



# DATA SHORTS

## Public Behavioral Health Service Utilization Of Maryland Residents Dying from Overdose

The most recent Data Short (Vol.5, Issue 5) examined in-state deaths to Maryland residents due to unintentional drug and/or alcohol overdose based on decedents' residence from 2007 to 2014. This current Data Short details the public sector behavioral health service utilization histories of those in this group. Service utilization was determined by matching decedents' information to databases that tracked admissions and discharges to Substance Related Disorder (SRD) services beginning in 1998 and to claims in the Public Mental Health System beginning in 2003.

The first graph shows historical utilization by service type for all decedents; 22% had been treated in both the SRD and MH systems. Forty-three percent had received SRD services, 21% who received only SRD services plus the 22% treated in both systems. In the MH system, a total of 33% had been treated, with 11% receiving only MH treatment and 22% being seen in both systems.

The next three graphs display this information by jurisdiction; the state percentage is shown by the vertical line. The first shows the 43% of decedents who had received SRD services, including those who received services in both systems. In 14 of Maryland's 24 jurisdictions, nearly half or more of the decedents had received SRD services. This included a broad mix, including urban (Baltimore City), suburban (Howard, Carroll, and Harford), and rural (Allegany, Calvert, Charles, Garrett, Kent, Queen Anne's, St. Mary's, Talbot, Wicomico, and Worcester) jurisdictions. All of Southern Maryland and most of the Eastern Shore are included in this category.

The second graph (bottom left) in this series displays similar information for those 33% who received MH services, including individuals who were served in both the MH and SRD systems. The jurisdictions with the highest percentages of decedents who had received MH services included Allegany, Baltimore City, Caroline, and Worcester. Caroline is the only jurisdiction in which a greater percentage of decedents had been active in the MH system than in the SRD system.

The final graph (bottom right) shows similar data for those who were treated in both the MH and SRD systems. There is slightly less variation in these groups, with only Allegany and Frederick Counties and Baltimore City being somewhat higher than the Maryland average.

While the following are not shown in the graph, there is much additional information that is known from these analyses. Of those in SRD treatment, nearly three quarters had multiple admissions and more than one-third were discharged within one year of their deaths. More than half of those discharged from SRD treatment left with a negative discharge status, e.g., against medical advice, non-compliance, etc. Of those with a service claim in the MH system, most had more than one service and nearly half had received a service within six months of their death. An earlier Data Short, Vol.5, Issue 1, examined some information from the OMS about decedents. It suggests that those whose life experience include homelessness and arrest and who have dual diagnoses of SRD and MH may be at greatest risk, and deserve special clinical attention.

