



DATA SHORTS

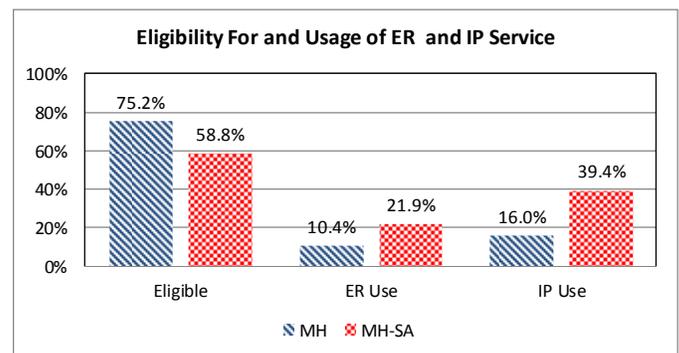
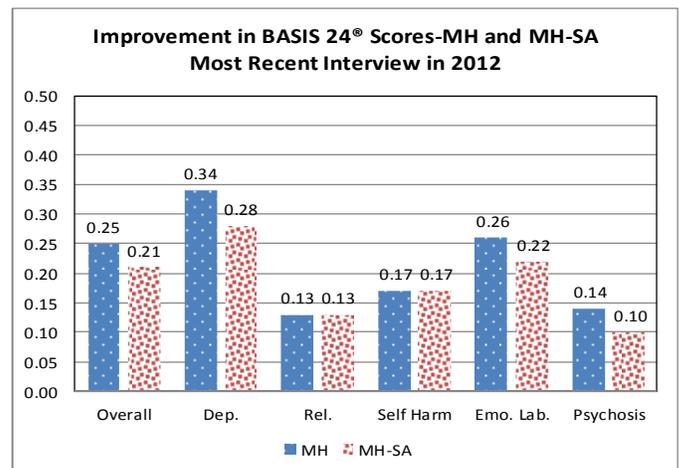
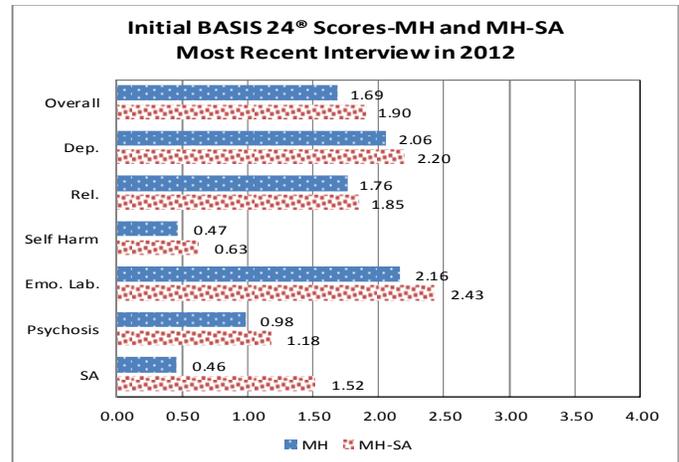
Comparing PMHS Adult Consumers With and Without Substance Abuse Issues: 3

This is the third in a series of three Data Shorts examining some differences between PMHS adult consumers identified as having only mental health problems (MH) and those with both mental health and substance abuse issues (MH-SA). Using the Outcomes Measurement System (OMS), PMHS consumers were identified as MH-SA if they responded “Always” or “Often” to at least two of the four BASIS 24® substance abuse subscale items, had a substance abuse diagnosis, or both. Changes in symptomatology at the initial and most recent OMS interviews and use of Inpatient (IP) and Emergency Room (ER) services are presented.

The first graph shows the average initial scores on each of the BASIS 24® subscales for the MH and MH-SA consumers who had an OMS interview in 2012. Lower scores indicate less frequent or less severe symptoms. The MH-SA group exhibited more symptoms than the MH group at the initial interview on all subscales. In addition to the Overall score, the subscales are Depression (Dep.), Relationships and Functioning (Rel.), Self Harm, Emotional Lability (Emo.Lab.), Psychosis, and Substance Abuse (SA).

The second graph shows the improvement in the average scores for the MH and MH-SA groups on six of the BASIS 24® subscales between their initial and most recent interviews. The MH-SA group showed less improvement than the MH group on four subscales (Overall, Dep., Emo. Lab., and Psychosis) and the same improvement on two (Rel. and Self Harm). Improvement scores were not calculated for the Substance Abuse Subscale because responses from this scale were used as part of the operational definition of the MH-SA group.

The final graph examines IP and ER utilization for the two groups in 2012. Because not all PMHS consumers are eligible for IP/ER services, the first set of bars shows the percentage of each group that had eligibility for IP/ER service. While slightly over 75% of the MH group was eligible, less than 60% of the MH-SA group was. Of those eligible, the MH-SA group was more than twice as likely to use both IP and ER services than the MH group. While 10% of the MH group used an ER, nearly 22% of the MH-SA



group did. For the MH group, 16% used IP services compared to almost 40% of the MH-SA group.

It is hoped that the data presented in this series of three Data Shorts contained helpful considerations as Behavioral Health Integration efforts proceed.