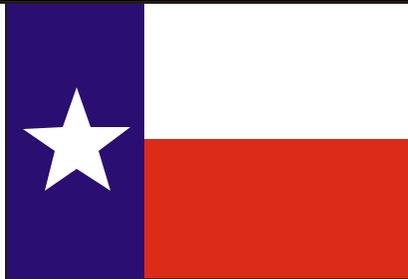


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NorthSTAR Pregnancy/Substance Abuse Final Executive Summary



October 11, 2001

NorthSTAR



Purpose and Methods

Childbearing women with substance abuse typically have multiple, complex, and interrelated needs. There is evidence that programs designed to meet the needs of childbearing women with substance abuse issues improves their overall health by enabling detoxification and by enhancing independent living, parenting, and interpersonal skills.

This study examines how NorthSTAR and STAR programs address the health needs of women of childbearing age including those who are pregnant among a sample of 460 Medicaid recipients age 14 to 51 enrolled and receiving NorthSTAR behavioral health services between September 1, 1999 and August 31, 2000.

The NorthSTAR program in the Dallas Service Delivery Area has as its primary purpose to improve behavioral health outcomes in a cost efficient managed care system. Using administrative data, this study analyzed the totality of services utilized by female Medicaid recipients enrolled in NorthSTAR.

Key Findings

More than half (58%) of the 460-member sample received physical health services from STAR, in addition to NorthSTAR services. Of this group, 44% (N=119) were pregnant and accounted for the majority of STAR services, receiving a large percentage (90.7%) of prenatal visits and most who delivered also had postpartum visits (95.1%). All pregnant members received at least one STAR service prior to their first NorthSTAR service.

The findings also suggest that while the recommended broad spectrum of supportive and specialized treatment services are available for the pregnant members of this study, there is also room for improvement. Specifically,

- Fourteen percent had multiple STAR inpatient admissions.
- Average number of prenatal visits (5.3) was lower than recommended for optimal prenatal care
- Only 21% received first trimester prenatal care
- More than half had STAR emergency room visits (51.7%) just before or just after delivery.
- After receiving their first NorthSTAR service, 41% of pregnant members did not have further evidence of STAR services.

Almost three-fourths (N=339) of NorthSTAR members were not pregnant during the study period. Over half of this group (56%) only received NorthSTAR services and

44% (N=150) received both STAR and NorthSTAR services.

Of the nonpregnant members using STAR services, 79% utilized STAR physical health outpatient visits and 49% utilized STAR emergency room services. Just as striking, dual diagnosis nonpregnant members (substance abuse disorders plus one or more other behavioral health diagnoses) had more STAR emergency room visits than nonpregnant members treated only for substance abuse.

In the sphere of NorthSTAR services, members who did not receive Star services (N=191) received less NorthSTAR services than members who received both STAR and NorthSTAR services (N=269).

In analyzing the services utilized by members' race/ethnicity, overall, more minority members (55%) utilized both STAR and NorthSTAR services than non-minority members (45%). By age, younger pregnant members (<25) used more prenatal visits than older members and younger (<35) non-pregnant members used more STAR emergency room visits than older members.

Conclusions

This study established a baseline for future utilization studies of STAR and NorthSTAR program services received by childbearing women with substance abuse including those who are pregnant.

Table 1.
STAR and NorthSTAR Services Received by Total Sample and Sub Samples

	Total Sample of NorthSTAR Members N=460		Pregnant Members receiving both STAR and NorthSTAR services N=119		Non Pregnant Members receiving both STAR and NorthSTAR services N=150		Pregnant and Nonpregnant Members receiving <u>Only</u> NorthSTAR services N=191	
	Total Services	Total Members	# of Services	# of Members	# of Services	# of Members	# of Services	# of Members
STAR¹ Service								
Prenatal Visits	571	108	571	108				
Post Partum Visits	79	58	79	58				
Outpatient Visits	651	119			651	119		
Inpatient Admissions	181	117	126	84	55	33		
Emergency Room Visits	351	126	118	52	233	74		
NorthSTAR Service								
Outpatient Visits	2622	219	750	69	696	80	1176	70
Inpatient Admissions	39	39	11	11	16	16	12	12
Emergency Room Visits	74	46	19	10	27	17	28	19
Residential Treatment	375	375	87	87	129	129	159	159

¹ The Medicaid STAR program provides services under fee-for-service (FFS) and managed care (HMO/PCCM) systems. In this report, reference to STAR findings indicates services provided by both fee-for-service and managed care.
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