



# Application

## Transformation Community Benefit Initiative Reinvestments

### New Ideas Fund

#### Table of Contents

Background.....	2
Focus Areas.....	2
Eligibility Requirements.....	2
Funding Amount.....	3
Application Process to Apply to the New Idea Fund.....	4
Key Dates.....	4
Application Components.....	4
Submitting Your Application.....	4
Review Process.....	4
Application Coversheet.....	5
Project Narrative.....	6
Appendix 1: Budget Template.....	7
Budget Table.....	7
Budget Justification.....	7
Appendix 2: Letter of Commitment Template.....	8
Appendix 3: EOCCO 2017 Incentive Measure Performance by County.....	9

## Background

The Eastern Oregon Coordinated Care Organization (EOCCO) is pleased to announce the availability of funds to support proposals that test novel and innovative ideas to improve the health and health care of EOCCO members. For example, proposed projects might test:

- New models to improve access or reduce barriers to care for EOCCO members.
- New programs to engage members in their care.
- New ideas to integrate or improve clinical services to members.
- Novel workforce initiatives.
- Novel models to reduce cost while maintaining the quality of care.

## Focus Areas

Projects should be ones that benefit all EOCCO members or could be applied in other EOCCO service area regions should they prove to be successful. Areas of focus include but are not limited to:

- a. **Incentive Measures:** New approaches to improving Incentive Measures that EOCCO has had difficulty addressing
- b. **Collaborations:** Projects to create new collaborations across organizations, such as public health and primary care collaborations to improve challenging Incentive Measures
- c. **Access to Care and Workforce Issues-** Projects to expand access to care through new provider recruitment, telemedicine, new care modalities or other approaches.
- d. **Behavioral Health Integration:** Projects focused on new integration of behavioral health clinicians into primary care or primary care providers into behavioral health organizations.

## Eligibility Requirements

1. **Applicants:** Eligible applicants include any interested Eastern Oregon organization demonstrating the ability to successfully complete their proposed project within 12 months of the award start date.
2. **Goals and Activities:**
  - a. Proposed activities are not currently underway in the grantee's community.
  - b. Proposed goals and activities are not already funded by a past or current EOCCO grant and do not fall into a current EOCCO grant opportunity.
  - c. Proposed goals and activities are not currently or expected to receive full funding from another source.
  - d. Goals should align with the goals of the local or regional Community Health Improvement Plan, the EOCCO incentive measures, or aim to improve the health outcomes of the EOCCO population or a subset of the population.
3. **Population:** Proposal must target the EOCCO population. If the proposal aims to target a specific age group, members in a certain geographic area, or other characteristics, those should be clearly defined.
4. **Outcomes Measurement:** Proposals must define how progress to the goals will be measured.
5. **Budget:**
  - a. Must directly relate to the proposed activities.

- b. Non-project related indirect expenses, funds for capital expenditures, and costs related to enhancing reimbursements or supporting state-covered services are not allowed.
- 6. **Community Involvement:** Project benefits and/or has documented support from multiple community partners.
- 7. **Sustainability:** Project should provide a plan for dissemination of results and sustainability beyond the end of the proposed grant period

### **Funding Amount**

The maximum funding amount per proposal is \$50,000. Proposals requesting smaller amounts are welcome. Applicants are expected to propose realistic budgets for the proposed project.

## Application Process to Apply to the New Idea Fund

To request EOCCO funding for new idea project, please follow the directions in this application.

### Key Dates

Funds may be made available throughout the year with the following deadlines:

- Application Deadlines:
  - January 31, 2019
  - June 3, 2019
  - September 2, 2019
  
- Review Period:
  - January cycle: February 4 -15
  - June cycle: June 3 - 14
  - September cycle: September 2 - 13
  
- Applicant Notifications\*:
  - January cycle: March 4
  - June cycle: June 24
  - September cycle: September 23

\* Note- Notification dates are dependent on final approval from the EOCCO Grant Subcommittee and Board of Directors and are therefore subject to change.

- Grant Period: 12 months from the projected start date

### Application Components

1. Application Coversheet
2. Project Narrative
3. Budget and Budget Justification (Appendix 1).
4. Letters of Commitment (Appendix 2) for any organization that would receive funds from your grant or play a major role in its conduct.

Proposals that are not fully described or are otherwise incomplete may be returned to the applicant.

### Submitting Your Application

Send your full application with all of the above listed Application Components in a **single PDF** to Anne King at [kinga@ohsu.edu](mailto:kinga@ohsu.edu) and Sankirtana Danner at [danners@ohsu.edu](mailto:danners@ohsu.edu). Applications that include multiple files will be returned to the applicant.

### Review Process

A committee appointed by the EOCCO Board will make the final funding decisions subject to approval by the EOCCO Board.

# Transformation Community Benefit Initiative Reinvestments: New Ideas Fund Application Coversheet

Name of Applicant Organization: \_\_\_\_\_

**Project Director (person who will be responsible for the overall project):**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Name of Organization to Receive and Manage Funds:**

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Employee Managing Funds: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Total Amount Requested: \$ \_\_\_\_\_

Project Title: \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Project Purpose (do not exceed space below):**

**Signatures:**

I hereby certify that this proposal is fully approved by our organization for submission to the EOCCO. The statements contained in this application are true and complete to the best of my knowledge and the applicant accepts as a condition of the grant the obligation to comply with all applicable state and federal requirements, policies, standards, and regulations.

Signature of Organization Official: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## New Ideas Fund Project Narrative

*Please follow the instructions below to complete your project narrative, providing complete answers to each question.  
(Up to 5 pages)*

- A. What are the goals of this project?
- B. Describe any preliminary or past data that support the need for implementation of this project idea.
- C. What makes this project innovative?
- D. Describe the target population for this project.
- E. Which incentive measure(s), CHIP goal(s), or health outcomes does this project directly address? (See Appendix 3 for the latest report on Incentive Measure Performance by County.)
- F. What activities will you undertake?  
(Please describe the major steps or events in your project and the month(s) when you expect each step will happen. Be detailed enough so that someone not familiar to the project can understand what will happen.)
- G. Describe the data you will collect and report to EOCCO to measure success of your project.
- H. What could cause this project to have trouble or fail and how could you reduce this risk(s)?
- I. Describe the plan to sustain this effort once the project ends.
- J. Please list the members of the project team, their organizations, their roles and responsibilities on the project and their email addresses so that they can be invited to technical assistance meetings.
- K. Please list the organizations involved in your project and fill out a Letter of Commitment form for each collaborating organization.

## Appendix 1: Budget Template

Please use the template below for your budget. Funded activities may include, but are not limited to: personnel, travel expenses, meetings and supplies and consultants. Indirect costs are capped at 10%. Non-project related indirect expenses, funds for capital expenditures (e.g. major non-technology equipment, building renovations) and costs related to enhancing reimbursements or supporting state-covered services cannot be funded through these grants.

**Start date of project:** \_\_\_\_\_

**End date of project:** \_\_\_\_\_

### Budget Table

Budget							
<b>Personnel:</b>						<b>In-Kind Cash Contribution</b>	<b>In-Kind non- Cash Contribution</b>
<b>Name</b>	<b>Role</b>	<b>FTE</b>	<b>Salary Requested</b>	<b>Benefits Requested</b>	<b>Total Requested</b>		
<b>Equipment and Supplies:</b>							
<b>Name of Item</b>	<b>Description</b>				<b>Total Requested</b>		
<b>Travel:</b>							
<b>Location</b>	<b>Description</b>				<b>Total Requested</b>		
<b>Other Expenses:</b>							
<b>Name of Item</b>	<b>Description</b>				<b>Total Requested</b>		
<b>GRAND TOTAL</b>					<b>\$</b>		

### Budget Justification

Please provide a narrative budget justification detailing the costs included in your budget. If in-kind contributions are budgeted, please provide a list of the source of each contribution, the name of the organization providing it and whether the donation is in cash or non-cash (e.g. labor, etc.)

## Appendix 2: Letter of Commitment Template

### Agreement to Participate in EOCCO Project

Dear *Name of project director*,

We look forward to participating in the *Project Name* starting *date* and ending *date*.

Our organization agrees to *describe what the collaborating organization is expected to do including any staff responsibilities*.  
We understand that we will receive *list any funds being provided to the collaborating organization*.

Thank you for including us in this important project.

Sincerely,

*Signature*

*Name spelled out*

*Organization name*

*Email address*

*Phone number*



## Appendix 3: EOCCO 2017 Incentive Measure Performance by County



### Progress Report- County Summary 2017 Final Results

Current Reporting Period: Services Incurred 1/1/2017-12/31/2017 as of 3/31/2018

Prior Reporting Period: Services Incurred 1/1/2017-12/31/2016 as of 3/31/2017

Measure Compliance Rate								
County	Adolescent Well Care Visits	Childhood Immunizations	Colorectal Cancer Screening	Dental Sealants	Developmental Screening	Effective Contraceptive Use	Ambulatory Care & ED Utilization	Alcohol and Drug Misuse
Baker	33.1%	84.0%	41.7%	29.1%	69.1%	54.6%	51.1	11.0%
Gilliam	50.0%	85.7%	29.6%	32.2%	50.0%	30.3%	37.3	8.4%
Grant	29.8%	66.7%	25.1%	40.6%	43.3%	44.1%	63.0	5.3%
Harney	36.5%	79.2%	48.4%	42.5%	90.0%	51.3%	45.8	17.2%
Lake	36.4%	77.3%	45.1%	32.1%	39.7%	56.9%	40.1	18.1%
Malheur	36.7%	82.4%	43.6%	23.0%	84.0%	47.0%	55.7	13.4%
Morrow	46.2%	68.8%	40.5%	24.4%	43.6%	49.6%	50.0	24.0%
Sherman	42.2%	50.0%	41.9%	30.4%	62.5%	33.3%	32.1	17.8%
Umatilla	39.5%	79.1%	44.1%	24.0%	47.2%	49.1%	53.6	15.1%
Union	39.0%	66.7%	39.1%	17.8%	82.8%	48.2%	62.8	21.7%
Wallowa	47.9%	78.3%	53.7%	16.8%	80.0%	44.7%	30.7	7.6%
Wheeler	24.0%	50.0%	41.0%	62.5%	80.0%	63.3%	35.1	38.5%
<b>EOCCO Rate</b>	38.6%	77.3%	42.7%	24.6%	62.8%	49.0%	53.1	15.3%
<b>EOCCO 2017 Target Rate</b>	37.3%	72.9%	43.9%	20.0%	57.3%	48.1%	51.8	15.0%

**Numerator/Denominator Counts**

<b>County</b>	<b>Adolescent Well Care Visits</b>	<b>Childhood Immunizations</b>	<b>Colorectal Cancer Screening</b>	<b>Dental Sealants</b>	<b>Developmental Screening</b>	<b>Effective Contraceptive Use</b>	<b>Ambulatory Care &amp; ED Utilization</b>	<b>Alcohol and Drug Misuse</b>
Baker	145/438	42/50	149/357	173/595	123/178	219/401	2283/44668	235/2142
Gilliam	17/34	6/7	8/27	19/59	6/12	10/33	147/3937	17/202
Grant	57/191	14/21	42/167	78/192	26/60	67/152	1095/17379	50/936
Harney	69/189	19/24	92/190	99/233	99/110	100/195	1004/21899	127/739
Lake	67/184	17/22	78/173	72/224	31/78	99/174	809/20197	138/764
Malheur	489/1334	136/165	252/578	397/1728	488/581	439/935	6130/110109	670/5001
Morrow	180/390	44/64	68/168	109/447	92/211	117/236	1547/30927	284/1185
Sherman	19/45	1/2	13/31	14/46	5/8	10/30	125/3898	37/208
Umatilla	942/2384	258/326	482/1094	725/3027	532/1126	833/1697	11127/207517	1290/8521
Union	299/767	64/96	149/381	179/1007	280/338	326/677	4394/69962	655/3020
Wallowa	90/188	18/23	102/190	40/238	52/65	68/152	593/19302	83/1088
Wheeler	6/25	1/2	16/39	20/32	12/15	19/30	115/3278	77/200
<b>Total</b>	<b>2380/6169</b>	<b>620/802</b>	<b>1451/3395</b>	<b>1925/7828</b>	<b>1746/2782</b>	<b>2307/4712</b>	<b>29369/553073</b>	<b>3663/24006</b>



**Progress Report- Baker County  
2017 Progress**

**Current Reporting Period:** Services Incurred 1/1/2017-12/31/2017 as of 3/31/2018  
**Prior Reporting Period:** Services Incurred 1/1/2017-12/31/2016 as of 3/31/2017

Measure	2017 Target	Rate	Numerator/ Denominator	Member count needed to meet target*
Adolescent Well Care Visits	37.3%	33.1%	145/438	18
Childhood Immunizations	72.9%	84.0%	42/50	-
Colorectal Cancer Screening	43.9%	41.7%	149/357	8
Dental Sealants	20.0%	29.1%	173/595	-
Developmental Screening	57.3%	69.1%	123/178	-
Effective Contraceptive Use	48.1%	54.6%	219/401	-
Ambulatory Care & ED Utilization	51.8	51.11	2283/44668	
Alcohol and Drug Misuse	15.0%	11.0%	235/2142	86

*\*For all measures except ED Utilization, this represents the estimated number of additional members needed in the numerator to meet the target.*



**Progress Report- Gilliam County  
2017 Progress**

**Current Reporting Period:** Services Incurred 1/1/2017-12/31/2017 as of 3/31/2018

**Prior Reporting Period:** Services Incurred 1/1/2017-12/31/2016 as of 3/31/2017

Measure	2017 Target	Rate	Numerator/ Denominator	Member count needed to meet target*
Adolescent Well Care Visits	37.3%	50.0%	17/34	-
Childhood Immunizations	72.9%	85.7%	6/7	-
Colorectal Cancer Screening	43.9%	29.6%	8/27	4
Dental Sealants	20.0%	32.2%	19/59	-
Developmental Screening	57.3%	50.0%	6/12	1
Effective Contraceptive Use	48.1%	30.3%	10/33	6
Ambulatory Care & ED Utilization	51.8	37.34	147/3937	
Alcohol and Drug Misuse	15.0%	8.4%	17/202	13

*\*For all measures except ED Utilization, this represents the estimated number of additional members needed in the numerator to meet the target.*



**eocco**  
 EASTERN OREGON  
 COORDINATED CARE  
 ORGANIZATION

**Progress Report- Grant County**

**2017 Progress**

**Current Reporting Period:** Services Incurred 1/1/2017-12/31/2017 as of 3/31/2018

**Prior Reporting Period:** Services Incurred 1/1/2017-12/31/2016 as of 3/31/2017

Measure	2017 Target	Rate	Numerator/ Denominator	Member count needed to meet target*
Adolescent Well Care Visits	37.3%	29.8%	57/191	14
Childhood Immunizations	72.9%	66.7%	14/21	1
Colorectal Cancer Screening	43.9%	25.1%	42/167	31
Dental Sealants	20.0%	40.6%	78/192	-
Developmental Screening	57.3%	43.3%	26/60	8
Effective Contraceptive Use	48.1%	44.1%	67/152	6
Ambulatory Care & ED Utilization	51.8	63.01	1095/17379	
Alcohol and Drug Misuse	15.0%	5.3%	50/936	90

*\*For all measures except ED Utilization, this represents the estimated number of additional members needed in the numerator to meet the target.*



**eocco**  
 EASTERN OREGON  
 COORDINATED CARE  
 ORGANIZATION







**Progress Report- Harney County  
2017 Progress**

**Current Reporting Period:** Services Incurred 1/1/2017-12/31/2017 as of 3/31/2018

**Prior Reporting Period:** Services Incurred 1/1/2017-12/31/2016 as of 3/31/2017

Measure	2017 Target	Rate	Numerator/ Denominator	Member count needed to meet target*
Adolescent Well Care Visits	37.3%	36.5%	69/189	1
Childhood Immunizations	72.9%	79.2%	19/24	-
Colorectal Cancer Screening	43.9%	48.4%	92/190	-
Dental Sealants	20.0%	42.5%	99/233	-
Developmental Screening	57.3%	90.0%	99/110	-
Effective Contraceptive Use	48.1%	51.3%	100/195	-
Ambulatory Care & ED Utilization	51.8	45.85	1004/21899	-
Alcohol and Drug Misuse	15.0%	17.2%	127/739	-

*\*For all measures except ED Utilization, this represents the estimated number of additional members needed in the numerator to meet the target.*



**Progress Report- Lake County**

**2017 Progress**

**Current Reporting Period:** Services Incurred 1/1/2017-12/31/2017 as of 3/31/2018

**Prior Reporting Period:** Services Incurred 1/1/2017-12/31/2016 as of 3/31/2017

Measure	2017 Target	Rate	Numerator/ Denominator	Member count needed to meet target*
Adolescent Well Care Visits	37.3%	36.4%	67/184	2
Childhood Immunizations	72.9%	77.3%	17/22	-
Colorectal Cancer Screening	43.9%	45.1%	78/173	-
Dental Sealants	20.0%	32.1%	72/224	-
Developmental Screening	57.3%	39.7%	31/78	14
Effective Contraceptive Use	48.1%	56.9%	99/174	-
Ambulatory Care & ED Utilization	51.8	40.06	809/20197	
Alcohol and Drug Misuse	15.0%	18.1%	138/764	-

\*For all measures except ED Utilization, this represents the estimated number of additional members needed in the numerator to meet the target.



**Progress Report- Malheur County  
2017 Progress**

**Current Reporting Period:** Services Incurred 1/1/2017-12/31/2017 as of 3/31/2018

**Prior Reporting Period:** Services Incurred 1/1/2017-12/31/2016 as of 3/31/2017

Measure	2017 Target	Rate	Numerator/ Denominator	Member count needed to meet target*
Adolescent Well Care Visits	37.3%	36.7%	489/1334	9
Childhood Immunizations	72.9%	82.4%	136/165	-
Colorectal Cancer Screening	43.9%	43.6%	252/578	2
Dental Sealants	20.0%	23.0%	397/1728	-
Developmental Screening	57.3%	84.0%	488/581	-
Effective Contraceptive Use	48.1%	47.0%	439/935	11
Ambulatory Care & ED Utilization	51.8	55.67	6130/110109	
Alcohol and Drug Misuse	15.0%	13.4%	670/5001	80

*\*For all measures except ED Utilization, this represents the estimated number of additional members needed in the numerator to meet the target.*





**Progress Report- Morrow County  
2017 Progress**

**Current Reporting Period:** Services Incurred 1/1/2017-12/31/2017 as of 3/31/2018

**Prior Reporting Period:** Services Incurred 1/1/2017-12/31/2016 as of 3/31/2017

Measure	2017 Target	Rate	Numerator/ Denominator	Member count needed to meet target*
Adolescent Well Care Visits	37.3%	46.2%	180/390	-
Childhood Immunizations	72.9%	68.8%	44/64	3
Colorectal Cancer Screening	43.9%	40.5%	68/168	6
Dental Sealants	20.0%	24.4%	109/447	-
Developmental Screening	57.3%	43.6%	92/211	29
Effective Contraceptive Use	48.1%	49.6%	117/236	-
Ambulatory Care & ED Utilization	51.8	50.02	1547/30927	
Alcohol and Drug Misuse	15.0%	24.0%	284/1185	-

*\*For all measures except ED Utilization, this represents the estimated number of additional members needed in the numerator to meet the target.*



**Progress Report- Sherman County  
2017 Progress**

**Current Reporting Period:** Services Incurred 1/1/2017-12/31/2017 as of 3/31/2018

**Prior Reporting Period:** Services Incurred 1/1/2017-12/31/2016 as of 3/31/2017

Measure	2017 Target	Rate	Numerator/ Denominator	Member count needed to meet target*
Adolescent Well Care Visits	37.3%	42.2%	19/45	-
Childhood Immunizations	72.9%	50.0%	1/2	1
Colorectal Cancer Screening	43.9%	41.9%	13/31	1
Dental Sealants	20.0%	30.4%	14/46	-
Developmental Screening	57.3%	62.5%	5/8	-
Effective Contraceptive Use	48.1%	33.3%	10/30	4
Ambulatory Care & ED Utilization	51.8	32.07	125/3898	
Alcohol and Drug Misuse	15.0%	17.8%	37/208	-

*\*For all measures except ED Utilization, this represents the estimated number of additional members needed in the numerator to meet the target.*



**eoocco**

EASTERN OREGON  
COORDINATED CARE  
ORGANIZATION

### Progress Report- Umatilla County 2017 Progress

**Current Reporting Period:** Services Incurred 1/1/2017-12/31/2017 as of 3/31/2018

**Prior Reporting Period:** Services Incurred 1/1/2017-12/31/2016 as of 3/31/2017

Measure	2017 Target	Rate	Numerator/ Denominator	Member count needed to meet target*
Adolescent Well Care Visits	37.3%	39.5%	942/2384	-
Childhood Immunizations	72.9%	79.1%	258/326	-
Colorectal Cancer Screening	43.9%	44.1%	482/1094	-
Dental Sealants	20.0%	24.0%	725/3027	-
Developmental Screening	57.3%	47.2%	532/1126	113
Effective Contraceptive Use	48.1%	49.1%	833/1697	-
Ambulatory Care & ED Utilization	51.8	53.62	11127/207517	
Alcohol and Drug Misuse	15.0%	15.1%	1290/8521	-

*\*For all measures except ED Utilization, this represents the estimated number of additional members needed in the numerator to meet the target.*



**Progress Report- Union County  
2017 Progress**

**Current Reporting Period:** Services Incurred 1/1/2017-12/31/2017 as of 3/31/2018

**Prior Reporting Period:** Services Incurred 1/1/2017-12/31/2016 as of 3/31/2017

Measure	2017 Target	Rate	Numerator/ Denominator	Member count needed to meet target*
Adolescent Well Care Visits	37.3%	39.0%	299/767	-
Childhood Immunizations	72.9%	66.7%	64/96	6
Colorectal Cancer Screening	43.9%	39.1%	149/381	18
Dental Sealants	20.0%	17.8%	179/1007	22
Developmental Screening	57.3%	82.8%	280/338	-
Effective Contraceptive Use	48.1%	48.2%	326/677	-
Ambulatory Care & ED Utilization	51.8	62.81	4394/69962	
Alcohol and Drug Misuse	15.0%	21.7%	655/3020	-

*\*For all measures except ED Utilization, this represents the estimated number of additional members needed in the numerator to meet the target.*





**Progress Report- Wallowa County  
2017 Progress**

**Current Reporting Period:** Services Incurred 1/1/2017-12/31/2017 as of 3/31/2018

**Prior Reporting Period:** Services Incurred 1/1/2017-12/31/2016 as of 3/31/2017

Measure	2017 Target	Rate	Numerator/ Denominator	Member count needed to meet target*
Adolescent Well Care Visits	37.3%	47.9%	90/188	-
Childhood Immunizations	72.9%	78.3%	18/23	-
Colorectal Cancer Screening	43.9%	53.7%	102/190	-
Dental Sealants	20.0%	16.8%	40/238	8
Developmental Screening	57.3%	80.0%	52/65	-
Effective Contraceptive Use	48.1%	44.7%	68/152	5
Ambulatory Care & ED Utilization	51.8	30.72	593/19302	
Alcohol and Drug Misuse	15.0%	7.6%	83/1088	80

*\*For all measures except ED Utilization, this represents the estimated number of additional members needed in the numerator to meet the target.*



**Progress Report- Wheeler County**  
**2017 Progress**

**Current Reporting Period:** Services Incurred 1/1/2017-12/31/2017 as of 3/31/2018

**Prior Reporting Period:** Services Incurred 1/1/2017-12/31/2016 as of 3/31/2017

Measure	2017 Target	Rate	Numerator/ Denominator	Member count needed to meet target*
Adolescent Well Care Visits	37.3%	24.0%	6/25	3
Childhood Immunizations	72.9%	50.0%	1/2	1
Colorectal Cancer Screening	43.9%	41.0%	16/39	1
Dental Sealants	20.0%	62.5%	20/32	-
Developmental Screening	57.3%	80.0%	12/15	-
Effective Contraceptive Use	48.1%	63.3%	19/30	-
Ambulatory Care & ED Utilization	51.8	35.08	115/3278	-
Alcohol and Drug Misuse	15.0%	38.5%	77/200	-

*\*For all measures except ED Utilization, this represents the estimated number of additional members needed in the numerator to meet the target.*