

## Identifying Co-Occurring Physical Conditions in Behavioral Health Clients

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Many studies have identified the link between physical and behavioral health issues and the need to detect and treat both to provide quality care. In order to identify the association between behavioral health issues and specific physical health conditions in its clients, the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) collaborated with the Oklahoma State Department of Health to study recipients of publicly-funded behavioral health treatment and hospital-based physical health treatment. Patient identifying data from the Oklahoma Hospital Inpatient Discharge Data System (HIDDS) were linked to client identifying data from the ODMHSAS Integrated Client Information System (ICIS) using probabilistic matching.

From among the 754,333 hospital inpatient discharge records for 2002-2003 and the 687,793 behavioral health admission records for 2000-2004, a probabilistic match resulted in 25,808 adolescents and adults found in both data sets. Three cohorts were used to evaluate co-morbid conditions; clients who had received substance abuse treatment only (22%), mental health treatment only (61%), or both substance abuse and mental health (dual) treatment (17%).

Findings indicated that behavioral healthcare clients were significantly more likely to be admitted to a hospital for a physical health condition than non-behavioral health clients. This was particularly true for clients with both mental health and substance abuse treatment, with an admission rate of 31%, compared to 18% among the general population. The average number of admissions among behavioral health clients was 7.4, compared to 2.0 among non-behavioral health people. Results pointed to differences in hospital utilization rates by age and race for behavioral and non-behavioral health clients, as well as differences among the three cohorts. Distinctions were also found in the diagnoses related to the hospitalizations between behavioral and non-behavioral health clients, with behavioral health clients appearing more frequently in categories such as digestive, injury and poisoning, and respiratory symptoms.

Additional results presented will include cost of hospitalizations, length of stay, types of referral to the primary care hospital and discharges from the hospital by presenting problems at the behavioral health treatment facilities.