



Quality Improvement Steering Committee (QISC)

August 29, 2023

10:30am – 12:00pm

Via Zoom Link Platform

Agenda

- | | |
|---|-------------------------|
| I. Welcome | T. Greason |
| II. Authority Updates | Dr. S. Faheem |
| III. Approval of Agenda | Dr. S. Faheem/Committee |
| IV. Approval of Minutes
📅 July 18 th , 2023 | Dr. S. Faheem/Committee |
| V. Follow-up Items
QAPIP Effectiveness
📅 Customer Service | |
| ○ SFY 2022 ECHO Survey Timelines for Implementing Interventions (Provider Feedback) | |
| ▪ Adults | M. Lyons |
| ▪ Children | C. Phipps |
| ○ SFY 2023 ECHO Survey Preliminary Results | |
| ▪ Adults | M. Keyes-Howard |
| VI. Adjournment | |



Quality Improvement Steering Committee (QISC)

August 29, 2023

10:30am – 12:00pm

Via Zoom Link Platform

Meeting Minutes

Note Taker: DeJa Jackson

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

1) Item: Welcome: Tania asked the committee to put their names, email addresses, and organization into the chat for attendance.

2) Item: Authority Updates: Dr. Faheem shared the following updates: There has been a delay with the opening of the Crisis Center, as we were hoping for an opening somewhere in October, but because of one of the generator issues, there is a little bit of a post delay, the new opening date has been moved to the end of the year. Another area of work that we're doing in the crisis site is working on launching some of the mobile crisis teams, where they'll be able to respond to people in the community which would assist with the decrease people ending up in emergency departments, which would ultimately improve the rate of hospitalizations and connection without patient services. The Quality Improvement Team has been working with HSAG for the External Quality Reviews (EQR). The HSAG Compliance Review SFY2023 was completed this month, DWIHN is awaiting the scores from the review and will share with this committee once received.

3) Item: Approval of Agenda: Agenda for August 29th, 2023, Meeting Approved.

4) Item: Approval of Minutes: QISC Meeting Minutes for July 18th, 2023 Approved.



5) Item: Follow-up Items

Goal: QAPIP Effectiveness: Customer Service

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

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

Discussion		
<p>Cassandra Phipps Director of Children’s Initiatives discussed the following with the committee for updates and feedback.</p> <p>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. Purpose: The purpose was to assess the experiences of adults and families whose children received mental health or substance use disorder services through DWIHN in the previous 12 months. Adults: DWIHN provided the Center with a randomly selected list of 4,305 members, out of the approximately 77,000 adults receiving services. Children: DWIHN provided the Center with a sample of 4,450 members, out of the approximately 17,000 children receiving services. Based on the ECHO SFY 2022 results there have been four (4) objectives that have been identified for both the Adult and Children populations.</p> <ul style="list-style-type: none"> • Goals/Objectives: <ul style="list-style-type: none"> ○ Goal: Improve satisfaction of services for adults, children, and families. <ul style="list-style-type: none"> • Objective 1: Improve overall treatment by at least 10%. Interventions: <ul style="list-style-type: none"> ✚ Adults: Year 2021 = 51% ✚ Children: Year 2021 = 51% • A. Review and or update the current Individual Plan of Services (IPOS) policy to include frequency to explore satisfaction of services feedback. • B. Explore with Providers how currently discussing satisfaction of services (Ex: surveys, periodic reviews, progress notes, “Happy or Not” kiosk) • C. Research “Happy or Not” Kiosk to be added at Provider locations as well as Smiley Digital app to connect virtually (Discontinued, too costly) • D. Focus Groups 		



<ul style="list-style-type: none"> • E. IPOS Trainings • F. Currently offer CLS Satisfaction Survey – Children Services • G. Mystery Shopper • H. Identify and track provider no-show/frequent cancel patterns and identify a plan for follow-up. • I. Member Meeting educating members on the Person-Centered Planning process • Objective 2: Improve office visit wait time by at least 10% Interventions: <ul style="list-style-type: none"> ✚ Adults: Year 2021 = 44% ✚ Children: Year 2021 = 63% <ul style="list-style-type: none"> • A. Research and define reasonable office visit wait time expectations • B. Develop and or amend the policy to address Provider office visit wait time. • C. Establish Customer Service / Provider Mystery Shopper Tool • D. Research “Happy or Not” Kiosk to be added at Provider locations as well as the Smiley Digital app to connect virtually (Discontinued, too costly). • E. Compare sign-in sheet time vs. session start time at the Providers. • Objective 3: Improve member and or family perceived progress with treatment by at least 10% Interventions: <ul style="list-style-type: none"> ✚ Adults: Year 2021 = 57% ✚ Children: Year 2021 = 51% <ul style="list-style-type: none"> • A. DWIHN / CRSP to host focus groups with members and or Parents / Guardians to obtain feedback of satisfaction of services. • B. Peer Mentors to be included as part of the intervention process in the development of the member’s IPOS • Objective 4: Improve member informed of treatment options after benefits are depleted by at least 10% <ul style="list-style-type: none"> ✚ Adults: 2021 = 56% ✚ Children: 2021 = 53% 		
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<ul style="list-style-type: none"> • A. Review procedures and provide additional training for providers regarding transition and discharge summaries • B. Develop 14-day follow-up protocol for discharged members. • C. When does discharge planning begin? At intake- review with providers explanation of services, benefits, and discharge process. • D. Review a sample of Discharge Summaries to determine if additional benefits were offered to members upon discharge. <p>Discussion also ensued regarding updating the <i>Individual Plan of Service (IPOS)</i> Policy to assist with the intervention of exploring “Satisfaction of Services” with the member or the family. The update will include the frequency of exploring satisfaction to no less than quarterly. The policy will also note what action steps to take in the event members and guardians are dissatisfied with services. The committee agreed with this recommendation for updating the policy as noted.</p>		
Provider Feedback	Assigned To	Deadline
<p>Questions/Concerns:</p> <ol style="list-style-type: none"> 1. What is driving the timelines for completion? 2. When are we going to bring it back with updates in terms of things like what success has been for all your interventions? <p>Answers:</p> <ol style="list-style-type: none"> 1. DWIHN is in the final stages of completion for the interventions and the due dates that we’ve identified are not honed by any other type of requirement. We are making sure that we prioritize the interventions. 2. Once everything is officially in place, we receive a time period after to evaluate the outcomes. 		
Action Items	Assigned To	Deadline
<p>A Review of the Individual Service Policy (IPOS) will be conducted to include the frequency of exploring satisfaction of services with the member and or family/guardian. The policy will also be updated to include action steps to take in the event of dissatisfaction with services.</p>	CPI (Alison Gabridge)	November 30, 2023



5) Item: Follow-up Items

Goal: QAPIP Effectiveness: Customer Service

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

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

Discussion		
<p>Margaret Keyes-Howard provided an overview of the SFY2023 ECHO Adult Survey Results (Preliminary) to include the following:</p> <p>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) Adult Survey* with its members. The purpose of the survey was to assess the experiences of adults who have received mental health or substance use disorder services through DWIHN in the previous 12 months. DWIHN provided the Center with a randomly selected list of 6,000 members, out of the approximately 45,000 adults receiving services. The survey was administered via three modes:</p> <ul style="list-style-type: none"> • The Center mailed the members a paper survey. • A link to the web version was included with the mailed invitation. • 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. <p>Survey Highlights include the following:</p> <ul style="list-style-type: none"> • 797 DWIHN members responded to the survey. • 618 members reported receiving services in the past year (81% of the 761 who responded to this question). <p>Based on the findings from this survey, DWIHN might consider several avenues to refine operations, including:</p> <ul style="list-style-type: none"> • 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. • Working with service providers to identify barriers to members getting help quickly and to explore potential solutions; and • Investigating differences between subgroups (especially gender, race, age, and CRSP) to understand whether those differences are due to discrepancies in services received, perceptions around services, or a combination of these and other factors. 		
Provider Feedback	Assigned To	Deadline



No Provider feedback provided.		
Action Items	Assigned To	Deadline
Summary information will be provided to the committee for follow-up during the meeting in October/November 2021. Children Survey (Preliminary) data will also be shared in October/November of 2023 for provider feedback.	CS – Margaret Keyes-Howard	November 30, 2023

New Business Next Meeting: September 26, 2023

Adjournment: August 29, 2023



DETROIT WAYNE INTEGRATED HEALTH NETWORK

ECHO Survey Presentation
QISC Meeting 8.29.23

800-241-4949
www.dwihn.org

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.

Purpose: The purpose was to assess the experiences of adults and families whose children received mental health or substance use disorder services through DWIHN in the previous 12 months.

Adults: DWIHN provided the Center with a randomly selected list of 4,305 members, out of the approximately 77,000 adults receiving services.

Children: 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.

2021 ECHO SURVEY - ADULTS

► Composite Rating over the past 3 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%

2021 ECHO SURVEY - ADULTS

► Single Item Rating over the past 3 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%

2021 ECHO SURVEY - CHILDREN

► Composite Rating over the past 3 years

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% ↑

2021 ECHO SURVEY - CHILDREN

► Single Item Rating over the past 3 years

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%	

GOALS / OBJECTIVES

Goal: Improve satisfaction of services for adults, children, and families

Objective 1: Improve overall treatment by at least 10%

- ▶ Adults: Year 2021 = 51%
- ▶ Children: Year 2021 = 51%

Interventions:

A). Review and or update current Individual Plan of Services (IPOS) policy to include frequency to explore satisfaction of services feedback

Update with action plan:

1. Providers complete quarterly (Tania research state requirement) add language/plan for what is next step when members are not satisfied with services/treatment

***Deadline: 10/31/23**

***Responsible: Alison Gabridge**

GOALS / OBJECTIVES

Interventions (Cont):

B). Explore with Providers how currently discussing satisfaction of services (Ex: surveys, periodic reviews, progress notes, “Happy or Not” kiosk)

Update with action plan:

1. For Fiscal Year 2024 Providers share satisfaction surveys with MCO. Develop a generic satisfaction survey

*Deadline: 10/31/23 *Responsible: Margaret Keyes-Howard

2. Draft memo and brief survey to capture how collecting satisfaction of services

*Deadline: 10/31/23 *Responsible: Cassandra Phipps

C). Research “Happy or Not” Kiosk to be added at Provider locations as well as Smiley Digital app to connect virtually

Update with action plan:

This will be deleted as an option due to cost/inability to monitor use

GOALS / OBJECTIVES

Interventions (Cont):

D). Focus Groups

E). IPOS Trainings (April 2023, July 2023, October 2023)

F). Currently offer CLS Satisfaction Survey - Children Services

G). Mystery Shopper

H). Identify and track provider no show/frequent cancel patterns and identify a plan for follow up

Update with action plan:

1. Identify no show rate per CRSP per program (Ex: Home Based, outpatient, case management, supports coordination) and do a small survey with a group of members with higher no-show rate patterns

*Deadline: 12/31/2023

* Responsible: Alison Gabridge,

Cassandra Phipps, Margaret Keyes-Howard

GOALS / OBJECTIVES

Interventions (Cont):

J). Member Meeting educating members on the Person Centered Planning process

Update with action plan:

Member Engagement Department started July 2023 educating on Person Centered Planning process and how members ask questions (ex: Clubhouse).

***Deadline: Complete quarterly *Responsible: Margaret Keyes-Howard**

GOALS / OBJECTIVES

Goal: Improve satisfaction of services for adults, children, and families

Objective 2: Improve office visit wait time by at least 10%

- ▶ Adults: Year 2021 = 44%
- ▶ Children: Year 2021 = 63%

Interventions:

A). Research and define reasonable office visit wait time expectations

Update with action plan:

1. Research appropriate wait time for sessions for behavioral health

***Deadline: 9/30/23 *Responsible: Tania Greason and Alison Gabridge**

B). Develop and or amend policy to address Provider office visit wait time.

Update with action plan:

1. Update policy and quality audit tools to include wait time expectation

***Deadline: 12/31/23 *Responsible: Tania Greason and Alison Gabridge**

GOALS / OBJECTIVES

Interventions (Cont):

C). Establish Customer Service / Provider Mystery Shopper Tool.

D). Research “Happy or Not” Kiosk to be added at Provider locations as well as Smiley Digital app to connect virtually

Update with action plan:

This will be deleted as an option due to cost/inability to monitor use

E). Compare sign in sheet time vs. session start time at the Providers

GOALS / OBJECTIVES

Goal: Improve satisfaction of services for adults, children, and families

Objective 3: Improve member and or family perceived progress with treatment by at least 10%

- ▶ Adults: Year 2021 = 57%
- ▶ Children: Year 2021 = 51%

Interventions:

See Interventions A,B,C from Objective 1

D). DWIHN / CRSP to host focus groups with members and or Parents / Guardians to obtain feedback of satisfaction of services.

Update with action plan:

1. Add modifiers to Evidenced Based Practices (EBP) to track outcomes

***Deadline: 9/30/23 *Responsible: Cassandra Phipps and Marianne Lyons**

2. Add to IPOS/Assessment Policies that outcomes of assessments (DECA, CAFAS, PECFAS, LOCUS, PHQ) are reviewed and explained to members quarterly

***Deadline: 9/30/23 *Responsible: Tania Greason, Marika Orme,**

Monica Hampton



GOALS / OBJECTIVES

Interventions (Cont):

E. Peer Mentors to be included as part of the intervention process in the development of the member's IPOS

Update with action plan:

1. Ensure IPOS policy includes that any natural supports and/or professionals assisting with the treatment of members are invited to participate in the treatment planning process

***Deadline: 9/30/23**

***Responsible: Alison Gabridge**

GOALS / OBJECTIVES

Goal: Improve satisfaction of services for adults, children, and families

Objective 4: Improve member informed of treatment options after benefits are depleted by at least 10%

- ▶ Adults: 2021 = 56%
- ▶ Children: 2021 = 53%

Interventions:

A). Review procedures and provide additional training for providers regarding transition and discharge summaries.

Update with action plan:

1. Review procedures regarding transition and discharge summaries

***Deadline: 9/30/23**

***Responsible: Marianne Lyons**

2. Develop a discharge summary link in MHWIN

***Deadline: 9/30/23**

***Responsible: Cassandra Phipps**

3. Facilitate a CRSP Discharge Planning Training for FY 2024

***Deadline: 3/31/2024**

***Responsible: Alison Gabridge, Marianne Lyons,
Cassandra Phipps**

GOALS / OBJECTIVES

Interventions (Cont):

4. Develop a Discharge Summary template in MHWIN with workgroup of Providers

***Deadline: 12/31/23** ***Responsible: Cassandra Phipps and Marianne Lyons**

B). Develop 14 day follow up protocol for discharged members.

Update with action plan:

1. Update Case Closure Policy that CRSP complete a 14 day follow up protocol for discharged members

Deadline: 9/30/23 ***Responsible: Marianne Lyons**

C). When does discharge planning begin? At intake- review with providers explanation of services, benefits and discharge process.

Update with action plan:

1. Review discharge planning language on clinical documentation for IBPS, IPOS, Periodic Reviews

***Deadline: 9/30/23** ***Responsible: Alison Gabridge**

GOALS / OBJECTIVES

Interventions (Cont):

D). Review a sample of Discharge Summaries to determine of additional benefits were offered to members upon discharge.

Update with action plan:

1. Review a sample of Discharge Summaries to determine if additional benefits were offered to members upon discharge

*Deadline: 9/30/23

*Responsible: Alison Gabridge and Cassandra Phipps

Questions





EXPERIENCE OF CARE AND HEALTH OUTCOMES

Findings from the 2022-2023

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) Adult 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 6,000 members, out of the approximately 45,000 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 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 scores of two to six 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

- 797 DWIHN members responded to the survey.
- 618 members reported receiving services in the past year (81% of the 761 who responded to this question).
- Compared to the sample, respondents:
 - were less likely to have a guardian (5% vs. 10%); and
 - were less likely to have a primary disability designation (PDD) of developmental disability (7% vs. 10%) and more likely to have a PDD of severe mental illness (87% vs. 80%).

Survey Highlights (*cont.*)

- DWIHN scored well on several of the ECHO reporting measures, notably:
 1. Privacy (91%);
 2. Patients rights information (88%); and
 3. Information to manage condition (80%).
- There were three measures with scores of less than 50%:
 1. Perceived improvement (30%);
 2. Getting treatment quickly (44%); and
 3. Office wait (49%).
 - While this measure remains below 50%, it has increased from 33% in 2017 to 49% in 2023.
- Results in 2023 were roughly the same as in 2021, with one exception:
 - A lower percentage of members reported that they felt they could refuse a specific type of treatment (78% in 2023 vs. 84% in 2021; this difference was statistically significant, $p < 0.05$)

Sample Profile

- DWIHN provided a random sample of 6,000 members, who were 18 years and older and had received services in the past year.

Characteristic	Number	Percentage
Dual Eligible (Medicaid/Medicare)	1,000	17%
Primary Disability Designation: Developmental Disability	581	10%
Primary Disability Designation: Severe Mental Illness	4,805	80%
Has Guardian	585	10%
No Valid Address	662	11%
No Valid Phone Number	498	8%
No Valid Address or Phone Number	106	2%

Survey Response

- Overall, **797** responded to the survey.
- Over 80% 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	557	70%	227	28%	13	2%	797	100%

Reporting services in past 12 months	618	81%
Out of	761	

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

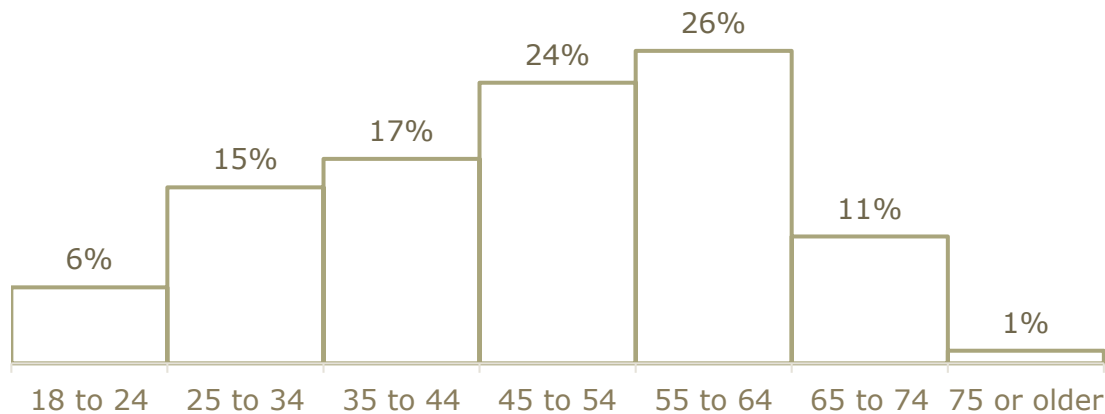
- Compared to the overall sample of 6,000 members, the 797 respondents were less likely to have a guardian and more likely to have a PDD of severe mental illness rather than developmental disability (differences were statistically significant, $p < 0.05$).
- There were 44 Clinically Responsible Service Providers (CRSPs) represented in the sample, compared to 29 in the respondent pool. However, the missing CRSPs each served 16 or fewer members in the sample.

Characteristic	<u>SAMPLE</u>		<u>RESPONDENTS</u>	
	Number	Percentage	Number	Percentage
Dual Eligible (Medicaid/Medicare)	1,000	17%	134	17%
Primary Disability Designation: Severe Mental Illness	4,805	80%	697	87%
Primary Disability Designation: Developmental Disability	581	10%	53	7%
Has Guardian	585	10%	41	5%
CRSPs	44	--	29	--

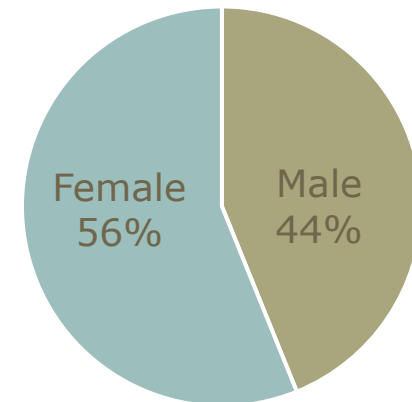
Respondent Demographics: Age and Gender

- Half of respondents reported their ages to be between 45 and 64.
- Over half of respondents identified as female.

**Respondent Age Distribution
(N=750)**



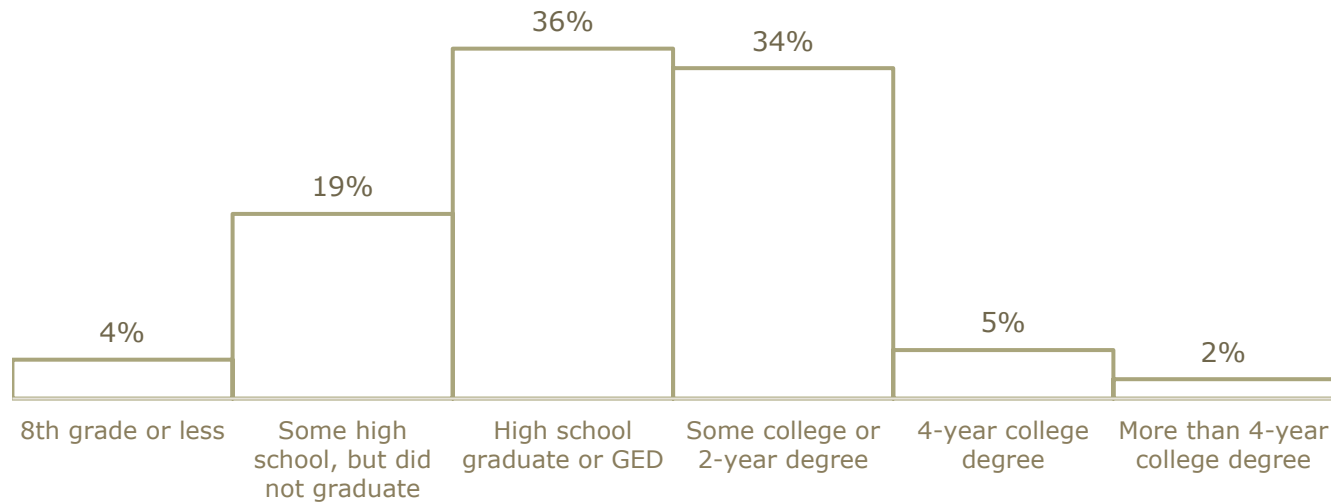
**Respondent Gender
(N = 752)**



Respondent Demographics: Education Level

- Over $\frac{3}{4}$ of respondents reported completing high school or beyond, with approximately 40% having attended at least some college.

What is the highest grade or level of school that you have completed? (N=740)



Respondent Demographics: Race and Ethnicity

Race (N=728)	Number	Percentage
Black or African American	470	65%
White	181	25%
Other	46	6%
Two or more Races	20	3%
American Indian or Alaska Native	7	1%
Asian	3	<1%
Native Hawaiian or Pacific Islander	1	<1%

Respondents could identify as many races as applied. Twenty indicated multiple races and appear as “Two or More Races” above. “Other” was an option on the survey and was selected by 46 people.

Are you of Hispanic or Latino origin or descent?	Number	Percentage
Yes	40	5%
No	698	95%

Respondent Demographics: Overall Health

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

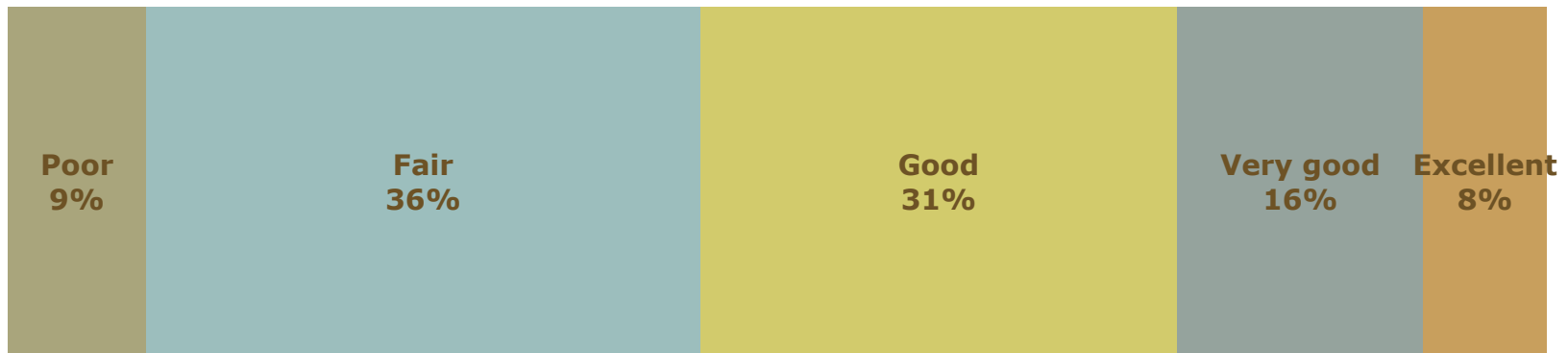
In general, how would you rate your overall health now?(N=750)



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=610)



Help with the Survey

- Roughly one-tenth (n=22) of mail and web respondents indicated that someone had helped them complete the survey.
- 41 respondents shared one or more ways that someone had helped them with the survey:

How did that person help you?	Respondents	
	Number	Percentage
Read the questions to me	26	63%
Wrote down the answers I gave	10	24%
Answered the questions for me	6	15%
Translated the questions into my language	4	10%
Helped in some other way	7	17%

Notes: For 6 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>44%</u>
	How well clinicians communicate	<u>69%</u>
	Getting treatment and information from the plan or MBHO	<u>57%</u>
	Perceived improvement	<u>30%</u>
	Information about treatment options	<u>69%</u>
	Global Rating: Treatment (Overall rating of counseling and treatment)	<u>52%</u>
Single Item Measures	Office wait	<u>49%</u>
	Told about medication side effects	<u>76%</u>
	Including family and friends	<u>55%</u>
	Information to manage condition	<u>80%</u>
	Patient rights information	<u>88%</u>
	Patient feels he or she could refuse treatment	<u>78%</u>
	Privacy	<u>91%</u>
	Cultural competency	<u>76%</u>
	Amount helped	<u>59%</u>
	Treatment after benefits are used up	<u>56%</u>

ECHO Reporting Measures, Comparison Across Years

Composite Measures and Global Rating	2017	2020	2021	2023
Getting treatment quickly	37%	43%	46%	<u>44%</u>
How well clinicians communicate	65%	68%	68%	<u>69%</u>
Getting treatment and information from the plan or MBHO	54%	57%	51%	<u>57%</u>
Perceived improvement	29%	31%	30%	<u>30%</u>
Information about treatment options	70%	71%	68%	<u>69%</u>
Global Rating: Treatment (Overall rating of counseling and treatment)	46%	51%	51%	<u>52%</u>

Note: due slight change in rounding convention for composite measures in these reports, 2017 *Getting treatment and information from the plan or MBHO* and 2021 *Perceived improvement* differ slightly from prior reports.

ECHO Reporting Measures, Comparison Across Years

Single Item Measures	2017	2020	2021	2023
Office wait	33%	36%	44%	<u>49%</u>
Told about medication side effects	75%	74%	79%	<u>76%</u>
Including family and friends	59%	60%	60%	<u>55%</u>
Information to manage condition	78%	81%	75%	<u>80%</u>
Patient rights information	91%	91%	88%	<u>88%</u>
Patient feels he or she could refuse treatment*	78%	81%	84%	<u>78%</u>
Privacy	91%	91%	93%	<u>91%</u>
Cultural competency	76%	69%	69%	<u>76%</u>
Amount helped	52%	58%	57%	<u>59%</u>
Treatment after benefits are used up	48%	55%	56%	<u>56%</u>

Note: The difference between *Patient feels he or she could refuse treatment* in 2021 and 2023 (-6%) 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 between different subgroups on the items that comprise the Reporting Measures. We considered:
 - demographic characteristics (gender, race, ethnicity, age);
 - Medicaid/Medicare eligibility;
 - 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 8 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 Pearson's chi-squared test, several results had a statistically significant ($p < 0.05$) difference between subgroups:

Grouping	Items with Differences
<u>Gender</u>	Q19, Q20 , Q21, Q31, Q33
<u>Race</u>	Q13 , Q21
Ethnicity (Hispanic/Latino)	<i>None</i>
<u>Age Group</u>	Q5, Q7, Q11, Q14, Q18, Q20, Q22, Q28, Q29, Q32
<u>Medicare/Medicaid Eligibility</u>	Q5 , Q7, Q19 , Q29
<u>Guardian Status</u>	Q10, Q11, Q18
Primary Disability Designation	<i>None</i>
<u>CRSP</u>	Q7, Q19, Q22, Q28, Q41
<u>Survey Mode</u>	Q10, Q15, Q24, Q25, Q31, Q34

Bolded items had subgroups whose scores differed by 20% or more.

Statistically Significant Differences in Subgroups: Gender

- There were five items with statistically significant differences by gender. For example, male respondents were more likely to report that:
 - they were told about self help or support groups (78%), compared to 57% for female respondents;
 - someone talked to them about including their family or friends in treatment (66%), compared to female respondents (46%); and
 - they were given information about different kinds of available treatment (81%), compared to 69%.

Statistically Significant Differences in Subgroups: Race

- Overall, approximately three-quarters of respondents indicated the people they went to showed respect for what they had to say; however, ratings differed by race:
 - Those who reported their race as “Other” were most likely (89%) to report this, while White respondents were least likely (66%).
- Overall, roughly three-quarters of respondents indicated they were given information about different kinds of available treatment:
 - Black/African American respondents were most likely (78%) to report this, while White respondents were least likely (64%).

Statistically Significant Differences in Subgroups: Age Group

Ten items had statistically significant differences by age group, with the youngest respondents frequently having the lowest scores and those 65 to 74 years old having the highest. For example:

- 18-24 year old respondents were least likely to rate their treatment as a **9** or **10** (20%), while 65-74 year old respondents were most likely (66%).
- 38% of 18-24 year olds reported they were **always** involved as much as they wanted in their treatment, in contrast to 61% overall and 73% of 65-74 year olds.
- 34% of 18-24 year olds reported that they **always** got appointments as soon as they wanted, compared to 68% of 65-74 year olds and 48% overall.
- 36% of 18-24 year olds reported that the people they saw for treatment **always** spent enough time with them, in contrast to 62% overall and 70% for those 55-64 years old and those 65-74 years old.

Statistically Significant Differences in Subgroups: Eligibility

- Respondents who were dual eligible were most likely to report that:
 - someone asked them about involving friends or family in treatment (68%), compared to 55% overall and 35% of those who were eligible for Medicare only; and
 - they were helped a lot by their treatment (73%), compared to 59% overall and 55% for those eligible for neither.
- Respondents eligible for Medicare only were most likely to report that they **always** saw someone as soon as they wanted when they needed treatment right away (58%), compared to 39% overall and 34% for those eligible for neither.
- Overall, 48% of respondents reported they **always** got appointments as soon as they wanted.
 - Those with Medicare only or who were dual eligible reported this 58% of the time, compared to 49% of those with Medicaid only and 40% for those with neither.

Statistically Significant Differences in Subgroups: Guardianship Status

- Respondents with a guardian were more likely to report that they **always** were seen within 15 minutes of their appointment (75%), compared with 48% of those without guardians.
- Respondents without a guardian were more likely to report that the people they went to for treatment **always** listened carefully to them (67%), compared with 44% of those with guardians.
- Respondents without a guardian were more likely to report that they were **always** involved as much as they wanted in their treatment (62%), compared with 38% of those with guardians.

Statistically Significant Differences in Subgroups: CRSP

Five items had statistically significant differences across the different CRSPs, with differences between CRSP scores varying from 37% to 67%. For example:

- The percentage of respondents indicating someone had talked to them about including their family or friends in treatment ranged from 18% at Neighborhood Service Organization to 85% at Development Centers.
- Respondents reporting getting help when calling customer service was **not a problem** varied from 93% at Lincoln Behavioral Services to 42% of respondents for whom DWIHN did not indicate a CRSP.
- Respondents reporting they were given as much information about managing their condition as they wanted ranged from 55% at Neighborhood Service Organization to 100% at Southwest Counseling Solutions.

Statistically Significant Differences in Subgroups: Survey Mode

There were six items with statistically significant differences between respondents who participated via different survey modes.

For example, those who participated via a CATI interview were more likely to report:

- They were seen with 15 minutes of their appointment (54%), compared to 37% by mail;
- They felt they could refuse a specific medicine or treatment (82%), compared to 68% by mail;
- They **always** felt safe with the people they went to for treatment (83%), compared to 72% by mail; and
- Their ability to deal with daily problems was **much better** (36%), compared to 25% by mail.

Opportunities

Based on the findings from this survey, DWIHN might consider several avenues to refine operations, 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;
- Working with service providers to identify barriers to members getting help quickly and to explore potential solutions; and
- Investigating differences between subgroups (especially gender, race, age, and CRSP) to understand whether those differences are due to discrepancies in services received, perceptions around services, or a combination of these and other factors.

Opportunities *(cont.)*

- The preceding areas could be studied in a variety of ways, including individual interviews or surveys with clinicians and/or administrators at CRSPs and focus groups with members.
- Additionally, DWIHN can consider investigating ways to gather feedback from members with guardians. Fewer than 50 members with guardians participated in the survey and only 21 of those reported services in the last 12 months. Focus groups with members with guardians, as well as *separate* focus groups with their guardians, could delve into:
 - their experiences of care;
 - what can be done to increase their participation in the ECHO survey; and
 - possible alternate means to solicit their input.

DETAILED FINDINGS

ECHO Reporting Measures

Measure: Getting Treatment Quickly

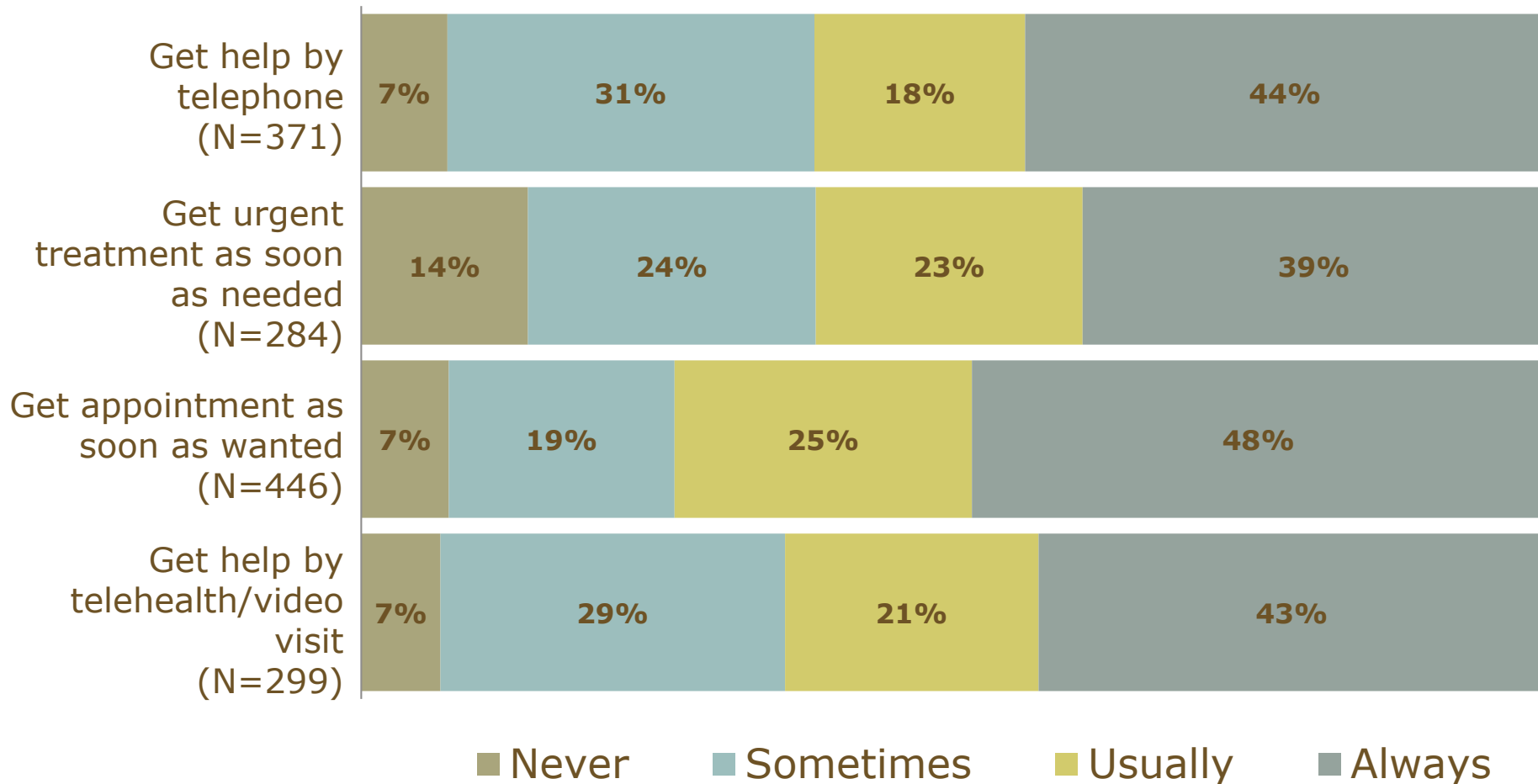
Getting treatment quickly: 44%

- 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?	44%
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?	39%
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?	48%
D2	In the last 12 months, how often did you get the professional counseling you needed through telehealth or video visit?	43%

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

Detail: Getting Treatment Quickly



Note: Due to rounding, percentages will not always sum to 100%.

Measure: How Well Clinicians Communicate

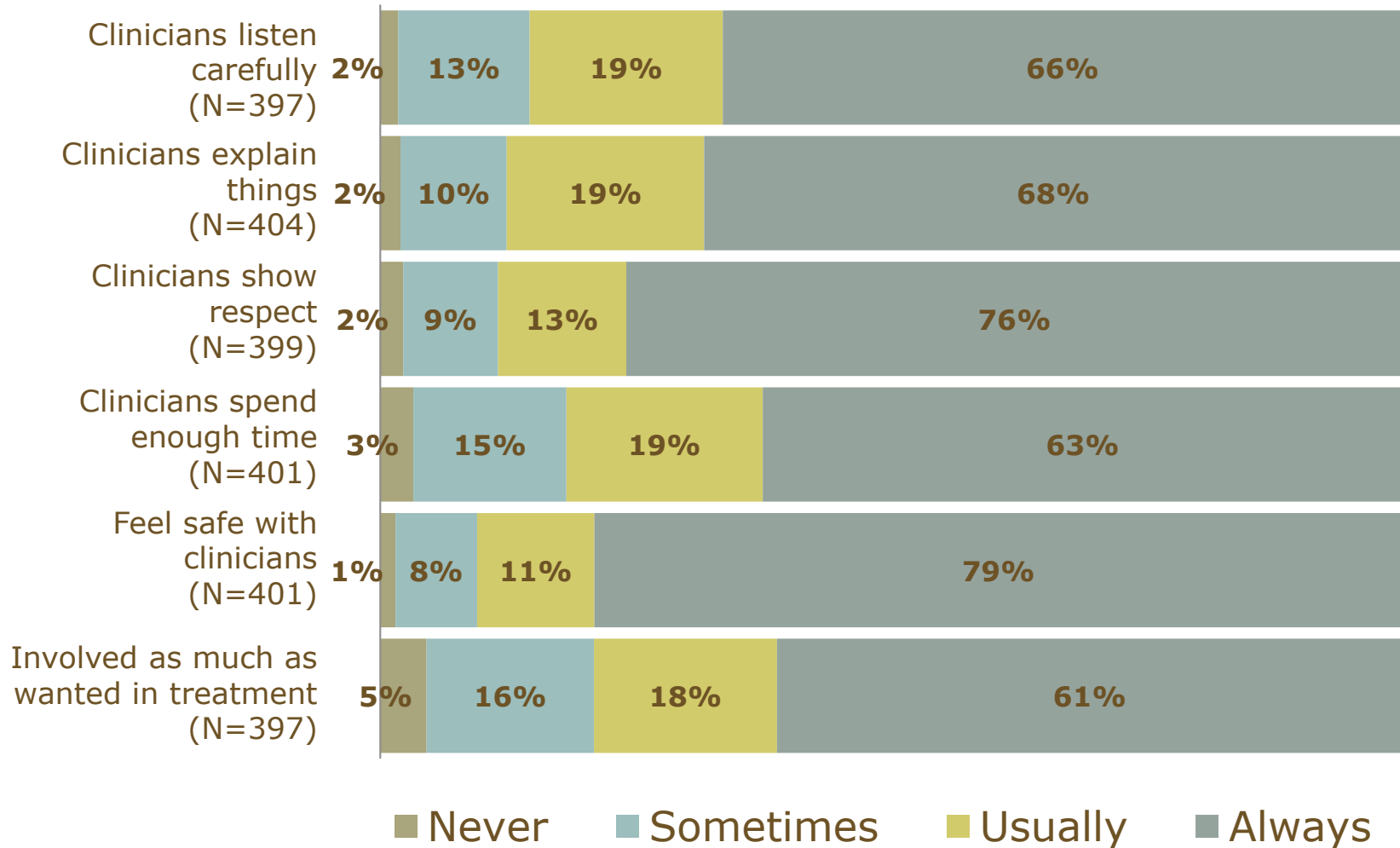
How Well Clinicians Communicate: 69%

- 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?	68%
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?	76%
Q14	In the last 12 months, how often did the people you went to for counseling or treatment spend enough time with you?	63%
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?	79%
Q18	In the last 12 months, how often were you involved as much as you wanted in your counseling or treatment?	61%

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

Detail: How Well Clinicians Communicate



Note: Due to rounding, percentages will not always sum to 100%.

Measure: Getting Treatment and Information from the Plan or MBHO

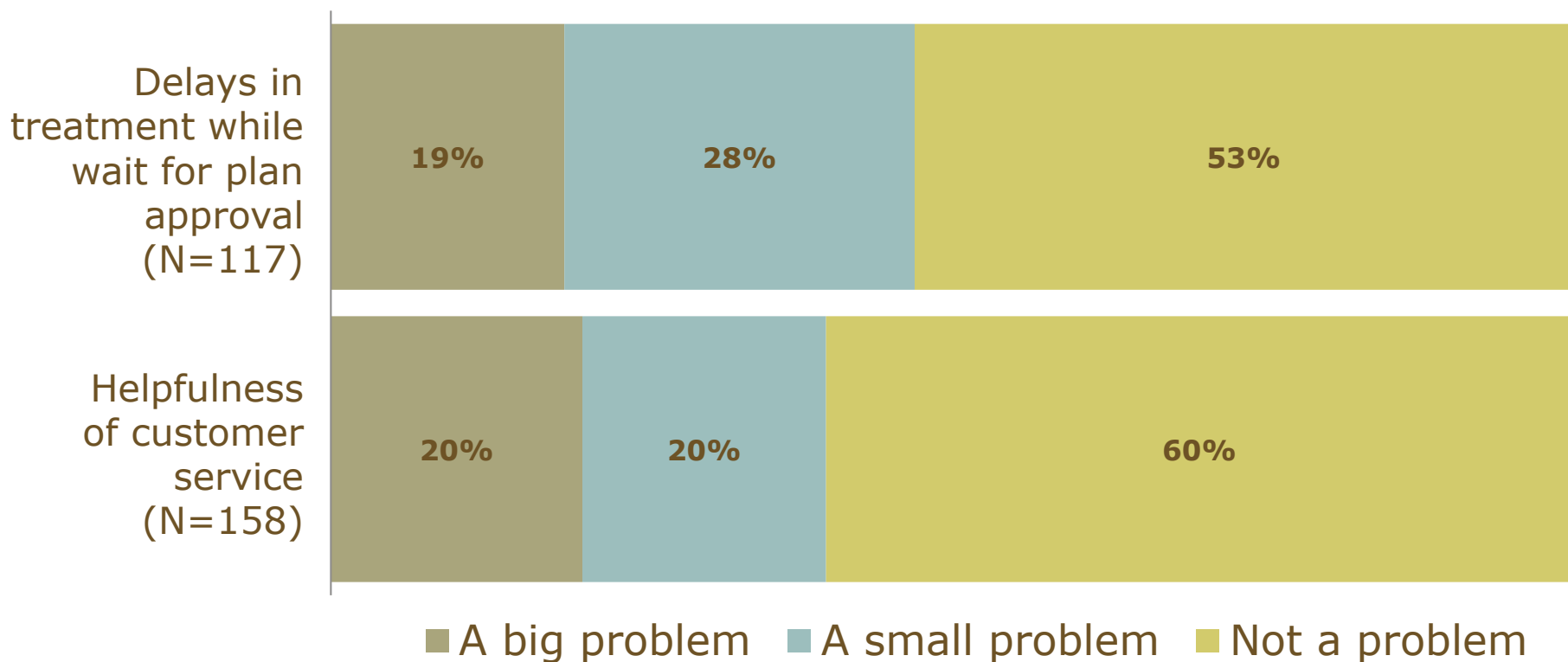
Getting Treatment and Information : 57%

- 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?	53%
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?	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: 30%

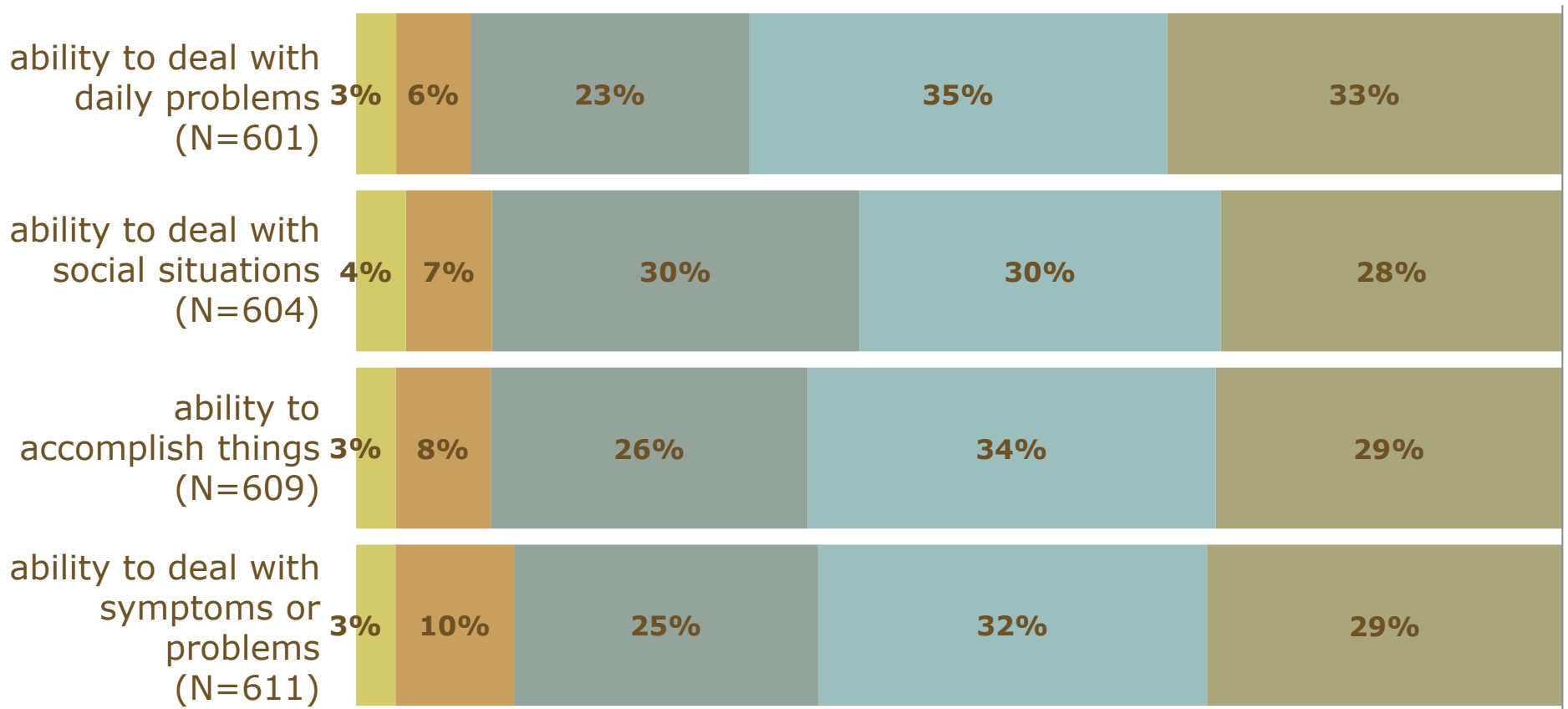
- This composite measure is based on these questions:

	Question	Score
Q31	Compared to 12 months ago, how would you rate your ability to deal with daily problems now?	33%
Q32	Compared to 12 months, how would you rate your ability to deal with social situations now?	28%
Q33	Compared to 12 months ago, how would you rate your ability to accomplish the things you want to do now?	29%
Q34	Compared to 12 months ago, how would you rate your problems or symptoms now?	29%

- 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

Note: Due to rounding, percentages will not always sum to 100%.

Measure: Information About Treatment Options

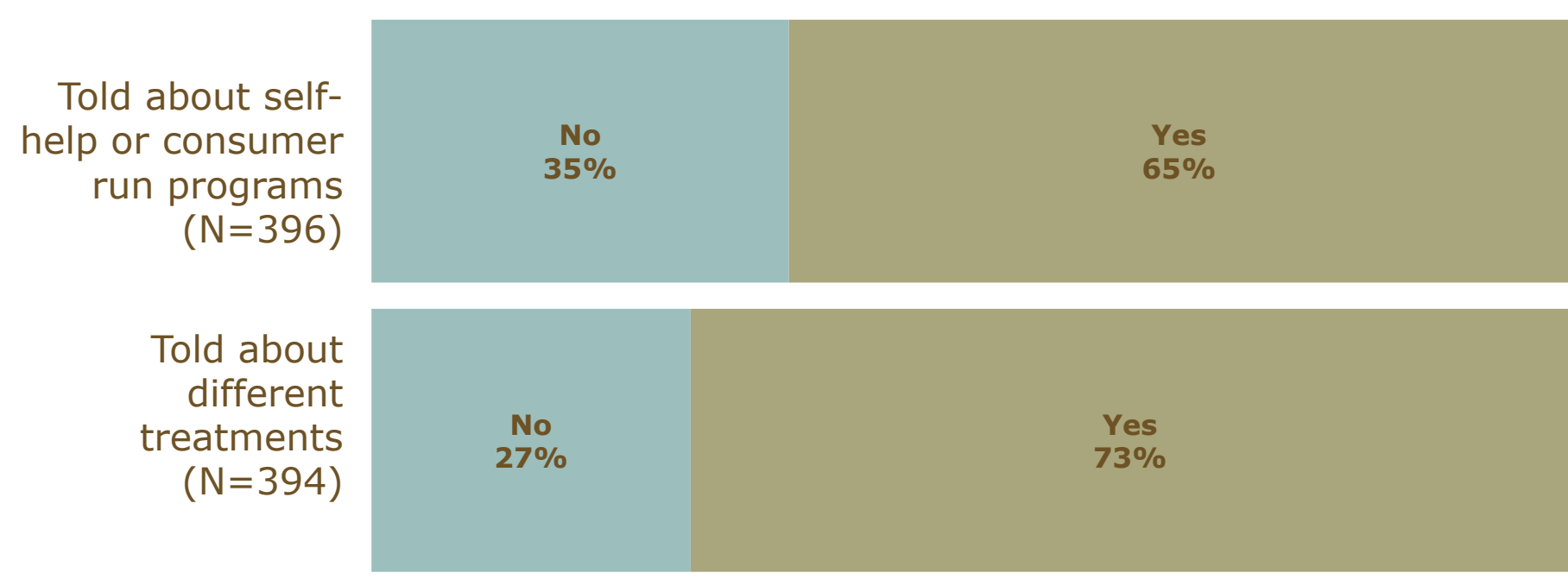
Information About Treatment Options: 69%

- 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?	65%
Q21	In the last 12 months, were you given information about different kinds of counseling or treatment that are available?	73%

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

Detail: Information About Treatment Options

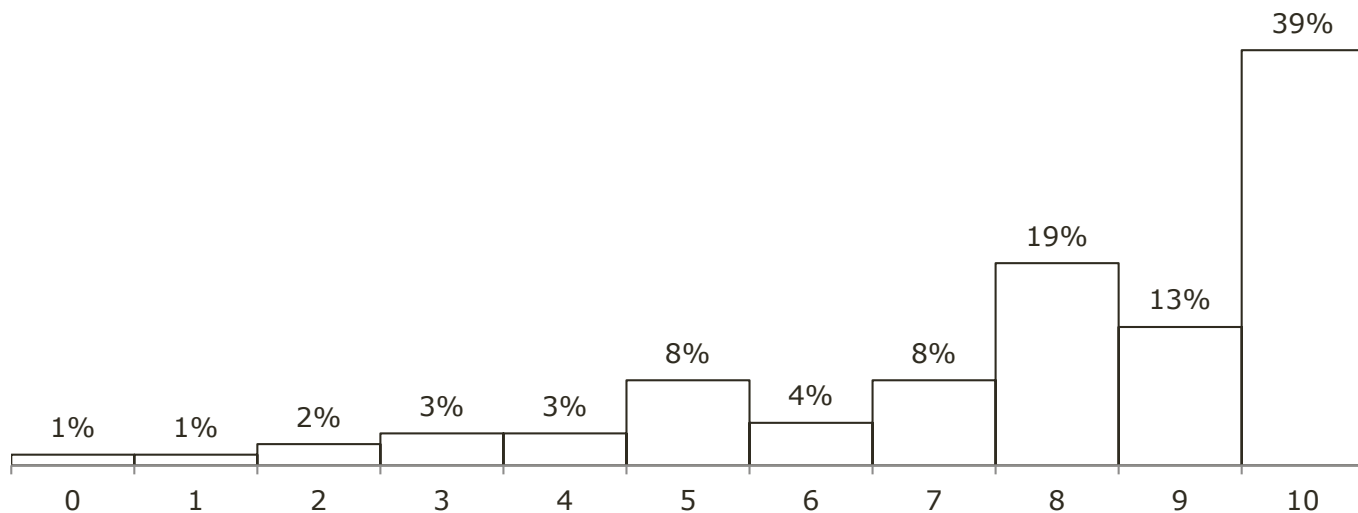


Measure: Global Rating - Treatment

Overall rating of counseling and treatment: 52%

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=399)



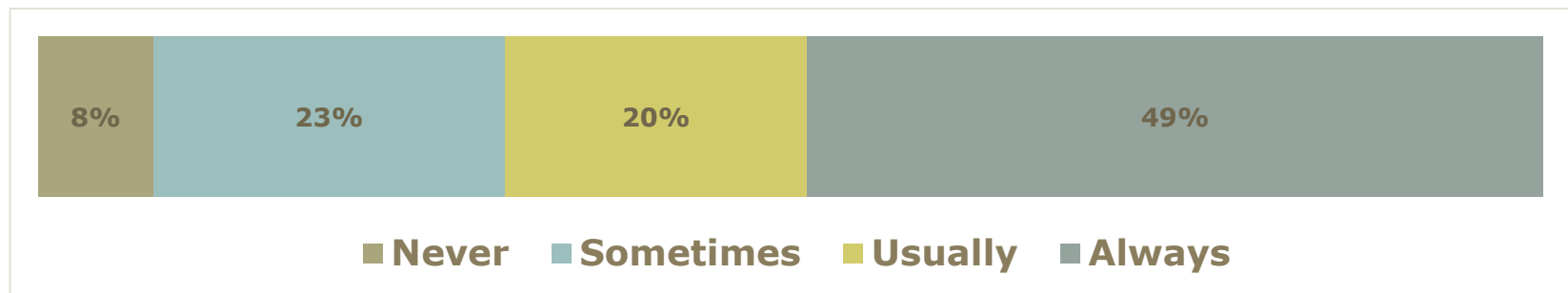
Note: Due to rounding, percentages will not always sum to 100%.

Measure: Office wait

Seen within 15 minutes of appointment time : 49%

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=403)



Measure: Told about medication side effects

Told about side effects of medication: 76%

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=329)



Measure: Including family and friends

Talk about including family and friends in treatment: 55%

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=399)

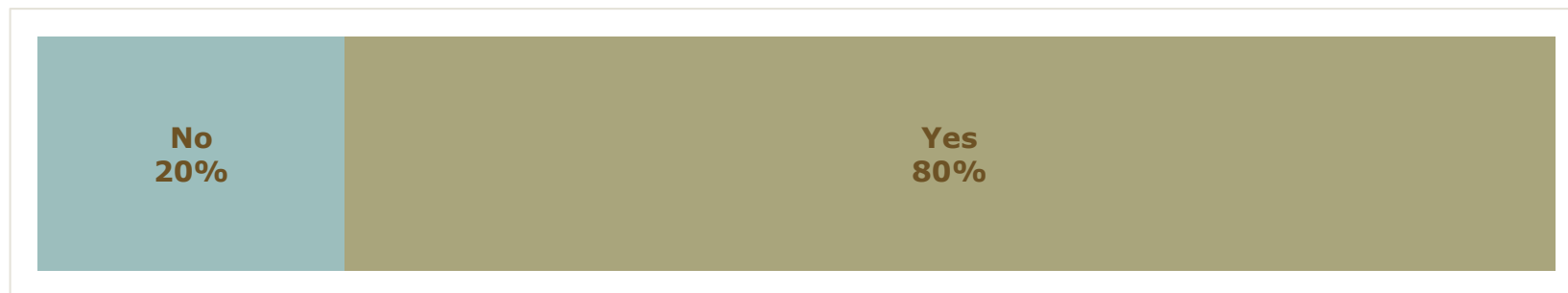


Measure: Information to manage condition

Given as much information as wanted to manage condition: 80%

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=401)

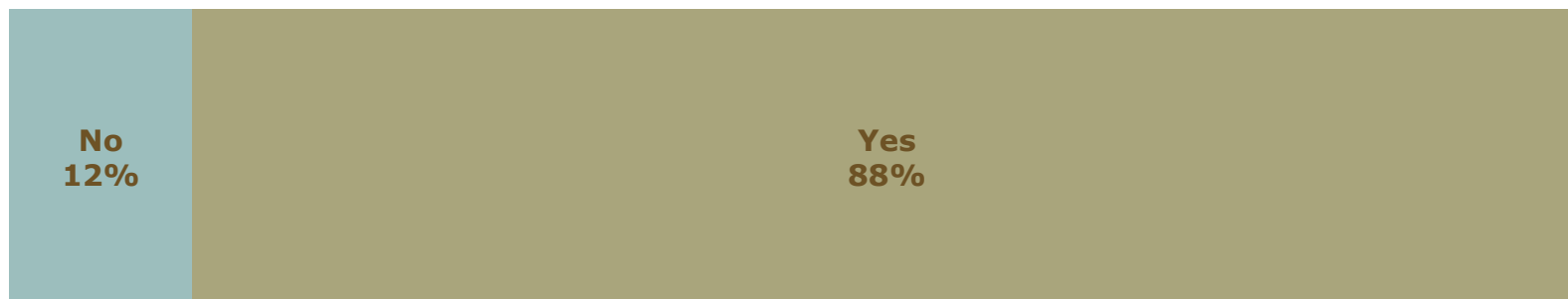


Measure: Patient rights information

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=397)



Measure: Patient feels he or she could refuse treatment

Patient feels that he or she could refuse a specific type of treatment: 78%

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=391)

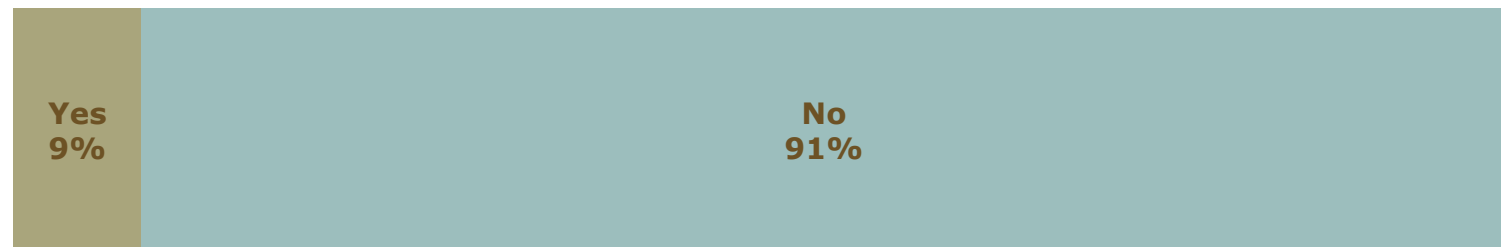


Measure: Privacy

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=384)



Measure: Cultural Competency

Care responsive to cultural needs: 76%

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

Previous question: *Does your language, race, religion, ethnic background or culture make any difference in the kind of counseling or treatment you need?*

Q27 In the last 12 months, was the care you received responsive to those needs? (N=55)



Measure: Amount helped

Amount helped by treatment: 59%

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=610)



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=70)



DETAILED FINDINGS

Statistically Significant Differences by Subgroup

Statistically Significant Differences in Subgroups: Gender

- Male respondents were more likely to report that:
 - they were told about self help or support groups (78%), compared to female respondents (57%);
 - someone talked to them about including their family or friends in treatment (66%), compared to female respondents (46%).
 - they were given information about different kinds of available treatment (81%), compared to 69%;
 - their ability to deal with daily problems was **much better** compared to a year ago (39%), compared to 30%; and
 - they would rate their ability to accomplish the things they want **much better** compared to a year ago (34%), compared to 26%.

Results Comparison by Gender

Items with Statistically Significant Results

- Q19 Did anyone talk to you about whether to include your family or friends in your counseling or treatment? (% Yes)
- 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)
- Q31 Compared to 12 months ago, how would you rate your ability to deal with daily problems now? (% Much better)
- Q33 Compared to 12 months ago, how would you rate your ability to accomplish the things you want to do now? (% Much better)
-

Results Comparison by Gender

	Overall		Score Spread	Male		Female	
	<u>N</u>	<u>Score</u>		<u>N</u>	<u>Score</u>	<u>N</u>	<u>Score</u>
Q19	390	54%	20%	157	66%	233	46%
Q20	387	66%	21%	157	78%	230	57%
Q21	385	74%	12%	154	81%	231	69%
Q31	588	33%	9%	236	39%	352	30%
Q33	596	29%	8%	237	34%	359	26%

Maximum
value

Minimum
Value

Statistically Significant Differences in Subgroups: Race

- Overall, approximately three-quarters of respondents indicated the people they went to showed respect for what they had to say; however, ratings differed by race:
 - Those who reported their race as “Other” were most likely (89%) to report this, while White respondents were least likely (66%).
- Overall, roughly three-quarters of respondents indicated they were given information about different kinds of available treatment:
 - Black/African American respondents were most likely (78%) to report this, while White respondents were least likely (64%).

Results Comparison by Race

Items with Statistically Significant Results

Q13 How often did the people you went to for counseling or treatment show respect for what you had to say? (% Always)

Q21 Were you given information about different kinds of counseling or treatment that are available? (% Yes)

Results Comparison by Race

	Overall		Score Spread	Black/African American		White		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>
Q13	361	76%	23%	227	79%	107	66%	27	89%
Q21	358	74%	14%	224	78%	107	64%	27	74%

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.

Statistically Significant Differences in Subgroups: Age Group

Ten items had statistically significant differences by age:

- Overall 52% rated their treatment as a **9** or **10**.
 - 18-24 year old respondents were least likely (20%) to do so, while 65-74 year old respondents were most likely (66%).
- Overall 61% reported they were **always** involved as much as they wanted in their treatment.
 - 38% of 18-24 year olds did so, in contrast to 73% of 65-74 year olds.
- Overall 48% reported that they **always** got appointments as soon as they wanted.
 - 34% of 18-24 year olds did, compared to 68% of 65-74 year olds.
- Overall 62% reported that the people they saw for treatment **always** spent enough time with them
 - 36% of 18-24 year olds did, in contrast to 70% among those 55-64 years old and those 65-74 years old.
- Overall 39% reported that they always saw someone as soon as they wanted when they needed treatment right away, ranging from 22% for those 25-34 years old to 53% of those 65-74 years old.

Statistically Significant Differences in Subgroups: Age Group *(cont.)*

- Overall 59% reported they were helped **a lot** by their treatment.
 - Less than half of 18-25 year olds (46%) and 25-34 year olds (41%) did so, in contrast to 72% of 65-74 year olds.
- Overall 65% reported being told about self help or support groups.
 - This was least common among the youngest and oldest groups: 46% of 18-24 year olds and 54% of 65-74 year olds reported this.
- Overall 80% reported they were given as much information as they wanted about managing their condition.
 - Younger respondents were less likely to report this: 60% of 18-24 year olds and 69% of 25-34 year olds did so. The older age groups each had scores of 75% or greater.
- Overall 28% rated their ability to deal with social situations **much better** compared to 12 months ago.
 - This was true for only 17% of 18-25 year olds, in comparison to 44% of 65-74 year olds.
- Overall 66% reported that the people they saw for treatment **always** listened carefully to them, with scores for the various age groups ranging from 51% for 35-44 year olds to 73% for 55-64 year olds.

Results Comparison by Age Group

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)

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)

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

Q14 How often did the people you went to 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 counseling or treatment? (% Always)

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

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

Q28 What number would you use to rate all your counseling or treatment in the last 12 months? (% 9 or 10)

Q29 How much were you helped by the counseling or treatment you got? (% A lot)

Q32 Compared to 12 months ago, how would you rate your ability to deal with social situations now? (% Much better)

Results Comparison by Age Group

	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	272	39%	31%	18	44%	41	22%	59	27%	65	42%	70	50%	19	53%
Q7	434	48%	34%	29	34%	63	35%	68	38%	113	50%	123	55%	38	68%
Q11	387	66%	22%	25	52%	53	68%	71	51%	98	72%	103	73%	37	70%
Q14	391	62%	34%	25	36%	52	56%	72	57%	100	65%	105	70%	37	70%
Q18	387	61%	35%	24	38%	51	67%	71	48%	100	66%	104	63%	37	73%
Q20	386	65%	29%	24	46%	50	58%	70	73%	100	62%	105	75%	37	54%
Q22	391	80%	29%	25	60%	52	69%	71	75%	100	83%	105	89%	38	84%
Q28	389	52%	46%	25	20%	52	44%	72	44%	99	53%	103	63%	38	66%
Q29	590	59%	31%	35	46%	81	41%	104	57%	143	57%	163	68%	64	72%
Q32	587	28%	27%	36	17%	82	30%	101	32%	141	23%	163	25%	64	44%

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

Statistically Significant Differences in Subgroups: Eligibility

- Respondents who were dual eligible were most likely to report that:
 - someone asked them about involving friends or family in treatment (68%), compared to 55% overall and 35% of those who were eligible for Medicare only; and
 - they were helped a lot by their treatment (73%), compared to 59% overall and 55% for those eligible for neither.
- Respondents eligible for Medicare only were most likely to report that they **always** saw someone as soon as they wanted when they needed treatment right away (58%), compared to 39% overall and 34% for those eligible for neither.
- Overall, 48% of respondents reported they **always** got appointments as soon as they wanted.
 - Those with Medicare only or who were dual eligible reported this 58% of the time, compared to 49% of those with Medicaid only and 40% for those with neither.

Results Comparison by Eligibility

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)

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)

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

q29 How much were you helped by the counseling or treatment you got? (% A lot)

Results Comparison by Eligibility

	Overall		Score Spread	Neither		Medicare Only		Medicaid Only		Both	
	<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>
Q5	284	39%	24%	120	34%	26	58%	106	36%	32	53%
Q7	446	48%	18%	163	40%	55	58%	157	49%	71	58%
Q19	399	55%	33%	145	54%	52	35%	142	57%	60	68%
Q29	610	59%	18%	218	55%	81	60%	214	56%	97	73%

Maximum value	Minimum Value
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Statistically Significant Differences in Subgroups: Guardianship Status

- Respondents with a guardian were more likely to report that they **always** were seen within 15 minutes of their appointment (75%), compared with 48% of those without guardians.
- Respondents without a guardian were more likely to report that the people they went to for treatment **always** listened carefully to them (67%), compared with 44% of those with guardians.
- Respondents without a guardian were more likely to report that they were **always** involved as much as they wanted in their treatment (62%), compared with 38% of those with guardians.

Results Comparison by Guardian Status

Items with Statistically Significant Results

- Q10 In the last 12 months, how often were you seen within 15 minutes of your appointment? (% Always)
- Q11 How often did the people you went to for counseling or treatment listen carefully to you? (% Always)
- Q18 How often were you involved as much as you wanted in your counseling or treatment? (% Always)

	Overall		Score Spread	No Guardian		Has Guardian	
	N	Score		N	Score	N	Score
Q10	403	49%	27%	387	48%	16	75%
Q11	397	66%	23%	381	67%	16	44%
Q18	397	61%	24%	381	62%	16	38%

Maximum value	Minimum Value
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Statistically Significant Differences in Subgroups: CRSP

Five items had statistically significant differences across the different CRSPs:

- The percentage of respondents indicating someone had talked to them about including their family or friends in treatment ranged from 18% at Neighborhood Service Organization to 85% at Development Centers.
- Respondents reporting getting help when calling customer service was **not a problem** varied from 93% at Lincoln Behavioral Services to 42% of respondents for whom DWIHN did not indicate a CRSP.
- Respondents reporting they were given as much information about managing their condition as they wanted ranged from 55% at Neighborhood Service Organization to 100% at Southwest Counseling Solutions.
- Respondents rating their treatment a **9** or **10** ranged from 33% at the Guidance Center to 71% at Lincoln Behavioral Services.
- Respondents indicating they always got appointments as soon as they wanted varied from 67% at Southwest Counseling Solutions to 30% among respondents with no CRSP given.

Results Comparison by CRSP

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)

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

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

Q28 What number would you use to rate all your counseling or treatment in the last 12 months? (% 9 or 10)

Q41 How much of a problem, if any, was it to get the help you needed when you called customer service? (% Not a problem)

Results Comparison by CRSP

	Overall		Score Spread	All Well-Being Services		Central City Integrated Health		CNS Healthcare		Development Centers, Inc		The Guidance Center	
	N	Score		N	Score	N	Score	N	Score	N	Score	N	Score
Q7	405	49%	37%	15	53%	38	58%	30	47%	41	41%	21	43%
Q19	362	54%	67%	18	50%	27	56%	19	58%	33	85%	18	61%
Q22	363	79%	45%	18	72%	27	63%	19	84%	33	91%	18	72%
Q28	361	52%	38%	18	50%	27	37%	19	47%	33	70%	18	33%
Q41	141	63%	51%	--	--	--	--	--	--	15	67%	--	--

	Hegira Health, Inc		Lincoln Behavioral Services Inc		Neighborhood Service Organization		Southwest Counseling Solutions		Team Mental Health Services, Inc		None Given	
	N	Score	N	Score	N	Score	N	Score	N	Score	N	Score
Q7	54	54%	64	64%	--	--	18	67%	71	44%	44	30%
Q19	50	44%	55	51%	11	18%	13	38%	69	52%	49	59%
Q22	49	82%	56	89%	11	55%	13	100%	70	81%	49	67%
Q28	50	40%	56	71%	11	45%	13	62%	69	52%	47	45%
Q41	18	67%	14	93%	--	--	--	--	31	74%	19	42%

Note: Only CRSPs who had at least 30 clients participating in the survey were included in this analysis, along with a "None Given" category for respondents for whom DWIHN did not provide a CRSP. For items with <10 respondents, values are hidden.

Maximum value	Minimum Value
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Statistically Significant Differences in Subgroups: Survey Mode

Those who participated via a CATI interview were more likely to report:

- They were seen with 15 minutes of their appointment (54%), compared to 37% by mail;
- They felt they could refuse a specific medicine or treatment (82%), compared to 68% by mail;
- They **always** felt safe with the people they went to for treatment (83%), compared to 72% by mail;
- Their ability to deal with daily problems was **much better** (36%), compared to 25% by mail;
- Compared to 12 months ago, their problems or symptoms were **much better** (33%), in contrast to 22% by mail; and
- that no one they went to for treatment shared their private information (93%), in contrast to 86% by mail.

Results Comparison by Mode

Items with Statistically Significant Results

- | | |
|-----|---|
| Q10 | How often were you seen within 15 minutes of your appointment? (% Always) |
| Q15 | How often did you feel safe when you were with the people you went to for counseling or treatment? (% Always) |
| 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) |
| Q31 | Compared to 12 months ago, how would you rate your ability to deal with daily problems now? (% Much better) |
| Q34 | Compared to 12 months ago, how would you rate your problems or symptoms now?(% Much better) |

Results Comparison by Mode

	Overall		Score Spread	Mail		CATI	
	<u>N</u>	<u>Score</u>		<u>N</u>	<u>Score</u>	<u>N</u>	<u>Score</u>
Q10	395	49%	17%	116	37%	279	54%
Q15	393	79%	11%	113	72%	280	83%
Q24	383	78%	14%	110	68%	273	82%
Q25	376	91%	7%	108	86%	268	93%
Q31	590	33%	11%	178	25%	412	36%
Q34	600	30%	11%	184	22%	416	33%

Maximum
value

Minimum
Value

Note: There were too few web respondents (<30) in the survey to be included in this analysis.

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