Outlook and Outcomes
FY 2010

Alcohol and Drug Abuse Administration

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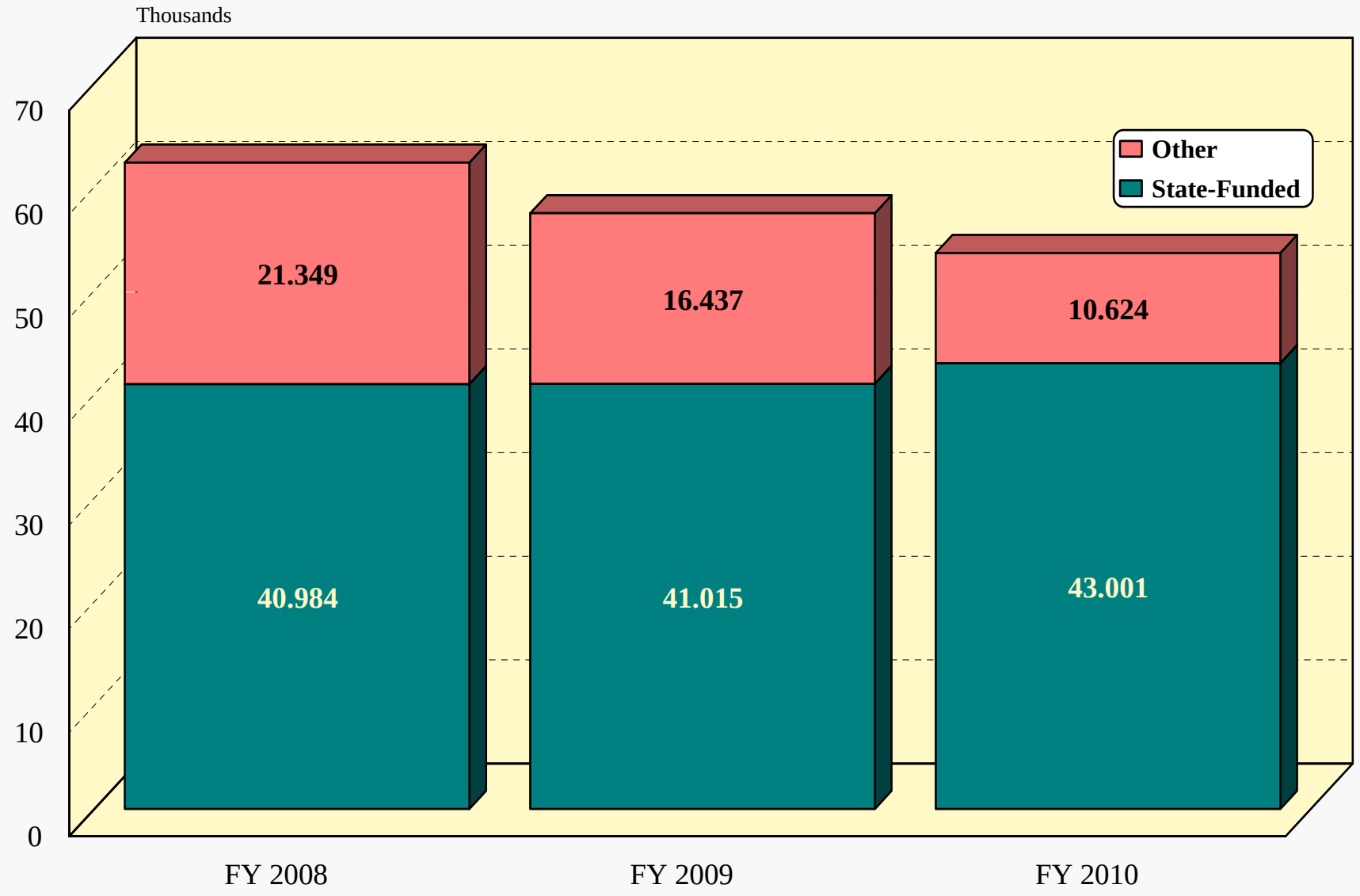
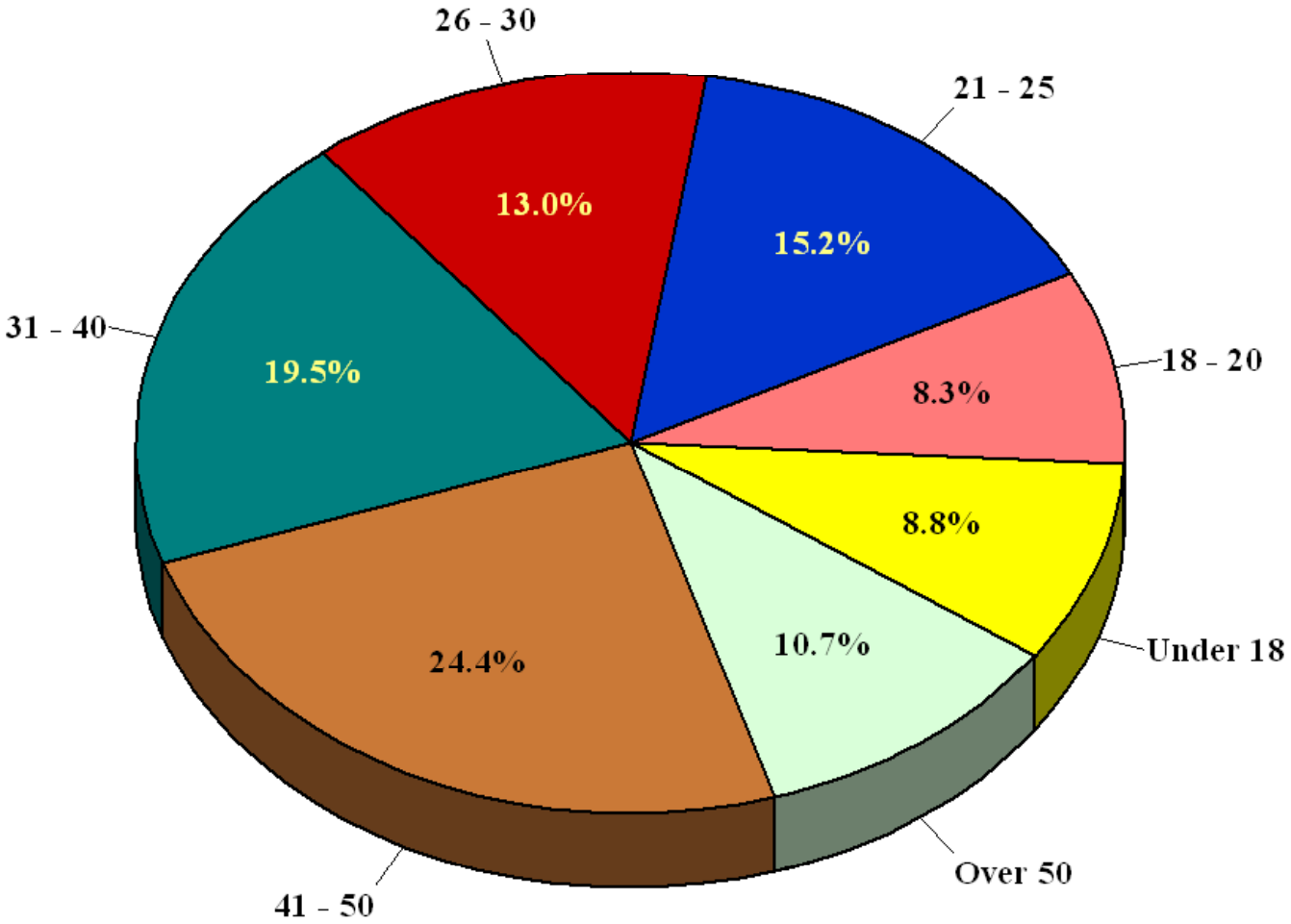
The data in this report reflect admissions to and discharges from publicly-funded treatment in Maryland reported to the Statewide Maryland Automated Record Tracking (SMART) system, a Web-based tool that provides a consent-driven patient-tracking system. Analysis of the accumulated data is a vital component 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
Admissions to Maryland Publicly-Funded Alcohol and Drug Abuse Treatment Programs
FY 2008 - FY 2010



As shown in Figure 1, State-funded admissions increased 5 percent from FY 2008 to FY 2010 while non-funded admissions were halved. Total treatment admissions fell by about 14 percent. Whereas State-funded admissions made up about two-thirds of the total in FY 2008, they made up 80 percent in FY 2010. 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 or no public dollars. The 43,001 funded admissions were accounted for by 34,760 unique individuals (1.24 admissions per individual).

Figure 2
Patient Age at Admission to State-Funded Treatment
FY 2010

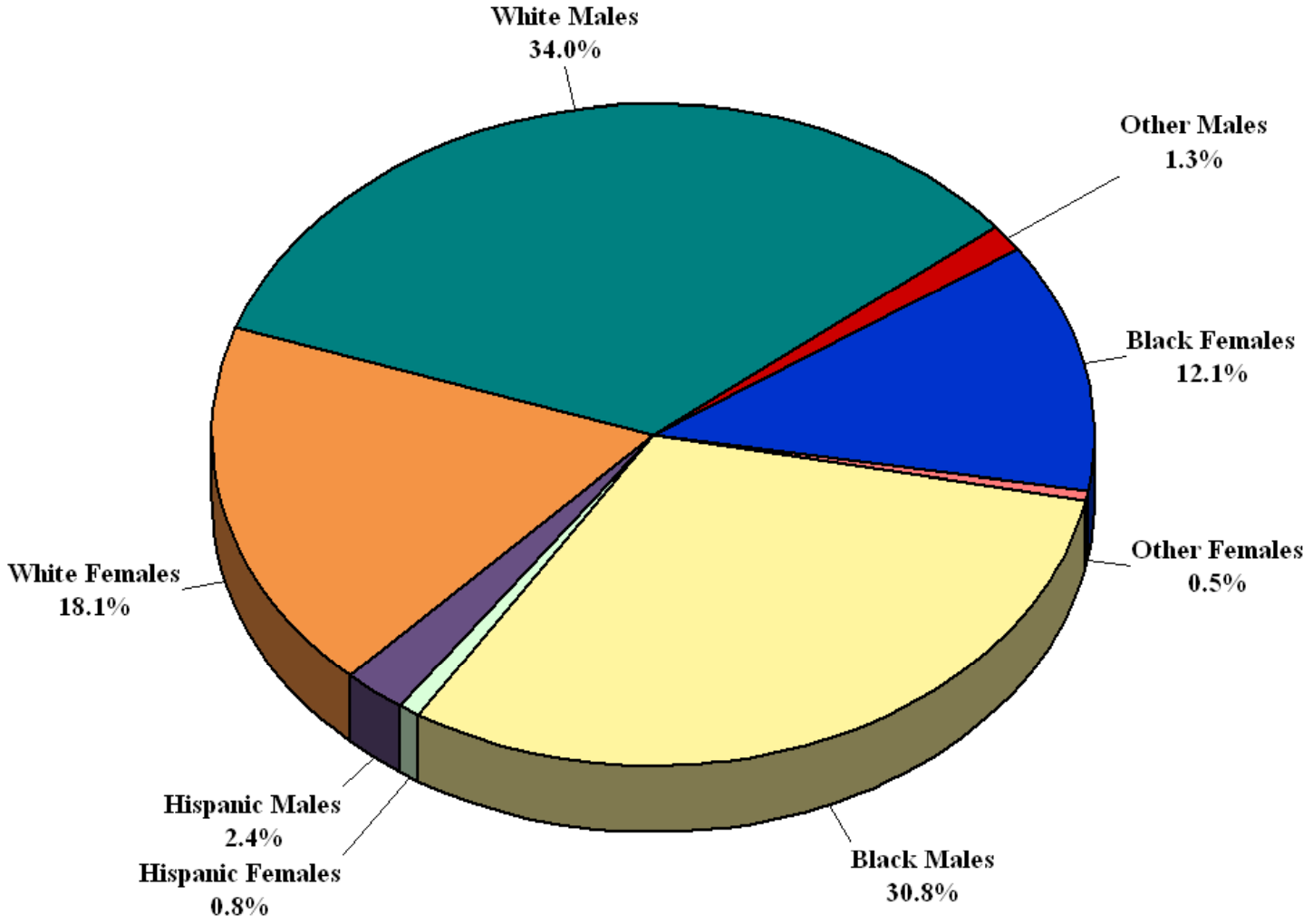


N = 43,001

Demographics

The age breakdown of the treatment admission population remained fairly stable in FY 2010 although there was a slight decline in the under-18 group. (Figure 2) Seventeen percent of admissions were under 21 and 35 percent were over 40. Over the past few years there was a gradual trend toward more problem drug and alcohol use by older adults, but during FY 2010 there was a small shift back toward admissions in their twenties.

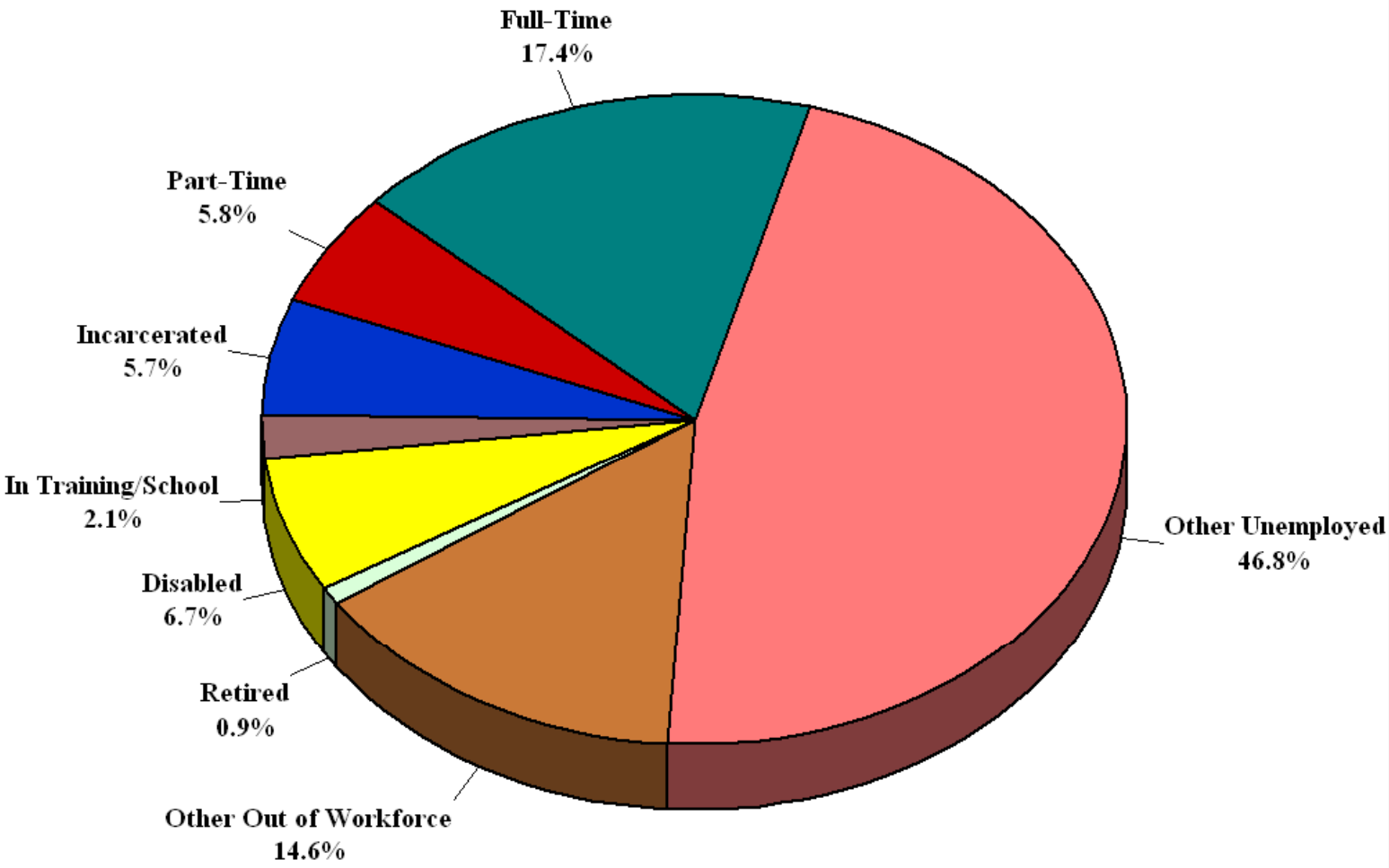
Figure 3
Admissions to State-Funded Treatment by Race/Ethnicity/Gender
FY 2010



N = 43,001

The race/ethnicity/gender breakdown of admissions is shown in Figure 3. Overall about 32 percent of admissions were female. About 65 percent of admissions were fairly evenly split between black and white males, but the white female total was 50 percent higher than the black female total. Surprisingly the percentage of Hispanic admissions fell from about 4 in FY 2009 to 3.2 in FY 2010. While the male/female ratio was 1.88 for whites and 2.55 for African Americans, it was 2.87 for Hispanics.

Figure 4
Employment Status for Adults (18 and Older) at Admission to State-Funded Treatment
FY 2010



N = 39,208

Employment Status

Figure 4 displays the distribution of FY 2010 adult admissions by employment status. Only 17 percent of adult admissions were employed full-time and 6 percent part-time as they entered treatment. Almost a third of adult admissions were employed in FY 2006; the decline is largely due to the economic difficulties facing the state and nation.

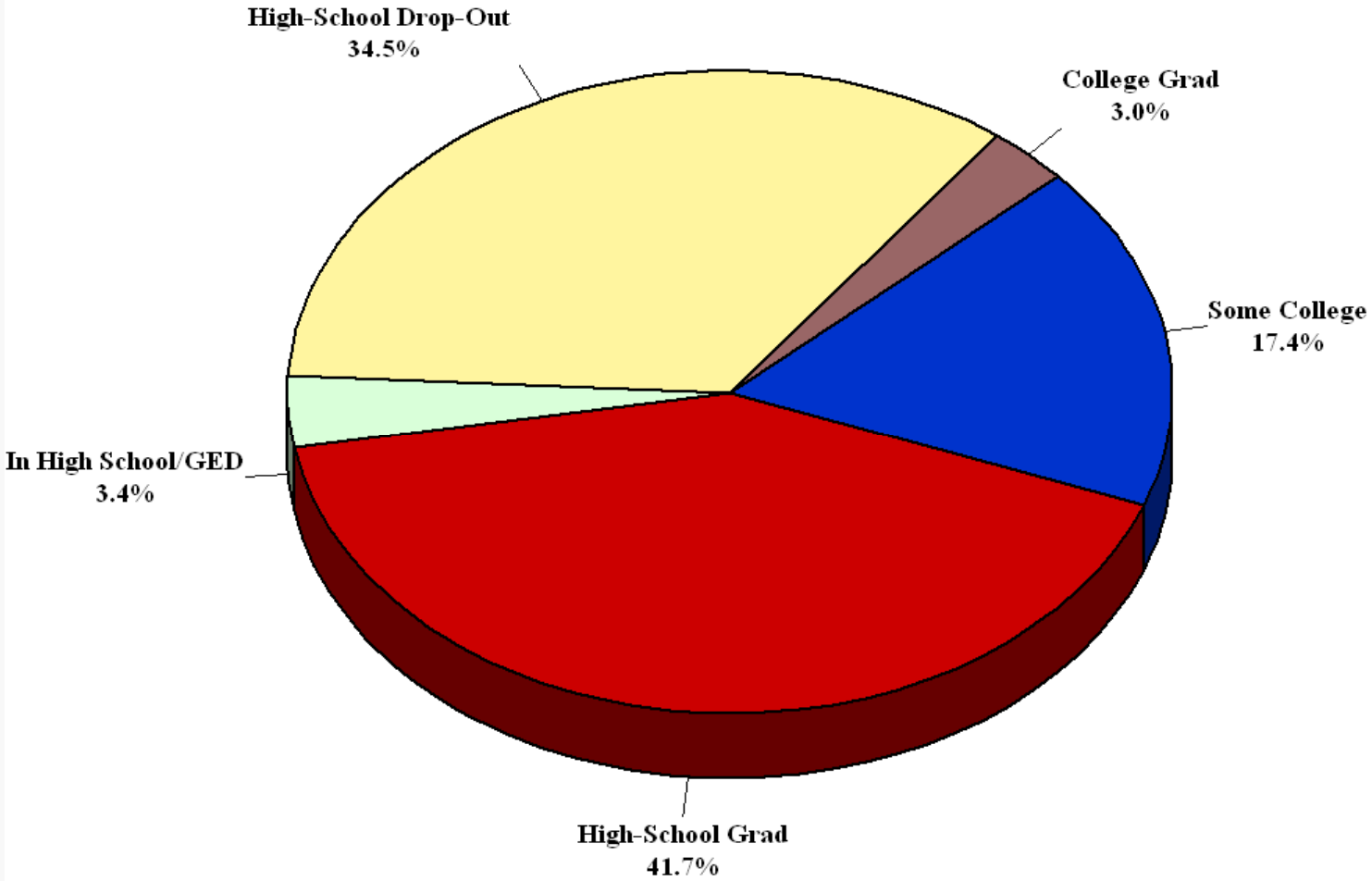
Table 1
Admissions to State-Funded Treatment by Patient Residence
FY 2008 - FY 2010

Residence	FY 2008	FY 2009	FY 2010
Allegany	976	859	849
Anne Arundel	3085	2970	3274
Baltimore City	12213	12027	12340
Baltimore County	3793	3747	4133
Calvert	1056	1188	1440
Caroline	366	468	478
Carroll	981	1025	1191
Cecil	798	775	746
Charles	1229	1189	1173
Dorchester	574	619	694
Frederick	1257	1309	1455
Garrett	328	372	365
Harford	1094	877	1045
Howard	601	688	875
Kent	428	395	359
Montgomery	2742	2716	2410
Prince George's	2615	2445	2582
Queen Anne's	601	689	794
St. Mary's	1013	1145	1195
Somerset	436	428	343
Talbot	457	490	523
Washington	1182	1249	1286
Wicomico	1150	1250	1280
Worcester	842	769	796
Out-of-State	1167	1326	1375
Total	40984	41015	43001

Residence

Admissions are distributed by location of residence from FY 2008 to FY 2010 in Table 1. The largest three-year increases involved residents of Howard, Calvert, Queen Anne's and Caroline counties. Out-of-State residents increased by 18 percent. Largest declines were in Somerset, Kent, Allegany and Montgomery counties.

Figure 5
Educational Attainment of Adults (18 & Older) at Admission to State-Funded Treatment
FY 2010

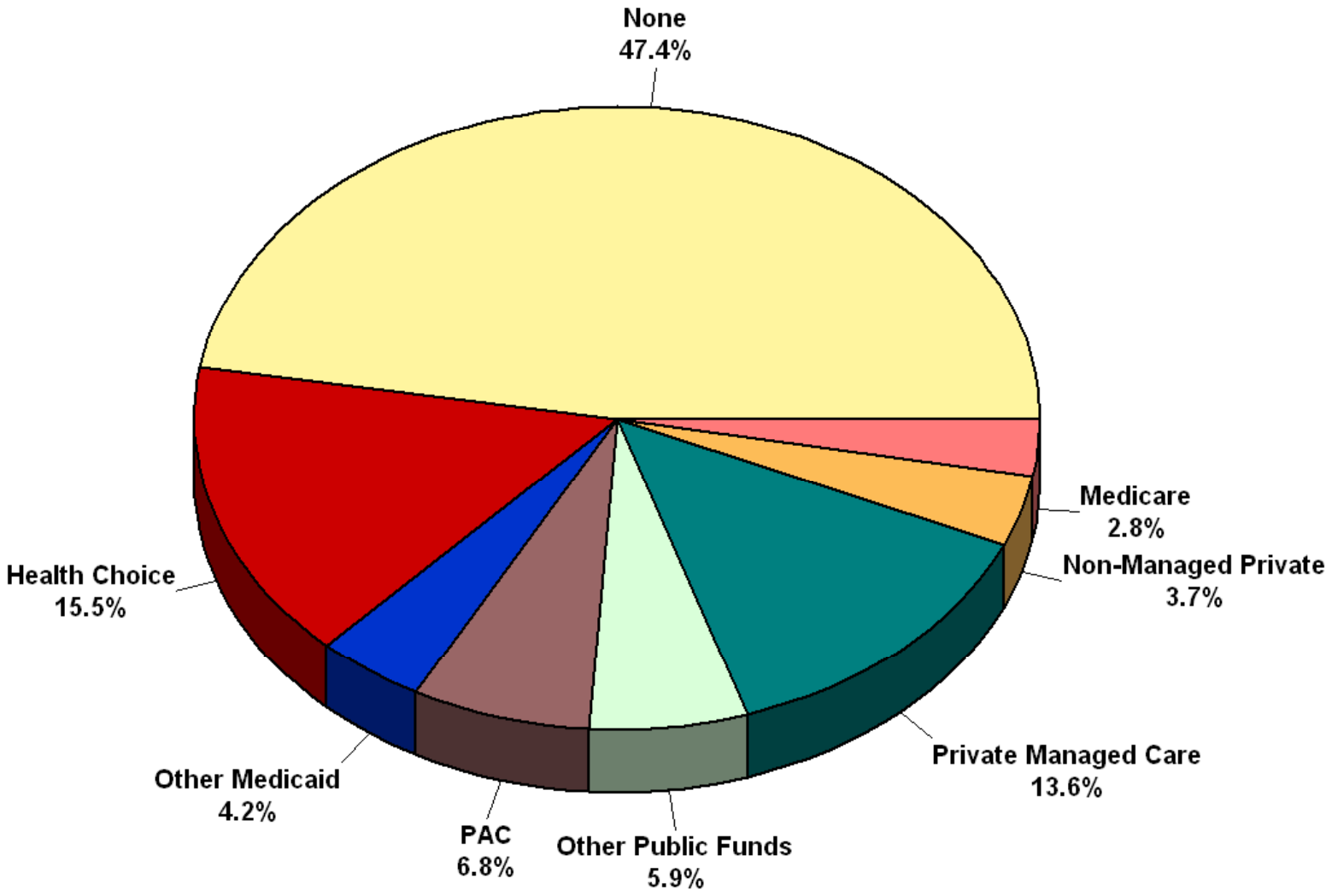


N = 39,208

Educational Status

The educational attainment of adult admissions is shown in Figure 5. Only about 62 percent of adult FY 2010 treatment admissions had high school diplomas. Considering jointly the items on highest-school-grade completed, employment and attending grades K through 12 reveals about 35 percent of adults admitted could be classified as high-school drop-outs.

Figure 6
Health Coverage of Admissions to State-Funded Treatment
FY2010

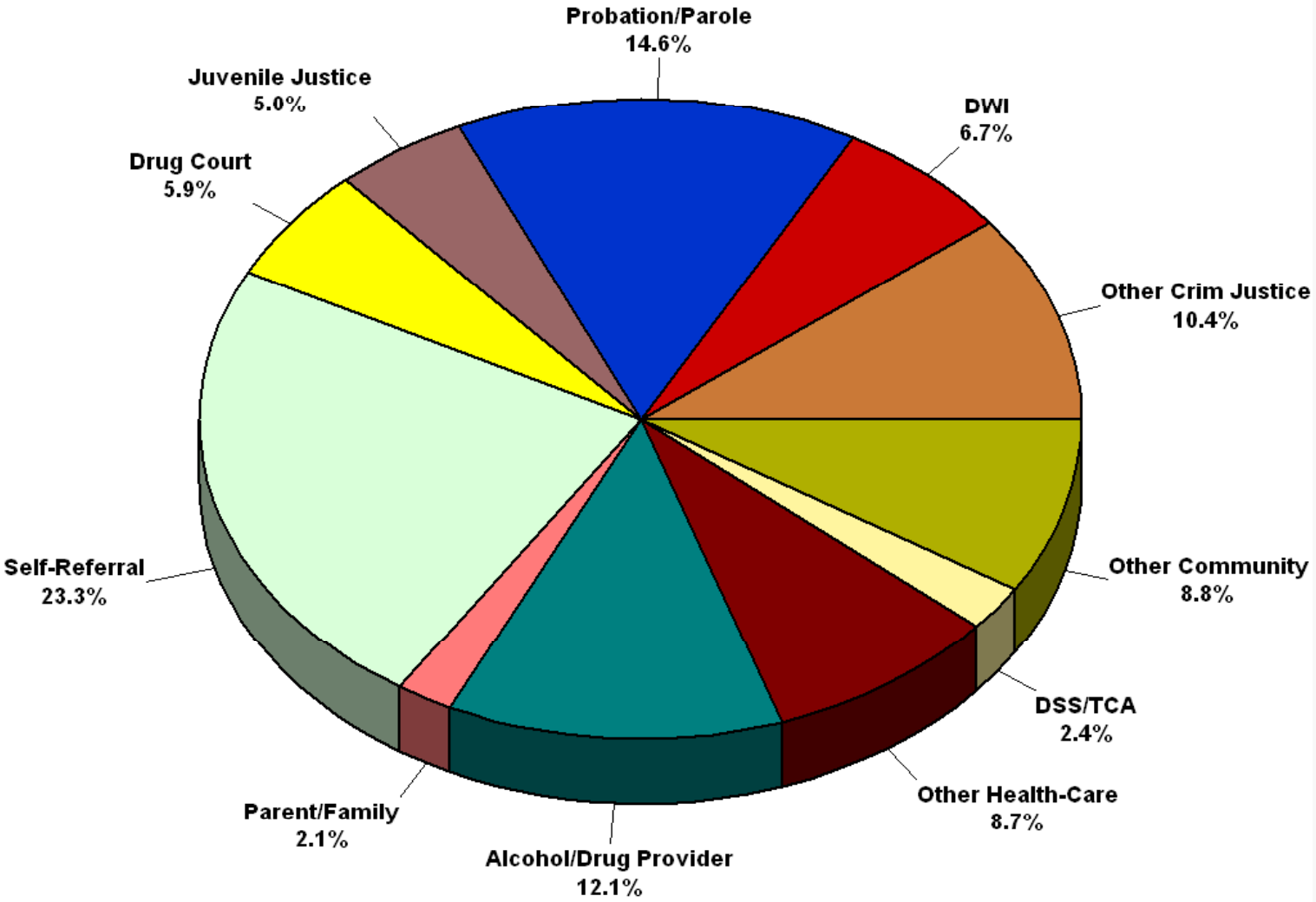


N = 43,001

Health Coverage

Health coverage of admissions is shown in Figure 6. Nearly half of admissions reported no health coverage and another 38 percent were under a public health-care plan. The percentage of admissions with Primary Adult Care (PAC) can be anticipated to double in the first half of FY 2011 as ADAA and DHMH expand efforts to maximize coverage by this funding source.

Figure 7
Source of Referral to State-Funded Treatment
FY 2010



N = 43,001

Source of Referral

Figure 7 shows that about a fourth of referrals were self or family and 21 percent were from substance-abuse or other health-care providers. Criminal-justice sources accounted for 43 percent of admissions in FY 2010.

Table 2
Enrollments in State-Funded Treatment by ASAM Level of Care
FY 2008 - FY 2010

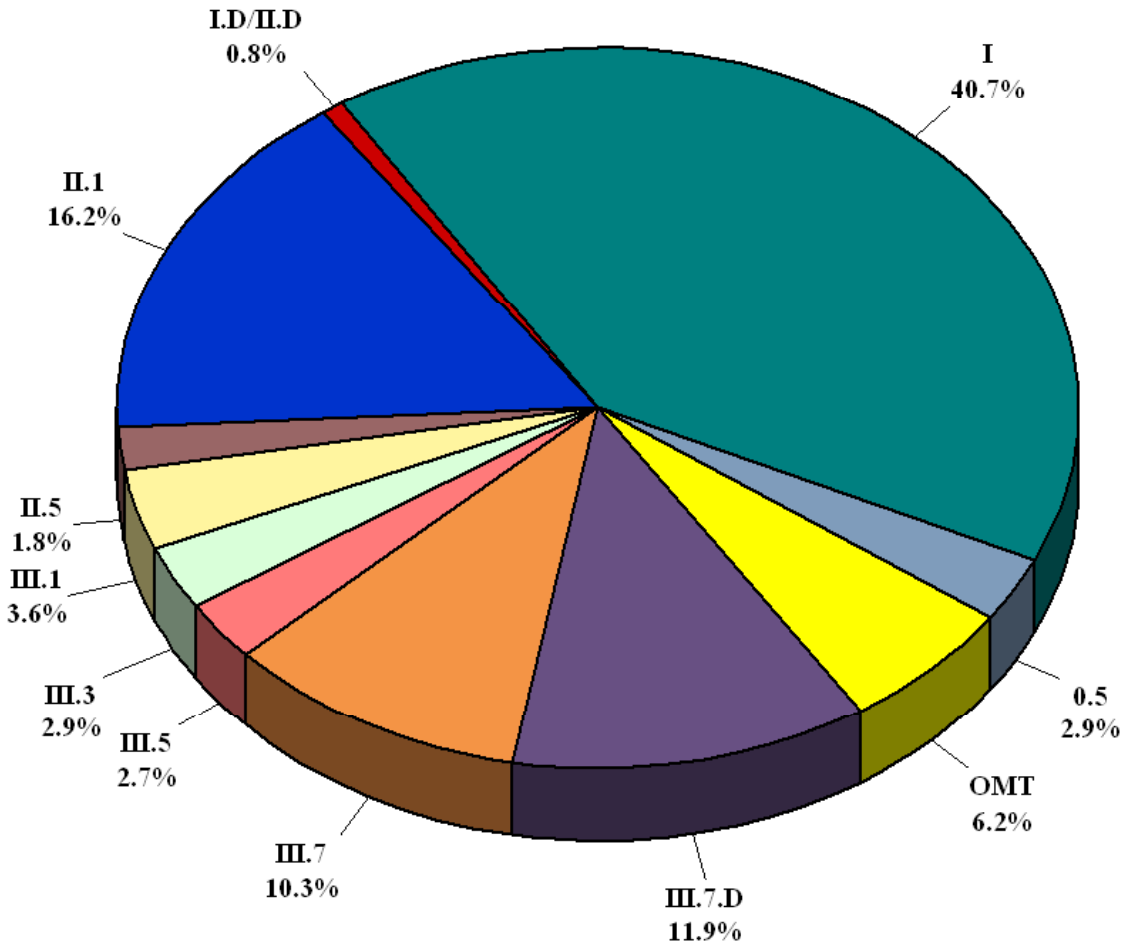
ASAM Level of Care	FY 2008		FY 2009		FY 2010	
	#	%	#	%	#	%
Level 0.5	833	1.7	986	2.0	1322	2.5
Level I	20430	42.8	20835	42.4	20736	39.9
Level I.D	312	0.7	424	0.9	279	0.5
Level II.1	7453	15.6	8157	16.6	8204	15.8
Level II.5	893	1.9	1074	2.2	1516	2.9
Level II.D	235	0.5	99	0.2	120	0.2
Level III.1	1916	4.0	1752	3.6	1664	3.2
Level III.3	820	1.7	832	1.7	1372	2.6
Level III.5	928	1.9	1362	2.8	1316	2.5
Level III.7	7499	15.7	6104	12.4	7407	14.2
Level III.7.D	4273	9.0	4748	9.7	5205	10.0
OMT	2126	4.5	2777	5.6	2863	5.5
OMT.D	1	0.0	7	0.0	13	0.0
Total	47719	100.0	49157	100.0	52017	100.0

ASAM Levels

Table 2 presents the distributions of funded enrollments in levels of care over the past three 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 1.21 in FY 2010 compared to 1.16 in FY 2008, indicating increased reliance on the continuum of care. Enrollments in Level 0.5 (Early Intervention) went up by 59 percent; Level II.5 increased by 70 percent, reflecting increased funding for that level of care. Total III.3 and III.5 enrollments increased 54 percent while enrollments in III.7.D increased by 22 percent.

Figure 8
ASAM Levels of Care*
FY 2010 State-Funded Admissions



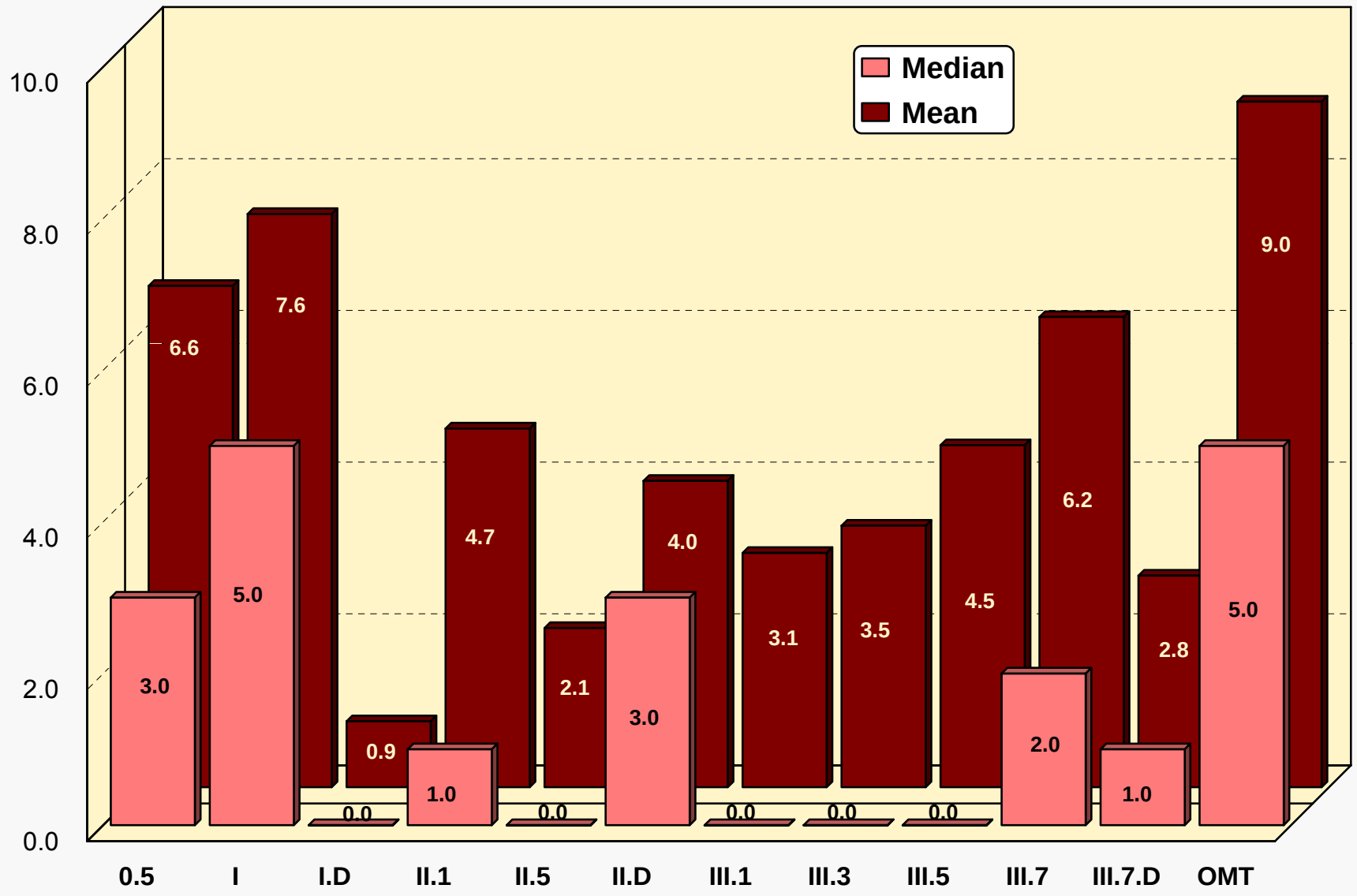
N = 43,001

*At initial enrollments

The distribution of initial ASAM level at FY 2010 admission is shown graphically in Figure 8. Just under 70 percent of admissions were to ambulatory levels of care.

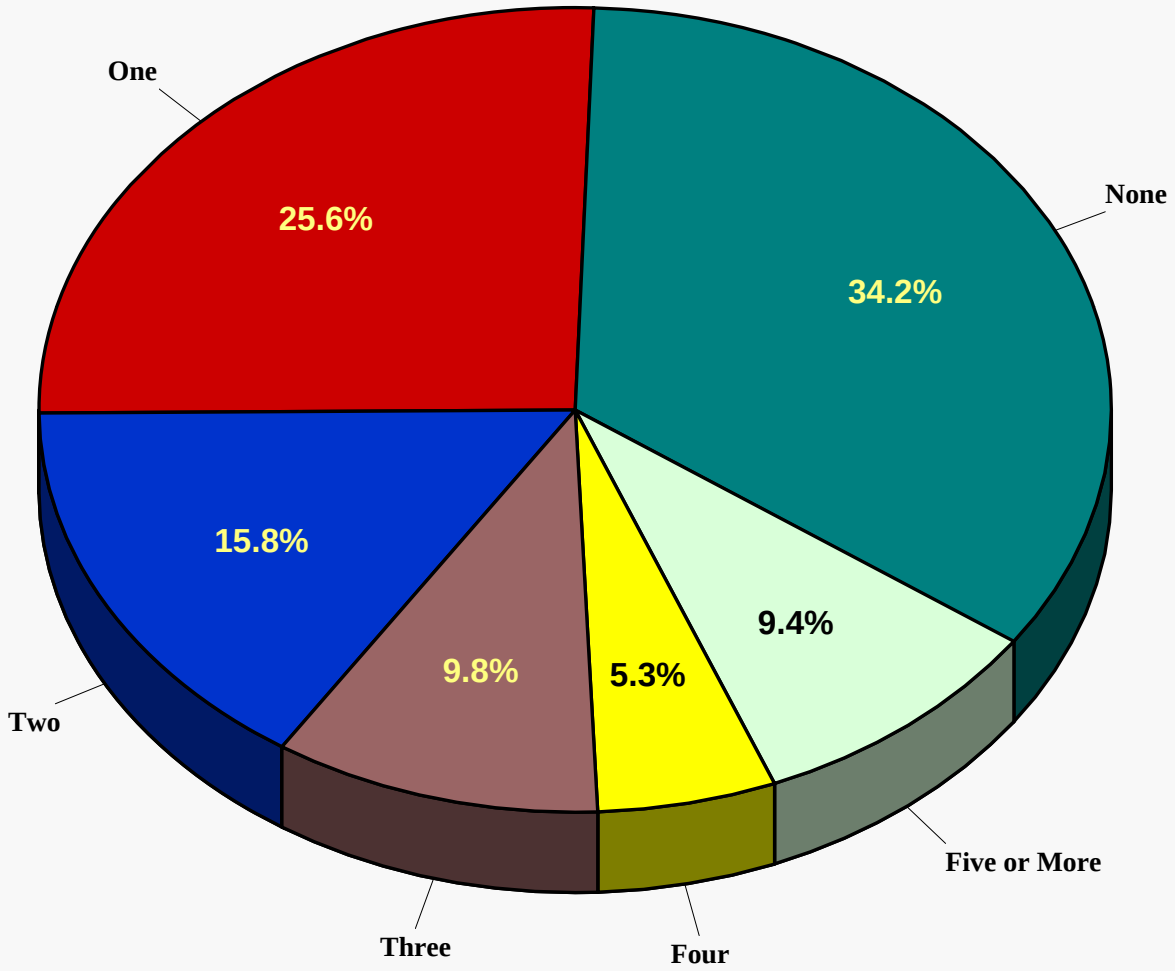
Figure 9 shows most of those seeking State-funded treatment in Maryland had less than five days between their initial request for treatment and the admission date. For Levels I.D, II.5, III.1, III.3 and III.5 the median wait to enter treatment was zero days, indicating more than half the admissions to those levels involved immediate entry.

Figure 9
Mean and Median Days Waiting for Admission to State-Funded Treatment
FY 2010



*Initial Level of Care

Figure 10
Number of Prior Admissions to ADAA-Funded Treatment
FY 2010

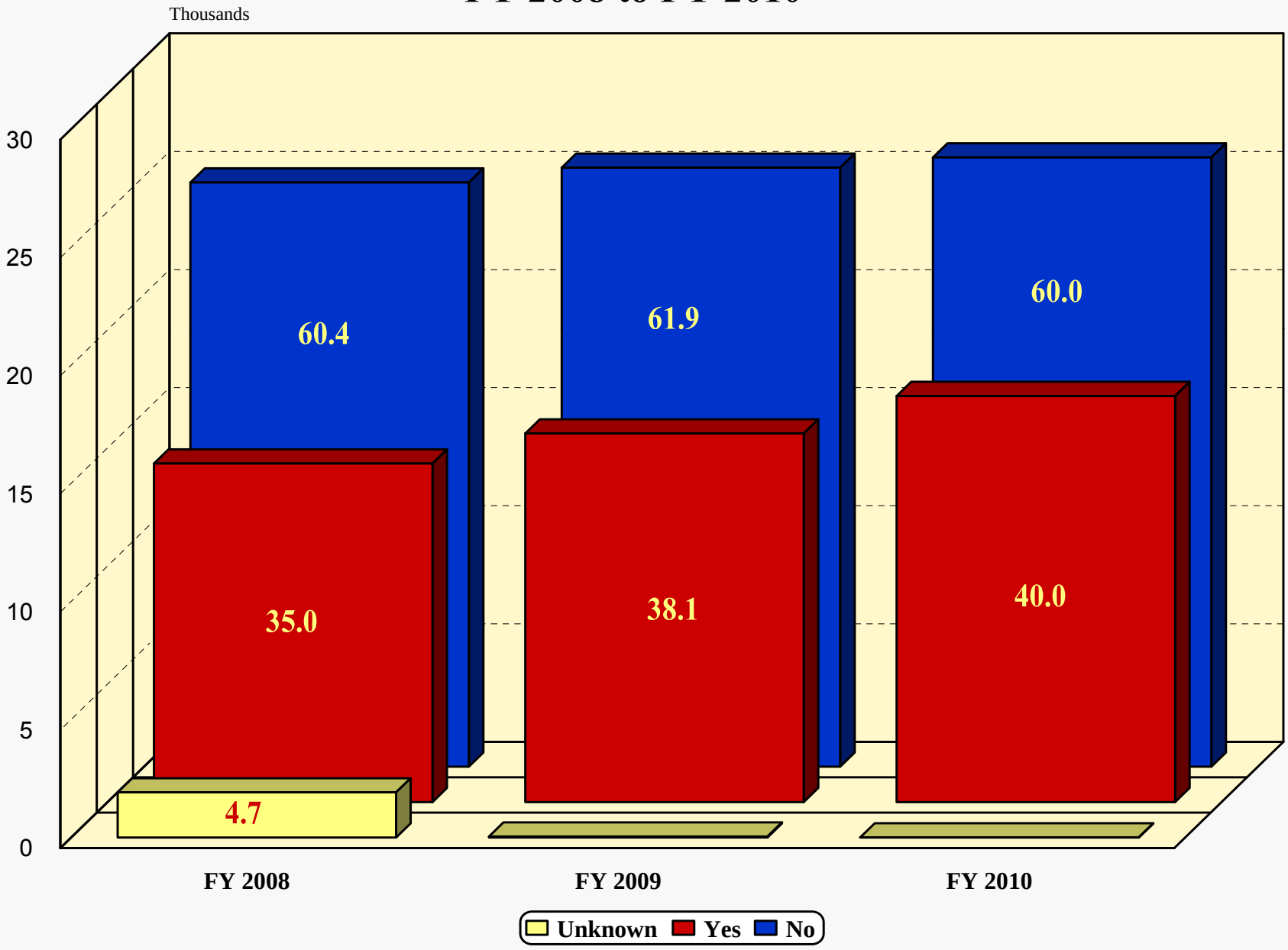


N = 43,001

Prior Admissions

The percentage distribution of number of prior admissions is shown in Figure 10. Nearly two-thirds of FY 2010 treatment admissions had prior treatment experience. This reflects greater reliance on a continuum of care as ADAA moves toward a recovery-oriented system of care.

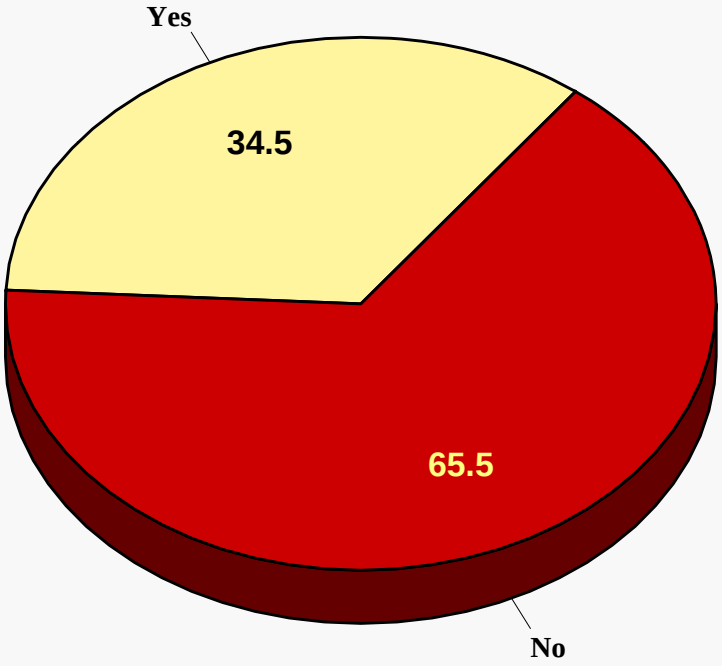
Figure 11
Mental Health Problems among Admissions to State-Funded Treatment
FY 2008 to FY 2010



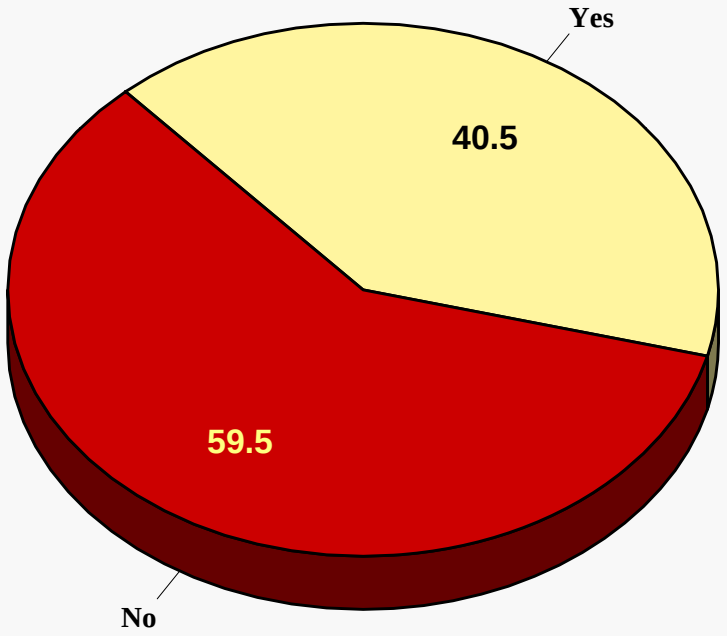
Mental Health

There was a continuing increase in the number and percentage of admissions identified as having mental health problems in FY 2009 and 2010. Figure 11 shows the percentage has gone from 35 in FY 2008 to 40 percent in FY 2010. This reflects greater awareness and increased initiatives focused on the co-occurring population. Figure 12 presents the adolescent and adult distributions of mental health problems for FY 2010, showing more than a third of adolescents and over 40 percent of adults had mental health issues.

Figure 12
Mental Health Problem(s) at Admission to State-Funded Treatment
FY 2010

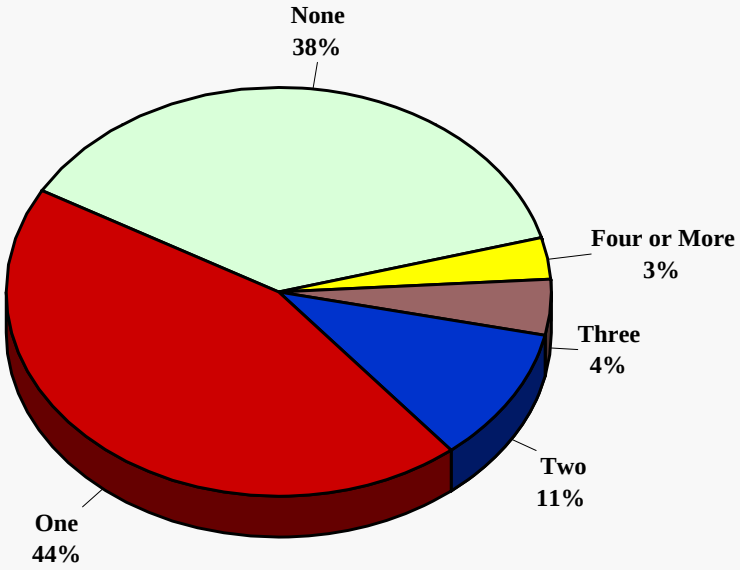


Adolescents
N = 3,793

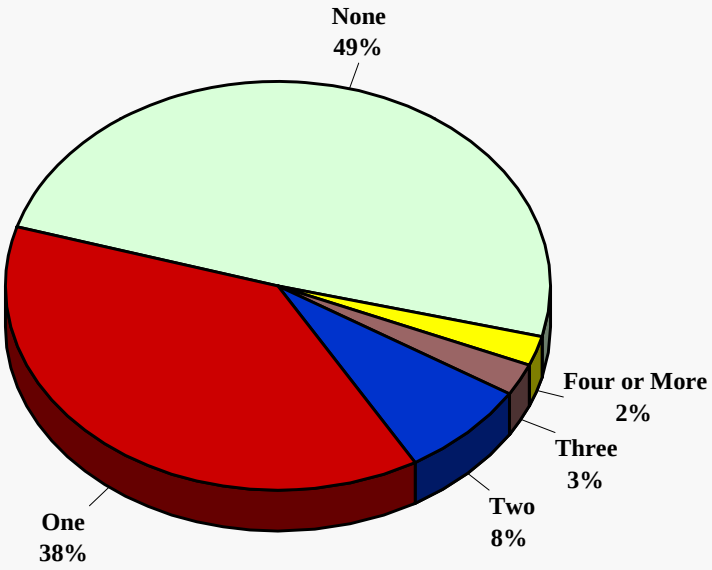


Adults
N = 39,208

Figure 13
Number of Arrests in 12 Months before Admission to State-Funded Treatment
FY 2010



Adolescents
N = 3,792

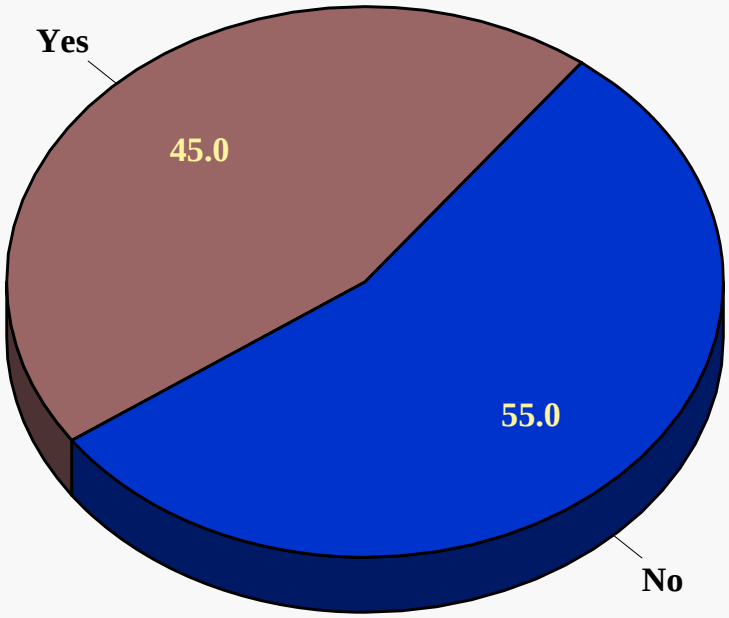


Adults
N = 39,208

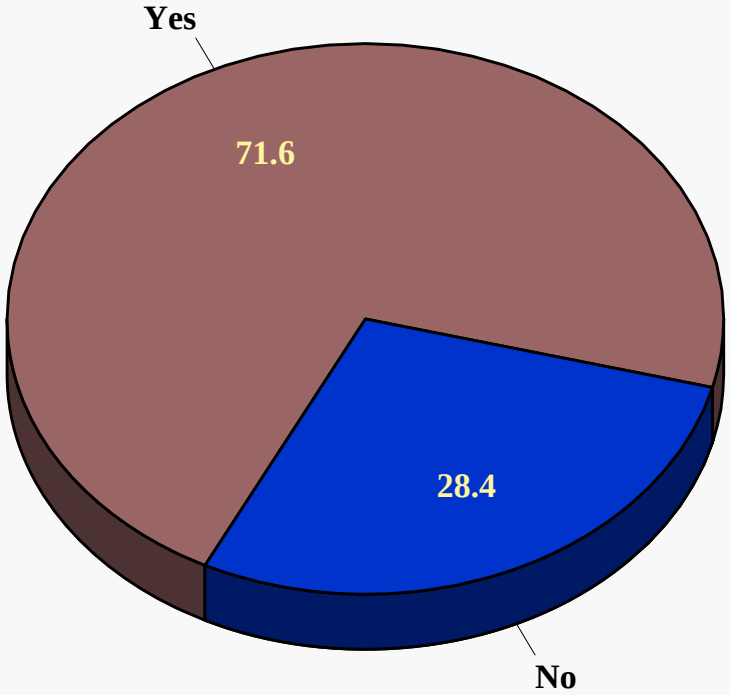
Arrests

Over half of adult and 62 percent of adolescent treatment patients had been arrested in the year preceding admission to treatment (Figure 13). The higher percentage for adolescents is related to the finding that 57 percent of adolescents were referred by the juvenile justice system.

Figure 14
Tobacco Use at Admission to ADAA-Funded Treatment
FY 2010



Adolescents
N = 3,793

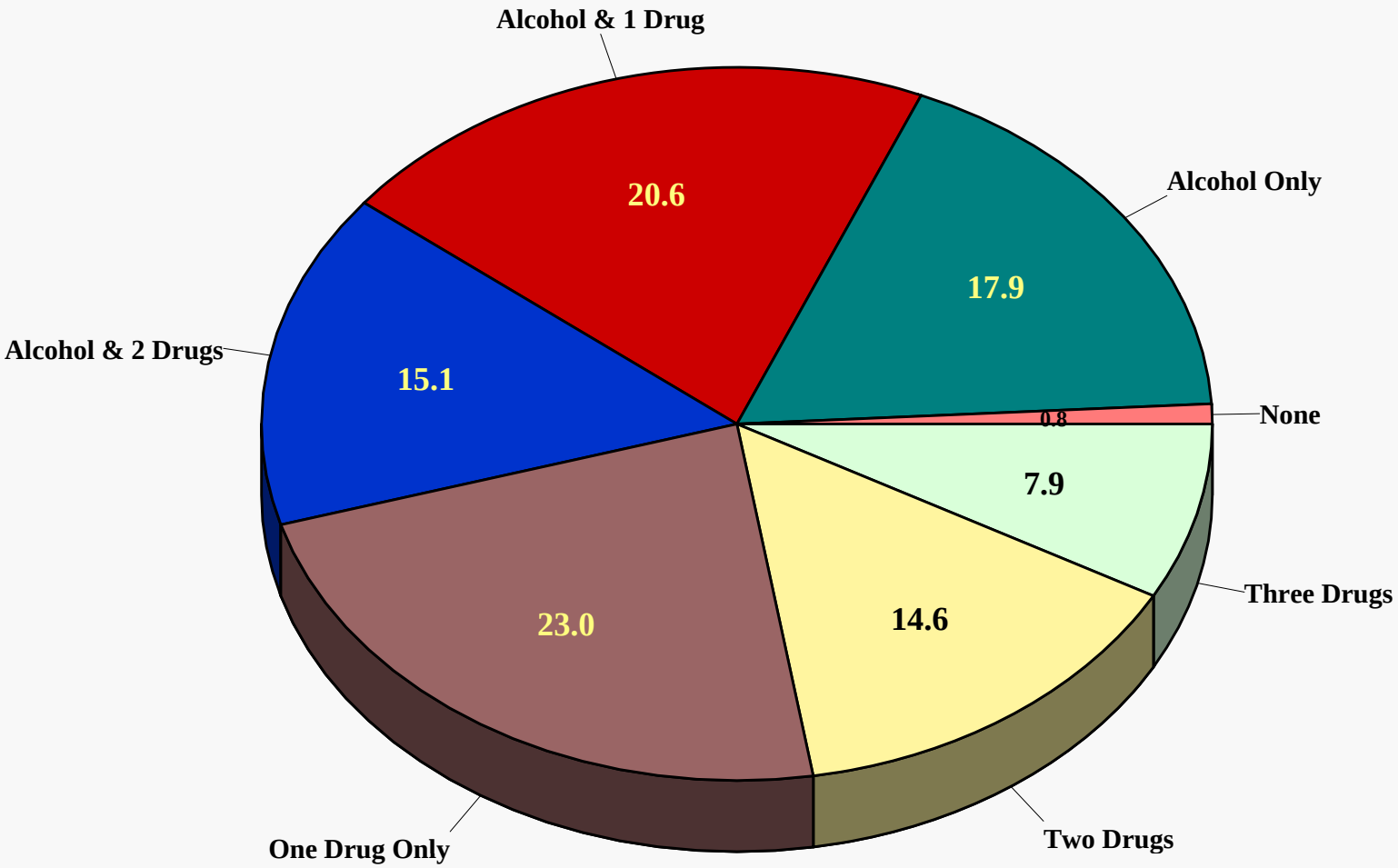


Adults
N = 39,208

Tobacco Use

Figure 14 shows the percentages of adolescent and adult admissions using tobacco in the month preceding admission. Forty-five percent 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 15
Pattern of Substance Abuse Problems among Admissions to State-Funded Treatment
FY 2010



N = 43,001

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

Substance Abuse

The patterns of substance abuse problems among admissions are shown in Figure 15 . Alcohol was involved in about 54 percent of all admissions; nearly forty percent involved both alcohol and illicit drugs. Fifty-eight percent of admissions involved problems with multiple substances.

Table 3
Substance Problems among Admissions to State-Funded Treatment
FY 2008 to FY 2010

Substance Problems	FY 2008		FY 2009		FY 2010	
	#	%	#	%	#	%
Alcohol	23150	57.3	22621	55.9	23047	54.1
Crack	11598	28.7	9779	24.2	9092	21.3
Other Cocaine	5740	14.2	4924	12.2	4872	11.4
Marijuana/Hashish	15062	37.3	15628	38.6	16494	38.7
Heroin	12164	30.1	12116	29.9	13163	30.9
Non-Rx Methadone	428	1.1	485	1.2	508	1.2
Oxycodone	2089	5.2	2909	7.2	4005	9.4
Other Opiates	1400	3.5	1741	4.3	2268	5.3
PCP	705	1.7	841	2.1	919	2.2
Hallucinogens	245	0.6	258	0.6	216	0.5
Methamphetamines	112	0.3	123	0.3	132	0.3
Other Amphetamines	347	0.9	296	0.7	284	0.7
Stimulants	31	0.1	28	0.1	36	0.1
Benzodiazepines	1298	3.2	1457	3.6	2048	4.8
Other Tranquilizers	11	0.0	6	0.0	6	0.0
Barbiturates	30	0.1	31	0.1	17	0.0
Other Sedatives or Hypnotics	82	0.2	62	0.2	70	0.2
Inhalants	27	0.1	39	0.1	29	0.1
Over the Counter	88	0.2	51	0.1	60	0.1
Other	260	0.6	250	0.6	282	0.7
Total Respondents	40368	—	40489	—	42636	—

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

Table 3 presents detail on the substance problems reported for admissions from FY 2008 to FY 2010. The most significant increases over the three years involved:

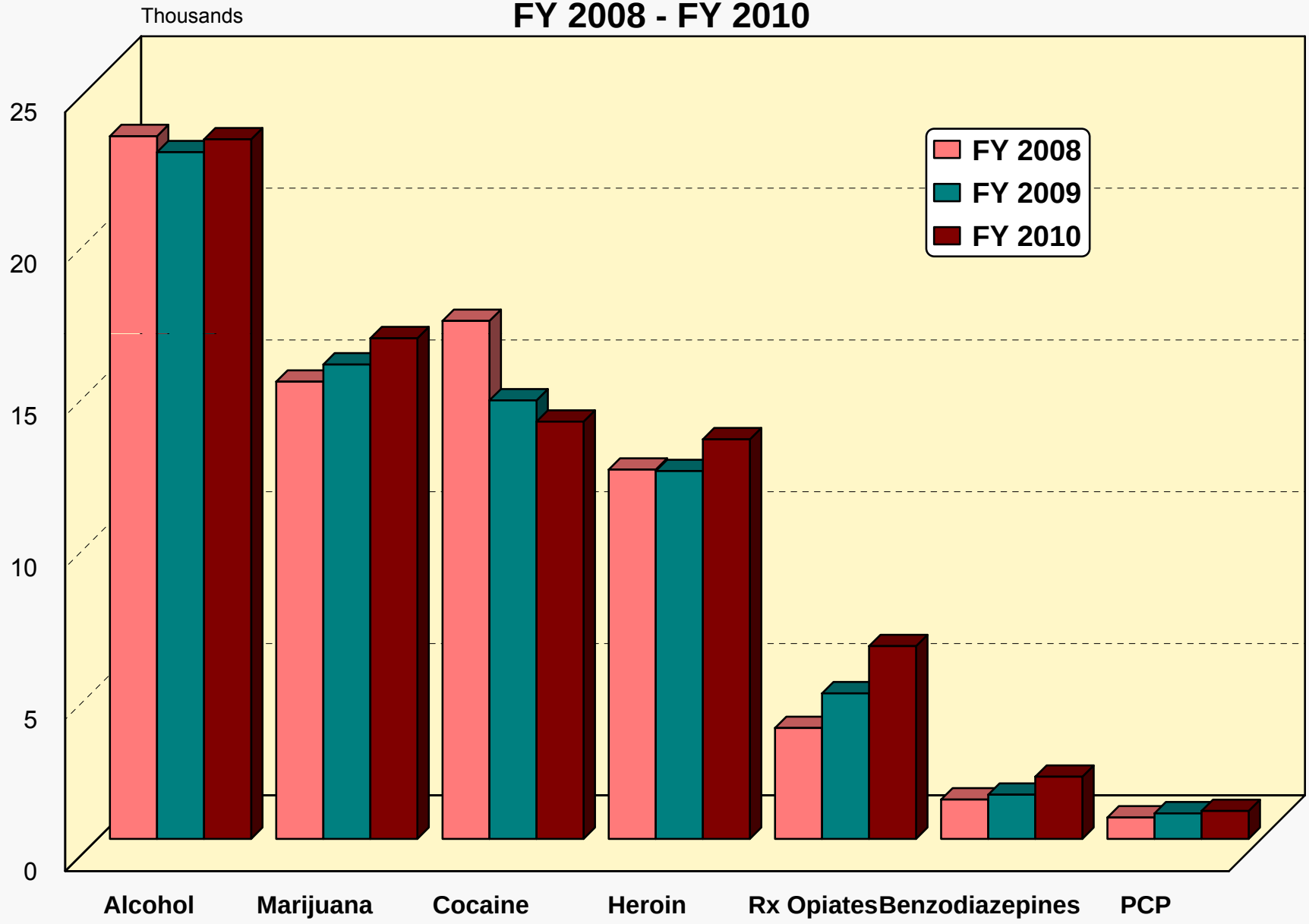
- Oxycodone (91.7 percent);
- Other Opiates (62.0 percent);
- Benzodiazepines (57.8 percent);
- PCP (30.4 percent); and,
- Non-Rx Methadone (18.7 percent).

Heroin-related admissions increased by 8.2 percent and those involving marijuana by 9.5 percent.

The largest decrease occurred among cocaine-related admissions (19.4 percent).

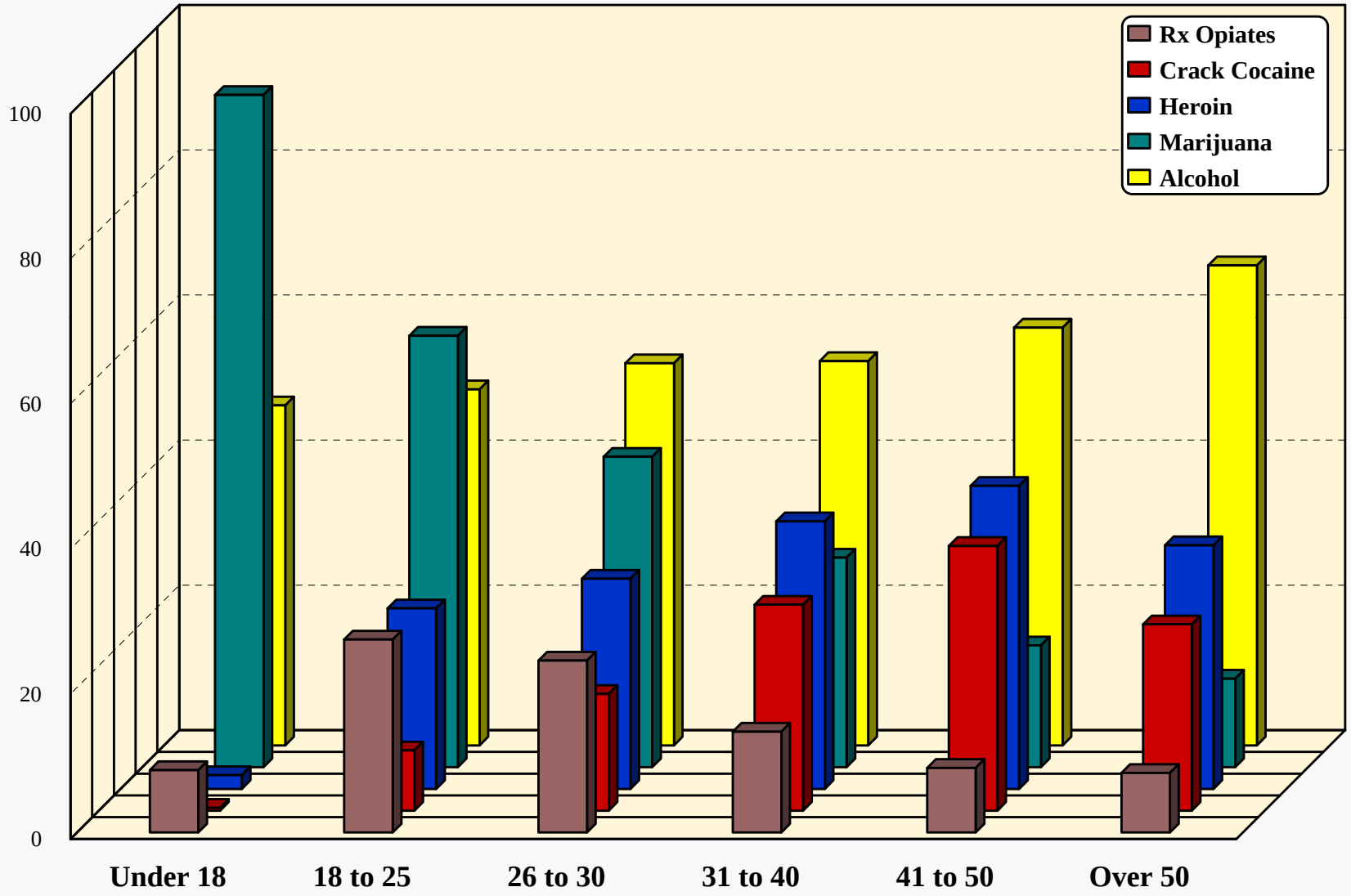
Figure 16 displays the three-year trends for the seven leading categories of substance problems.

Figure 16
Numbers of Selected Substance-Related Admissions to State-Funded Alcohol and Drug Abuse Treatment FY 2008 - FY 2010



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

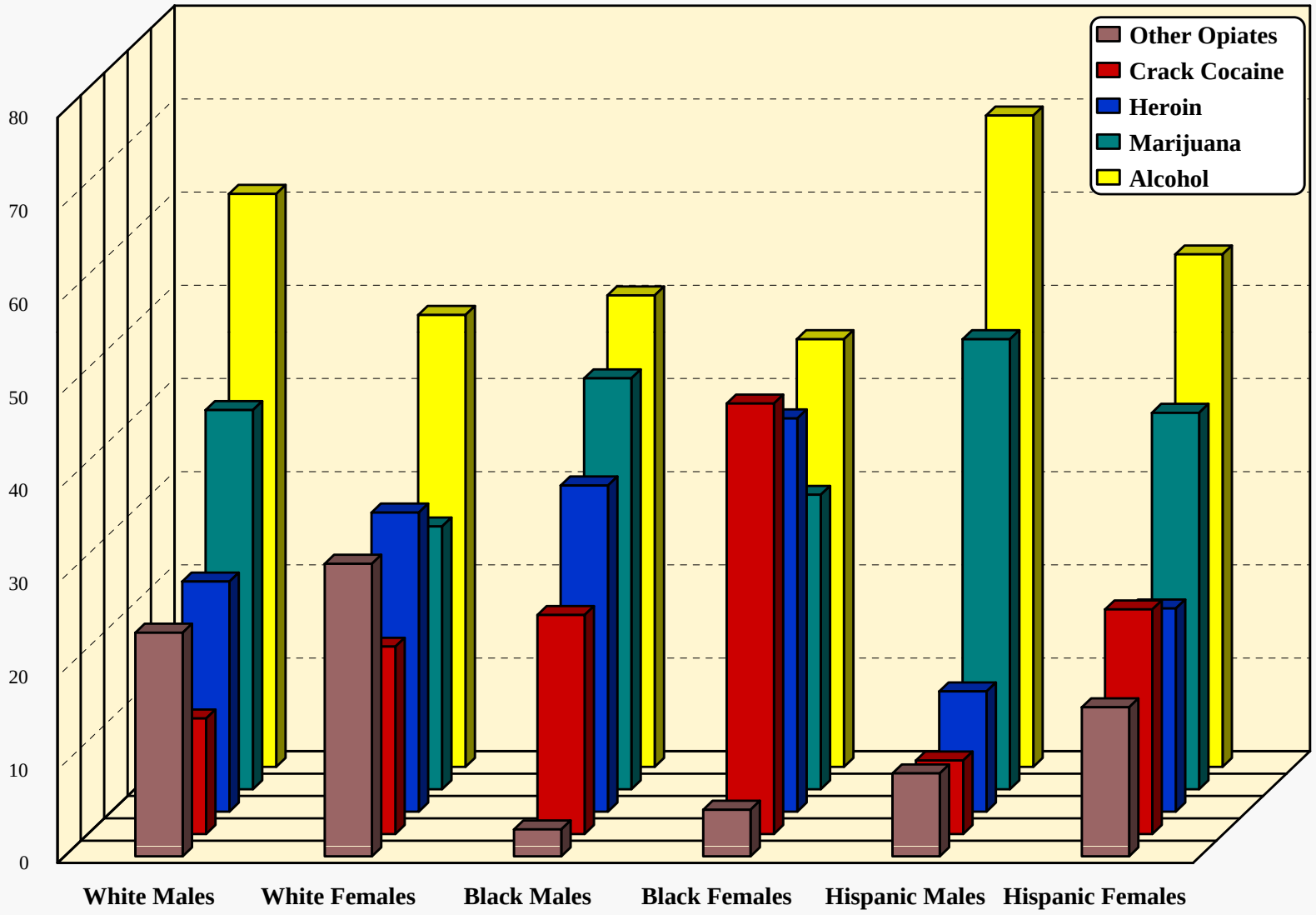
Figure 17
Percentages of Age Groups with Selected Substance Problems
Admissions to State-Funded Treatment
FY 2010



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

Figure 17 distributes five leading problem substances by the percentages of each of six age groups reporting the problems, and Figure 18 does the same for each of six race/ethnic/gender groups. Eighty-nine percent of adolescents admitted had problems with marijuana and 45 percent had problems with alcohol; 40 percent had problems with both. With each succeeding age group the prevalence of marijuana problems drops sharply while that of alcohol problems generally increases. Both heroin and crack cocaine problems are most prevalent in the 41-to-50 age group. Other-opiate problems peak at about 25 percent in the 18 to 30 age range.

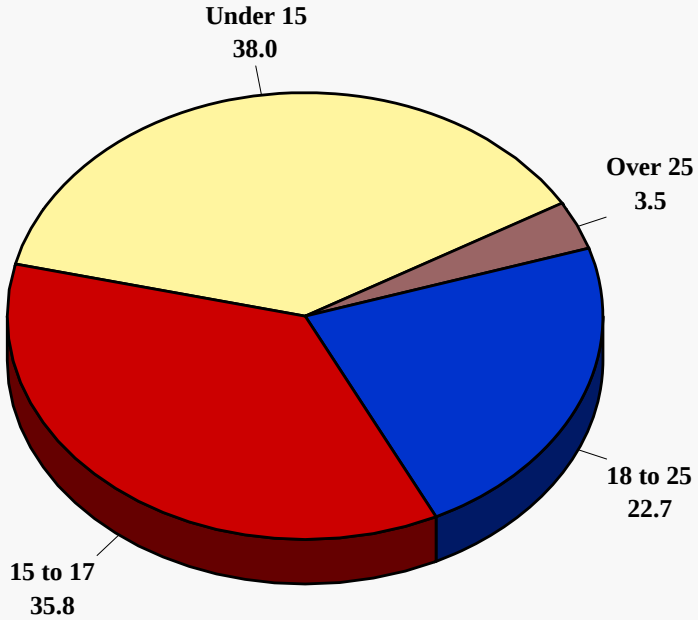
Figure 18
Percentages of Race/Ethnic/Gender Groups with Selected Substance Problems
Admissions to State-Funded Treatment
FY 2010



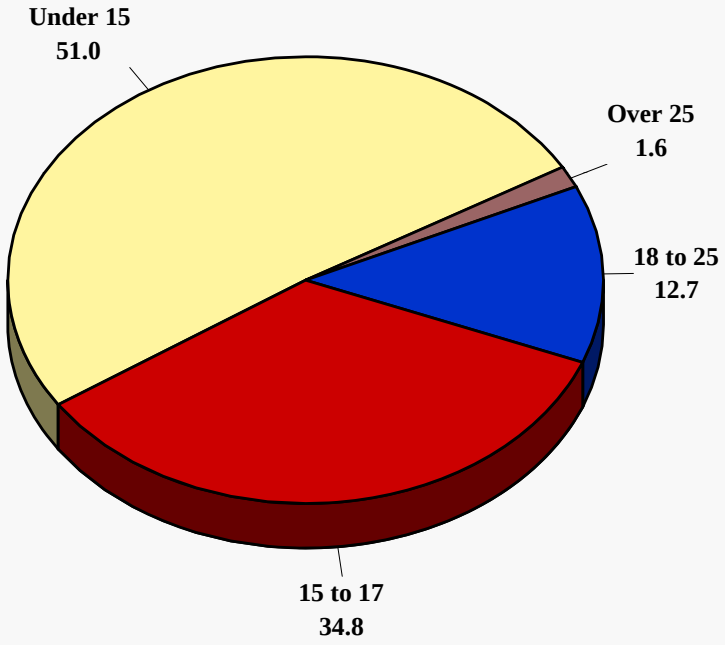
Note: Up to three substance problems are reported for each admission.

White females had the highest percentage with other opiate problems (31.4) while black females had the highest percentages with crack cocaine (46.2) and/or heroin (42.2) 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 do males. Hispanic males were least likely to present with cocaine and heroin problems and most likely to present with alcohol (69.9 percent) and/or marijuana problems (48.3 percent).

Figure 19
Age at First Use of Alcohol* and Marijuana
Admissions to State-Funded Treatment
FY 2010



Alcohol
N = 22,949

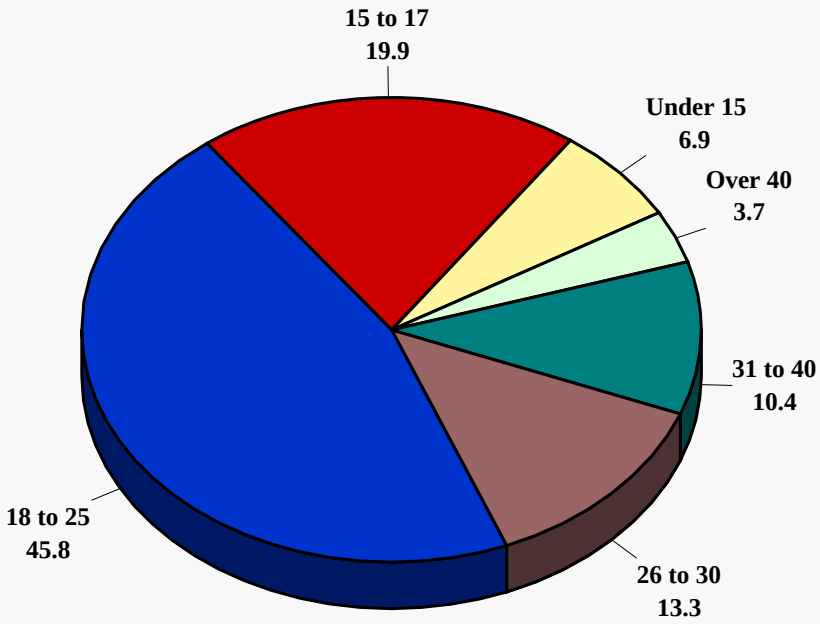


Marijuana
N = 16,427

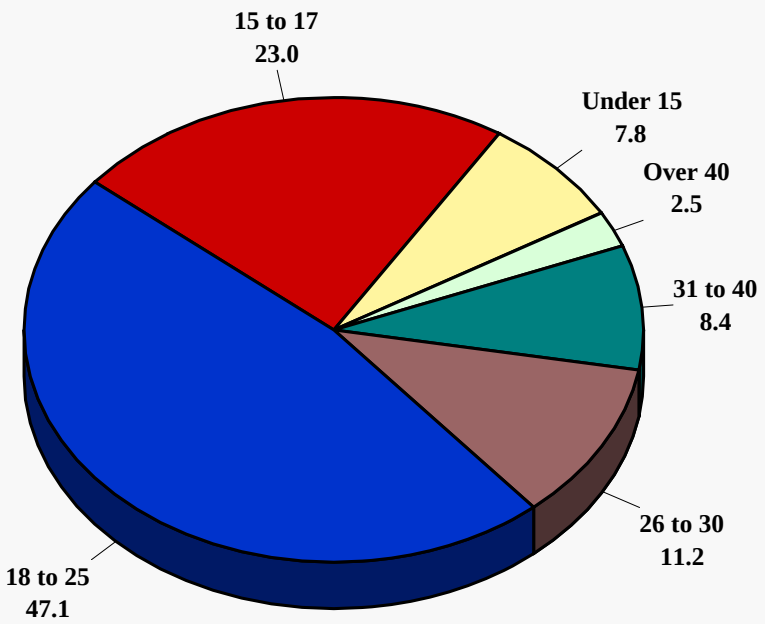
***For alcohol the age of first use is defined as the age of first intoxication.**

Figure 19 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. 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 20
Age at First Use of Cocaine and Heroin
Admissions to State-Funded Treatment
FY 2010



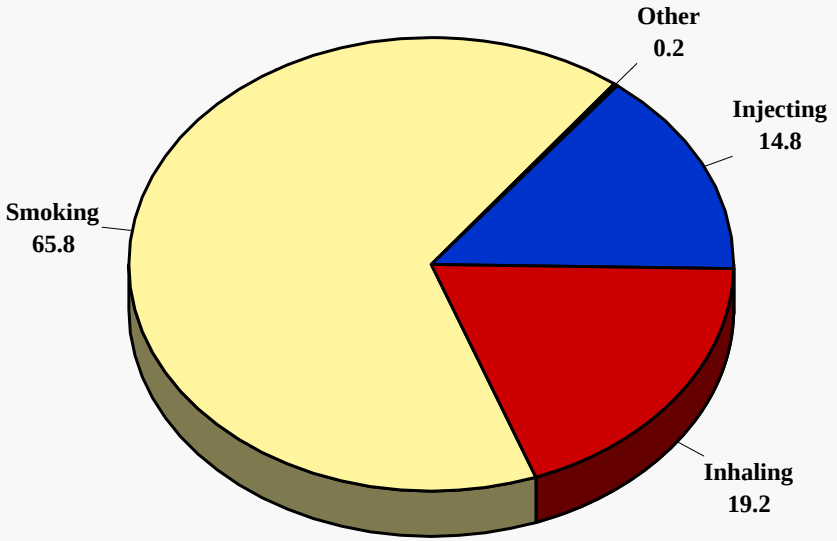
Cocaine
N = 13,682



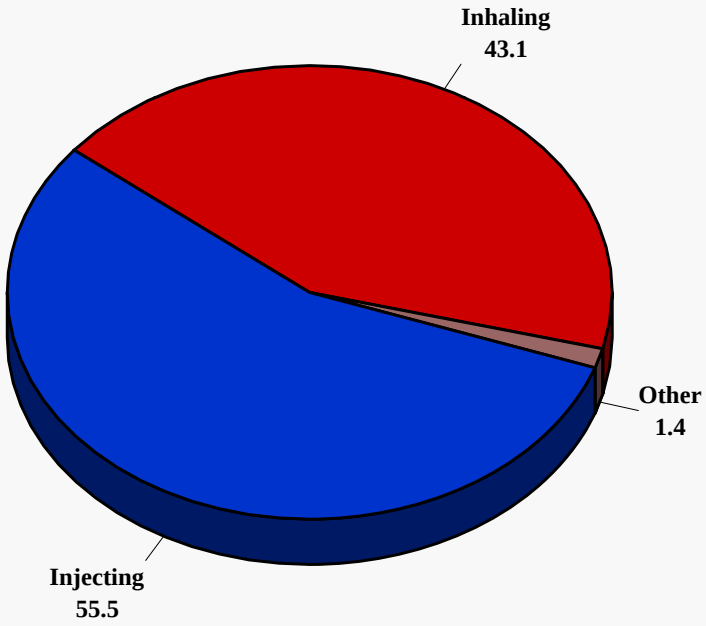
Heroin
N = 13,131

Ages at first use of cocaine and heroin are shown in Figure 20. The distributions are similar, with 31 percent of heroin and just over one-fourth of cocaine-related cases first using those drugs in adolescence.

Figure 21
Route of Administration of Cocaine and Heroin
Admissions to State-Funded Treatment
FY 2010



Cocaine
N = 13,747



Heroin
N = 13,160

Figure 21 displays the primary routes of administration of cocaine and heroin among FY 2010 admissions. About two-thirds of the cocaine-related admissions involved crack, or smoking the drug. In FY 2008 heroin-related admissions were evenly split between injectors and inhalers; In FY 2009 and 2010 the balance has shifted toward injection. This trend correlates with a shift toward more white and fewer black heroin-related admissions. In FY 2008 38.5 percent of heroin cases involved whites and 59.8 percent blacks. The respective percentages for FY 2010 were 46.6 and 52.1.

Analysis of the interaction of age, race and route of administration of heroin, shown in Figure 22, revealed the two large components of FY 2010 heroin-related cases were white injectors in their twenties and early thirties and black inhalers in their late thirties, forties and early fifties. Black injectors were the oldest group on average, peaking at age fifty.

Figure 22
Heroin-Related Admissions to State-Funded Treatment
Primary Route of Administration by Race and Age
FY 2010

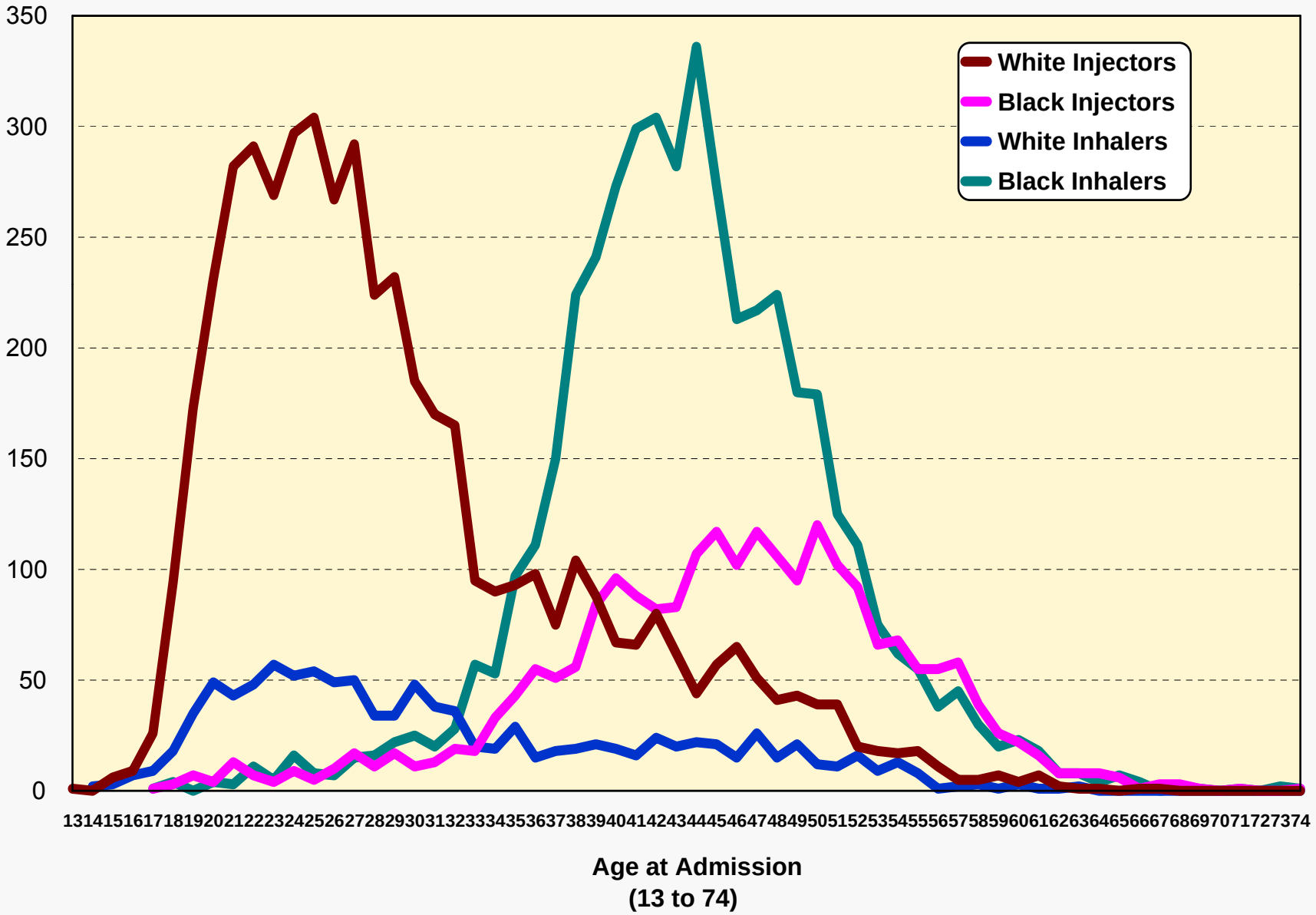


Table 4
Dis-enrollments from State-Funded Treatment by ASAM Level of Care

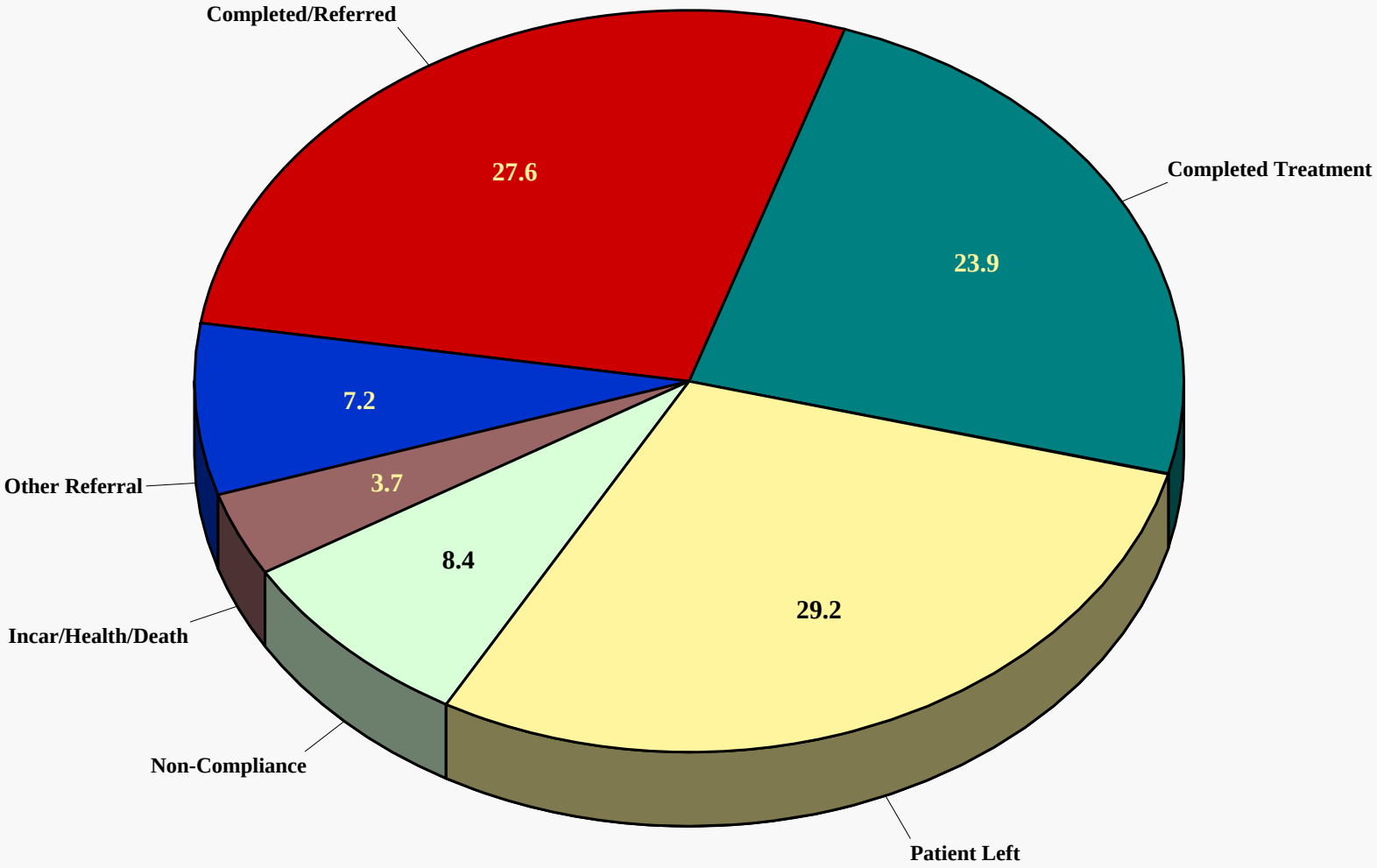
ASAM Level of Care	FY 2008		FY 2009		FY 2010	
	#	%	#	%	#	%
Level 0.5	792	1.7	893	1.8	1278	2.5
Level I	20240	42.8	20458	42.0	20719	40.0
Level I.D	327	0.7	416	0.9	287	0.6
Level II.1	7046	14.9	8135	16.7	7864	15.2
Level II.5	878	1.9	1074	2.2	1415	2.7
Level II.D	258	0.5	104	0.2	108	0.2
Level III.1	1882	4.0	1716	3.5	1666	3.2
Level III.3	817	1.7	826	1.7	1322	2.6
Level III.5	1005	2.1	1257	2.6	1330	2.6
Level III.7	7514	15.9	6774	13.9	7990	15.4
Level III.7.D	4261	9.0	4709	9.7	5417	10.5
Level OMT	2248	4.8	2306	4.7	2346	4.5
Level OMT.D	27	0.1	14	0.0	31	0.1
Total	47295	100.0	48682	100.0	51773	100.0

Dis-enrollments

Dis-enrollments from ADAA-funded treatment during FY 2008 to FY 2010 are distributed by ASAM level of care in Table 4. Dis-enrollments increased nearly 10 percent over the three years, reflecting in part greater reliance on the continuum of care as more patients are served in multiple levels of care.

The ratios of admissions to discharges for FY 2008 to FY 2010 were 1.00, 0.99 and 0.99 respectively, reflecting completeness of reporting and stability in the ADAA data system.

Figure 23
Reason for Discharge from State-Funded Alcohol and Drug Abuse Treatment
FY 2010

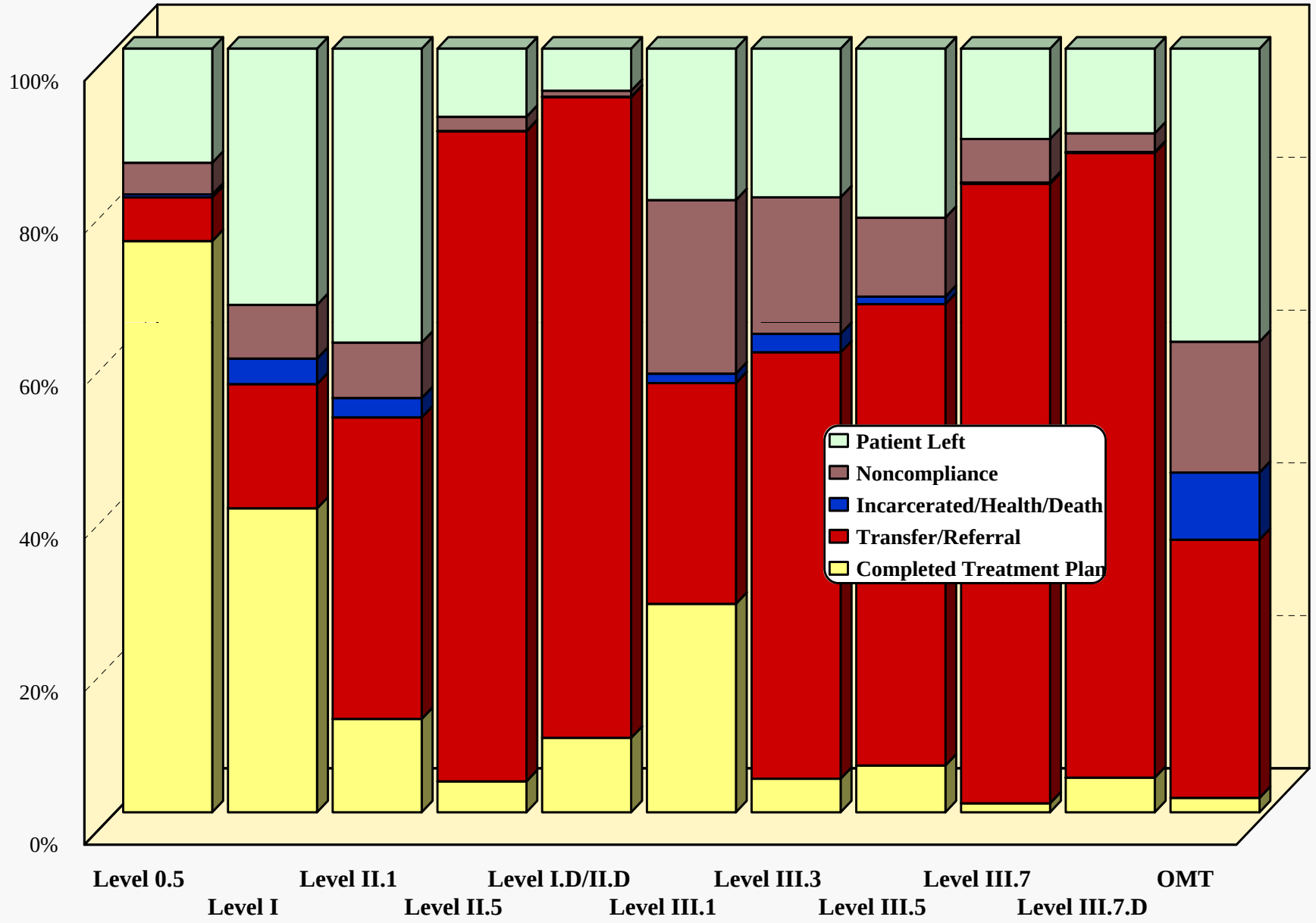


N = 43,376

Reason for Discharge

Figure 23 breaks out reasons for discharge from treatment during FY 2010. Fifty-two percent of all discharges involved successful completion of the treatment plan and 28 percent were 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 State-Funded Levels of Care
FY 2010



FY 2010 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 (75 percent), I (40 percent) and III.1 (27 percent). Transfer/Referrals made up over 80 percent of dis-enrollments from Levels II.5, I.D/II.D, III.7 and III.7.D. The levels of care with the greatest percentages of dis-enrollments for non-compliance were III.1 at 23 percent, III.3 at 18 and OMT at 17 percent. Also in OMT, 38 percent of the dis-enrollments involved patients leaving treatment early, which was also fairly common in Level II.1 (39 percent) and Level I (34 percent). OMT discharges tend to be weighted with many of the less successful cases, as those achieving stability remain in treatment for extended time periods.

Table 5
Dis-enrollments from State-Funded Treatment by Length of Stay and ASAM Level of Care
FY 2010

ASAM Level of Care	N	Mean	Median
Level 0.5	1278	75.1	56.0
Level I	20719	131.5	109.0
Level I.D	287	29.2	4.0
Level II.1	7864	75.5	50.0
Level II.5	1415	13.8	9.0
Level II.D	108	40.1	6.5
Level III.1	1666	107.7	93.0
Level III.3	1322	98.8	75.0
Level III.5	1330	98.1	90.0
Level III.7	7990	20.0	16.0
Level III.7.D	5417	5.8	5.0
OMT	2377	569.1	212.0
Total	51773	104.9	45.0

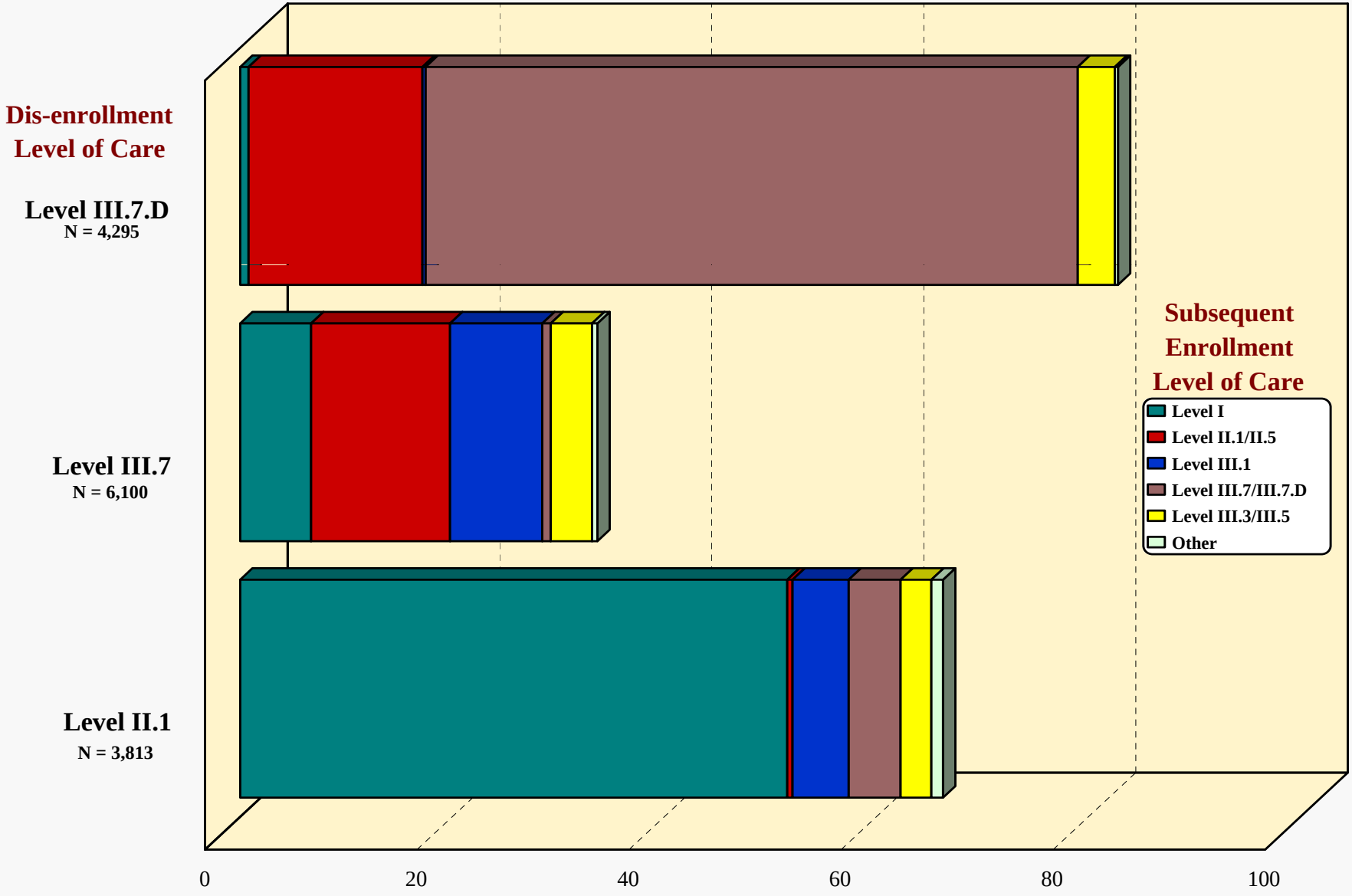
Length of Stay

Table 5 shows the mean and median lengths of stay by level of care for FY 2010. On average Level I treatment lasted over four months, although detention center patients stayed a mean 98 days. The residential levels III.1, III.3 and III.5 lasted between 98 and 108 days on average. The average OMT discharged patient spent about 19 months in their programs. OMT patients active in treatment on the last day of FY 2010 averaged 4.7 years in treatment, and 14 percent had been in treatment ten years or more.

During FY 2010, 58 percent of Level I and 56 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 90-day retention rates for FY 2010 dis-enrollments from Level I and Level III.1 by Maryland subdivisions.

Figure 25

Percentages of Unduplicated Dis-enrollments from State-Funded Treatment Subsequently Enrolled in a Different Level of Care within 30 Days of Completion/Transfer/Referral FY 2010



Continuation in Treatment

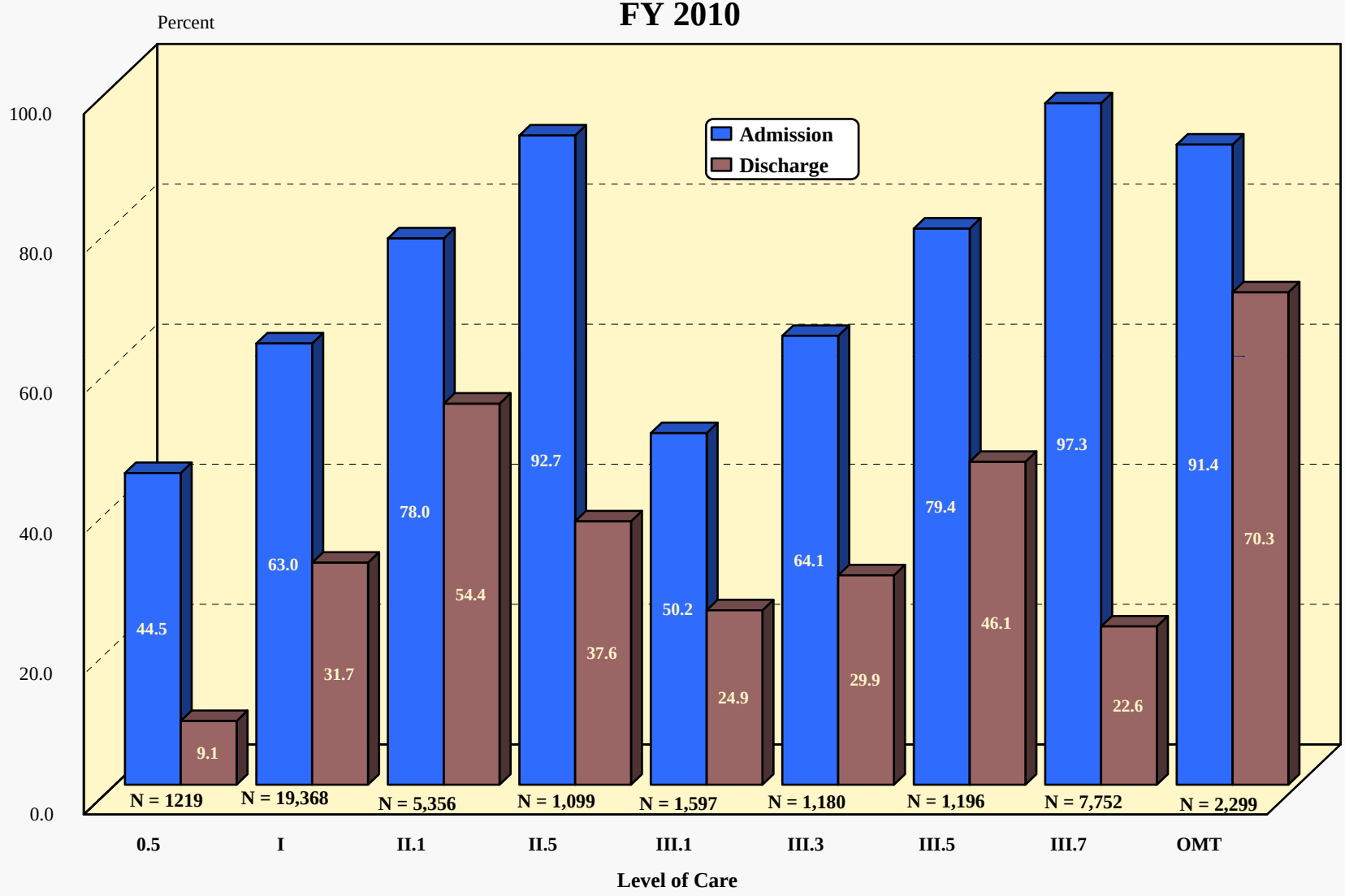
Figure 25 provides the percentages of unduplicated dis-enrollments from selected levels of care that entered different levels of care within thirty days. About 62 percent of those patients leaving short-term residential detox due to completion, transfer or referral during FY 2010 entered Level III.7 within 30 days, and another 21 percent entered intensive outpatient or some other type of service. Dis-enrollments from III.7 were most likely to enter intensive outpatient (16 percent) and III.1 halfway house (9 percent). Over half of completers, transfers and referrals from intensive outpatient entered Level I within 30 days; about 15 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 26

Percentages Using Substances at Admission to and at Discharge from State-Funded Alcohol and Drug Abuse Treatment Programs

FY 2010



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

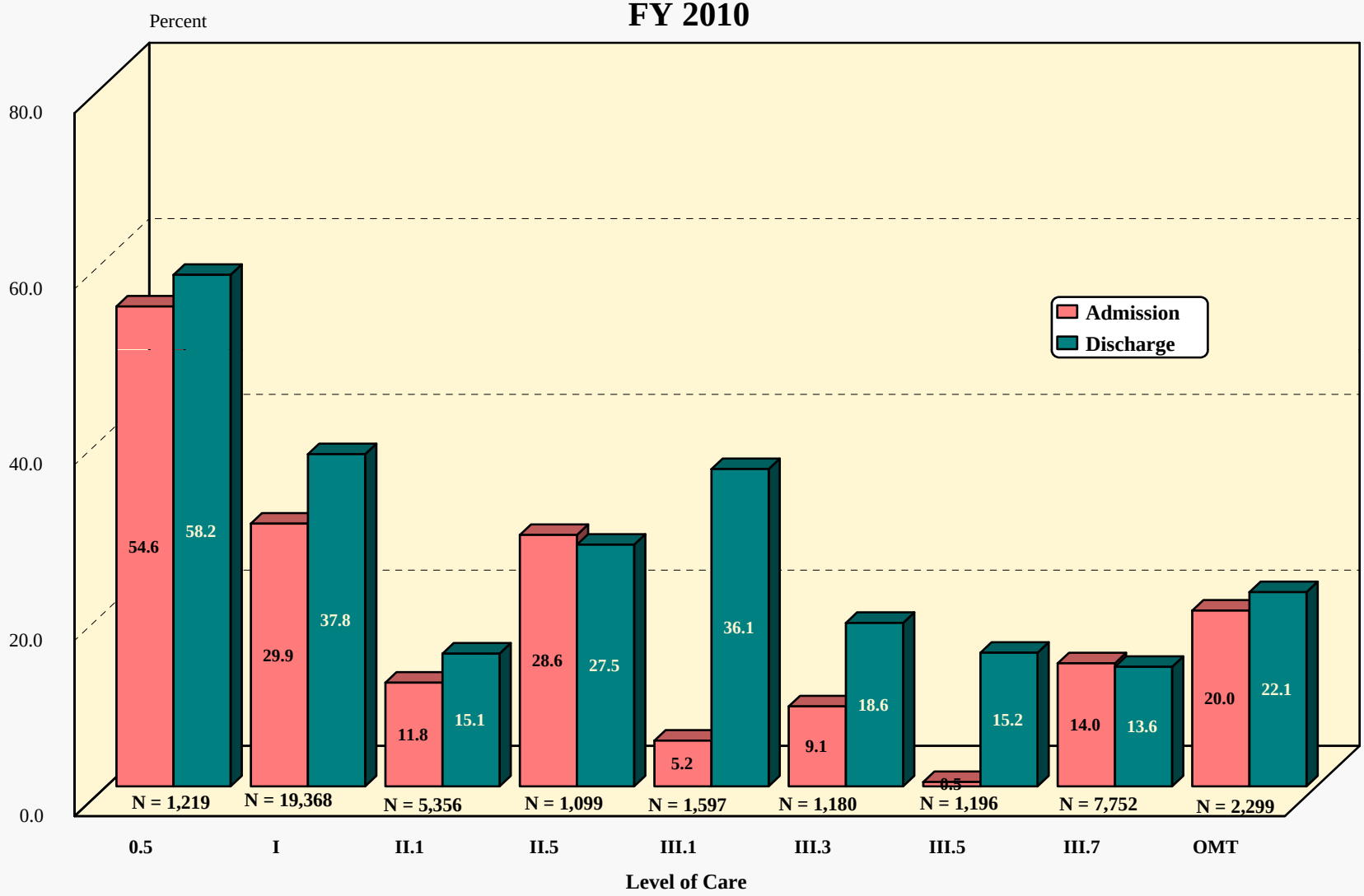
Figure 26 presents the percentages of discharged patients that were using substances at admission and the percentages using at discharge. The reduction in patients using substances was 50 percent among patients admitted to Level I, 30 percent in II.1, 59 percent in II.5, 50 percent in III.1, 53 percent in Level III.3, 42 percent in III.5, 77 percent in III.7 and 23 percent in OMT.

Table A1 in the appendix provides substance use performance measures by provider subdivision.

Figure 27

Percentages Employed at Admission to and at Discharge from State-Funded Alcohol and Drug Abuse Treatment Programs

FY 2010



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

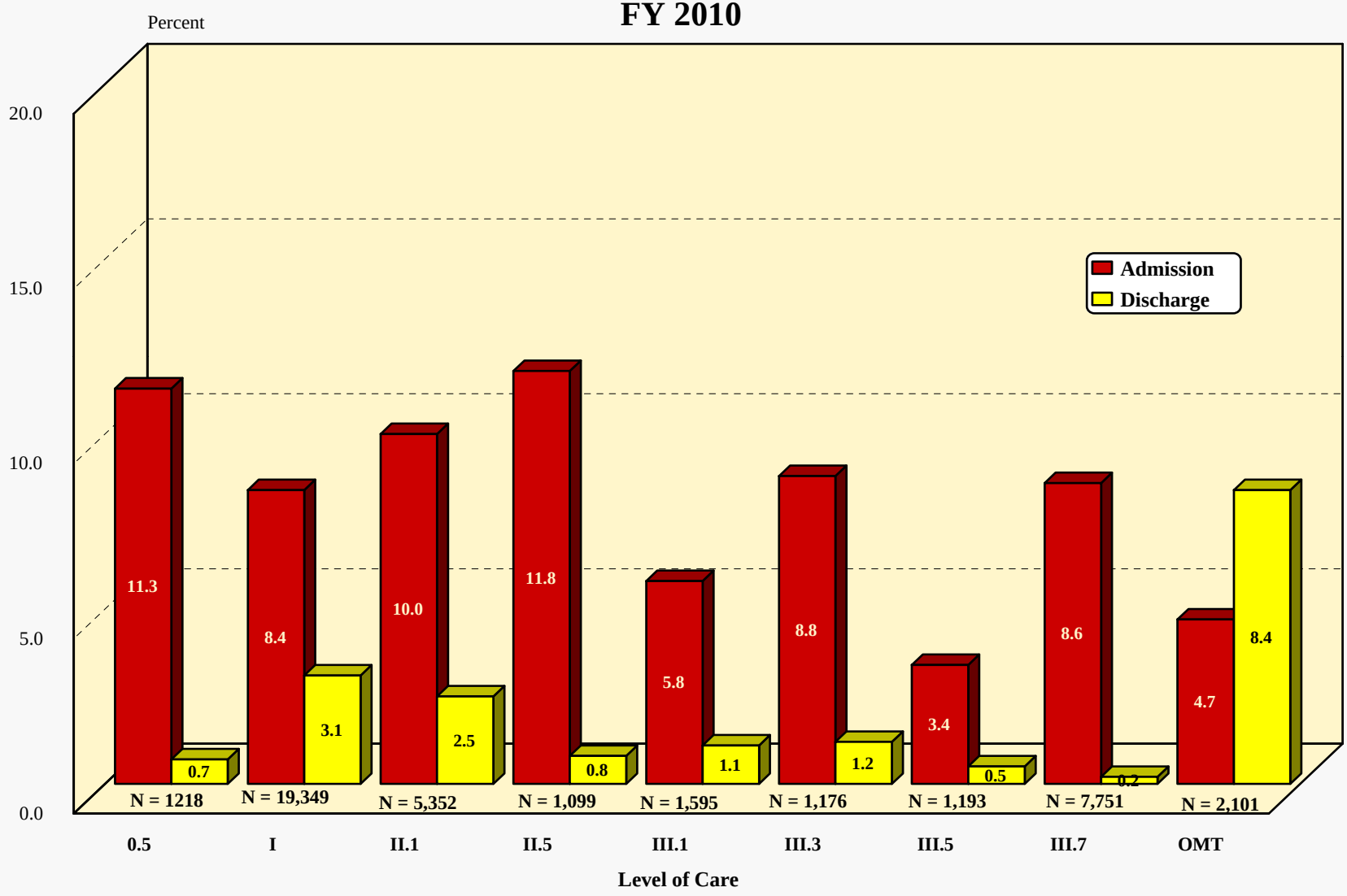
Employment at admission and employment at discharge are presented by level of care in Figure 27. The largest increases in percentages of patients employed occurred among patients admitted to the long-term residential levels, III.1 (86 percent), III.3 (52 percent) and III.5 (97 percent). Employment increased 21 percent in Levels I and II.1, and 10 percent in OMT. The percentage of patients employed declined slightly in levels II.5 and III.7, which involved short-term stays.

Table A2 in the appendix provides employment performance measures by provider subdivision.

Figure 28

Percentages Arrested in the 30 Days Preceding Admission and Preceding Discharge from State-Funded Alcohol and Drug Abuse Treatment Programs

FY 2010



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

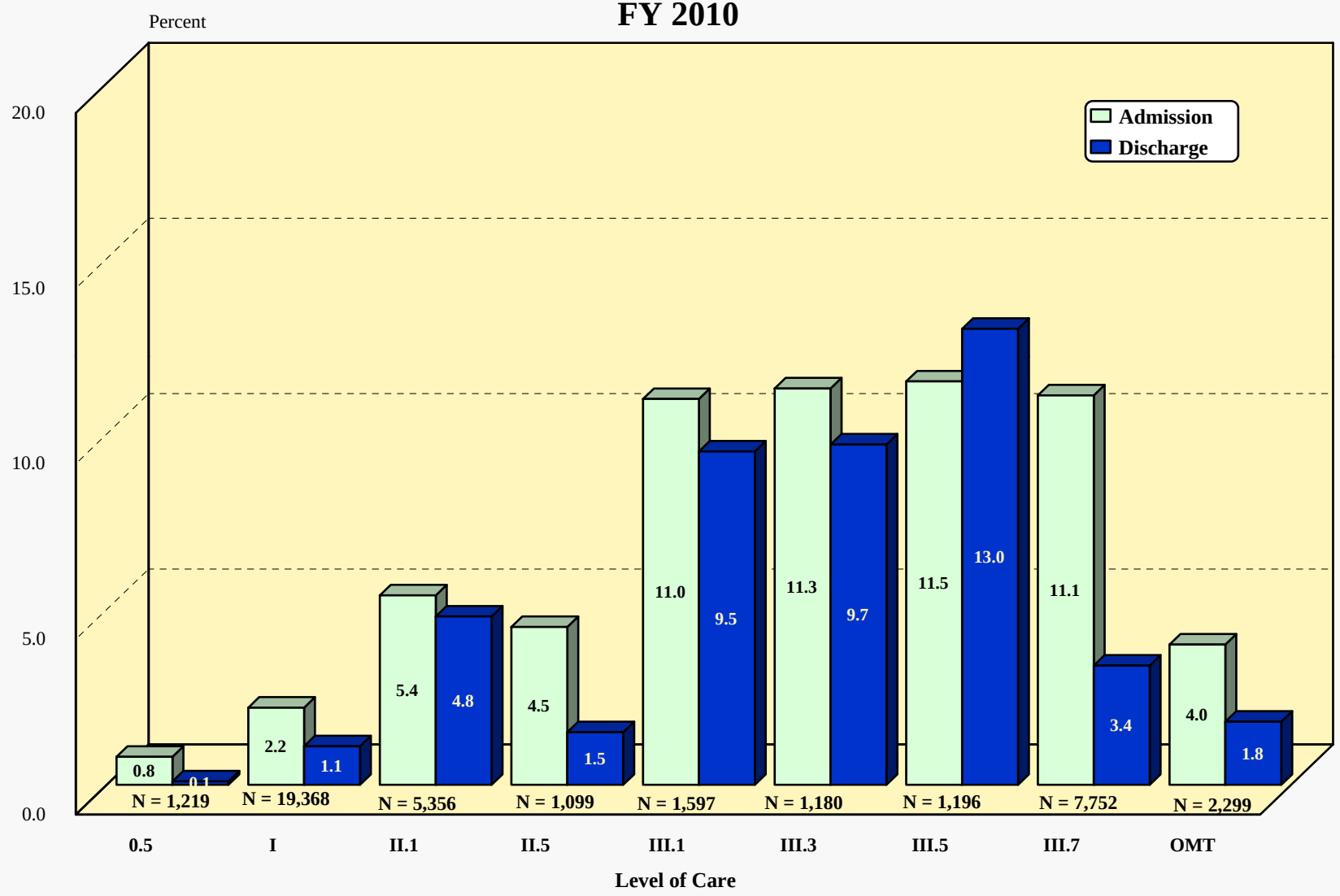
- Comparisons of percentages arrested in the thirty days before admission and the percentages arrested in the thirty days before discharge are presented by level of care in Figure 28. Reductions in percentages arrested were substantial in every level except OMT, where the percentage at discharge was 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 29

Percentages Homeless at Admission to and at Discharge from State-Funded Alcohol and Drug Abuse Treatment Programs

FY 2010

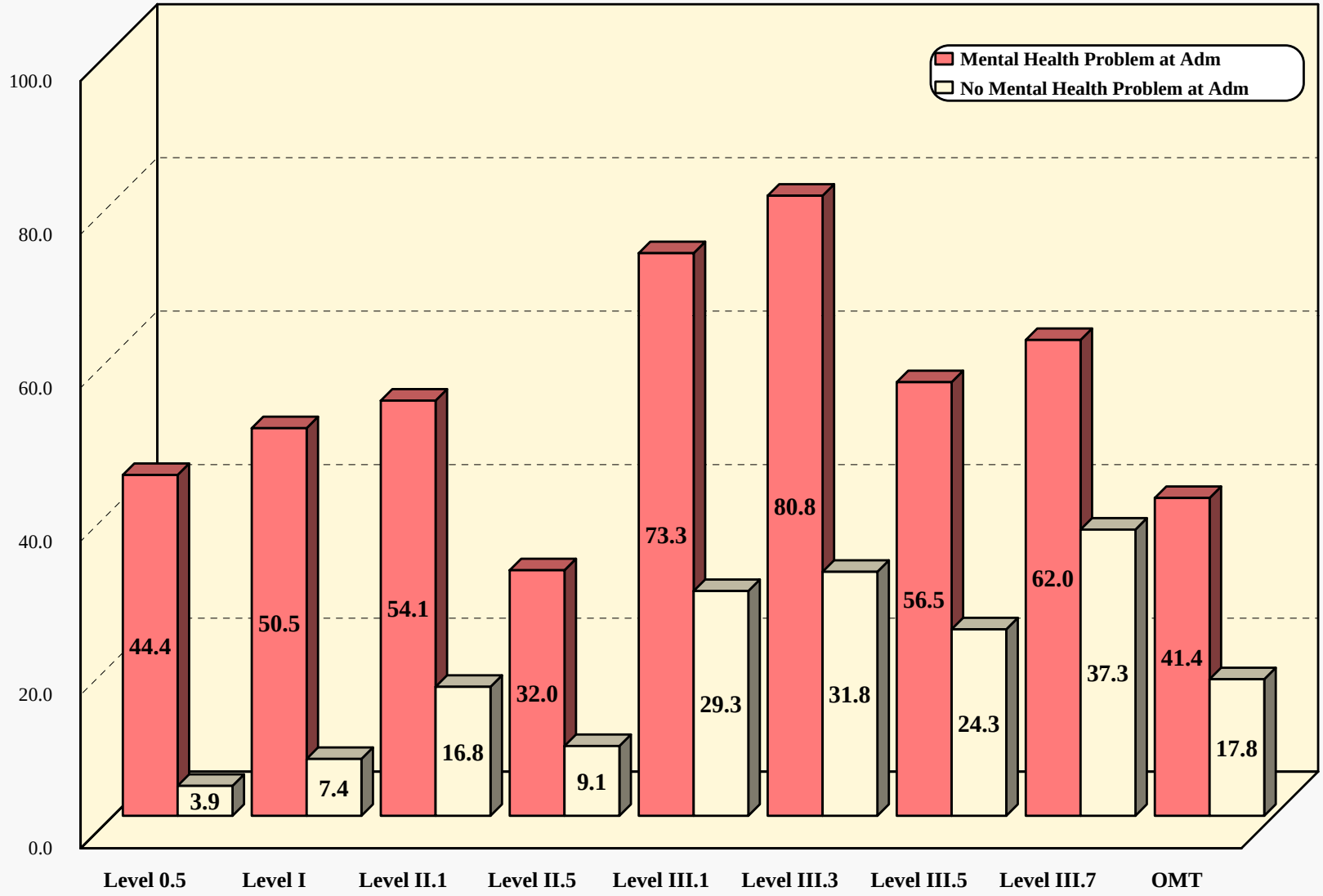


Note: In order to distribute the data by the final level of care in treatment episodes the analysis was restricted to cases in which the dis-enrollment coincided with the discharge - substance use information is collected at discharge and not at dis-enrollment from each level of care.

Homelessness Outcome

Figure 29 presents the percentages of discharged patient who were homeless at admission compared to the percentages homeless at discharge. About 11 percent of admissions to every residential level of care were homeless. Reductions in homelessness were achieved in every level of care except III.5, where there were more patients homeless at discharge than at admission.

Figure 30
Percentages Receiving Mental Health Treatment in State-Funded Alcohol and Drug Abuse Treatment Programs by Mental Health Status at Admission
FY 2010



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 30 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.1 and III.7 were the modalities most likely to involve mental health treatment. In III.3, 32 percent of those considered to have no mental health problem and 81 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 and OMT.

A1

Use of Substances at Admission and at Discharge from State-Funded Treatment Programs by Provider Location FY 2010

Subdivision	Discharges	Use at Admission		Use at Discharge		Percentage Change
		N	%	N	%	
Allegany	1407	997	70.9	221	15.7	-77.8
Anne Arundel	3827	3032	79.2	960	25.1	-68.3
Baltimore City	10053	8140	81.0	5351	53.2	-34.3
Baltimore County	3599	2706	75.2	1116	31.0	-58.8
Calvert	1576	1126	71.4	537	34.1	-52.3
Caroline	280	173	61.8	88	31.4	-49.1
Carroll	1087	802	73.8	358	32.9	-55.4
Cecil	487	290	59.5	96	19.7	-66.9
Charles	1040	505	48.6	179	17.2	-64.6
Dorchester	2213	2023	91.4	352	15.9	-82.6
Frederick	1928	1424	73.9	303	15.7	-78.7
Garrett	342	206	60.2	100	29.2	-51.5
Harford	789	522	66.2	298	37.8	-42.9
Howard	607	323	53.2	160	26.4	-50.5
Kent	629	533	84.7	197	31.3	-63.0
Montgomery	2194	1652	75.3	1016	46.3	-38.5
Prince George’s	2285	1589	69.5	901	39.4	-43.3
Queen Anne's	453	305	67.3	167	36.9	-45.2
St. Mary’s	1365	851	62.3	435	31.9	-48.9
Somerset	302	217	71.9	98	32.5	-54.8
Talbot	446	271	60.8	107	24.0	-60.5
Washington	1299	543	41.8	132	10.2	-75.7
Wicomico	1398	1088	77.8	592	42.3	-45.6
Worcester	772	507	65.7	284	36.8	-44.0
Statewide	73	61	83.6	10	13.7	-83.6
Total	40451	29886	73.9	14058	34.8	-53.0

Note: Detoxification and non-primary patients are excluded.

A2

Employment at Admission and at Discharge from State-Funded Treatment Programs by Provider Location
FY 2010

Subdivision	Discharges	Employed at Admission		Employed at Discharge		Percentage Change
		N	%	N	%	
Allegany	798	170	21.3	216	27.1	27.1
Anne Arundel	3258	1217	37.4	1440	44.2	18.3
Baltimore City	9104	996	10.9	1639	18.0	64.6
Baltimore County	2713	830	30.6	1013	37.3	22.0
Calvert	1576	622	39.5	668	42.4	7.4
Caroline	280	83	29.6	87	31.1	4.8
Carroll	734	195	26.6	267	36.4	36.9
Cecil	487	169	34.7	211	43.3	24.9
Charles	1040	356	34.2	471	45.3	32.3
Dorchester	782	154	19.7	230	29.4	49.4
Frederick	1120	173	15.4	382	34.1	120.8
Garrett	342	116	33.9	149	43.6	28.4
Harford	789	236	29.9	274	34.7	16.1
Howard	607	209	34.4	287	47.3	37.3
Kent	266	98	36.8	137	51.5	39.8
Montgomery	1408	312	22.2	377	26.8	20.8
Prince George’s	2029	447	22.0	605	29.8	35.3
Queen Anne's	453	149	32.9	191	42.2	28.2
St. Mary’s	949	291	30.7	403	42.5	38.5
Somerset	302	93	30.8	126	41.7	35.5
Talbot	446	219	49.1	254	57.0	16.0
Washington	1299	316	24.3	427	32.9	35.1
Wicomico	1137	251	22.1	312	27.4	24.3
Worcester	772	239	31.0	321	41.6	34.3
Statewide	73	2	2.7	5	6.8	150.0
Total	32764	7943	24.2	10492	32.0	32.1

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

A3

Arrested in the 30 Days before Admission and before Discharge from State-Funded Treatment Programs by Provider Location FY 2010

Subdivision	Discharges	Arrested before Admission		Arrested before Discharge		Percentage Change
		N	%	N	%	
Allegany	1407	205	14.6	42	3.0	-79.5
Anne Arundel	3824	346	9.0	42	1.1	-87.9
Baltimore City	9935	689	6.9	291	2.9	-57.8
Baltimore County	3588	141	3.9	68	1.9	-51.8
Calvert	1576	248	15.7	60	3.8	-75.8
Caroline	280	11	3.9	2	0.7	-81.8
Carroll	1087	99	9.1	31	2.9	-68.7
Cecil	487	39	8.0	7	1.4	-82.1
Charles	1040	50	4.8	16	1.5	-68.0
Dorchester	2213	207	9.4	39	1.8	-81.2
Frederick	1926	206	10.7	36	1.9	-82.5
Garrett	342	41	12.0	13	3.8	-68.3
Harford	787	75	9.5	29	3.7	-61.3
Howard	607	47	7.7	16	2.6	-66.0
Kent	629	41	6.5	18	2.9	-56.1
Montgomery	2193	264	12.0	21	1.0	-92.0
Prince George’s	2280	164	7.2	56	2.5	-65.9
Queen Anne's	453	38	8.4	30	6.6	-21.1
St. Mary’s	1365	78	5.7	18	1.3	-76.9
Somerset	302	20	6.6	22	7.3	10.0
Talbot	446	81	18.2	8	1.8	-90.1
Washington	1299	87	6.7	35	2.7	-59.8
Wicomico	1398	131	9.4	30	2.1	-77.1
Worcester	772	62	8.0	26	3.4	-58.1
Statewide	72	0	0.0	0	0.0	—
Total	40308	3370	8.4	956	2.4	-71.6

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

A4

Level I Retention Rates for State-Funded Treatment Programs by Provider Location FY 2010

Subdivision	Dis-enrollments	Less than 90 Days	90 Days or More	Percentage Retained 90 Days or More
Allegany	479	173	306	63.9
Anne Arundel	1235	558	677	54.8
Baltimore City	4192	1982	2210	52.7
Baltimore County	1794	605	1189	66.3
Calvert	1306	671	635	48.6
Caroline	283	98	185	65.4
Carroll	554	181	373	67.3
Cecil	394	147	247	62.7
Charles	835	251	584	69.9
Dorchester	393	174	219	55.7
Frederick	737	301	436	59.2
Garrett	291	133	158	54.3
Harford	647	288	359	55.5
Howard	362	137	225	62.2
Kent	272	52	220	80.9
Montgomery	572	260	312	54.5
Prince George’s	1543	728	815	52.8
Queen Anne's	648	390	258	39.8
St. Mary's	713	361	352	49.4
Somerset	292	49	243	83.2
Talbot	371	112	259	69.8
Washington	1051	246	805	76.6
Wicomico	684	239	445	65.1
Worcester	657	326	331	50.4
Statewide	16	1	15	93.8
Total	20321	8463	11858	58.4

Note: Non-primary patients are excluded.

A5

Level III.1 Retention Rates for State-Funded Treatment Programs by Provider Location FY 2010

Subdivision	Dis-enrollments	Less than 90 Days	90 Days or More	Percentage Retained 90 Days or More
Allegany	28	9	19	67.9
Anne Arundel	155	78	77	49.7
Baltimore City	741	290	451	60.9
Baltimore Co.	16	12	4	25.0
Carroll	57	29	28	49.1
Cecil	18	13	5	27.8
Frederick	109	63	46	42.2
Howard	44	28	16	36.4
Montgomery	72	27	45	62.5
Prince George's	39	21	18	46.2
St. Mary's	132	62	70	53.0
Washington	116	37	79	68.1
Wicomico	21	13	8	38.1
Worcester	6	3	3	50.0
Total	1554	685	869	55.9

A6

Subsequent Enrollment in Another Treatment Level within 30 Days of Completion/Transfer/Referral from Level II.1 for State-Funded Treatment Programs FY 2010

Subdivision	Unduplicated Level II.1 Completion/ Transfer/ Referrals	Subsequent Enrollment Level of Care					
		Level I		Other		Total	
		#	%	#	%	#	%
Allegany	144	33	22.9	12	8.3	45	31.3
Anne Arundel	308	154	50.0	37	12.0	191	62.0
Baltimore City	1686	905	53.7	272	16.1	1177	69.8
Baltimore Co.	156	30	19.2	23	14.7	53	34.0
Calvert	124	107	86.3	4	3.2	111	89.5
Carroll	78	7	9.0	15	19.2	22	28.2
Cecil	5	0	0.0	0	0.0	0	0.0
Charles	93	55	59.1	18	19.4	73	78.5
Dorchester	170	75	44.1	29	17.1	104	61.2
Frederick	200	95	47.5	33	16.5	128	64.0
Garrett	5	5	100.0	0	0.0	5	100.0
Harford	1	0	0.0	1	100.0	1	100.0
Howard	51	43	84.3	3	5.9	46	90.2
Montgomery	163	72	44.2	21	12.9	93	57.1
Prince George's	225	153	68.0	23	10.2	176	78.2
St. Mary's	135	60	44.4	33	24.4	93	68.9
Somerset	20	16	80.0	1	5.0	17	85.0
Talbot	8	2	25.0	0	0.0	2	25.0
Washington	71	48	67.6	17	23.9	65	91.5
Wicomico	95	61	64.2	4	4.2	65	68.4
Worcester	78	48	61.5	14	17.9	62	79.5
Total	3816	1969	51.6	560	14.7	2529	66.3

A7

Subsequent Enrollment in Another Treatment Level within 30 Days of Completion/Transfer/Referral from Level III.7.D for State-Funded Treatment Programs
FY 2010

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	483	4	0.8	447	92.5	2	0.4	453	93.8
Baltimore City	853	372	43.6	37	4.3	141	16.5	550	64.5
Baltimore Co.	311	156	50.2	8	2.6	35	11.3	199	64.0
Carroll	201	192	95.5	1	0.5	2	1.0	195	97.0
Dorchester	119	1	0.8	25	21.0	2	1.7	28	23.5
Frederick	555	472	85.0	20	3.6	7	1.3	499	89.9
Kent	221	196	88.7	1	0.5	3	1.4	200	90.5
Montgomery	805	709	88.1	10	1.2	11	1.4	730	90.7
St. Mary's	133	119	89.5	2	1.5	1	0.8	122	91.7
Wicomico	316	98	31.0	173	54.7	4	1.3	275	87.0
Total	3997	2319	58.0	724	18.1	208	5.2	3,251	81.3