



DATA SHORTS

Behavioral Health Integration:

Additional Analysis of SUD Admissions

The June and July 2014 Data Shorts (Vol.3, Issues 6-7) compared data on a group of 12,688 individuals ages 15 and over who received both State-supported substance-use-disorder (SUD) and Public Mental Health System (PMHS) services during FY 2013 to data for all individuals served in each system. This Data Short provides some additional comparisons between this group and all other individuals admitted to SUD treatment in FY 2013.

The first graph compares the primary drug problem for the two groups. Heroin was the primary problem for both groups; it was, however, more prevalent for the group served in both systems (37%) than for all others (31%). The second graph shows that cocaine was especially prevalent as a secondary or tertiary substance problem among the group active in both systems, and that that group reported greater secondary or tertiary use for all other substance categories than did all the others admitted to SUD services.

The remaining two graphs compare the groups on several selected characteristics. The group served in both systems was more likely than the others to be injecting drugs, to have problems with more than one substance, and to have had multiple SUD admissions. Individuals in that group were also more likely to be homeless and to use tobacco. Conversely, they were significantly less likely than the others to be referred from the criminal justice system and less likely to have been arrested in the preceding year.

These comparisons suggest that those active in both systems have issues that are more numerous and complex. Those in this group are more likely to be using highly addictive and dangerous substances (heroin, cocaine), more likely to have problems with multiple substances, and more likely to be injecting the substances. Additionally, a greater percentage have had prior SUD service admissions and are homeless. The number and complexity of these problems create service delivery challenges.

The data analyzed in this data short were extracted from the SMART data system. Since reporting is not currently connected to payment for services, it is difficult to know whether everyone who received a SUD service is included. When the new integrated behavioral Administrative Services Organization (ASO) begins operation, both MH and SUD data will be collected in the ASO's payment system. This will make future analyses like this less complicated and make the data more comparable.

