



Behavioral Health System
Baltimore

1/19/2017

Substance Use Disorder Treatment Capacity in Baltimore City:

Focus on Opioid Treatment Programs and Buprenorphine
Providers

Introduction

This report provides a summary of the activities undertaken by Behavioral Health System Baltimore to understand the capacity of substance related disorder (SRD) treatment in Baltimore City, **with a focus on findings for opioid treatment programs (OTPs) and Buprenorphine providers**. The number of providers was assessed primarily through SAMHSA treatment locator and ASO (*publicly-funded*) paid claims for services provided to Baltimore City residents with public funds. The need for medication-assisted treatment (MAT) was estimated by previous work conducted by the Baltimore Mayor's Heroin Treatment and Prevention Task Force and Hilltop Institute, University of Maryland Baltimore County. Information about service gaps and provider needs were generated from a provider survey conducted in July 2016. Finally, this report will discuss and put in context recent results reported by BHA, which report that Baltimore City capacity exceeds its current need by almost 3,000 individuals.

Key Findings

- The number of individuals potentially in **need of MAT is estimated to be 24,887** opioid users, 18,916 of which are heroin users based on the Heroin Task Force calculations.
- The MAT treatment **capacity in Baltimore City is 17,587**, derived from OTP and buprenorphine provider self-report of capacity.
- Based on Heroin Task Force estimates of need, the actual difference between need and capacity is likely not a *capacity excess* of 2,959 but a **capacity deficit of 7,300**.
- There are 26 OTPs in Baltimore City. An additional 10 OTPs are available in the surrounding counties to Baltimore City residents with the means to travel outside of the City. There are an additional 62 non-OTP providers that prescribe buprenorphine in Baltimore City (n=40) and surrounding counties (n=22).
- Because lack of housing and transportation was a commonly reported unmet need by providers, it is unlikely that capacity in counties bordering Baltimore City is accessible to most individuals in need of publicly-funded MAT.
- Given the growing opioid overdose epidemic, addressing the MAT service gap should be a high priority.

Estimated Baltimore City Population of those in Need of MAT

Commissioned by the Mayor's Baltimore City Heroin Treatment and Prevention Task Force, the Hilltop Institute of University of Maryland Baltimore County estimated the annual number of individuals with opioid use disorders (OUDs) in BC based on three publicly maintained medical administrative data sets: 1) Medicaid transactions, 2) opioid treatment episodes at clinics supported by state or federal block grant funds, and 3) hospital (i.e., inpatient and emergency department (ED)) discharge transactions.

Using a combined data set, Hilltop Instituted estimated that there were 24,887 unique individuals with opioid use disorder in the year leading up to July 1, 2014¹. Because the analysis used treatment databases, the Hilltop estimate does not account for individuals with an OUD who are not connected to

the medical system. Based on the Baltimore City Heroin Task Force estimates of the prevalence of heroin use² (n=18,916) a majority of those in need of MAT are individuals that use heroin.

1. Abrams, Unick, Vanderwerker, et al. 2015. The Hilltop Institute, UMD

2. Baltimore Mayor's Heroin Treatment & Prevention Task Force Report. http://www.bhsbaltimore.org/site/wp-content/uploads/2015/07/Mayors-Heroin-Task-Force-Report_071015.pdf

BHSB Survey of Providers in Baltimore City

In July of 2016, BHSB requested all behavioral health providers to report on the levels of care they provide, treatment capacity and service gaps. A total of 36 providers responded, 32 of which were located in Baltimore City or primarily treated Baltimore City residents. Among the 32 Baltimore City providers that responded, 22% (n=7) were mental health (MH) providers, 34% (n=11) were substance use disorder (SUD) providers and 44% (n=14) provided both MH and SUD services. Of note, additional efforts were made to call Opioid Treatment Providers (OTPs) therefore they represent 40% of the respondents. Providers were asked to report on capacity *for each* level of care provided. A summary of the results for both MH and SUD providers can be found in Appendix A. The following summarizes survey responses for the 16 organizations that identified as an OTP or that provided buprenorphine.

OTP and Buprenorphine Providers (N=16)

- Fifty-six percent (n=9) organizations reported providing both MH and SUD services.
- Three providers reported being able to prescribe buprenorphine but currently did not prescribe it.
- Of those that provided mental health services, 6 organizations provided outpatient mental health services and 3 identified as offering a psychiatric rehabilitation program.
- Twelve (92%) were aware of the Crisis, Information and Referral Line

OTP Survey Respondents - SUD Levels of Care	%	Count
0.5 Early Intervention	18.75%	3
1.0 Outpatient	87.50%	14
2.1 Intensive Outpatient	62.50%	10
3.1 Halfway House	12.50%	2
3.3 Long-term Residential	6.25%	1
3.5 Therapeutic Community	0.00%	0
3.7 Medically-monitored Inpatient	6.25%	1

3.7D Residential Detox	0.00%	0
Opioid Treatment Program	81.25%	13
Buprenorphine	75.00%	12
Care Coordination	31.25%	5
Other (Responses: SUD PHP, Ambulatory Detox, Supportive Housing)	18.75%	3
Total	100%	16

Capacity of OTP and Buprenorphine Providers (N=16)

- Eleven OTPs reported seeing a range of 65-1800 clients per day, with a mean of 479 patients.
- OTP providers reported that 92% of those they served were Baltimore City residents
- With current staff and resources, OTPs estimated they could increase their patient volume to a mean of 693 patients. With additional staff and resources, they estimated they could increase patient volume to optimal capacity to a mean of 978 patients.
- Three OTP providers (27%) kept a waitlist. Waitlist size ranged from 7-15 patients, with a mean of 11 patients. Two OTPs had a wait time of less than one week and one had a two-four week wait time.
- Nine buprenorphine providers reported seeing a range of 3-150 patients per day, with a mean of 32 patients.
- BUP providers reported that 86% of their patients were Baltimore City residents
- With current staff and resources, BUP providers estimated they could increase their patient volume to a mean of 66 patients per day. With additional staff and resources, they estimated they could increase patient volume to optimal capacity to a mean of 117 patients.
- One BUP provider (11%) reported that their current patient volume exceeds capacity. They reported turning away about one patient per week due to capacity limitations, and kept a wait list with a wait time of two-four weeks
- OTP/Bup providers offering outpatient MH services reported between 5 and 30 patients on the waitlist for MH services (mean 13.3).
- Eleven (85% of 13 that responded) provided “open access” (hours when a patient may walk in and be seen without an appointment).
- Roles of respondents were primarily director-level and respondents reported on capacity estimates with about 95% confidence

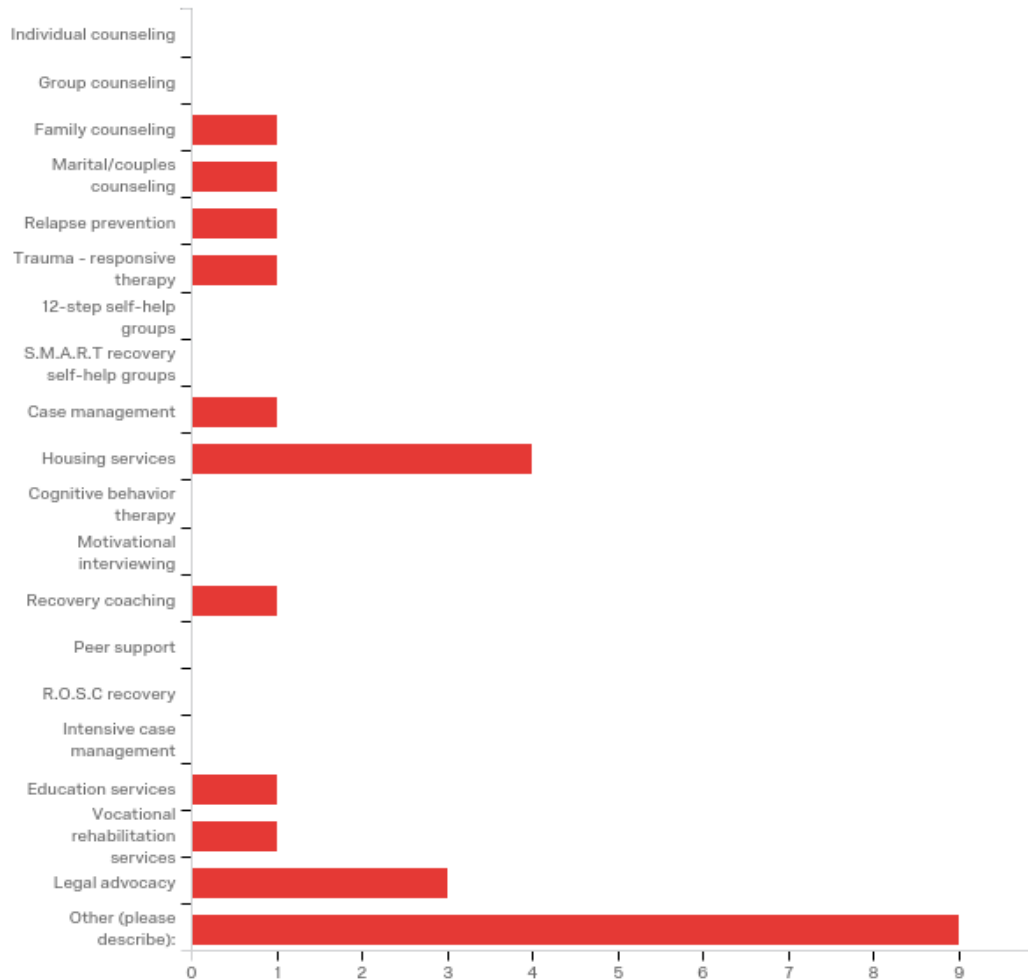
Needs and Expanded Services - OTP and Buprenorphine Providers (N=16)

- Most MAT providers either already provided ambulatory withdrawal management (N=5) or would have the ability to expand services to provide ambulatory withdrawal management (N=5).
- Nine providers (69%) saw a consumer demand for mental health services that they were unable to meet

Answer	%	Count
Psychiatric services (e.g. appointment with a psychiatrist)	55.56%	5
Psychotropic medication	44.44%	4
Psychiatric emergency walk-in services	33.33%	3
Individual psychotherapy	22.22%	2
Couples/family therapy	22.22%	2
Group therapy	22.22%	2
Integrated dual disorders treatment	44.44%	4
Trauma therapy or Trauma-responsive therapy	22.22%	2
Mental health crisis intervention/response team	22.22%	2
Telemedicine therapy	33.33%	3
Chronic disease/illness management	22.22%	2
Integrated primary care services	44.44%	4
Diet and exercise counseling	11.11%	1
Family psychoeducation	33.33%	3
Supported housing	55.56%	5
Care coordination	22.22%	2
Psychosocial rehabilitation services	11.11%	1
Vocational rehabilitation	44.44%	4
Supported employment	44.44%	4
Therapeutic foster care	11.11%	1
Legal advocacy	33.33%	3
Suicide prevention services	22.22%	2

Peer support services	44.44%	4
Smoking cessation assistance or programs	44.44%	4
Immigration and/or refugee services	22.22%	2
Other (please describe):	55.56%	5
Total	100%	9
Other (please describe):		
Transportation		2
Youth or adolescent services		1
Child and Adolescent Therapy		1
We cannot afford to stay in business to provide any of these without OMHC status which we are applying for		1

- Ten providers (76%) saw a consumer demand for SUD services that they could not meet



Other (please describe):	Count
Residential care	2
Transportation or housing	3
Detox	2
Non-medication assisted services	1
Contingency management for cocaine	1
Gambling	1
Educational or vocational services	3
Case management	1
Total	8

- Eleven providers stated they had an interest in expanding services

Types of Expansion	Count
Mental health/psychiatric services	4
Job placement, vocational services	2
Health home	2
Other level of care (i.e., IOP, Residential, detox, buprenorphine)	4
Number of people served/treatment slots	4
Peer support	1
Another location	1
Different population (i.e., women with children)	2
Multi-modality drop-in center	1
Housing, transitional/supportive housing	1
Total	11

- Among those with the interest but no ability...

Reasons why unable to expand	Count
Financial	3
Lack of qualified staff	2
Support from the city and the government.	1
Coordination of services	1
Zoning	1
State reimbursement	2
Need help with application to become certified for addition services	1
Total	8

Number of Providers and Treatment Capacity

The number of providers was estimated using SAMHSA’s treatment locator. There are 36 OTPs in Baltimore and surrounding counties, 26 of which are in Baltimore City. An additional 10 OTPs are available in Baltimore County and Anne Arundel County. There are an additional 62 non-OTP providers that prescribe buprenorphine in Baltimore City (n=40) and surrounding counties (n=22). Four (11.1%) of the 36 OTPs and 17(27.4%) of the 62 non-OTP Bup prescribers did not accept Medicaid/Medicare payment. These data do not depict the number of providers within each MAT facility, nor do they indicate services provided by primary care physicians. However, 15 (15%) of the 98 MAT providers in Baltimore City and surrounding counties were located in a general health setting or had a primary focus of general health.

	OTP			BUP only			All MAT
	Not a general health setting	General health setting	Total	Not a general health setting	General health setting	Total	
Anne Arundel	4	0	4	11	1	12	16
Baltimore County	6	0	6	10	0	10	16
Baltimore City	19	7	26	33	7	40	66
	29	7	36	54	8	62	98

MAT capacity for Baltimore City residents was calculated using the number of SAMHSA providers and self-reported capacity from the 16 MAT providers (n=13 OTPs) responding to the BHSB provider survey. For those providers that did not respond, values were imputed using the average capacity for OTP (479 patients) and Bup (32 patients). Based on survey responses, 14% of patients served by Bup providers and 8% of patients served by responding OTPs were not Baltimore City residents; therefore, capacity estimates reflect the number of Baltimore City residents served only.

- BUP (non-OTP) providers in Baltimore City and surrounding counties = 62
- Estimated treatment capacity for Baltimore City residents = 1,708
- Number of OTPs in Baltimore City and surrounding counties = 36
- Estimated treatment capacity for Baltimore City residents = 15,879
- The MAT treatment **capacity in Baltimore City is 17,587**
- Based on Heroin Task Force estimates of need (n=24,887), the actual difference between need and capacity is a **capacity deficit of 7,300**.

There are a number of limitations to this calculation. First, providers were asked to estimate their “capacity given their current resources,” which could have been interpreted as the number that touch their facility daily, weekly or annually or the number of patients on their patient roster at any given point and time. Providers reported capacity anywhere from 65 to 1800 patients which is a notable range. Second, closer inspection suggests that duplicates are likely in both the SAMHSA treatment locator and ASO data, as demonstrated by the provider list in the pages that follow. Additional examination is needed to identify true duplicates versus providers with multiple locations or service groups.

SAMHSA OTP Providers (n=36)

Provider Name	County
A Helping Hand LLC	Baltimore
Addiction Treatment Services	Baltimore City
Addiction Treatment Services	Baltimore City
Adult Addiction Clinic	Anne Arundel
BD Health Services	Baltimore
BNJ Health Services LLC	Anne Arundel
BNJ Health Services LLC	Baltimore City
Belair Road Health Solutions	Baltimore City
Bon Secours Hospital	Baltimore City
By Grace Inc	Baltimore City
Center for Addiction Medicine	Baltimore City
Concerted Care Group	Baltimore City
Deaf Addiction Services at Maryland	Baltimore City
EJAL Health Services Inc	Anne Arundel
Eastern Avenue Health Solutions Inc	Baltimore City
Glenwood Life Counseling Center	Baltimore City
Hampden Health Solutions at	Baltimore City
Institutes for Behavior Resources Inc	Baltimore City

SAMHSA OTP Providers (n=36)

Provider Name	County
Johns Hopkins Hospital Broadway Center	Baltimore City
Man Alive Inc	Baltimore City
MedMark Treatment Centers	Baltimore City
MedMark Treatment Centers	Baltimore
MedMark Treatment Centers	Baltimore
MedMark Treatment Centers	Baltimore
MedMark Treatment Centers	Baltimore City
MedMark Treatment Centers	Baltimore City
MedMark Treatment Centers Daybreak	Baltimore City
New Journey Inc	Anne Arundel
Northern Parkway Trt Servs Inc	Baltimore City
Pikesville Health Services	Baltimore
Pine Heights Comp Treatment Center	Baltimore City
Reflective Treatment Center	Baltimore City
Sinai Hospital	Baltimore City
Starting Point	Baltimore City
University of Maryland	Baltimore City
VA Maryland Healthcare System	Baltimore City

SAMHSA Non-OTP Buprenorphine Providers (n=62)

Provider Name	County
All Joshua LLC	Anne Arundel
Allcare Treatment Services LLC	Anne Arundel
American Counseling & Education Center	Baltimore
American Counseling and Education Ctr	Baltimore City
Baltimore Crisis Response Inc	Baltimore City
Behavioral Health Clinic	Baltimore City
Bergand Group	Baltimore
Bon Secours Next Passage	Baltimore City
Carrington House	Baltimore City
Chrysalis House Inc	Anne Arundel
DeVaughn Intervention Teach and Trt	Baltimore
EPOCH Counseling Center	Baltimore City
EPOCH Counseling Center	Baltimore
EPOCH Counseling Center	Baltimore
Echo House Multi Service Center Inc	Baltimore City
Family Health Centers of Baltimore	Baltimore City
Family Health Centers of Baltimore	Baltimore City
Gaudenzia Crownsville	Anne Arundel
Gaudenzia Inc	Baltimore City
Gaudenzia Severna Park Outpatient	Anne Arundel
Healthcare Living for Families	Baltimore
Healthcare for the Homeless Inc	Baltimore City
Hidden Garden Keepers Club at	Baltimore City
Hope Horizon	Baltimore
Hope House Treatment Center	Anne Arundel
Integrative Counseling LLC	Anne Arundel
Johns Hopkins Bayview Medical Center	Baltimore City
Kolmac Clinic	Baltimore City
Kolmac Outpatient Recovery Centers	Baltimore
Lane Treatment Center	Baltimore City
Mi Casa Es Su Casa	Baltimore City

SAMHSA Non-OTP Buprenorphine Providers (n=62)

Provider Name	County
Mi Casa Es Su Casa Behavioral Health	Baltimore City
Mountain Manor Treatment Center	Baltimore City
Mountain Manor Treatment Center	Baltimore City
Mountain Manor Treatment Center	Baltimore City
NIH/NIDA	Baltimore City
New Life Addiction Csl and Mental	Anne Arundel
Pathways Alcohol/Drug Treatment Ctr	Anne Arundel
Paul T Barbera	Baltimore City
Polaris Recovery Center LLC	Baltimore
Positive Steps LLC	Baltimore City
Recovery Network	Baltimore City
Recovery Network	Baltimore City
Recovery Network	Baltimore City
Recovery Network	Baltimore City
Recovery Network	Baltimore City
Recovery Network	Baltimore City
Recovery Network	Baltimore City
Recovery Network	Baltimore City
Recovery Network	Baltimore City
Riverside Treatment Services	Baltimore
Serenity Acres Treatment Center LLC	Anne Arundel
Serenity and Wellness Clinic	Baltimore City
Therapeutic Living for Families	Baltimore City
Total Health Care Inc	Baltimore City
Tuerk House	Baltimore City
Turning Point Clinic	Baltimore City
Universal Counseling Services Inc	Anne Arundel
University of Maryland Medical Center	Baltimore City
University of Maryland Medical Center	Baltimore City
We Care Arundel Health Services Inc	Anne Arundel

Publicly-Funded Providers Serving Baltimore City Residents, ASO Data – NOT USED FOR MAT CAPACITY CALCULATION

BILLING CITY*	SUD Inpatient	SUD OP	SUD Partial Hospitalization	SUD Labs	SUD MD Recovery Net	SUD MAT	SUD Residential ICFA	SUD Intensive OP	SUD OP Detox	SUD IP Detox	SUD Court	SUD Women	Total
City UNK** (Assumed Baltimore Provider)	1	23	0	3	25	6	0	4	0	0	0	1	63
BALTIMORE	33	142	3	12	11	18	2	44	4	1	1	1	272
Other City	40	204	13	59	20	46	2	47	6	4	2	3	446
Total	74	369	16	74	56	70	4	95	10	5	3	5	781

Note: Services provided Jan – Dec 2015 paid through June 2016

*Billing City does not necessarily reflect the facility location. Additional analyses are needed to identify unique providers located within Baltimore City

**Provider location crosswalk only available for mental health providers through ASO

Number of ASO Unique Individuals by service category; Services provided Jan – Dec 2015 paid through June 2016)

SUD Inpatient	SUD Outpatient	SUD Partial Hospitalization	SUD Labs	SUD MD Recovery Net	SUD MAT	SUD Residential ICFA	SUD Intensive OP	SUD OP Detox	SUD IP Detox	SUD Court	SUD Women	Total*
1,088	13,872	1,068	13,290	1,663	11,707	110	3,977	799	800	50	56	48,480*

*Individuals can contribute to multiple categories

Number of ASO Claims by provider city (Services provided Jan – Dec 2015 paid through June 2016)

BILLING CITY*	SUD Inpatient	SUD Outpatient	SUD Partial Hospitalization	SUD Labs	SUD MD Recovery Net	SUD MAT	SUD Residential ICFA	SUD Intensive Outpatient	SUD OP detox	SUD IP Detox	SUD Court	SUD Women	Total
City UKN**	16	886	0	6	12,831	14,011	0	2,815	0	0	0	67	30,632
BALTIMORE	3,286	112,187	5,332	14,875	52,448	341,508	334	77,420	2,473	188	1,840	3,451	615,342
Other City	2,951	46,778	10,732	518,292	13,378	156,405	21	21,457	1,132	885	1,700	235	773,966
Total	6,253	159,851	16,064	533,173	78,657	511,924	355	101,692	3,605	1,073	3,540	3,753	1,419,940

*Billing City does not necessarily reflect the facility location. Additional analyses are needed to identify unique providers located within Baltimore City

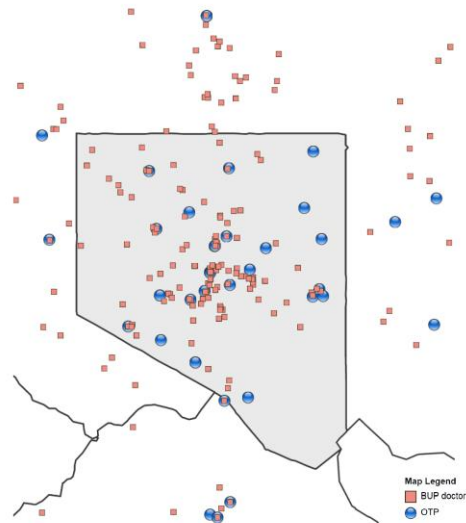
**Provider location crosswalk only available for mental health providers through ASO

BHA report

BHA recently released a report that estimated the total number of consumers in need of MAT and the treatment capacity by jurisdiction. According to BHA estimates, 12,504 individuals are in need of MAT services and providers in Baltimore City and surrounding counties have the capacity to provide services for 15,463 individuals. This equates to an estimated excess capacity of 2,959 individuals.

Baltimore City

Estimated Total Population, Age 12+: 509,100
Estimated Need: 12,504
Estimated OTP Capacity (methadone & buprenorphine): 15,463
Estimated Difference between Need and Capacity: 2,959 Capacity above Need



Estimated Additional Potential Buprenorphine Capacity: 14,720

To place the estimates in context, while representing only 13% of the Maryland residents eligible for publicly-funded services, Baltimore City residents consistently accounts each year for 30% of all admissions to state-supported SRD treatment programs according to BHA analyses between 2009 and 2014^{1,2}. The current estimate of need places Baltimore City at 20% of the need for the state, which is significantly less than expected. A much more detailed analysis was conducted by the Hilltop Institute and Baltimore City Heroin task force that estimated the need at **24,887**.

- While BHA estimates that 12,504 (the midpoint of a range 6,364 and 18,644) individuals are needed of MAT, the true value is likely to be closer to the high end of their range.
- Based on the analyses for the current report, the MAT treatment **capacity in Baltimore City is 17,587**, an estimate which is greater than the BHA estimate of 15,463. Both estimates are derived from OTP and buprenorphine provider self-report of capacity.
- Based on Heroin Task Force estimates of need, the actual difference between need and capacity is likely not a *capacity excess* of 2,959 but a **capacity deficit of 7,300**.

¹Behavioral Health Administration. Outlook and Outcomes in Substance-Related Disorder Treatment FY 14.

http://bha.dhmf.maryland.gov/Documents/Publications/FY14OandO_6edited2.pdf

²Behavioral Health Administration. FY 2016/2017 – State behavioral health assessment and plan – Substance abuse prevention and treatment block grant.

<http://bha.dhmf.maryland.gov/Documents/FY2016%20Behavioral%20Health%20Assessment%20and%20Plan%20Public%20Comment.pdf>

Appendix A: Baltimore City Behavioral Capacity Assessment Survey

The present survey includes responses from thirty-six unique substance abuse disorder (SUD) and mental health providers in Baltimore, MD.

Type of Services Offered

	%	n
Substance Use Disorder (SUD)	34	11
Mental Health (MH)	22	7
Both Mental Health and Substance Use Disorder	44	14
Total	100	32

Levels of Care Offered

Substance Use Disorders (SUD)

Answer	%	n
0.5 Early Intervention	20	5
1.0 Outpatient	80	20
2.1 Intensive Outpatient	60	15
3.1 Halfway House	16	4
3.3 Long-term Residential	12	3
3.5 Therapeutic Community	4	1
3.7 Medically-monitored Inpatient	8	2
3.7D Residential Detox	8	2
Opioid Treatment Program	52	13
Buprenorphine	48	12
Care Coordination	24	6
Other	12	3
Total	100	25

Mental Health

	%	n
Outpatient	72	13
Partial Hospitalization	6	1
Inpatient Acute	0	0
Residential Crisis	6	1
Targeted Case Management	11	2
Mobile Treatment	6	1
Assertive Community Treatment	6	1
Supported Employment Program	11	2
Residential Rehabilitation Program	17	3
Psychiatric Rehabilitation Program	44	8
Youth - School-based services	6	1
Youth - Respite Services	0	0
Youth - Therapeutic Behavioral Services	6	1
Other	22	4
Total	100	18

Patient Volume and Capacity

The most frequently offered mental health services among respondent providers were outpatient and psychiatric rehabilitation. Among substance use disorder providers, the most frequently offered services were outpatient, intensive outpatient, opioid treatment and buprenorphine services.

The following describe providers' capacity assessments for these services.

Several providers noted methodological limitations to this survey. Many track patient volume on a monthly basis, or track a gross patient profile. Providing daily estimates of patient volume was therefore difficult. Additionally, some respondents were confused by the service categories included in the survey. For example, many included opioid treatment as an outpatient service. These limitations may explain the wide range for some figures.

Outpatient SUD

- Nineteen outpatient SUD providers reported seeing a range of 1-1800 patients per day, with a mean of 210 patients.
- With current staff and resources, providers estimated they could increase their patient volume to a mean of 366 patients per day. With additional staff and resources, they estimated they could increase patient volume to a mean of 540 patients.
- Two providers (11%) reported that their current patient volume exceeds capacity. They reported turning away a mean of 13 patients per week due to capacity limitations.

- Five providers (11%) kept a waitlist. Waitlist size for both providers was 6 patients. One organization had a wait time of less than one week and one had a wait time of two-four weeks.

Intensive Outpatient SUD

- Twelve intensive outpatient SUD providers reported seeing a range of 0-75 clients per day, with a mean of 22 patients.
- With current staff and resources, providers estimated they could increase their patient volume to a mean of 32 patients per day. With additional staff and resources, they estimated they could increase patient volume to a mean of 61 patients.
- One providers (9%) reported that their current patient volume exceeds capacity. They reported turning away a mean of 10 patients per week due to capacity limitations.
- One provider (9%) kept a waitlist of five patients, with a wait time of two to four weeks.

Opioid Treatment

- Eleven opioid treatment providers reported seeing a range of 65-1800 clients per day, with a mean of 479 patients.
- With current staff and resources, providers estimated they could increase their patient volume to a mean of 693 patients per day. With additional staff and resources, they estimated they could increase patient volume to optimal capacity to a mean of 978 patients.
- No providers reported that their current patient volume exceeds capacity.
- Three providers (27%) kept a waitlist. Waitlist size ranged from 7-15 patients, with a mean of 11 patients. Two organization had a wait time of less than one week and one had a two-four week wait time.

Buprenorphine Treatment

- Nine buprenorphine providers reported seeing a range of 3-150 patients per day, with a mean of 32 patients.
- With current staff and resources, providers estimated they could increase their patient volume to a mean of 66 patients per day. With additional staff and resources, they estimated they could increase patient volume to optimal capacity to a mean of 117 patients.
- One provider (11%) reported that their current patient volume exceeds capacity. They reported turning away one patient per week due to capacity limitations.
- One provider (11%) kept a waitlist with an average of one patient, for whom wait time is two-four weeks.

Outpatient Mental Health

- Thirteen outpatient mental health providers reported seeing a range of 6-175 clients per day, with a mean of 56 patients.

- With current staff and resources, providers estimated they could increase their patient volume to a mean of 50 patients per day. With additional staff and resources, they estimated they could increase patient volume to a mean of 196 patients.
- Three providers (23%) reported that their current patient volume exceeds capacity. They reported turning away a mean of 17 patients per week due to capacity limitations.
- Five providers (39%) kept a waitlist. Waitlist size ranged from 5-30 patients, with a mean of 13 patients. One organization had a wait time of less than one week; three had two-four weeks; and one had one-three months.

Psychiatric Rehabilitation

- Eight outpatient mental health providers reported seeing a range of 0-225 patients per day, with a mean of 50 patients.
- With current staff and resources, providers estimated they could increase their patient volume to a mean of 68 patients per day. With additional staff and resources, they estimated they could increase patient volume to a mean of 55 patients.
- No providers reported that their current patient volume exceeds capacity.
- No providers kept a waitlist.

Ability to Prescribe Buprenorphine

	%	n
Currently prescribe	47	15
Able to prescribe but do not	9	3
Do not prescribe	44	14
Total	100	32

Naloxone-Trained Staff

	%	n
Staff trained to administer naloxone	66	21
Staff trained to provide overdose education and dispense take-home naloxone	44	14
Staff are not trained to administer naloxone	28	9
Total	100	32

Ambulatory Withdrawal Management

Six of twenty-seven respondent organizations (22%) currently provide ambulatory withdrawal management services. Those who do not rated their ability to expand to provide this service as follows:

	%	n
Definitely able	7	2
Probably able	15	4
Probably unable	22	6
Definitely unable	22	9
Total	100	27

Service Gaps

Seventeen of twenty-seven respondents (63%) reported that there are mental health services their patients demand but they are unable to provide. The most common of these was psychiatric services (n=10, 59%).

Seventeen of twenty-seven respondents (63%) also said there are substance use disorder services their patients demand but they are unable to provide. The most common of these was housing (n=12, 44%).

Expansion Capacity

Overall, the respondent providers rated their interest and ability to expand service provision as follows.

	%	n
Both interested in and able to expand	52	14
Interested in expanding but unable	30	8
No interest in expanding	7	2
Don't know	11	3
Total	100	27

Walk-In Hours

	%	n
Yes	74	20
No	26	7
Total	100	27

Aware of Baltimore City Crisis, Information, and Referral Line

	%	n
Yes	93	25
No	7	2
Total	100%	27