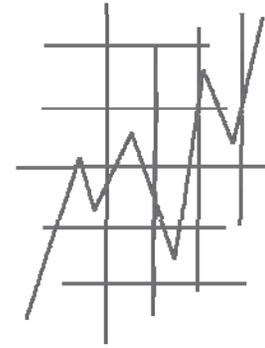


# Outlook & Outcomes

*At A Glance 2009*



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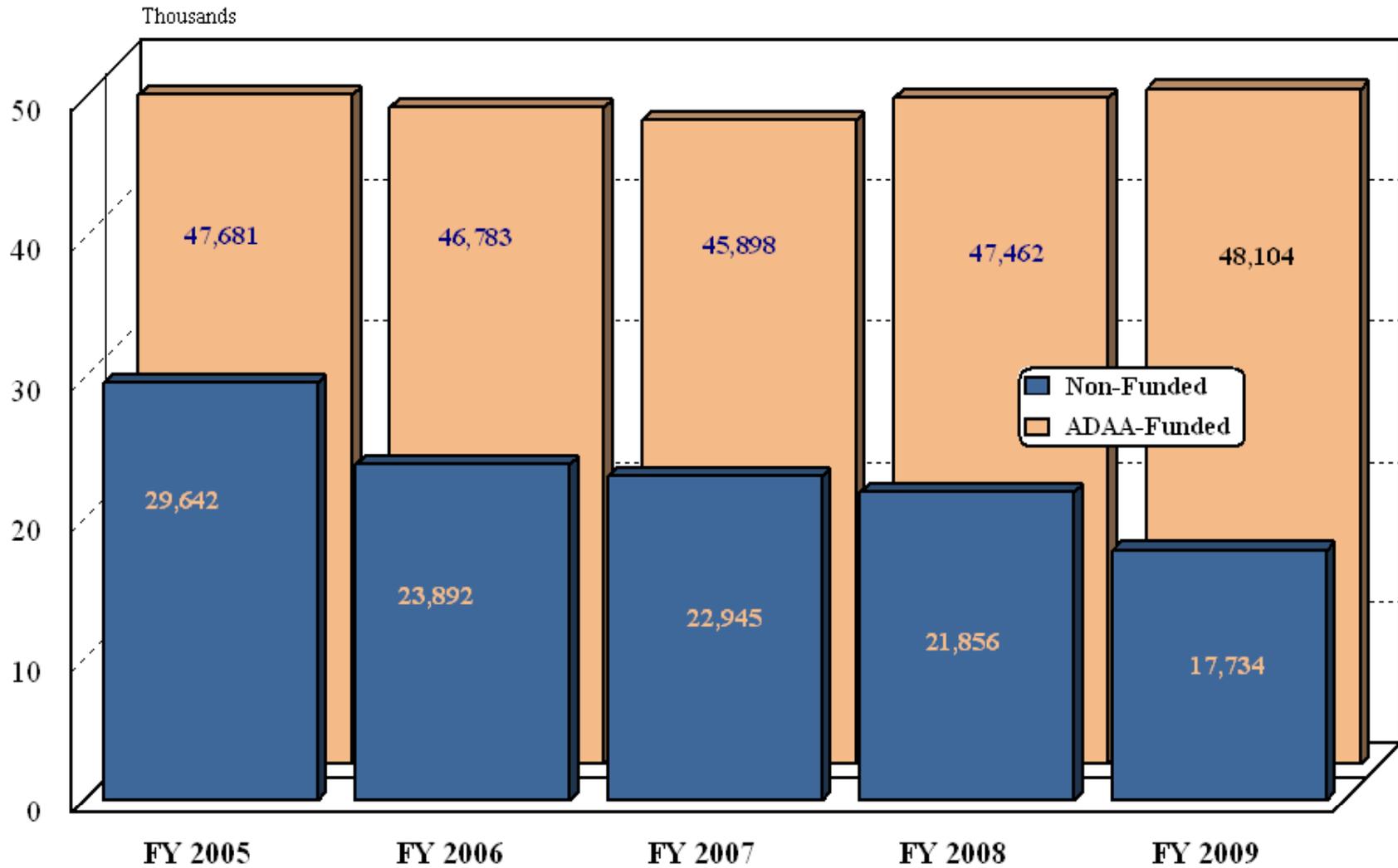
**Maryland Alcohol and Drug Abuse Administration**  
**Department of Health and Mental Hygiene**



*Martin O'Malley, Governor*  
*Anthony G. Brown, Lt. Governor*

*John M. Colmers, Secretary*  
*Thomas P. Cargino, Pharm.D., Director*

**Figure 1**  
**Admissions to Certified Alcohol and Drug Abuse Treatment Programs**  
**FY 2005 - FY 2009**

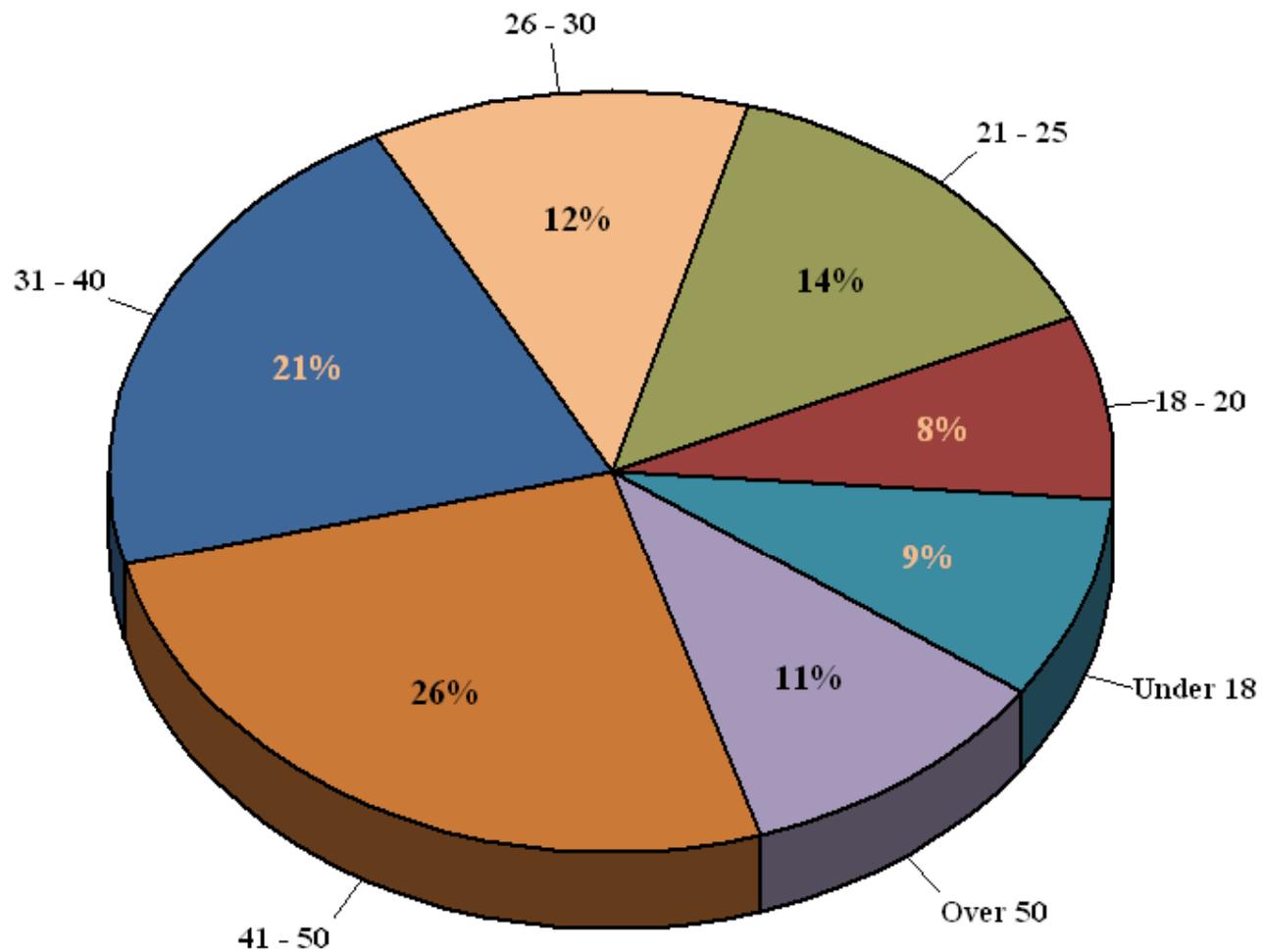


# ADMISSIONS

As shown in Figure 1;

- ADAA-funded admissions increased 5 percent from FY 2007 to FY 2009 while non-funded admissions declined 23 percent.
- Total treatment admissions fell by about 4 percent.
- Whereas ADAA-funded admissions made up about 62 percent of the total in FY 2005, they made up 73 percent in FY 2009. *This shift is a result of reconciliation and realignment of funding sources, and there has been some erosion of reporting by programs that receive limited public dollars.*
- The 48,104 funded admissions were accounted for by 34,795 unique individuals (1.38 admissions per individual).

**Figure 2**  
**Patient Age at Admission to ADAA-Funded Treatment**  
**FY 2009**



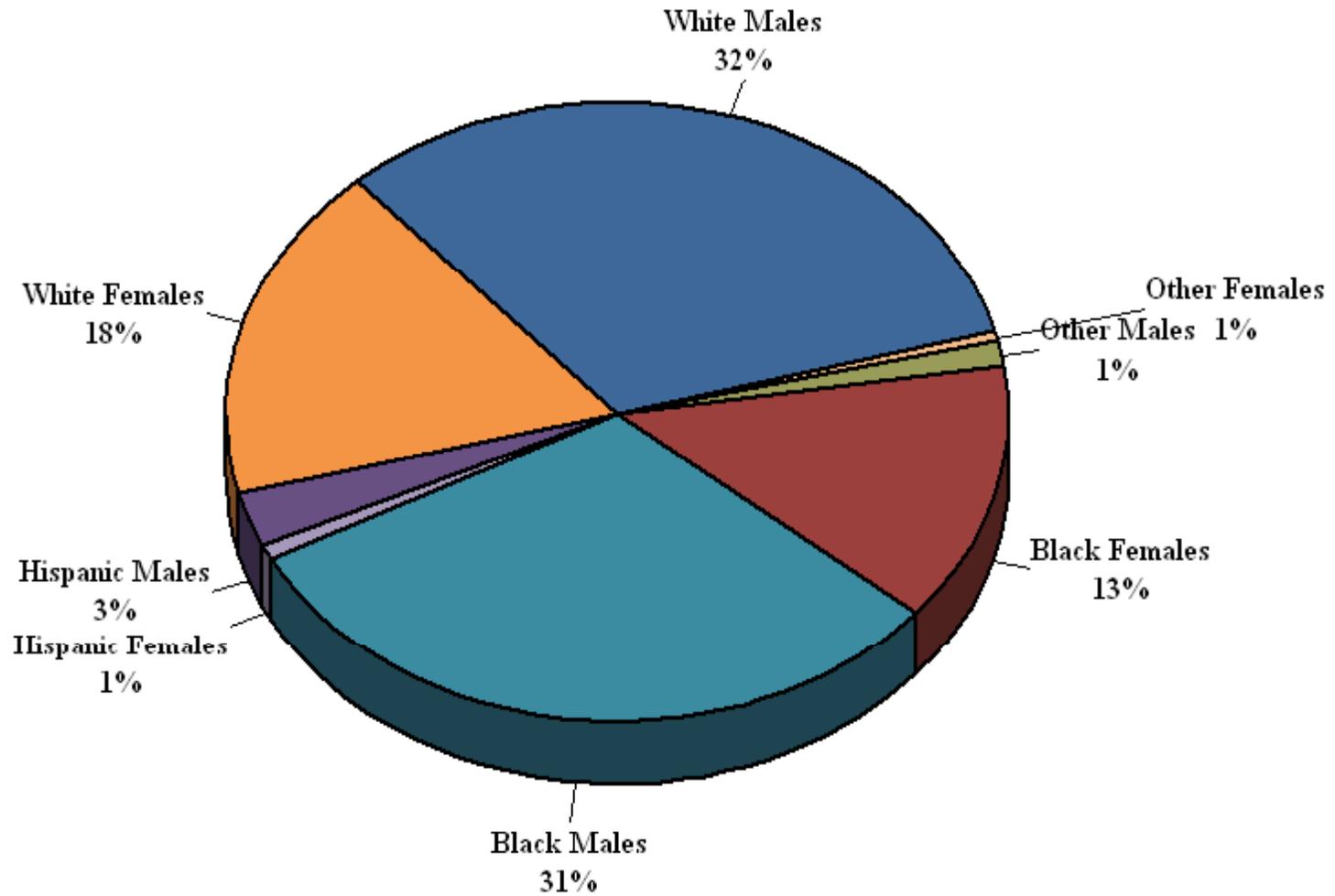
**N = 48,104**

# Demographics

## AGE

- The treatment admission population, which has been aging over the past five years, remained fairly stable in FY 2009 although there was a slight decline in the under-18 group. (Figure 2)
- As in FY 2008 47 percent of admissions were over 40 years old.
- There has been a gradual nationwide trend toward more problem drug and alcohol use by older adults and decrease in youth drug use. In FY 2009 Maryland admissions over age 50 surpassed admissions under 18 by 23 percent.

**Figure 3**  
**Admissions to ADAA-Funded Treatment by Race/Ethnicity/Gender**  
**FY 2009**



# Race/Ethnicity/Gender

*As shown in Figure 3.*

- About 63 percent of admissions were about evenly split between black and white males, while the white female total was 30 percent higher than the black female total.
- As in FY 2008 Hispanics made up about 4 percent of admissions; notably, while the male/female ratio was 1.85 for whites and 2.32 for African Americans, it was 3.65 for Hispanics.

**Table 1**  
**Admissions to ADAA-Funded Treatment by Patient**  
**Residence**  
**FY 2005 - FY 2009**

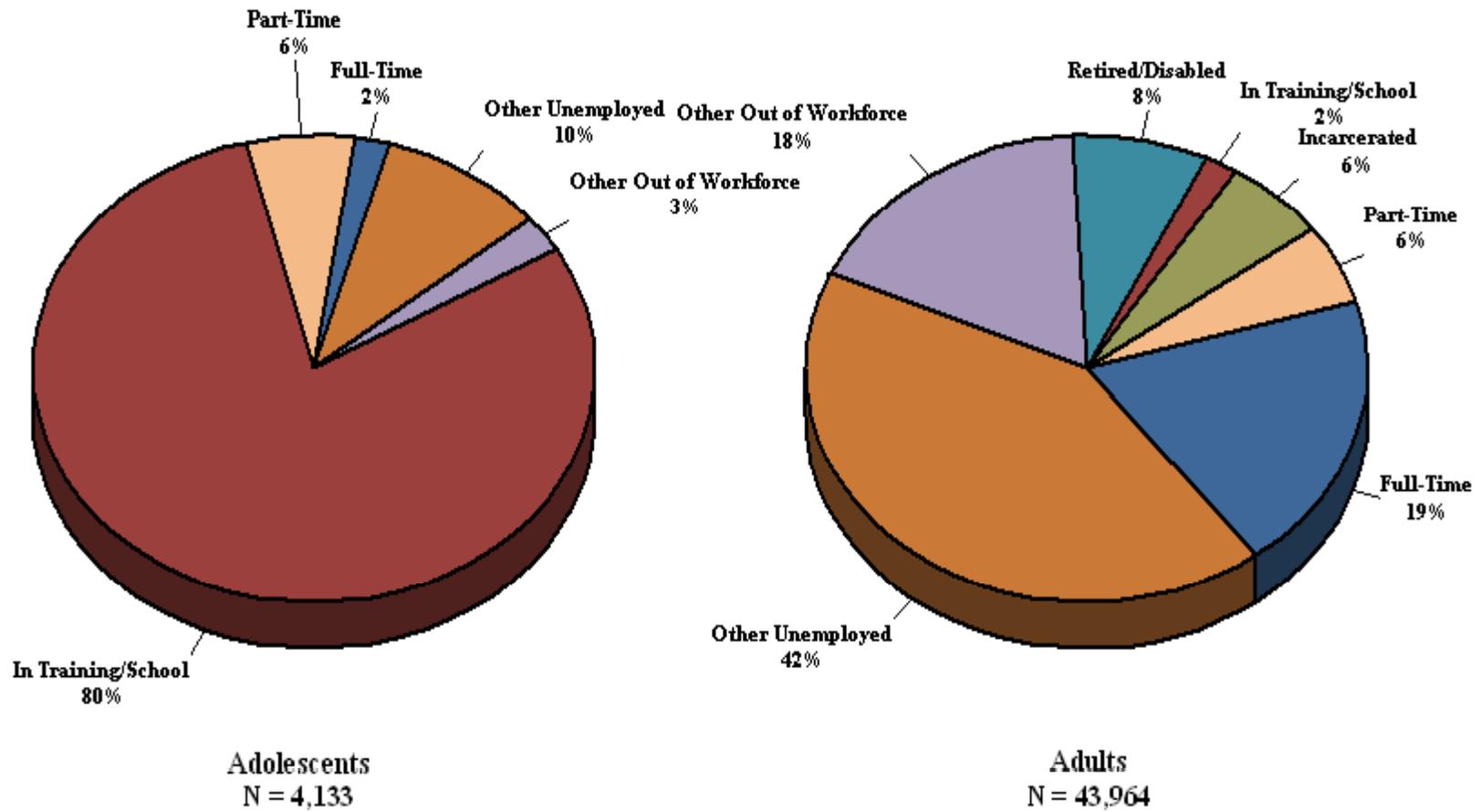
Residence	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009
Allegany	952	835	945	1015	881
Anne Arundel	4082	4270	4500	4104	3983
Baltimore City	15635	15523	13656	14117	14261
Baltimore County	4604	4707	4216	4165	4070
Calvert	952	1049	1303	1203	1363
Caroline	465	460	397	403	506
Carroll	1107	1092	1081	1073	1094
Cecil	930	742	793	898	860
Charles	1179	1290	1422	1371	1347
Dorchester	479	502	464	641	761
Frederick	1010	1090	1335	1422	1488
Garrett	398	428	376	358	394
Harford	1101	994	1109	1173	942
Howard	800	708	754	708	796
Kent	428	389	469	494	450
Montgomery	3732	2911	3427	3656	3765
Prince George's	2678	2557	2426	2878	2671
Queen Anne's	549	555	597	690	796
St. Mary's	979	1108	899	1061	1273
Somerset	507	511	458	483	474
Talbot	519	419	477	517	550
Washington	1147	1317	1394	1319	1330
Wicomico	1640	1296	1269	1384	1513
Worcester	964	930	880	1014	902
Washington, DC	208	379	522	391	718
Delaware	177	150	217	464	486
Pennsylvania	94	152	137	103	57
Virginia	170	152	163	177	135
West Virginia	78	91	79	57	51
Out of County	13	21	15	23	70
Other Out of State	104	155	118	100	117
<b>Total</b>	<b>47681</b>	<b>46783</b>	<b>45898</b>	<b>47462</b>	<b>48104</b>

# Residence

*Admissions are distributed by location of residence over five years in Table 1.*

- The largest five-year increases involved residents of Dorchester, Frederick, Queen Anne's and Calvert counties.
- But by far, the largest increase was in out-of-state residents, which nearly doubled over the five years. This was driven primarily by increases in Washington, D.C. (245 percent) and Delaware (175 percent) residents.
- Largest declines were in Baltimore, Harford and Cecil counties and Baltimore City.

**Figure 4**  
**Employment at Admission to ADAA-Funded Treatment**  
**FY 2009**

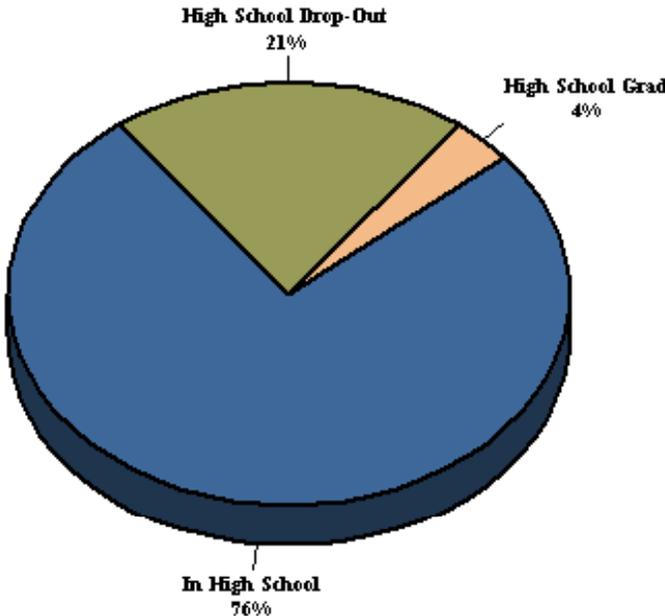


# Employment Status

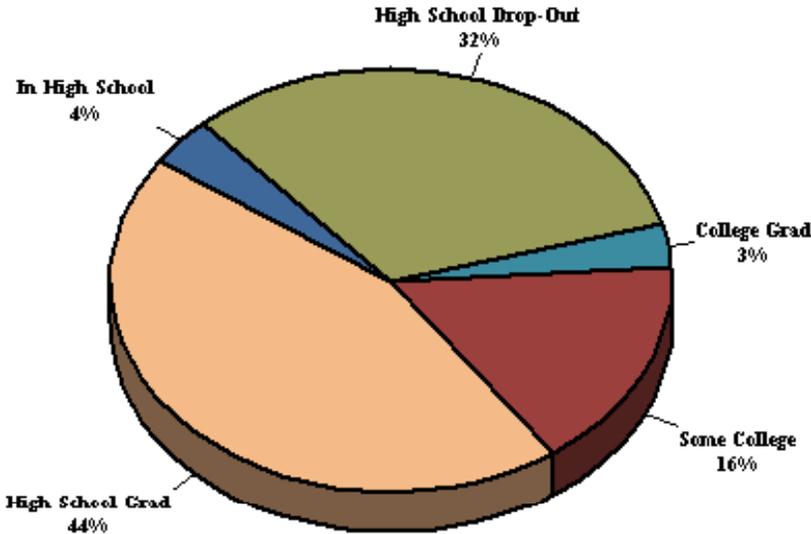
*Figure 4 displays the distribution of FY 2009 adolescent and adult admissions by employment status.*

- Only 19 percent of adult admissions were employed full-time and 6 percent part-time as they entered treatment and most others were not in a position to seek employment.
- The percentage of employed admissions has been declining since FY 2005, largely due to the economic difficulties facing the state and nation.
- A trend toward greater percentages of retired and disabled (8 percent in FY 2009) is likely connected to the aging of the treatment population.
- Eighty percent of adolescents were in school or a vocational training program.

**Figure 5**  
**Educational Attainment at Admission to ADAA-Funded Treatment**  
**FY 2009**



Adolescents  
N = 4,133



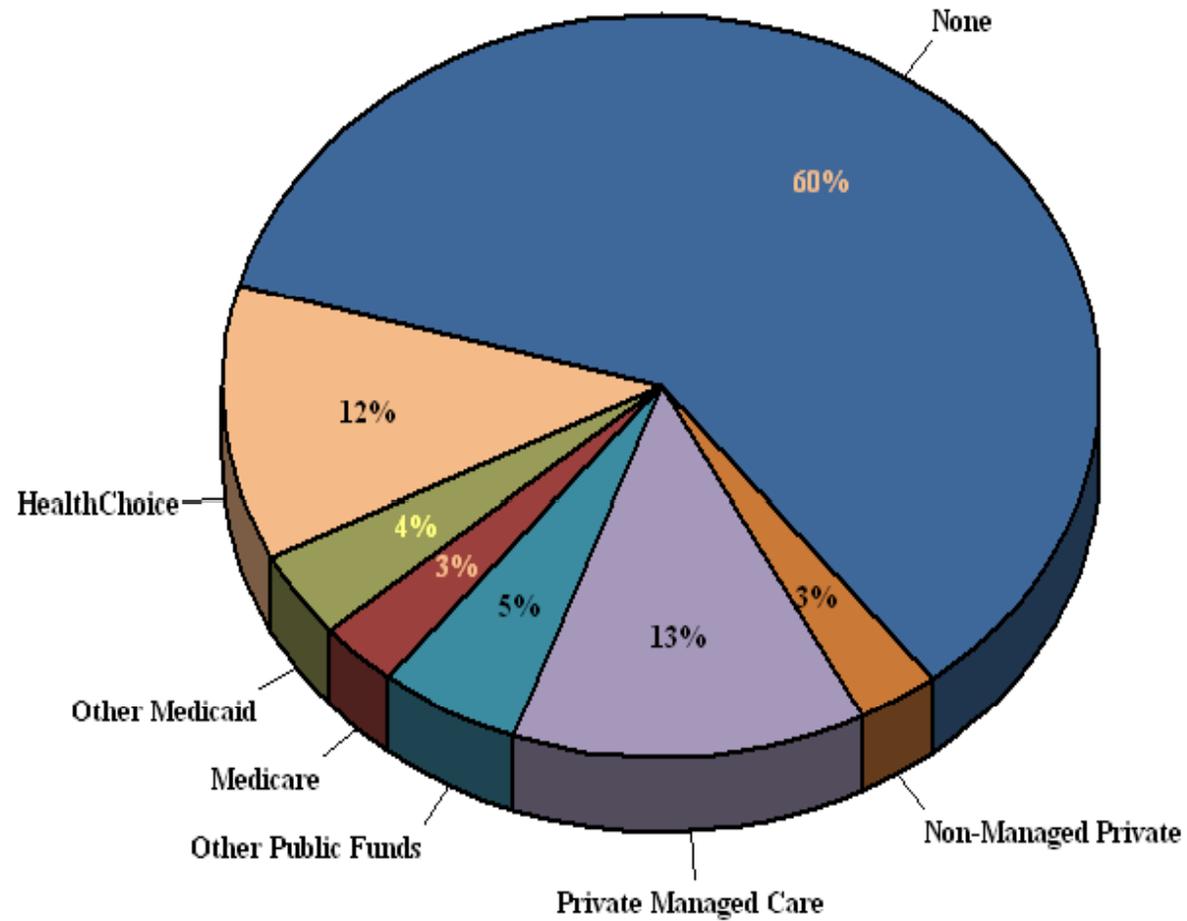
Adults  
N = 43,964

# Educational Status

*The educational attainment of adolescent and adult admissions is shown in Figure 5.*

- Only about 63 percent of adult FY 2009 treatment admissions had high school diplomas.
- Considering jointly the items on highest school grade completed and attending grades K through 12 reveals about 21 percent of adolescents and 32 percent of adults could be classified as high-school drop-outs.
- Three-quarters of those under age 18 were in school and 4 percent were high-school grads.

**Figure 6**  
**Health Coverage of Admissions to ADAA-Funded Treatment**  
**FY 2009**



**N = 48,104**

# Health Coverage

*Health coverage of admissions is shown in Figure 6.*

- Sixty percent of admissions reported no health coverage and another 24 percent were under a public health-care plan.
- More admissions with Medicaid eligibility can be anticipated coverage has recently expanded and as ADAA and DHMH expand efforts to maximize coverage by this funding source.

**Table 2**  
**Admissions to ADAA-Funded Treatment by Source of Referral**  
**FY 2005 - FY 2009**

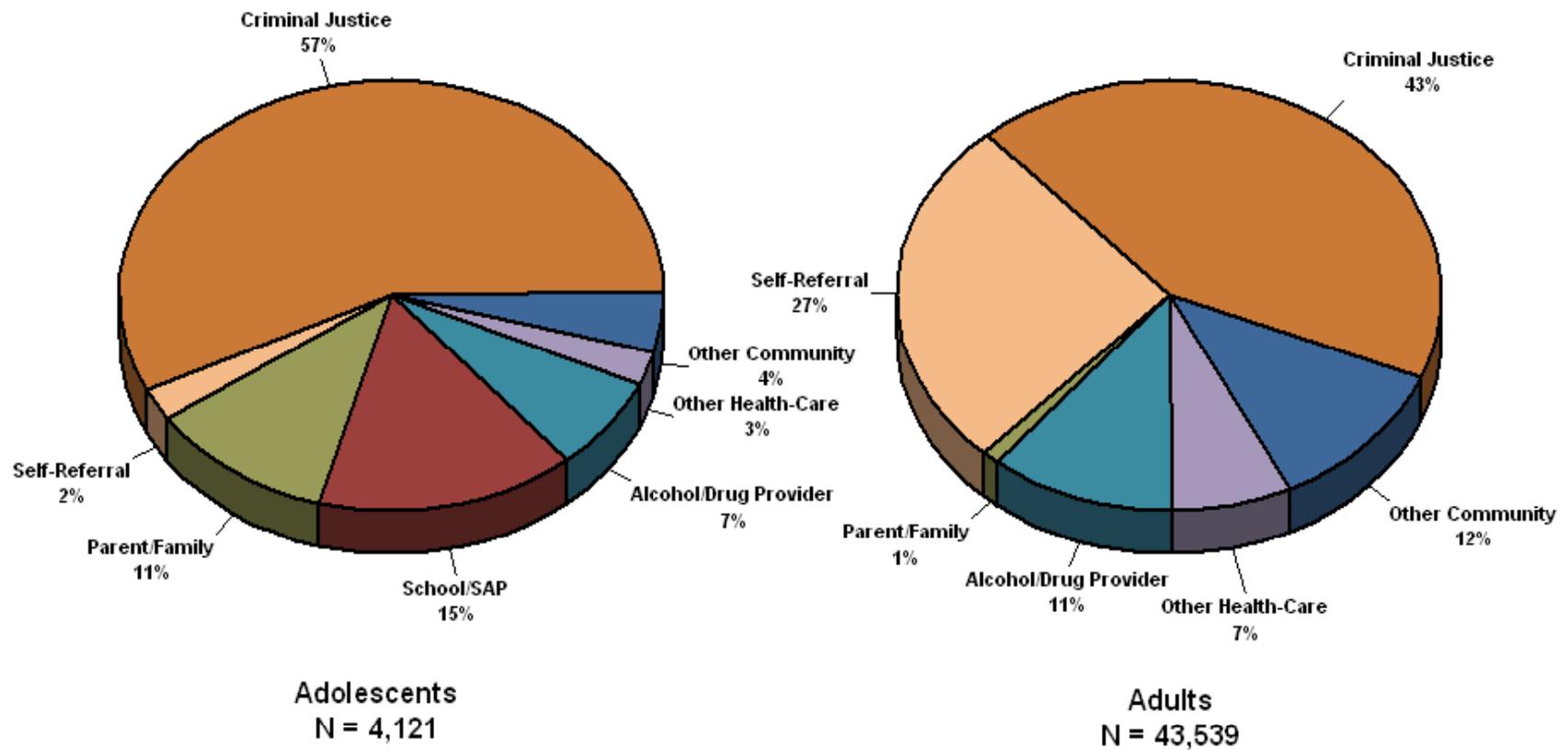
Source of Referral	FY 2005		FY 2006		FY 2007		FY 2008		FY 2009	
	#	%	#	%	#	%	#	%	#	%
Juvenile Justice	2183	4.6	2139	4.6	2034	4.4	2133	4.5	2466	5.2
TASC	211	0.4	253	0.5	279	0.6	262	0.6	311	0.7
DWI/DUI Related	4780	10.0	4177	8.9	3682	8.0	2960	6.3	3044	6.4
Pre-Trial	1288	2.7	1240	2.7	949	2.1	737	1.6	838	1.8
Probation	7490	15.7	7651	16.4	7425	16.2	6966	14.7	6769	14.2
Parole	1099	2.3	1141	2.4	1108	2.4	686	1.4	811	1.7
State Prison	41	0.1	56	0.1	46	0.1	46	0.1	39	0.1
Local Detention	1007	2.1	1170	2.5	1374	3.0	1218	2.6	929	1.9
DHMH Court Commitment (HG-507)	399	0.8	592	1.3	481	1.0	553	1.2	524	1.1
Drug Court	1738	3.6	1650	3.5	1624	3.5	2624	5.5	2762	5.8
Other Criminal Justice	1556	3.3	1777	3.8	2110	4.6	2168	4.6	2443	5.1
<b>Criminal Justice Subtotal</b>	<b>21792</b>	<b>45.7</b>	<b>21846</b>	<b>46.7</b>	<b>21112</b>	<b>46.0</b>	<b>20353</b>	<b>43.0</b>	<b>20936</b>	<b>43.9</b>
Individual/Self Referral	11226	23.5	10389	22.2	10079	22.0	10911	23.0	11649	24.4
Parent/Gaurdian/Family	1040	2.2	1029	2.2	981	2.1	855	1.8	933	2.0
Alcohol/Drug Abuse Provider	6054	12.7	5498	11.8	5123	11.2	5114	10.8	5092	10.7
Other Health Care Provider	2713	5.7	2907	6.2	2270	4.9	3111	6.6	3148	6.6
School	884	1.9	618	1.3	650	1.4	800	1.7	641	1.3
Student Assistance Program	240	0.5	208	0.4	160	0.3	87	0.2	91	0.2
Employer/EAP	323	0.7	371	0.8	304	0.7	237	0.5	185	0.4
DSS/TCA	997	2.1	1152	2.5	1169	2.5	1094	2.3	1191	2.5
Other Community Referral	2387	5.0	2672	5.7	3528	7.7	3953	8.3	3446	7.2
AIDS Administration	23	0.0	59	0.1	36	0.1	14	0.0	10	0.0
Alcohol and Drug Abuse Administration	2	0.0	34	0.1	473	1.0	812	1.7	332	0.7
Poison Control Agency	0	—	0	—	3	0.0	8	0.0	13	0.0
<b>Total</b>	<b>47681</b>	<b>100.0</b>	<b>46783</b>	<b>100.0</b>	<b>45888</b>	<b>100.0</b>	<b>47349</b>	<b>100.0</b>	<b>47667</b>	<b>100.0</b>

# Source of Referral

*Table 2 provides detailed categories of source of referral over five years.*

- Criminal-justice sources accounted for 44 percent of admissions in FY 2009.
- Drug court referrals advanced 70 percent in the last two years while Probation and Parole referrals fell by 11 percent.
- On the voluntary side, individual or self-referrals increased by 16 percent since FY 2007.

**Figure 7**  
**Source of Referral to ADAA-Funded Treatment**  
**FY 2009**



# Source of Referral

*Figure 7 shows that adolescents are much more likely to enter treatment from the juvenile justice system than are adults from the adult justice system.*

Adolescents are rarely self-referrals, although 11 percent were referred by their families and 15 percent by schools.

**Table 3**  
**Admissions to ADAA-Funded Treatment by ASAM Level**  
**of Care**  
**FY 2005 - FY 2009**

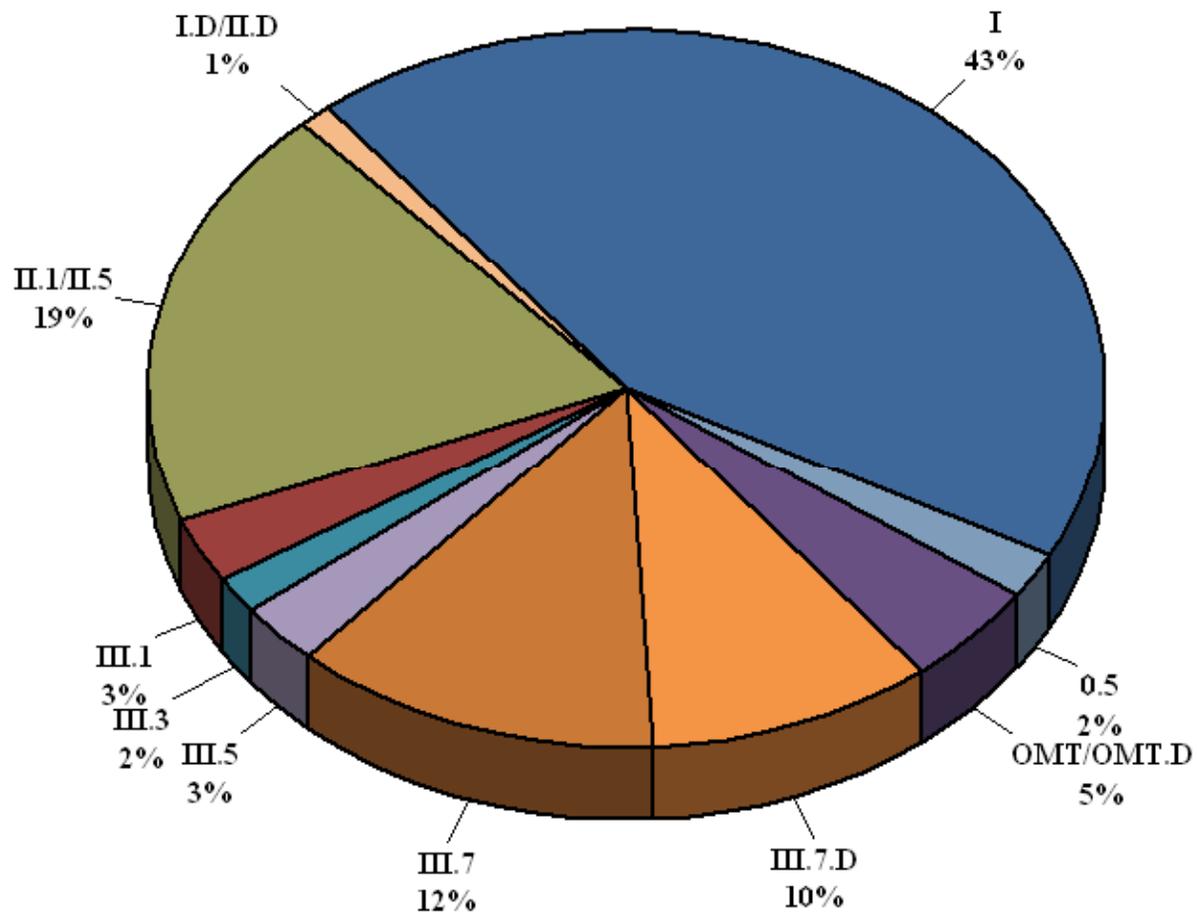
ASAM Level of Care	FY 2005		FY 2006		FY 2007		FY 2008		FY 2009	
	#	%	#	%	#	%	#	%	#	%
Level 0.5	495	1.0	691	1.5	647	1.4	840	1.8	979	2.0
Level I	23344	49.0	20610	44.1	21201	46.2	20477	43.1	20717	43.1
Level I.D	1718	3.6	512	1.1	72	0.2	314	0.7	426	0.9
Level II.1	5540	11.6	7992	17.1	7244	15.8	7548	15.9	7995	16.6
Level II.5	2	0.0	85	0.2	386	0.8	895	1.9	1074	2.2
Level II.D	9	0.0	318	0.7	406	0.9	235	0.5	99	0.2
Level III.1	1264	2.7	1304	2.8	1370	3.0	1512	3.2	1431	3.0
Level III.3	645	1.4	684	1.5	722	1.6	793	1.7	813	1.7
Level III.5	406	0.9	596	1.3	1155	2.5	932	2.0	1339	2.8
Level III.7	7211	15.1	8536	18.2	7493	16.3	7499	15.8	5894	12.3
Level III.7.D	3387	7.1	1980	4.2	3056	6.7	4273	9.0	4589	9.5
OMT	3153	6.6	3372	7.2	2136	4.7	2143	4.5	2741	5.7
OMT.D	507	1.1	103	0.2	10	0.0	1	0.0	7	0.0
Total	47681	100.0	46783	100.0	45898	100.0	47462	100.0	48104	100.0

# ASAM Levels

*Table 3 presents the distributions of funded levels of care over the past five years.*

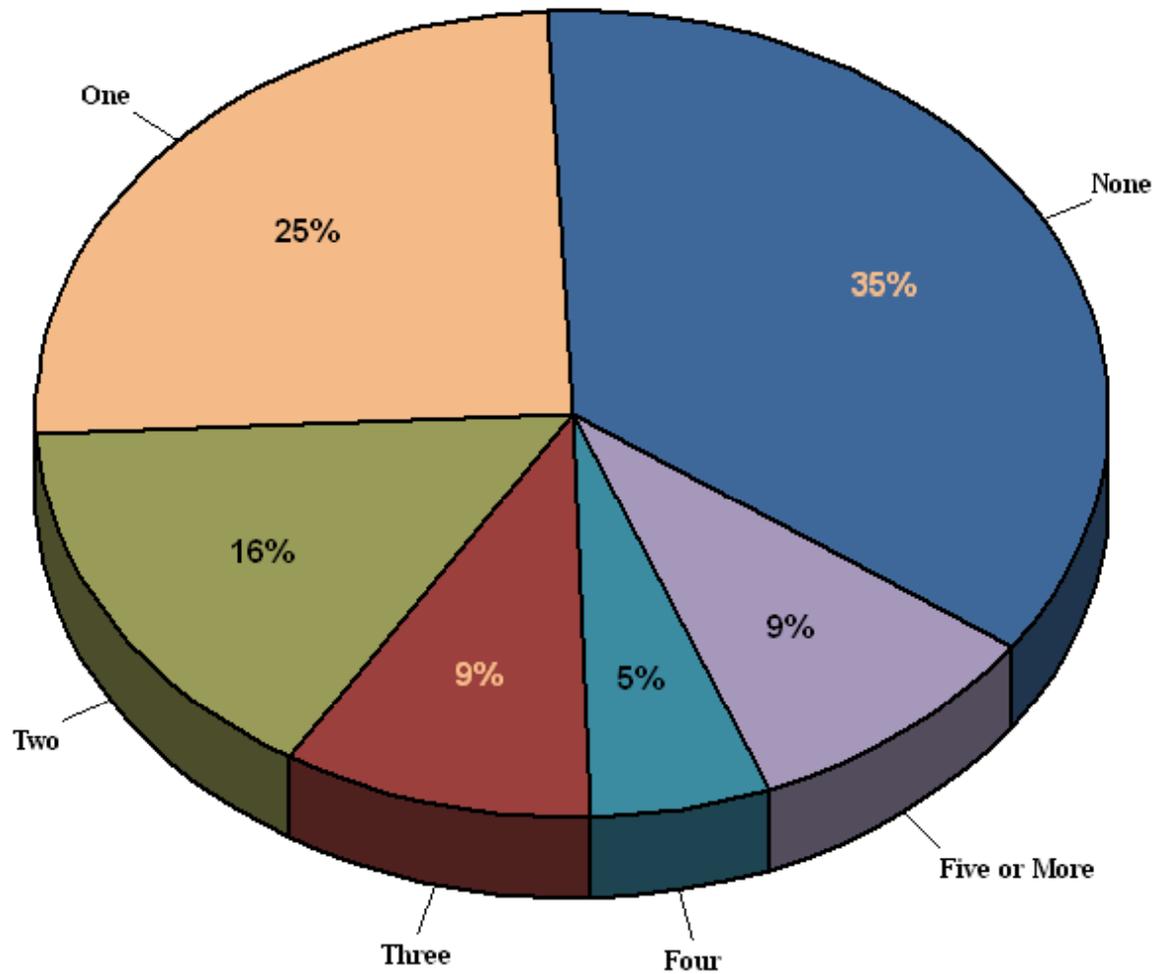
- The proportion of Level I admissions has declined, going from 49 percent of FY 2005 admissions to 43 percent of FY 2008 and 2009.
- Most of that difference was made up by Level II.1 and II.5, which went from 12 to 19 percent over the time period.
- A increase in admissions to Level III.5, therapeutic community, from one to three percent is related to expanded use of the Health General Article §8-507 process.
- Short-term residential, Level III.7, decreased by 21 percent in FY 2009, while III.7.D, residential detox, increased by 7 percent.
- OMT and OMT.D admissions decreased by 38 percent from FY 2006 to 2008 but jumped by 28 percent in FY 2009.
- This follows the trend in heroin-related admissions, which had declined dramatically but appear to be making a comeback in FY 2009.
- The distribution of ASAM levels for FY 2009 is shown graphically in Figure 8.

**Figure 8**  
**ASAM Levels of Care**  
**FY 2009 ADAF-Funded Admissions**



N = 47,299

**Figure 9**  
**Number of Prior Admissions to ADAA-Funded Treatment**  
**FY 2009**



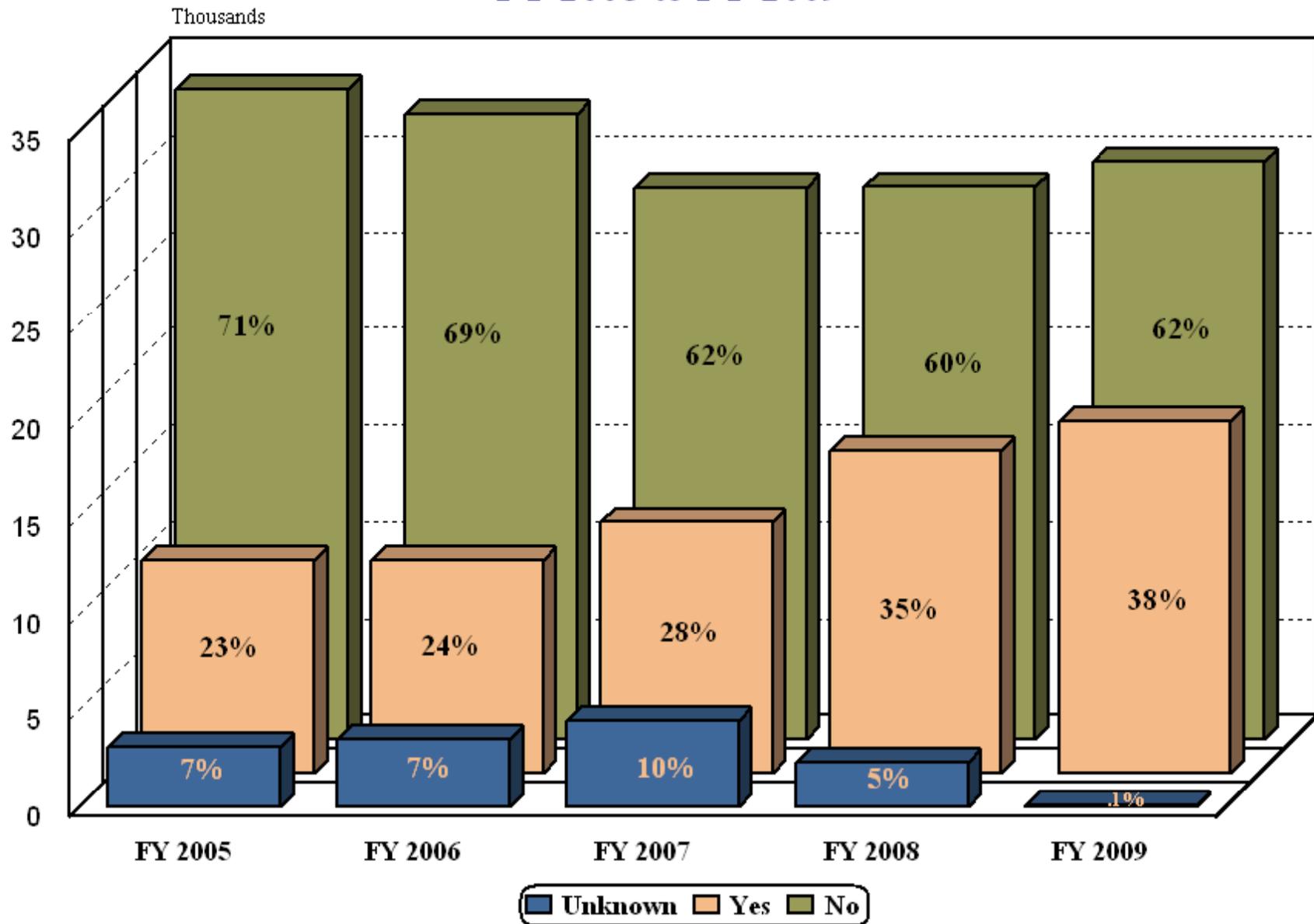
**N = 48,104**

# Prior Admissions

*The percentage distribution of number of prior admissions is shown in Figure 9.*

- Sixty-five percent of FY 2009 treatment admissions had prior treatment experience.
- This is in part evidence of a declining incidence of substance abuse in the population, especially among the young, but it likely also reflects greater reliance on a continuum of care as ADAA moves toward a recovery-oriented system.

**Figure 10**  
**Mental Health Problems among Admissions to ADAA-Funded Treatment**  
**FY 2005 to FY 2009**

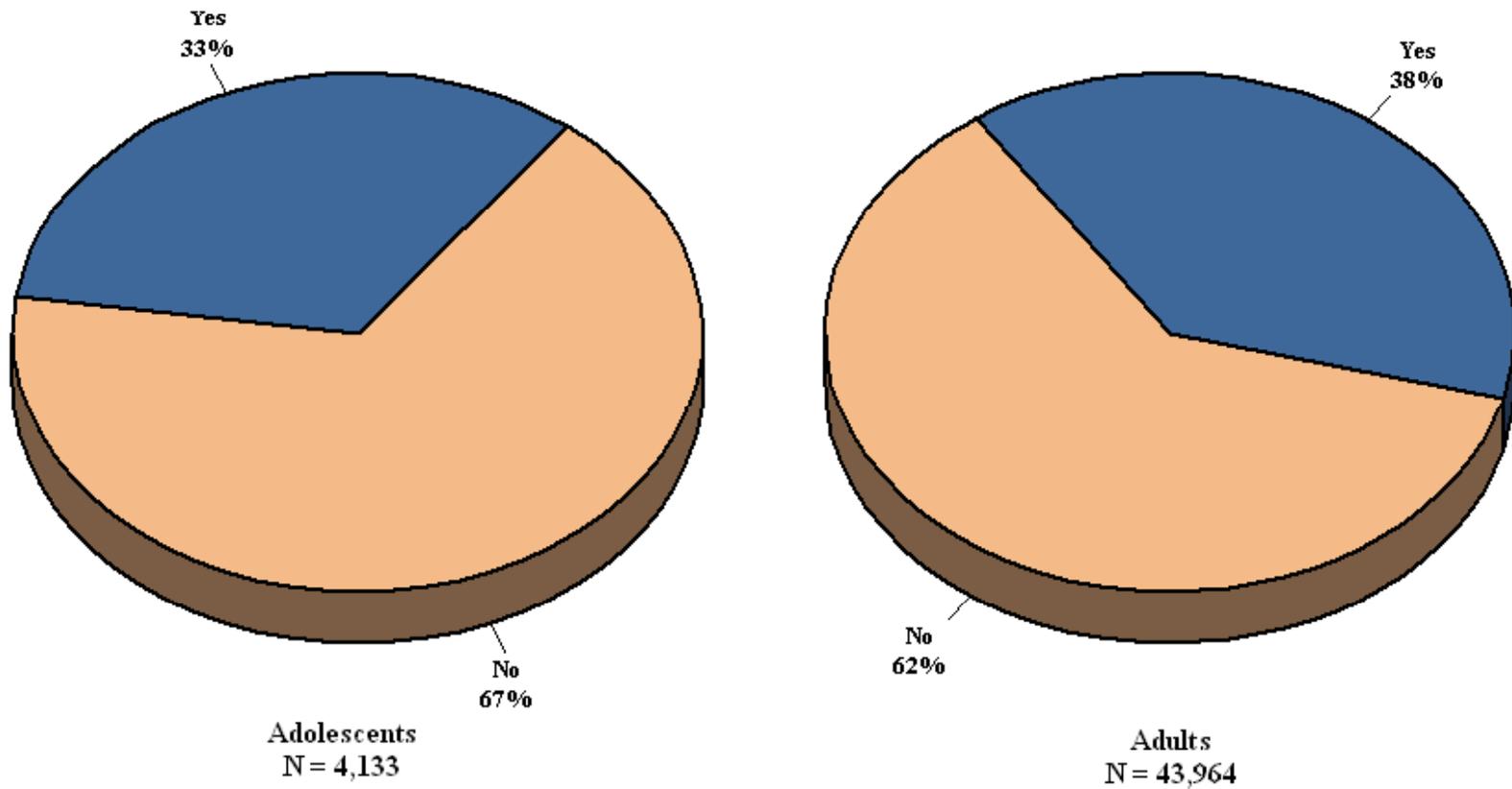


# Mental Health

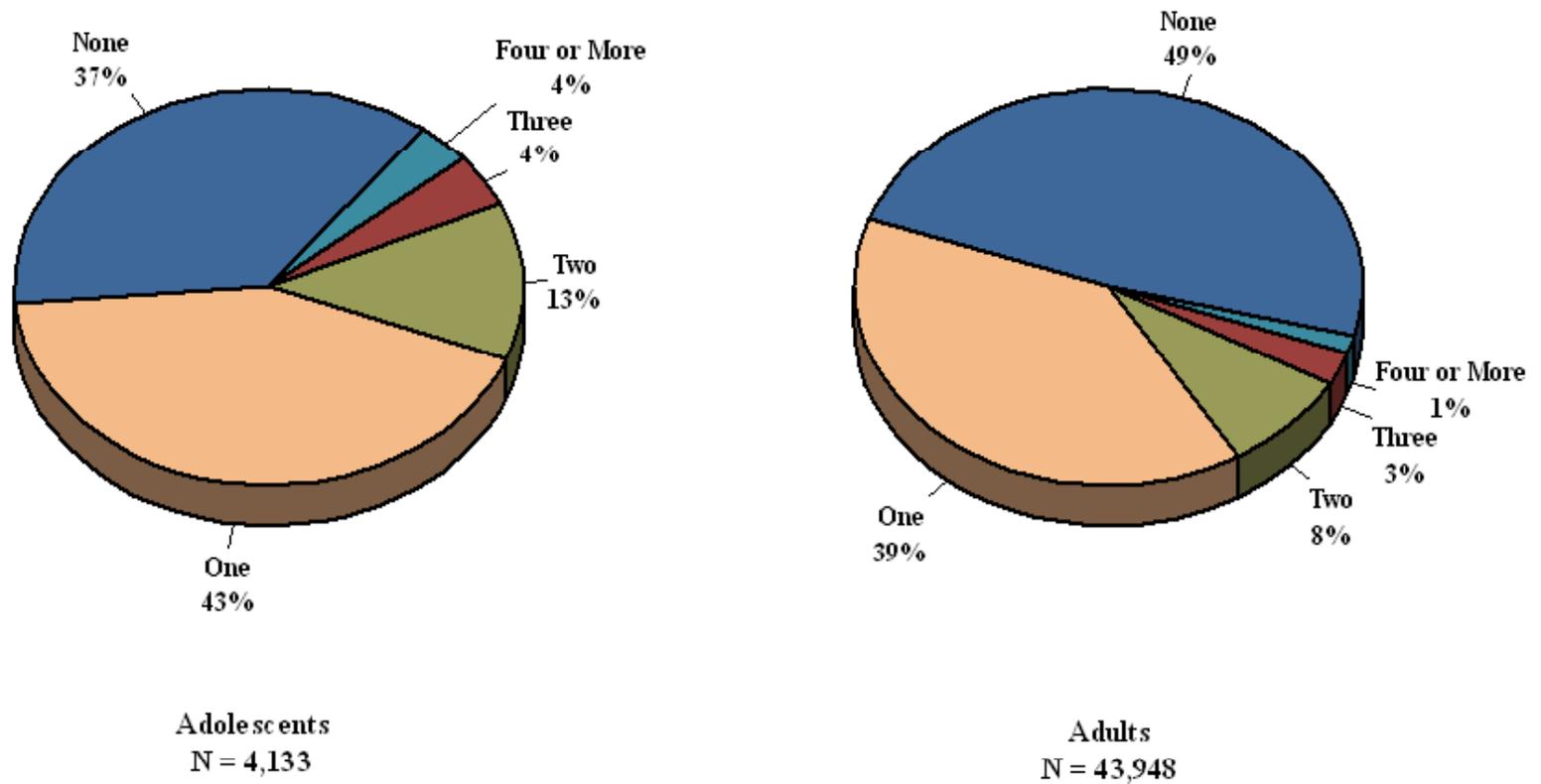
*There was a significant increase in the number and percentage of admissions identified as having mental health problems in FY 2008 and 2009.*

- Figure 10 shows the percentage has gone from 23 in FY 2005 to 38 percent in FY 2009. This probably reflects greater awareness and initiatives focused on the co-occurring population more so than a real spike in numbers of patients with mental health problems.
- Notably the proportion of patients for whom mental health status was reported as unknown declined sharply, demonstrating a greater willingness among counselors to make this call.
- Figure 11 presents the adolescent and adult distributions of mental health problems for FY 2009, showing a third of adolescents and nearly 40 percent of adults had mental health issues.

**Figure 11**  
**Mental Health Problem(s) at Admission to ADAA-Funded Treatment**  
**FY 2009**



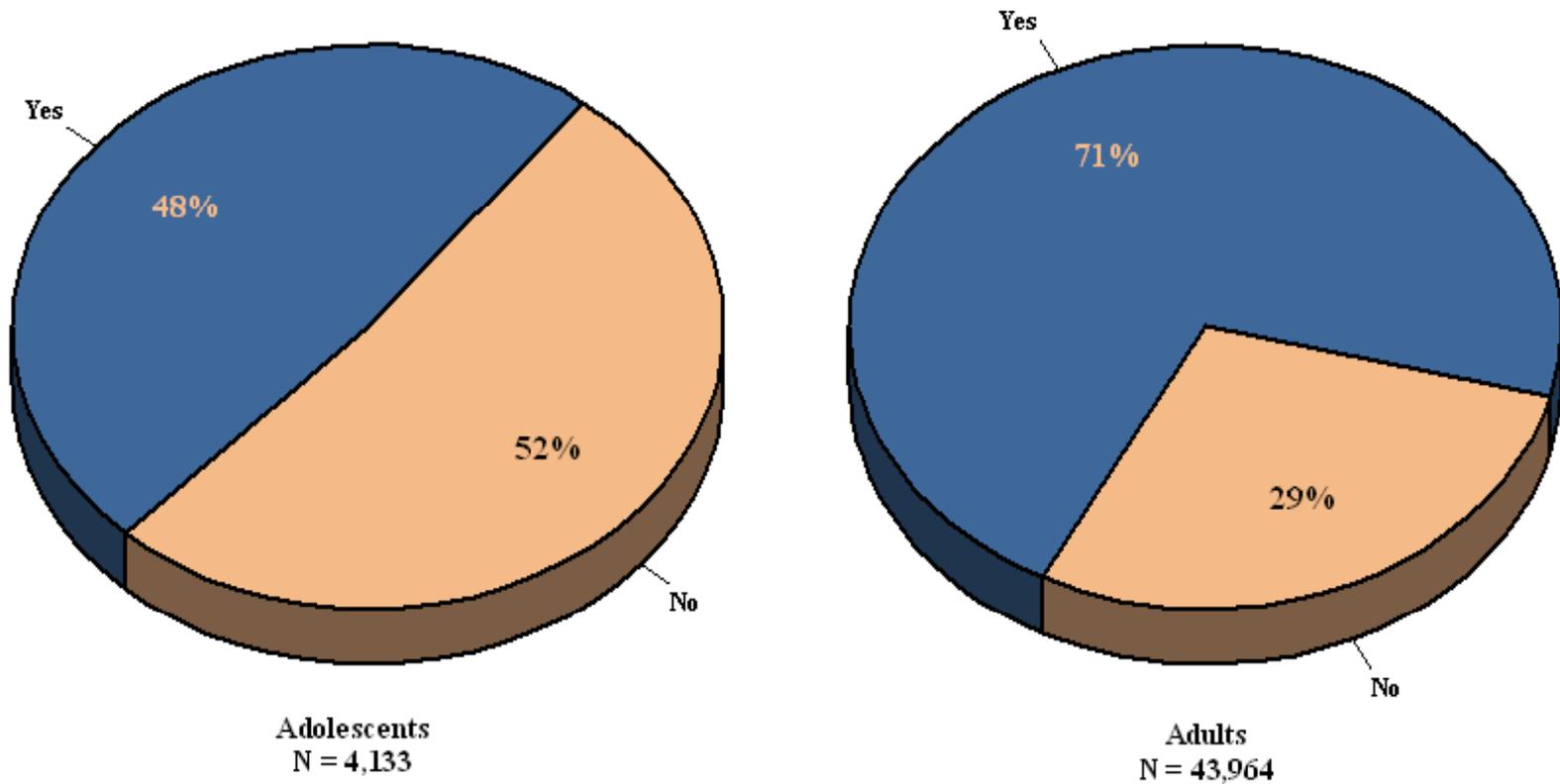
**Figure 12**  
**Number of Arrests in 12 Months before Admission to ADAA-Funded Treatment**  
**FY 2009**



# Arrests

- Over half of adult and 63 percent of adolescent treatment admissions have been arrested in the year preceding admission to treatment (Figure 12).
- The higher percentage for adolescents is related to the above-noted finding that 57 percent of adolescents were referred by the juvenile justice system.

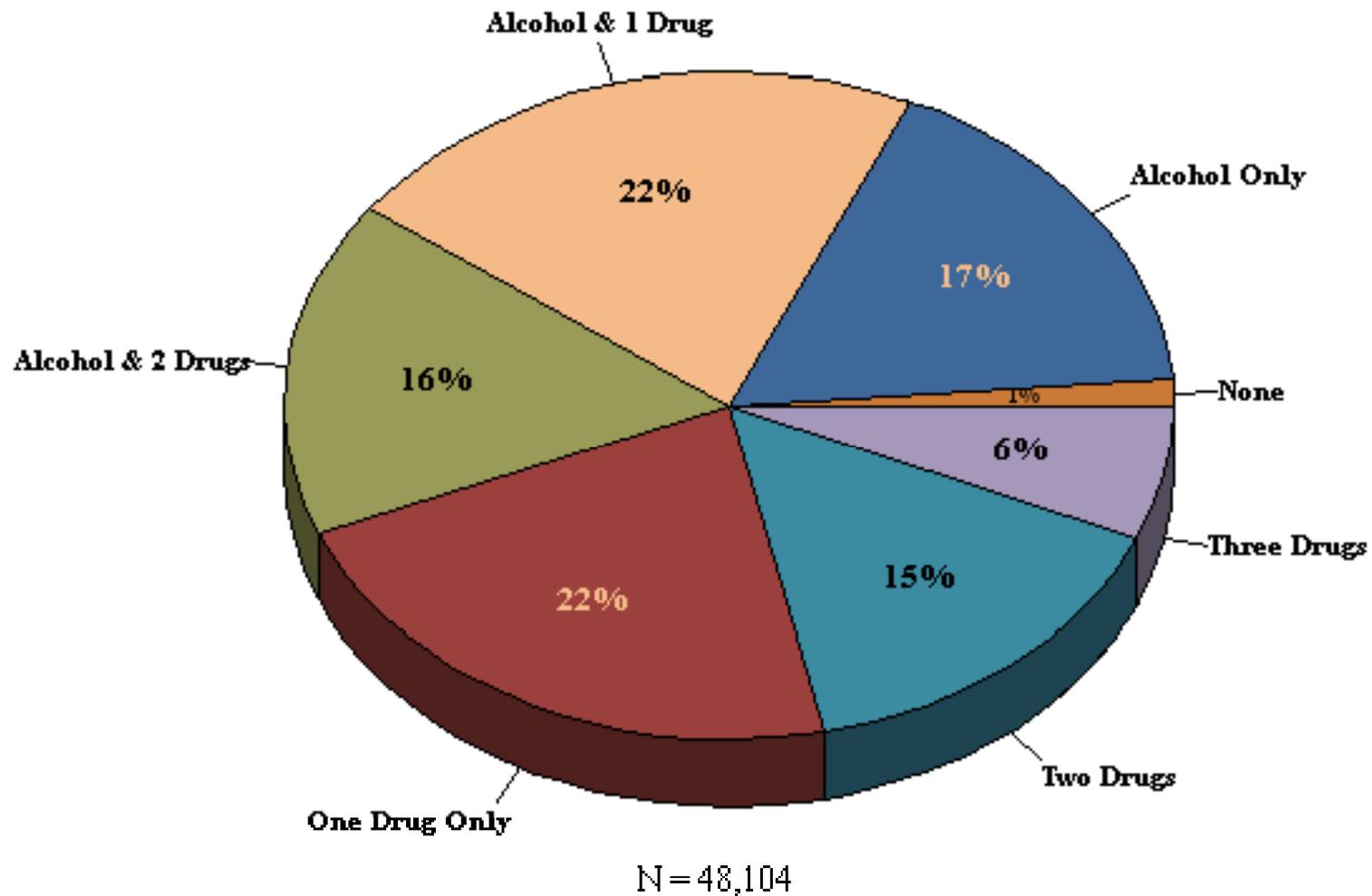
**Figure 13**  
**Tobacco Use at Admission to ADAA-Funded Treatment**  
**FY 2009**



# Tobacco Use

- Figure 13 shows the percentages of adolescent and adult admissions using tobacco in the month preceding admission.
- Nearly half of the adolescents and over 70 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.

**Figure 14**  
**Pattern of Substance Abuse Problems among Admissions to ADAA-Funded Treatment**  
**FY 2009**



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

# Substance Abuse

- The patterns of substance abuse problems among admissions are shown in Figure 14 .
- Alcohol was involved in about 55 percent of all admissions; nearly forty percent involved both alcohol and illicit drugs.
- Sixty percent of admissions were multiple substance abusers.

**Table 4**  
**Substance Problems among Admissions to ADAA-Funded Treatment**  
**FY 2005 to FY 2009**

Substance Problems	FY 2005		FY 2006		FY 2007		FY 2008		FY 2009	
	#	%	#	%	#	%	#	%	#	%
Alcohol	27706	59.2	27379	59.3	26915	59.3	26687	57.0	26380	55.5
Crack	13047	27.9	13504	29.3	13381	29.5	13647	29.2	11808	24.8
Other Cocaine	7827	16.7	7728	16.7	7151	15.8	6691	14.3	5818	12.2
Marijuana/Hashish	16933	36.2	17426	37.8	17114	37.7	16949	36.2	17713	37.3
Heroin	16253	34.7	15593	33.8	13289	29.3	14490	31.0	14791	31.1
Non-Rx Methadone	370	0.8	397	0.9	423	0.9	501	1.1	603	1.3
Oxycodone	—	—	1978	4.3	2212	4.9	2570	5.5	3436	7.2
Other Opiates	2629	5.6	1065	2.3	1279	2.8	1739	3.7	2172	4.6
PCP	453	1.0	640	1.4	727	1.6	779	1.7	996	2.1
Hallucinogens	449	1.0	301	0.7	283	0.6	273	0.6	292	0.6
Methamphetamines	199	0.4	125	0.3	153	0.3	131	0.3	161	0.3
Other Amphetamines	211	0.5	460	1.0	451	1.0	394	0.8	335	0.7
Stimulants	172	0.4	34	0.1	48	0.1	38	0.1	28	0.1
Benzodiazepines	568	1.2	1140	2.5	1120	2.5	1562	3.3	1705	3.6
Other Tranquilizers	44	0.1	10	0.0	20	0.0	13	0.0	6	0.0
Barbiturates	116	0.2	65	0.1	47	0.1	36	0.1	37	0.1
Other Sedatives or Hypnotics	417	0.9	123	0.3	98	0.2	108	0.2	84	0.2
Inhalants	70	0.1	56	0.1	36	0.1	35	0.1	42	0.1
Over the Counter	63	0.1	81	0.2	90	0.2	102	0.2	69	0.1
Other	266	0.6	367	0.8	265	0.6	281	0.6	280	0.6
Total Respondents	46821	—	46158	—	45375	—	46791	—	47540	—

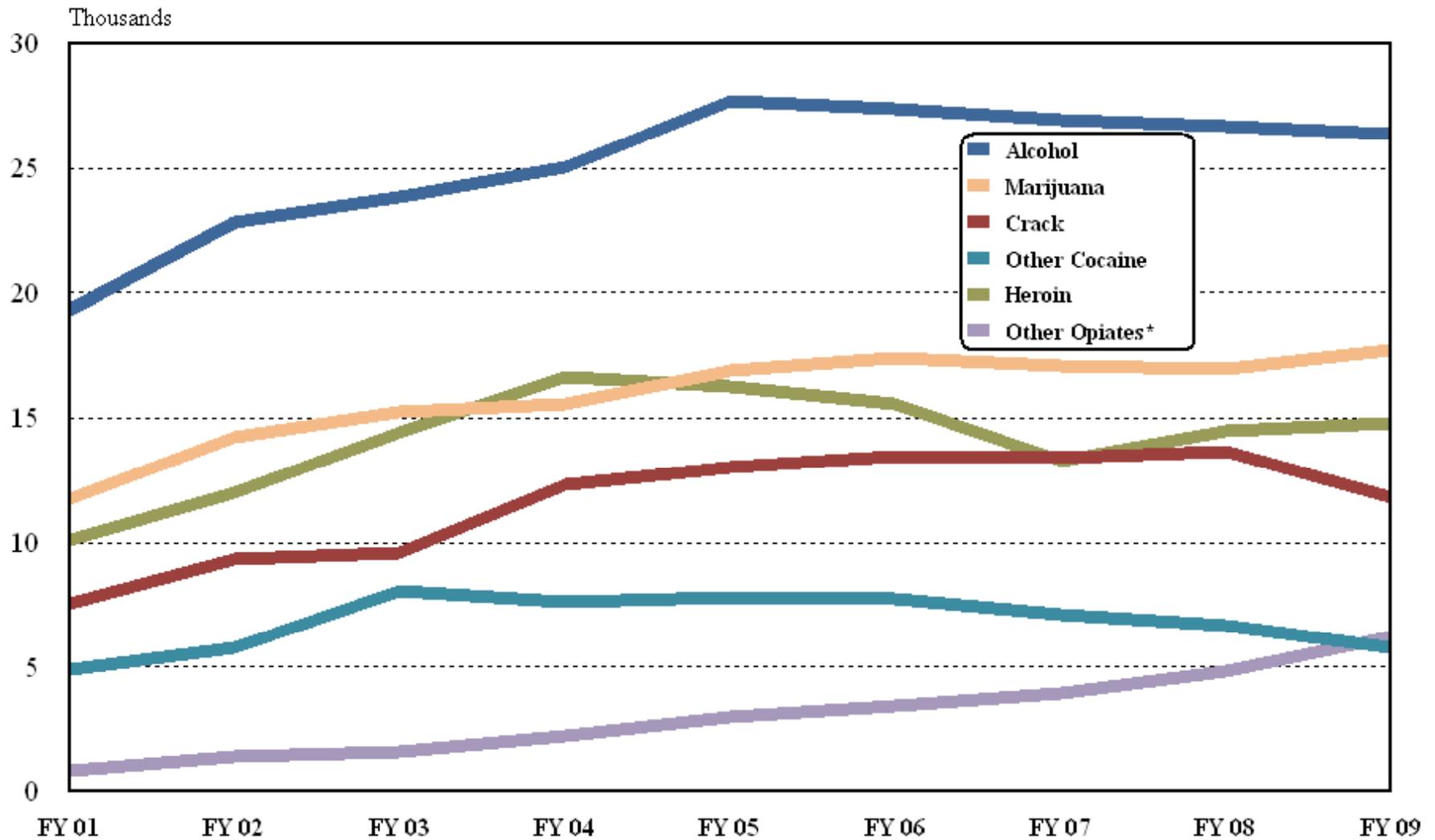
Note: Up to three substance problems can be reported for each admission. Percentages are based on total respondents, so they will not add to 100.

Oxycodone was included in the Other Opiates category before FY 2006.

***Table 4 presents detail on the substance problems reported by admissions from FY 2005 to FY 2009.***

- Trends of increase are most apparent with regard to opiates other than heroin, involving 6.4 percent of admissions during FY 2005 and over 13 percent during FY 2009.
- Heroin increased by 11 percent from FY 2007 to FY 2009 after declining the previous two years.
- Reports of problems with Benzodiazepines tripled over the five years, and PCP increased 120 percent. *Reports from sources in Washington, D.C. and Northern Virginia suggest this dangerous drug may be making a comeback.*
- Crack cocaine fell by 14 percent in FY 2009 while reports of cocaine other than crack declined by 26 percent during the five years and hallucinogens fell by 35 percent.
- After declining slightly in FY 2008 marijuana problems reported by admissions were back up by 4.5 percent in FY 2009.

**Figure 15**  
**Reported Substance Problems**  
**Admissions to ADAA-Funded Treatment**  
**FY 2001 - FY 2009**

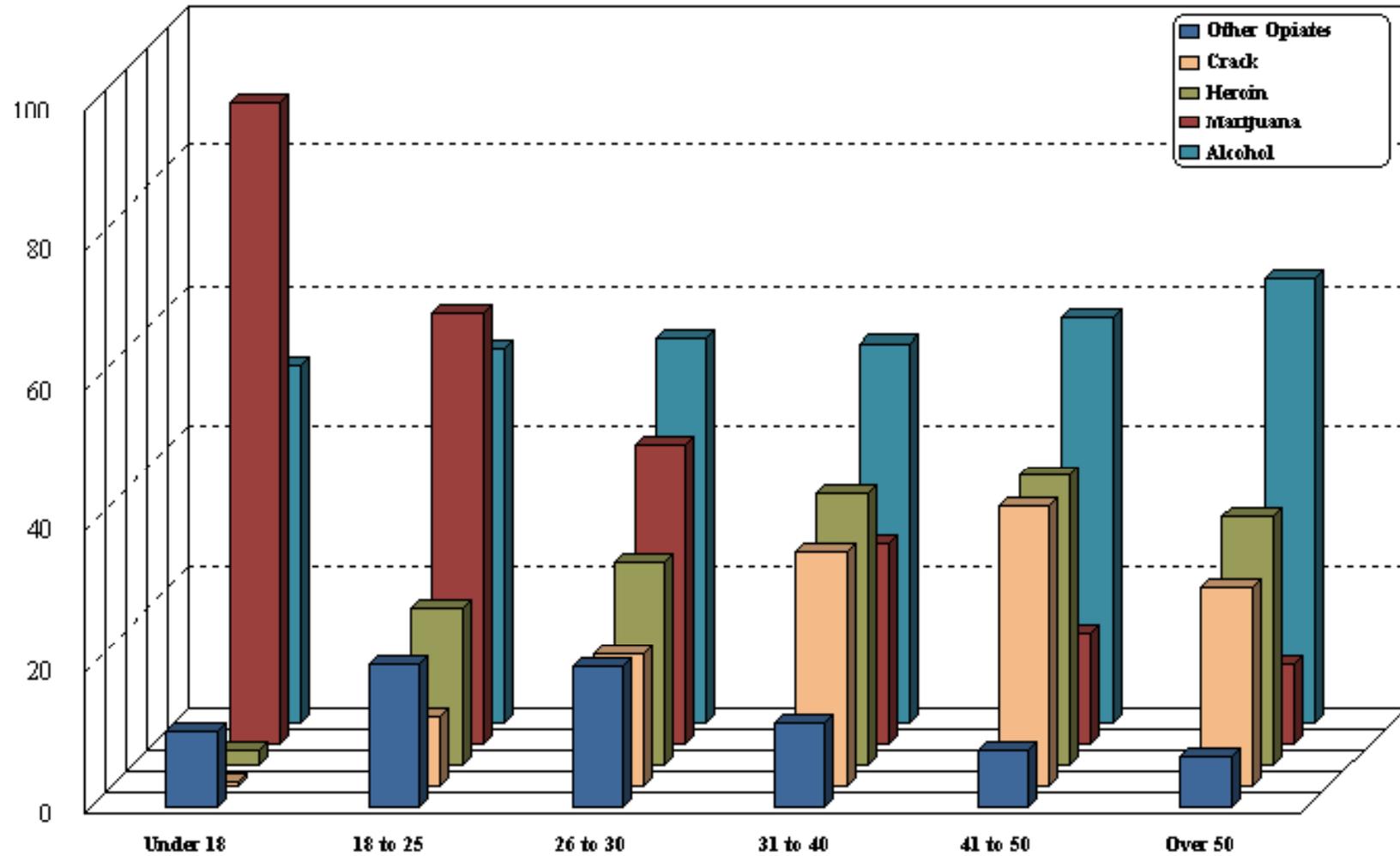


Note: Up to three substance problems may be reported for each admission.  
 \*Includes Non-Rx Methadone, Oxycodone and Other Opiates.

***Figure 15 presents the nine-year trend in reports of substance problems by treatment admissions.***

- Heroin problems fell by 20 percent from FY 2004 to FY 2007 after increasing 65 percent from FY 2001.
- It is back up by eleven percent in FY 2009; whether this is the start of another cycle of increase remains to be seen.

**Figure 16**  
**Percentages of Age Groups with Selected Substance Problems**  
**Admissions to ADAA-Funded Treatment**  
**FY 2009**

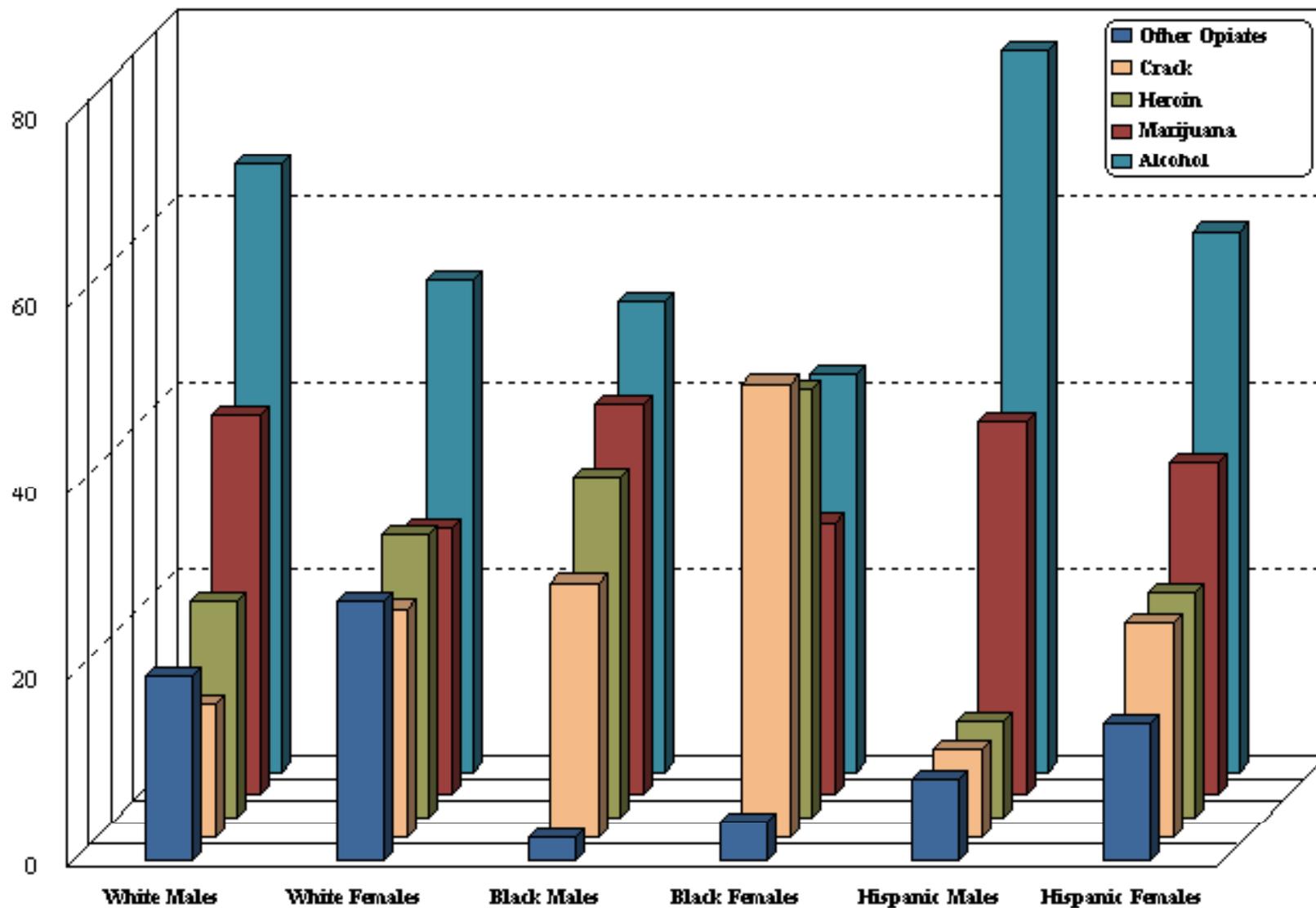


Note: Up to three substance problems may be reported for each admission.

*Figure 16 distributes the five leading problem substances by the percentages of each of six age groups reporting the problems, and Figure 17 does the same for each of six race/ethnic/gender groups.*

- Ninety-two percent of adolescents admitted had problems with marijuana and over half had problems with alcohol.
- With each succeeding age group the prevalence of marijuana problems drops sharply while that of alcohol problems generally increases.
- At about 40 percent both heroin and crack cocaine problems are most prevalent in the 41-to-50 age group.
- Other opiates problems peak at about 20 percent in the 18 to 30 age range; about 10 percent of adolescents had problems involving other opiates.

**Figure 17**  
**Percentages of Race/Ethnic/Gender Groups with Selected Substance Problems**  
**Admissions to ADAA-Funded Treatment**  
**FY 2009**

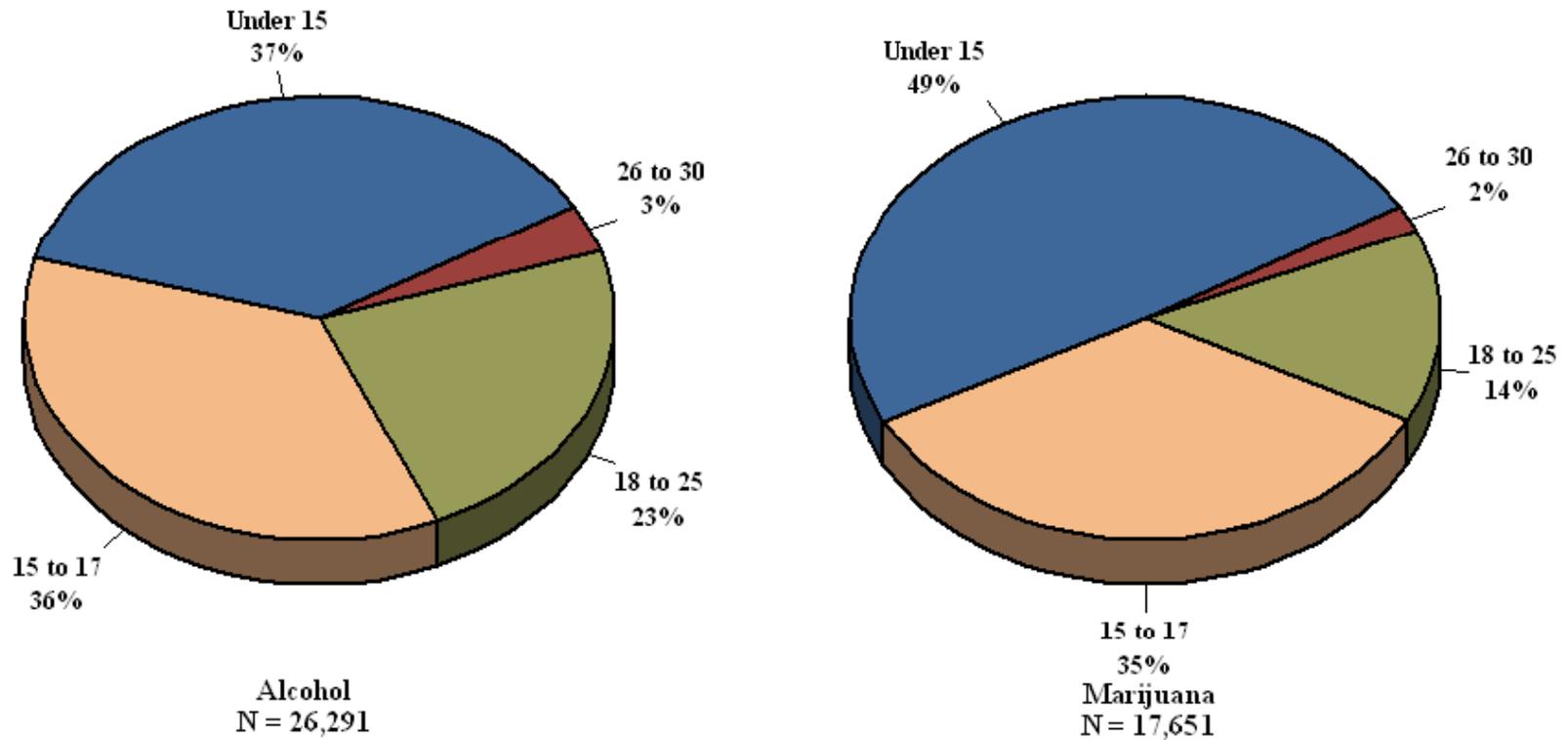


Note: Up to three substance problems may be reported for each admission.

*Figure 17 shows the percentages of race/ethnic/gender groups with selected substance problems.*

- White females had the highest percentage with other opiate problems (28) while black females had the highest percentages with crack (49) and heroin (46) problems.
- Previous research in Maryland's substance-abuse-treatment population has revealed that females entering the treatment system tend to have more severe problems with harder drugs than males.
- Alcohol problems were most prevalent among Hispanic males; 77 percent of Hispanic-males were admitted for alcohol-abuse issues. Hispanic females had the highest percentages with alcohol and marijuana problems among females.

**Figure 18**  
**Age at First Use of Alcohol\* and Marijuana**  
**Admissions to ADAA-Funded Treatment**  
**FY 2009**

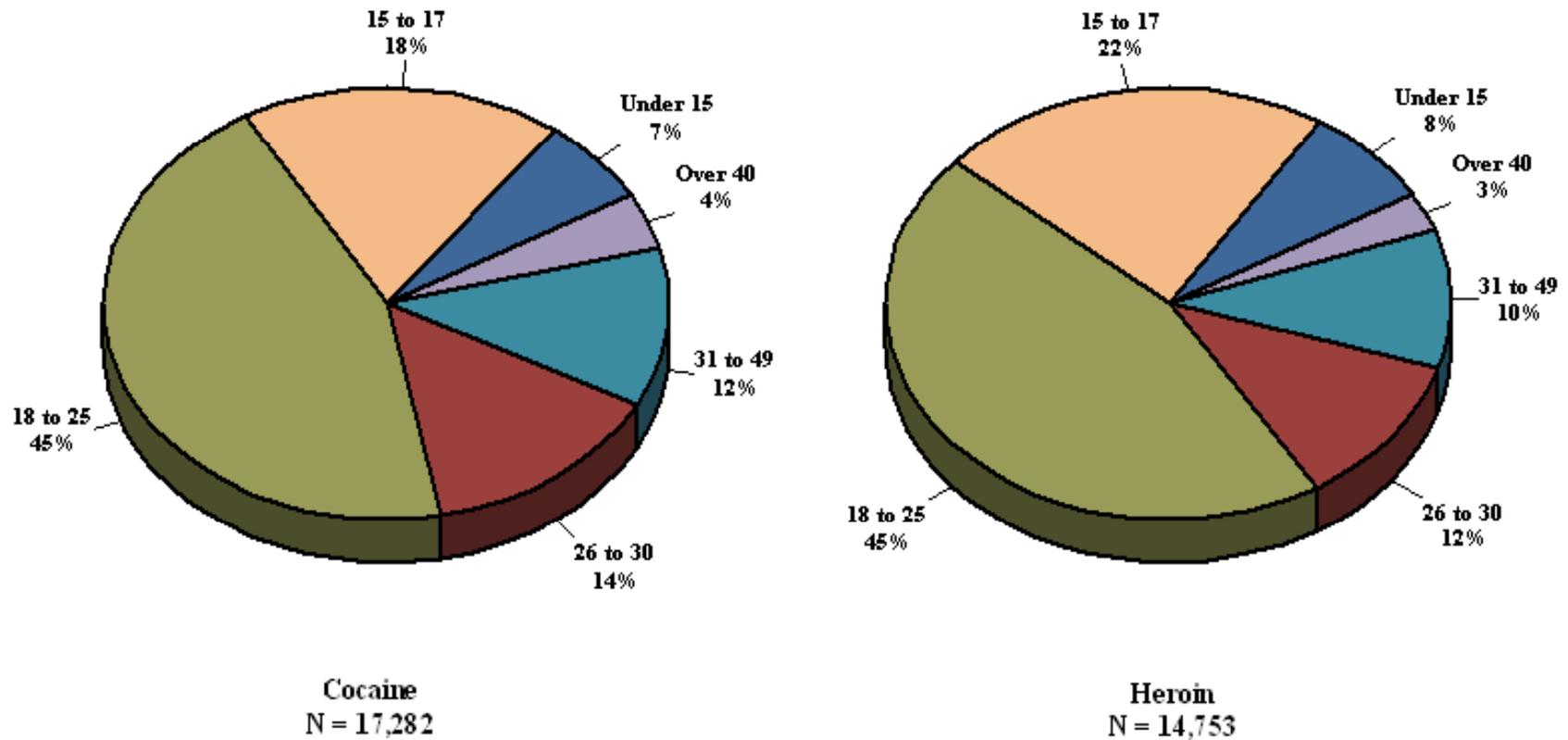


\*For alcohol the age of first use is defined as the age of first intoxication.

***Figure 18 shows the distributions of alcohol and marijuana-related admissions by reported age of first intoxication with alcohol and age of first use of marijuana.***

- Nearly 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 age younger than 15.
- Over three-quarters of alcohol-related admissions experienced their first intoxication before turning 18 and over 85 percent of marijuana-related admissions first used the drug as adolescents.

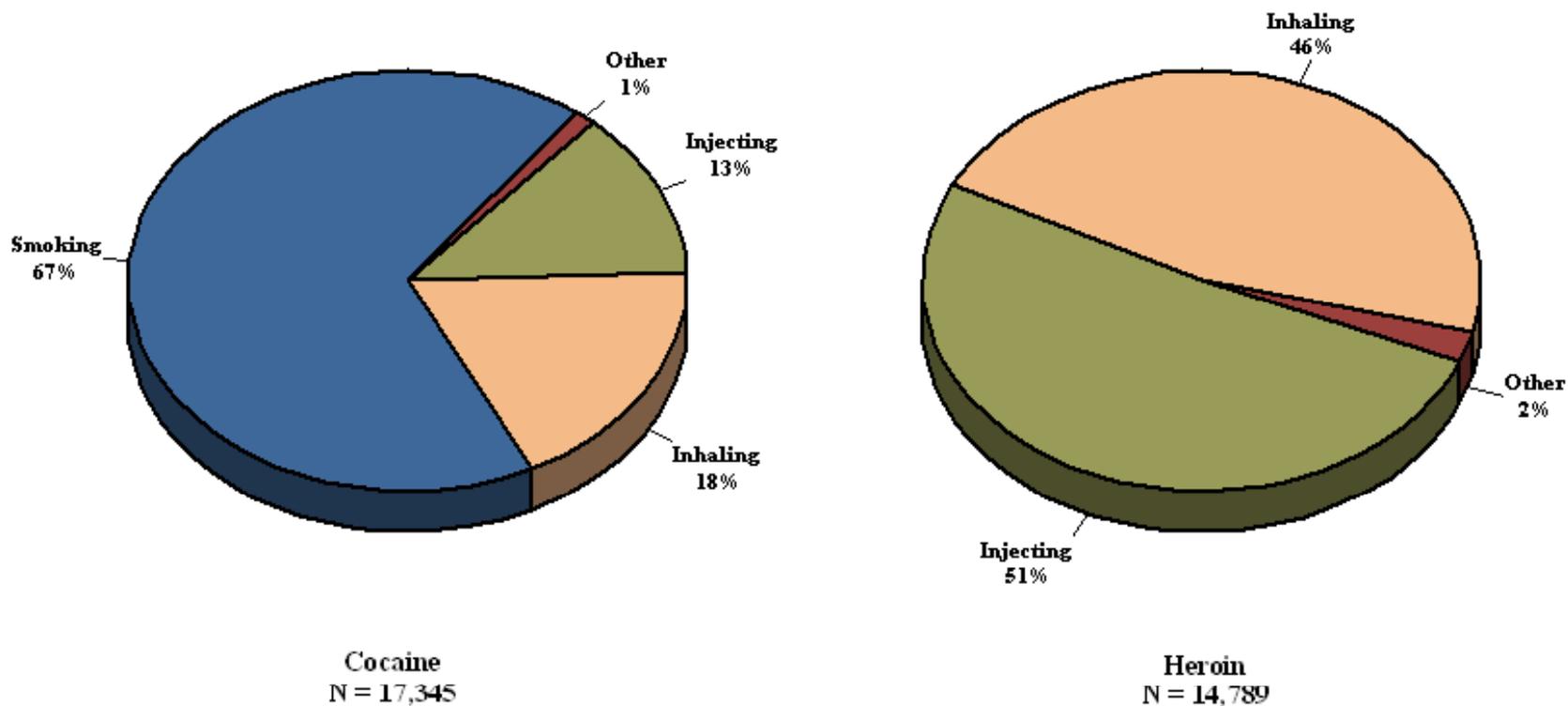
**Figure 19**  
**Age at First Use of Cocaine and Heroin**  
**Admissions to ADAA-Funded Treatment**  
**FY 2009**



***Ages at first use of cocaine and heroin are shown in Figure 19.***

- The distributions are very similar, with 30 percent of heroin and one-fourth of cocaine-related cases first using those drugs in adolescence.

**Figure 20**  
**Route of Administration of Cocaine and Heroin**  
**Admissions to ADAA-Funded Treatment**  
**FY 2009**



***Figure 20 displays the primary routes of administration of cocaine and heroin among FY 2009 admissions.***

- Two-thirds of the cocaine-related admissions involved crack or smoking the drug.
- The heroin-related cases were almost evenly split between primary injectors of the drug and primary inhalers.
- Analysis on the interaction of age, race and route of administration revealed the two large components of FY 2009 heroin-related cases were white injectors in their twenties and early thirties and black inhalers in their thirties and forties.
- A smaller group of white inhalers were also concentrated in their twenties while black injectors were the oldest group on average, peaking at age fifty.

**Table 5****Dis-enrollments from ADAA-Funded Treatment by ASAM Level of Care  
FY 2005 - FY 2009**

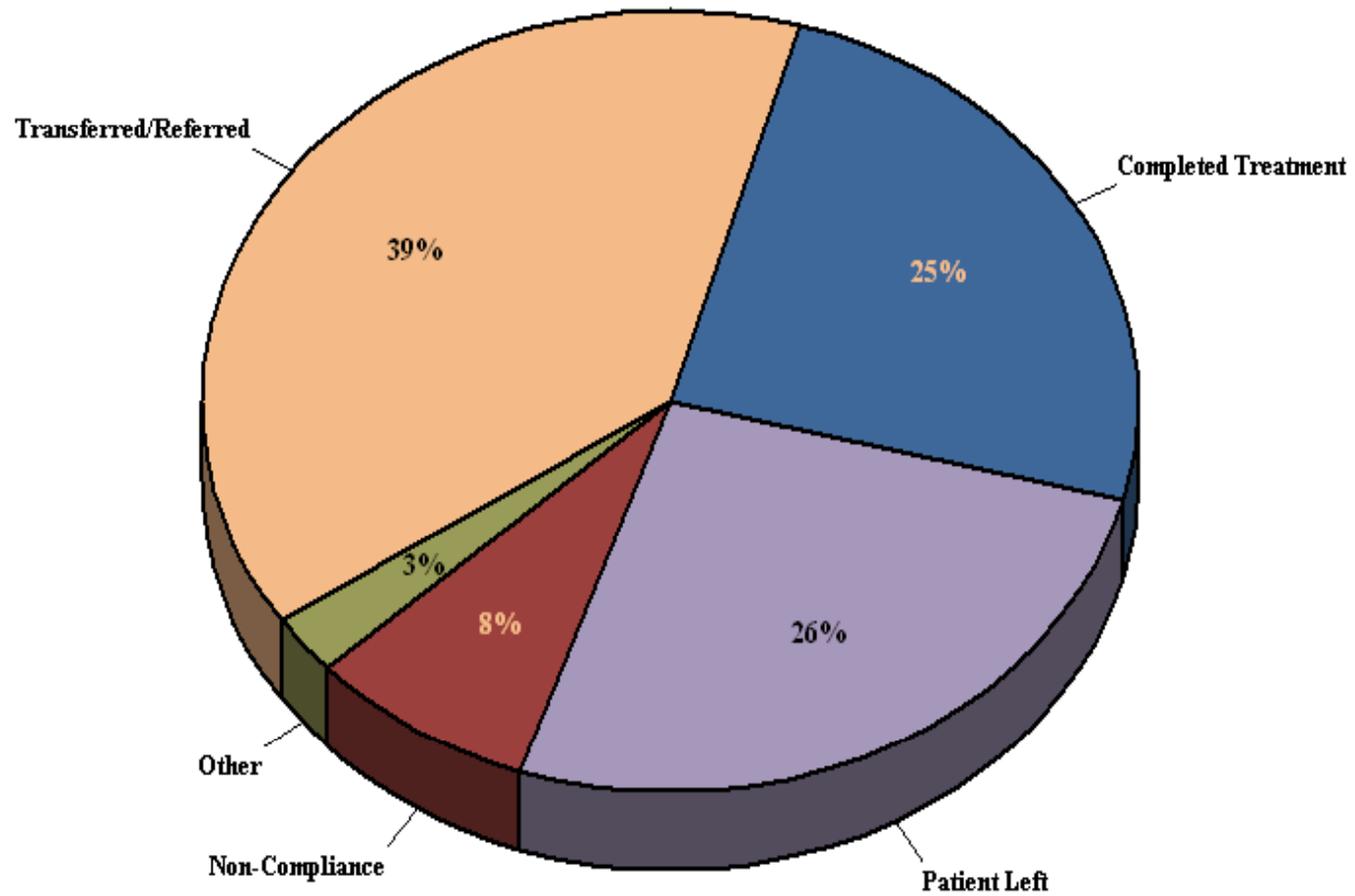
ASAM Level of Care	FY 2005		FY 2006		FY 2007		FY 2008		FY 2009	
	#	%	#	%	#	%	#	%	#	%
Level 0.5	507	1.1	676	1.4	633	1.4	802	1.7	887	1.9
Level I	23662	49.3	21331	44.8	20902	45.0	20391	42.8	20320	42.9
Level I.D	1708	3.6	564	1.2	59	0.1	329	0.7	408	0.9
Level II.1	5463	11.4	7741	16.2	7478	16.1	7193	15.1	7965	16.8
Level II.5	0	0.0	69	0.1	424	0.9	880	1.8	1070	2.3
Level II.D	7	0.0	299	0.6	388	0.8	257	0.5	102	0.2
Level III.1	1252	2.6	1675	3.5	1823	3.9	1877	3.9	1691	3.6
Level III.3	869	1.8	704	1.5	747	1.6	816	1.7	823	1.7
Level III.5	488	1.0	526	1.1	1020	2.2	988	2.1	1249	2.6
Level III.7	7242	15.1	8481	17.8	7562	16.3	7509	15.8	5971	12.6
Level III.7.D	3369	7.0	2035	4.3	3045	6.6	4261	8.9	4540	9.6
Level OMT	2935	6.1	3326	7.0	2357	5.1	2297	4.8	2302	4.9
Level OMT.D	507	1.1	237	0.5	44	0.1	27	0.1	14	0.0
Total	48009	100.0	47664	100.0	46482	100.0	47627	100.0	47342	100.0

# Dis-enrollments

*Dis-enrollments from ADAA-funded treatment during FY 2005 to FY 2009 are distributed by ASAM level of care in Table 5.*

- The FY 2009 total reflects a slight decrease from the previous year, but a greater proportion of discharges than admissions are typically submitted late.
- The ratio of admissions to discharges for FY 2005 to FY 2008 is about .99 and for FY 2009 about 1.02. This reflects completeness of reporting and stability in the ADAA data system.

**Figure 21**  
**Reason for Dis-enrollment**  
**FY 2009 ADA A-Funded Disenrollments**



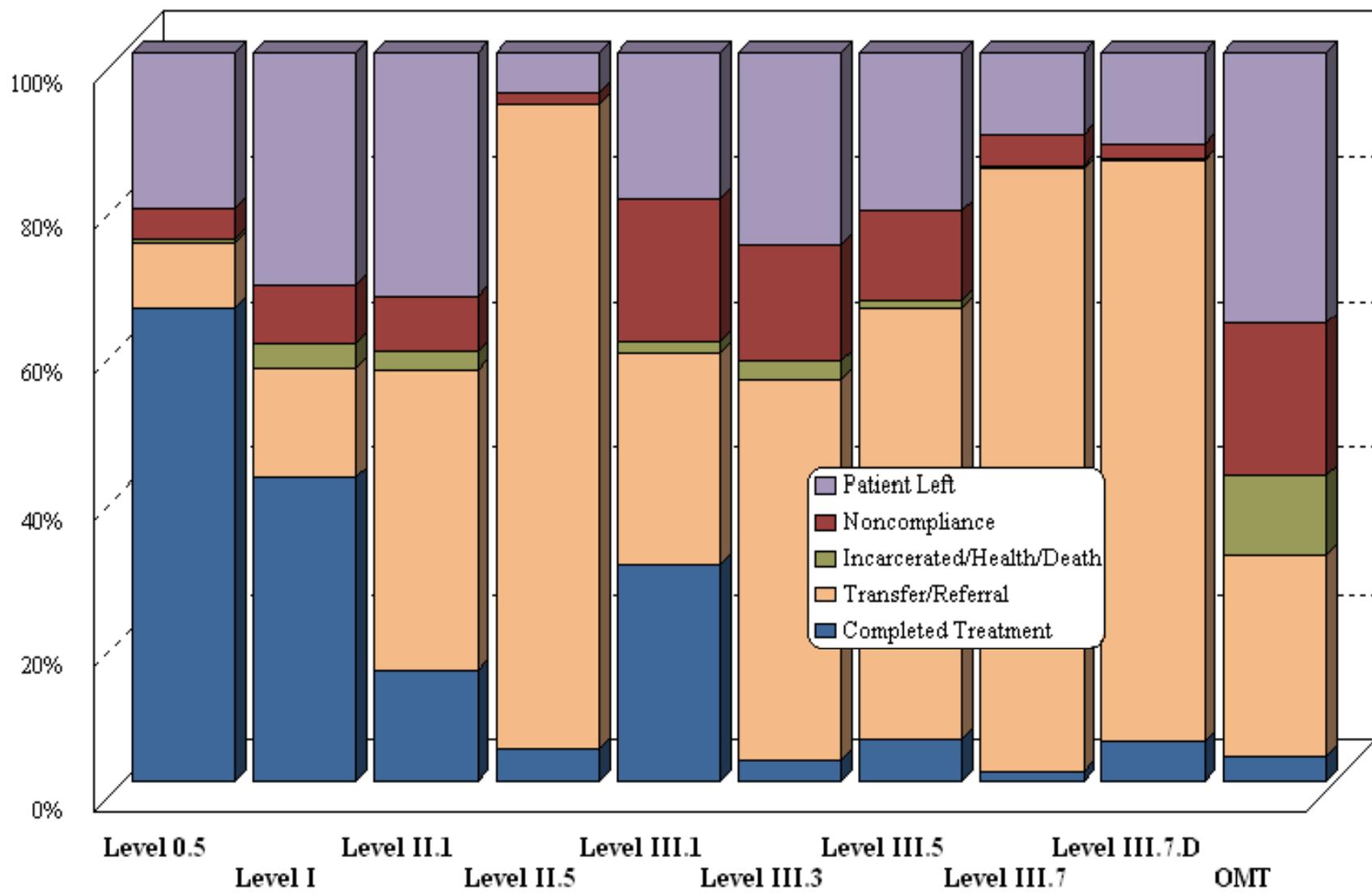
N = 47,342

# Reason for Dis-enrollment

*Figure 21 breaks out reasons for dis-enrollment from levels of care during FY 2009.*

- Sixty-four percent of all dis-enrollments were successful completions, transfers or referrals, with one-fourth reflecting completed treatment plans.
- FY 2009 reasons for dis-enrollment are broken out by levels of care in Figure 22. Successful completion without need for further treatment was most common in Levels 0.5 (65 percent), I (42 percent and III.1 (30 percent).
- Transfer/Referrals made up the great majority of III.7 and III.7.D. short-term residential dis-enrollments, and were also prevalent in the long-term residential levels and intensive outpatient, particularly II.5.
- The levels of care with the greatest percentages of dis-enrollments for non-compliance were OMT and III.1 halfway house, both at 20 percent.
- Also in OMT, 37 percent of the discharges involved patients leaving treatment early, which was also fairly common in Level II.1 IOP (34 percent) and Level I outpatient (32 percent). *OMT discharges tend to be weighted with the least successful cases, as those achieving stability tend to remain in treatment for extremely long time periods.*

**Figure 22**  
**Reason for Dis-enrollment from ADA-A-Funded Treatment**  
**FY 2009**



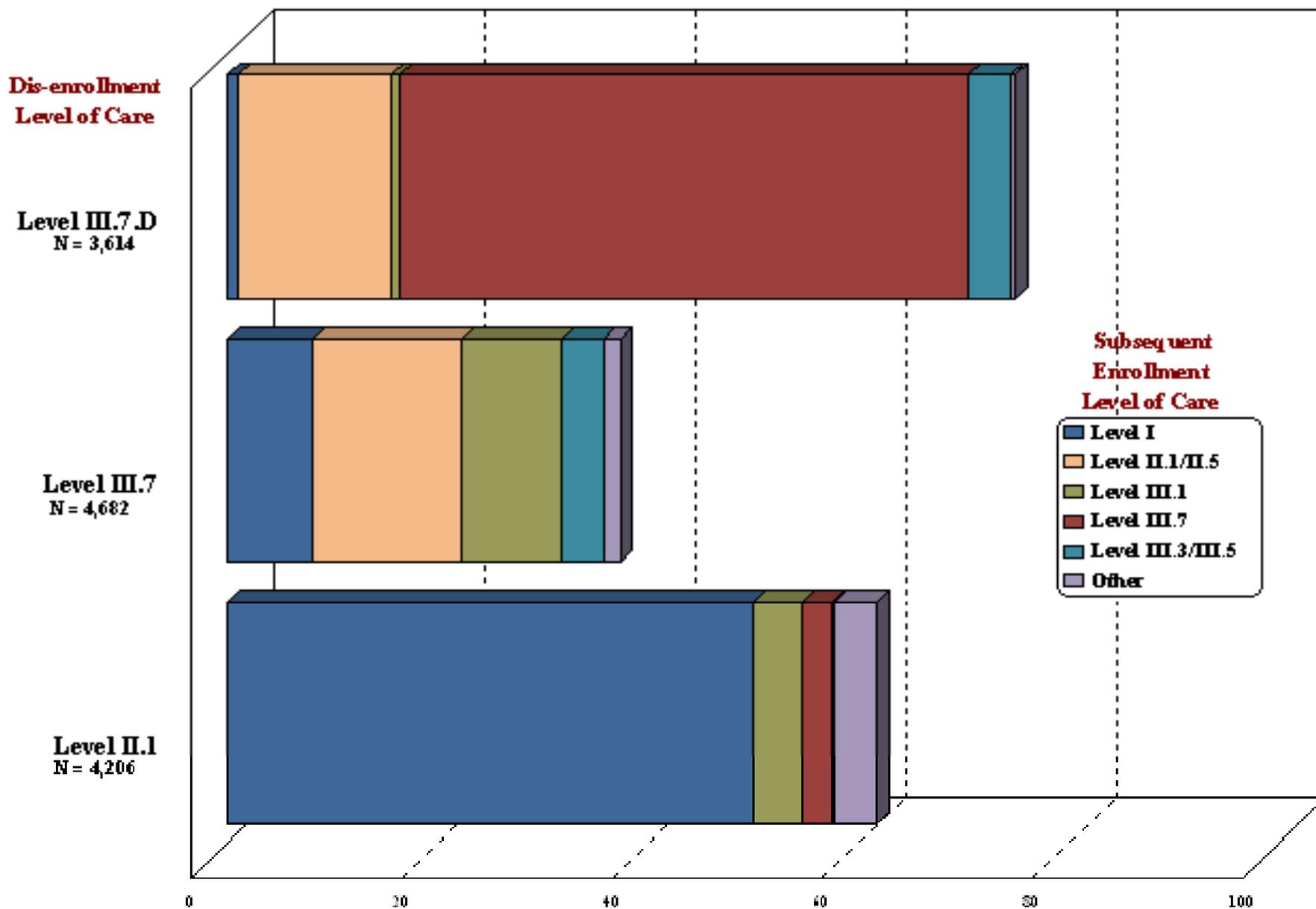
**Table 6**  
**Dis-enrollments from ADAA-Funded**  
**Treatment by Length of Stay and**  
**ASAM Level of Care**  
**FY 2009**

ASAM Level of Care	N	Mean	Median
Level 0.5	887	79.7	76.0
Level I	20320	132.6	112.0
Level I.D	408	9.5	4.0
Level II.1	7965	75.8	51.0
Level II.5	1070	11.6	9.0
Level II.D	102	39.2	4.0
Level III.1	1691	100.4	83.0
Level III.3	823	108.1	93.0
Level III.5	1249	88.0	59.0
Level III.7	5971	19	19.0
Level III.7.D	4540	6.6	5.0
OMT	2316	836.9	300.0
Total	47342	123.4	53.0

# Length of Stay

- Table 6 shows the mean and median lengths of stay by level of care for FY 2009. On average Level I treatment lasted over four months, although detention center patients stayed 90 days on average. The residential levels III.1 and III.3 lasted between 100 and 108 days on average. The average stay in Level III.5 was just under 90 days. The average OMT discharged patient spent well over two years in their programs. OMT patients active in treatment on the last day of FY 2009 averaged 4.5 years in treatment, and 12 percent had been in treatment ten years or more.
- During FY 2009, 59 percent of Level I and 57 percent of Level III.1 patients discharged stayed in those levels of care at least 90 days; Tables A4 and A5 in the appendix distribute Maryland subdivisions by 90-day retention rates for FY 2009 dis-enrollments from Level I and Level III.1.

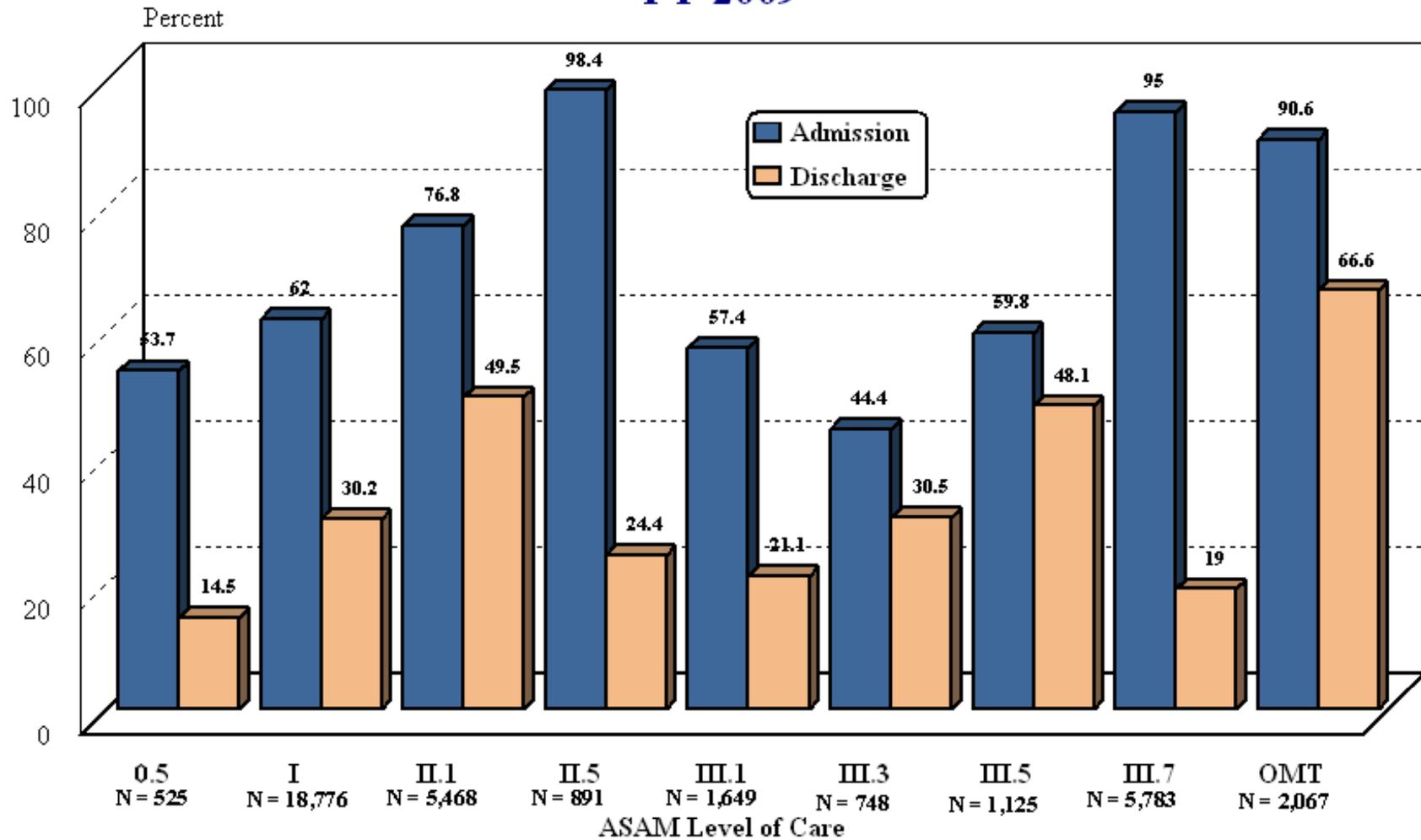
**Figure 23**  
**Percentages Subsequently Enrolled in a Different Level of Care within 30 Days of**  
**Completion/Transfer/Referral**  
**FY 2009**



# Continuation in Treatment

- Figure 23 provides the percentages of unduplicated dis-enrollments from selected levels of care that entered different levels of care within thirty days. About 54 percent of those patients leaving short-term residential detox due to completion, transfer or referral during FY 2008 entered Level III.7 within 30 days, and another 21 percent entered intensive outpatient or something else. Dis-enrollments from III.7 were most likely to enter intensive outpatient (14 percent) and III.1 halfway house (10 percent). Half of completers, transfers and referrals from intensive outpatient entered Level I within 30 days; about 12 percent entered another level of care.
- Appendix Tables A6 and A7 present the provider subdivision breakdown of Level II.1 and III.7 dis-enrollments by the percentages entering another level of care within 30 days.

**Figure 24**  
**Percentages Using Substances at Admission and at Discharge**  
**FY 2009**

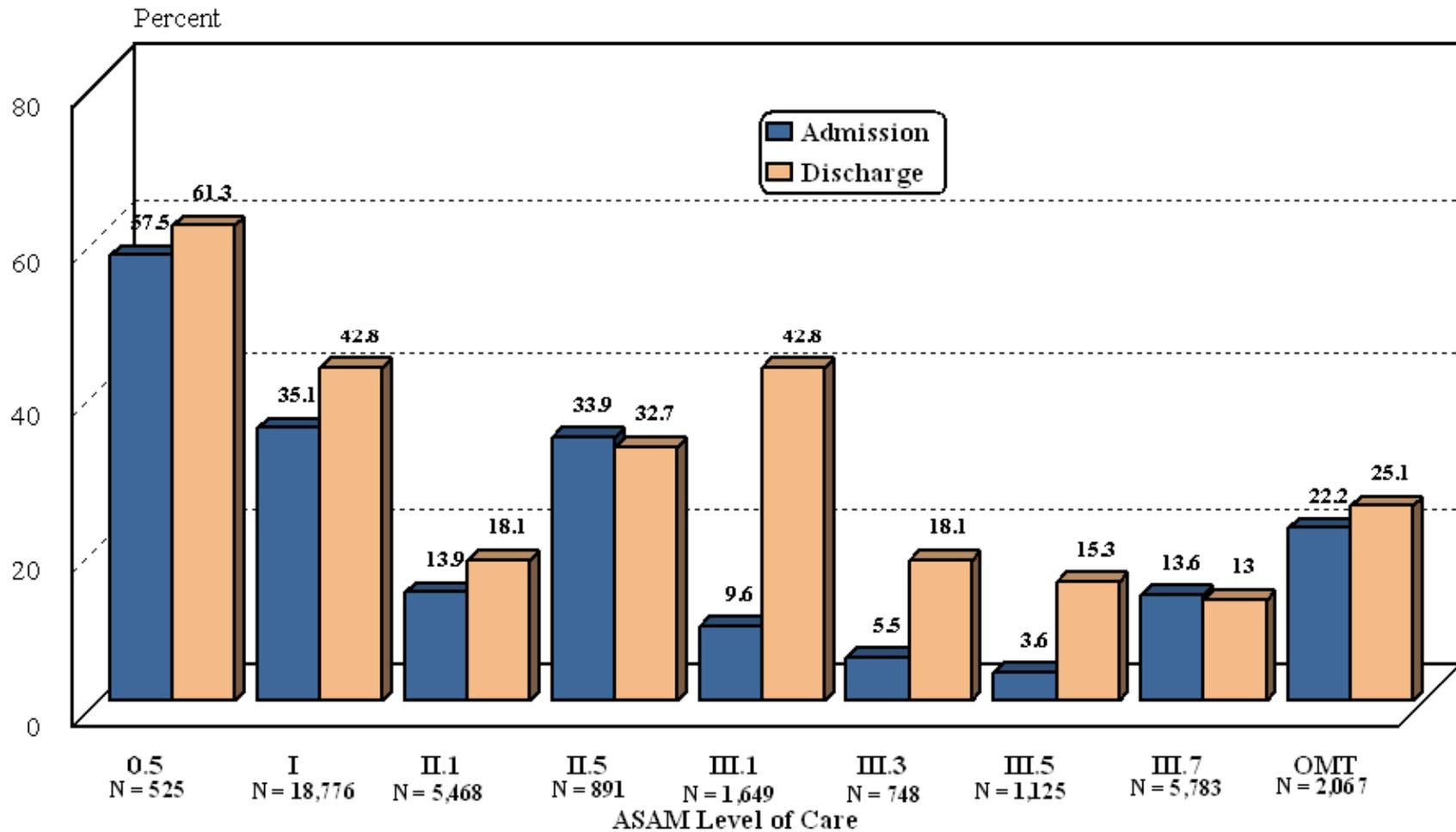


**Note:** In order to distribute the data by level of care the analysis was restricted to cases in which the discharge and disenrollment dates were the same - substance use information is collected at discharge and not at dis-enrollment from levels of care.

# Substance Use Outcome

- Figure 24 presents the percentages of discharged patients that were using substances at admission and the percentages using at discharge. The reduction in patients using substances was 48 percent in Level I, 36 percent in II.1, 63 percent in III.1 and 26 percent in OMT.
- Table A1 in the appendix provides substance use performance measures by provider subdivision.

**Figure 25**  
**Percentages Employed at Admission and at Discharge**  
**FY 2009**

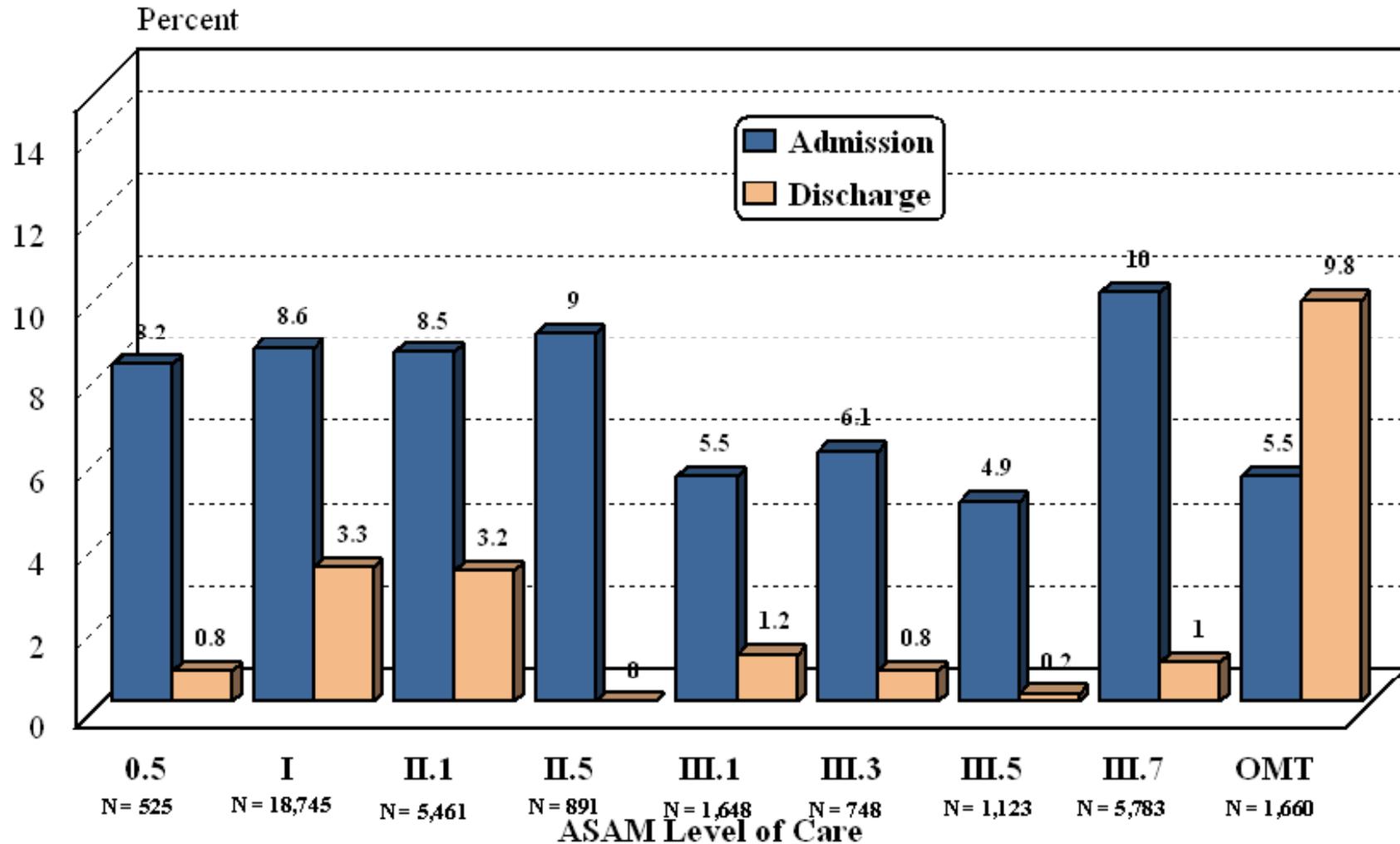


Note: In order to distribute the data by level of care the analysis was restricted to cases in which the discharge and disenrollment dates were the same - employment information is collected at discharge and not at dis-enrollment from levels of care.

# Employment Outcome

- Employment at admission and employment at discharge are presented by level of care in Figure 25. By far the largest increases in percentage of patients employed occurred in the long-term residential levels, III.1, III.3 and III.5. Employment increased 22 percent in Level I, 30 percent in II.1 and 31 percent in OMT. The percentage of patients employed declined slightly in III.7, which involves a residential stay of several weeks.
- Table A2 in the appendix provides employment performance measures by provider subdivision.

**Figure 26**  
**Percentages Arrested in the 30 Days Before Admission and Before Discharge**  
**FY 2009**

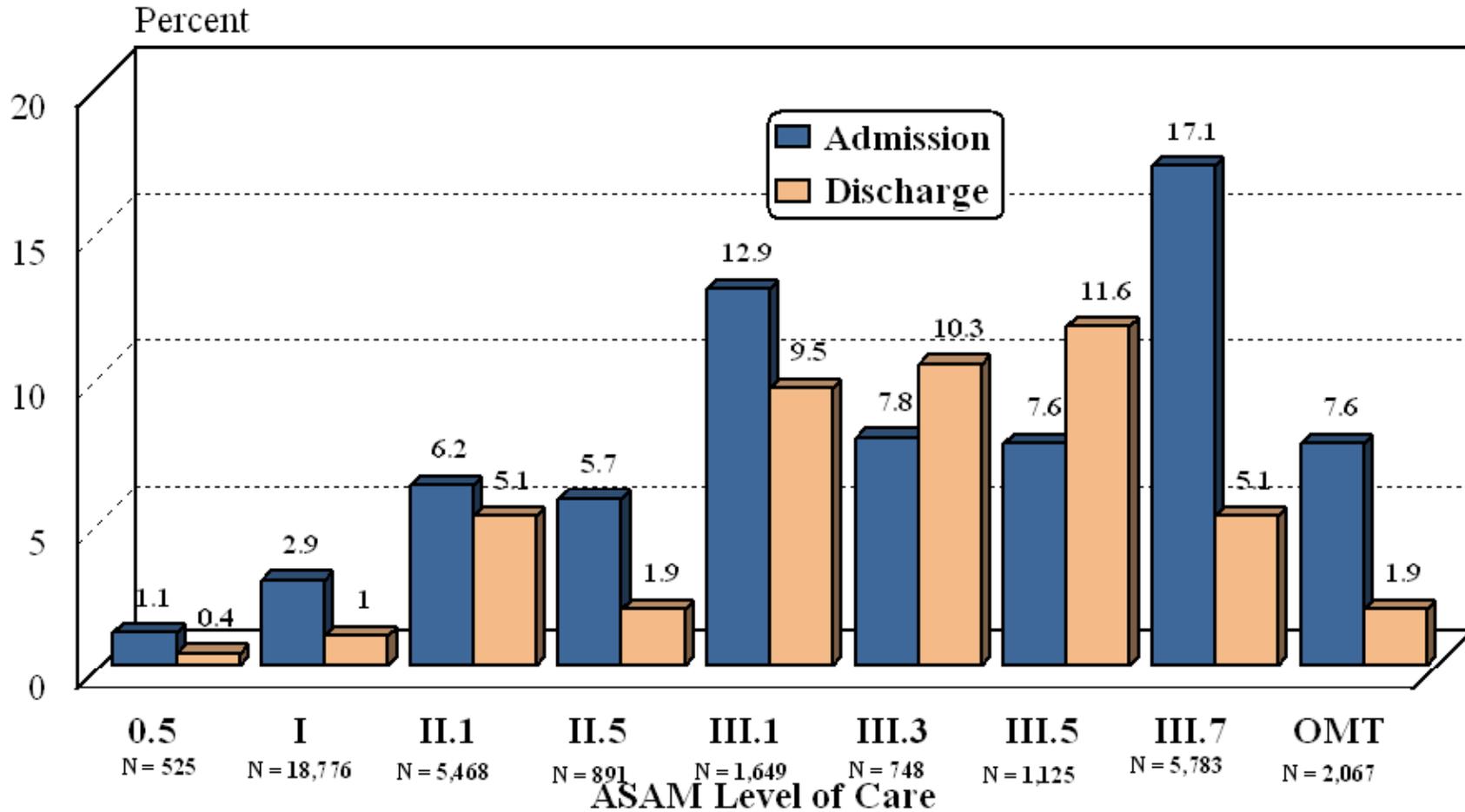


Note: In order to distribute the data by level of care the analysis was restricted to cases in which the discharge and disenrollment dates were the same - employment information is collected at discharge and not at disenrollment from levels of care.

# 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 26. Reductions in percentages arrested were substantial in every level except OMT, where the percentage at discharge was higher than at admission. This reflects the above-noted finding that OMT discharges tend to be biased toward treatment failure.
- Appendix Table A3 provides 30-day arrest performance measures by provider subdivision.

**Figure 27**  
**Percentages Homeless at Admission and at Discharge**  
**FY 2009**



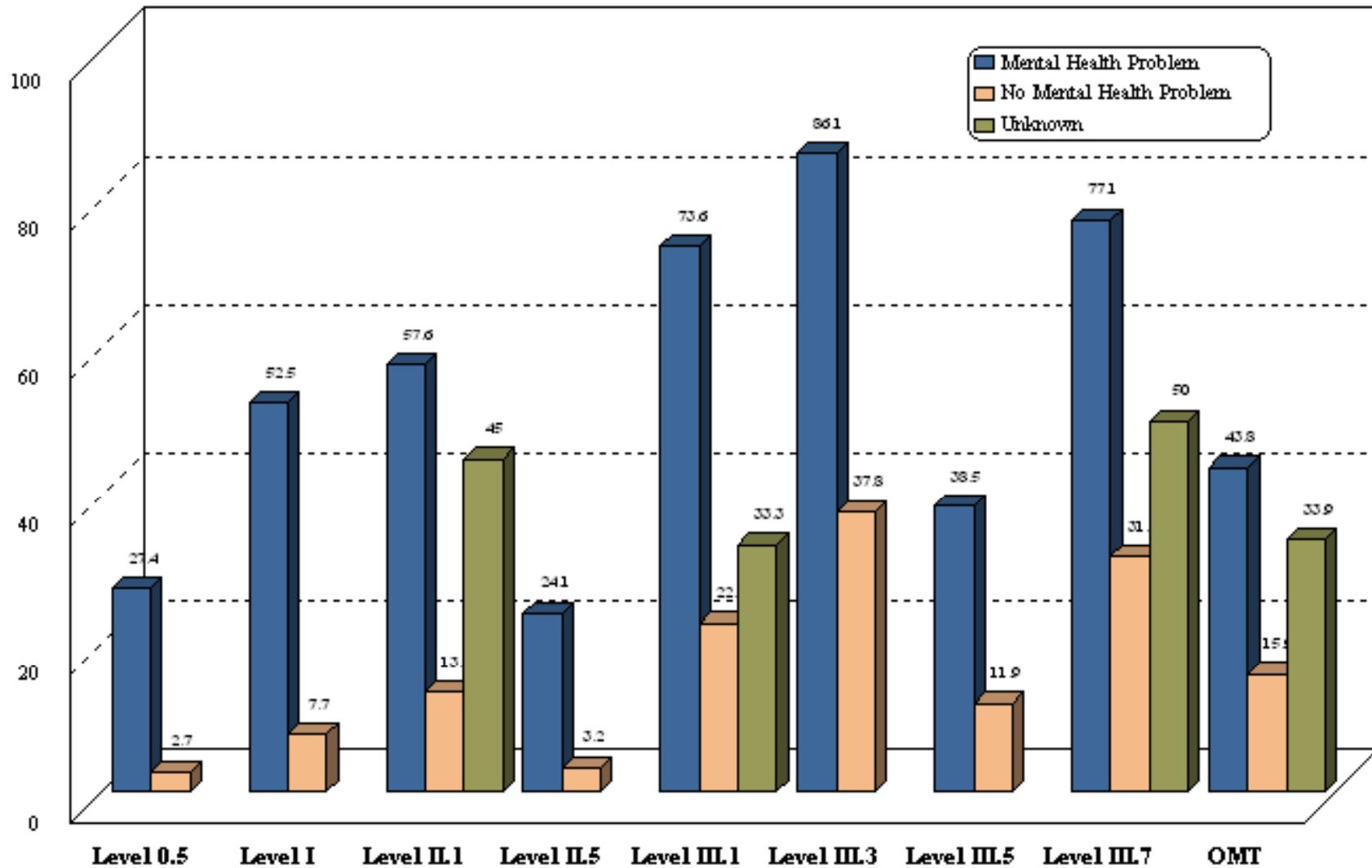
Note: In order to distribute the data by level of care the analysis was restricted to cases in which the discharge and disenrollment dates were the same - employment information is collected at discharge and not at dis-enrollment from levels of care.

# Homelessness Outcome

*Figure 27 presents the percentages of discharged patient who were homeless at admission compared to the percentages homeless at discharge.*

- Reductions in homelessness were substantial in every level of care except III.3 and III.5, where there were more patients homeless at discharge than at admission.
- The levels of care with the highest percentages of homeless patients at admission were III.7 where the reduction was 71 percent and III.1 where the reduction was 26 percent.

**Figure 28**  
**Percentages Receiving Mental Health Treatment by Mental Health Status at Admission**  
**FY 2009**



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

# Mental Health Treatment

*Figure 28 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.*

- Levels III.3, III.7 and III.1 were the modalities most likely to involve mental health treatment.
- In III.3, 38 percent of those considered to have no mental health problem and 86 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 II.5, Early Intervention, Level III.5 and OMT.

# TABLES

- A1- Use of Substance at Admission and discharge
- A2- Employment at Admission and Discharge
- A3- Arrested ion the 30 days before Admission and before Discharge
- A4- Retention Rates in Level I Treatment by Provider Location
- A5- Retention Rates in Level III.1 Treatment by Provider Location
- A6 – Subsequent Enrollment in Another Treatment Level within 30 Days of Completion/Transfer/Referral from Level II.1
- A7 - Subsequent Enrollment in Another Treatment Level within 30 Days of Completion/Transfer/Referral from Level III.7D

A1

**Use of Substances at Admission and at Discharge from ADAA-  
Funded Treatment Programs by Provider Location  
FY 2009**

Subdivision	Discharges	Use at Admission		Use at Discharge		Percentage Change
		N	%	N	%	
Allegany	1445	958	66.3	212	14.7	-77.9
Anne Arundel	3961	2950	74.5	1057	26.7	-64.2
Baltimore City	9621	7618	79.2	4502	46.8	-40.9
Baltimore County	2804	1969	70.2	931	33.2	-52.7
Calvert	939	609	64.9	359	38.2	-41.1
Caroline	235	178	75.7	94	40.0	-47.2
Carroll	874	566	64.8	235	26.9	-58.5
Cecil	614	351	57.2	154	25.1	-56.1
Charles	1076	533	49.5	224	20.8	-58.0
Dorchester	1894	1727	91.2	333	17.6	-80.7
Frederick	1106	615	55.6	280	25.3	-54.5
Garrett	292	168	57.5	70	24.0	-58.3
Harford	829	566	68.3	287	34.6	-49.3
Howard	452	266	58.8	124	27.4	-53.4
Kent	579	441	76.2	100	17.3	-77.3
Montgomery	2223	1572	70.7	907	40.8	-42.3
Prince George's	2597	1869	72.0	962	37.0	-48.5
Queen Anne's	409	272	66.5	162	39.6	-40.4
St. Mary's	1065	682	64.0	263	24.7	-61.4
Somerset	316	221	69.9	69	21.8	-68.8
Talbot	415	283	68.2	108	26.0	-61.8
Washington	1237	493	39.9	162	13.1	-67.1
Wicomico	697	347	49.8	191	27.4	-45.0
Worcester	1343	1061	79.0	464	34.5	-56.3
Statewide	9	7	77.8	6	66.7	-14.3
Total	37032	26322	71.1	12256	33.1	-53.4

Note: Detoxification and non-primary patients are excluded.

A2

**Employment at Admission and at Discharge from ADAA-  
Funded Treatment Programs by Provider Location  
FY 2009**

Subdivision	Discharges	Employed at Admission		Employed at Discharge		Percentage Change
		N	%	N	%	
Allegany	794	166	20.9	207	26.1	24.7
Anne Arundel	3463	1332	38.5	1587	45.8	19.1
Baltimore City	8653	1219	14.1	1884	21.8	54.6
Baltimore County	2457	830	33.8	935	38.1	12.7
Calvert	939	442	47.1	468	49.8	5.9
Caroline	235	97	41.3	108	46.0	11.3
Carroll	677	204	30.1	268	39.6	31.4
Cecil	614	234	38.1	268	43.6	14.5
Charles	1076	463	43.0	579	53.8	25.1
Dorchester	718	147	20.5	195	27.2	32.7
Frederick	1065	195	18.3	422	39.6	116.4
Garrett	292	117	40.1	133	45.5	13.7
Harford	829	298	35.9	352	42.5	18.1
Howard	452	166	36.7	249	55.1	50.0
Kent	308	142	46.1	155	50.3	9.2
Montgomery	1389	288	20.7	390	28.1	35.4
Prince George's	2356	646	27.4	840	35.7	30.0
Queen Anne's	409	188	46.0	207	50.6	10.1
St. Mary's	687	241	35.1	327	47.6	35.7
Somerset	316	91	28.8	134	42.4	47.3
Talbot	415	190	45.8	229	55.2	20.5
Washington	1237	353	28.5	458	37.0	29.7
Wicomico	697	224	32.1	299	42.9	33.5
Worcester	1162	377	32.4	473	40.7	25.5
Statewide	9	1	11.1	2	22.2	100.0
Total	31249	8651	27.7	11169	35.7	29.1

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

A3

**Arrested in the 30 Days before Admission and before  
Discharge from ADAA-Funded Treatment Programs by  
Provider Location  
FY 2009**

Subdivision	Discharges	Arrested before Admission		Arrested before Discharge		Percentage Change
		N	%	N	%	
Allegany	1445	163	12.2	41	2.8	-74.8
Anne Arundel	3940	420	10.5	47	1.2	-88.8
Baltimore City	9247	520	7.0	307	3.3	-41.0
Baltimore County	2804	167	6.5	41	1.5	-75.4
Calvert	939	151	13.5	54	5.8	-64.2
Caroline	233	20	8.4	3	1.3	-85.0
Carroll	874	94	9.2	33	3.8	-64.9
Cecil	614	26	6.2	18	2.9	-30.8
Charles	1076	58	6.9	27	2.5	-53.4
Dorchester	1894	176	10.0	113	6.0	-35.8
Frederick	1099	124	12.5	41	3.7	-66.9
Garrett	292	30	15.6	7	2.4	-76.7
Harford	821	74	6.2	43	5.2	-41.9
Howard	448	26	9.9	13	2.9	-50.0
Kent	579	41	9.9	21	3.6	-48.8
Montgomery	2220	287	11.6	13	0.6	-95.5
Prince George's	2568	239	6.6	57	2.2	-76.2
Queen Anne's	409	30	10.0	20	4.9	-33.3
St. Mary's	1065	76	3.8	17	1.6	-77.6
Somerset	316	29	12.2	25	7.9	-13.8
Talbot	415	81	15.0	23	5.5	-71.6
Washington	1237	65	7.5	31	2.5	-52.3
Wicomico	697	44	6.4	15	2.2	-65.9
Worcester	1343	116	9.7	29	2.2	-75.0
Statewide	9	1	8.8	0	0.0	-100.0
Total	36584	3058	8.7	1039	2.8	-66.0

Note: Detoxification levels of care and non-primary patients are excluded.

A4

<b>Level I Retention Rates for ADAA-Funded Treatment Programs by Provider Location FY 2009</b>				
<b>Subdivision</b>	<b>Dis-enrollments</b>	<b>Less than 90 Days</b>	<b>90 Days or More</b>	<b>Percentage Retained 90 Days or More</b>
Allegany	455	164	291	64.0
Anne Arundel	1316	546	770	58.5
Baltimore City	3782	1721	2061	54.5
Baltimore County	1727	648	1079	62.5
Calvert	954	424	530	55.6
Caroline	233	78	155	66.5
Carroll	513	143	370	72.1
Cecil	588	201	387	65.8
Charles	890	247	643	72.2
Dorchester	396	204	192	48.5
Frederick	658	235	423	64.3
Garrett	261	107	154	59.0
Harford	702	259	443	63.1
Howard	298	91	207	69.5
Kent	317	105	212	66.9
Montgomery	951	463	488	51.3
Prince George's	1508	734	774	51.3
Queen Anne's	603	357	246	40.8
St. Mary's	522	256	266	51.0
Somerset	307	57	250	81.4
Talbot	366	137	229	62.6
Washington	986	252	734	74.4
Wicomico	653	244	409	62.6
Worcester	722	341	381	52.8
Statewide	10	4	6	60.0
<b>Total</b>	<b>19718</b>	<b>8018</b>	<b>11700</b>	<b>59.3</b>

Note: Non-primary patients excluded.

**Level III.1 Retention Rates for ADAA-Funded Treatment  
Programs by Provider Location  
FY 2009**

<b>Subdivision</b>	<b>Dis- enrollments</b>	<b>Less than 90 Days</b>	<b>90 Days or More</b>	<b>Percentage Retained 90 Days or More</b>
Allegany	31	9	22	71.0
Anne Arundel	152	84	68	44.7
Baltimore City	623	241	382	61.3
Baltimore Co.	35	23	12	34.3
Carroll	32	15	17	53.1
Cecil	14	4	10	71.4
Frederick	124	66	58	46.8
Howard	28	12	16	57.1
Montgomery	79	48	31	39.2
Prince George's	69	30	39	56.5
St. Mary's	71	23	48	67.6
Washington	118	40	78	66.1
Wicomico	16	7	9	56.3
Worcester	10	5	5	50.0
<b>Total</b>	<b>1402</b>	<b>607</b>	<b>795</b>	<b>56.7</b>

A6

**Subsequent Enrollment in Another Treatment Level within  
30 Days of Completion/Transfer/Referral from Level II.1 for  
ADAA-Funded Treatment Programs  
FY 2009**

Subdivision	Unduplicated Level II.1 Completion/ Referrals	Subsequent Enrollment Level of Care					
		Level I		Other		Total	
		#	%	#	%	#	%
Allegany	158	23	14.6	5	3.2	28	17.7
Anne Arundel	386	198	51.3	41	10.6	239	61.9
Baltimore City	1991	1070	53.7	289	14.5	1,359	68.3
Baltimore Co.	150	36	24.0	12	8.0	48	32.0
Calvert	83	72	86.7	8	9.6	80	96.4
Carroll	75	10	13.3	5	6.7	15	20.0
Cecil	6	1	16.7	3	50.0	4	66.7
Charles	104	60	57.7	17	16.3	77	74.0
Dorchester	185	88	47.6	24	13.0	112	60.5
Frederick	203	73	36.0	23	11.3	96	47.3
Garrett	10	7	70.0	2	20.0	9	90.0
Harford	8	1	12.5	7	87.5	8	100.0
Howard	48	30	62.5	9	18.8	39	81.3
Montgomery	198	92	46.5	29	14.6	121	61.1
Prince George's	216	130	60.2	21	9.7	151	69.9
St. Mary's	96	34	35.4	31	32.3	65	67.7
Somerset	14	11	78.6	2	14.3	13	92.9
Talbot	32	22	68.8	7	21.9	29	90.6
Washington	48	25	52.1	9	18.8	34	70.8
Wicomico	105	75	71.4	8	7.6	83	79.0
Worcester	97	48	49.5	14	14.4	62	63.9
Total	4213	2106	50.0	566	13.4	2672	63.4

**Subsequent Enrollment in Another Treatment Level within 30 Days  
of Completion/Transfer/Referral from Level III.7.D for ADAA-Funded  
Treatment Programs  
FY 2009**

Subdivision	Unduplicated Level III.7.D Completion/ Referrals	Subsequent Enrollment Level of Care							
		Level III.7		Level II.5		Other		Total	
		#	%	#	%	#	%	#	%
Anne Arundel	804	310	38.6	405	50.4	34	4.2	749	93.2
Baltimore City	855	302	35.3	0	0.0	153	17.9	455	53.2
Baltimore Co.	303	173	57.1	0	0.0	62	20.5	235	77.6
Carroll	69	64	92.8	0	0.0	2	2.9	66	95.7
Dorchester	181	1	0.6	0	0.0	41	22.7	42	23.2
Kent	174	161	92.5	0	0.0	3	1.7	164	94.3
Montgomery	827	726	87.8	0	0.0	20	2.4	746	90.2
St. Mary's	130	121	93.1	0	0.0	2	1.5	123	94.6
Worcester	301	109	36.2	125	41.5	12	4.0	246	81.7
Total	3644	1967	54.0	530	14.5	329	9.0	2,826	77.6