



Quality Improvement Steering Committee (QISC)
Tuesday, November 3, 2022
1:00 p.m. –2:30 p.m.
Via ZOOM LINK PLATFORM
Agenda

- | | | |
|-------|---|-------------------------------|
| I. | Welcome & Introductions | Tania Greason |
| II. | DWIHN Updates | April Siebert |
| III. | Approval of QISC November 3, 2023 Agenda | Dr. Shama Faheem/Committee |
| IV. | Approval of QISC August 31, 2022 & September 27, 2022 Minutes | Dr. Shama Faheem/Committee |
| V. | Availability of Services Access Timely Reporting | June White & Jacquelyn Davis |
| VI. | DWIHN QAPIP's: | |
| | a) Clinical Practice Improvement | Sherry Scott |
| | • PHQ-9 | |
| | b) Customer Services | Margaret Keyes-Howard |
| | • Echo Adults Survey | |
| | • Echo Children Survey (Table) | |
| | • Members Receiving LTSS | |
| VII. | PI# 2a Data Analysis Best Practices (Provider Discussion) | Justin Zeller & Tania Greason |
| VIII. | MMBPI "View Only" Module 4a Exceptions data due to MDHHS 12/31/2022 | Justin Zeller & Tania Greason |
| IX. | Adjournment | |



Quality Improvement Steering Committee (QISC)

Tuesday, November 3, 2022

1:30 p.m. – 2:30 p.m.

Via ZOOM LINK 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:

Alicia Oliver, Allison Smith, April Siebert, Cheryl Fregolle, Dalica Williams, Delisa Marshall, Fareeha Nadeem, June White, Justin Zeller, Dr. Leonard Rosen, Margaret Keyes-Howards, Melissa Eldredge, Melissa Peters, Michele Vasconcellos, Oluchi Eke, Robert Spruce, Rotesa Baker, Sherry Scott, Starlit Smith, Tania Greason, Tiffany Hillen, Tiffany Thisse and Yvonne Bostic.

Members Absent:

Angela Harris, Ashley Bond, Benjamin Jones, Dr. Bill Hart, Blake Perry, Carl Hardin, Carla Spright-Mackey, Carolyn Gaulden, Cassandra Phipps, Cherie Stangis, Cheryl Medeja, Daniel West, Danielle Hall, Dhannette Brown, Donna Coulter, Donna Smith, Ebony Reynold, Jacqueline Davis, Jennifer Smith, Jessica Collins, John Rykett, Judy Davis, Kim Batts, Latoya Garcia-Henry, Lindon Munon, Maria Stanfield, Marianne Lyons, Melissa Hallock, Melissa Moody, Mignon Strong, Michelle York, Miriam Bielski, Nasr Doss, Ortheia Ward, Rachel Barnhart, Rakhari Boynton, Blackburn, Dr. Shama Faheem, Shana Norfolk, Shelley Meller, Shirley Hirsch, Dr. Sue Banks, Taquaryl Hunter, Trent Stanford and Vicky Politowski.

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

1) Item: Welcome: Tania Greason

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

3) Item: Approval of November 3, 2023 Agenda: approved with revisions

4) Item: Approval of June 28, 2022 Minutes and August 31, 2022,: approved by Dr. Faheem and Committee; **September 28, 2022 meeting minutes will be tabled for approval.**



5) Item: Announcement/DWIHN Update: April Siebert, QI Director

- DWIHN continues to increase members enrollment for BHH and OHH; there're 3152 BHH and 395 OHH members; DWIHN is working with MDHHS to implement the HCBS transition tracking system for members in BHH and OHH that are non-compliant.

6) Item: Availability of Services Access Timely Reporting – Yvonne Bostic, Director ACC

Goal: Review Access Timely Reporting

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

NCQA Standard(s)/Element #: **X QI# 4** CC# ___ UM # ___ CR # ___ RR # ___

Discussion		
Yvonne Bostic shared with the committee that the Access Call Center (ACC) has worked with DWIHN's IT unit to develop a database allowing providers to review their scheduled availability for intake appointments. The ACC will coordinate with providers to ensure there are adequate appointments available to meet Performance Indicator # PI 2a (<i>The percentage of new persons during the Period receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service</i>). Currently, ACC will reach out to providers requesting additional appointments and will utilize the database as an advance notice when appointments are needed within the 14-day requirement. Information and data analysis for appointment availability will be shared with the QISC committee for the identification of barriers and interventions.		
Provider Feedback	Assigned To	Deadline
Providers are in agreement with the reporting of the Availability of Services Access Timely data/analysis that will be shared with the committee. No additional feedback was provided.		
Action Required	Assigned To	Deadline
ACC unit will provide data analysis for the availability of services to the QISC, allowing for members and providers to provide feedback on noted barriers and interventions.	ACC unit (Yvonne Bostic)	On-going.



7a) Item: DWIHN QAPIP's: Clinical Practice Improvement - PHQ-9 – Sherry Scott, Manager CPI

Goal: Review and Approval for Continuation of PHQ-9 PIP

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

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

Discussion		
<p>Sherry Scott provided an overview of the PHQ-9 PIP for depression screening. The goal is to reduce the suicide rate for enrolled members. From the literature provided by the U.S. Department of Health, it is noted that one of the barriers to the reduction of suicide is undiagnosed and/or untreated depression. It is estimated 90% of those who died by suicide have had a mental health concern. The CPI unit at DWIHN will review and monitor members diagnosed with major depressive disorders which may increase their chances of suicide. DWIHN is hosting bi-monthly partnership meetings, which consist of staff from both the provider's agencies and DWIHN. The purpose of these meetings is to share information on DWIHN initiatives, policies, procedures, and program descriptions to get input and feedback. DWIHN also provides this information during the monthly partnership meetings, which consist of staff from both the SUD system providers and DWIHN. The purpose of these meetings is to also share information on DWIHN initiatives, policies, procedures, and program descriptions to receive input and feedback. The PHQ-9 screening is completed at intake, if a member scores 10 or above providers are required to complete the depression inventory screening tool within 90 days. The screening programs are found on DWIHN s website and within the Provider Manual. DWIHN will also continue to distribute the information and requirements to new providers and practitioners as part of the credentialing process through the distribution of the Provider Manual. For additional information please review the PowerPoint presentation “PHQ-9 Depression and Screening Inventory” on the following highlighted areas below:</p> <ul style="list-style-type: none"> ● PHQ-9 Background ● PHQ-9 FY 21-FY22 Completion at Intake assessments completed by Provider and completed within 14 days of the intake assessment ● PHQ-9 FY 21-FY22 Follow-up Screening Follow-up is compliant if done at least every 90 days for PHQ-9s with scores ● PHQ-9 Intervention 		
Provider Feedback	Assigned To	Deadline
<p>Providers are in agreement for the continuation of the PHQ-9 PIP. No additional provider feedback was provided.</p>		



Action Required		
The CPI unit will continue to provide updates on barriers/analysis to the committee for ongoing review and discussion.	CPI Unit (Sherry Scott)	On-going

7b) Item: DWIHN QAPIP's: Customer Services Margaret Keyes-Howard, Experience Coordinator, CS

- Echo Adults Survey
- Echo Children Survey (tabled)
- Members Receiving LTSS

Goal: To review and discuss barriers and noted interventions for the ECHO and LTSS Surveys

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 # ___

Discussion		
<p>Echo Adults Survey: DWIHN's Customer Service (CS) continues to work with Wayne State University for the completion and analysis of the ECHO Surveys. The Adult ECHO survey will be distributed to selected members by the end of November 2022. DWIHN's CS unit is eager for the QISC to review the Adult Survey as it relates to services provided to our members served. The next steps are for the committee to have discussions in terms of improvements provided to our members and to establish sub-groups to review the preliminary results; discuss what DWIHN's goals and initiatives included to review the information during the January or February of 2023 QISC meetings. For additional information please review "Findings from the 2021 Experience of Care and Health Outcomes (ECHO) Adult Survey and Summary Findings from the 2021" and "Detail Findings Experience of Care and Health Outcomes (ECHO) Child Survey for Family Members"</p>		
<p>Members Receiving LTSS: DWIHN's CS unit has developed a survey for identifying members who are actively in Long Term Supports Services (LTSS) care. DWIHN Staff was provided a random list of adult persons who within the past twelve (12) months received LTSS treatment. When asked specifically about member's level of satisfaction with their services, respondents were offered the option of describing their services within a range of Very Satisfied to Very Dissatisfied, the survey did not use a neutral option as being either satisfied or dissatisfied but rather gave them the opportunity for the respondent to say they are not sure. Overwhelmingly nearly 80% of respondents stated they were satisfied with 55% stating they were Very Satisfied with their LTSS. For additional information please review the PowerPoint presentation LTSS Survey Preliminary Report.:</p>		



Provider Feedback	Assigned To	Deadline
Providers are in agreement with the continuation of review for the ECHO Adult and Children Survey for further discussion of noted barriers and interventions during the January, February, or March 2023 scheduled QISC meetings.		
Action Items	Assigned To	Deadline
The QISC to review the results from the 2021 ECHO Children and Adult Surveys for further discussion of recommended interventions. DWIHNs to review the request to establish sub-groups inclusive of the provider network to review results and analysis. The LTSS preliminary results will be shared with the QISC for further discussion and recommendations for the next steps.	DWPHN's CS, Adult Inativities and Provider Network	March 31, 2023

8) Item: PI# 2a Data Analysis Best Practices (Provider Discussion) - Tania Greason, QI Clinical Network Administrator

Goal: Review of MMBPI Data PI# 2a

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

NCQA Standard(s)/Element #: X QI# 4 CC# ___ UM # ___ CR # ___ RR # ___

Discussion		
Tania Greason shared with the committee that DWIHN continues to meet with our provider network to discuss and review barriers and interventions that are noted from the scheduling of new members for intake and completion of a Biopsychosocial within the 14-day required time frame. The next Provider Performance Indicator Workgroup (PPIW) is scheduled for today at @2:30 pm. For Performance Indicator PI# 2a Q4, DWIHN is currently showing an increase at 44.05% as compared to Q3 in which we reported a final score of 38.8%; Q4 data is due to MDHHS on January 3, 2023. PI #2a does <u>not</u> allow for any exceptions for members that are no-shows or cancellations. DWIHN is continuing collaborative efforts with the provider network to discuss best practices, barriers, and noted interventions. The number one barrier continues to be staffing shortages in which providers are describing and discussing their efforts by conducting job fairs as well as offering incentives, bonuses, and higher pay scales. The assigned meetings with the CRSPs will continue every 30-45 days for collaboration efforts.		
Provider Feedback	Assigned To	Deadline
Providers are aware that the 30-45 day CRSP meetings will continue and welcome the meetings to allow for collaborative efforts.		
Action Items	Assigned To	Deadline
DWPHN will continue to meet with assigned CRSPs every 30-45 days to discuss noted barriers and progress for accepting new members and completing the Biopsychosocial within the 14-day required time frame.	DWPHN ACC, QI, MCO, CPI and CRSP's	On-going.



9) Item: MMBPI “View Only” Module 4a Exceptions data due to MDHHS 12/31/2022 - Tania Greason

Goal: Review of 4a Exceptions

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

NCQA Standard(s)/Element #: X QI# 4 CC# ____ UM # ____ CR # ____ RR # ____

Discussion		
<p>Tania Greason informed the committee that Q4 data is due to MDHHS on January 3rd, 2023. The Quality Improvement (QI) unit will submit reminders to the assigned CRSP for members that are out of compliance, providers are required to review each case and make exceptions, as applicable, for members that no show or cancel their appointments. Providers are also required to note if members are not showing or canceling their 7-day follow-up appointments for attempts, per policy, to reach out to the member for re-engagement efforts. DWIHN’s QI unit (Justin Zeller) will review the current data and contact providers with any outlier cases prior to the submission to MDHHS on January 3, 2023. Providers are also required to review their data through the MMBPI “View Only” module for ongoing monitoring and updates as required.</p>		
Provider Feedback	Assigned To	Deadline
<p>No additional feedback provided.</p>		
Action Items		
<p>Assigned providers to continue to monitor their MMBPI PI# 4a data for ongoing analysis and updates as required for exceptions. DWIHN’s QI unit will continue to monitor outlier cases and follow up with providers as required.</p>	<p>Assigned CRSP’s and DWIHN’s QI Unit</p>	<p>December 22, 2022</p>

New Business Next Meeting: Next meeting scheduled for Tuesday, January 31, 2023

Adjournment: 2:05 pm

ah/12/01/2022



PHQ- 9

DEPRESSION SCREEN INVENTORY

PHQ-9 BACKGROUND

- Detroit Wayne Integrated Health Network (DWIHN) has an organizational goal to reduce the suicide rate for enrolled members. From literature provided by U.S. Department of Health, we know one of the barriers to the reduction of suicide is undiagnosed and/or untreated depression. It is estimated 90% of those who died by suicide have had a mental health concern. 60% of those had a mood disorder (e.g. major depression, bipolar depression, persistent depressive disorder - dysthymia). Even among those treated for depression, the rate of death by suicide can be 4% to 7% higher than other mental health concerns. In the DWIHN system, 15% of adults with a disability designation of serious mental illness (SMI) and/or substance use disorder (SUD) are diagnosed with Major Depression or Bipolar Depressive Disorder. Upon review of the electronic health record, some individual plans of service did not appear to consistently follow DWIHN Clinical Guidelines for treatment of adult depression.
- Major depressive disorder (MDD) is the second leading cause of disability worldwide, affecting an estimated 120 million people. The lifelong prevalence is estimated to range from 10%–15%. Major Depression is one of the most common illnesses in the United States (U.S.). The U.S. is ranked third in the world, after China and India for unipolar depressive disorders and number one for bipolar depressive disorder. For some, depressive disorders can lead to severe life functioning impairment. In 2017, it was estimated 17.3 million adults, age 18 years and older, had at least one major depressive episode with severe impairment. The total lifetime prevalence for adults is close to 20%, and 12-month prevalence rates just under 10%. 16% of people report that at some point in their lifetime they were told by a health care professional that they had depression. We understand major depression adversely impacts one's general health, compromises compliance with wellness initiatives, and contributes to premature morbidity and mortality.
- Approximately 35% of adults experiencing a major depressive episode (MDE) received no treatment. For those who connect to some level of resource, the majority of treatment and referrals occur in primary care settings. The Journal of the American Medical Association in January 2016 published recommendations on early detection, intervention, and treatment of depression in primary care settings utilizing the Patient Health Questionnaire 9 (PHQ-9) or similar tools in an effort to connect individuals to appropriated supportive resources.

PHQ-9

- **DWIHN's Outpatient Provider meeting** - bi-monthly partnership meetings, which consist of staff from both the providers agencies and DWIHN. The purpose of these meetings is to share information on DWIHN initiatives, policies, procedures and program descriptions to get input and feedback.
- **DWIHN's Substance Use Disorder (SUD) Provider meeting** - monthly partnership meetings, which consist of staff from both the SUD system providers and DWIHN. The purpose of these meetings is to share information on DWIHN initiatives, policies, procedures and program descriptions to get input and feedback.
- **Assertive Community Treatment Provider meeting**- monthly partnership meetings, which consist of staff from both the ACT provider system and DWIHN. The purpose of these meetings is to share information on DWIHN initiatives, policies, procedures and program descriptions to get input and feedback as well as for education, information sharing, case consultation and policy review.
- **The Behavioral Health Learning Collaborative (BHLC)** – bi-monthly meeting hosted by DWIHN. The BHLC consists of stakeholders from the system Adult Mental Health and Substance Use Disorder providers to discuss trends, issues, information, and updates pertaining to evidence-based practices, best and promising practices implementation, system-wide endeavors, and system procedural transition.
- **The Improving Practices Leadership Team (IPLT)** – monthly meeting conducted from the office of DWIHN's Chief Medical Officer. IPLT is an internal workgroup of DWIHN, and is comprised of staff representing internal departmental functions (i.e. Clinical, Children's Cross System Management, Adult MI Learning Collaborative, Constituent's Voice, Utilization Management, Residential Services, Crisis Initiatives, etc.) to discuss internal clinical operational issues as well as concerns from other entities for planning and approval of organizational operations while maintaining clinical integrity.
- **The screening programs are found on DWIHN s website, and within the Provider Manual and will continue to be distributed to new providers and practitioners as part of the credentialing process through the distribution of the Provider Manual.**

PHQ-9 FY 21-FY22 COMPLETION AT INTAKE

ASSESSMENTS COMPLETED BY PROVIDER AND WAS COMPLETED WITHIN 14 DAYS OF THE INTAKE ASSESSMENT

- 10/01/2021- 12/31/2021
- PERCENTAGE AT INTAKE WITH ASSESSMENT – 98.7%
- 01/01/2022- 03/31/2022
- PERCENTAGE AT INTAKE WITH ASSESSMENT – 99%
- 04/01/2022-06/30/2022
- PERCENTAGE AT INTAKE WITH ASSESSMENT – 99.2%
- 07/01/2022-09/30/2022
- PERCENTAGE AT INTAKE WITH ASSESSMENT – 98.9%

PHQ-9 FY 21-FY22 FOLLOW-UP SCREENING

FOLLOW-UP IS COMPLIANT IF DONE AT LEAST EVERY 90 DAYS FOR PHQ-9'S WITH SCORES GREATER THAN OR EQUAL TO 10, UNTIL A SCORE LESS THAN 10 IS ACHIEVED.

- 10/01/2021- 12/31/2021
- **PHQ-9's with compliant follow-up- 57.2%**
- 01/01/2022- 03/31/2022
- **PHQ-9's with compliant follow-up- 65.6%**
- 04/01/2022- 06/30/2022
- **PHQ-9's with compliant follow-up- 60.6%**
- 07/01/2022- 09/30/2022
- **PHQ-9's with compliant follow-up- 62.6%**

PHQ-9 INTERVENTIONS

- JULY 1, 2022- Letter was sent to AMI providers. DWIHN has created a brief video for clinical staff view in order to provide insight into the importance of this useful screening tool.
- <https://www.youtube.com/watch?v=1SByCmwSw-k&feature=youtu.be>
- https://dwmha.az1.qualtrics.com/jfe/form/SV_9EMxGoeo81pAk6i
- Quarterly, each provider is given their intake and follow up percentages and is expected to provide feedback on how follow up percentages can increase for their agency.



EXPERIENCE OF CARE AND HEALTH OUTCOMES

Findings from the 2021

Experience of Care and Health Outcomes
(ECHO) Adult Survey

WAYNE STATE
UNIVERSITY

THE CENTER FOR URBAN STUDIES

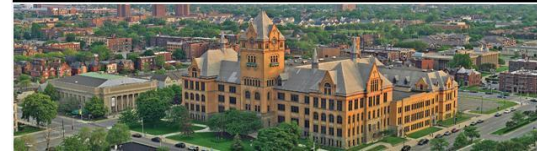


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Overview

Per the request of the Detroit Wayne Integrated Health Network (DWIHN), the Wayne State Center for Urban Studies (Center), conducted the ECHO (Experience of Care & Health Outcomes) 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 4,305 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 on weekdays, evenings, and weekends.
- Respondents received a \$5 gift card 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

- 809 DWIHN members responded to the survey.
- 598 members reported receiving services in the past year (77% of the 778 who responded to this question).
- Respondents differed from the sample in that they were less likely to have a guardian (9% vs. 16%). There were no statistically significant differences between the sample and the respondents, in terms of primary disability designation or dual eligibility.

Survey Highlights (*cont.*)

- DWIHN scored well on several of the ECHO reporting measures:
 1. Privacy (93%);
 2. Patients rights information (88%); and
 3. Patient feels he or she could refuse treatment (84%).
- There were three measures with scores of less than 50%:
 1. Perceived improvement (29%);
 2. Getting treatment quickly (46%); and
 3. Office wait (44%).
- Compared to 2020, in 2021:
 1. more members reported always getting help by phone when needed (49% vs. 31%); and
 2. more members reported always being seen within 15 minutes of their appointment time (44% vs. 36%); but
 3. fewer members reported they were given enough information to manage their condition (75% vs. 81%).

Sample Profile

- DWIHN provided a random sample of 4,305 members, who were 18 years and older and had received services in the past year.

Characteristic	Number	Percentage
Dual Eligible (Medicaid/Medicare)	764	17.7%
Primary Disability Designation: Developmental Disability	626	14.5%
Primary Disability Designation: Severe Mental Illness	3,230	75.0%
Has Guardian	672	15.6%
No Valid Address	683	15.9%
At Least One non-Valid Phone Number	1,306	30.3%

Survey Response

- Overall, **809** responded to the survey.
- About 3/4 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>	
Respondents	N	%	N	%	N	%	N	%
Total	541	66.9%	210	26.0%	58	7.2%	809	100%

Reporting services in past 12 months	598	76.9%
Out of	778	

Note: Some mail respondents skipped answering Q1, which asked whether they had received services in the last 12 months. Respondents had the option to skip survey questions. For each question, *N*, the total number of responses for that question, will also be reported.

Respondent Profile

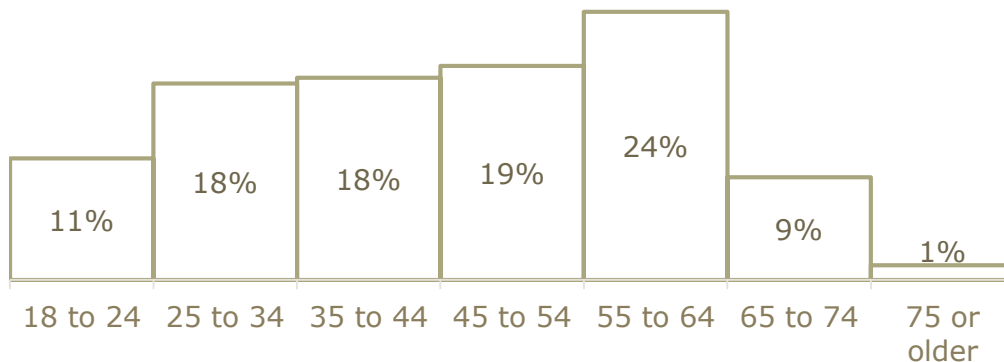
- Compared to the overall sample of 4,305 members, the 809 respondents were less likely to have a guardian (difference was statistically significant, $p < 0.5$).
- There were 46 Clinically Responsible Service Providers (CRSPs) represented in the sample, compared to 36 in the respondent pool. However, the missing CRSPs each served fewer than 10 members in the sample.

Characteristic	<u>SAMPLE</u>		<u>RESPONDENTS</u>	
	Number	Percentage	Number	Percentage
Dual Eligible (Medicaid/Medicare)	764	17.7%	159	19.7%
Primary Disability Designation: Severe Mental Illness	3,230	75.0%	632	78.1%
Has Guardian	672	15.6%	74	9.1%
CRSPs	46	--	36	--

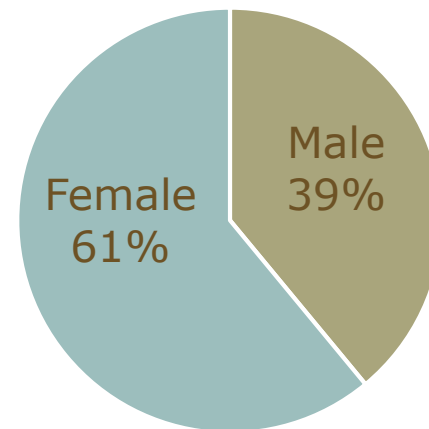
Respondent Demographics: Age and Gender

- Over half of respondents reported their ages to be between 25 and 54.
- Roughly three-fifths of respondents identified as female.

**Respondent Age Distribution
(N=764)**



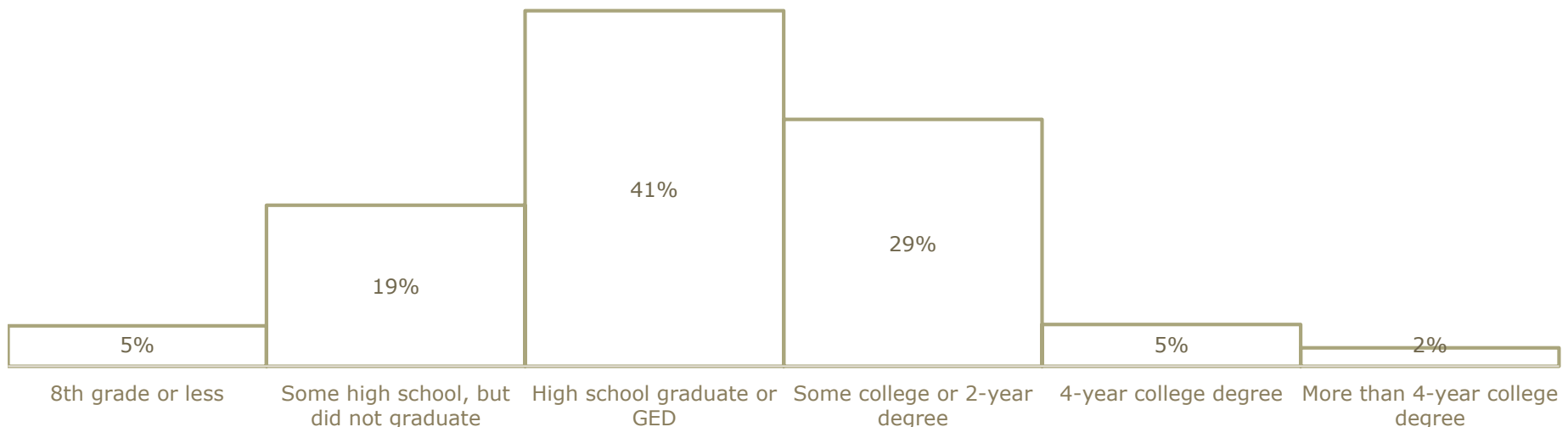
**Respondent Gender
(N = 764)**



Respondent Demographics: Education Level

- Roughly $\frac{3}{4}$ 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=746)



Respondent Demographics: Ethnicity and Race

What is your race? (Select all that apply)	Number	Percentage
Black or African American	449	60.1%
White	248	33.2%
Other	60	8.0%
American Indian or Alaska Native	16	2.1%
Asian	4	0.5%
Native Hawaiian or Pacific Islander	3	0.4%

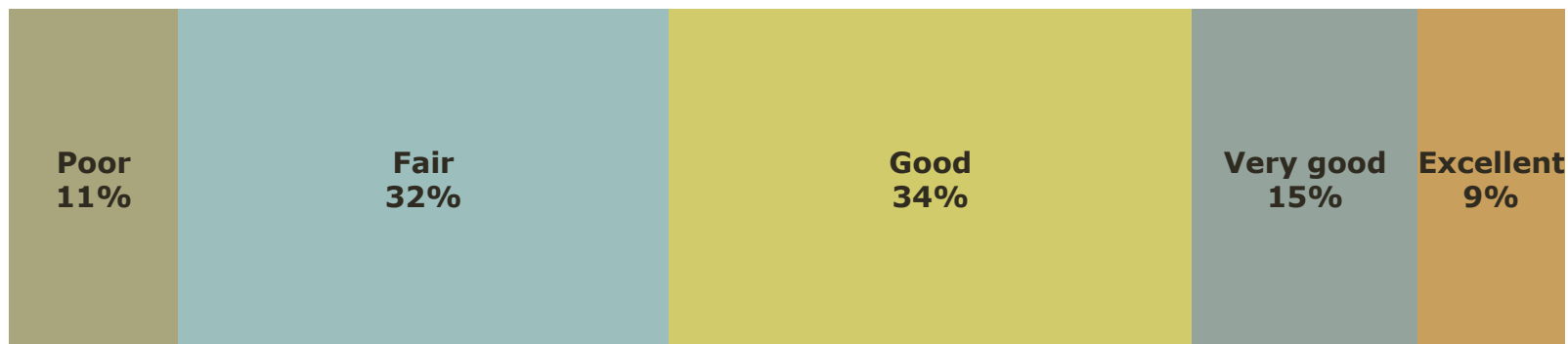
Are you of Hispanic or Latino origin or descent?	Number	Percentage
Yes	39	5.3%
No	701	94.7%

- Roughly three-fifths of the 780 respondents who reported their race identified as Black or African American and one-third as White. Note that respondents could identify as many races as applied.
- Roughly 5% identified as Hispanic or Latino.

Respondent Demographics: Overall Health

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

In general, how would you rate your overall mental health now?(N=764)



Respondent Demographics: Overall Mental Health

- Over half of respondents rated their overall mental health as “good” or better.

In general, how would you rate your overall mental health now?(N=579)



Help with the Survey

- Nearly one-third (n=68; 30.8%) of mail and web respondents indicated that someone had helped them complete the survey.
- 73 respondents shared one or more ways that someone had helped them with the survey:

How did that person help you?	<u>Respondents</u>	
	Number	Percentage
Read the questions to me	40	54.8%
Answered the questions for me	29	39.7%
Wrote down the answers I gave	23	31.5%
Translated the questions into my language	3	4.1%
Helped in some other way (please describe)	7	9.6%

Note: For 29 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. Some respondents, who did not answer the question on whether they were helped, reported ways they were helped.

ECHO Reporting Measures

Composite Measures	Getting treatment quickly	<u>46%</u>
	How well clinicians communicate	<u>68%</u>
	Getting treatment and information from the plan or MBHO	<u>51%</u>
	Perceived improvement	<u>29%</u>
	Information about treatment options	<u>68%</u>
	Global Rating: Treatment (Overall rating of counseling and treatment)	<u>51%</u>
Single Item Measures	Office wait	<u>44%</u>
	Told about medication side effects	<u>79%</u>
	Including family and friends	<u>60%</u>
	Information to manage condition	<u>75%</u>
	Patient rights information	<u>88%</u>
	Patient feels he or she could refuse treatment	<u>84%</u>
	Privacy	<u>93%</u>
	Cultural competency	<u>69%</u>
	Amount helped	<u>57%</u>
	Treatment after benefits are used up	<u>56%</u>

ECHO Reporting Measures, Comparison Across Years

Composite Measures and Global Rating	2021	2020	2017
Getting treatment quickly	<u>46%</u>	43%	37%
How well clinicians communicate	<u>68%</u>	68%	65%
Getting treatment and information from the plan or MBHO	<u>51%</u>	57%	53%
Perceived improvement	<u>29%</u>	31%	29%
Information about treatment options	<u>68%</u>	71%	70%
Global Rating: Treatment (Overall rating of counseling and treatment)	<u>51%</u>	51%	46%

ECHO Reporting Measures, Comparison Across Years

Single Item Measures	2021	2020	2017
Office wait*	<u>44%</u>	36%	33%
Told about medication side effects	<u>79%</u>	74%	75%
Including family and friends	<u>60%</u>	60%	59%
Information to manage condition*	<u>75%</u>	81%	78%
Patient rights information	<u>88%</u>	91%	91%
Patient feels he or she could refuse treatment	<u>84%</u>	81%	78%
Privacy	<u>93%</u>	91%	91%
Cultural competency	<u>69%</u>	69%	76%
Amount helped	<u>57%</u>	58%	52%
Treatment after benefits are used up	<u>56%</u>	55%	48%

Note: The differences between Office wait in 2021 and 2020 (+8%) and between Information to manage condition in 2021 and 2020 (-6%) were found to be statistically significant, using a test of proportion, with $p < 0.05$.

Statistical Significance Testing

- Statistical tests were conducted to identify differences in responses between different subgroups. We considered:
 - demographic characteristics (gender, race, ethnicity, 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 10 such respondents participated in the survey.
 - As such, the overall scores reported in that section will differ from those presented for the scorecard 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:

Grouping	Items with Differences
Gender	Q41, Q32, Q20, Q21
Race	Q31, Q32, Q33, Q34
Ethnicity (Hispanic/Latino)	Q3
Age Group	Q7
Dual Eligibility Status	Q14
Guardian Status	Q3
Primary Disability Designation	Q7, Q33, Q34, Q19
CRSP	Q17
Survey Mode	<i>none</i>

Statistically Significant Differences in Subgroups

By Gender

- Male respondents were more likely to report that:
 - it was **not a problem** to get help when they called customer service (63%), compared to female respondents (43%).
 - they were told about self help or support groups (75%, compared to 62%);
 - they were given information about different kinds of treatment (76%), compared to female respondents (63%); and
 - their ability to deal with social situations was **much better** compared to a year ago (36%) than female respondents (25%).

Statistically Significant Differences in Subgroups (*cont.*)

By Race

- Overall, roughly 30% of respondents rated themselves **much better** since last year in a series of four categories. However, ratings differed by race:
 - Those who reported their race as “Other” were more likely than other groups to report **much better** on each item (33-39%).
 - Those who indicated multiple races were least likely to rate themselves as **much better** (14-21%).
 - About one-third of respondents who told us they were Black or African American rated themselves **much better** on each item (32-34%).
 - Roughly one-fifth to one-quarter of respondents who told us they were White rated themselves **much better** (19-23%).

Statistically Significant Differences in Subgroups (*cont.*)

By Ethnicity

- Latino/Hispanic respondents were less likely to report that they **always** got the counseling needed over the phone (22%), compared to non-Latino/Hispanic respondents (50%).

By Age

- While, overall, 51% of respondents reported **always** getting an appointment as soon as they wanted, there was variation by age group:
 - Only 39% of those 25 to 34 reported this, while 63% of those 65 to 74 did.

Statistically Significant Differences in Subgroups (*cont.*)

By Eligibility

- 76% of those dual eligible reported that they **always** felt safe with the people they went to for counseling/treatment, compared with 59% of those who were not dual eligible.

By Guardianship Status

- Respondents without a guardian were more likely to report that they **always** got the counseling they needed on the phone (51%), compared with 26% of those with guardians.

Statistically Significant Differences in Subgroups (*cont.*)

By Primary Disability Designation

- Respondents with severe mental illness were *more* likely to report **always** getting appointments as soon as they wanted (53%), compared to those with developmental disabilities or substance use disorders (28% and 29%, respectively).
- Respondents with substance use disorders were *more* likely to report improvements since last year:
 - 49% of them rated their ability to accomplish the things they wanted as **much better**, compared to 30% overall.
 - 45% of them rated their problems or symptoms **much better**, compared to 28% overall.
- Respondents with substance use disorders were *less* likely to report someone talking to them about including family or friends in counseling/treatment (39%), compared to those with developmental disabilities (76%) or severe mental illness (61%).

Statistically Significant Differences in Subgroups (*cont.*)

By CRSP

- There was variation across CRSPs on whether respondents had been told about side effects of medicines:
 - Overall, 78% reported being told about side effects.
 - At CRSPs with at least 10 answering the question, between 43 and 91% reported being told about side effects.

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 (particularly respondents with developmental disability or severe mental illness);
- Working service providers to identify barriers to, and potential improvements that would support, members getting help quickly; and
- Exploring and addressing challenges that result in subgroups being less likely to report:
 - getting help by phone (respondents who are Hispanic/Latino respondents or who have guardians); and
 - getting appointments as soon as they want (respondents under 35, those with developmental disability, or those with substance use disorder).

DETAILED FINDINGS

ECHO Reporting Measures

Measure: Getting Treatment Quickly

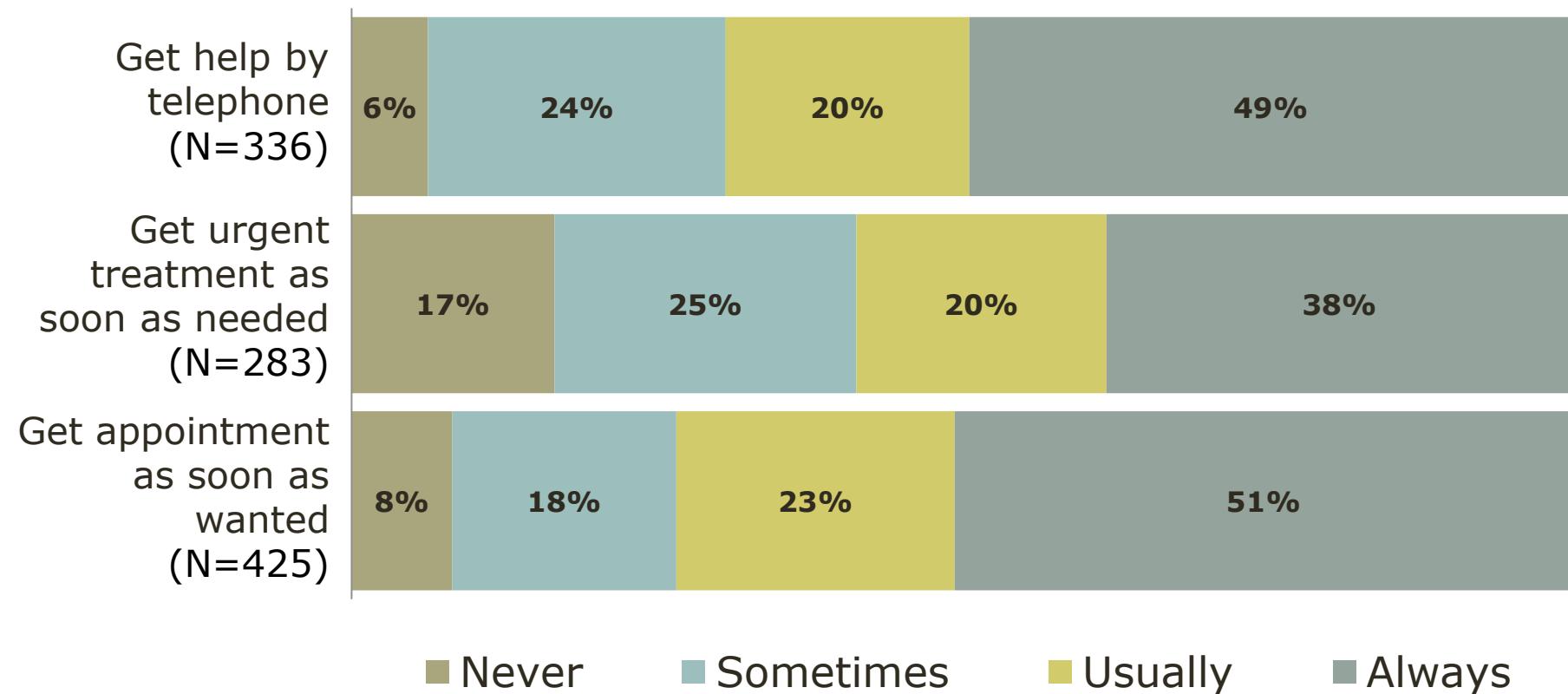
Getting treatment quickly: 46%

- 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?	49%
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?	38%
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?	51%

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

Detail: Getting Treatment Quickly



Measure: How Well Clinicians Communicate

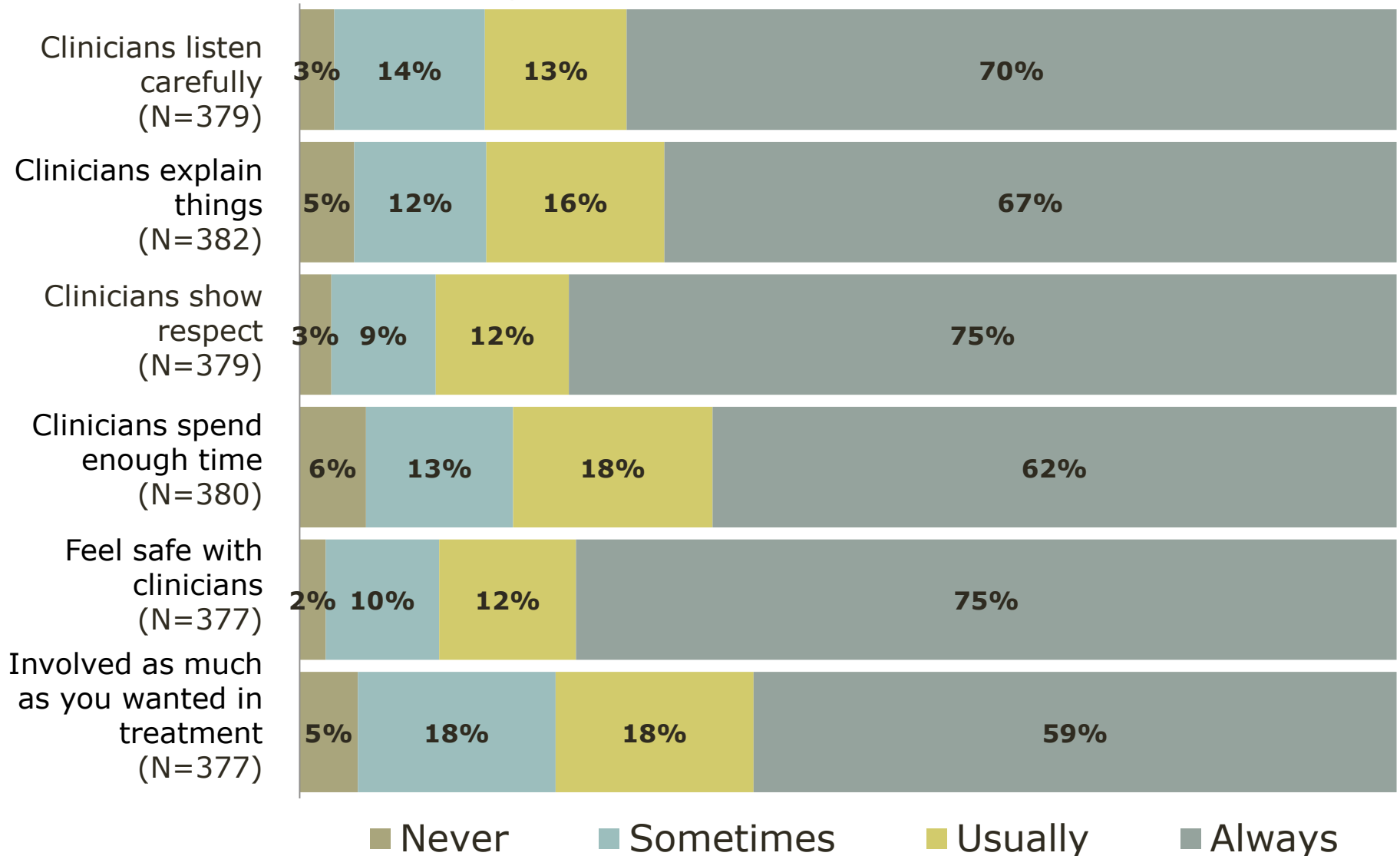
How Well Clinicians Communicate: 68%

- 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?	70%
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?	67%
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?	75%
Q14	In the last 12 months, how often did the people you went to for counseling or treatment spend enough time with you?	62%
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?	75%
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

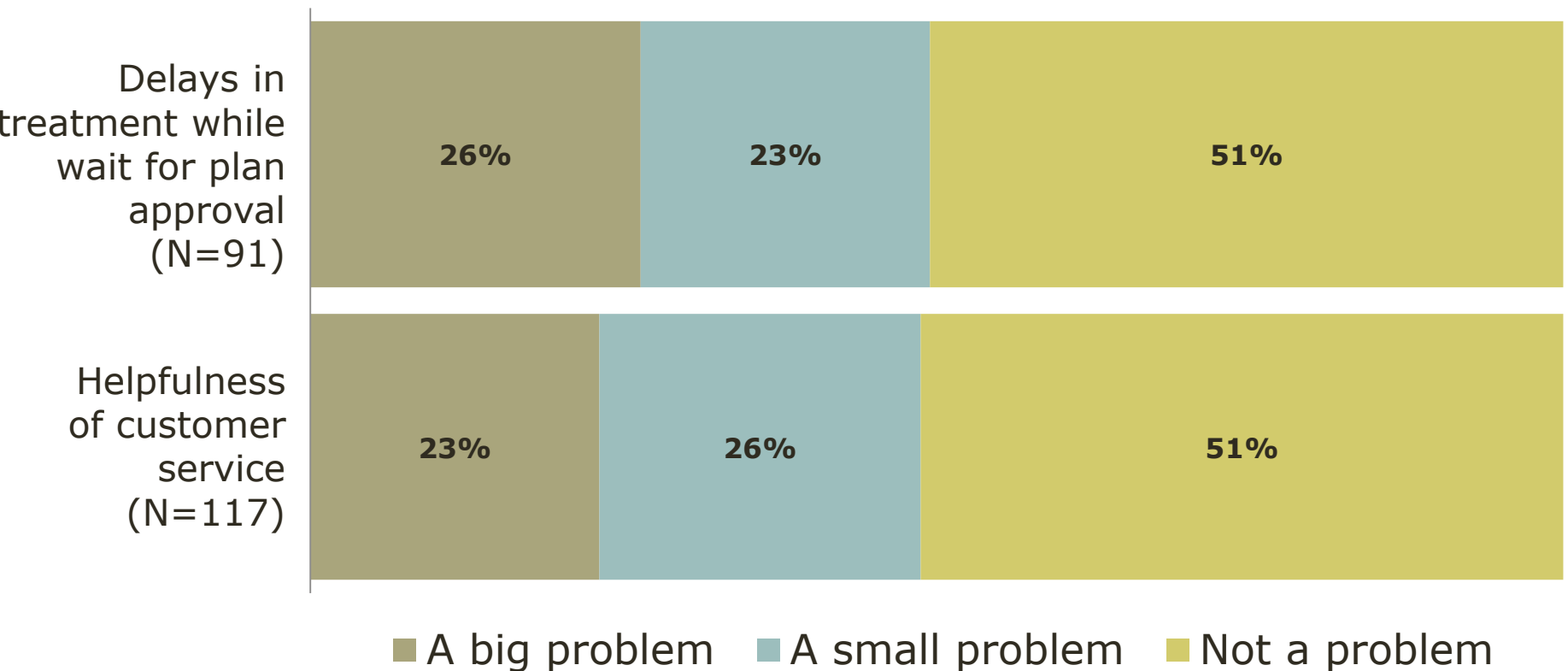
Getting Treatment and Information : 51%

- 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?	51%
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?	51%

- 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: 29%

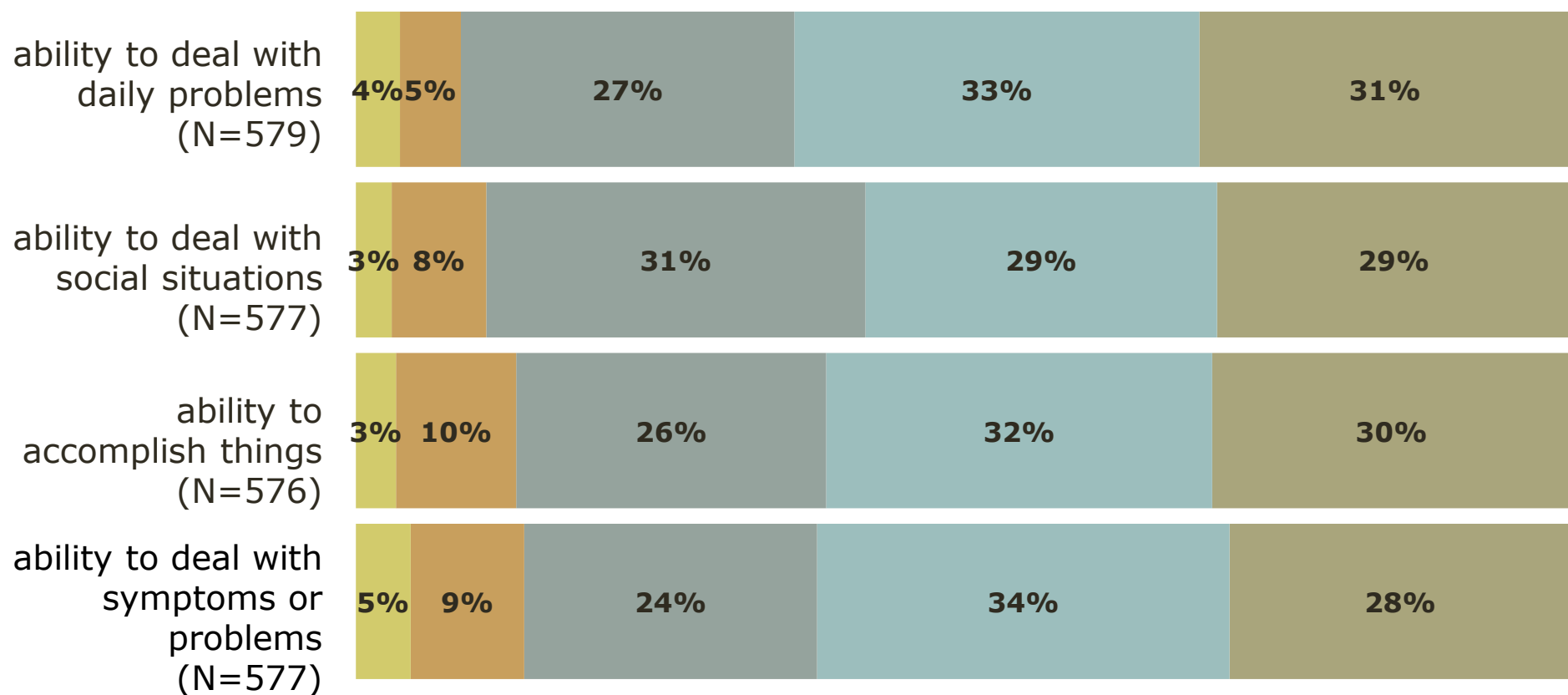
- This composite measure is based on these questions:

	Question	Score
Q31	Compared to 12 months ago, how would you rate your ability to deal with daily problems now?	31%
Q32	Compared to 12 months, how would you rate your ability to deal with social situations now?	29%
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...



■ Much better ■ A little better ■ About the same ■ A little worse ■ Much worse

Measure: Information About Treatment Options

Information About Treatment Options: 68%

- 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?	66%
Q21	In the last 12 months, were you given information about different kinds of counseling or treatment that are available?	69%

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

Detail: Information About Treatment Options

Told about self-help or consumer run programs
(N=373)



Told about different treatments
(N=372)

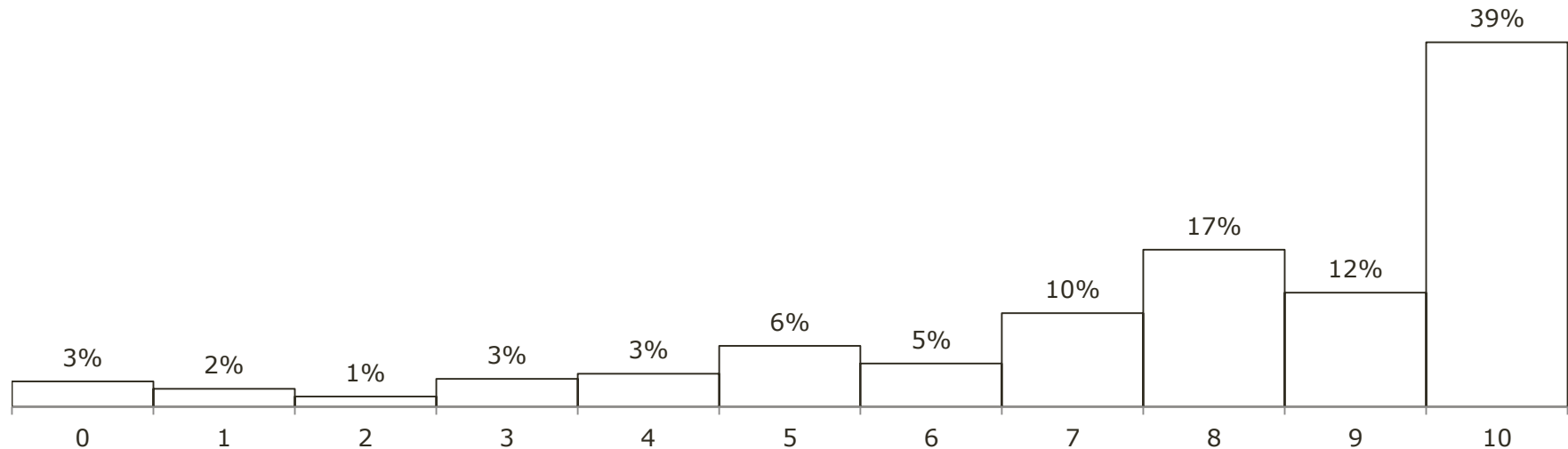


Measure: Global Rating - Treatment

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=374)

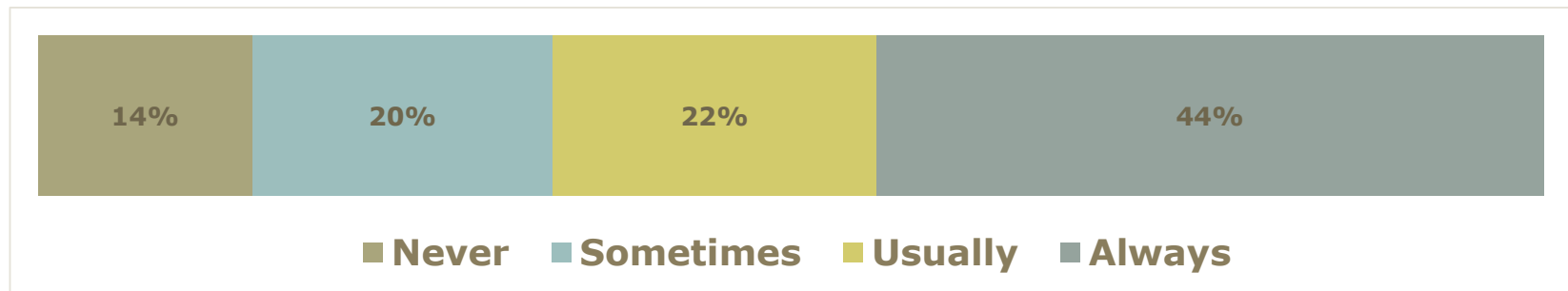


Measure: Office wait

Seen within 15 minutes of appointment time : 44%

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=386)

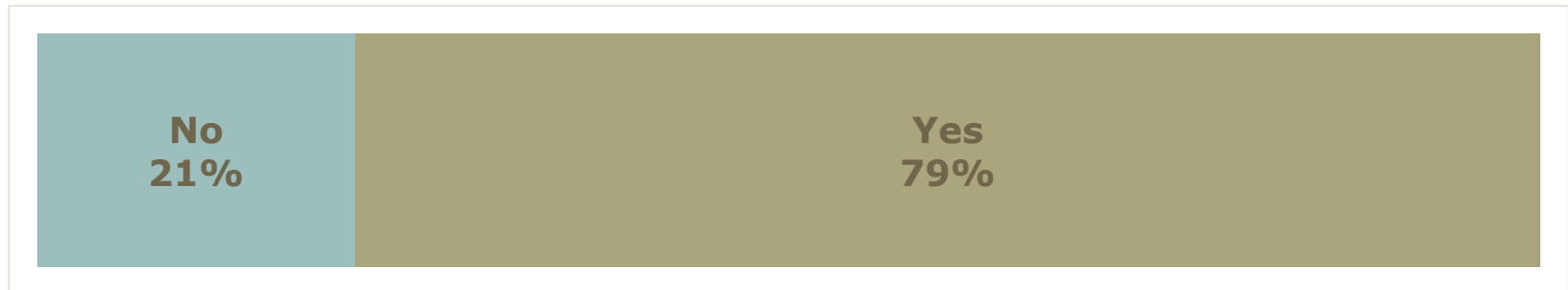


Measure: Told about medication side effects

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=336)



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=373)



Measure: Information to manage condition

Given as much information as wanted to manage condition: 75%

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=375)

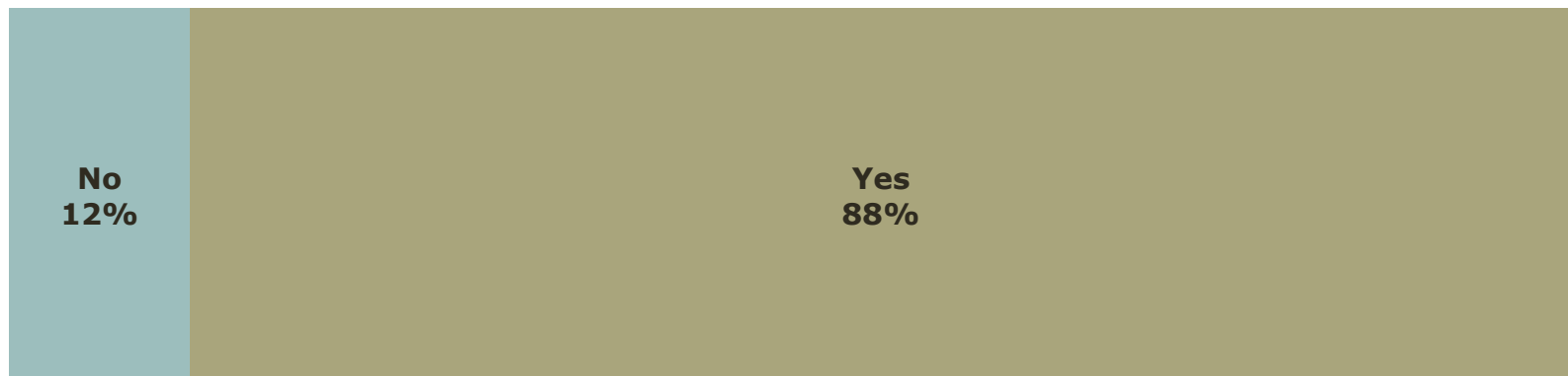


Measure: Patient rights information

Given information about rights as a patient: 88%

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=373)

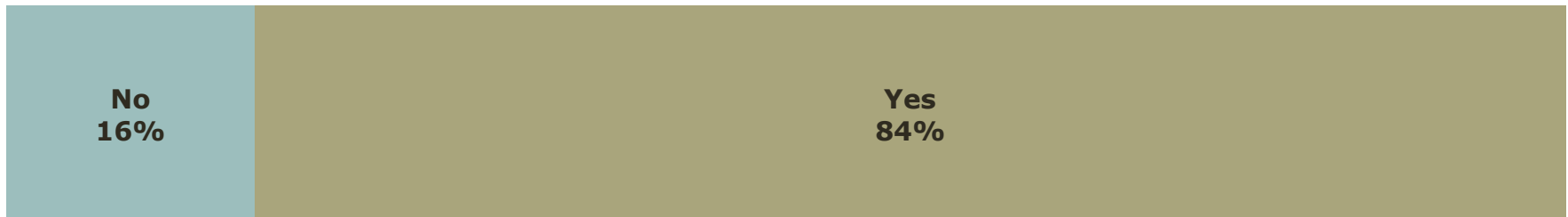


Measure: Patient feels he or she could refuse treatment

Patient feels that he or she could refuse a specific type of treatment: 84%

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=371)



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 you went to for Q25 counseling or treatment share information with others that should have been kept private? (N=368)

**Yes
7%**

**No
93%**

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=39)

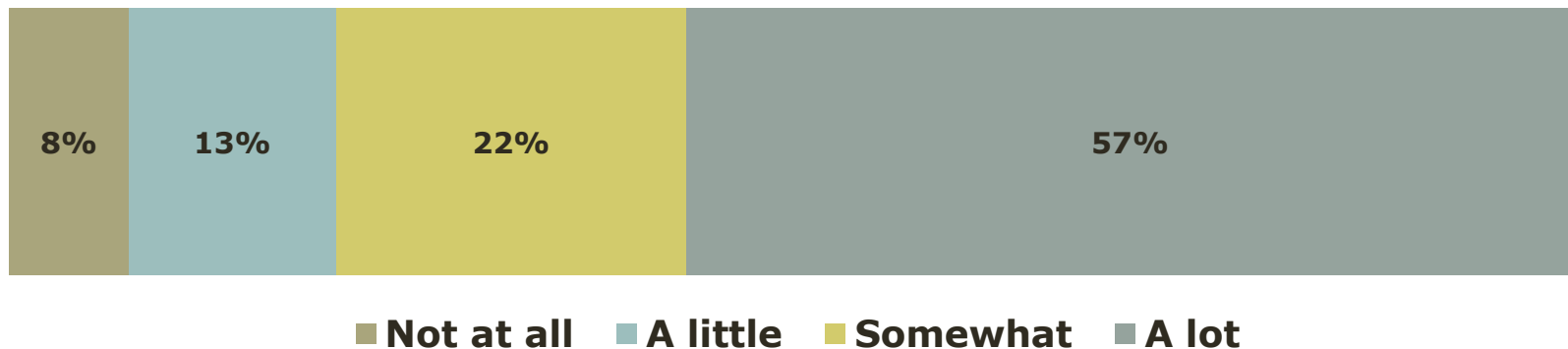


Measure: Amount helped

Amount helped by treatment: 57%

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=575)



Measure: Treatment after benefits are used up

Plan provides information about how to get treatment after benefits are used up: 56%

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

Q37 Were you told about other ways to get counseling, treatment, or medicine?
(N=52)



DETAILED FINDINGS

Statistically Significant Differences by Subgroup

Results Comparison by Gender

Items with Statistically Significant Results

- Q41 How much of a problem, if any, was it to get the help you needed when you called customer service? (% Not a problem)
- Q32 How would you rate your ability to deal with social situations now? (% Much better)
- 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)

Results Comparison by Gender

	Overall		Score Spread	Female		Male	
	<u>N</u>	<u>Score</u>		<u>N</u>	<u>Score</u>	<u>N</u>	<u>Score</u>
Q41	117	51%	20%	69	43%	48	63%
Q32	565	29%	11%	371	25%	194	36%
Q20	363	66%	13%	237	62%	126	75%
Q21	361	68%	13%	235	63%	126	76%

Maximum
value

Minimum
Value

Results Comparison by Race

Items with Statistically Significant Results

Each score is the percentage of respondents who answered “Much better.”

Q31 How would you rate your ability to deal with daily problems now?

Q32 How would you rate your ability to deal with social situations now?

Q33 How would you rate your ability to accomplish the things you want to do now?

Q34 How would you rate your problems or symptoms now?

Results Comparison by Race

	Overall		Score Spread	Black/African American		White		More than one race		Other	
	<u>N</u>	<u>Score</u>		<u>N</u>	<u>Score</u>	<u>N</u>	<u>Score</u>	<u>N</u>	<u>Score</u>	<u>N</u>	<u>Score</u>
Q31	549	30%	18%	320	34%	165	23%	28	21%	36	39%
Q32	549	28%	17%	319	33%	167	19%	27	19%	36	36%
Q33	549	29%	25%	320	33%	165	22%	28	14%	36	39%
Q34	550	28%	19%	319	32%	167	22%	28	14%	36	33%

Maximum
value

Minimum
Value

Notes: Too few Asian, Native American/Other Pacific Islanders, and American Indian/Alaska Native respondents (<30 each) participated in the survey to be included in this analysis.

Results Comparison by Ethnicity

Items with Statistically Significant Results

Q3 How often did you get the professional counseling you needed on the phone? (% Always)

	Overall		Score Spread	Hispanic/Latino		Not Hispanic/Latino	
	<u>N</u>	<u>Score</u>		<u>N</u>	<u>Score</u>	<u>N</u>	<u>Score</u>
Q3	316	49%	28%	18	22%	298	50%

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

Results Comparison by Age

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)

	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
Q7	405	51%	24%	40	40%	62	39%	81	46%	87	59%	108	56%	27	63%

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

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

Results Comparison by Eligibility

Items with Statistically Significant Results

Q14 How often did you feel safe when you were with the people you went to for counseling or treatment? (% Always)

	Overall		Score Spread	Dual eligible		Not dual eligible	
	<u>N</u>	<u>Score</u>		<u>N</u>	<u>Score</u>	<u>N</u>	<u>Score</u>
Q14	380	62%	17%	70	76%	310	59%

Maximum
value

Minimum
Value

Results Comparison by Guardian Status

Items with Statistically Significant Results

Q3 How often did you get the professional counseling you needed on the phone (% 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>
Q3	336	49%	25%	19	26%	317	51%

Maximum
value

Minimum
Value

Results Comparison by Primary Disability Designation

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)

Q34 How would you rate your problems or symptoms now? (% Much better)

Q19 Did anyone talk to you about whether to include your family or friends in your counseling or treatment? (% Yes)

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>
Q7	421	51%	25%	18	28%	379	53%	24	29%
Q33	565	30%	30%	32	19%	492	29%	41	49%
Q34	566	28%	23%	32	22%	494	27%	40	45%
Q19	366	60%	37%	21	76%	317	61%	28	39%

Maximum
value

Minimum
Value

Results Comparison by CRSP

Items with Statistically Significant Results

Q17 Were you told what side effects of those medicines to watch for? (% Yes)

	Overall		Score	Central City Integrated Health		Community Care Services		Community Living Services		Development Centers, Inc.		The Guidance Center	
	N	Score	Spread	N	Score	N	Score	N	Score	N	Score	N	Score
Q17	267	78%	48%	13	69%	24	75%	--	--	33	91%	17	88%

	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
Q17	23	43%	46	89%	11	91%	18	83%	16	69%	64	73%

Note: Only CRSPs who had at least 30 clients participating in the survey were included in this analysis. This resulted in considering 603 respondents from 11 CRSPs. Results from Community Living Services were hidden due to <10 respondents for this item.

Maximum
value

Minimum
Value

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THE CENTER FOR URBAN STUDIES





EXPERIENCE OF CARE AND HEALTH OUTCOMES

Findings from the 2021
Experience of Care and Health Outcomes
(ECHO) Child Survey
for Family Members

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Overview

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

- The purpose was to assess the experiences of families whose children 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 sample of 4,450 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 on weekdays, evenings, and weekends.
- Respondents received a \$5 gift card and a chance to be randomly selected to receive one of three higher value cards (one each of \$100, \$250, and \$500).

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

- 1,415 parents/guardians of DWIHN members responded to the survey.
- 961 reported receiving services in the past year.
- The 1,289 respondents who completed the survey were less likely to have a child with a primary disability designation of severe emotional disability (53.5%), compared to the sample (57.0%) and more likely to have a developmental disability (46.2%) than the sample (42.5%). A higher percentage of respondents' children were receiving autism services (35.9%), compared to the sample (32.0%).
- DWIHN scored well on many measures, notably:
 1. Privacy (95%);
 2. Discussed goals of child's treatment (94%); and
 3. Patient rights information (92%).
- There were two measures with scores of less than 50%:
 1. Perceived improvement (28%); and
 2. Getting treatment quickly (46%).

Sample Profile

- DWIHN provided the Center with 4,450 members, out of the approximately 17,000 members younger than 18 receiving services. DWIHN randomly selected an initial number of respondents 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	2,535	57.0%
Primary Disability Designation: Developmental Disability	1,893	42.5%
Receiving Autism Services	1,425	32.0%
No Valid Address	273	6.1%
At Least One Non-valid Phone Number	640	14.4%

Survey Response

- Overall, **1,415** responded to the survey, well over the targeted 600 targeted, and over three quarters were completed by phone interview:

Respondents		
Mode	N	%
CATI	1,086	76.7%
Mail	200	14.1%
Web	129	9.1%
Total	1,415	100%

- 961 of the respondents reported their children had received counseling, treatment, or medicine in the last 12 months (72.7%, N=1,321).

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

Respondent Profile

Compared to the overall sample of 4,450 members, the children of the 1,289 respondents who *completed* the survey were:

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

Members in the sample were served by 26 Clinically Responsible Service Providers (CRSPs). Respondents were served by 24 of those CRSPs. The CRSPs not represented in respondent pool only had six or fewer clients in the sample.

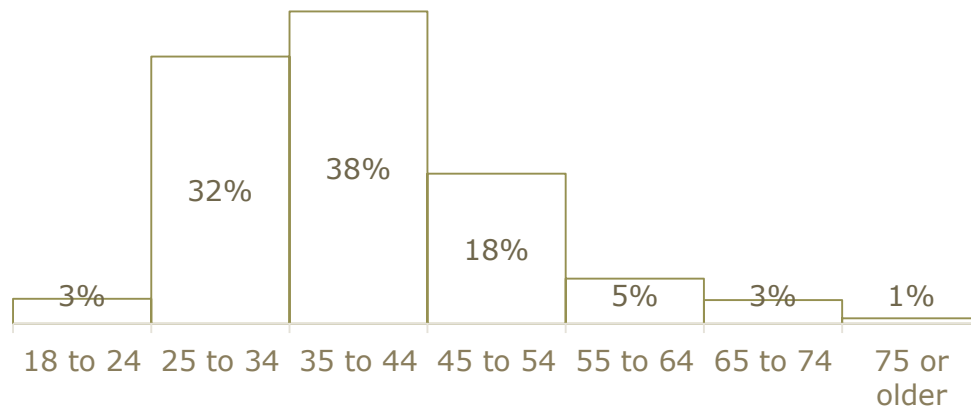
Characteristic	<u>SAMPLE</u>		<u>RESPONDENTS</u>	
	Number	Percentage	Number	Percentage
Primary Disability Designation: Severe Emotional Disability	2,535	57.0%	689	53.5%
Primary Disability Designation: Developmental Disability	1,893	42.5%	595	46.2%
Receiving Autism Services	1,425	32.0%	463	35.9%

* These differences were statistically significant, $p < 0.5$

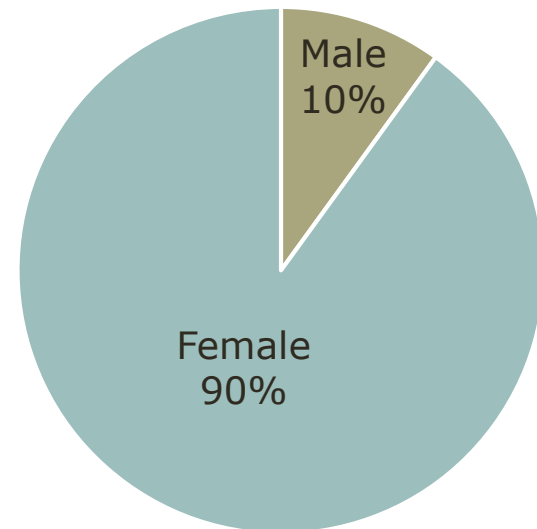
Respondent Demographics: Age and Gender

- 70% of respondents reported their ages to be between 25 and 44.
- The vast majority (90%; 1,163 of 1,287) of respondents identified as female.

**Respondent Age Distribution
(N=1,270)**



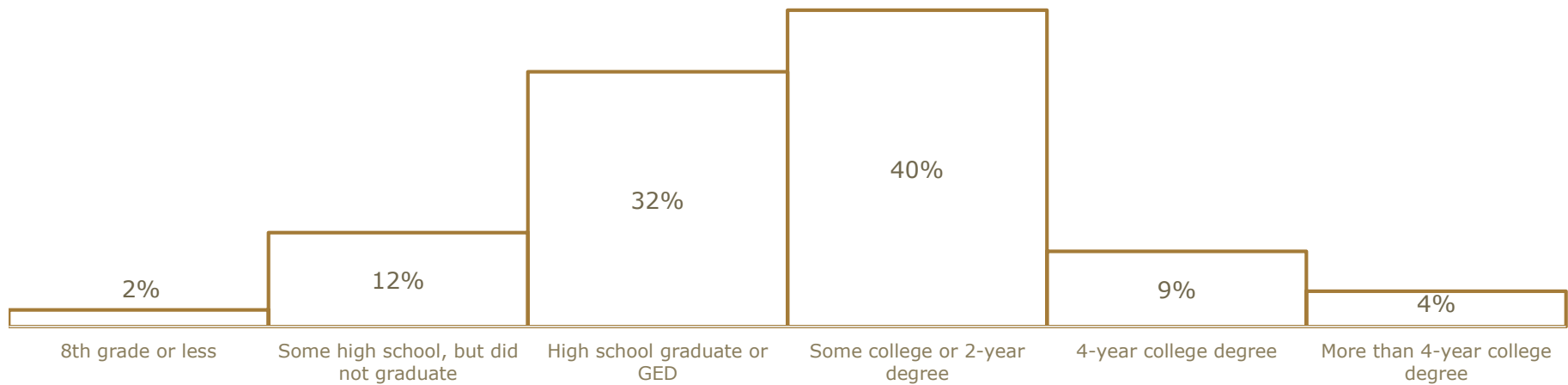
**Respondent Gender
(N = 1,287)**



Respondent Demographics: Education Level

The vast majority of respondents reported completing high school or beyond (86%), with more than half having attended at least some college.

What is the highest grade or level of school that you have completed? (N=1,275)



Respondent Demographics: Relationship to the Child

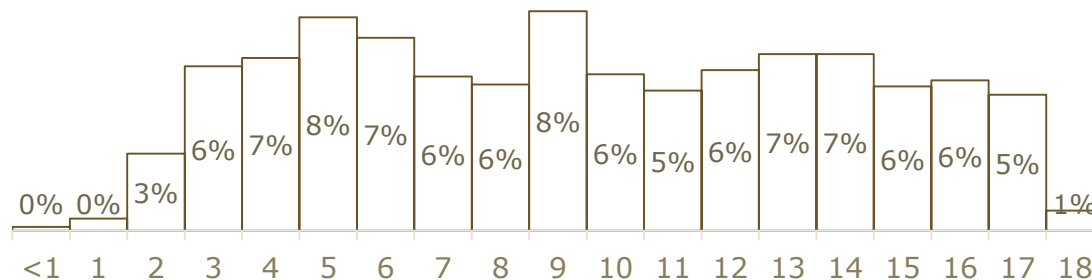
The vast majority of survey respondents (89.6%) identified themselves as the mother or father of the child receiving services.

Relationship	Number	Percentage
Mother or father	1,147	89.6%
Grandparent	67	5.2%
Legal guardian	42	3.3%
Aunt or uncle	18	1.4%
Older sibling	3	0.2%
Other relative	3	0.2%
Total	1,280	100.0%

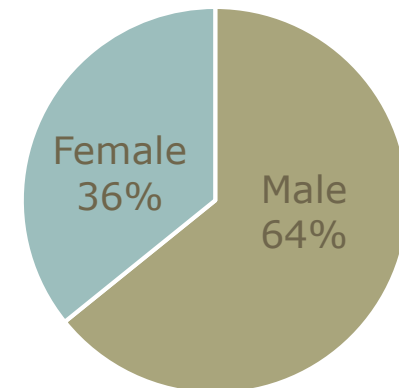
Respondent Child Demographics: Age and Gender

- Respondents reported children of various ages, with each age between 3 and 17 having 5%-8% of the children.
- Respondents reported that slightly more than one-third of the children were female and nearly two-thirds male.

**Child Age Distribution
(N=1,289)**



**Child Gender
(N=1,285)**



Respondent Child Demographics: Ethnicity and Race

What is your child's race?	Number	Percentage
Black or African-American	777	61.7%
White	397	31.5%
Asian	30	2.4%
American Indian or Alaska Native	23	1.8%
Native Hawaiian or Other Pacific Islander	1	0.1%
Other	143	11.4%

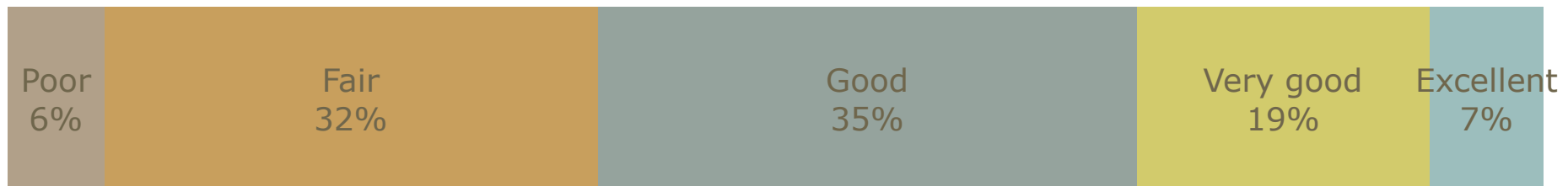
Is your child of Hispanic or Latino origin or descent?	Number	Percentage
Yes	143	11.2%
No	1,130	88.8%

- More than three-fifths of respondents of the 1,259 who reported their child's race identified them as Black or African American and 31% as White. Note that respondents could identify as many races as applied.
- Roughly 11% identified their children as Hispanic or Latino.

Respondent Child Demographics: Overall Mental Health

Roughly three-fifths 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=940)



Respondent Child Demographics: Overall Health

Approximately four-fifths rated their child's overall health as **good** or better, with 19% rating it as **excellent**.

In general, how would you rate your child's overall health now? (N=1,289)



ECHO Child Scorecard

Composite Measures	Getting treatment quickly	<u>46%</u>
	How well clinicians communicate	<u>73%</u>
	Getting treatment and information from the plan or MBHO	<u>51%</u>
	Perceived improvement	<u>28%</u>
	Perceived access to treatment	<u>59%</u>
	Global Rating: Treatment (Overall rating of counseling and treatment)	<u>54%</u>
Single Item Measures	Office wait	<u>63%</u>
	Told about treatment options	<u>76%</u>
	Told about medication side effects	<u>83%</u>
	Information to manage condition	<u>79%</u>
	Patient rights information	<u>92%</u>
	Patient feels he or she could refuse treatment	<u>85%</u>
	Privacy	<u>95%</u>
	Cultural competency	<u>74%</u>
	Amount helped	<u>51%</u>
	Treatment after benefits are used up	<u>53%</u>
	Discussed goals of child's treatment	<u>94%</u>

ECHO Child Scorecard, Comparison to 2020 Results

Composite Measures and Global Rating	2021	2020	
Getting treatment quickly	<u>46%</u>	42%	
How well clinicians communicate	<u>73%</u>	72%	
Getting treatment and information from the plan or MBHO	<u>51%</u>	55%	
Perceived improvement	<u>28%</u>	25%	
Perceived access to treatment	<u>59%</u>	58%	
Global Rating: Treatment (Overall rating of counseling and treatment)	<u>54%</u>	49%	+5% 

Note: In some instances, the difference between 2021 and 2020 was statistically significant. Those have been indicated in the tables.

ECHO Child Scorecard, Comparison to 2020 Results

Composite Measures and Global Rating	2021	2020	
Office wait	<u>63%</u>	55%	+8% ↑
Told about treatment options	<u>76%</u>	75%	
Told about medication side effects	<u>83%</u>	79%	
Information to manage condition	<u>79%</u>	78%	
Patient rights information	<u>92%</u>	95%	-3% ↓
Patient feels he or she could refuse treatment	<u>85%</u>	88%	
Privacy	<u>95%</u>	93%	
Cultural competency	<u>74%</u>	82%	
Amount helped	<u>51%</u>	49%	
Treatment after benefits are used up	<u>53%</u>	58%	
Discussed goals of child's treatment	<u>94%</u>	93%	

Statistical Significance Testing

- Statistical tests were conducted to identify differences in responses across different subgroups. We considered:
 - child’s demographic characteristics (gender, race, ethnicity, age);
 - child’s primary disability designation;
 - service type (whether the child is receiving autism services or not);
 - 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, while there were 24 CRSPs represented in the respondent pool, only the 14 CRSPs with at least 30 respondents were included in the subgroup analysis.
 - As such, the overall scores reported in that section will differ from those presented for the scorecard 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:

Grouping	Items with Differences
Child Gender	<i>none</i>
Child Race	Q29, Q22, Q26, Q19
Child Ethnicity (Hispanic/Latino)	<i>none</i>
Child Age Group	Q18, Q34, Q20, Q29, Q22, Q25, Q30, Q19
Primary Disability Designation	Q7, Q42, Q33, Q35
Service Type (autism or not)	Q3, Q7, Q42
CRSP	Q12, Q13, Q18, Q29, Q22, Q24
Survey Mode	Q3, Q13, Q14, Q18, Q32, Q33, Q11, Q22, Q26, Q30, Q19

Statistically Significant Differences in Subgroups

By Child Race

There were several statistically significant differences by race.

- Compared to other respondents, those with Black or African American children were more likely to report that:
 - They would rate their child’s counseling or treatment a **9** or **10** (58%), compared to 54% of respondents overall;
 - they were given information about different kinds of available counseling or treatment (82%, compared to 76% overall); and
 - the goals of their child’s counseling or treatment were discussed with them (97%, compared to 94% overall).
- Respondents who reported two or more races, were more likely to report that the people their child saw for counseling or treatment kept their information private. In fact, 100% of these respondents reported this, compared to 95% overall.

Statistically Significant Differences in Subgroups (*cont.*)

By Child Age Group

- Eight measures had statistically significant differences by age group. For six of these, the respondents with very young children (birth to 3 years old) were more likely than those with children in other age groups to indicate that:
 - they were involved as much as they wanted in their child's counseling or treatment (85%, compared to 77% overall);
 - they rated their child's ability to accomplish the things they wanted **much better** compared to 12 months ago (40%, compared to 30% overall);
 - they **always** got the professional help they wanted (72%, compared to 59% overall);
 - they rated their child's counseling/treatment **9** or **10** (73%, compared to 54% overall);
 - they were given information about different kinds of counseling or treatment available (87%, compared to 76% overall); and
 - the goals of their child's counseling or treatment were discussed with them (96%, compared to 94% overall and 86% for those with children 16-18).

Statistically Significant Differences in Subgroups (*cont.*)

By Age Group

Other statistically significant differences by age group were:

- Those with children 13-15 were more likely to report feeling they could refuse a specific type of medicine or treatment (90%, compared to 86% overall and 79% for those with children 4-6).
- Those with children under 3 and those with children 7-9 were more likely to report the goals of their child's counseling or treatment were discussed with them (58% for each of those groups, compared to 51% overall and 43% for those with children 16-18).

Statistically Significant Differences in Subgroups (*cont.*)

By Primary Disability Designation

- On several items, there were statistically significant differences between the responses of those with children whose primary disability designation was developmental disability (DD) and those with severe emotional disability (SED):
 - Respondents with children with SED were more likely to report that:
 - their child **always** got an appointment as soon as they wanted (52% for those with SED, compared to 42% for those with DD);
 - it was **not a problem** to get help when calling customer service (63% compared to 46%);
 - their child's ability to deal with social situations was **much better** (29% compared to 21%); and
 - their child's problems or symptoms were **much better** (28% compared to 22%).

Statistically Significant Differences in Subgroups (*cont.*)

By Service Type

- Respondents with children receiving autism services were less likely to report that:
 - they **always** got the professional counseling their child needed on the phone (34% for those receiving autism services, compared to 51% for those not receiving autism services);
 - their child **always** got an appointment as soon as they wanted (39%, compared to 52%); and
 - it was **not a problem** to get help when calling customer service (45%, compared to 61%);

Statistically Significant Differences in Subgroups (*cont.*)

By CRSP

There was considerable variation among responses from members receiving service at different service providers:

- Respondents of children receiving services at the Neighborhood Service Organization were *more* likely to report that:
 - the people their child saw for counseling or treatment **always** explained things in a way they could understand (92%), compared to 77% overall;
 - they were given information about different kinds of available counseling or treatment (100%), compared to 76% overall; and
 - they were given information about their child's rights as a patient (100%), compared to 92% 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 Guidance Center were *less* likely to report that:
 - The people their children saw **always** listened carefully to the respondents (49%), compared to 66% overall; and
 - They **always** felt they were involved as much as they wanted in their child's counseling or treatment (62%), compared to 77% overall; and
 - they would rate their child's counseling/treatment as a **9** or **10** (36%), compared to 54% overall.

Statistically Significant Differences in Subgroups (*cont.*)

By Survey Mode

On 11 items, CATI respondents had higher scores than respondents from other modes. For example:

- they were **always** able to get their child the professional counseling they needed on the phone (51%), compared to 41% for mail and 30% for web respondents;
- the people their child saw for counseling or treatment **always** explained things in a way they could understand (80%), compared to 71% for mail and 63% for web;
- the people their child saw for counseling or treatment **always** showed respect for what they had to say (83%), compared to 77% and 69%;
- their child was **always** seen within 15 minutes of appointment (66%) , compared to 49% and 58%; and
- they were given information about different kinds of available counseling or treatment (80%), compared to 63% and 68%.

Note: Differences may be a result of a *social desirability response bias* leading respondents to give more “desirable” answers when talking to an interviewer on the phone. Differences could also be the result of a higher likelihood that those with a more negative perception of treatment were more likely to respond by mail or web.

Opportunities

While the pandemic has created challenges impacting both members' need for and access to care, the findings from this survey suggest 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 and potential solutions*; and
- Service providers to support members receiving autism services to access treatment quickly and to get the help needed when they contact customer service.

* Note: Compared to 2020, more respondents reported *always* being able to get treatment over the phone (from 27% to 47%).

DETAILED FINDINGS

Scorecard Measures

Measure: Getting Treatment Quickly

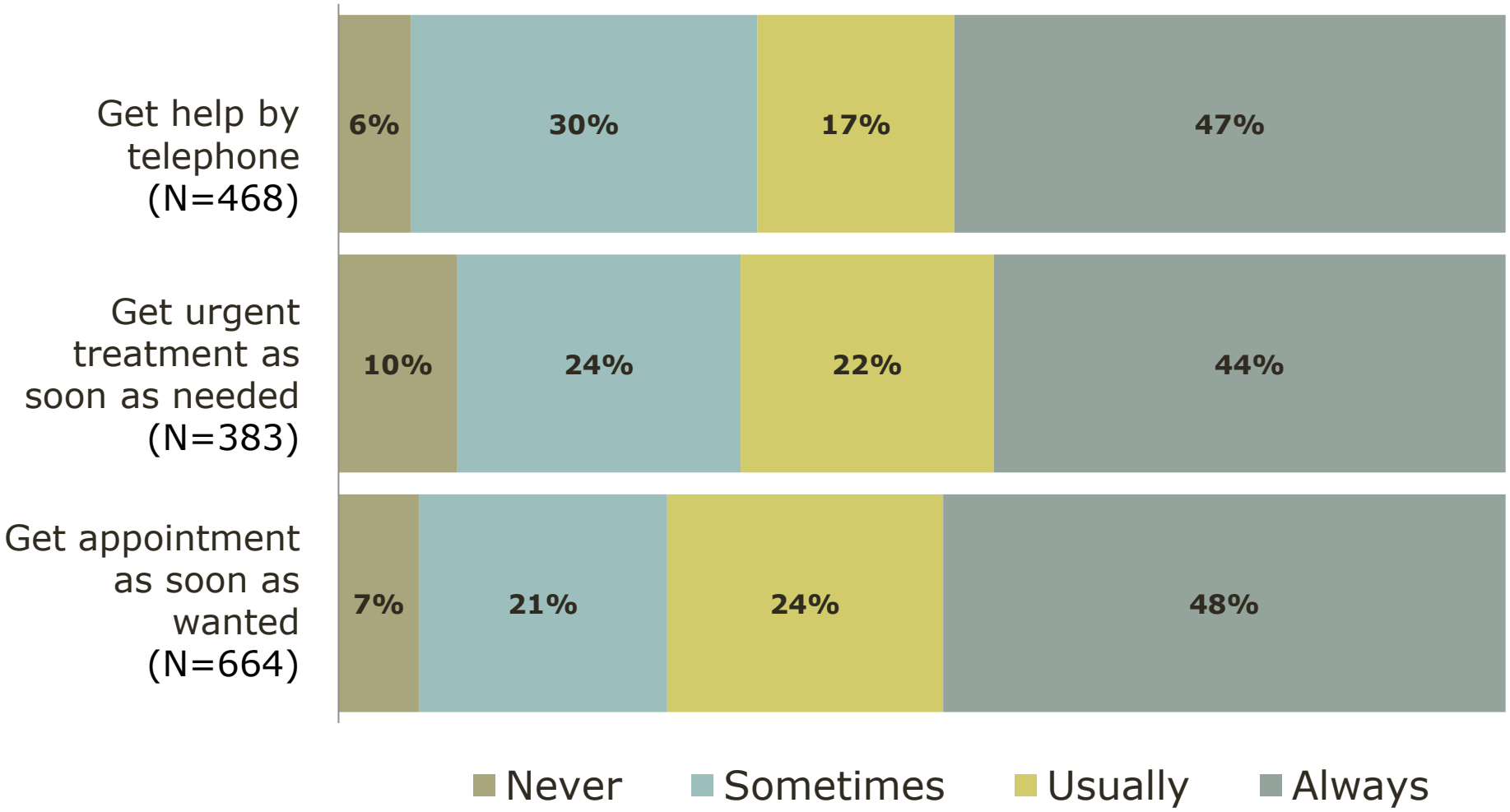
Getting treatment quickly: 46%

- 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?	47%
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?	44%
Q7	In the last 12 months, how often did your child get an appointment for counseling or treatment as soon as you wanted?	48%

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

Detail: Getting Treatment Quickly



Measure: How Well Clinicians Communicate

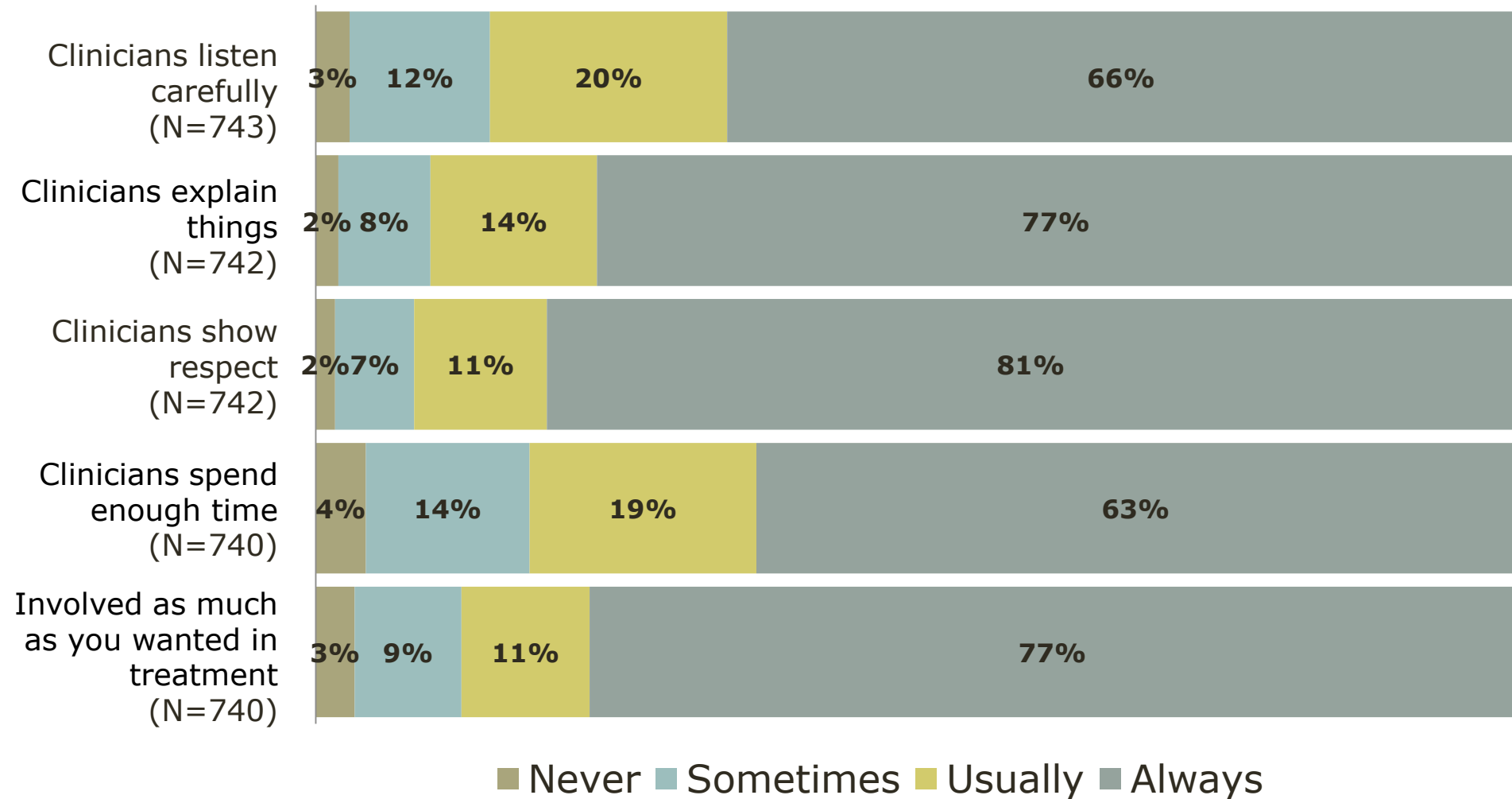
How Well Clinicians Communicate: 73%

- 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?	66%
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?	77%
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?	81%
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?	77%

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

Detail: How Well Clinicians Communicate



Measure: Getting Treatment and Information from the Plan or MBHO

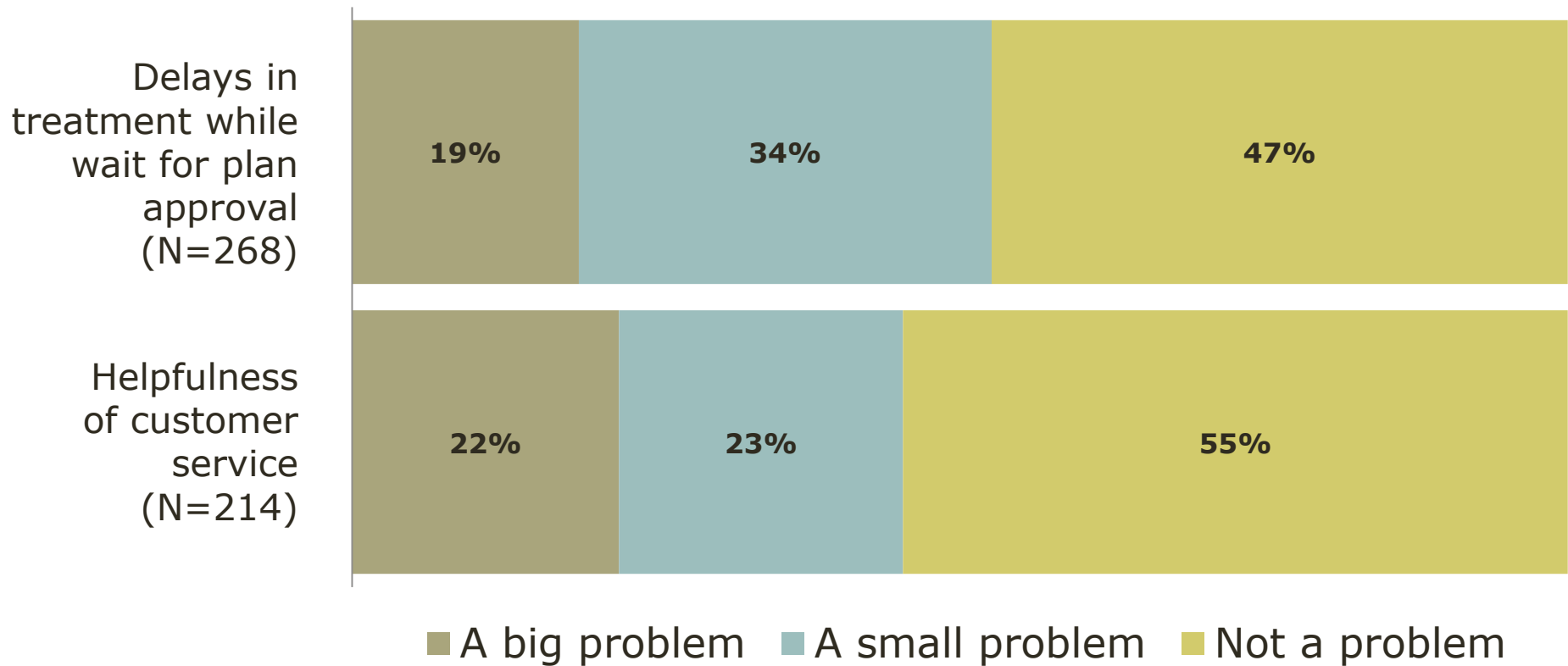
Getting Treatment and Information : 51%

- 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?	47%
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?	55%

- 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: 28%

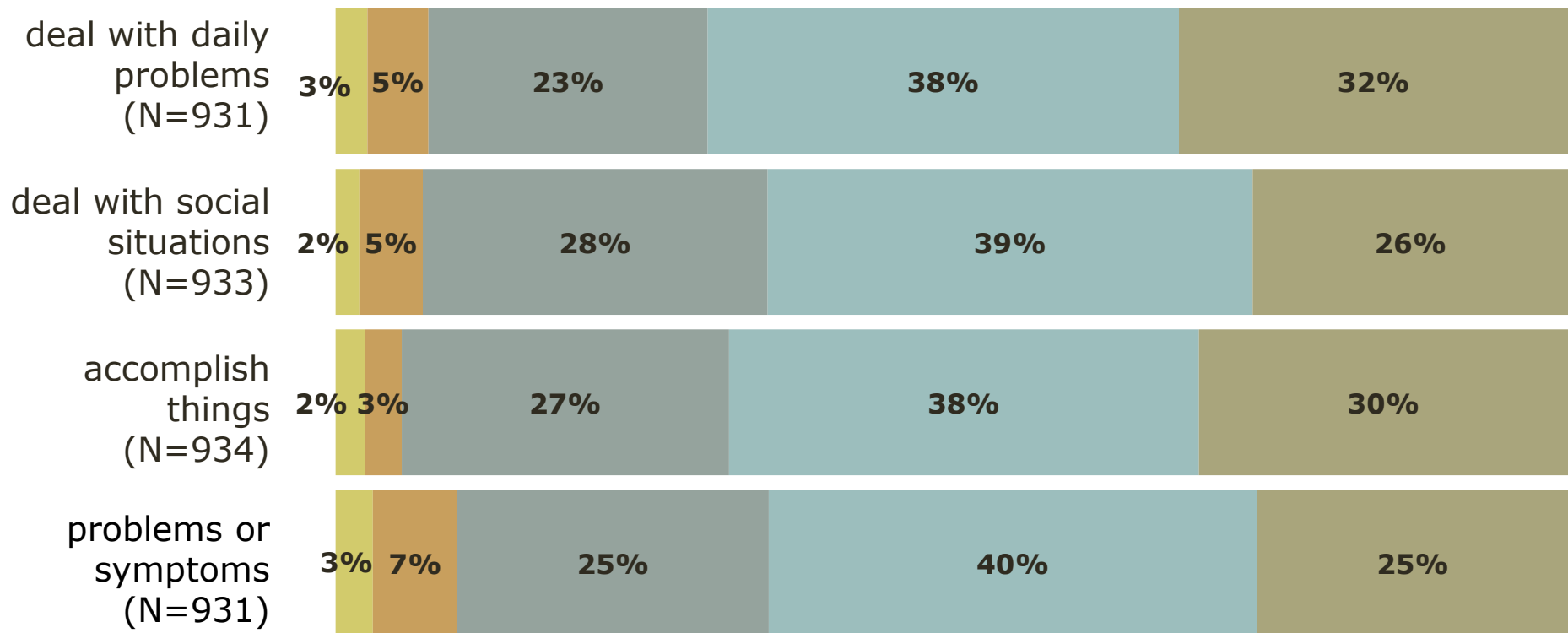
- This composite measure is the average score across these items:

	Question	Score
Q32	Compared to 12 months ago, how would you rate your child's ability to deal with daily problems now?	32%
Q33	Compared to 12 months ago, how would you rate your child's ability to deal with social situations now?	26%
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?	30%
Q35	Compared to 12 months ago, how would you rate your child's problems or symptoms now?	25%

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

Detail: Perceived Improvement

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



■ Much worse ■ A little worse ■ About the same ■ A little better ■ Much better

Measure: Perceived Access to Treatment

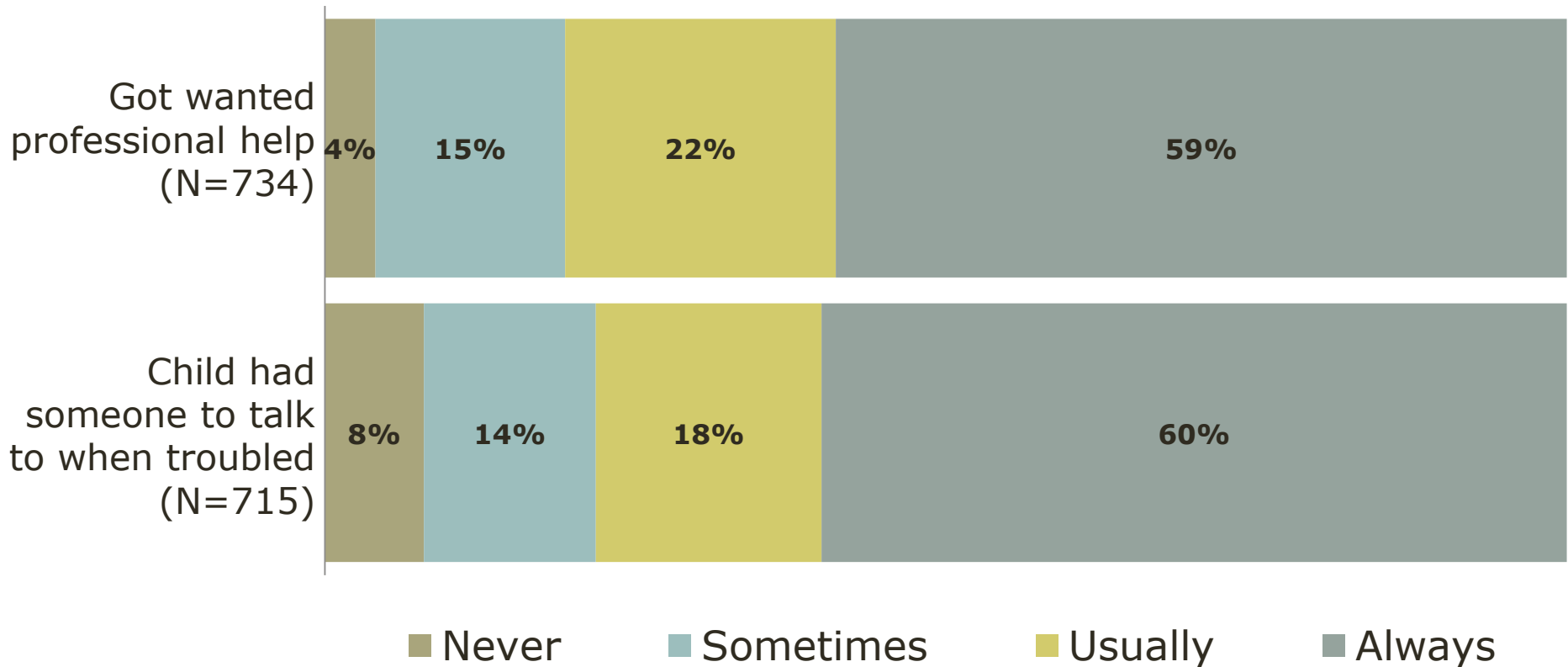
Perceived Access to Treatment: 59%

- 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?	60%

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

Detail: Perceived Access to Treatment

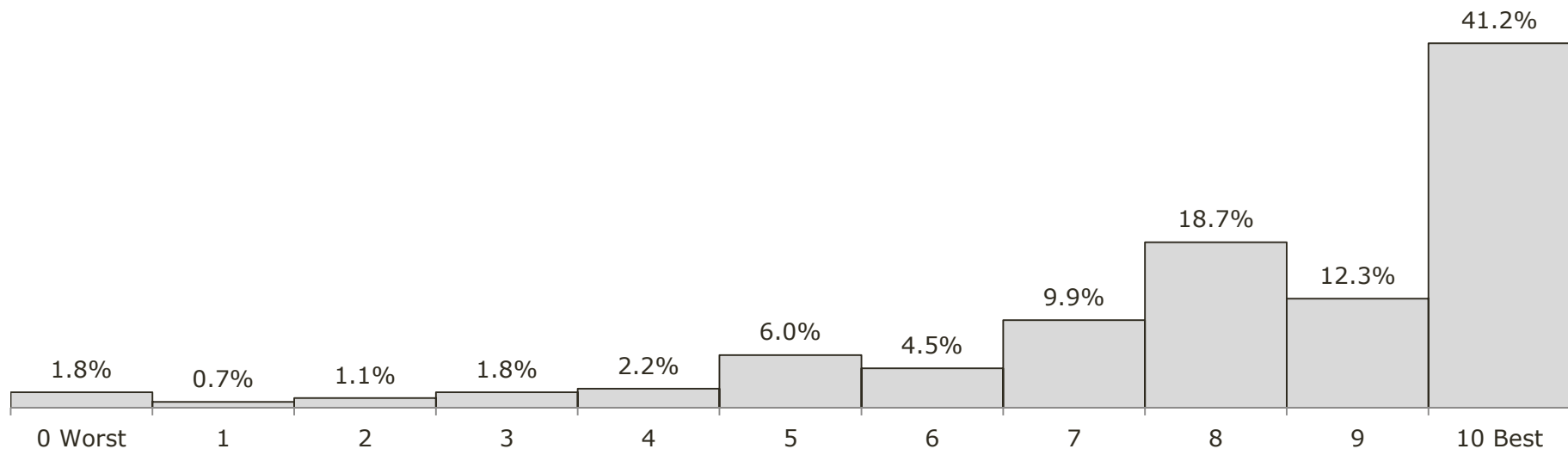


Measure: Global Rating - Treatment

Overall rating of counseling and treatment: 54%

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=738)



Measure: Office wait

Office wait: 63%

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=749)	63%



Measure: Information About Treatment Options

Told about treatment options: 76%

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=734)

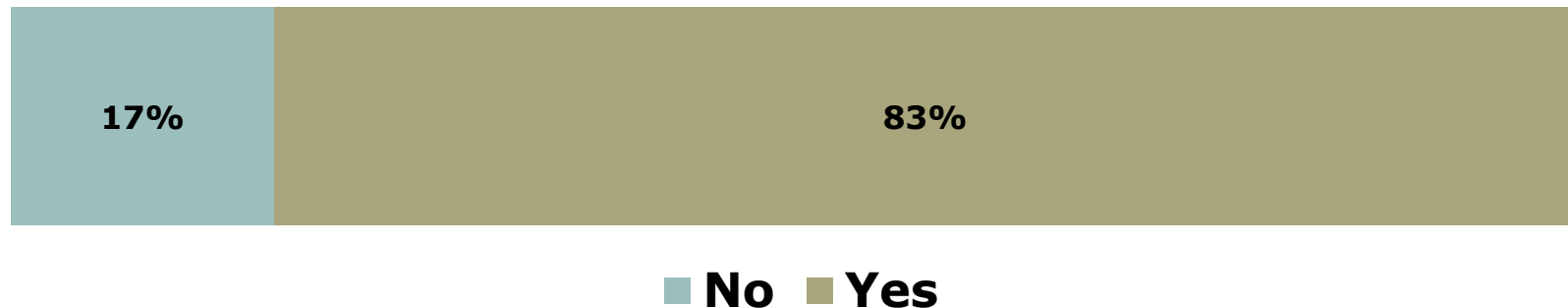


Measure: Told about medication side effects

Told about side effects of medication: 83%

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=363)

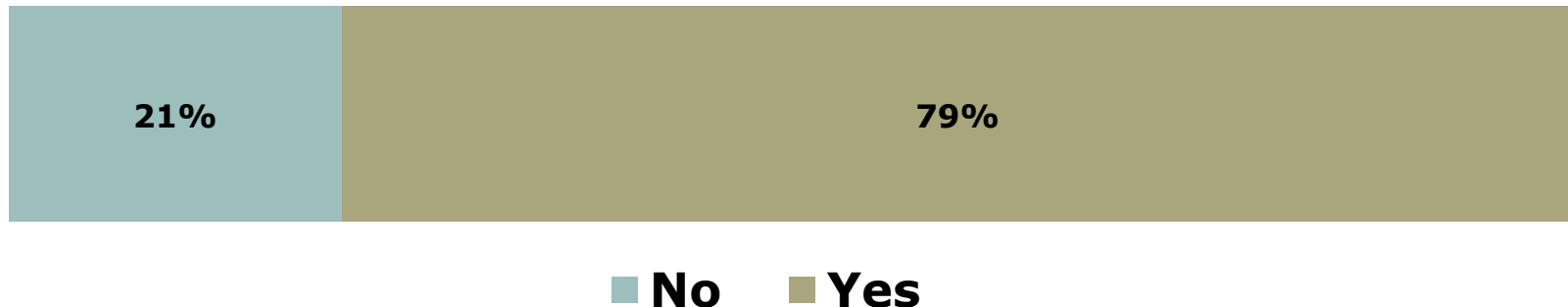


Measure: Information to manage condition

Given as much information as wanted to manage condition: 79%

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=732)

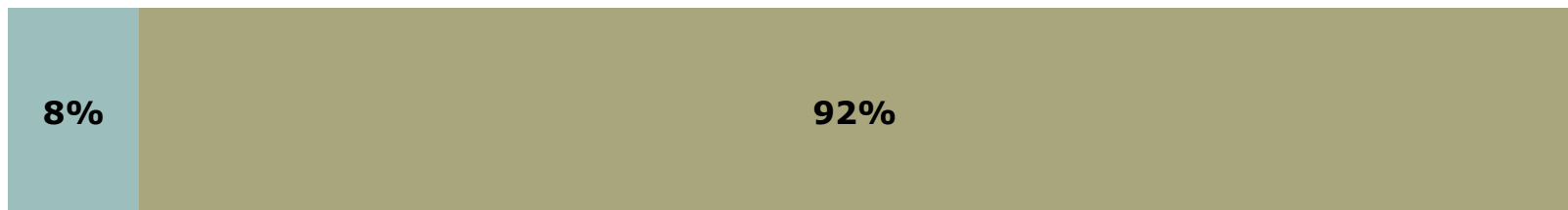


Measure: Patient rights information

Given information about rights as a patient: 92%

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=719)



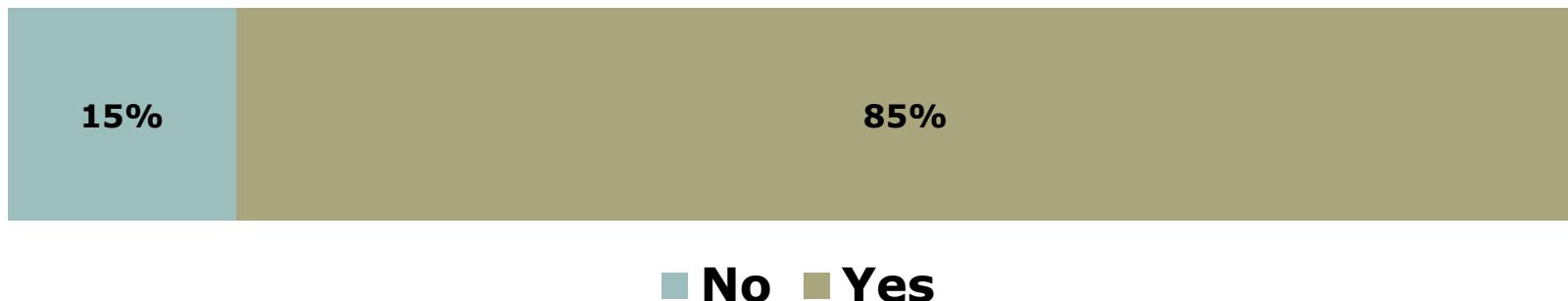
■ No ■ Yes

Measure: Patient feels he or she could refuse treatment

Patient feels that he or she could refuse a specific type of treatment: 85%

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=731)

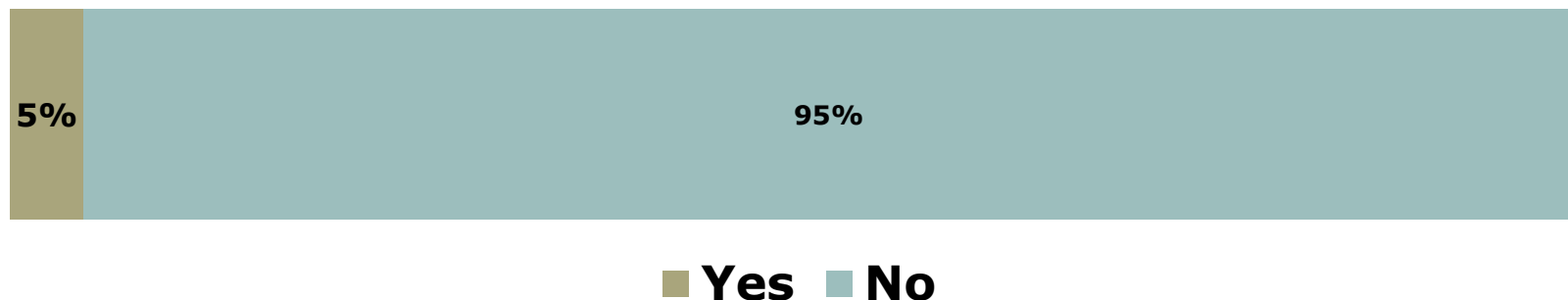


Measure: Privacy

**Confident about privacy of treatment information:
95%**

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=738)



Measure: Cultural Competency

Care responsive to cultural needs: 74%

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=54)

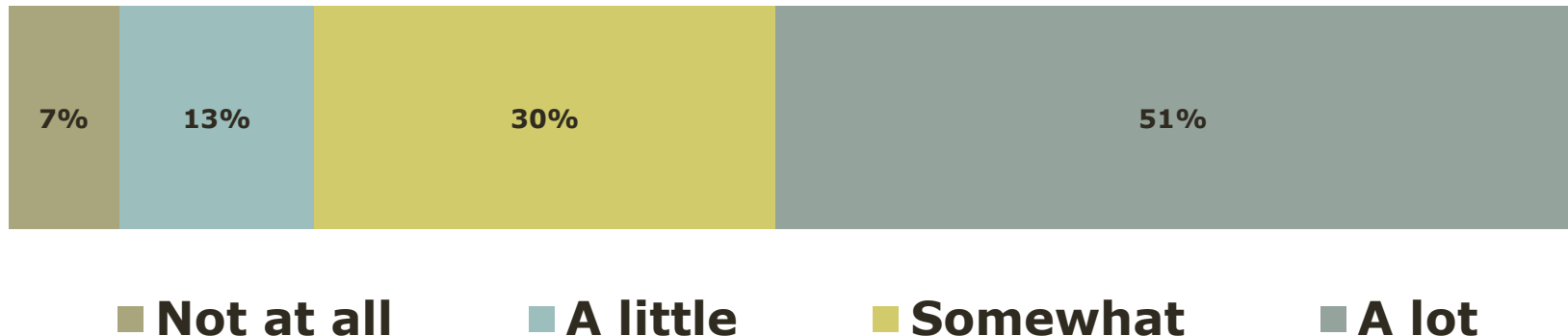


Measure: Amount helped

Amount helped by treatment: 51%

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=935)



Measure: Treatment after benefits are used up

Plan provides information about how to get treatment after benefits are used up: 53%

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=115)

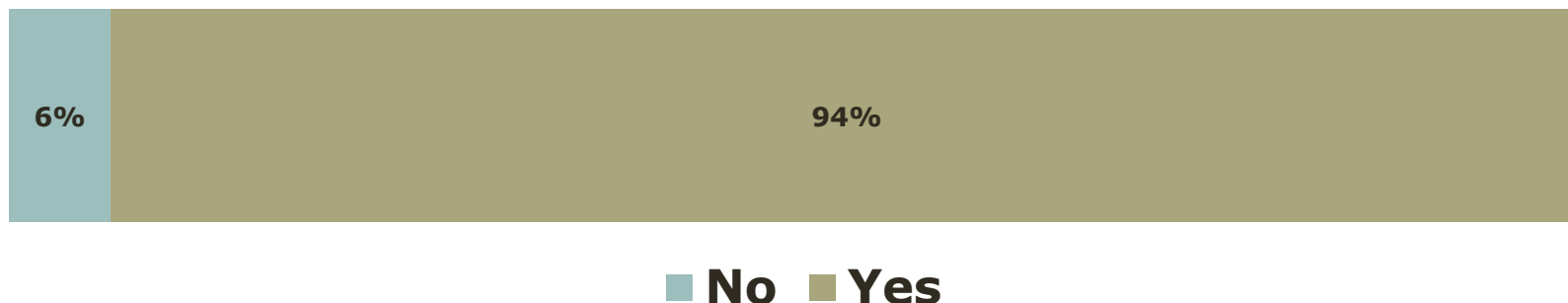


Measure: Discussed goals of child's treatment

Goals of child's counseling or treatment discussed completely: 94%

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=733)



DETAILED FINDINGS

Statistically Significant Differences by Subgroup

Results Comparison by Race

Items with Statistically Significant Results

Q29	In the last 12 months, how often did the people your child saw for counseling or treatment spend enough time with you? (% Always)
Q22	In the last 12 months, were you given information about different kinds of counseling or treatment that are available for your child? (% 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)
Q19	In the last 12 months, were the goals of your child's counseling or treatment discussed completely with you? (% Yes)

Results Comparison by Race

	Overall		Score Spread	Black/African American		White		More than one race		Other	
	<u>N</u>	<u>Score</u>		<u>N</u>	<u>Score</u>	<u>N</u>	<u>Score</u>	<u>N</u>	<u>Score</u>	<u>N</u>	<u>Score</u>
Q29	702	54%	16%	382	58%	205	48%	64	42%	51	53%
Q22	697	76%	13%	377	82%	206	69%	63	73%	51	69%
Q26	701	95%	10%	381	96%	206	93%	63	100%	51	90%
Q19	694	94%	9%	377	97%	202	90%	64	94%	51	88%

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 Child Age Group

Items with Statistically Significant Results

- Q18 In the last 12 months, how often were you involved as much as you wanted in your child's counseling or treatment? (% Yes)
- 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? (% Always)
- Q20 In the last 12 months, how often did your family get the professional help you wanted for your child? (% 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)
- 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 Child 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
Q18	729	77%	17%	55	85%	152	75%	148	82%	135	82%	146	74%	93	68%
Q34	927	30%	16%	83	40%	200	34%	186	34%	161	24%	181	24%	116	28%
Q20	722	59%	24%	54	72%	149	48%	147	65%	136	60%	144	60%	92	54%
Q29	729	54%	27%	55	73%	152	55%	148	61%	136	49%	146	46%	92	48%
Q22	725	76%	19%	54	87%	151	80%	148	76%	136	71%	145	79%	91	68%
Q25	721	86%	11%	55	85%	150	79%	144	89%	135	88%	145	90%	92	80%
Q30	924	51%	15%	84	58%	198	54%	186	58%	160	49%	181	45%	115	43%
Q19	721	94%	10%	55	96%	151	94%	147	95%	133	94%	143	96%	92	86%

Maximum
value

Minimum
Value

Results Comparison by Primary Disability Designation

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)

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)

Q33 Compared to 12 months ago, how would you rate your child's ability to deal with social situations now? (% Much better)

Q35 Compared to 12 months ago, how would you rate your child's problems or symptoms now? (% Much better)

Results Comparison by Primary Disability Designation

	Overall		Score Spread	Developmental Disability		Severe Emotional Disability	
	<u>N</u>	<u>Score</u>		<u>N</u>	<u>Score</u>	<u>N</u>	<u>Score</u>
Q7							
Q42	664	48%	10%	246	42%	418	52%
Q33	214	55%	17%	101	46%	113	63%
Q35	931	26%	8%	407	21%	524	29%
Q25	929	25%	6%	405	22%	524	28%

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

Results Comparison by Service Type

Items with Statistically Significant Results

Q3 In the last 12 months, how often did you get the professional counseling your child needed on the phone? (% Always)

Q7 In the last 12 months, how often did your child get an appointment for counseling or treatment as soon as you wanted? (% Always)

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)

	Overall		Score Spread	Receiving autism services		Receiving general services	
	N	Score		N	Score	N	Score
Q3	468	47%	17%	104	34%	364	51%
Q7	664	48%	13%	201	39%	463	52%
Q42	214	55%	16%	88	45%	126	61%

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) |
| Q18 | In the last 12 months, how often were you involved as much as you wanted in your child's counseling or treatment? (% 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) |
| Q24 | In the last 12 months, were you given information about your child's rights as a patient? (% Yes) |

Results Comparison by CRSP

The following table compares results for the 14 CRSPs who had 30 or more respondents participate in the survey. Because of the size of the table, it is shown across three slides. On each slide, the overall score and the score spread for each question appear, with scores from 4 or 5 CRSPs.

	Overall		Score			Community Care Services		Community Living Services		Development Centers, Inc		Hegira Health, Inc	
	N	Score	<u>Minimum</u>	<u>Maximum</u>	<u>Spread</u>	N	Score	N	Score	N	Score	N	Score
Q12	653	66%	49%	84%	34%	41	61%	41	71%	37	84%	48	54%
Q13	651	77%	61%	92%	31%	40	78%	41	85%	37	92%	49	61%
Q18	649	77%	62%	90%	28%	41	78%	41	90%	37	86%	47	70%
Q29	650	54%	36%	73%	37%	42	45%	41	66%	37	70%	48	38%
Q22	644	76%	47%	100%	53%	41	66%	41	76%	36	89%	46	61%
Q24	629	92%	83%	100%	18%	40	83%	40	100%	35	97%	45	84%

Maximum
value

Minimum
Value

Results Comparison by CRSP

	Overall		Score			Lincoln Behavioral Services, Inc		Macomb-Oakland Regional Center, Inc		Neighborhood Service Organization		Northeast Integrated Health		PsyGenics, Inc	
	N	Score	Minimum	Maximum	Spread	N	Score	N	Score	N	Score	N	Score	N	Score
Q12	653	66%	49%	84%	34%	36	69%	15	60%	13	77%	32	66%	75	68%
Q13	651	77%	61%	92%	31%	36	75%	15	67%	13	92%	32	84%	75	76%
Q18	649	77%	62%	90%	28%	37	70%	15	67%	13	85%	30	70%	73	85%
Q29	650	54%	36%	73%	37%	37	51%	15	47%	13	46%	31	58%	73	60%
Q22	644	76%	47%	100%	53%	37	73%	15	80%	13	100%	30	73%	73	78%
Q24	629	92%	83%	100%	18%	36	94%	14	100%	13	100%	30	93%	70	86%

Maximum
value

Minimum
Value

Results Comparison by CRSP

	Overall		Score			Southwest Counseling Solutions		Starfish Family Services, Inc		The Children's Center of Wayne County		The Guidance Center		Wayne Center	
	<u>N</u>	<u>Score</u>	<u>Minimum</u>	<u>Maximum</u>	<u>Spread</u>	N	Score	N	Score	N	Score	N	Score	<u>N</u>	<u>Score</u>
Q12	653	66%	49%	84%	34%	16	81%	52	71%	133	71%	77	49%	37	59%
Q13	651	77%	61%	92%	31%	16	81%	52	77%	130	81%	77	66%	38	74%
Q18	649	77%	62%	90%	28%	16	69%	52	67%	132	83%	77	62%	38	76%
Q29	650	54%	36%	73%	37%	15	73%	51	59%	132	61%	77	36%	38	50%
Q22	644	76%	47%	100%	53%	15	47%	51	80%	132	81%	77	71%	37	76%
Q24	629	92%	83%	100%	18%	15	87%	50	96%	127	94%	76	93%	38	89%

Maximum value	Minimum Value
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Results Comparison by Survey Mode

Items with Statistically Significant Results

- Q3 In the last 12 months, how often did you get the professional counseling your child needed on the phone? (% Yes)
- 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)
- Q18 In the last 12 months, how often were you involved as much as you wanted in your child's counseling or treatment? (% Always)
- Q32 Compared to 12 months ago, how would you rate your child's ability to deal with daily problems now? (% Always)
- Q33 Compared to 12 months ago, how would you rate your child's ability to deal with social situations now? (% Always)
- Q11 In the last 12 months, how often was your child seen within 15 minutes of his or her appointment? (% Always)
- Q22 In the last 12 months, were you given information about different kinds of counseling or treatment that are available for your child? (% 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)
- 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 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>
Q3	468	47%	21%	331	51%	87	41%	50	30%
Q13	742	77%	17%	557	80%	106	71%	79	63%
Q14	742	81%	14%	559	83%	105	77%	78	69%
Q18	740	77%	11%	557	80%	105	69%	78	72%
Q32	931	32%	12%	685	34%	152	22%	94	31%
Q33	933	26%	10%	687	28%	152	18%	94	24%

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>
Q11	749	63%	17%	565	66%	106	49%	78	58%
Q22	734	76%	17%	554	80%	104	63%	76	68%
Q26	738	95%	7%	554	97%	106	92%	78	90%
Q30	935	51%	13%	687	53%	153	46%	95	40%
Q19	733	94%	6%	550	95%	106	89%	77	91%
Q33									

Maximum
value

Minimum
Value

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