



EXECUTIVE SUMMARY

By the Numbers Developing a Common Understanding for the Future of Behavioral Health Care

Analysis of Alcohol and Other
Drug Treatment in Ohio

3



Over the last several years, The Center for Community Solutions and the Mental Health & Addiction Advocacy Coalition have partnered to provide data to policymakers and advocates to improve Ohio's access to and delivery of mental health and addiction services. This third report in the *By the Numbers* series provides an overview of Ohio's publicly funded addiction services and a snapshot of their utilization through 2012. The data in this report was supplied by the Ohio Department of Mental Health and Addiction Services, the federal Substance Abuse and Mental Health Services Administration, and the Ohio Hospital Association.

Between 2000 and 2013 drug overdose deaths increased five-fold, from 411 to 2,110.

The opiate crisis in Ohio has shed light on the lack of community resources available to support and treat individuals with substance use disorders. While much of the conversation has focused on opiate use and treatment, thousands of Ohioans also need services for the use of other substances.

Hundreds of thousands of Ohioans abused or were dependent on illicit drugs or alcohol, and vast majorities of them did not receive treatment. According to the National Survey on Drug Use and Health's data for 2011-2012, 238,000 Ohioans abused or were dependent on an illicit drug, and 629,000 Ohioans abused or were dependent on alcohol

During 2011-2012, nearly 160,000 Ohioans received treatment for an addiction through the publicly-funded treatment system. This is an unduplicated number over two years. Men consistently made up 63 percent of the clients seeking treatment.

The primary drug of choice for which clients were seeking treatment shifted from 2007 to 2012. The percentage of clients in treatment for marijuana, heroin, and other opiates increased steadily while those in treatment for alcohol and cocaine addiction decreased. Nonetheless, alcohol remained the most common primary drug of choice for which to be in treatment in 2011-2012.

Alcohol was the most frequently treated substance in 34 ADAMH board areas, and 11 board areas had clients with heroin and other opiates as the most frequently treated substances. These 11 boards were located in the southern or eastern parts of the state.

County boards spent \$162 million, or 66 percent, of their total funding for addiction on substance use treatment services in 2012. The three treatment services that received the greatest amounts of funding from boards were group counseling, intensive outpatient counseling, and individual counseling.



ADAMH boards spent nearly \$59 million on community, prevention, and adjunctive services and residential treatment in 2012. Of the total spent on these services, 48 percent, or just over \$28 million, went toward housing services, ranging from hospital and non-hospital residential treatment to room and board for people receiving some type of treatment service through the boards. As health care coverage through the Patient Protection and Affordable Care Act expands, boards will begin shifting to cover more services not traditionally covered by health insurance, including recovery supports such as housing, employment, and other services.

The only near-universal level of care used to treat any given type of drug was non-intensive outpatient treatment. The use of medication-assisted treatment, which is considered the standard of care for opioid-use disorder, has become more widespread over time but was still not reaching all clients who needed it.

Ohioans with alcohol or drug-related diagnoses visited emergency rooms or were admitted to inpatient hospital treatment more than 250,000 times in 2012. Of these visits, 53,000 had a primary diagnosis that was alcohol- or other drug-related. Tracking discharge data, hospital admissions, and overdose statistics can provide some baseline trends to better understand what is happening and what can be done to provide services more efficiently and effectively.

Much work needs to be done to create a reliable, comprehensive data system for addiction services. Available data shows that fewer than half of all discharges in 2011 resulted from successful completion of treatment, but that data is incomplete and there are no accepted standards for success rates of various types of treatment.

It is vital for all stakeholders involved in the treatment and recovery process to work together to improve data related to services and outcomes. Provider compliance with data protocols was uneven before Medicaid elevation, and the Ohio Department of Mental Health and Addiction Services is now working to combine data on Medicaid and non-Medicaid funding into one database.



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