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# **A Collaborative Review and Discussion of NorthSTAR System Performance and Trending Data**

**September 28, 2010**

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**DSHS, NTBHA, Value Options,  
Select NorthSTAR Providers and Stakeholders**

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## Goals of Presentation

- To update the stakeholder community on data that DSHS is tracking
- To discuss other ways to look at the data and analyze it at a more granular level
- Evaluate/discuss opportunities for quality improvement and further analysis

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## What Data is Different or New from the Last Presentation in May 2010?

- Readmission rates to psychiatric hospital-Data pull methodology was changed to more accurately reflect true re-admissions (previous report inflated the re-admission rate somewhat).
- Length of treatment episode data related to SUD services- Data pull methodology was changed to use paid claims as the data source. This is due to inaccuracy of discharge date data inputted by providers in DSHS data clinical data system (BHIPS).
- Tables/graphs that were presented from last report in May 2010 have been updated.
- New measures have been added that drill further down into the data.

# Performance Measures: What is being measured and what data is being used

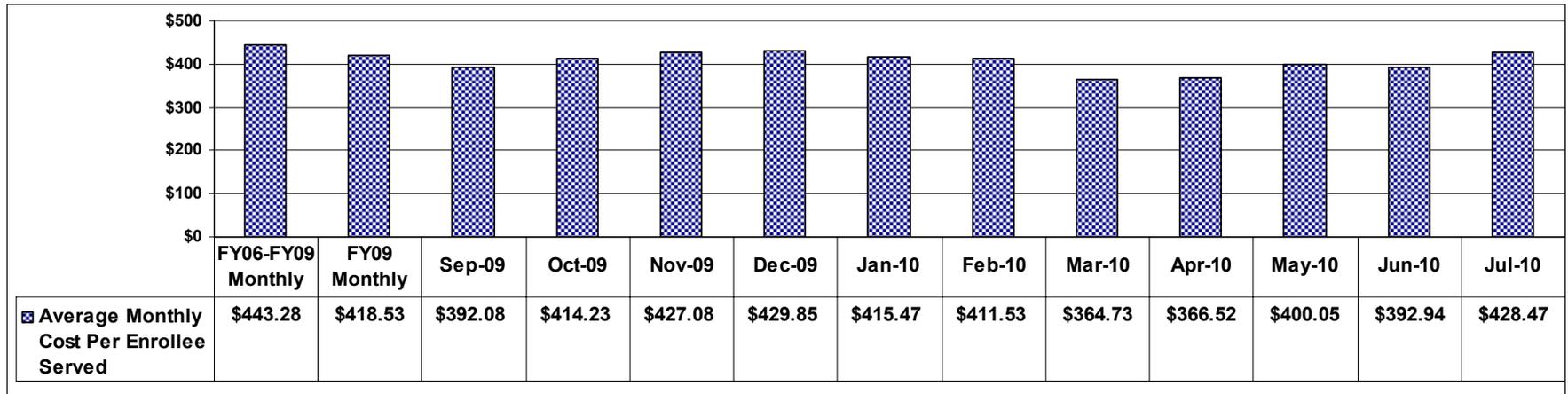
## Measures:

- Financial Data-Medical Loss Ratio, Cost Per Person Served (Medicaid vs. Non Medicaid funding per person), Acute Costs Relative to Overall Costs
- Service Penetration: Numbers served
- Clinical measures (TRAG), follow-up post discharge from acute services, length of treatment episode (SUD services), 60 day follow up post discharge from SUD treatment services
- Acuity Rates relative to persons served in non-acute services, overall and by SPN
- Complaints and Appeals
- Utilization management
- Enrollee satisfaction (based on last survey in April 2010)
- Provider Network Activity

Data Sources: NorthSTAR enrollment system, DSHS invoices, paid claims data (services and medications), ValueOptions financial and utilization management reports, WebCARE, BHIPS, state hospital data system, complaints and appeals data collection system, satisfaction surveys

Caveats to the Data: *Generally*, data represented in graphs or tables are incomplete in the last 1-2 months or latest fiscal quarter.

# Financial Performance



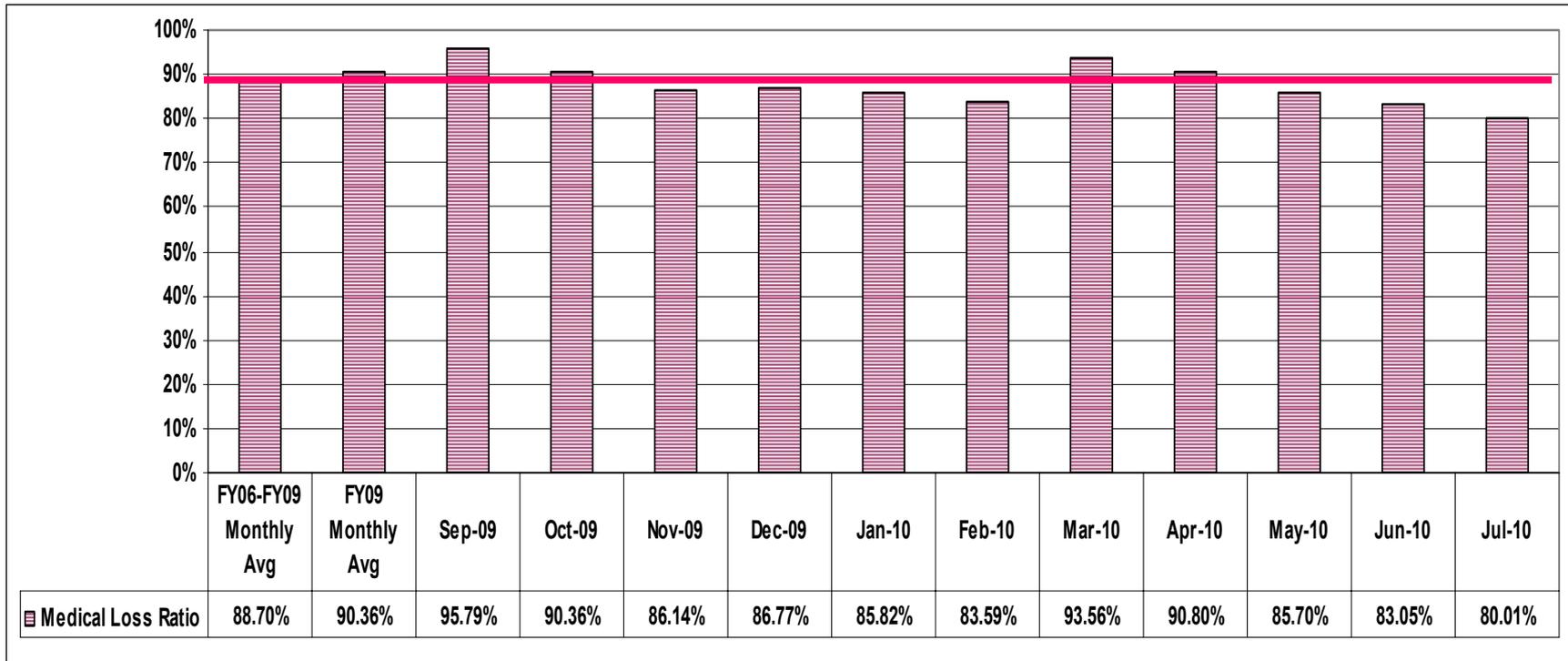
Note: This is based on cash payment from DSHS payment invoices and numbers of enrollees served, which is based on paid claims.

	FY00	FY10	Increase/Decrease
<b>Number of Enrollees Served (MH and SA/CD)</b>	30,742	65,052	111.61%
<b>Funding</b>	\$78,787,143.71	\$116,570,299.71	47.96%
<b>Annual Cash Funding per Enrollee Served</b>	\$2,562.85	\$1,791.96	-30.08%

FY10 funding amount includes an assumed \$300,000 retroactive increase in payments for later months in 2010 (to be paid in subsequent months).

Note: There has been a considerable loss of bed days in State Hospitals since 1999.

# Medical Loss Ratio



**Note: FY10 MLR does not include \$1,529,353.19 in “freed up” GR for FY09, as a result of ARRA (distributed in FY10, but credited to FY09). This was paid outside of regular premium payment process. FY10 does include an additional \$400,000 in incentive dollars. June and July data do not factor in IBNR and claims lag.**

# An Illustration of Funding Disparities by Medicaid and Non Medicaid

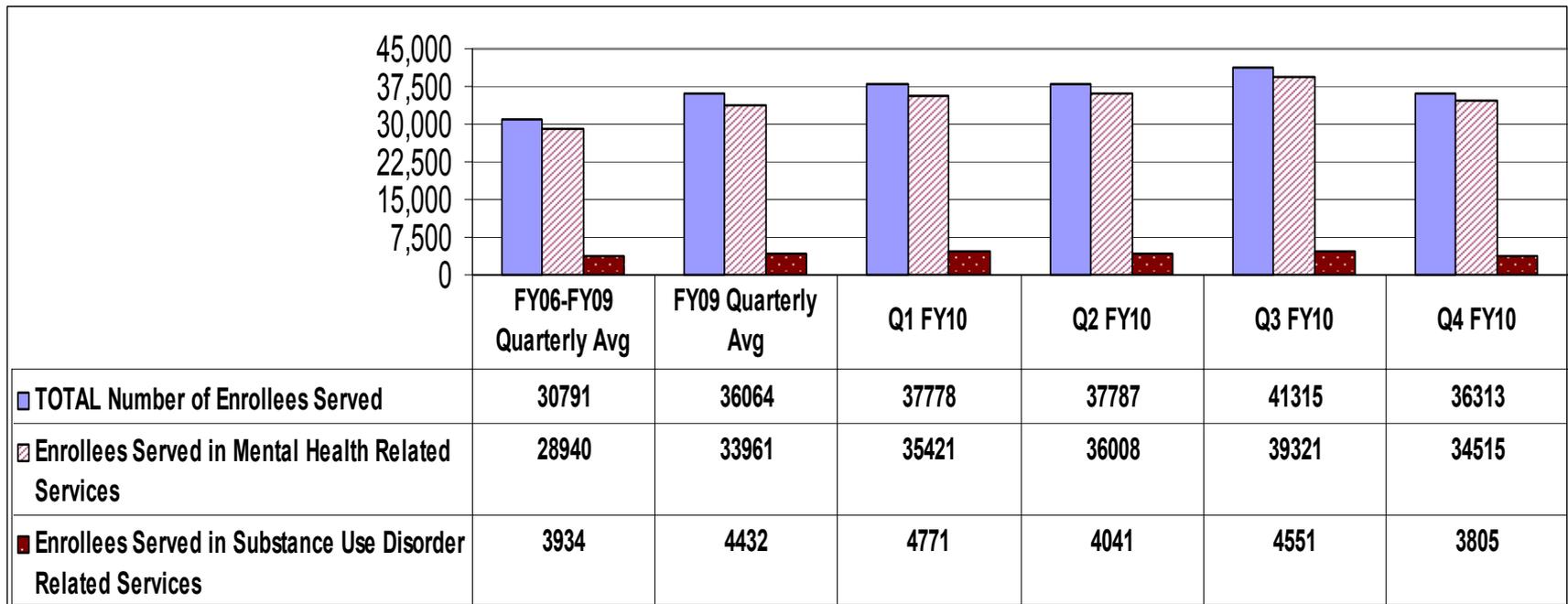
According to the figures below, the non Medicaid funding per Non Medicaid enrollee served is approximately 82% of Medicaid. (Please see footnote.)

## FY10 MONTHLY AVERAGE

<b>Medicaid Funding</b>	<b>\$ 4,909,446</b>
<b>Non Medicaid Funding</b>	<b>\$ 4,864,812</b>
<b>Medicaid Served</b>	<b>11,039</b>
<b>Non Medicaid Served</b>	<b>13,234</b>
<b>Funding Per Medicaid Enrollee Served**</b>	<b>\$ 447.74**</b>
<b>Non Medicaid Funding Per non Medicaid Enrollee Served</b>	<b>\$ 368.59</b>

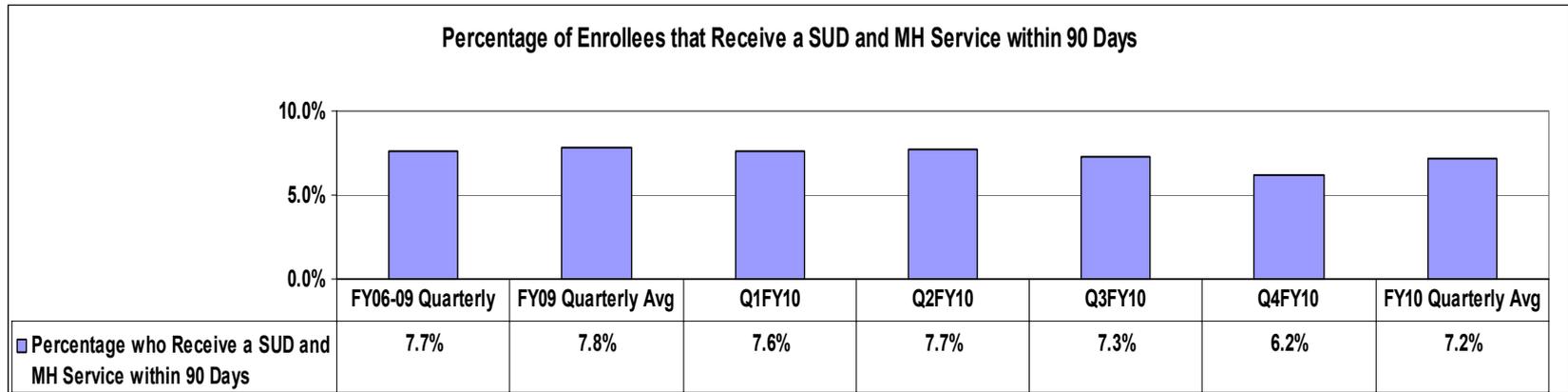
**\*\* Note:** Unlike non Medicaid enrollees, Medicaid recipients enrolled in NorthSTAR receive their medications through Medicaid, not NorthSTAR. The Medicaid funding per Medicaid enrollee served represented above does not include funding associated with this pharmacy benefit. Therefore, the actual Medicaid funding per Medicaid NorthSTAR enrollee is significantly higher than represented above. For instance, the non Medicaid medication costs relative to the non Medicaid funding is about 16%. Factoring in this percentage to the Medicaid funding per Medicaid enrollee served represented above would increase it about \$516/person. This would further lower the non Medicaid percentage relative to Medicaid to about 71% of Medicaid funding per Medicaid enrollee served.

# Number Of Enrollees Served, Overall and By Service Category

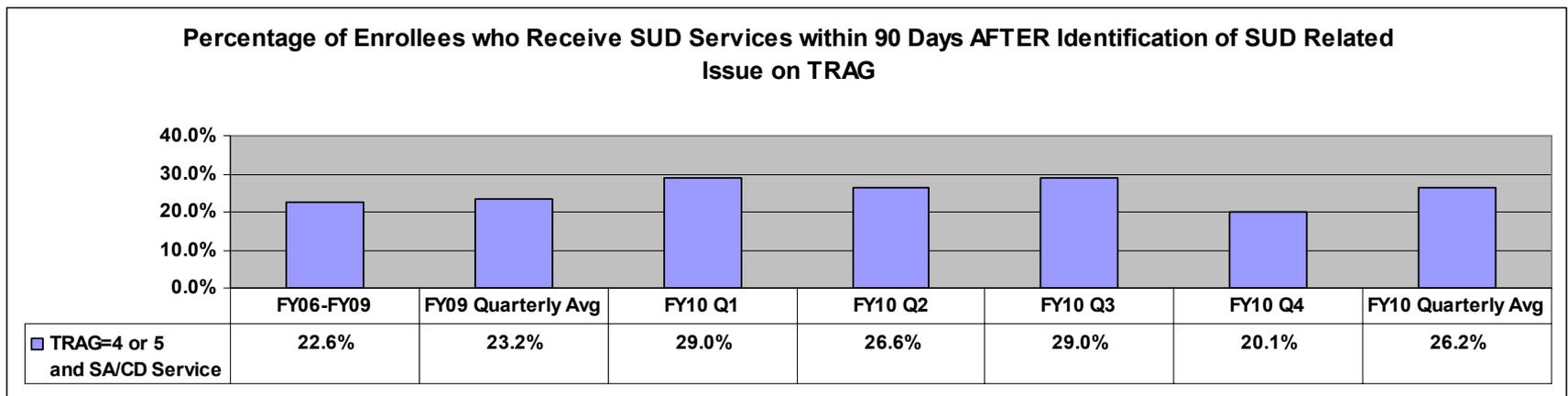


**Note: Data based on MH specific service and non MH specific service coupled with MH primary diagnosis on paid claims, OR SA/CD specific service and non SA/CD specific service coupled with SA/CD primary diagnosis on paid claims.**

# Mental Health and Substance Use Disorder Services-2 Views

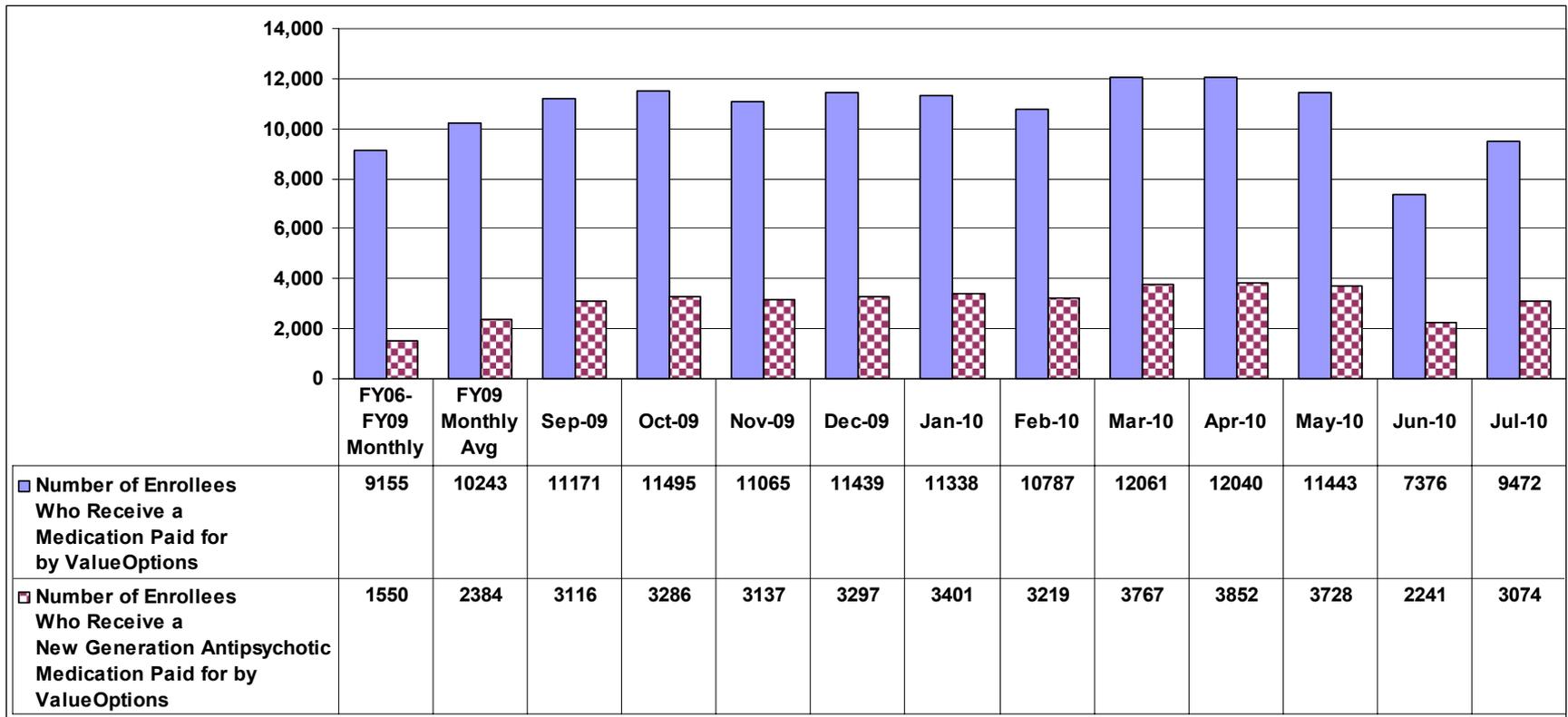


**Note:** Substance use disorder services are those in CD Residential or CD Non Residential or those in ER, 23 hour observation, community inpatient or community inpatient services with a diagnosis of Alcohol Related Disorders or Drug Related Disorders. These data are confined to services which occur within 90 days of one another. This measure will continue to be further analyzed.



**Note:** Substance use disorder services are those in CD Residential or CD Non Residential. These data are confined to services which occur within 90 days after a TRAG assessment. This measure will continue to be further analyzed.

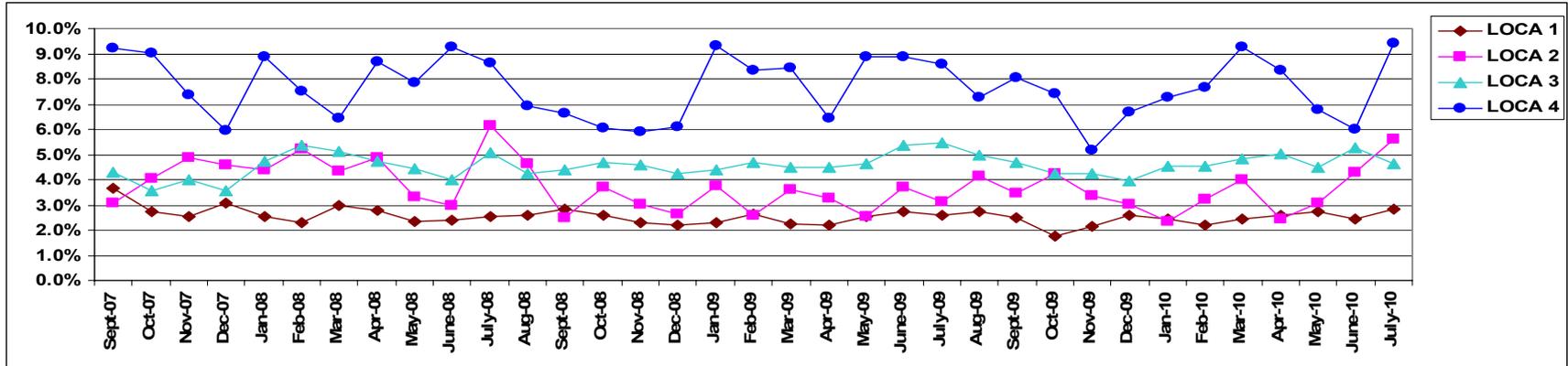
# Number Of Enrollees Who Received a Prescription Paid for by ValueOptions



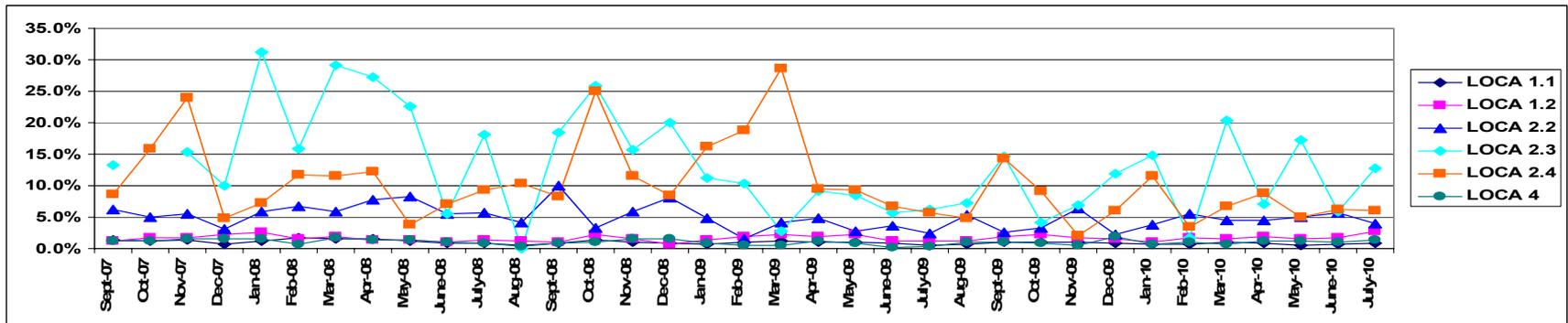
Note: June 2010 medication data transmission was incomplete and will be caught up in October. Jul-10 data is also incomplete due to claims lag.

# Acute Care by LOCA- Percentage of enrollees with a LOCA who received acute services relative to all enrollees with a LOCA. (LOCA and acute service occur in the same month, but analysis does not show which came first -assumed that most had a LOCA first.)

## Adult



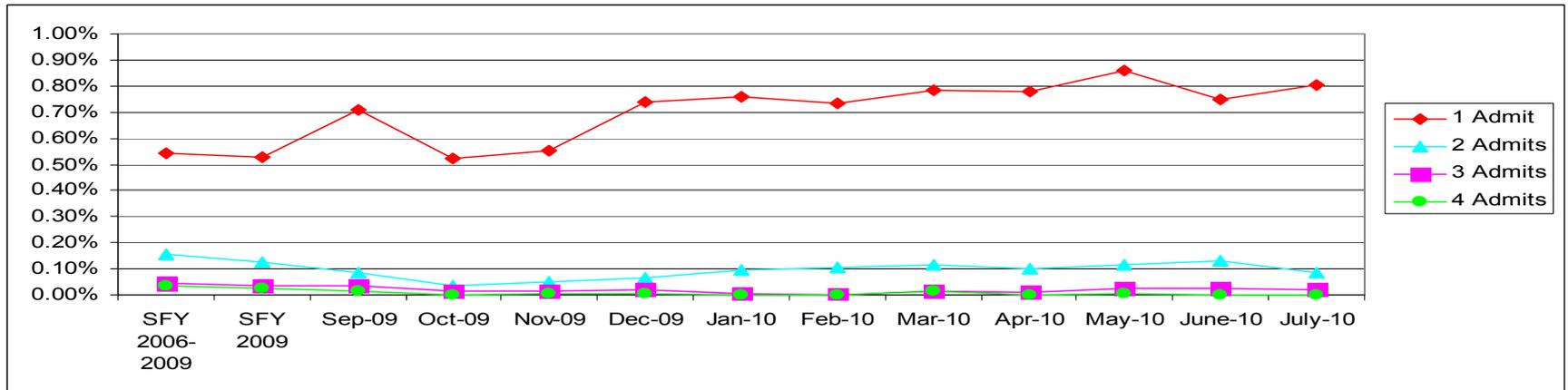
## Youth



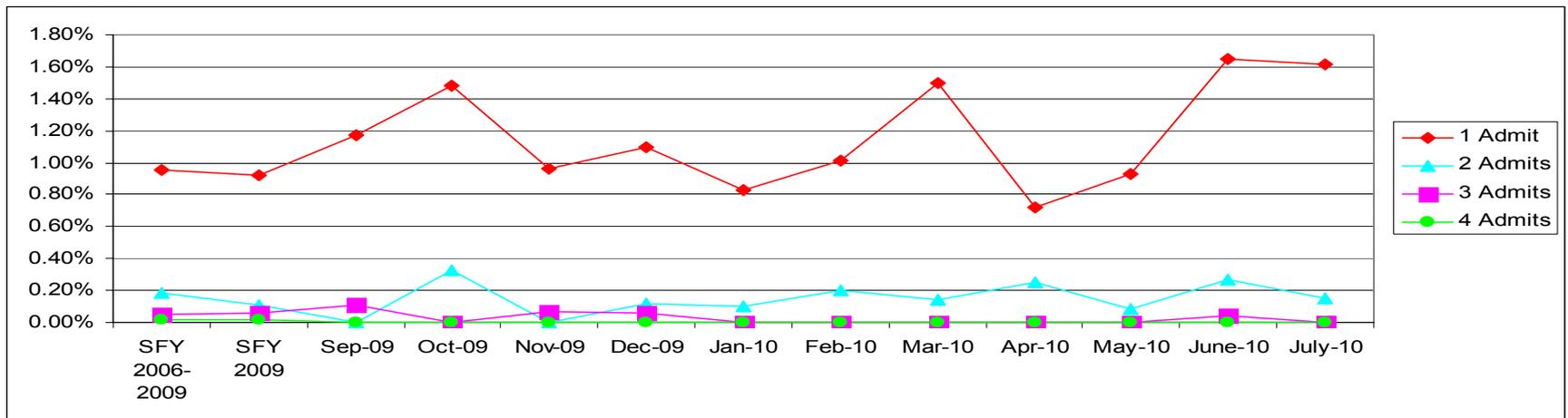
Note: Includes enrollees served in ER, 23 Hour Observation and Community Inpatient as a percentage of enrollees with a LOCA. LOCA 2.1 for youth not included since there are so few enrollees.

# Admissions to 23 Hour Observation: Represents percentage of enrollees with a 23 hour observation encounter (s) and a LOCA within the same month. (Does not distinguish if LOCA assignment was before or after 23 hour observation encounter.)

## LOCA 1

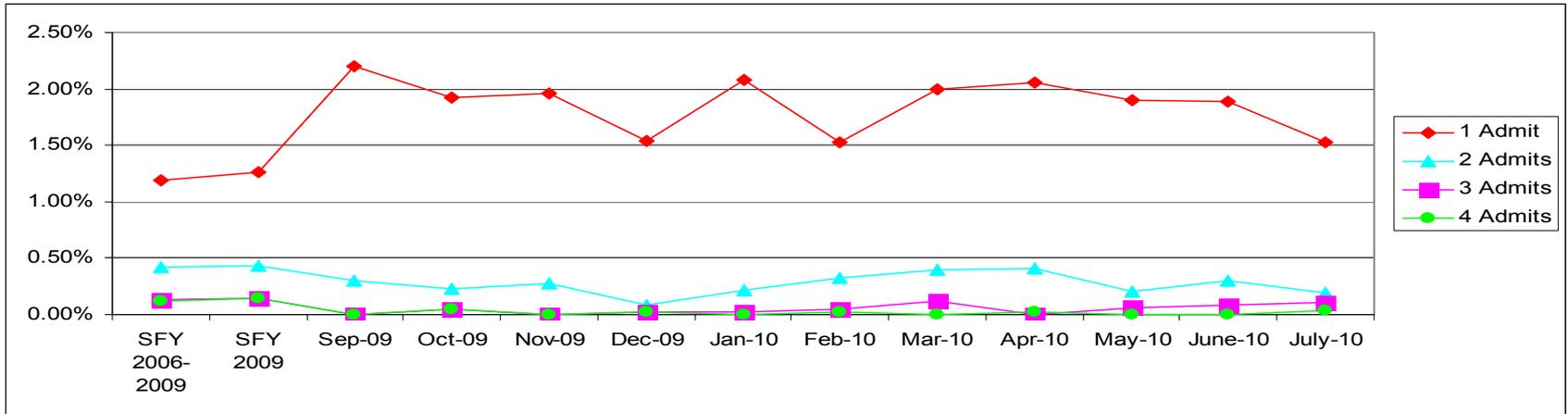


## LOCA 2

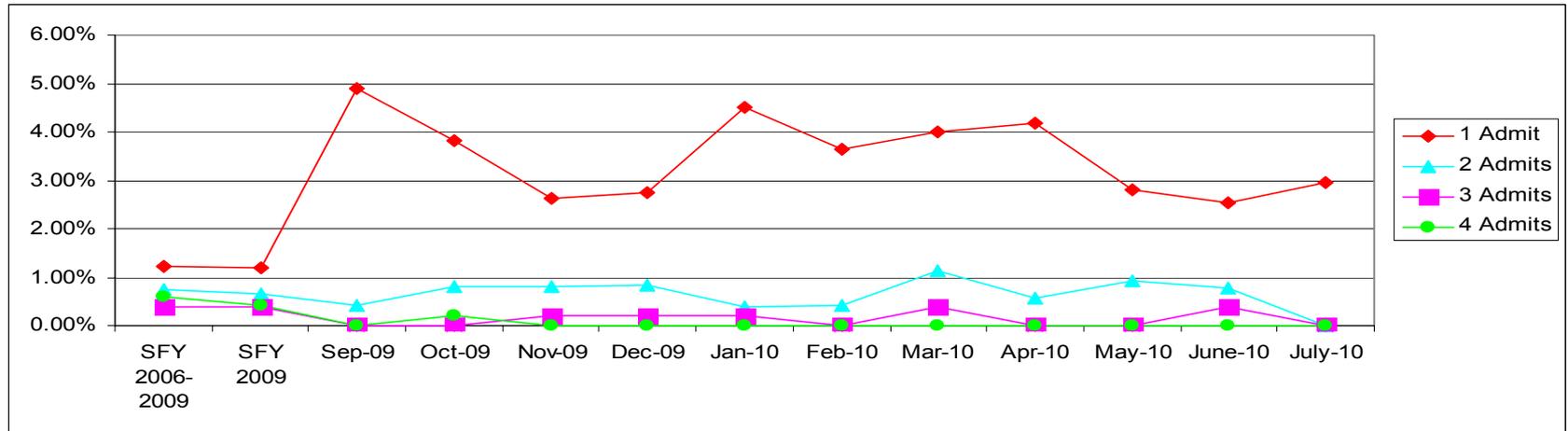


# Admissions to 23 Hour Observation, continued

## LOCA 3

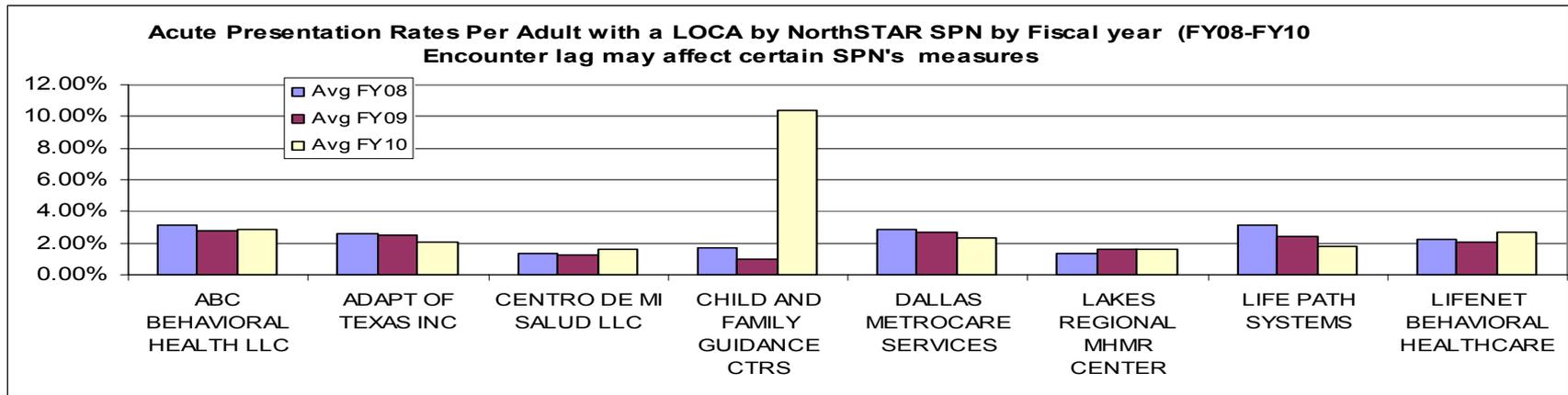
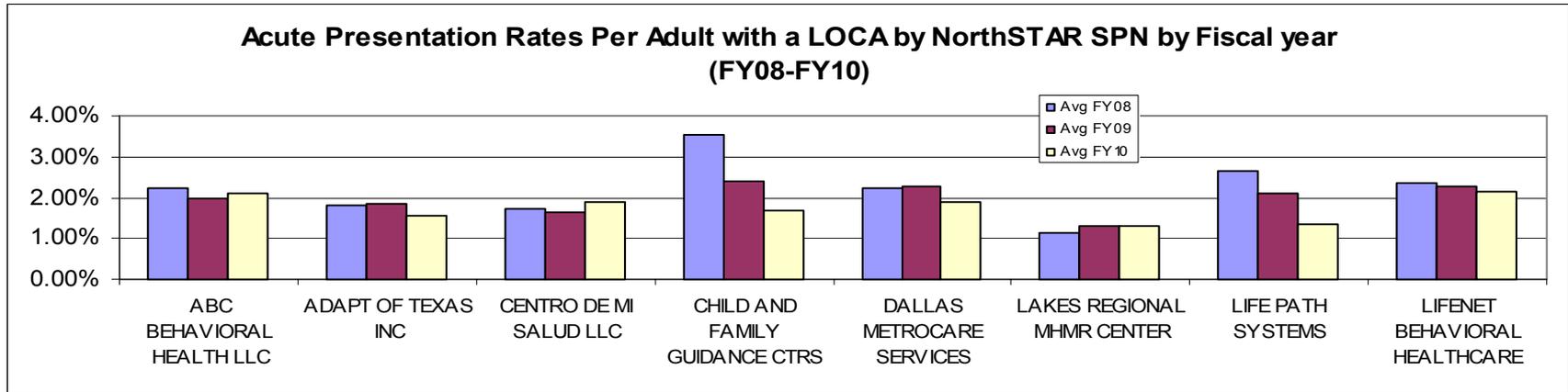


## LOCA 4



# Adult Acute Rates by SPN: 2 views

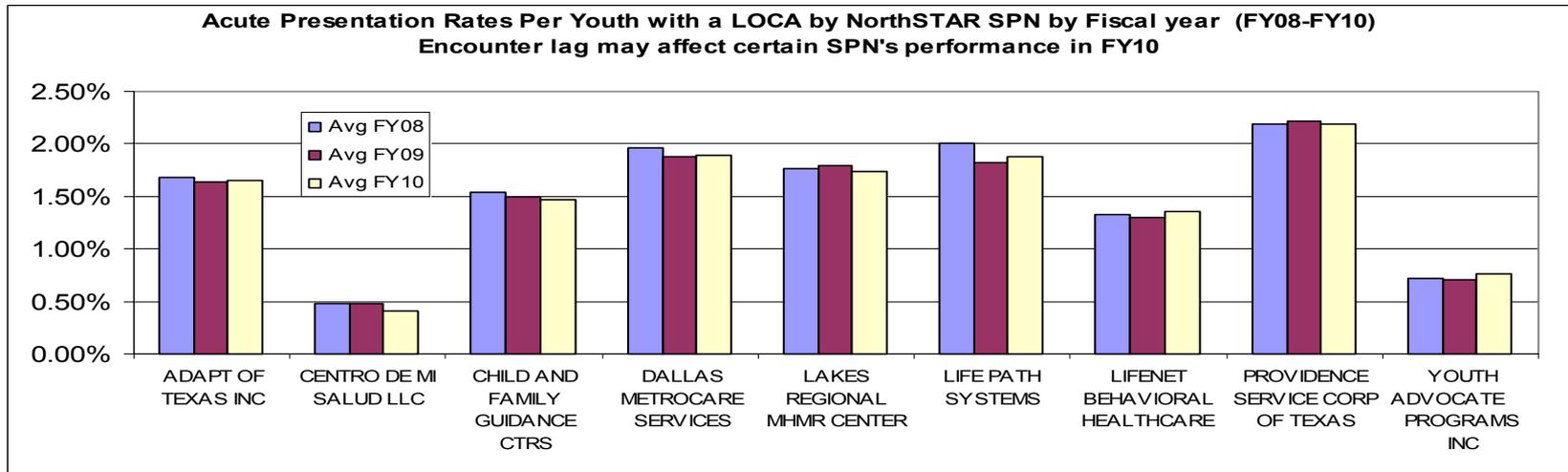
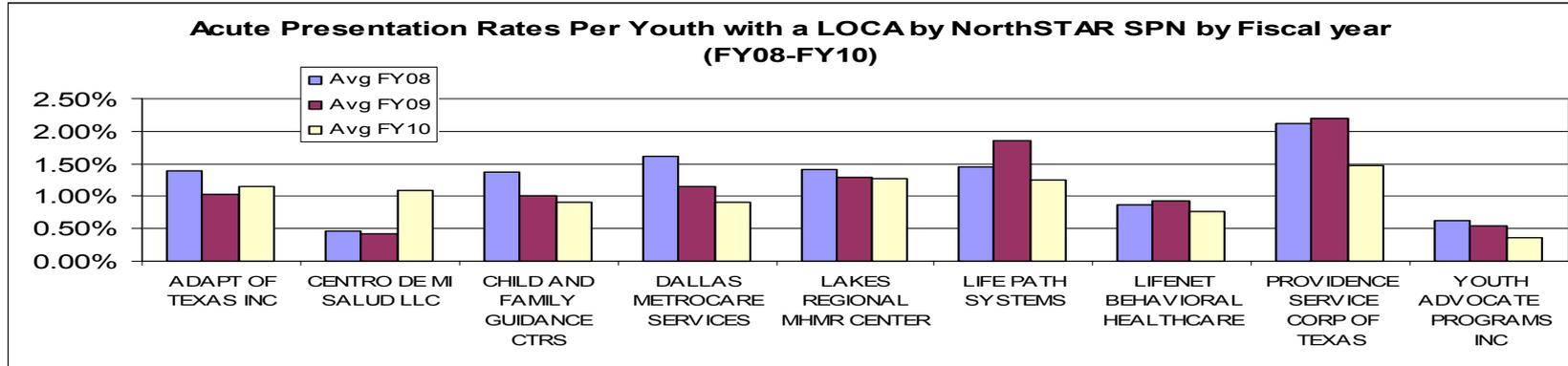
The 1<sup>st</sup> table shows enrollees with a LOCA and an acute encounter within the same month as a percentage of all enrollees with a LOCA, and the 2<sup>nd</sup> table shows enrollees with a LOCA and an acute encounter within the same month as a percentage of all enrollees who have been historically served (using paid encounters) by the SPN. (Does not distinguish if LOCA assignment was before or after acute encounter.)



**Note: The bottom table uses encounter data in the measurement. Encounter data for some SPNs are incomplete and thus affect results (e.g FY10 Child and Family Guidance Centers).**

# Youth Acute Rates by SPN: 2 views

The 1<sup>st</sup> table shows enrollees with a LOCA and an acute encounter within the same month as a percentage of all enrollees with a LOCA, and the 2<sup>nd</sup> table shows enrollees with a LOCA and an acute encounter within the same month as a percentage of all enrollees who have been historically served (using paid encounters) by the SPN. (Does not distinguish if LOCA assignment was before or after acute encounter.)



**Note: The bottom table uses encounter data in the measurement. Encounter data for some SPNS is incomplete and thus affect results.**

# Specific SPN Acute Rates by Month-Adults

Acute Presentation Rates Per Adult with a LOCA by NorthSTAR SPN by Month [adults with LOCA and acute encounter =numerator, adults with a LOCA =denominator]

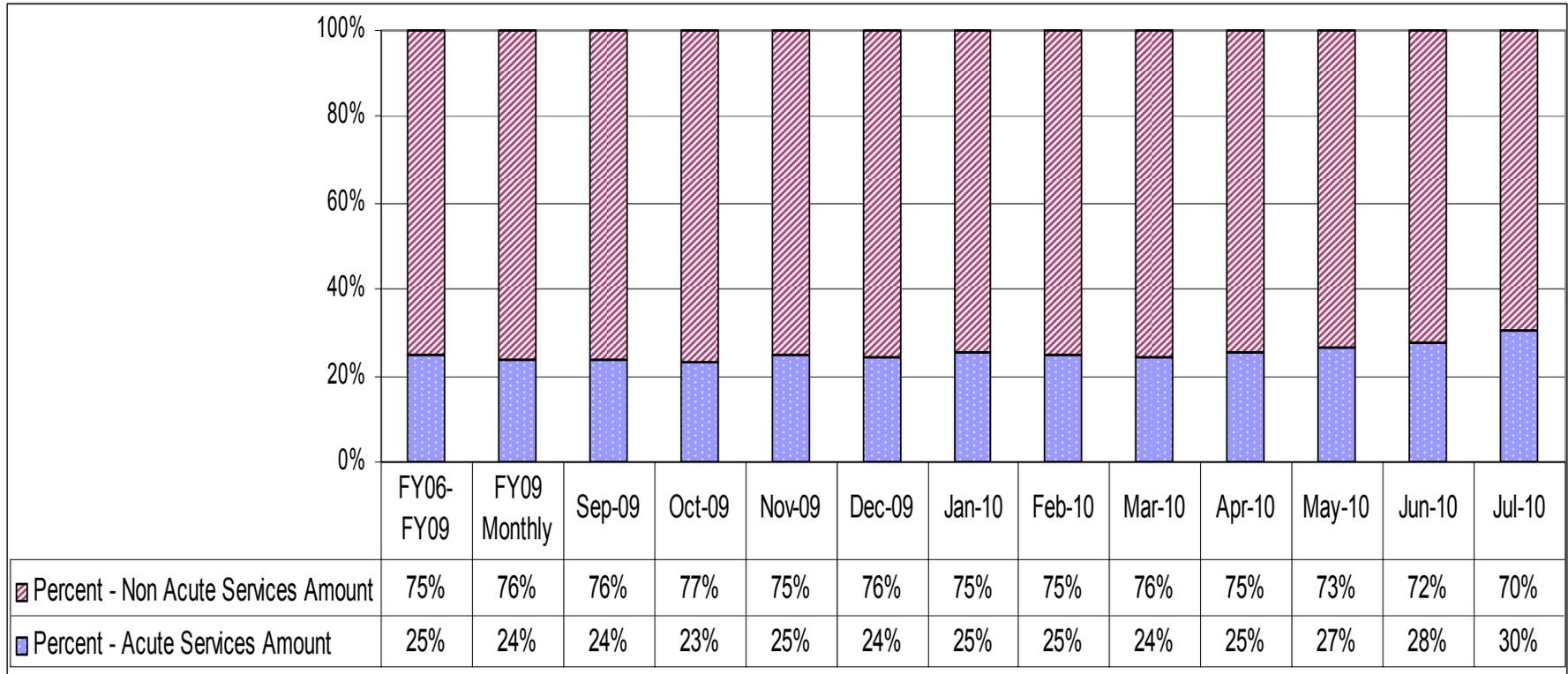
Provider Name	Sep 09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10
ABC BEHAVIORAL HEALTH LLC	2.3%	2.1%	1.8%	2.6%	2.4%	2.4%	1.6%	2.8%	2.1%	2.6%	2.0%
ADAPT OF TEXAS INC	1.7%	1.2%	1.4%	1.7%	1.8%	1.6%	2.0%	1.8%	1.5%	2.0%	1.9%
CENTRO DE MI SALUD LLC	2.6%	2.1%	0.0%	0.7%	2.3%	1.6%	0.8%	1.8%	0.5%	2.8%	7.2%
CHILD AND FAMILY GUIDANCE CTRS	1.4%	2.0%	1.7%	1.9%	2.4%	1.9%	1.4%	2.1%	1.1%	2.2%	2.2%
DALLAS METROCARE SERVICES	2.2%	1.9%	1.7%	1.9%	1.9%	2.0%	2.4%	2.2%	2.1%	2.1%	2.0%
LAKES REGIONAL MHMR CENTER	1.7%	0.6%	1.1%	1.2%	1.8%	1.1%	1.4%	1.2%	1.8%	1.9%	1.6%
LIFE PATH SYSTEMS	1.3%	1.0%	1.7%	1.4%	1.2%	1.1%	1.3%	2.2%	1.8%	1.7%	1.3%
LIFENET BEHAVIORAL HEALTHCARE	1.9%	2.2%	2.3%	2.1%	3.4%	2.9%	2.9%	1.7%	1.9%	2.0%	2.4%

# Specific SPN Acute Rates by Month-Youth

Acute Presentation Rates Per Youth with a LOCA by NorthSTAR SPN by Month [youth with LOCA and acute encounter =numerator, youth with a LOCA =denominator]

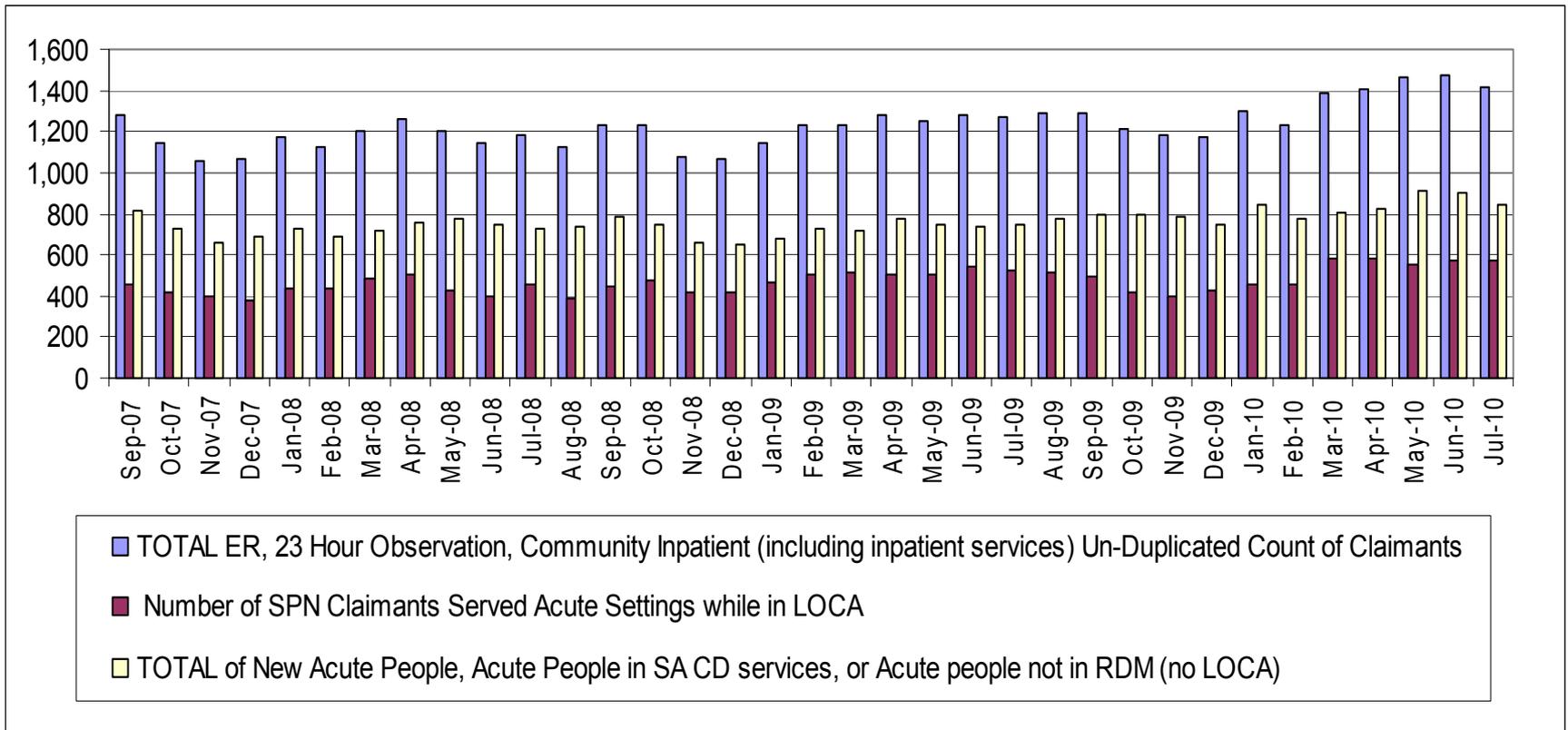
Provider Name	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10
ADAPT OF TEXAS INC	0.6%	1.2%	1.1%	1.4%	1.1%	0.5%	2.1%	1.3%	1.9%	1.7%	0.8%
CENTRO DE MI SALUD LLC	1.4%	0.0%	0.0%	1.3%	0.7%	3.1%	1.3%	0.8%	2.6%	0.0%	1.7%
CHILD AND FAMILY GUIDANCE CTRS	1.3%	1.2%	1.0%	0.9%	0.8%	1.1%	0.9%	1.3%	0.7%	0.7%	0.9%
DALLAS METROCARE SERVICES	0.9%	0.9%	0.9%	0.9%	1.0%	0.7%	1.2%	1.1%	1.1%	0.9%	0.8%
LAKES REGIONAL MHMR CENTER	1.7%	1.0%	1.4%	0.7%	1.3%	2.3%	2.3%	1.6%	0.3%	2.0%	0.7%
LIFE PATH SYSTEMS	1.9%	2.6%	1.5%	2.2%	0.7%	0.7%	1.2%	1.6%	1.3%	0.3%	1.1%
LIFENET BEHAVIORAL HEALTHCARE	1.5%	1.7%	1.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
PROVIDENCE SERVICE CORP OF TEXAS	2.4%	1.4%	1.8%	1.5%	1.5%	1.6%	1.8%	1.6%	0.8%	0.8%	1.8%
YOUTH ADVOCATE PROGRAMS INC	0.9%	0.0%	0.0%	0.0%	0.9%	0.4%	0.9%	0.0%	0.0%	0.0%	0.8%

# Percent of Claims Dollars Expended by Value Options on Acute and Non Acute Service Groups (Does not include State Hospitalizations.)

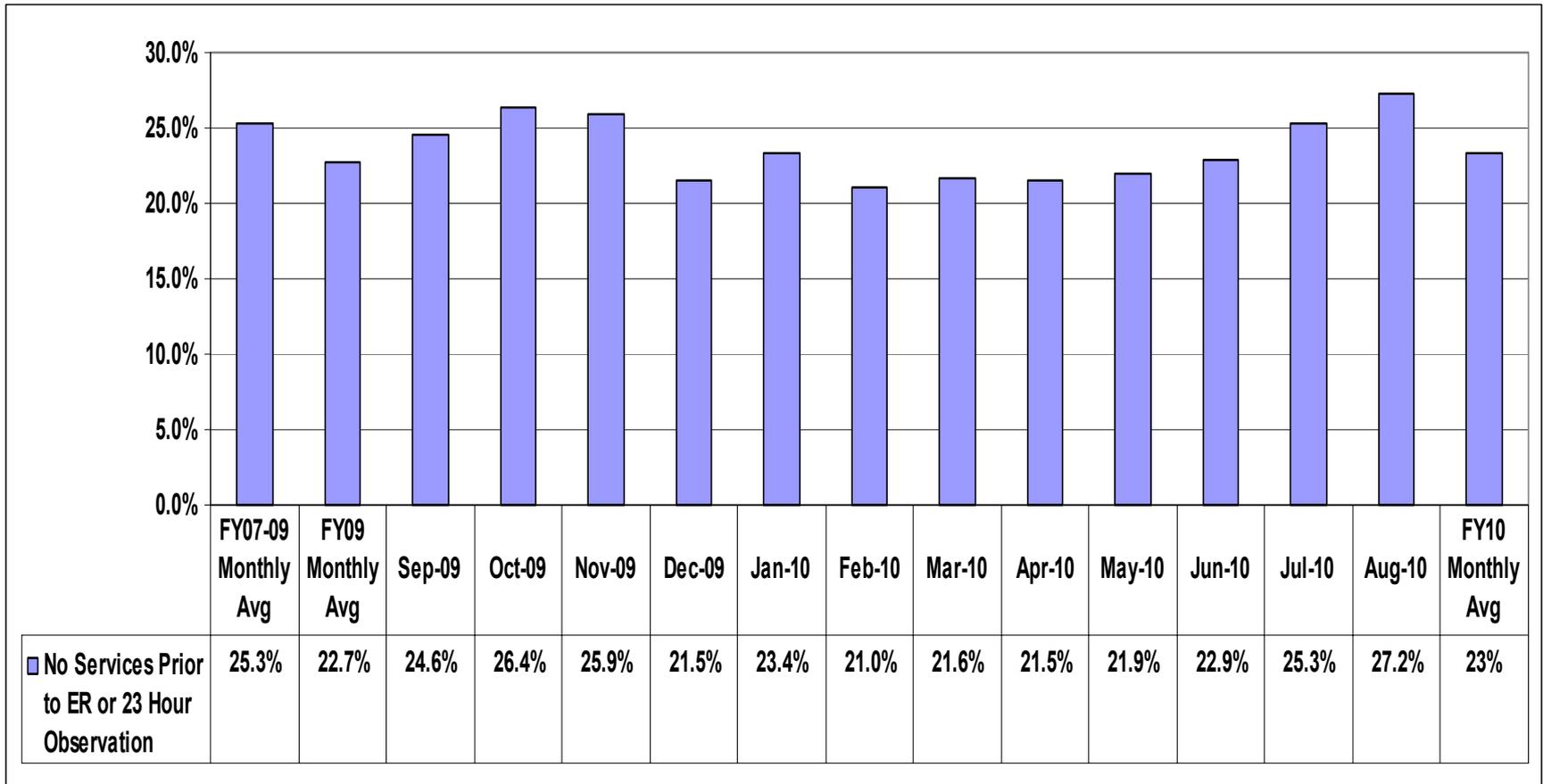


**Note: Later months should be viewed with caution. This caution is attributed to the speed at which types of providers submit claims for services (hospitals versus outpatient providers).**

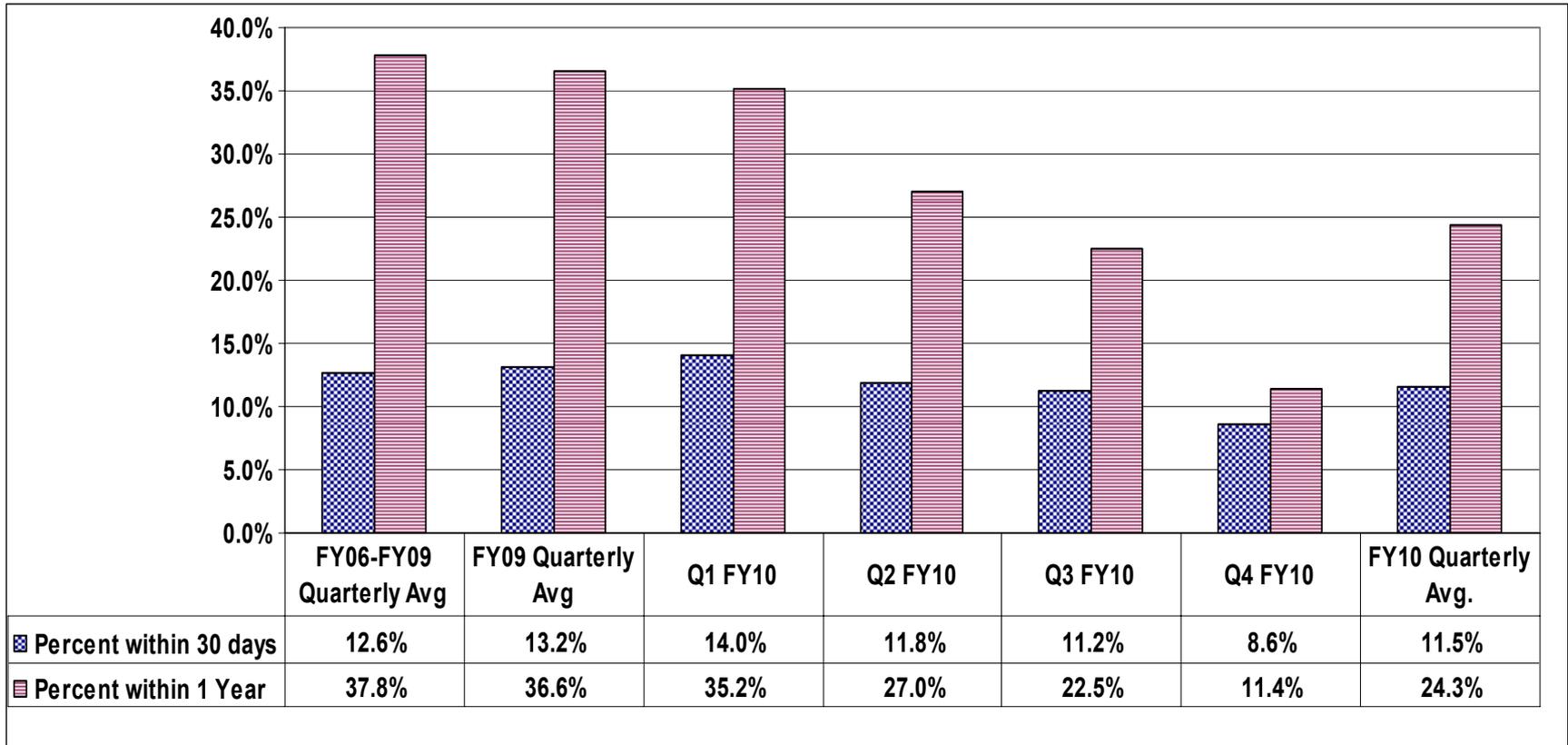
**Acute Rates by RDM and non RDM Cohort-** The data below represent *numbers of enrollees* who present to acute care settings (ER, 23 hour observation and community inpatient). It should be noted that the numbers of enrollees (overall served and by LOCA) are also increasing.



# ER or 23 Hour Observation as a First Encounter (paid on a claim) for an Enrollee

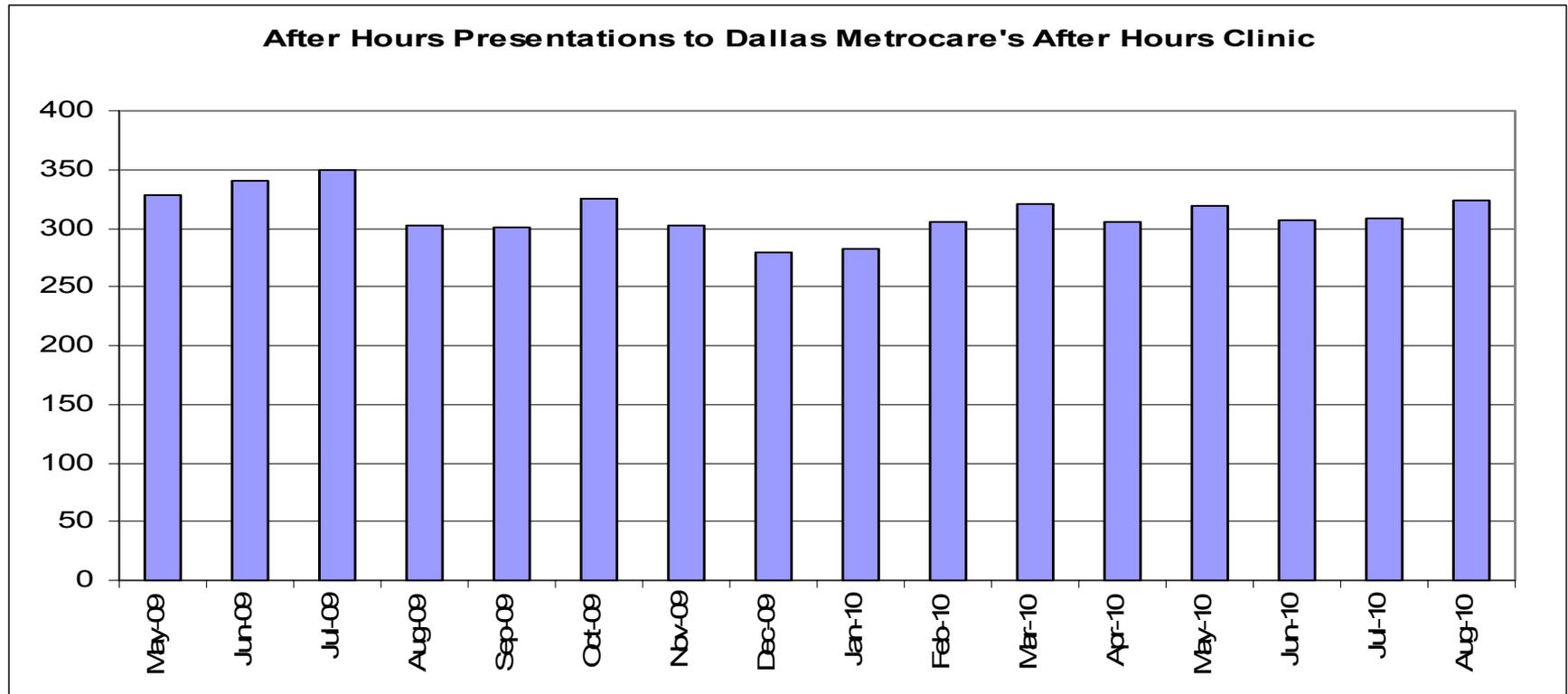


# Readmission to Psychiatric Hospital (Note: data pull methodology changed since last presentation.)



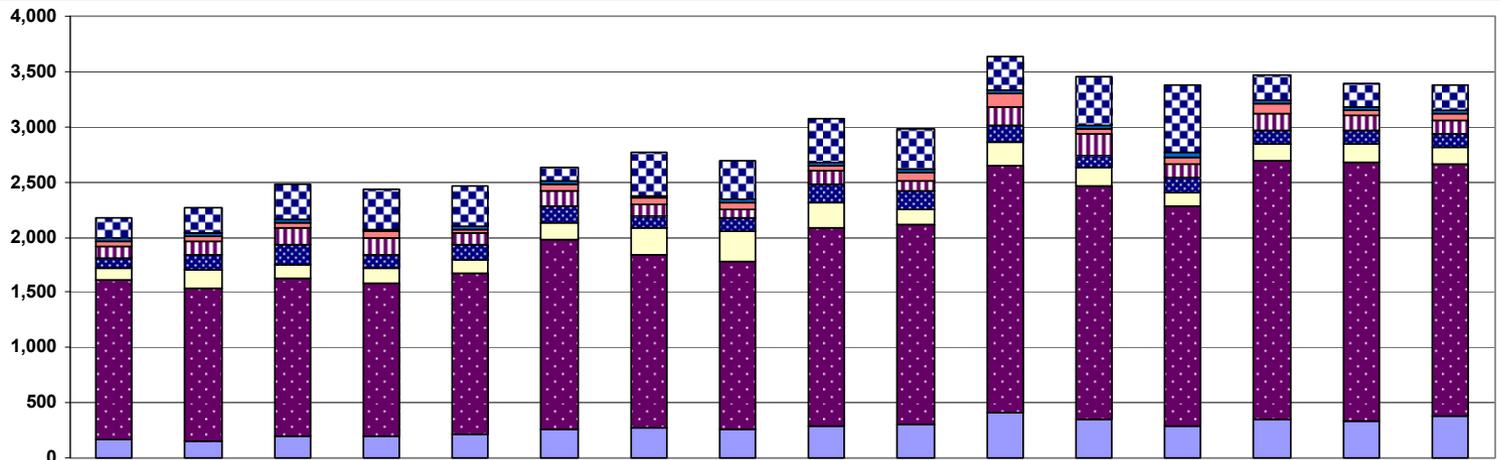
Note: Includes community and state hospital encounter data. Data based on discharge date. A re-admission is based on a least a one day gap between a discharge and an admission.

# Enrollee Presentations to Dallas Metrocare's After Hours Clinic



**Note: Primary reason for presentation to this service is due to a person's inability to get in to see their psychiatrist for a refill, usually after missed appointment. The second most common reason is people brought in by mobile crisis or from Bridge (Dallas Homeless Assistance Center) to get back on medications.**

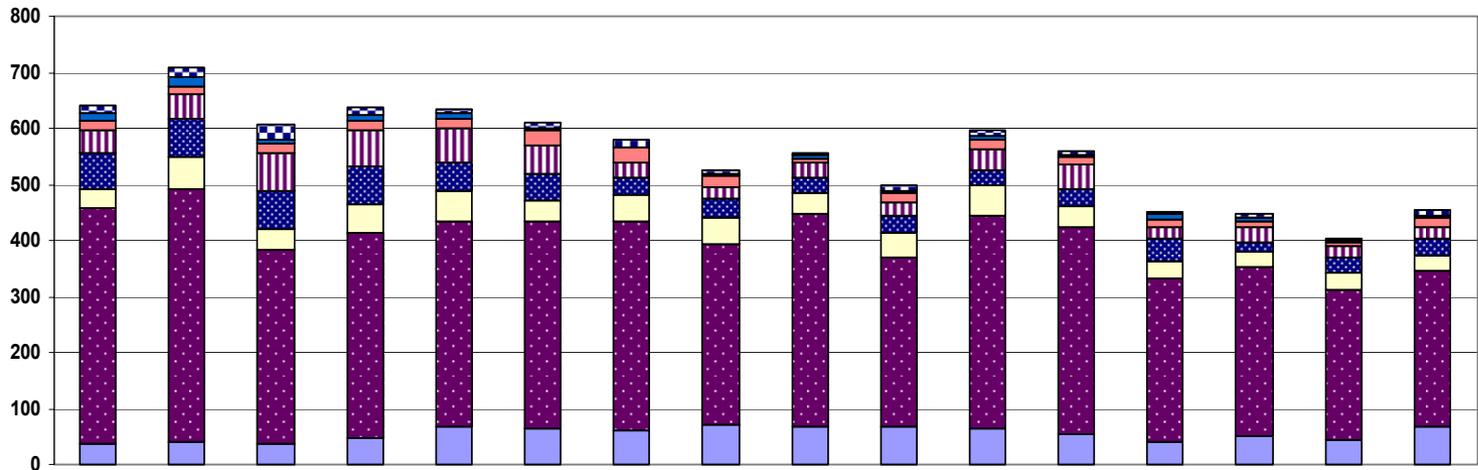
# Adapt Community Solutions Telephone Hotline Data (incoming calls)



	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
Non NorthSTAR Counties	176	217	320	376	361	122	405	349	399	373	294	454	613	228	217	224
Rockwall County	39	33	20	12	30	29	5	29	25	21	31	18	42	39	23	28
Navarro County	44	51	56	57	36	53	62	61	40	76	119	56	62	86	51	57
Kaufman County	97	126	153	149	113	135	110	77	129	88	171	190	114	145	137	119
Hunt County	98	123	168	126	134	156	102	113	159	177	153	117	143	127	118	134
Ellis County	109	170	136	131	117	146	244	276	227	137	214	161	125	145	168	152
Dallas County	1439	1385	1420	1389	1455	1725	1575	1522	1797	1803	2234	2114	1983	2342	2348	2276
Collin County	171	156	200	198	220	259	271	259	294	308	413	350	293	357	327	380

**Note:** Call volume includes all incoming calls. Not Reported, Out-of-State and Texas Residence Unknown data are included in Non NorthSTAR counties category. Data do not include outgoing calls. According to vendor, informational calls represent 17% of inbound calls, and routine calls represent 24% of inbound calls. Outbound calls are approximately 50% of inbound calls. During FY10, that percentage has grown to 65%.

# Adapt Community Solutions Mobile Crisis Data (face to face encounters)

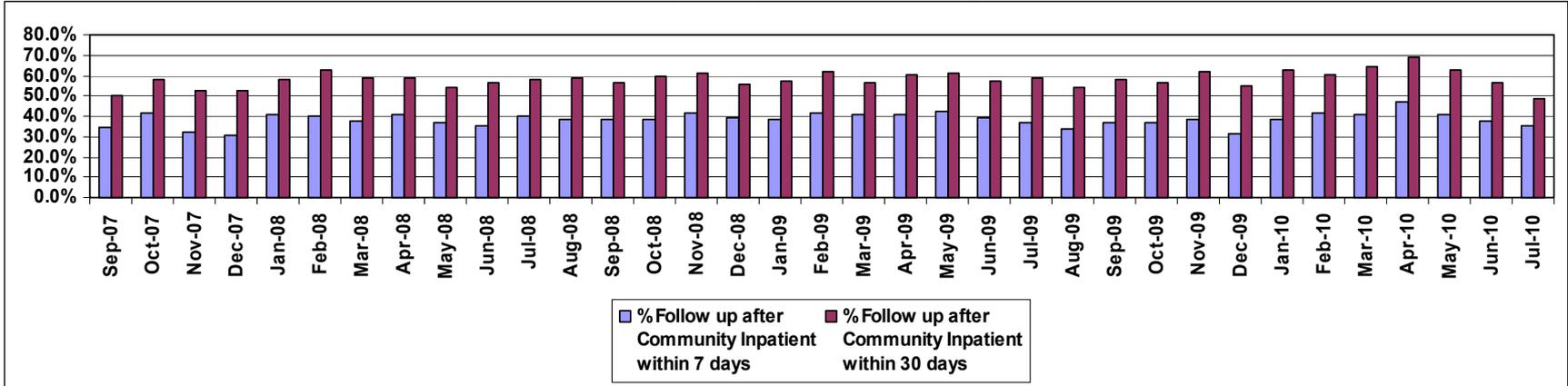


	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
Non NorthSTAR Counties	13	17	25	15	8	10	14	7	5	12	11	7	4	4	1	11
Rockwall County	12	14	7	11	10	6	2	4	7	2	4	4	9	7	6	4
Navarro County	16	15	17	16	15	25	25	19	5	18	19	13	12	10	6	16
Kaufman County	41	44	69	65	63	53	29	23	29	22	35	47	21	28	21	21
Hunt County	64	69	68	68	51	45	31	31	25	31	27	29	40	18	26	30
Ellis County	35	57	36	50	52	38	45	50	38	44	57	38	32	25	31	28
Dallas County	422	449	347	365	366	370	373	322	380	302	377	369	290	303	267	276
Collin County	36	42	37	48	69	64	62	70	68	68	66	54	42	51	44	69

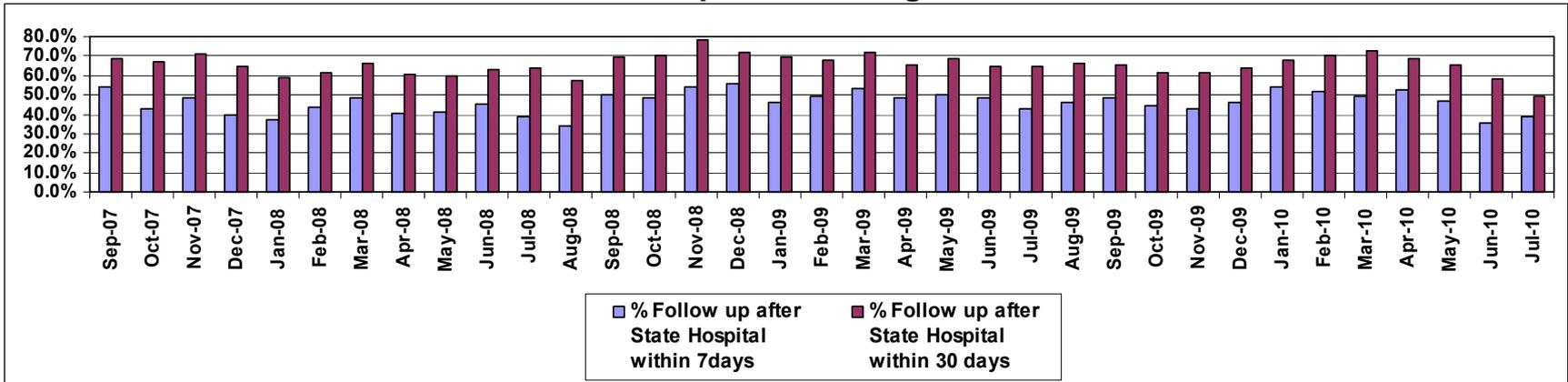
**Note: Not Reported, Out-of-State and Texas Residence Unknown data are included in Non NorthSTAR counties category.**

# Follow-Up with Non-Acute Services After Discharge From Psychiatric Hospital

## Community Hospital Discharges

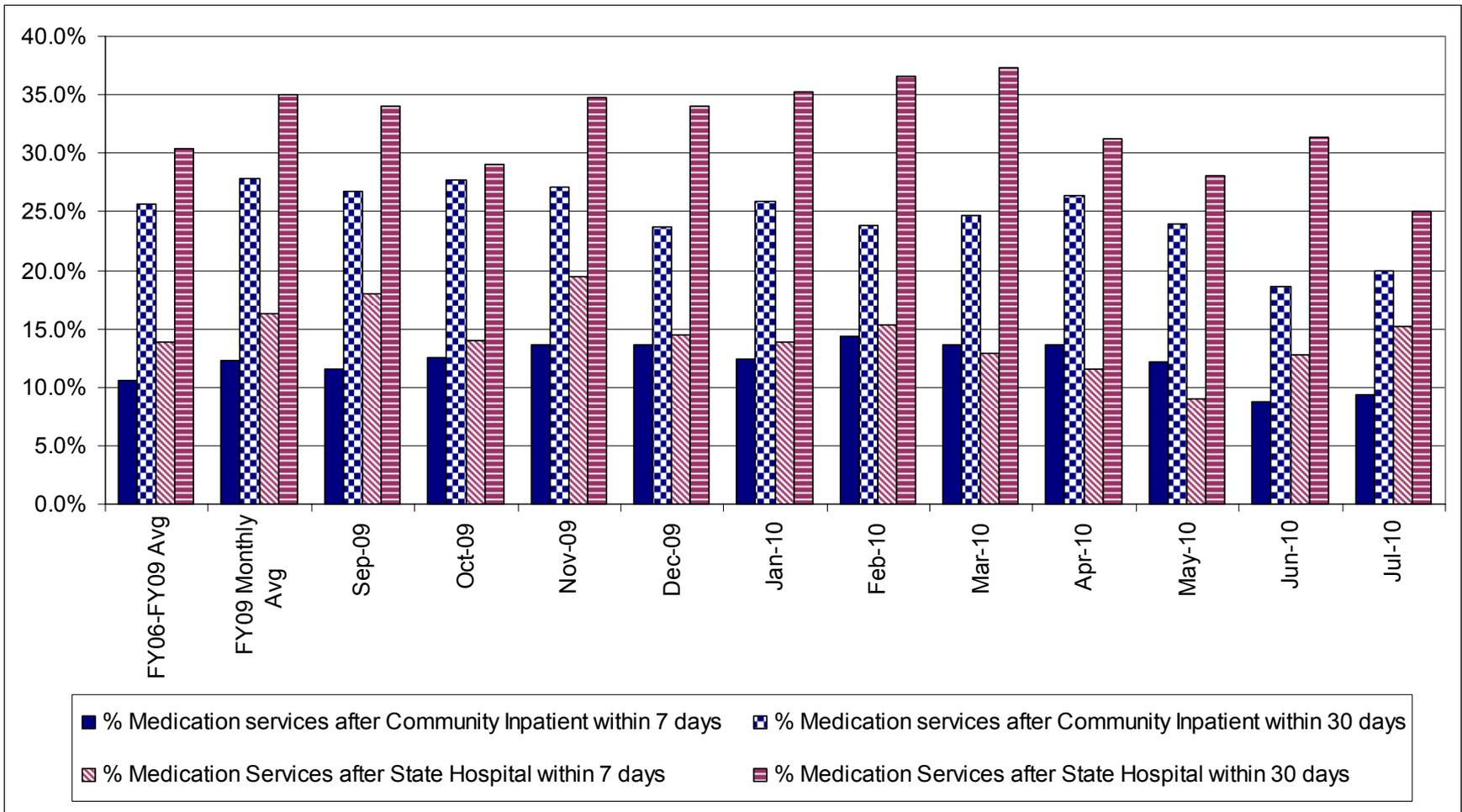


## State Hospital Discharges

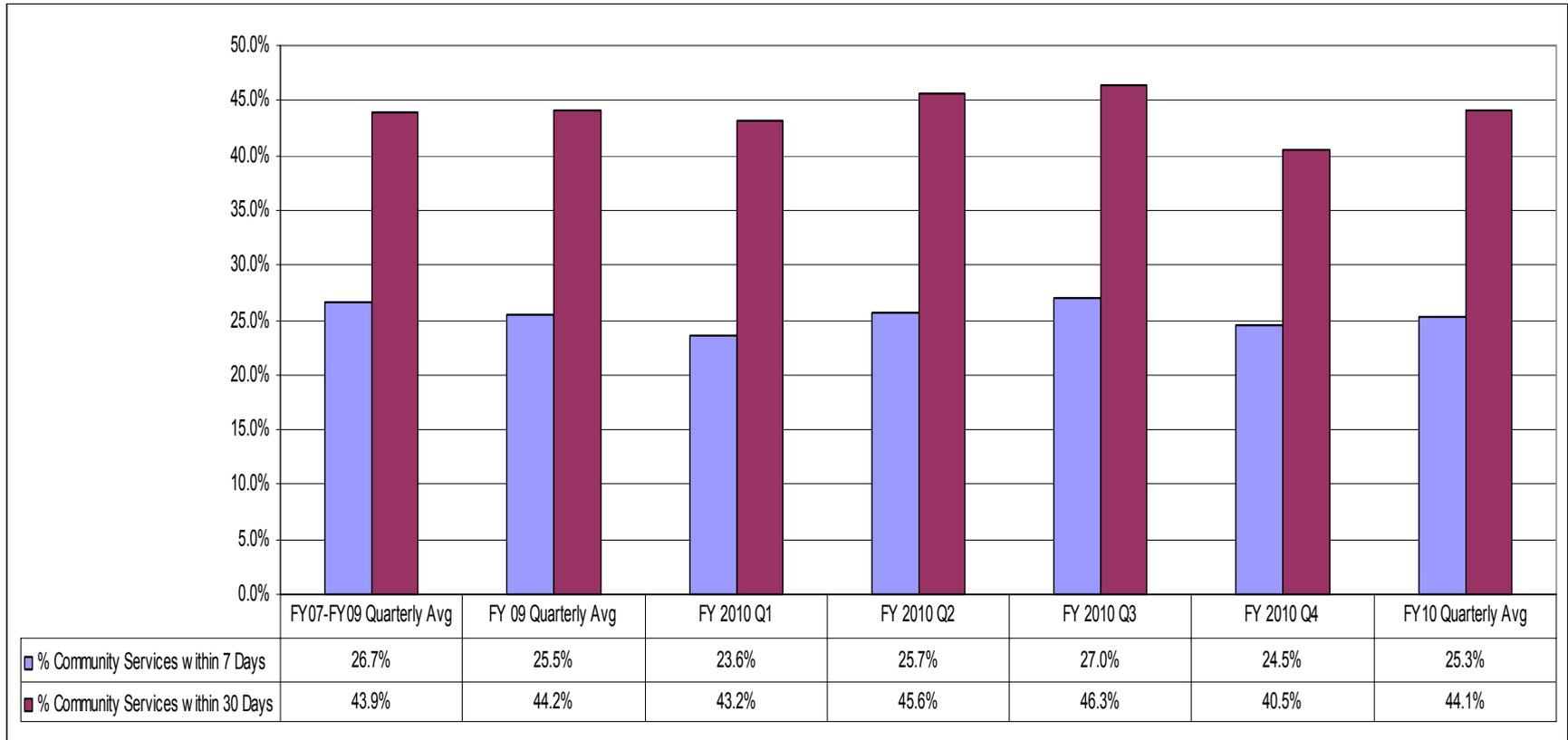


Note: Data based on discharge date. Follow Up Services include community based services covered by NorthSTAR excluding ER, 23 hour observation, inpatient hospital, intensive crisis residential or other crisis services.

# Percentage of Enrollees who see a Prescriber after Discharge from Psychiatric Inpatient



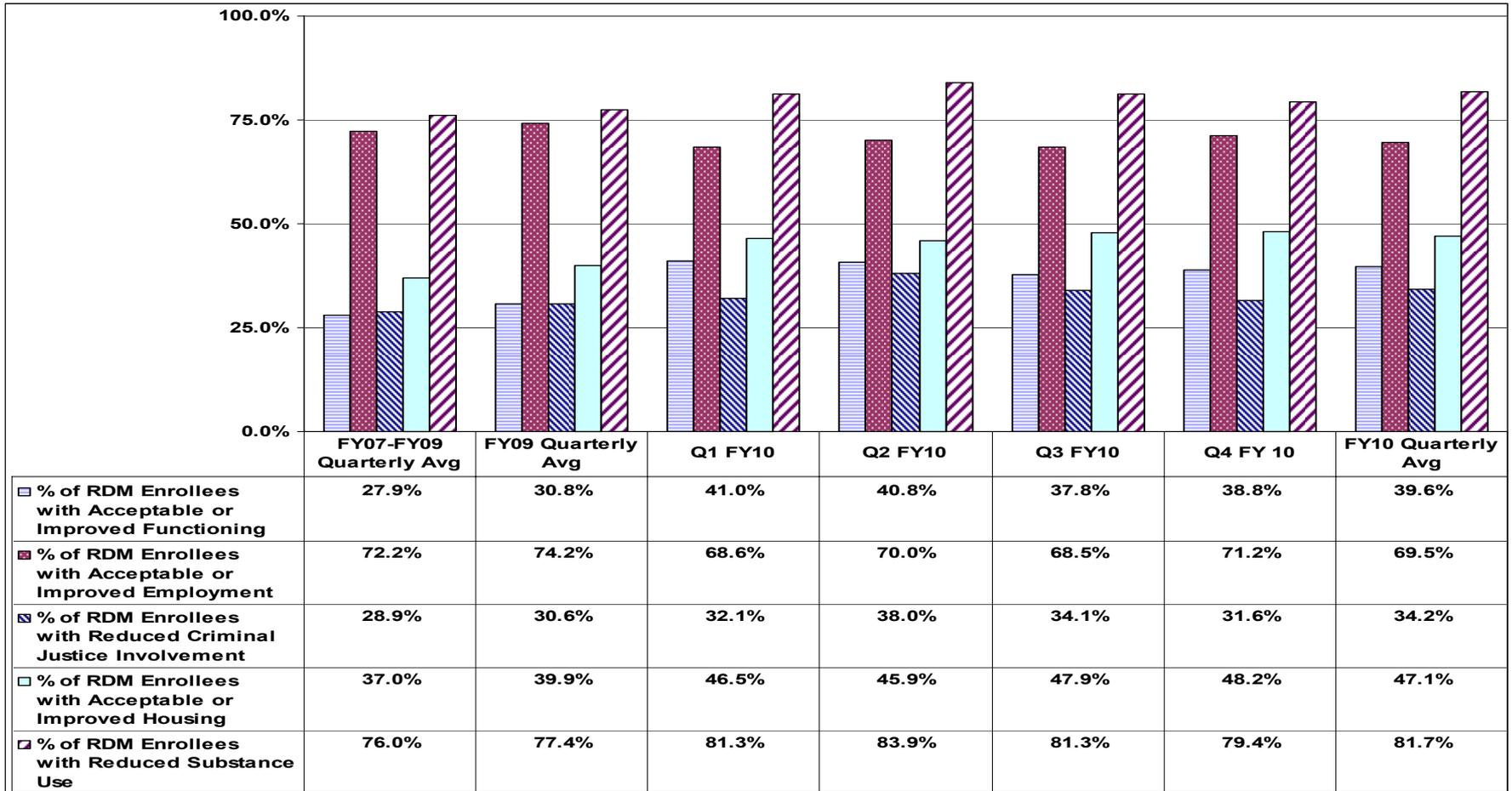
# Percent of Enrollees Who Receive Community Services after ER or 23 Hour Observation



**Note: Community services include community based services covered by NorthSTAR excluding ER, 23 hour observation, inpatient hospital, intensive crisis residential or other crisis services.**

# Select TRAG Dimension Trends

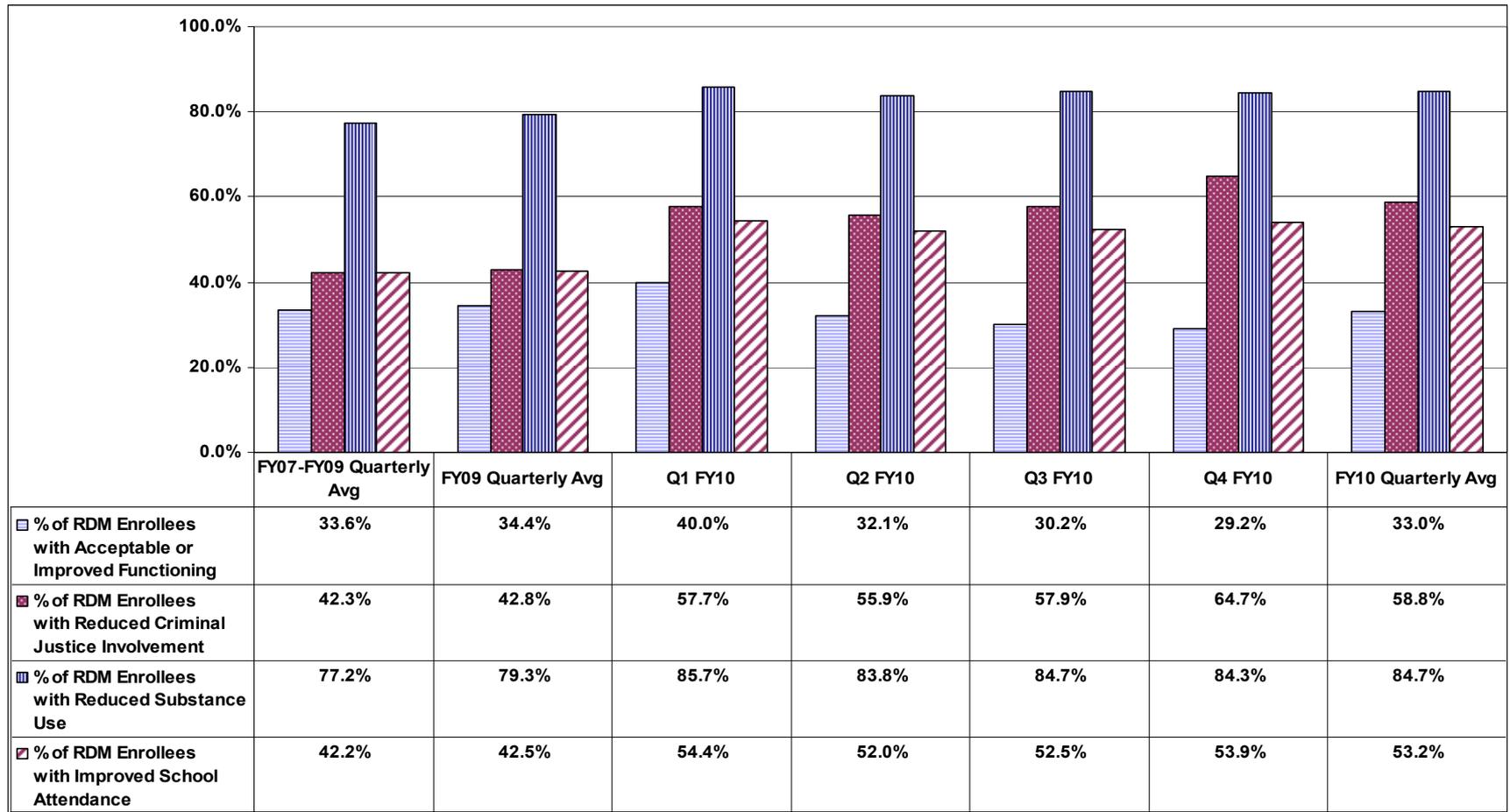
## Adults-Acceptable or Improving



**Note: Functioning: Acceptable – 1 on latest and first; Improving - latest < first. Employment: Acceptable – 1 on latest and first; Improving – latest < first. Criminal Justice: Improving - latest < first and first 2+. Housing: Acceptable - 1on latest and first; Improving - latest < first. Substance Use: Acceptable - 2 on latest and first; Improving - latest < first.**

# Select TRAG Dimension Trends

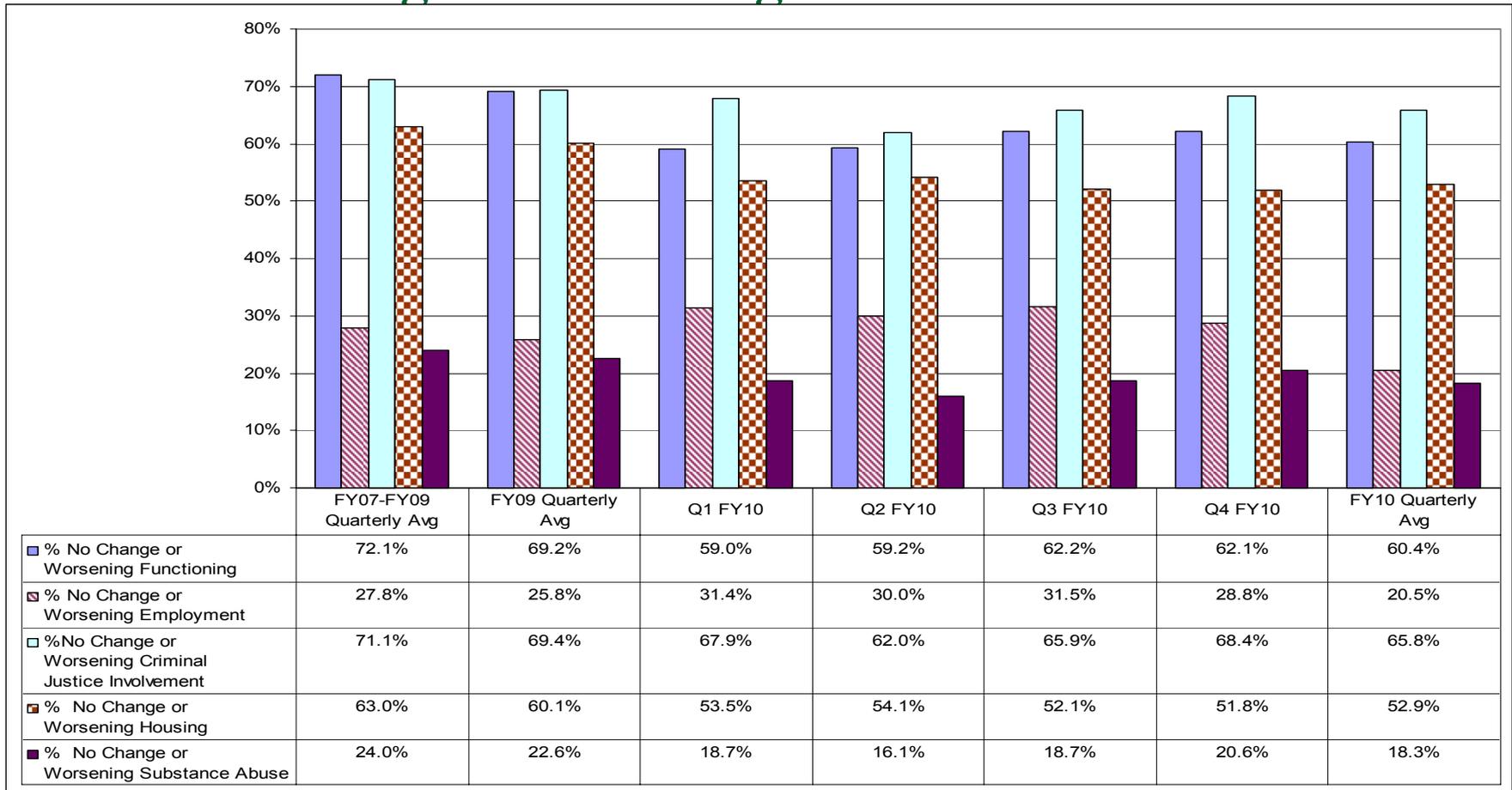
## Youth-Acceptable or Improving



**Note: Functioning: Acceptable -  $-9 < \text{OFS Difference} < 9$  and latest OFS  $\geq 54$ ; Improving - OFS Difference  $\geq 9$ . Criminal Justice: Improving - latest  $<$  first and first  $> 1$ . Substance Use: Acceptable - 2 on latest and first; Improving - latest  $<$  first and first  $> 1$ . School Attendance: Improving - latest  $<$  first and first  $> 2$ .**

# Select TRAG Dimension Trends

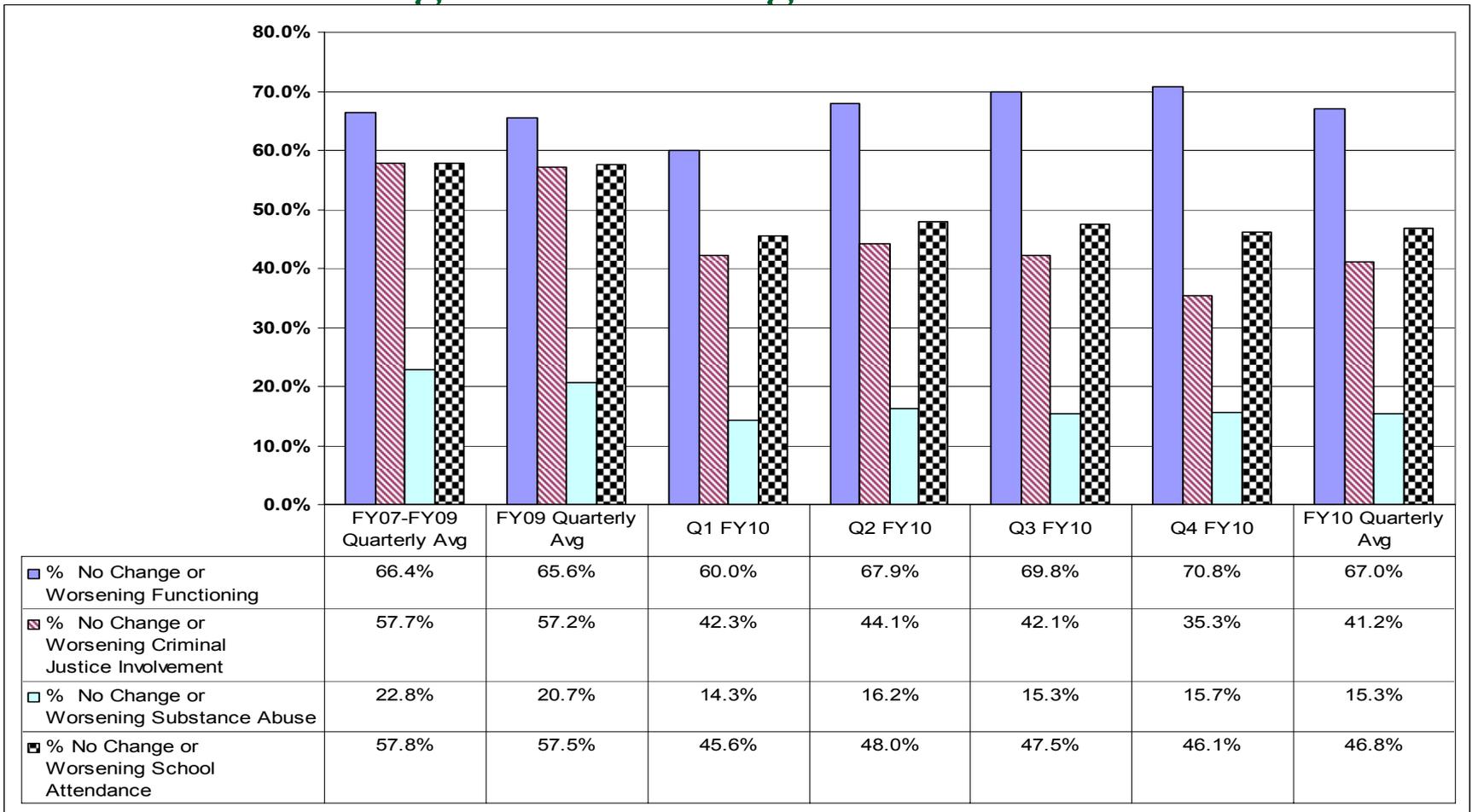
## Adults-No Change or Worsening



**Note:** Functioning: No Change – latest = first and latest > 1; Worsening – latest > first; Employment: No Change – latest = first and latest > 1; Worsening – latest > first; Criminal Justice: No Change – latest = first and first > 1; Worsening – latest > first and first > 1; Housing: No Change – latest = first and latest > 1; Worsening – latest > first; Substance Abuse: No Change – latest = first and first > 2; Worsening – latest > first and first > 1.

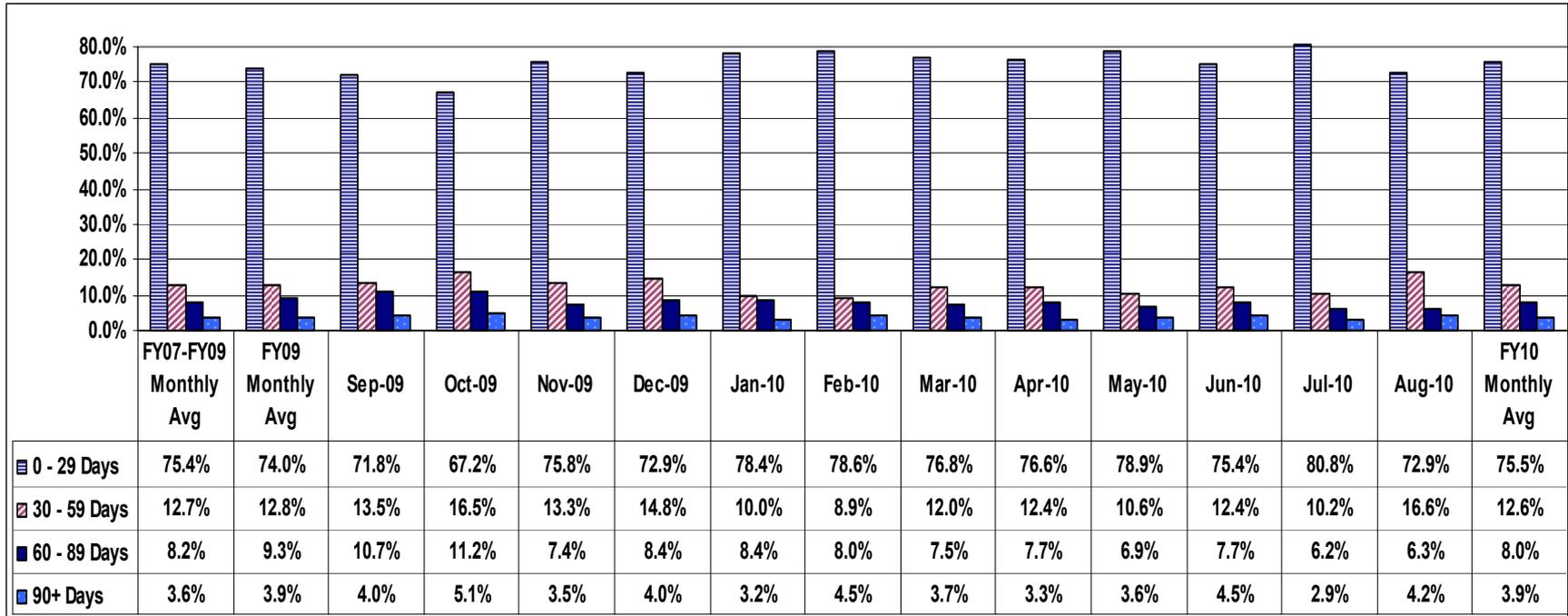
# Select TRAG Dimension Trends

## Youth- No Change or Worsening



**Note: Functioning: No Change -  $-9 < \text{OFS Difference} < 9$  and latest OFS  $< 54$ ; Worsening – OFS Difference  $\leq 9$ . Criminal Justice: No Change – latest = first and first  $> 1$ ; Worsening – latest  $>$  first and first  $> 1$ ; Substance Abuse – No Change – latest = first and latest  $> 2$ ; Worsening – latest  $>$  first and first  $> 1$ ; School Attendance: No Change – latest = first and first  $> 2$ ; Worsening – latest  $>$  first and first  $> 2$ .**

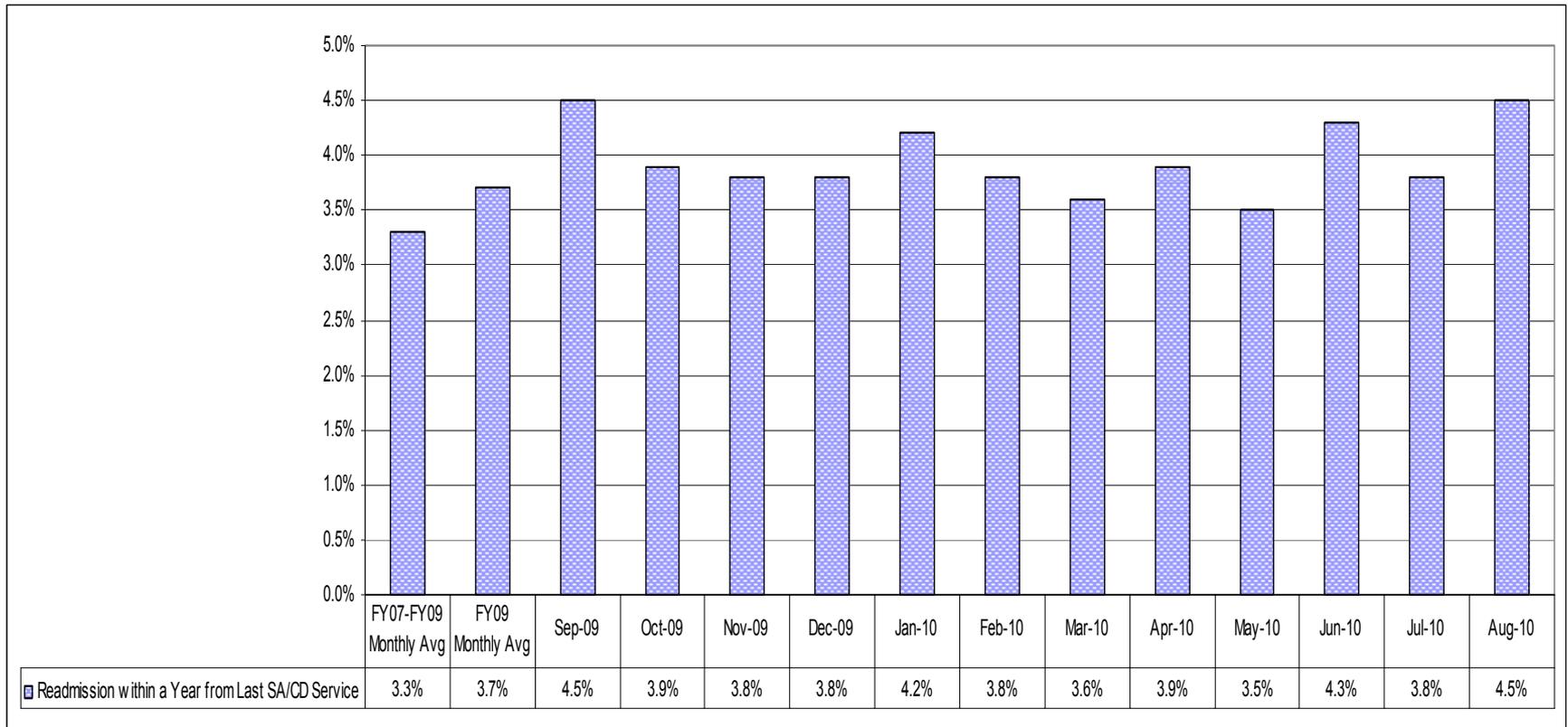
# Substance Use Disorder-Length of Treatment Episode (Note: methodology changed since last presentation.) Does not include Methadone Services.



**Note:** Data for previous 90 days may not be complete as persons may be transitioning between levels of care and not captured in the data. Data exclude Methadone Services. The data source for this data table has been revised to use paid claims data from the NorthSTAR data warehouse. Previous versions used the DSHS clinical data system (BHIPS). It is believed these data present a more accurate representation of the trends.

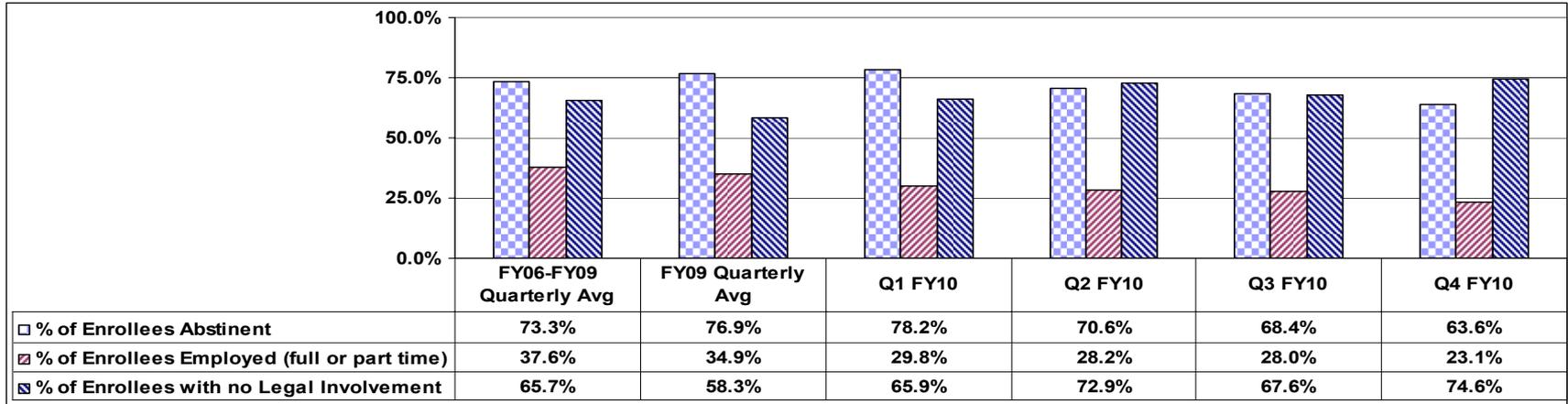
# Percentage of Readmissions to Substance Use Disorder Treatment within a Year

Measures how many readmissions to SUD residential or SUD nonresidential treatment occur within a year after a break in treatment of at least 15 days. For example, in Feb 2010, 3.8% of individuals who exited SUD services during the previous year were readmitted to SUD services. This data may include multiple readmissions by enrollees.

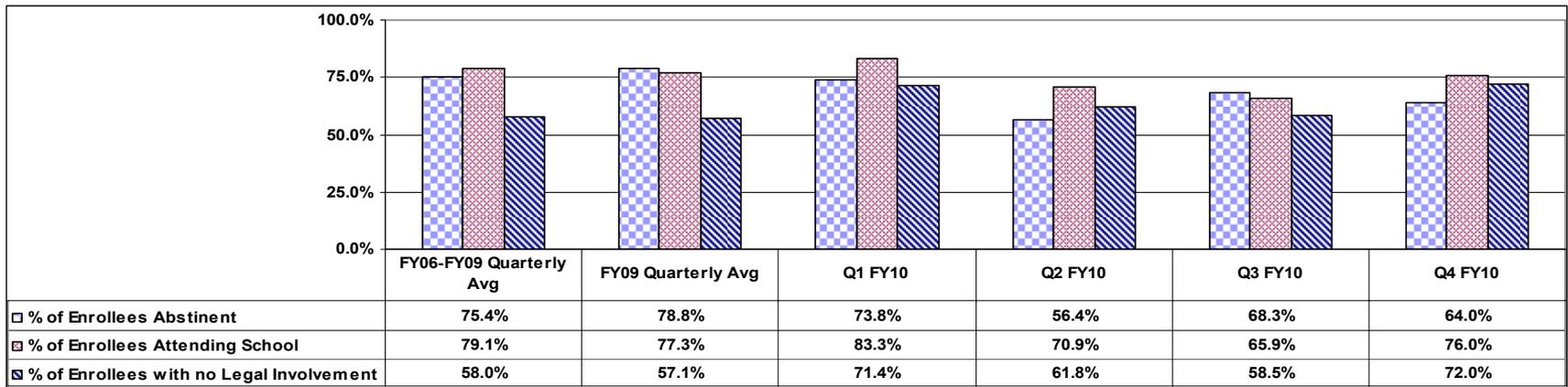


# Substance Use Disorder Follow Up After Discharge from SUD Treatment

## Adult



## Youth



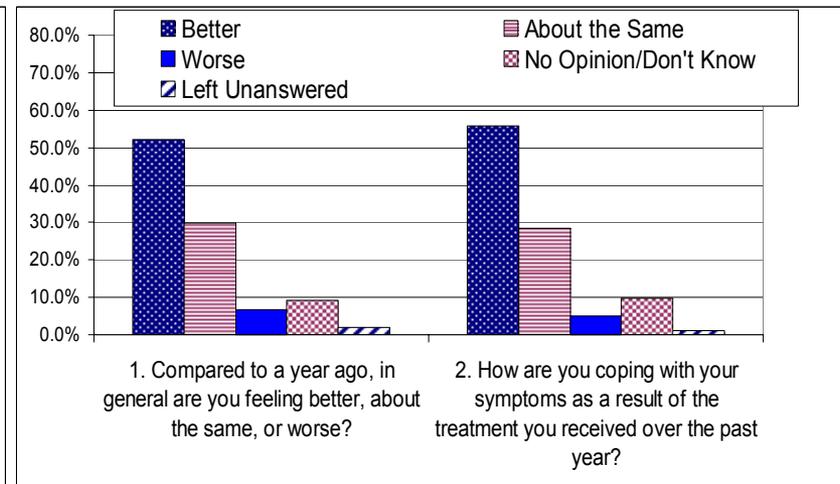
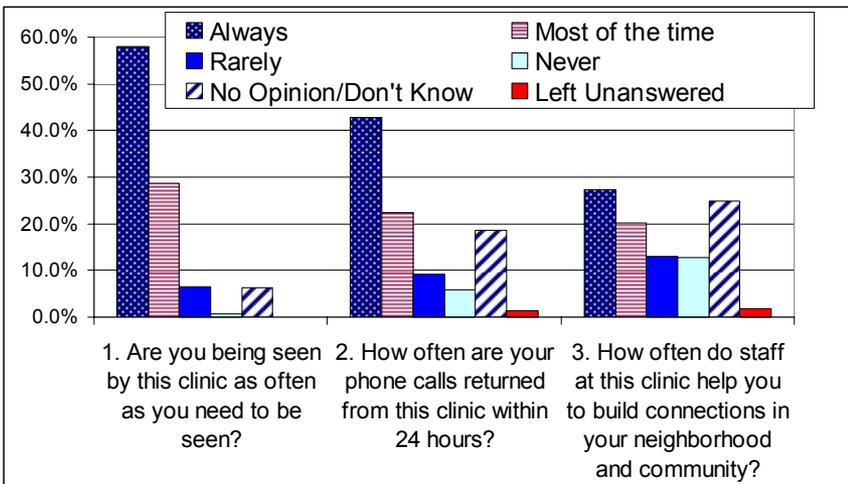
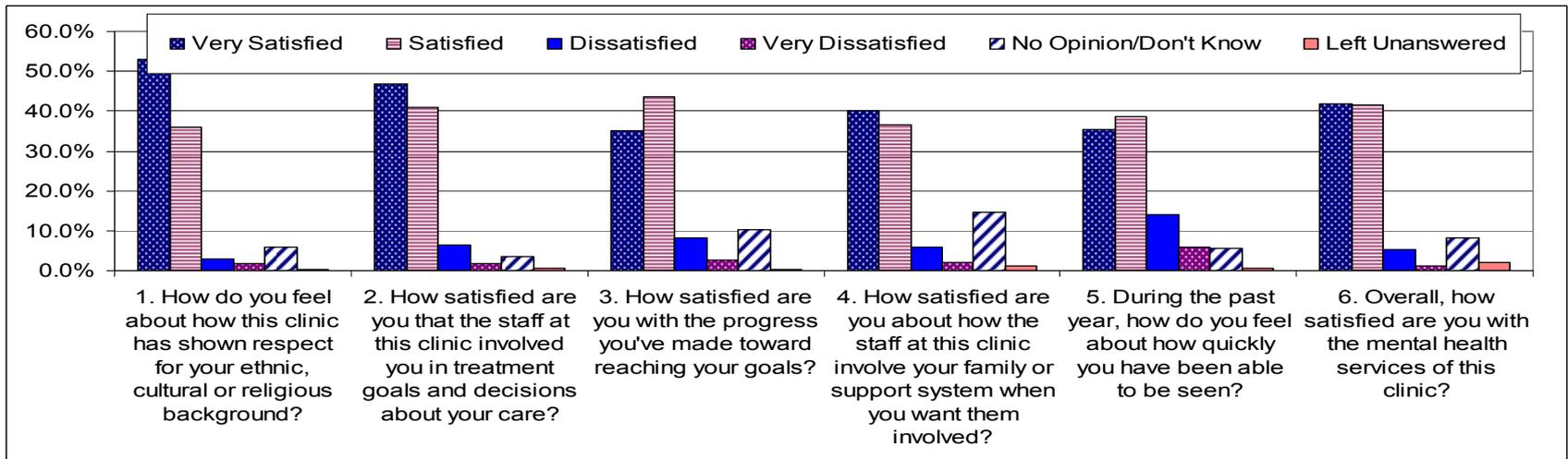
**Note: This data is based on the discharging provider's telephonic interview data of enrollees 60 days after discharge.**

# Enrollee and Provider Complaints, Satisfaction



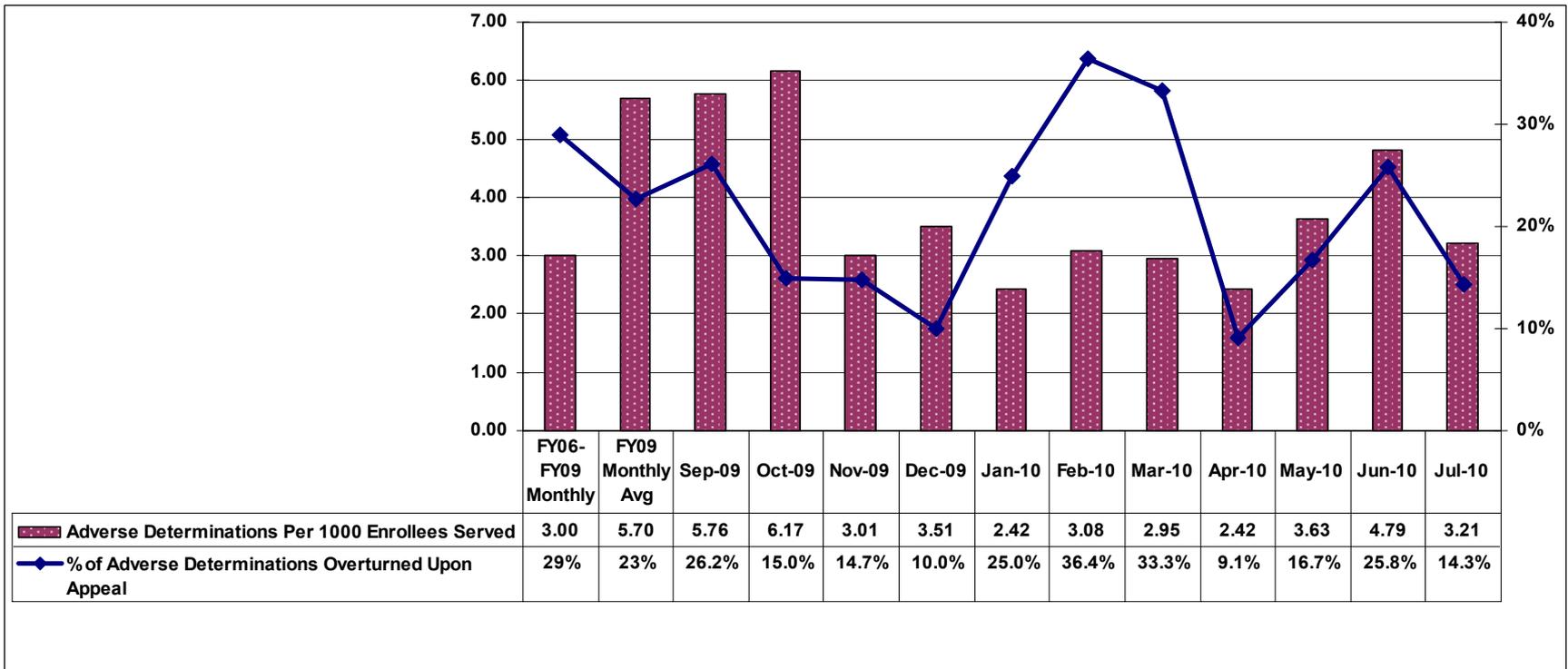
**Note: On a monthly basis, most provider complaints are against ValueOptions regarding claims payment and utilization management issues. Most of these come from a limited number of providers. Most enrollee complaints are against NorthSTAR providers regarding quality and access to care issues.**

# Enrollee Satisfaction/Dissatisfaction with Services-Conducted in April 2010



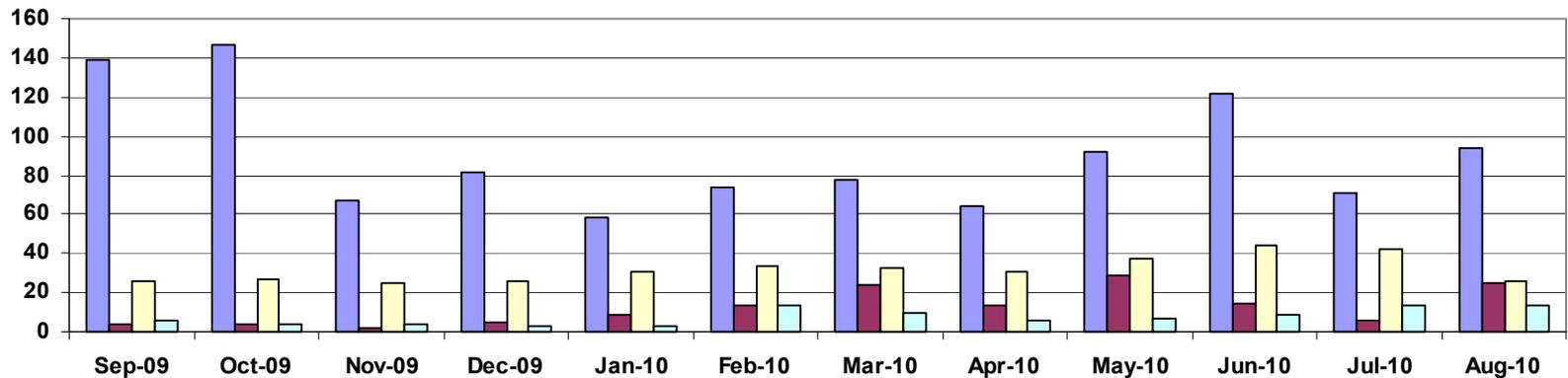
Note: Survey to be re-administered in late 2010 or early 2011.

# Utilization Management-Adverse Determinations and Overturn Rate Upon Appeal



**NOTE: Aug-10 data are not included due to claims lag.**

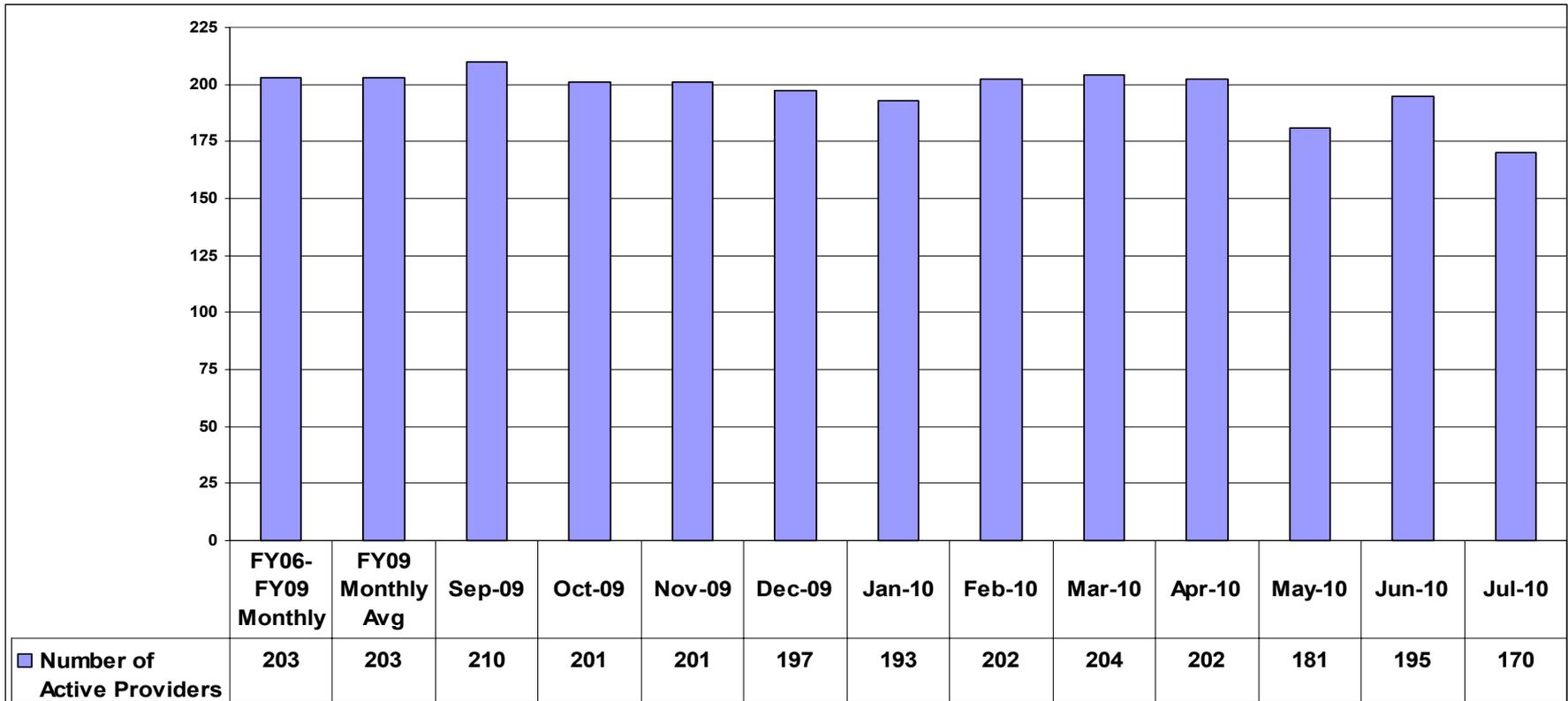
# Medical Necessity Adverse Determinations, by Specific Service Category



	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
Total	139	147	67	81	58	74	78	64	92	122	71	94
23 hr obs	4	4	2	5	9	13	24	13	29	14	6	25
Inpatient	26	27	25	26	31	34	33	31	37	44	42	26
SUD res	6	4	4	3	3	13	10	6	7	9	13	13

**Note: Out of a total of 1087 total Adverse Determinations for FY 2010, 53 % were from three levels of service: 23 hour observation, MH inpatient and SUD residential.**

# Provider Network Activity-Providers that have served at least one NorthSTAR enrollee (based on a paid claim)



Note: The counts above reflect facility and group activity, as well as individual provider activity. Data are based on claims that are paid based on the billing provider number. It does not count discrete service provider activity within the facility or group practice. This will be a measure to watch in the future in order to ensure a continued wide and diverse provider network.

**OTHER VIEWS:** Average Monthly Number of Providers who served  $\leq 25$  enrollees over this same period is 50 providers,  $\leq 50$  enrollees is 33 providers,  $\leq 100$  enrollees is 24 providers,  $\leq 250$  enrollees is 17 providers.

## Summary, Questions for Consideration and Possible Next Steps

- **Utilization in mental health services continues to climb.**
- **Utilization in SUD services is relatively flat compared to previous periods, and to mental health services. Average duration of SUD treatment episode should be examined for effectiveness.**
- **Acute utilization is rising relative to overall utilization-some spikes noted.**
- **Rate of acuity within SPN blended case rate payment model (beginning 10/1/09) is relatively similar compared to fee for service period (FY09).**
- **Co-occurring SUD and Mental Health services utilization seems to be an area for further study. Should we be seeing more utilization?**
- **Although not specifically covered in the data in this presentation, physical health-behavioral health coordination and integration opportunities need to develop. (Some aspects of 340B do not seem to be working as well as they could).**
- **Follow up rates after discharge from acute services seem to be an area for further study. Should we be seeing higher follow up rates?**

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## Summary, Questions for Consideration and Possible Next Steps

- **Disparate financing mechanisms (Medicaid versus non Medicaid) continue to strain the system. Can this system be sustained until we develop and implement the Medicaid expansion aspects of Health Reform (2014)?**
- **Further analysis needed-Does the system have sufficient analytical resources? Do providers have sufficient resources to fulfill their role? Are incentives and penalties aligned?**
- **Momentum of workgroups that have spun off from Dallas County Behavioral Health Leadership Team and Triwest and Zia Partners efforts need to be sustained. The August draft report was thoughtful and constructive, and provides a potential roadmap for the system to mature and grow.**
- **NTBHA needs to be engaged and serve as the vehicle for analysis, planning, coordination and oversight as we move forward with their strengthened role.**

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## Questions??

- **More information may be found on the NorthSTAR web page:**

<http://www.dshs.state.tx.us/mhsa/northstar/northstar.shtm>

- **Specific questions may be addressed to the appropriate staff contact:**

<http://www.dshs.state.tx.us/mhsa/northstar/staff.shtm>

## Comments/suggestions from the meeting (to be followed up)

- For slides regarding an acute service and a LOCA, determine and show when the acute service was delivered – prior or post the authorization. (slides 11,12,14,15,16 and 17) Showing both views will allow the reader to see who enters into which LOC after an acute service and who has an acute service need after a LOC is authorized.
- For slide regarding 23 hr observation usage and LOCA, break out the by SPN. (slides 12 and 13)
- Provide slides 19 Acute Rates by Cohort and slide 38 Adverse Determinations by percentage rather than raw numbers. As the enrollment numbers increase, the raw number of clients will increase. Seeing as a percentage will allow the reader to understand if an actual change is happening in the system.
- For slides 25 and 26 Follow ups to Inpatient Care, attempt to ascertain who may not be obtaining follow up care. Possible solutions would be to extend the time periods to 60 and 90 days to track clients and to see which clients only receive acute services. Also determine if some clients move out of the service area after the acute service. With these additional measures a more succinct number of clients who do not obtain any care could be determined.
- Display slide 21 Readmission Rates by SPN. The reader would be able to see how SPNs compare to each other.
- Display slide 27 Community service after 23hr observation or ER service by SPN. The reader would be able to see how SPNs compare to each other.

# Comments / suggestions continued

- For slide 32 SUD Length of Treatment, note the duration of a complete authorization from detoxification until the end of SOP so the reader can compare possible length of engagement with the actual. Also obtain SAMHSA data regarding length of engagement nationally so the reader can compare.
- For slide 33 Readmission to SUD Treatment, add a bar to the graph to display readmission to 23hr observation or ER service with a SUD primary diagnosis. The reader could see the percentage of clients who have an acute episode after leaving treatment.
- Create a slide displaying the increases in Medicaid funding from 2000 to 2010. The reader could see the decreases in indigent funding and increases in Medicaid funding with this information.
- Provide information and services and costs to highest utilizers in the system. Felicia from ValueOptions may have some data from the intensive case management program.
- Requested ValueOptions to re-run and provide the results of a query showing the impact on client length of stay in service when a client has access to a physician service two weeks after an inpatient stay.
- Create a slide displaying client functioning scores from the TRAG and comparing those scores to average units of MH services.