

Outlook and Outcomes

FY 2011

Maryland Alcohol and Drug Abuse
Administration
(ADAA)

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The data in this report reflect primary-patient admissions to and discharges from programs receiving state-funding through ADAA reported to the Statewide Maryland Automated Record Tracking (SMART) system, a Web-based tool that provides a consent-driven patient-tracking system. Programs receiving any state funds are required to report data on all their patients regardless of source of payment. Analysis of the accumulated data is a vital component of ADAA's mission to administer available resources effectively and efficiently so that Maryland citizens in need will have access to quality treatment and recovery services.

Figure 1
Individual Patients and Admissions to State-Supported Alcohol
and Drug-Abuse-Treatment Programs Reporting Data
FY 2008 - FY 2011

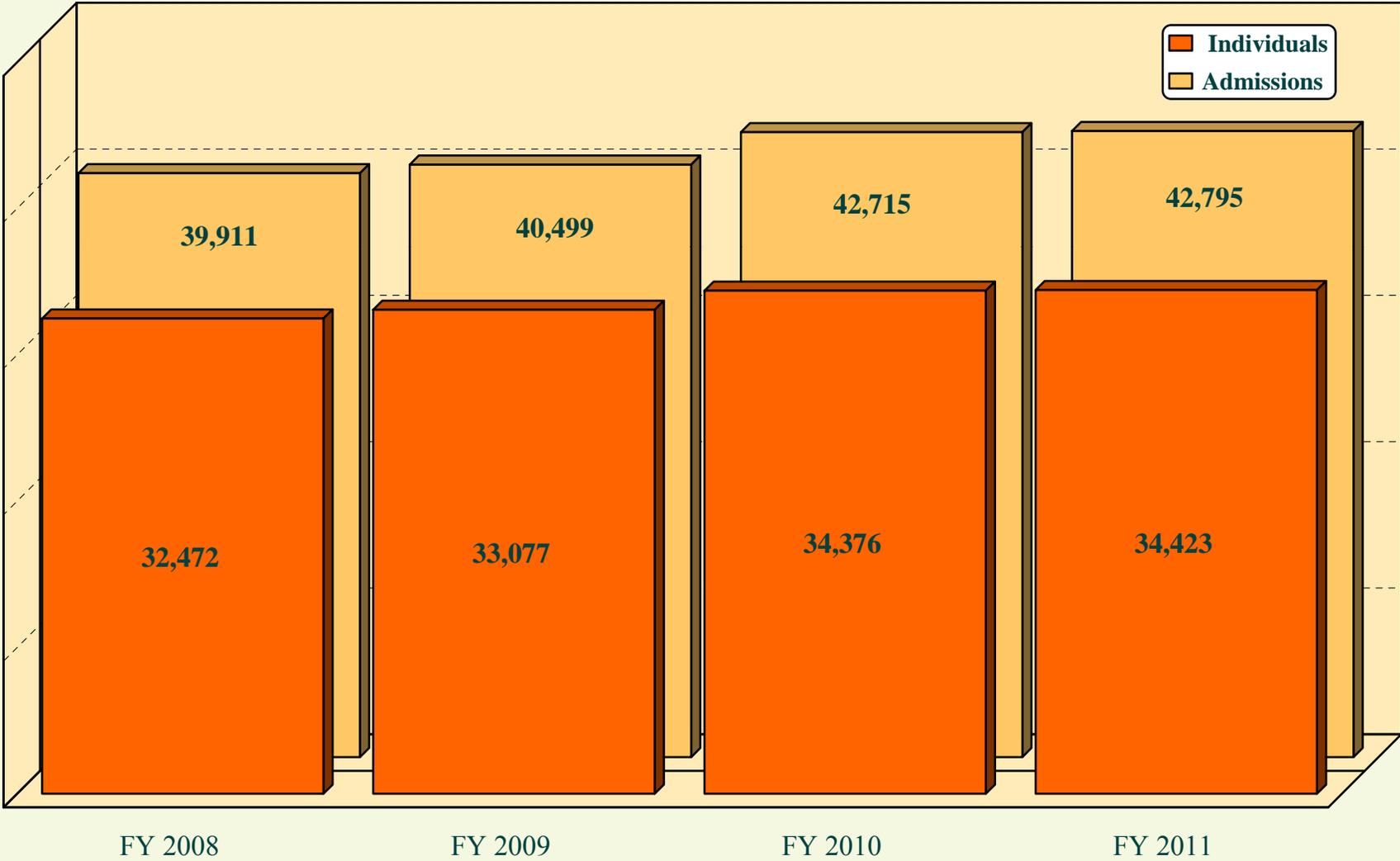
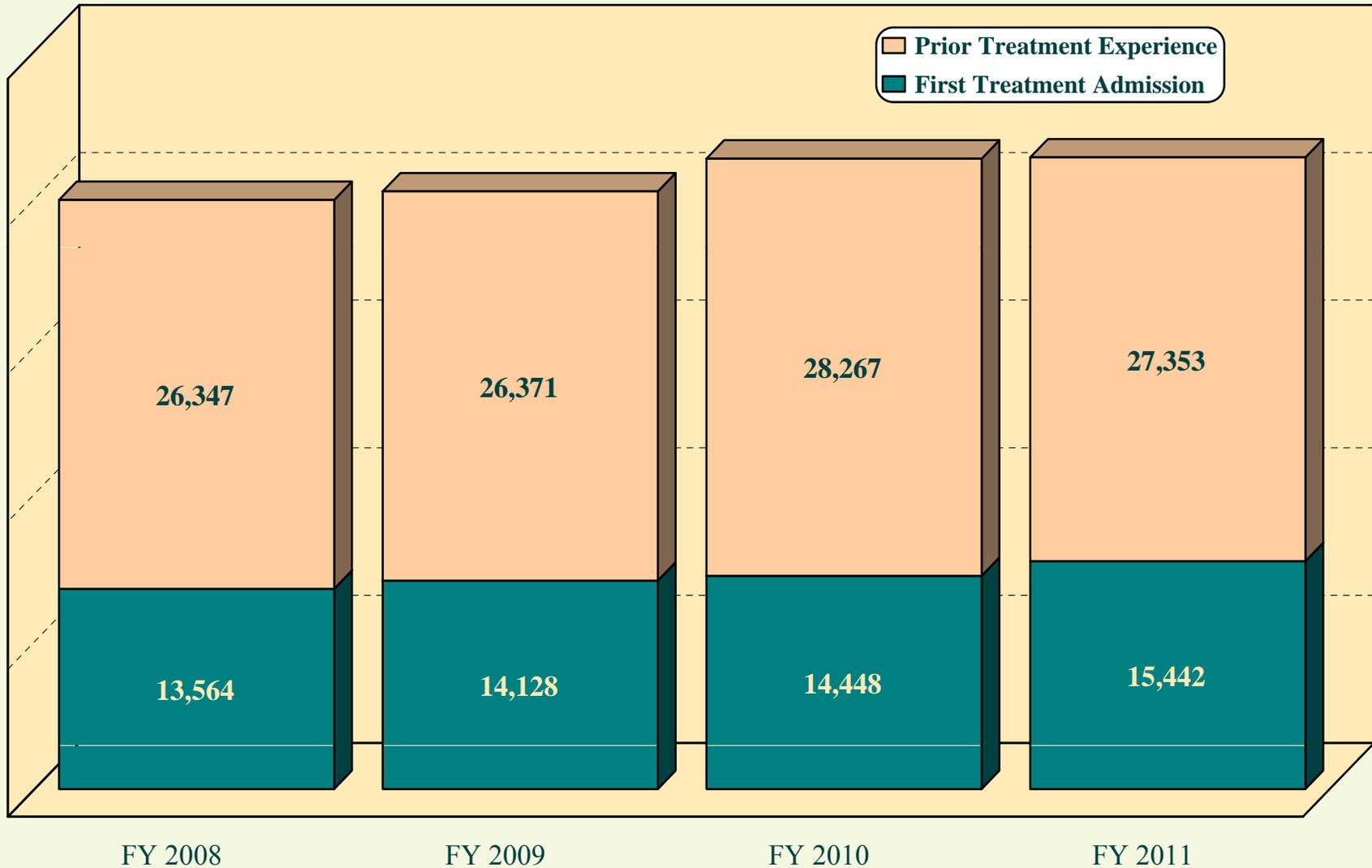


Figure 2
Admissions to State-Supported Alcohol and Drug-Abuse-
Treatment Programs Reporting Data
FY 2008 - FY 2011

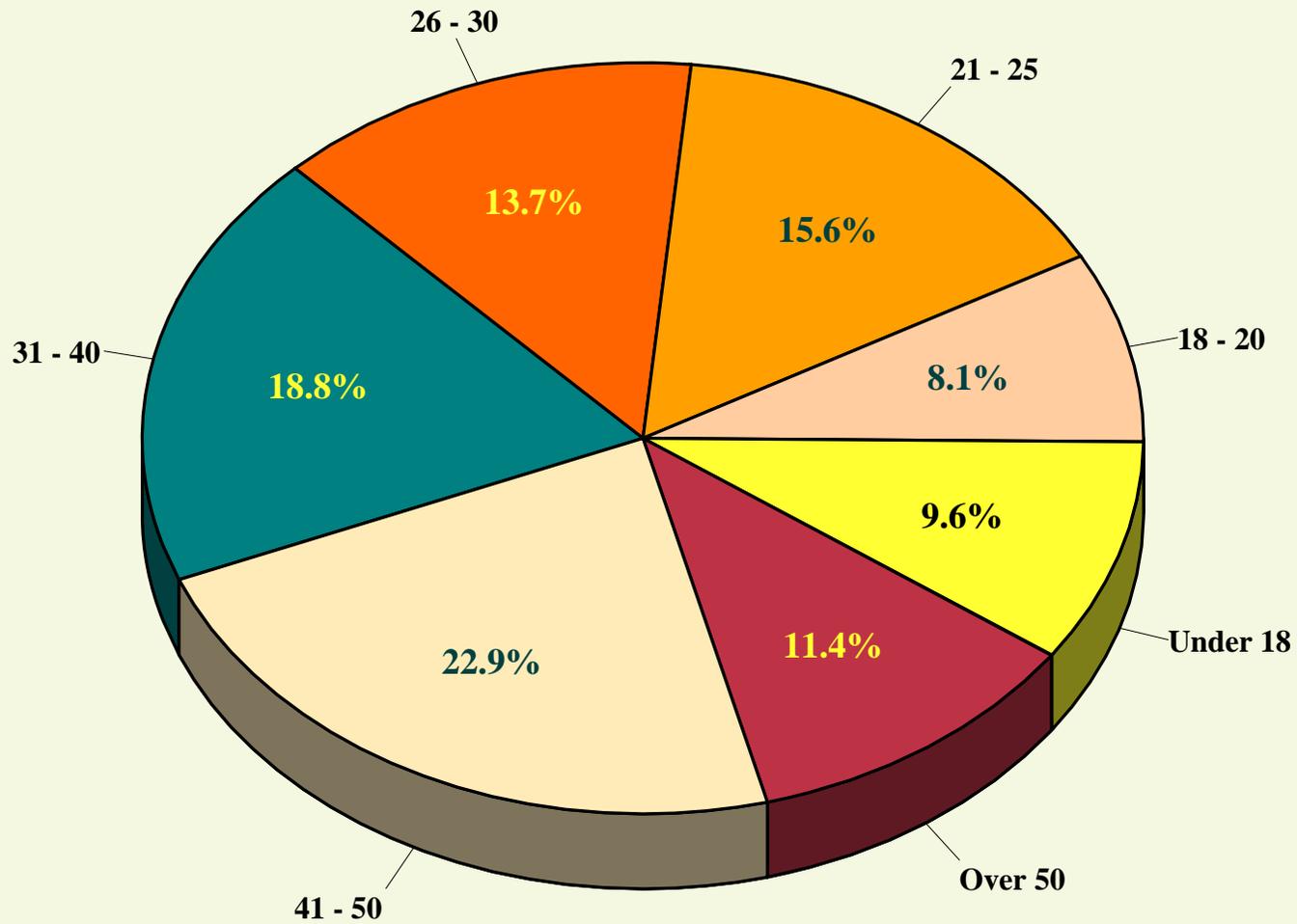


As shown in Figure 1, State-supported treatment admissions and individuals admitted advanced slightly in FY 2011 after a 5.5 increase in the former and a 4 percent increase in the latter from FY 2009 to 2010.

The 42,795 FY 2011 admissions were accounted for by 34,423 unique individuals (1.24 admissions per individual).

Figure 2 shows the number of reported first-time treatment admissions increased by 14 percent from FY 2008 to 2011. About 64 percent of FY 2011 admissions had at least one prior treatment admission.

Figure 3
Age at Admission to State-Supported Alcohol and Drug-Abuse-Treatment Programs
Reporting Data
FY 2011

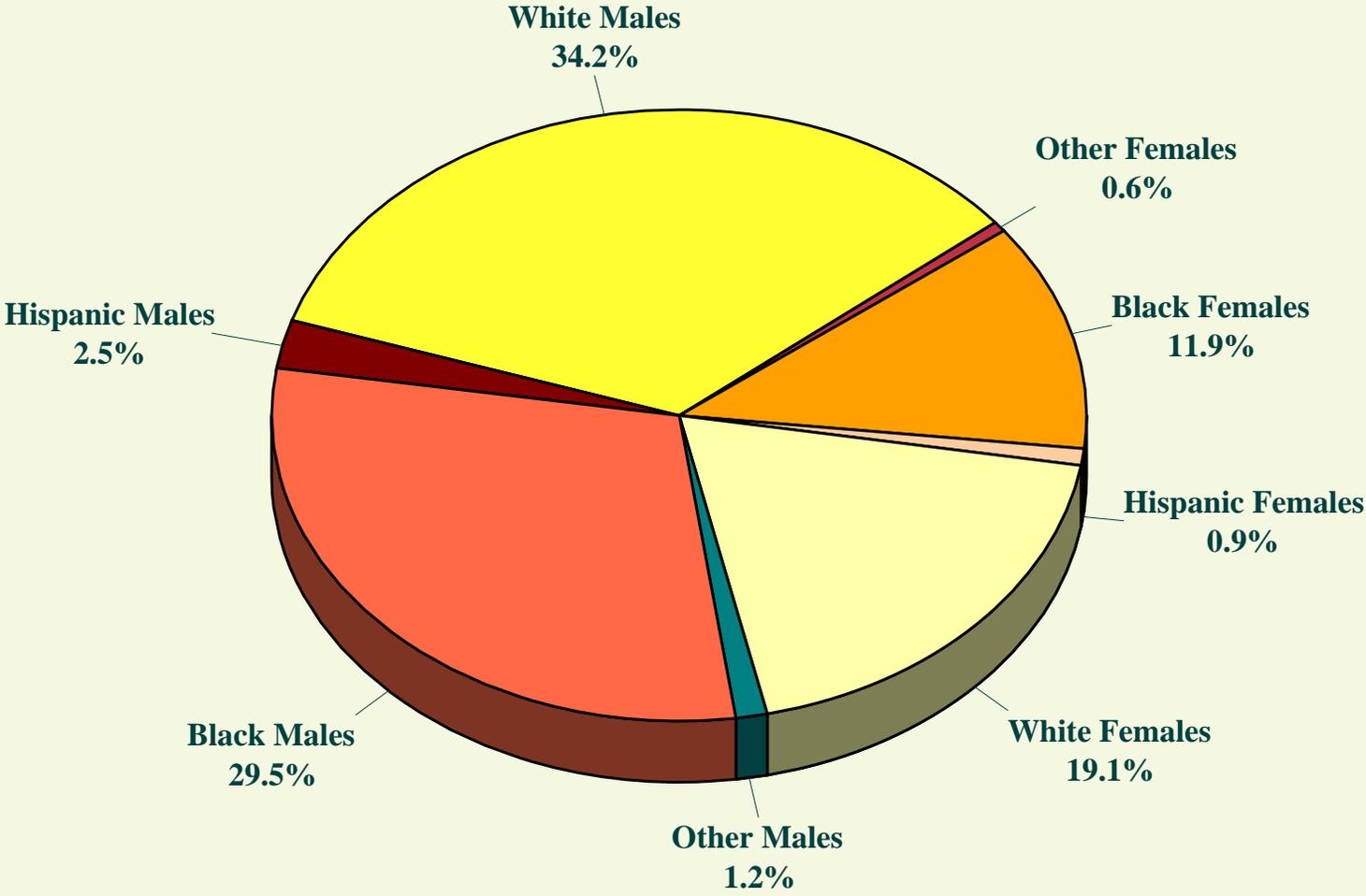


N = 42,795

Age at Admission

In FY 2011 there were modest increases in both the Under 18 and the Over 50 age groups (Figure 3). Eighteen percent of admissions were under 21 and 34 percent were over 40. Since FY 2008 the number of admissions over age 50 increased 28 percent, going from 9.6 to 11.4 percent of total admissions and reflecting increasing problem drug and alcohol use by older adults.

Figure 4
Admissions to State-Supported Alcohol and Drug-Abuse-Treatment
Programs Reporting Data
by Race/Ethnicity/Gender
FY 2011

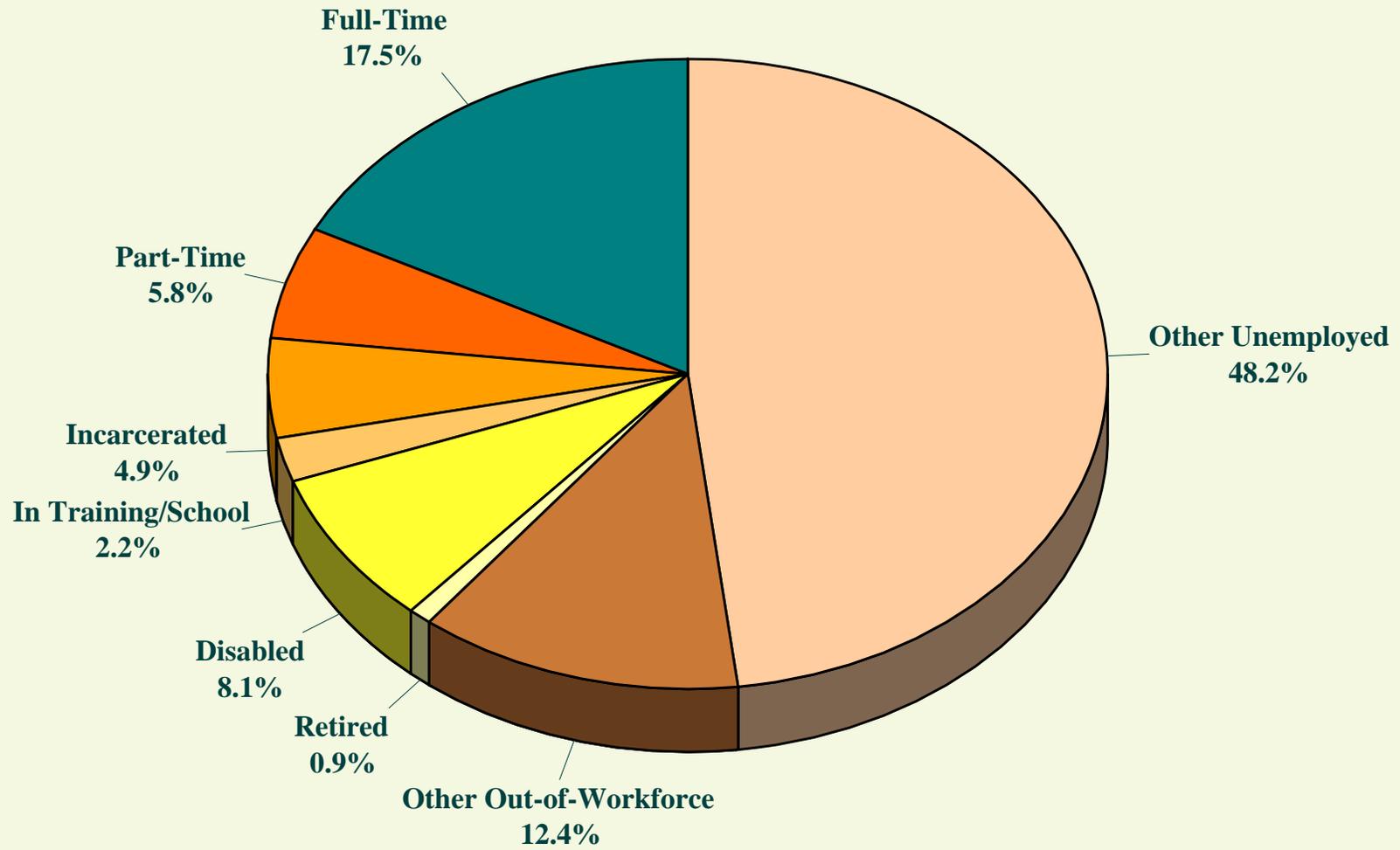


N = 42,795

Race/Ethnicity/Gender

The race/ethnicity/gender breakdown of admissions is shown in Figure 4. Just under a third of all admissions were female. About 53 percent of admissions were white, increasing steadily from about 49 percent in FY 2008, while black admissions fell from 45 to 41 percent. While the male/female ratio was 1.79 for whites and 2.47 for African Americans, it was 2.97 for Hispanics.

Figure 5
Employment Status for Adults (18 and Older) at Admission to
State-Supported Alcohol and Drug-Abuse-Treatment Programs
Reporting Data
FY 2011

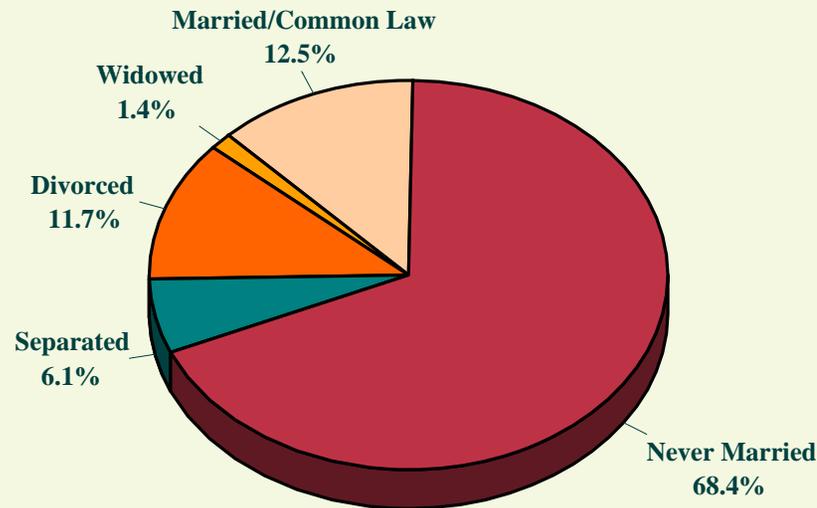


N = 38,680

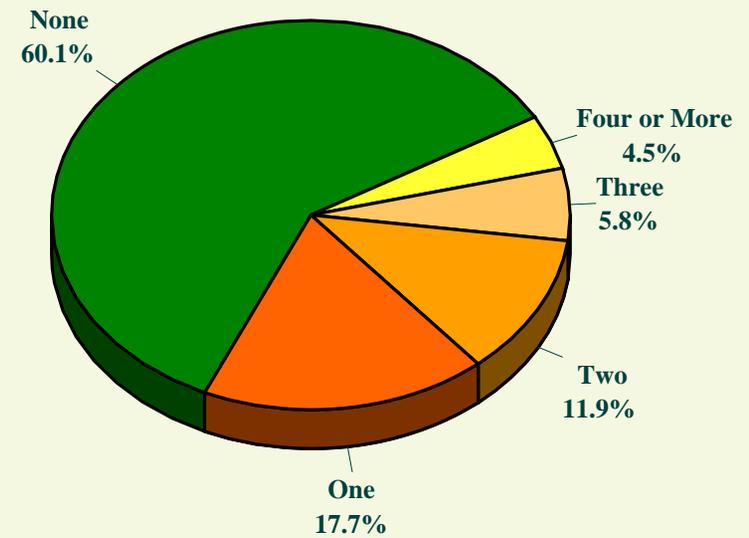
Employment Status

Figure 4 displays the distribution of FY 2011 adult admissions by employment status. Only 17.5 percent of adult admissions were employed full-time and 6 percent part-time as they entered treatment. Employment among adult admissions had been declining steadily in the past several years, no doubt related to the economic difficulties facing the state and nation. A leveling off in FY 2011 and in preliminary FY 2012 data is an encouraging sign.

Figure 6
Marital Status and Numbers of Dependent Children of Admissions to State-Supported Alcohol and Drug-Abuse-Treatment Programs Reporting Data
FY 2011



Marital Status
N = 42,795



Number of Dependent Children
N = 42,794

Marital Status & Dependent Children

Nearly 70 percent of FY 2011 admissions had never been married and 18 percent were divorced or separated, as shown in Figure 6.

Forty percent of the admissions to treatment in FY 2011 reported having one or more dependent children. The 34,423 unique individuals admitted during FY 2011 reported a total of 28,656 dependent children.

Four percent of the 10,541 females of child-bearing age admitted during FY 2011 were pregnant at admission and 3.5 percent were uncertain about their pregnancy status.

Table 1
Admissions to State-Supported Alcohol and Drug-Abuse-Treatment
Programs Reporting Data by Patient Residence
FY 2008 - FY 2011

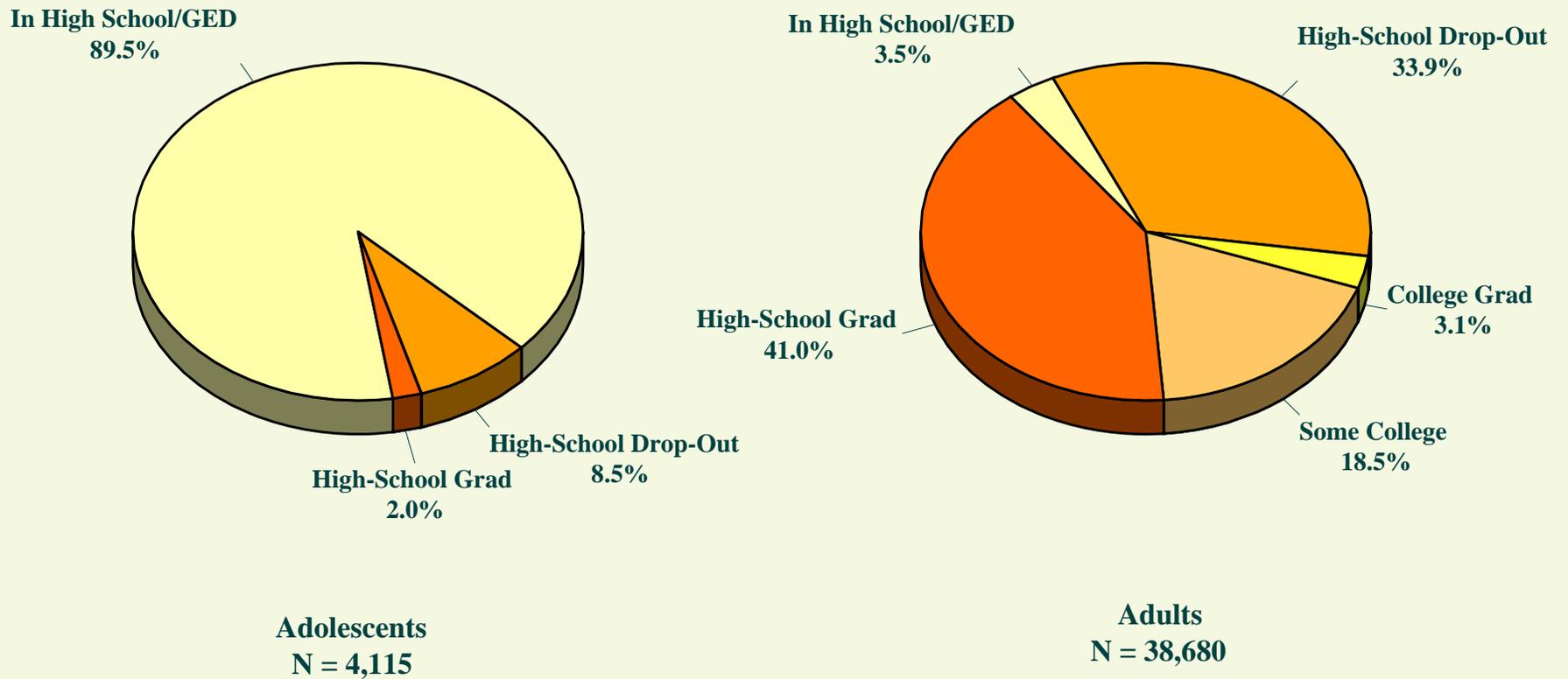
Residence	FY 2008	FY 2009	FY 2010	FY 2011
Allegany	929	850	844	724
Anne Arundel	2824	2971	3163	3570
Baltimore City	12312	12069	12413	12278
Baltimore County	3726	3731	4173	4129
Calvert	1043	1179	1438	1559
Caroline	361	462	470	454
Carroll	864	923	1115	1261
Cecil	798	772	789	1070
Charles	1223	1183	1167	1085
Dorchester	572	593	654	713
Frederick	1200	1244	1410	1391
Garrett	302	353	345	367
Harford	1083	865	1058	1262
Howard	596	690	881	956
Kent	419	395	354	364
Montgomery	2633	2713	2420	2227
Prince George's	2498	2410	2513	2154
Queen Anne's	594	679	789	595
St. Mary's	833	967	1143	1215
Somerset	362	386	341	327
Talbot	452	490	525	493
Washington	1164	1238	1274	1182
Wicomico	1147	1253	1279	1553
Worcester	828	763	789	783
Out-of-State	1148	1320	1368	1083
Total	39911	40499	42715	42795

Patient Residence

Admissions are distributed by location of residence from FY 2008 to FY 2011 in Table 1. The largest four-year increases involved residents of Howard, Calvert, Carroll and St. Mary's counties. Largest declines were in Allegany, Montgomery, Prince George's and Kent counties. Out-of-State residents decreased by six percent in FY 2011 after a 19 percent increase from FY 2008 to 2010. The locations contributing the largest percentages of the FY 2011 out-of-state residents admitted were Delaware (46.8), Washington, D.C. (18.4) and Virginia (9.9).

Figure 7

Educational Attainment at Admission to State-Supported Alcohol and Drug-Abuse-Treatment Programs Reporting Data FY 2011

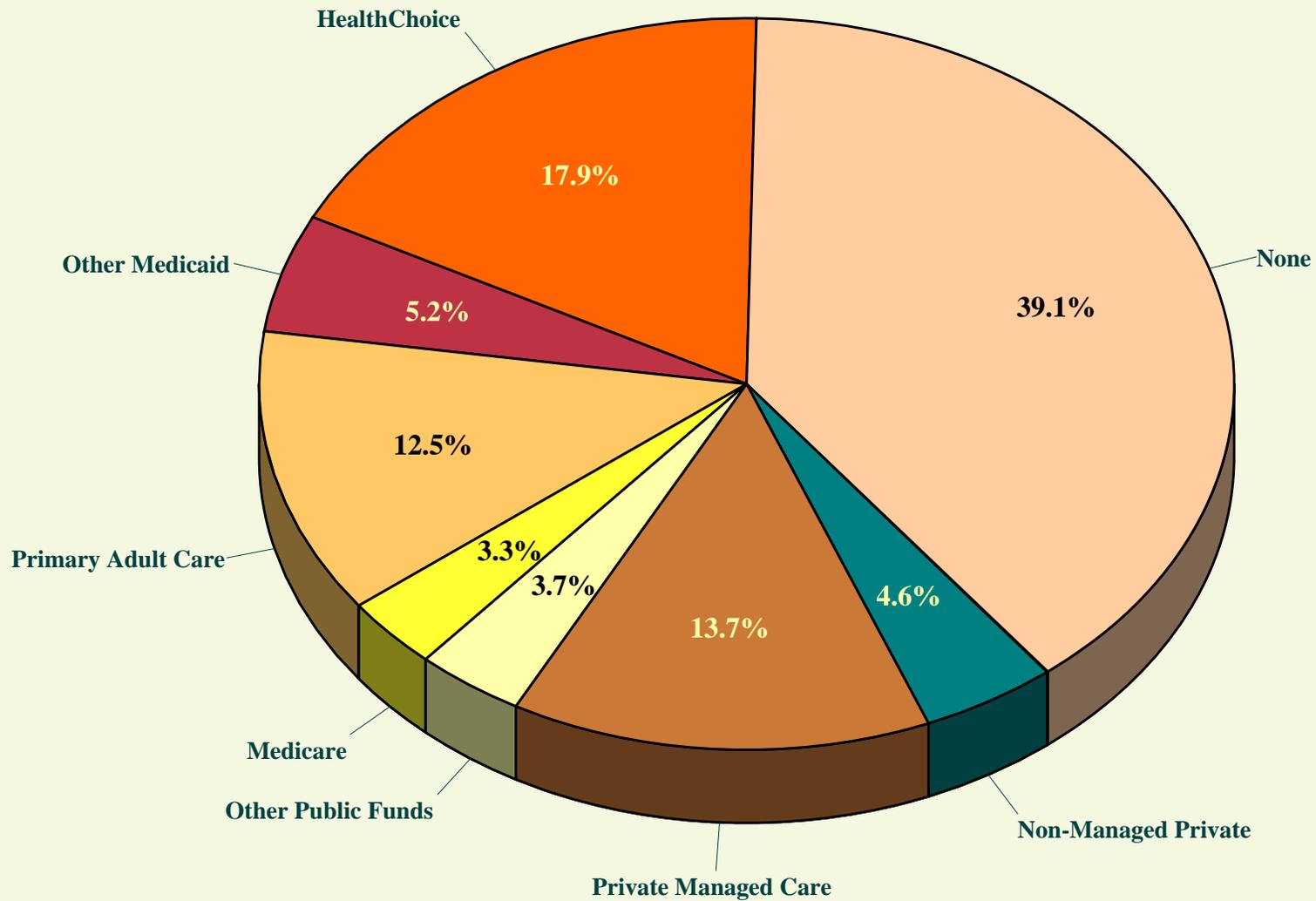


Educational Status

The educational attainment of adolescent and adult admissions is shown in Figure 7. Nine out of ten adolescents were attending school.

Only about 63 percent of adult FY 2011 treatment admissions had high-school diplomas. Considering jointly items on highest school grade completed, employment and attending grades K through 12 reveals 8.5 percent of adolescents and 34 percent of adults admitted could be classified as high-school drop-outs.

Figure 8
Health Coverage of Admissions to State-Supported Alcohol and
Drug-Abuse-Treatment Programs Reporting Data
FY 2011

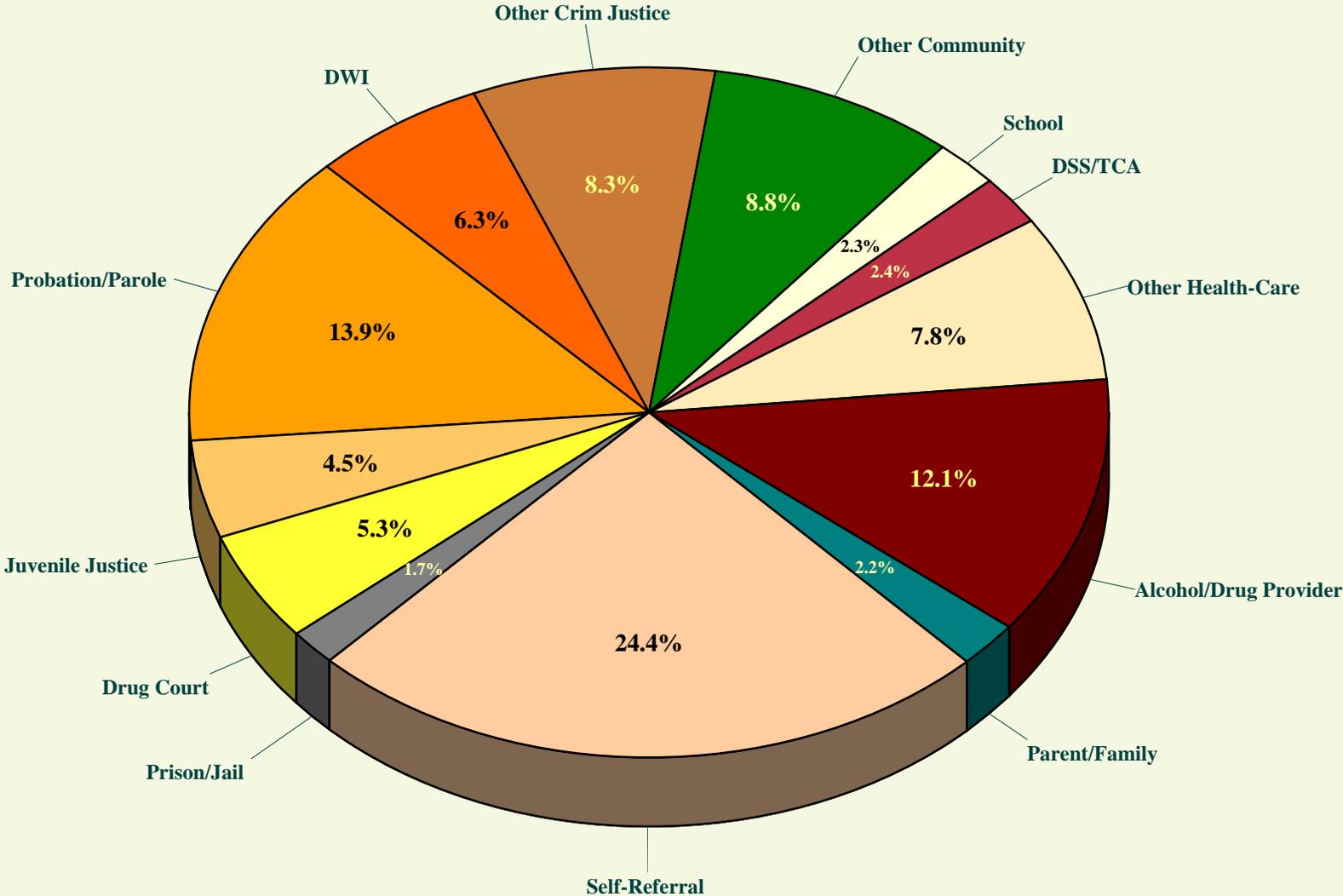


N = 42,795

Health Coverage

Health coverage of admissions is shown in Figure 8. Nearly forty percent of admissions reported no health coverage, down from 60 percent in FY 2009 and 47 percent in FY 2010. Another 43 percent were under a public health-care plan. The percentage of admissions with Primary Adult Care (PAC) nearly doubled from FY 2010 as ADAA and DHMH expanded efforts to maximize coverage by this funding source.

Figure 9
Source of Referral to State-Supported Alcohol and Drug-Abuse-
Treatment Programs Reporting Data
FY 2011



N = 42,795

Source of Referral

Figure 9 shows that just over a fourth of admissions were self or family referrals and 20 percent were from substance-abuse or other health-care providers. Criminal-justice sources accounted for 40 percent of admissions in FY 2011.

Table 2**Admissions to State-Supported Alcohol and Drug-Abuse-Treatment Programs Reporting Data by ASAM Level of Care at Admission
FY 2008 - FY 2011**

ASAM Level of Care	FY 2008		FY 2009		FY 2010		FY 2011	
	#	%	#	%	#	%	#	%
Level 0.5	294	0.7	687	1.7	1032	2.4	2130	5.0
Level I	17067	42.8	17186	42.4	17137	40.1	16402	38.3
Level I.D	259	0.6	323	0.8	225	0.5	45	0.1
Level II.1	6446	16.2	7021	17.3	7083	16.6	7650	17.9
Level II.5	423	1.1	444	1.1	791	1.9	971	2.3
Level II.D	191	0.5	89	0.2	102	0.2	105	0.2
Level III.1	1807	4.5	1685	4.2	1540	3.6	1367	3.2
Level III.3	729	1.8	749	1.8	1483	3.5	1386	3.2
Level III.5	852	2.1	1113	2.7	1163	2.7	868	2.0
Level III.7	5481	13.7	3948	9.7	4435	10.4	4411	10.3
Level III.7.D	4169	10.4	4654	11.5	5110	12.0	4873	11.4
OMT	2193	5.5	2600	6.4	2614	6.1	2587	6.0
Total	39911	100.0	40499	100.0	42715	100.0	42795	100.0

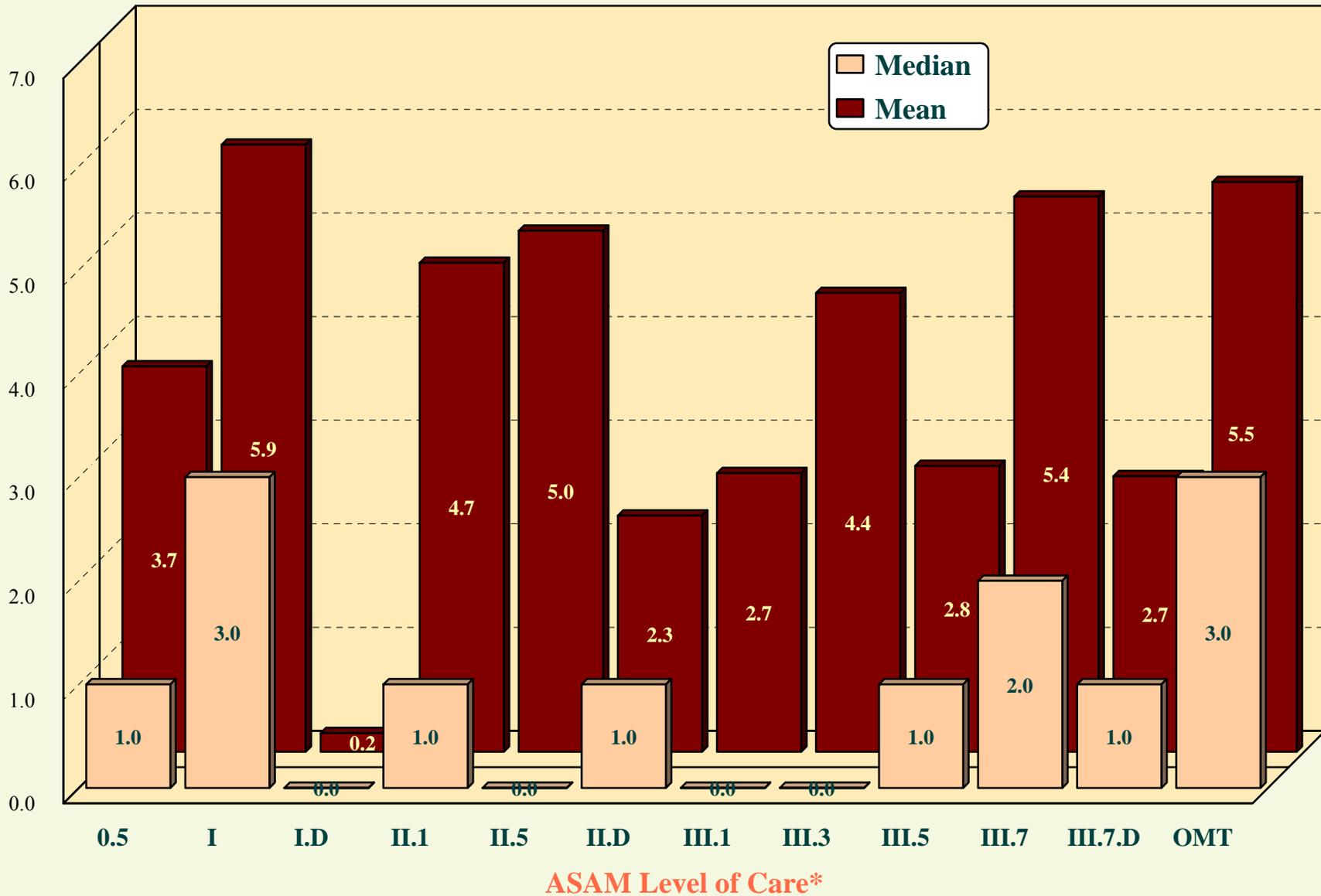
ASAM Levels

Table 2 presents the distributions of state-supported admissions by level of care over the past four years. Admissions reflect the initial enrollments in treatment episodes; subsequent enrollments during the episodes (transfers to other levels of care) are not counted as admissions.

The ratio of enrollments to admissions was 1.25 in FY 2011 compared to 1.17 in FY 2008, reflecting increased reliance on the continuum of care to promote patient recovery.

Largest increases from FY 2010 to 2011 were in Level 0.5 (Early Intervention), Level II.5 and Level II.1. Largest declines were in the residential levels III.5, III.1 and III.3. Seventy percent of FY 2011 admissions entered ambulatory levels of care.

Figure 10
Mean and Median Days Waiting for Admission to State-Supported Alcohol and Drug-Abuse-
Treatment Programs Reporting Data
FY 2011



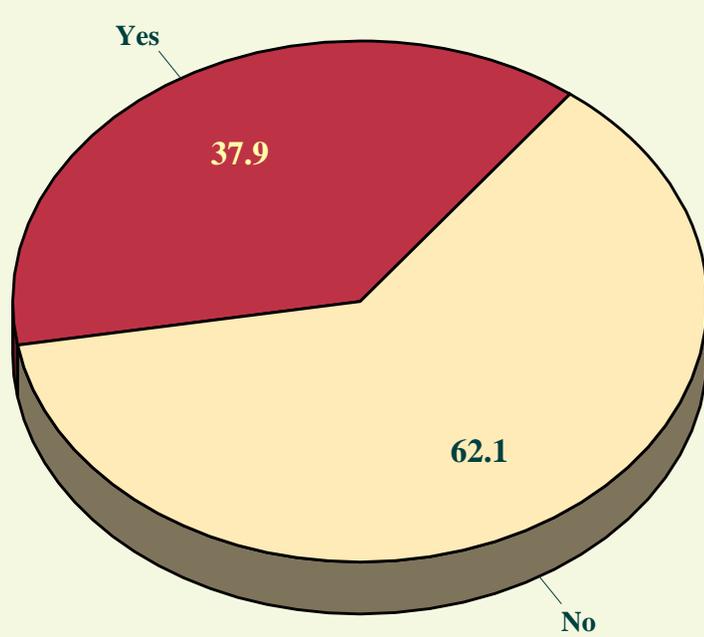
*Initial Program Level of Care

Waiting Time to Enter Treatment

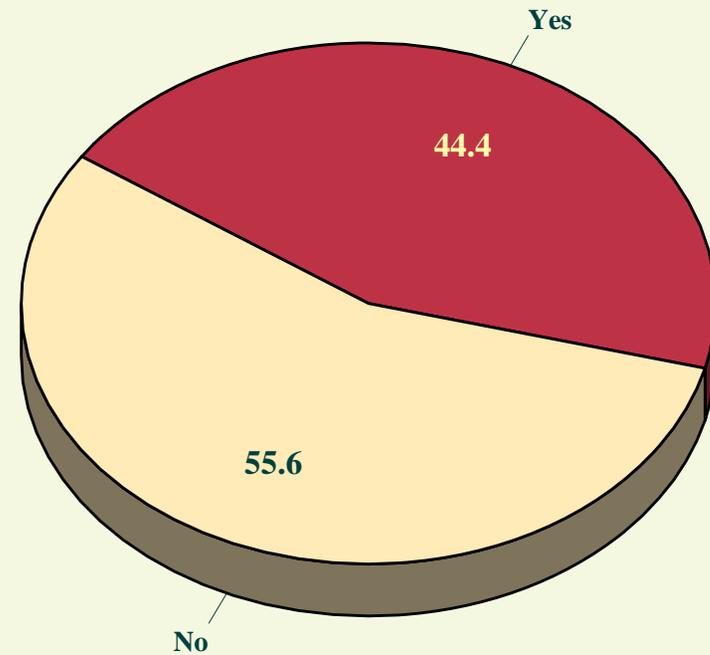
Figure 10 shows those seeking State-supported treatment in Maryland had less than six days on average between their initial request for treatment and the admission date to any level of care. For Levels I.D, II.5, III.1, and III.3 the median wait to enter treatment was zero days, indicating more than half the admissions to those levels involved same-day entry.

The overall average days patients wait to enter State-supported treatment has gone down each year from 7.6 in FY 2008 to 4.9 in FY 2011.

Figure 11
Mental-Health Problem(s) at Admission to State-Supported Alcohol and Drug-Abuse-Treatment Programs Reporting Data
FY 2011



Adolescents
N = 4,115

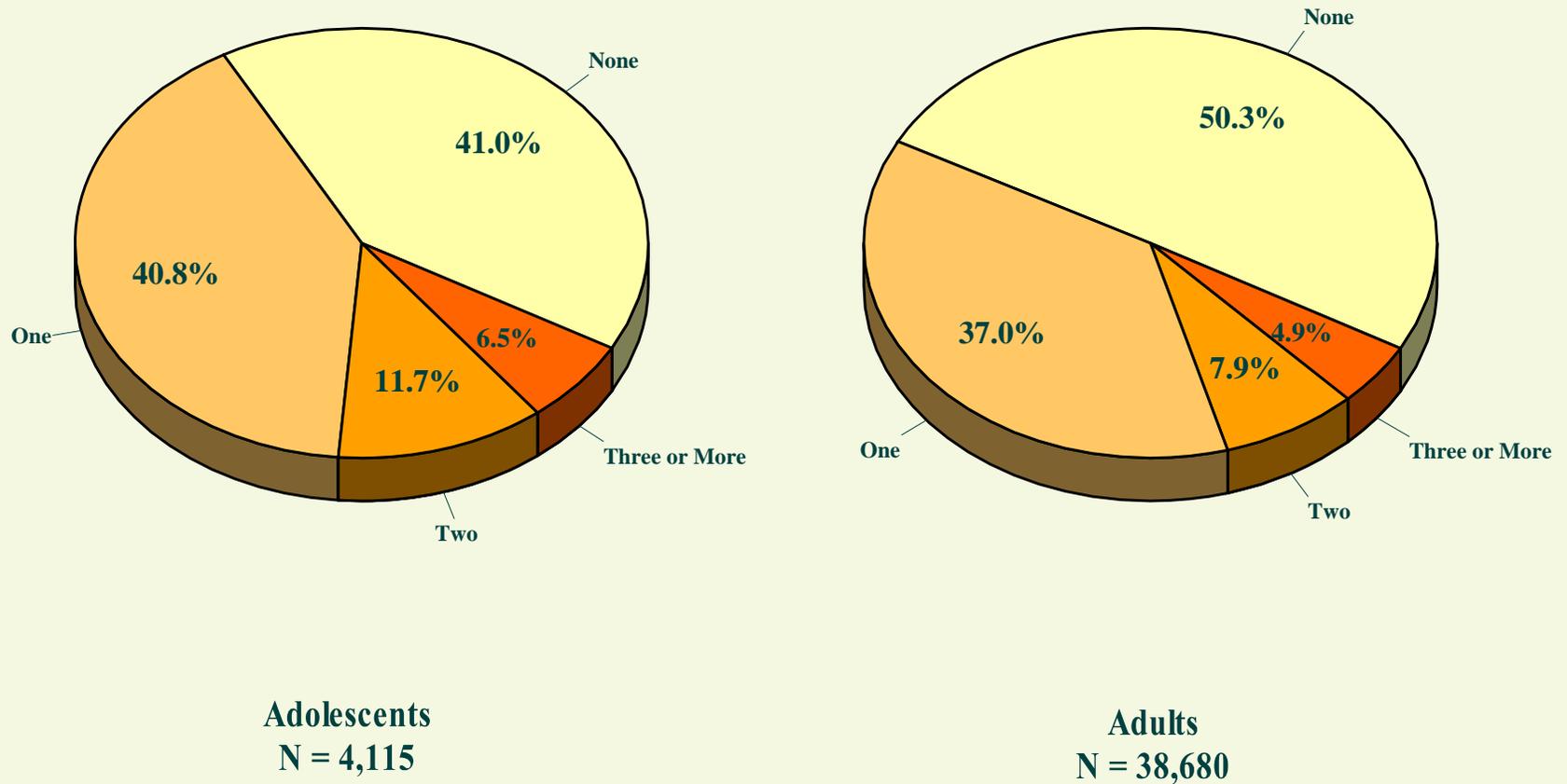


Adults
N = 38,680

Mental-Health Problems

There was a steady increase in the number and percentage of admissions identified as involving mental-health problems in addition to substance-abuse problems in FY 2009, 2010 and 2011. Figure 11 shows 38 percent of adolescents and nearly 45 percent of adults had mental-health issues at admission to State-supported alcohol and drug-abuse treatment.

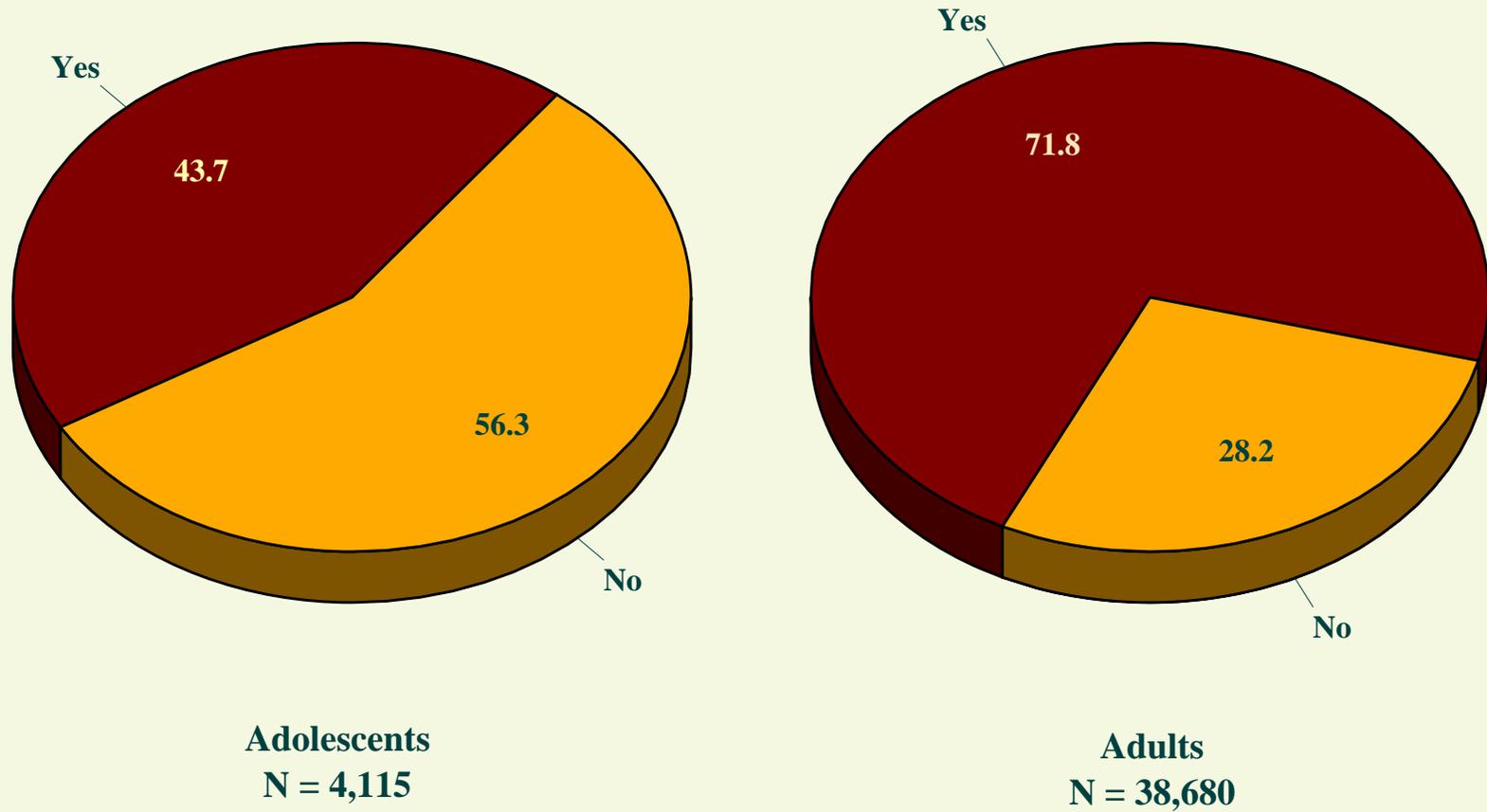
Figure 12
Number of Arrests in the 12 Months before Admission to State-Supported Alcohol and Drug-Abuse-Treatment Programs Reporting Data
FY 2011



Arrests

Half of adult and 59 percent of adolescent treatment patients had been arrested in the year preceding admission to treatment (Figure 12). The higher percentage for adolescents is related to the finding that half of adolescents and 39 percent of adults were referred by components of the criminal-justice system in FY 2011.

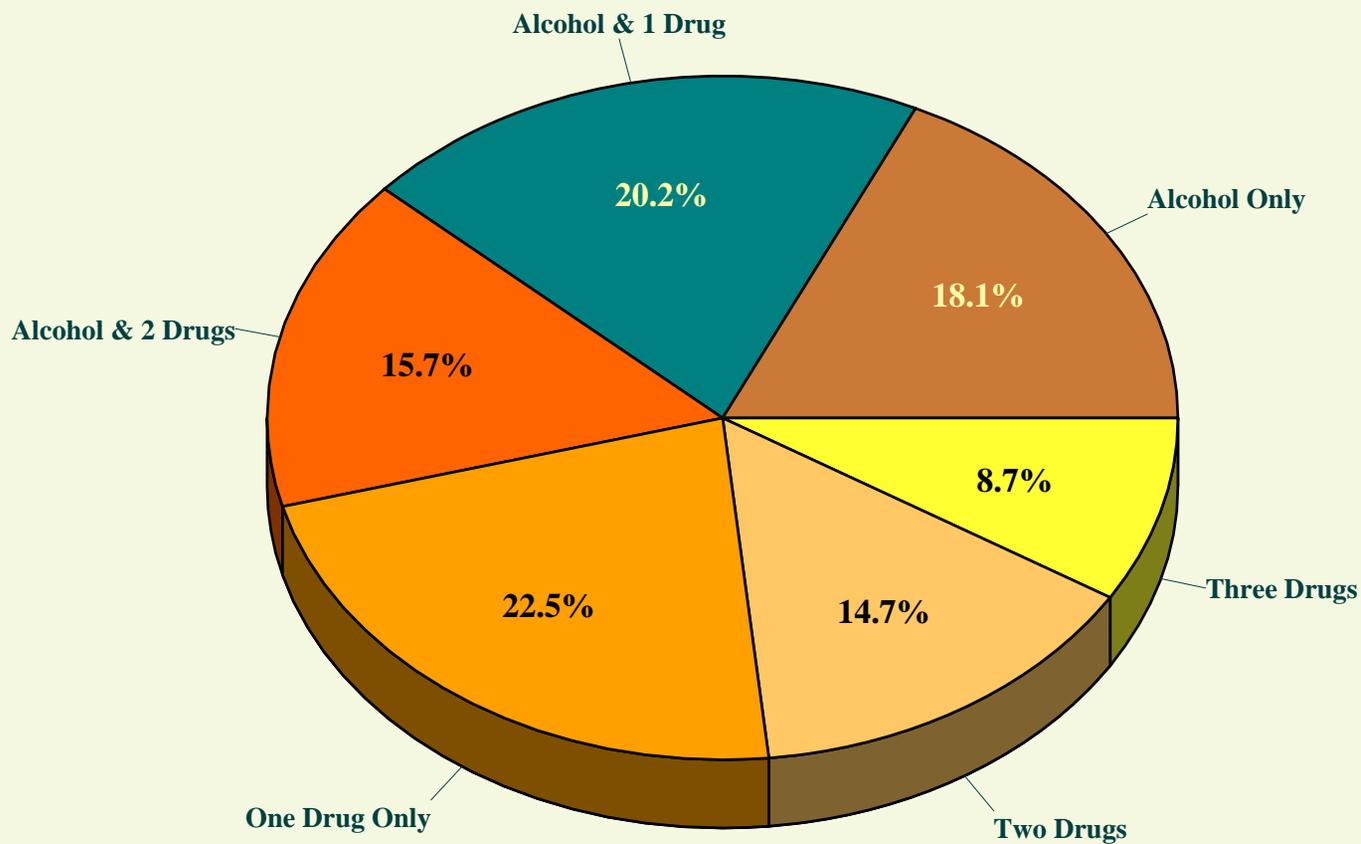
Figure 13
Tobacco Use at Admission to State-Supported Alcohol and Drug-Abuse-Treatment
Programs Reporting Data
FY 2011



Tobacco Use

Figure 13 shows the percentages of adolescent and adult admissions using tobacco in the month preceding admission. Forty-four percent of the adolescents and 72 percent of adult admissions were smokers, far exceeding the percentages in the general population. Previous research in Maryland has demonstrated a strong relationship between cigarette smoking and failure to complete substance-abuse treatment. Starting in FY 2012 State-supported treatment programs are required to include smoking cessation in the treatment plans of tobacco-using patients who can be encouraged to quit.

Figure 14
Pattern of Substance Abuse Problems among Admissions to State-Supported
Alcohol and Drug-Abuse-Treatment Programs Reporting Data
FY 2011



N = 42,795

Note: Up to three substance problems may be reported for each admission.

Substance Abuse

The patterns of substance abuse problems among admissions are shown in Figure 14. Alcohol was involved in 54 percent of all admissions; thirty-six percent involved both alcohol and illicit drugs. Sixty percent of admissions involved multiple substance problems.

Ninety-two percent of adolescent admissions involved marijuana, 47 percent involved alcohol and 40 percent involved both substances.

Table 3
**Substance Problems among Admissions to State-Supported Alcohol and Drug-Abuse-
Treatment Programs Reporting Data**
FY 2008 to FY 2011

Substance Problems	FY 2008		FY 2009		FY 2010		FY 2011	
	#	%	#	%	#	%	#	%
Alcohol	22673	56.8	22597	55.8	23131	54.2	23133	54.1
Crack	11664	29.2	9882	24.4	9129	21.4	8458	19.8
Other Cocaine	5713	14.3	4946	12.2	4916	11.5	4956	11.6
Marijuana/Hashish	14756	37.0	15578	38.5	16467	38.6	17245	40.3
Heroin	12276	30.8	12154	30.0	13192	30.9	12050	28.2
Non-Rx Methadone	447	1.1	495	1.2	509	1.2	519	1.2
Oxycodone	2091	5.2	2881	7.1	4014	9.4	4892	11.4
Other Opiates	1397	3.5	1773	4.4	2254	5.3	2662	6.2
PCP	697	1.7	839	2.1	913	2.1	887	2.1
Hallucinogens	230	0.6	258	0.6	214	0.5	292	0.7
Methamphetamines	110	0.3	122	0.3	136	0.3	108	0.3
Other Amphetamines	341	0.9	298	0.7	289	0.7	306	0.7
Stimulants	30	0.1	29	0.1	36	0.1	41	0.1
Benzodiazepines	1312	3.3	1474	3.6	2053	4.8	2532	5.9
Other Tranquilizers	11	0.0	6	0.0	6	0.0	9	0.0
Barbiturates	30	0.1	30	0.1	19	0.0	21	0.0
Other Sedatives or Hypnotics	82	0.2	62	0.2	70	0.2	83	0.2
Inhalants	28	0.1	39	0.1	29	0.1	56	0.1
Over the Counter	88	0.2	51	0.1	61	0.1	87	0.2
Other	247	0.6	247	0.6	280	0.7	336	0.8
Total Respondents	39908	—	40499	—	42715	—	42795	—

Note: Up to three substance problems are reported for each admission so percentages do not add to 100.

Table 3 presents detail on the substance problems reported for admissions from FY 2008 to FY 2011. The most significant increases over the four years involved:

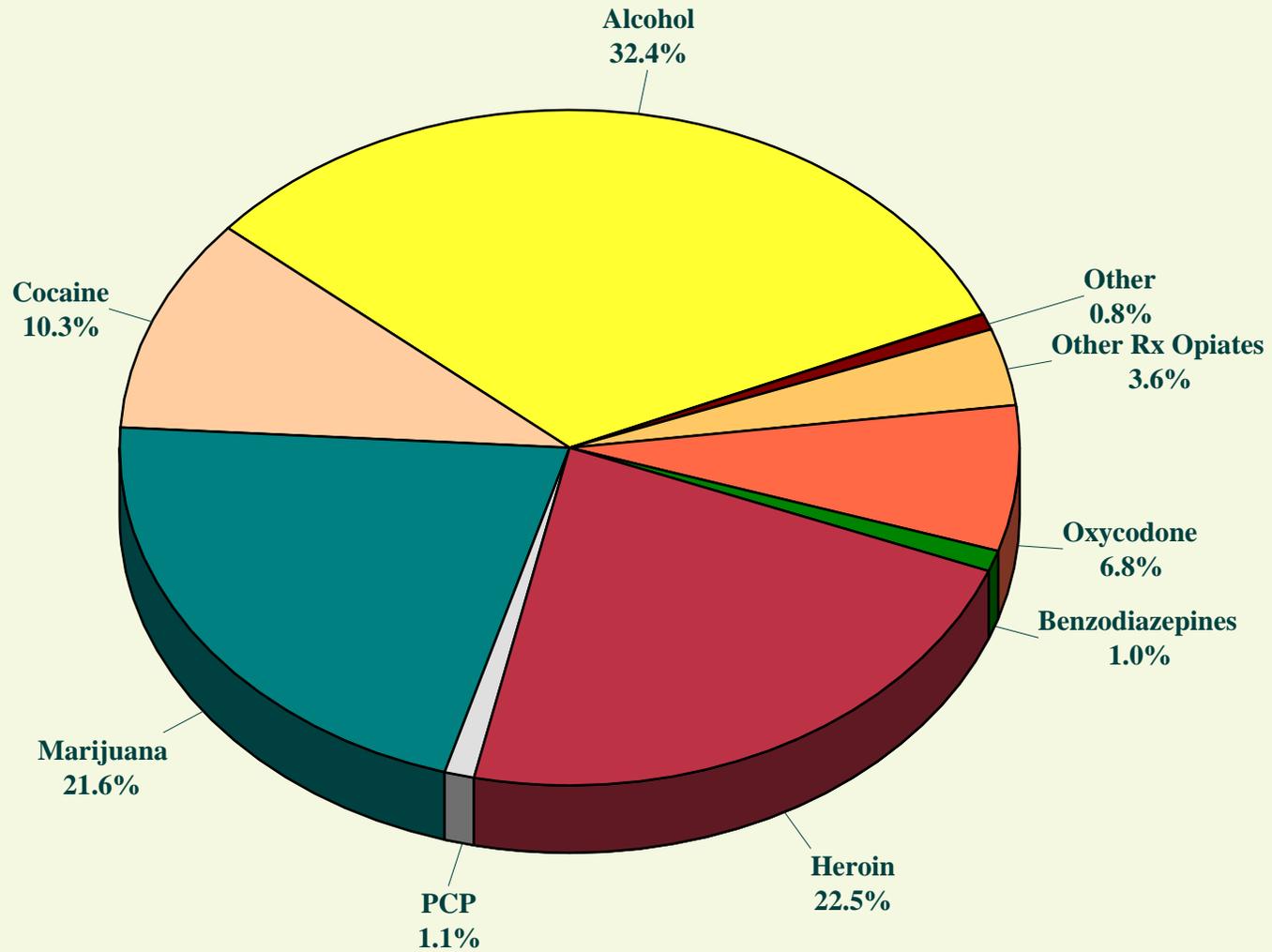
- Oxycodone (134 percent);
- Other Opiates (91 percent);
- Benzodiazepines (93 percent);
- PCP (27 percent); and,
- Hallucinogens (27 percent).

Marijuana-related admissions increased by 17 percent.

The largest decrease occurred among crack-cocaine-related admissions (27 percent).

Figure 15 shows the distribution of primary or first-listed substance problems in FY 2011.

Figure 15
**Primary-Substance Problems of Admissions to State-Supported Alcohol and
Drug-Abuse-Treatment Programs Reporting Data
FY 2011**



N = 42,795

Figure 16
Percentages of Patients in Selected Age Groups with Selected
Primary-Substance Problems among Admissions to State-Supported Alcohol
and Drug-Abuse-Treatment Programs Reporting Data
FY 2011

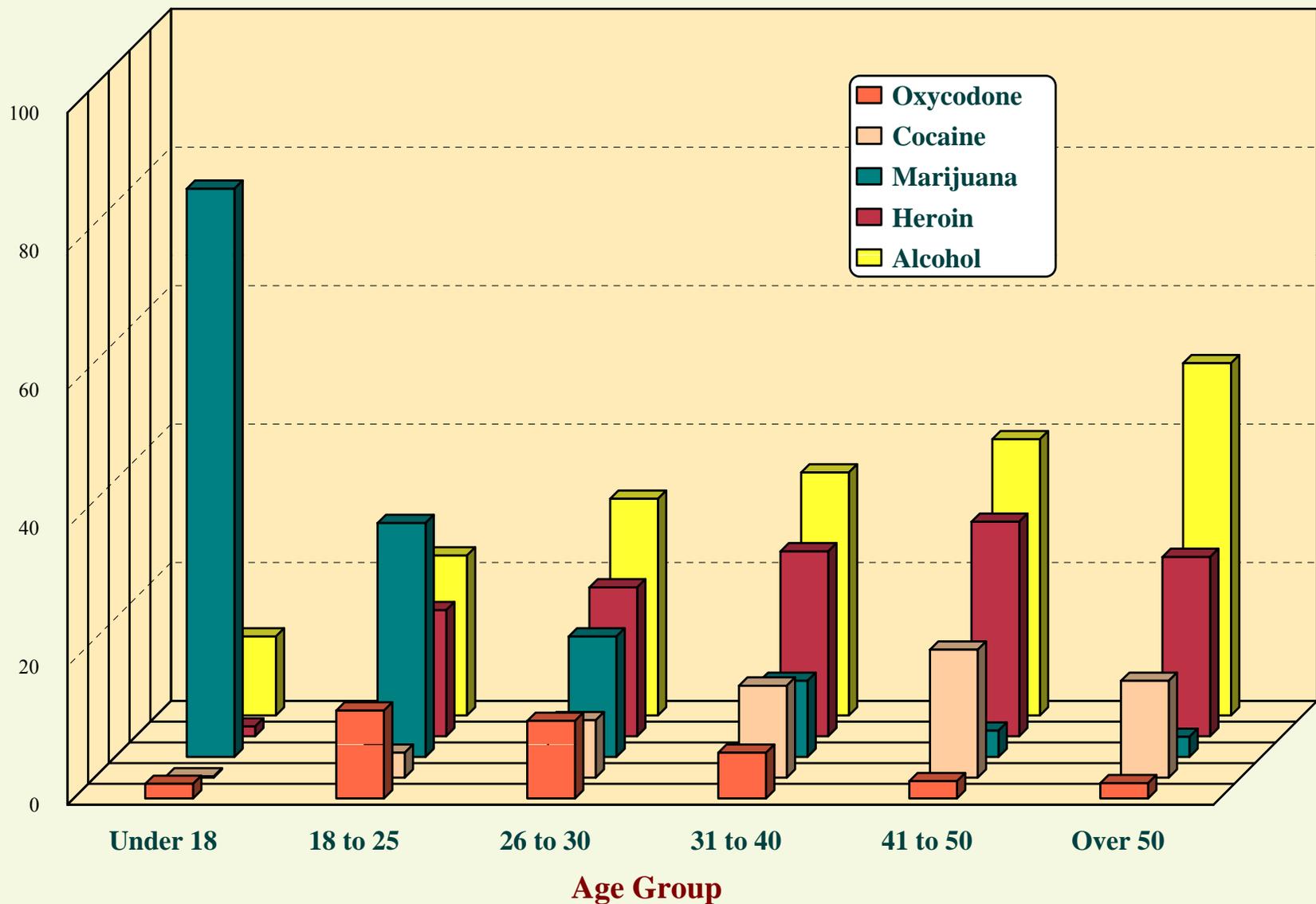
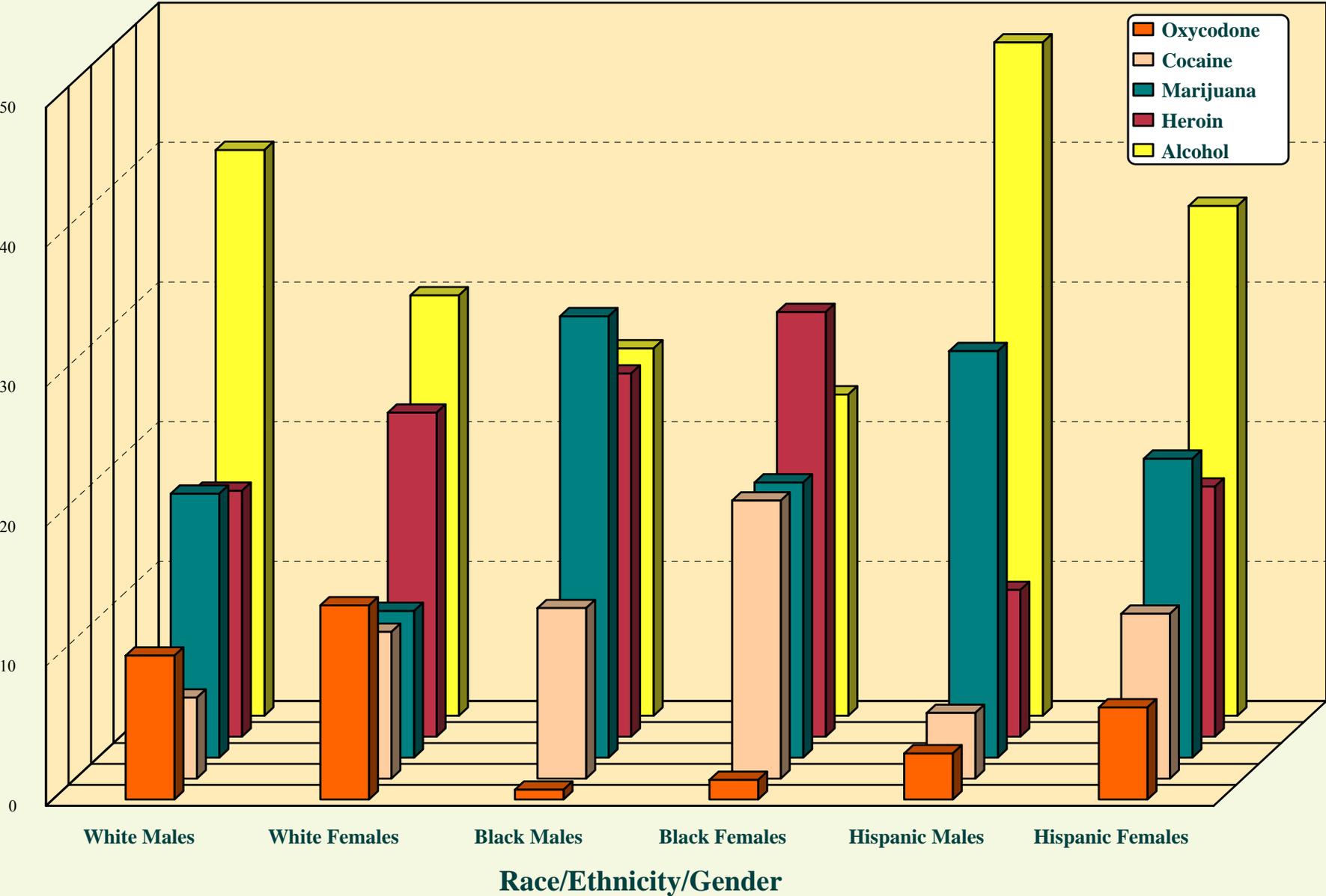


Figure 16 distributes the percentages of selected age groups by the five leading primary-substance problems, and Figure 17 does the same for each of six race/ethnic/gender groups. Eighty-two percent of adolescents admitted had primary problems with marijuana and 34 percent with alcohol. With each succeeding age group the prevalence of marijuana primary problems drops sharply while that of alcohol primary problems generally increases. Both heroin and cocaine primary problems were most prevalent in the 41-to-50 age group. Oxycodone primary problems peaked at about 13 percent in the 18 to 25 age range.

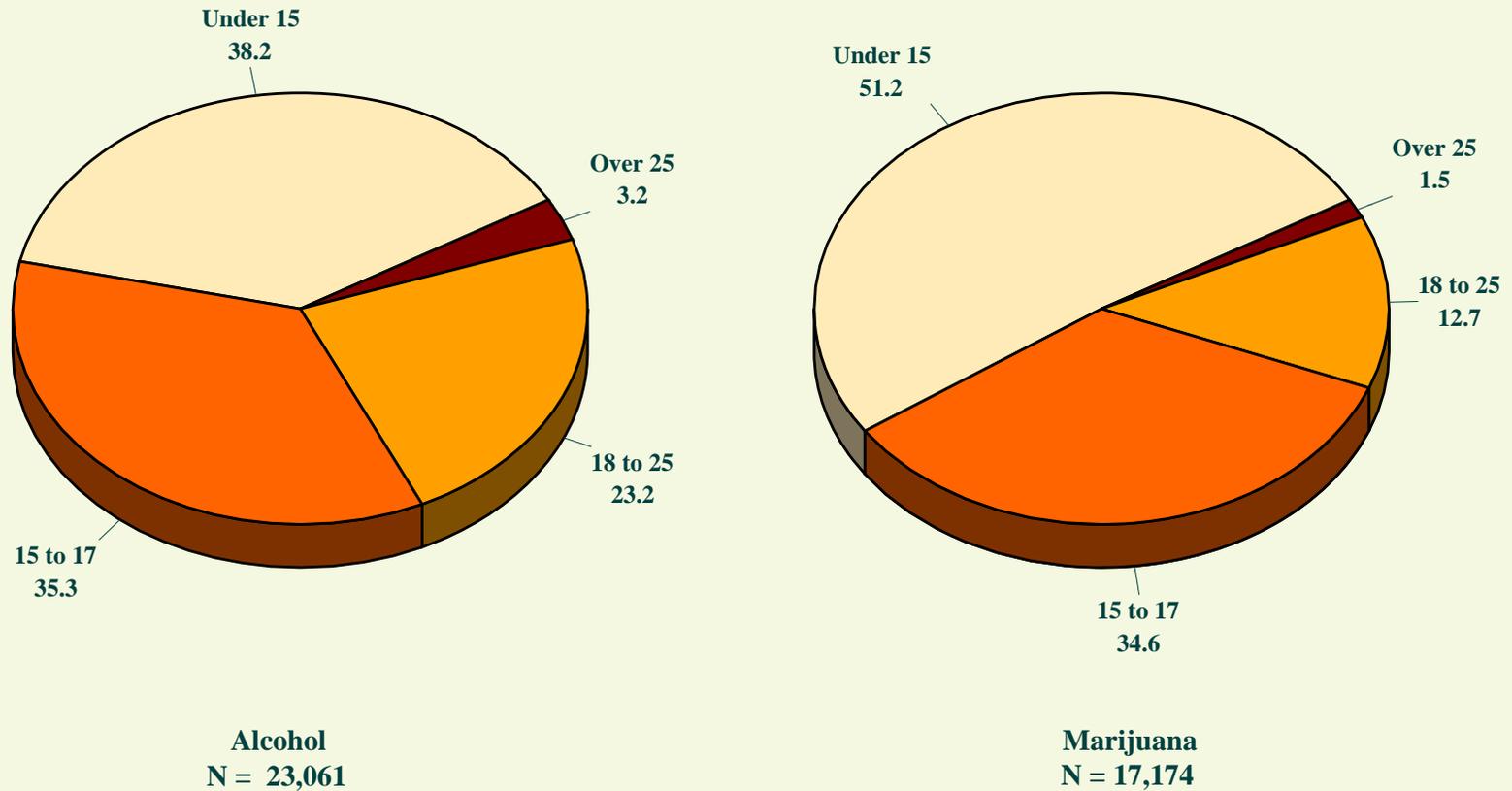
Figure 17
Percentages of Race/Ethnic/Gender Groups with Selected Primary-Substance Problems
Admissions to State-Supported Alcohol and Drug-Abuse-Treatment Programs Reporting Data
FY 2011



At 14 percent, white females had the highest percentage of primary problems of Oxycodone while black females had the highest percentages with cocaine primary at 20 and heroin primary at 30. Nearly half of the Hispanic males admitted had primary problems of alcohol.

Percentages of females exceeded their male counterparts with respect to Oxycodone, cocaine and heroin primary problems among whites, blacks and Hispanics. The opposite pattern occurred for marijuana and alcohol. Previous research in Maryland's substance-abuse-treatment population has revealed that females entering the treatment system tend to have more severe problems than do males.

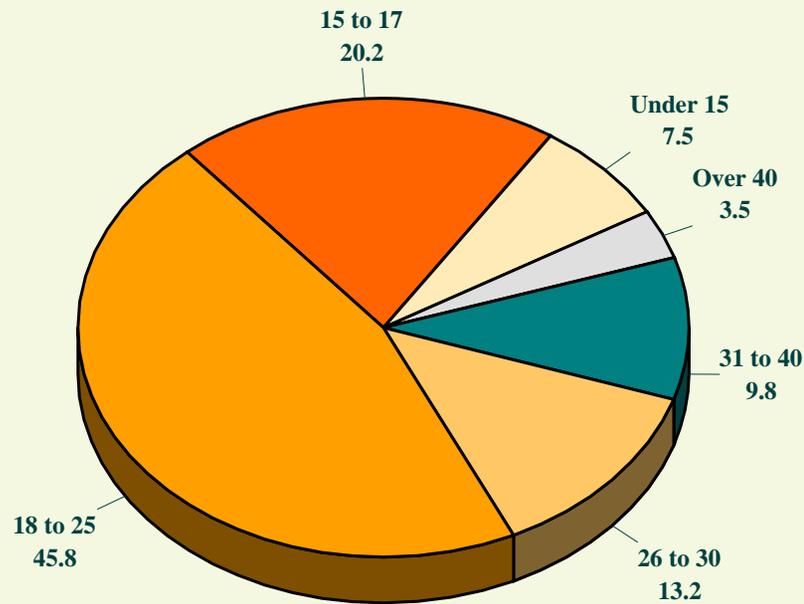
Figure 18
Age at First Use of Alcohol* and Marijuana
Admissions to State-Supported Alcohol and Drug-Abuse-
Treatment Programs Reporting Data
FY 2011



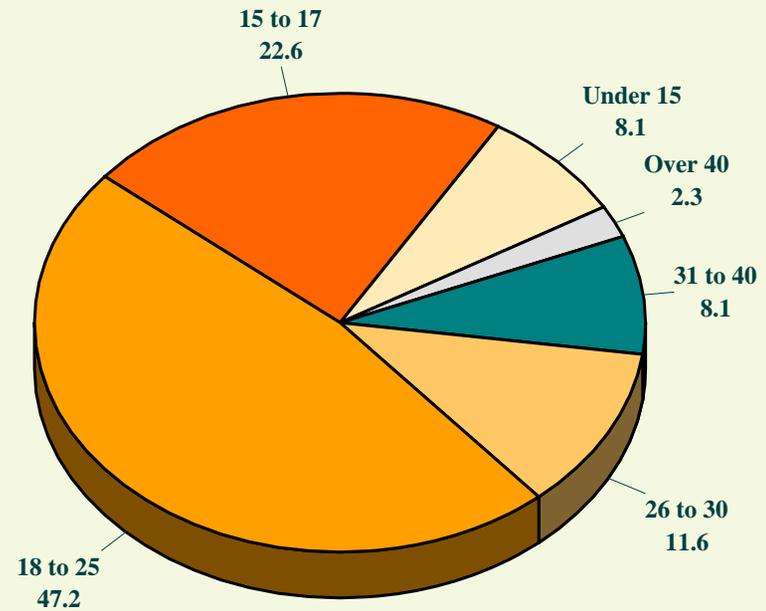
*For alcohol the age of first use is defined as the age of first intoxication.

Figure 18 shows the distributions of alcohol and marijuana-related admissions by reported age of first intoxication for alcohol and age of first use of marijuana. Over half of admissions with marijuana problems first used the drug before turning 15, and nearly forty percent of those with alcohol problems experienced their first intoxication at an earlier age than 15. Nearly three-quarters of alcohol-related admissions experienced their first intoxication before turning 18 and 85 percent of marijuana-related admissions first used the drug as adolescents.

Figure 19
Age at First Use of Cocaine and Heroin
Admissions to State-Supported Alcohol and Drug-Abuse-Treatment Programs
Reporting Data
FY 2011



Cocaine
N = 13,129



Heroin
N = 12,018

Distributions of age at first use of cocaine and heroin are shown in Figure 19. The distributions are similar, with 31 percent of heroin and 28 percent of cocaine-related cases first using those drugs in adolescence.

From FY 2008 to FY 2011 the ages of first use of cocaine and heroin have been trending downward. In FY 2008 75 percent of heroin and 70 percent of cocaine-related admissions first used the drugs before turning 25; the respective figures for FY 2011 were 78 and 74 percent.

Figure 20
Route of Administration of Cocaine and Heroin
Admissions to State-Supported Alcohol and Drug-Abuse-
Treatment Programs Reporting Data
FY 2011

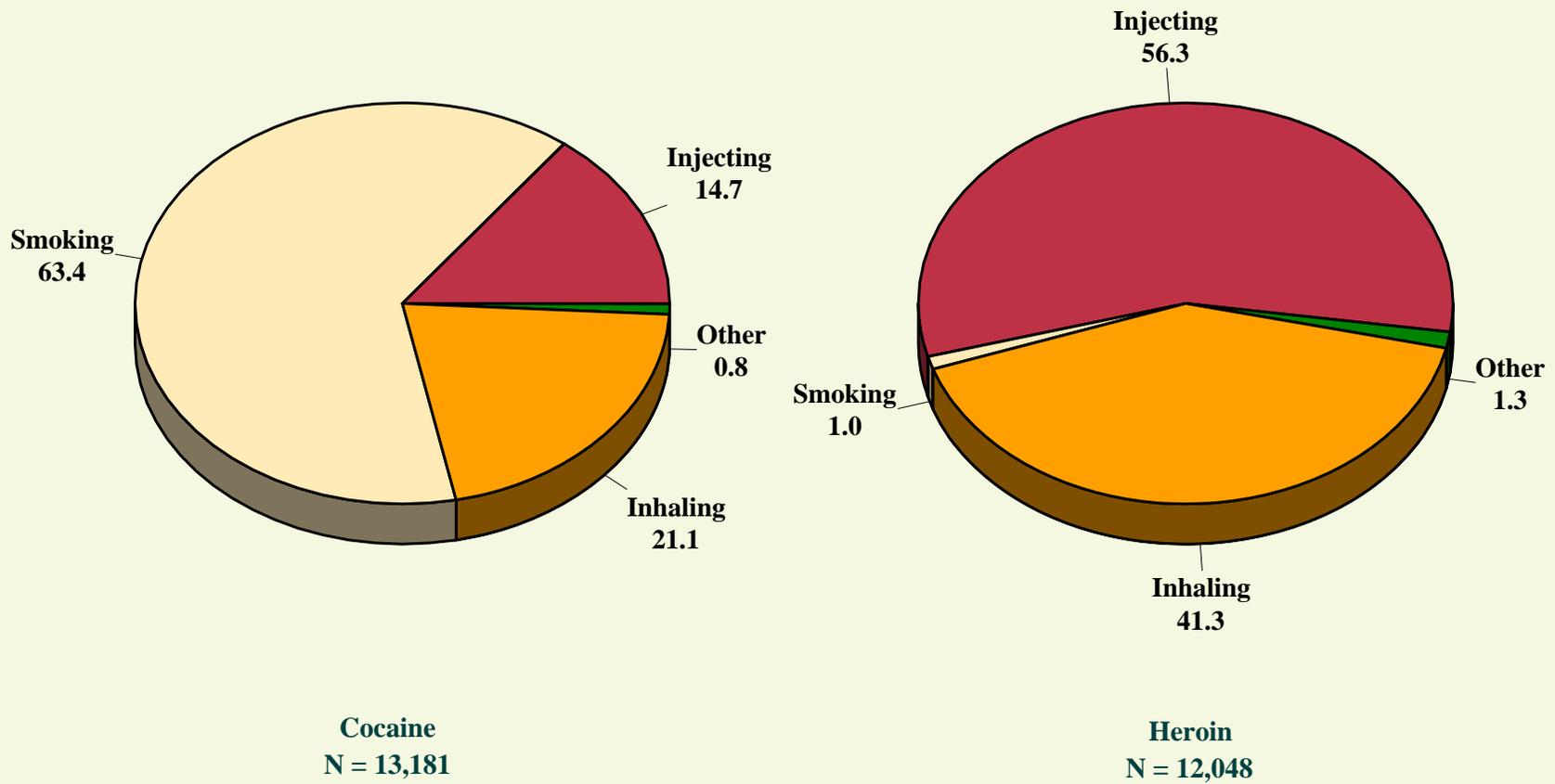
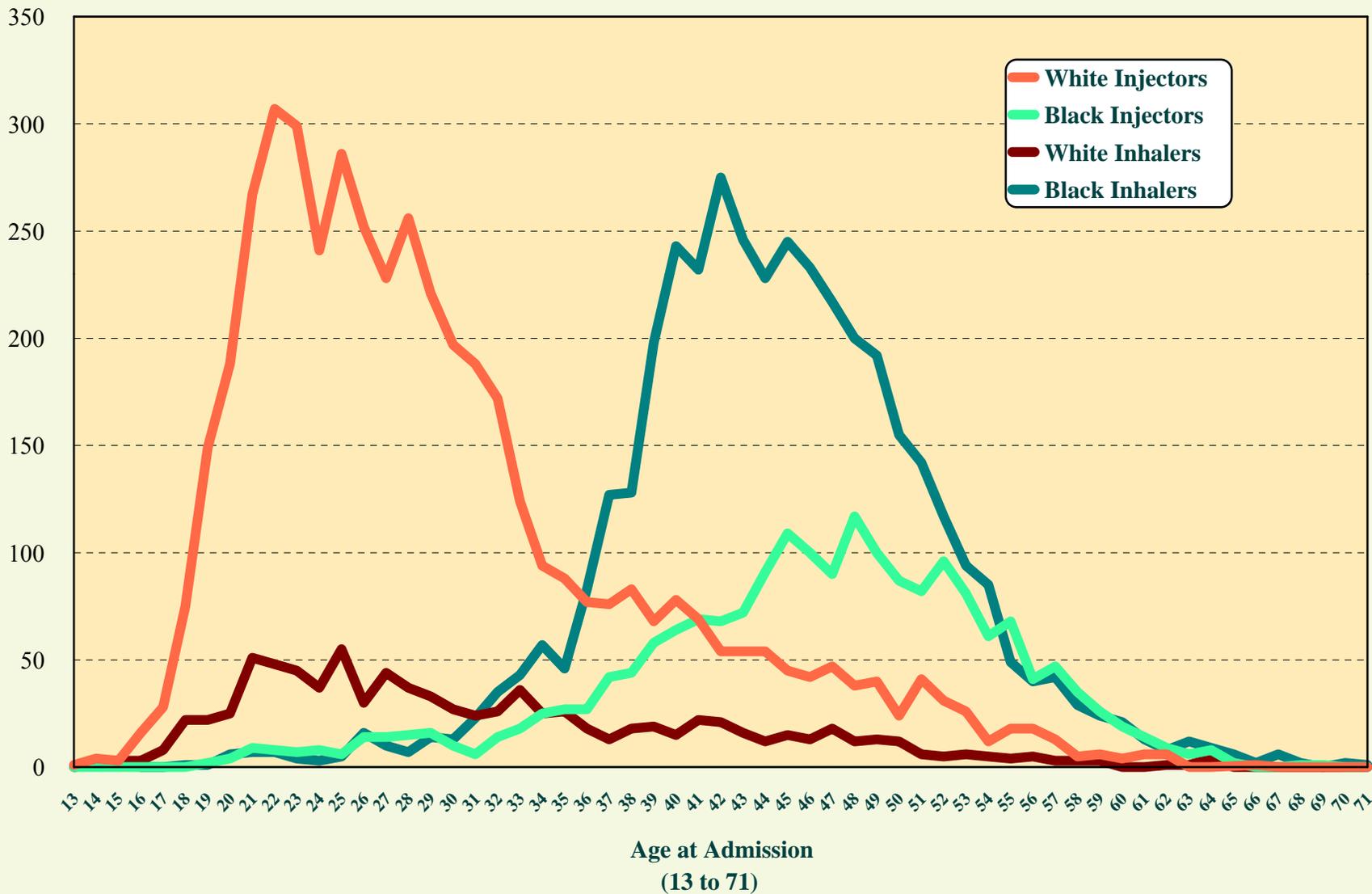


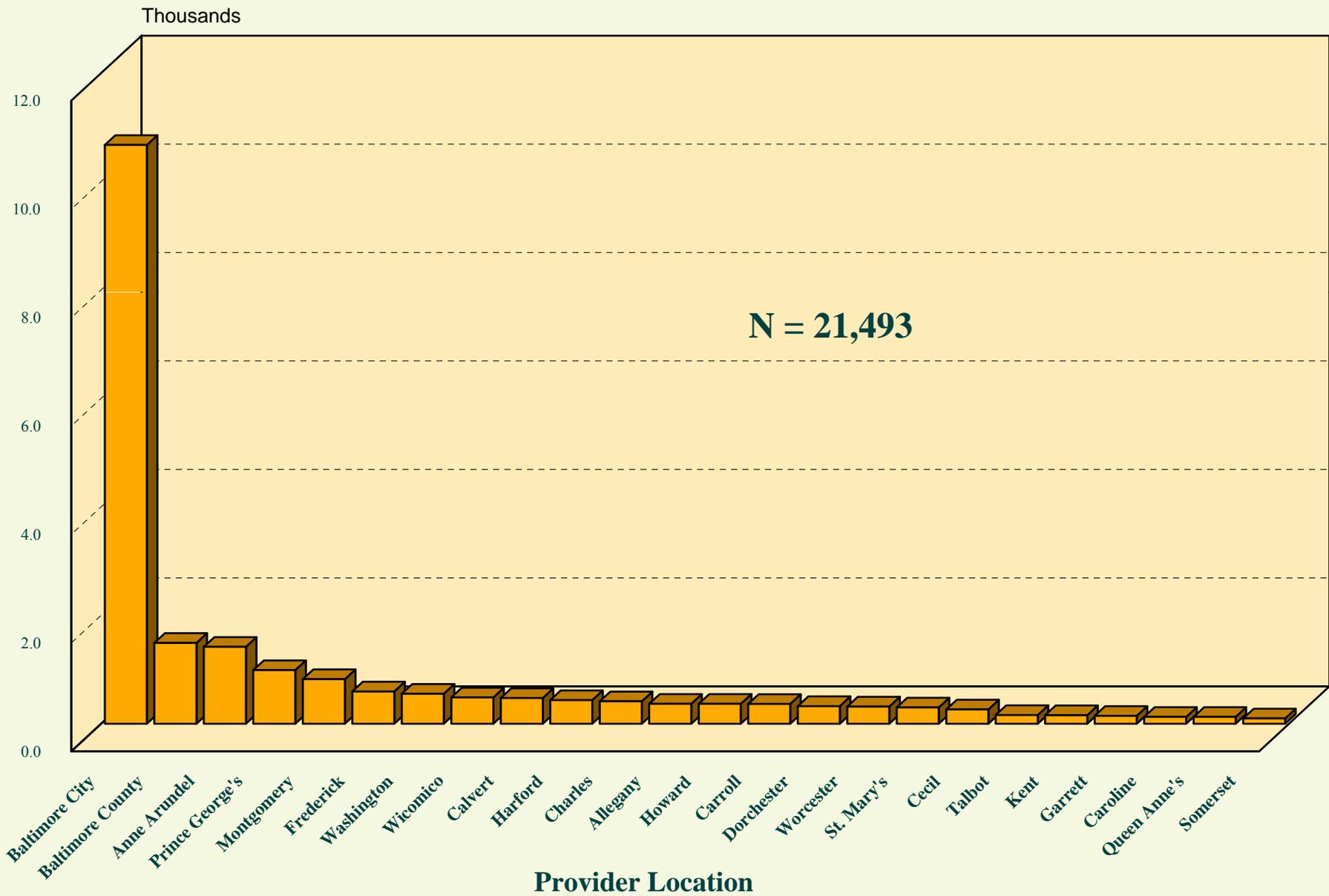
Figure 20 displays the primary routes of administration of cocaine and heroin among FY 2011 admissions. About 63 percent of the cocaine-related admissions involved smoking the drug or crack. In FY 2008 heroin-related admissions were evenly split between injectors and inhalers; from FY 2009 to FY 2011 the balance has shifted toward injection. This trend correlates with a shift toward more white and Hispanic and fewer black heroin-related admissions. Whites rose from 38 percent of heroin cases in FY 2008 to 47 percent in FY 2011 while blacks went from 59 to 46 percent.

Figure 21
Heroin-Related Admissions to State-Supported Alcohol and Drug-Abuse-Treatment Programs
Reporting Data by Primary Route of Administration, Race and Age
FY 2011



Analysis of the interaction of age, race and route of administration of heroin, shown in Figure 21, revealed the two large components of FY 2011 heroin-related cases were white injectors in the age range of 18 to 32 and black inhalers from 38 to 52. Black injectors and white inhalers had roughly the same age distributions as their counterparts, but at a significantly lower volume.

Figure 22
Average Daily Active Patients in State-Supported Alcohol
and Drug-Abuse-Treatment Programs Reporting Data
FY 2011



Average Daily Active Patients

On an average day in FY 2011 there were 21,493 patients active in State-supported alcohol and drug-abuse treatment programs across the state, 92 percent of which were in ambulatory levels of care. Nearly half were in programs located in Baltimore City; Figure 22 illustrates the dispersion.

From FY 2008 to FY 2011 the average daily active patients in treatment increased by 21 percent.

Table 4
Discharges from State-Supported Alcohol and Drug-Abuse Treatment
Programs Reporting Data by ASAM Level of Care at Discharge
FY 2008 - FY 2011

ASAM Level of Care	FY 2008		FY 2009		FY 2010		FY 2011	
	#	%	#	%	#	%	#	%
Level 0.5	281	0.7	530	1.3	987	2.3	1858	4.5
Level I	18462	46.0	18942	46.5	19446	45.0	17829	43.0
Level I.D	116	0.3	118	0.3	95	0.2	26	0.1
Level II.1	5511	13.7	5782	14.2	5520	12.8	5861	14.1
Level II.5	695	1.7	899	2.2	1102	2.6	1407	3.4
Level II.D	162	0.4	52	0.1	63	0.1	53	0.1
Level III.1	1811	4.5	1695	4.2	1619	3.7	1431	3.4
Level III.3	721	1.8	756	1.9	1389	3.2	1189	2.9
Level III.5	898	2.2	1131	2.8	1200	2.8	740	1.8
Level III.7	7190	17.9	6555	16.1	7707	17.8	7575	18.2
Level III.7.D	1856	4.6	1999	4.9	1895	4.4	1547	3.7
Level OMT	2441	6.1	2317	5.7	2177	5.0	1994	4.8
Total	40144	100.0	40776	100.0	43200	100.0	41510	100.0

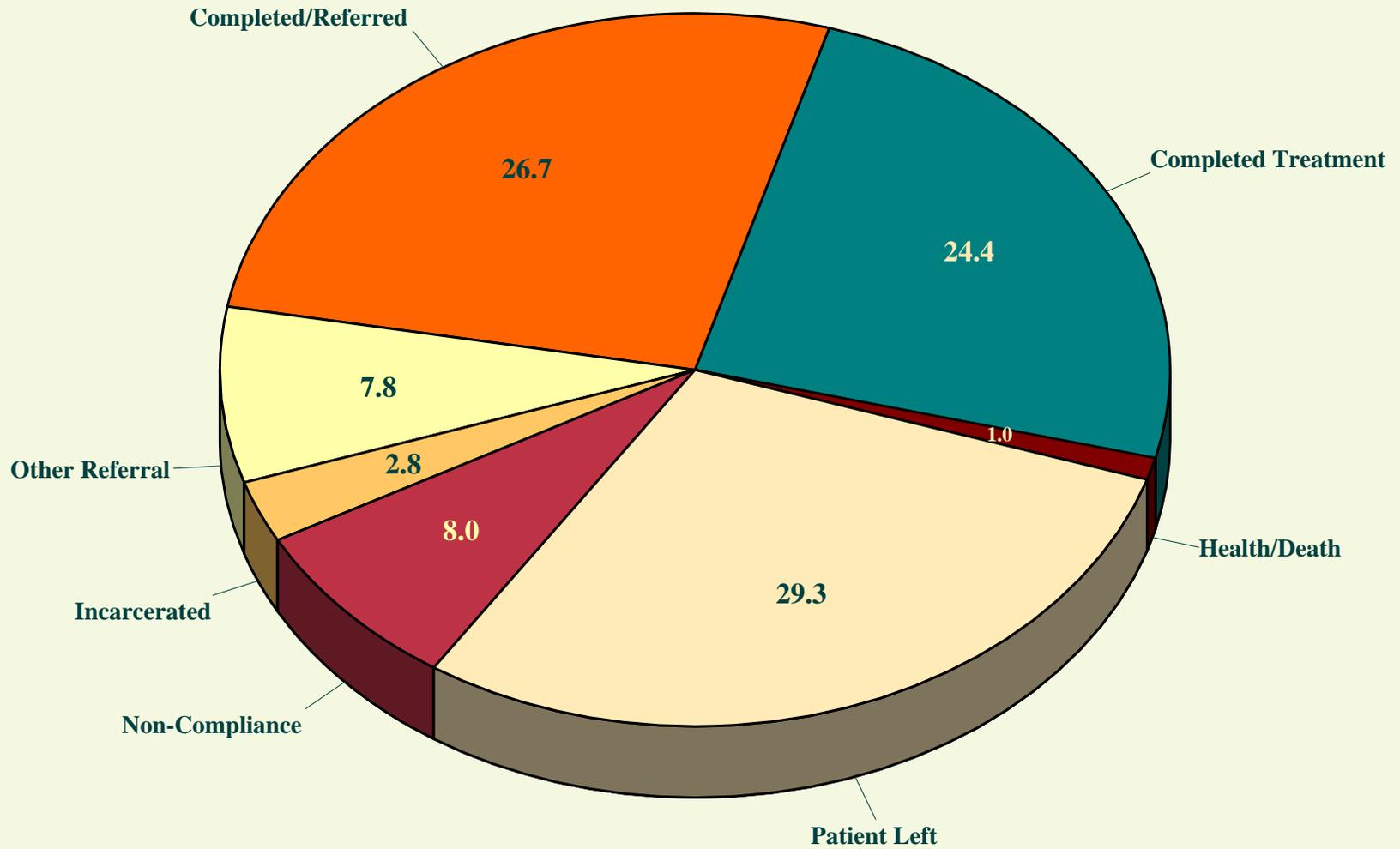
Discharges

Discharges from State-supported treatment during FY 2008 to FY 2011 are distributed by final ASAM level of care in Table 4. Discharges increased by 8 percent from FY 2008 to FY 2010 but decreased by 4 percent in FY 2011. This apparent decline is due to the greater lag in reporting of discharges than admissions in SMART.

Notably, there were slightly more dis-enrollments in FY 2011 than in FY 2010, reflecting greater reliance on a continuum of care in State-supported treatment.

The ratio of admissions to discharges for FY 2008 to FY 2010 was 1.01 in each year, reflecting completeness of reporting and stability in the SMART data system. The FY 2011 ratio is currently at .097 but the eventual ratio will likely be closer to 1.00.

Figure 23
Reason for Discharge from State-Supported Alcohol and Drug-Abuse-Treatment
Programs Reporting Data
FY 2011

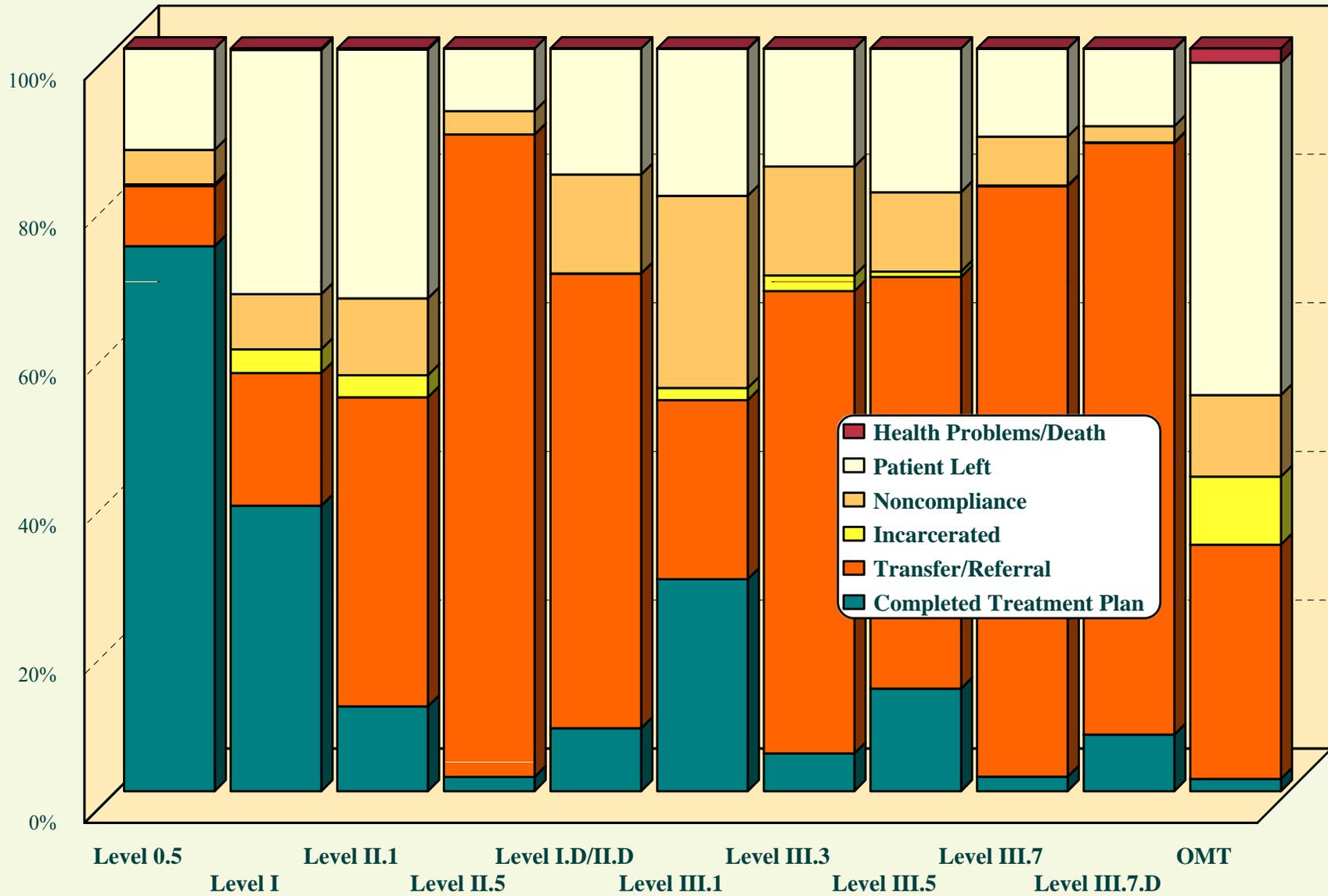


N = 41,510

Reason for Discharge

Figure 23 breaks out reasons for discharge from treatment during FY 2011. Over fifty percent of all discharges involved successful completion of the treatment plan and 28 percent were transferred or referred after completion of the immediate treatment plan. Nearly 30 percent left before completing treatment and 8 percent were discharged for non-compliance with program rules.

Figure 24
Reason for Dis-enrollment from Levels of Care in State-Supported Alcohol
and Drug-Abuse-Treatment Programs Reporting Data
FY 2011



FY 2011 reasons for dis-enrollment are broken out by levels of care in Figure 24. Successful completion without need for further treatment was most common in Levels 0.5 (73 percent), I (38 percent) and III.1 (29 percent). Transfer/Referrals made up 80 or more percent of dis-enrollments from Levels II.5, III.7 and III.7.D. The level of care with the greatest percentage of dis-enrollments for non-compliance was III.1 at 26 percent. In OMT, 45 percent of the dis-enrollments involved patients leaving treatment early, which was also fairly common in Levels I and II.1 at about a third in each.

It is important to note that OMT dis-enrollments tend to be weighted with less successful cases, as those achieving stability tend to stay in treatment for extended time periods.

Table 5
Dis-enrollments from Levels of Care in State-Supported Alcohol and Drug-Abuse-Treatment Programs Reporting Data by Length of Stay
FY 2011

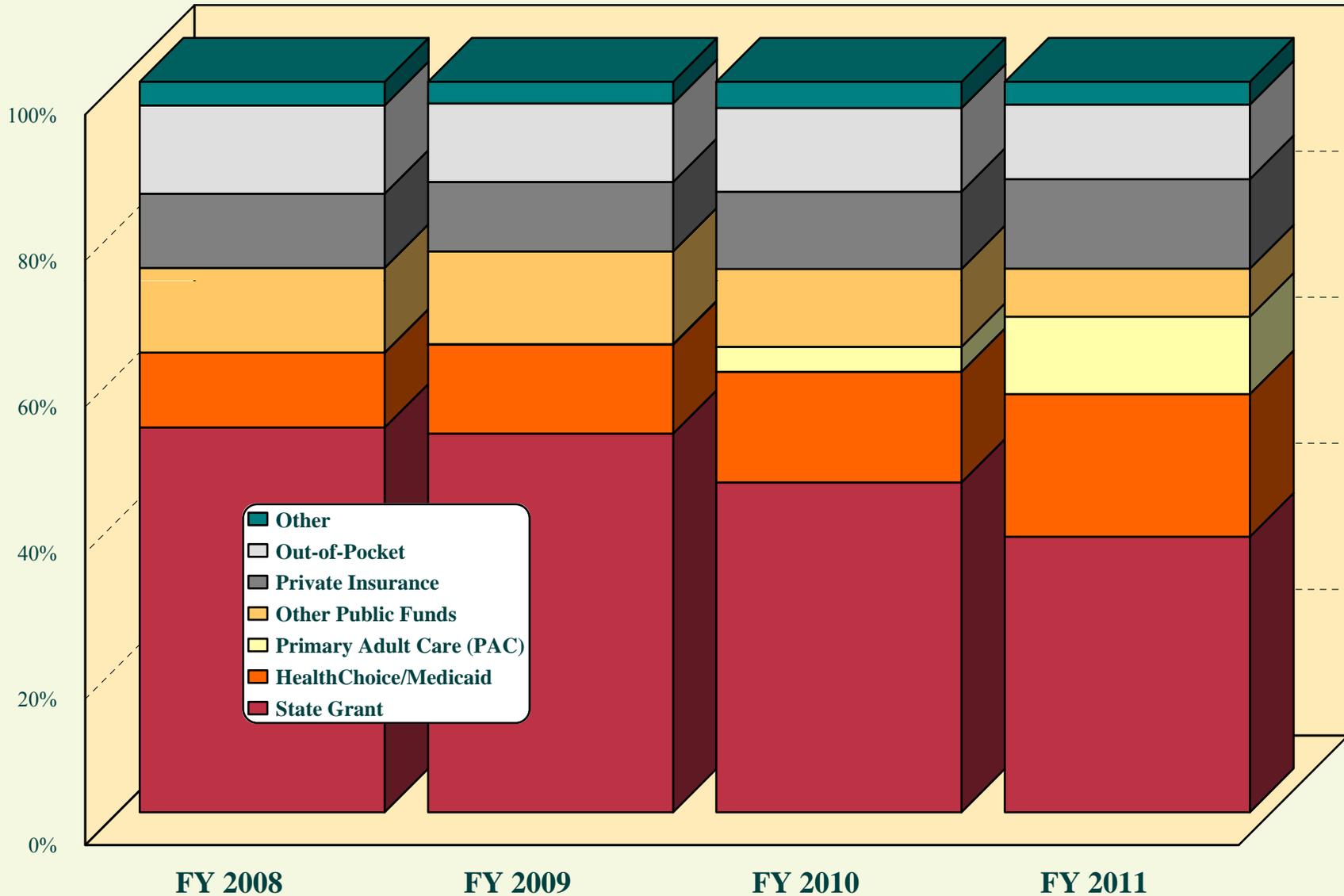
ASAM Level of Care	N	Mean	Median
Level 0.5	2007	59.4	48.0
Level I	19889	125.5	104.0
Level I.D	38	39.4	5.0
Level II.1	8693	71.0	50.0
Level II.5	1718	22.0	11.0
Level II.D	127	26.6	5.0
Level III.1	1527	112.7	95.0
Level III.3	1610	83.1	50.0
Level III.5	1115	102.8	107.0
Level III.7	8037	18.4	16.0
Level III.7.D	5125	6.3	6.0
OMT	2162	332.4	192.0
OMT.D	69	104.1	84.0

Length of Stay

Table 5 shows the mean and median lengths of stay by level of care for FY 2011. On average Level I treatment lasted over four months while residential levels III.1 and III.5 lasted over 100 days.

The average OMT discharged patient spent about 11 months in their programs, which is a significant drop from 19 months in FY 2010. OMT patients active in treatment on the last day of FY 2011 averaged 5.4 years in treatment, and 15 percent had been in treatment ten years or more.

Figure 25
Primary Source of Payment for Discharges from State-Supported Alcohol
and Drug-Abuse-Treatment Programs Reporting Data
FY 2008 to FY 2011

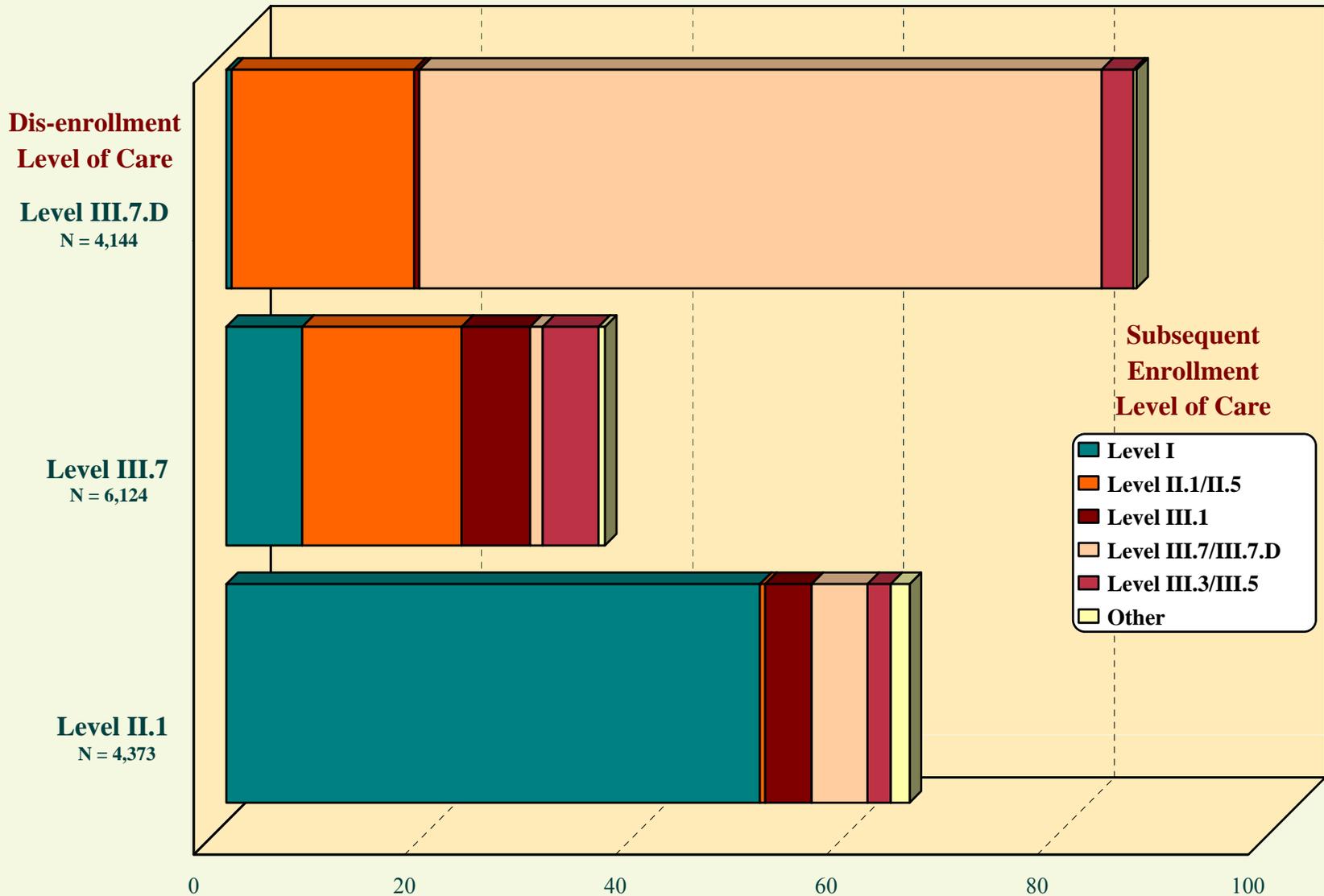


Primary Source of Payment

Figure 25 shows that while public funding has remained in the range 74 to 77 percent of the primary payment source at discharge from State-supported treatment programs from FY 2008 to 2011, the distribution by source of public dollars has changed dramatically.

Discharges primarily supported by grant funding declined by 26 percent over the four years while those paid primarily by Medicaid almost doubled and Primary Adult Care (PAC) payment went from zero to 11 percent.

Figure 26
Percentages of Unduplicated Dis-enrollments from State-Supported Alcohol and Drug-Abuse-Treatment Programs Reporting Data Subsequently Enrolled in a Different Level of Care within 30 Days of Completion/Transfer/Referral FY 2011



Continuation in Treatment

Successful management of patient flow to the level of care required at various points in the disease progression and recovery process is critical to sustaining the gains made in arresting the progression of the disease and reducing co-morbidity.

Figure 26 provides the percentages of dis-enrollments from selected levels of care that entered different levels within thirty days. Sixty-five percent of those patients referred from Level III.7.D, short-term residential detox, during FY 2011 entered Level III.7 within 30 days, and another 22 percent entered intensive outpatient or some other type of service. Referrals from III.7 were most likely to enter intensive outpatient (15 percent) and Level I outpatient or III.1 halfway house (7 percent each). Successful continuation from III.7 increased by 12 percent over FY 2010. Over half of dis-enrollments from intensive outpatient entered Level I within 30 days; about 14 percent entered some other level of care.

Tables 6, 7 and 8 present the subsequent enrollment rates for Levels III.7.D, III.7 and II.1 by program location.

Table 6

**Subsequent Enrollment in Another Treatment Level within 30 Days of
Completion/Transfer/Referral from Level III.7.D in State-Supported Alcohol
and Drug-Abuse-Treatment Programs Reporting Data
FY 2011**

Provider Subdivision	Unduplicated Level III.7.D Completion/ Transfer/ Referrals	Subsequent Enrollment Level of Care							
		Level III.7		Level II.1/II.5		Other		Total	
		#	%	#	%	#	%	#	%
Anne Arundel	809	376	46.5	391	48.3	10	1.2	777	96.0
Baltimore City	895	350	39.1	45	5.0	157	17.5	552	61.7
Baltimore Co.	155	138	89.0	0	0.0	0	0.0	138	89.0
Carroll	189	185	97.9	0	0.0	0	0.0	185	97.9
Frederick	560	477	85.2	21	3.8	7	1.3	505	90.2
Kent	324	295	91.0	1	0.3	1	0.3	297	91.7
Montgomery	788	689	87.4	8	1.0	8	1.0	705	89.5
St. Mary's	120	109	90.8	7	5.8	2	1.7	118	98.3
Worcester	387	118	30.5	236	61.0	1	0.3	355	91.7
Total	4227	2737	64.8	709	16.8	186	4.4	3,632	85.9

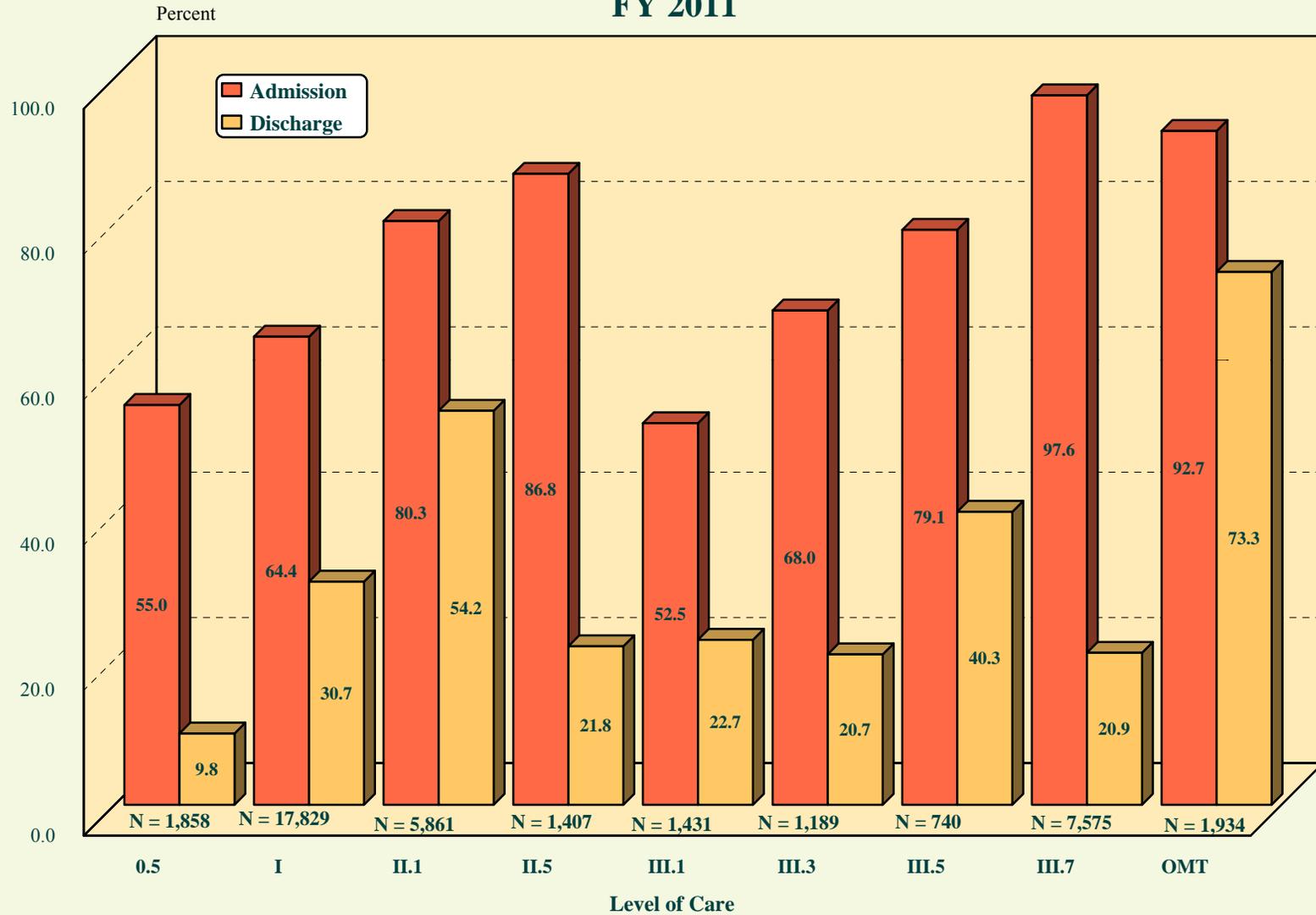
Table 7
Subsequent Enrollment in Another Treatment Level within 30 Days of
Completion/Transfer/Referral from Level III.7 in State-Supported Alcohol and Drug-Abuse-
Treatment Programs Reporting Data
FY 2011

Provider Subdivision	Unduplicated Level III.7.D Completion/ Transfer/ Referrals	Subsequent Enrollment Level of Care											
		Level I		Level II.1/5		Level III.1		Level III.3/5		Other		Total	
		#	%	#	%	#	%	#	%	#	%	#	%
Allegany	525	61	11.6	68	13.0	51	9.7	35	6.7	2	0.4	217	41.3
Anne Arundel	487	15	3.1	117	24.0	33	6.8	19	3.9	22	4.5	206	42.3
Baltimore City	790	60	7.6	123	15.6	63	8.0	130	16.5	15	1.9	391	49.5
Baltimore Co.	513	26	5.1	65	12.7	3	0.6	4	0.8	12	2.3	110	21.4
Carroll	309	30	9.7	27	8.7	43	13.9	38	12.3	8	2.6	146	47.2
Dorchester	1285	49	3.8	207	16.1	3	0.2	11	0.9	25	1.9	295	23.0
Frederick	731	24	3.3	113	15.5	32	4.4	35	4.8	15	2.1	219	30.0
Kent	426	71	16.7	18	4.2	42	9.9	1	0.2	3	0.7	135	31.7
Montgomery	591	58	9.8	81	13.7	50	8.5	27	4.6	11	1.9	227	38.4
Prince George's	157	13	8.3	2	1.3	31	19.7	15	9.6	0	0.0	61	38.9
St. Mary's	304	13	4.3	75	24.7	51	16.8	17	5.6	4	1.3	160	52.6
Worcester	206	25	12.1	45	21.8	10	4.9	0	0.0	6	2.9	86	41.7
Total	6,324	445	7.0	941	14.9	412	6.5	332	5.2	123	1.9	2,253	35.6

Table 8
Subsequent Enrollment in Another Treatment Level within 30
Days of Completion/Transfer/Referral from Level II.1 for State-
Supported Alcohol and Drug-Abuse-Treatment Programs
Reporting Data
FY 2011

Provider Subdivision	Unduplicated Level II.1 Completion/ Transfer/ Referrals	Subsequent Enrollment Level of Care					
		Level I		Other		Total	
		#	%	#	%	#	%
Allegany	154	34	22.1	16	10.4	50	32.5
Anne Arundel	421	225	53.4	36	8.6	261	62.0
Baltimore City	1861	938	50.4	267	14.3	1205	64.8
Baltimore Co.	227	83	36.6	38	16.7	121	53.3
Calvert	105	83	79.0	11	10.5	94	89.5
Caroline	1	1	100.0	0	0.0	1	100.0
Carroll	147	26	17.7	28	19.0	54	36.7
Cecil	35	23	65.7	7	20.0	30	85.7
Charles	91	58	63.7	14	15.4	72	79.1
Dorchester	204	85	41.7	40	19.6	125	61.3
Frederick	207	94	45.4	32	15.5	126	60.9
Garrett	10	7	70.0	1	10.0	8	80.0
Harford	6	4	66.7	1	16.7	5	83.3
Howard	37	33	89.2	3	8.1	36	97.3
Montgomery	175	95	54.3	19	10.9	114	65.1
Prince George's	207	108	52.2	22	10.6	130	62.8
Queen Anne's	6	4	66.7	1	16.7	5	83.3
St. Mary's	215	118	54.9	32	14.9	150	69.8
Somerset	21	14	66.7	3	14.3	17	81.0
Washington	48	27	56.3	14	29.2	41	85.4
Wicomico	114	93	81.6	11	9.6	104	91.2
Worcester	93	62	66.7	21	22.6	83	89.2
Total	4385	2215	50.5	617	14.1	2832	64.6

Figure 27
Percentages Using Substances at Admission to and at Discharge from State-Supported
Alcohol and Drug-Abuse-Treatment Programs Reporting Data
FY 2011



Note: In order to distribute the data by the final level of care in treatment episodes the analysis was restricted to cases in which the disenrollment coincided with the discharge - substance use information is collected at discharge and not at dis-enrollment from each level of care.

Substance-Use Outcome

Figure 27 presents the percentages of discharged patients that were using substances in the 30 days preceding admission and the percentages using in the 30 days preceding discharge. The reduction in patients using substances was 52 percent among patients admitted to Level I, 32 percent in II.1, 75 percent in II.5, 57 percent in III.1, 70 percent in Level III.3, 49 percent in III.5, 79 percent in III.7 and 21 percent in OMT. These reductions exceeded those found in FY 2010 in every level of care except OMT.

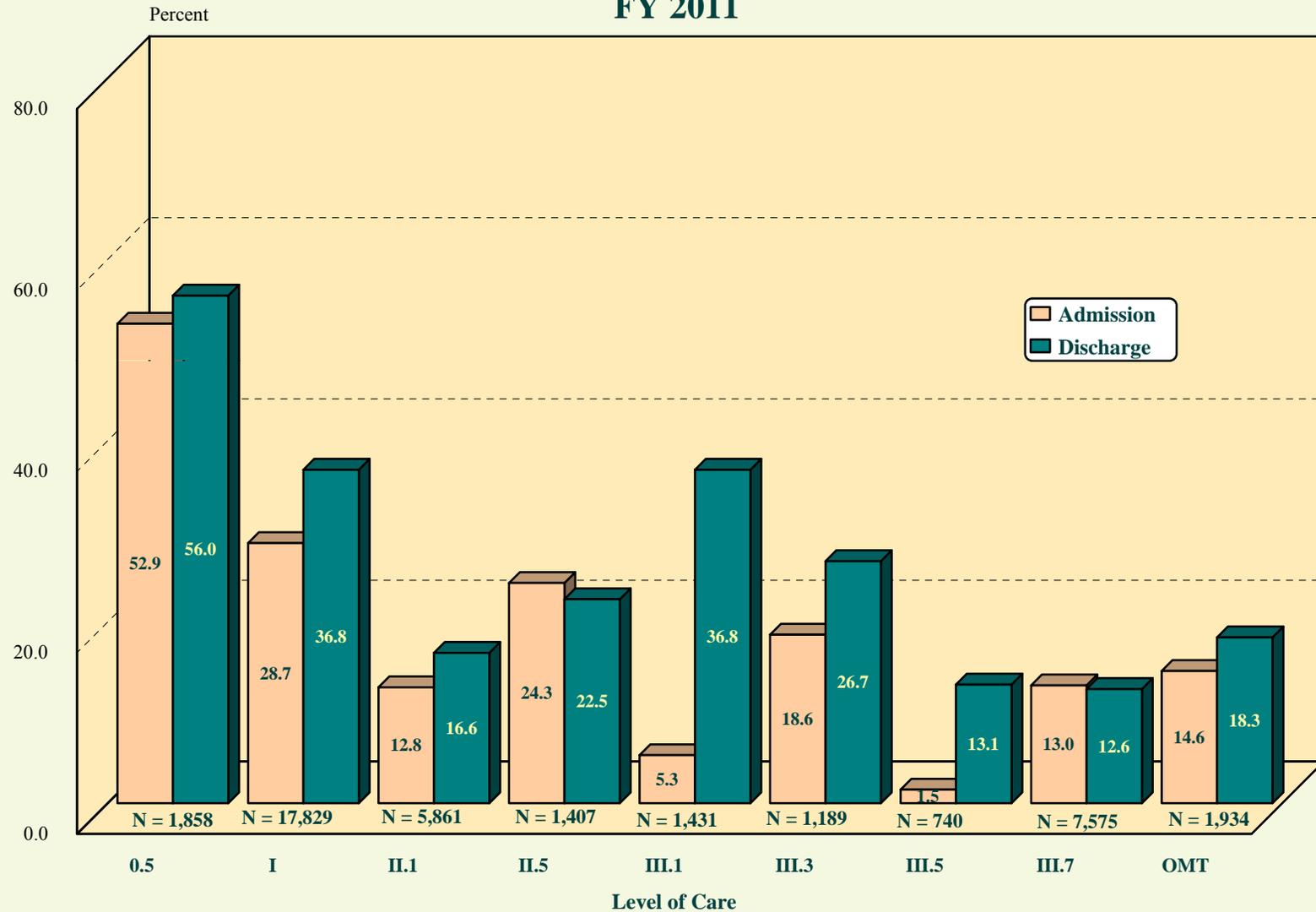
Table 9 presents the substance-use outcome results by program subdivision. The overall statewide decrease in patients using substances from admission to discharge was 56.3 percent.

Table 9
Use of Substances at Admission and at Discharge from State-Supported
Alcohol and Drug-Abuse-Treatment Programs Reporting Data by
Provider Location
FY 2011

Provider Subdivision	Discharges	Use at Admission		Use at Discharge		Percentage Change
		N	%	N	%	
Allegany	1318	931	70.6	197	14.9	-78.8
Anne Arundel	3992	3164	79.3	1062	26.6	-66.4
Baltimore City	9551	7915	82.9	4838	50.7	-38.9
Baltimore County	3701	2686	72.6	931	25.2	-65.3
Calvert	1671	1165	69.7	513	30.7	-56.0
Caroline	225	113	50.2	54	24.0	-52.2
Carroll	1298	966	74.4	466	35.9	-51.8
Cecil	612	317	51.8	151	24.7	-52.4
Charles	910	480	52.7	228	25.1	-52.5
Dorchester	2330	2102	90.2	372	16.0	-82.3
Frederick	2009	1478	73.6	275	13.7	-81.4
Garrett	297	192	64.6	86	29.0	-55.2
Harford	737	464	63.0	314	42.6	-32.3
Howard	679	440	64.8	157	23.1	-64.3
Kent	755	666	88.2	283	37.5	-57.5
Montgomery	1796	1382	76.9	658	36.6	-52.4
Prince George's	1898	1406	74.1	786	41.4	-44.1
Queen Anne's	328	200	61.0	132	40.2	-34.0
St. Mary's	1355	897	66.2	423	31.2	-52.8
Somerset	258	155	60.1	75	29.1	-51.6
Talbot	433	259	59.8	107	24.7	-58.7
Washington	1268	590	46.5	162	12.8	-72.5
Wicomico	989	612	61.9	353	35.7	-42.3
Worcester	1408	1170	83.1	382	27.1	-67.4
Statewide	6	4	66.7	4	66.7	0.0
Total	39824	29754	74.7	13009	32.7	-56.3

Note: Detoxification levels of care are excluded.

Figure 28
Percentages Employed at Admission to and at Discharge from State-Supported
Alcohol and Drug-Abuse-Treatment Programs Reporting Data
FY 2011



Note: In order to distribute the data by the final level of care in treatment episodes the analysis was restricted to cases in which the dis-enrollment coincided with the discharge - substance use information is collected at discharge and not at dis-enrollment from each level of care.

Employment Outcome

Employment at admission and employment at discharge are presented by level of care in Figure 27. The largest increases in percentages of patients employed occurred among patients admitted to the long-term residential levels, III.1 (593 percent), III.3 (43 percent) and III.5 (782 percent). Employment increased 28 percent in Level I, 29 percent in II.1, and 26 percent in OMT. Most of these improvement rates surpassed FY 2010 levels, another likely indicator of improvement in the state's economy.

The percentage of patients employed declined slightly in Levels II.5 and III.7, which involved short-term stays.

Table 10 presents the employment outcome by program location. The overall statewide increase in patients employed from admission to discharge was 30.6 percent.

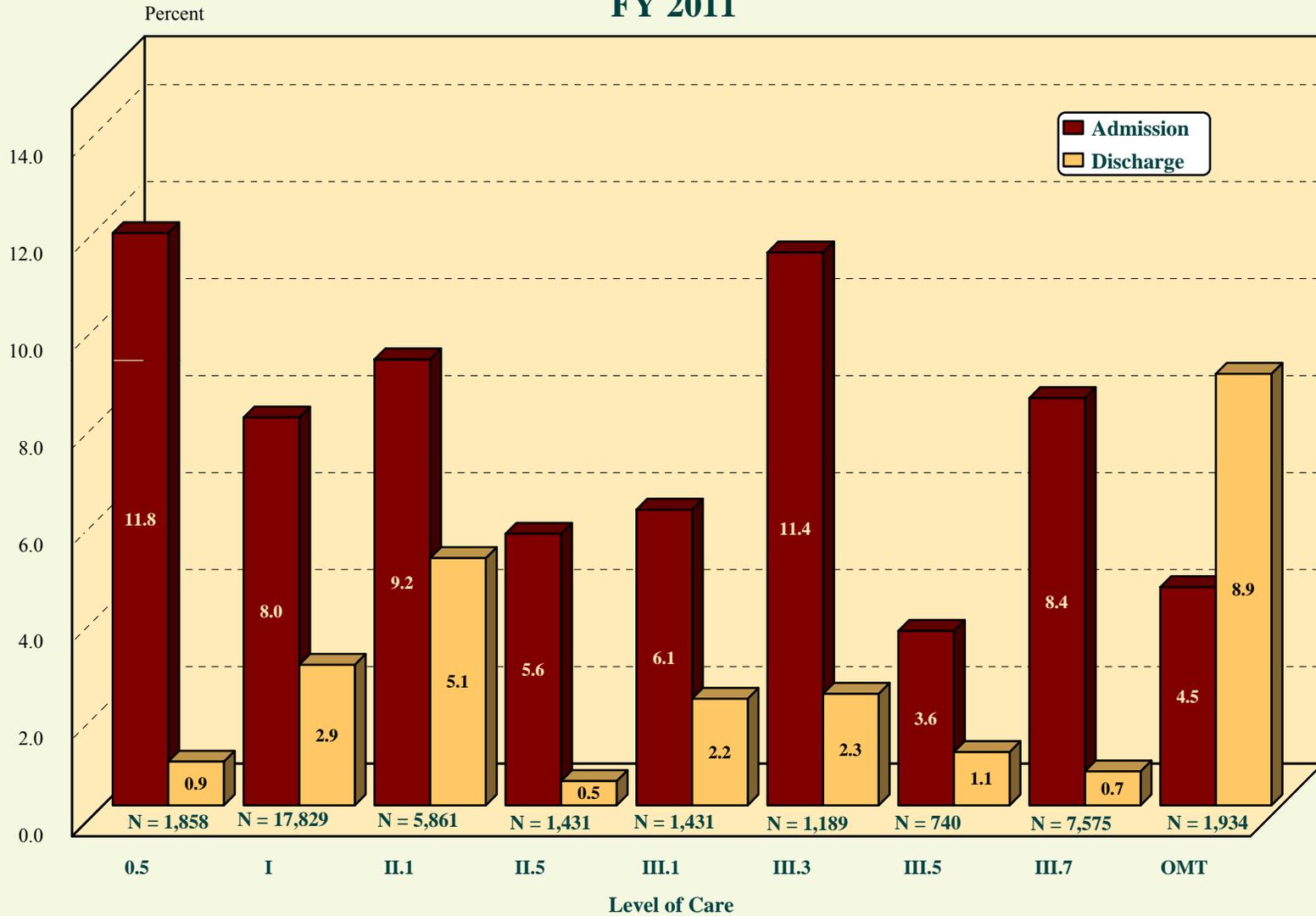
Table 10
Employment at Admission and at Discharge from State-Supported
Alcohol and Drug-Abuse-Treatment Programs Reporting Data by
Provider Location
FY 2011

Subdivision	Discharges	Employed at Admission		Employed at Discharge		Percentage Change
		N	%	N	%	
Allegany	699	149	21.3	168	24.0	12.8
Anne Arundel	3450	1396	40.5	1595	46.2	14.3
Baltimore City	8736	855	9.8	1477	16.9	72.7
Baltimore County	2943	984	33.4	1210	41.1	23.0
Calvert	1671	635	38.0	710	42.5	11.8
Caroline	225	75	33.3	88	39.1	17.3
Carroll	853	198	23.2	273	32.0	37.9
Cecil	612	223	36.4	258	42.2	15.7
Charles	910	285	31.3	367	40.3	28.8
Dorchester	911	232	25.5	283	31.1	22.0
Frederick	1122	188	16.8	354	31.6	88.3
Garrett	297	127	42.8	153	51.5	20.5
Harford	737	202	27.4	249	33.8	23.3
Howard	679	209	30.8	319	47.0	52.6
Kent	216	66	30.6	78	36.1	18.2
Montgomery	1042	111	10.7	210	20.2	89.2
Prince George's	1708	360	21.1	488	28.6	35.6
Queen Anne's	328	134	40.9	156	47.6	16.4
St. Mary's	978	306	31.3	413	42.2	35.0
Somerset	258	70	27.1	97	37.6	38.6
Talbot	433	211	48.7	244	56.4	15.6
Washington	1268	274	21.6	378	29.8	38.0
Wicomico	989	219	22.1	281	28.4	28.3
Worcester	1178	282	23.9	330	28.0	17.0
Statewide	6	1	16.7	1	16.7	0.0
Total	32249	7792	24.2	10180	31.6	30.6

Note: Detoxification and short-term residential levels of care are excluded.

Figure 29

Percentages Arrested in the 30 Days Preceding Admission and Preceding Discharge from State-Supported Alcohol and Drug-Abuse-Treatment Programs Reporting Data FY 2011



Note: In order to distribute the data by the final level of care in treatment episodes the analysis was restricted to cases in which the disenrollment coincided with the discharge - substance use information is collected at discharge and not at dis-enrollment from each level of care.

Arrest Outcome

Comparisons of percentages arrested in the thirty days before admission and the percentages arrested in the thirty days before discharge are presented by level of care in Figure 29. Reductions in percentages arrested were substantial in every level except OMT, where the percentage arrested at discharge was nearly twice the admission percentage. This reflects the above-noted finding that OMT discharges tend to be biased toward treatment failure. Also, OMT patients were less likely to have been arrested at admission than patients admitted to any other level of care except III.5.

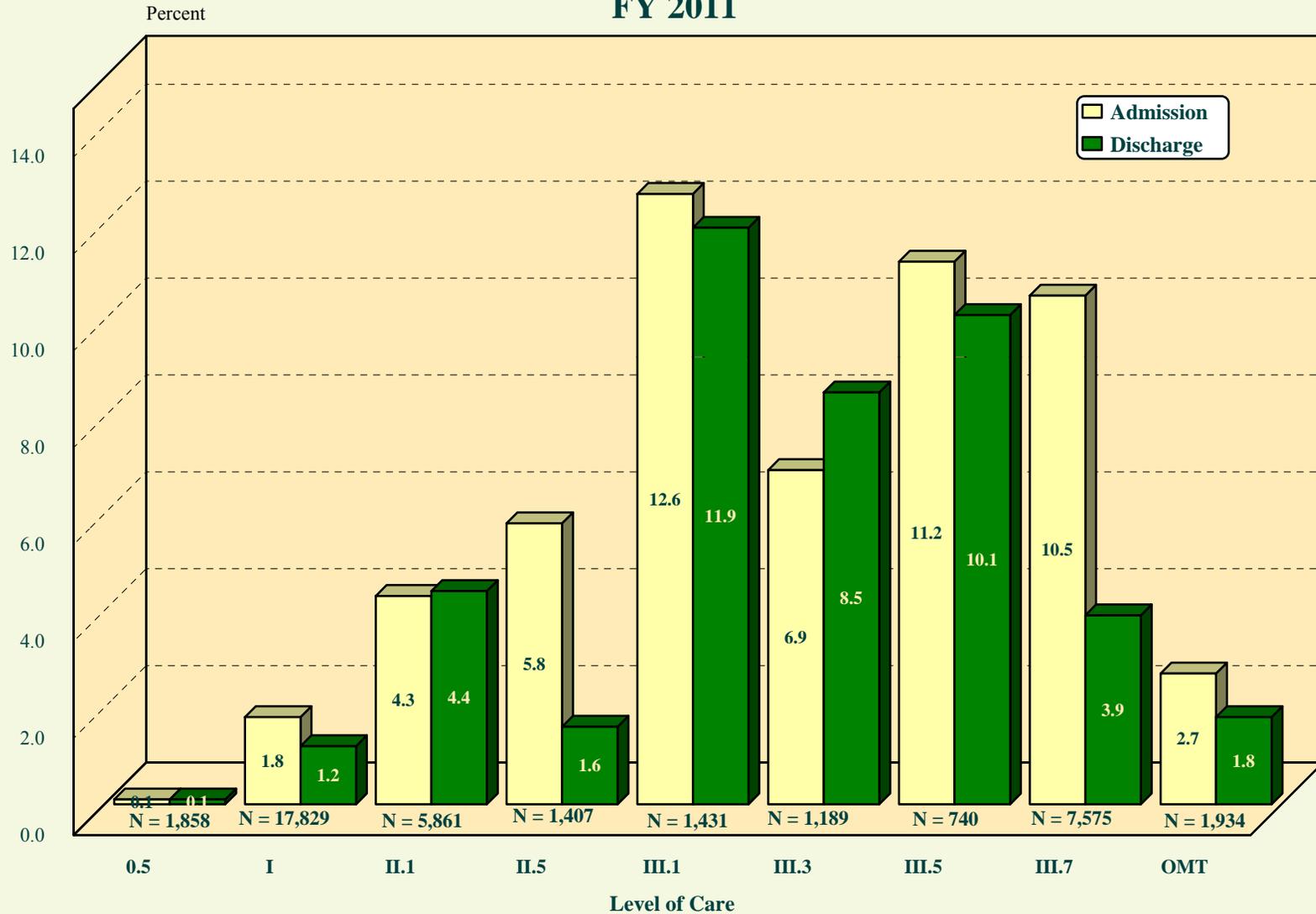
Table 11 presents the arrest outcome distributed by program location. The overall statewide decrease in patients arrested from admission to discharge was 65.1 percent.

Table 11
Arrested in the 30 Days before Admission and before Discharge from
State-Supported Alcohol and Drug-Abuse-Treatment Programs
Reporting Data by Provider Location
FY 2011

Subdivision	Discharges	Arrested before Admission		Arrested before Discharge		Percentage Change
		N	%	N	%	
Allegany	1318	167	12.7	21	1.6	-87.4
Anne Arundel	3992	316	7.9	51	1.3	-83.9
Baltimore City	9533	688	7.2	431	4.5	-37.4
Baltimore County	3701	180	4.9	67	1.8	-62.8
Calvert	1671	256	15.3	46	2.8	-82.0
Caroline	225	6	2.7	4	1.8	-33.3
Carroll	1298	85	6.5	44	3.4	-48.2
Cecil	612	37	6.0	10	1.6	-73.0
Charles	910	59	6.5	13	1.4	-78.0
Dorchester	2330	218	9.4	34	1.5	-84.4
Frederick	2009	198	9.9	35	1.7	-82.3
Garrett	297	36	12.1	11	3.7	-69.4
Harford	735	48	6.5	28	3.8	-41.7
Howard	679	62	9.1	25	3.7	-59.7
Kent	755	60	7.9	25	3.3	-58.3
Montgomery	1796	200	11.1	22	1.2	-89.0
Prince George's	1896	122	6.4	65	3.4	-46.7
Queen Anne's	328	27	8.2	18	5.5	-33.3
St. Mary's	1355	95	7.0	12	0.9	-87.4
Somerset	258	12	4.7	16	6.2	33.3
Talbot	433	74	17.1	10	2.3	-86.5
Washington	1268	96	7.6	38	3.0	-60.4
Wicomico	988	93	9.4	56	5.7	-39.8
Worcester	1408	104	7.4	47	3.3	-54.8
Statewide	6	2	33.3	2	33.3	0.0
Total	39801	3241	8.1	1131	2.8	-65.1

Note: Detoxification levels of care are excluded.

Figure 30
Percentages Homeless at Admission to and at Discharge from State-Supported Alcohol and Drug-Abuse-Treatment Programs Reporting Data
FY 2011

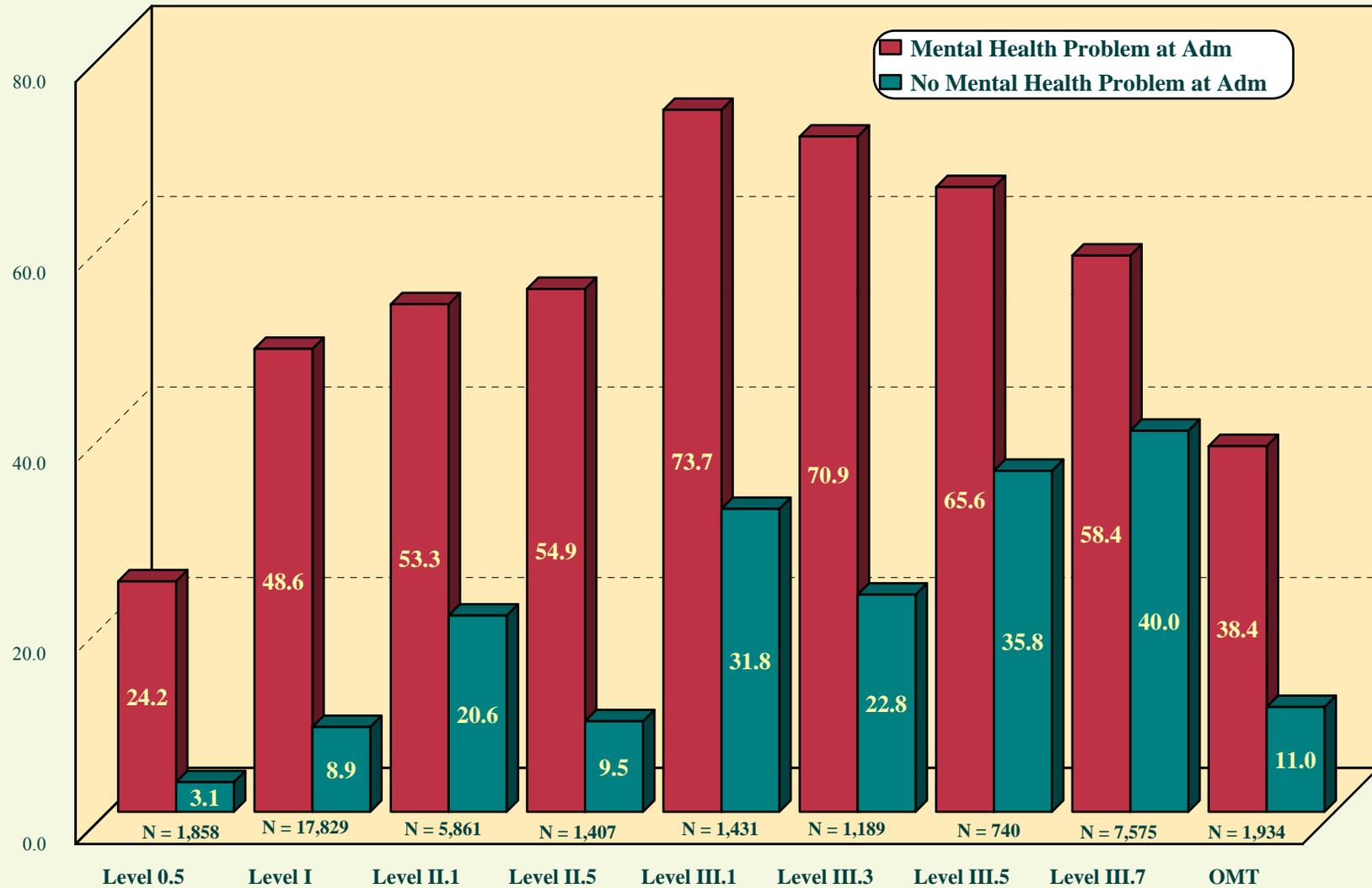


Note: In order to distribute the data by the final level of care in treatment episodes the analysis was restricted to cases in which the dis-enrollment coincided with the discharge - substance use information is collected at discharge and not at dis-enrollment from each level of care.

Homelessness Outcome

Figure 30 presents the percentages of discharged patients who were homeless at admission compared to the percentages homeless at discharge. At about 13 percent, halfway houses (Level III.1) had the largest percentage of their admissions reported as homeless. Reductions in homelessness were achieved in every level of care except II.1 and III.3, where there were more patients homeless at discharge than at admission.

Figure 31
Percentages Receiving Mental-Health Treatment in State-Supported Alcohol
and Drug-Abuse-Treatment Programs Reporting Data
by Mental-Health Status at Admission
FY 2011



Note: In order to distribute the data by level of care the analysis was restricted to cases in which the disenrollment coincided with the discharge - mental health treatment information is collected at discharge and not at dis-enrollment from levels of care.

Mental-Health Treatment

Figure 31 presents the percentages of discharges that received mental-health treatment either within or outside the substance-abuse program during the substance-abuse treatment episode, distributed by the assessment of a mental-health problem at admission and levels of care. The residential levels were most likely to involve mental-health treatment. In III.1, 32 percent of those considered to have no mental-health problem and 74 percent of those with mental-health problems at admission received mental-health treatment. Least likely to involve mental-health treatment for those believed to have problems at admission were Level 0.5 and OMT.