Quality Improvement Steering Committee (QISC)
Tuesday, March 30, 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 QISC March 30, 2021 Agenda	Committee
V.	Approval of QISC February 9, 2021 Minutes	Committee
VI.	NCQA Updates	Gail Parker
VII.	ECHO Children Survey Review of Barriers and Recommended Interventions	Margaret Keyes-Howard
VIII.	MCO Provider Survey 2020 Review of Barriers and Recommend Interventions	June White
IX.	Quality Improvement BTAC – Yearly Comparison	Fareeha Nadeem
X.	Performance Improvement Projects (PIP') Wellness/MyStrenght	Trent Sanford
XI.	Adjournments	

Quality Improvement Steering Committee (QISC)
Tuesday, March 30, 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:
Alicia Oliver, Allison Smith, April Siebert, Ashley Bond, Bernard Hooper, Blake Perry, Cherie Stangis, Cheryl Fregolle, Crystal Palmer, Donna Coulter, Donna Smith, Ebony Reynold, Fareeha Nadeem, Gail Parker, John Pascasretti, Judy Davis, June White, Justin Zeller, Dr. Leonard Rosen, Kimberly Flowers, Margaret Keyes-Howards, Michele Vasconcello Miriam Bielski, Oluchi Eke, Orthieia Ward, Rhianna Pitta ,Robert Spruce, Rotesa Baker, Dr. Shama Faheem, Tania Greason, Taquaryl Hunter, Tiffany Hillen, Trent Stanford and Vickey Politowski.

Members Absent:
Angela Harris, Benjamin Jones, Dr. Bill Hart, Carla Spright-Mackey, Dhannette Brown, Eric Doeh, Jennifer Miller, Jennifer Smith, Jessica Collins, Latoya Garcia-Henry, Melissa Eldredge, Melissa Moody, Mignon Strong, Nasr Doss, Rykert John ,Sandy Ware, Shirley Hirsch, Starlit Smith, and Dr. Sue Banks.

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

1) Item: Welcome: Tania Greason
- Dr. Shama Faheem, DWIHN Chief Medical Officer joins our team with a wealth of knowledge, Dr. Faheem has previously worked with the St. Mercy Health System.
- Vicky Politowski, IHC Director joins our team and has previously worked with NS0 & Easter Seal.

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 March 30, 2021 Agenda: approved by group.

4) Item: Approval of February 2021 Minutes: approved by Dr. Rosen and group as written.

5) Item: Announcement: Tania Greason & April Siebert
- Dr. Leonard Rosen will continue to be a member with the QISC, working part-time for DWIHN.
- Mr. Willie Brooks, DWIHN CEO contract was not renewed, effective February 28th,2021.
- Effective March 1, 2021, Eric Doeh has been appointed as Interim CEO.
- Effective March 1, 2021, Judy Davis, has been appointed as Interim Director of SUD effective March 2021.

6) Item: NCQA Updates – Gail Parker

Goal:

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		
Gail Parker provided a NCQA update: • DWIHN is in the last stages of completing our NCQA (MBHO) Accreditation. April 5-6th, 2021 NCQA will conduct a remote review which will include credentialing, complex case management, utilization management denials and appeals files. • Thank you to all the DWIHN staff and providers who have assisted with gathering required documents and evidence to support the NCQA (MBHO) required standards. • In upcoming QISC meetings, assigned staff will review Performance Improvement Projects (PIP's) to review redesign, looking and reviewing a new design based on current barriers, meaningful, measurable and powerful interventions. • DWIHN is looking forward to getting ideas and feedback from the QISC for the redesigning of assigned PIP's. The evaluation and redesign will assist with successful care coordination between behavior health, physical health, substance use disorder case finding, and the clinical improvement projects for depression screenings.		
Discussion	**Assigned To**	**Deadline**
Action Items	**Assigned To**	**Deadline**
QISC to continue review and provide suggestions for PIP's as it relates to intervention, barriers and measurable outcomes.	QISC Members	

7) Item: ECHO Children Survey Review of Barriers and Recommended Interventions – Margaret Keyes-Howard, CS
Goal: Review of ECHO Children Surrey for Barriers and Recommendations
Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems **X Quality** ☐ Workforce
NCQA Standard(s)/Element #: **X QI# 5** ☐ CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___

Decisions Made		
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 of the survey is 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 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. 4. Trained and supervised interviewers made calls to potential respondents' weekdays, evenings, and weekends. DWIHN's CS unit has reviewed the survey and comparison to other organizations that has ECHO surveys on children and would like feedback from QISC to identify barriers and improvements needed for the following measures below which received scores of less than 50%: • Compared to 12 months ago, how would you rate your child's ability to deal with daily problems now? Scored 28% • Compared to 12 months ago, how would you rate your child's ability to deal with social situations now? Scored 22% • Compared to 12 months ago, how would you rate your child's ability to accomplish the things he or she wants to do now? Scored 27% • Compared to 12 months ago, how would you rate your child's problems or symptoms now? Scored 24% For additional information please review and provide feedback on the EXPERIENCE OF CARE AND HEALTH OUTCOMES Findings from the 2020 Experience of Care and Health Outcomes (ECHO) Child Survey.		

Discussion	Assigned To	Deadline
• Increase the children social activities during the covid-19 pandemic • Create group activities for the children by host contest, giveaway. • Do DWIHN promote what we are doing in that socialization how DWIHN is giving feedback to the parents. • Give guideline to the parents on what to expect from treatment for different stages by making expectations clear. • Is there a way to make the social communication pieces stream wide to give timely advance notice to families and children therapist?		

Action Items	Assigned To	Deadline
Tania Greason suggested for the QISC to review the discussion areas with their team at each provider group. Discussions will include how we as a system can adhere to and identify any additional barriers and or noted interventions for the committees' review. Discussions during the next QISC meetings will include how to implement the identified barriers and noted interventions.	QISC Members	July, 2021

8) Item: MCO Provider Survey 2020 Review of Barriers and Recommend Interventions – June White, CPI
Goal: Review of 2020 Provider Survey Distribution
Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems **X Quality** ☐ Workforce
NCQA Standard(s)/Element #: X QI# 3 ☐ CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___

Decisions Made		
June White discussed the mailing of the practitioner survey which is submitted to our provider/practitioner network each September. During the submission from last FY 2020, there were noted concerns/barriers that providers expressed. Barriers were inclusive of the survey taking 30 minutes to complete with a total of 76 questions. DWIHN's MCO unit has developed an internal committee to review questions on the survey to ensure the survey is captioning the required information from the providers and practitioners. Development and review of questions will enhance the survey outcomes for the members we serve. DWIHN's internal committee met in February and are scheduled to meet in April 2021. It has also been suggested by DWIHN's Board that the survey questions are categorized into sections that will allow for detailed reporting. MCO will continue to provide information to QISC for feedback. MCO asked the QISC to review the survey completed from FY 2020 and provide feedback on how to improve the provide and practitioner survey for FY 2021.		

Discussion	Assigned To	Deadline
CS will assist with making certain that the Provider Survey for FY 2020 is available for review on DWIHN's website.	CS	May, 2021

Action Items	Assigned To	Deadline
MCO will discuss recommended suggestions for survey distribution to the QISC.	MCO (June White)	May, 20201

9) Item: Quality Improvement BTAC – Yearly Comparison FY-2018-19 & 2019-20 – Fareeha Nadeem, QI

Goal: Review of BTAC Yearly Comparison

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

NCQA Standard(s)/Element #: XQI# 1   ☐ CC# ___ ☐ UM #____   ☐CR # ___ ☐ RR # ___

Decisions Made		

Fareeha Nadeem provided an overview of DWIHN's the Behavior Treatment Advisory Committee (BTAC), DWIHN started the BTAC in 2017. The Committee is comprised of DWIHN's 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. 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 that are noted include the following:
   🔸 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.
Noted accomplishments include the following:
   🔸 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);
For additional information please review PowerPoint presentation "Behavior Treatment Advisory Committee Summary of Data Analysis FY 2018-2020" on the following highlighted areas:
   • Background
   • Challenges
   • Accomplishments
   • Total behavior treatment plans reviewed (chart)
   • Reported 911 Calls/Critical & Sentinel Events
   • Restrictive and Intrusive Interventions
   • Use of Medications
   • Recommendations		

Discussion	Assigned To	Deadline
Action Items	**Assigned To**	**Deadline**
Dr.S. Faheem and Committee approved the Quality Improvement BTAC – Yearly Comparison FY-2018-19 & 2019-20 with no noted revisions.		

10) Item: Performance Improvement Projects (PIP') Wellness/MyStrength – Trent Sanford

Goal: Review and approval for countenance of the Wellness/MyStrength PIP

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

NCQA Standard(s)/Element #: X QI# 11   ☐ CC# ___ ☐ UM #____   ☐CR # ___ ☐ RR # ___

Decisions Made		
MyStrength is a companion tool for clinical services. The tool is developed to Recharge, Refresh and Improve members Mood with MyStrength. The tool is also web - based and supports our members goals and well-being. Learning to use the MyStrength's tool can help members to overcome the challenges they face. DWIHN's CPI goal is to offer members across the provider network an evidenced base self-management tool to help manage individual health and reduce risks. MyStrength was chosen for potential integration in clinical care and case management settings. Self-management applies to management of mental, substance use and medical conditions this is consistent with recovery defined. The goal of the PIP is to measure and increase the total number of enrolled adult Medicaid members in Wayne county. In 2020 mystrength had 4852 members enrolled which is 7%-8% of our eligible population. There are a number of barriers that have been identified which include the need to extend the number of staff and providers to deliver the tool to clinicians and members. CPI continues to work on collaboration with other departments within DWIHN and members to add MyStrength to the treatment plan. It is also recommended that there is follow-up for members that receive the tools introduction and enrollment materials with the ability to track the data to ensure members are using the application. Providers continue to struggle to obtain an increase in enrollment and engagement in the program which limits the clinician's ability to fully integrate MyStrength as a tool in the member treatment plan and delivery of treatment. Barriers identified on the members level include updating equipment's, technology, limited computer skills, the inability to use the digital and web base products/applications. Also, the impact of the COVID-19 pandemic on the providers ability to have face-to-face contact with members allowing for the presentation of the tool has been noted as a barrier. Interventions that are identified include the need to increase engagement in MyStrength , present the tool through commercials during DWIHN virtual training, develop a DWIHN introductory video, continue to collaborate with other DWIHN units; offer members technical assistant and record a short video of member using mystrength for help.		

Discussion	Assigned To	Deadline
Trent Sanford will send a copy of this presentation for review and approval to the committee once complete. Lots of members who received services don't have access to a computer, phone, cell phone or tablet.	Trent Sanford	July, 2021
Action Items	**Assigned To**	**Deadline**
MyStrenght PIP will be reviewed for final approval through the IPLT and brought back to the QISC for review and approval. QISC members will review to discuss barriers and interventions.	Trent Sanford/IPLT QISC Members	July, 2021

New Business Next Meeting: Tuesday April 28, 2021 Via Blue Jean Link Platform.

Adjournment: 4:19 pm

ah/03/19/2021

EXPERIENCE OF CARE AND HEALTH OUTCOMES

Findings from the 2020

Experience of Care and Health Outcomes (ECHO) Child Survey

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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%
Total	**1,532**	**100%**

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.

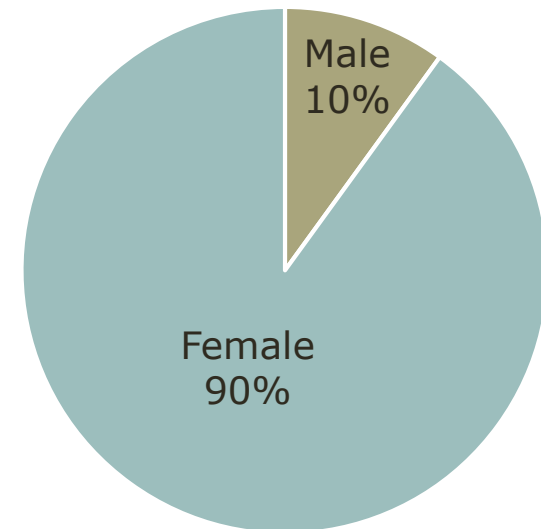| Characteristic	SAMPLE		RESPONDENTS	
	Number	Percentage	Number	Percentage
Primary Disability Designation: Severe Emotional Disability	4,552	64.4%	907	60.3%
Primary Disability Designation: Developmental Disability	2,485	35.1%	594	39.5%
Receiving Autism Services	1645	23.2%	400	26.6%

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.

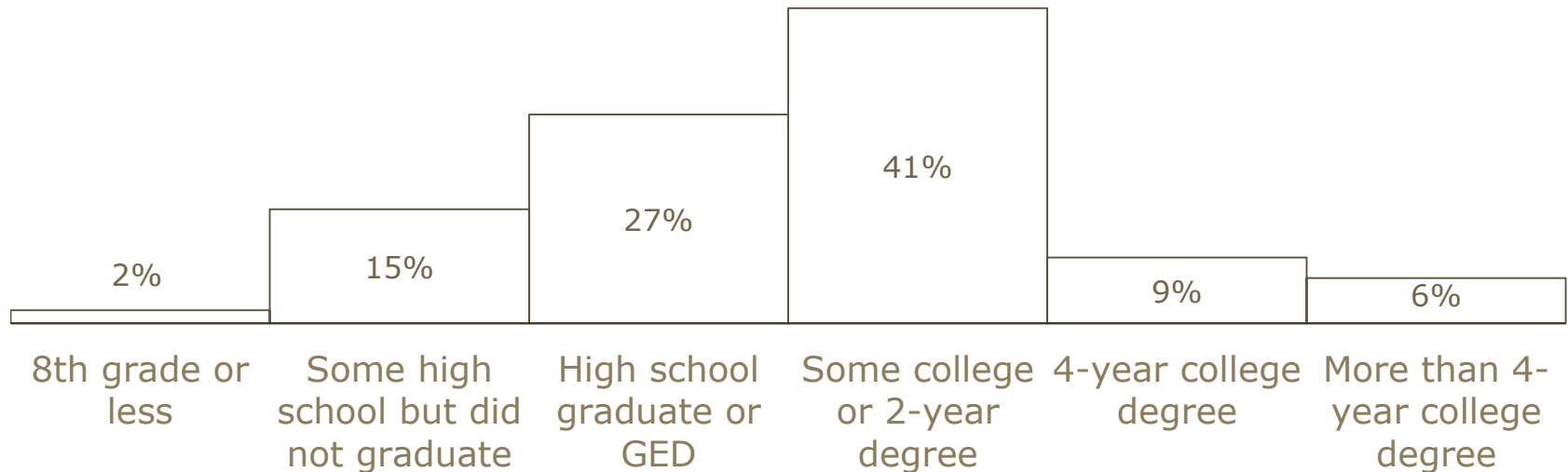**Respondent Age Distribution (N=1,452)**

18 to 24: 3%
25 to 34: 32%
35 to 44: 37%
45 to 54: 18%
55 to 64: 7%
65 to 74: 3%
75 or older: 1%
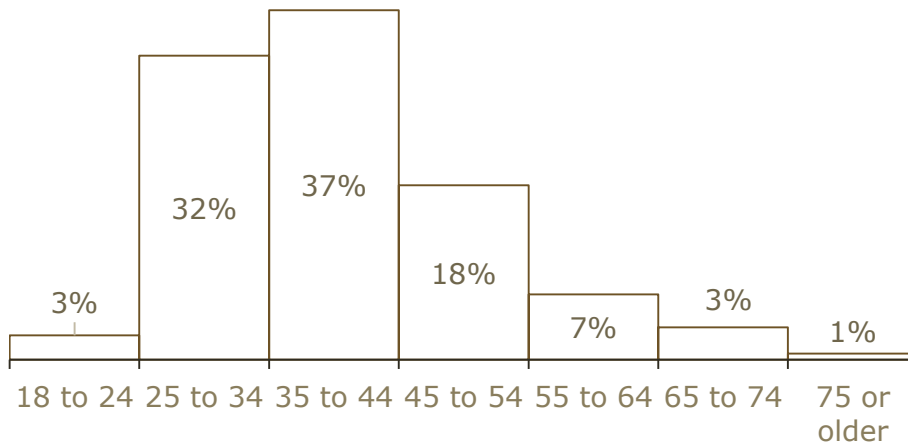
Respondent Gender (N = 1,481)

Male 10%

Female 90%

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)

2%	15%	27%	41%	9%	6%
8th grade or less	Some high school but did not graduate	High school graduate or GED	Some college or 2-year degree	4-year college degree	More than 4-year college degree

# 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.

| Relationship	Number	Percentage
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)
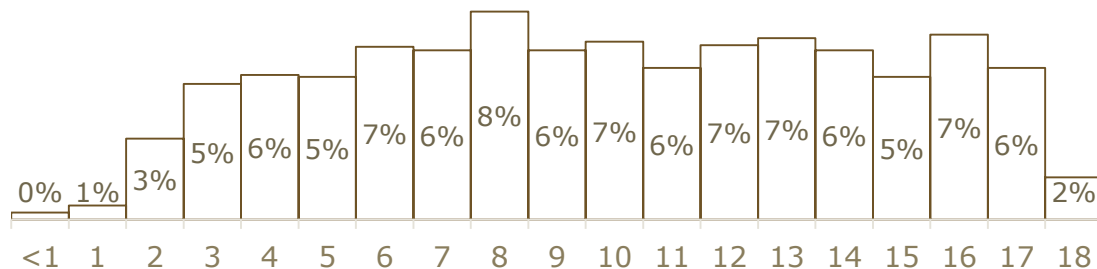
Child Gender (N = 1,495)

Female 33%

Male 67%
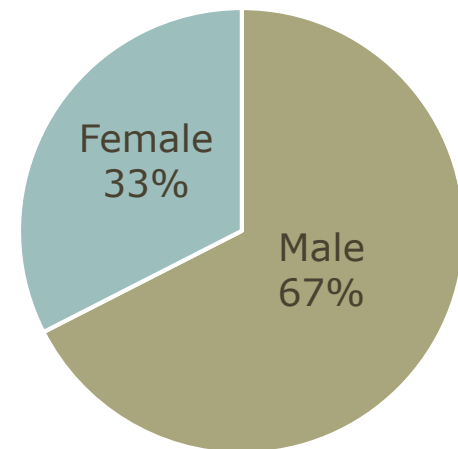
Respondent Child Demographics: Ethnicity and Race

- 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)

| Excellent 8% | Very Good 16% | Good 33% | Fair 37% | Poor 7% |
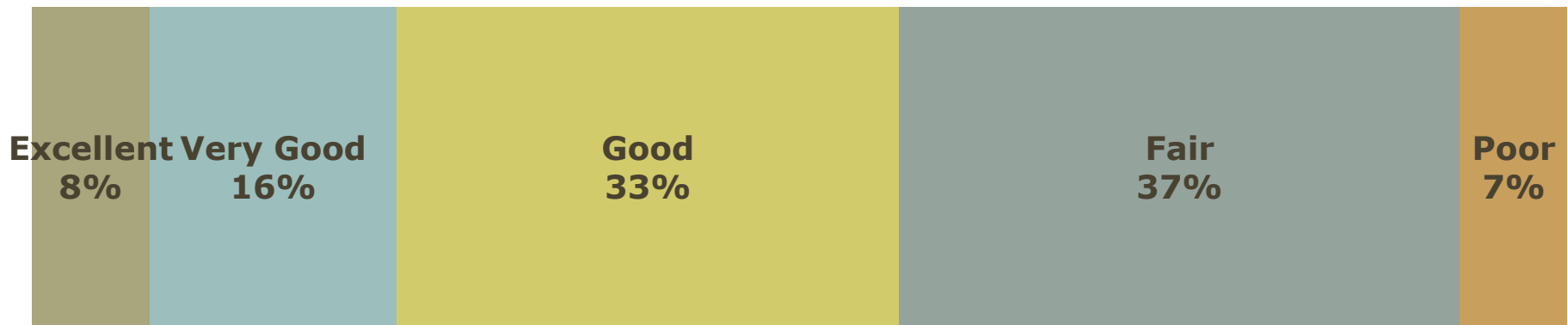
Respondent Child Demographics: Overall Health

- 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)

| Excellent 16% | Very Good 27% | Good 36% | Fair 18% | |

Poor 3%
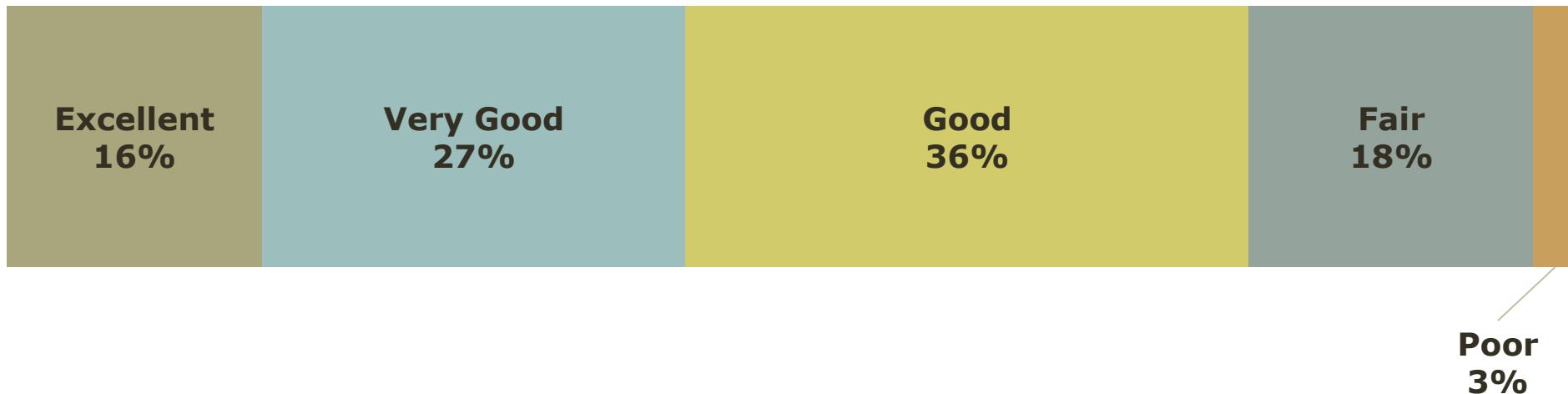
Help with the Survey

- 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:

How did that person help you?	Respondents	
	Number	**Percentage**
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	42%
How well clinicians communicate	72%
Getting treatment and information from the plan or MBHO	55%
Perceived improvement	25%
Perceived access to treatment	58%
Global Rating: Treatment (Overall rating of counseling and treatment)	49%
Single Item Measures	
Office wait	55%
Told about treatment options	75%
Told about medication side effects	79%
Information to manage condition	78%
Patient rights information	95%
Patient feels he or she could refuse treatment	88%
Privacy	93%
Cultural competency	82%
Amount helped	49%
Treatment after benefits are used up	58%
Discussed goals of child's treatment	93%

ECHO Child Scorecard, Comparison to Adult Results

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

ECHO Child Scorecard, Comparison to Adult Results

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

Grouping	Items with Differences
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 some 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

Scorecard Measures
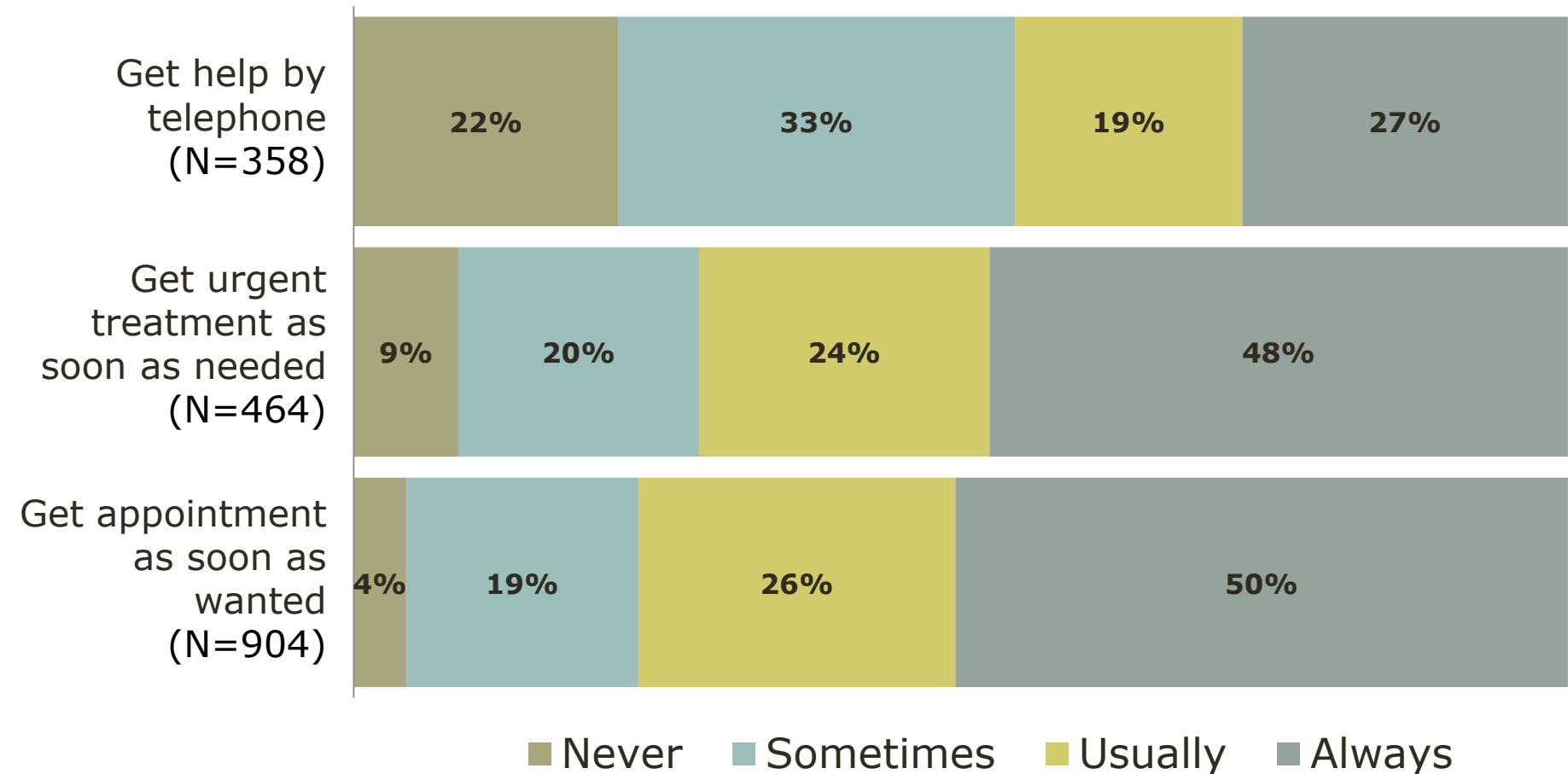
Measure: Getting Treatment Quickly

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

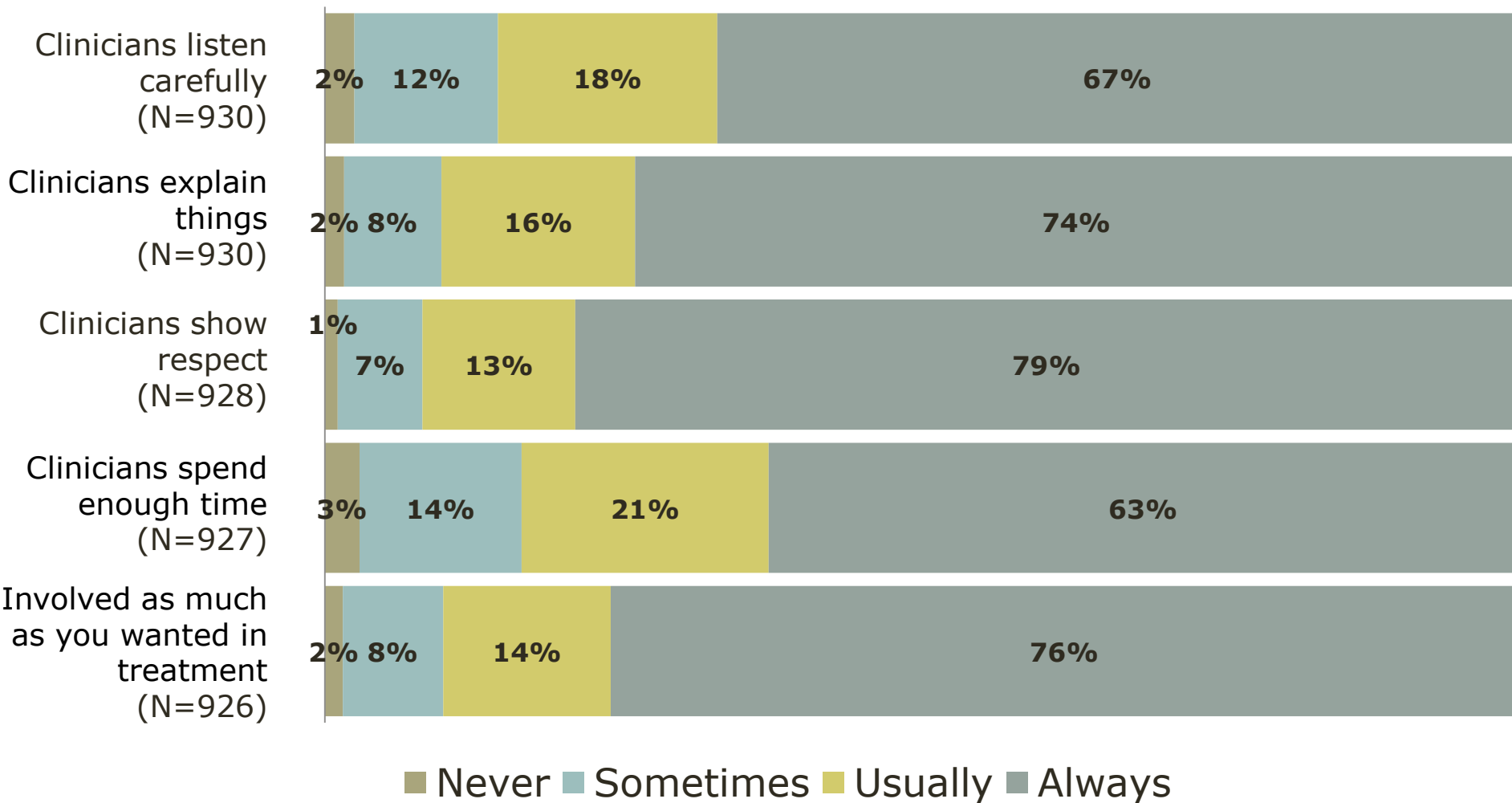|	Never	Sometimes	Usually	Always
Get help by telephone (N=358)	22%	33%	19%	27%
Get urgent treatment as soon as needed (N=464)	9%	20%	24%	48%
Get appointment as soon as wanted (N=904)	4%	19%	26%	50%

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

Category	Never	Sometimes	Usually	Always
Clinicians listen carefully (N=930)	2%	12%	18%	67%
Clinicians explain things (N=930)	2%	8%	16%	74%
Clinicians show respect (N=928)	1%	7%	13%	79%
Clinicians spend enough time (N=927)	3%	14%	21%	63%
Involved as much as you wanted in treatment (N=926)	2%	8%	14%	76%

■ Never ■ Sometimes ■ Usually ■ Always
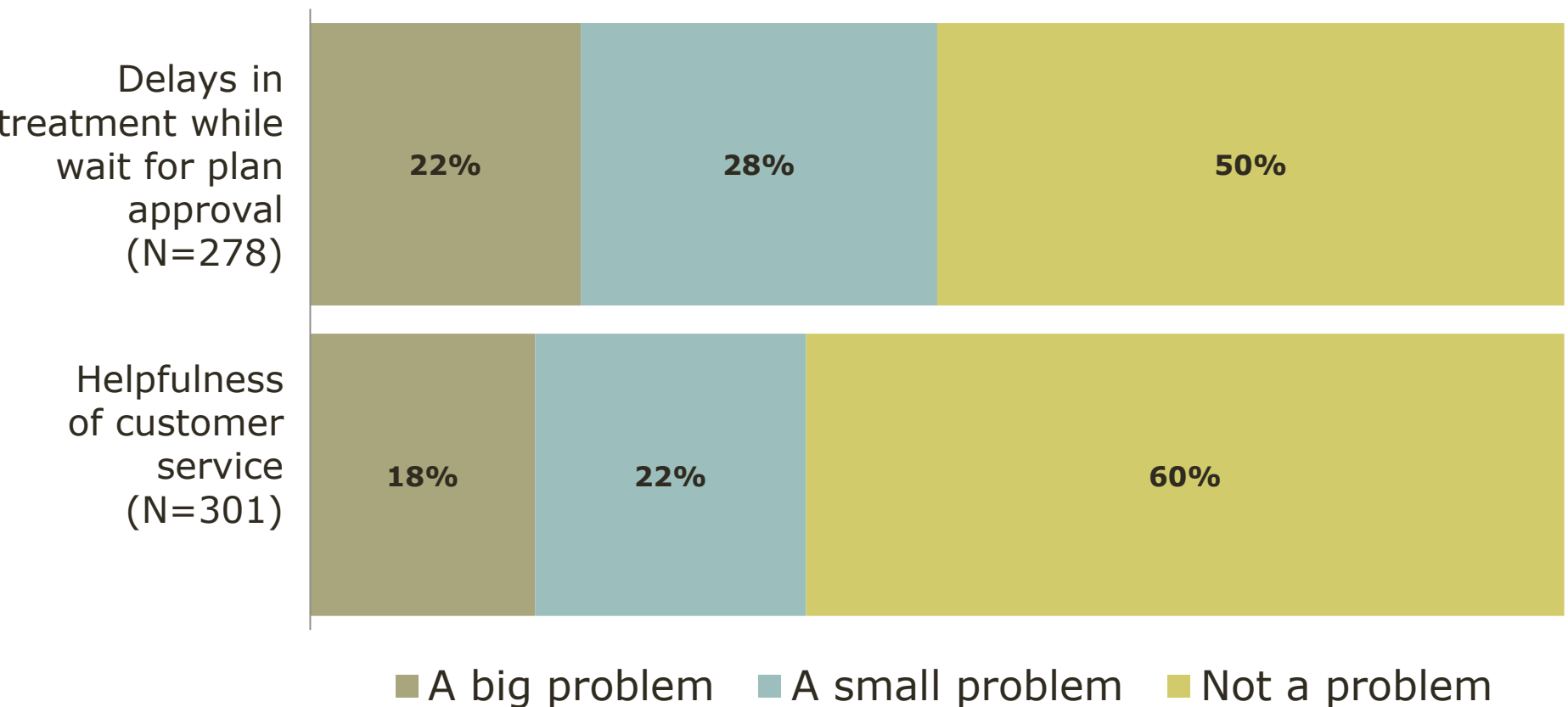
Measure: Getting Treatment and Information from the Plan or MBHO

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

	A big problem	A small problem	Not a problem
Delays in treatment while wait for plan approval (N=278)	22%	28%	50%
Helpfulness of customer service (N=301)	18%	22%	60%

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…

	Much worse	A little worse	About the same	A little better	Much better
deal with daily problems (N=1,143)	2%	7%	20%	44%	28%
deal with social situations (N=1,145)	2%	6%	28%	42%	22%
accomplish things (N=1,151)	2%	3%	28%	41%	27%
problems or symptoms (N=1,174)	3%	8%	23%	42%	24%

Legend: ■ Much better ■ A little better ■ About the same ■ A little worse ■ Much worse
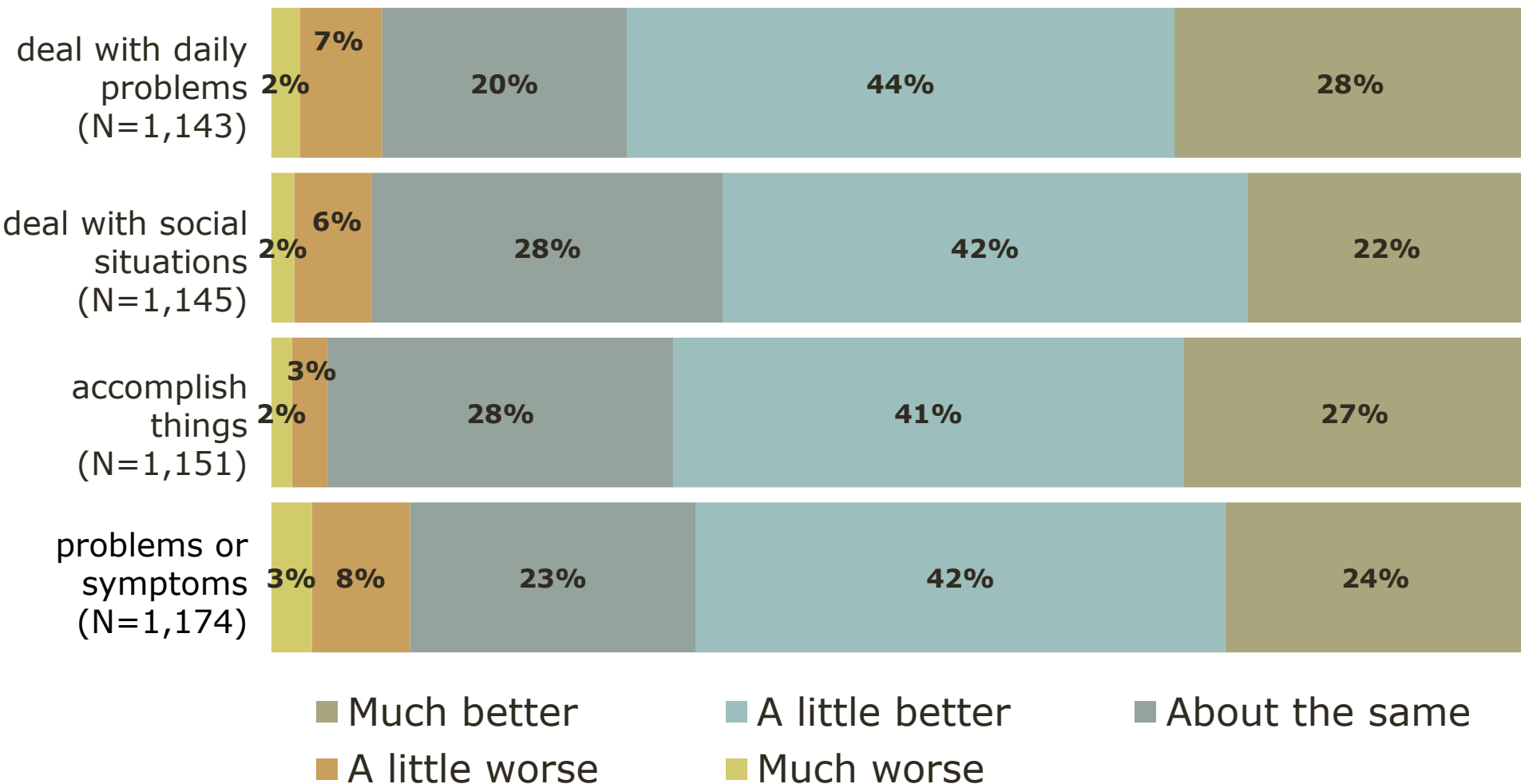
Measure: Perceived Access to Treatment

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."

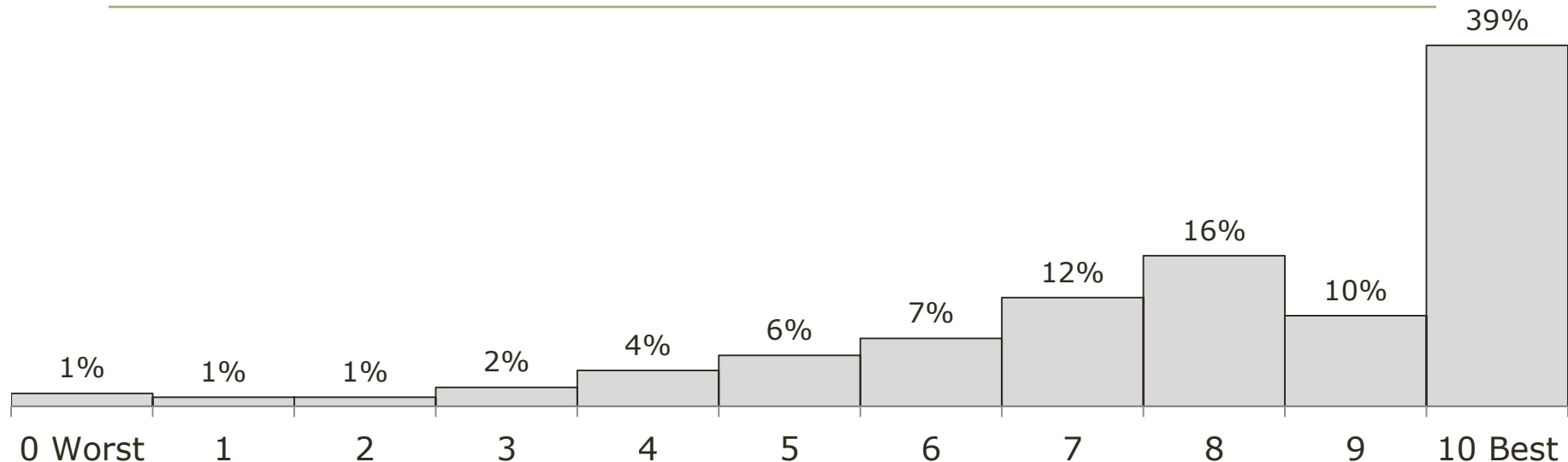# Detail: Perceived Access to Treatment
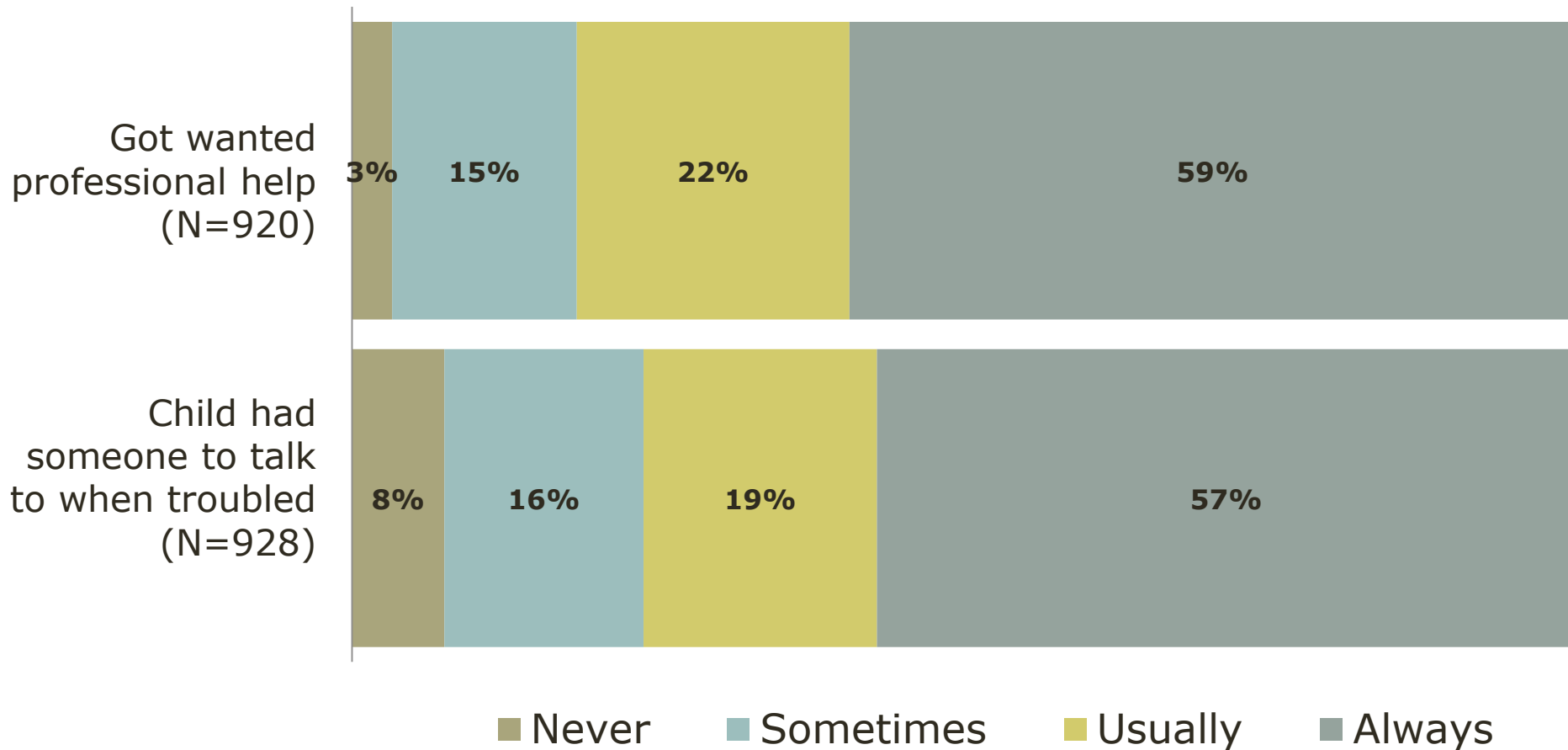
Measure: Global Rating - Treatment

Overall rating of counseling and treatment: 49%

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

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)
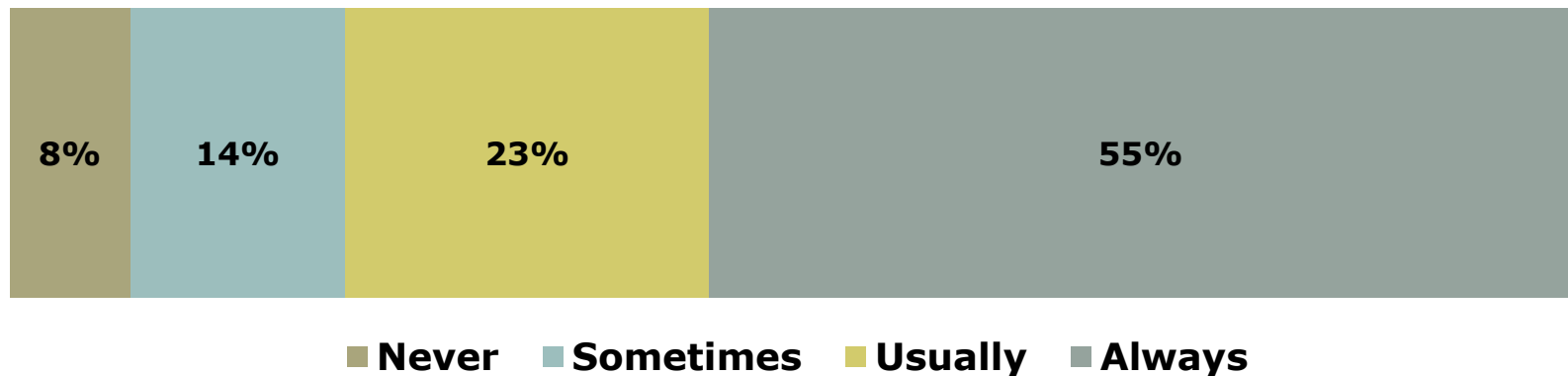

0 Worst	1	2	3	4	5	6	7	8	9	10 Best
1%	1%	1%	2%	4%	6%	7%	12%	16%	10%	39%

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%

8%	14%	23%	55%

■ **Never** ■ **Sometimes** ■ **Usually** ■ **Always**
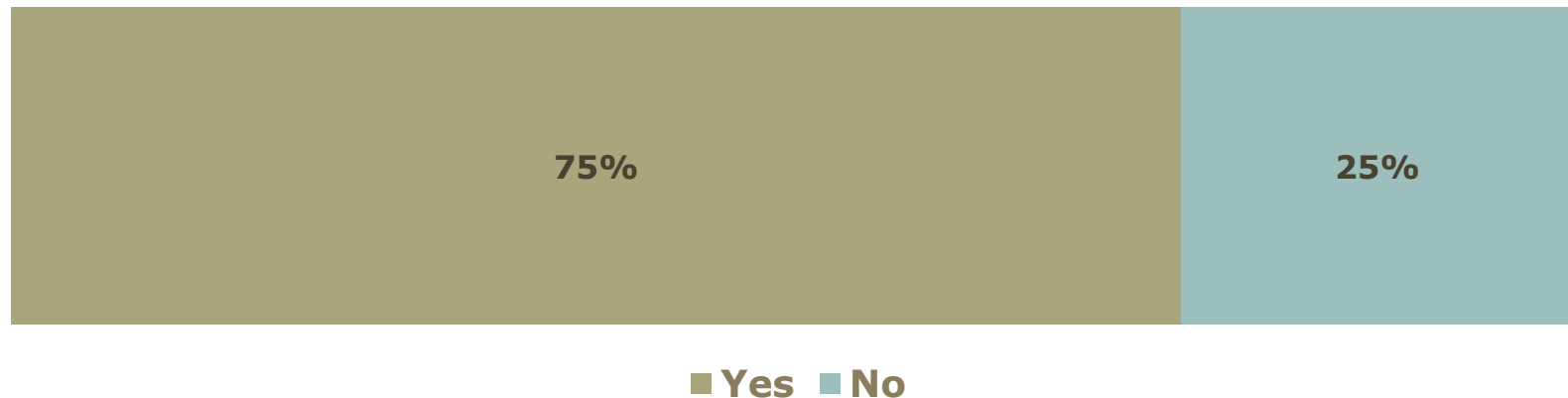
Measure: Information About Treatment Options

Told about treatment options: 75%

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

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)
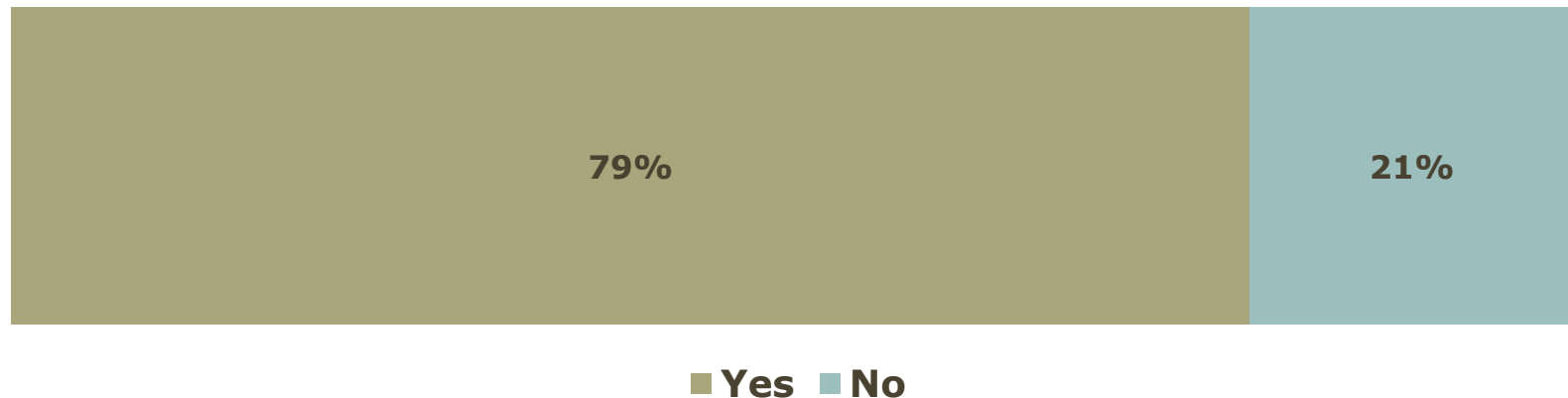

| 75% | 25% |

■ **Yes** ■ **No**

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)

79%	21%

■ Yes ■ No

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)
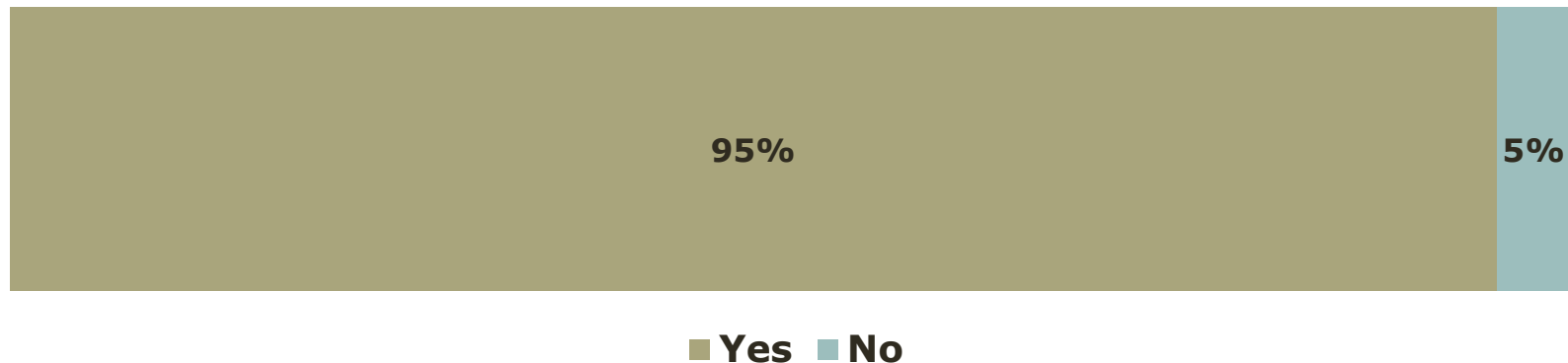
78%	22%
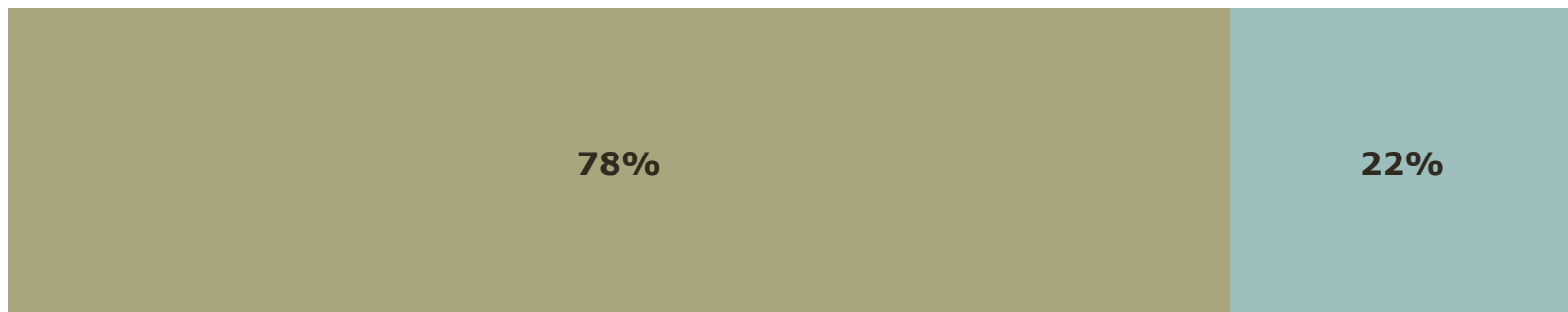
■ **Yes** ■ **No**

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)
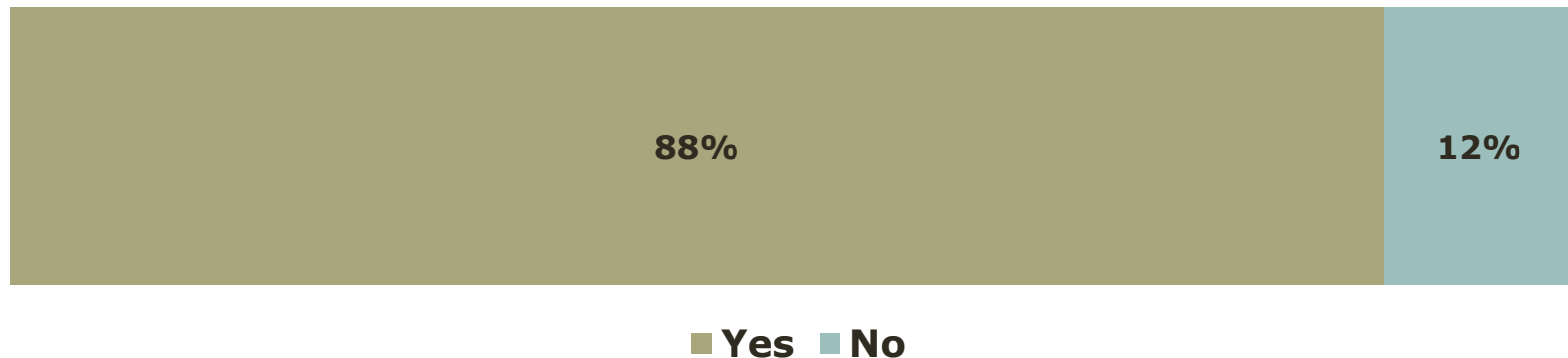
95%   5%

■ **Yes** ■ **No**

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)

88%	12%

■ Yes ■ No

Measure: Privacy
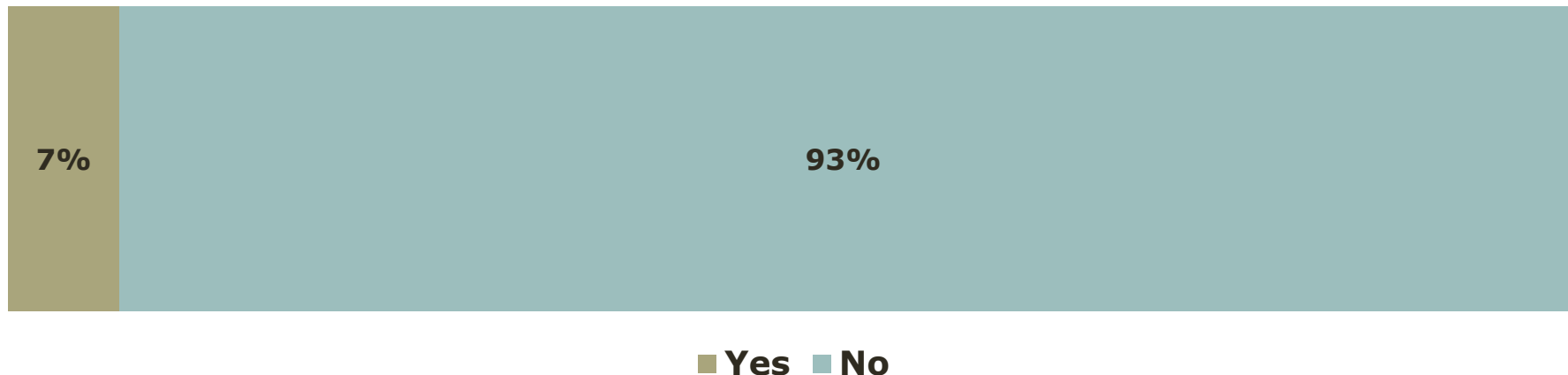
Confident about privacy of treatment information: 93%

Score is the percentage of respondents who answered "No."

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? (N=900)

7%   **93%**

■ **Yes** ■ **No**

Measure: Cultural Competency

Care responsive to cultural needs: 82%

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

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

82%	18%

■ **Yes** ■ **No**
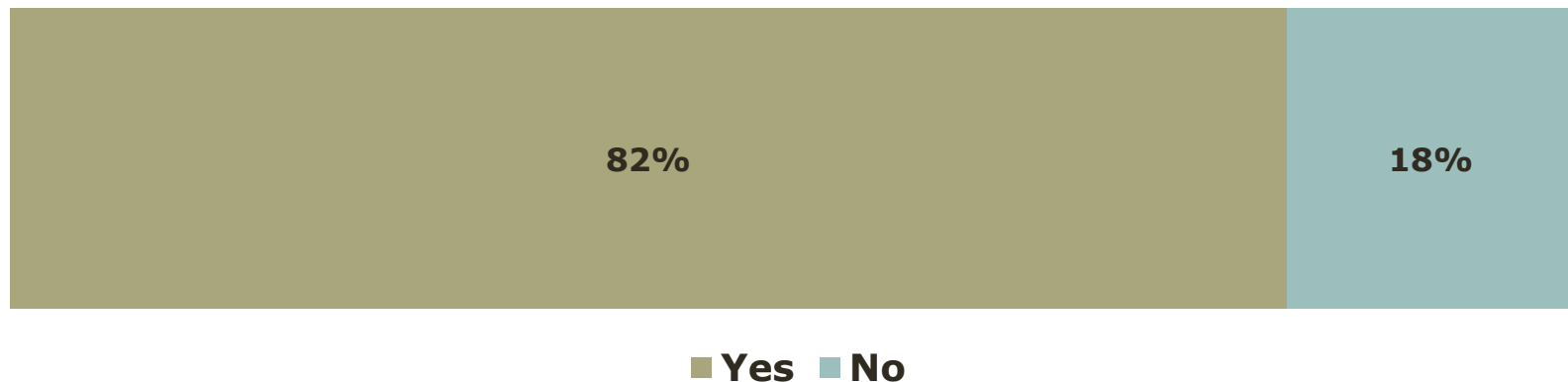
Measure: Amount helped

Amount helped by treatment: 49%

Score is the percentage of respondents who answered "A lot."

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

| 6% | 15% | 30% | 49% |

■ **Not at all** ■ **A little** ■ **Somewhat** ■ **A lot**
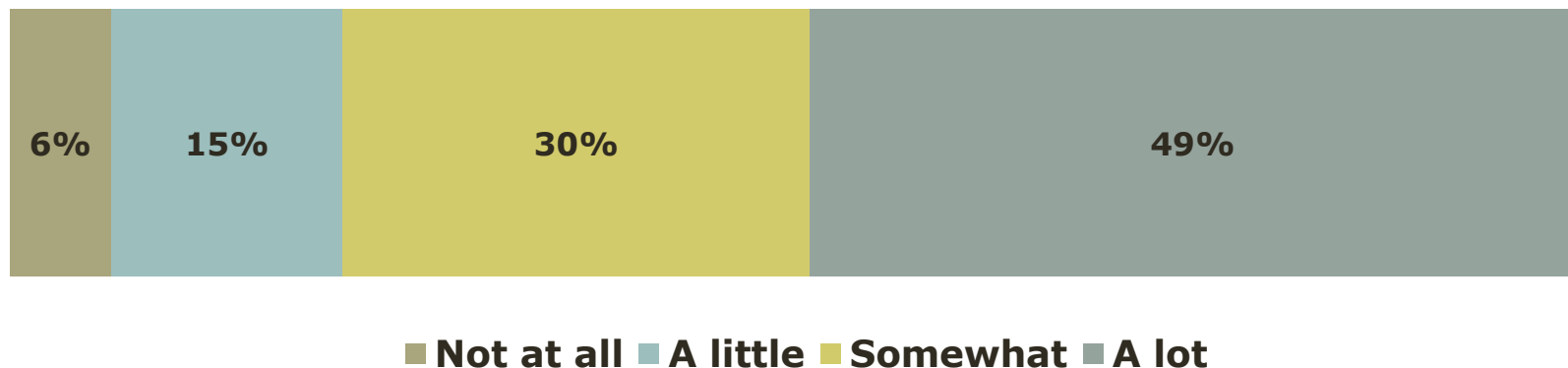
Measure: Treatment after benefits are used up

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)

58%	42%

■ **Yes** ■ **No**
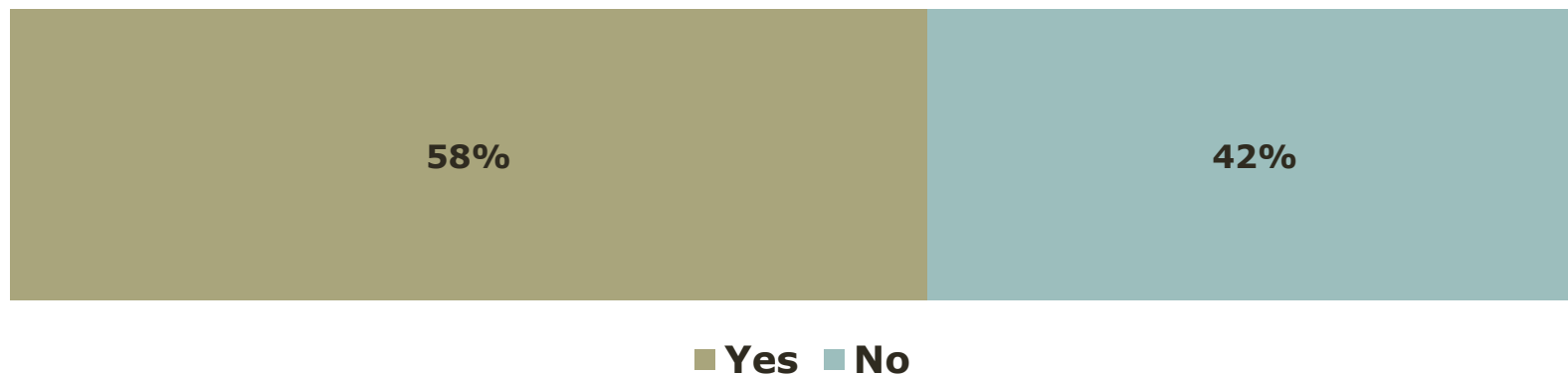
Measure: Discussed goals of child's treatment

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)

93%   7%

■ Yes ■ No
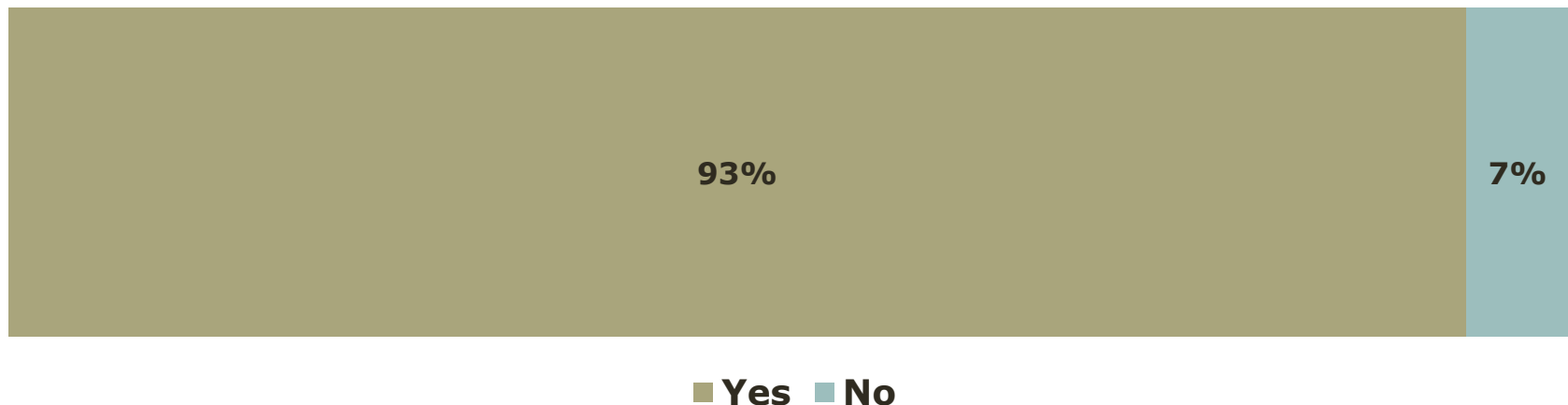
DETAILED FINDINGS

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	
	N	Score		N	Score	N	Score
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%	**10%**	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%	**18%**	59	59%	137	72%	181	65%	198	60%	200	65%	138	54%
Q18	912	76%	**20%**	59	69%	136	84%	183	81%	200	77%	196	77%	138	64%
Q22	909	75%	**15%**	60	82%	135	84%	182	69%	200	74%	197	74%	135	74%
Q25	905	88%	**14%**	59	78%	133	92%	182	91%	197	90%	197	87%	137	82%
Q30	1,132	49%	**17%**	75	49%	171	61%	238	50%	242	46%	237	44%	169	47%
Q19	914	93%	**9%**	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	
	N	Score		N	Score	N	Score
Q40	278	50%	**23%**	133	38%	145	61%
Q42	300	60%	**17%**	81	48%	219	65%
Q21	927	57%	**8%**	206	51%	721	59%
Q25	915	88%	**5%**	226	84%	689	89%
Q30	1,148	49%	**9%**	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%	**31%**	161	37%	117	68%
Q25	913	88%	**5%**	333	85%	580	90%
Q30	1,146	49%	**8%**	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	**Minimum**	**Maximum**	**Spread**	N	Score	N	Score	N	Score	N	Score	N	Score
q12	836	67%	46%	81%	**35%**	222	73%	36	78%	20	75%	53	55%	106	54%
q13	836	74%	58%	95%	**37%**	221	80%	36	81%	20	95%	53	74%	106	73%
q14	834	79%	65%	95%	**30%**	221	84%	35	83%	20	95%	53	79%	106	68%
q40	247	47%	23%	91%	**68%**	49	53%	-	-	14	36%	11	55%	30	60%
q21	832	56%	42%	74%	**32%**	230	64%	40	53%	16	56%	56	55%	106	50%
q29	824	49%	33%	64%	**31%**	218	57%	36	50%	20	55%	52	40%	103	40%
Q22	829	75%	53%	84%	**31%**	221	81%	36	58%	20	75%	52	73%	106	65%
Q17	471	80%	63%	94%	**31%**	145	94%	20	80%	-	-	33	76%	69	64%
Q23	829	78%	63%	86%	**23%**	222	86%	36	78%	20	80%	53	72%	106	70%
Q26	811	93%	80%	100%	**20%**	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%	35%	42	57%	46	78%	27	63%	29	66%	50	46%
q13	836	74%	58%	95%	37%	43	63%	46	87%	27	67%	29	62%	50	58%
q14	834	79%	65%	95%	30%	43	65%	46	85%	27	74%	29	79%	50	78%
q40	247	47%	23%	91%	68%	13	38%	11	91%	13	23%	15	33%	14	50%
q21	832	56%	42%	74%	32%	41	54%	47	74%	26	50%	27	48%	48	42%
q29	824	49%	33%	64%	31%	42	33%	45	64%	27	48%	28	57%	49	39%
Q22	829	75%	53%	84%	31%	41	68%	45	76%	27	70%	28	79%	49	76%
Q17	471	80%	63%	94%	31%	19	89%	26	81%	15	67%	14	79%	28	75%
Q23	829	78%	63%	86%	23%	41	66%	45	76%	27	78%	28	79%	48	73%
Q26	811	93%	80%	100%	20%	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%	**35%**	74	59%	115	79%	16	81%
q13	836	74%	58%	95%	**37%**	74	62%	115	75%	16	81%
q14	834	79%	65%	95%	**30%**	74	73%	114	83%	16	75%
q40	247	47%	23%	91%	**68%**	37	32%	28	50%	-	-
q21	832	56%	42%	74%	**32%**	70	43%	111	60%	14	43%
q29	824	49%	33%	64%	**31%**	74	39%	113	54%	17	59%
Q22	829	75%	53%	84%	**31%**	74	73%	113	84%	17	53%
Q17	471	80%	63%	94%	**31%**	32	63%	57	82%	-	-
Q23	829	78%	63%	86%	**23%**	75	73%	112	83%	16	63%
Q26	811	93%	80%	100%	**20%**	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	
	N	Score		N	Score	N	Score	N	Score
Q7	904	50%	**18%**	560	54%	300	46%	44	36%
Q18	926	76%	**13%**	558	80%	317	71%	51	67%
Q34	1,151	27%	**8%**	704	30%	393	22%	54	26%
Q21	928	57%	**13%**	519	61%	359	52%	50	48%
Q29	918	49%	**13%**	551	54%	316	41%	51	53%
Q25	916	88%	**9%**	549	91%	316	82%	51	86%

Maximum value	Minimum Value

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

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<u>Background</u>

❖ 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 <u>now</u> 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)*

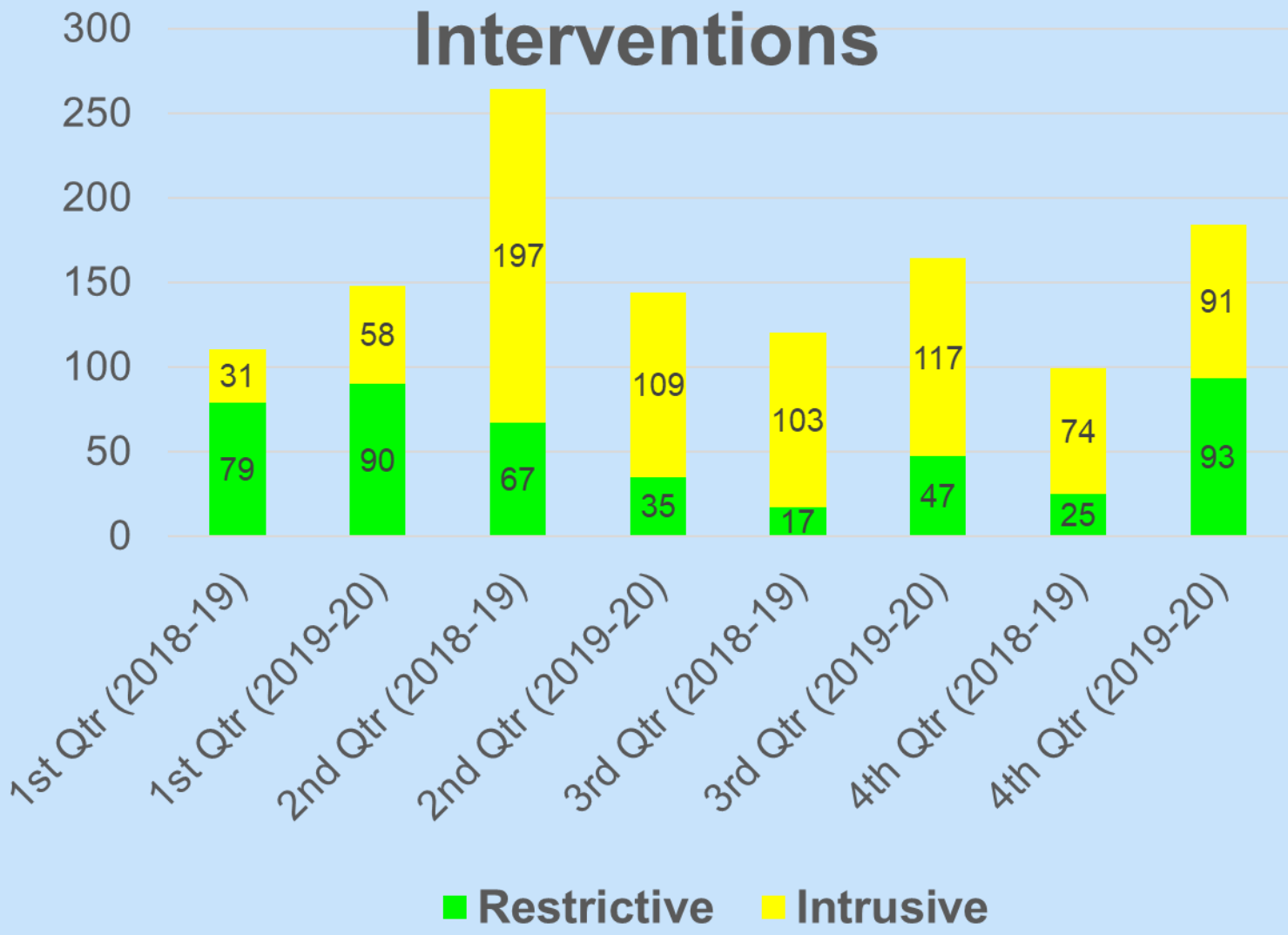Total Behavior Treatment Plans Reviewed
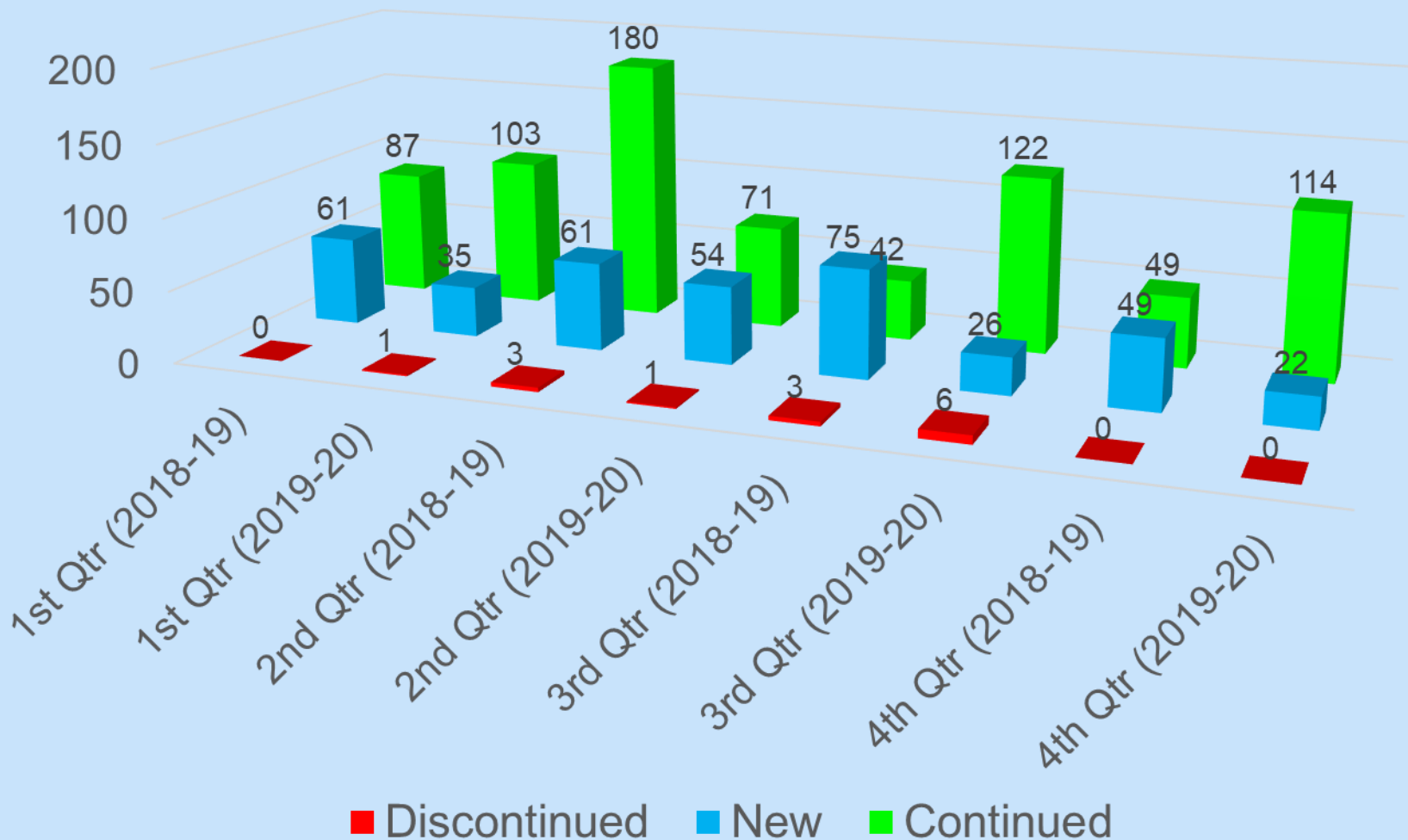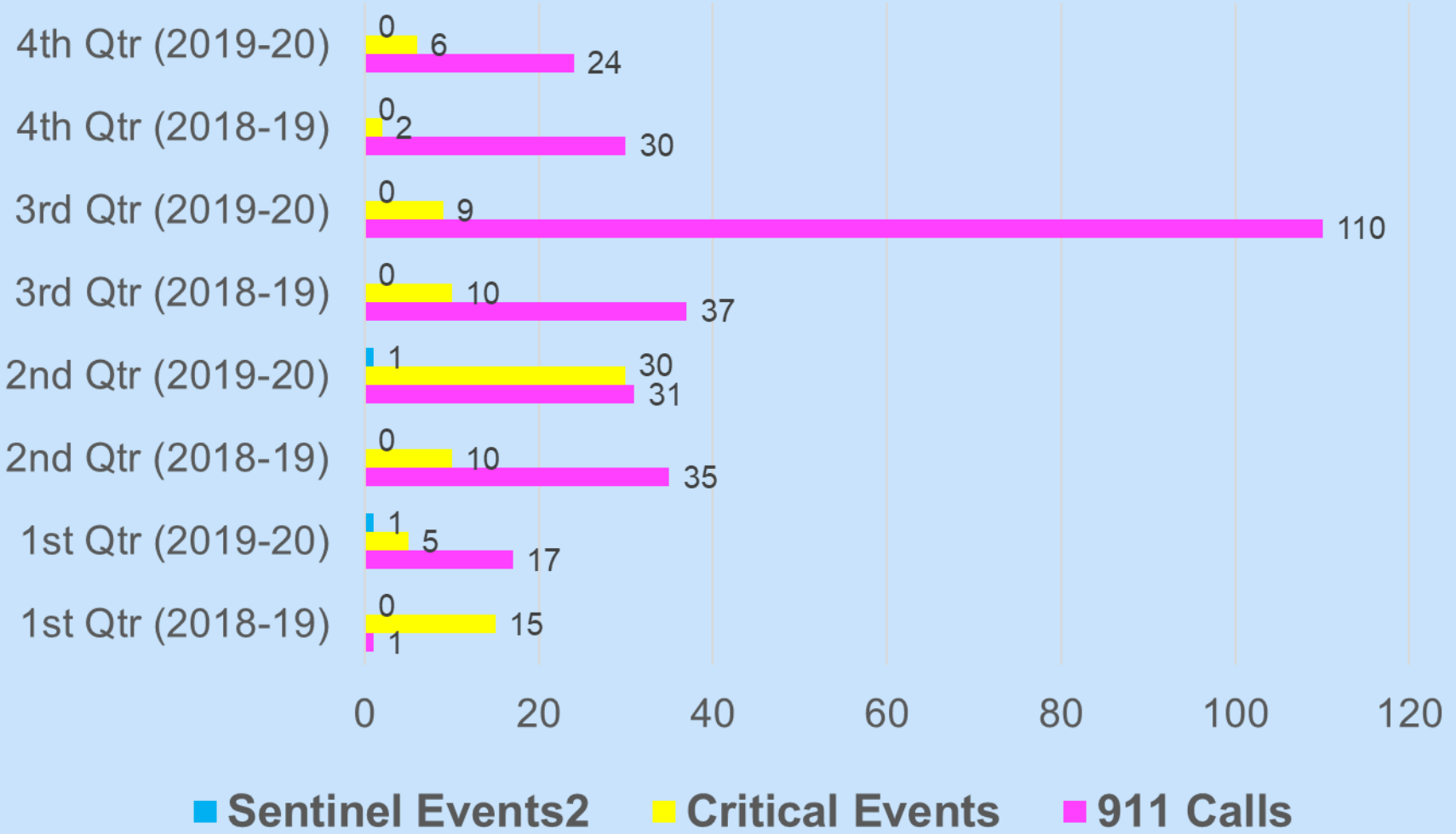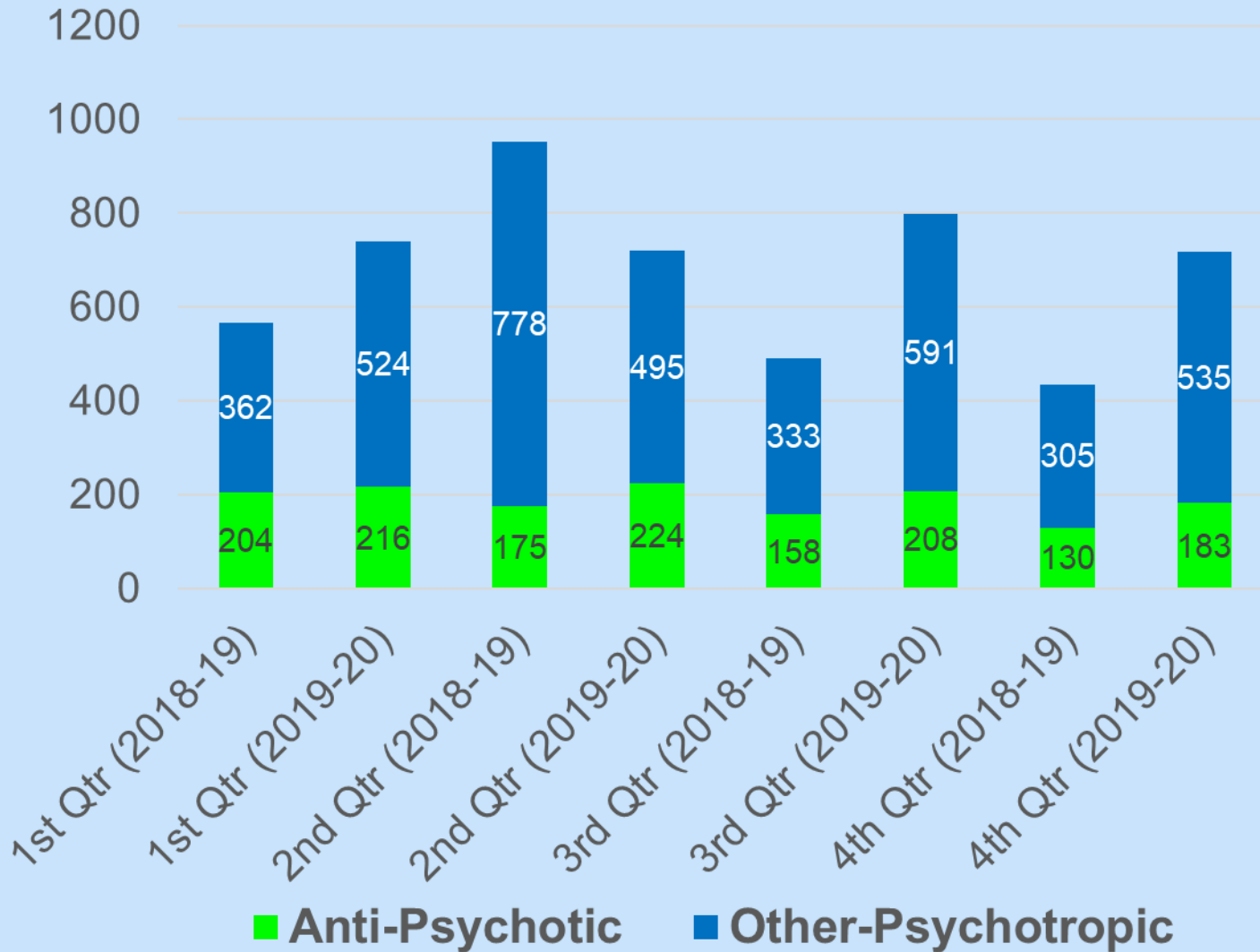
RECOMMENDATIONS

❖ 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.)