

**Outlook and Outcomes in
Substance-Related Disorder
Treatment
FY 14**

Maryland Behavioral Health
Administration

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The data in this report reflect primary-patient admissions to and discharges from programs receiving state funding, reported to the Statewide Maryland Automated Record Tracking (SMART) system, a Web-based tool that provides consent-driven patient-tracking. Programs receiving any public funds were required to report data on all their patients regardless of source of payment for individual patients. This summary of reporting over six years represents the final such report based on SMART reporting. Effective January 1, 2015 data-reporting by substance-related disorder (SRD) treatment programs was directed to an Administrative Service Organization.

Admissions represent the initiation of treatment episodes within individual programs. Enrollments reflect patient transfers to different levels of care within episodes.

Levels of Care are defined later in this report. On average in FY 14 individual patients experienced 1.26 admissions and 1.55 enrollments.

With the impending transition to a new reporting system in CY 2015, reporting to SMART declined by 5 percent in FY 2013 and 10 percent in FY 14, as shown in Figures 1 and 2. As will be shown later in this report, a reduction in referrals from criminal-justice agencies, associated with declining statewide arrests for DUI and drug possession and sales, was also a factor.

Figure 2 shows the number of admissions with previous treatment experience has been stable at about 65 percent of the total over the six years.

Figure 1
Individuals, Admissions and Enrollments in State-Supported Substance-Related Disorder Treatment Programs Reporting Data
FY 2009 to FY 2014

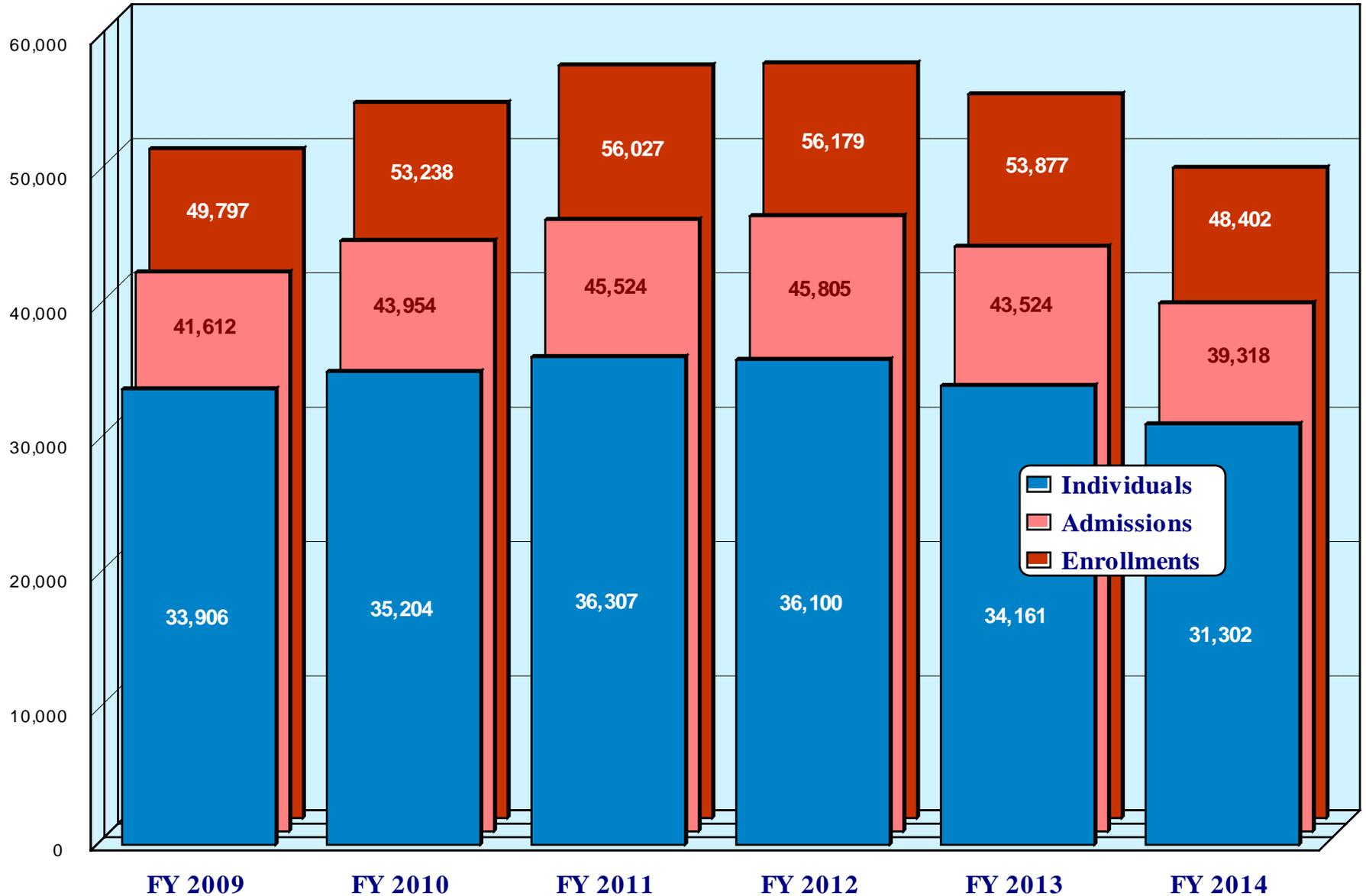
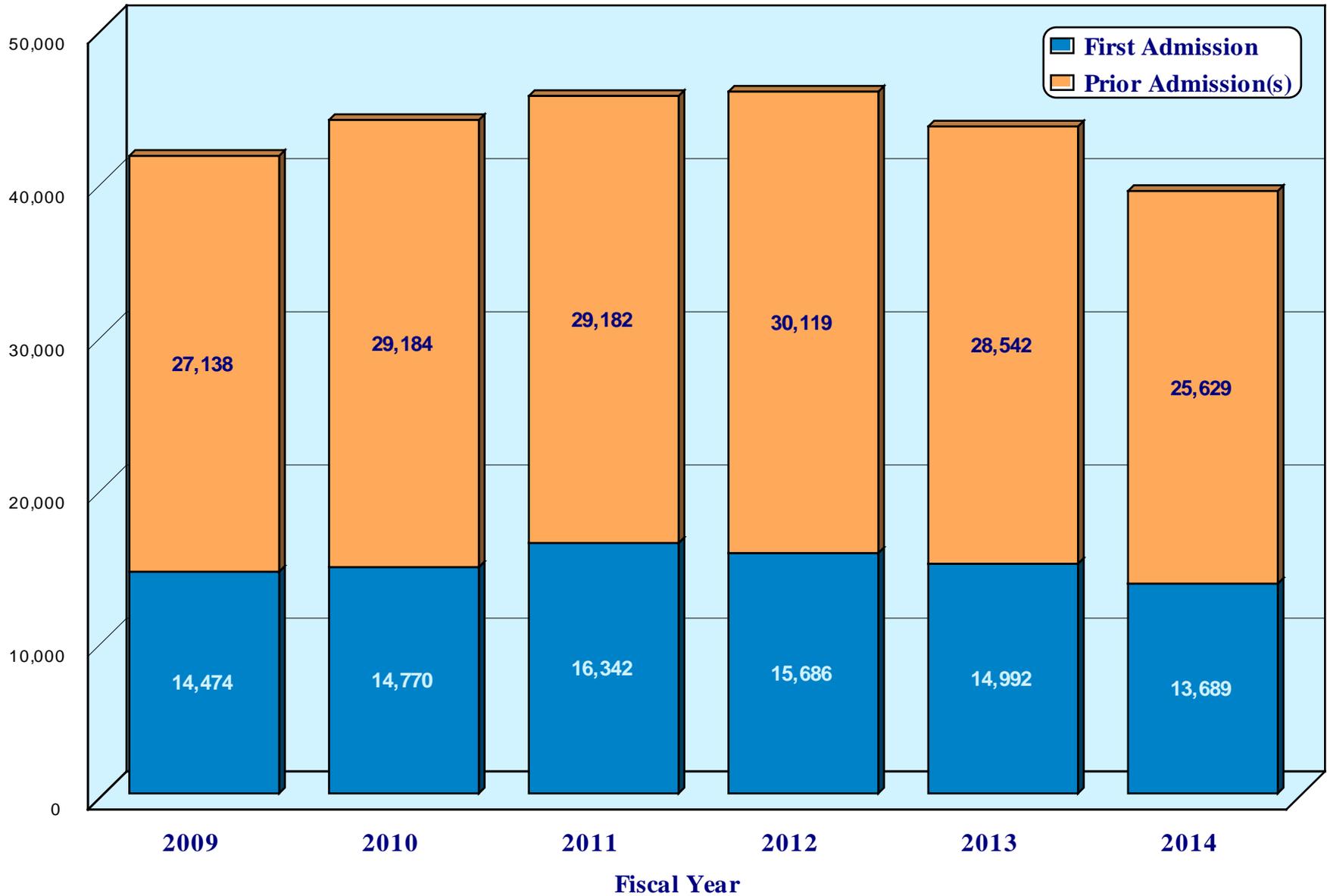


Figure 2
Prior Admission to State-Supported Substance-Related Disorder Treatment Programs Reporting Data
FY 2009 to FY 2014



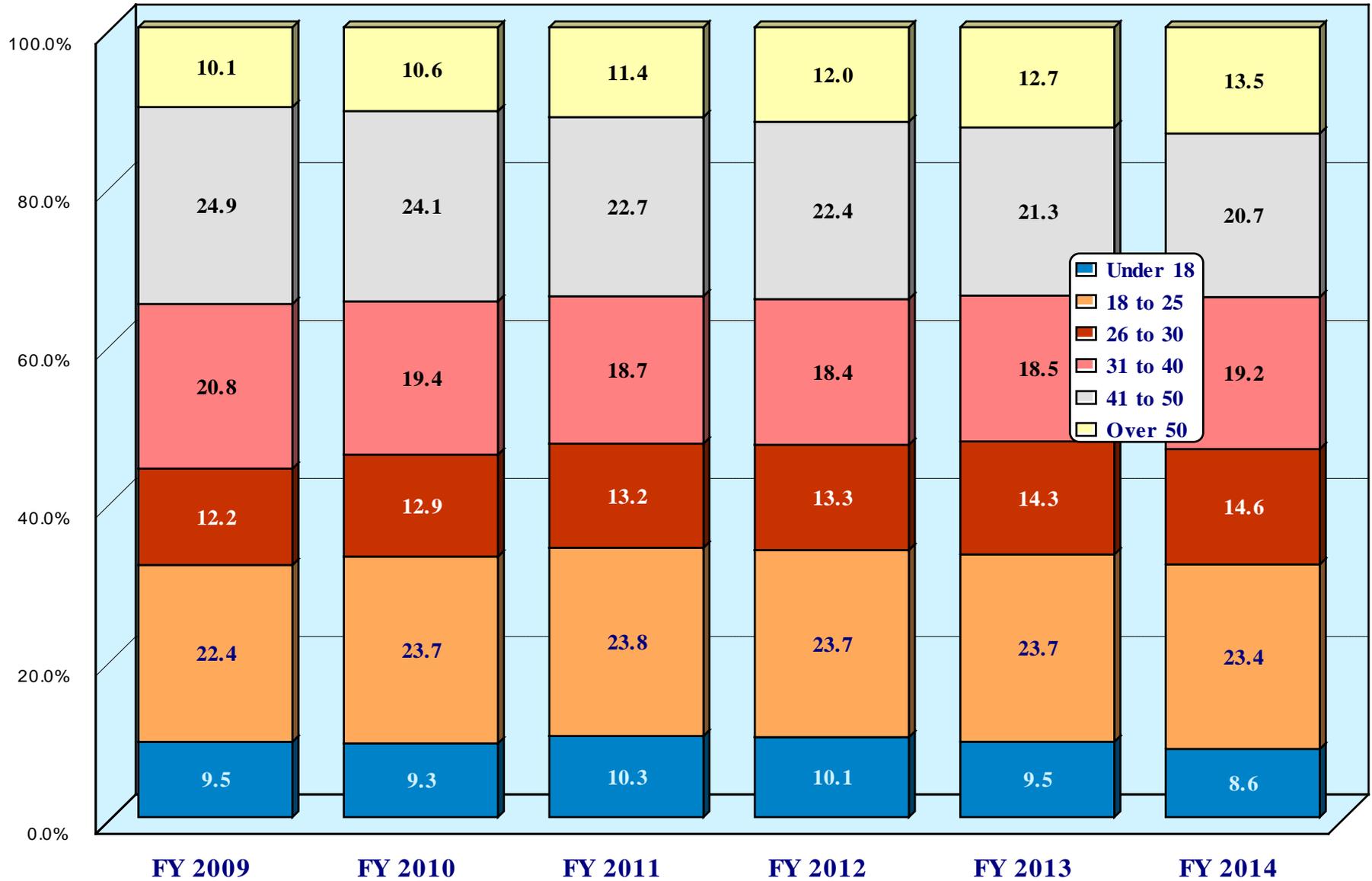
As the reduction in volume of admissions is largely a reporting artifact, it will be most informative to examine trends in percentages over the past six fiscal years.

Age at Admission

Figure 3 shows relatively little variation in the distribution of age of admissions over the six years, although there is a steady increase of nearly 20 percent in admissions in the 26 to 30 age category and an increase of a third in admissions over age 50. The percent of admissions involving adolescents fell by 16 percent in the last four years.

Figure 2

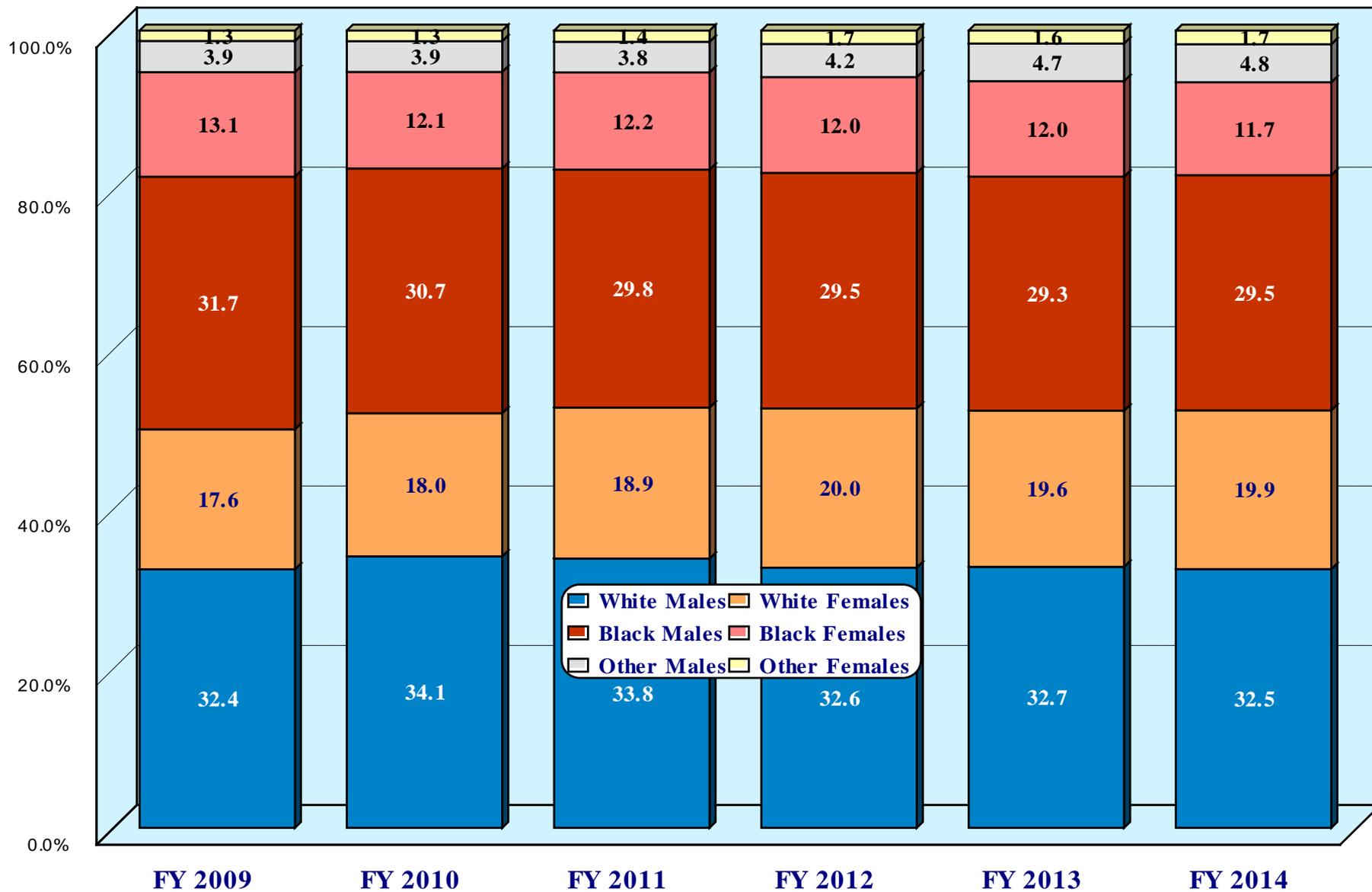
**Age at Admission to State-Supported Substance-Related Disorder Treatment Programs Reporting Data
FY 2009 to FY 2014**



Race and Gender

The race and gender breakdown of admissions is shown in Figure 4. While the percentage of white female admissions increased by 13 percent in six years, admissions involving black females fell by 11 percent. The percentage of white male admissions increased slightly and black male admissions declined by 7 percent. As will be shown later in this report, dramatic increases in heroin problems among white admissions is correlated with this racial transition. Both males and females of other races increased significantly in percentage, largely reflecting greater access to services by Hispanics.

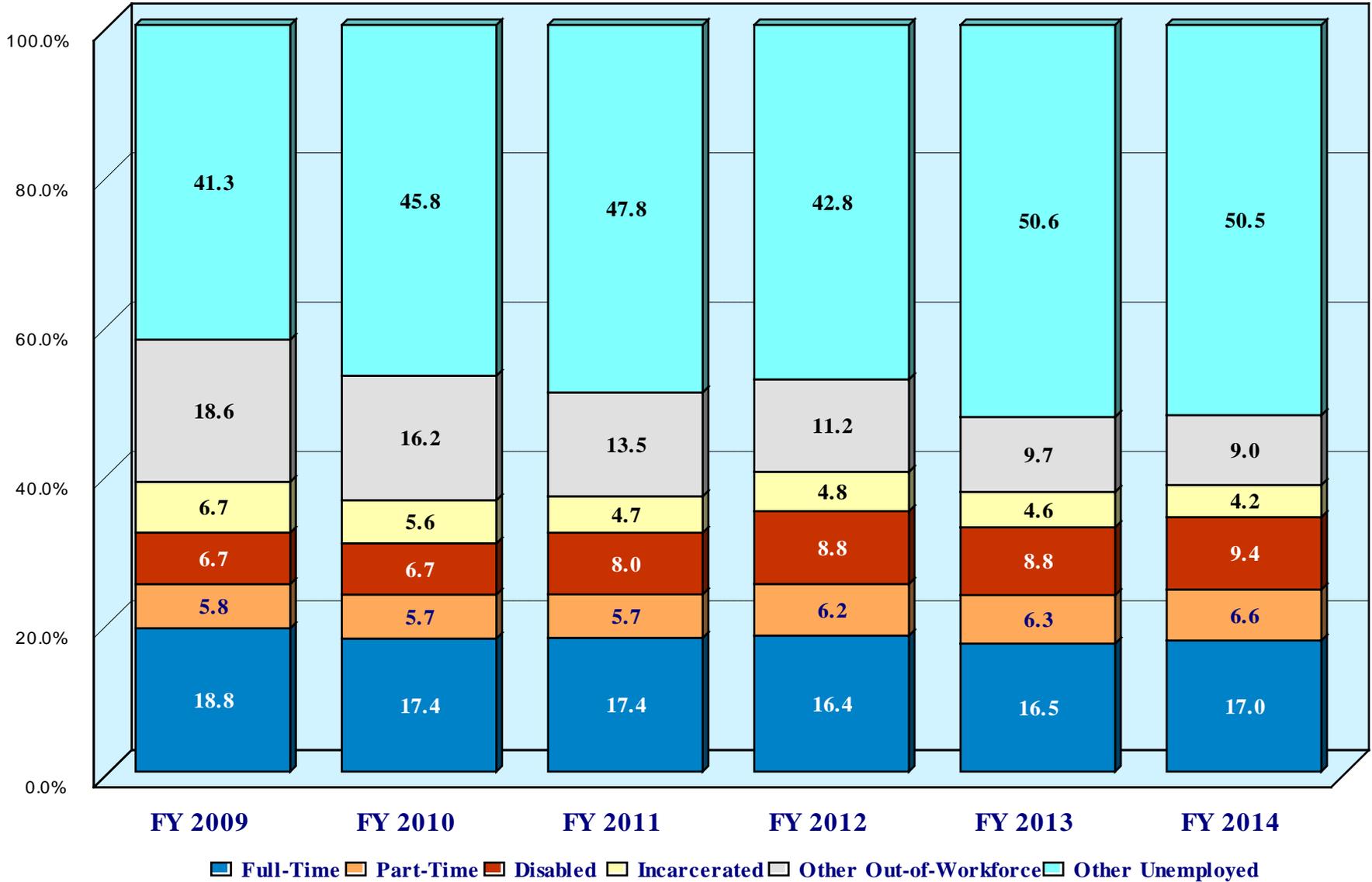
Figure 4
Race/Gender among Admissions to State-Supported Substance-Related Disorder Treatment Programs
Reporting Data
FY 2009 to FY 2014



Employment Status

Figure 5 displays the distributions of adult admissions by employment status. While the total percentage unemployed from FY 09 to 14 was fairly stable at about 73 percent, there was a 22 percent shift away from out-of-the-workforce categories toward the percentage of patients presumably seeking work. The exception was the Disabled category, which jumped by 39 percent. Full-time employment fell by 10 percent while part-time employment advanced by 14.

Figure 5
Employment Status at Admission to State-Supported Substance-Related Disorder Treatment Programs
Reporting Data
FY 2009 to FY 2014



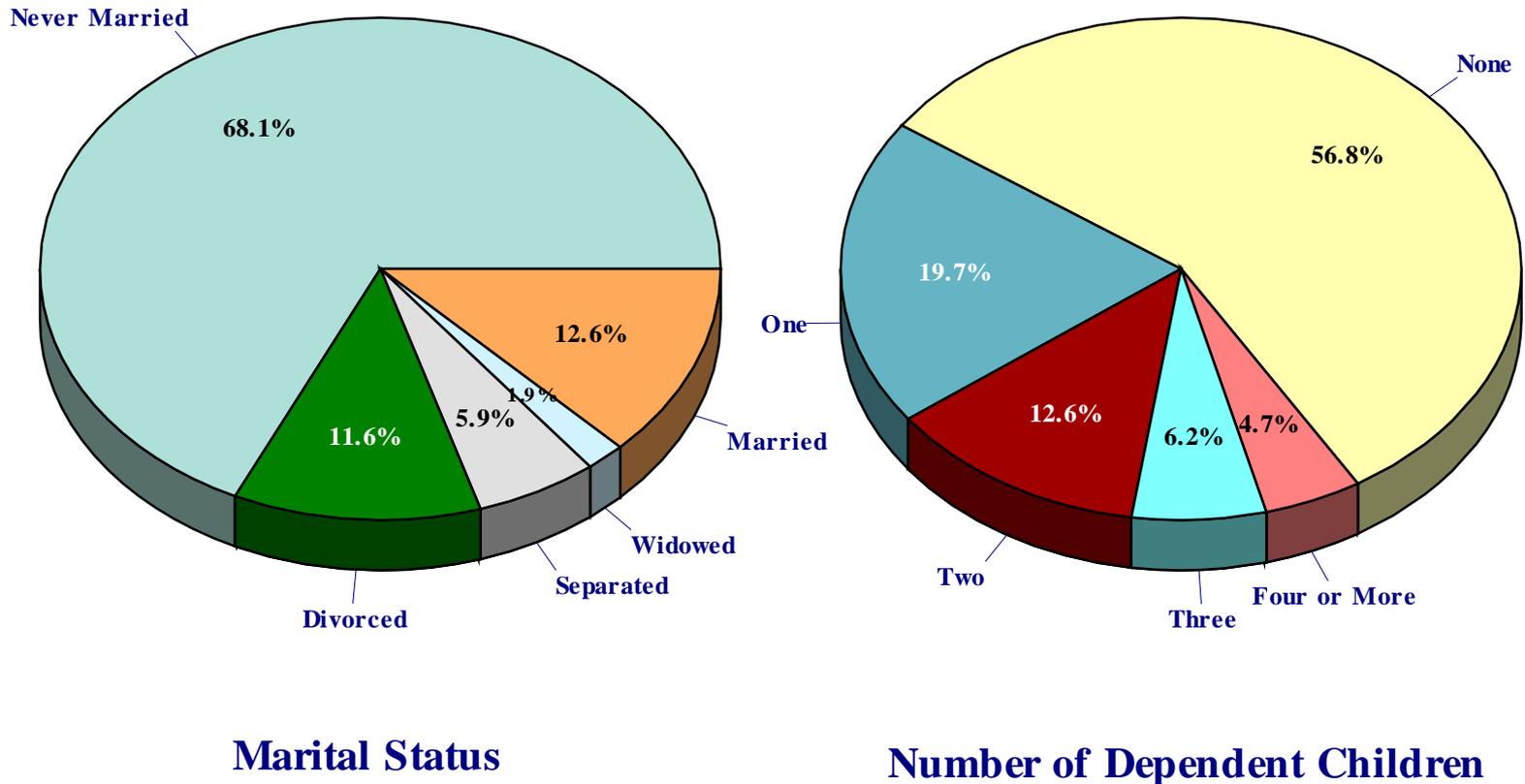
Marital Status & Dependent Children

Nearly seventy percent of FY 14 adult admissions had never been married and 13 percent were married or in a common-law relationship, as shown in Figure 6.

Forty-three percent of the admissions to treatment in FY 14 reported having one or more dependent children. The 21,299 unduplicated adult males admitted during FY 14 reported a total of 15,213 dependent children, while the 9,437 individual females reported 10,239 dependent children.

Of the 11,311 females of child-bearing age admitted during FY 14, 523 were reported pregnant at admission.

Figure 6
Marital Status and Number of Dependent Children among
Adult Admissions to State-Supported Substance-Related Disorder
Treatment Programs Reporting Data
FY 2014



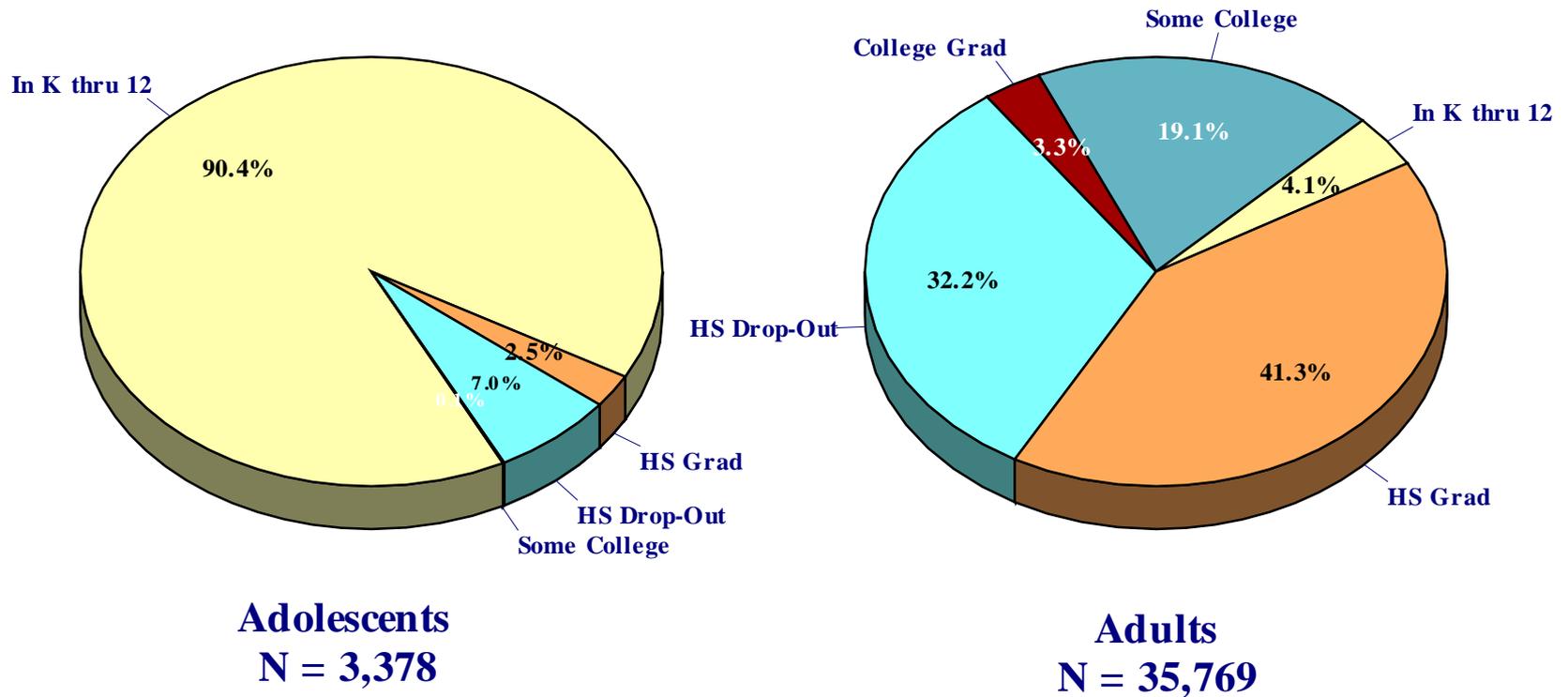
Patient Residence

Admissions are distributed by percentage location of residence from FY 09 to FY 14 in Table 1. The largest five-year increases in percentages involved residents of Cecil, Harford, Howard, Dorchester and Calvert counties. Excluding St. Mary's, which had particularly significant reporting issues, the largest declines were in Garrett, Kent and Montgomery counties. Out-of-State residents, primarily from Delaware, Washington, D. C. and Virginia, decreased by 17 percent.

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 64 percent of adult FY 14 treatment admissions had high-school diplomas. Seven percent of adolescents and nearly a third of adults admitted could be classified as high-school drop-outs.

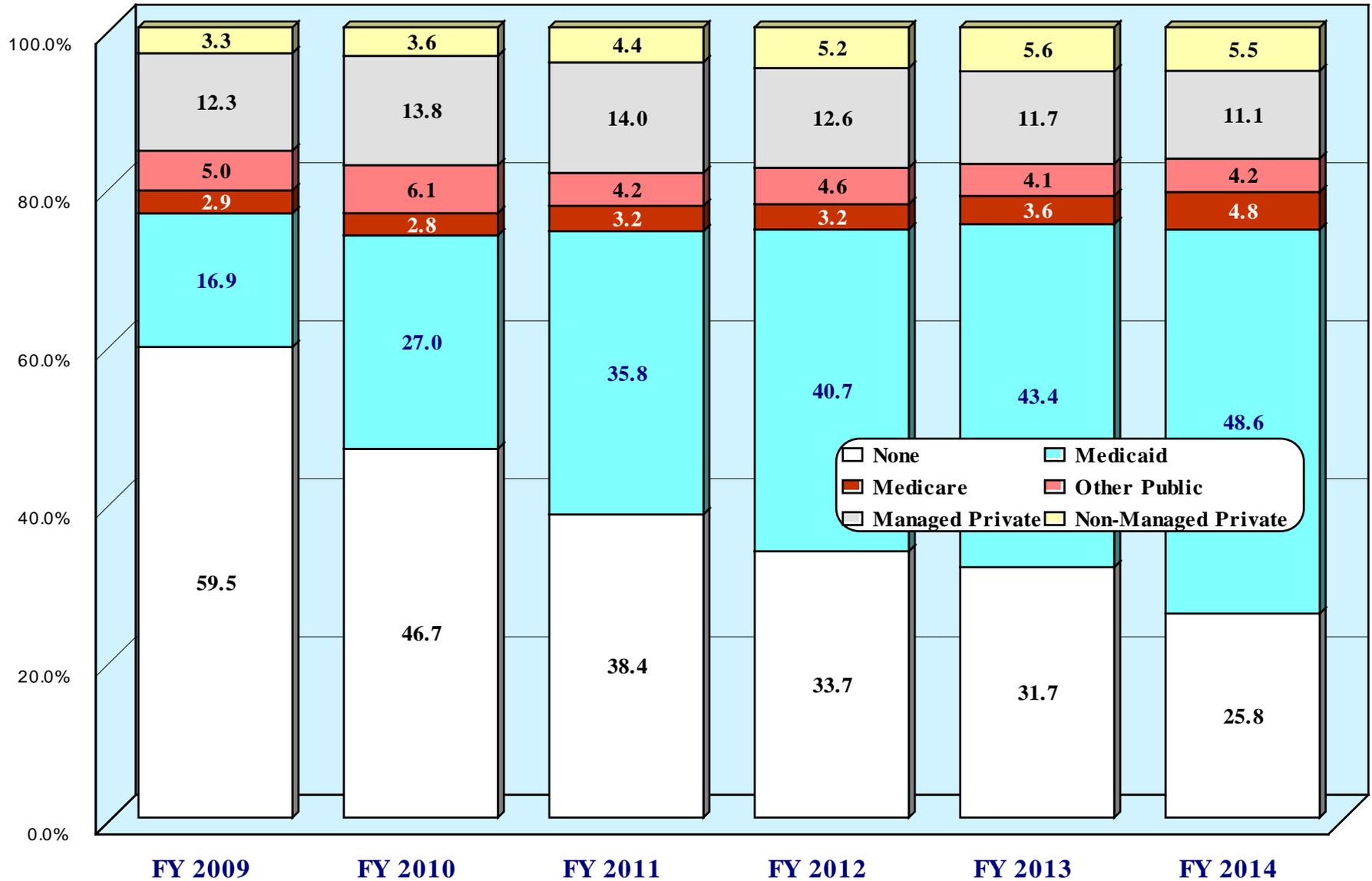
Figure 7
Educational Attainment among Adolescent and Adult Admissions to
State-Supported Substance-Related Disorder Treatment Programs
Reporting Data
FY 2014



Health Coverage

Health coverage of admissions is shown in Figure 8. The reported coverage does not necessarily reflect payment for the immediate treatment episode. Admissions involving patients with no health coverage decreased steadily from 60 percent in FY 08 to just over one-fourth in FY 14, while the percentage with Medicaid nearly tripled. Admissions with private insurance were relatively stable.

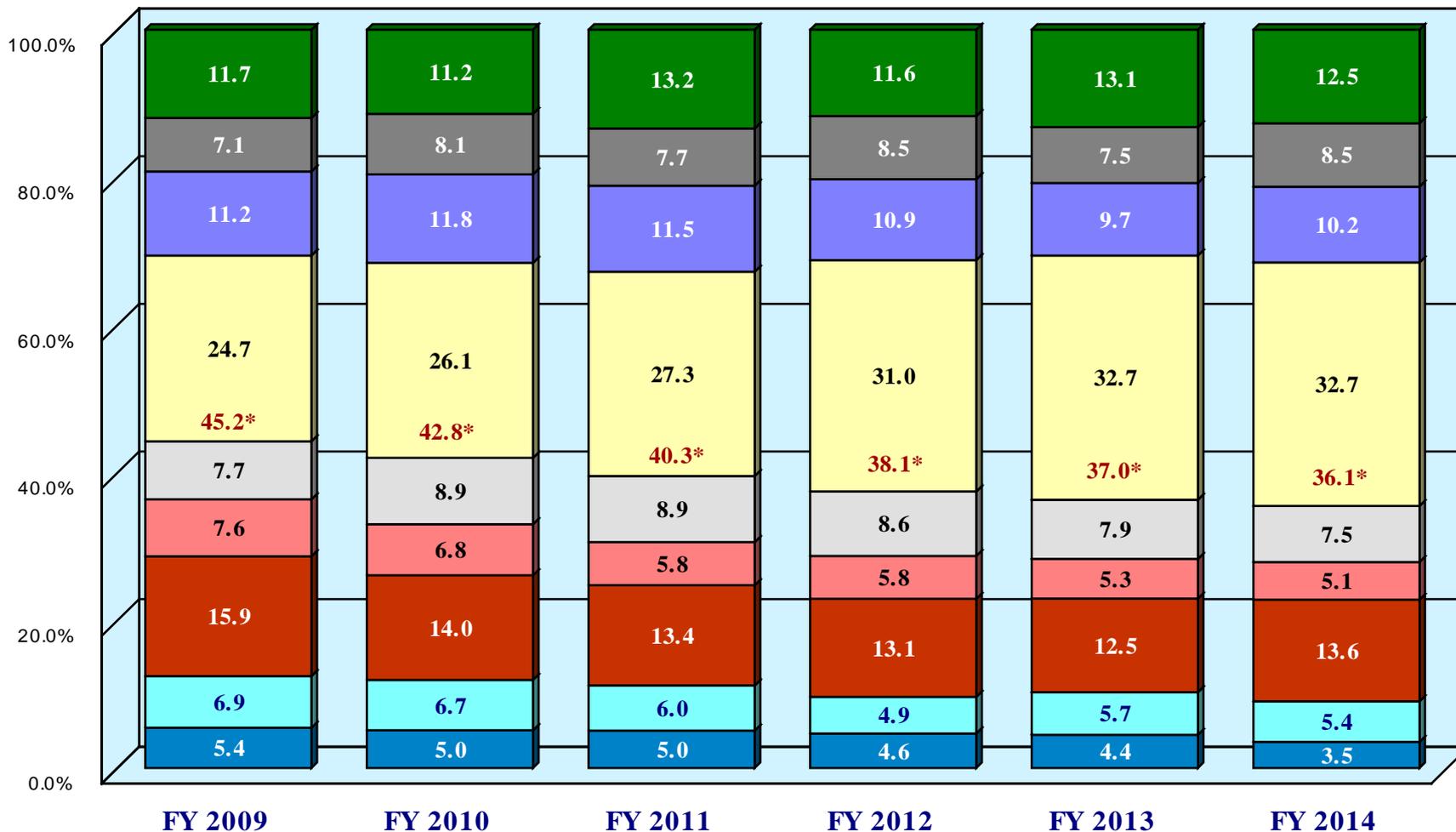
Figure 8
Health-Care Coverage among Admissions to State-Supported Substance-Related Disorder Treatment
Programs Reporting Data
FY 2009 to FY 2014



Source of Referral

Figure 9 shows about a third of FY 14 admissions were self or family referrals, up from 25 percent in FY 09. Criminal-justice sources accounted for 36 percent of admissions in FY 14, a 20 percent reduction from FY 09. As most criminal-justice referrals originate in arrests, a 6 percent reduction in arrests for drug sales and possession from 2009 to 2013 (15 percent since 2008) and a 12 percent decline in arrests for Driving Under the Influence help explain the declining referrals. Arrest data were drawn from Maryland State Police Crime in Maryland reports.

Figure 9
Source of Referral among Admissions to State-Supported Substance-Related Disorder Treatment
Programs Reporting Data
FY 2009 to FY 2014



*Total Criminal Justice Percentage

ASAM Levels

The following two slides present definitions of ASAM levels.

Table 2 presents the distributions of state-supported admissions and enrollments by level of care over the past six 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 overall ratio of enrollments to admissions was about 1.23 for the last four years. Not surprisingly the highest enrollment/admission ratios were in levels of care to which patients are typically transferred or referred from more intensive levels.

Consistently just over two-thirds of admissions entered ambulatory levels of care.

Defining Treatment Levels of Care

Early Intervention (0.5) – Outpatient counseling for individuals who do not meet criteria for a substance use disorder, but who are at high risk for alcohol or other drug problems (e.g., DUI patients, school based early intervention).

Level I - Outpatient Treatment (I) – Nonresidential, structured treatment services for less than nine hours a week per patient. Examples include office practice, health clinics, primary care clinics, mental health clinics, and “step down” programs that provide individual, group and family counseling services. Detoxification services are delivered in Level I.D.

Opioid Maintenance Therapy (I-OTP) – Medication assisted treatment specific to opioid addiction. Patients are medically supervised and engaged in structured clinical protocols. Services are delivered under a defined set of policies, procedures and medical protocols. Methadone maintenance programs are an example of this level of care. Detoxification services are delivered in Level OMT.D.

Level II - Intensive Outpatient (II.1) – A structured therapeutic milieu in an outpatient setting that delivers nine or more hours of structured treatment services per patient, per week.

Partial Hospitalization (II.5) - Provides each patient with 20 or more hours of clinically intensive programming per week based on individual treatment plans. Programs have pre-defined access to psychiatric, medical and laboratory services. Detoxification services are delivered in Level II.D.

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Level III - Clinically Managed Low Intensity Residential Treatment (III.1) - Provides Level I treatment services to patients in a residential setting such as a halfway house.

Clinically Managed Medium Intensity Residential Treatment (III.3)- Programs provide a structured recovery environment in combination with clinical services. For example, a therapeutic rehabilitation facility offering long-term care.

Clinically Managed High Intensity Residential Treatment (III.5)- A structured therapeutic community providing a recovery environment in combination with intense clinical services, such as a residential treatment center.

Medically-Monitored Intensive Inpatient Treatment (III.7)- Programs offering a planned regimen of 24 hour professionally directed evaluation, care and treatment for addicted patients in an inpatient setting, Level III.7 care is delivered by an interdisciplinary staff to patients whose sub-acute biomedical and emotional/behavioral problems are sufficiently severe to require inpatient care. Detoxification services are delivered in Level III.7.D.

Source: ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders, (Second Edition -- Revised): (ASAM PPC-2R) April, 2001.

Table 2
Admissions and Enrollments by ASAM Level of Care in State-Supported Substance-Related Disorder Treatment Programs Reporting Data
FY 2009 to FY 2014

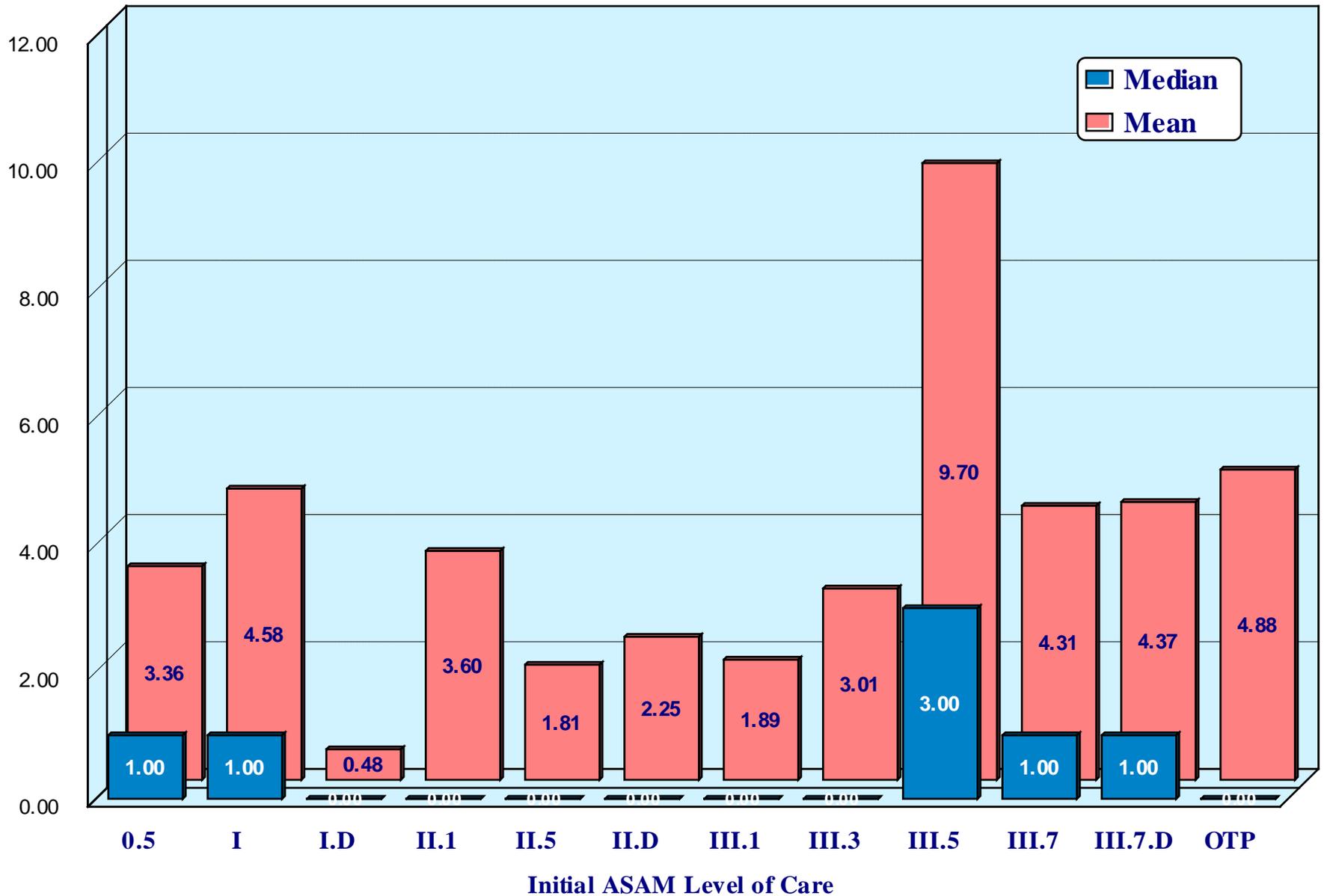
ASAM Level of Care	FY 2009		FY 2010		FY 2011		FY 2012		FY 2013		FY 2014	
	Adm	Enr										
Level 0.5	687	703	1027	1069	2131	2207	1859	1945	1764	1882	1834	1934
Level I	17338	20525	17310	20605	17252	21278	16411	20299	15830	19721	14261	17620
Level I.D	323	414	225	278	45	49	65	75	91	115	29	33
Level II.1	7045	8317	7126	8441	7837	9483	8231	9888	7944	9737	6647	8392
Level II.5	444	1071	792	1517	971	1797	837	1692	1063	1868	1536	2265
Level II.D	89	99	102	120	105	126	53	62	33	34	12	16
Level III.1	1687	1765	1539	1678	1364	1519	1217	1368	1005	1203	768	852
Level III.3	748	851	1488	1622	1618	1726	1470	1552	1321	1439	903	1018
Level III.5	1115	1362	1163	1313	1074	1202	1228	1359	933	1104	564	698
Level III.7	4583	6773	5028	8040	5042	8097	5130	8162	4783	7488	4312	6752
Level III.7.D	4676	4768	5280	5381	5089	5176	5268	5367	5074	5169	4972	5034
OTP	2871	3142	2863	3162	2905	3258	3984	4356	3652	4086	3477	3785
OTP.D	6	7	11	12	91	109	52	54	31	31	3	3
Total	41612	49797	43954	53238	45524	56027	45805	56179	43524	53877	39318	48402

Waiting Time to Enter Treatment

Figure 10 shows those seeking State-supported SRD 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 except III.5. For Levels I.D, II.5, II.D, III.1, III.3 and OTP 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 36 percent from 6.6 in FY 09 to 4.2 in FY 14.

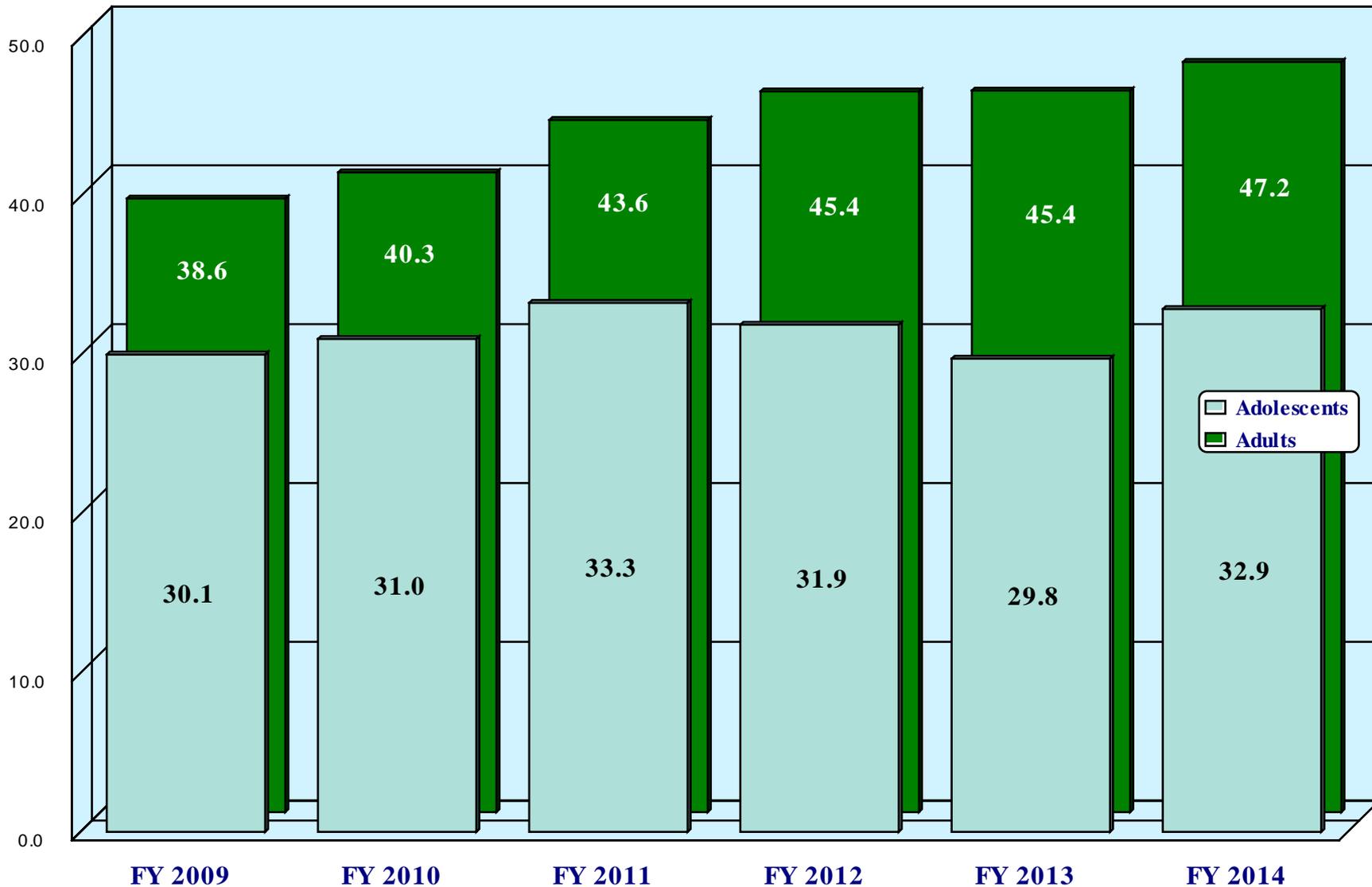
Figure 10
Median and Mean Days Waiting for Admission to State-Supported Substance-Related Disorder Treatment Programs Reporting Data
FY 2014



Mental-Health Problems

There was a fairly steady increase in the percentage of admissions identified as reporting mental-health problems in addition to substance-related-disorders. Figure 11 shows a third of adolescents and 47 percent of adults had mental-health issues at admission to State-supported SRD treatment in FY 14. In both groups, but especially among adults, females were significantly more likely to be reported as having mental-health problems than males – adolescent females were at 47 percent and adult females were at 63 percent in FY 14.

Figure 11
Mental-Health Problems among Adolescent and Adult Admissions to State-Supported Substance-Related Disorder Treatment Programs Reporting Data
FY 2009 to FY 2014

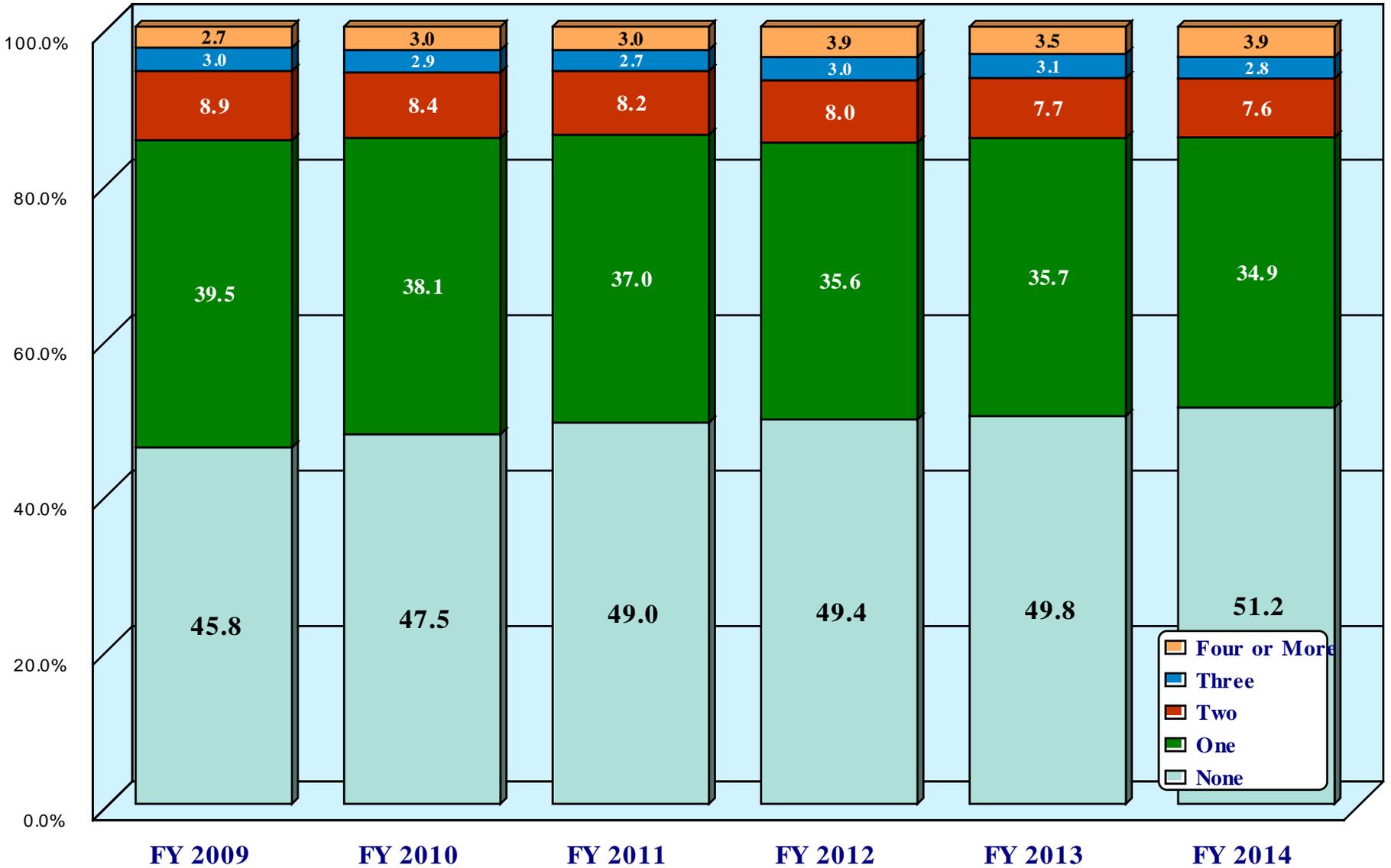


Arrests

Over half of admissions had not been arrested in the year preceding admission to treatment in FY 14 (Figure 12). An increase of 12 percent in this no-arrest category since FY 09 is consistent with the reduction in criminal-justice referrals as well as the State Police reporting on statewide arrests.

Figure 12

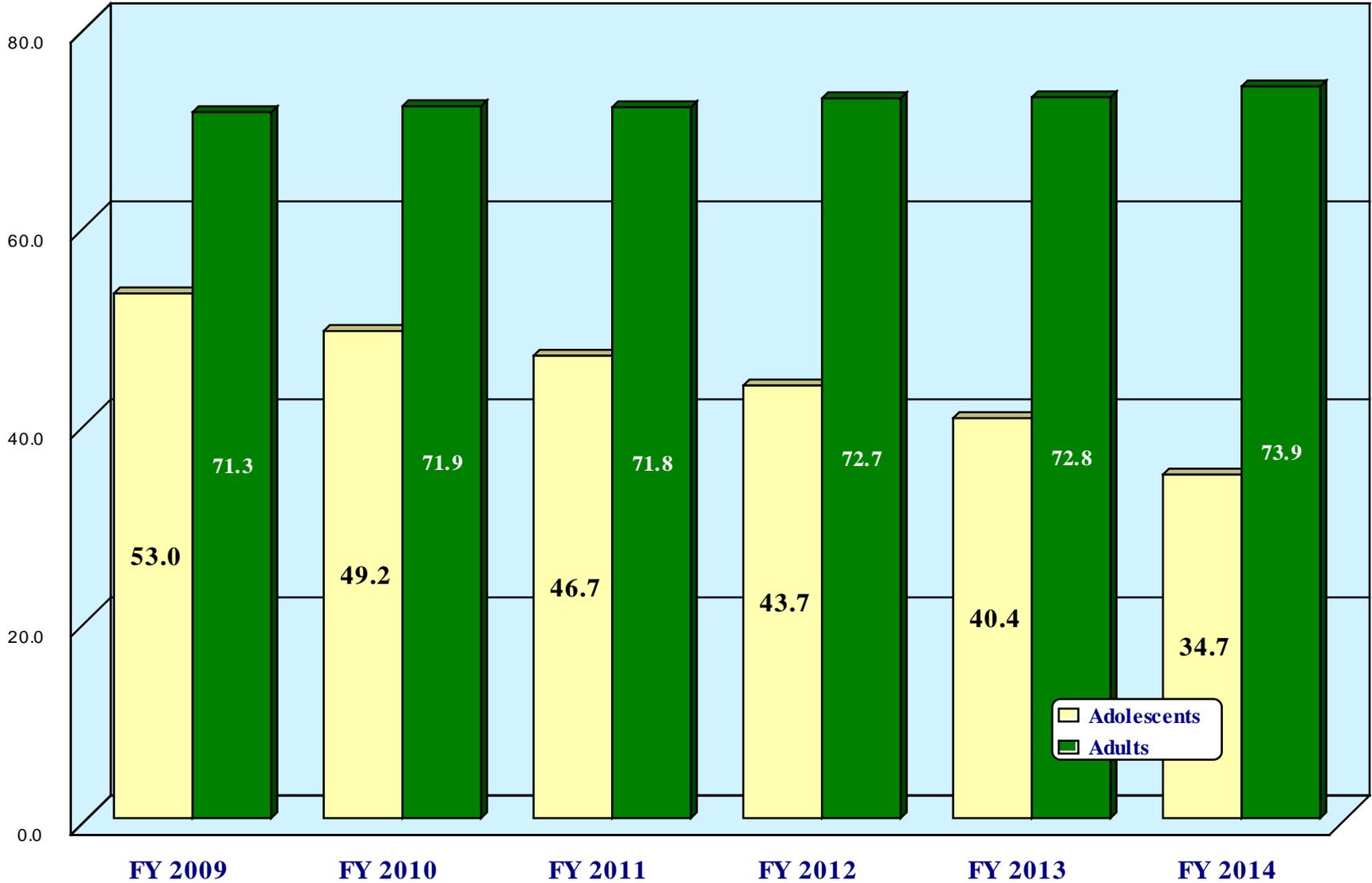
**Number of Arrests in the 12 Months before Admission to State-Supported Substance-Related-Disorder Treatment Programs Reporting Data
FY 2009 to FY 2014**



Tobacco Use

Figure 13 shows the percentages of adolescent and adult admissions using tobacco in the month preceding admission. Thirty-five percent of adolescents and 74 percent of adult admissions were current smokers in FY 14, far exceeding the percentages in the general population. While percentages of adult smokers have crept slightly upward over the years, it is encouraging to note that percentages of adolescents smoking at admission have fallen by 35 percent since FY 09. As was the case with mental-health problems, females were more likely than males to be smokers in both age groups.

Figure 13
Tobacco Use in the 30 Days before Admission to State-Supported Substance-Related Disorder Treatment
Programs Reporting Data
FY 2009 to FY 2014



Substance-Related Disorders

The patterns of substance problems among admissions are shown in Figure 14. Alcohol involvement has declined by 16 percent since FY 09, and in FY 14 it was a problem in less than half of admissions.

Consistently, about sixty percent of admissions involved multiple substance problems; however, excluding alcohol, multiple drug problems increased from 37 to 42 percent.

In every year about 93 percent of adolescent admissions involved marijuana; however, the percentage involving both alcohol and marijuana fell 31 percent from 44 in FY 09 to 30 in FY 14.

Figure 14
Pattern of Substance Problems among Admission to State-Supported Substance-Related Disorder
Treatment Programs Reporting Data
FY 2009 to FY 2014

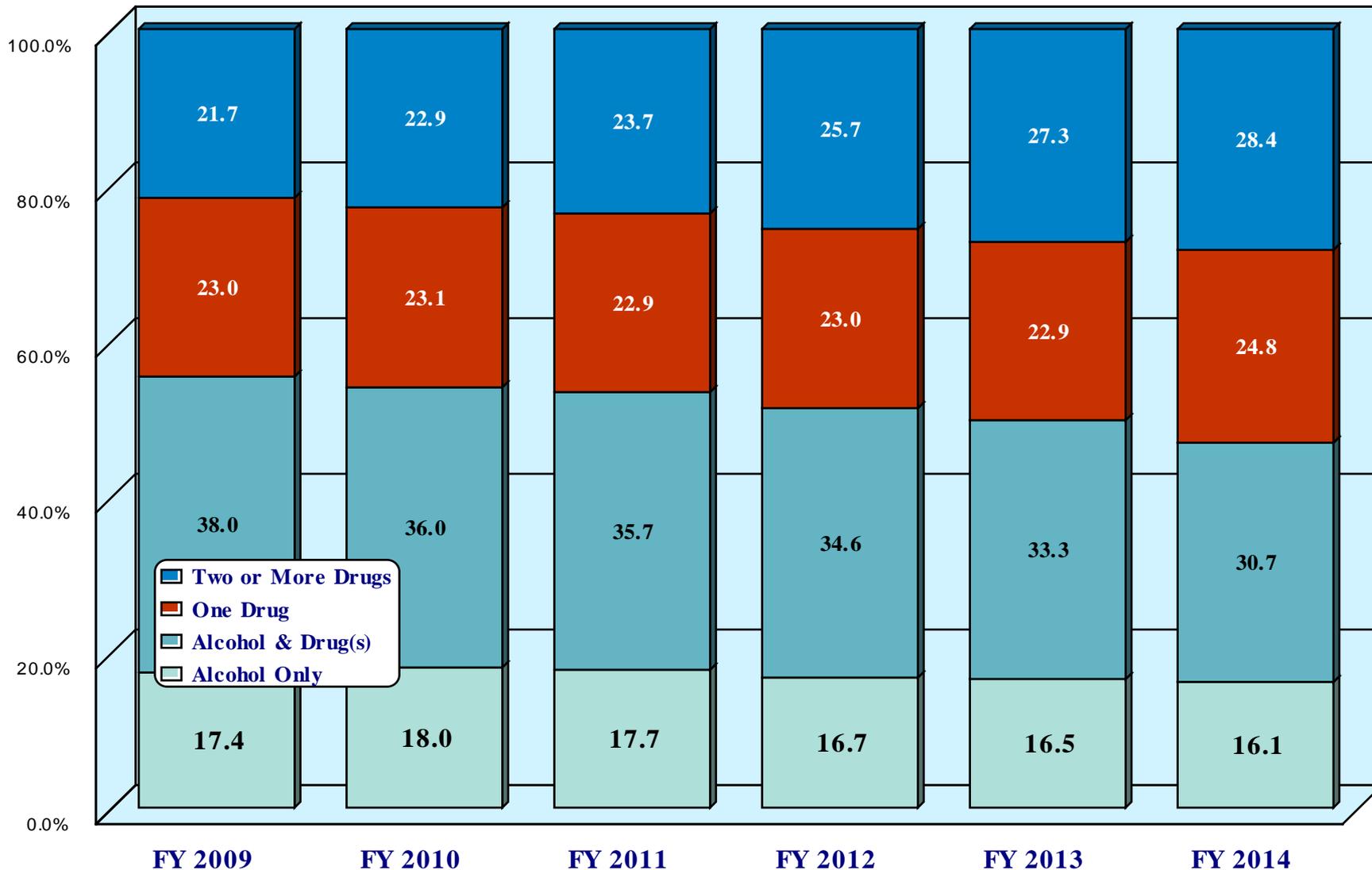


Table 3 presents detail on the substance problems reported for admissions from FY 09 to FY 14. Despite the reduced reporting, raw numbers of admissions involving heroin increased by 19 percent over the six years. As a percentage of total admissions heroin increased by 26 percent. Oxycodone-related admissions more than doubled from FY 09 to FY 12; however, since FY 12 they fell by 19 percent. In terms of percentages, admissions involving prescription opioids (including methadone, oxycodone and other opioids) increased 39 percent over the six years, despite declining in each of the last two. In raw numbers, benzodiazepine-related admissions doubled over the six years. Alcohol, crack and other cocaine-related admissions declined dramatically in both raw numbers and percentages.

Table 3
Substance Problems among Admissions to State-Supported Substance-Related Disorder Treatment
Programs Reporting Data
FY 2009 to FY 2014

Substance Problems	FY 2009		FY 2010		FY 2011		FY 2012		FY 2013		FY 2014	
	#	%	#	%	#	%	#	%	#	%	#	%
Alcohol	23039	55.4	23730	54.0	24299	53.4	23499	51.3	21659	49.8	18427	46.9
Crack	9987	24.0	9234	21.0	8918	19.6	8844	19.3	7445	17.1	6440	16.4
Other Cocaine	5054	12.1	5011	11.4	5215	11.5	5369	11.7	4467	10.3	3999	10.2
Marijuana/Hashish	16273	39.1	17226	39.2	18665	41.0	18586	40.6	17870	41.1	15713	40.0
Heroin	12589	30.3	13643	31.0	12993	28.5	13699	29.9	14751	33.9	15013	38.2
Non-Rx Methadone	521	1.3	523	1.2	560	1.2	542	1.2	416	1.0	332	0.8
Oxycodone	2997	7.2	4254	9.7	5247	11.5	6125	13.4	6004	13.8	4943	12.6
Other Opioids	1786	4.3	2287	5.2	2736	6.0	2888	6.3	2285	5.3	1701	4.3
PCP	861	2.1	917	2.1	954	2.1	962	2.1	878	2.0	766	1.9
Hallucinogens	277	0.7	224	0.5	322	0.7	315	0.7	349	0.8	149	0.4
Methamphetamines	123	0.3	136	0.3	111	0.2	140	0.3	130	0.3	123	0.3
Other Amphetamines	302	0.7	295	0.7	317	0.7	330	0.7	329	0.8	284	0.7
Stimulants	29	0.1	36	0.1	44	0.1	50	0.1	87	0.2	91	0.2
Benzodiazepines	1500	3.6	2119	4.8	2673	5.9	3051	6.7	3131	7.2	2985	7.6
Other Tranquilizers	6	0.0	6	0.0	10	0.0	6	0.0	4	0.0	5	0.0
Barbiturates	31	0.1	19	0.0	22	0.0	17	0.0	15	0.0	16	0.0
Other Sedatives or Hypnotics	63	0.2	70	0.2	84	0.2	98	0.2	107	0.2	82	0.2
Inhalants	40	0.1	30	0.1	60	0.1	49	0.1	45	0.1	40	0.1
Over the Counter	59	0.1	60	0.1	91	0.2	70	0.2	110	0.3	108	0.3
Other	270	0.6	303	0.7	382	0.8	415	0.9	1281	2.9	1018	2.6
Total Respondents	41612	—	43954	—	45524	—	45802	—	43521	—	39317	—

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

Figure 15 shows the six-year trends in the five leading categories of primary substance problems. As a percentage of admissions heroin increased 44 percent as the primary problem from FY 11 to FY 14. Every other leading substance problem category declined over that period except prescription opioids, which increased 92 percent from FY 09 to FY 12 and then decreased by 22 percent through FY 14. FY 14 was the first year since reporting began in the mid-seventies that a substance other than alcohol was the leading primary problem among treatment admissions.

Figure 15
Percentage of Admissions with Selected Primary Substance Problems in State-Supported Substance-Related Disorder Treatment Programs Reporting Data
FY 2009 to FY 2014

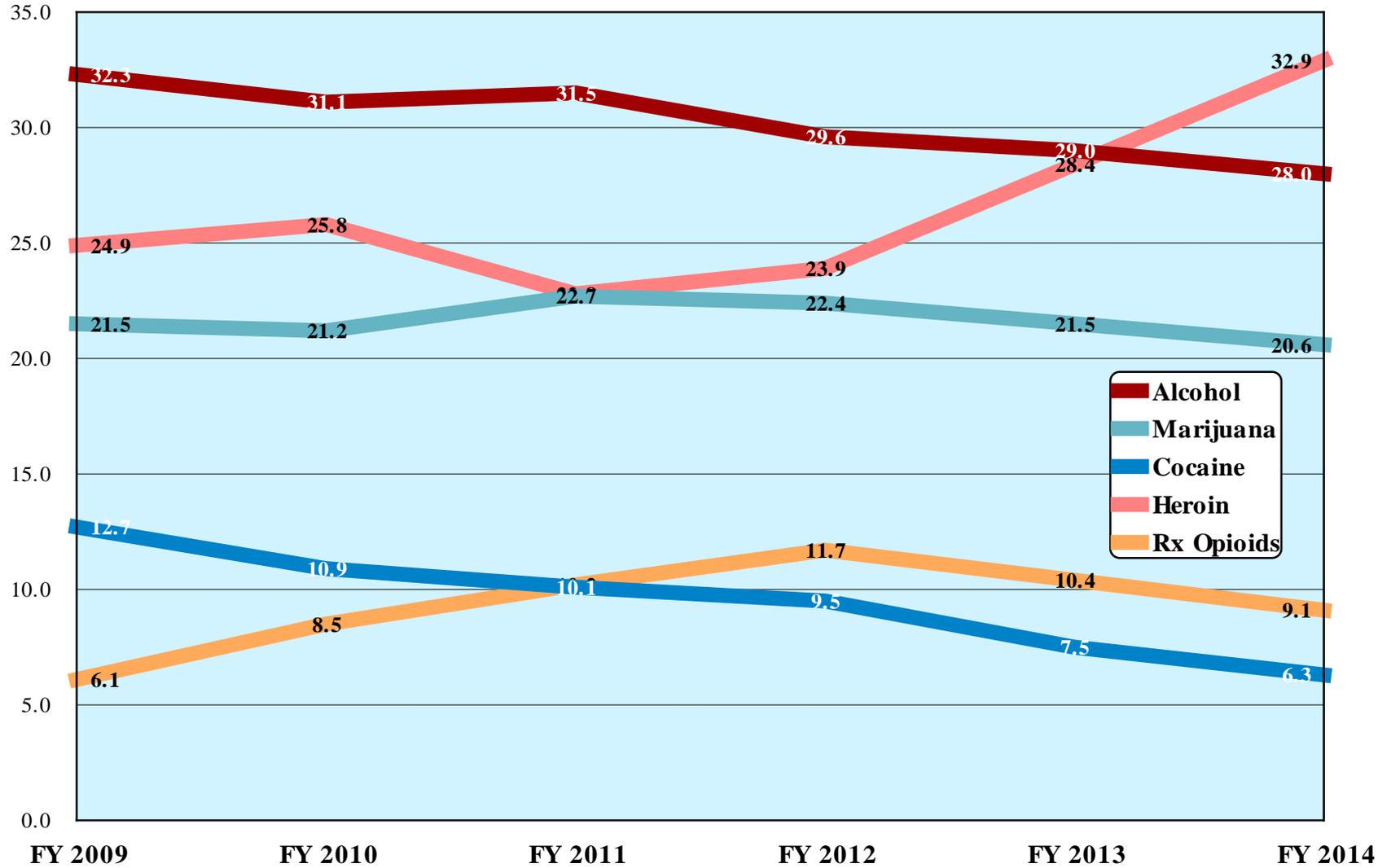


Figure 16 distributes the percentages of leading primary substance problems for each of six race/ethnic/gender groups.

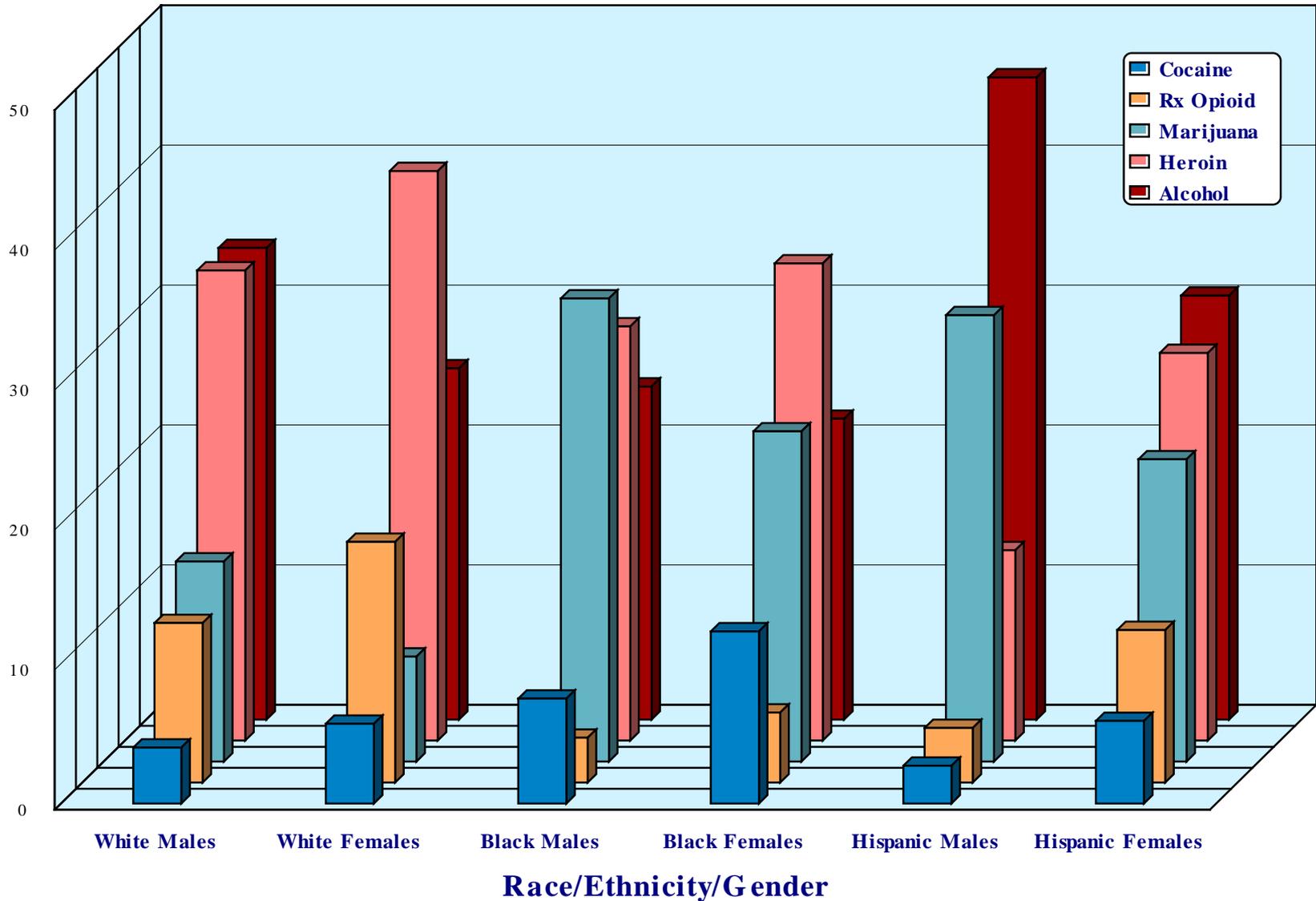
The bars for each race/ethnic/gender group sum to 100 percent.

White females had the highest percentage of primary problems of heroin at 41 percent and prescription opioids at 17 percent. Black females had the second highest percentage with heroin primary at 34 percent and the highest percentage of cocaine primary at 12. At about one-third, black males were the highest in primary problems of marijuana. Forty-six percent of Hispanic males and 30 percent of Hispanic females admitted had primary problems of alcohol.

Percentages of females exceeded their male counterparts with respect to heroin, prescription opioids and cocaine in every race/ethnicity category. The opposite pattern prevailed for alcohol and marijuana.

Figure 16

Percentages of Race/Ethnicity/Gender Groups with Selected Primary-Substance Problems
Admissions to State-Supported Substance-Related Disorder Treatment Programs Reporting Data
FY 2014

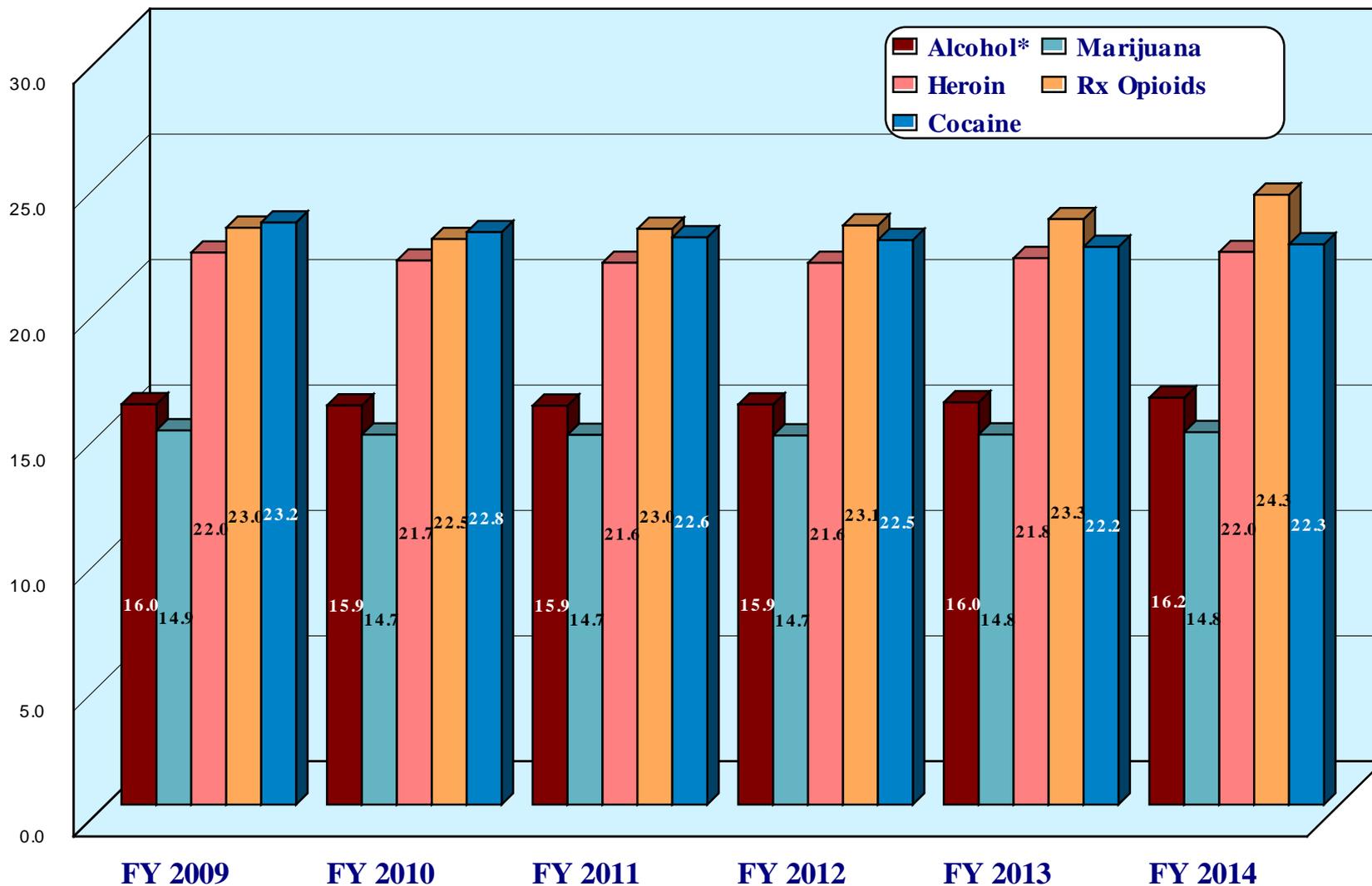


Note: Cases reported in other categories of race are excluded.

Figure 17 shows the average age at first use for major substance problem categories. There is remarkable consistency in age at first use over the years, with first alcohol intoxication at 16, first marijuana use at 15, and initial heroin, Rx opioid and cocaine use at 22 or 23. Notably, half of marijuana users began use before the age of 14 and half of heroin and Rx opioid users before turning 20.

Although average age at first Rx opioid use is consistently higher than average age at first heroin use, for those entering treatment with both problems, first Rx opioid use usually occurred at or before the age of first heroin use, supporting the suggestion that some users of prescription opioids have turned to heroin in recent years as it became comparatively more accessible and less expensive.

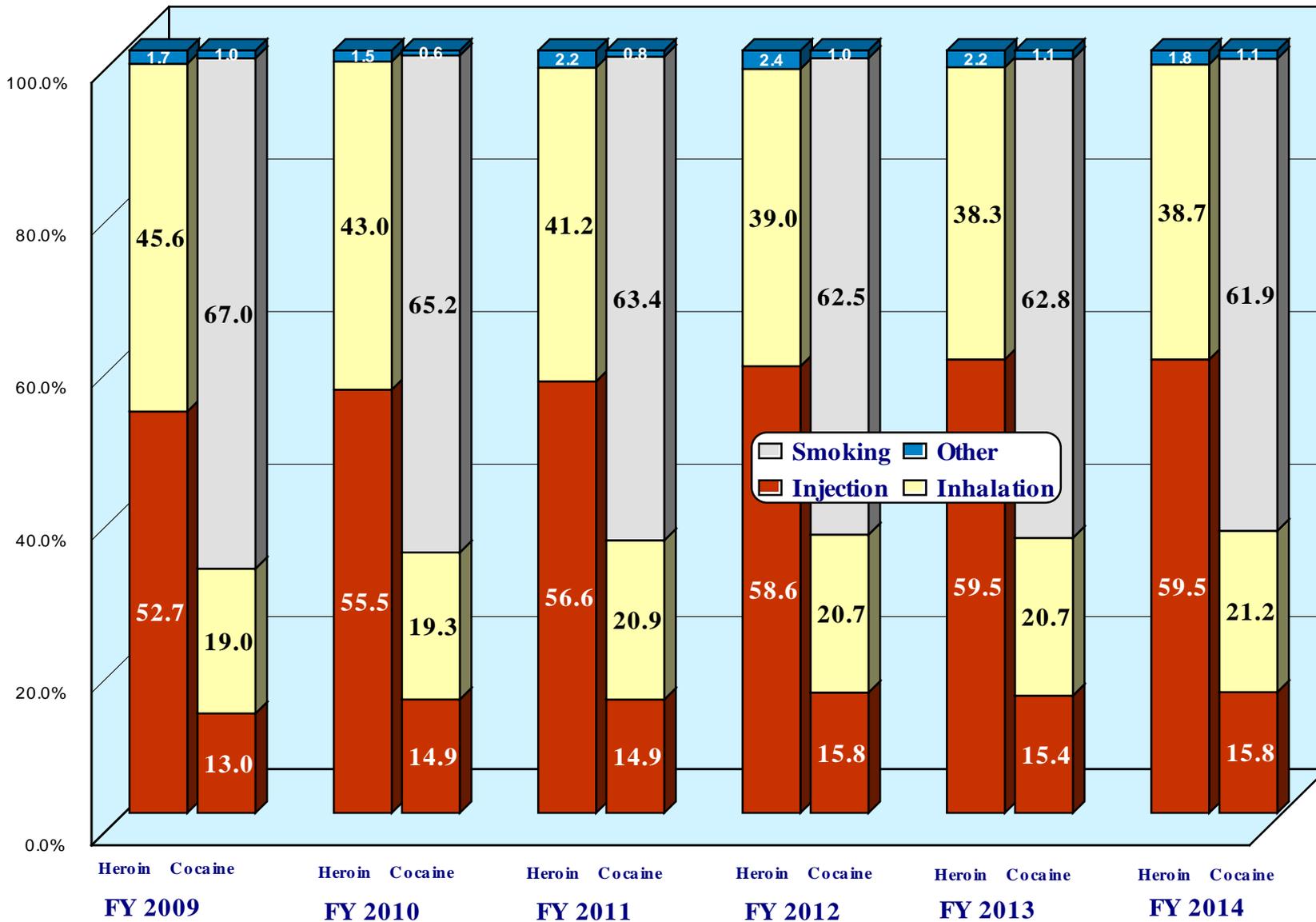
Figure 17
Average Age at First Use* of Selected Substances among
Admissions to State-Supported Substance-Related-Disorder
Treatment Programs Reporting Data
FY 2009 to FY 2014



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

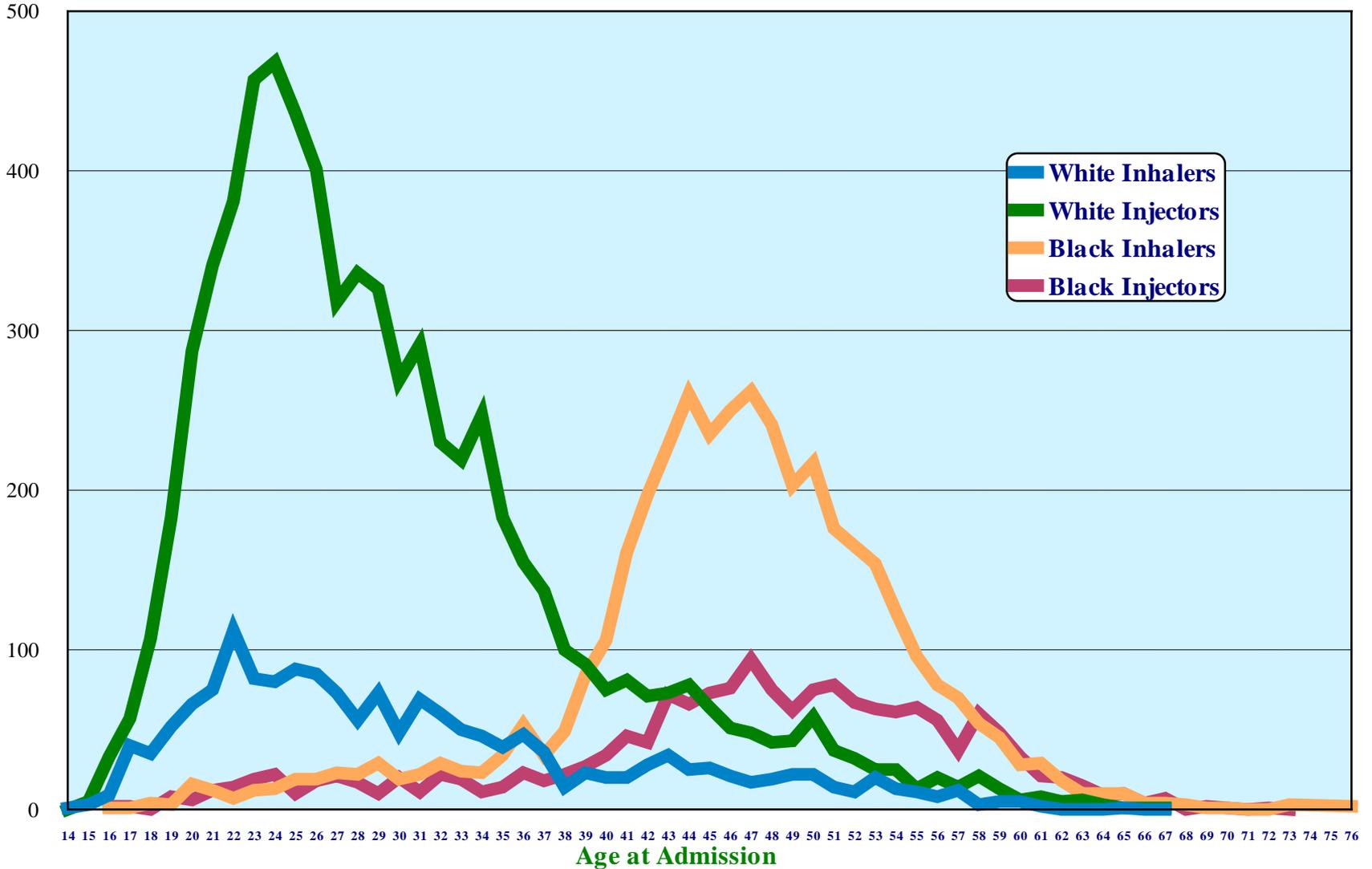
Figure 18 displays the primary routes of administration of heroin and cocaine, and shows the trend toward injection of the drugs over the past six years. From FY 09 to FY 14 heroin-related admissions shifted 13 percent toward injection and cocaine-related admissions shifted 22 percent. This trend correlates with a dramatic shift toward more white and Hispanic and fewer black heroin-related admissions. Whites rose from 43 percent of heroin cases in FY 09 to 59 percent in FY 14, while blacks went from 56 to 39 percent. While making up less than 3 percent of heroin-related admissions in FY 14, the increase in percentage of Hispanic admissions from FY 09 to 14 was 45 percent. For cocaine, both percentages injecting and inhaling increased over the years as the percentage smoking, or using crack, fell by 8 percent.

Figure 18
Percentages of Primary Route of Administration of Heroin and Cocaine
Admissions to State-Supported Substance-Related Disorder
Treatment Programs Reporting Data
FY 2009 to FY 2014



Analysis of the interaction of age, race and route of administration of heroin, shown in Figure 19, revealed the two large components of FY 14 heroin-related cases were white injectors in the age range of 18 to 33 and black inhalers from 38 to 52. This general pattern has been consistent in Maryland for more than ten years, although the peak value for black inhalers exceeded the peak value for white injectors as recently as FY 10.

Figure 19
Heroin-Related Admissions to State-Supported Substance-Related
Disorder Treatment Programs Reporting Data
FY 2014

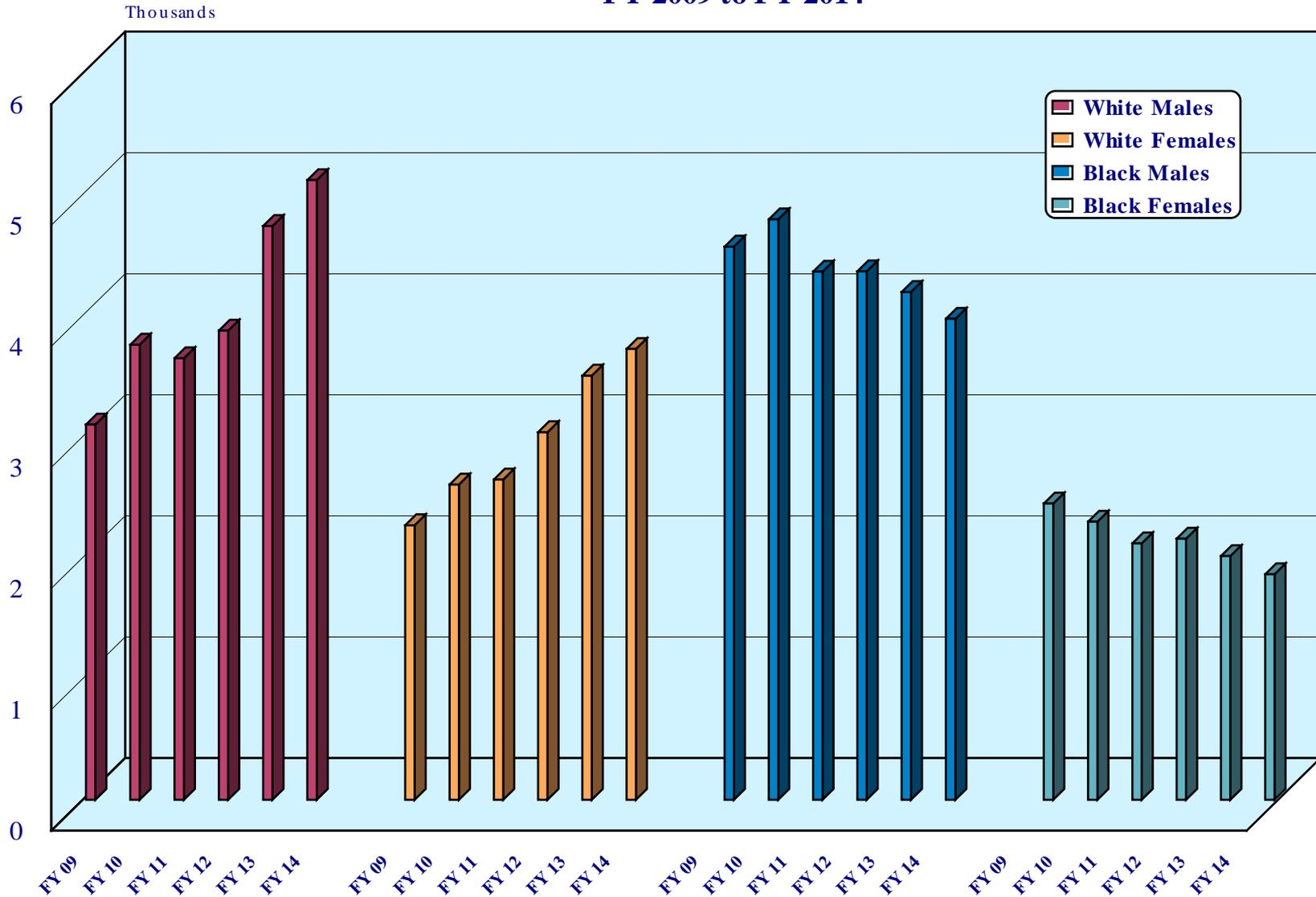


Note: Cases reported in race categories other than black or white are excluded.

As shown in Figure 20, over the six years white-male heroin cases increased by 65 percent and white females by 64 percent, while black males declined by 13 percent and black females fell by 24 percent. For both genders whites were predominantly younger injectors and blacks were predominantly older inhalers. Notably, Hispanic males increased by 78 percent and females by 70 percent in raw numbers of heroin-related admissions since FY 09.

Despite the increase in heroin problems among whites and decline among blacks, the percentage of white admissions to opioid therapy programs (OTP) fell from 53 percent in FY 09 to 41 percent in FY 14, while blacks went from 44 to 55 percent.

Figure 20
Numbers of Heroin-Related Admissions to State-Supported Substance-Related Disorder
Treatment Programs Reporting Data
FY 2009 to FY 2014



Note: Cases reported in other categories of race are excluded.

Discharges

Discharges from State-supported SRD treatment during FY 09 to FY 14 are distributed by ASAM level of care in Table 4. Discharges increased by 5 percent from FY 09 to FY 11 but decreased by 21 percent from that point to FY 14. The ratio of admissions to discharges was less than 1.1 from FY 09 to FY 12, but exceeded that mark in FY 13 and 14 as reporting of discharges became particularly problematic. Still, the ratios reflect general stability in the SMART data system.

Table 4
Discharges from State-Supported Substance-Related Disorder Treatment Programs Reporting Data by ASAM
Level of Care at Discharge
FY 2009 - FY 2014

ASAM Level of Care	FY 2009		FY 2010		FY 2011		FY 2012		FY 2013		FY 2014	
	#	%	#	%	#	%	#	%	#	%	#	%
Level 0.5	533	1.3	989	2.3	1887	4.4	1839	4.3	1644	4.2	1674	4.9
Level I	19050	46.2	19487	44.6	18142	42.0	17067	40.3	15492	39.8	13496	39.3
Level I.D	118	0.3	96	0.2	26	0.1	32	0.1	24	0.1	5	0.0
Level II.1	5798	14.1	5566	12.7	6104	14.1	5876	13.9	5653	14.5	4613	13.4
Level II.5	899	2.2	1116	2.6	1478	3.4	1453	3.4	1652	4.2	2059	6.0
Level II.D	52	0.1	63	0.1	52	0.1	16	0.0	10	0.0	6	0.0
Level III.1	1671	4.1	1627	3.7	1427	3.3	1172	2.8	938	2.4	694	2.0
Level III.3	751	1.8	1394	3.2	1362	3.2	1364	3.2	1205	3.1	808	2.4
Level III.5	1131	2.7	1206	2.8	982	2.3	1091	2.6	754	1.9	405	1.2
Level III.7	6590	16.0	7766	17.8	7625	17.7	7607	17.9	6685	17.2	6094	17.8
Level III.7.D	2008	4.9	1904	4.4	1565	3.6	1506	3.6	1525	3.9	1545	4.5
Level OTP	2587	6.3	2493	5.7	2437	5.6	3325	7.8	3337	8.6	2895	8.4
Level OTP.D	9	0.0	24	0.1	63	0.1	53	0.1	14	0.0	5	0.0
Total	41197	100.0	43731	100.0	43150	100.0	42401	100.0	38933	100.0	34299	100.0

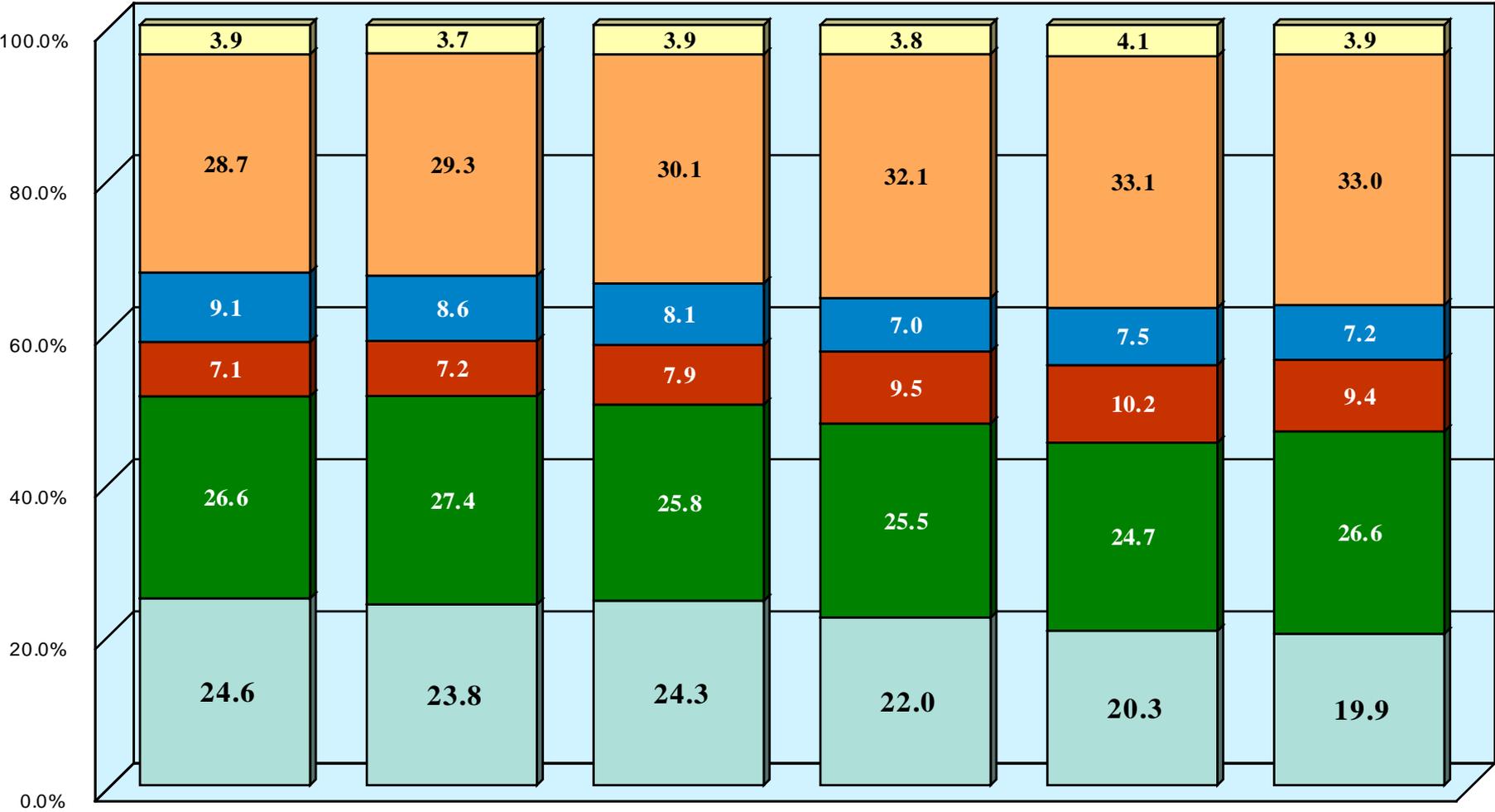
Reason for Discharge

Figure 21 breaks out reasons for discharge from treatment during FY 09 to FY 14. Percentages completing treatment without referral for additional SRD treatment generally declined over the six years, while percentages leaving treatment against clinical advice generally increased.

The decline in criminal-justice system referrals was also associated with the decline in treatment completion and rise in treatment drop-out rates. Consistently, criminal-justice referred patients had significantly higher completion rates and lower drop-out rates than others, a phenomenon related to the threat of legal sanctions for failure to remain in SRD treatment for many patients referred by parole, probation and courts.

Figure 21

**Reason for Discharge from State-Supported Substance-Related Disorder Treatment Programs
Reporting Data
FY 2009 to FY 2014**



FY 2009

FY 2010

FY 2011

FY 2012

FY 2013

FY 2014

Completed Treatment Completed/Referred Incomplete/Referred
Noncompliance with Rules Patient Left AMA Other

Length of Stay

Table 5 shows the mean and median lengths of stay by level of care for enrollments ending in FY 09 to FY 14. The average Level I treatment lasted over four months while residential levels III.1, III.3 and III.5 were typically 90 to 110 days.

In four of the six years the average OTP dis-enrolled patient spent more than a year in his/her program.

Notably, OTP patients who were active in treatment on the last day of FY 14 averaged 5.5 years in treatment with a median stay of 3.1 years.

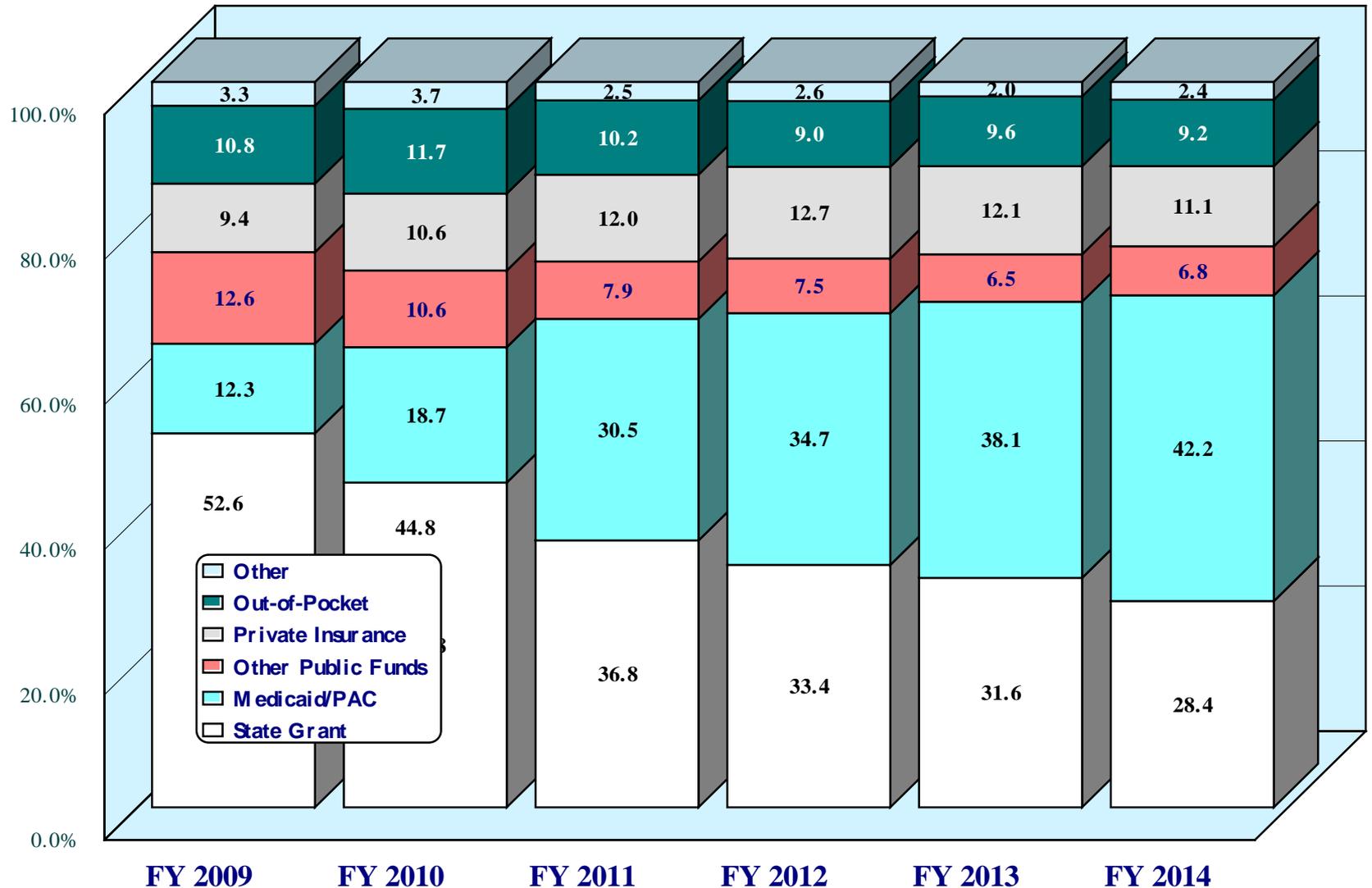
Table 5
Dis-enrollments from Levels of Care in State-Supported Substance-Related Disorder Treatment Programs
Reporting Data by Length of Stay
FY 2009 - FY 2014

ASAM Level of Care	FY 2009			FY 2010			FY 2011			FY 2012			FY 2013			FY 2014		
	N	Mean	Median															
Level 0.5	572	78.8	71.0	1017	77.8	56.0	1996	60.4	48.0	1978	64.7	50.0	1783	64.3	50.0	1801	68.2	54.0
Level I	19656	134.1	113.0	20509	132.8	112.0	20701	124.2	102.0	19734	126.8	101.0	18491	122.4	98.0	16286	123.7	98.0
Level I.D	311	12.7	5.0	335	26.6	5.0	71	23.4	5.0	47	44.9	9.0	51	22.2	5.0	11	67.4	28.0
Level II.1	7320	76.6	50.0	8103	76.7	51.0	8889	70.5	49.0	8898	68.7	49.0	8605	68.4	49.0	7165	69.1	50.0
Level II.5	1020	12.9	10.0	1415	15.6	10.0	1807	23.9	11.0	1595	27.1	13.0	1762	26.9	13.0	2119	22.0	13.0
Level II.D	90	42.2	5.0	110	39.9	8.0	131	27.9	5.0	59	18.4	6.0	37	20.2	6.0	16	31.1	20.0
Level III.1	1734	103.4	88.0	1684	109.5	94.5	1546	113.0	95.0	1325	108.9	95.0	1142	100.8	87.5	835	106.6	99.0
Level III.3	796	110.4	94.0	1558	87.9	52.0	1590	84.2	50.0	1545	92.3	58.0	1364	98.2	67.0	923	119.7	88.0
Level III.5	1202	91.7	65.0	1346	97.4	90.0	1087	103.0	107.0	1149	98.1	93.0	818	97.9	98.5	448	109.9	121.5
Level III.7	6750	20.3	20.0	7965	21.0	16.0	7977	18.5	16.0	8023	18.3	16.0	7087	18.2	15.0	6413	18.0	15.0
Level III.7.D	4545	7.5	6.0	5370	6.7	6.0	5057	6.3	6.0	5058	6.4	6.0	4738	7.0	6.0	4401	6.9	6.0
OTP	2615	753.1	251.0	2567	528.0	207.0	2505	310.0	174.0	3287	359.4	165.0	3405	378.4	172.0	2927	440.8	197.0

Primary Source of Payment

Figure 22 shows the dramatic shift toward Medicaid payment of SRD treatment and the reduced coverage by state grant dollars. Over the six years the percentage of cases in which the primary source of payment was Medicaid more than tripled. This, of course, is highly correlated with the distribution of health coverage shown in Figure 8.

Figure 22
Primary Source of Payment for Discharges from State-Supported Alcohol
and Drug Abuse Treatment Programs Reporting Data
FY 2009 to FY 2014



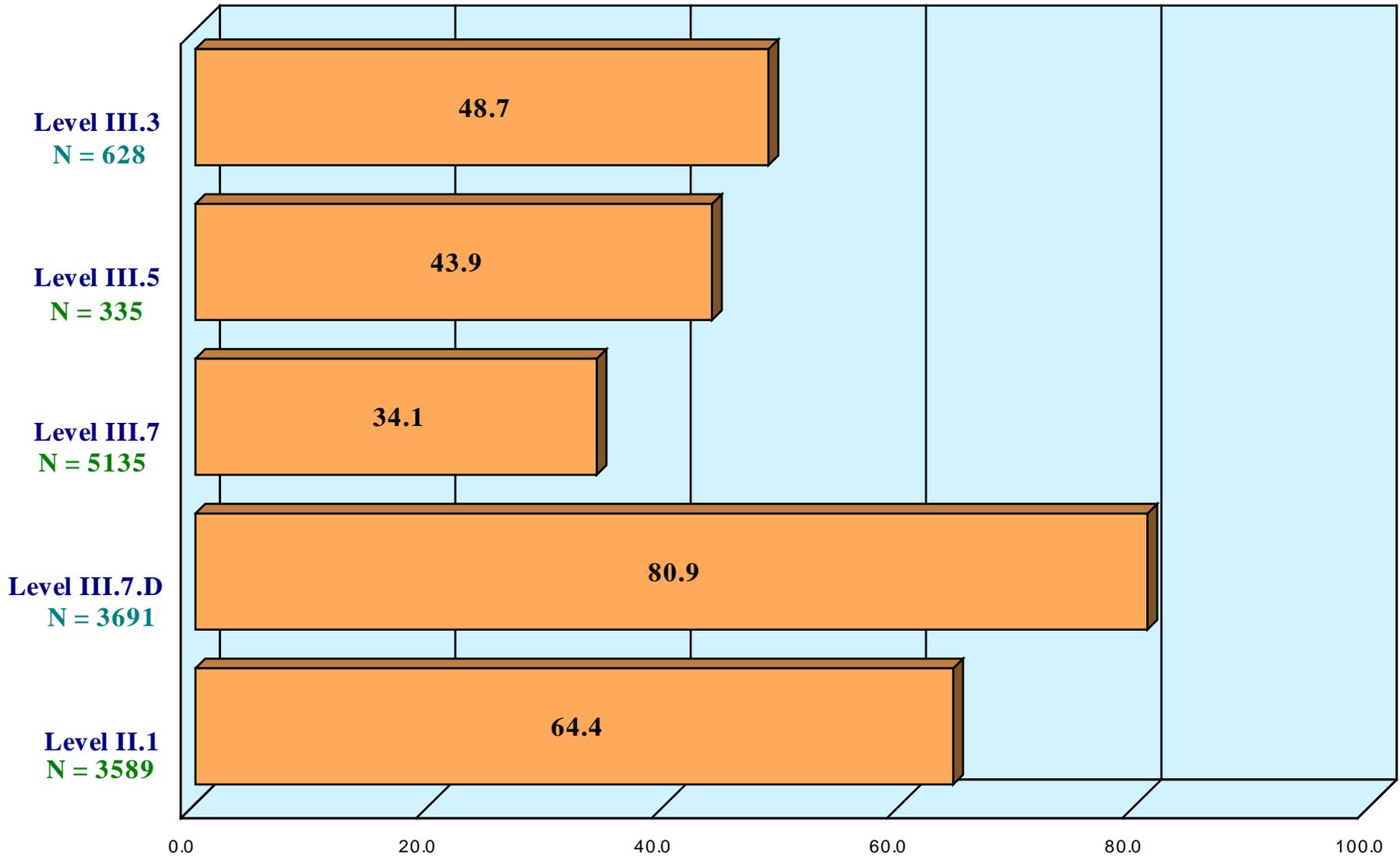
Continuation in Treatment

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 23 shows the percentages of completion/referral dis-enrollments from selected levels of care that entered other levels within thirty days. Subsequent enrollments that are beyond the SMART reporting network or otherwise not reported would tend to increase these percentages if available.

Figure 23

**Percentages of Unduplicated Dis-Enrollments from Selected Levels of Care in State-Supported Substance-Related Disorder Treatment Programs Subsequently Enrolled in Another Level of Care in a Reporting Program within 30 Days of Completion/Referral
FY 2014**

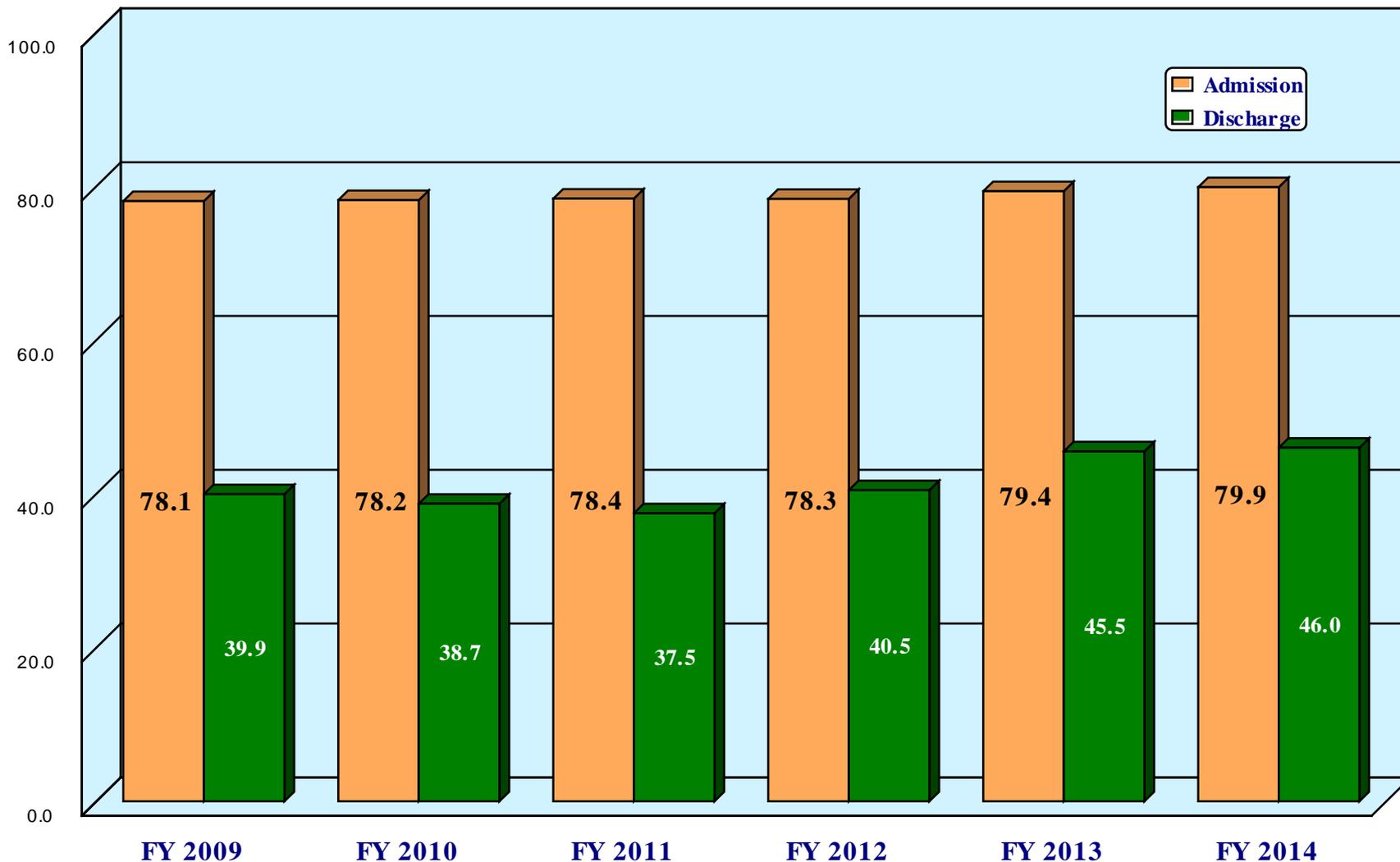


Substance-Use Outcome

Figure 24 presents the percentages of FY 09 to 14 discharged patients who were using substances in the 30 days preceding admission and the percentages using in the 30 days preceding discharge. The percentage reduction in patients using substances increased from 49 percent in FY 09 to 52 percent in FY 11, then fell each year, reaching 42 percent in FY 14. This is consistent with the increase in percentages of patients leaving treatment against clinical advice, noted earlier.

Table 6 presents the substance-use outcome results by program subdivision for FY 14. The jurisdictions range from 24 percent in Baltimore City to 85 percent in Frederick County in reduction in patients using substances from admission to discharge.

Figure 24
Percentages Using Substances in the 30 Days before Admission and the 30 Days before Discharge
from State-Supported Substance-Related Disorder Treatment Programs
Reporting Data
FY 2009 to FY 2014



Note: Patients reported as having been in a controlled environment in the 30 days before a admission and detoxification levels of care are excluded.

Table 6
Use of Substances at Admission and at Discharge from State-Supported
Substance-Related Disorder Treatment Programs Reporting Data by
Provider Location
FY 2014

Provider Subdivision	Discharges	Use at Admission		Use at Discharge		Percentage Change
		N	%	N	%	
Allegany	567	470	82.9	187	33.0	-60.2
Anne Arundel	2411	1710	70.9	974	40.4	-43.0
Baltimore City	6579	5999	91.2	4550	69.2	-24.2
Baltimore County	3140	2421	77.1	1100	35.0	-54.6
Calvert	972	709	72.9	406	41.8	-42.7
Caroline	209	107	51.2	44	21.1	-58.9
Carroll	217	117	53.9	65	30.0	-44.4
Cecil	576	398	69.1	185	32.1	-53.5
Charles	635	413	65.0	216	34.0	-47.7
Dorchester	520	382	73.5	175	33.7	-54.2
Frederick	1399	1240	88.6	183	13.1	-85.2
Garrett	182	106	58.2	46	25.3	-56.6
Harford	789	571	72.4	445	56.4	-22.1
Howard	411	304	74.0	151	36.7	-50.3
Kent	445	403	90.6	300	67.4	-25.6
Montgomery	1181	1066	90.3	618	52.3	-42.0
Prince George's	1732	1328	76.7	804	46.4	-39.5
Queen Anne's	232	139	59.9	79	34.1	-43.2
St. Mary's	188	148	78.7	30	16.0	-79.7
Somerset	118	91	77.1	65	55.1	-28.6
Talbot	273	181	66.3	88	32.2	-51.4
Washington	599	377	62.9	150	25.0	-60.2
Wicomico	631	449	71.2	266	42.2	-40.8
Worcester	1088	914	84.0	413	38.0	-54.8
Total	25094	20043	79.9	11540	46.0	-42.4

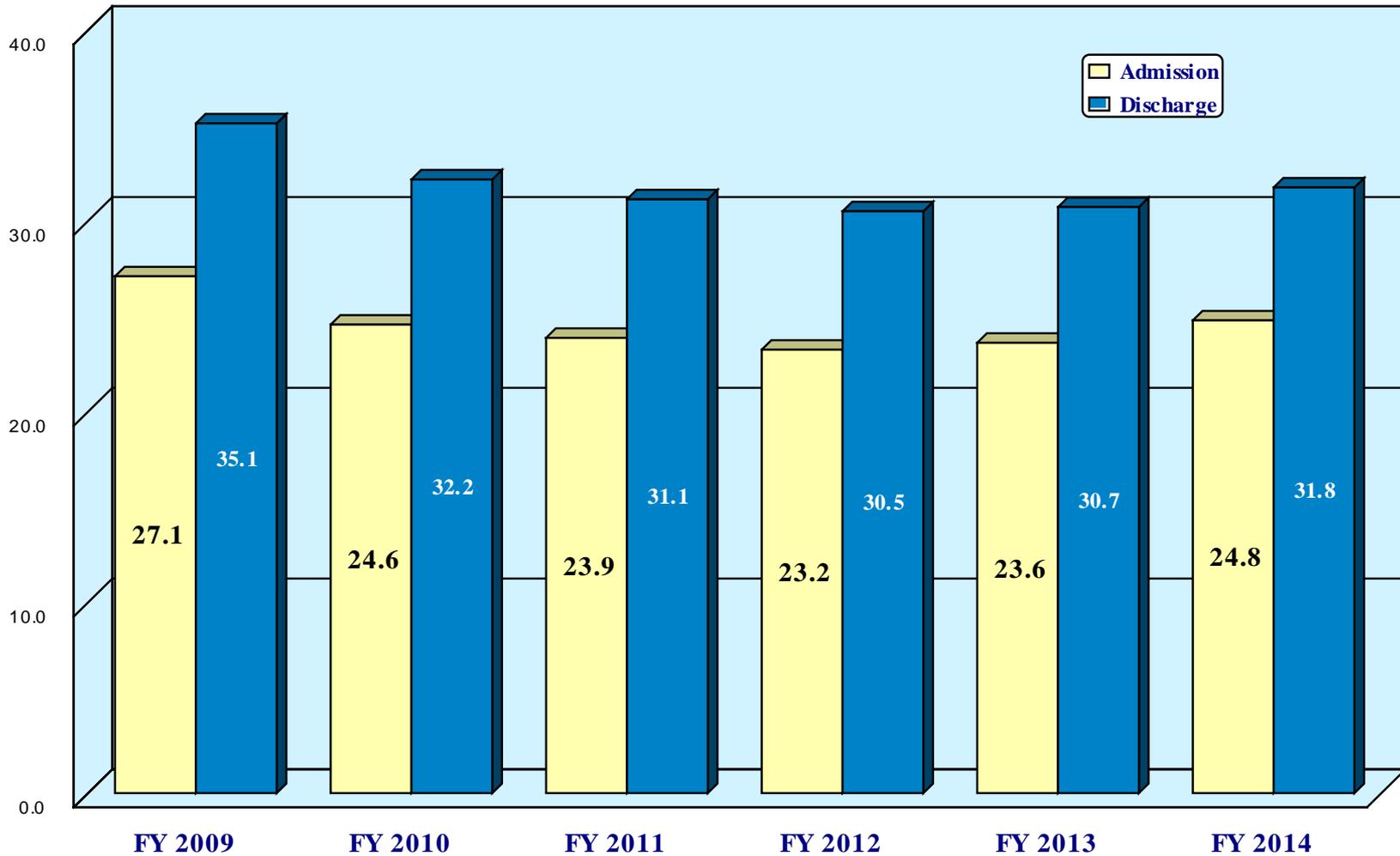
Note: Cases reported as having been in a controlled environment before admission and detoxification levels of care are excluded.

Employment Outcome

Employment at admission and employment at discharge are presented for FY 09 through 14 in Figure 25. Patients who were employed when they entered treatment declined from about 27 percent in FY 09 to 23 percent in FY 12, then increased to 25 percent in FY 14. In each year, however, the percentage of patients employed at discharge represented an increase over admission of between 28 and 31 percent.

Table 7 presents the employment outcome by program location for FY 14. The jurisdictions range from Caroline, where employment was stable, to 105 percent (Somerset) in increase in employed patients from admission to discharge.

Figure 25
Percentages Employed at Admission and at Discharge from State-Supported
Substance-Related Disorder Treatment Programs
Reporting Data
FY 2009 to FY 2014



Note: Patients in detoxification and short-term residential treatment prior to discharge are excluded.

Table 7
Employment at Admission and at Discharge from State-Supported
Substance-Related Disorder Treatment Programs Reporting Data by
Provider Location
FY 2014

Subdivision	Discharges	Employed at Admission		Employed at Discharge		Percentage Change
		N	%	N	%	
Allegany	482	74	15.4	85	17.6	14.9
Anne Arundel	3189	1233	38.7	1370	43.0	11.1
Baltimore City	8020	929	11.6	1403	17.5	51.0
Baltimore County	2364	812	34.3	949	40.1	16.9
Calvert	1293	538	41.6	636	49.2	18.2
Caroline	218	88	40.4	87	39.9	-1.1
Carroll	378	103	27.2	145	38.4	40.8
Cecil	616	246	39.9	279	45.3	13.4
Charles	806	233	28.9	343	42.6	47.2
Dorchester	605	95	15.7	179	29.6	88.4
Frederick	1367	181	13.2	288	21.1	59.1
Garrett	219	76	34.7	113	51.6	48.7
Harford	862	246	28.5	316	36.7	28.5
Howard	520	175	33.7	215	41.3	22.9
Kent	170	74	43.5	84	49.4	13.5
Montgomery	889	198	22.3	300	33.7	51.5
Prince George's	1900	503	26.5	606	31.9	20.5
Queen Anne's	271	126	46.5	160	59.0	27.0
St. Mary's	178	72	40.4	78	43.8	8.3
Somerset	131	21	16.0	43	32.8	104.8
Talbot	334	138	41.3	175	52.4	26.8
Washington	1155	244	21.1	371	32.1	52.0
Wicomico	805	164	20.4	243	30.2	48.2
Worcester	1029	320	31.1	359	34.9	12.2
Total	27801	6889	24.8	8827	31.8	28.1

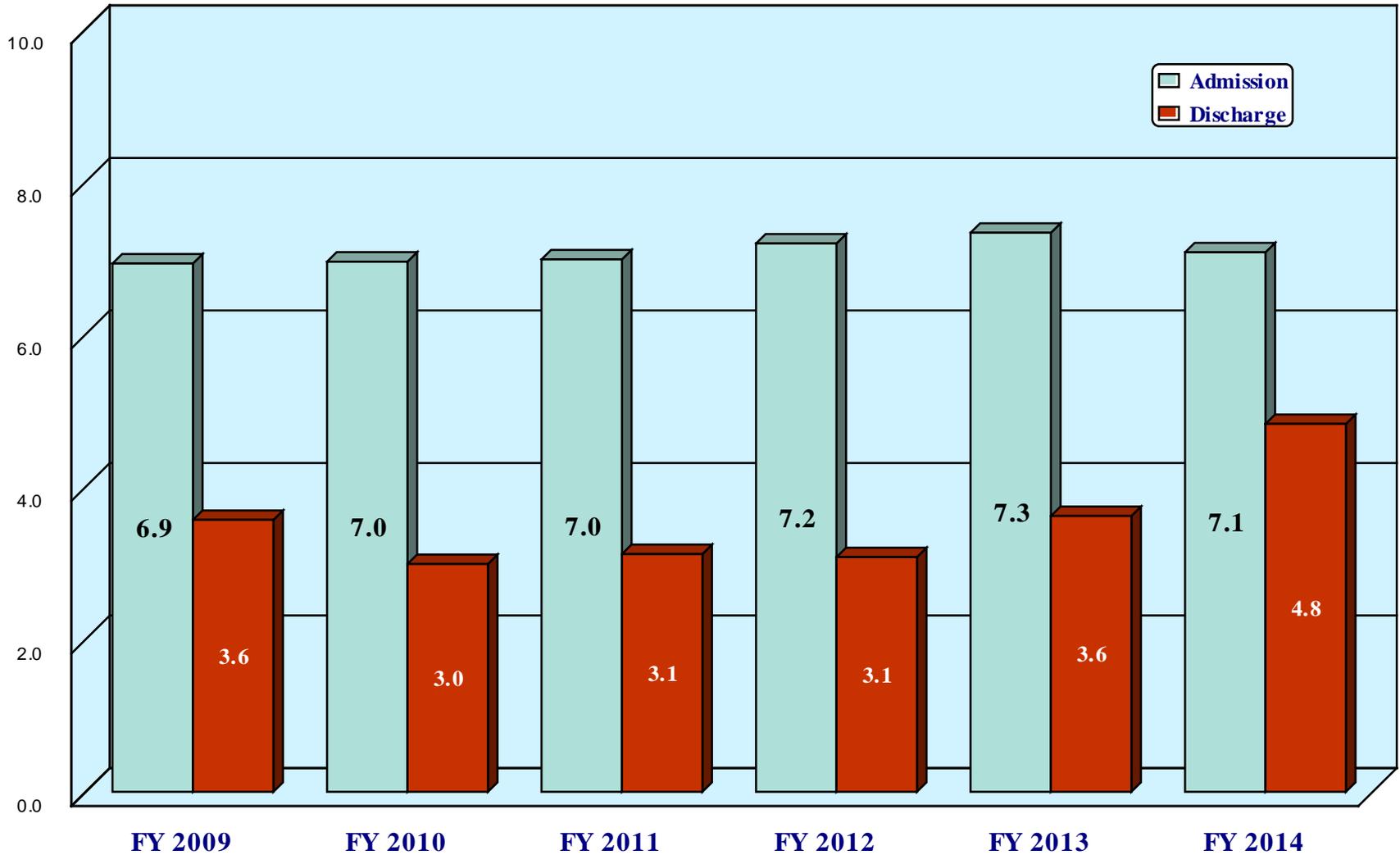
Note: Detoxification and short-term residential levels of care are excluded.

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 Fiscal Year in Figure 26. FY 12 saw the greatest reduction (57%), while the lowest reduction was in FY 14 (32%). However, it should be noted that relatively few patients are arrested in the two thirty-day periods so percentages can be erratic.

Table 8 presents the arrest outcome distributed by program location for FY 14, and illustrates the volatility of these results.

Figure 26
Percentages Arrested in the 30 Days before Admission and the 30 Days before Discharge
from State-Supported Substance-Related Disorder Treatment Programs
Reporting Data
FY 2009 to FY 2014



Note: Patients reported as having been in detoxification or short-term residential treatment or in a controlled environment in the 30 days before admission are excluded.

Table 8
Arrested in the 30 Days before Admission and before Discharge from State-
Supported Substance-Related Disorder Treatment Programs Reporting Data by
Provider Location
FY 2014

Subdivision	Discharges	Arrested before Admission		Arrested before Discharge		Percentage Change
		N	%	N	%	
Allegany	295	26	8.8	13	4.4	-50.0
Anne Arundel	2400	250	10.4	77	3.2	-69.2
Baltimore City	6108	316	5.2	392	6.4	24.1
Baltimore County	2241	92	4.1	95	4.2	3.3
Calvert	972	151	15.5	40	4.1	-73.5
Caroline	209	7	3.3	11	5.3	57.1
Carroll	216	16	7.4	21	9.7	31.3
Cecil	576	82	14.2	17	3.0	-79.3
Charles	635	37	5.8	33	5.2	-10.8
Dorchester	465	59	12.7	30	6.5	-49.2
Frederick	874	63	7.2	16	1.8	-74.6
Garrett	182	26	14.3	9	4.9	-65.4
Harford	789	38	4.8	43	5.4	13.2
Howard	411	33	8.0	14	3.4	-57.6
Kent	147	9	6.1	12	8.2	33.3
Montgomery	517	48	9.3	29	5.6	-39.6
Prince George's	1729	67	3.9	38	2.2	-43.3
Queen Anne's	232	14	6.0	20	8.6	42.9
St. Mary's	162	4	2.5	6	3.7	50.0
Somerset	118	5	4.2	5	4.2	0.0
Talbot	273	53	19.4	20	7.3	-62.3
Washington	599	48	8.0	18	3.0	-62.5
Wicomico	630	35	5.6	61	9.7	74.3
Worcester	925	58	6.3	28	3.0	-51.7
Total	21726	1537	7.1	1048	4.8	-31.8

Note: Cases reported as having been in a controlled environment before admission and detoxification and short-term residential levels of care are excluded

Homelessness Outcome

Figure 27 presents the percentages of discharged patients who were homeless at admission compared to the percentages homeless at discharge for the six fiscal years. The percentage of homeless patients entering treatment dropped from FY 09 to FY 11, then increased slightly in FY 12, 13 and 14. FY 14 saw the lowest percentage of homeless patients at discharge during the six years.

Figure 27
Percentages Homeless in the 30 Days before Admission and at Discharge from State-Supported Substance-Related Disorder Treatment Programs Reporting Data FY 2009 to FY 2014

