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Promoting Wellness and Recovery

Core Quality Indicators:

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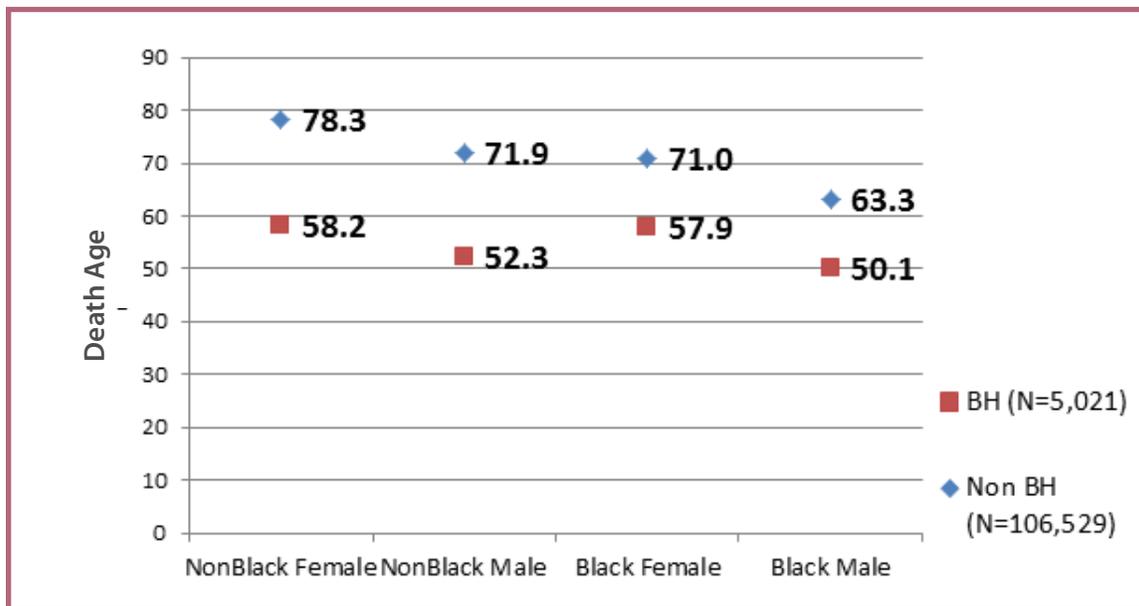


Average Age of Death

Core Quality Indicator

The chart below shows the average age at death, by gender and race, for persons with and without a behavioral health diagnosis. The blue diamond represents the non-BH, or general population, average age of death of NonBlack Females at 78.3 years, NonBlack Males at 71.9 years, Black Females at 71.0 years, and Black Males at 63.3 years. This chart reflects the disparity in the average age of death by race and gender in the general population. The presence of a BH diagnosis creates another disparity, as indicated by the red squares showing average age of death for persons with a BH condition. NonBlack Females with a BH condition' average age of death is 58.2 years, NonBlack Males is 52.3 years, Black Females is 47.9 years, and Black Males is 50.1 years. The presence of a BH condition results in greater equity in the between the racial groups in average age of death; however, a gender disparity remains regardless of race.

Figure 1
Average Age at Death: 2011



Measure Specifications:

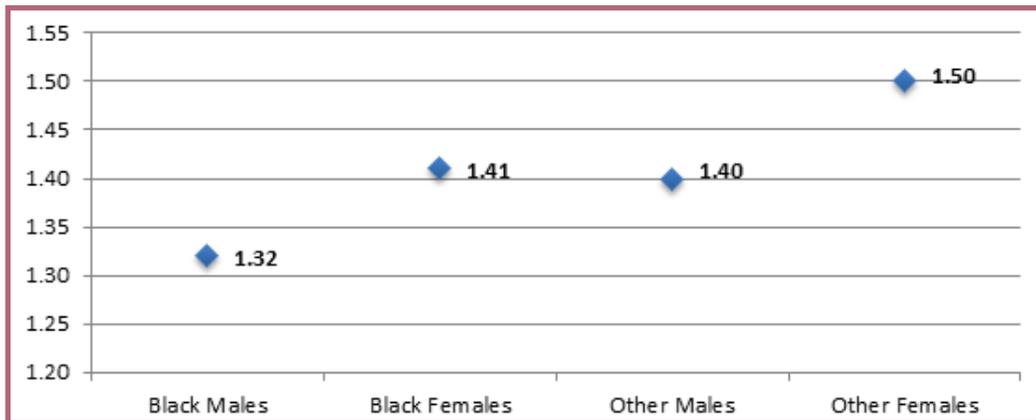
Source:	MACSIS/Health Department Death Certificates
Age:	Adults 18 or older
Disparity Dimensions:	BH patient versus NonBH population by race and gender – NonBlack Female, NonBlack Male, Black Female, Black Male
Behavioral Health Patient:	Adults treated for a mental illness or substance use disorder
Risk Pool:	Patients who received behavioral health services through an OhioMHAS certified/licensed provider at any time in the three years preceding death in Calendar Year (CY) 2011.
Population:	Ohio citizens with a CY 2011 death certificate

Relative Risk of Unsuccessful Treatment Outcome by Gender and Race Among Clients Receiving Publicly-Funded AOD Services

Core Quality Indicator

In the figure shown below, the relative risk of an unsuccessful outcome for an alcohol or other drug (AOD) treatment episode among clients of the indicated racial group are shown relative to that of Whites of the same gender. Findings show two major trends; women are more likely than men to have unsuccessful treatment outcomes, and minorities are more likely than Whites to have unsuccessful treatment outcomes. Specific results indicate: 1) Risk of an unsuccessful treatment outcome are 1.32 times higher (32%) for Black males compared to White males, 2) Risk of an unsuccessful treatment outcome are 1.40 times higher (40%) for Other males compared to White males, 3) Risk of an unsuccessful treatment outcome are 1.41 times higher (41%) for Black females compared to White females, 4) Risk of an unsuccessful treatment outcome are 1.50 times higher (50%) for Other females compared to White females.

Figure 2
Risk of Unsuccessful Treatment Outcome



Measure Specifications:

Source:	Behavioral Health Module
Age:	Children and adults 12 and older
Dates:	Fiscal Years 2011-2012
Disparity Indicator:	Race and Gender
Comparison Group:	White Males/White Females
Risk Pool:	All clients who left treatment on his/her own against staff advice without satisfactory progress, was removed from treatment due to nonparticipation, was removed from treatment due to violation of rules, or was incarcerated due to a new criminal offense while in treatment or recovery versus all clients who left treatment and achieved all treatment goals
Population:	Clients with a discharge record meeting risk pool criteria

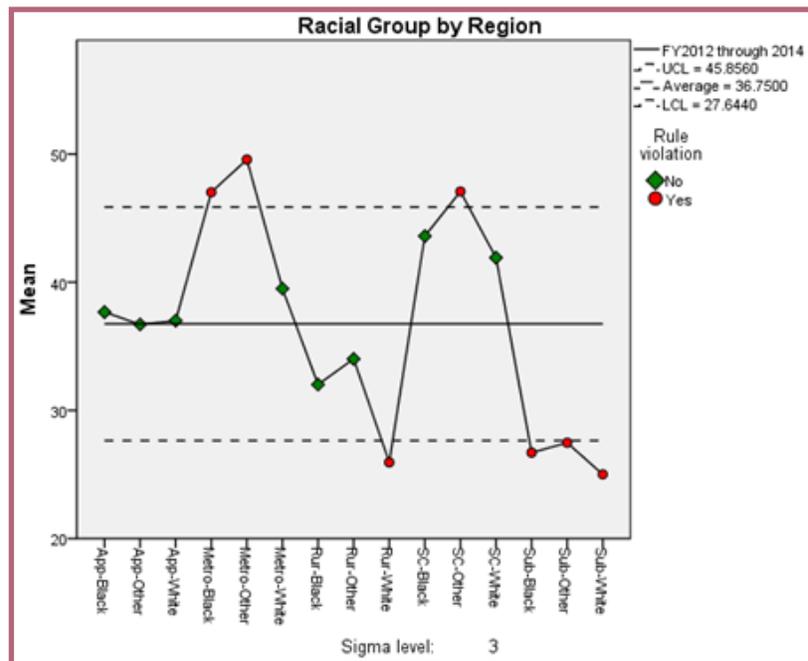
Retention in Drug and Alcohol Treatment

Core Quality Indicator

The percent of clients with an intake assessment who received one clinical service within 7 days and 2 additional clinical services within 30 days of intake.

The retention in drug and alcohol treatment measure shows disparities between regions and within regions by race. The Appalachian counties' average 37.1% is clients retained in treatment, regardless of race. This is equivalent to the state mean of 36.75%. Metropolitan Blacks and Other racial groups are more than three standard deviations above state mean, while Metropolitan Whites fall between the mean and three standard deviations. The Metropolitan counties' average is 45.4% clients, regardless of race. Rural Blacks and Other racial groups are slightly below the state mean, and Rural Whites are more than three standard deviations below. Rural counties' average is 34.0% clients, regardless of race. Small City Blacks and Whites are between the mean and three standard deviations above, while Other racial groups are over three standard deviations. The Small City counties' average is 37.5%, regardless of race. All three racial groups within the Suburban county classification are below three standard deviations of the state mean, with the regional group mean at 26.4% clients retained in treatment.

Figure 3
Percent Retained in AOD Treatment



Measure Specifications:

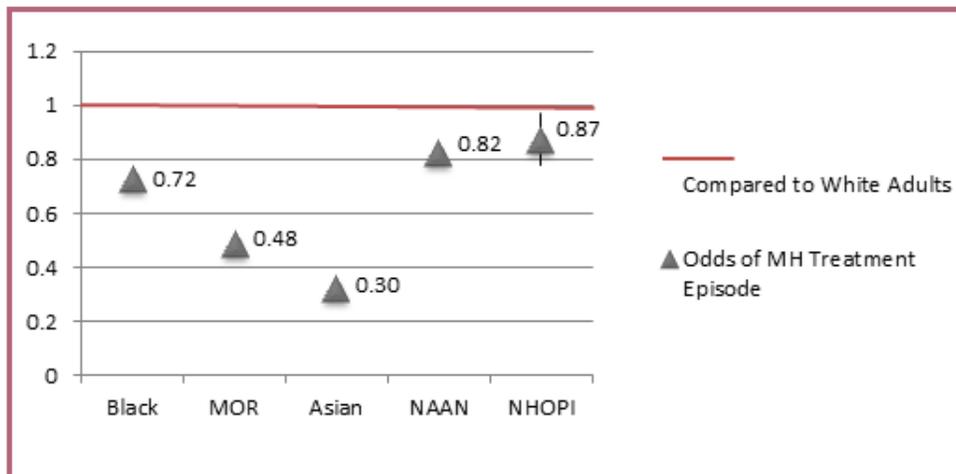
Measure Specifications:	Based on The Washington Circle performance measurement standard
Source:	MACSIS claims, Children and adults 12 or older
Time:	Fiscal Years 2012 – 2014, three years' pooled
Denominator:	All persons receiving an AOD intake assessment
Numerator:	All persons who have a least one clinical service within seven days of assessment and two more clinical services within 30 days of assessment. (Clinical service = assessment, counseling, IOP)

Relative Risk of a Mental Health Treatment Episode Among Adult Medicaid Members by Racial Group

Core Quality Indicator

In the figure below, the relative risk is shown of an adult Medicaid Member in the indicated racial group having received a mental health treatment episode compared to that of White adults, indicated by the red line at 1 (100%). The dark triangles indicate a statistically significant relative risk. All racial groups have statistically significant less relative risk of a mental health treatment episode. Black adult members are 72% as likely (or 28% less likely) to have received a mental health treatment episode; Adult members of more than one race are 48% as likely (or 52% less likely); Asian adults are 30% as likely (or 70% less likely)—indicating the lowest odds of any racial group. Native American/Alaska Native adults are 82% as likely (18% less likely), and Native Hawaiian/Other Pacific Islanders are 87% as likely (13% less likely).

Figure 4
Adult Relative Risk of Mental Health Treatment



Measure Specifications:

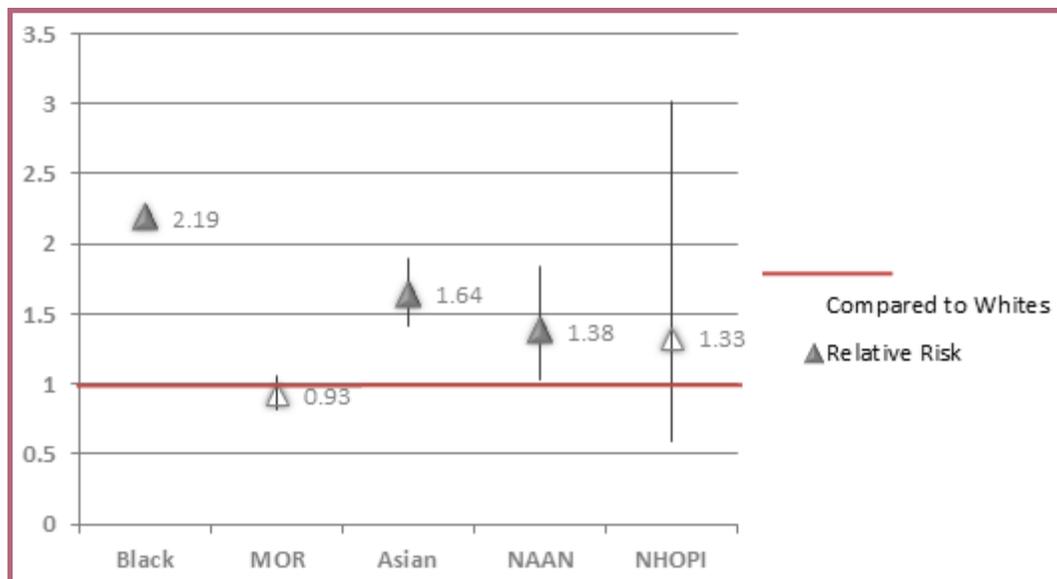
Source:	Medicaid enrollment/claims data (QDSS)
Date:	Fiscal Years 2011-2013 pooled average
Age:	Adults 18 or older
Disparity Dimension:	Racial Grouping – Black/African American, White, Asian, Native American/Alaskan Native, Native Hawaiian/Other Pacific Islander, More than One Race
MH Treatment Episodes	Bipolar DO, Depressive DO, Eating DO, General Anxiety DO, Obsessive-Compulsive DO, Schizophrenia, Other Neuroses, Other Psychoses
Numerator:	Patient-Members with a mental health treatment episode
Denominator:	Medicaid Member enrollment

Relative Risk of Schizophrenia Diagnosis Among Adult Medicaid Patients Treated for a Mental Health Condition

Core Quality Indicator

In the figure below, the relative risk of a schizophrenia diagnosis is 2.19 times greater for Black adults treated for a mental health condition than White adults. The dark triangles indicate a statistically significant difference from Whites; the clear/unfilled triangles represent a risk no different than that of Whites. The risk that an Asian adult patient treated for a schizophrenic diagnosis is 1.65 times greater, and for an adult Native American/Alaska Native (NAAN) the risk is 1.38 times greater than that of White adults. Because the upper and lower line (confidence intervals) for More than One Race and Native Hawaiian/Other Pacific Islander cross the baseline for Whites at 1, the risk of treatment for schizophrenia that is no different than that of White adults.

Figure 5
Adult Schizophrenia Diagnosis Risk



Measure Specifications:

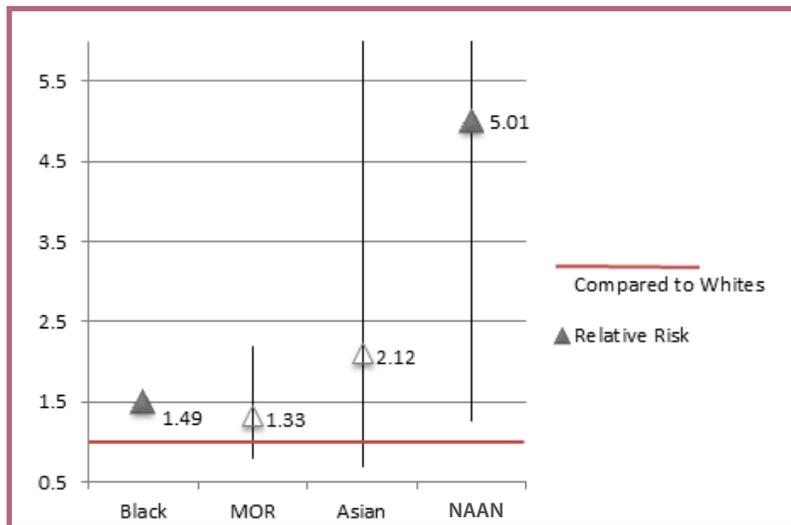
Source:	Medicaid enrollment/claims data (QDSS)
Age:	Adults, 18 or older
Time Frame:	SFY 2011-13 pooled average
Disparity Dimension:	Racial Grouping – Black/African American, White, Asian, Native American/Alaskan Native, Native Hawaiian/Other Pacific Islander, More than One Race
MH Condition:	Schizophrenia
Risk Pool:	Patients with and without schizophrenia
Population:	Patients with a mental health treatment episode

Relative Risk of Schizophrenia Among Child/Adolescent (C/A) Medicaid Patients Treated for a Mental Health Condition

Core Quality Indicator

In Figure 4 below, the odds of a child/adolescent (C/A) patient with a mental health condition being treated for schizophrenia by racial group are shown relative to White C/A treatment for this diagnosis. White C/A treatment for schizophrenia is shown at the red line 1 or 100%. The solid dark triangles indicate groups with odds where the relationship between race and diagnosis is due to something other than pure chance. African American C/A patients are 1.49 times as likely and Native American/Alaska Natives (NAAN) are over 5 times as likely as Whites to be treated for schizophrenia. The hollow triangles indicate groups with odds where the relationship between race and diagnosis may be due to chance. In these cases, the odds are that C/A patients are 1.33 times as likely and Asians are 2.12 times as likely as Whites to be treated for schizophrenia. These odds reflect a chance occurrence and not the significant probability there is a relationship between a diagnosis of schizophrenia and race. Native Hawaiian/Other Pacific Islander (NHOPI) C/A patients do not appear in the analysis because there were no cases of treatment for schizophrenia during the study time period. The very long lines indicate a wide confidence interval between the upper and lower estimates for the mean. This occurs with very small groups, such as Asian and NAAN.

Figure 6
C & A Schizophrenia Diagnosis Risk



Measure Specifications

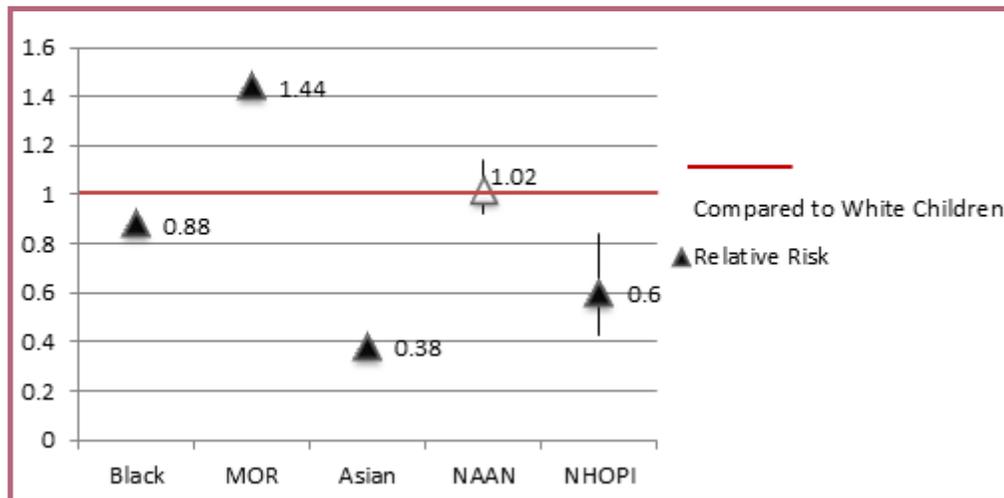
Source:	Medicaid enrollment/claims data (QDSS)
Age:	Children and Adolescents age 17 or younger
Time Frame:	SFY 2011-13 pooled average
Disparity Dimension:	Racial Grouping – Black/African American, White, Asian, Native American/Alaskan Native, Native Hawaiian/Other Pacific Islander, More than One Race
MH Condition	Schizophrenia
Risk Pool:	Patients with and without schizophrenia
Population:	Patients with a mental health treatment episode

Relative Risk of Mental Health Treatment Episode Among Child/Adolescent (C/A) Medicaid Members by Racial Group

Core Quality Indicator

In the figure below, the relative risk is shown for a child or adolescent (C/A) Medicaid patient of the indicated racial group having received a mental health treatment episode compared to that of White children/adolescents, indicated by the red line at 1 (100%). Black C/A patients are 88% as likely (or 12% less likely) as their White counterparts to have received a mental health treatment episode; C/A members of more than one race are 1.44 times more likely; Asian C/A members are 38% as likely (62% less likely); Native American/Alaska Native (NAAN) C/A patients are about as likely and not statistically different than Whites; and Native Hawaiian/Other Pacific Islanders are 60% as likely (40% less likely). The dark triangles indicate groups with odds where the relationship between race and a treatment episode is due to something other than pure chance. For all groups except the NAAN, there is an extremely low probability that there's a chance relationship between race and risk of a treatment episode. By comparison, there is a very high probability that the NAAN group's treatment risk is about the same and no different than that of Whites.

Figure 7
C & A Relative Risk of Mental Health Treatment



Measure Specifications:

Source:	Medicaid enrollment/claims data (QDSS)
Age:	Children and Adolescents age 17 or younger
Dates:	Fiscal Years 201-13 pooled average
Disparity Dimension:	Racial Grouping – Black/African American, White, Asian, Native American/Alaskan Native, Native Hawaiian/Other Pacific Islander, More than One Race
MH Treatment Episodes	Schizophrenia, Bipolar DO, Depressive DO, General Anxiety DO, Conduct DO, Other Neuroses, Other Psychoses
Risk pool:	Patient-Members with a mental health treatment episode
Population:	Medicaid Member enrollment