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Risk Stratification Table

Stratification Level	Service Needs Level	Outreach	Interventions	Member Demographics
Level III (Highest Risk)	Intensive service needs	Initiated within 48 hours	• On-site hospital face-to-face assessment, ideally; face-to-face for all cases. • Face-to-face meetings weekly, until comfort is achieved for substituting some replacement activity, vis-à-vis telephone and text contacts. • Referrals/linkages to community-based services and programs (i.e., social services, education, health care providers, natural supports)	• Members who are hospitalized due to a violence related event at the time of referral or while receiving YAP services. • Cost, (i.e., top 20 or 30 percent of high cost claims). • Women. • Males age 16-26. • Recurring violent events. • Type of violence, according to claim type prioritization.
Level II (Moderate Risk)	Moderate service needs	Initiated within 7 days	• Face-to-face assessment and graduation planning meeting. • Telephonic Interdisciplinary team meetings. • Ongoing telephonic contact and text messages based on individual needs. • Referrals/linkages to community-based services and programs (i.e., social services, education, health care providers, natural supports)	• Middle 40 percent of claims, according to claim type prioritization. • Cases that are more recent (e.g., two-four months). • Cases with some evidence of recurrence although not highest cost.
Level 1 (Lower Risk)	Lower service needs	Initiated within 2 weeks	• Face-to-face assessment and graduation planning meeting. Telephonic Child/Adult Family Team/ Interdisciplinary team meetings. • Ongoing telephonic contact and text messages based on individual needs. • Referrals/linkages to community-based services and programs (i.e., social services, education, health care providers, natural supports)	• Bottom 30 percent of claims, according to claim type prioritization. • Cases that are not recent (e.g., more than 4+ months ago) • Cases with no evidence of recurring claims.

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Assumptions:

1. Initial stratification by HCIPartners[1] based on health plan data and analysis of ZIP code hot spots is used to establish YAP priorities for outreach and engagement and intensity of service.
2. Any new cases are similarly prepared by HCIPartners for YAP.
3. An established process for monthly activity tracking and changes in stratification level is followed by YAP, with monthly aggregate, de-identified reports presented to MSIP, and detailed reports including member-specific information supplied to HCIPartners.
4. Reports are distinguishable between "original" and new members, as well as in a combined manner.
5. All program participants receive an assessment using the CANS (for kids) or ANSA (for adults). Assessments are completed by the SEC under the supervision of the Program Director.
6. All participants have a Violence Reduction and Safety Plan based on assessment results.
7. Participants can move through the three levels based on their changing needs and acuity.
8. Gunshot cases receive highest priority, at least initially.
9. Next priority categories include: Assault; then Abuse, both adult and youth; then anything else.
10. Each category above is relative and for planning purposes; although, the essential categories need to remain, and the guidelines presented are intended to anticipate manageable caseloads, and case work that supports any ROI as prepared by HCIPartners and accepted by the health plan client.

[1] Data analytics contractor to MSIP