Maryland Department of Health and Mental Hygiene
Mental Hygiene Administration

DATA SHORTS

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Comparing PMHS Adult Consumers With and Without Substance Abuse Issues: 1

Since Maryland is continuing the process of integrating mental health and substance abuse services, the next three Data Shorts will examine and contrast some characteristics of adults in the Public Mental Health System (PMHS) identified as having only mental health (MH) problems and consumers identified with both mental health and substance abuse (MH-SA) problems. This first Data Short in the series contrasts some demographic characteristics of the two groups, then compares the two groups based on their Medical Assistance (MA) eligibility. Some of the expected implications of these differences as the Affordable Care Act (ACA) and MA expansion are implemented are also presented. PMHS consumers are identified as MH-SA either if they had an SA diagnosis, if they indicated a problem with any substance as they accessed PMHS services, or both.

The first graph compares the demographics of the MH and the MH-SA groups. The percentage of males in the MH-SA group (49.3%) is much higher than the percentage of males in the MH group (35.6%). With respect to race, there is little difference between the two groups. There is a higher percentage of MH-SA in the 21-49 year age group.

In 2006, Maryland obtained a waiver to allow poor, childless adults with chronic conditions to obtain Medicaid (MA) eligibility, the Primary Care to Adults (PAC) waiver. Many of the individuals enrolled in the PAC program also have SA issues. The second graph compares the prevalence of MH-SA issues between two groups of MA eligible PMHS consumers: Non-PAC and PAC. The PAC-PMHS population has a higher percentage of consumers with MH-SA (31.5%) than the non-PAC PMHS population (17.3%). The final graph shows that the percentage of PAC eligible adults in the PMHS has been growing since 2006 when the waiver was implemented.

It is expected that the MA expansion under the ACA will bring an additional 200,000-300,000 individuals, mostly adults, into the program. Of these, it is expected that 40,000-50,000 will need behavioral health services. It is important to understand the characteristics of this PAC group because it is expected that the people who come into the PMHS under MA expansion will be very similar to the PAC population. While current claims and anecdotal data suggest that this population will use fewer services than the typical MH only consumers, PAC consumers will also become eligible for inpatient and emergency room services for which they are not currently eligible. So while the exact volume of the increase in demand for public behavioral health services is difficult to predict, it is clear that there will be a large increase in the number of consumers seeking services and that more of them are likely to have co-occurring issues.