



**Quality Improvement Steering Committee (QISC)**  
**Tuesday, February 9, 2021**  
**10:30 a.m. – 12:00 p.m.**  
**Via BLUE JEAN PLATFORM**  
**Agenda**

- |       |   |  |
|-------|---|--|
| I.    | Welcome   | Tania Greason  |
| II.   | Introductions   | Tania Greason  |
| III.  | Announcement/DWIHN Updates  | Dr. Leonard Rosen & Tania Greason  |
| IV.   | Approval of January 27, 2021 Minutes  | Committee  |
| V.    | NCQA Updates  | Gail Parker  |
| VI.   | Approval of QISC February 2021 Agenda   | Committee  |
| VII.  | Integrated Healthcare CCM Evaluation & Description (FY 2019/20)   | Asley Bond   |
| VIII. | Quality Assurance Performance Improvement (QAPIP Evaluation (FY 2019/20)  | April Siebert  |
| IX.   | Utilization Management (UM) Evaluation (FY 2019-20) revisions   | John Pascaretti  |
| X.    | Performance Improvement Projects (PIP')   |  |
|       | <ul style="list-style-type: none"> <li>• SUD Opioid Barriers Analysis</li> <li>• Increasing Number of HSW Waivers</li> <li>• Improving the availability of a follow up appt with a Mental Health Profession within 7 days of Hospitalization for Mental Illness</li> <li>• Adherence to Antipsychotic Medications for Individuals with Schizophrenia</li> <li>• Antidepressant Medication Management for People with a New Episode of Major Depression</li> <li>• Improving Diabetes Monitoring of People with Schizophrenia and Bipolar</li> </ul> | Darlene Owens<br>Justin Zeller<br><br>A. Oliver ( <b>tabled</b> )<br>A. Oliver ( <b>tabled</b> )<br><br>A. Oliver ( <b>tabled</b> )<br>A. Oliver ( <b>tabled</b> ) |
| XI.   | Adjournments  |  |



**Quality Improvement Steering Committee (QISC)**  
**Tuesday, February 9, 2021**  
**10:30 a.m. – 12:00 p.m.**  
**Via BLUE JEAN PLATFORM**  
**Meeting Minutes**  
Note Taker: Aline Hedwood

**Committee Chairs:** Dr. Leonard Rosen and Tania Greason, Provider Network QI Administrator

**Member Present:**

April Siebert, Ashley Bond, Cheryl Fregolle, Darlene Owens, Dhannetta Brown, Ebony Reynold, Gail Parker, Jennifer Miller, Jessica Collins, John Pascaretti, June White, Justin Zeller, Dr. Leonard Rosen, Kimberly Flowers, Melissa Eldredge, Melissa Moody, Miriam Bielski, Oluchi Eke, Robert Spruce, B.P., Rotesa Baker, Starlit Smith, Tania Greason, Taquaryl Hunter and Trent Stanford.

**Members Absent:**

Alicia Oliver, Allison Smith Angela Harris, Benjamin Jones, Bernard Hooper, Crystal Palmer, Donna Coulter, Dr. Bill Hart Blake Perry, Carla Spright-Mackey, Fareeha Nadeem, Donna Smith, Eric Doeh, Jennifer Smith, Judy Davis, Latoya Garcia-Henry, Margaret Keyes-Howards, Michele Vasconcellos, Mignon Strong, Nasr Doss, Ortheia Ward, Rhianna Pitta, Sandy Ware, Shirley Hirsch, Starlit Smith and Dr. Sue Banks.

**Staff Present:** April Siebert, Tania Greason, Justin Zeller, and Aline Hedwood.

**1) Item: Welcome:** Tania Greason

**2) Item: Introduction:** Tania asked the group to put their names and email addresses into the chat box for documentation of attendance.

**3) Item: Approval of February 9, 2021 Agenda:** approved by group with revisions.

**4) Item: Approval of January 27, 2021 Minutes:** approved by Dr. Rosen and group with noted revisions.

**5) Item: Announcement:** Tania Greason & April Siebert

- The group welcomed Dr. Leonard Rosen as DWIHN's Chief Medical Director
- Effective February 1, 2021 the Access Center will be brought in-house to DWIHN.



**6) Item NCQA Updates – Gail Parker**

**Goal: Update for DWIHN’s NCQA Accreditation**

**Strategic Plan Pillar(s):**  Advocacy  Access  Customer/Member Experience  Finance  Information Systems  Quality  Workforce

**NCQA Standard(s)/Element #:**  QI# \_\_\_  CC# \_\_\_  UM # \_\_\_  CR # \_\_\_  RR # \_\_\_

Decisions Made		
<p>Gail Parker shared with the committee the importance of achieving NCQA accreditation. Feedback from this committee is necessary to inform DWIHN of opportunities for improvement and assisting with identified barriers. All NCQA documentation must be uploaded to NCQA on or before February 16<sup>th</sup>, 20201. Member experience is an important identified NCQA standard, to meet this standard, DWIHN’s CS unit continues to review the outcomes for the Children and Adult ECHO surveys. Feedback and barrier and intervention analysis for both surveys will be required through the QISC to assist with meeting the NCQA Member Experience standards.</p>		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline
QISC to review barrier and interventions noted for the Children and Adult Echo Survey’s.	QISC and DWIHN CS	5/30/2021



**7) Item: Integrated Healthcare CCM Evaluation (FY 2019/20) - Asley Bond**

**Goal: Review and approval of the Complex Case Management (CCM) Evaluation (FY 2019/20)**

**Strategic Plan Pillar(s):**  Advocacy  Access  Customer/Member Experience  Finance  Information Systems  Quality  Workforce

**NCQA Standard(s)/Element #:**  QI# \_\_\_  **CC# 1**  UM # \_\_\_  CR # \_\_\_  RR # \_\_\_

Decisions Made		
<p>Ashley Bond provided an overview of the CCM evaluation for FY 2019/20. DWIHN’s CCM program’s purpose is to ensure and assist with the outcomes of services for members served. DWIHN utilizes various tools to measure effectiveness of the CCM program and ensure that outcomes are being improved for members served. DWIHN utilizes the evidence- based assessment tools PHQ-9, PHQ-A and WHO-DAS. DWIHN also analyzes members utilization of Emergency Department and Hospital Admission data prior to and after starting CCM services, as well as utilization of out-patient services after starting CCM services. Satisfaction surveys are also sent out to all members upon closure of CCM services. While responses to the CCM Satisfaction Surveys that were returned were overwhelmingly positive, DWIHN would like to increase the return rate of 48% during FY2020. During FY2021, DWIHN will offer a \$5 Visa Gift Card to all members who complete and return a CCM Satisfaction Survey. Symptoms are measured using the Patient Health Questionnaire (PHQ-9) for adults and Patient Health Questionnaire-Adolescent (PHQ-A) for children under 18. This assessment is embedded in the CCM assessments and are completed upon the start of CCM services and every 30 days thereafter until CCM services end. The higher the score on the PHQ-9/PHQ-A, the greater the symptoms of depression are present. A decrease in PHQ score indicates an improvement in symptoms of depression. Members participating in CCM services demonstrated overall improvement in their WHO-DAS scores, and the improvement increased the longer that the members participated in CCM services. Average WHO-DAS scores improved 13% from baseline at 60 days and 32% at 90 days of participating in CCM services For additional information please review point power presentations “Complex Case Management (CCM) Evaluations FY 2020/21” on the following highlighted topic:</p> <ul style="list-style-type: none"> <li>• PHQ Scores:               <ul style="list-style-type: none"> <li>a) PHQ-9 Adults</li> <li>b) PHQ-A Children under 18 years of age</li> </ul> </li> <li>• WHO DAS Scores</li> <li>• Emergency Hospitalization and Admission</li> <li>• Utilization of Out Patient Services</li> <li>• Satisfaction Survey</li> <li>• Area of Improvement</li> </ul>		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline
Dr. L. Rosen and group approved the CCM Evaluation FY 2020/21		



**8) Item: Quality Assurance Performance Improvement (QAPI) Evaluation (FY 2019/20)- April Siebert**

**Goal: : Review and approval of the QAPI Evaluation (FY 2019/20)**

**Strategic Plan Pillar(s):**  Advocacy  Access  Customer/Member Experience  Finance  Information Systems  **XQuality**  Workforce

**NCQA Standard(s)/Element #:** X QI# 1  CC# \_\_\_  UM # \_\_\_  CR # \_\_\_  RR # \_\_\_

Decisions Made		
<p>April Siebert provided an overview of DWIHN’s QAPI Evaluation (FY2019/20). The QAPI evaluation provides a description of completed and ongoing quality improvement activities that address quality, safety of clinical care and quality of services. The goals and objectives from the 2019 QAPI Work Plan were evaluated and are included in the QAPI evaluation for FY20. HEDIS scores were used as one of the measurement tools to identify progress or barriers for the Quality Improvement Projects. The QAPI evaluation follows a structured format including a description of the activity, quantitative analysis and trending of measures, evaluation of effectiveness, barrier analysis and identified opportunities for improvement. The QAPI evaluation also includes the six (6) pillars that are identified in DWIHN’s Strategic Plan. The Quality Improvement Steering Committee (QISC) is the decision-making body that is responsible for the oversight of DWIHN’s QAPI Description, Evaluation and Work Plan. The Program Compliance Committee (PCC) Board gives the authority for implementation of the plan and all of its components. The QAPI evaluation was presented to QISC, PCC and the full Board of Directors for review and approval. The QAPI Evaluation includes the following:</p> <ul style="list-style-type: none"> <li>• A description of completed and ongoing QI activities that address quality and safety of clinical care and quality of service.</li> <li>• Trending of measures to assess performance in the quality and safety of clinical care and quality of service.</li> <li>• Analysis and evaluation of the overall effectiveness of the QI program, including process toward influencing networkwide safe clinical practices.</li> <li>• The QAPI evaluation includes the six pillars that are identified within DWIHN’s Strategic plan which include :               <ul style="list-style-type: none"> <li>○ Customer Service</li> <li>○ Access</li> <li>○ Quality</li> <li>○ Work Force</li> <li>○ Finance</li> <li>○ Advocacy</li> </ul> </li> </ul> <p>Attached to the QAPI Evaluation is DWIHN Workplan that was approved for FY 2020 the goals and objectives from the workplan are evaluated and included in this evaluation. 36 objectives are listed in the 2020 workplan with goals assigned. 10 objectives met the identified goals, 18 partially met the goals and 8 did not met the goals. For FY 2021, DWIHN will continue goals and objectives that were partially or not met.</p>		
<b>Discussion</b>	<b>Assigned To</b>	<b>Deadline</b>
<b>Action Items</b>	<b>Assigned To</b>	<b>Deadline</b>
Dr. L. Rosen and the group approved the QAPI Evaluation FY 2019/20.		



**9) Item: Utilization Management (UM) Evaluation (FY 2019-20) Revisions - John Pascaretti**

**Goal: Review of Revisions for the UM Evaluation (FY 2019/20)**

**Strategic Plan Pillar(s):**  Advocacy  Access  Customer/Member Experience  Finance  Information Systems  Quality  Workforce

**NCQA Standard(s)/Element #:**  QI#  CC#  **UM #1**  CR #  RR #

Decisions Made		
<p>John Pascaretti provided an overview of noted revisions for the UM Evaluation (FY 2019/20). The UM Evaluation was initially presented to the QISC on January 12<sup>th</sup>, PPC on January 13<sup>th</sup> and DWIHN Board on January 20<sup>th</sup>. A review with the NCQA assigned Consultant outlined the following recommendations that should be included in the program evaluation. The revisions were made in the following areas:</p> <ul style="list-style-type: none"> <li>• Added description of Medical Director role and responsibilities</li> <li>• Added adequacy of Utilization Management Resources</li> <li>• Added Utilization Management Committee description</li> <li>• Added information regarding the DWIHN Member Satisfaction Survey</li> <li>• Added information regarding the DWIHN Provider Satisfaction Survey</li> <li>• Added information for the Proven Behavioral Health Technology Inclusion Application Guideline</li> <li>• Added information for the Autism Spectrum Disorder Benefit</li> <li>• Added information for the MCG Indicia</li> <li>• Added information for the FY 19/20 Interrater Reliability Results</li> <li>• Added information for the Out of Network Requests/Service Authorizations</li> <li>• Added/revised information for the Requests for Service Diversion</li> <li>• Added/revisited information for the MCG Integration / Under Results and Analysis</li> <li>• Added information for the Opportunities of noted Improvement FY 21</li> </ul> <p>For additional information please review handout "UM Summary of Revisions DWIHN Utilization Program Evaluation".</p>		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline
<p>Dr. L. Rosen and the group approved the noted revisions for the Utilization Management (UM) Evaluation (FY 2019-20)</p>		



**10a) Item: Performance Improvement Projects (PIP's)**

- **SUD Opioid Barriers Analysis - Darlene Owens**

**Goal: Review and status update for the SUD Opioid PIP**

**Strategic Plan Pillar(s):**  Advocacy  Access  Customer/Member Experience  Finance  Information Systems  **Quality**  Workforce

**NCQA Standard(s)/Element #: X QI# 10**  CC# \_\_\_  UM # \_\_\_  CR # \_\_\_  RR # \_\_\_

Decisions Made		
<p>Darlene Owens provided an <i>Barrier Analysis</i> overview of the <i>SUD Opioid</i> Performance Improvement Project to IPLT on February 2, 2021, which was approved by Dr. L. Rosen and the IPLT committee. This PIP will increase the percentage of persons referred from various health settings (Emergency Rooms, Federal Qualified Health Centers, Urgent Care, Primary Care, Mobile Care Units) with peer recovery coaches that conduct SBIRT Screening and referrals to treatment. For additional information please review PowerPoint presentation “Opioid Performance Improvement Project Barrier Analysis” for the following topic:</p> <ul style="list-style-type: none"> <li>• Quality Improvement Activity</li> <li>• Five Ways</li> <li>• Meaningful/Measurable Interventions</li> <li>• Emergency Department SBIRTs</li> <li>• Mobile Units Screenings and Referrals to Treatment</li> <li>• Interventions</li> </ul>		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline
Dr. L. Rosen and the group approved the continuation of the SUD Opioid PIP		



**10b) Item: Performance Improvement Projects (PIP's)**

- **Increasing Number of HSW Waivers - Justin Zeller**

**Goal:** : Review and status update for the Increasing Number of HSW Waiver PIP

**Strategic Plan Pillar(s):**  Advocacy  Access  Customer/Member Experience  Finance  Information Systems  **Quality**  Workforce

**NCQA Standard(s)/Element #:**  **X QI# 10**  CC#  UM #  CR #  RR #

Decisions Made		
<p>Justin Zeller provided an overview of the <i>Increasing Number of HSW Waivers</i> PIP. The increasing number of HSW waivers PIP was approval by the IPLT committee. The Habilitation Supports Waiver (HSW) is available in Michigan through a Section 1915(c) waiver from the Federal government. This waiver, designed to serve individuals with Intellectual &amp; Developmental Disabilities (IDD) with the most severe needs, includes an additional monthly payment of approximately \$5,000.00 per participant which is used to pay for additional services. These services, not available under the State Plan, can make a meaningful difference in the lives of those we serve and include such things as Private Duty Nursing, Enhanced Medical Equipment and Supplies, Enhanced Pharmacy, Family Training, and Overnight Health &amp; Safety Supports. Such additional services are designed to support individuals within their community rather than face the necessity of institutionalization to maintain their health and safety. In accordance with Michigan’s waiver application approval, the Michigan Department of Health and Human Services (MDHHS) was allocated 8,268 slots, which it in turn allocates to the ten regions within Michigan via their Prepaid Inpatient Health Plans (PIHP). The Behavioral Health and Developmental Disabilities Administration is located within MDHHS and carries out responsibilities specified in the Michigan Mental Health Code and also administers Medicaid waivers for this population. DWIHN had 11,507 IDD members being serviced in 2019 and 11,488 IDD members in 2020. DWIHN’s current total number of allocated slots for its HSW program is 1,084. Both MDHHS and each region are required to maintain a utilization rate of at least 95% of the allocated slots. Historically, DWIHN has struggled to maintain 95% utilization, as mandated by the MDHHS. The declining enrollment numbers are attributed to a consistent movement of disenrolled members (majority deaths but also moving to nursing homes and out of state) and low newly enrolled members within our network. The majority of applications for this program end up being enrolled into the HSW program. Because DWIHN under performance over the years MDHHS has taking away some of DWIHN allocated HSW slots. Meaningful interventions included the following:</p> <ul style="list-style-type: none"> <li>○ Targeted technical assistance meetings with Wayne Center (began 5/29/20) and Community Living Services (began 7/2/2020)</li> <li>○ CRSP financial incentive beginning on 7/1/2020 (\$1,000) for new approved members (\$500 requirement to Supports Coordinator)</li> <li>○ Increased payment rate (7%) for supports coordination services</li> </ul> <p>After discussion with the HSW waiver team, QI, and DWIHN’s NCQA consultant, it was noted that the goal should be increased to 97% for FY 2021.</p>		





<ul style="list-style-type: none"> <li>If you have any question regarding this PIP please contact the UM Unit Jim Kelly or Karen Poljanac via email at <a href="mailto:jkelly@dwihn.org">jkelly@dwihn.org</a> and <a href="mailto:kpolygonac@dwihn.org">kpolygonac@dwihn.org</a>.</li> </ul>		
<b>Discussion</b>	<b>Assigned To</b>	<b>Deadline</b>
<b>Action Items</b>	<b>Assigned To</b>	<b>Deadline</b>
Dr. L. Rosen and the group approved the continuation of the <i>Increasing the Number of HSW Waivers</i> and also increasing the goal to 97% for FY 2021.		

**New Business Next Meeting:** Tuesday March 30, 2021 Via Blue Jean Link Platform.

**Adjournment:** 4:10 pm

ah/02/15/2021



# **Behavior Treatment Advisory Committee Summary of Data Analysis Fiscal Years 2018-2020**

*Prepared by: Fareeha Nadeem, M.A., LLP.  
Clinical Specialist, Quality Improvement*



# Background

- ❖ Detroit Wayne Integrated Health Network (DWIHN) started Behavior Treatment Advisory Committee (BTAC) in 2017;
- ❖ The Committee is comprised of DWIHN network providers, members, DWIHN staff, including Psychiatrist, Psychologist, and the Office of Recipient Rights;
- ❖ To review the implementation of network Behavior Treatment Plan Review Committees and evaluate each Committee's overall effectiveness;

# Background Continued....

- ❖ To review system-wide Behavior Treatment Plan Review Committee processes issues, including trends, approvals, disapprovals, and terminations of Behavior Treatment Plans;
- ❖ To reviews system-wide Behavior Treatment Plan Review Committees' trends and patterns compared to performance indicators such as psychiatric hospitalization, behavior stabilization, 911 calls, Critical and Sentinel Events, and reductions or increase in the use of Behavior Treatment Plans.



# CHALLENGES

- ❖ Need for the structure of formal review process at the systemic level;
- ❖ Expediated Review Process for Emergent Reviews;
- ❖ Adherence to MDHHS requirements for Restrictive and Intrusive interventions;
- ❖ System-wide Technical assistance and training on Behavior Treatment Procedure ;
- ❖ H 2000 authorization/approval guidelines;
- ❖ Under reporting of the five reportable categories for the members on Behavior Treatment Plans; *(Suicide, Non-suicide death, Emergency Medical Treatment due to Injury, Medication Error; and Arrest of Consumer when law enforcement states person is being arrested)*



## CHALLENGES Continued...

- ❖ Adherence to MDHHS requirements to document Behavior Treatment Plan Review Committee meetings;
- ❖ Compliance with In-service training requirements for Restrictive and Intrusive interventions;
- ❖ Accuracy of required information on MDHHS data spreadsheets;
- ❖ Revisions in the Behavior Treatment section of the Case Record Review Tool/Policy.



# ACCOMPLISHMENTS

- ❖ DWIHN offered two full day trainings on Behavior Treatment Procedures with MDHHS;
- ❖ DWIHN started submitting quarterly data analysis reports on system-wide trends of Behavior Treatment Plans to MDHHS;
- ❖ During the COVID pandemic, DWIHN issued HIPPA compliant virtual review and approval guidelines;
- ❖ Behavior Treatment notification banner for each member on the Behavior Treatment Plan has been added to DWIHN's MH-WIN for effective monitoring;
- ❖ MDHHS Technical Requirements have been incorporated into DWIHN Policy and Case Record Review Tool (Periodic revisions are conducted);

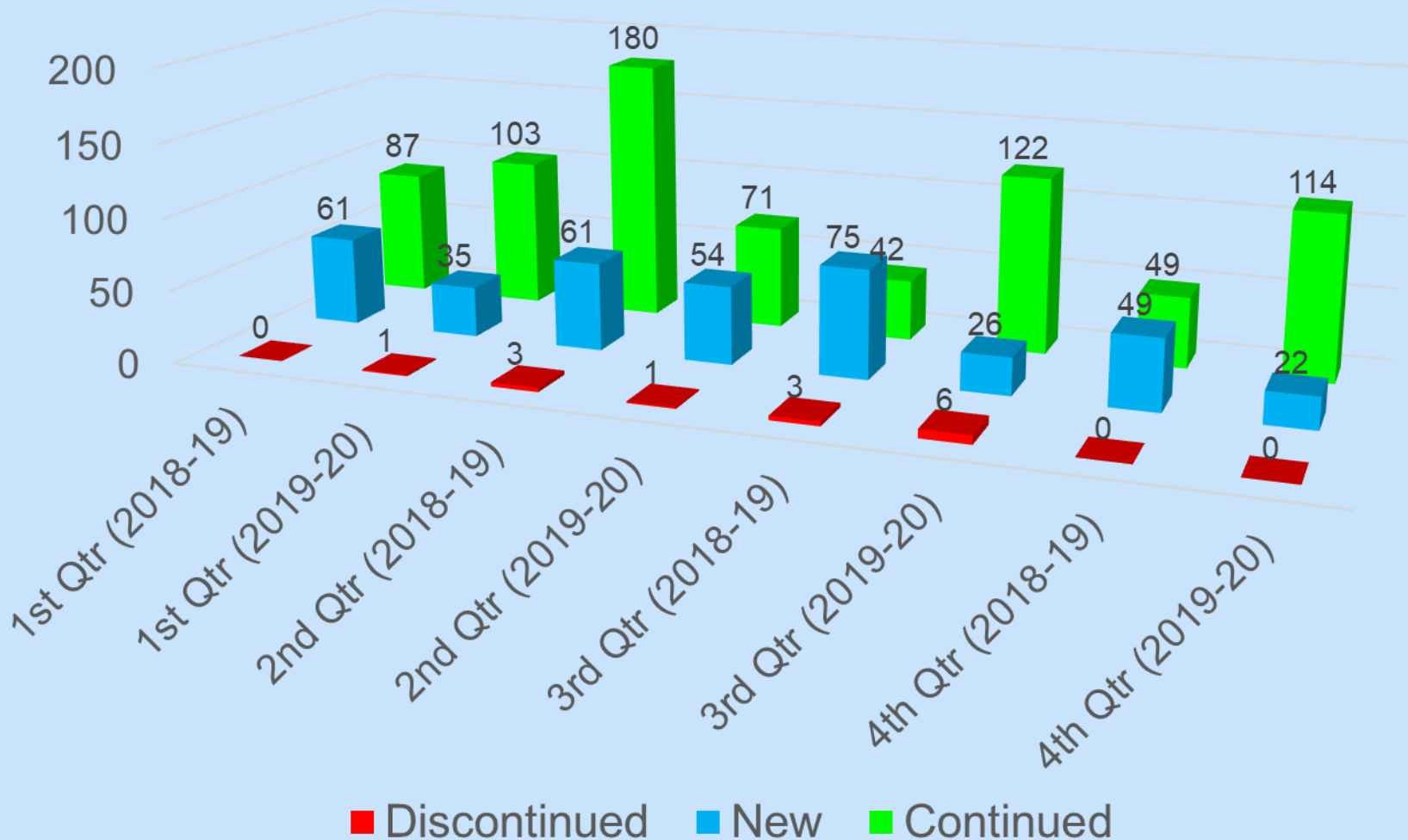


# ACCOMPLISHMENTS Continued.....

- ❖ With effect from October 1, 2020, DWIHN has delegated the responsibility of Behavior Treatment reviews to DWIHN's Clinically Responsible Service Providers (CRSP);
- ❖ Twenty one Mental Health CRSP have established BTPRC and three have joint BTPRC;
- ❖ Behavior Treatment Category is now live in MH-WIN Critical and Sentinel Reporting Module to improve under-reporting the five reportable categories. *(Suicide, Non-suicide death, Emergency Medical Treatment due to Injury, Medication Error; and Arrest of Consumer when law enforcement states person is being arrested)*

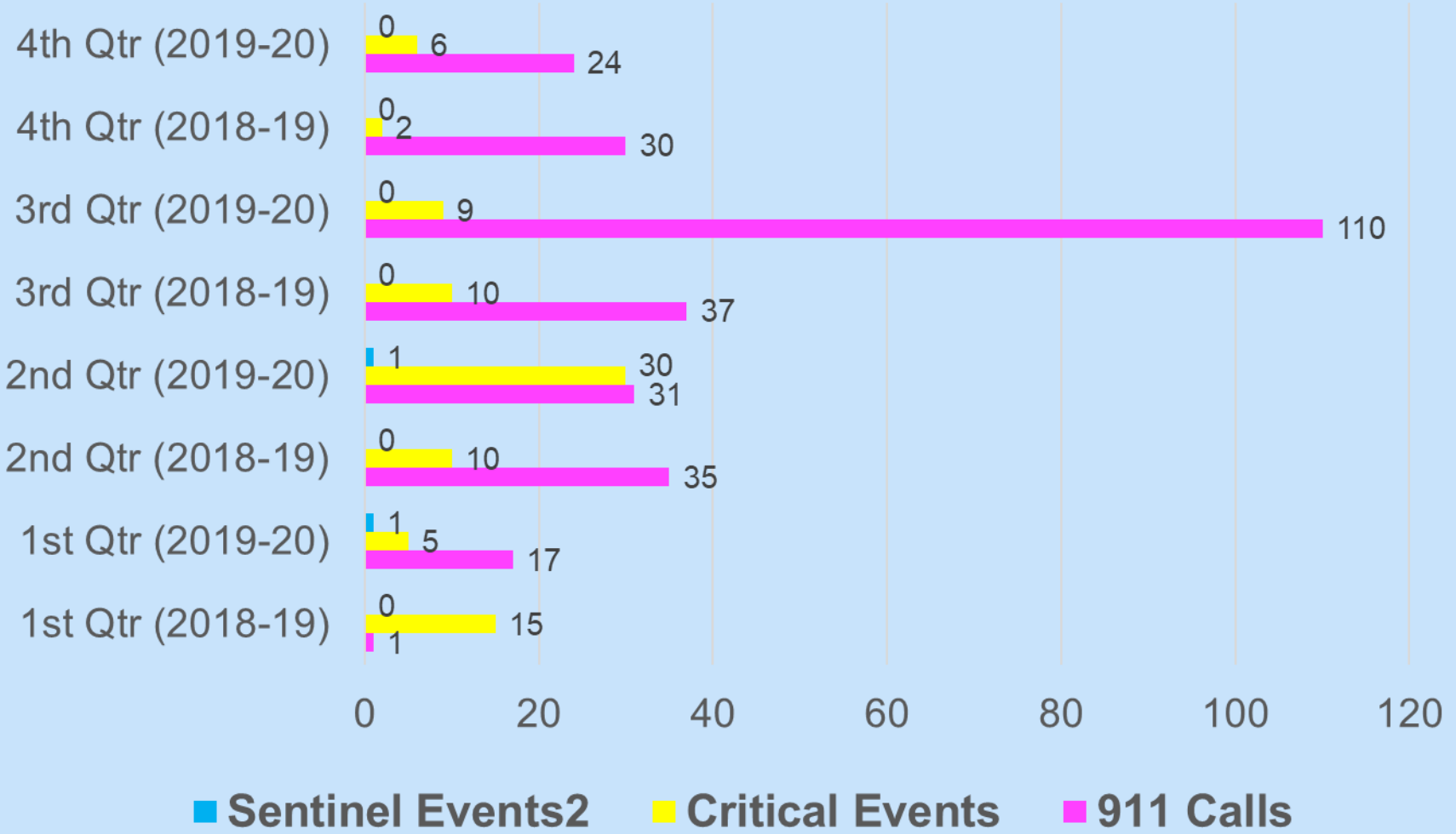


# Total Behavior Treatment Plans Reviewed





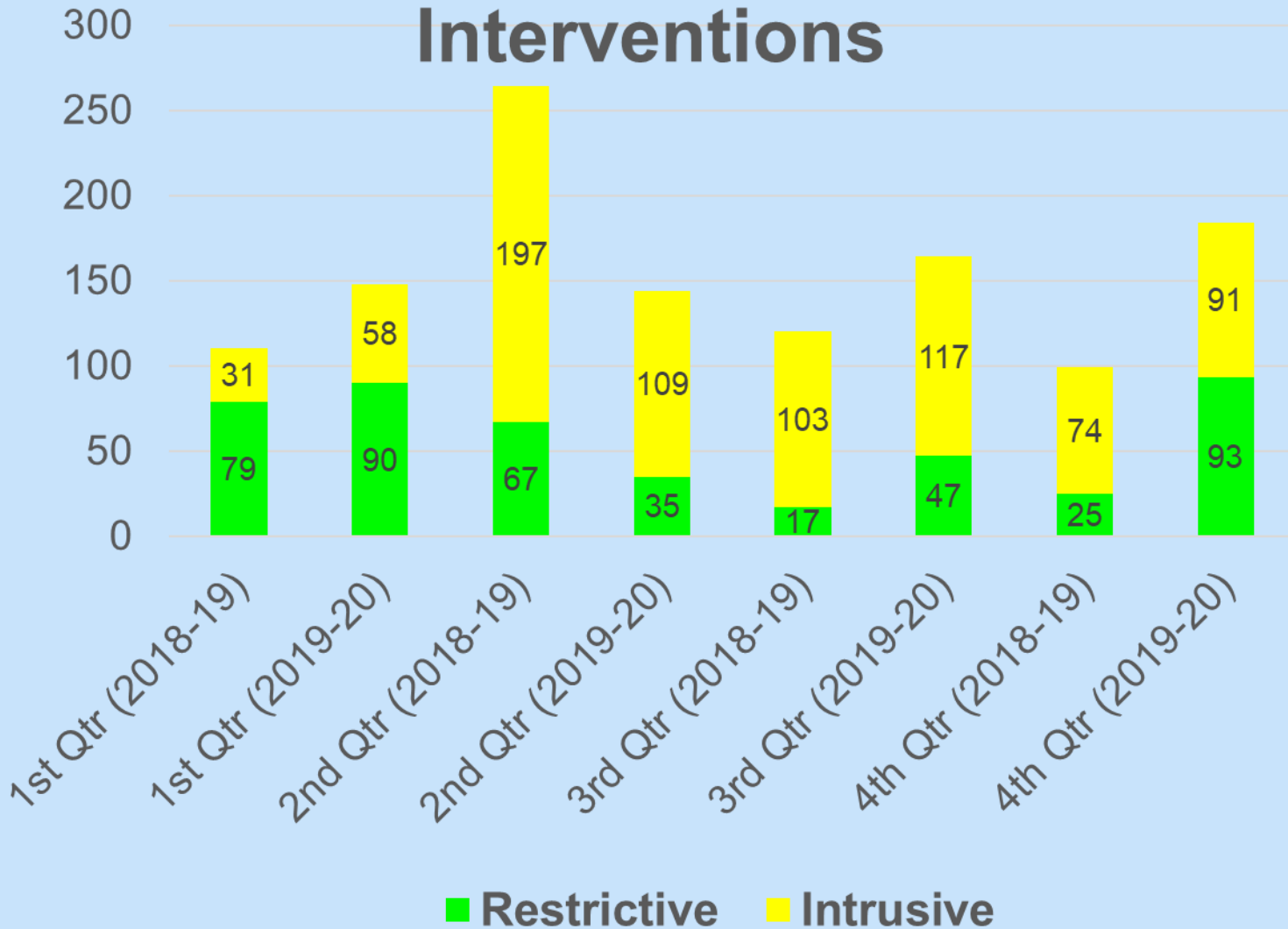
# Reported 911 Calls and Critical/Sentinel Events



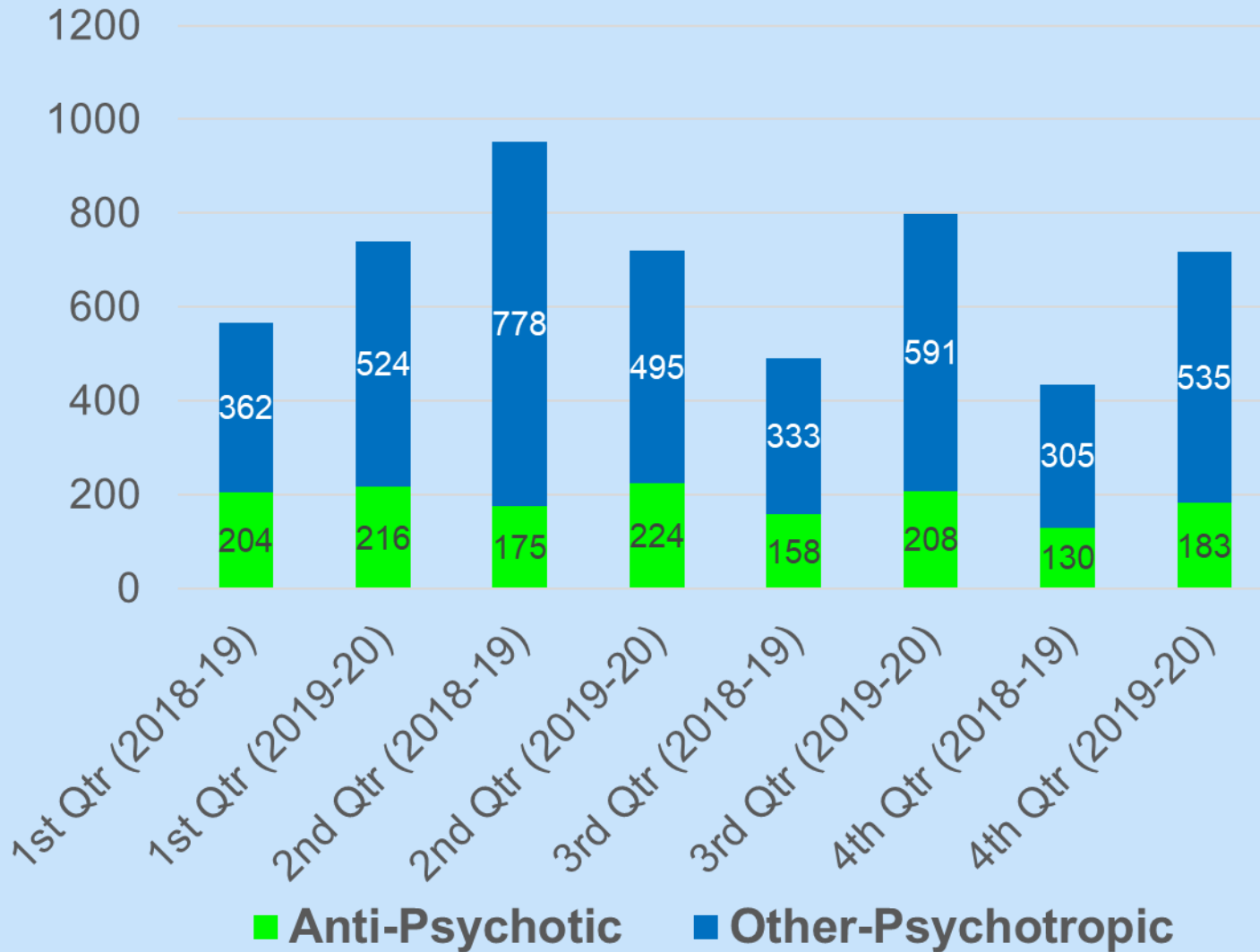
■ Sentinel Events2    
 ■ Critical Events    
 ■ 911 Calls



# Restrictive and Intrusive Interventions



# Use of Medication





## RECOMMENDATIONS

- ❖ IPOS and Behavior Treatment Plans are specific, measurable, and are updated and revised per the policy/procedural guidelines;
- ❖ Continuation of Case Validation Reviews of randomly selected cases as a step towards continuous quality improvement at PIHP level;
- ❖ Regular consultations with network providers on the Technical Requirements of Behavior Treatment Plans;
- ❖ Each CRSP ensures the service site has member's IPOS and ancillary plans, before the delivery of services;



# RECOMMENDATIONS

- ❖ Crisis Prevention Intervention (CPI) training is recommended to help reduce the high utilization of emergency department (ED) visits;
- ❖ In-service training is provided by the appropriately licensed and credentialed clinician;
- ❖ Improve the under-reporting of the required data of Behavior Treatment beneficiaries. (Suicide, Non-suicide death, Emergency Medical Treatment due to Injury, Medication Error; and Arrest of Consumer when law enforcement states person is being arrested.)





# EXPERIENCE OF CARE AND HEALTH OUTCOMES

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Findings from the 2020

Experience of Care and Health Outcomes  
(ECHO) Child Survey

WAYNE STATE  
UNIVERSITY

THE CENTER FOR URBAN STUDIES





# Table of Contents

Content	Slide
<b>Summary</b>	
Overview	<u><a href="#">3</a></u>
Methodology	<u><a href="#">4</a></u>
Survey Highlights	<u><a href="#">6</a></u>
Sample and Respondent Profile	<u><a href="#">7</a></u>
Respondent Demographics	<u><a href="#">10</a></u>
ECHO Child Scorecard	<u><a href="#">18</a></u>
Highlights from Statistical Significance Testing	<u><a href="#">21</a></u>
Opportunities	<u><a href="#">30</a></u>
<b>Detailed Findings</b>	
ECHO Child Scorecard Measures	<u><a href="#">31</a></u>
Statistically Significant Differences by Subgroup	<u><a href="#">54</a></u>

# Overview

Per the request of the Detroit Wayne Integrated Health Network (DWIHN), the Wayne State Center for Urban Studies (Center), conducted the ECHO (Experience of Care & Health Outcomes) Child Survey\* with parents/guardians of its minor-aged members.

- The purpose was to assess the experiences of families whose children who have received mental health or substance use disorder services through DWIHN in the previous 12 months.
- The Center deployed the most current version, 3.0, for managed behavioral healthcare organizations (MBHOs).

\* The Survey was developed by the CAHPS (Consumer Assessment of Healthcare Providers and Systems) team at AHRQ (Agency for Healthcare Research and Quality) within the U.S. Department of Health & Human Services. More information available at <https://www.ahrq.gov/cahps/surveys-guidance/echo/index.html>

# Methodology

- DWIHN provided the Center with 7,087 members, out of the approximately 17,000 children receiving services.
- The survey was administered via three modes:
  1. The Center mailed a paper survey.
  2. A link to the web version was included with the mailed invitation.
  3. One week after the paper survey was sent, staff from the Center's Computer Aided Telephone Interviewing (CATI) lab began calling parents/guardians and asking them to complete the survey over the phone.
    - Trained and supervised interviewers made calls to potential respondents weekdays, evenings, and weekends.
- Respondents received a \$5 CVS gift and a chance to be randomly selected to receive one of 93 higher value cards (ninety \$25 cards and one each of \$100, \$250, and \$500 cards).

# Methodology *(cont.)*

- While CAHPS does not provide guidance on ECHO Reporting Measures for the Child Survey, the Center created a “score card” based on the Adult Reporting Measures:
  - 11 single item measures
    - Each score indicates the percentage of respondents who selected the most positive category for a given item.
  - 5 composite measures
    - Each of these is an average of the scores of a number of single items.
  - 1 global rating of counseling and treatment
- Each of the measures is explained in the Detailed Findings: ECHO Reporting Measures section (*beginning on slide 31*).

# Survey Highlights

- 1,532 parents/guardians of DWIHN members responded to the survey.
- 1,123 reported receiving services in the past year.
- Respondents were less likely to have a primary disability designation of severe mental illness (64%), compared to the sample (60%) and more likely to have a developmental disability (39%) than the sample (35%). A higher percentage of respondents' children were receiving autism services (27%), compared to the sample (23%).
- DWIHN scored well on several of measures, notably parents/guardians reporting receiving information on patient rights (95%), confidence in the privacy of their information (93%), and completely discussing the goals of their child's treatment (93%).
- There were four measures with scores of less than 50%:
  1. Perceived improvement (25%);
  2. Getting treatment quickly (42%);
  3. Overall rating of counseling and treatment (49%); and
  4. Amount helped (49%).

# Sample Profile

- DWIHN provided the Center with 7,087 members, out of the approximately 17,000 members younger than 18 receiving services. DWIHN randomly selected 6,000 and then any children receiving autism services who were not already in the sample were added to it.

Characteristic	Number	Percentage
Primary Disability Designation: Severe Emotional Disability	4,552	64.4%
Primary Disability Designation: Developmental Disability	2,485	35.1%
Receiving Autism Services	1,645	23.2%
No Valid Address	447	6.3%
At Least One non-Valid Phone Number	590	8.3%

*Note:* in many cases, the Center does not have information on every member. All percentages reflect percentage of the total number for whom we have information.

# Survey Response

- Overall, **1,532** responded to the survey, well over the targeted 600 targeted.
- 1,123 (over 3/4 of respondents) reported their children had received counseling, treatment, or medicine in the last 12 months (77.3%, N=1,453).

Respondents		
Mode	N	%
CATI	994	64.9%
Mail	473	30.9%
Web	65	3.3%
<b>Total</b>	<b>1,532</b>	<b>100%</b>

*Note:* Respondents had the option to skip survey questions. For each question, *N*, the total number of responses, is also reported.

# Respondent Profile

Compared to the overall sample, the 1,505 respondents who *completed* the survey were:

- More likely to have a primary disability designation of developmental disability than severe emotional disability; and
- More likely to be receiving autism services.

Members in the sample were served by 34 Clinically Responsible Service Providers (CRSPs) . The respondent pool was served by 28 of those CRSPs. The CRSPs not represented in respondent pool only had three or fewer clients in the sample.

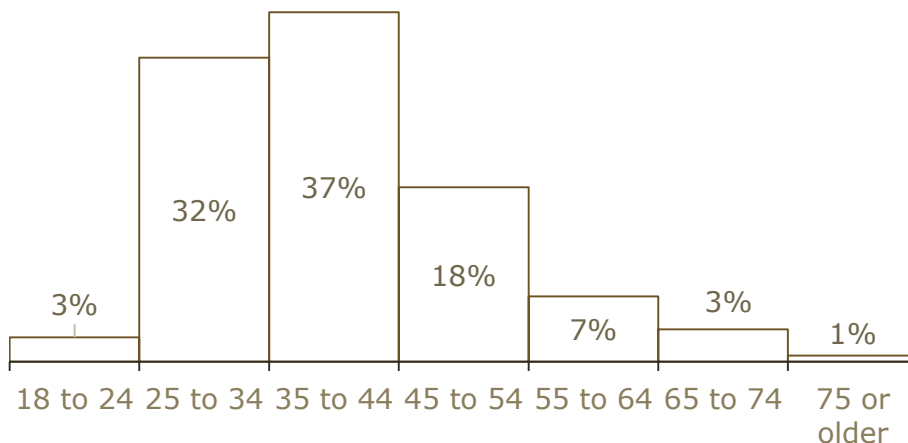
Characteristic	<u>SAMPLE</u>		<u>RESPONDENTS</u>	
	Number	Percentage	Number	Percentage
Primary Disability Designation: Severe Emotional Disability	4,552	64.4%	907	60.3%
Primary Disability Designation: Developmental Disability	2,485	35.1%	594	39.5%
Receiving Autism Services	1645	23.2%	400	26.6%



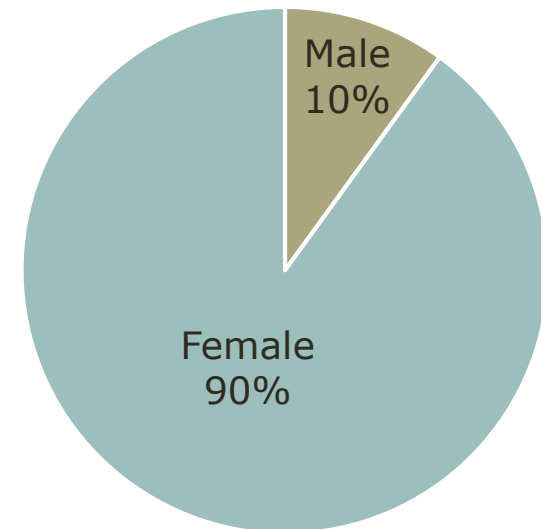
# Respondent Demographics: Age and Gender

- Almost 70% of respondents reported their ages to be between 25 and 44.
- The vast majority (90%; 1,333 of 1,481) of respondents identified as female.

**Respondent Age  
Distribution  
(N=1,452)**



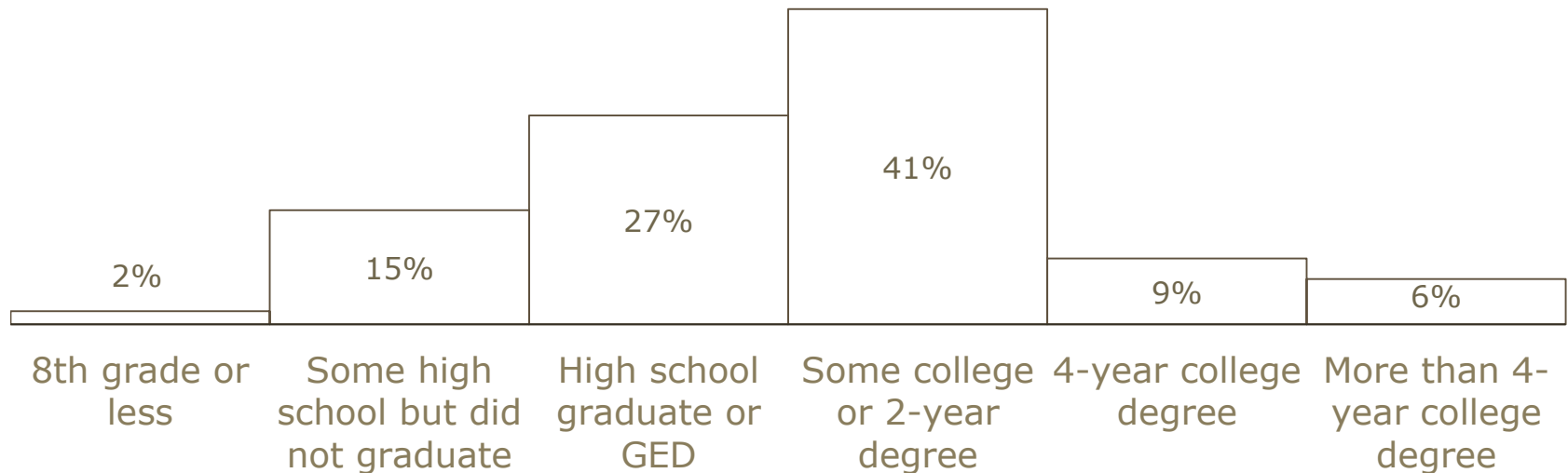
**Respondent Gender  
(N = 1,481)**



# Respondent Demographics: Education Level

- Over 4/5 of respondents reported completing high school or beyond, with more than half having attended at least some college.

*What is the highest grade or level of school that you have completed? (N=1,470)*



# Respondent Demographics: Relationship to the Child

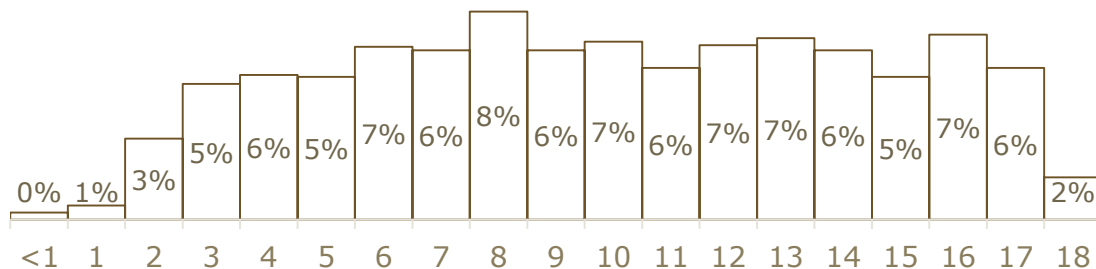
The vast majority of survey respondents (89.2%; 1,305 of 1,463) identified themselves as the mother or father of the child receiving services.

<b>Relationship</b>	<b>Number</b>	<b>Percentage</b>
Mother or Father	1,305	89.2%
Grandparent	76	5.2%
Legal guardian	53	3.6%
Aunt or Uncle	19	1.3%
Other relative	9	0.6%
Older sibling	1	0.1%
Total	1,463	100%

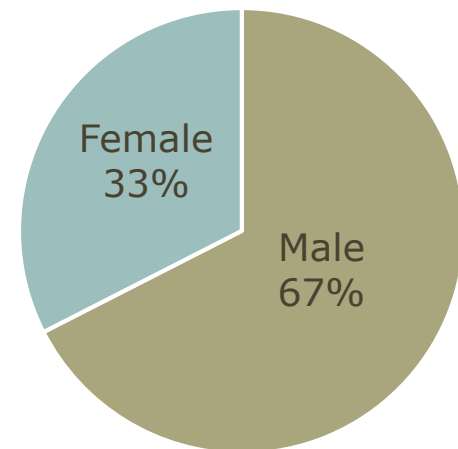
# Respondent Child Demographics: Age and Gender

- Respondents reported children of various ages, with each age between 3 and 17 having 5%-8% of the children. There were fewer children at the younger and older ends of the spectrum.
- Respondents reported that approximately one-third of the children were female and two-thirds male.

**Child Age Distribution  
(N=1,483)**



**Child Gender  
(N = 1,495)**



# Respondent Child Demographics: Ethnicity and Race

- More than three-fifths of respondents of the 1,446 who reported their child's race identified them as Black or African American and 31% as White.
- Roughly 8% identified as Hispanic or Latino.

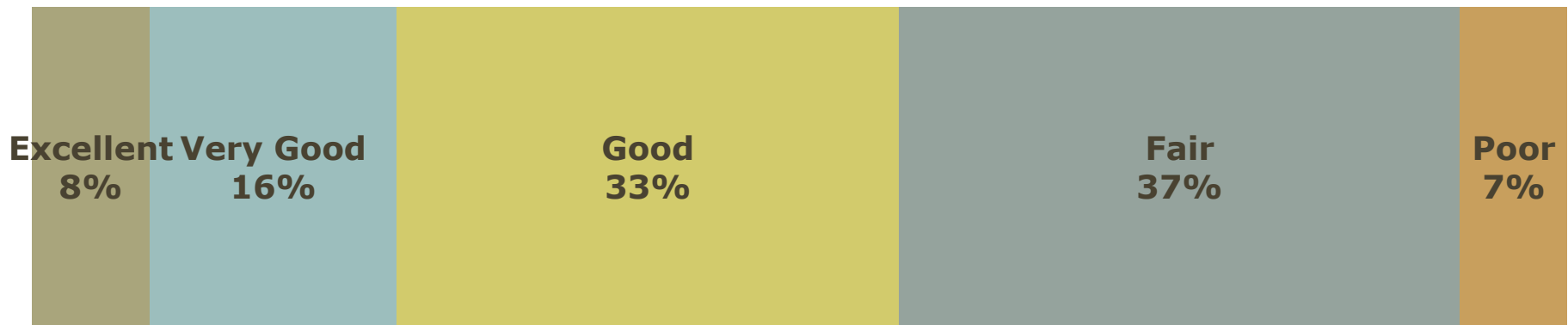
Is your child of Hispanic or Latino origin or descent?	Number	Percentage
Yes	120	8.1%
No	1364	91.9%

What is your child's race?	Number	Percentage
Black/African-American	924	63.9%
White	444	30.7%
Other	135	9.3%
Asian	42	2.9%
American Indian/Alaska Native	33	2.3%
Native Hawaiian/Other Pacific Islander	3	0.2%

# Respondent Child Demographics: Overall Mental Health

- Over half rated their child's overall mental health as "good" or better.

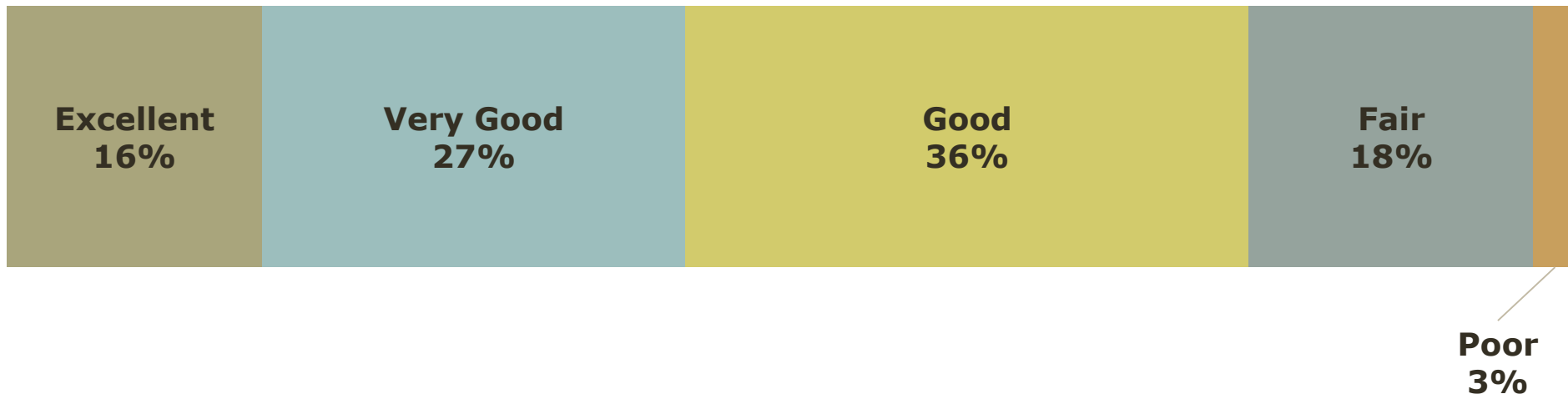
*In general, how would you rate your child's overall mental health now? (N=1,135)*



# Respondent Child Demographics: Overall Health

- Nearly four-fifths rated their child's overall health as "good" or better, with 16% rating it as "excellent."

*In general, how would you rate your child's overall health now? (N=1,473)*



# Help with the Survey

- When asked, very few (5.0%, 26 of 515) of mail and web respondents indicated that they had been helped with the survey.
- 42 respondents shared one or more ways that someone had helped them with the survey:

<b>How did that person help you?</b>	<b><u>Respondents</u></b>	
	<b>Number</b>	<b>Percentage</b>
Translated the questions into my language	21	50.0%
Read the questions to me	18	42.9%
Wrote down the answers I gave	9	21.4%
Answered the questions for me	4	9.5%
Helped in some other way	8	19.0%

*Note:* Some respondents did not report whether or not they had been helped, but answered the question that asked how they had been helped.



# ECHO Child Scorecard

## Composite Measures

Getting treatment quickly	<u>42%</u>
How well clinicians communicate	<u>72%</u>
Getting treatment and information from the plan or MBHO	<u>55%</u>
Perceived improvement	<u>25%</u>
Perceived access to treatment	<u>58%</u>
Global Rating: Treatment (Overall rating of counseling and treatment)	<u>49%</u>
Office wait	<u>55%</u>

## Single Item Measures

Told about treatment options	<u>75%</u>
Told about medication side effects	<u>79%</u>
Information to manage condition	<u>78%</u>
Patient rights information	<u>95%</u>
Patient feels he or she could refuse treatment	<u>88%</u>
Privacy	<u>93%</u>
Cultural competency	<u>82%</u>
Amount helped	<u>49%</u>
Treatment after benefits are used up	<u>58%</u>
Discussed goals of child's treatment	<u>93%</u>

# ECHO Child Scorecard, Comparison to Adult Results

<b>Composite Measures and Global Rating</b>	<b>Child</b>	<b>Adult</b>
Getting treatment quickly	<u>42%</u>	43%
How well clinicians communicate	<u>72%</u>	68%
Getting treatment and information from the plan or MBHO	<u>55%</u>	57%
Perceived improvement	<u>25%</u>	31%
Perceived access to treatment	<u>58%</u>	n/a
Global Rating: Treatment (Overall rating of counseling and treatment)	<u>49%</u>	51%

# ECHO Child Scorecard, Comparison to Adult Results

Single Item Measures	Child	Adult
Office wait	<u>55%</u>	36%
Information about treatment options*	<u>75%</u>	71%
Told about medication side effects	<u>79%</u>	74%
Information to manage condition	<u>78%</u>	81%
Patient rights information	<u>95%</u>	91%
Patient feels he or she could refuse treatment	<u>88%</u>	81%
Privacy	<u>93%</u>	91%
Cultural competency	<u>82%</u>	69%
Amount helped	<u>49%</u>	58%
Treatment after benefits are used up	<u>58%</u>	55%
Discussed goals of child's treatment	<u>93%</u>	n/a

\* The Adult version of this measure is a composite that also includes whether they were told about self-help or consumer run programs

# Statistical Significance Testing

- Statistical tests were conducted to identify differences by demographic characteristics (gender, race, age), by primary disability designation, by whether or not the child was receiving autism services, by service provider (CRSP), and by survey mode.
- Using a one-way ANOVA, several results had a statistically significant ( $p < 0.05$ ) difference between subgroups:

<b>Grouping</b>	<b>Items with Differences</b>
Child Gender	Q19
Child Race	Q14
Child Age Group	Q15, Q18, Q22, Q25, Q30, Q19
Primary Disability Designation	Q40, Q25, Q30
Service Type (autism or not)	Q40, Q42, Q21, Q25, Q30
CRSP	Q12, Q13, Q14, Q40, Q21, Q29, Q22, Q17, Q23, Q26
Survey Mode	Q7, Q18, Q34, Q21, Q29, Q25

# Statistically Significant Differences in Subgroups

## By Gender

- Respondents who indicated their children were male were more likely to report the goals of their child's counseling or treatment was discussed completely with them (91% for females, 95% for males).

## By Race

- 79% of respondents reported that the people their child saw for counseling or treatment always showed respect for what they had to say. There were statistically significant differences by race, with 83% of Black or African American respondents reporting this, compared to 73% of White respondents.

# Statistically Significant Differences in Subgroups *(cont.)*

## By Age Group

- Five measures had statistically significant differences by age group. For each of these, the respondents with children between 4 and 6 years old were more likely than those with children in other age groups to indicate that:
  - the people their child saw for counseling or treatment spent enough time with them (72%, compared to 63% overall);
  - they were involved as much as they wanted in their child’s counseling or treatment (84%, compared to 76% overall);
  - they were given information about different kinds of counseling or treatment (84%, compared to 75% overall);
  - they felt they could refuse a specific type of medicine or treatment (92%, compared to 88% overall); and
  - their child was helped **a lot** by their counseling or treatment (61%, compared to 49% overall).

# Statistically Significant Differences in Subgroups (*cont.*)

## By Age Group

Other statistically significant differences by age group included:

- A lower percentage of people with children from birth to 3 (78%) reported they felt they could refuse a specific type of treatment, compared to other age groups (other scores 82 - 92%).
- Those with children aged 16-18 were the least likely to indicate:
  - That their children's service providers spent enough time with the respondent (54%, other scores 60 - 72%) and
  - That they were involved as much as they wanted in their children's treatment (64%, other scores 69-84%).
- Respondents with children age 13-16 were least likely to indicate their children had been helped **a lot** by treatment (44%, compared to other scores of 49-61%).

# Statistically Significant Differences in Subgroups (*cont.*)

## By Primary Disability Designation

- On a few items, there were statistically significant differences in the responses of those with children whose primary disability designation was developmental disability (DD) and those whose was severe emotional disability (SED):
  - For those with DD, respondents were less likely to indicate delays in treatment were **not a problem** while waiting for approval (37% for those with DD, compared to 68% for those with SED);
  - Those with children with DD were less likely to indicate they felt they could refuse a specific type of medicine or treatment (85% compared to 90%).
  - Respondents with children with DD were more likely to report that their children had been helped **a lot** by the treatment (54% compared to 46%).



# Statistically Significant Differences in Subgroups (*cont.*) By Service Type

- Respondents with children receiving autism services were less likely to report that:
  - delays in treatment were **not a problem** while waiting for approval (38% for those receiving autism services, compared to 61% for those not receiving autism services);
  - getting needed help was **not a problem** when calling customer service (48%, compared to 65% for those not receiving autism services);
  - their child always had someone to talk to for counseling or treatment when troubled (51% compared to 59%); and
  - they felt they could refuse a specific type of medicine or treatment (84% compared to 89%).
- However, respondents with children receiving autism services were *more* likely to report that their children had been helped **a lot** by the treatment (56% compared to 47%).

# Statistically Significant Differences in Subgroups (*cont.*)

## By CRSP

There was considerable variation among service providers on members' responses to several items. For example:

- Respondents of children receiving services at the Children's Center of Wayne County were *more* likely to report that:
  - They were told about side effects of medicines (94%), compared to 80% overall; and
  - They were given as much information as they wanted about managing their child's condition (86%), compared to 78% overall.
- Respondents of children receiving services at Community Living Services were *more* likely to report that:
  - The people their children saw explained things in ways the respondents understood (95%), compared to 74% overall.
  - The people their children saw showed respect for the what the respondents had to say (95%), compared to 79% overall.
  - They were confident in the privacy of their information (100%), compared to 93% overall.

# Statistically Significant Differences in Subgroups (*cont.*)

## By CRSP

There was considerable variation among service providers on members' responses to several items. For example:

- Respondents of children receiving services at the Northeast Guidance Center were *less* likely to report that:
  - The people their children saw **always** listened carefully to the respondents (46%), compared to 67% overall; and
  - The people their children saw **always** explained things in ways the respondents understood (58%), compared to 74% overall; and
  - They felt their children **always** had someone to talk to for counseling when troubled (42%), compared to 56% overall; and
  - They were confident in the privacy of their information (80%), compared to 93% overall.

# Statistically Significant Differences in Subgroups (*cont.*)

## By Survey Mode

CATI respondents had higher scores on several measures than the other modes. CATI respondents were more likely to report that:

- They were **always** able to get their child an appointment as soon as they wanted (54%), compared to 50% overall;
- They were **always** involved as much as they wanted in treatment (80%), compared to 76% overall;
- They rated their children's ability to accomplish things as **much better** (30%), compared to 27% overall;
- They **always** felt their children had someone to talk to for counseling when troubled (61%), compared to 57% overall;
- That rated that child's treatment as a **9** or **10** (54%), compared to 49%; and
- They felt they could refuse a specific type of medicine or treatment (91% compared to 88% overall).

# Opportunities

Considering the findings from the survey, DWIHN has several potential areas to pursue for improvement, including working with:

- Service providers and members to explore the reasons why more families do not perceive improvements in their children, particularly with regard to social situations, and whether their self-assessments reflect clinicians' assessments;
- Service providers and families to identify barriers to members being able to get treatment quickly, particularly as it pertains to getting help over the telephone; and
- Service providers to help them to understand the feedback their clients offered via the ECHO survey, particularly for those providers given lower scores on members' experience.

# DETAILED FINDINGS

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## Scorecard Measures

# Measure: Getting Treatment Quickly

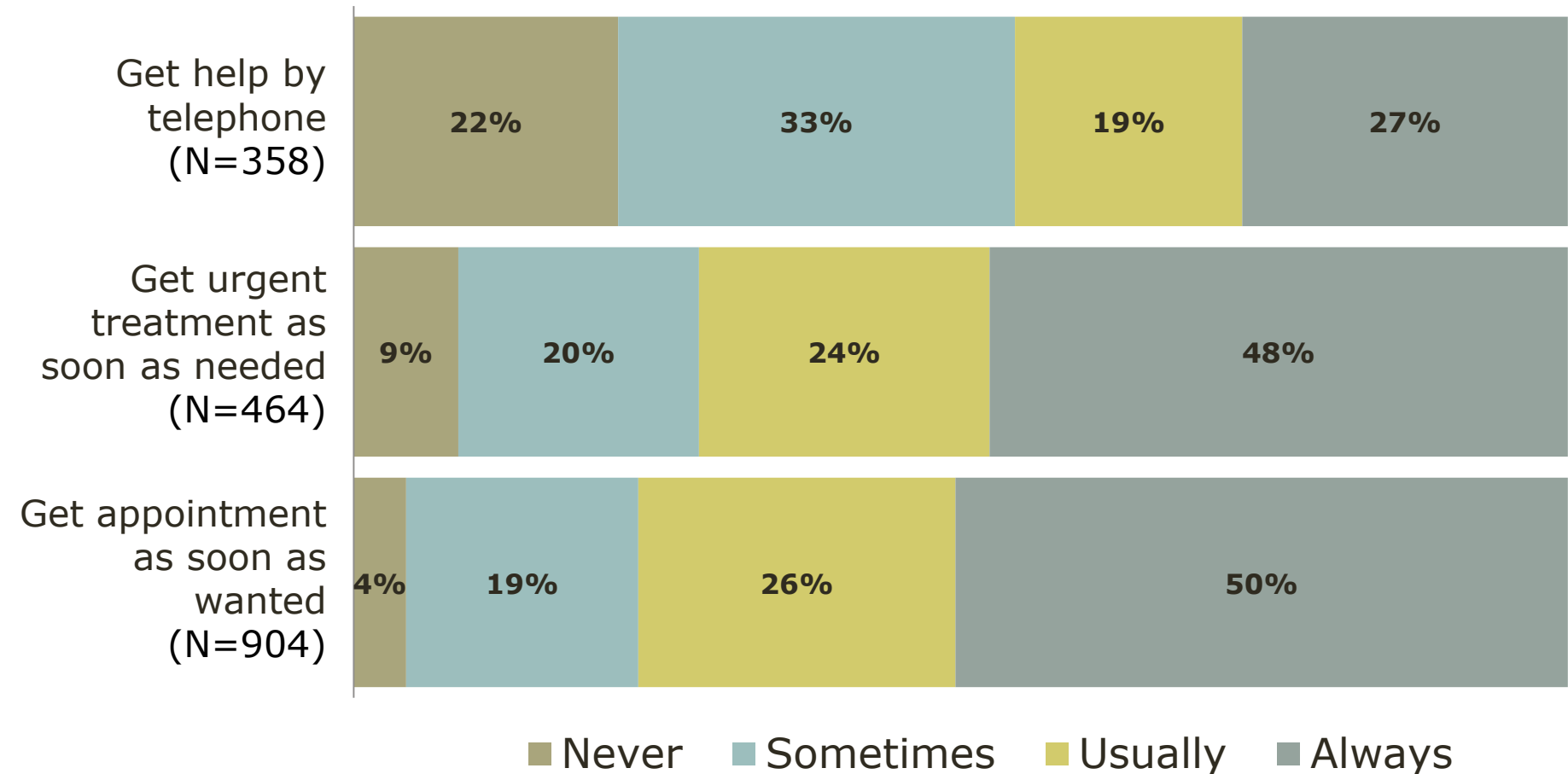
**Getting treatment quickly: 42%**

- This composite measure is the average score across these items:

	Question	Score
Q3	In the last 12 months, how often did you get the professional counseling your child needed on the phone?	27%
Q5	In the last 12 months, when your child need counseling or treatment right away, how often did he or she see someone as soon as you wanted?	48%
Q7	In the last 12 months, how often did your child get an appointment for counseling or treatment as soon as you wanted?	50%

- Score is the percentage of respondents who answered "Always."

# Detail: Getting Treatment Quickly





# Measure: How Well Clinicians Communicate

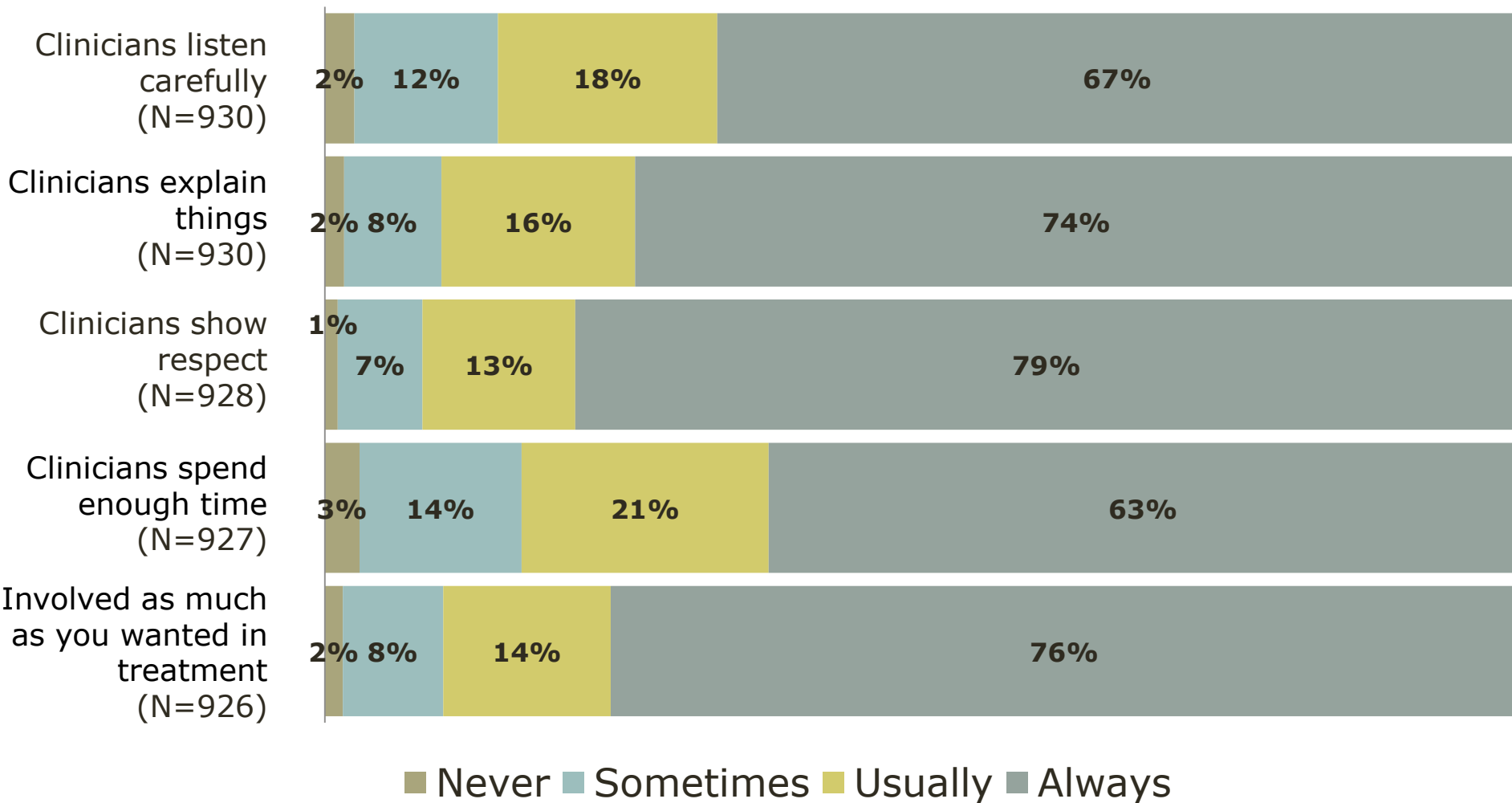
## How Well Clinicians Communicate: 72%

- This composite measure is the average score across these items:

	Question	Score
Q12	In the last 12 months, how often did the people your child saw for counseling or treatment listen carefully to you?	67%
Q13	In the last 12 months, how often did the people your child saw for counseling or treatment explain things in a way you could understand?	74%
Q14	In the last 12 months, how often did the people your child saw for counseling or treatment show respect for what you had to say?	79%
Q15	In the last 12 months, how often did the people your child saw for counseling or treatment spend enough time with you?	63%
Q18	In the last 12 months, how often were you involved as much as you wanted in your child's counseling or treatment?	76%

- Score is the percentage of respondents who answered "Always."

# Detail: How Well Clinicians Communicate



# Measure: Getting Treatment and Information from the Plan or MBHO

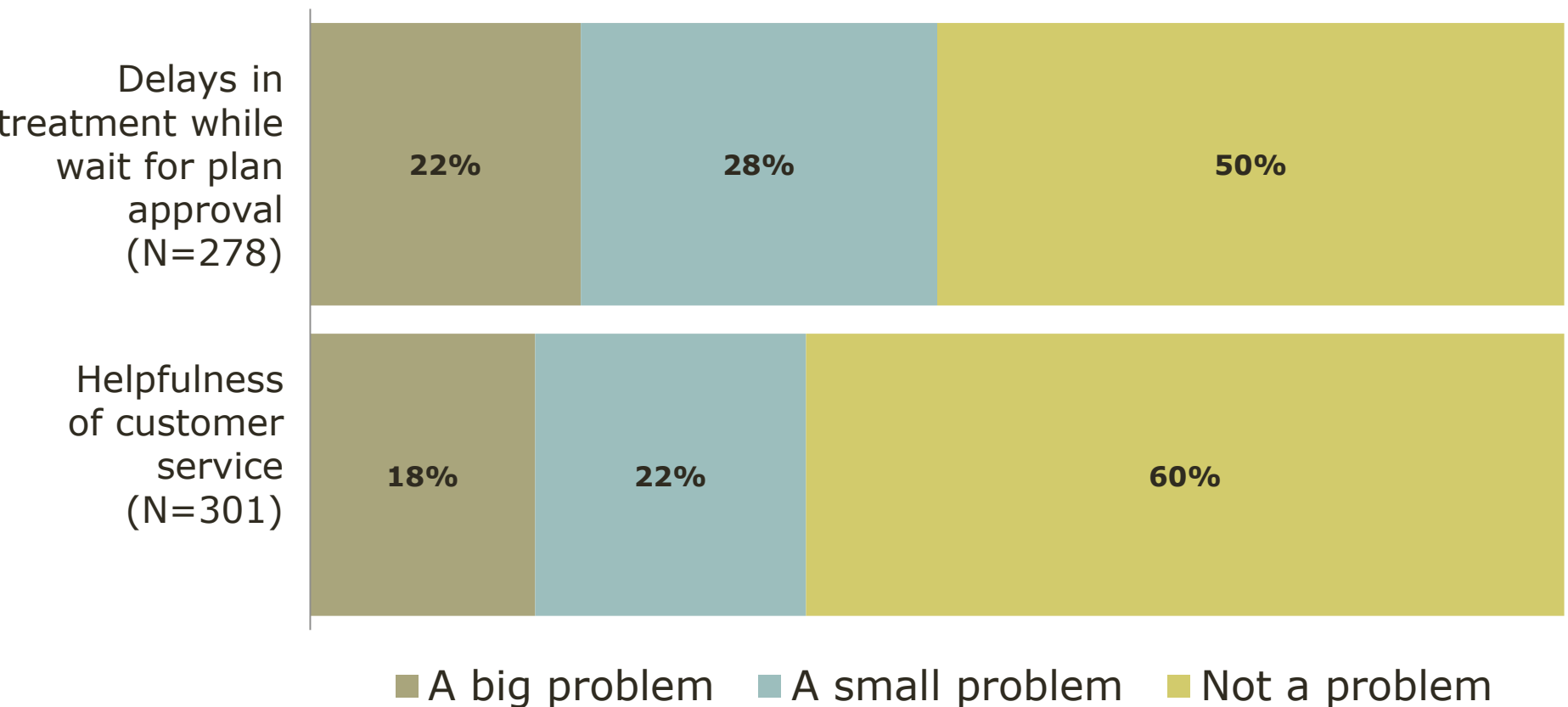
## Getting Treatment and Information : 55%

- This composite measure is the average score across these items:

	Question	Score
Q40	In the last 12 months, how much of a problem, if any, were delays in counseling or treatment while you waited for approval?	50%
Q42	In the last 12 months, how much of a problem, if any, was it to get the help you needed for your child when you called customer service?	60%

- Score is the percentage of respondents who answered “Not a problem.”

# Detail: Getting Treatment and Information from the Plan or MBHO



# Measure: Perceived Improvement

## Perceived Improvement: 25%

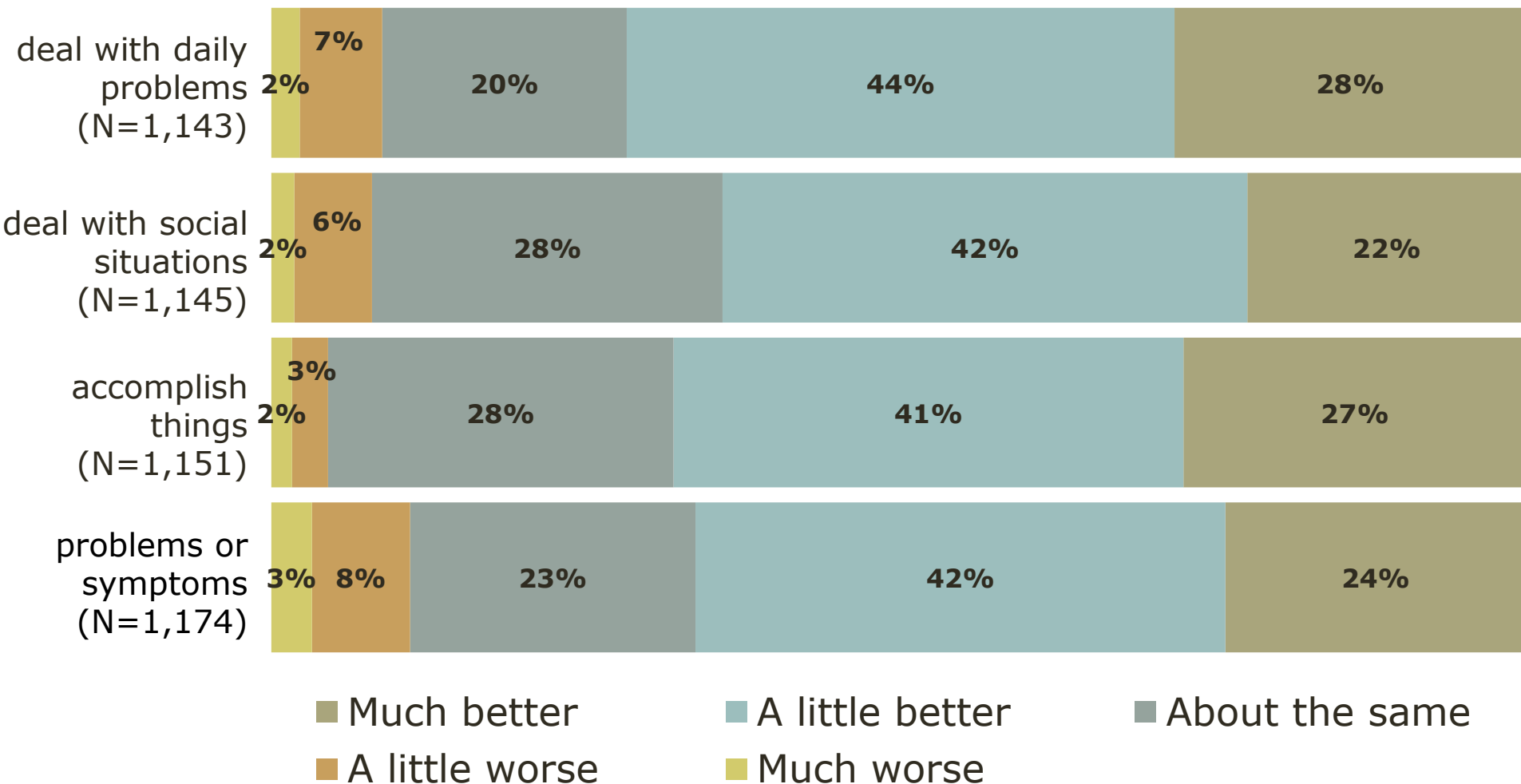
- This composite measure is the average score across these items:

	Question	Score
Q32	Compared to 12 months ago, how would you rate your child's ability to deal with daily problems now?	28%
Q33	Compared to 12 months ago, how would you rate your child's ability to deal with social situations now?	22%
Q34	Compared to 12 months ago, how would you rate your child's ability to accomplish the things he or she wants to do now?	27%
Q35	Compared to 12 months ago, how would you rate your child's problems or symptoms now?	24%

- Score is the percentage of respondents who answered "Always."

# Detail: Perceived Improvement

Compared to 12 months ago, how would you rate your child's ability to...



# Measure: Perceived Access to Treatment

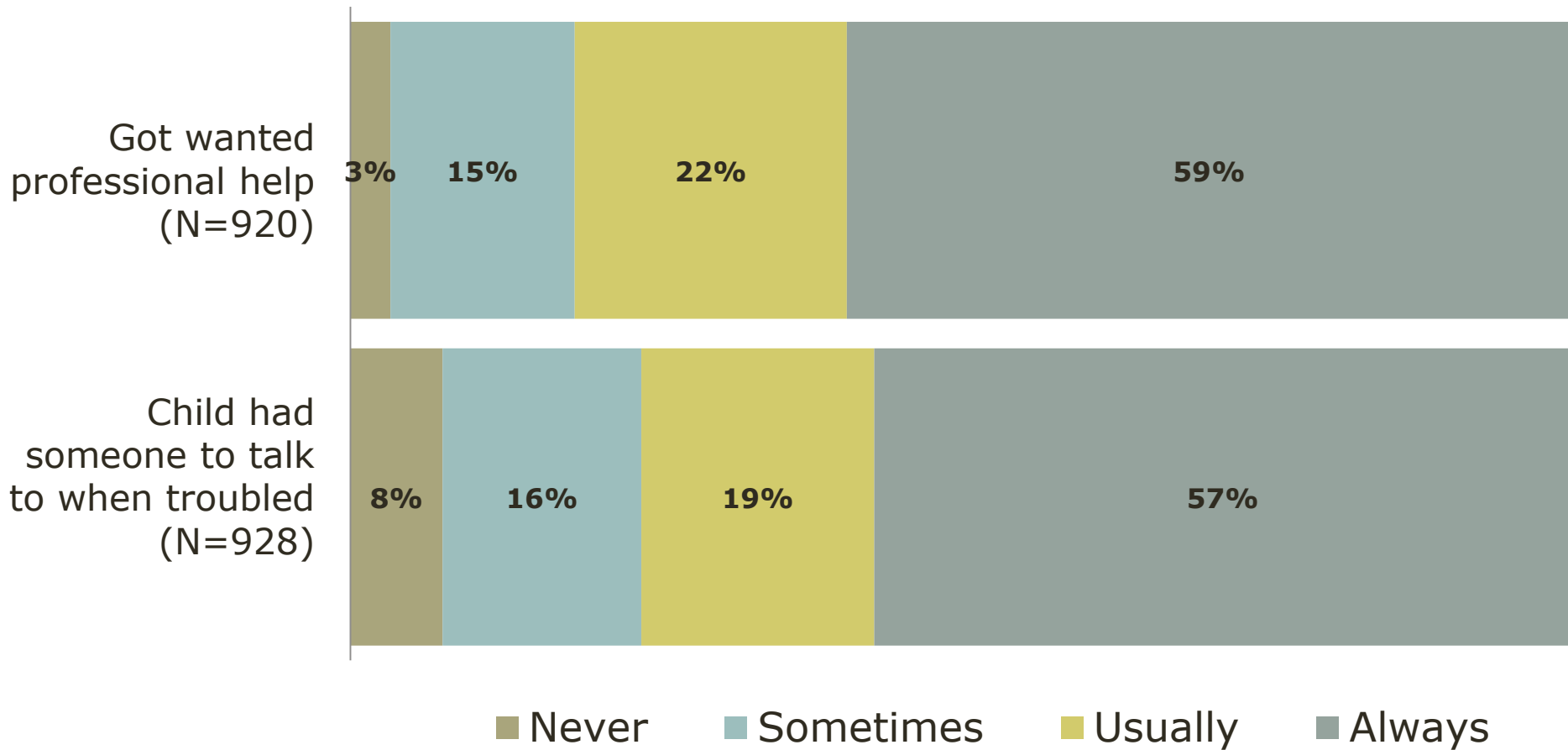
## Perceived Access to Treatment: 58%

- This composite measure is the average score across these items:

	Question	Score
Q20	In the last 12 months, how often did your family get the professional help you wanted for your child?	59%
Q21	In the last 12 months, how often did you feel your child had someone to talk to for counseling or treatment when he or she was troubled?	57%

- Score is the percentage of respondents who answered “Always.”

# Detail: Perceived Access to Treatment





# Measure: Global Rating - Treatment

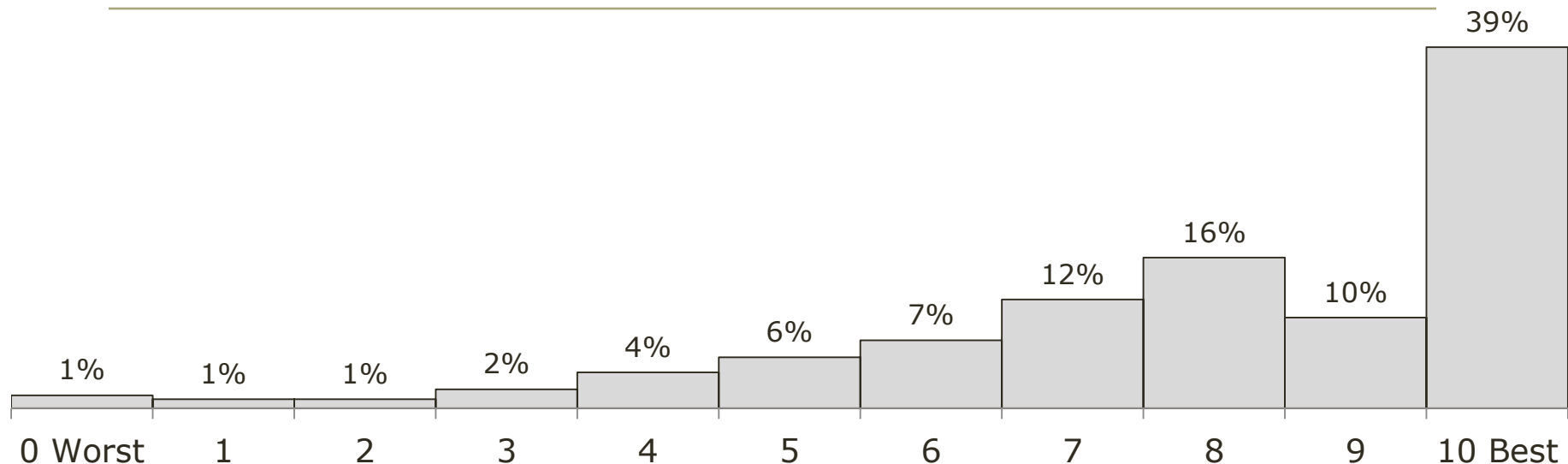
## Overall rating of counseling and treatment: 49%

Score is the percentage of respondents who selected 9 or 10.

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Q29 Using any number from 0 to 10, what number would you use to rate all your child's counseling or treatment in the last 12 months?  
(N=918)

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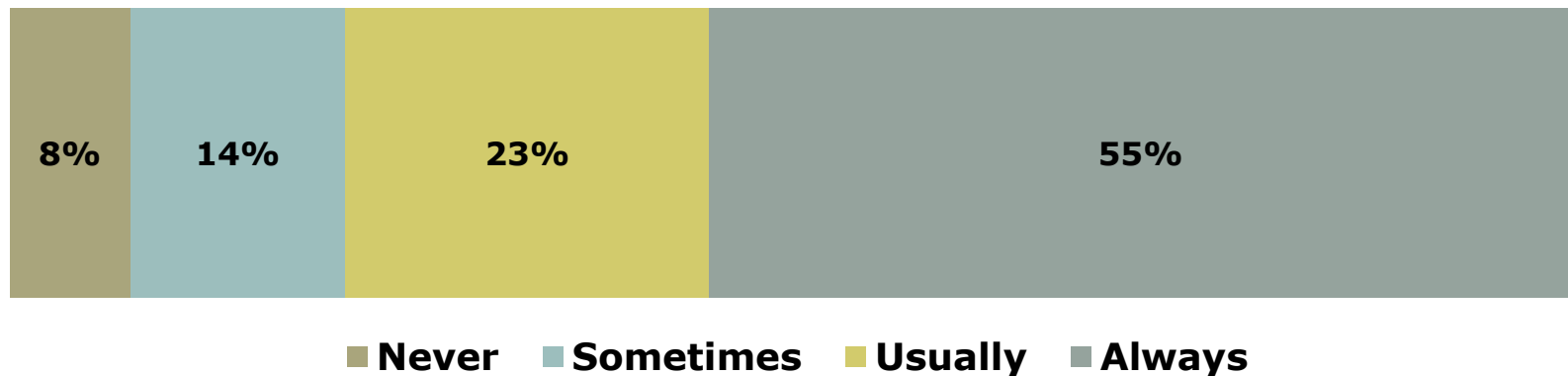


# Measure: Office wait

## Office wait: 55%

Score is the percentage of respondents who answered "Always."

	Question	Score
Q11	In the last 12 months, how often was your child seen within 15 minutes of his or her appointment? (N=931)	55%



# Measure: Information About Treatment Options

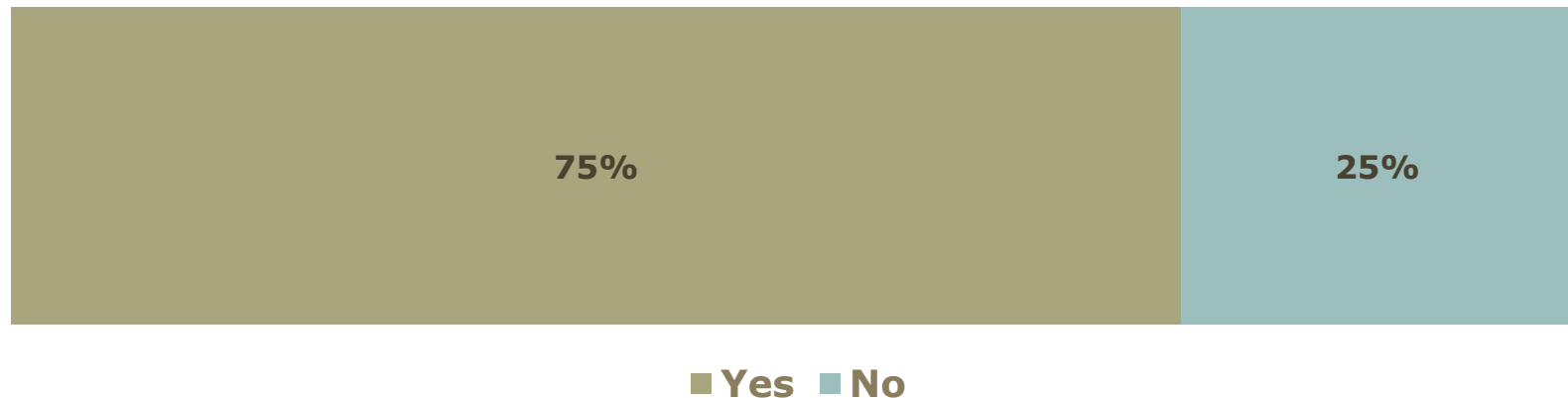
**Told about treatment options: 75%**

Score is the percentage of respondents who answered “Yes.”

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Q22 In the last 12 months, were you given information about different kinds of counseling or treatment that are available for your child?(N=921)

---



# Measure: Told about medication side effects

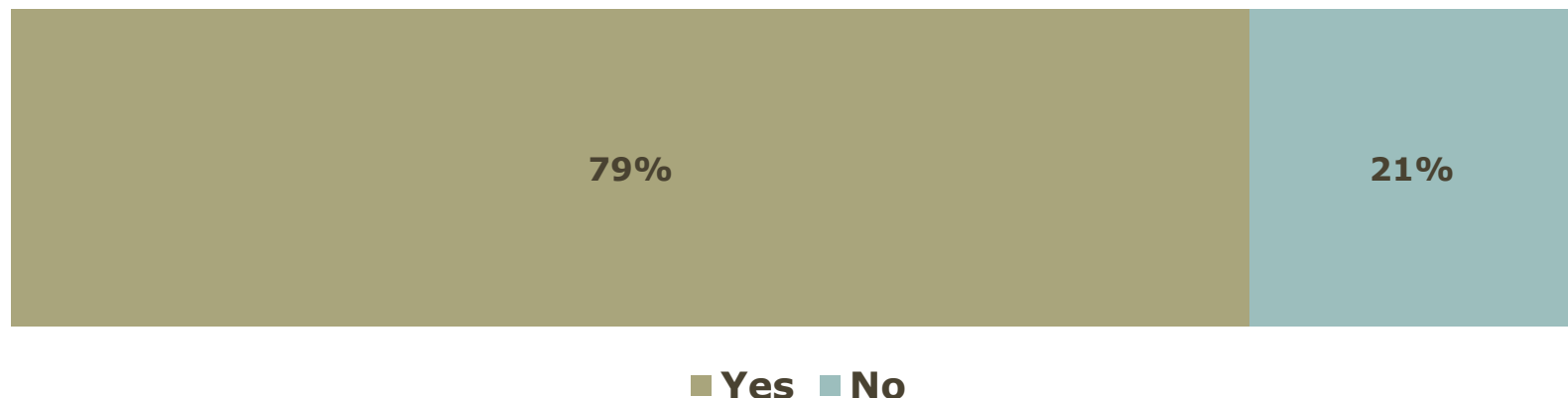
**Told about side effects of medication: 79%**

Score is the percentage of respondents who answered “Yes.”

---

Q17 In the last 12 months, were you told what side effects of those medicines to watch for? (N=532)

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# Measure: Information to manage condition

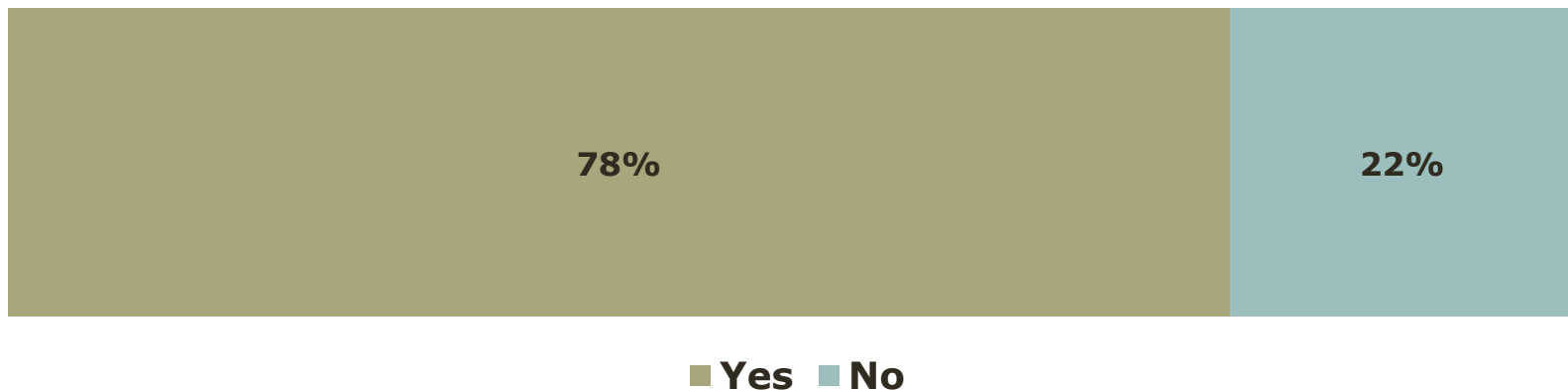
**Given as much information as wanted to manage condition: 78%**

Score is the percentage of respondents who answered “Yes.”

---

Q23 In the last 12 months, were you given as much information as you wanted about what you could do to manage your child’s condition? (N=921)

---



# Measure: Patient rights information

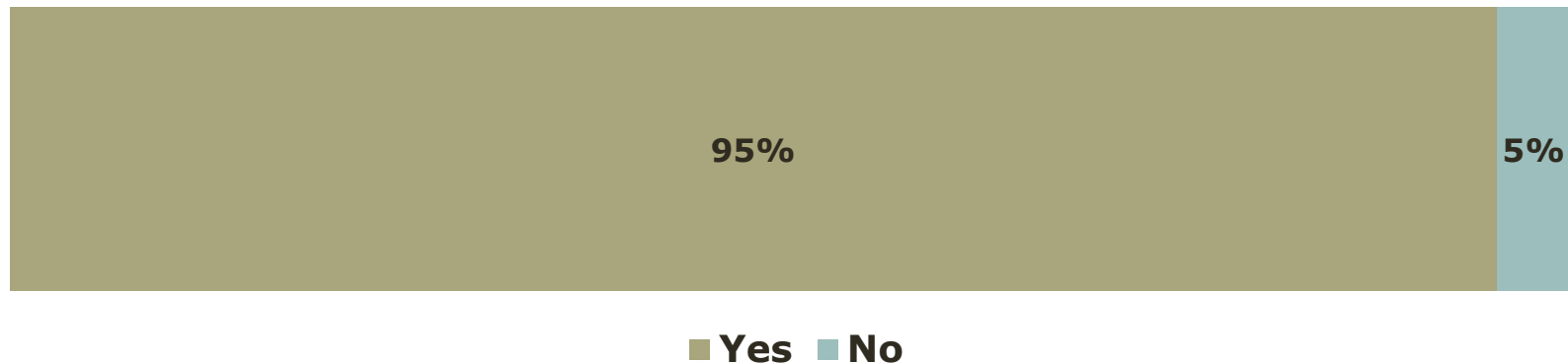
**Given information about rights as a patient: 95%**

Score is the percentage of respondents who answered “Yes.”

---

Q24 In the last 12 months, were you given information about your child’s rights as a patient? (N=918)

---



# Measure: Patient feels he or she could refuse treatment

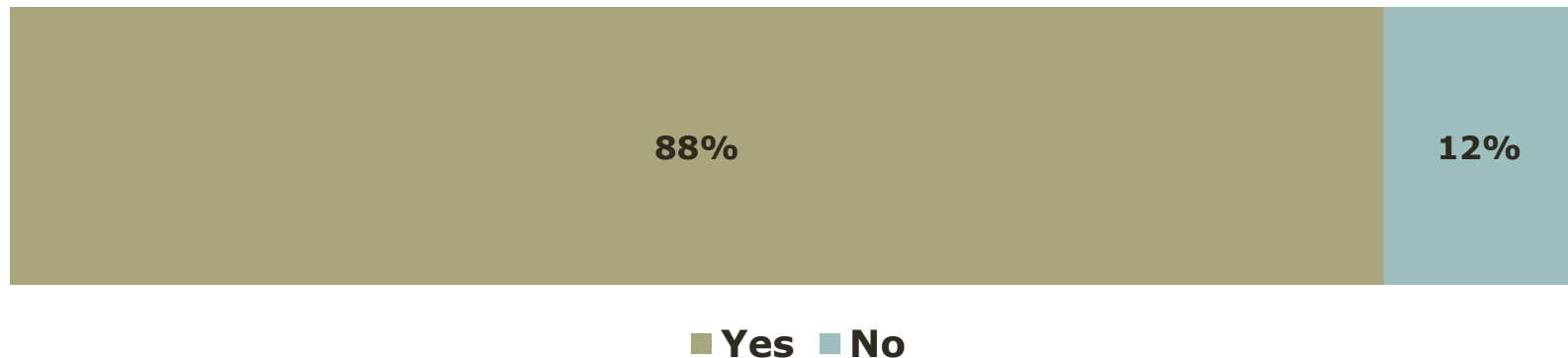
**Patient feels that he or she could refuse a specific type of treatment: 88%**

Score is the percentage of respondents who answered “Yes.”

---

Q25 In the last 12 months, did you feel you could refuse a specific type of medicine or treatment for your child? (N=916)

---



# Measure: Privacy

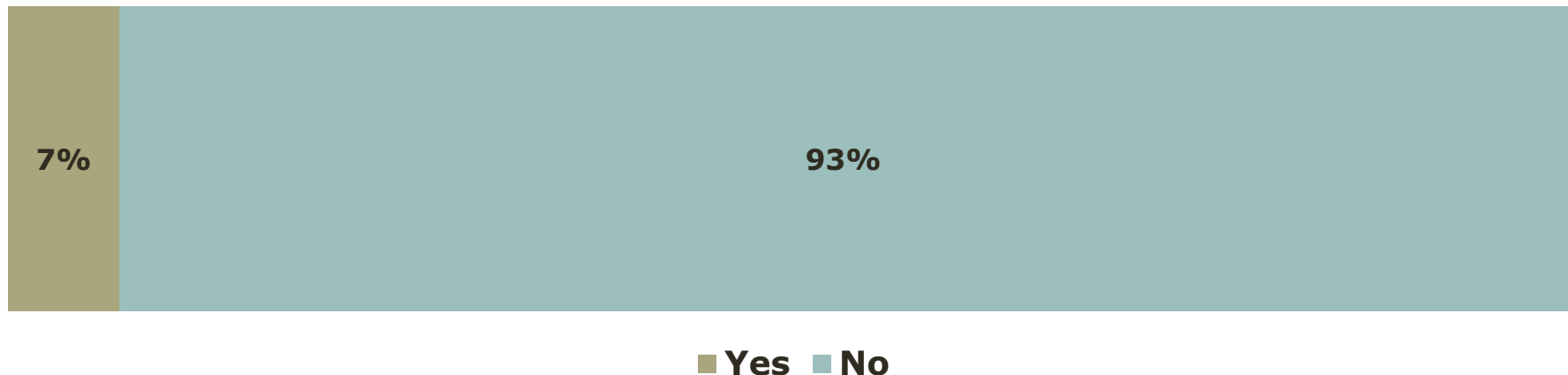
**Confident about privacy of treatment information:  
93%**

Score is the percentage of respondents who answered “No.”

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In the last 12 months, as far as you know, did anyone your child saw for Q26 counseling or treatment share information with others that should have been kept private? (N=900)

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# Measure: Cultural Competency

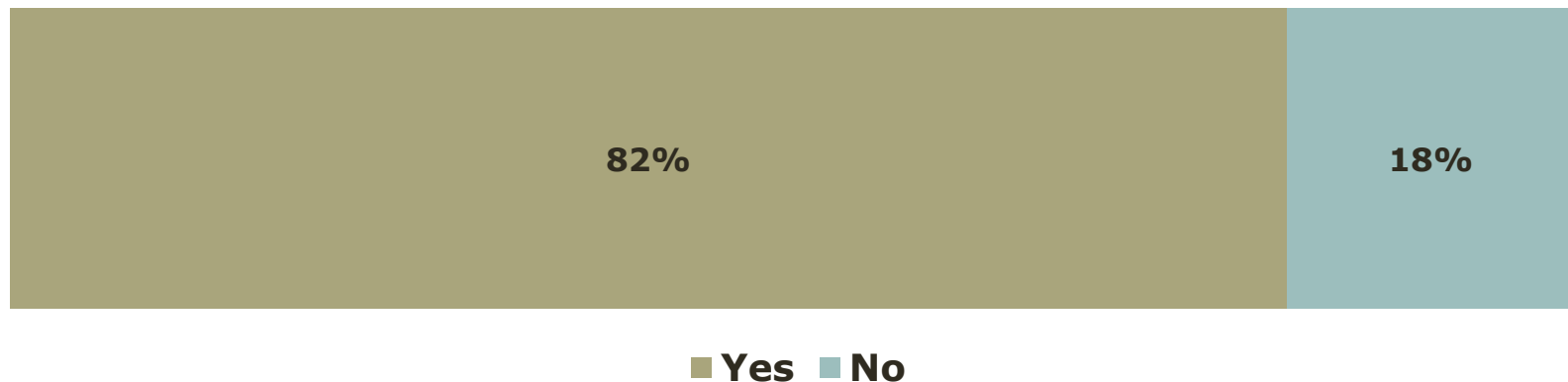
**Care responsive to cultural needs: 82%**

Score is the percentage of respondents who answered “Yes.”

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Q28 In the last 12 months, was the care your child received responsive to those needs? (N=71)

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# Measure: Amount helped

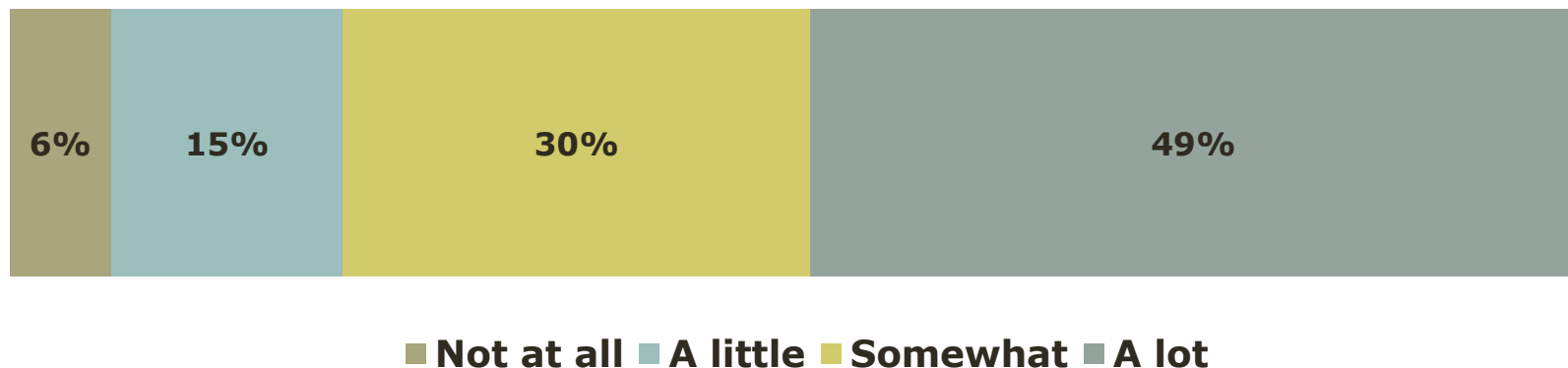
**Amount helped by treatment: 49%**

Score is the percentage of respondents who answered “A lot.”

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Q30 In the last 12 months, how much was your child helped by the counseling or treatment he or she got? (N=1,149)

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# Measure: Treatment after benefits are used up

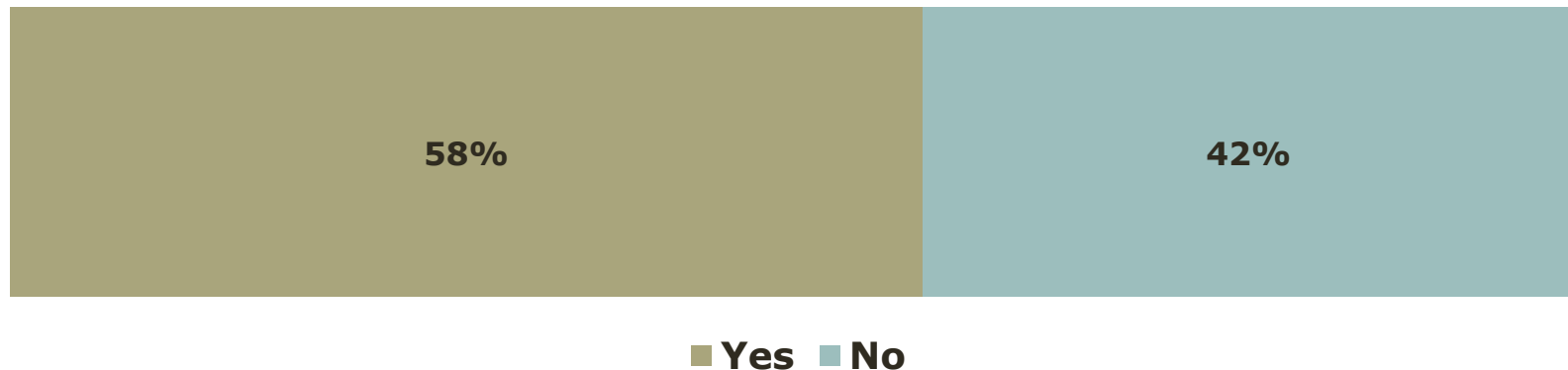
**Plan provides information about how to get treatment after benefits are used up: 58%**

Score is the percentage of respondents who answered “Yes.”

---

Q38 Were you told about other ways to get counseling, treatment, or medicine for your child? (N=262)

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# Measure: Discussed goals of child's treatment

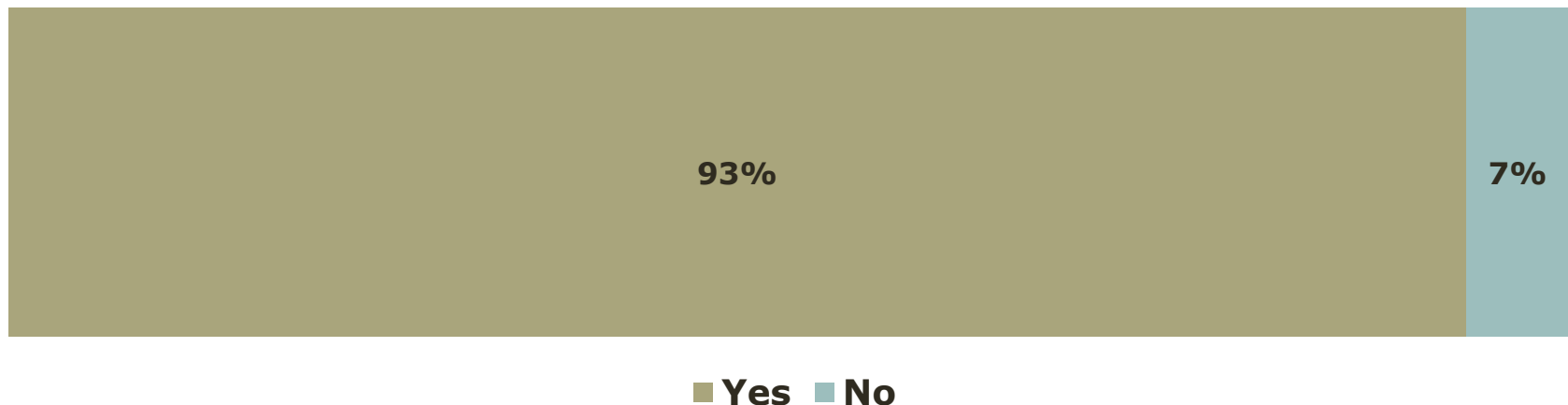
## Goals of child's counseling or treatment discussed completely: 93%

Score is the percentage of respondents who answered "Yes."

---

Q19 In the last 12 months, were the goals of your child's counseling or treatment discussed completely with you? (N=928)

---



# DETAILED FINDINGS

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Statistically Significant Differences by Subgroup

# Results Comparison by Gender

## Items with Statistically Significant Results

Q19 In the last 12 months, were the goals of your child’s counseling or treatment discussed completely with you?

- Score is the percentage of respondents who answered “Yes.”

	Overall		Score Spread	Female		Male	
	<u>N</u>	<u>Score</u>		<u>N</u>	<u>Score</u>	<u>N</u>	<u>Score</u>
Q19	917	93%	4%	299	91%	618	95%

# Results Comparison by Race

## Items with Statistically Significant Results

- Q14 In the last 12 months, how often did the people your child saw for counseling or treatment show respect for what you had to say?
- Score is the percentage of respondents who answered “Always.”

	Overall		Score Spread	Black/African American		White		More than one race		Other	
	N	Score		N	Score	N	Score	N	Score	N	Score
Q14	892	79%	<b>10%</b>	485	83%	249	73%	85	76%	51	78%

Maximum value	Minimum Value
---------------	---------------

*Note:* Too few Asian and American Indian/Alaska Native respondents (<30 each) participated to be included in this analysis.

# Results Comparison by Age Group

## Items with Statistically Significant Results

Q15	In the last 12 months, how often did the people your child saw for counseling or treatment spend enough time with you? (% Always)
Q18	In the last 12 months, how often were you involved as much as you wanted in your child's counseling or treatment? (% Yes)
Q22	In the last 12 months, were you given information about different kinds of counseling or treatment that are available for your child? (% Yes)
Q25	In the last 12 months, did you feel you could refuse a specific type of medicine or treatment for your child? (% Yes)
Q30	In the last 12 months, how much was your child helped by the counseling or treatment he or she got? (% A lot)
Q19	In the last 12 months, were the goals of your child's counseling or treatment discussed completely with you? (% Yes)



# Results Comparison by Age Group

	Overall		Score Spread	Birth - 3		4 - 6		7 - 9		10 - 12		13 - 15		16 - 18	
	N	Score		N	Score	N	Score	N	Score	N	Score	N	Score	N	Score
Q15	913	63%	<b>18%</b>	59	59%	137	72%	181	65%	198	60%	200	65%	138	54%
Q18	912	76%	<b>20%</b>	59	69%	136	84%	183	81%	200	77%	196	77%	138	64%
Q22	909	75%	<b>15%</b>	60	82%	135	84%	182	69%	200	74%	197	74%	135	74%
Q25	905	88%	<b>14%</b>	59	78%	133	92%	182	91%	197	90%	197	87%	137	82%
Q30	1,132	49%	<b>17%</b>	75	49%	171	61%	238	50%	242	46%	237	44%	169	47%
Q19	914	93%	<b>9%</b>	60	92%	137	96%	183	96%	200	92%	197	95%	137	87%

Maximum  
value

Minimum  
Value

# Results Comparison by Service Type

## Items with Statistically Significant Results

- Q40 In the last 12 months, how much of a problem, if any, were delays in counseling or treatment while you waited for approval? (% Not a problem)
- Q42 In the last 12 months, how much of a problem, if any, was it to get the help you needed for your child when you called customer service? (% Not a problem)
- Q21 In the last 12 months, how often did you feel your child had someone to talk to for counseling or treatment when he or she was troubled? (% Always)
- Q25 In the last 12 months, did you feel you could refuse a specific type of medicine or treatment for your child? (% Yes)
- Q30 In the last 12 months, how much was your child helped by the counseling or treatment he or she got? (% A lot)
-

# Results Comparison by Service Type

	Overall		Score Spread	Receiving autism services		Receiving general services	
	<u>N</u>	<u>Score</u>		<u>N</u>	<u>Score</u>	<u>N</u>	<u>Score</u>
Q40	278	50%	<b>23%</b>	133	38%	145	61%
Q42	300	60%	<b>17%</b>	81	48%	219	65%
Q21	927	57%	<b>8%</b>	206	51%	721	59%
Q25	915	88%	<b>5%</b>	226	84%	689	89%
Q30	1,148	49%	<b>9%</b>	283	56%	865	47%

# Results Comparison by Primary Disability Designation

## Items with Statistically Significant Results

- Q40 In the last 12 months, how much of a problem, if any, were delays in counseling or treatment while you waited for approval? (% Not a problem)
- Q25 In the last 12 months, did you feel you could refuse a specific type of medicine or treatment for your child? (% Yes)
- Q30 In the last 12 months, how much was your child helped by the counseling or treatment he or she got? (% A lot)

	Overall		Score Spread	Developmental Disability		Severe Emotional Disability	
	N	Score		N	Score	N	Score
Q40	278	50%	<b>31%</b>	161	37%	117	68%
Q25	913	88%	<b>5%</b>	333	85%	580	90%
Q30	1,146	49%	<b>8%</b>	415	54%	731	46%

• Note: Too few respondents with other disability designations participated to be included in this analysis.

# Results Comparison by CRSP

## Items with Statistically Significant Results

- Q12 In the last 12 months, how often did the people your child saw for counseling or treatment listen carefully to you? (% Always)
- Q13 In the last 12 months, how often did the people your child saw for counseling or treatment explain things in a way you could understand? (% Always)
- Q14 In the last 12 months, how often did the people your child saw for counseling or treatment show respect for what you had to say? (% Always)
- Q40 In the last 12 months, how much of a problem, if any, were delays in counseling or treatment while you waited for approval? (% Not a problem)
- Q21 In the last 12 months, how often did you feel your child had someone to talk to for counseling or treatment when he or she was troubled? (% Always)
- Q29 Using any number from 0 to 10, what number would you use to rate all your child's counseling or treatment in the last 12 months? (% 9 or 10)
- Q22 In the last 12 months, were you given information about different kinds of counseling or treatment that are available for your child? (% Yes)
- Q17 In the last 12 months, were you told what side effects of those medicines to watch for? (% Yes)
- Q23 In the last 12 months, were you given as much information as you wanted about what you could do to manage your child's condition? (% Yes)
- Q26 In the last 12 months, as far as you know, did anyone your child saw for counseling or treatment share information with others that should have been kept private? (% No)

# Results Comparison by CRSP

	Overall		Score			The Children's Center of Wayne County		Community Care Services		Community Living Services		Development Centers, Inc.		The Guidance Center	
	N	Score	<u>Minimum</u>	<u>Maximum</u>	<u>Spread</u>	N	Score	N	Score	N	Score	N	Score	N	Score
q12	836	67%	46%	81%	<b>35%</b>	222	73%	36	78%	20	75%	53	55%	106	54%
q13	836	74%	58%	95%	<b>37%</b>	221	80%	36	81%	20	95%	53	74%	106	73%
q14	834	79%	65%	95%	<b>30%</b>	221	84%	35	83%	20	95%	53	79%	106	68%
q40	247	47%	23%	91%	<b>68%</b>	49	53%	-	-	14	36%	11	55%	30	60%
q21	832	56%	42%	74%	<b>32%</b>	230	64%	40	53%	16	56%	56	55%	106	50%
q29	824	49%	33%	64%	<b>31%</b>	218	57%	36	50%	20	55%	52	40%	103	40%
Q22	829	75%	53%	84%	<b>31%</b>	221	81%	36	58%	20	75%	52	73%	106	65%
Q17	471	80%	63%	94%	<b>31%</b>	145	94%	20	80%	-	-	33	76%	69	64%
Q23	829	78%	63%	86%	<b>23%</b>	222	86%	36	78%	20	80%	53	72%	106	70%
Q26	811	93%	80%	100%	<b>20%</b>	215	94%	33	91%	20	100%	53	91%	104	98%

Maximum value      Minimum Value

# Results Comparison by CRSP

	Overall		Score			Hegira Programs, Inc.		Lincoln Behavioral Services - Main Office		Macomb-Oakland Regional Center, Inc.		Neighborhood Service Organization		Northeast Guidance Center - NEGC	
	N	Score	Minimum	Maximum	Spread	N	Score	N	Score	N	Score	N	Score	N	Score
q12	836	67%	46%	81%	<b>35%</b>	42	57%	46	78%	27	63%	29	66%	50	46%
q13	836	74%	58%	95%	<b>37%</b>	43	63%	46	87%	27	67%	29	62%	50	58%
q14	834	79%	65%	95%	<b>30%</b>	43	65%	46	85%	27	74%	29	79%	50	78%
q40	247	47%	23%	91%	<b>68%</b>	13	38%	11	91%	13	23%	15	33%	14	50%
q21	832	56%	42%	74%	<b>32%</b>	41	54%	47	74%	26	50%	27	48%	48	42%
q29	824	49%	33%	64%	<b>31%</b>	42	33%	45	64%	27	48%	28	57%	49	39%
Q22	829	75%	53%	84%	<b>31%</b>	41	68%	45	76%	27	70%	28	79%	49	76%
Q17	471	80%	63%	94%	<b>31%</b>	19	89%	26	81%	15	67%	14	79%	28	75%
Q23	829	78%	63%	86%	<b>23%</b>	41	66%	45	76%	27	78%	28	79%	48	73%
Q26	811	93%	80%	100%	<b>20%</b>	41	98%	43	91%	26	88%	27	89%	46	80%

Maximum  
value

Minimum  
Value

# Results Comparison by CRSP

	Overall		Score			PsyGenics, Inc.		Starfish Family Services, Inc.		Wayne Center	
	N	Score	Minimum	Maximum	Spread	N	Mean	N	Mean	N	Mean
q12	836	67%	46%	81%	<b>35%</b>	74	59%	115	79%	16	81%
q13	836	74%	58%	95%	<b>37%</b>	74	62%	115	75%	16	81%
q14	834	79%	65%	95%	<b>30%</b>	74	73%	114	83%	16	75%
q40	247	47%	23%	91%	<b>68%</b>	37	32%	28	50%	-	-
q21	832	56%	42%	74%	<b>32%</b>	70	43%	111	60%	14	43%
q29	824	49%	33%	64%	<b>31%</b>	74	39%	113	54%	17	59%
Q22	829	75%	53%	84%	<b>31%</b>	74	73%	113	84%	17	53%
Q17	471	80%	63%	94%	<b>31%</b>	32	63%	57	82%	-	-
Q23	829	78%	63%	86%	<b>23%</b>	75	73%	112	83%	16	63%
Q26	811	93%	80%	100%	<b>20%</b>	75	92%	112	96%	16	94%

Maximum  
value

Minimum  
Value



# Results Comparison by Survey Mode

## Items with Statistically Significant Results

q7	In the last 12 months, how often did your child get an appointment for counseling or treatment as soon as you wanted? (% Always)
q18	In the last 12 months, how often were you involved as much as you wanted in your child's counseling or treatment? (% Always)
q34	Compared to 12 months ago, how would you rate your child's ability to accomplish the things he or she wants to do now? (% Much better)
q21	In the last 12 months, how often did you feel your child had someone to talk to for counseling or treatment when he or she was troubled? (% Always)
q29	Using any number from 0 to 10, what number would you use to rate all your child's counseling or treatment in the last 12 months? (% 9 OR 10)
Q25	In the last 12 months, did you feel you could refuse a specific type of medicine or treatment for your child? (% Yes)

Maximum  
value

Minimum  
Value

# Results Comparison by Survey Mode

	Overall		Score Spread	CATI		Mail		Web	
	<u>N</u>	<u>Score</u>		<u>N</u>	<u>Score</u>	<u>N</u>	<u>Score</u>	<u>N</u>	<u>Score</u>
Q7	904	50%	<b>18%</b>	560	54%	300	46%	44	36%
Q18	926	76%	<b>13%</b>	558	80%	317	71%	51	67%
Q34	1,151	27%	<b>8%</b>	704	30%	393	22%	54	26%
Q21	928	57%	<b>13%</b>	519	61%	359	52%	50	48%
Q29	918	49%	<b>13%</b>	551	54%	316	41%	51	53%
Q25	916	88%	<b>9%</b>	549	91%	316	82%	51	86%

Maximum  
value

Minimum  
Value

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