide	\$41,832,208	\$220,912,403	\$256,562,186	\$122,205,204	\$140,123,359	\$781,635,360

Data Source: ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 2024.

**Table B12b: Expenditures per Youth and Young Adult Recipient of All PBHS Behavioral Health Services By Jurisdiction, FY2024**

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	\$2,527	\$4,070	\$5,164	\$4,782	\$4,664	\$4,479
Anne Arundel	\$3,558	\$5,222	\$5,475	\$4,931	\$6,163	\$5,262
Baltimore City	\$4,097	\$7,495	\$8,969	\$8,165	\$8,392	\$7,836
Baltimore	\$3,722	\$7,049	\$7,410	\$5,953	\$5,914	\$6,455
Calvert	\$2,271	\$4,614	\$3,772	\$3,546	\$4,367	\$3,952
Caroline	\$1,735	\$3,385	\$4,356	\$3,172	\$3,199	\$3,467
Carroll	\$3,469	\$5,644	\$6,133	\$4,457	\$7,236	\$5,667
Cecil	\$4,102	\$4,097	\$4,792	\$5,032	\$6,008	\$4,756
Charles	\$2,452	\$5,382	\$6,170	\$4,726	\$4,039	\$5,036
Dorchester	\$3,015	\$5,451	\$5,589	\$4,512	\$4,086	\$4,896
Frederick	\$3,599	\$6,135	\$5,610	\$4,789	\$6,105	\$5,521
Garrett	\$1,343	\$2,695	\$2,884	\$4,775	\$3,897	\$3,132
Harford	\$3,179	\$5,468	\$5,003	\$4,413	\$5,950	\$5,025
Howard	\$3,513	\$5,387	\$6,816	\$4,553	\$7,136	\$5,856
Kent	\$1,641	\$3,892	\$6,624	\$3,978	\$4,765	\$4,733
Montgomery	\$3,880	\$4,786	\$5,281	\$5,136	\$5,565	\$5,082
Prince George's	\$2,878	\$5,289	\$5,809	\$5,026	\$5,490	\$5,275
Queen Anne's	\$2,081	\$3,432	\$5,973	\$3,929	\$5,841	\$4,608
Somerset	\$4,483	\$7,605	\$6,412	\$4,383	\$4,121	\$5,943
St. Mary's	\$2,969	\$3,268	\$5,463	\$4,825	\$5,275	\$4,578
Talbot	\$3,283	\$4,319	\$3,677	\$3,418	\$4,960	\$3,986
Washington	\$3,549	\$7,037	\$6,514	\$3,554	\$4,811	\$5,580
Wicomico	\$4,190	\$5,308	\$6,258	\$3,176	\$5,552	\$5,168

Worcester	\$3,811	\$4,770	\$5,363	\$3,344	\$3,748	\$4,503
Unknown	\$261	\$59,502	\$43,852	\$4,598	\$8,751	\$23,502
Statewide	\$3,661	\$6,180	\$6,741	\$5,686	\$6,352	\$6,069

**Data Source:** ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 2024.

**Table B13a: Total Expenditures for Youth and Young Adult Outpatient Mental Health Services by Jurisdiction, FY2024**

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	\$385,473	\$1,351,288	\$1,295,330	\$620,229	\$741,364	\$4,393,684
Anne Arundel	\$2,521,147	\$10,818,843	\$8,937,713	\$3,213,281	\$2,898,862	\$28,389,846
Baltimore City	\$8,715,822	\$32,301,509	\$27,949,921	\$11,851,821	\$11,703,124	\$92,522,198
Baltimore	\$6,478,616	\$23,383,783	\$19,799,821	\$8,157,580	\$8,000,329	\$65,820,129
Calvert	\$226,542	\$802,669	\$718,300	\$273,091	\$298,735	\$2,319,337
Caroline	\$211,515	\$854,926	\$854,034	\$237,817	\$253,369	\$2,411,662
Carroll	\$480,978	\$2,427,522	\$2,440,591	\$905,648	\$782,736	\$7,037,475
Cecil	\$791,903	\$2,329,442	\$1,878,685	\$691,304	\$635,963	\$6,327,298
Charles	\$380,641	\$1,976,641	\$2,023,961	\$818,804	\$682,965	\$5,883,012
Dorchester	\$470,912	\$1,558,949	\$1,292,762	\$394,325	\$257,439	\$3,974,387
Frederick	\$1,123,533	\$4,937,446	\$4,630,210	\$1,397,813	\$1,163,394	\$13,252,396
Garrett	\$69,722	\$406,775	\$366,926	\$192,312	\$188,059	\$1,223,794
Harford	\$1,422,192	\$4,963,900	\$4,038,558	\$1,691,227	\$1,682,628	\$13,798,505
Howard	\$908,790	\$3,858,906	\$4,839,197	\$1,710,466	\$1,449,239	\$12,766,597
Kent	\$53,397	\$412,715	\$412,370	\$114,828	\$129,317	\$1,122,627
Montgomery	\$2,343,641	\$10,168,163	\$10,657,370	\$5,183,693	\$4,284,508	\$32,637,376
Prince George's	\$2,203,793	\$10,909,789	\$13,066,808	\$5,772,842	\$5,236,562	\$37,189,794
Queen Anne's	\$96,413	\$501,926	\$568,456	\$193,077	\$174,197	\$1,534,070
Somerset	\$534,866	\$2,092,130	\$1,425,881	\$355,639	\$241,962	\$4,650,478
St. Mary's	\$385,208	\$948,644	\$1,036,652	\$441,873	\$431,614	\$3,243,992
Talbot	\$201,555	\$789,792	\$674,959	\$200,984	\$201,635	\$2,068,924
Washington	\$1,125,277	\$3,999,409	\$3,399,275	\$1,414,613	\$1,369,501	\$11,308,076
Wicomico	\$1,012,126	\$3,568,995	\$3,308,447	\$1,007,426	\$1,187,923	\$10,084,916
Worcester	\$488,775	\$1,714,357	\$1,422,361	\$416,133	\$307,194	\$4,348,820
Unknown	\$261	\$7,022	\$30,652	\$8,862	\$38,986	\$85,783
Statewide	\$32,633,099	\$127,085,542	\$117,069,242	\$47,265,688	\$44,341,605	\$368,395,176

Data Source: ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 2024.

**Table B13b: Expenditures per Youth and Young Adult Recipient of Outpatient Psychiatric Services, FY2024**

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	\$2,153	\$2,655	\$2,355	\$2,067	\$2,037	\$2,310
Anne Arundel	\$3,147	\$3,801	\$3,331	\$2,409	\$2,223	\$3,166
Baltimore City	\$3,187	\$4,236	\$3,921	\$3,090	\$2,941	\$3,656
Baltimore	\$3,098	\$3,913	\$3,461	\$2,726	\$2,678	\$3,330
Calvert	\$2,221	\$2,261	\$1,921	\$1,379	\$1,598	\$1,907
Caroline	\$1,490	\$2,002	\$2,058	\$1,723	\$1,689	\$1,896
Carroll	\$2,531	\$3,559	\$3,442	\$2,448	\$2,423	\$3,095
Cecil	\$3,356	\$3,187	\$2,904	\$2,188	\$2,231	\$2,857
Charles	\$2,126	\$3,209	\$2,998	\$2,306	\$2,045	\$2,725
Dorchester	\$2,492	\$3,175	\$2,555	\$1,887	\$1,609	\$2,556
Frederick	\$2,816	\$3,863	\$3,346	\$2,251	\$2,191	\$3,146
Garrett	\$1,143	\$1,746	\$1,764	\$1,904	\$2,044	\$1,761
Harford	\$2,850	\$3,266	\$2,785	\$2,301	\$2,340	\$2,803
Howard	\$3,223	\$3,728	\$3,677	\$2,444	\$2,432	\$3,249
Kent	\$1,214	\$2,563	\$2,356	\$1,640	\$1,821	\$2,155
Montgomery	\$2,967	\$3,258	\$3,132	\$2,561	\$2,316	\$2,917
Prince George's	\$2,267	\$3,449	\$3,240	\$2,553	\$2,417	\$2,953
Queen Anne's	\$1,854	\$2,211	\$2,265	\$1,694	\$1,834	\$2,076
Somerset	\$4,245	\$5,323	\$4,039	\$2,355	\$1,920	\$4,047
St. Mary's	\$2,791	\$2,543	\$2,367	\$2,009	\$1,998	\$2,342
Talbot	\$2,215	\$2,515	\$2,235	\$1,647	\$1,723	\$2,187
Washington	\$2,384	\$2,787	\$2,548	\$1,889	\$1,988	\$2,417
Wicomico	\$2,925	\$3,472	\$2,983	\$1,894	\$2,254	\$2,847
Worcester	\$3,153	\$3,272	\$2,850	\$1,936	\$1,707	\$2,765
Unknown	\$261	\$1,170	\$2,554	\$985	\$2,437	\$1,950
Statewide	\$2,944	\$3,688	\$3,334	\$2,581	\$2,495	\$3,156

**Data Source:** ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 2024.

**Table B14a: Total Expenditures for Youth and Young Adult Inpatient Psychiatric Services by Jurisdiction, FY2024**

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	\$42,892	\$416,146	\$1,187,269	\$252,461	\$103,503	\$2,002,270
Anne Arundel	\$120,204	\$1,956,764	\$3,680,262	\$1,467,278	\$2,116,145	\$9,340,654
Baltimore City	\$263,935	\$7,977,301	\$12,120,730	\$5,673,586	\$6,757,505	\$32,793,057
Baltimore	\$243,816	\$4,385,916	\$11,402,342	\$4,679,519	\$3,525,555	\$24,237,148
Calvert	\$0	\$551,553	\$390,158	\$269,632	\$355,656	\$1,566,999
Caroline	\$0	\$73,610	\$285,404	\$163,843	\$37,651	\$560,508
Carroll	\$45,146	\$526,365	\$1,131,822	\$260,351	\$346,381	\$2,310,065
Cecil	\$56,955	\$297,277	\$974,852	\$715,327	\$376,561	\$2,420,971
Charles	\$0	\$729,297	\$1,277,056	\$564,443	\$211,139	\$2,781,935
Dorchester	\$0	\$220,102	\$851,523	\$156,942	\$77,514	\$1,306,081
Frederick	\$101,777	\$1,346,656	\$2,064,881	\$900,518	\$564,177	\$4,978,009
Garrett	\$0	\$85,645	\$140,269	\$131,047	\$47,015	\$403,975
Harford	\$26,791	\$1,493,161	\$2,021,898	\$782,060	\$1,295,300	\$5,619,210
Howard	\$21,188	\$785,369	\$2,719,564	\$588,870	\$1,280,953	\$5,395,945
Kent	\$212	\$60,643	\$488,667	\$97,624	\$6,490	\$653,635
Montgomery	\$540,241	\$3,048,484	\$6,537,830	\$3,069,953	\$3,531,317	\$16,727,824
Prince George's	\$176,463	\$1,943,666	\$7,189,822	\$2,975,757	\$3,601,364	\$15,887,073
Queen Anne's	\$0	\$156,081	\$536,902	\$105,983	\$109,484	\$908,450
Somerset	\$19,640	\$357,106	\$414,184	\$187,596	\$49,310	\$1,027,836
St. Mary's	\$0	\$100,839	\$1,141,293	\$399,569	\$212,746	\$1,854,446
Talbot	\$0	\$36,942	\$143,608	\$72,548	\$138,509	\$391,607
Washington	\$17,800	\$2,346,864	\$2,516,153	\$413,834	\$659,817	\$5,954,468
Wicomico	\$109,274	\$498,873	\$2,267,468	\$405,029	\$514,661	\$3,795,305
Worcester	\$47,727	\$256,648	\$426,785	\$197,353	\$79,096	\$1,007,609
Unknown	\$0	\$228,457	\$82,575	\$41,675	\$54,158	\$406,865
Statewide	\$1,834,059	\$29,879,764	\$61,993,317	\$24,572,797	\$26,052,007	\$144,331,945

Data Source: ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 2024.

**Table B14b: Expenditures per Youth and Young Adult Recipient of Inpatient Psychiatric Services By Jurisdiction, FY2024**

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	\$14,297	\$19,816	\$26,983	\$13,287	\$4,140	\$17,877
Anne Arundel	\$30,051	\$25,087	\$23,441	\$17,678	\$22,754	\$22,508
Baltimore City	\$23,994	\$46,925	\$30,454	\$19,497	\$22,600	\$28,052
Baltimore	\$18,755	\$25,649	\$26,892	\$22,390	\$16,172	\$23,418
Calvert	\$0	\$61,284	\$12,192	\$19,259	\$17,783	\$20,893
Caroline	\$0	\$8,179	\$10,193	\$18,205	\$5,379	\$10,576
Carroll	\$22,573	\$27,703	\$22,193	\$13,018	\$10,824	\$18,630
Cecil	\$11,391	\$12,925	\$17,408	\$23,075	\$13,947	\$17,049
Charles	\$0	\$33,150	\$23,219	\$20,905	\$12,420	\$22,991
Dorchester	\$0	\$18,342	\$23,653	\$9,809	\$7,751	\$17,650
Frederick	\$20,355	\$27,483	\$20,649	\$16,991	\$11,514	\$19,445
Garrett	\$0	\$10,706	\$12,752	\$14,561	\$11,754	\$12,624
Harford	\$6,698	\$21,640	\$18,215	\$14,483	\$26,435	\$19,579
Howard	\$21,188	\$23,099	\$24,950	\$13,086	\$24,169	\$22,297
Kent	\$212	\$20,214	\$30,542	\$16,271	\$6,490	\$24,209
Montgomery	\$77,177	\$29,887	\$19,343	\$14,413	\$18,586	\$19,680
Prince George's	\$44,116	\$29,449	\$28,991	\$16,718	\$15,865	\$21,974
Queen Anne's	\$0	\$22,297	\$38,350	\$17,664	\$21,897	\$28,389
Somerset	\$19,640	\$35,711	\$31,860	\$11,035	\$4,483	\$19,766
St. Mary's	\$0	\$10,084	\$30,846	\$13,319	\$11,819	\$19,520
Talbot	\$0	\$9,235	\$14,361	\$18,137	\$13,851	\$13,986
Washington	\$17,800	\$26,076	\$20,795	\$7,390	\$9,293	\$17,565
Wicomico	\$21,855	\$17,203	\$27,319	\$12,657	\$14,296	\$20,515
Worcester	\$47,727	\$36,664	\$15,807	\$12,335	\$7,191	\$16,252
Unknown	\$0	\$114,228	\$16,515	\$10,419	\$10,832	\$25,429
Statewide	\$26,971	\$29,761	\$25,028	\$17,220	\$17,698	\$22,384

Data Source: ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 2024.

**Table B15a: Total Expenditures for Youth and Young Adult Behavioral Health Emergency Room Service By Jurisdiction, FY2024**

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	\$50,023	\$74,233	\$13,709	\$0	\$137,965
Anne Arundel	\$0	\$328,204	\$682,797	\$0	\$0	\$1,011,001
Baltimore City	\$0	\$2,300,341	\$9,635,319	\$462,528	\$0	\$12,398,187
Baltimore	\$119,611	\$8,067,630	\$5,140,279	\$940,360	\$0	\$14,267,880
Calvert	\$0	\$210,270	\$216,873	\$0	\$0	\$427,143
Caroline	\$0	\$78,221	\$349,641	\$0	\$0	\$427,862
Carroll	\$0	\$42,457	\$82,428	\$0	\$0	\$124,885
Cecil	\$63,644	\$8,064	\$96,684	\$0	\$0	\$168,392
Charles	\$0	\$55,689	\$323,236	\$0	\$0	\$378,925
Dorchester	\$0	\$52,051	\$203,709	\$0	\$0	\$255,761
Frederick	\$68,948	\$98,695	\$94,254	\$44,955	\$0	\$306,851
Garrett	\$0	\$14,196	\$53,495	\$0	\$0	\$67,690
Harford	\$0	\$233,892	\$224,051	\$20,872	\$0	\$478,815
Howard	\$0	\$73,589	\$584,822	\$0	\$0	\$658,411
Kent	\$0	\$0	\$63,706	\$0	\$0	\$63,706
Montgomery	\$0	\$422,305	\$330,026	\$183,832	\$0	\$936,163
Prince George's	\$0	\$160,270	\$532,691	\$65,024	\$0	\$757,985
Queen Anne's	\$0	\$0	\$259,491	\$27,792	\$0	\$287,283
Somerset	\$0	\$46,655	\$192,530	\$0	\$0	\$239,185
St. Mary's	\$0	\$0	\$122,822	\$0	\$0	\$122,822
Talbot	\$0	\$9,342	\$806	\$0	\$0	\$10,148
Washington	\$0	\$737,065	\$567,684	\$0	\$0	\$1,304,748
Wicomico	\$0	\$0	\$332,573	\$0	\$0	\$332,573
Worcester	\$0	\$75,577	\$500,898	\$0	\$0	\$576,475
Unknown	\$0	\$299,990	\$643,325	\$0	\$0	\$943,315
Statewide	\$252,203	\$13,364,525	\$21,308,371	\$1,759,070	\$0	\$36,684,170

Data Source: ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 2024.

**Table B15b: Expenditures per Youth and Young Adult Recipient of Behavioral Health Emergency Room Services By Jurisdiction, FY2024**

	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	\$50,023	\$74,233	\$13,709	\$0	\$45,988
Anne Arundel	\$0	\$82,051	\$68,280	\$0	\$0	\$72,214
Baltimore City	\$0	\$88,475	\$108,262	\$77,088	\$0	\$102,464
Baltimore	\$59,806	\$139,097	\$96,986	\$117,545	\$0	\$117,916
Calvert	\$0	\$52,568	\$216,873	\$0	\$0	\$85,429
Caroline	\$0	\$78,221	\$174,820	\$0	\$0	\$142,621
Carroll	\$0	\$42,457	\$27,476	\$0	\$0	\$31,221
Cecil	\$63,644	\$8,064	\$48,342	\$0	\$0	\$42,098
Charles	\$0	\$55,689	\$161,618	\$0	\$0	\$126,308
Dorchester	\$0	\$52,051	\$101,855	\$0	\$0	\$85,254
Frederick	\$68,948	\$98,695	\$47,127	\$22,477	\$0	\$51,142
Garrett	\$0	\$14,196	\$26,747	\$0	\$0	\$22,563
Harford	\$0	\$33,413	\$37,342	\$20,872	\$0	\$34,201
Howard	\$0	\$73,589	\$194,941	\$0	\$0	\$164,603
Kent	\$0	\$0	\$63,706	\$0	\$0	\$63,706
Montgomery	\$0	\$60,329	\$55,004	\$183,832	\$0	\$66,869
Prince George's	\$0	\$53,423	\$59,188	\$65,024	\$0	\$58,307
Queen Anne's	\$0	\$0	\$259,491	\$27,792	\$0	\$143,642
Somerset	\$0	\$46,655	\$38,506	\$0	\$0	\$39,864
St. Mary's	\$0	\$0	\$61,411	\$0	\$0	\$61,411
Talbot	\$0	\$9,342	\$806	\$0	\$0	\$5,074
Washington	\$0	\$92,133	\$63,076	\$0	\$0	\$76,750
Wicomico	\$0	\$0	\$55,429	\$0	\$0	\$55,429
Worcester	\$0	\$75,577	\$100,180	\$0	\$0	\$96,079
Unknown	\$0	\$74,998	\$160,831	\$0	\$0	\$117,914
Statewide	\$84,068	\$134,995	\$131,533	\$103,475	\$0	\$130,549

Data Source: ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 2024.

**Table B16a: Total Youth and Young Adult Expenditures for Residential Treatment Services By Jurisdictions, FY2024**

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	\$50,023	\$74,233	\$13,709	\$0	\$137,965
Anne Arundel	\$0	\$328,204	\$682,797	\$0	\$0	\$1,011,001
Baltimore City	\$0	\$2,300,341	\$9,635,319	\$462,528	\$0	\$12,398,187

Baltimore	\$119,611	\$8,067,630	\$5,140,279	\$940,360	\$0	\$14,267,880
Calvert	\$0	\$210,270	\$216,873	\$0	\$0	\$427,143
Caroline	\$0	\$78,221	\$349,641	\$0	\$0	\$427,862
Carroll	\$0	\$42,457	\$82,428	\$0	\$0	\$124,885
Cecil	\$63,644	\$8,064	\$96,684	\$0	\$0	\$168,392
Charles	\$0	\$55,689	\$323,236	\$0	\$0	\$378,925
Dorchester	\$0	\$52,051	\$203,709	\$0	\$0	\$255,761
Frederick	\$68,948	\$98,695	\$94,254	\$44,955	\$0	\$306,851
Garrett	\$0	\$14,196	\$53,495	\$0	\$0	\$67,690
Harford	\$0	\$233,892	\$224,051	\$20,872	\$0	\$478,815
Howard	\$0	\$73,589	\$584,822	\$0	\$0	\$658,411
Kent	\$0	\$0	\$63,706	\$0	\$0	\$63,706
Montgomery	\$0	\$422,305	\$330,026	\$183,832	\$0	\$936,163
Prince George's	\$0	\$160,270	\$532,691	\$65,024	\$0	\$757,985
Queen Anne's	\$0	\$0	\$259,491	\$27,792	\$0	\$287,283
Somerset	\$0	\$46,655	\$192,530	\$0	\$0	\$239,185
St. Mary's	\$0	\$0	\$122,822	\$0	\$0	\$122,822
Talbot	\$0	\$9,342	\$806	\$0	\$0	\$10,148
Washington	\$0	\$737,065	\$567,684	\$0	\$0	\$1,304,748
Wicomico	\$0	\$0	\$332,573	\$0	\$0	\$332,573
Worcester	\$0	\$75,577	\$500,898	\$0	\$0	\$576,475
Unknown	\$0	\$299,990	\$643,325	\$0	\$0	\$943,315
Statewide	\$252,203	\$13,364,525	\$21,308,371	\$1,759,070	\$0	\$36,684,170

Data Source: ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 2024.

**Table B16b: Expenditures per Youth and Young Adult Recipient of Residential Treatment Services By Jurisdiction, FY2024**

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	\$50,023	\$74,233	\$13,709	\$0	\$45,988
Anne Arundel	\$0	\$82,051	\$68,280	\$0	\$0	\$72,214
Baltimore City	\$0	\$88,475	\$108,262	\$77,088	\$0	\$102,464
Baltimore	\$59,806	\$139,097	\$96,986	\$117,545	\$0	\$117,916
Calvert	\$0	\$52,568	\$216,873	\$0	\$0	\$85,429
Caroline	\$0	\$78,221	\$174,820	\$0	\$0	\$142,621
Carroll	\$0	\$42,457	\$27,476	\$0	\$0	\$31,221

Cecil	\$63,644	\$8,064	\$48,342	\$0	\$0	\$42,098
Charles	\$0	\$55,689	\$161,618	\$0	\$0	\$126,308
Dorchester	\$0	\$52,051	\$101,855	\$0	\$0	\$85,254
Frederick	\$68,948	\$98,695	\$47,127	\$22,477	\$0	\$51,142
Garrett	\$0	\$14,196	\$26,747	\$0	\$0	\$22,563
Harford	\$0	\$33,413	\$37,342	\$20,872	\$0	\$34,201
Howard	\$0	\$73,589	\$194,941	\$0	\$0	\$164,603
Kent	\$0	\$0	\$63,706	\$0	\$0	\$63,706
Montgomery	\$0	\$60,329	\$55,004	\$183,832	\$0	\$66,869
Prince George's	\$0	\$53,423	\$59,188	\$65,024	\$0	\$58,307
Queen Anne's	\$0	\$0	\$259,491	\$27,792	\$0	\$143,642
Somerset	\$0	\$46,655	\$38,506	\$0	\$0	\$39,864
St. Mary's	\$0	\$0	\$61,411	\$0	\$0	\$61,411
Talbot	\$0	\$9,342	\$806	\$0	\$0	\$5,074
Washington	\$0	\$92,133	\$63,076	\$0	\$0	\$76,750
Wicomico	\$0	\$0	\$55,429	\$0	\$0	\$55,429
Worcester	\$0	\$75,577	\$100,180	\$0	\$0	\$96,079
Unknown	\$0	\$74,998	\$160,831	\$0	\$0	\$117,914

Data Source: ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 2024.

**Table B17a: Total Youth and Young Adult Expenditures for Substance Use Disorder Program Services By Jurisdiction, FY2024**

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	\$1,907	\$913	\$85,168	\$390,184	\$691,813	\$1,169,984
Anne Arundel	\$11,116	\$25,507	\$301,661	\$1,503,721	\$3,162,007	\$5,004,011
Baltimore City	\$62,667	\$202,251	\$5,545,509	\$8,470,627	\$10,769,069	\$25,050,124
Baltimore	\$14,859	\$64,572	\$1,182,702	\$2,816,676	\$4,900,070	\$8,978,880
Calvert	\$3,174	\$3,901	\$42,374	\$146,896	\$230,879	\$427,224
Caroline	\$512	\$3,981	\$25,336	\$63,487	\$255,737	\$349,053
Carroll	\$1,591	\$3,499	\$75,159	\$327,359	\$997,477	\$1,405,085
Cecil	\$0	\$2,383	\$42,265	\$301,927	\$1,073,091	\$1,419,666
Charles	\$13,717	\$8,098	\$47,027	\$130,814	\$259,326	\$458,983
Dorchester	\$5,708	\$13,579	\$43,992	\$120,104	\$303,496	\$486,879
Frederick	\$220	\$16,749	\$119,598	\$693,991	\$1,472,187	\$2,302,746

Garrett	\$174	\$2,017	\$17,442	\$101,841	\$183,561	\$305,035
Harford	\$6,454	\$6,900	\$203,431	\$609,806	\$1,304,328	\$2,130,919
Howard	\$803	\$3,842	\$119,863	\$371,434	\$939,618	\$1,435,560
Kent	\$49	\$281	\$11,085	\$69,237	\$134,118	\$214,770
Montgomery	\$2,479	\$43,841	\$505,668	\$1,126,865	\$2,059,666	\$3,738,518
Prince George's	\$10,975	\$50,053	\$1,299,924	\$1,512,138	\$2,213,502	\$5,086,592
Queen Anne's	\$2,685	\$820	\$9,147	\$61,827	\$224,263	\$298,742
Somerset	\$538	\$2,355	\$8,939	\$114,632	\$304,420	\$430,884
St. Mary's	\$1,700	\$223	\$43,621	\$256,864	\$646,837	\$949,245
Talbot	\$3,386	\$3,675	\$52,893	\$153,389	\$252,991	\$466,334
Washington	\$8,256	\$4,798	\$157,069	\$610,381	\$1,570,762	\$2,351,264
Wicomico	\$2,687	\$5,217	\$74,383	\$355,213	\$1,100,237	\$1,537,736
Worcester	\$0	\$1,198	\$20,312	\$83,073	\$380,354	\$484,937
Unknown	\$0	\$1,198	\$2,547	\$15,322	\$107,495	\$125,413
Statewide	\$155,655	\$470,704	\$10,037,113	\$20,407,808	\$35,537,306	\$66,608,585

Data Source: ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 2024.

**Table B17b: Expenditures per Youth and Young Adult Recipient of Substance Use Disorder Program Services By Jurisdiction, FY2024**

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	\$477	\$114	\$1,468	\$5,419	\$4,738	\$4,062
Anne Arundel	\$1,011	\$880	\$1,295	\$5,258	\$6,601	\$4,821
Baltimore City	\$1,567	\$1,685	\$5,332	\$7,148	\$6,583	\$6,230
Baltimore	\$479	\$897	\$2,123	\$4,394	\$4,890	\$3,899
Calvert	\$3,174	\$488	\$921	\$1,814	\$2,025	\$1,709
Caroline	\$256	\$332	\$563	\$1,041	\$4,335	\$1,950
Carroll	\$796	\$875	\$1,927	\$5,952	\$9,322	\$6,788
Cecil	\$0	\$340	\$587	\$2,516	\$5,503	\$3,603
Charles	\$1,960	\$405	\$682	\$1,924	\$2,161	\$1,616
Dorchester	\$357	\$377	\$594	\$1,969	\$2,890	\$1,667
Frederick	\$110	\$931	\$1,107	\$4,566	\$7,288	\$4,777
Garrett	\$174	\$252	\$601	\$4,629	\$4,371	\$2,991
Harford	\$1,076	\$329	\$1,190	\$2,722	\$4,115	\$2,884
Howard	\$268	\$427	\$1,517	\$3,439	\$6,392	\$4,149
Kent	\$49	\$140	\$924	\$4,073	\$4,790	\$3,579

Montgomery	\$354	\$645	\$988	\$3,532	\$5,188	\$2,869
Prince George's	\$1,097	\$491	\$1,914	\$3,697	\$4,545	\$3,015
Queen Anne's	\$1,343	\$205	\$762	\$3,091	\$6,061	\$3,983
Somerset	\$269	\$181	\$182	\$1,592	\$4,170	\$2,062
St. Mary's	\$567	\$112	\$779	\$2,823	\$4,555	\$3,229
Talbot	\$1,129	\$613	\$1,150	\$4,146	\$4,600	\$3,172
Washington	\$1,032	\$267	\$1,441	\$2,749	\$4,863	\$3,458
Wicomico	\$269	\$307	\$605	\$1,840	\$3,449	\$2,323
Worcester	\$0	\$150	\$406	\$1,362	\$4,090	\$2,287
Unknown	\$0	\$49	\$849	\$2,189	\$8,269	\$5,226
Statewide	\$905	\$773	\$2,370	\$4,504	\$5,429	\$4,139

Data Source: ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 2024.

**Table B18a: Total Youth and Young Adult Expenditures for Intensive Community-Based Services (combined) By Jurisdiction, FY2024**

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	\$32,095	\$294,043	\$300,201	\$322,840	\$462,871	\$1,412,050
Anne Arundel	\$245,091	\$1,844,802	\$1,639,820	\$1,013,481	\$1,237,565	\$5,980,759
Baltimore City	\$2,687,818	\$17,958,663	\$16,566,405	\$11,055,903	\$12,022,942	\$60,291,731
Baltimore	\$1,174,520	\$7,866,782	\$7,289,149	\$3,598,441	\$4,705,762	\$24,634,654
Calvert	\$4,202	\$106,397	\$76,232	\$119,357	\$101,813	\$408,000
Caroline	\$37,772	\$437,062	\$368,043	\$107,566	\$23,236	\$973,678
Carroll	\$134,837	\$848,518	\$697,255	\$167,605	\$327,239	\$2,175,456
Cecil	\$59,583	\$350,993	\$254,993	\$196,401	\$214,340	\$1,076,311
Charles	\$73,896	\$484,472	\$555,869	\$246,888	\$312,955	\$1,674,079
Dorchester	\$111,214	\$875,128	\$626,005	\$346,883	\$152,741	\$2,111,971
Frederick	\$152,370	\$1,446,465	\$1,129,428	\$354,135	\$603,603	\$3,686,001
Garrett	\$13,360	\$123,673	\$66,757	\$64,259	\$38,175	\$306,223
Harford	\$162,823	\$1,721,742	\$1,124,186	\$653,485	\$916,724	\$4,578,960
Howard	\$101,902	\$1,053,869	\$913,151	\$691,206	\$820,297	\$3,580,425
Kent	\$23,465	\$152,034	\$190,846	\$27,846	\$103,221	\$497,412
Montgomery	\$216,127	\$1,559,875	\$1,597,623	\$1,471,798	\$1,308,635	\$6,154,057
Prince George's	\$453,224	\$4,371,328	\$4,015,290	\$2,279,328	\$2,127,470	\$13,246,641
Queen Anne's	\$13,301	\$130,563	\$147,347	\$94,284	\$136,601	\$522,096

Somerset	\$27,727	\$502,191	\$340,309	\$151,877	\$90,720	\$1,112,824
St. Mary's	\$31,664	\$168,603	\$163,372	\$153,823	\$234,601	\$752,063
Talbot	\$100,348	\$524,944	\$277,084	\$77,940	\$76,393	\$1,056,709
Washington	\$562,157	\$2,847,497	\$2,041,875	\$327,537	\$421,223	\$6,200,288
Wicomico	\$338,319	\$1,401,766	\$1,103,935	\$190,991	\$819,694	\$3,854,704
Worcester	\$53,521	\$434,148	\$316,227	\$111,921	\$101,175	\$1,016,992
Unknown	\$0	\$0	\$10,988	\$1,172	\$10,017	\$22,176
Statewide	\$6,811,335	\$47,505,557	\$41,812,388	\$23,826,970	\$27,370,011	\$147,326,261

**Data Source:** ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 2024.

**Table B18b: Expenditures per Youth and Young Adult Recipient of Intensive Community- Based Services (combined) By Jurisdiction, FY2024**

Jurisdiction	Age Group <sup>a</sup>					Jurisdiction Cost Per Person Total <sup>b</sup>
	Birth to 6	7 to 12	13 to 17	18 to 21	22 to 25	
Allegany	\$2,675	\$3,586	\$4,003	\$7,337	\$9,643	\$5,410
Anne Arundel	\$4,085	\$4,522	\$4,809	\$7,137	\$7,546	\$5,364
Baltimore City	\$3,770	\$4,755	\$4,928	\$7,925	\$8,297	\$5,637
Baltimore	\$3,813	\$4,663	\$4,993	\$6,841	\$7,740	\$5,368
Calvert	\$1,401	\$3,547	\$2,932	\$7,021	\$5,989	\$4,387
Caroline	\$3,777	\$7,049	\$6,572	\$8,964	\$5,809	\$6,762
Carroll	\$4,214	\$4,767	\$5,447	\$5,079	\$6,416	\$5,155
Cecil	\$4,583	\$3,815	\$4,322	\$8,927	\$7,145	\$4,983
Charles	\$3,359	\$3,971	\$4,028	\$6,497	\$6,659	\$4,562
Dorchester	\$2,780	\$4,442	\$4,603	\$11,190	\$8,486	\$5,005
Frederick	\$3,463	\$4,758	\$5,327	\$7,535	\$13,413	\$5,653
Garrett	\$4,453	\$4,757	\$3,338	\$8,032	\$6,363	\$4,861
Harford	\$3,323	\$4,864	\$4,684	\$6,284	\$8,259	\$5,337
Howard	\$2,911	\$4,373	\$4,433	\$8,229	\$9,651	\$5,500
Kent	\$4,693	\$6,610	\$5,964	\$5,569	\$9,384	\$6,545
Montgomery	\$3,792	\$3,949	\$3,831	\$10,665	\$9,415	\$5,370
Prince George's	\$3,434	\$4,393	\$4,174	\$6,949	\$6,733	\$4,847
Queen Anne's	\$4,434	\$5,440	\$5,667	\$18,857	\$10,508	\$7,353
Somerset	\$4,621	\$5,978	\$5,156	\$9,492	\$11,340	\$6,182
St. Mary's	\$2,262	\$3,242	\$3,552	\$6,992	\$8,689	\$4,671

Talbot	\$7,719	\$6,907	\$5,542	\$5,196	\$6,366	\$6,366
Washington	\$5,354	\$6,007	\$6,206	\$4,254	\$4,629	\$5,762
Wicomico	\$4,699	\$5,412	\$4,885	\$5,617	\$13,011	\$5,894
Worcester	\$3,568	\$4,934	\$4,791	\$5,330	\$6,323	\$4,937
Unknown	\$0	\$0	\$2,747	\$1,172	\$5,008	\$5,554
Statewide	\$3,937	\$4,828	\$4,888	\$7,713	\$8,264	\$5,554

**Data Source:** ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 2024.

**Table B19a: Total Youth and Young Adult Expenditures for Targeted Case Management Services By Jurisdiction, FY2024**

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	\$10,988	\$66,017	\$99,504	\$2,449	\$0	\$178,958
Anne Arundel	\$23,320	\$136,370	\$216,701	\$0	\$0	\$376,391
Baltimore City	\$145,423	\$753,012	\$840,381	\$43,865	\$0	\$1,782,680
Baltimore	\$81,015	\$427,652	\$627,521	\$35,582	\$0	\$1,171,770
Calvert	\$2,300	\$45,097	\$26,748	\$0	\$0	\$74,144
Caroline	\$5,537	\$172,049	\$177,121	\$39,340	\$0	\$394,048
Carroll	\$69,084	\$267,809	\$398,562	\$11,683	\$0	\$747,137
Cecil	\$11,860	\$14,432	\$35,536	\$2,896	\$0	\$64,724
Charles	\$31,709	\$63,433	\$44,578	\$0	\$0	\$139,719
Dorchester	\$34,654	\$202,163	\$199,499	\$22,912	\$0	\$459,228
Frederick	\$44,585	\$186,991	\$210,946	\$4,075	\$0	\$446,596
Garrett	\$3,867	\$26,367	\$17,268	\$3,422	\$0	\$50,925
Harford	\$40,447	\$437,562	\$244,043	\$25,722	\$0	\$747,773
Howard	\$3,819	\$108,792	\$95,645	\$0	\$0	\$208,256
Kent	\$16,946	\$74,093	\$90,184	\$11,545	\$0	\$192,767
Montgomery	\$860	\$42,340	\$45,717	\$8,665	\$0	\$97,581
Prince George's	\$0	\$36,215	\$33,169	\$4,026	\$0	\$73,411
Queen Anne's	\$12,081	\$66,993	\$87,154	\$4,359	\$0	\$170,586
Somerset	\$2,152	\$128,343	\$174,168	\$11,769	\$0	\$316,431
St. Mary's	\$2,159	\$42,150	\$27,672	\$0	\$0	\$71,980
Talbot	\$55,297	\$178,882	\$96,913	\$14,198	\$0	\$345,290
Washington	\$243,392	\$1,229,225	\$1,070,399	\$96,090	\$0	\$2,639,106

Wicomico	\$57,657	\$322,991	\$362,411	\$8,036	\$0	\$751,095
Worcester	\$22,201	\$83,878	\$80,112	\$0	\$0	\$186,191
Statewide	\$921,350	\$5,112,855	\$5,301,949	\$350,631	\$0	\$11,686,786

Data Source: ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 2024.

**Table B19b: Expenditures per Youth and Young Adult Recipient of Targeted Case Management Services By Jurisdiction, FY2024**

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	\$2,198	\$3,001	\$3,554	\$2,449	\$0	\$3,196
Anne Arundel	\$4,664	\$4,702	\$5,857	\$0	\$0	\$5,301
Baltimore City	\$8,079	\$7,763	\$6,515	\$8,773	\$0	\$7,159
Baltimore	\$6,232	\$6,898	\$7,383	\$8,896	\$0	\$7,145
Calvert	\$1,150	\$4,510	\$3,821	\$0	\$0	\$3,902
Caroline	\$5,537	\$7,169	\$6,812	\$7,868	\$0	\$7,037
Carroll	\$7,676	\$6,867	\$6,643	\$3,894	\$0	\$6,731
Cecil	\$2,965	\$1,804	\$3,231	\$1,448	\$0	\$2,589
Charles	\$3,964	\$3,339	\$2,346	\$0	\$0	\$3,037
Dorchester	\$5,776	\$5,776	\$5,115	\$5,728	\$0	\$5,467
Frederick	\$3,430	\$4,250	\$4,586	\$2,037	\$0	\$4,253
Garrett	\$3,867	\$5,273	\$4,317	\$3,422	\$0	\$4,630
Harford	\$6,741	\$8,580	\$8,415	\$4,287	\$0	\$8,128
Howard	\$1,909	\$6,400	\$4,158	\$0	\$0	\$4,958
Kent	\$5,649	\$6,736	\$6,012	\$11,545	\$0	\$6,426
Montgomery	\$430	\$4,234	\$3,265	\$8,665	\$0	\$3,614
Prince George's	\$0	\$3,018	\$2,764	\$1,007	\$0	\$2,622
Queen Anne's	\$6,040	\$6,090	\$5,810	\$4,359	\$0	\$5,882
Somerset	\$1,076	\$5,348	\$6,220	\$5,884	\$0	\$5,651
St. Mary's	\$1,079	\$3,011	\$2,129	\$0	\$0	\$2,482
Talbot	\$9,216	\$7,453	\$8,810	\$4,733	\$0	\$7,848
Washington	\$5,936	\$6,470	\$6,410	\$5,338	\$0	\$6,344
Wicomico	\$5,242	\$6,333	\$5,491	\$2,679	\$0	\$5,734
Worcester	\$4,440	\$4,194	\$5,341	\$0	\$0	\$4,655
Statewide	\$5,584	\$6,312	\$5,998	\$5,394	\$0	\$6,074

Data Source: ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 2024.

**Table B20a: Total Youth and Young Adult Expenditures for § 1915(i) Services By Jurisdiction, FY2024**

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	\$375	\$0	\$0	\$375
Baltimore	\$0	\$0	\$697	\$0	\$0	\$697
Calvert	\$0	\$2,085	\$0	\$0	\$0	\$2,085
Carroll	\$0	\$2,482	\$0	\$0	\$0	\$2,482
Frederick	\$0	\$1,103	\$0	\$0	\$0	\$1,103
Somerset	\$0	\$8,274	\$0	\$0	\$0	\$8,274
Talbot	\$0	\$2,482	\$0	\$0	\$0	\$2,482
Washington	\$0	\$11,054	\$0	\$0	\$0	\$11,054
Worcester	\$0	\$0	\$5,516	\$0	\$0	\$5,516
Statewide	\$0	\$27,482	\$6,589	\$0	\$0	\$34,071

**Data Source:** ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 2024.

**Table B20b: Expenditures per Youth and Young Adult Recipient of § 1915(i) Services By Jurisdiction, FY2024**

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	\$375	\$0	\$0	\$375
Baltimore	\$0	\$0	\$349	\$0	\$0	\$349
Calvert	\$0	\$2,085	\$0	\$0	\$0	\$2,085
Carroll	\$0	\$2,482	\$0	\$0	\$0	\$2,482
Frederick	\$0	\$1,103	\$0	\$0	\$0	\$1,103
Somerset	\$0	\$4,137	\$0	\$0	\$0	\$4,137
Talbot	\$0	\$2,482	\$0	\$0	\$0	\$2,482
Washington	\$0	\$2,764	\$0	\$0	\$0	\$2,764
Worcester	\$0	\$0	\$5,516	\$0	\$0	\$5,516
Statewide	\$0	\$3,054	\$1,647	\$0	\$0	\$2,621

**Data Source:** ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 2024.

**Table B21a: Total Youth and Young Adult Expenditures for Respite Care Services By Jurisdiction, FY2024**

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	\$25,067	\$0	\$0	\$0	\$25,067
Baltimore City	\$386	\$40,406	\$4,817	\$0	\$0	\$45,609
Baltimore	\$9,363	\$41,580	\$31,407	\$0	\$0	\$82,350
Caroline	\$1,610	\$15,279	\$13,463	\$0	\$0	\$30,352
Carroll	\$0	\$2,063	\$497	\$0	\$0	\$2,560
Dorchester	\$0	\$18,280	\$1,004	\$0	\$0	\$19,285
Frederick	\$0	\$0	\$6,755	\$0	\$0	\$6,755
Harford	\$0	\$6,649	\$8,733	\$0	\$0	\$15,382
Howard	\$0	\$12,915	\$5,465	\$0	\$0	\$18,380
Queen Anne's	\$0	\$0	\$1,610	\$0	\$0	\$1,610
Somerset	\$0	\$19,378	\$2,437	\$0	\$0	\$21,816
Talbot	\$1,073	\$16,871	\$7,859	\$0	\$0	\$25,803
Wicomico	\$509	\$37,838	\$4,496	\$0	\$0	\$42,843
Worcester	\$16	\$6,716	\$45	\$0	\$0	\$6,777
Statewide	\$12,957	\$243,044	\$88,587	\$0	\$0	\$344,587

**Data Source:** ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 2024.

**Table B21b: Expenditures per Youth and Young Adult Recipient of Respite Care Services By Jurisdiction, FY2024**

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	\$8,356	\$0	\$0	\$0	\$8,356
Baltimore City	\$386	\$2,245	\$803	\$0	\$0	\$1,824
Baltimore	\$2,341	\$2,446	\$2,617	\$0	\$0	\$2,495
Caroline	\$1,610	\$2,547	\$2,244	\$0	\$0	\$2,335
Carroll	\$0	\$1,032	\$497	\$0	\$0	\$853
Dorchester	\$0	\$3,047	\$502	\$0	\$0	\$2,411
Frederick	\$0	\$0	\$6,755	\$0	\$0	\$6,755
Harford	\$0	\$2,216	\$2,911	\$0	\$0	\$2,564

Howard	\$0	\$12,915	\$2,732	\$0	\$0	\$6,127
Queen Anne's	\$0	\$0	\$1,610	\$0	\$0	\$1,610
Somerset	\$0	\$745	\$222	\$0	\$0	\$590
Talbot	\$1,073	\$4,218	\$3,930	\$0	\$0	\$3,686
Wicomico	\$102	\$1,720	\$346	\$0	\$0	\$1,071
Worcester	\$16	\$1,119	\$45	\$0	\$0	\$847
Statewide	\$997	\$2,190	\$1,501	\$0	\$0	\$1,883

**Data Source:** ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 2024.

**Table B22a: Total Youth and Young Adult Expenditures for Psychiatric Rehabilitation Services, By Jurisdiction, FY2024**

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	\$21,107	\$228,026	\$199,026	\$306,470	\$452,906	\$1,207,535
Anne Arundel	\$221,619	\$1,681,115	\$1,418,853	\$1,010,547	\$1,225,098	\$5,557,232
Baltimore City	\$2,542,010	\$17,164,124	\$15,715,846	\$10,969,241	\$11,940,624	\$58,331,845
Baltimore	\$1,083,987	\$7,397,246	\$6,626,707	\$3,527,954	\$4,625,210	\$23,261,104
Calvert	\$1,735	\$58,409	\$46,992	\$116,188	\$95,592	\$318,917
Caroline	\$30,625	\$249,734	\$177,459	\$68,072	\$23,236	\$549,124
Carroll	\$65,754	\$578,228	\$298,693	\$113,128	\$255,149	\$1,310,952
Cecil	\$47,723	\$334,331	\$218,961	\$192,100	\$204,925	\$998,041
Charles	\$41,716	\$419,611	\$510,638	\$245,885	\$296,967	\$1,514,817
Dorchester	\$76,561	\$654,685	\$425,350	\$323,971	\$152,264	\$1,632,831
Frederick	\$107,785	\$1,258,371	\$911,393	\$322,963	\$582,168	\$3,182,680
Garrett	\$9,493	\$97,305	\$49,489	\$60,682	\$38,175	\$255,144
Harford	\$122,376	\$1,277,531	\$871,258	\$607,839	\$868,773	\$3,747,777
Howard	\$98,083	\$931,401	\$810,947	\$679,854	\$811,570	\$3,331,855
Kent	\$6,519	\$77,941	\$100,662	\$14,909	\$103,221	\$303,253
Montgomery	\$215,267	\$1,517,535	\$1,547,518	\$1,458,411	\$1,287,293	\$6,026,024
Prince George's	\$453,224	\$4,334,961	\$3,981,173	\$2,273,813	\$2,104,377	\$13,147,548
Queen Anne's	\$1,220	\$63,570	\$58,584	\$89,926	\$132,262	\$345,561
Somerset	\$25,575	\$346,196	\$163,704	\$132,922	\$90,720	\$759,117
St. Mary's	\$29,505	\$126,054	\$134,621	\$150,747	\$223,615	\$664,542
Talbot	\$43,978	\$326,709	\$172,312	\$60,511	\$76,393	\$679,903

Washington	\$318,765	\$1,607,218	\$968,968	\$163,690	\$285,014	\$3,343,654
Wicomico	\$280,153	\$1,040,936	\$737,028	\$182,954	\$809,141	\$3,050,212
Worcester	\$31,304	\$343,554	\$230,554	\$108,412	\$81,838	\$795,662
Unknown	\$0	\$0	\$10,988	\$1,172	\$10,017	\$22,176
Statewide	\$5,876,083	\$42,114,791	\$36,387,724	\$23,182,360	\$26,776,548	\$134,337,506

Data Source: ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 2024.

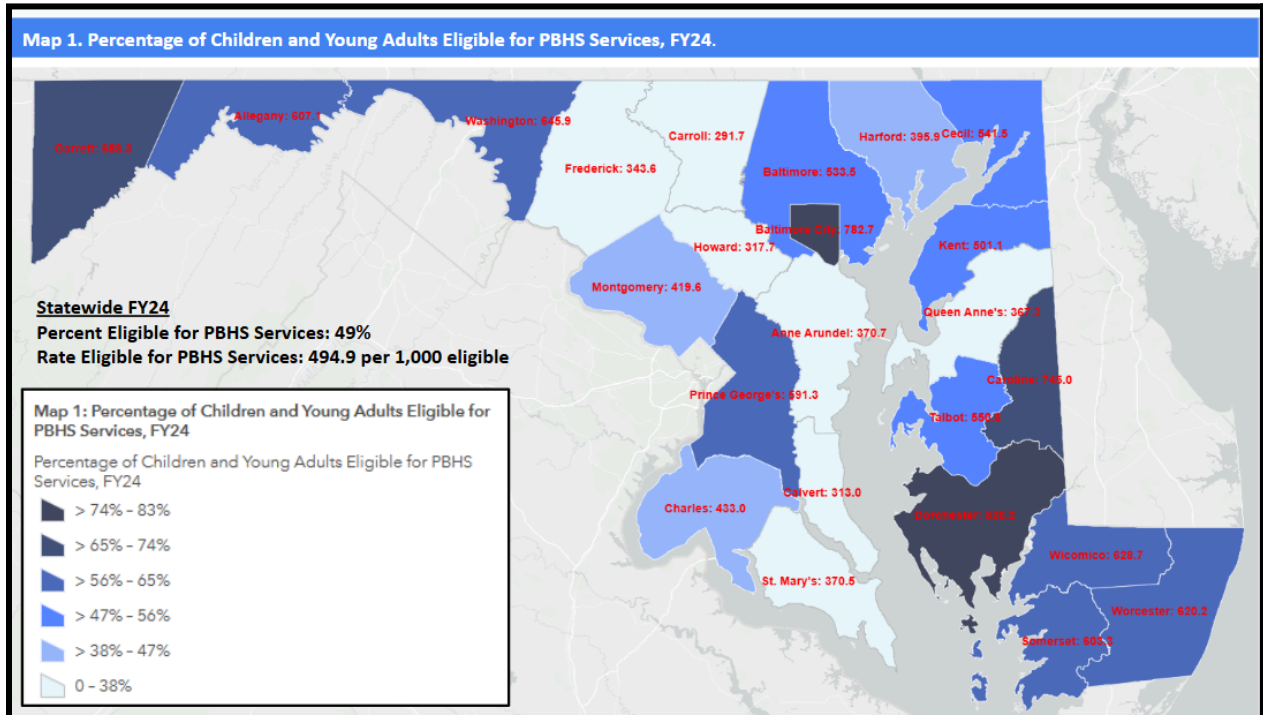
**Table B22b: Expenditures per Youth and Young Adult Recipient of Psychiatric Rehabilitation Services By Jurisdiction, FY2024**

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	\$3,015	\$3,738	\$3,981	\$9,577	\$11,323	\$6,355
Anne Arundel	\$4,029	\$4,401	\$4,577	\$7,323	\$7,705	\$5,323
Baltimore City	\$3,647	\$4,616	\$4,815	\$7,954	\$8,356	\$5,562
Baltimore	\$3,675	\$4,502	\$4,737	\$6,864	\$7,800	\$5,234
Calvert	\$868	\$2,336	\$2,350	\$7,746	\$6,373	\$4,142
Caroline	\$3,828	\$4,995	\$4,436	\$9,725	\$5,809	\$5,038
Carroll	\$2,740	\$3,907	\$4,149	\$6,655	\$11,598	\$4,632
Cecil	\$4,338	\$4,028	\$4,562	\$10,672	\$7,319	\$5,309
Charles	\$2,607	\$3,815	\$4,152	\$6,646	\$7,243	\$4,632
Dorchester	\$2,127	\$3,597	\$3,938	\$11,570	\$9,517	\$4,413
Frederick	\$3,080	\$4,543	\$5,208	\$12,422	\$20,792	\$5,883
Garrett	\$4,746	\$4,231	\$3,093	\$8,669	\$6,363	\$4,725
Harford	\$2,781	\$4,017	\$4,034	\$6,332	\$8,354	\$4,817
Howard	\$2,972	\$4,067	\$4,314	\$8,498	\$9,778	\$5,435
Kent	\$3,259	\$4,330	\$4,026	\$4,970	\$9,384	\$5,140
Montgomery	\$3,914	\$3,931	\$3,830	\$10,884	\$9,607	\$5,414
Prince George's	\$3,434	\$4,392	\$4,186	\$7,040	\$6,788	\$4,864
Queen Anne's	\$1,220	\$3,532	\$3,255	\$22,481	\$12,024	\$6,645
Somerset	\$6,394	\$5,091	\$3,638	\$11,077	\$11,340	\$5,541
St. Mary's	\$2,270	\$3,001	\$3,846	\$8,867	\$10,648	\$5,192
Talbot	\$5,497	\$4,415	\$3,916	\$5,043	\$6,366	\$4,533
Washington	\$4,758	\$4,885	\$5,182	\$5,456	\$9,194	\$5,192
Wicomico	\$4,748	\$4,586	\$4,285	\$5,717	\$14,712	\$5,597
Worcester	\$2,846	\$4,581	\$4,192	\$6,377	\$6,295	\$4,653
Unknown	\$0	\$0	\$2,747	\$1,172	\$6,295	\$3,168
Statewide	\$3,710	\$4,530	\$4,632	\$7,980	\$8,604	\$5,427

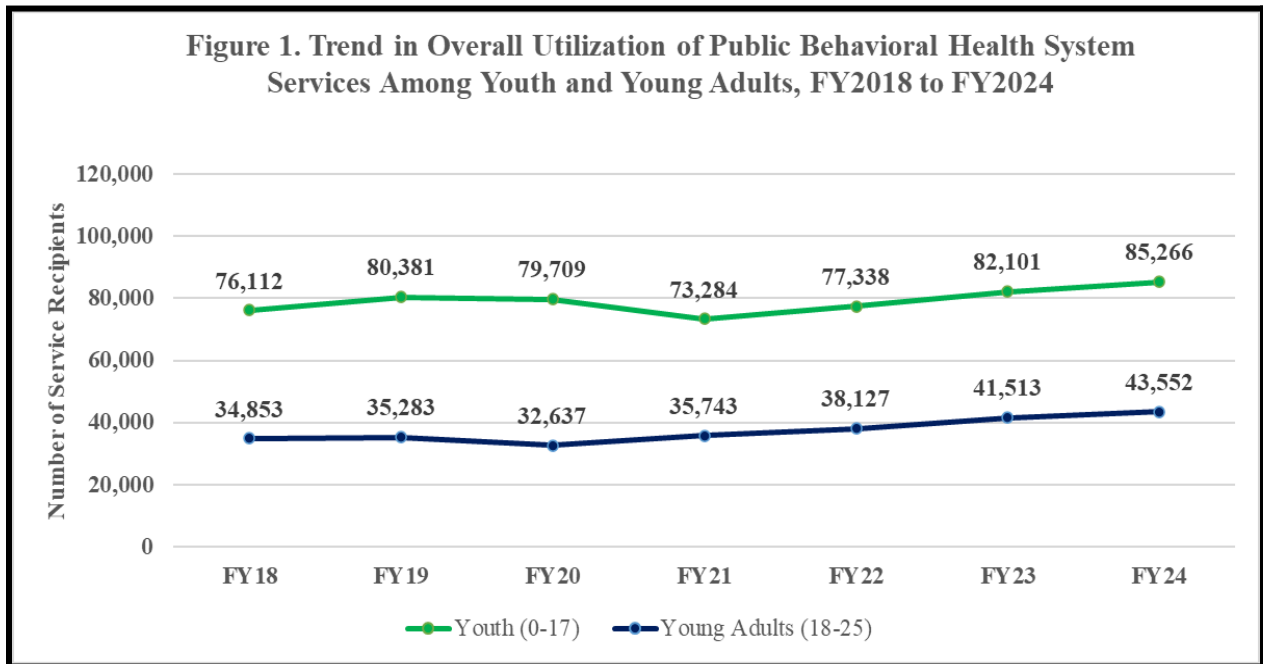
**Data Source:** ASO behavioral health services claims data for FY24. Based on claims paid through December 31, 2024.

## APPENDIX C: Service Utilization and Expenditure Maps and Figures Used In Document Links

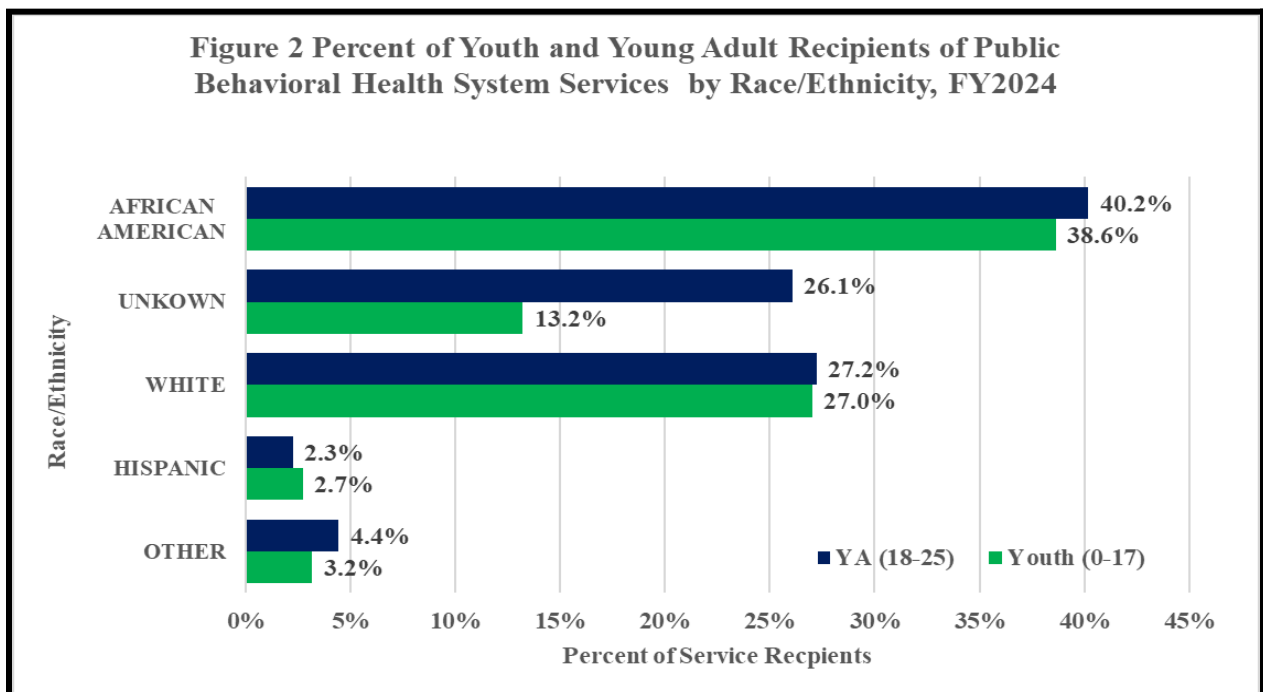
**Map 1. Percentage of Children and Young Adults Eligible for PBHS Services, FY24.**



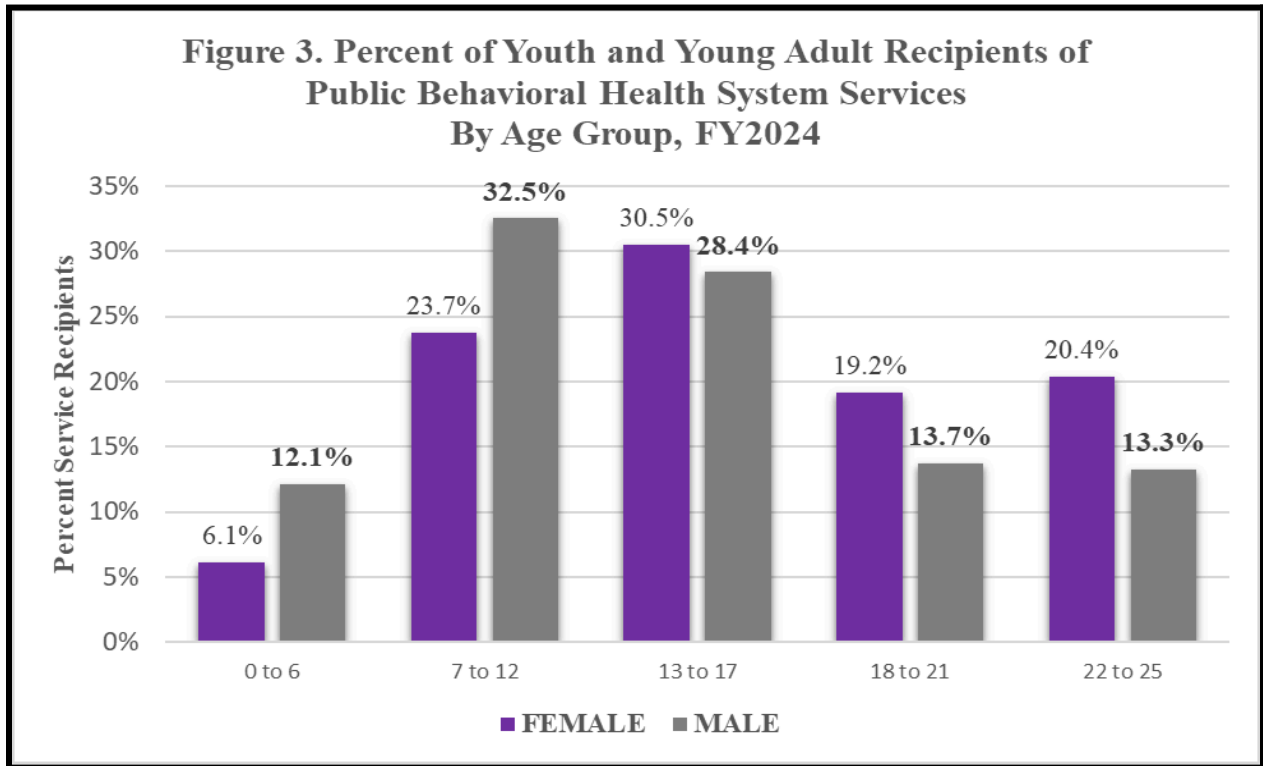
**Figure 1. Trend in Overall Utilization of PBHS Service Among Youth and Young Adults, FY 2018 to FY 2024**



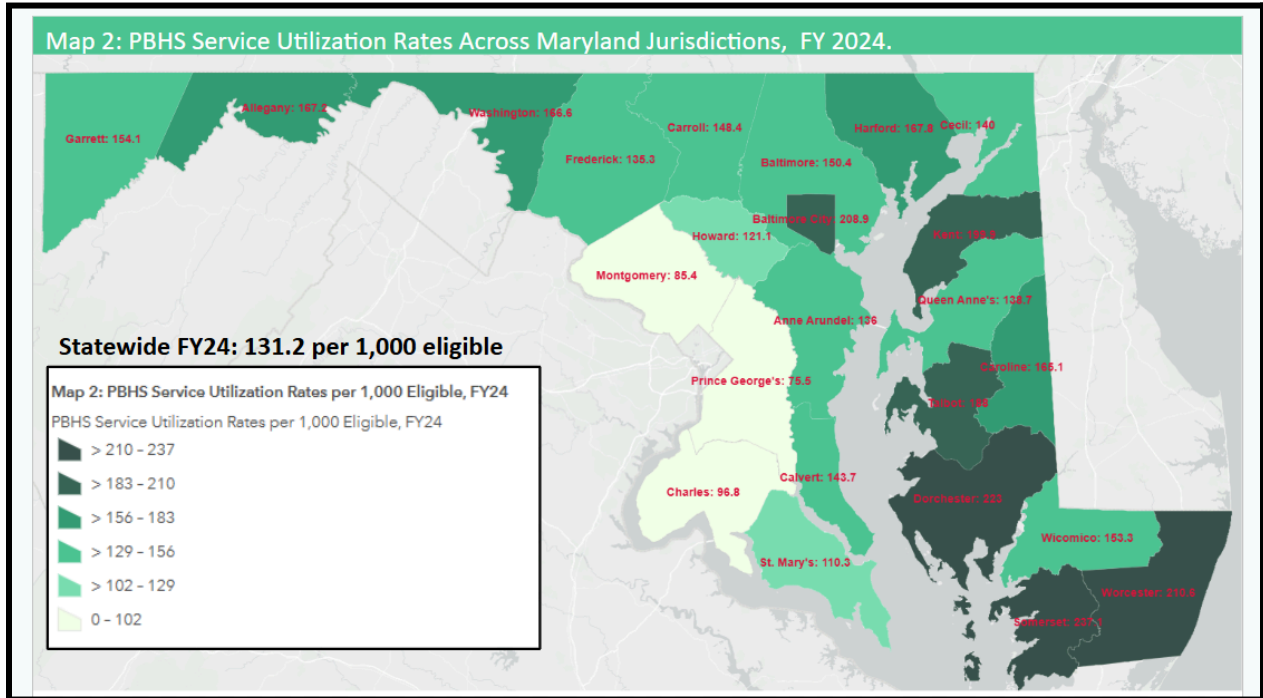
**Figure 2. Percent of Youth and Young Adult Recipients of Public Behavioral Health System Services by Race/Ethnicity, FY2024**



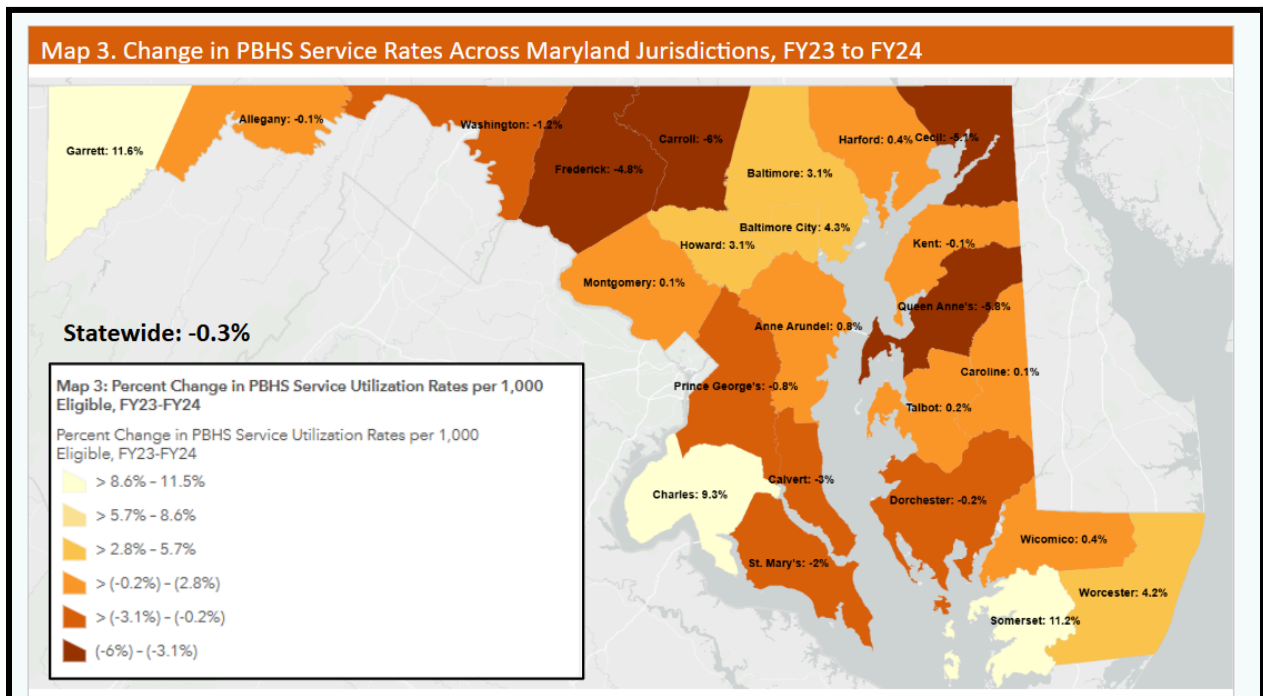
**Figure 3. Percent of Youth and Young Adults Recipients of PBHS Services By Gender and Age Group, FY2024**



## Map 2. PBHS Service Utilization Rates Across Maryland Jurisdictions, FY 2024



## Map 3. Percent Change in PBHS Service Utilization Rates Between FY 2023 and FY 2024 By Maryland Jurisdictions



**Figure 4. Trend in the Number of Youth and Young Adult Outpatient Service Recipients, FY2021 to FY2024**

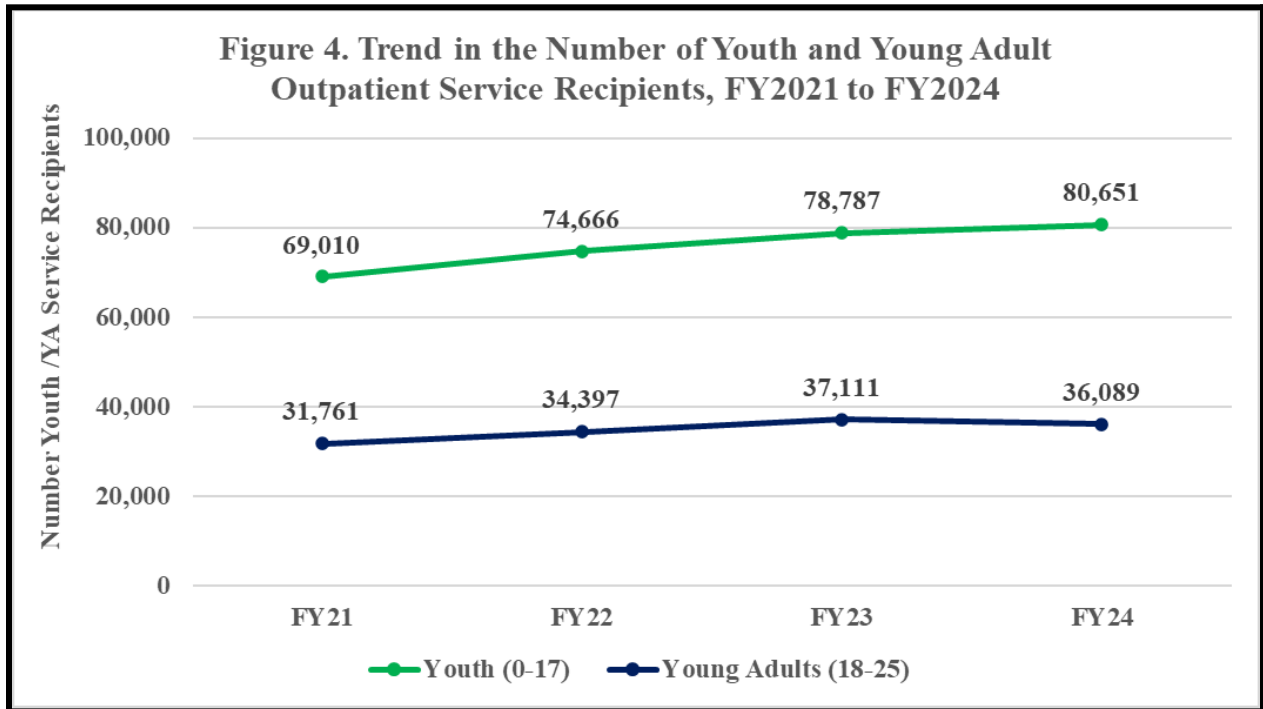


Figure 5. Percent of Youth and Young Adult Outpatient Service Recipients by Race/Ethnicity, FY2024

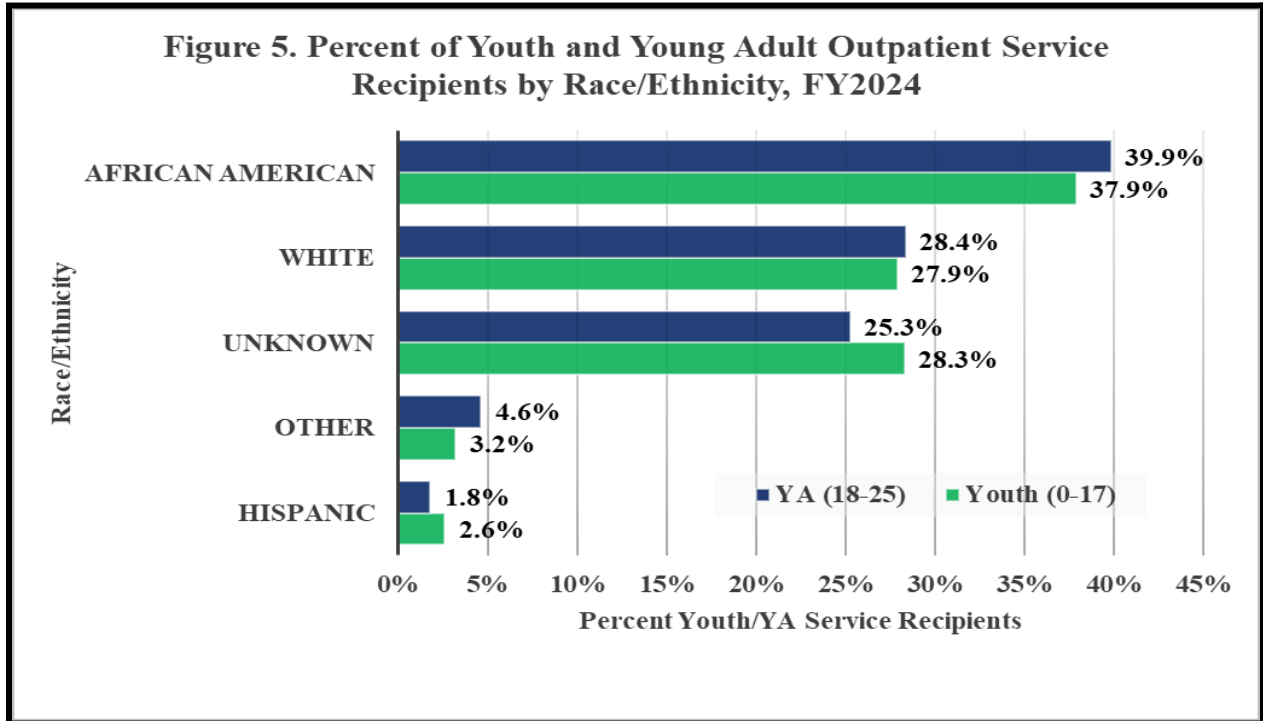


Figure 6. Percent of Youth and Young Adult Recipients of Outpatient Services By Age and Gender, FY2024

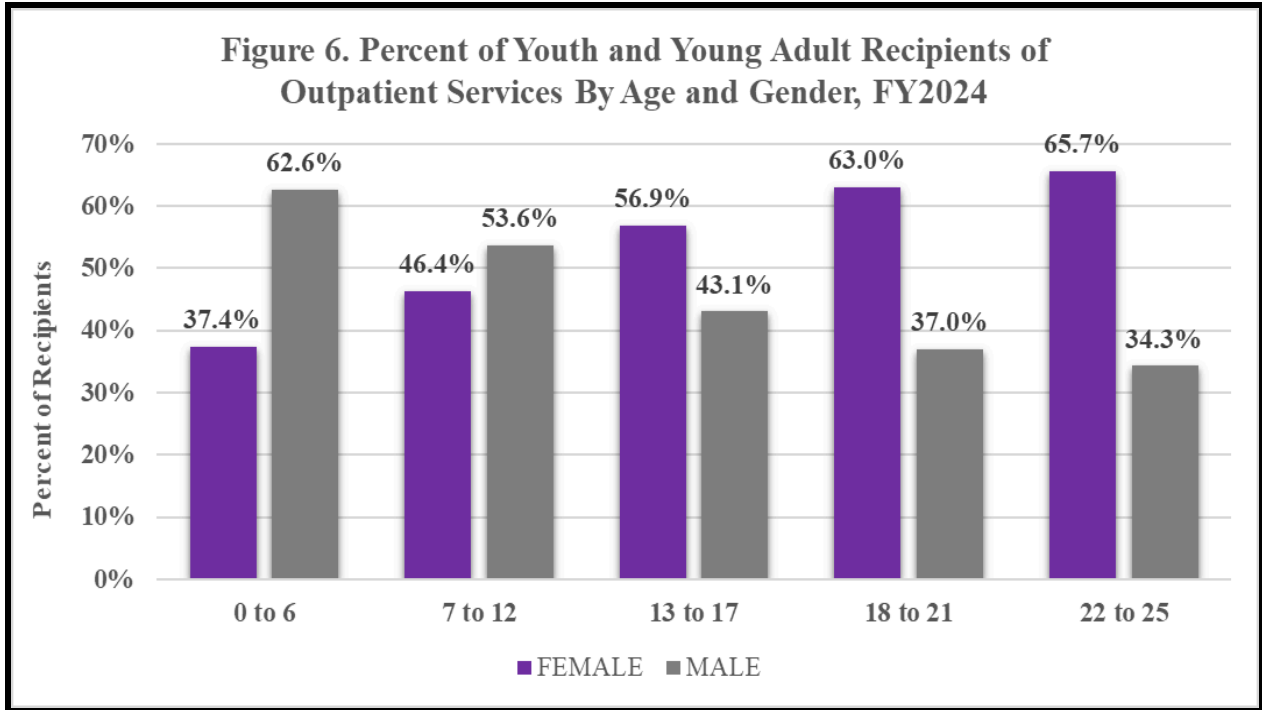


Figure 7. Trend in Inpatient Psychiatric Service Use Among Youth and Young Adults, FY 2018 to FY2024

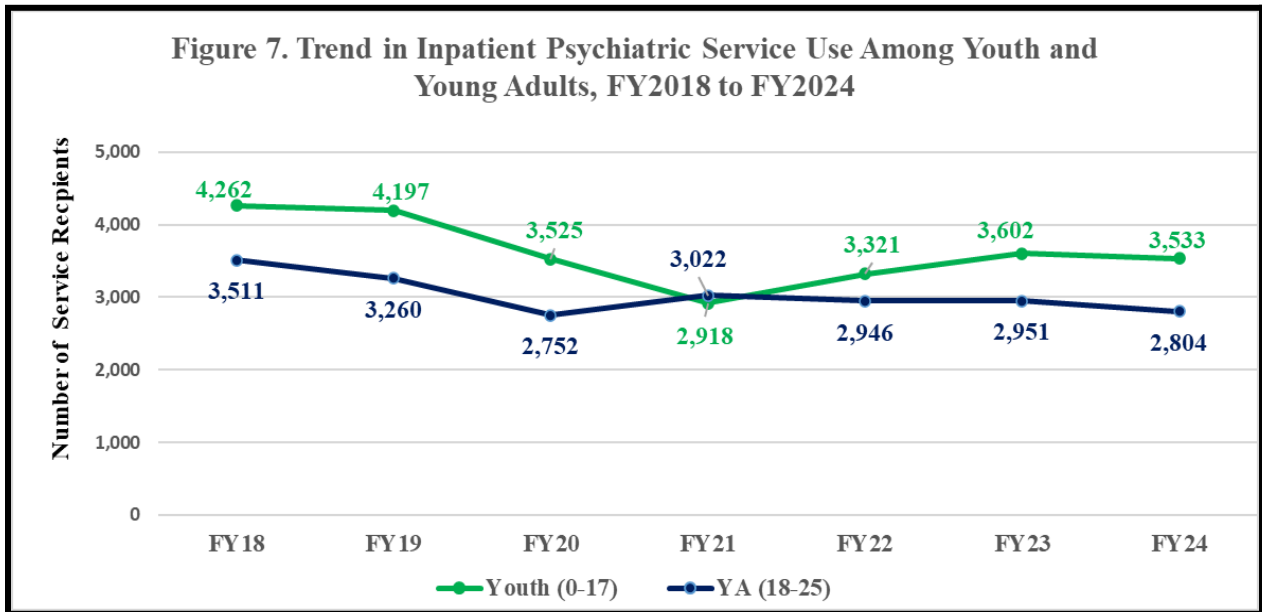


Figure 8. Percent of Youth and Young Adult Inpatient Psychiatric Service Recipients By Race/Gender, FY2024

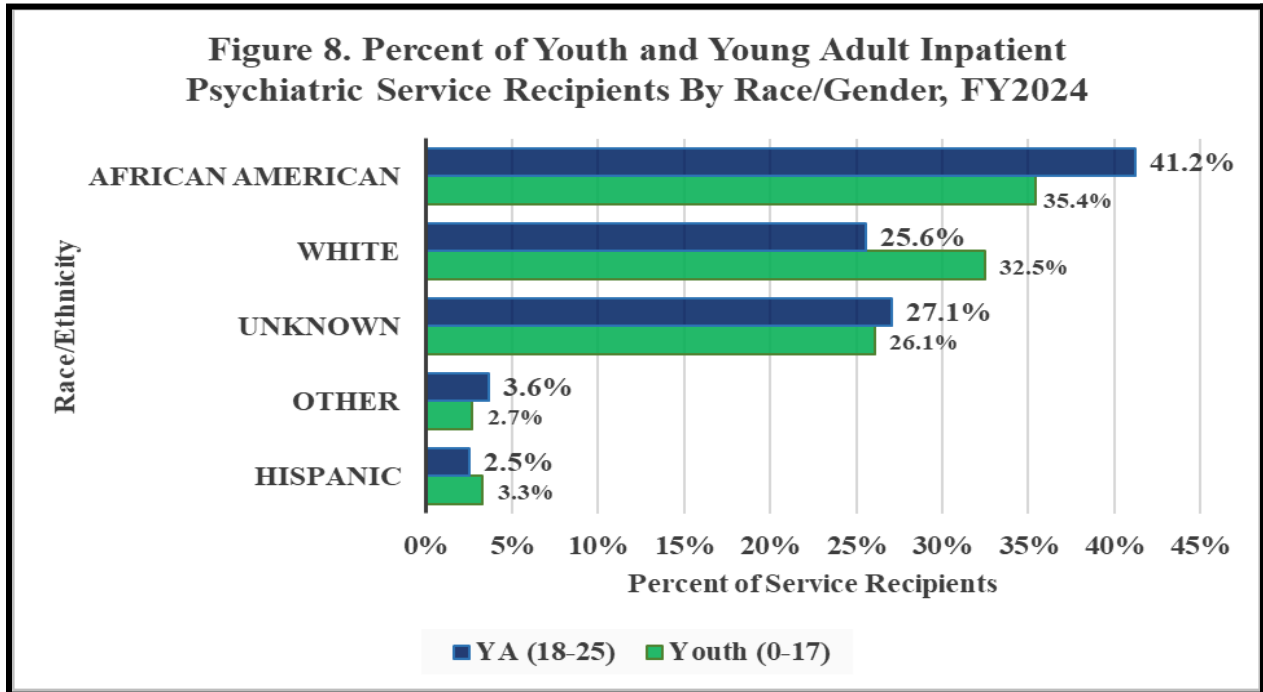


Figure 9. Percent of Youth and Young Adult Inpatient Psychiatric Service Recipients By Gender and Age, FY2024

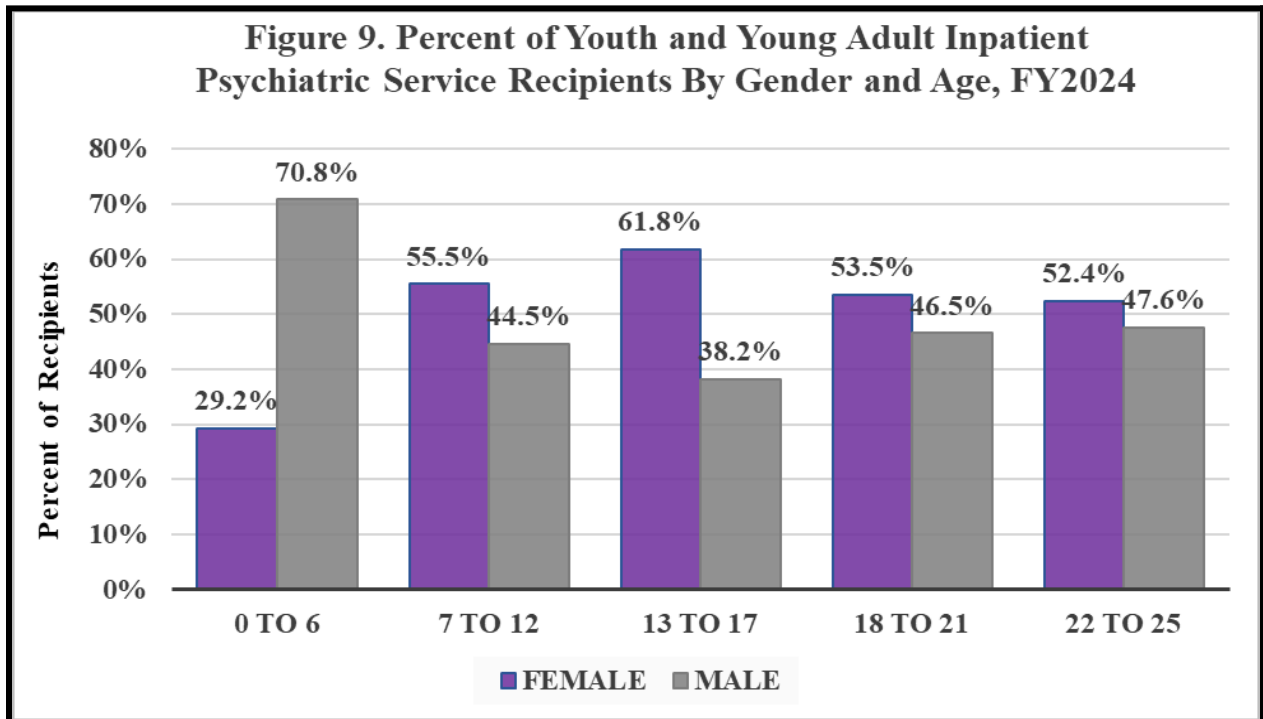


Figure 10. Trend in Youth and Young Adult Emergency Department Use, FY2018 to FY2024

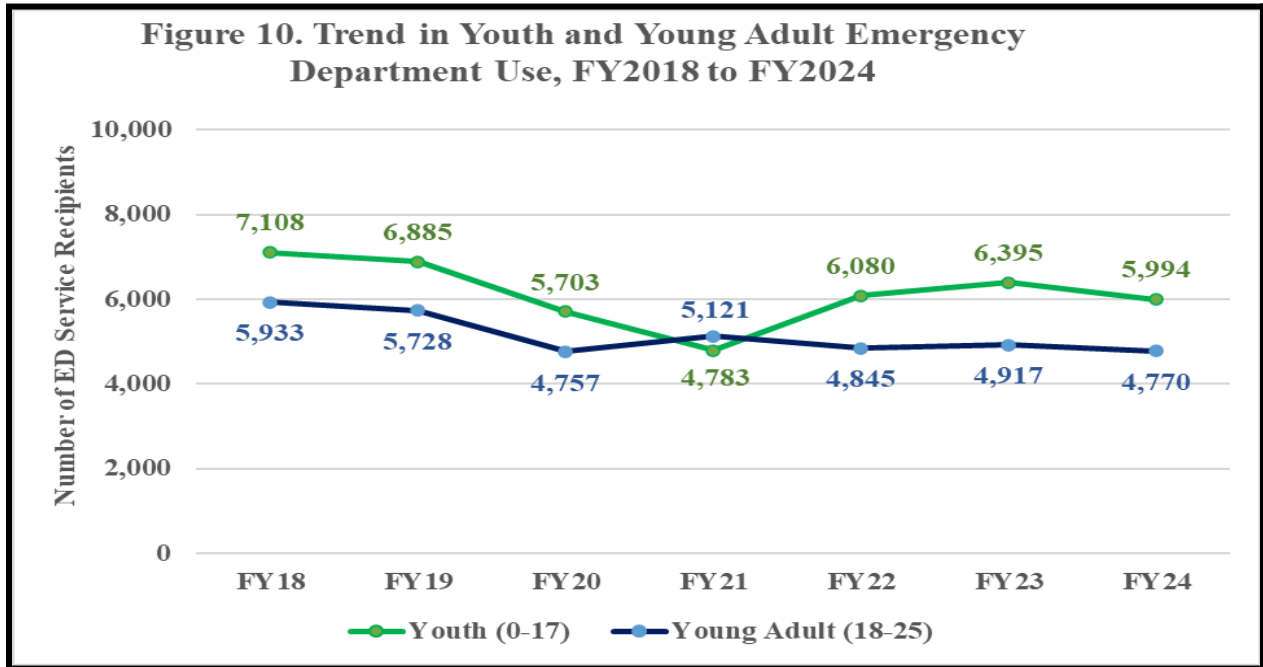


Figure 11. Percent of Youth and Young Adult Emergency Department Service Recipients By Race/Ethnicity, FY2024

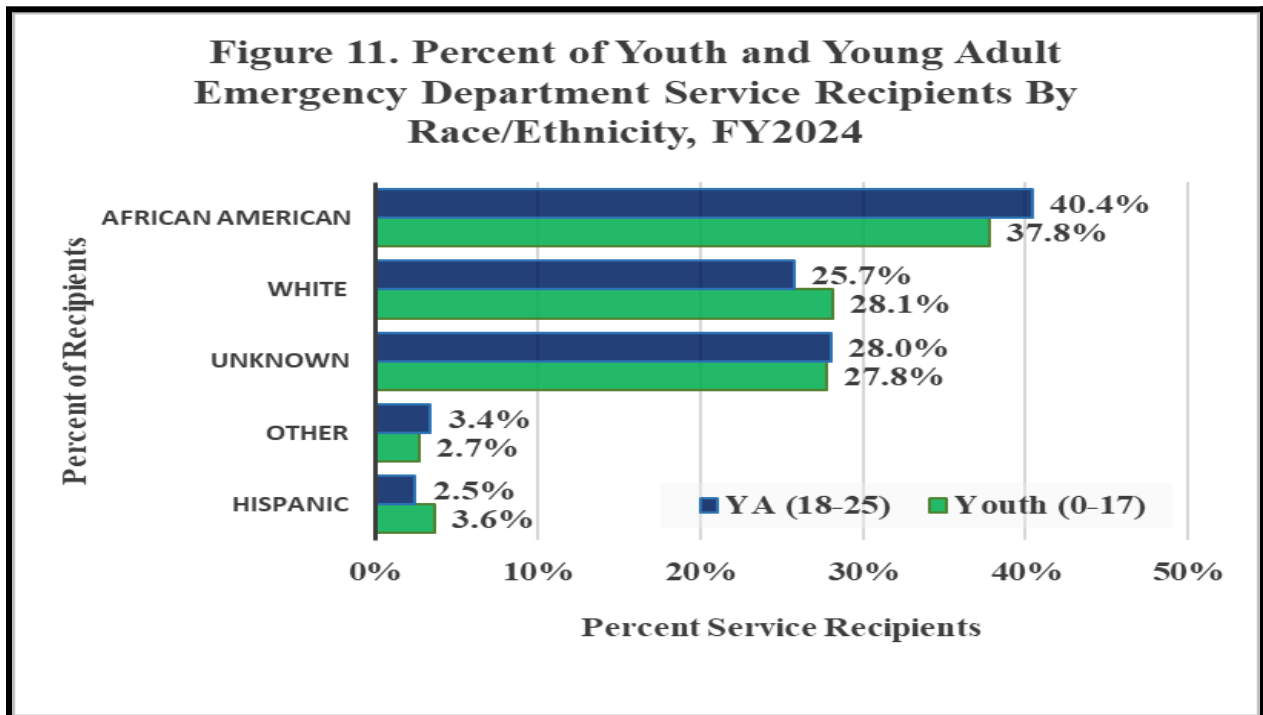


Figure 12. Percent of Youth and Young Adult Emergency Room Recipients By Gender and Age, FY2024

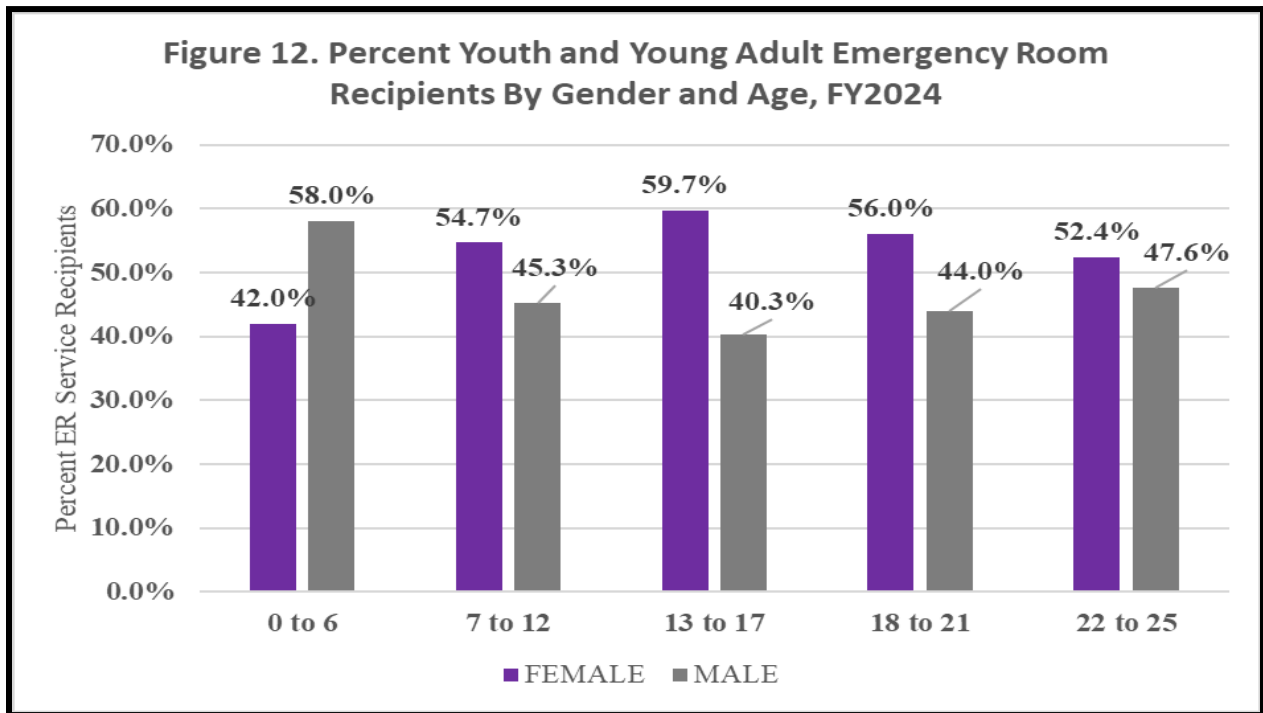


Figure 13. Trend in Residential Treatment Service Use Among Youth and Young Adults, FY2018 to FY2024

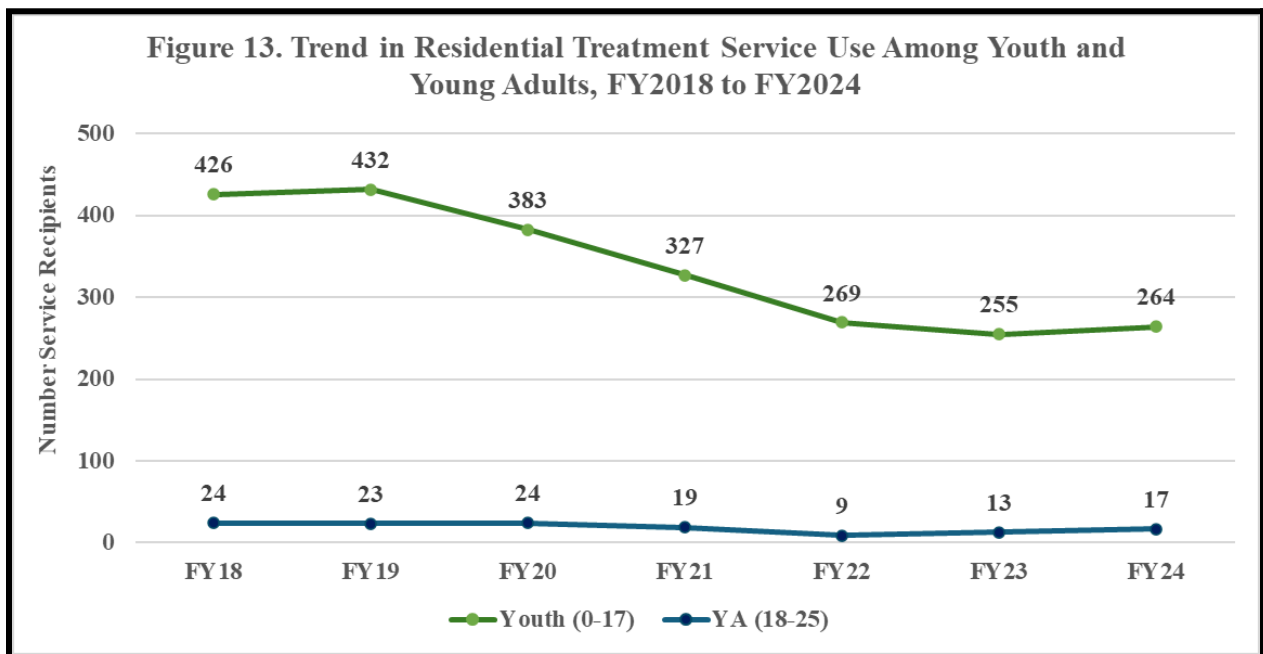


Figure 14. Percent of Youth and Young Adult Recipients of Residential Treatment Services By Race/Ethnicity, FY2024

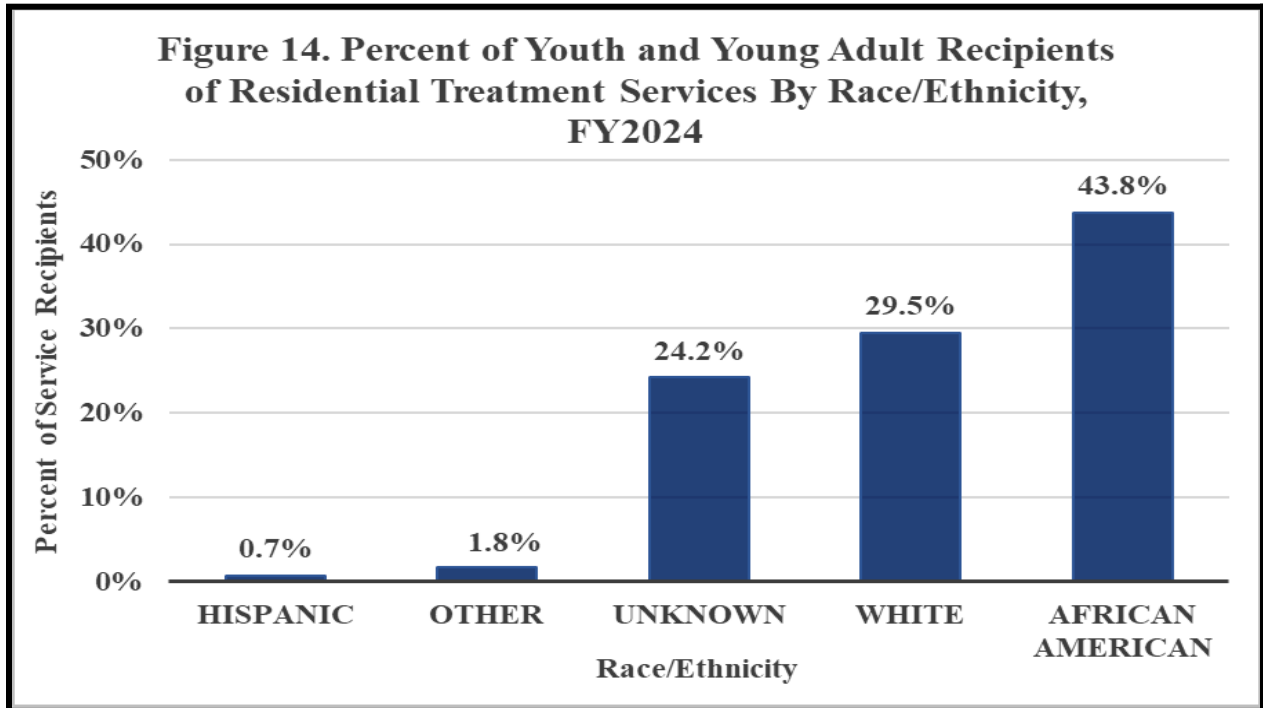


Figure 15. Youth and Young Adult Recipients of RTC Services By Gender and Age, FY2024

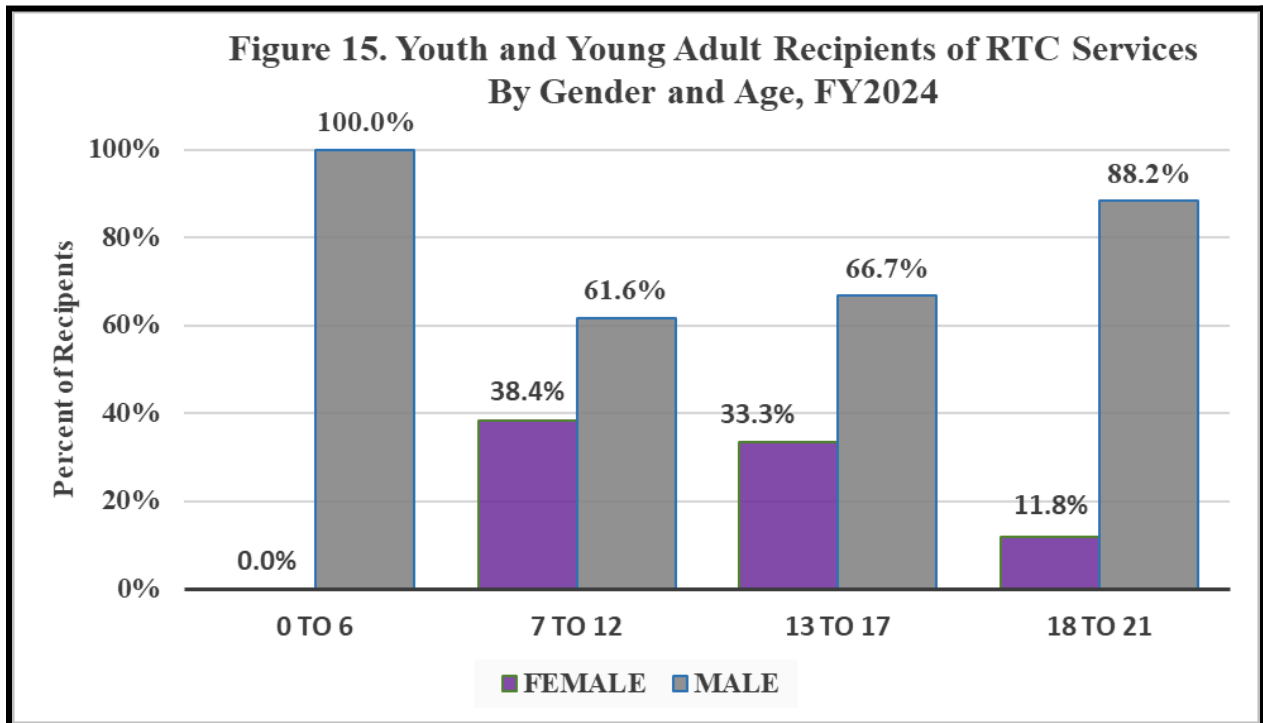


Figure 16. Number of Youth and Young Adult Recipients of TCM Service, FY2018 to FY2024

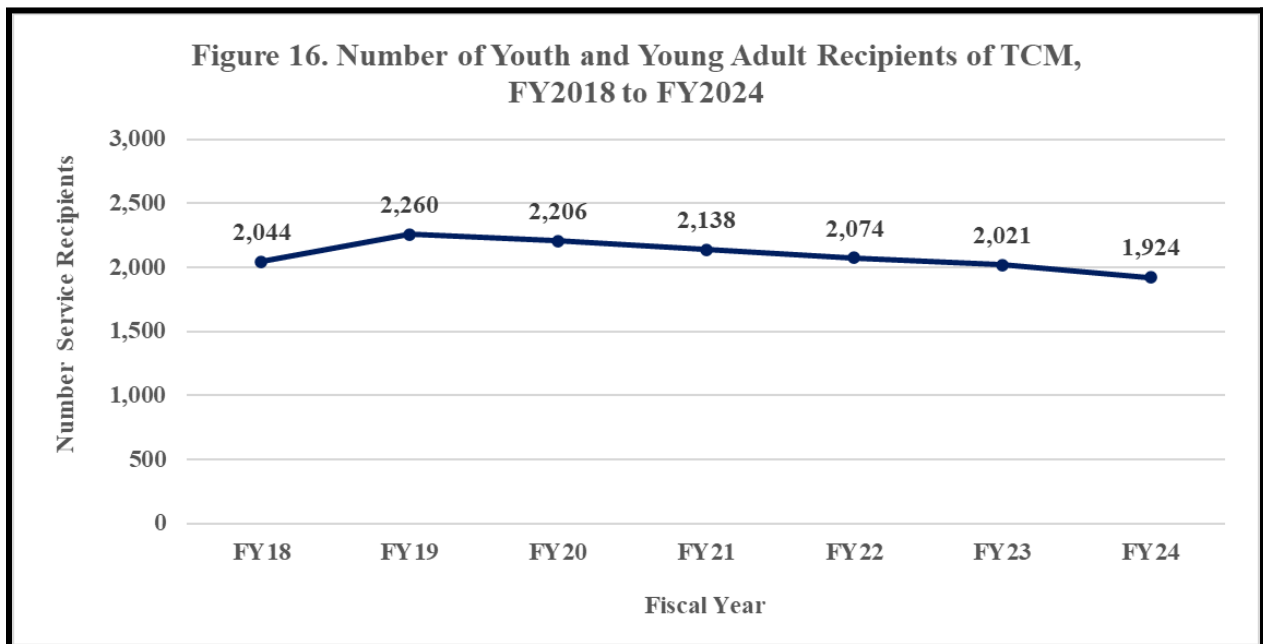


Figure 17. Percent of Youth and Young Adult Recipients of TCM Services By Race/Ethnicity, FY2024

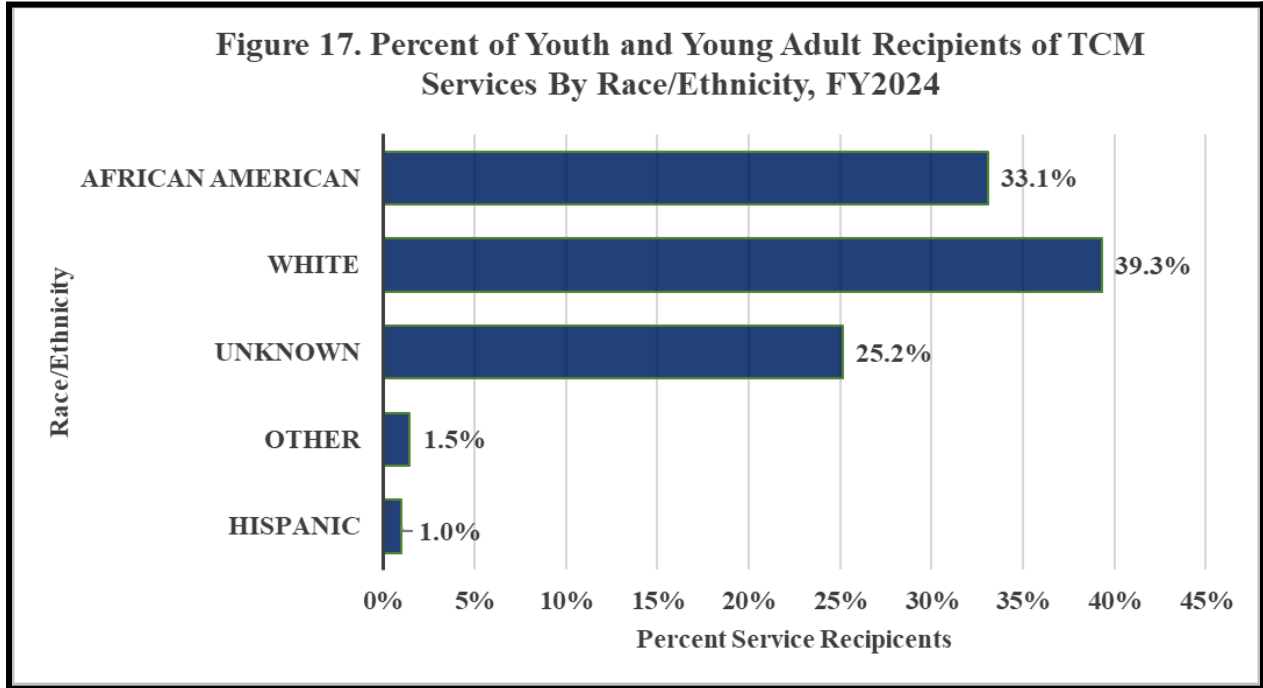


Figure 18. Percent of Youth and Young Adult Recipients of Targeted Case Management (TCM) Services By Gender and Age, FY2024

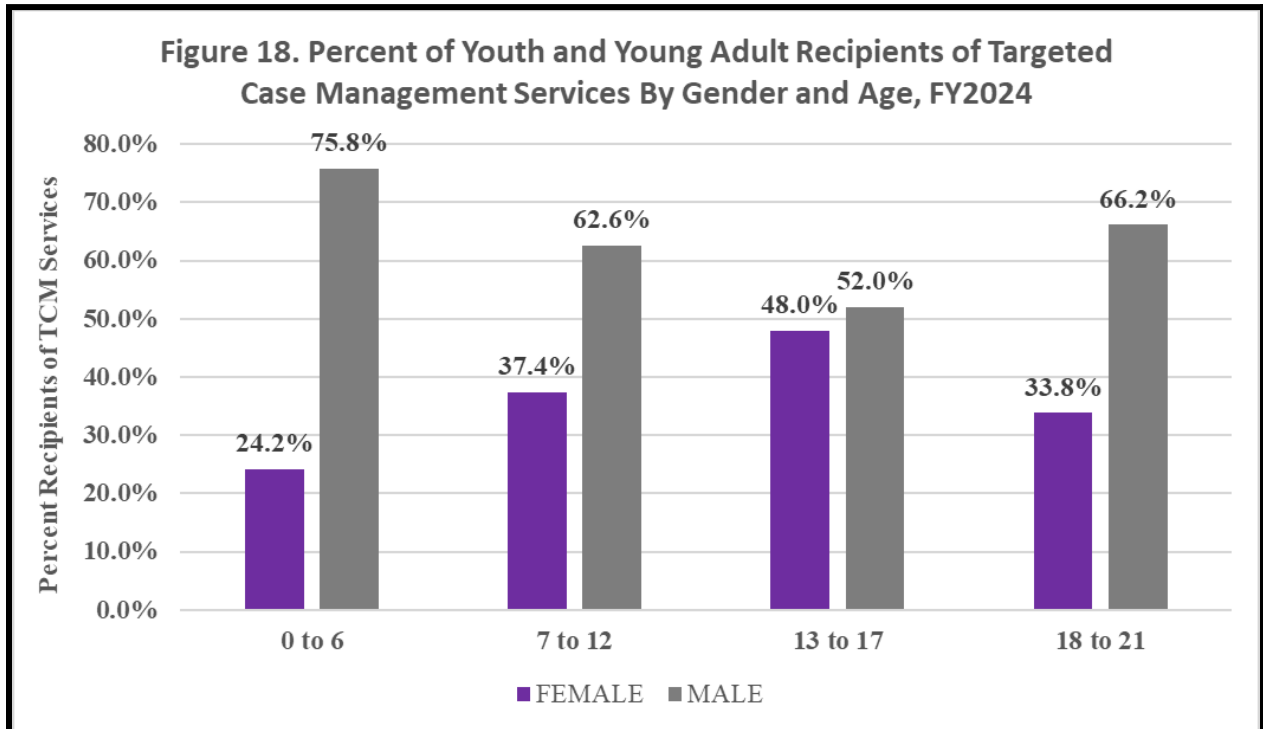


Figure 19. Trend in Respite Service Use Among Youth and Young Adult, FY2018 To FY2024

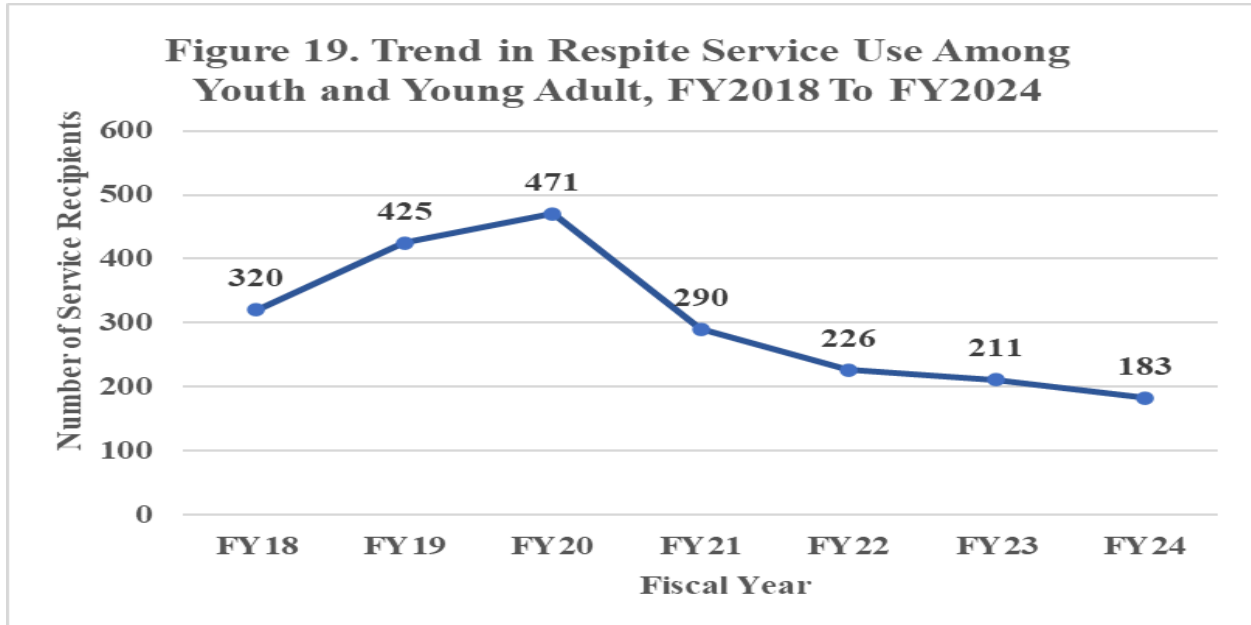


Figure 20. Percent in the Number of Youth Respite Service Recipients By Race/Ethnicity, FY2024

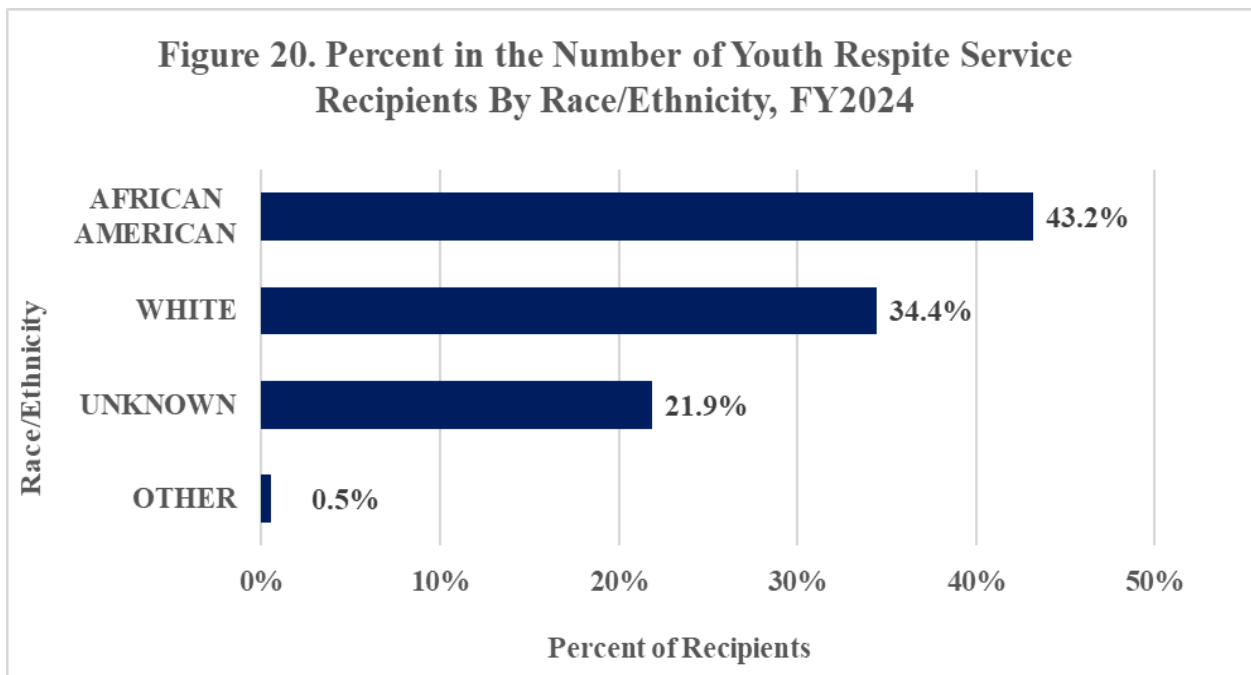


Figure 21. Percent of Youth Recipients of Respite Service By Gender and Age, FY2024

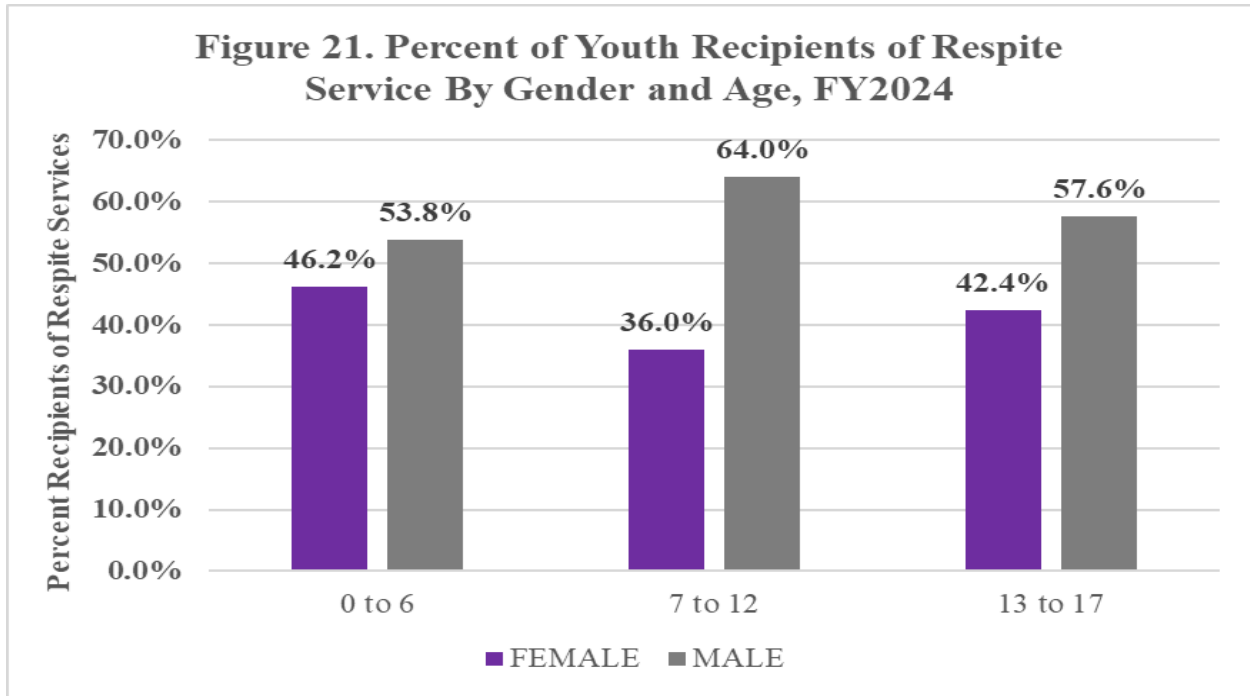


Figure 22. Trend in Psychiatric Rehabilitation Program Services Among Youth and Young Adults, FY2018 to FY2024

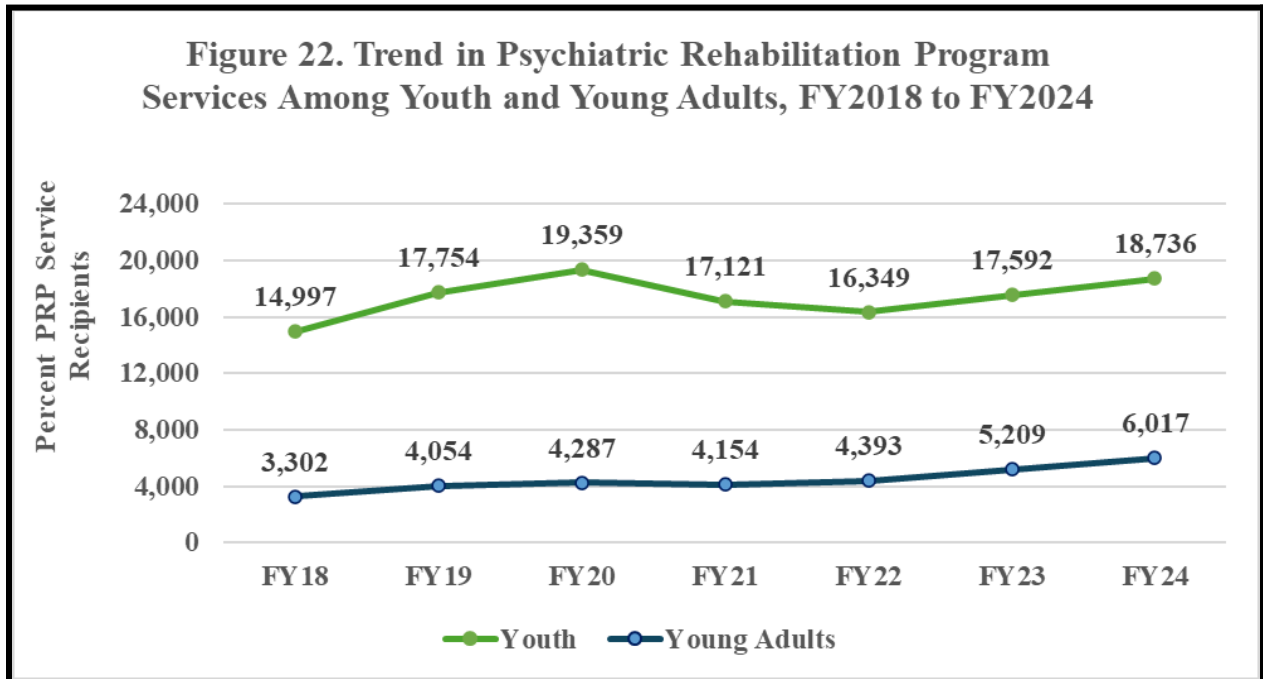


Figure 23. Percent of Youth and Young Adult PRP Service Recipients By Race/Ethnicity, FY2024

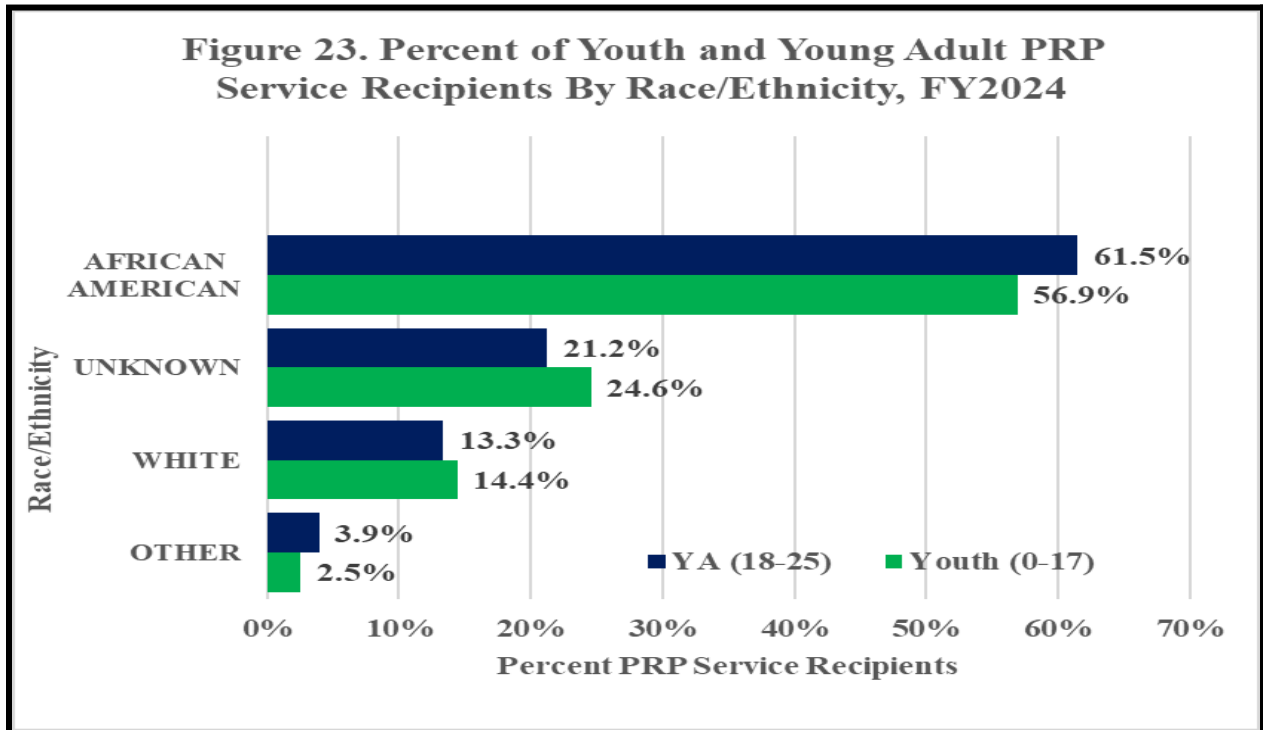


Figure 24. Percent of Youth and Young Adult Recipients of PRP Services By Gender and Age, FY2024

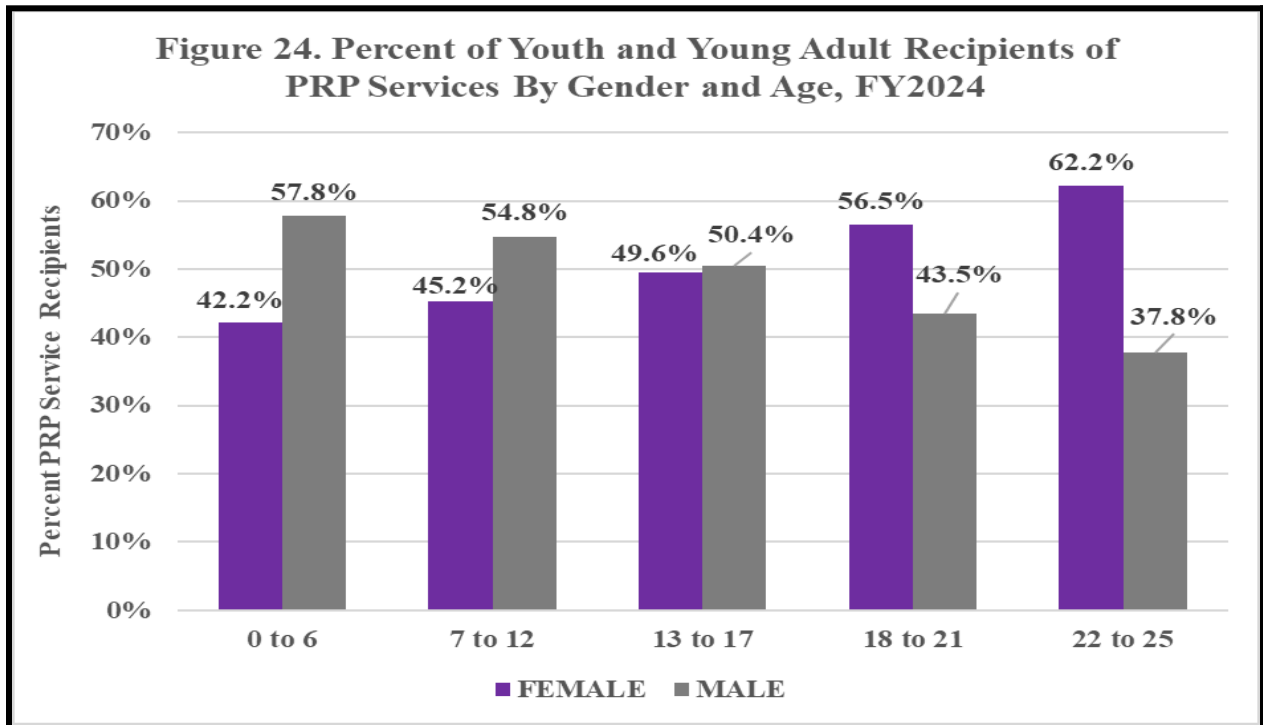


Figure 25. Trend in Youth and Young Adult SUD Service Use, FY2021 to FY2024

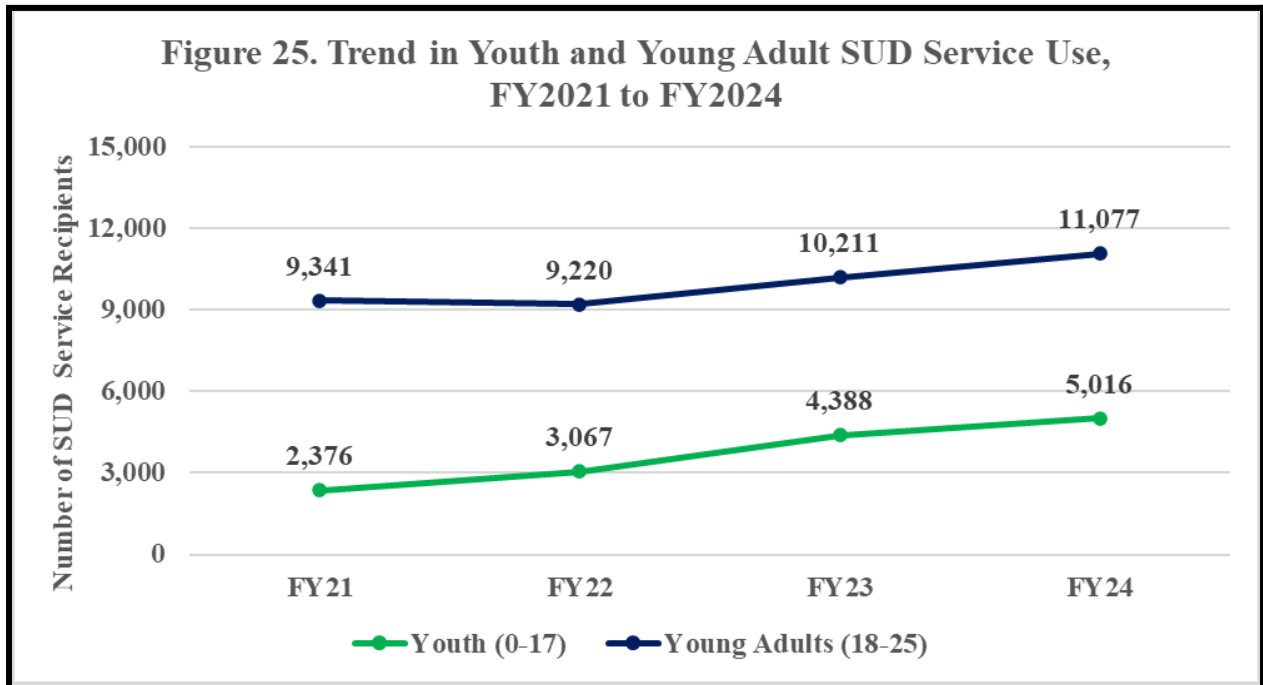


Figure 26. Percentage of Youth and Young Adult Recipients of SUD Services By Race/Ethnicity, FY2024

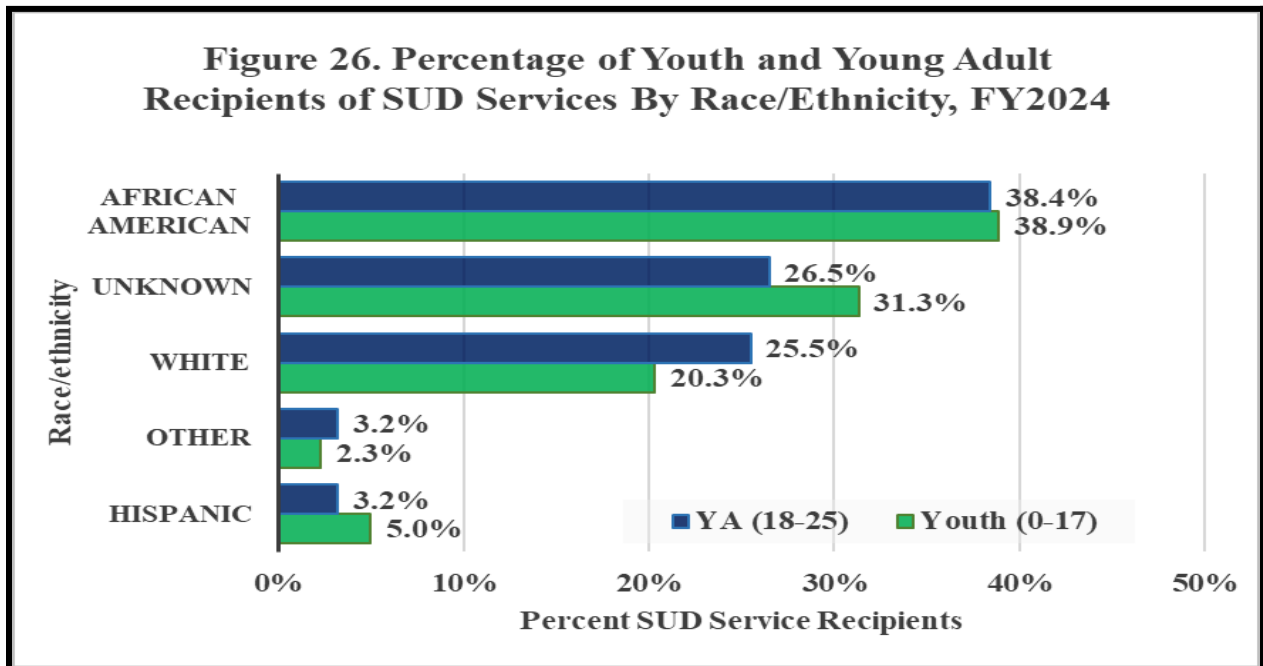


Figure 27. Percentage of Youth and Young Adult Recipients of SUD Services By Gender and Age. FY2024

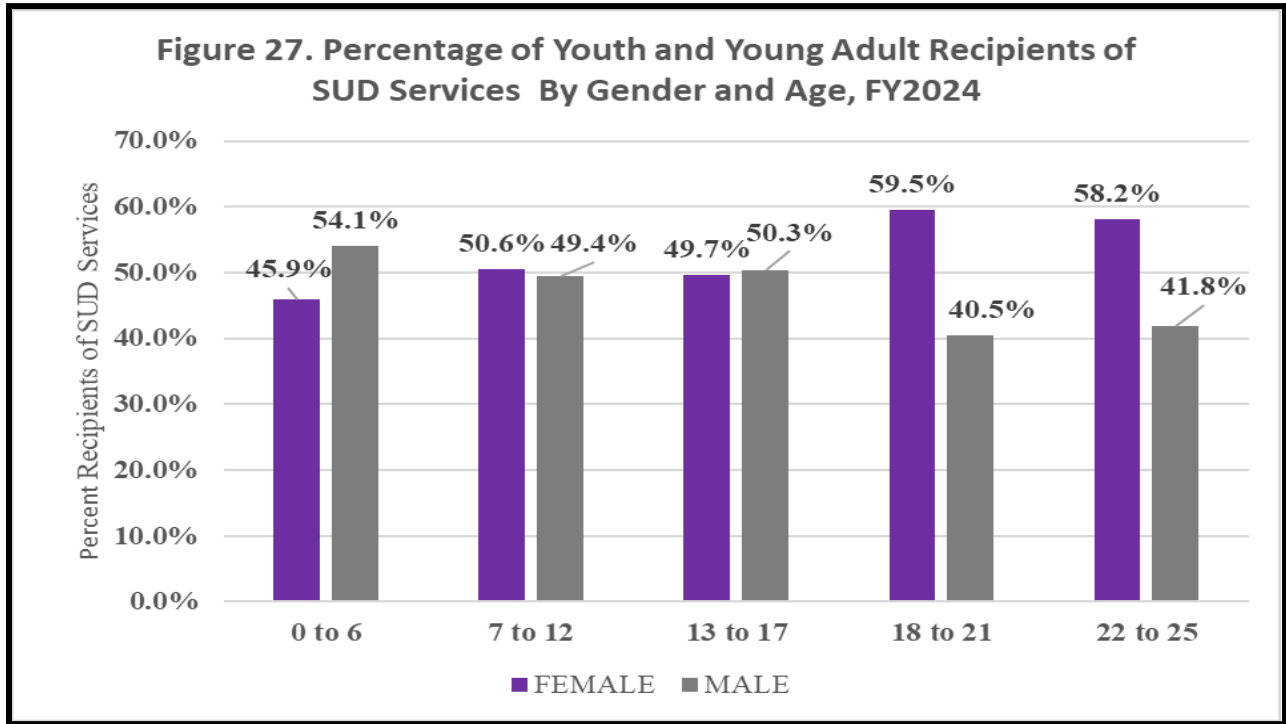


Figure 28. Trend in Telehealth Service Use Among Youth and Young Adults, FY2021 to FY2024

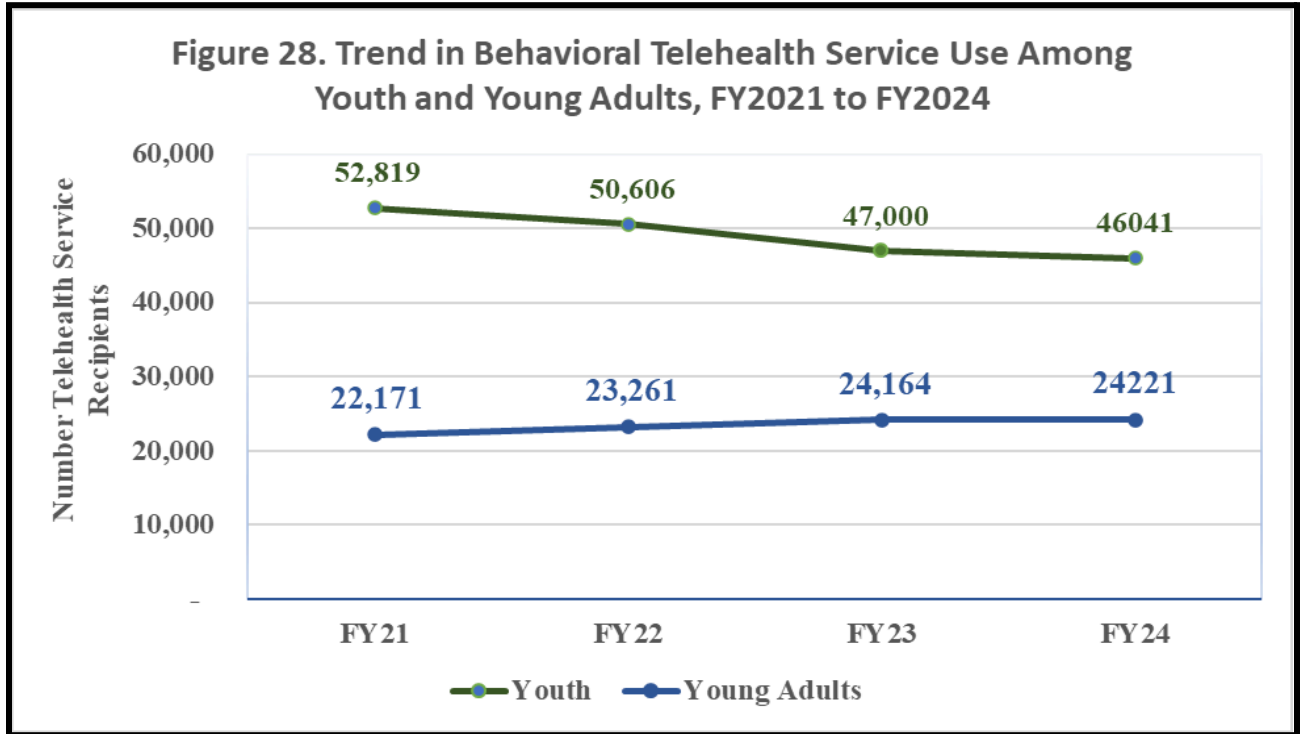


Figure 29. Percent of Youth and Young Adult Recipients of Telehealth Services By Race/Ethnicity, FY2024

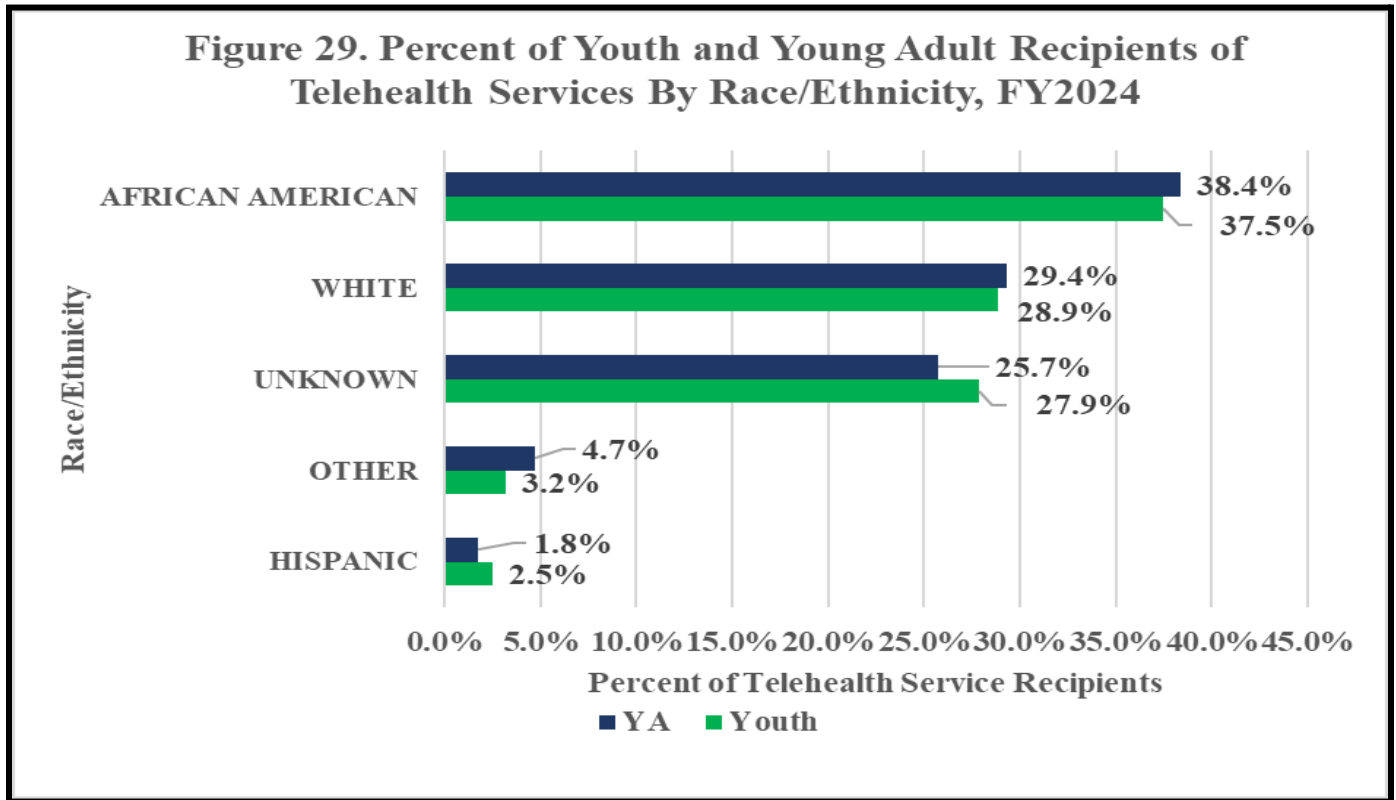


Figure 30. Percent of Youth and Young Adult Recipients of Telehealth Services, by Gender and Age FY2024

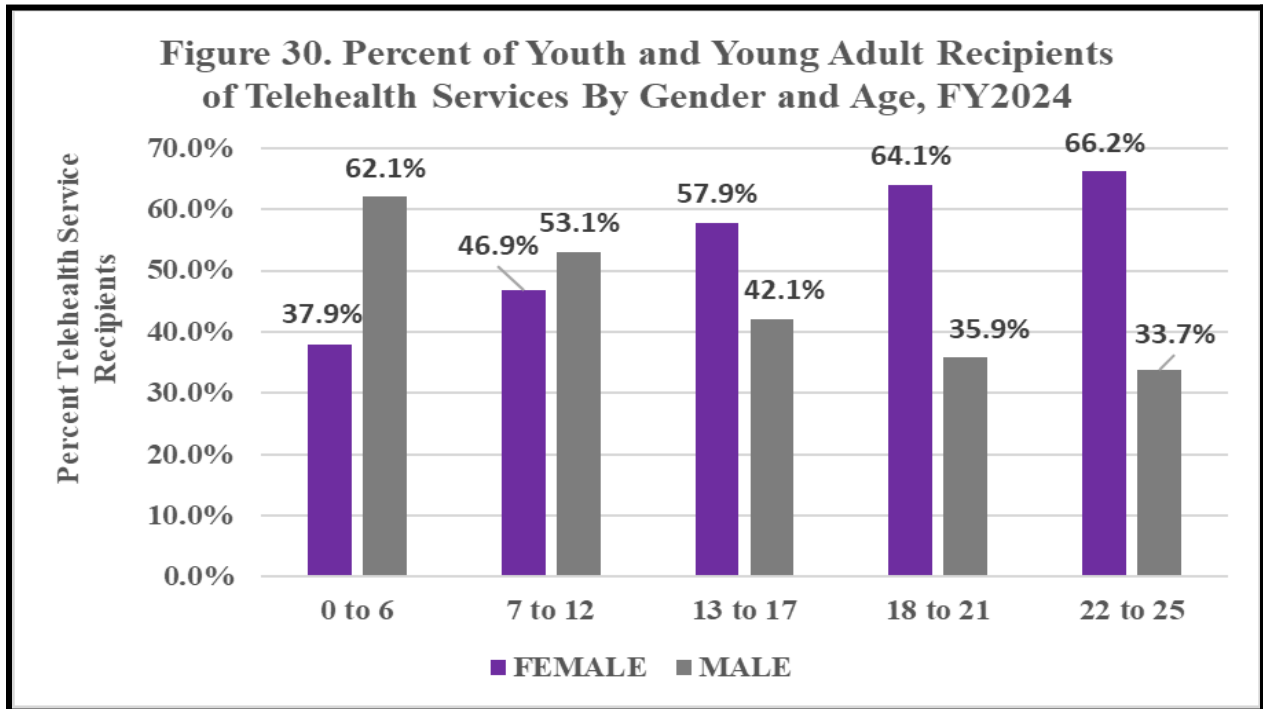


Figure 31. Overall PBHS Expenditures and Cost Per Person for Youth and Young Adults, FY2018 to FY2024

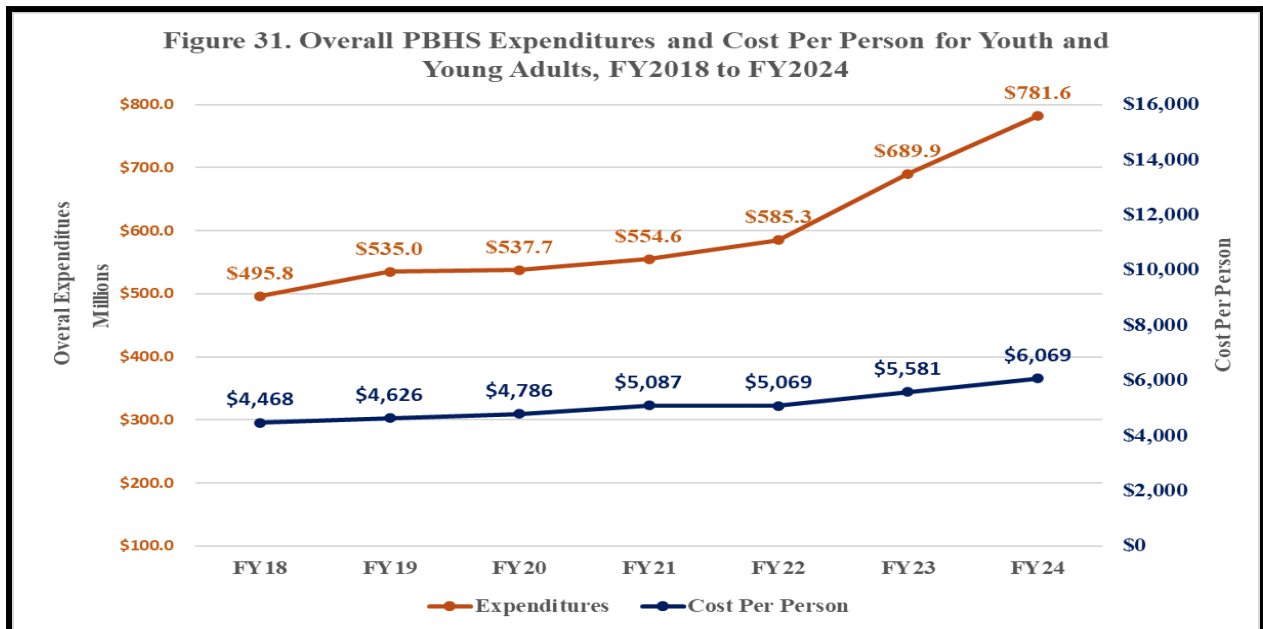


Figure 32. Trend in Outpatient Mental Health Expenditures Among Youth and Young Adults, FY2021 to FY2024

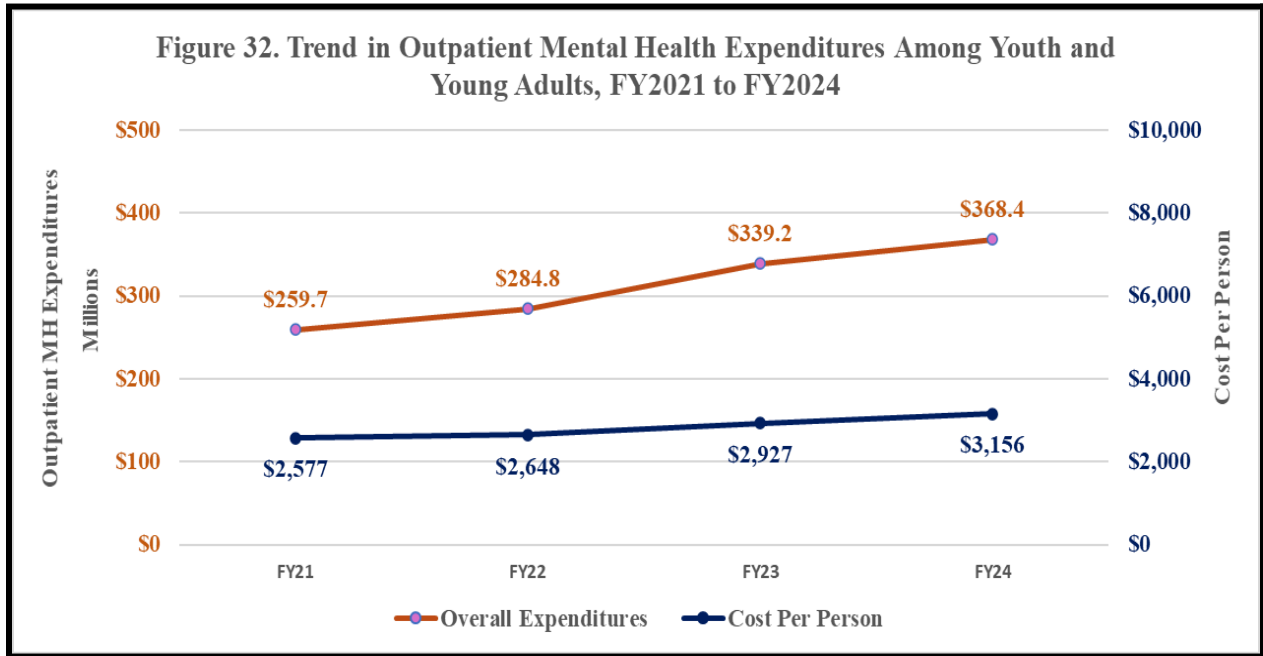


Figure 33. Trend in Inpatient Psychiatric Hospital Expenditures Among Youth and Young Adults, FY2018 to FY2024

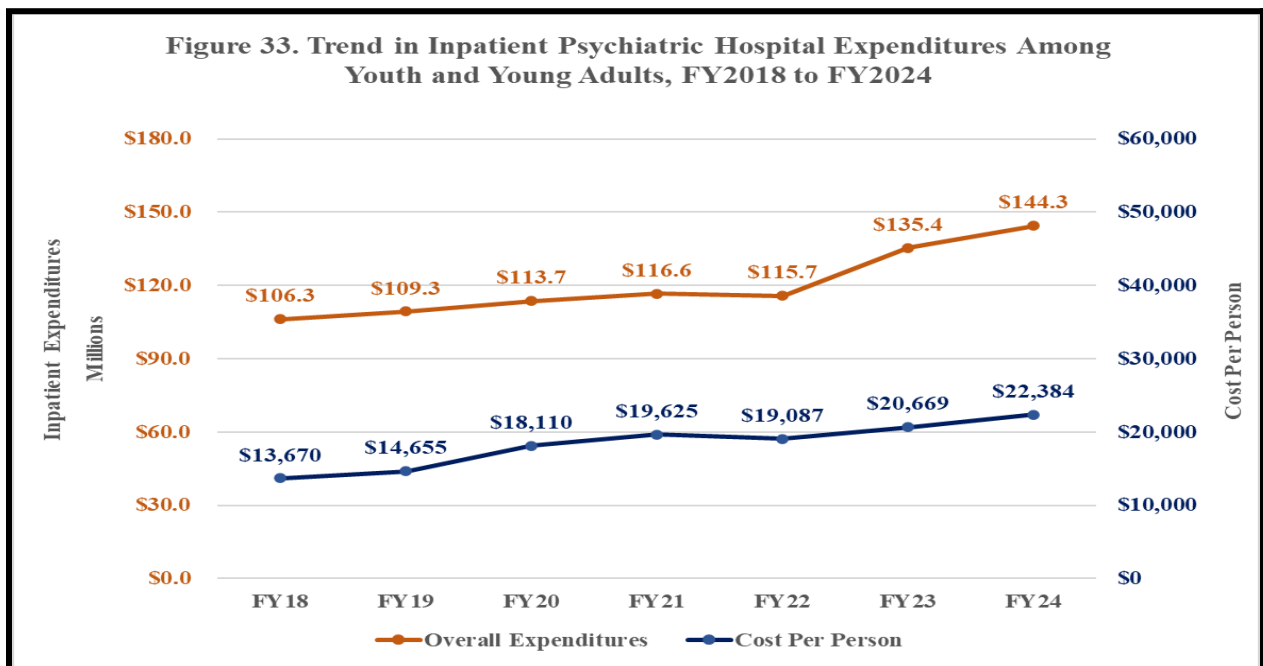


Figure 34. Trend in Mental Health Emergency Room Expenditures Among Youth and Young Adults, FY2018 to FY2024

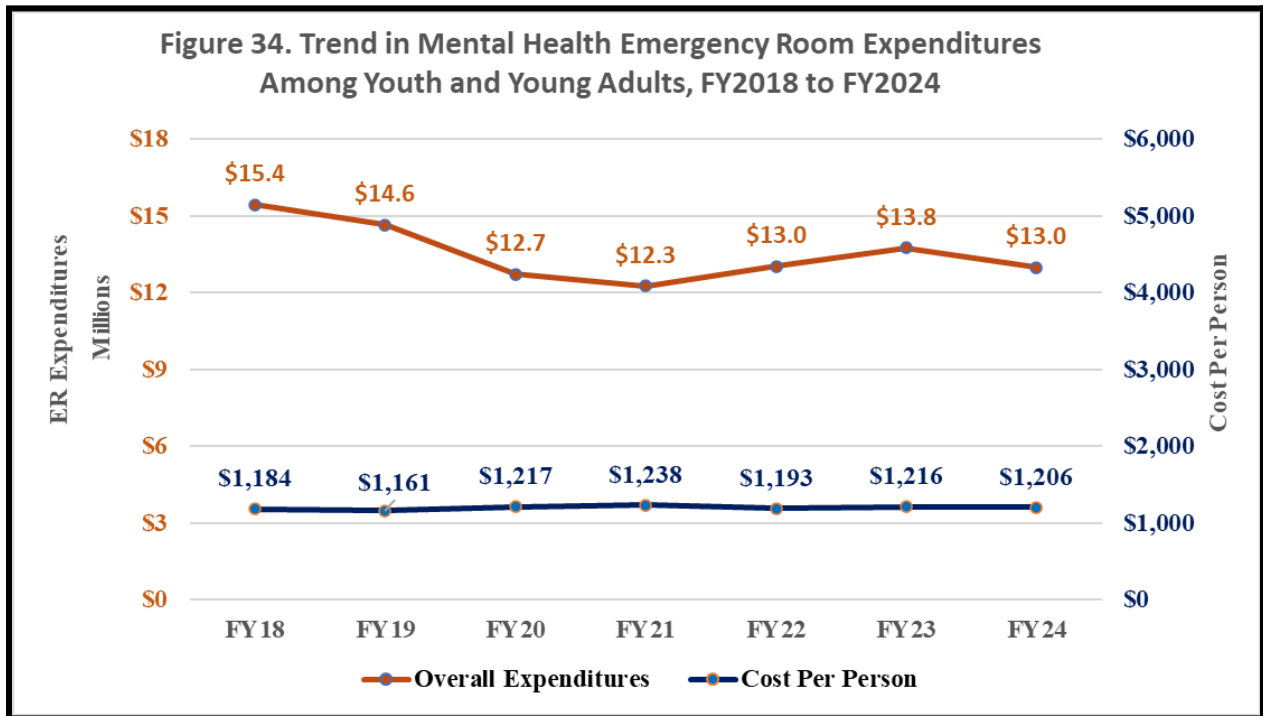


Figure 35. Trend in Residential Treatment Center Service Expenditures Among Youth and Young Adults, FY2018 to FY2024

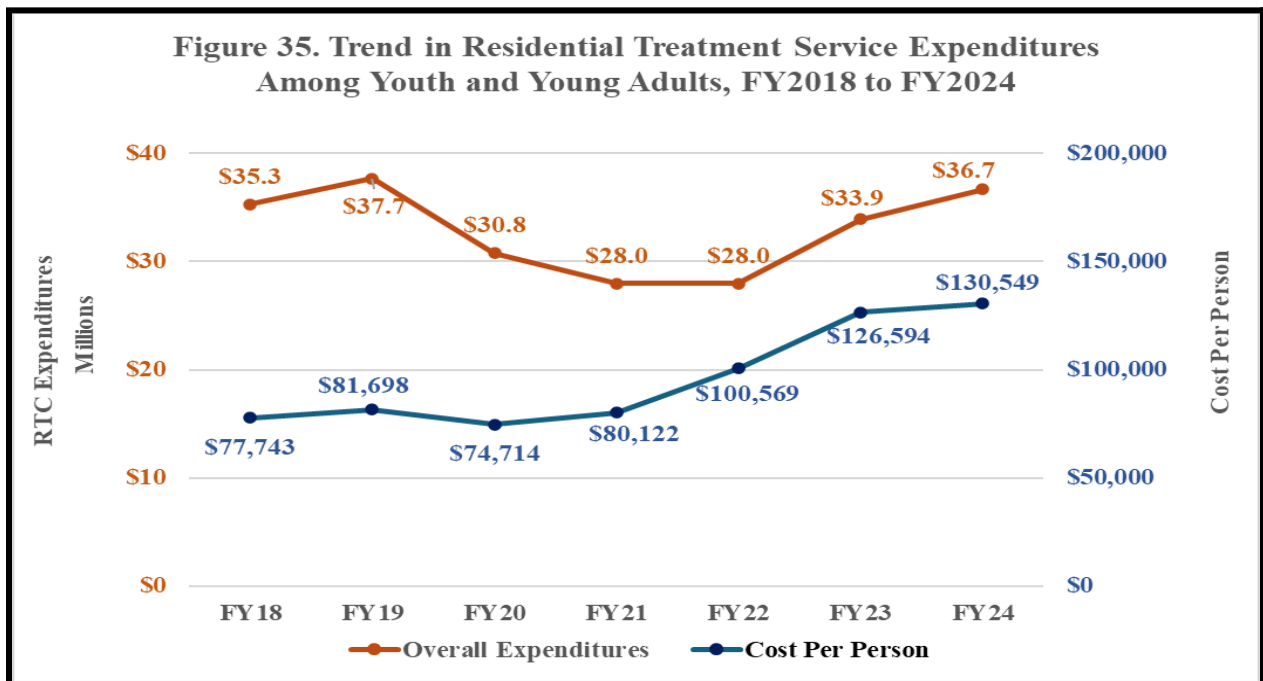


Figure 36. Trend in SUD Service Expenditures Among Youth and Young Adults, FY2018 to FY2024

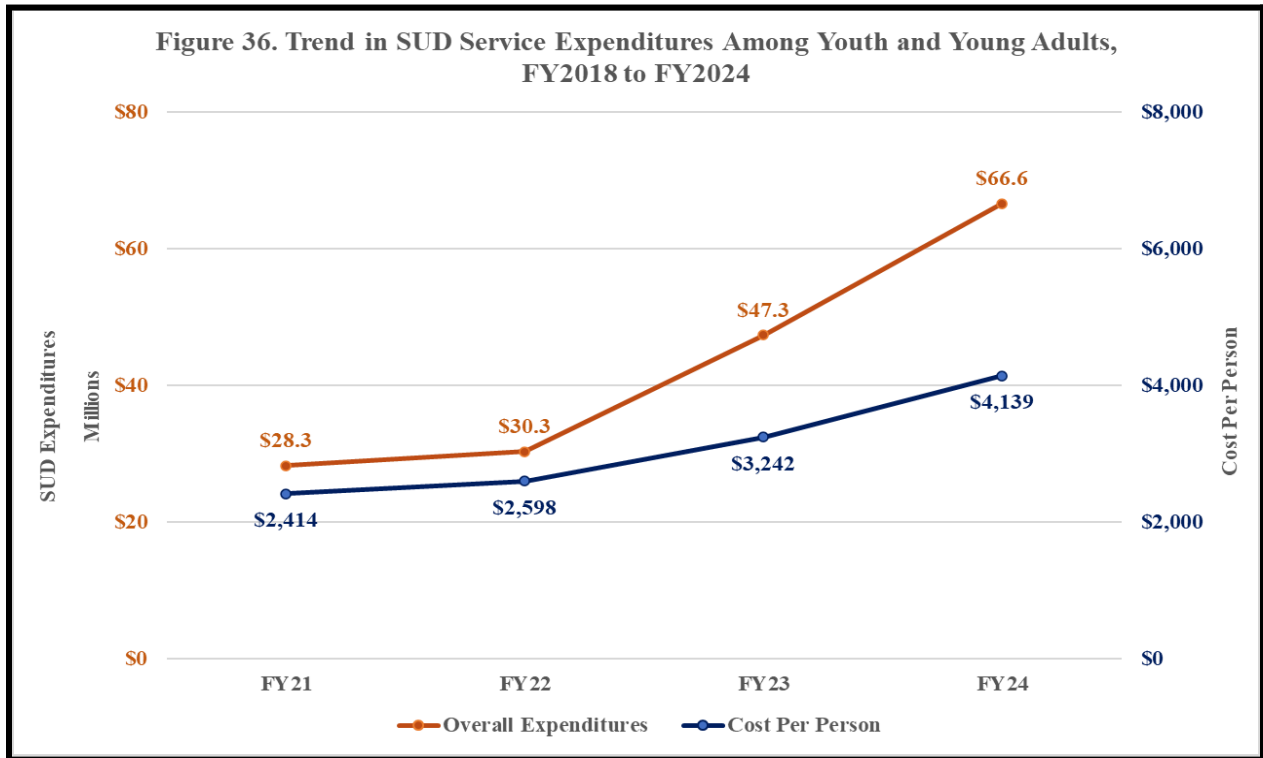


Figure 37. Trend in Targeted Case Management Expenditures Among Youth and Young Adults, FY18 to FY24

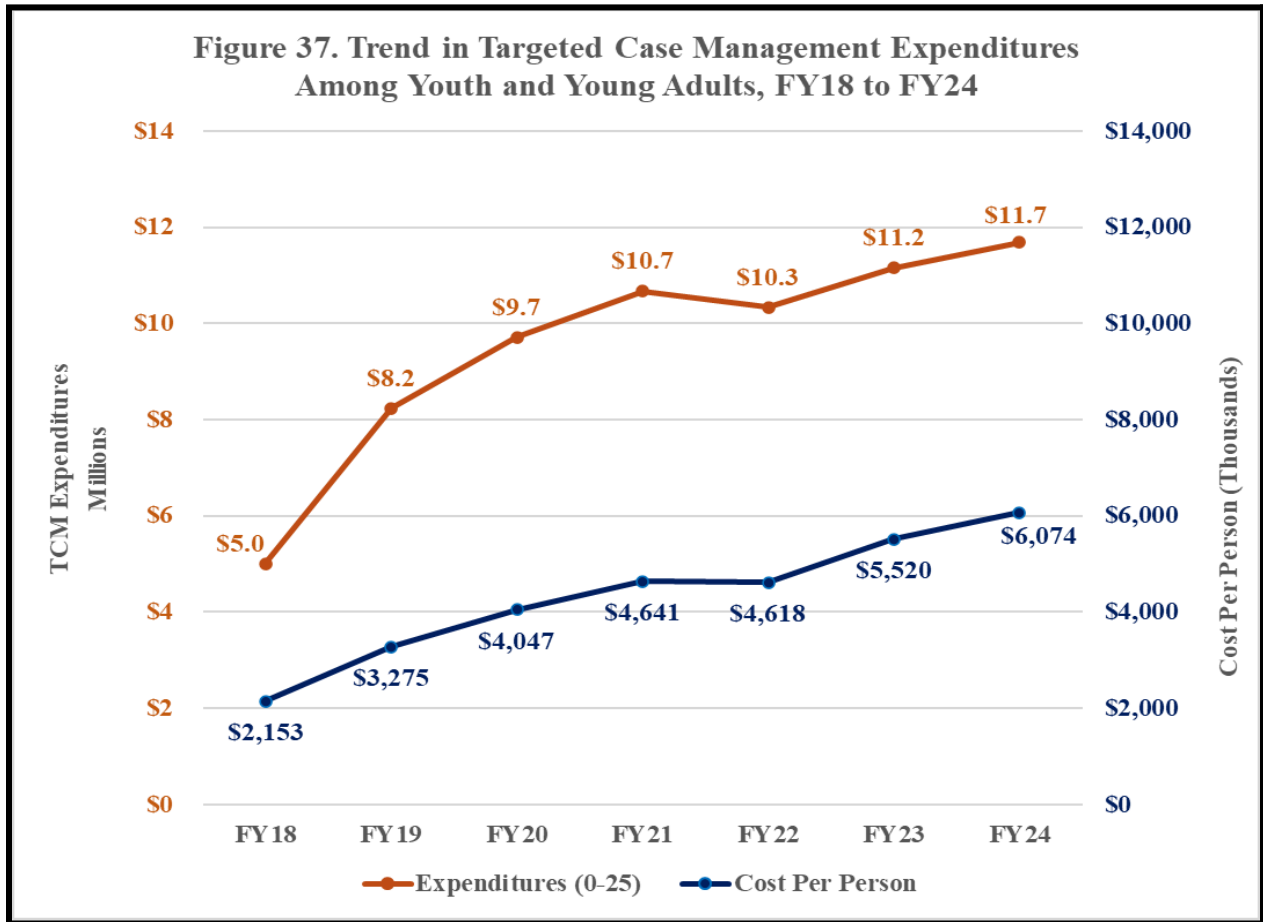


Figure 38. Trend in 1915(i) Service Expenditures Among Youth and Young Adults, FY2018 to FY2024

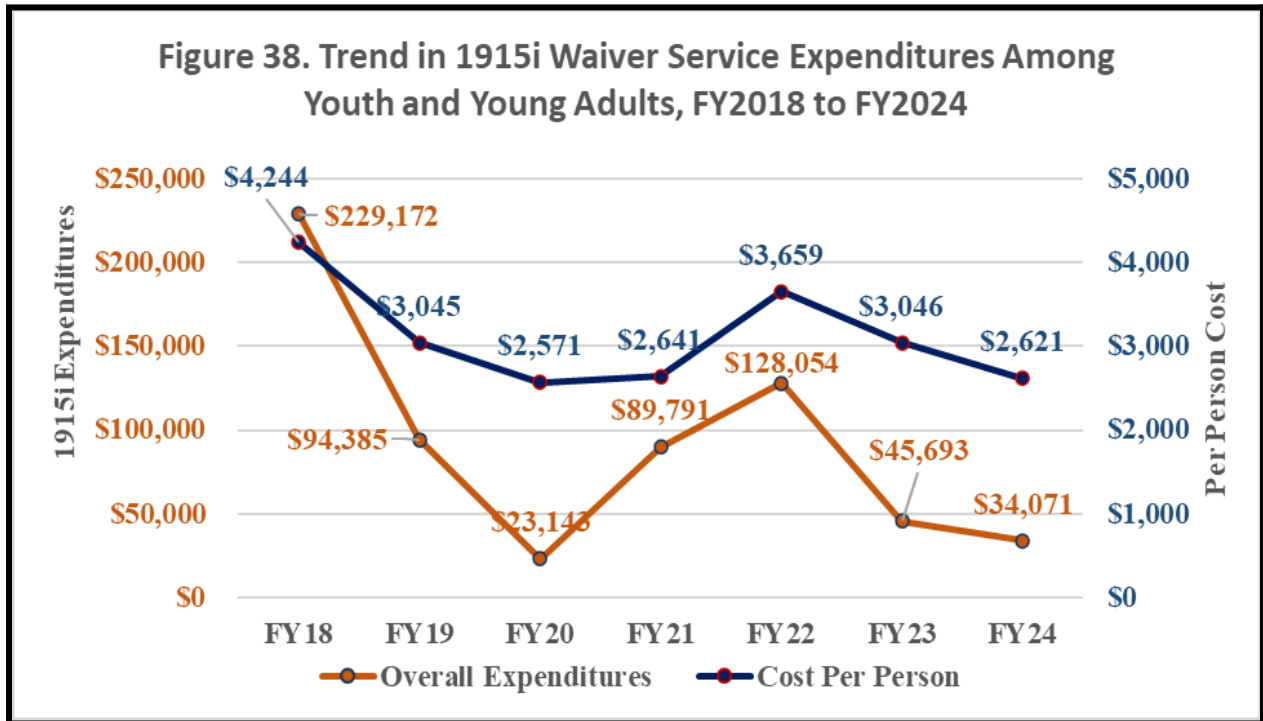


Figure 39. Trend in Respite Care Expenditures Among Youth and Young Adults, FY2018 to FY2024

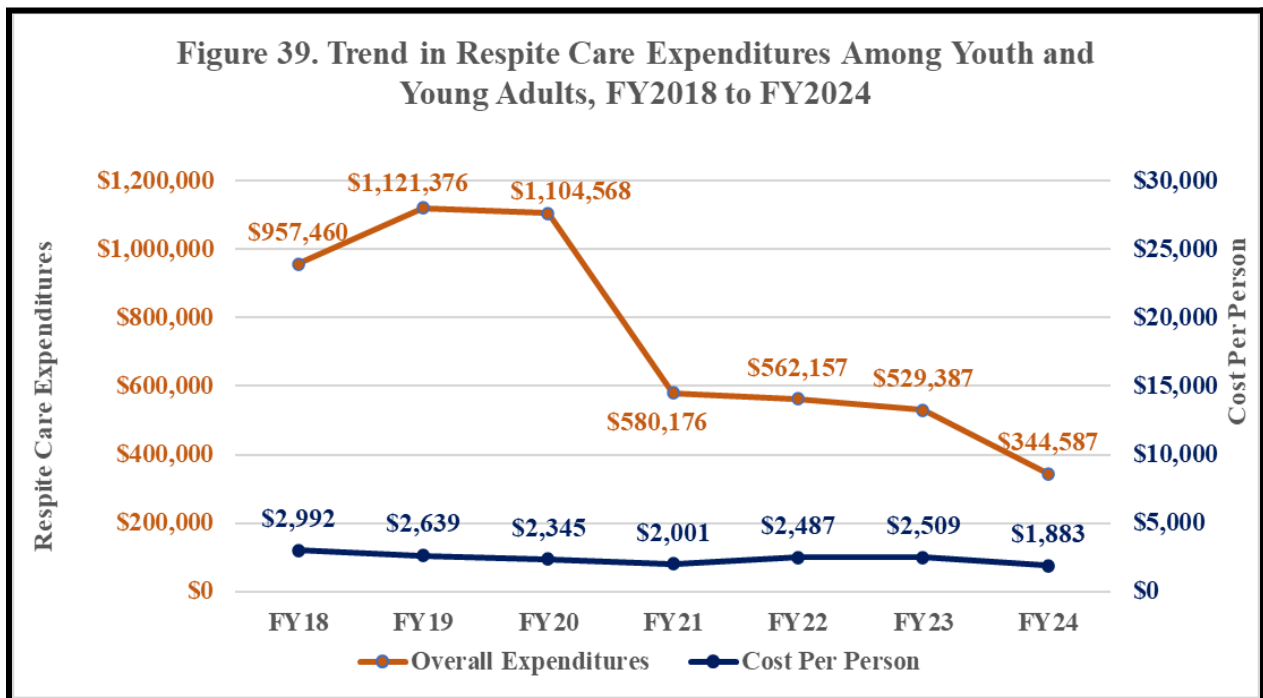
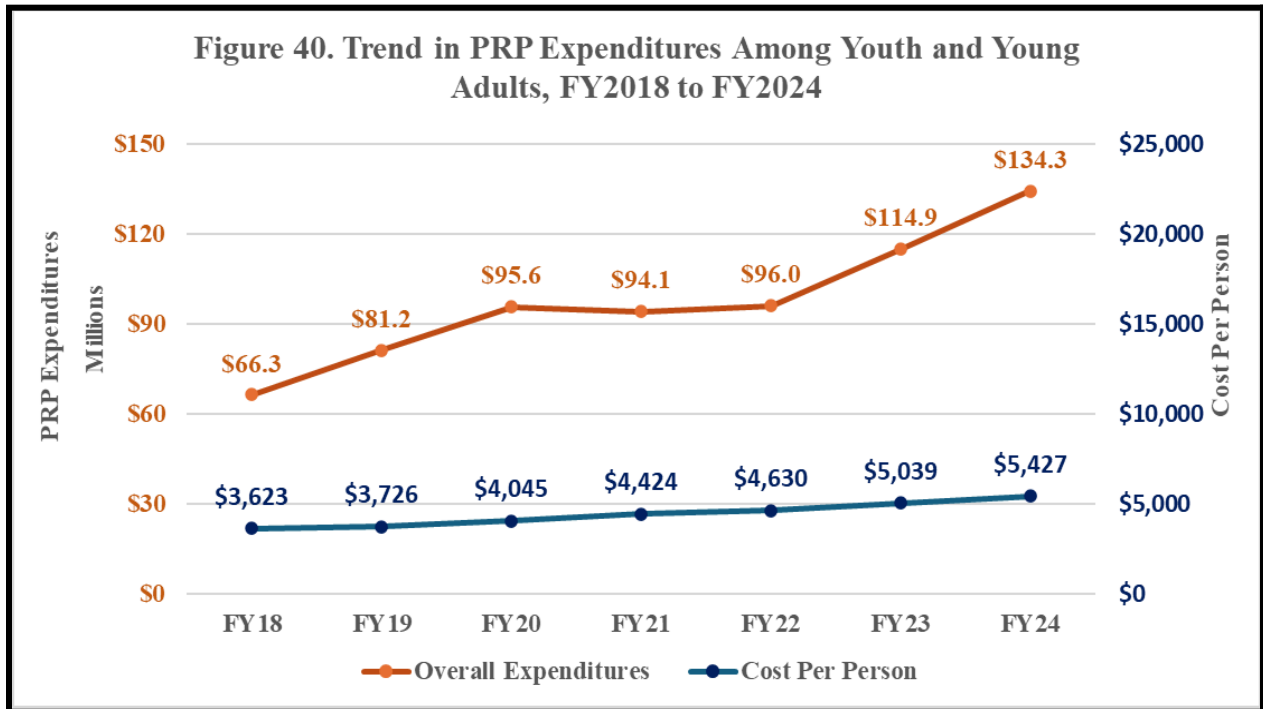


Figure 40. Trend in PRP Expenditures Among Youth and Young Adults, FY2018 to FY2024



## **APPENDIX D: Definition of Terms and List of Acronyms**

### **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) Services**

The 1915(i) State Plan Home and Community Based Services are intensive behavioral health services for children, youth, and families. It builds upon the prior Community Alternatives to Psychiatric Residential Treatment Facilities (PRTF) Demonstration Grant Program<sup>15</sup> 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

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<sup>15</sup> See Centers for Medicare and Medicaid Services. (undated) Alternatives to Psychiatric Residential Treatment Facilities Demonstration.

<https://www.medicaid.gov/medicaid/long-term-services-supports/alternatives-psychiatric-residential-treatment-facilities>

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.

#### **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>ODD</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

**LGBTQIA+**

Lesbian, Gay, Bisexual, Trans, Queer or Questioning, Intersex, Asexual. The plus sign represents other identities

**YA**

Young Adult (Individuals 18-25)