

# Uses of Integrated Data in Washington State

Data Infrastructure Grant Meeting

December 4, 2003

Copyright 2002 by Randy Glasbergen.  
www.glasbergen.com



**“On the Computer Diet, you can snack as much as you want.  
You burn off the calories by yelling at the tech support  
people and banging your head in frustration.”**

# Department of Social and Health Services Database

- Client Services Database includes service data from:
  - Mental Health Division
  - Division of Alcohol and Substance Abuse
  - Aging and Adult Services
  - Childrens Administration
  - Medical Assistance Administration
  - Developmental Disabilities
  - Juvenile Rehabilitation
  - Vocational Rehabilitation & Economic Services
- From this many research databases are formed

# Benefits

- Cross-system Performance Indicators
- Identification of High Service Utilizers across Department of Social and Health Services
- Medical Cost-Offset Study
- Program Evaluation

# Clients Receiving COD Services

## Outpatient Clients who Received DASA and MHD Services

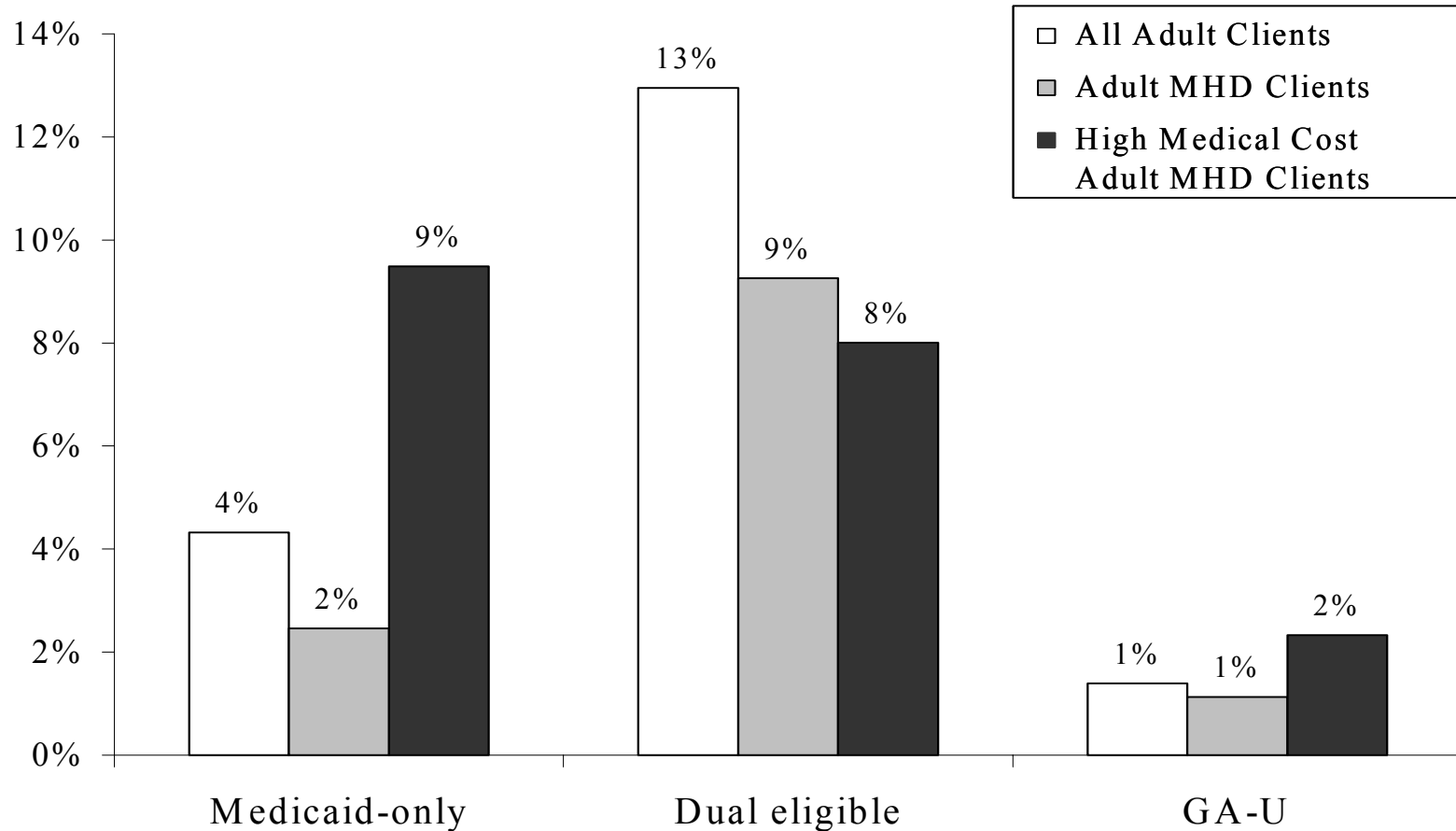
Quality VI.A.

Calc. 12/2002 RDA

RSN	FY00			FY01		
	# of MHD Clients Served	# of DASA Clients Served	% of Clients Served by MHD and DASA	# of MHD Clients Served	# of DASA Clients Served	% of Clients Served by MHD and DASA
Northeast	1,435	129	9.0%	1,457	133	9.1%
Grays Harbor	2,170	227	10.5%	2,274	196	8.6%
Timberlands	2,827	210	7.4%	2,995	257	8.6%
Southwest	3,226	402	12.5%	4,068	505	12.4%
Chelan / Douglas	1,935	196	10.1%	2,308	268	11.6%
North Central	2,124	162	7.6%	2,624	193	7.4%
Thurston / Mason	3,900	354	9.1%	4,519	506	11.2%
Clark	5,691	630	11.1%	7,257	838	11.5%
Peninsula	5,922	623	10.5%	6,580	649	9.9%
Spokane	8,234	811	9.8%	9,915	922	9.3%
Greater Columbia	11,647	1,249	10.7%	12,392	1,391	11.2%
Pierce	16,269	1,601	9.8%	17,801	1,795	10.1%
North Sound	18,176	1,616	8.9%	17,416	1,768	10.2%
King	23,097	2,209	9.6%	27,929	2,989	10.7%
<b>Statewide</b>	<b>106,653</b>	<b>10,419</b>	<b>9.8%</b>	<b>119,535</b>	<b>12,410</b>	<b>10.4%</b>

# Mortality of client subgroups

**Figure 3: Mortality Rate by Eligibility Status, FY 2001 Clients  
July 2000 – December 2001**

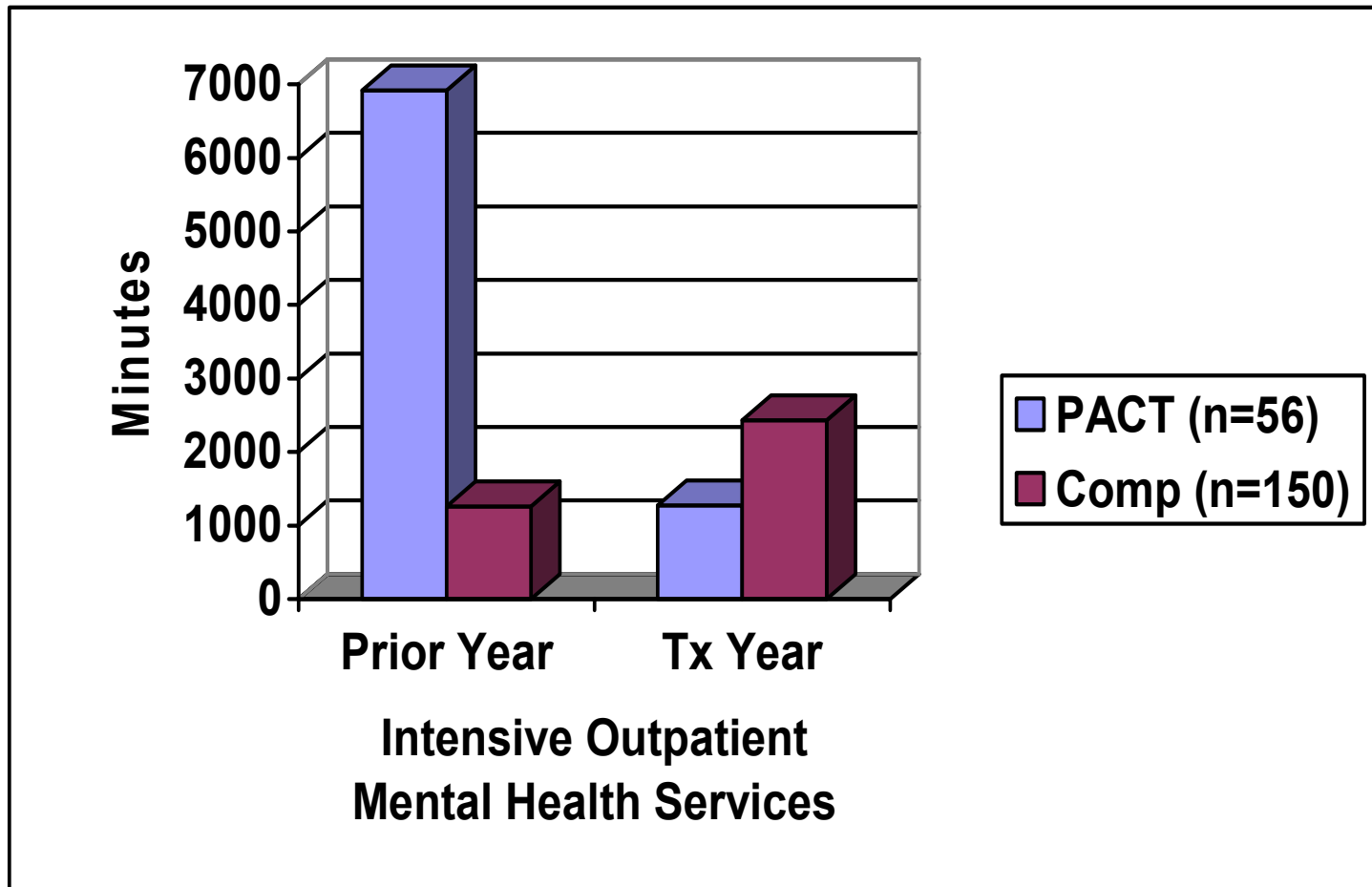


# Medical Cost Offset

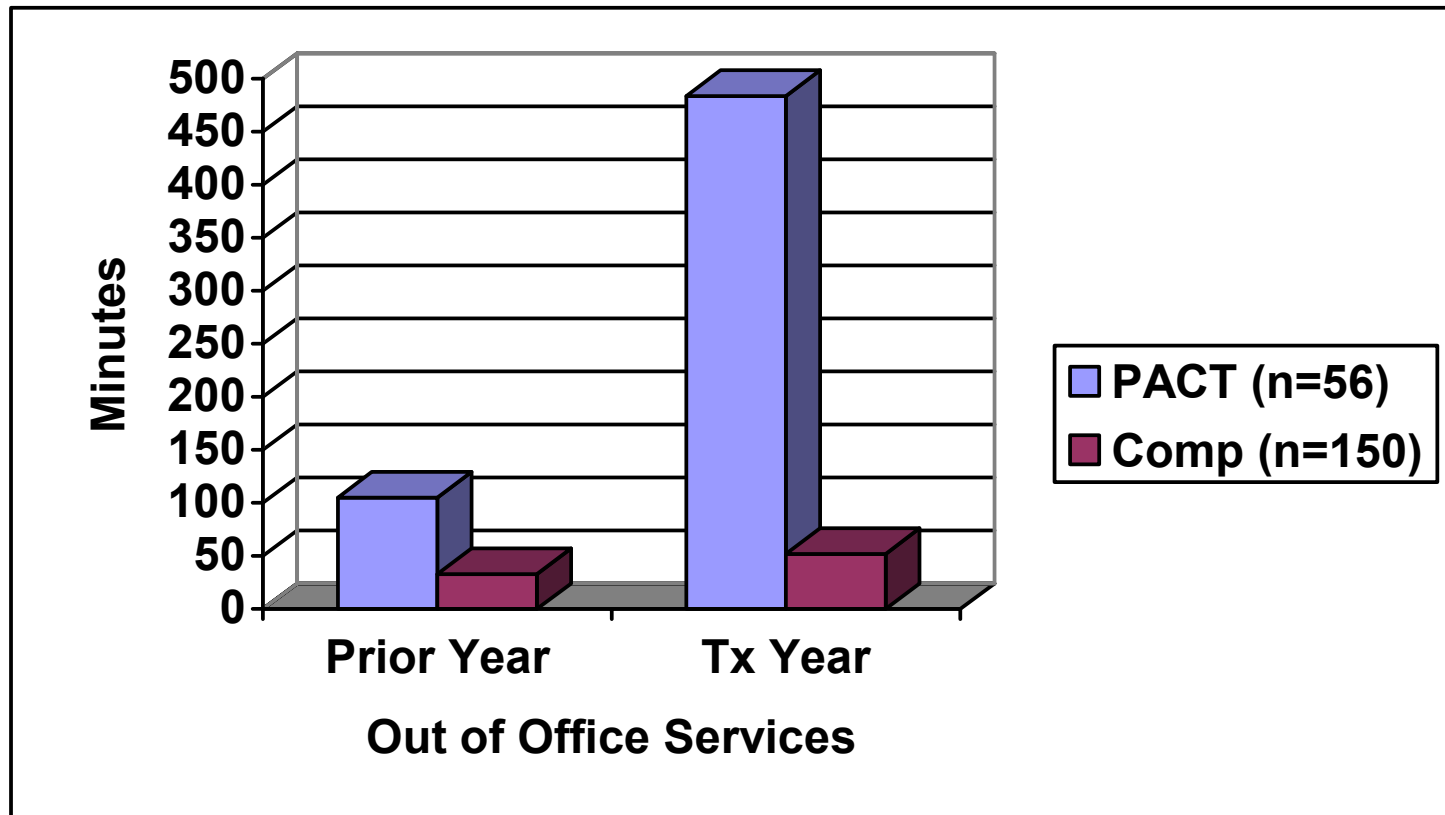
Adult aged, blind, or disabled clients on Medicaid who received publicly funded mental health treatment had **lower subsequent medical costs** and a **reduced risk of death** compared to clients diagnosed with mental illness who did not receive mental health treatment.

- **Cost offsets for clients receiving outpatient mental health treatment were about \$105 per member per month (pmpm) in the first follow-up year and \$126 pmpm in the second year**, compared to clients with mental illness who did not receive mental health treatment. These savings offset 41 to 50 percent of the cost for providing the outpatient mental health care.
- **Outpatient therapy and psychotropic medication was found to be more effective in reducing medical care costs than medication alone.** Clients receiving both therapy and medication experienced significant cost savings of \$144 and \$176 pmpm in the first and second follow-up years, respectively, compared to clients who received neither outpatient therapy nor psychotropic medication. These savings offset 52 to 64 percent of the cost for providing outpatient mental health care. In contrast, savings were lower and not statistically significant (\$41 and \$75 pmpm) for clients receiving psychotropic medication alone.

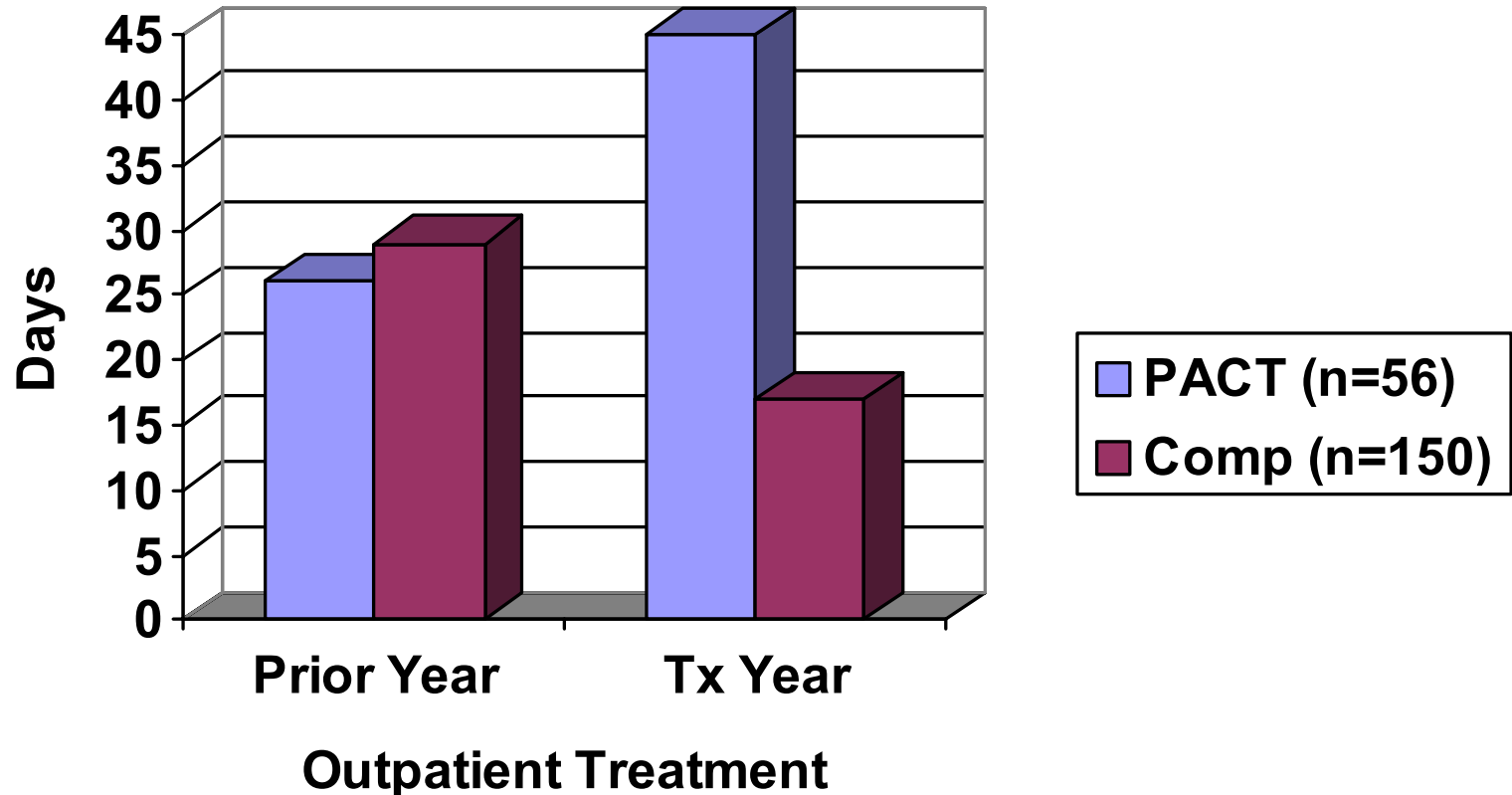
# Do PACT services reduce intensive community service use?



# Do PACT services increase community-based service use?



# Do PACT services impact Chemical Dependency service use?



# Do PACT services improve housing stability?

