



## Quality Improvement Steering Committee (QISC)

Tuesday, May 25, 2021

10:30 a.m. – 12:00 p.m.

Via **ZOOM PLATFORM**

### Agenda

- |       |  |                                  |
|-------|--|----------------------------------|
| I.    | Welcome  | Tania Greason                    |
| II.   | Introductions  | Tania Greason                    |
| III.  | Announcement/DWIHN Updates <ul style="list-style-type: none"><li>• Medical Director Town Hall Meeting</li></ul>  | Dr. Shama Faheem & Tania Greason |
| IV.   | MDHHS Training (June 8 <sup>th</sup> , 2021) <ul style="list-style-type: none"><li>a. Requirements for Behavior Treatment Planning</li><li>b. Occupational Therapy Evaluations</li></ul> | Fareeha Nadeem                   |
| V.    | Approval of QISC May 30, 2021 Agenda   | Dr. Shama Faheem & Committee     |
| VI.   | Approval of QISC March 2021 Minutes  | Dr. Shama Faheem Committee       |
| VII.  | NCQA Updates   | April Siebert                    |
| VIII. | ECHO Children Survey <ul style="list-style-type: none"><li>• Continued Review of Barriers/Intervention</li></ul>   | Margaret Keyes-Howard/Committee  |
| IX.   | ECHO Adult Survey <ul style="list-style-type: none"><li>• Review of Barriers and Recommended Interventions</li></ul>   | Margaret Keyes-Howard/Committee  |
| X.    | Managed Care Operations (MCO) <ul style="list-style-type: none"><li>• Provider Survey 2021</li></ul>   | June White/Margaret Keyes-Howard |
| XI.   | Performance Improvement Projects Update  | Dr. Shama Faheem/Tania Greason   |
| XII.  | Adjournment  |                                  |



**Quality Improvement Steering Committee (QISC)**

**Tuesday, May 25, 2021**

**10:30 a.m. – 12:00 p.m.**

**Via ZOOM PLATFORM**

**Meeting Minutes**

Note Taker: Aline Hedwood

**Committee Chairs** Dr. Shama Faheem, DWIHN Chief Medical Officer and Tania Greason, Provider Network QI Administrator

**Member Present:**

April Siebert, Blake Perry, Cassandra Phipps, Cherie Stangis, Cheryl Fregolle, Donna Coulter, Fareeha Nadeem, Jessica Collins, John Pascaretti, June White, Justin Zeller, Dr. Leonard Rosen, Lindon Munon, Margaret Keyes-Howards, Melissa Eldredge, Melissa Hallock, Melissa Moody, Michele Vasconcellos, Oluchi Eke, Rotesa Baker, Sandy Blackburn, Dr. Shama Faheem, Starlit Smith, Tania Greason, B.P and Trent Stanford.

**Members Absent:**

Alicia Oliver, Allison Smith, Angela Harris, Ashley Bond, Benjamin Jones, Bernard Hooper, Dr. Bill Hart, Carla Spright-Mackey, Dhannetta Brown, Donna Smith, Ebony Reynold, Eric Doeh, Jennifer Smith, Judy Davis, Latoya Garcia-Henry, Mignon Strong, Miriam Bielski, Nasr Doss, Ortheia Ward, Rhianna Pitta, Robert Spruce, Rykert John Shirley Hirsch, Dr. Sue Banks, Taquaryl Hunter, Tiffany Hillen and Vickey Politowski.

**Staff Present:** April Siebert, Tania Greason, Justin Zeller, Fareeha Nadeem, Starlit Smith 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 proof of attendance.

**3) Item: Approval of May 24, 2021 Agenda:** approved by group.

**4) Item: Approval of March 30, 2021 Minutes:** approved with noted revisions by group and Dr. S. Faheem.



**5) Item: Announcement/DWIHN Update:** Tania Greason & Dr. Shama Faheem

**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>Tania Greason informed the committee of the following:</p> <ul style="list-style-type: none"> <li>• Effective May 1,2021, DWIHN will utilize the Zoom Platform for virtual meetings.</li> <li>• The committee welcomed Lindon Munro, Chery Madeja, Kimberly Batts and Casandra Phipps, DWIHN new director of Children Initiative (CI).</li> <li>• Dr. Shama Faheem will also be the chairperson of QISC along with Tania Greason.</li> </ul> <p>Dr. S. Faheem reviewed with the committee the following topics that were discussed at the Medical Director Town Hall Meeting:</p> <ul style="list-style-type: none"> <li>• Covid-19 cases are dropping in Michigan, more than 55% of adults has been vaccinated; vaccination for children ages 12-16 of age are available; Michigan vaccination rate in over 45%, mask mandate for outdoor has been lifted and more lifted restrictions will occur in June.</li> <li>• DWIHN is really working hard on projects that can focus on our Familiar Faces focusing on readmissions of our recidivistic individuals. A Steering Committee which includes six (6) of our CRSP providers are also involved. There is a total of 5 subgroups working on various areas to review how to reduce this measure.</li> <li>• DWIHN has piloted with Genova pharmacy for project called MedDrop that provides medication dispensing at home to people who do not qualify for ACT or are step down from it. During pilot, the enrollees had a significant reduction in psychiatric hospital admissions and more compliance with treatment.</li> </ul>		
<b>Discussion</b>	<b>Assigned To</b>	<b>Deadline</b>
<b>Action Items</b>	<b>Assigned To</b>	<b>Deadline</b>
None Required		



**6) Item: MDHHS Training June 8<sup>th</sup>, 2021 Fareeha Nadeem  
Requirements for Behavior Treatment Planning & Occupational Therapy Evaluations**

**Goal: Review upcoming MDHHS BTP training scheduled for June 8<sup>th</sup>, 2021**

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

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

Decisions Made		
<p>Fareeha Nadeem informed the group that DWIHN is hosting our third BTAC training event with MDHHS on the requirements for the Behavior Treatment Plan Review Committees (BTPRC) with the focus on Occupational Therapy (OT) Evaluations/Scripts, Tuesday June 8, 2021 from 1:00 p.m. – 2:30 p.m. The training will be facilitated by Price Pullins, Chief Psychologist and Charlyss Ray, Licensed Occupational Therapist from MDHHS. The training was developed as part of our educational sessions as a recommendation from our MDHHS 191 (C) HSW Review.</p> <p>The objective of this training is on MDHHS requirements for OT evaluations/scripts and BTPRC procedures, particularly for Restrictive Interventions, bedrails, helmets, belts, and mittens. MDHHS staff will also provide clarity regarding the need for BTPRC oversight and/or review and the requirements for OT evaluations/scripts. The flyer is posted on DWIHN’s website under the provider information tab. Providers are encouraged to sign up for the training. The intended audience for the training includes: Current BTPRC members, OT evaluators, Recipient Rights staff, applicable QI staff, and others who may be responsible for writing or monitoring behavior treatment plans and occupational therapy evaluations/scripts</p>		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline
Providers are encouraged to sign up for the BTP MDHHS training.	Providers	June 8 <sup>th</sup> , 2021



**7) Item: NCQA – April Siebert**

**Goal: Update status for NCQA Recertification**

**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>April Siebert informed the committee that DWIHN has received a full three (3) year MBHO NCQA accreditation with an overall score of 92.40 out of 100 points. This NCQA reaccreditation is a demonstration on how DWIHN strives to be a world class integrated mental health organization dedicated to providing the highest quality of care for the individuals we serve. April Siebert thanked the providers for their work and support received for this achievement.</p>		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline
None Required		



**8) Item: ECHO Children Survey - Margaret Keyes-Howard/Group**  
**Continued Review of Barriers/Interventions**

**Goal: Review and discussion of the ECHO Children Survey for noted barriers and interventions**

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

**NCQA Standard(s)/Element #:**  **X QI# 5**  CC#  UM #  CR #  RR #

Decisions Made		
<p>Margaret Keyes-Howard discussed with the group the overall scores from the ECHO Children Survey, 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%).</p> <p>There were four measures with scores of less than 50%:</p> <ol style="list-style-type: none"> <li>1. Perceived improvement (25%);</li> <li>2. Getting treatment quickly (42%);</li> <li>3. Overall rating of counseling and treatment (49%); and</li> <li>4. Amount helped (49%).</li> </ol> <p>During the QISC meetings held on March 30<sup>th</sup>, 2021 the committee made suggestions and recommendations to review the areas where DWIHN scored less than 50% .</p> <p><b>Group suggestions from DWIHN’s Customer Service, Children Initiatives and QI Unit include the following:</b></p> <ul style="list-style-type: none"> <li>• The percentage of the outcomes from the survey only includes “As Always” is it possible to include the answers that are rated “Usually” when calculating the percentage of compliance?</li> <li>• This committee should not only review the percentage but also review and evaluate the question when determining the next steps for improvement.</li> <li>• Look at how to manifest improvements and boost up numbers/percentage.</li> <li>• Focus on the many opportunities for children services.</li> <li>• Develop translated opportunities to possible performance improvement projects for demonstration to NCQA.</li> <li>• How does DWIHN CS unit receive good data from the individuals who are being served?</li> <li>• Can DWIHN create a resource packet telling member what services are available?</li> </ul>		
<p>The QISC group discussed suggestion to improvement the outcomes and barriers in the Children ECHO Survey there were five bullet points that were giving at the last meeting and Tania also want to discuss the five barriers:</p> <ul style="list-style-type: none"> <li>• Increase the children social activities during the covid-19 pandemic</li> <li>• Create group activities for the children by host contest, giveaway.</li> <li>• Do DWIHN promote what we are doing in that socialization how DWIHN is giving feedback to the parents.</li> </ul>		



<ul style="list-style-type: none"> <li>• Give guideline to the parents on what to expect from treatment for different stages by making expectations clear.</li> <li>• Is there a way to make the social communication pieces stream wide to give timely advance notice to families and children therapist?</li> </ul> <p><b>Group Suggestions for improvement and barriers:</b></p> <ul style="list-style-type: none"> <li>• Start a day camp for children and stakeholders to increase activities.</li> <li>• Are the family aware of programs currently available to them?</li> <li>• How can DWIHN get the word out to bridge that gap?</li> <li>• What are the providers offering in the communities for social events?</li> <li>• DWIHN is in the process of developing some incentive options for the providers.</li> <li>• Social activity should be incorporated in the members/family treatment plan.</li> <li>• Engage the youth peer specialist to ensure DWIHN is utilizing their rights and due diligence which can promote better members satisfaction amongst the youth.</li> <li>• Advertising more for the SED population to improve the information that's offered to the community about children services for SED.</li> <li>• Increase Social media presence on Facebook, Instagram and DWIHN's Website.</li> <li>• The providers are offering social options but the parents are responding "less than always" how can DWIHN improve this outcome?</li> </ul>		
<b>Discussion</b>	<b>Assigned To</b>	<b>Deadline</b>
<b>Action Items</b>	<b>Assigned To</b>	<b>Deadline</b>
Customer Service/Member Engagement will review the suggestions as noted and bring feedback to the QISC regarding initiatives and implementation of suggested recommendations.	Customer Service/Member Engagement	September 30, 2021



**9) Item: ECHO Adults Survey - Margaret Keyes/Howard/Group**

**Goal: Review and discussion of the ECHO Adult Survey for noted barriers and recommendations for interventions**

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

**NCQA Standard(s)/Element #:**  **X QI# 5**  CC#       UM #       CR #       RR #     

Decisions Made		
<p>Margaret provided an overview of the <i>Adult ECHO Survey</i> results. 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 &amp; Health Outcomes) Survey* with its members. The purpose of the Echo Adult Survey is to assess the experiences of adults who have received mental health or substance use disorder services through DWIHN in the previous 12 months. Customer Service/Member Engagement is requesting that the QISC review and discuss possible barriers and interventions for the areas were DWIHN scored less than 50% for suggestions of improvement. Committee members were provided a copy of the PowerPoint presentation “EXPERIENCE OF CARE AND HEALTH OUTCOMES Findings from the 2020 Experience of Care and Health (ECHO) Adult Survey” noting the following highlighted areas:</p> <ul style="list-style-type: none"> <li>• Methodology</li> <li>• Survey Highlights</li> <li>• Sample and Respondent Profile</li> <li>• Respondent Demographics</li> <li>• ECHO Reporting Measures</li> <li>• Highlights from Statistical Significance Testing</li> <li>• Opportunities</li> <li>• Detailed Findings:               <ol style="list-style-type: none"> <li>I. ECHO Reporting Measures</li> <li>II. Statistically Significant Differences by Subgroup</li> </ol> </li> </ul>		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline
<p>Tania Greason requested that the group review the EXPERIENCE OF CARE AND HEALTH OUTCOMES Findings from the 2020 Experience of Care and Health (ECHO) Adult Survey for review and discussion during the next scheduled QISC meeting. The group will discuss and review any identified barriers and interventions for improvement with areas scoring less than 50% compliance.</p>	<p>QISC Members</p>	<p>June 30, 2021</p>





**10) Item: MCO Provider Survey – June White & Margaret Keyes-Howard**

**Goal: Review of MCO Provider Survey for Distribution FY 2020-2021**

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

**NCQA Standard(s)/Element #:** **X QI# 3**  CC# \_\_\_  UM # \_\_\_  CR # \_\_\_  RR # \_\_\_

Decisions Made		
<p>June White and Margaret Keyes-Howard discussed with the group the Provider Survey results from FY 2020. As part of the review from the survey results, it was decided that an internal Ad-Hoc committee be established for discussion of barriers as requested by our provider network. Barriers include the length, the amount of time and the number of questions that were included in the survey. MCO has scheduled two (2) internal Ad-Hoc meetings, with the first meeting taking place in January 2021 and the next meeting scheduled for June 11, 2021. The purpose of the internal meetings is to review questions for changes, updates or revisions that will align with NCQA standards and MDHHS regulations. The final provider survey draft for FY 2021 is expected to be completed by July 1, 2021. June and Margert informed the QISC members to review the survey from FY 2020 and advise of any suggestions for improvement. Suggestions should be forwarded to June White @ <a href="mailto:jwhite@dwihn.org">jwhite@dwihn.org</a> or Margaret Keyes-Howard at <a href="mailto:mkeyes@dwihn.org">mkeyes@dwihn.org</a>. Suggestions must be forwarded prior to July 1, 2021. This recommendation will be brought back to the QISC meeting in June 2021 for further review.</p>		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline
Dr. Faheem and the group agreed to continue the discussion on barriers for improvement at the next QISC June 2021.	QISC Members	June 29, 2021

**11) Item: DWIHN Performance Improvement Projects (PIP's) – Tania Greason, QI Administrator**

**Goal: Review of PIP's**

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

**NCQA Standard(s)/Element #:** **X QI# 10, 11**  CC# \_\_\_  UM # \_\_\_  CR # \_\_\_  RR # \_\_\_

Decisions Made		
<p>There were no Performance Improvement Projects for discussion/review during this meeting. Tania informed the committee that DWIHN is in the process of reviewing all of our clinical and service PIP's for redesign to align with NCQA required standards. After approval from the Improvement Practices Leadership Team (IPLT), all of the assigned PIP's will be reviewed for barrier analysis and interventions at the QISC meetings.</p>		
Discussion	Assigned To	Deadline
Action Items	Assigned To	Deadline
None Required.		

**New Business Next Meeting:** Tuesday June 28, 2021 Via ZOOM Platform.

**Adjournment:** 12:00 pm

ah/05/27/2021



# EXPERIENCE OF CARE AND HEALTH OUTCOMES

---

Findings from the 2020

Experience of Care and Health Outcomes  
(ECHO) Adult Survey

WAYNE STATE  
UNIVERSITY

THE CENTER FOR URBAN STUDIES



# Table of Contents

Content	Slide(s)
<b>Summary</b>	
Overview	<u>3</u>
Methodology	<u>4</u>
Survey Highlights	<u>6</u>
Sample and Respondent Profile	<u>8</u>
Respondent Demographics	<u>11</u>
ECHO Reporting Measures	<u>17</u>
Highlights from Statistical Significance Testing	<u>20</u>
Opportunities	<u>28</u>
<b>Detailed Findings</b>	
ECHO Reporting Measures	<u>29</u>
Statistically Significant Differences by Subgroup	<u>51</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) Survey\* with its members.

- The purpose was to assess the experiences of adults 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 a randomly selected list of 5,999 members, out of the approximately 77,000 adults receiving services.
- The survey was administered via three modes:
  1. The Center mailed the members 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 members 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 three VISA cards (\$100, \$250, and \$500).

# Methodology *(cont.)*

- Consistent with CAHPS guidance, the Center calculated the 16 ECHO Reporting Measures:
  - 10 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.

# Survey Highlights

- 966 DWIHN members responded to the survey.
- 752 members reported receiving services in the past year (82% of the 915 who responded to this question).
- Respondents differed from the sample in that they:
  - were more likely to have a primary disability designation of severe mental illness (81%), compared to the sample (75%);
  - were less likely to have a guardian (10% vs. 15%); and
  - were more likely to be dual eligible (32%), compared to the sample (26%).

# Survey Highlights *(cont.)*

- DWIHN scored well on several of the ECHO reporting measures, notably members reporting receiving information on patient rights (91%) and confidence in the privacy of their information (91%).
- There were three measures with scores of less than 50%:
  1. Perceived improvement (31%);
  2. Office wait (36%); and
  3. Getting treatment quickly (43%).
- Compared to 2017, more members reported treatment helped “**a lot**” and more rated their overall treatment a “**9**” or “**10**” (the highest rating).



# Sample Profile

- DWIHN provided a random sample of 5,999 members, who were 18 years and older and had received services in the past year.

<b>Characteristic</b>	<b>Number</b>	<b>Percentage</b>
Dual Eligible (Medicaid/Medicare)	1,572	26.2%
Primary Disability Designation: Developmental Disability	789	13.2%
Primary Disability Designation: Severe Mental Illness	4,491	74.9%
Has Guardian	877	14.6%
No Valid Address	731	12.2%
At Least One non-Valid Phone Number	967	16.1%

# Survey Response

- Overall, **966** responded to the survey, well over the targeted 600 completes.
- Over 4/5 of respondents said they had received counseling, treatment, or medicine in the last 12 months.

	<u>CATI</u>		<u>Mail</u>		<u>Web</u>		<u>Total</u>	
<b>Respondents</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
<b>Total</b>	479	49.6%	455	47.1%	32	3.3%	<b>966</b>	<b>100%</b>

<b>Reporting services in past 12 months</b>	<b>752</b>	<b>82.2%</b>
<b>Out of</b>	<b>915</b>	

*Note:* Many mail respondents skipped answering Q1, which asked whether they had received services in the last 12 months..

# Respondent Profile

Compared to the overall sample, the 966 respondents were:

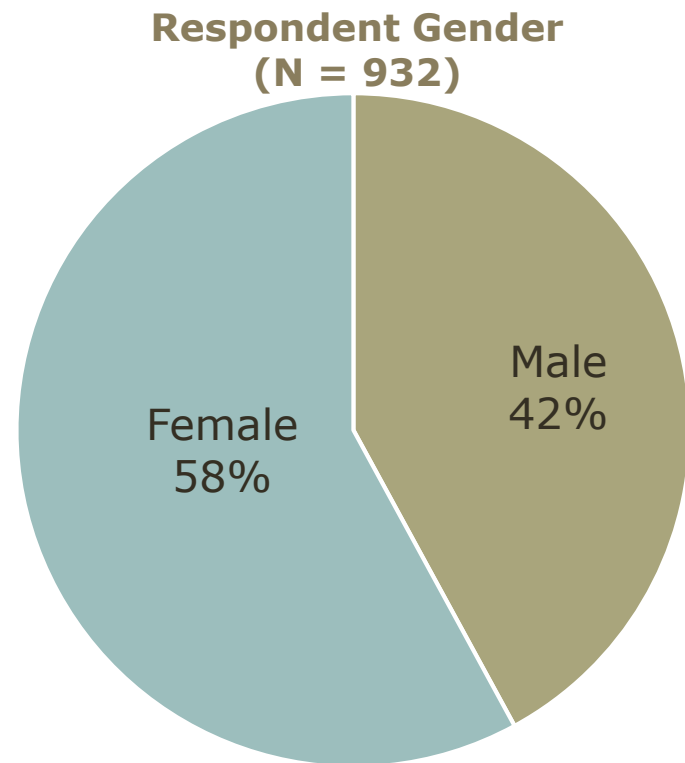
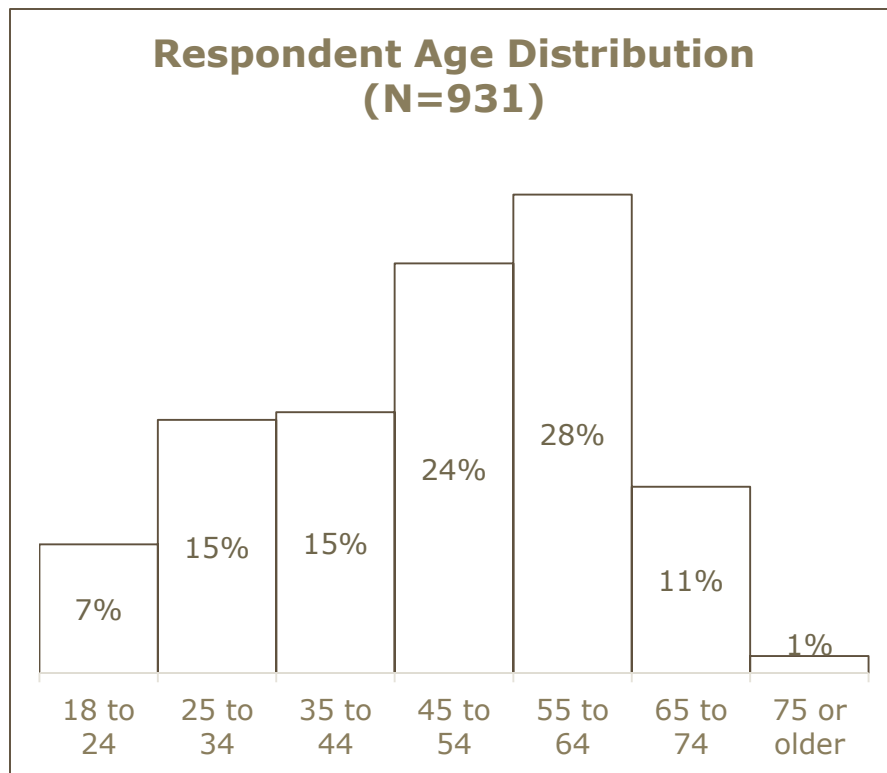
- More likely to be dual eligible for Medicare/Medicaid;
- More likely to have a primary disability designation of severe mental illness; and
- Less likely to have a guardian, compared to the sample.

There were 23 fewer Clinically Responsible Service Providers (CRSPs) represented in the respondent pool; however, the missing CRSPs each served 12 or fewer members in the sample.

Characteristic	<u>SAMPLE</u>		<u>RESPONDENTS</u>	
	Number	Percentage	Number	Percentage
Dual Eligible (Medicaid/Medicare)	1,572	26.2%	312	32.3%
Primary Disability Designation: Severe Mental Illness	4,491	74.9%	780	80.7%
Has Guardian	877	14.6%	95	9.8%
CRSPs	63	100%	40	100%

# Respondent Demographics: Age and Gender

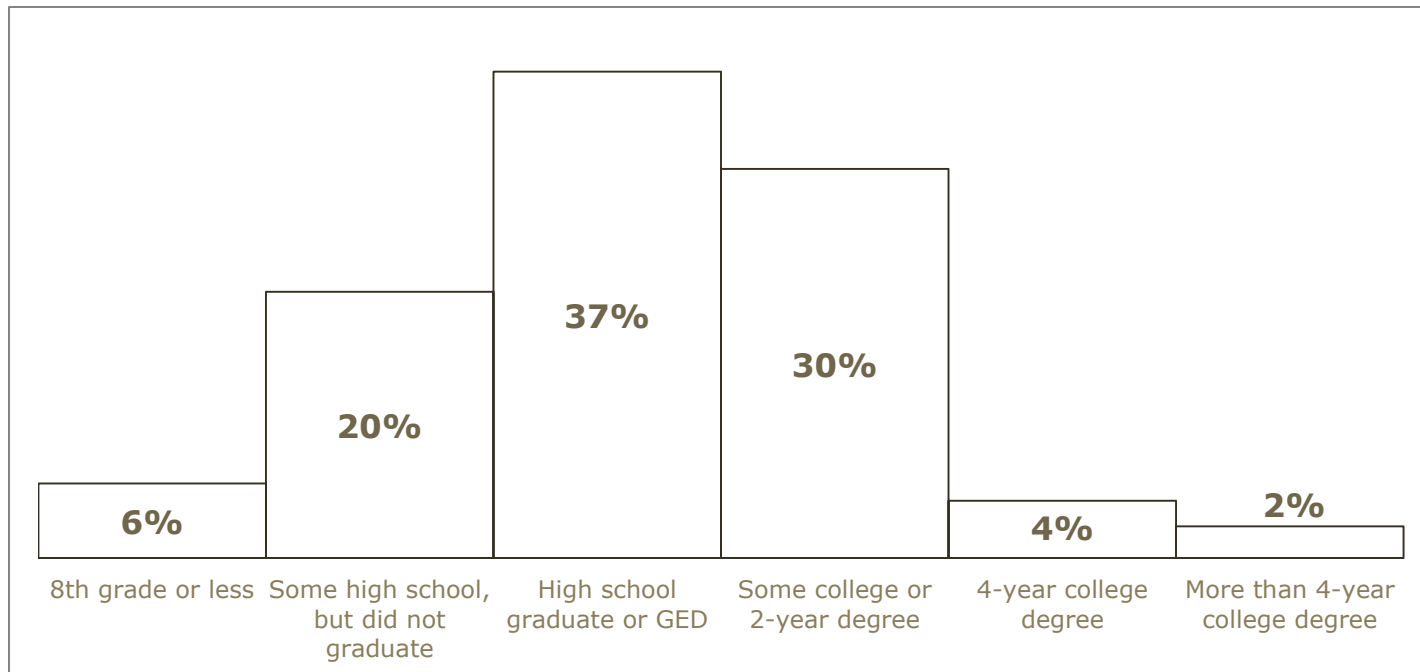
- Roughly half of respondents reported their ages to be between 45 and 64.
- Just under three-fifths of respondents identified as female.



# Respondent Demographics: Education Level

- Nearly  $\frac{3}{4}$  of respondents reported completing high school, with over one-third having attended at least some college.

*What is the highest grade or level of school that you have completed? (N=912)*



# Respondent Demographics: Ethnicity and Race

- Roughly three-fifth of respondents of the 916 who reported their race identified as Black or African American and one-third as White. Less than 5% identified as Hispanic or Latino.

Are you of Hispanic or Latino origin or descent?	Number	Percentage
Yes	31	3.4%
No	878	96.6%

What is your race?	Number	Percentage
Black or African American	557	60.8%
White	313	34.2%
Other	55	6.0%
American Indian or Alaska Native	22	2.4%
Asian	10	1.1%
Native Hawaiian or Pacific Islander	2	0.2%

# Respondent Demographics: Mental Health

- 10% rated their overall mental health as “excellent.” Slightly more than half rated their overall mental health as “good” or better.

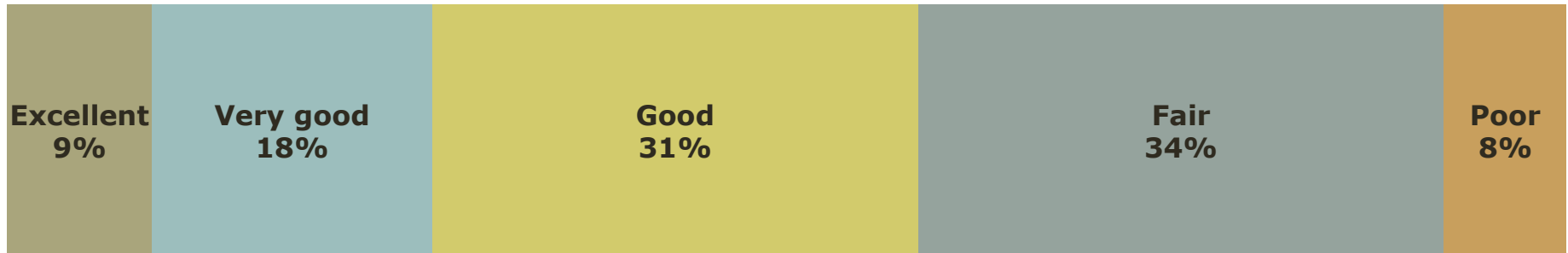
*In general, how would you rate your overall mental health now?(N=731)*



# Respondent Demographics: Health

- 9% rated their overall health as “excellent.” Nearly three-fifths rated their overall health as “good” or better.

*In general, how would you rate your overall health now?(N=928)*





# Help with the Survey

- More than one-fifth (n=105; 22.6%) of mail and web respondents indicated that someone had helped them complete the survey.
- 117 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>
Read the questions to me	57	48.7%
Answered the questions for me	46	39.3%
Wrote down the answers I gave	44	37.6%
Translated the questions into my language	6	5.1%
Helped in some other way	10	8.5%

Note: For 46 surveys, someone answered the questions for the target respondent. These “proxy data” were removed from the data before analysis, per guidance in the CAHPS documentation.

# ECHO Reporting Measures

Composite Measures	Getting treatment quickly	<u>43%</u>
	How well clinicians communicate	<u>68%</u>
	Getting treatment and information from the plan or MBHO	<u>57%</u>
	Perceived improvement	<u>31%</u>
	Information about treatment options	<u>71%</u>
	Global Rating: Treatment (Overall rating of counseling and treatment)	<u>51%</u>
	Office wait	<u>36%</u>
Single Item Measures	Told about medication side effects	<u>74%</u>
	Including family and friends	<u>60%</u>
	Information to manage condition	<u>81%</u>
	Patient rights information	<u>91%</u>
	Patient feels he or she could refuse treatment	<u>81%</u>
	Privacy	<u>91%</u>
	Cultural competency	<u>69%</u>
	Amount helped	<u>58%</u>
	Treatment after benefits are used up	<u>55%</u>

# ECHO Reporting Measures, Comparison Across Years

<b>Composite Measures and Global Rating</b>	<b>2020</b>	<b>2017</b>
Getting treatment quickly	<u>43%</u>	37%
How well clinicians communicate	<u>68%</u>	65%
Getting treatment and information from the plan or MBHO	<u>57%</u>	53%
Perceived improvement	<u>31%</u>	29%
Information about treatment options	<u>71%</u>	70%
<b>Global Rating: Treatment (Overall rating of counseling and treatment) *</b>	<u>51%</u>	46%

Note: The difference between the Global Rating in 2020 (51%), compared to 2017 (46%) was found to be statistically significant, using a test of proportion, with  $p < 0.05$ .

# ECHO Reporting Measures, Comparison Across Years

<b>Single Item Measures</b>	<b>2020</b>	<b>2017</b>
Office wait	<u>36%</u>	33%
Told about medication side effects	<u>74%</u>	75%
Including family and friends	<u>60%</u>	59%
Information to manage condition	<u>81%</u>	78%
Patient rights information	<u>91%</u>	91%
Patient feels he or she could refuse treatment	<u>81%</u>	78%
Privacy	<u>91%</u>	91%
Cultural competency	<u>69%</u>	76%
<b>Amount helped*</b>	<u>58%</u>	52%
Treatment after benefits are used up	<u>55%</u>	48%

Note: The difference between the Amount Helped in 2020 (58%), compared to 2017 (52%) was found to be statistically significant, using a test of proportion, with  $p < 0.05$ .

# Statistical Significance Testing

- Statistical tests were conducted to identify differences by:
  - demographic characteristics (gender, race, age);
  - eligibility (Medicaid only or dual eligible for Medicaid and Medicare);
  - whether or not the member had a guardian;
  - primary disability designation;
  - service provider; and
  - survey mode.
- In conducting the tests, we excluded those with missing information and those who were part of subgroups with fewer than 30 people participating in the survey.
  - For example, when conducting the age subgroup analysis, those who did not indicate their age were not included, nor were respondents 75 or older as only 9 such respondents participated in the survey.
  - As such, the overall scores reported in this section will differ from those presented for the ECHO Reporting measures, which includes all respondents.

# Statistical Significance Testing

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>
Gender	Q12, Q20, Q21
Race	Q22
Age	Q5, Q34, Q28, Q19
Eligibility	Q7, Q33, Q20, Q23
Guardian Status	Q11
Primary Disability Designation	Q15, Q20, Q21, Q24, Q25
CRSP	Q31, Q20, Q10, Q29
Survey Mode	Q12, Q13, Q14, Q15, Q41, Q10, Q22, Q24

# Statistically Significant Differences in Subgroups

## By Gender

- Overall, 65% respondents reported that the people they went to for counseling or treatment **always** explained things in a way they could understand. 69% of female respondents reported this, compared to 59% of males.
- Male respondents were more likely to report that they were told about self help or support groups (76%) and given information about different kinds of treatment (78%), compared to female respondents (66% and 68%, respectively).

## By Race

- 81% of respondents reported being given as much information as they wanted about what how to manage their condition. 85% of Black/African American respondents reported this, compared to two-thirds of those who listed more than one race and roughly three-quarters of respondents who identified as White or Other reported this.

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

## By Age

- Those 18 to 24 had lower scores than the other age groups on several measures:
  - While, overall, 43% of respondents reported always seeing someone as soon as they wanted, only 21% of those 18 to 24 reported this.
  - 22% of them reported rated their problems or symptoms “**much better**”, compared to 29% overall.
  - 33% of them rated their counseling or treatment at “**9**” or “**10**”, compared to 52% overall.

## By Eligibility

- 60% of those dual eligible reported that they **always** got an appointment as soon as they wanted, compared with 53% overall.
- Dual eligible respondents were more likely to report their ability to accomplish things was **much better**: 36% compared to 30% overall.
- Conversely, those who were not dual eligible were more likely to report having been told about self-help or support groups (73%) and being given information about patient rights (93%), compared to 70% and 91% overall.



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

## By Guardian Status

- A lower percentage of people with guardians (50%) reported clinicians **always** listened carefully to them, compared to 66% overall.

## By Primary Disability Designation

- Respondents with substance use disorders were more likely to report that they:
  - **always** felt safe with people they went to for counseling or treatment (96% compared to 78% overall);
  - were told about self-help or support groups (93% compared to 70% overall);
  - were given information about different kinds of counseling or treatment (93% compared to 72% overall); and
  - could refuse a specific type of medicine or treatment (100% compared to 81% overall).

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

## By Primary Disability Designation (*cont.*)

- Respondents with developmental disabilities were *less* likely to report that they:
  - were told about self-help or support groups (57% compared to 70% overall);
  - were given information about different kinds of counseling or treatment (68% compared to 72% overall); and
  - could refuse a specific type of medicine or treatment (68% compared to 81% overall); and
  - that their privacy was protected (76% compared to 90% overall).

## By CRSP

- There was variation across CRSPs on several of the items. On the four items that had statistically significant differences, the scores at different CRSPs had scores that varied between 25-44%.

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

## By CRSP

- There was variation across CRSPs on several of the items. On the four items that had statistically significant differences, the scores at different CRSPs had scores that differed by 25-44%.
- Respondents with CRSP Hegira Programs were more likely than others to:
  - rate their ability to deal with daily problems as **much better** (44% compared to 35% overall);
  - report **always** being seen within 15 minutes of appointment (66% compared to 36% overall); and
  - report being helped **a lot** by counseling and treatment (71% compared to 58% overall).
- Respondents served by Central City Integrated Health were least likely to report **always** being seen within 15 minutes of appointment (22% compared to 36% overall).
- Neighborhood Service Organization clients were least likely to report their ability to deal with daily problems was **much** better (19% compared to 35% overall).

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

## By Survey Mode

- Eight items had statistically significant differences among the different survey modes and CATI respondents had higher scores on seven of them. CATI respondents were more likely to report that:
  - the people they went to for counseling or treatment **always** explained things in a way they could understand (71% compared to 65% overall);
  - the people they went to for counseling or treatment **always** showed respect for what they had to say (79% compared to 73% overall);
  - the people they went to for counseling or treatment **always** spent enough time with them (69% compared to 64% overall);
  - they **always** felt safe with people they went to for counseling or treatment (83% compared to 78% overall);
  - getting help from customer service was **not a problem** (70% compared to 58% overall);
  - they were **always** seen within 15 minutes of their appointment (41% compared to 36% overall); and
  - they were given as much information as they wanted about managing their condition (86% compared to 81% 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 members do not perceive improvements and whether their self-assessments reflect their clinicians' assessments;
- Service providers to identify barriers to, and potential improvements that would support, members being seen within 15 minutes of appointment time;
- Service providers and members 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 ensure all members, including those with DD or SUD, are confident in the privacy of their information and that those with guardians feel clinicians listen carefully to them.

# DETAILED FINDINGS

---

## ECHO Reporting Measures

# Measure: Getting Treatment Quickly

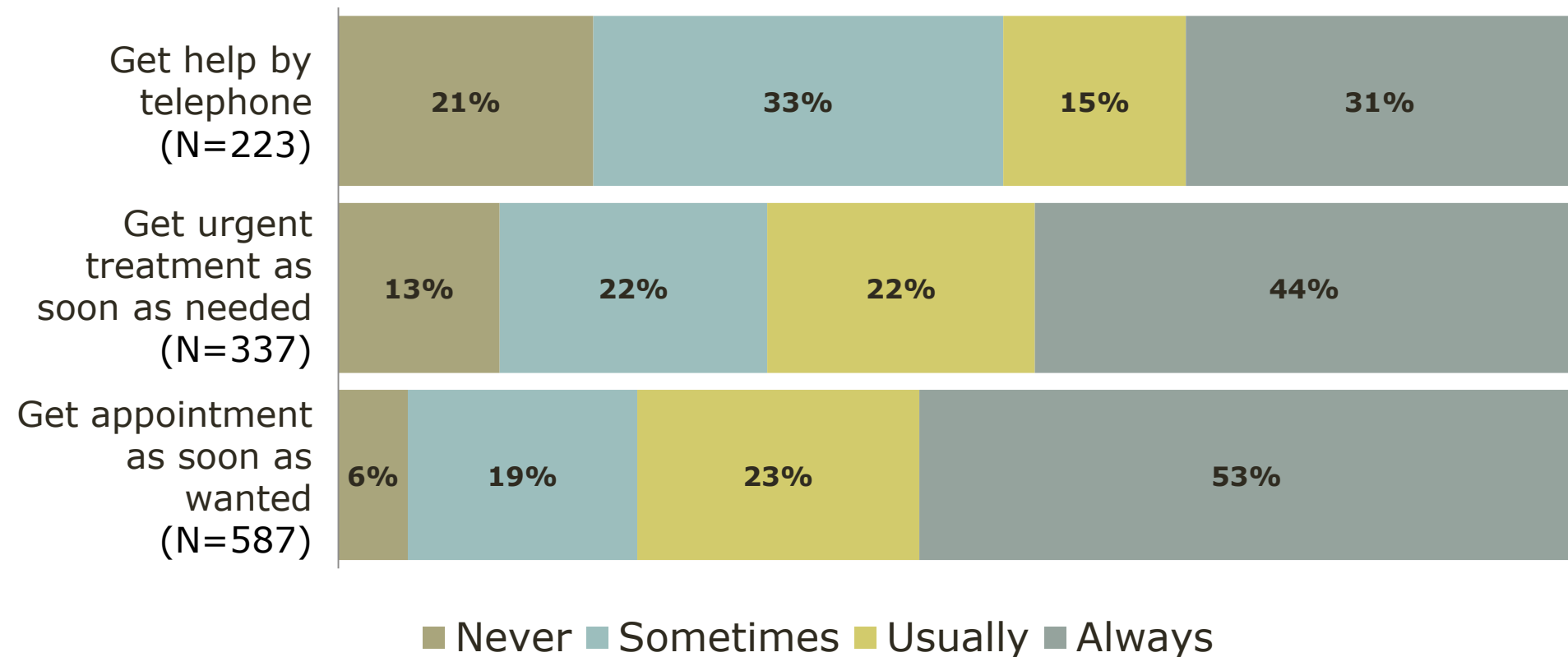
**Getting treatment quickly: 43%**

- This composite measure is based on these questions:

	Question	Score
Q3	In the last 12 months, how often did you get the professional counseling you needed on the phone?	31%
Q5	In the last 12 months, when you needed counseling or treatment right away, how often did you see someone as soon as you wanted?	44%
Q7	In the last 12 months, not counting times you needed counseling or treatment right away, how often did you get an appointment for counseling or treatment as soon as you wanted?	53%

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

# Detail: Getting Treatment Quickly





# Measure: How Well Clinicians Communicate

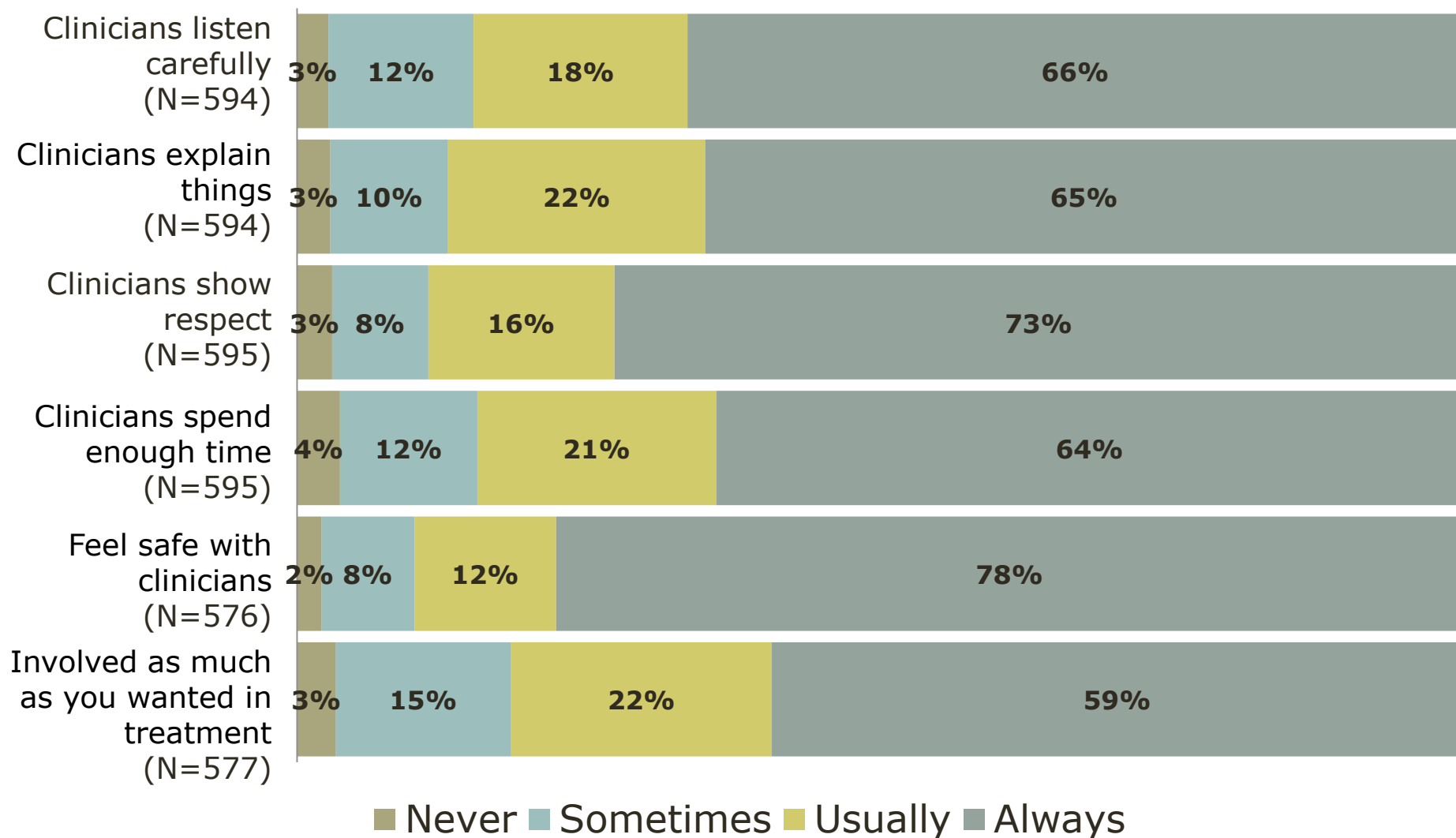
## How Well Clinicians Communicate: 68%

- This composite measure is based on these questions:

	Question	Score
Q11	In the last 12 months, how often did the people you went to for counseling or treatment listen carefully to you?	66%
Q12	In the last 12 months, how often did the people you went to for counseling or treatment explain things in a way you could understand?	65%
Q13	In the last 12 months, how often did the people you went to for counseling or treatment show respect for what you had to say?	73%
Q14	In the last 12 months, how often did the people you went to for counseling or treatment spend enough time with you?	64%
Q15	In the last 12 months, how often did you feel safe when you were with the people you went to for counseling or treatment?	78%
Q18	In the last 12 months, how often were you involved as much as you wanted in your counseling or treatment?	59%

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

# Detail: How Well Clinicians Communicate



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

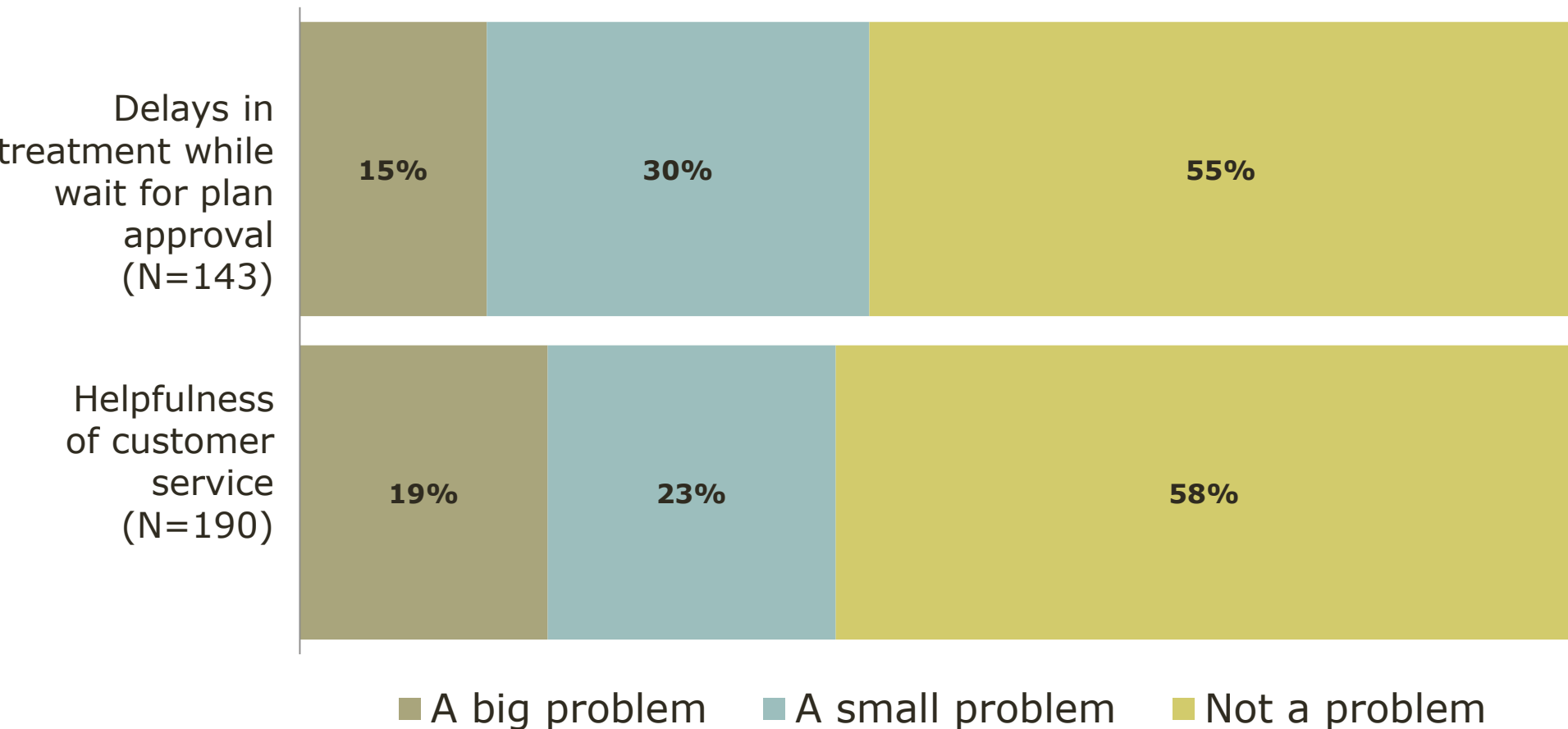
## Getting Treatment and Information : 57%

- This composite measure is based on these questions:

	Question	Score
Q39	In the last 12 months, how much of a problem, if any, were delays in counseling or treatment while you waited for approval?	55%
Q41	In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called customer service?	58%

- 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: 31%

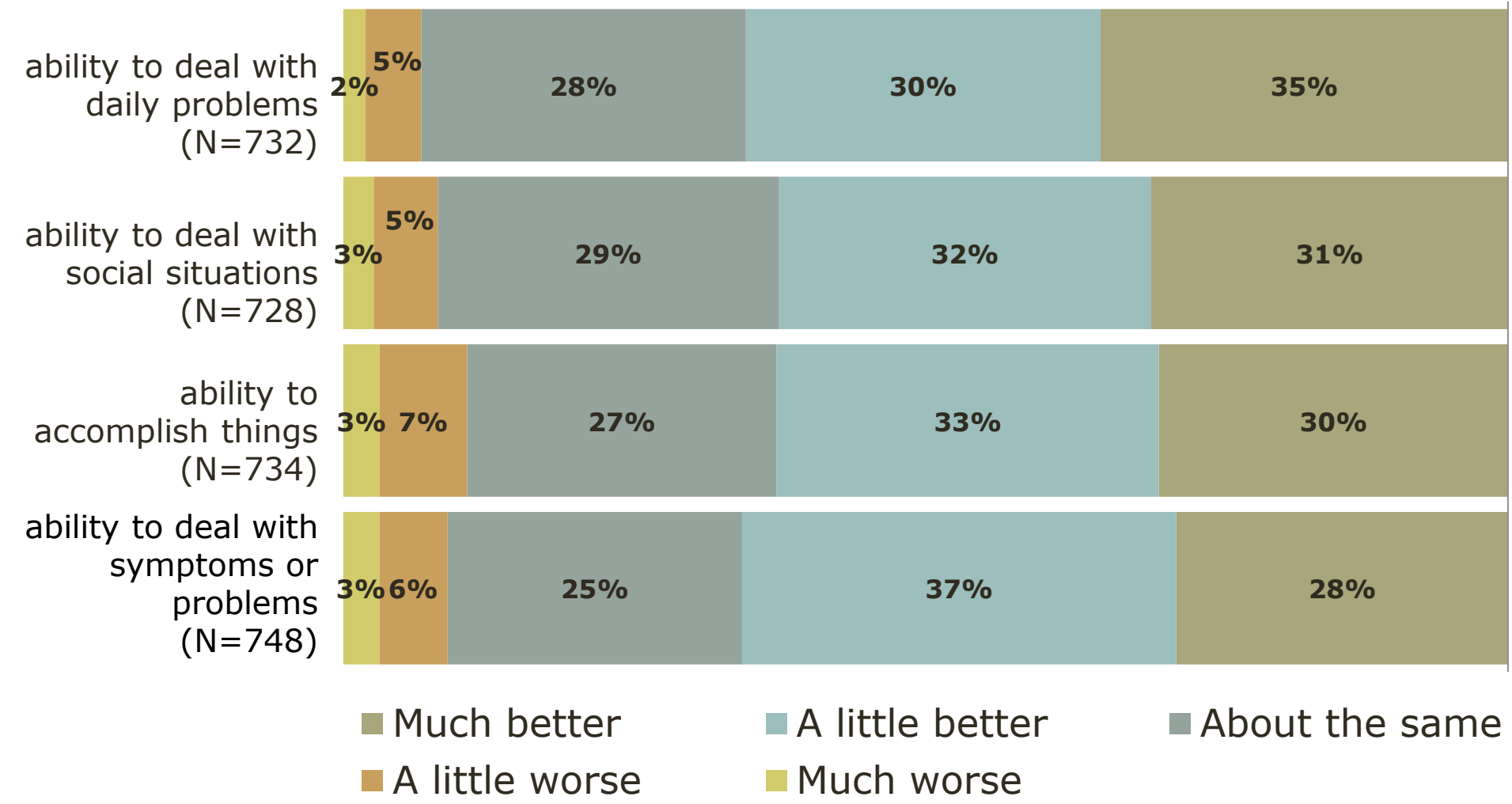
- This composite measure is based on these questions:

	Question	Score
Q31	Compared to 12 months ago, how would you rate your ability to deal with daily problems now?	35%
Q32	Compared to 12 months, how would you rate your ability to deal with social situations now?	31%
Q33	Compared to 12 months ago, how would you rate your ability to accomplish the things you want to do now?	30%
Q34	Compared to 12 months ago, how would you rate your problems or symptoms now?	28%

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

# Detail: Perceived Improvement

Compared to 12 months ago, how would you rate your...



# Measure: Information About Treatment Options

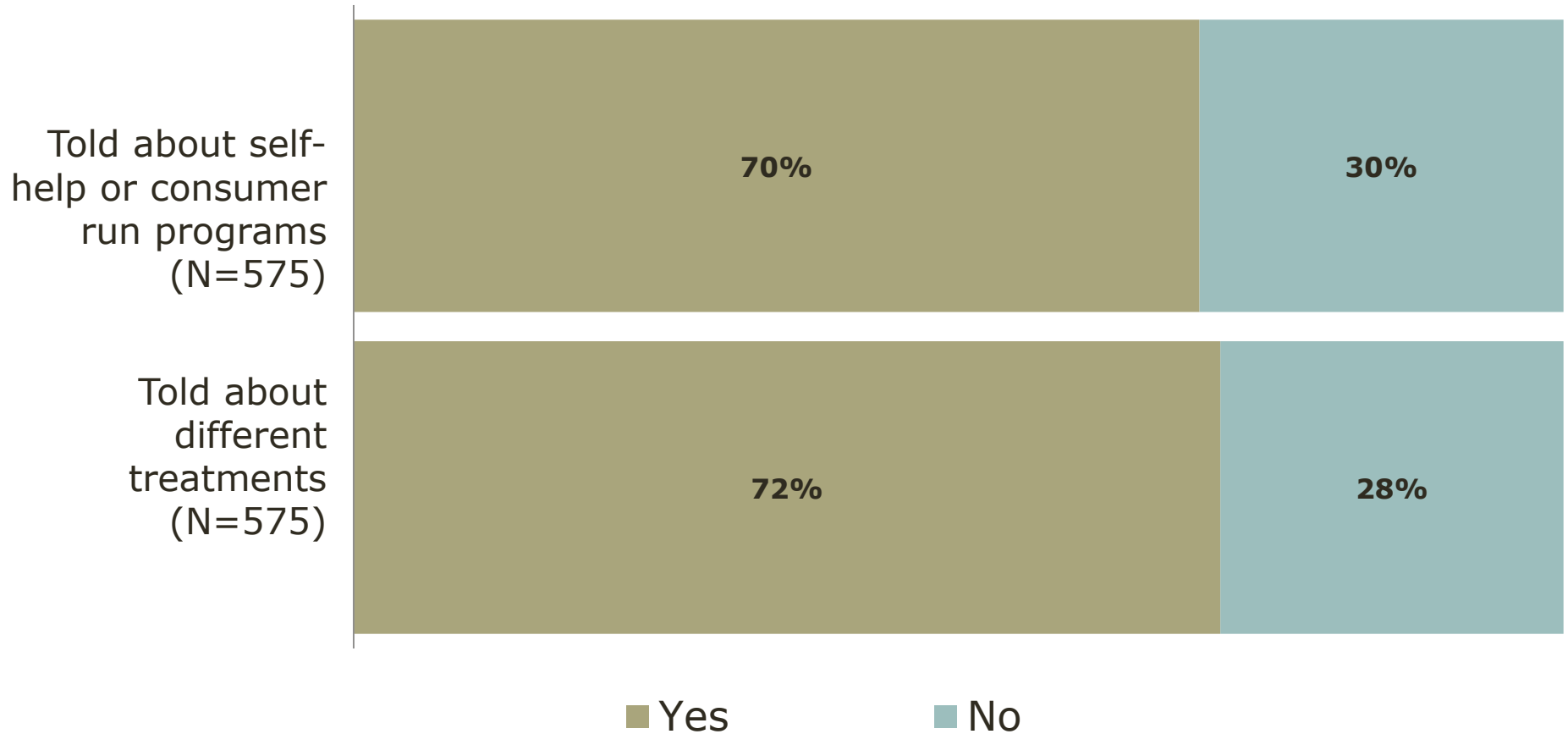
**Information About Treatment Options: 71%**

- This composite measure is based on these questions:

	Question	Score
Q20	In the last 12 months, were you told about self help or support groups, such as consumer run groups or 12 step programs?	70%
Q21	In the last 12 months, were you given information about different kinds of counseling or treatment that are available?	72%

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

# Detail: Information About Treatment Options





# Measure: Global Rating - Treatment

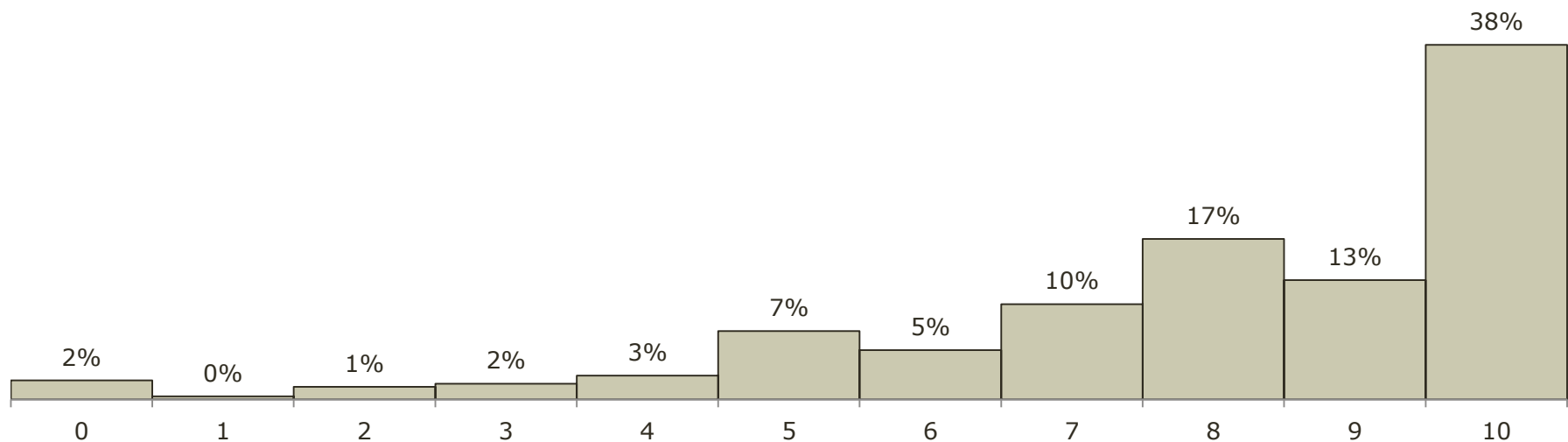
## Overall rating of counseling and treatment: 51%

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

---

Q28 Using any number from 0 to 10, where 0 is the worst counseling or treatment possible and 10 is the best counseling or treatment possible, what number would you use to rate all your counseling or treatment in the last 12 months? (N=580)

---



# Measure: Office wait

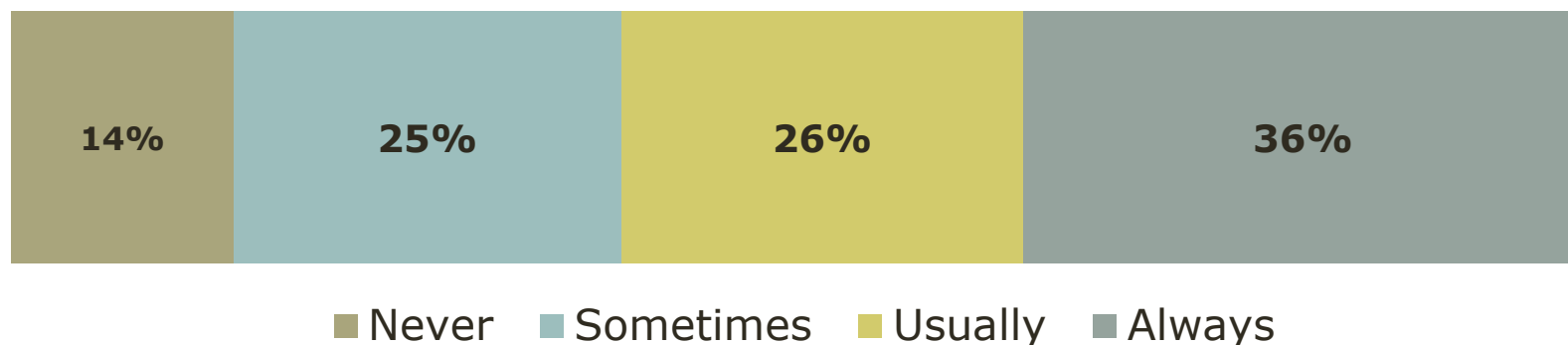
**Seen within 15 minutes of appointment time : 36%**

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

---

Q10 In the last 12 months, how often were you seen within 15 minutes of your appointment? (N=595)

---



# Measure: Told about medication side effects

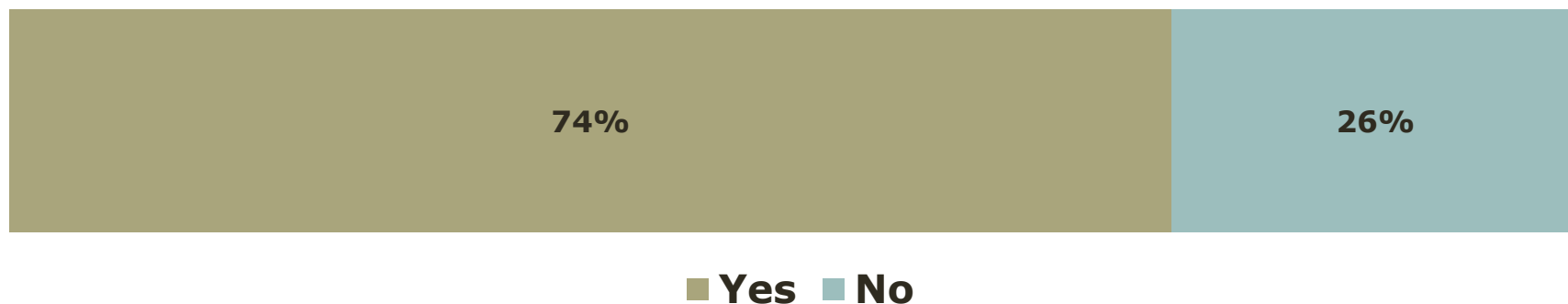
**Told about side effects of medication: 74%**

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=509)

---



# Measure: Including family and friends

**Talk about including family and friends in treatment: 60%**

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

---

Q19 In the last 12 months, did anyone talk to you about whether to include your family or friends in your counseling or treatment? (N=578)

---



# Measure: Information to manage condition

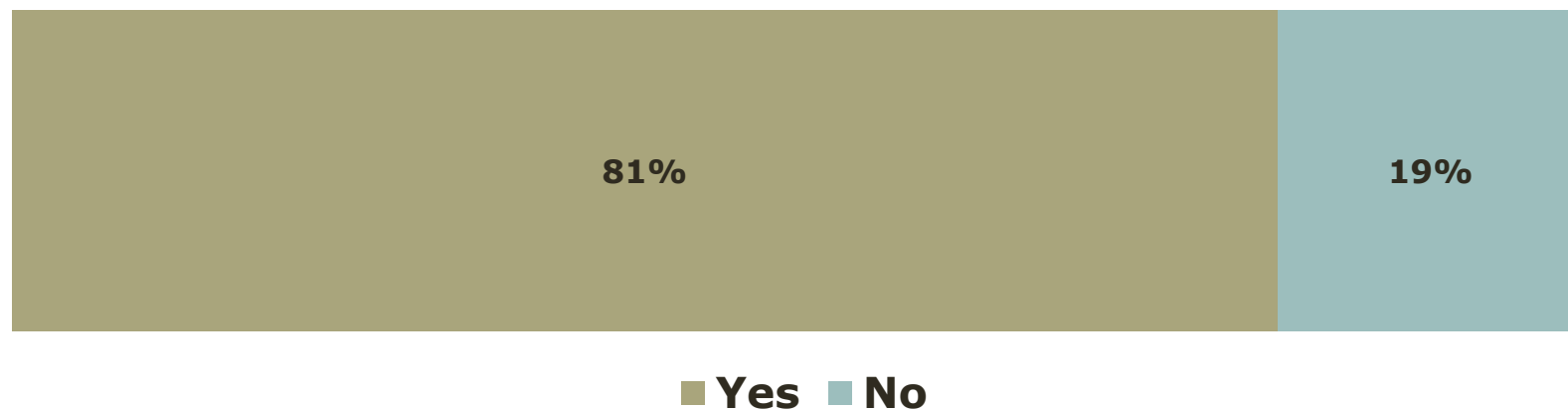
**Given as much information as wanted to manage condition: 81%**

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

---

Q22 In the last 12 months, were you given as much information as you wanted about what you could do to manage your condition? (N=572)

---



# Measure: Patient rights information

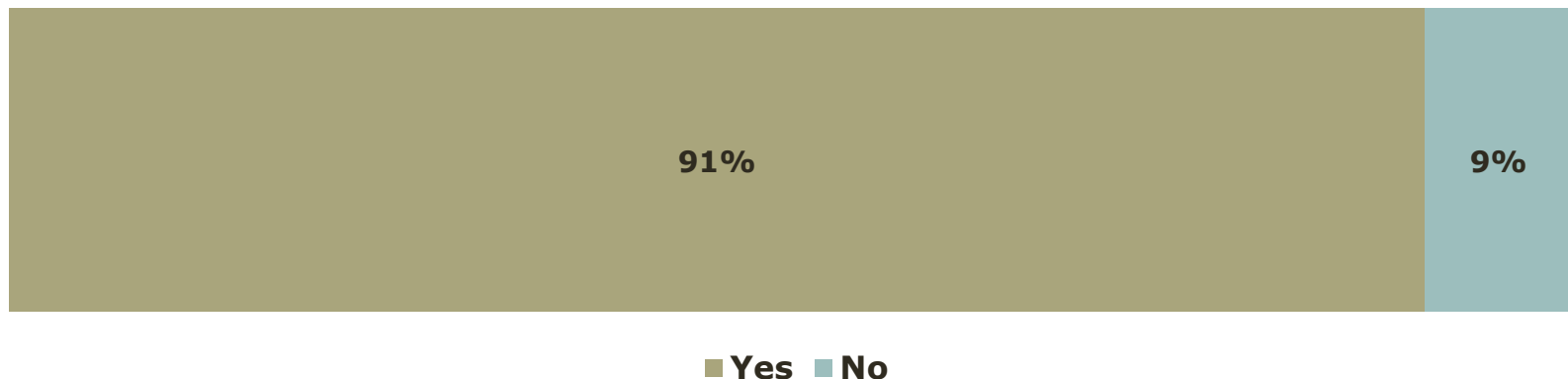
## Given information about rights as a patient: 91%

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

---

Q23 In the last 12 months, were you given information about your rights as a patient? (N=571)

---



# Measure: Patient feels he or she could refuse treatment

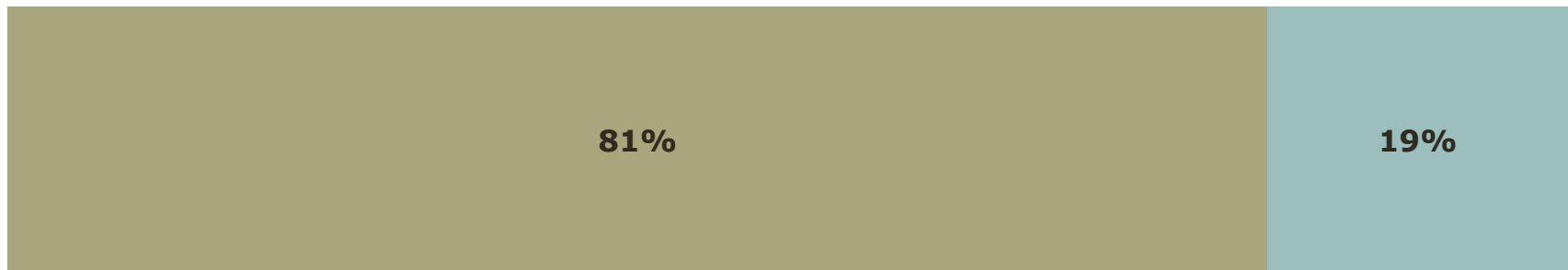
**Patient feels that he or she could refuse a specific type of treatment: 81%**

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

---

Q24 In the last 12 months, did you feel you could refuse a specific type of medicine or treatment? (N=570)

---



■ Yes ■ No

# Measure: Privacy

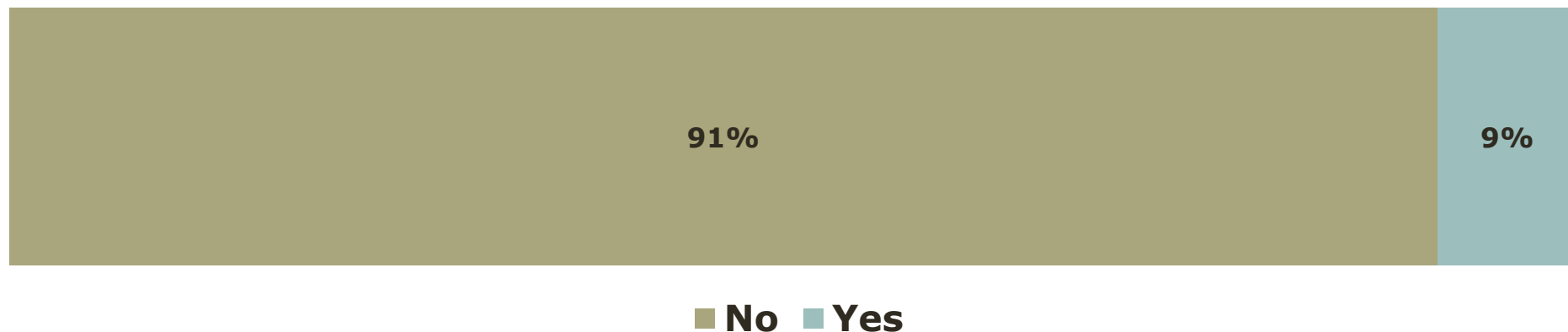
**Confident about privacy of treatment information:  
91%**

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

---

In the last 12 months, as far as you know did anyone you went to for Q25 counseling or treatment share information with others that should have been kept private? (N=563)

---





# Measure: Cultural Competency

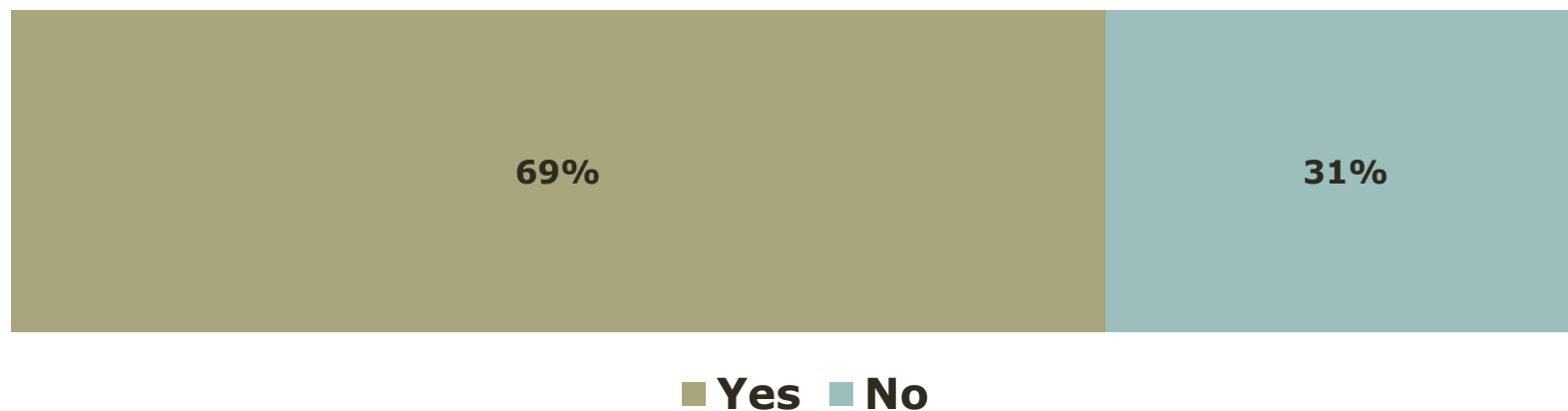
**Care responsive to cultural needs: 69%**

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

---

Q27 In the last 12 months, was the care you received responsive to those needs? (N=59)

---



# Measure: Amount helped

**Amount helped by treatment: 58%**

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

---

Q29 In the last 12 months, how much were you helped by the counseling or treatment you got? (N=731)

---



# Measure: Treatment after benefits are used up

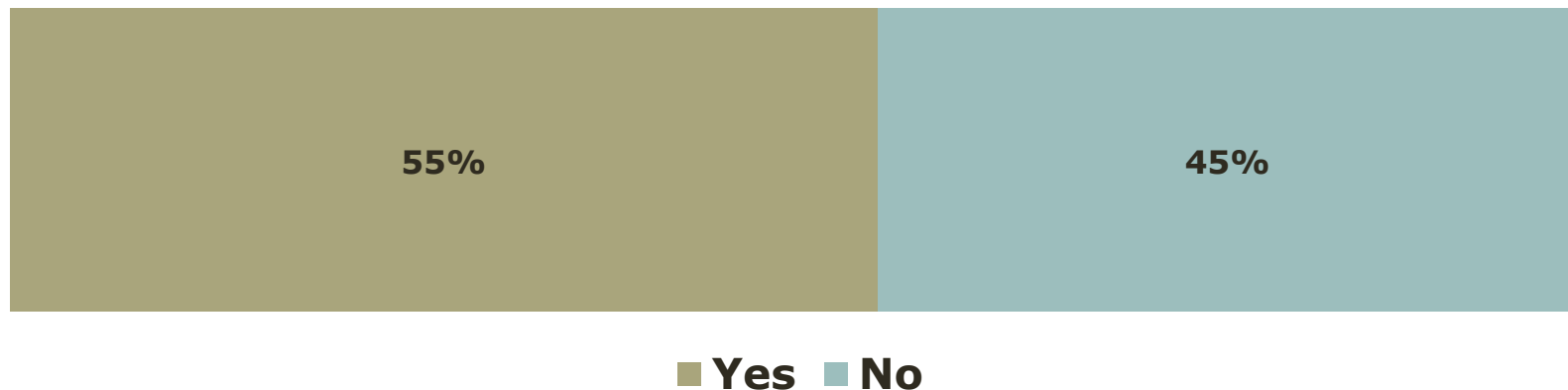
**Plan provides information about how to get treatment after benefits are used up: 55%**

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

---

Q37 Were you told about other ways to get counseling, treatment, or medicine?  
(N=74)

---



# DETAILED FINDINGS

---

Statistically Significant Differences by Subgroup

# Results Comparison by Gender

## Items with Statistically Significant Results

- Q12 How often did the people you went to for counseling or treatment explain things in a way you could understand? (% Always)
- Q20 Were you told about self help or support groups? (% Yes)
- Q21 Were you given information about different kinds of counseling or treatment that are available? (% Yes)

	Overall		Score Spread	Female		Male	
	<u>N</u>	<u>Score</u>		<u>N</u>	<u>Score</u>	<u>N</u>	<u>Score</u>
Q12	578	65%	10%	350	69%	228	59%
Q20	559	70%	10%	340	66%	219	76%
Q21	560	72%	10%	342	68%	218	78%

Maximum  
value

Minimum  
Value

# Results Comparison by Race

## Items with Statistically Significant Results

Q22 Were you given as much information as you wanted about what you could do to manage your condition?

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

	Overall		Score Spread	Black/African American		White		More than one race		Other	
	N	Score		N	Score	N	Score	N	Score	N	Score
Q22	536	80%	<b>18%</b>	306	85%	187	75%	18	67%	25	76%

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

## Items with Statistically Significant Results

- Q5 When you needed counseling or treatment right away, how often did you see someone as soon as you wanted? (% Always)
- Q34 How would you rate your problems or symptoms now? (% Much better)
- Q28 What number would you use to rate all your counseling or treatment in the last 12 months? (% 9 or 10)
- Q19 Did anyone talk to you about whether to include your family or friends in your counseling or treatment? (% Yes)

# Results Comparison by Age

	Overall		Score Spread	18 to 24		25 to 34		35 to 44		45 to 54		55 to 64		65 to 74	
	N	Score		N	Score	N	Score	N	Score	N	Score	N	Score	N	Score
Q5	326	43%	<b>31%</b>	24	21%	53	32%	52	38%	84	52%	89	47%	24	46%
Q34	725	29%	<b>23%</b>	49	22%	92	33%	106	26%	190	26%	221	27%	67	45%
Q28	562	52%	<b>24%</b>	40	33%	72	42%	89	47%	144	56%	174	57%	43	56%
Q19	560	60%	<b>22%</b>	41	68%	73	62%	89	52%	142	65%	173	53%	42	74%

Note: Too respondents age 75 and older (<30) participated to be included in this analysis.

Maximum  
value

Minimum  
Value



# Results Comparison by Eligibility

## Items with Statistically Significant Results

Q7 Not counting times you needed counseling or treatment right away, how often did you get an appointment for counseling or treatment as soon as you wanted? (% Always)

Q33 How would you rate your ability to accomplish the things you want to do now? (% Much better)

Q20 Were you told about self help or support groups? (% Yes)

Q23 Were you given information about your rights as a patient? (% Yes)

	Overall		Score Spread	Dual eligible		Not dual eligible	
	N	Score		N	Score	N	Score
Q7	587	53%	<b>10%</b>	166	60%	421	50%
Q33	733	30%	<b>9%</b>	221	36%	512	27%
Q20	574	70%	<b>9%</b>	168	64%	406	73%
Q23	570	91%	<b>7%</b>	168	86%	402	93%

# Results Comparison by Guardian Status

## Items with Statistically Significant Results

Q11 How often did the people you went to for counseling or treatment listen carefully to you? (% Always)

	Overall		Score Spread	Guardian		No Guardian	
	<u>N</u>	<u>Score</u>		<u>N</u>	<u>Score</u>	<u>N</u>	<u>Score</u>
Q11	594	66%	<b>17%</b>	32	50%	562	67%

# Results Comparison by Primary Disability Designation

## Items with Statistically Significant Results

- Q15 How often did you feel safe when you were with the people you went to for counseling or treatment? (% Always)
- Q20 Were you told about self help or support groups? (% Yes)
- Q21 Were you given information about different kinds of counseling or treatment that are available? (% Yes)
- Q24 Did you feel you could refuse a specific type of medicine or treatment? (% Yes)
- Q25 Did anyone you went to for counseling or treatment share information with others that should have been kept private? (% No)

# Results Comparison by Primary Disability Designation

	Overall		Score Spread	Developmental Disability		Severe Mental Illness		Substance Use Disorder	
	<u>N</u>	<u>Score</u>		<u>N</u>	<u>Score</u>	<u>N</u>	<u>Score</u>	<u>N</u>	<u>Score</u>
Q15	566	78%	<b>20%</b>	23	91%	516	76%	27	96%
Q20	565	70%	<b>36%</b>	23	57%	515	69%	27	93%
Q21	565	72%	<b>25%</b>	22	68%	516	71%	27	93%
Q24	560	81%	<b>32%</b>	22	68%	511	80%	27	100%
Q25	553	90%	<b>15%</b>	21	76%	505	91%	27	85%

Maximum  
value

Minimum  
Value

# Results Comparison by CRSP

## Items with Statistically Significant Results

- |     |  |
|-----|--|
| Q31 | How would you rate your ability to deal with daily problems now? (% Much better) |
| Q20 | Were you told about self help or support groups? (% Yes)                         |
| Q10 | How often were you seen within 15 minutes of your appointment? (% Always)        |
| Q29 | How much were you helped by the counseling or treatment you got? (% A lot)       |

# Results Comparison by CRSP

	Overall		Score	All Well-Being Services		Central City Integrated Health		Community Care Services		Development Centers, Inc.		The Guidance Center	
	N	Score	Spread	N	Score	N	Score	N	Score	N	Score	N	Score
<b>Q31</b>	626	35%	<b>25%</b>	25	40%	63	29%	70	40%	69	25%	42	24%
<b>Q20</b>	491	69%	<b>27%</b>	19	74%	50	70%	55	71%	55	62%	37	62%
<b>Q10</b>	509	36%	<b>44%</b>	22	27%	50	22%	59	37%	57	51%	37	49%
<b>Q29</b>	626	58%	<b>32%</b>	25	64%	63	52%	70	70%	67	63%	43	58%

	Hegira Programs, Inc.		Lincoln Behavioral Services		Neighborhood Service Organization		Northeast Guidance Center		Southwest Counseling Solutions		Team Wellness Center	
	N	Score	N	Score	N	Score	N	Score	N	Score	N	Score
<b>Q31</b>	36	44%	88	35%	16	19%	49	27%	35	31%	120	43%
<b>Q20</b>	32	69%	67	85%	12	58%	37	76%	25	64%	93	68%
<b>Q10</b>	32	66%	71	31%	13	38%	37	24%	25	40%	97	27%
<b>Q29</b>	35	71%	89	52%	16	63%	49	39%	36	64%	121	58%

Note: Only CRSPs who had at least 30 clients participating in the survey were included in this analysis.

Maximum  
value

Minimum  
Value

# Results Comparison by Survey Mode

## Items with Statistically Significant Results

Q12	How often did the people you went to for counseling or treatment explain things in a way you could understand? (% Always)
Q13	How often did the people you went to for counseling or treatment show respect for what you had to say? (% Always)
Q14	How often did the people you went to for counseling or treatment spend enough time with you? (% Always)
Q15	How often did you feel safe when you were with the people you went to for counseling or treatment? (% Always)
Q41	How much of a problem, if any, was it to get the help you needed when you called customer service? (% Not a problem)
Q10	How often were you seen within 15 minutes of your appointment? (% Always)
Q22	Were you given as much information as you wanted about what you could do to manage your condition? (% Yes)
Q24	Patient feels that he or she could refuse a specific type of treatment

# Results Comparison by Primary 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>
Q12	594	65%	<b>12%</b>	294	71%	274	59%	26	65%
Q13	595	73%	<b>13%</b>	295	79%	274	66%	26	73%
Q14	595	64%	<b>10%</b>	295	69%	274	59%	26	62%
Q15	576	78%	<b>11%</b>	292	83%	258	72%	26	77%
Q41	190	58%	<b>22%</b>	83	70%	98	48%	9	56%
Q10	595	36%	<b>10%</b>	295	41%	274	31%	26	31%
Q22	572	81%	<b>21%</b>	287	86%	259	76%	26	65%
Q24	570	81%	<b>13%</b>	288	85%	256	75%	26	88%

Maximum  
value

Minimum  
Value



# Research Team

Asmara Ruth Afework

Charo Hulleza

Luna Yue Xuan

Wayne State Center for Urban Studies

<http://http://www.cus.wayne.edu>

313-577-2208

WAYNE STATE  
UNIVERSITY

THE CENTER FOR URBAN STUDIES





# EXPERIENCE OF CARE AND HEALTH OUTCOMES

---

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.

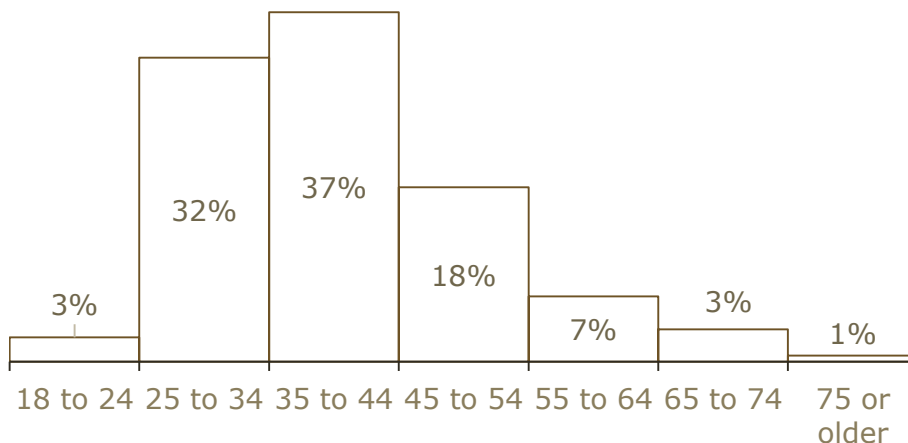
Members in the sample were served by 34 Clinically Responsible Service Providers (CRSPs) . The respondent pool was served by 28 of those CRSPs. The CRSPs not represented in respondent pool only had three or fewer clients in the sample.

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%

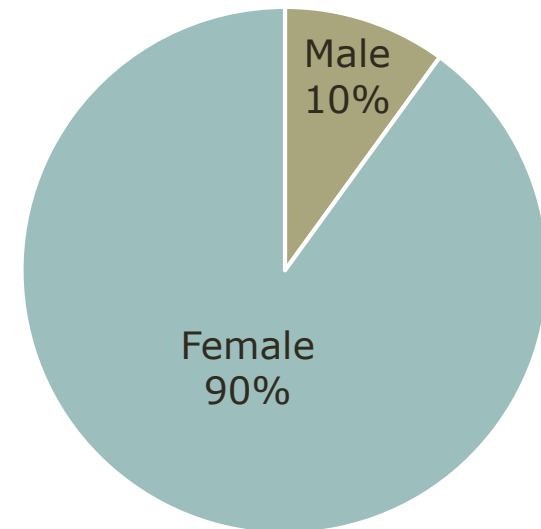
# Respondent Demographics: Age and Gender

- 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)**



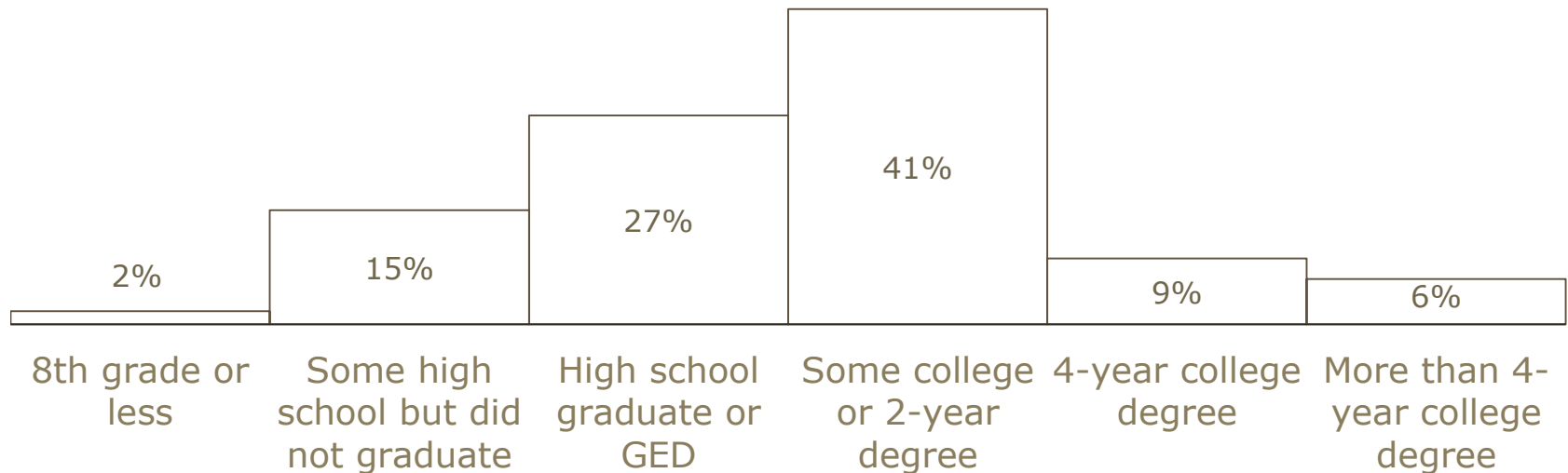
**Respondent Gender  
(N = 1,481)**



# 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

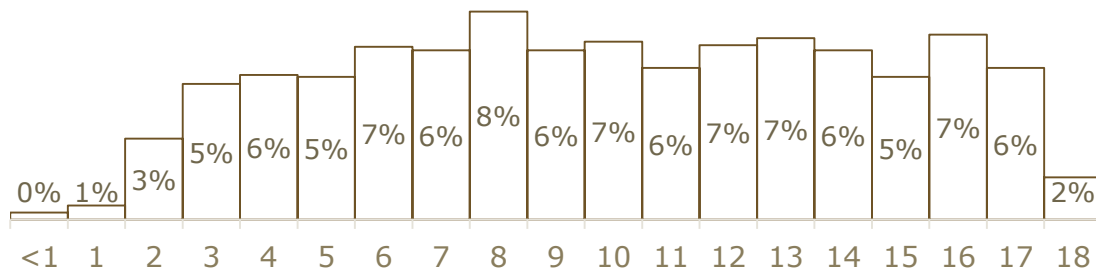
The vast majority of survey respondents (89.2%; 1,305 of 1,463) identified themselves as the mother or father of the child receiving services.

<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%

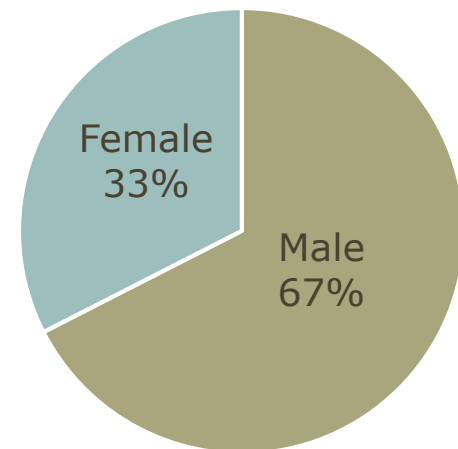
# Respondent Child Demographics: Age and Gender

- 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>
Single Item Measures	Office wait	<u>55%</u>
	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

---

## Scorecard Measures



# Measure: Getting Treatment Quickly

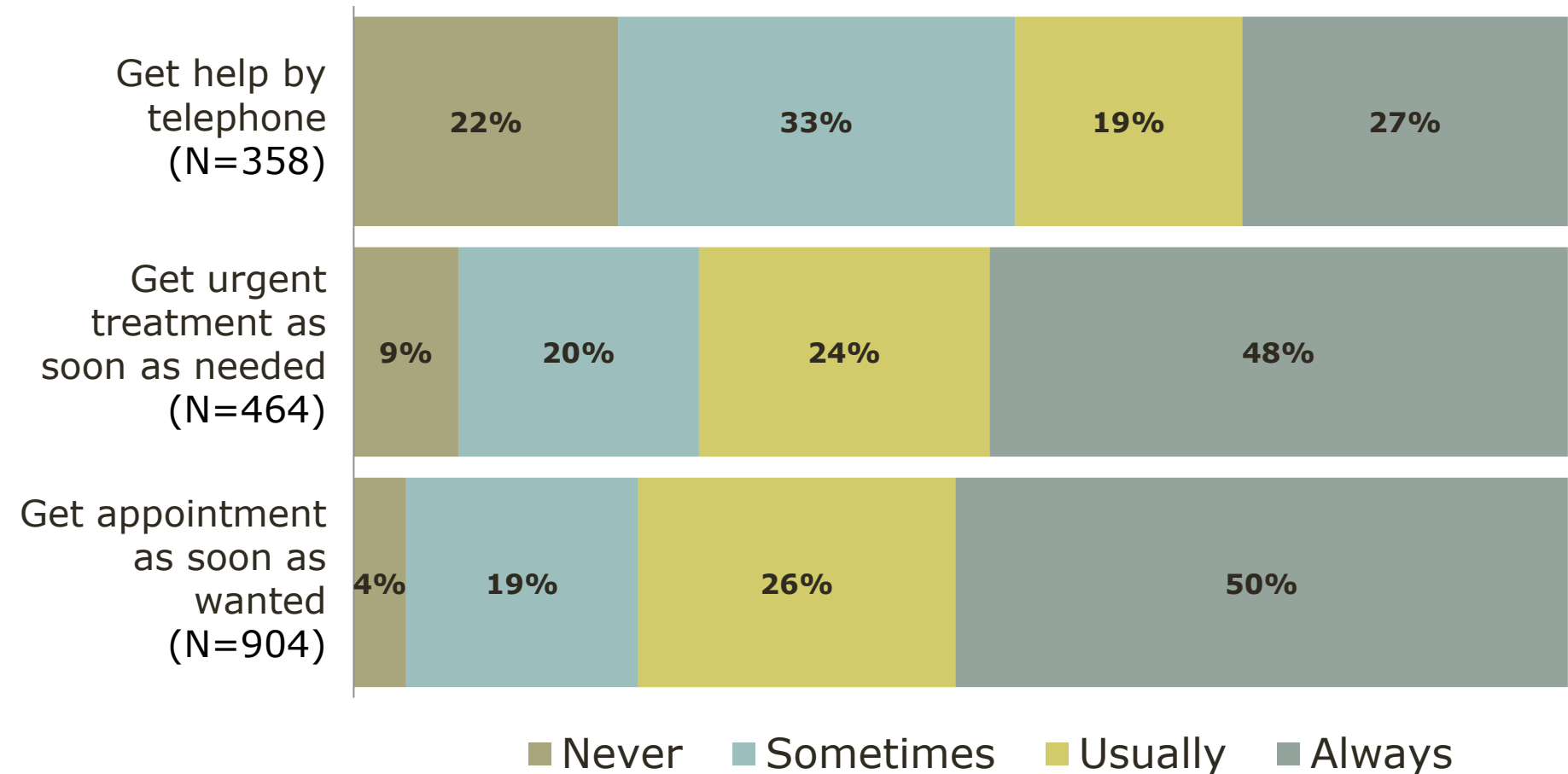
**Getting treatment quickly: 42%**

- 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

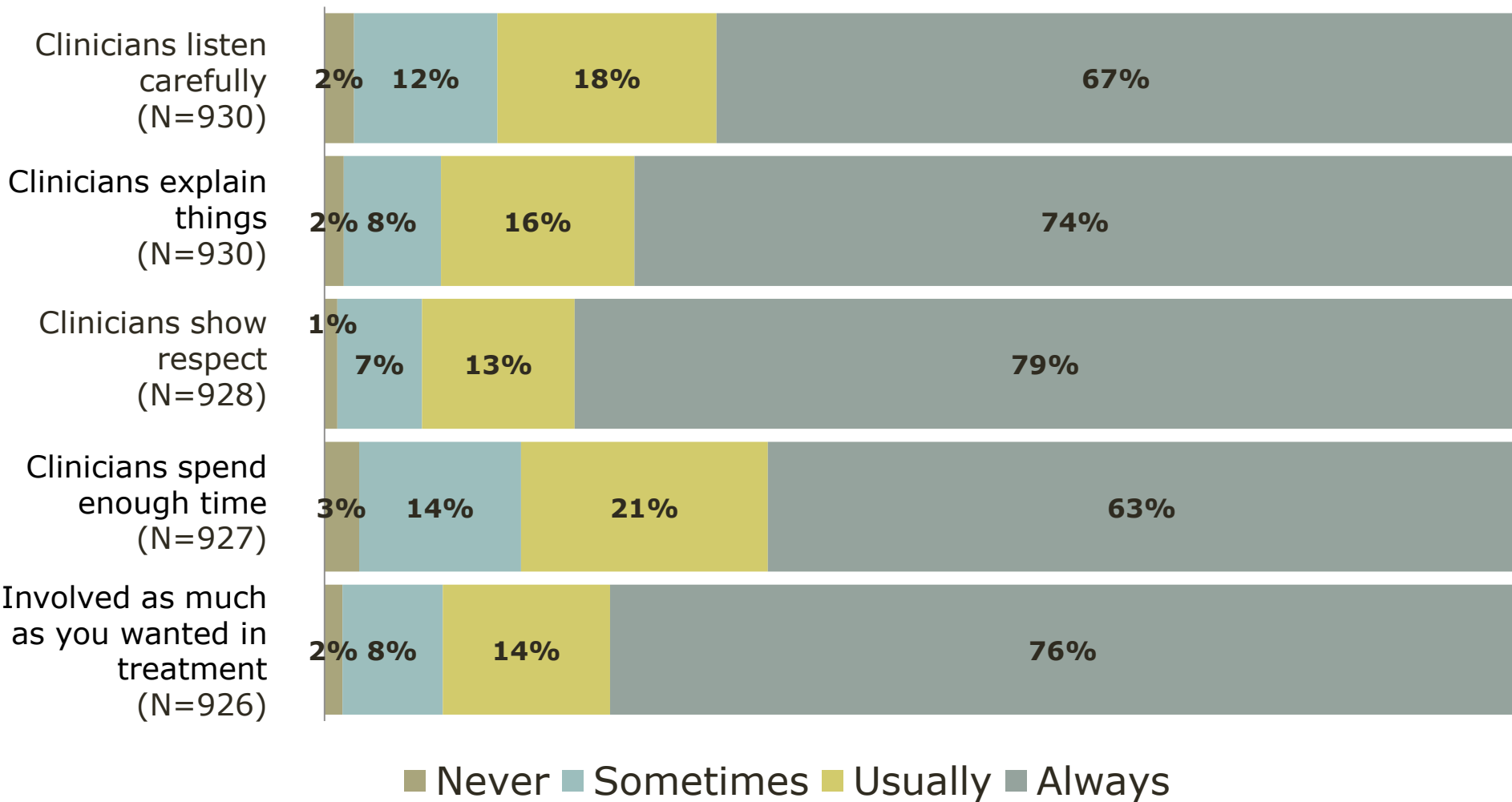
## How Well Clinicians Communicate: 72%

- 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

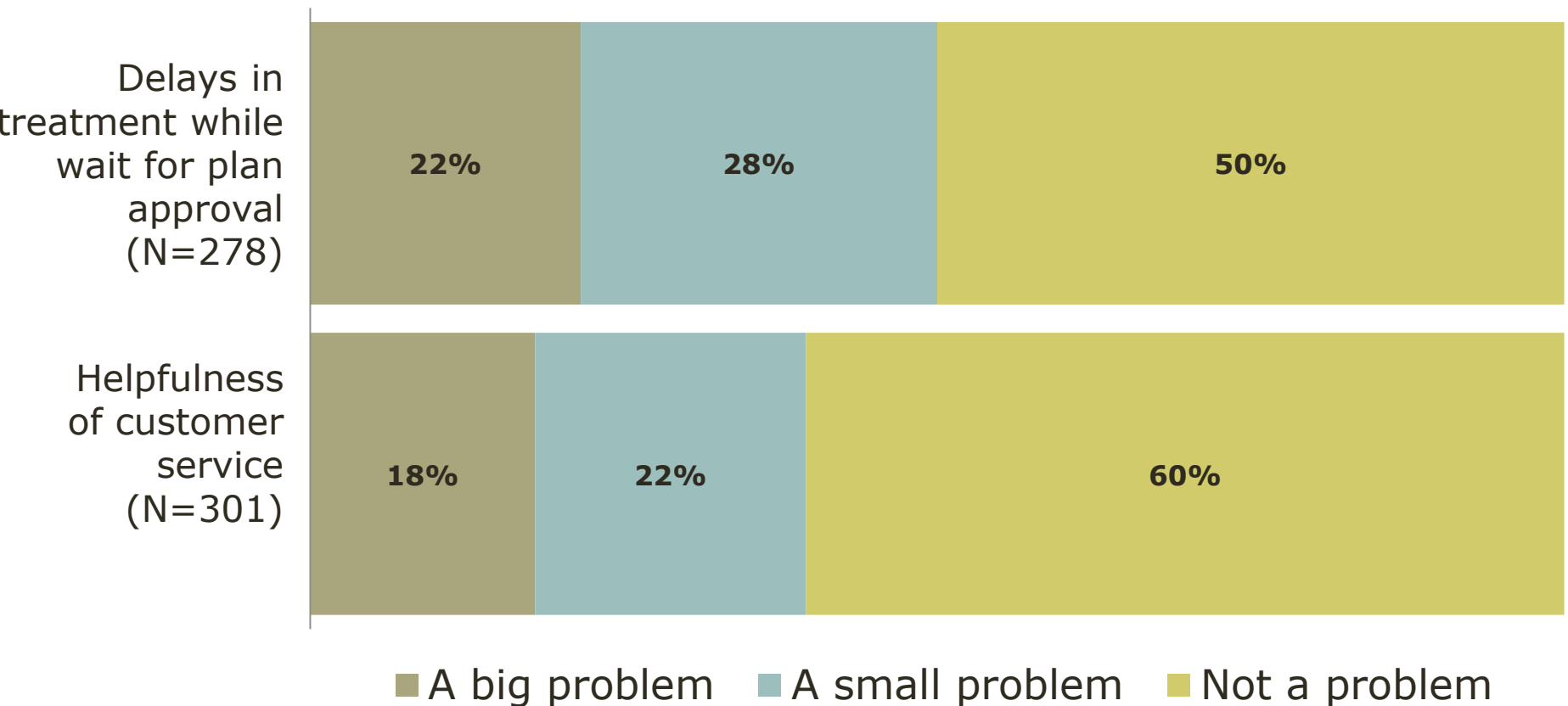
## Getting Treatment and Information : 55%

- 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%

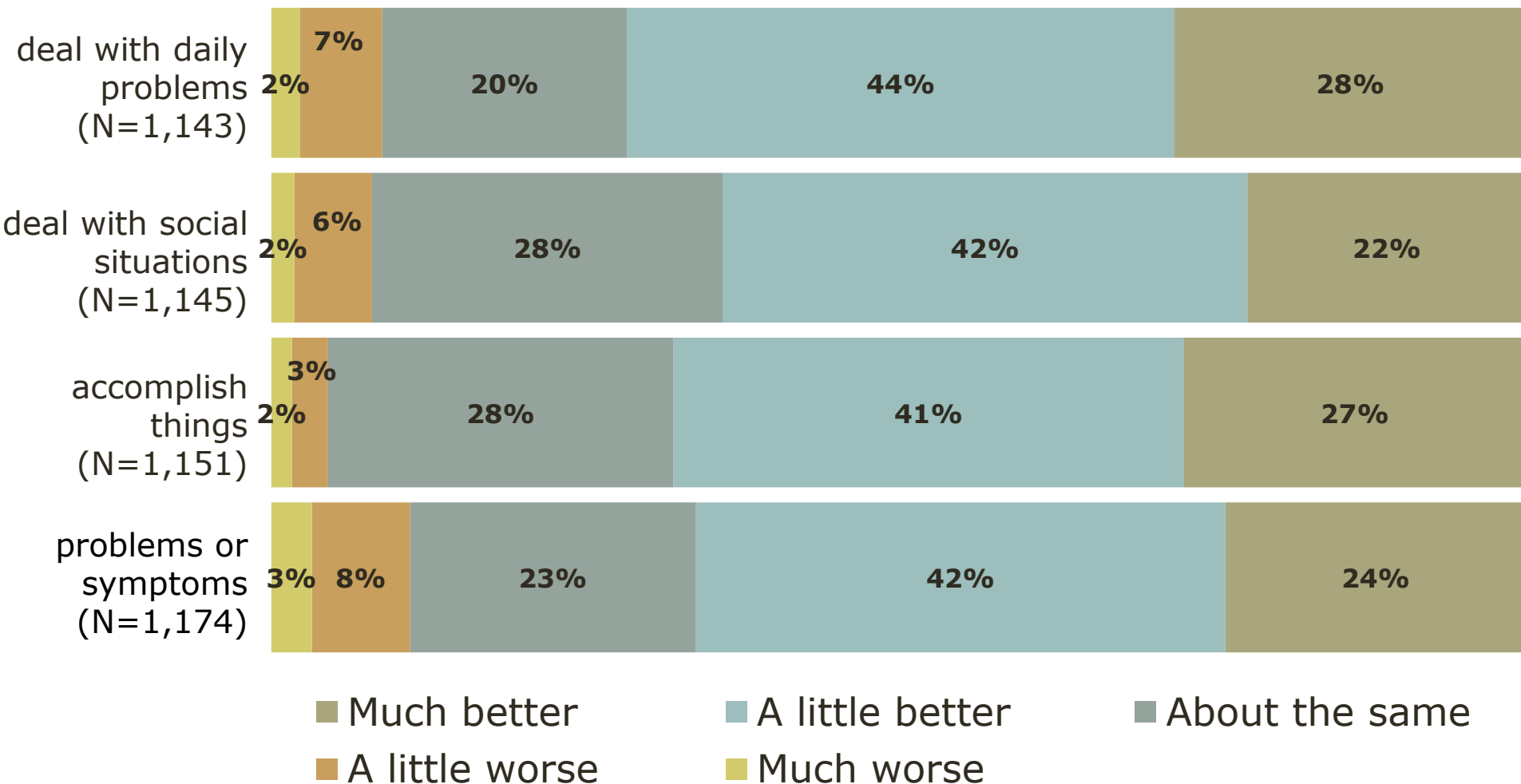
- This composite measure is the average score across these items:

	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

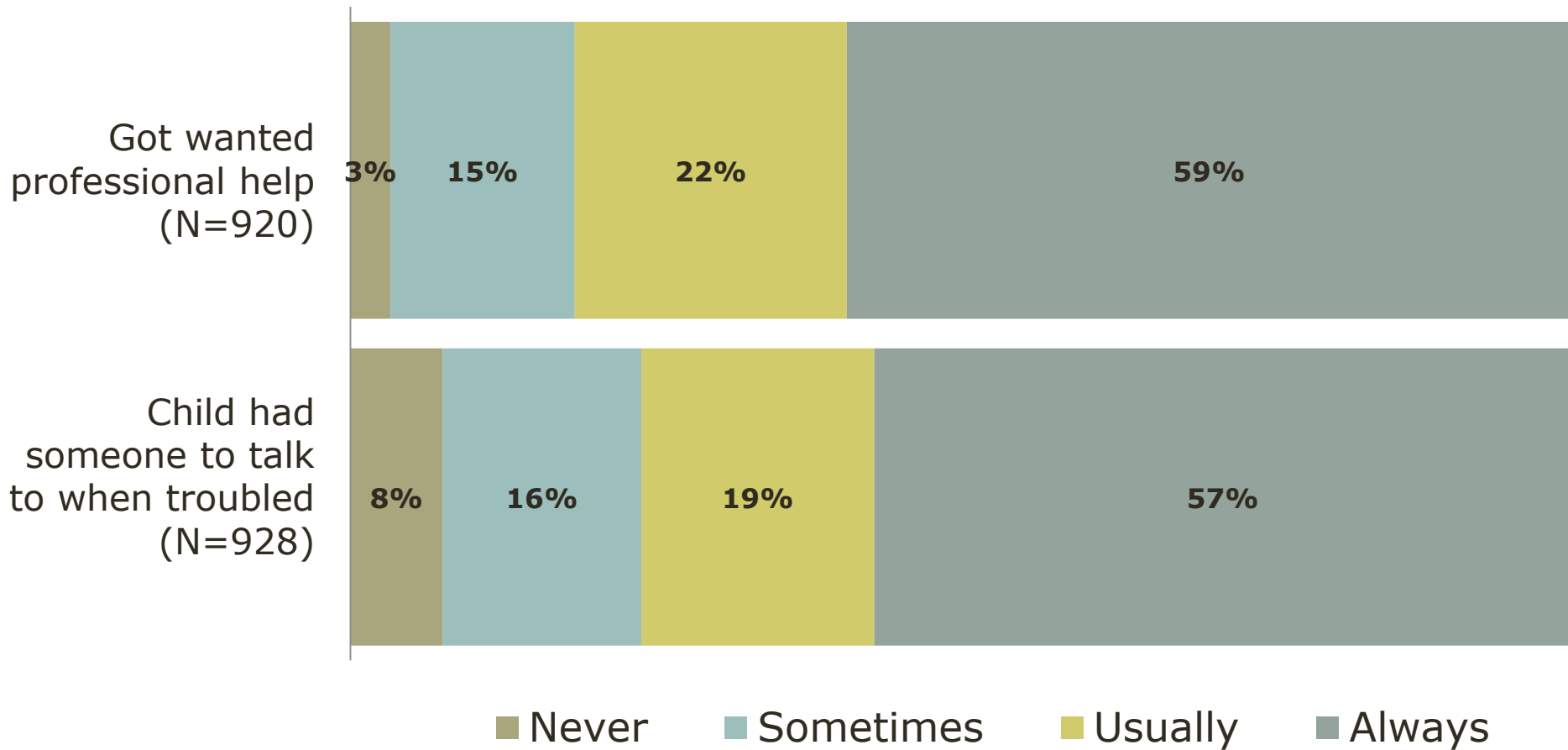
## Perceived Access to Treatment: 58%

- 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

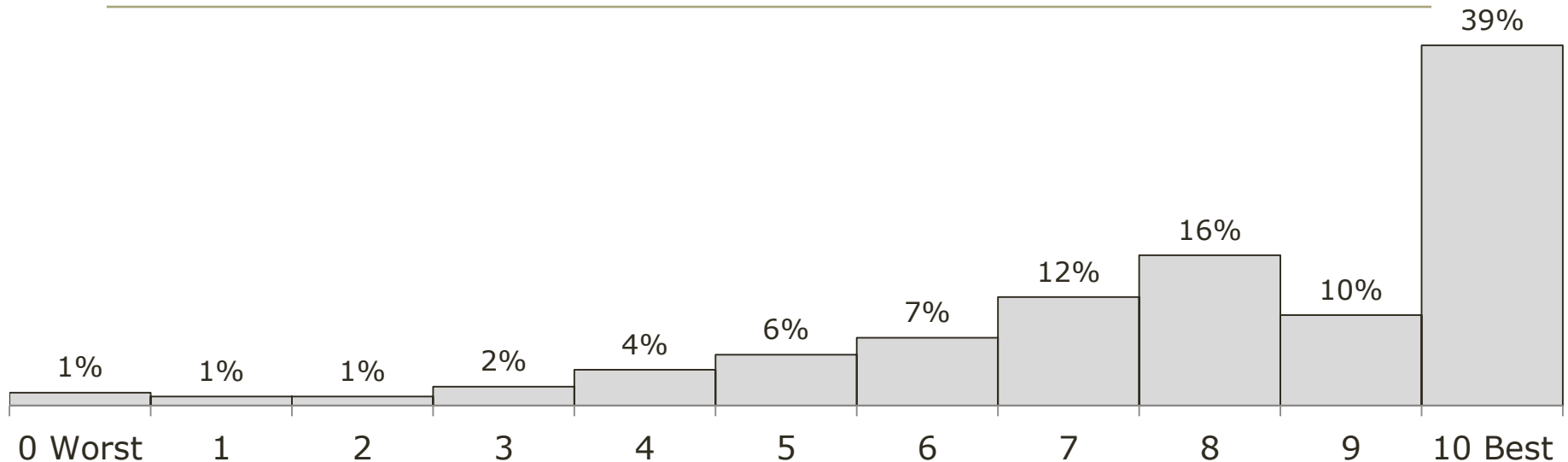
## Overall rating of counseling and treatment: 49%

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

---

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)

---

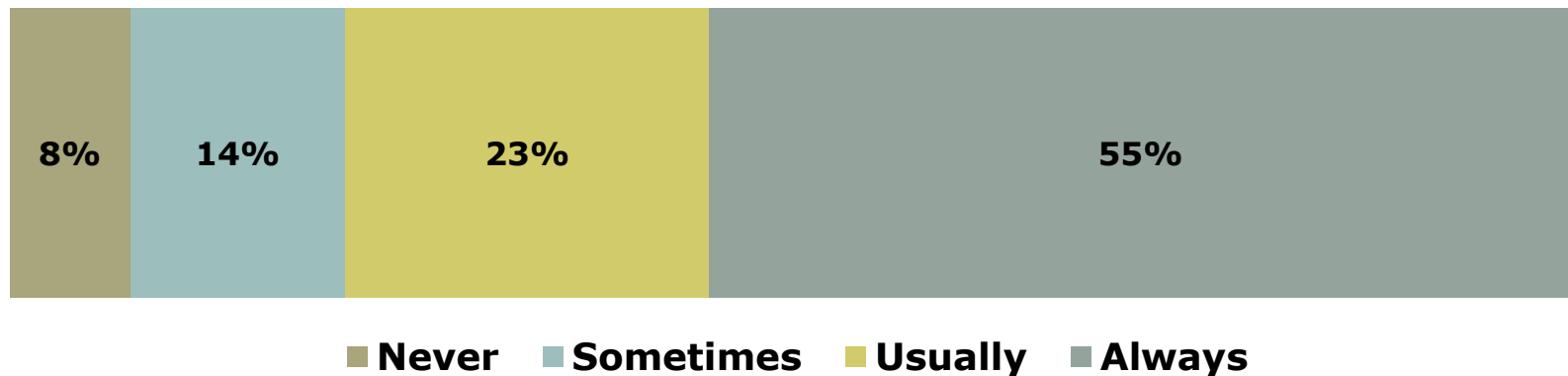


# Measure: Office wait

## 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

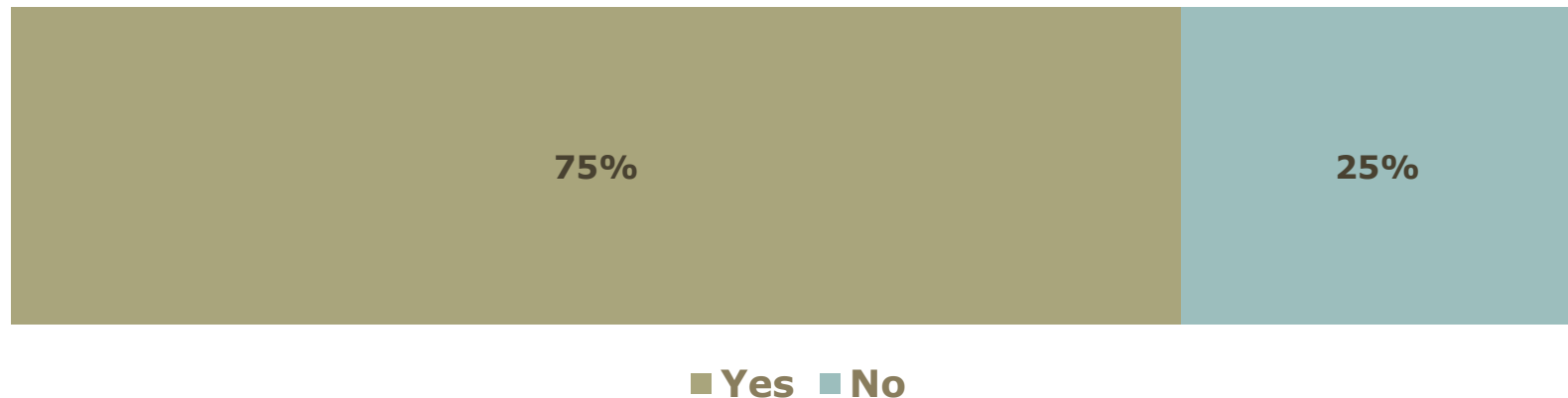
**Told about treatment options: 75%**

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

---

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

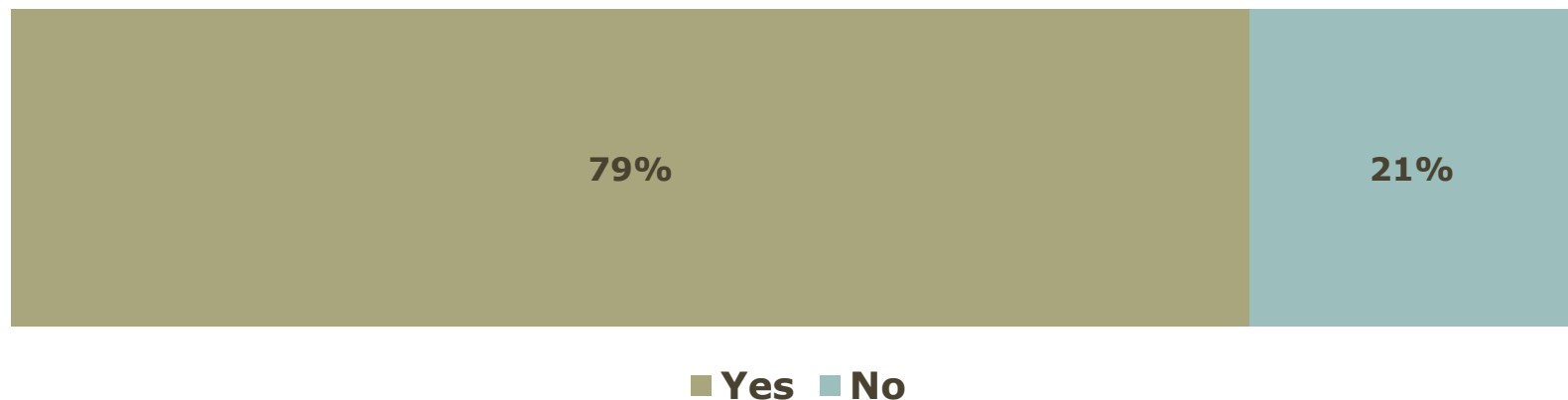
**Told about side effects of medication: 79%**

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)

---



# Measure: Information to manage condition

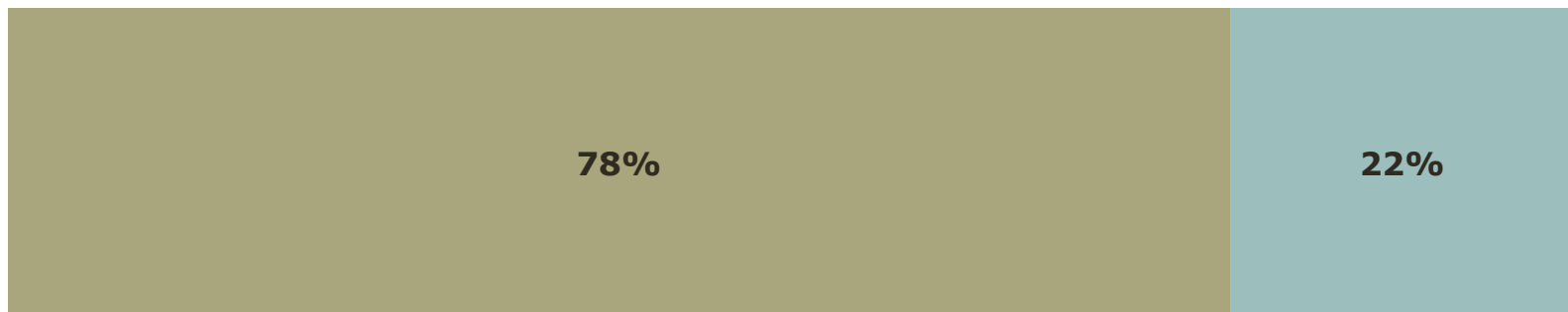
**Given as much information as wanted to manage condition: 78%**

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)

---



■ Yes ■ No

# Measure: Patient rights information

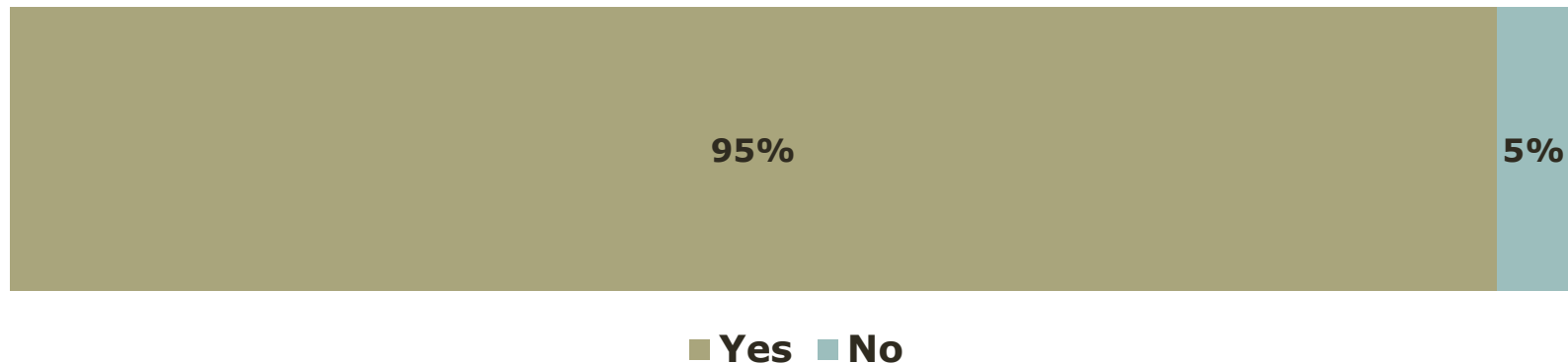
**Given information about rights as a patient: 95%**

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)

---





# Measure: Patient feels he or she could refuse treatment

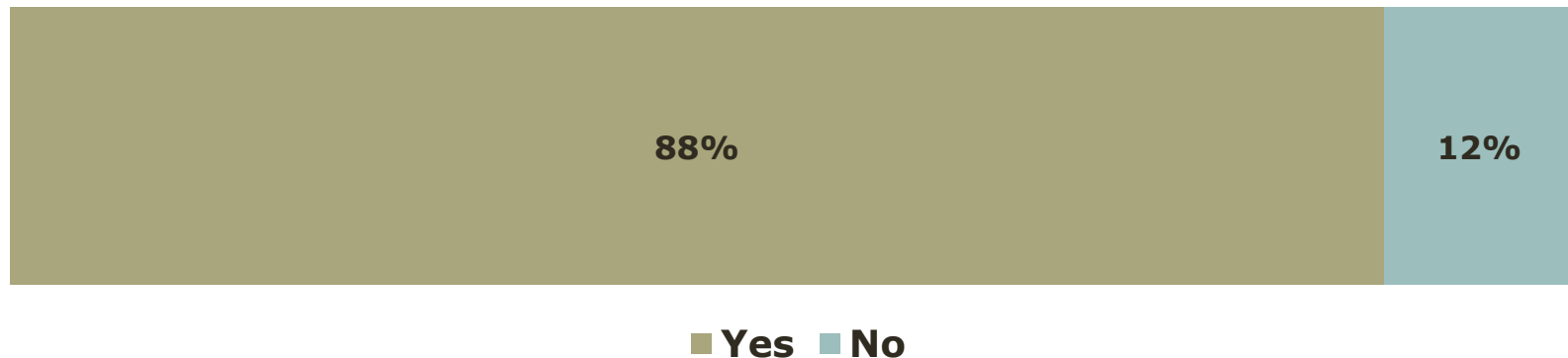
**Patient feels that he or she could refuse a specific type of treatment: 88%**

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

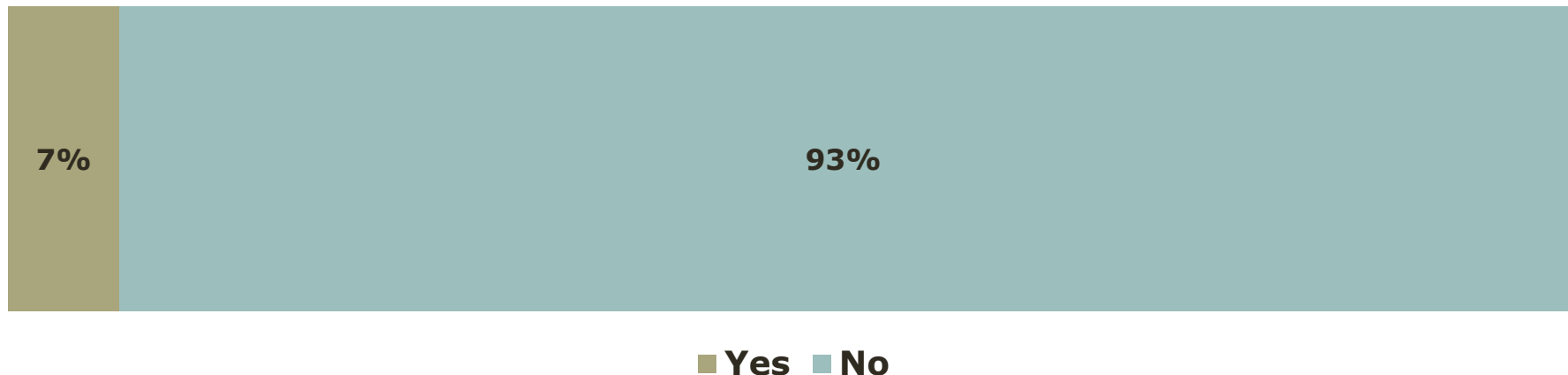
**Confident about privacy of treatment information:  
93%**

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

---

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)

---



# Measure: Cultural Competency

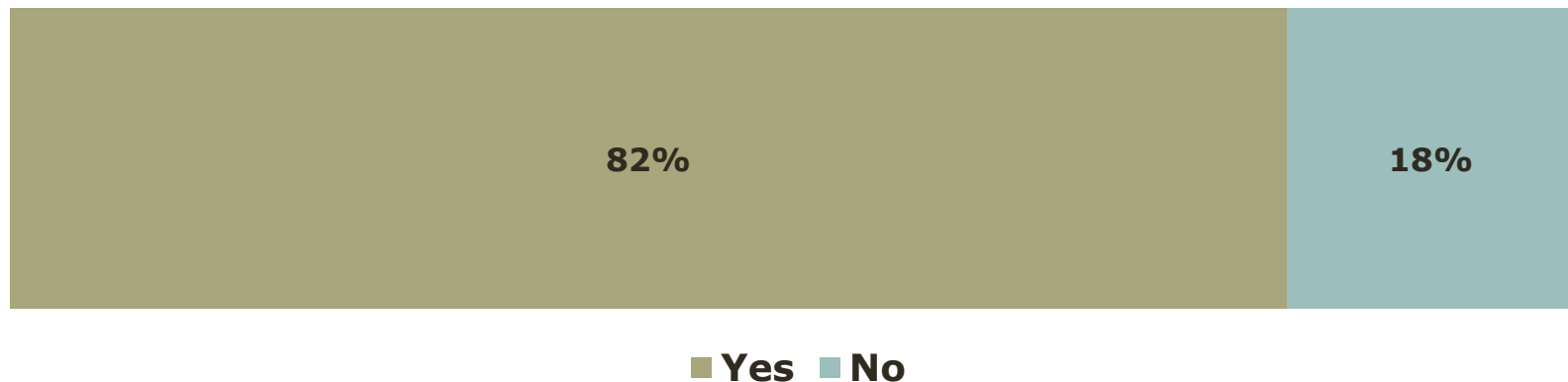
**Care responsive to cultural needs: 82%**

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)

---



# Measure: Amount helped

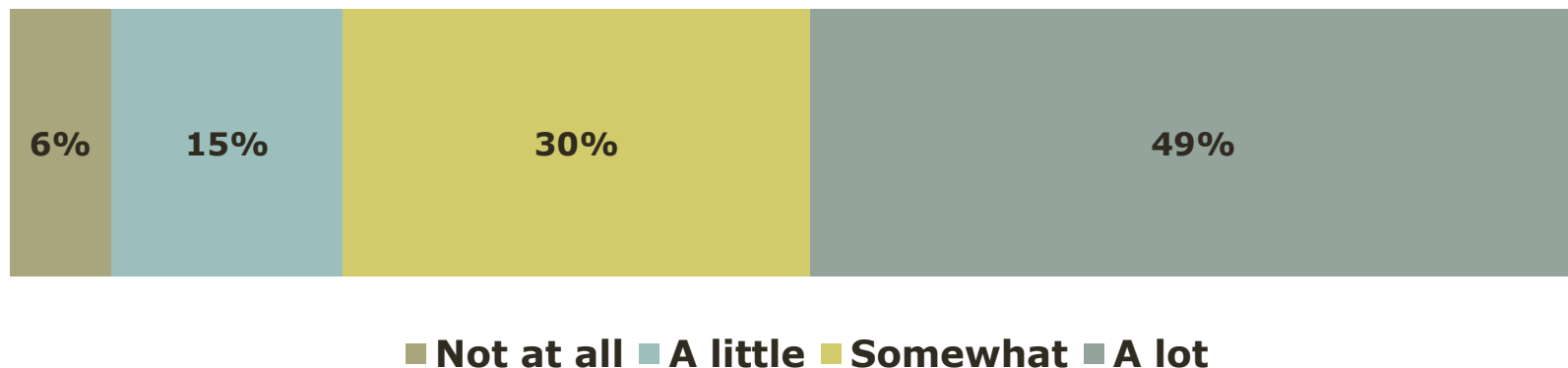
**Amount helped by treatment: 49%**

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)

---



# Measure: Treatment after benefits are used up

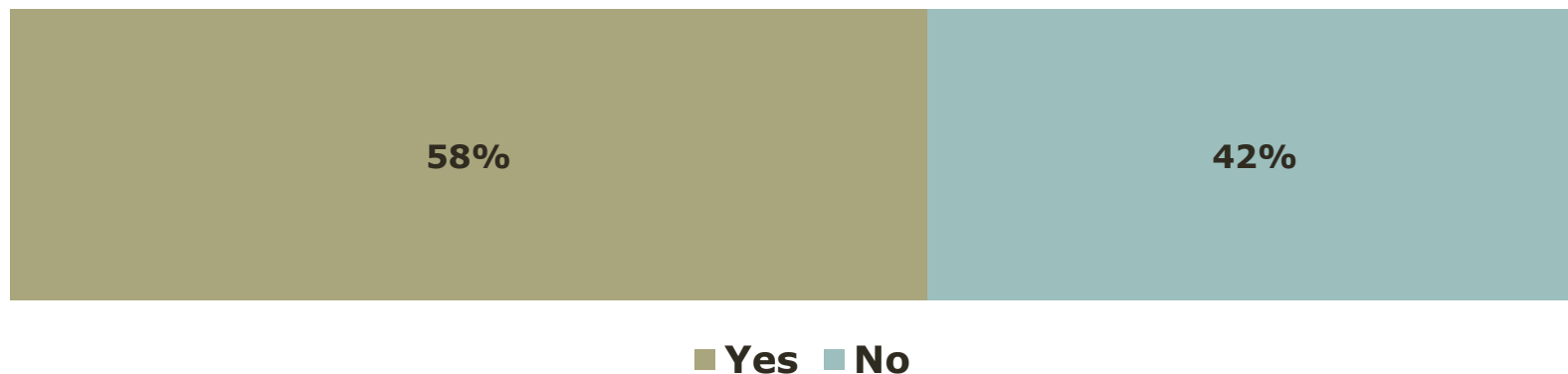
**Plan provides information about how to get treatment after benefits are used up: 58%**

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)

---



# Measure: Discussed goals of child's treatment

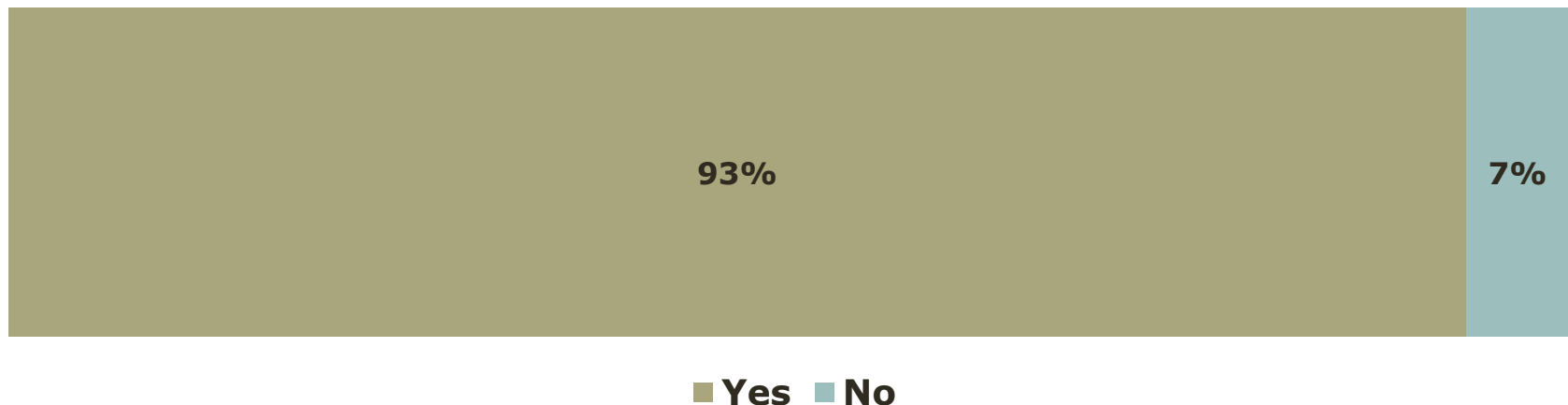
## Goals of child's counseling or treatment discussed completely: 93%

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

---

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

# Research Team

Asmara Ruth Afework

Charo Hulleza

Luna Yue Xuan

Wayne State Center for Urban Studies

<http://http://www.cus.wayne.edu>

313-577-2208

WAYNE STATE  
UNIVERSITY

THE CENTER FOR URBAN STUDIES





***MDHHS REQUIREMENTS FOR  
BEHAVIOR TREATMENT PLAN REVIEW COMMITTEES***

***AND***

***OCCUPATIONAL THERAPY EVALUATIONS***

DWIHN is proud to host the third training event with MDHHS on the requirements for the Behavior Treatment Plan Review Committees (BTPRC) with the focus on Occupational Therapy (OT) Evaluations/Scripts

**Date/Time: Tuesday, June 8, 2021. From 1:00 p.m. to 2:30 p.m.**

**MDHHS Facilitators:**

- **Mr. Price Pullins (Chief Psychologist )**
- **Ms. Charlyss Ray (Licensed Occupational Therapist)**

**Objective:**

- The objective of this training would be the MDHHS requirements for OT evaluations/scripts and BTPRC procedures, particularly for Restrictive Interventions, bedrails, helmets, belts, and mittens.
- MDHHS staff will provide clarity regarding the need for BTPRC oversight and/or review and the requirements for OT evaluations/scripts.

**Intended Audience:**

Current BTPRC members, OT evaluators, Recipient Rights staff, applicable QI staff, and others who may be responsible for writing or monitoring behavior treatment plans and occupational therapy evaluations/scripts.

**To attend please use the link below:**

**Join Zoom Meeting**

**<https://dwihn-org.zoom.us/j/98461916138?pwd=UGJoMVdrMjVPbCtKUGFVUm4yTHdnUT09>**

**Meeting ID: 984 6191 6138**

**Passcode: 246728**

**One tap mobile:**

**+13126266799,98461916138#, \*246728# US (Chicago)**

**+16465588656,98461916138#, \*246728# US (New York)**

**Dial in Toll-Free:**

**877 853 5247 US Toll-free**

**888 788 0099 US Toll-free**

**833 548 0276 US Toll-free**

**833 548 0282 US Toll-free**

**Meeting ID: 984 6191 6138**

**Passcode: 246728**

**Questions:**

Please contact DWIHN Quality Improvement staff Fareeha Nadeem at [fnadeem@dwihn.org](mailto:fnadeem@dwihn.org)