



**Quality Improvement Steering Committee (QISC)**  
**October 31, 2023**  
**10:30am – 12:00pm**  
**Via Zoom Link Platform**  
**Agenda**

- |                                                                      |                                |
|----------------------------------------------------------------------|--------------------------------|
| <b>I. Welcome</b>                                                    | <b>T. Greason</b>              |
| <b>II. Authority Updates</b>                                         | <b>S. Faheem</b>               |
| <b>III. Approval of Agenda</b>                                       | <b>S. Faheem/Committee</b>     |
| <b>IV. Approval of Minutes</b>                                       | <b>Dr. S. Faheem/Committee</b> |
| ✚ August 29, 2023                                                    |                                |
| ✚ September 26, 2023                                                 |                                |
| <b>V. Follow-up Items</b>                                            |                                |
| <b>QAPIP Effectiveness</b>                                           |                                |
| ✚ <b>Customer Service</b>                                            |                                |
| ○ SFY 2022 ECHO Survey Progress on Interventions                     |                                |
| • Adults                                                             | <b>M. Lyons</b>                |
| • Children                                                           | <b>C. Phipps</b>               |
| ✚ FY2023 ECHO Children Survey (Preliminary Results)( <b>Tabled</b> ) | <b>M. Keys-Howard</b>          |
| ✚ Access and Call Center:                                            |                                |
| • Q4 FY2023 Access to Timeliness Reporting                           | <b>Y. Bostic</b>               |
| ✚ Performance Improvement Plan Rates of Results:                     |                                |
| ○ FY2023 Habilitation Supports Waiver (HSW)                          | <b>T. Karol</b>                |
| <b>VI. Adjournment</b>                                               |                                |



## Quality Improvement Steering Committee (QISC)

October 31, 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:** The estimated date for the opening of the Crisis Center is between the end of January or the beginning of February 2024. From a quality perspective, thank you all for doing a great job in terms of serving our members. We have received a compliance updated score with meeting all of the Corrective Action Plans (CAPS) from the state to meet the 42 CFR and Contractual standards.

**3) Item: Approval of Agenda:** Agenda for October 31<sup>st</sup>, 2023, Meeting Approved.

**4) Item: Approval of Minutes:** QISC Meeting Minutes for August 29<sup>th</sup>, 2023, and September 26<sup>th</sup>, 2023 were approved by Dr. Faheem and the committee as written.



**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>Alison Gabridge, Cassandra Phipps, and Margaret Keyes-Howard discussed the following:</p> <p>SFY 2022 ECHO Survey Progress on Interventions updates:</p> <ul style="list-style-type: none"> <li>• Discussions and recommendations from the QISC committee for DWIHN’s Individual Plan of Services IPOS policy included updating the frequency that providers review and discuss satisfaction of services from members. The IPOS Policy has been updated to include language and is in review. Alison Gabridge is working with PCE and DWIHN’s IT unit to add a “drop down button” to the progress notes section of the which will include a question regarding satisfaction of services.</li> <li>• DWIHN’s CS unit are in the final stages of putting together the draft survey to submit to providers to explore how providers are discussing satisfaction of services. The draft memo for the satisfaction survey was submitted for approval and is planned to be sent the week of 10/30/2023.</li> <li>• It was decided to discontinue the “Happy or Not Kisok” option because of cost and inability to monitor use.</li> <li>• All 3 IPOS Trainings have been held with providers (April 2023, July 2023, October 2023) with Providers</li> <li>• Local Modifiers for Children Services which include Evidenced Based Practices (EBP) for tracking outcomes were developed. Finalizing DBT modifier criteria from MDHHS. DWIHN will send EBP Bulletin to the provider network by 11/15/23.</li> </ul>		
Provider Feedback	Assigned To	Deadline
<p><b>Questions/Concerns:</b></p> <ol style="list-style-type: none"> <li>1. If the satisfied Dropbox is selected as no, will there be a Dropbox to understand why they are not satisfied? Or is that something you’re going to work on?</li> </ol> <p><b>Answers:</b></p> <ol style="list-style-type: none"> <li>1. This recommendation will be reviewed with PCE and DWIHN’s IT unit for further assistance.</li> </ol>		
Action Items	Assigned To	Deadline
Continued updates for the SFY 2022 ECHO Survey Progress on Interventions will be presented to the committee during the upcoming scheduled QISC meetings. The recommendations for the updates of the IPOS policy and draft survey will be discussed during the meeting scheduled for January 30, 2024.	Customer Service, Clinical Practice and Children Initiatives. (Margaret Keyes-Howard, Alison Gabridge and Cassandra Phipps).	March, 2024



**5) Item: Follow-up Items**

**Goal: QAPIP Effectiveness: Access Call Center**

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

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

Discussion		
<p>Yvonne Bostic, Director of DWIHN’s Access Call Center, discussed the following for Q4 FY2023 Access to Timeliness Reporting:</p> <ul style="list-style-type: none"> <li>• Hospital discharge appointments are to be scheduled within 7 days of the discharge, and then the intake appointment is to be scheduled within 14 days of the screening. The intake appointments and hospital appointments can be for both new members and existing members.</li> <li>• SMI/DD/SED intake appointments: The state requires that the Biopsychosocial (IBPS) take place within 14 days of request for services. For the 4<sup>th</sup> quarter FY 22-23 the Access Call Center scheduled 87.7% of requested intakes for SED/SMI/DD services within 14 days.</li> <li>• SUD intake appointment: Depending on the type of service request, SUD intake appointments are expected to be scheduled within 14 days for routine outpatient services and within 24/48 hours for urgent and emergent services. For the 4<sup>th</sup> quarter FY 22-23 there were 4,249 SUD appointments scheduled with 479 appointments listed under the urgent/emergent category.</li> <li>• Hospital Discharge: The state requires Hospital Discharge/ follow up appointments to be scheduled within 7 days of discharge with the provider and with a Mental Health Practitioner within 30 days of discharge. For the 4<sup>th</sup> Quarter FY 22-23 DWIHN’s Access Call Center scheduled 68.2% within the 7-day time frame. 31.8% were non-compliant because the appointment was rescheduled by the member of the provider, or the requested provider did not have an appointment available within 7 days.</li> <li>• Barriers continue to include the following: <ul style="list-style-type: none"> <li>Staffing shortages in both the access call center and CRSP provider levels</li> <li>Transportation – Medicaid covered transportation services have been reported as unreliable. <ul style="list-style-type: none"> <li>○ DWIHN has started a transportation pilot using God Speed and Mariner’s Inn Transportation Services with the goal of removing the transportation barrier for members,</li> </ul> </li> </ul> </li> <li>• Communication Problems between CRSP, Access Call Center and Individuals seeking services: change in phone numbers and address, limited phone service, inaccurate recording of demographic information in MHWIN. <ul style="list-style-type: none"> <li>○ DWIHN has begun to meet with the Hospitals and continue to meet with the assigned CRSP’s to discuss the challenges and interventions needed to address member contact information.</li> </ul> </li> </ul>		



Provider Feedback	Assigned To	Deadline
<p><b>Questions/Concerns:</b></p> <ol style="list-style-type: none"> <li>Overall, there has been an increase trend in the last 3 months in terms of the number of appointments that you are scheduling outside of 14 days, is this a new trend that has been identified in the last 3 months? Or is this something that has been going on?</li> </ol> <p><b>Answers:</b></p> <ol style="list-style-type: none"> <li>This has been a concern for a little over a year. With the appointment availability, more specifically for the children populations for SED and DD. We meet regularly with the CRSP every 30 to 45 days to review if we can identify what is the cause or if we can assist the providers with identifying opportunities that we can do differently to decrease the number of appointments scheduled outside of 14 days.</li> </ol>		
Action Items	Assigned To	Deadline
<p>Quarter 1 FY2024 data and analysis will be shared with the committee by March 2024. DWIHN’s Access Call Center, QI and MCO units will continue to meet with CRSP providers for no less than 30-45 days to discuss and review systemic and individual data. DWIHN’s Crisis Access Unit will continue to meet with the hospital liaisons and hospitals to identify barriers and interventions noted with member contact information.</p>	<p>DWIHN’s Access Call Center (Yvonne Bostic)</p>	<p>Ongoing</p>



**5) Item: Follow-up Items**

**Goal: QAPIP Effectiveness:**

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

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

Discussion		
<p>Tiffany Karol, Utilization Manager, shared the following:            Performance Improvement Plan Rates of Results: FY2023 Habilitation Supports Waiver (HSW)</p> <ul style="list-style-type: none"> <li>DWIHN’s Utilization Management unit was placed on a Performance Improvement Project (PIP) due to not consistently meeting the utilization requirements for the Habilitation Supports Waiver (HSW). The state requirement is 95% or higher. In March of 2023, we identified several interventions that were launched that have helped to increase the utilization rate. One of the most effective interventions was working with the IT department to develop a report of individuals that are potential HSW candidates based on several data points. This information is then shared with the assigned CRSP’s.</li> <li>The second intervention that was implemented was training the residential team to be familiar with the HSW requirements. This intervention allowed for the residential team to identify members when completing a residential assessment. If there is a member that could benefit from receiving a HSW the Residential team will notify the provider and the UM staff.</li> <li>With the noted interventions and ongoing monitoring in August our utilization rate was 95% and in September an increase was noted to 97%.</li> </ul>		
Provider Feedback	Assigned To	Deadline
No provider feedback.		
Action Items	Assigned To	Deadline
Dr. Faheem and the QISC agreed to continue the HSW PIP for FY2024. Continued updates will be provided to the QISC.	Tiffany Karol, Utilization Manager	

**New Business Next Meeting: January 30, 2024**

**Adjournment: October 31, 2023**



# EXPERIENCE OF CARE AND HEALTH OUTCOMES

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Findings from the 2023

Experience of Care and Health Outcomes

(ECHO) Child Survey

for Family Members

WAYNE STATE  
UNIVERSITY

THE CENTER FOR URBAN STUDIES



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# Survey Highlights

- 1,143 parents/guardians of DWIHN members responded to the survey, with 806 reporting receiving services in the past year.
- Survey respondents were statistically similar to the sample DWIHN provided, in terms of primary disability designation, gender, whether they had Medicaid, and whether they were receiving autism services:
- DWIHN scored well on many measures, notably:
  1. Privacy (95%);
  2. Patient rights information (92%); and
  3. Discussed goals of child's treatment (90%).
- There were five measures with scores of less than 50%:
  1. Perceived improvement (27%);
  2. Getting treatment quickly (41%);
  3. Getting treatment and information from the plan or MBHO (49%);
  4. Amount helped (49%); and
  5. Global Rating: Treatment (49%).

# 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 the parents or 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 4,200 members, out of the approximately 16,000 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 chance to be randomly selected to receive one of three gift cards, valued at \$100, \$250, and \$500.

# Sample Profile

DWIGHN provided the Center with a list of 4,200 members, out of the approximately 16,000 members younger than 18 receiving services. DWIGHN 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	2,737	65%
Primary Disability Designation: Developmental Disability	1,440	34%
Receiving Autism Services	677	16%
No Valid Address	227	5%
No Valid Phone Number	163	4%
No Valid Address or Phone Number	11	<1%

# Survey Response

- Overall, **1,143** responded to the survey and over four-fifths of the surveys were conducted by CATI telephone interview:

Respondents		
Mode	N	%
CATI	941	82%
Mail	173	15%
Web	29	3%
<b>Total</b>	<b>1,143</b>	<b>100%</b>

- 806 of the respondents reported that their child had received counseling, treatment, or medicine in the last 12 months (72%, N=1,123).

*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

Survey respondents were similar to the sample provided by DWIHN. There were no statistically significant differences between the overall sample of 4,200 members and the children of the 1,143 respondents, in terms of Primary Disability Designation, gender, whether they were receiving autism services, or whether they received Medicaid.

Characteristic	<u>SAMPLE</u>		<u>RESPONDENTS</u>	
	Number	Percentage	Number	Percentage
Primary Disability Designation: Severe Emotional Disability	2,737	65%	721	63%
Primary Disability Designation: Developmental Disability	1,440	34%	418	37%
Gender: Male	2,482	59%	681	62%
Gender: Female	1,718	41%	416	38%
Receiving Autism Services	677	16%	209	18%
Receiving Medicaid	2,445	58%	632	55%

# Respondent Profile *(cont.)*

The sample included 24 Clinically Responsible Service Providers (CRSPs). Respondents were served by 23 of those CRSPs, plus an additional five\*. The CRSP not represented in respondent pool only had two clients in the sample. CRSPs appeared in the respondent pool roughly as often as in the sample. The only exceptions with statistically significant differences were:

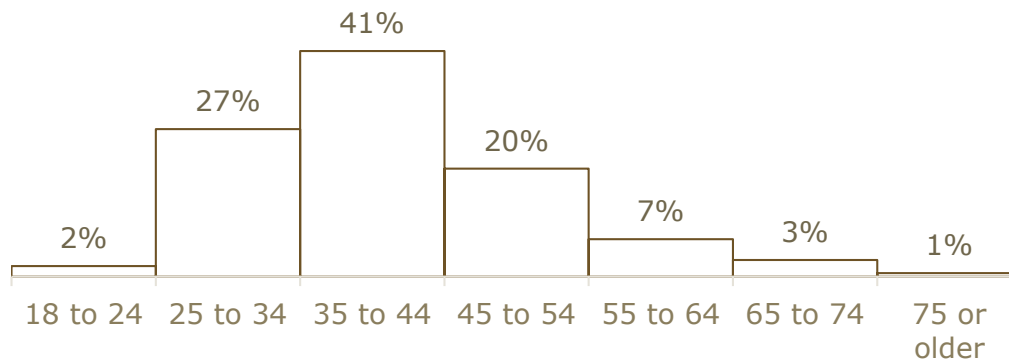
1. Members without a CRSP listed in the sample were less likely to participate in the survey (21% had no DWIHN-reported CRSP in the sample; 13% of respondents did not have a DWIHN-reported CRSP); and
2. Members with the Children's Center as the CRSP were slightly more likely to participate in the survey (9% in the sample vs. 11% of respondents).

\* Some respondents indicated receiving services at a difference CRSP than what DWIHN-reported. As a result, 28 CRSPs appear in the sample pool.

# Respondent Demographics: Age and Gender

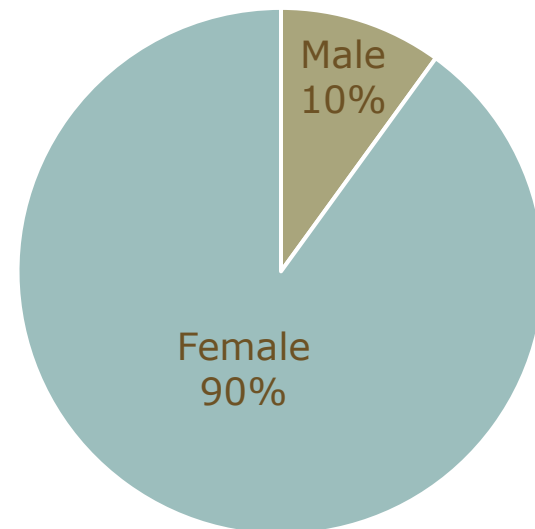
- Over two-thirds of respondents (68%; 736 of 1,084) reported their ages to be between 25 and 44.
- The vast majority (90%; 986 of 1,092) of respondents identified as female.

**Respondent Age Distribution  
(N=1,084)**



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

**Respondent Gender  
(N = 1,092)**

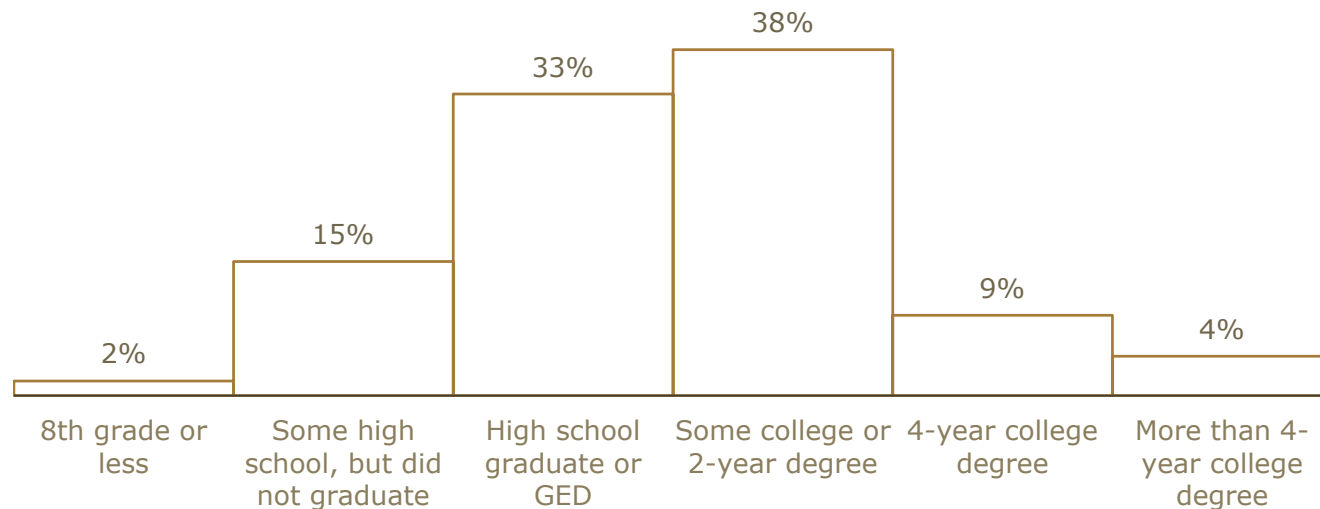




# Respondent Demographics: Education Level

The vast majority of respondents reported completing high school or beyond (84%), with about half having attended at least some college.

*What is the highest grade or level of school that you have completed? (N=1,072)*



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

# Respondent Demographics: Relationship to the Child

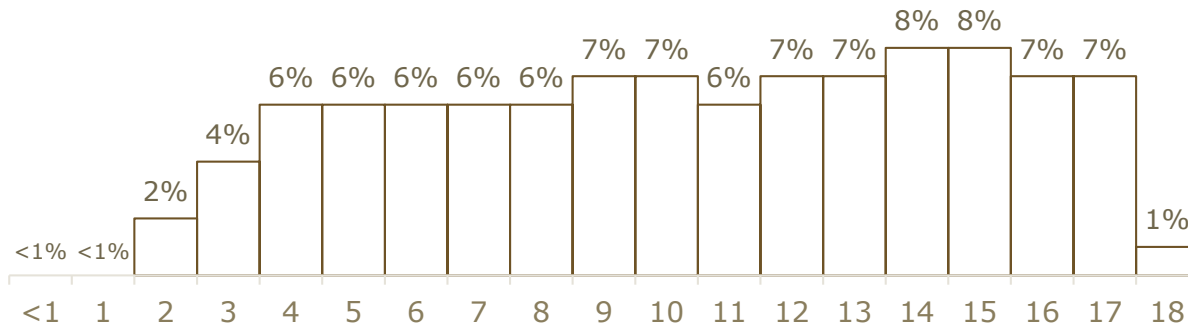
The vast majority of survey respondents (89%) identified themselves as the mother or father of the child receiving services.

<b>Relationship</b>	<b>Number</b>	<b>Percentage</b>
Mother or father	970	89%
Grandparent	65	6%
Legal guardian	29	3%
Aunt or uncle	14	1%
Other relative	6	<1%
Older sibling	5	<1%
Total	1,089	100%

# Respondent Child Demographics: Age and Gender

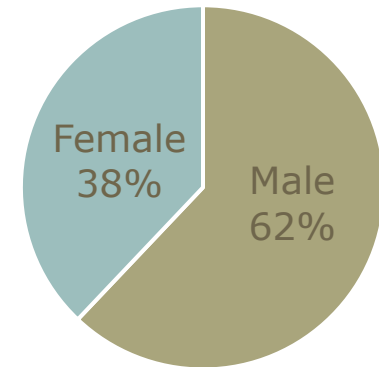
- Respondents reported children of various ages, with each age between 4 and 17 having 6%-8% of the children.
- Respondents reported that nearly two-fifths of the children were female and over three-fifths male.

**Child Age Distribution  
(N=1,101)**



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

**Child Gender  
(N = 1,097)**



# Respondent Child Demographics: Race and Ethnicity

<b>What is your child's race? (N=1,035)</b>	<b>Number</b>	<b>Percentage</b>
Black or African-American	608	59%
White	237	23%
Other	94	9%
Two or More Races	69	7%
Asian	19	2%
American Indian or Alaska Native	7	1%
Native Hawaiian or Other Pacific Islander	1	<1%

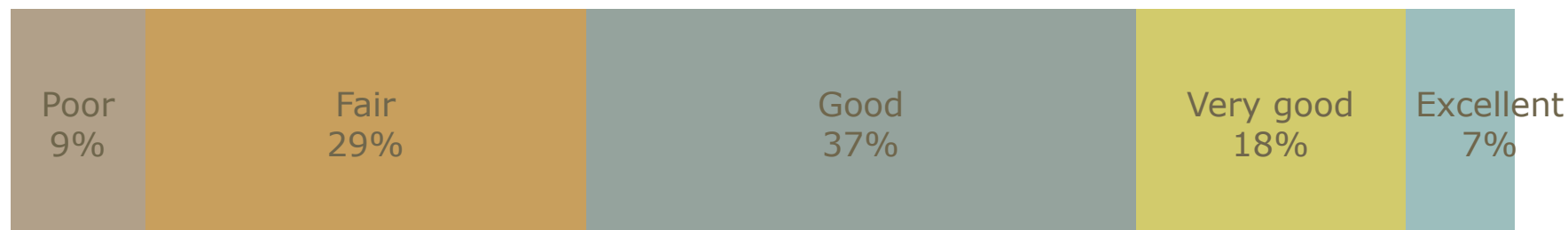
Respondents could identify as many races as applied. Sixty-nine respondents indicated multiple races, which appears as “Two or More Races” above. “Other” was an option on the survey and was selected by 94 people.

<b>Is your child of Hispanic or Latino origin or descent?</b>	<b>Number</b>	<b>Percentage</b>
Yes	123	11%
No	965	89%

# 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=782)*



# Respondent Child Demographics: Overall Health

Approximately three-quarters rated their child's overall health as **good** or better, with 16% rating it as **excellent**.

*In general, how would you rate your child's overall health now? (N=1,103)*



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

# Scorecard: Methodology

- While CAHPS does not provide guidance on ECHO Reporting Measures for the Child Survey, the Center created a “scorecard” 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 two to five single items, depending on the measure.
  - 1 global rating of counseling and treatment
  - Each score is based on number of responses to the related question(s). The number of people ( $N$ ) who responded to a given question varied. Those values and additional detail are provided in the Detailed Findings: ECHO Reporting Measures section (*beginning on slide 32*).

# ECHO Child Scorecard

Composite Measures	Getting treatment quickly	<u>41%</u>
	How well clinicians communicate	<u>70%</u>
	Getting treatment and information from the plan or MBHO	<u>49%</u>
	Perceived improvement	<u>27%</u>
	Perceived access to treatment	<u>54%</u>
Single Item Measures	Global Rating: Treatment (Overall rating of counseling and treatment)	<u>49%</u>
	Office wait	<u>54%</u>
	Told about treatment options	<u>75%</u>
	Told about medication side effects	<u>82%</u>
	Information to manage condition	<u>78%</u>
	Patient rights information	<u>92%</u>
	Patient feels he or she could refuse treatment	<u>89%</u>
	Privacy	<u>95%</u>
	Cultural competency	<u>74%</u>
	Amount helped	<u>49%</u>
	Treatment after benefits are used up	<u>66%</u>
	Discussed goals of child's treatment	<u>90%</u>



# ECHO Child Scorecard, Comparison to Prior Results

Composite Measures	2020	2021	2023	
<b>Getting treatment quickly</b>	<b>42%</b>	<b>46%</b>	<b><u>41%</u></b>	
Q3 Get help by telephone	27%	47%	40%	-7% ↓
D2 Get help via telehealth/video visit			40%	
Q5 Get urgent treatment as soon as needed	48%	44%	39%	
Q7 Get appointment as soon as wanted	50%	48%	45%	
<b>How well clinicians communicate</b>	<b>72%</b>	<b>73%</b>	<b><u>70%</u></b>	
Q12 Clinicians listen carefully	67%	66%	64%	
Q13 Clinicians explain things	74%	77%	73%	
Q14 Clinicians show respect	79%	81%	78%	
Q15 Clinicians spend enough time	63%	63%	61%	
Q18 Involved as much as you wanted in your child's treatment	76%	77%	72%	-5% ↓

*Note:* The instances in which the difference between an item's 2021 and 2023 values was statistically significant, the [difference](#) has been indicated to the right of this table.

# ECHO Child Scorecard, Comparison to Prior Results

Composite Measures ( <i>cont.</i> )	2020	2021	2023
<b>Getting treatment and information from the plan or MBHO</b>	<b>55%</b>	<b>51%</b>	<b><u>49%</u></b>
Q40 Delays in treatment while wait for plan approval	50%	47%	50%
Q42 Helpfulness of customer service	60%	55%	47%
<b>Perceived improvement</b>	<b>25%</b>	<b>28%</b>	<b><u>27%</u></b>
Q32 Compare ability to deal with daily problems to 1 year ago	28%	32%	30%
Q33 Compare ability to deal with social situations to 1 year ago	22%	26%	24%
Q34 Compare ability to accomplish things to 1 year ago	27%	30%	29%
Q35 Compare ability to deal with symptoms or problems to 1 year ago	24%	25%	26%
<b>Perceived access to treatment</b>	<b>58%</b>	<b>59%</b>	<b><u>54%</u></b>
Q20 How often they got desired professional help for child	59%	59%	55%
Q21 How often child had someone to talk to when troubled	57%	60%	52% <span style="color: blue;">-8% ↓</span>

# ECHO Child Scorecard, Comparison to Prior Results

Global Rating and Single Item Measures	2020	2021	2023	
Global Rating: Treatment (Overall rating of counseling and treatment)	49%	54%	<u>49%</u>	
Office wait	55%	63%	<u>54%</u>	-9% ↓
Told about treatment options	75%	76%	<u>75%</u>	
Told about medication side effects	79%	83%	<u>82%</u>	
Information to manage condition	78%	79%	<u>78%</u>	
Patient rights information	95%	92%	<u>92%</u>	
Patient feels he or she could refuse treatment	88%	85%	<u>89%</u>	+4% ↑
Privacy	93%	95%	<u>95%</u>	
Cultural competency	82%	74%	<u>74%</u>	
Amount helped	49%	51%	<u>49%</u>	
Treatment after benefits are used up	58%	53%	<u>66%</u>	
Discussed goals of child's treatment	93%	94%	<u>90%</u>	-4% ↓

# 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>Child Gender</u>	Q15, Q18, Q19, Q20, Q21, Q29, <b>Q38</b>
<u>Child Race</u>	<b>Q7, Q12, Q13</b> , Q14, Q19, <b>Q20, Q21</b> , Q29, Q30
<u>Child Ethnicity</u> (Hispanic/Latino)	Q5, Q33
<u>Child Age Group</u>	<b>Q30, Q32, Q34</b>
<u>Primary Disability Designation</u>	Q3, Q18, Q20, Q22, Q23, Q26
<u>Service Type</u> (autism or not)	Q22, Q23
<u>CRSP</u>	<b>D2, Q7, Q11, Q20, Q22, Q23</b>
<u>Survey Mode</u>	<b>D2, Q3, Q7, Q20, Q22</b> , Q24, Q25, Q32

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

# Statistically Significant Differences in Subgroups: Child Gender

There were seven items with statistically significant differences by child gender, including:

- Those who reported their child was female were more likely to report being told about other ways to get treatment when their benefits were used up (81%), compared to 58% of respondents who indicated their child was male.
- Those with a male child were more likely to report that:
  - they always got the professional help they wanted for their child (60%, compared to 48% with a female child);
  - the people their child saw for counseling or treatment spent enough time with them (65%, compared to 54%); and
  - their child always had someone to talk to for treatment (56%, compared to 46%).

# Statistically Significant Differences in Subgroups: Child Race

There were nine items with statistically significant differences by child race. For example, compared to other respondents, those with a Black or African American child was more likely to report that:

- The people their child saw **always** listened carefully to the respondent (71%), compared to 63% overall and 45% of those who reported two or more races for their child;
- Their child always had someone to talk to when troubled (57%), compared to 52% overall and 31% of those who reported two or more races for their child;
- The people their child saw for counseling or treatment **always** explained things in a way the respondent could understand (79%), compared to 72% overall and 58% of those who reported two or more races for their child; and
- Their child **always** got an appointment as soon as the respondent wanted (51%), compared to 46% overall and 31% of those who reported two or more races for their child.

# Statistically Significant Differences in Subgroups: Child Ethnicity

Compared to other respondents, those who reported their child was Hispanic or Latino had statistically higher scores on two items. They were more likely to report that:

- When their child needed treatment right away, they **always** saw someone as soon as the respondent wanted (54%), compared to 37% for those who were not Hispanic or Latino; and
- their child's ability to deal with social situations was **much better** (34%), compared to 23% for those who were not Hispanic or Latino.

# Statistically Significant Differences in Subgroups: Child Age Group

- Three measures had statistically significant differences by age group. On these, the respondents with a younger child had higher scores than those with a child in other age groups.
  - Respondents with a child between four and six years old were most likely to report that their child was helped **a lot** by treatment (62%, compared to 49% overall).
  - Respondents with a child from birth to three years old were more likely than other age groups to:
    - rate their child's ability to deal with daily problems **much better** compared to 12 months ago (51%, compared to 30% overall); and
    - rate their child's ability to accomplish the things they wanted **much better** compared to 12 months ago (44%, compared to 30% overall).



# Statistically Significant Differences in Subgroups: Primary Disability Designation

- On six items, respondents with a child whose primary disability designation was developmental disability (DD) had scores that were higher than those who had a child with severe emotional disability (SED). For example:
  - Respondents with a child with DD were more likely to report that:
    - Their child **always** got the counseling they needed on the phone (52% for those with DD, compared to 37% for those with SED);
    - They were given as much information as they wanted to manage their child's condition (87% for those with DD, compared to 73% for those with SED); and
    - They were given information about different treatment options (84% for those with DD, compared to 71% for those with SED).

# Statistically Significant Differences in Subgroups: Service Type

Respondents with a child receiving autism services were more likely to report that:

- They were given information about different treatment options (84%, compared to 73% for those receiving other services); and
- They were given as much information as they wanted to manage their child's condition (87%, compared to 76%).

# Statistically Significant Differences in Subgroups: CRSP

There was considerable variation among responses from those with a child receiving service at different service providers, with statistically significant differences on six items. On those, the differences between the minimum and maximum scores varied by 29% to 47%. For example:

- Overall, 40% of respondents reported **always** getting the treatment their child needed through telehealth or video visit. Scores for individual CRSPs ranged from 7% of respondents at PsyGenics to 54% at Community Living Services.
- Overall, 54% of survey respondents reported their child was **always** seen within 15 minutes of appointment. Scores ranged from 24% at Team Mental Health Services to 67% at Starfish Family Services.
- Overall, 43% reported they **always** got their child an appointment as soon as they wanted, varying from 23% at Team Mental Health Services to 58% at Starfish Family Services.

# Statistically Significant Differences in Subgroups: Survey Mode

On eight items, there were statistically significant differences between the different survey modes. Relatively few participated in the survey via web, but those who did had lower scores on those eight items than respondents from other modes. For example:

- 12% of web respondents reported **always** getting the help they wanted for their child, compared to 57% for CATI and 52% for mail respondents;
- 8% of web respondents reported **always** getting the counseling their child needed on the phone, compared to 38% for CATI and 52% for mail respondents; and
- 18% of web respondents reported **always** getting appointments as soon as they wanted, compared to 45% for CATI and 53% for mail respondents.

# Opportunities

- As in prior years of ECHO survey administration, the score on Perceived Improvement remains below 30%. DWIHN can consider exploring whether family's assessments of their children align with clinicians' assessments. If not, it may be worthwhile to explore the reasons why more families do not perceive improvements in their children.
- Compared to prior years, there were declines in families reporting they were able to get treatment quickly (particularly on whether they were always able to get needed treatment over the phone). DWIHN can consider working with service providers and families to identify barriers that prevent members from getting treatment quickly, as well as potential solutions.
- Conducting interviews with CRSP staff and focus groups with families may lead to insights that can be used to address the above two areas.

# DETAILED FINDINGS

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## Scorecard Measures

# Measure: Getting Treatment Quickly

**Getting treatment quickly: 41%**

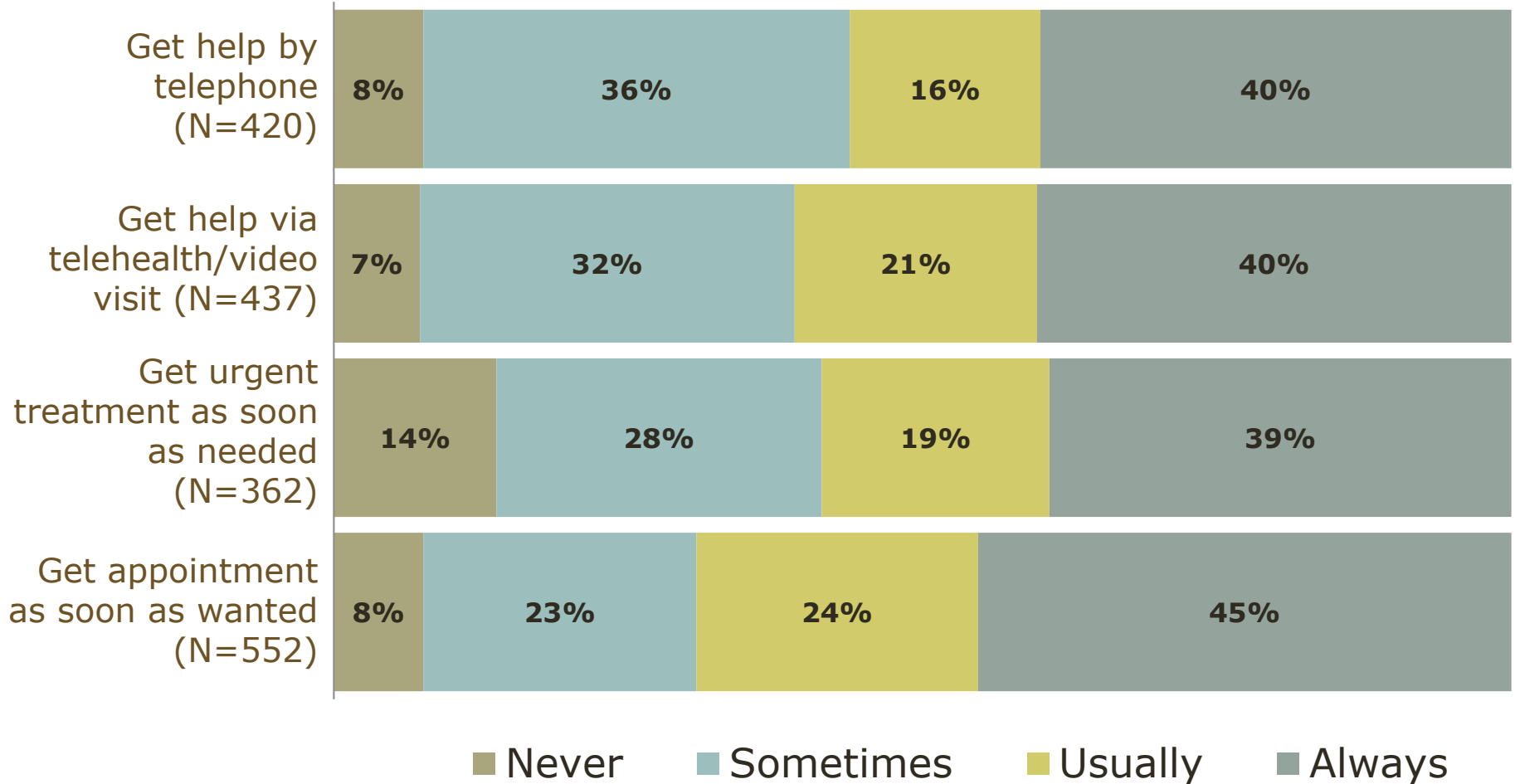
- This composite measure is the average score across these items:

	Question	Score
Q3	In the last 12 months, how often did you get the professional counseling your child needed on the phone?	40%
D2	In the last 12 months, how often did you get the professional counseling your child needed through telehealth or video visit?*	40%
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?	39%
Q7	In the last 12 months, how often did your child get an appointment for counseling or treatment as soon as you wanted?	45%

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

\* This is a DWIHN specific item added to the original ECHO survey.

# Detail: Getting Treatment Quickly





# Measure: How Well Clinicians Communicate

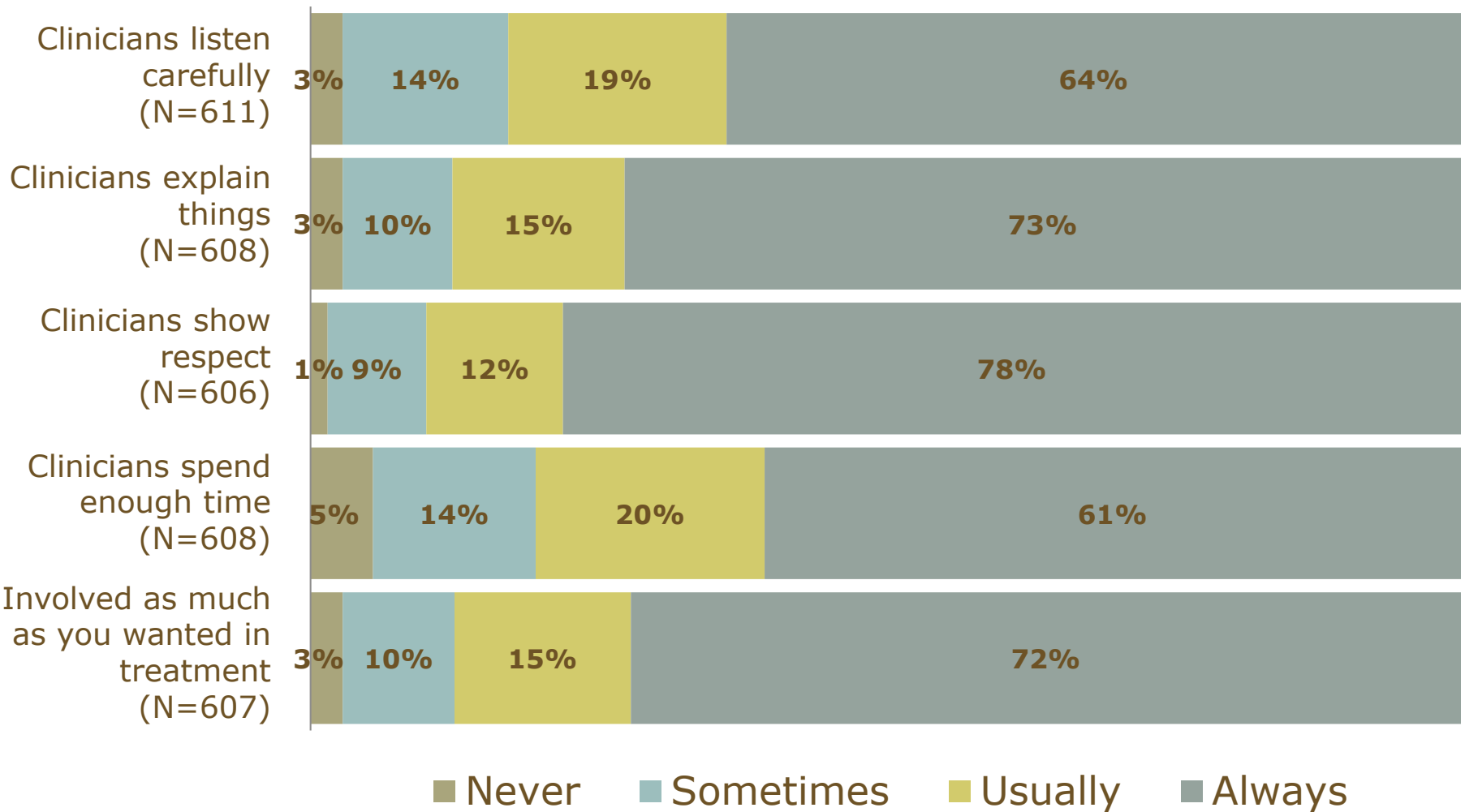
## How Well Clinicians Communicate: 70%

- 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?	64%
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?	73%
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?	78%
Q15	In the last 12 months, how often did the people your child saw for counseling or treatment spend enough time with you?	61%
Q18	In the last 12 months, how often were you involved as much as you wanted in your child's counseling or treatment?	72%

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

# Detail: How Well Clinicians Communicate



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

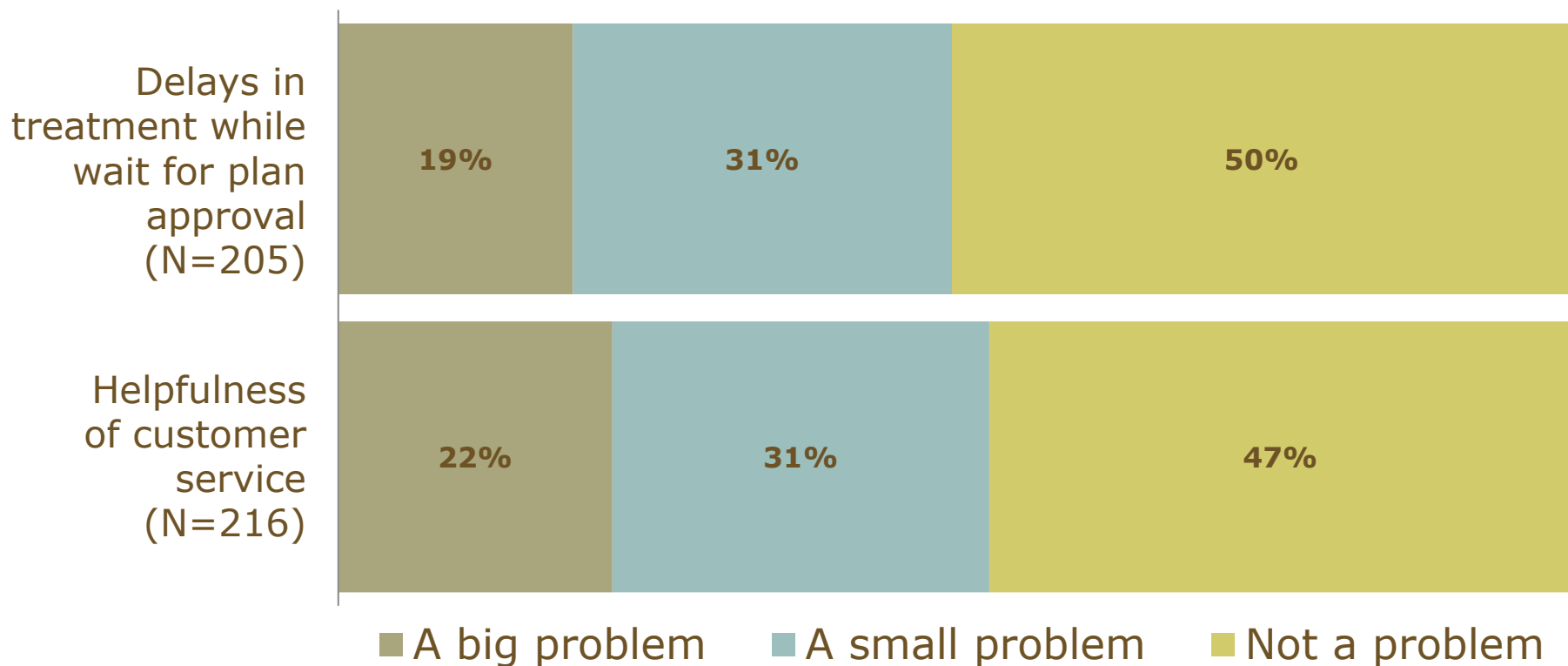
**Getting Treatment and Information : 49%**

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

	Question	Score
Q40	In the last 12 months, how much of a problem, if any, were delays in counseling or treatment while you waited for approval?	50%
Q42	In the last 12 months, how much of a problem, if any, was it to get the help you needed for your child when you called customer service?	47%

- 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: 27%

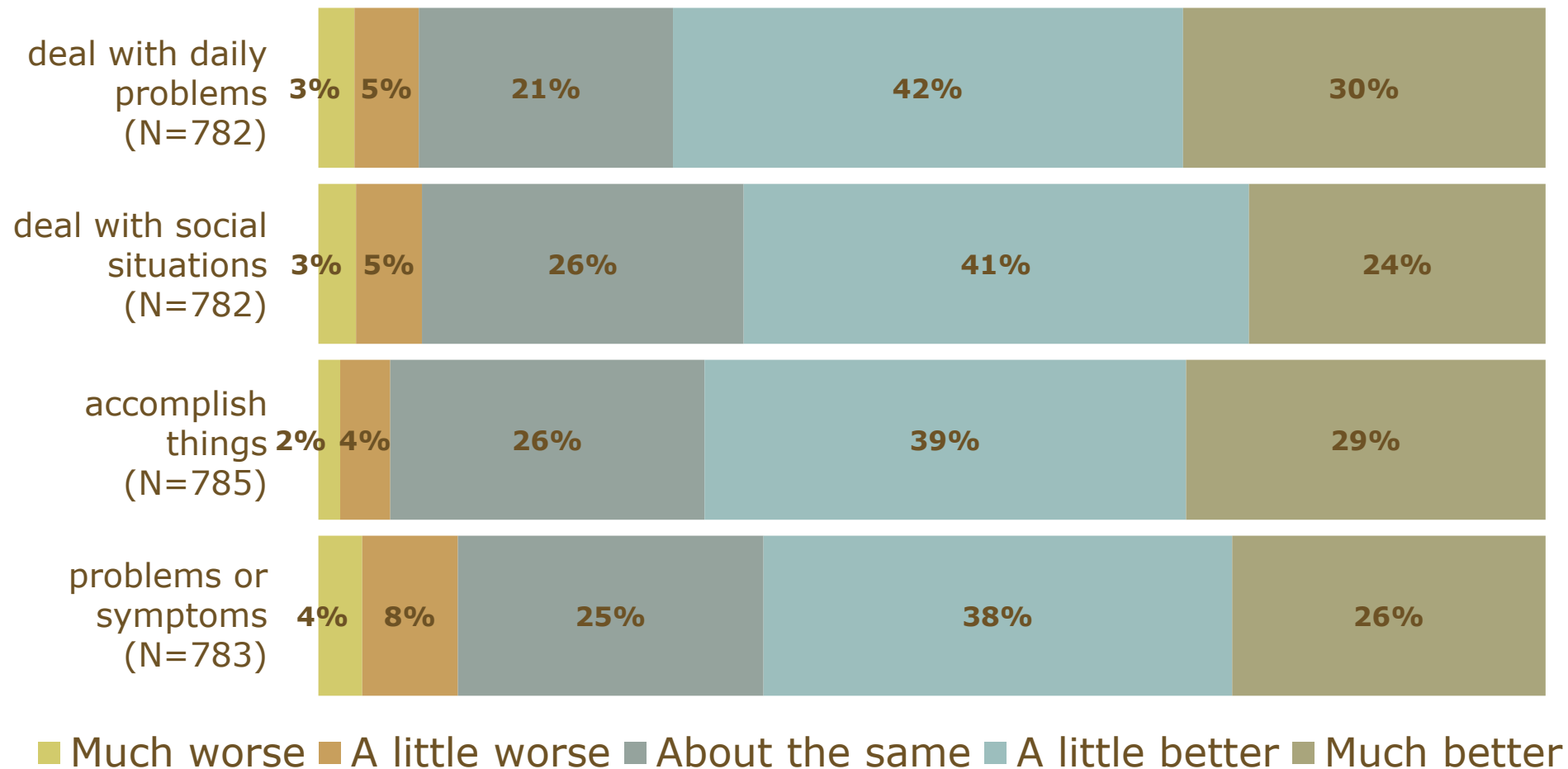
- This composite measure is the average score across these items:

	Question	Score
Q32	Compared to 12 months ago, how would you rate your child's ability to deal with daily problems now?	30%
Q33	Compared to 12 months ago, how would you rate your child's ability to deal with social situations now?	24%
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?	29%
Q35	Compared to 12 months ago, how would you rate your child's problems or symptoms now?	26%

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

# Detail: Perceived Improvement

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



# Measure: Perceived Access to Treatment

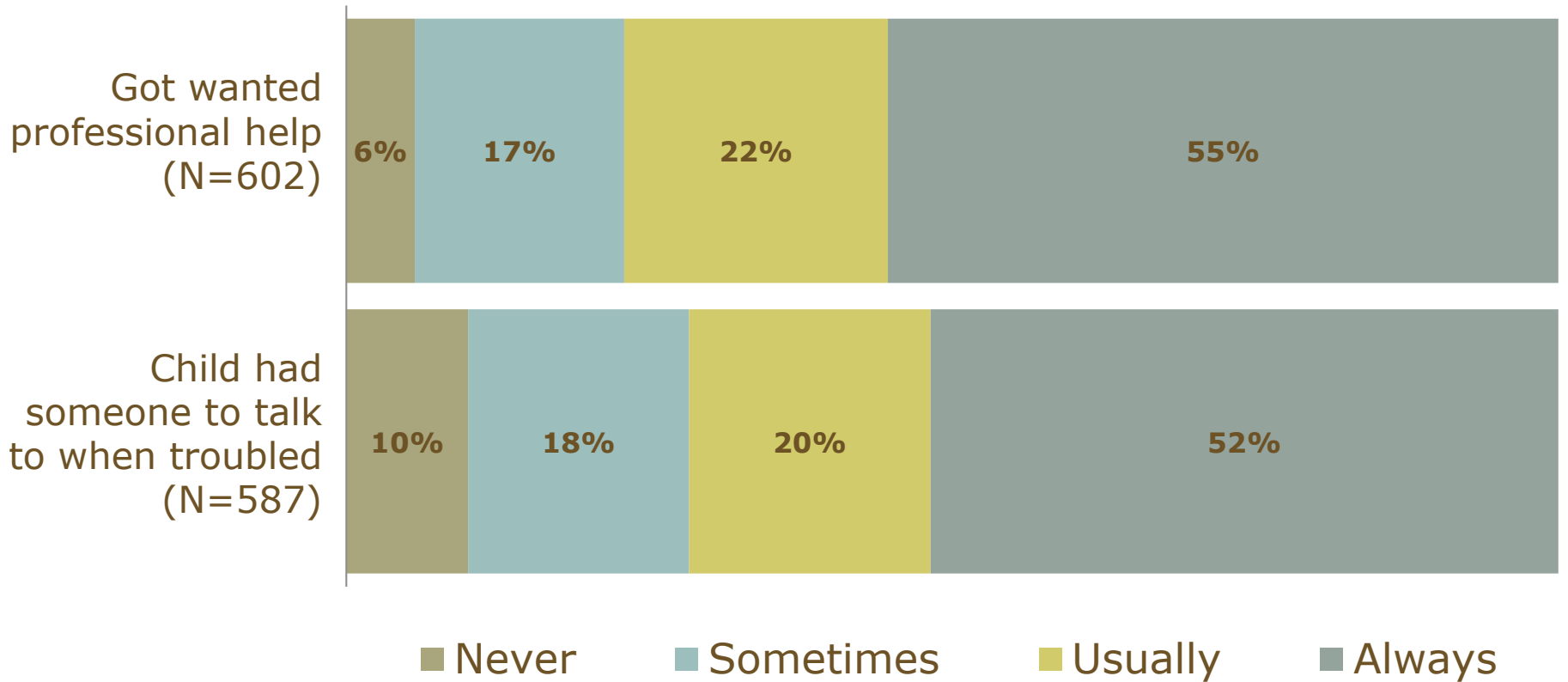
## Perceived Access to Treatment: 54%

- 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?	55%
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?	52%

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

# Detail: Perceived Access to Treatment



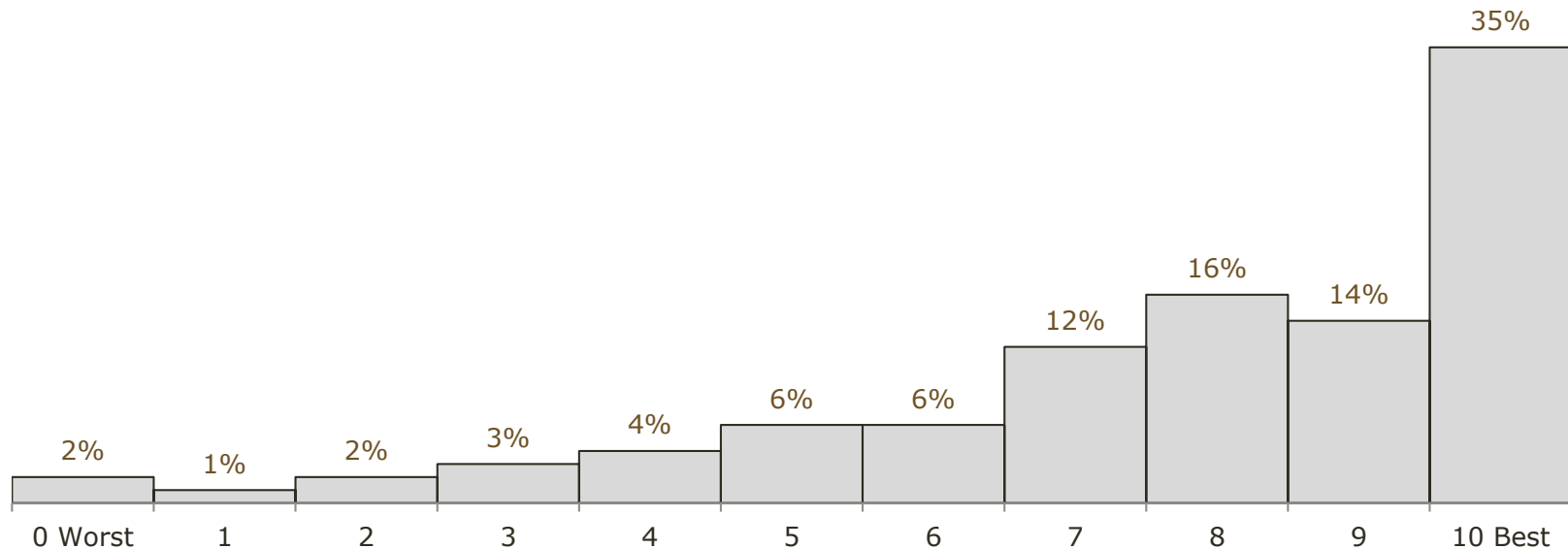


# Measure: Global Rating - Treatment

## Overall rating of counseling and treatment: 49%

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

Q29 Using any number from 0 to 10, what number would you use to rate all your child's counseling or treatment in the last 12 months?  
(N=604)



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

# Measure: Office wait

## Office wait: 54%

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=609)	54%



# Measure: Information About Treatment Options

**Told about treatment options: 75%**

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

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Q22 In the last 12 months, were you given information about different kinds of counseling or treatment that are available for your child?(N=597)

---



# Measure: Told about medication side effects

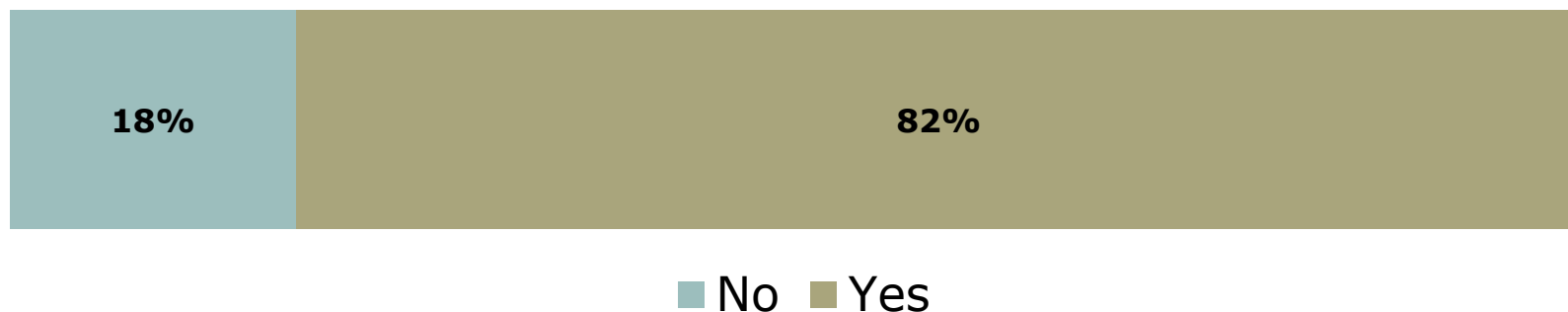
**Told about side effects of medication: 82%**

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=325)

---



# Measure: Information to manage condition

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

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

---

Q23 In the last 12 months, were you given as much information as you wanted about what you could do to manage your child's condition? (N=600)

---



# Measure: Patient rights information

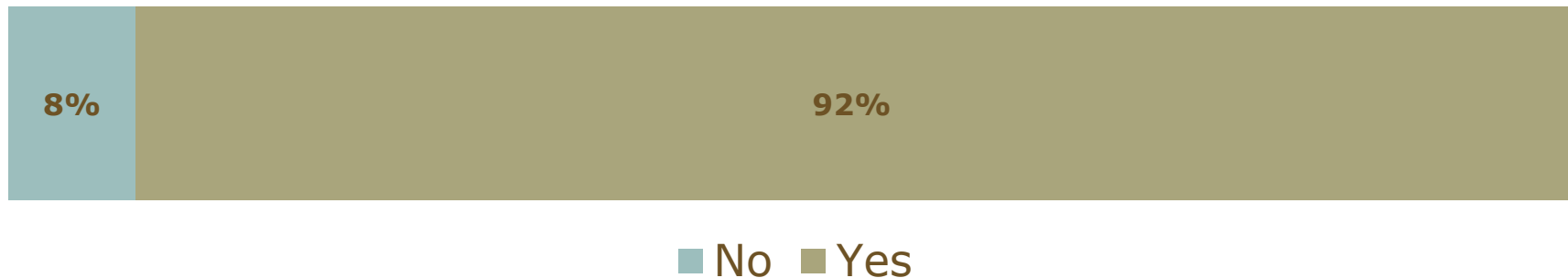
**Given information about rights as a patient: 92%**

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=598)

---



# Measure: Patient feels he or she could refuse treatment

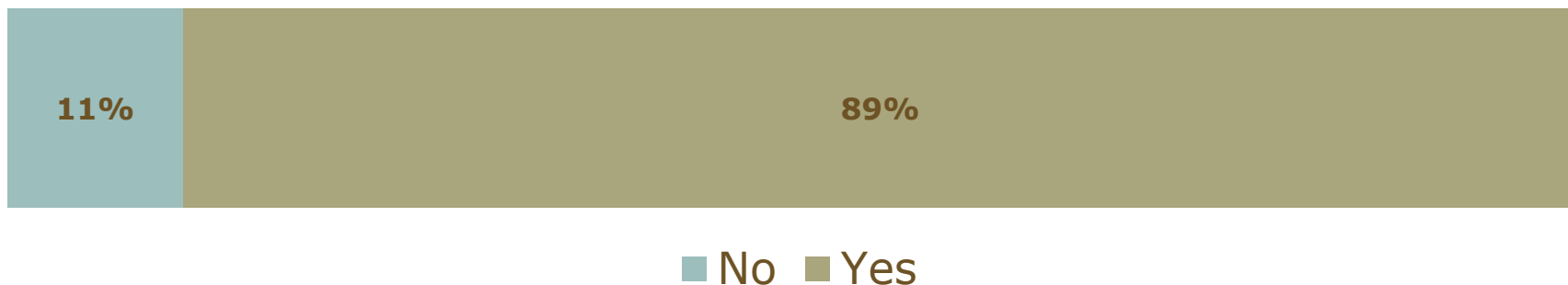
**Patient feels that he or she could refuse a specific type of treatment: 89%**

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=597)

---



# Measure: Privacy

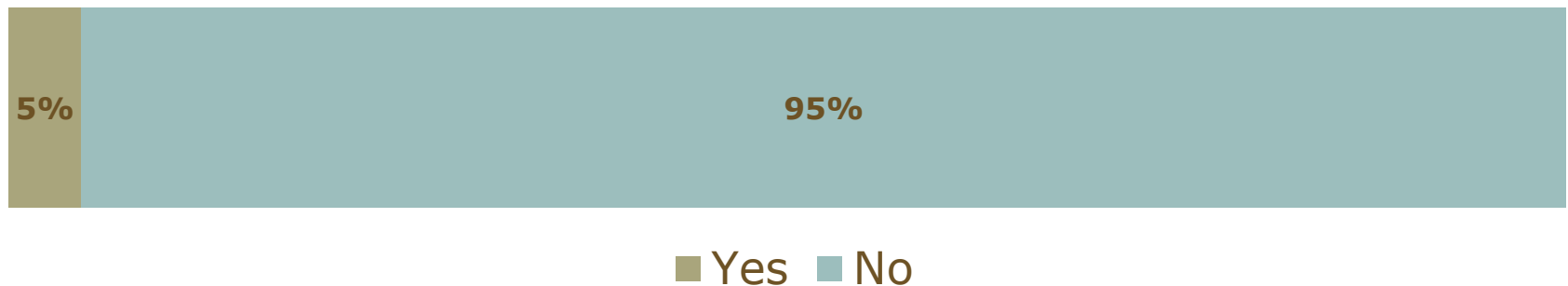
**Confident about privacy of treatment information:  
95%**

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=595)

---





# 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=69)

---



# Measure: Amount helped

**Amount helped by treatment: 49%**

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

---

Q30 In the last 12 months, how much was your child helped by the counseling or treatment he or she got? (N=777)

---



# Measure: Treatment after benefits are used up

**Plan provides information about how to get treatment after benefits are used up: 66%**

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=104)

---



# Measure: Discussed goals of child's treatment

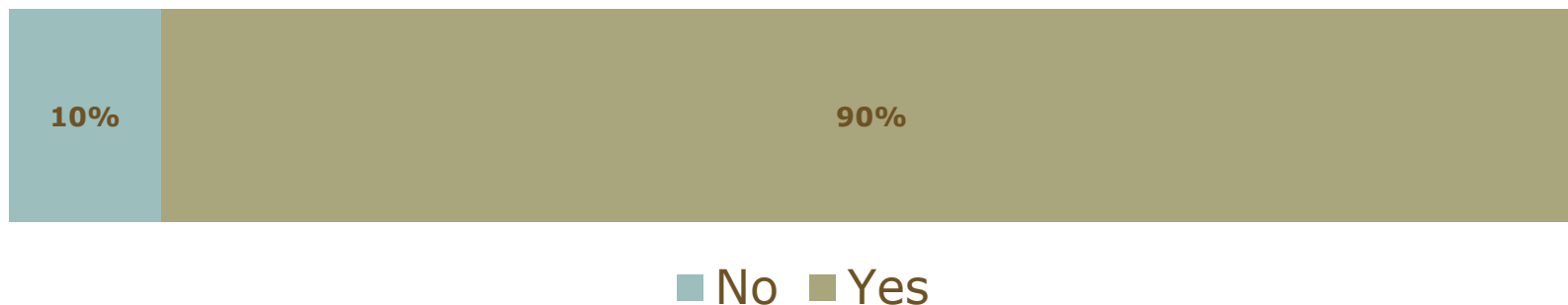
**Goals of child's counseling or treatment discussed completely: 90%**

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=608)

---



# DETAILED FINDINGS

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Statistically Significant Differences by Subgroup

# Statistical Significance Testing

- Statistical tests were conducted to identify differences between different subgroups on the items that comprise the scorecard measures. We considered:
  - child’s demographic characteristics (gender, race, ethnicity, age group, 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 demographic data and those who were part of subgroups with fewer than 30 people participating in the survey.
  - For example, while there were 28 CRSPs represented in the respondent pool, only the 10 CRSPs with at least 30 respondents were included in the subgroup analysis. The analysis *does* include 150 respondents with no DWIHN-provided CRSP.
  - Web respondents were included in the testing of survey mode, even though there were only 29 such respondents.
  - Please note that the overall scores reported in that section will differ from those presented for the scorecard measures, which includes all respondents.

# Statistically Significant Differences in Subgroups: Child Gender

There were seven items with statistically significant differences by child gender.

- Those who reported their child was female were more likely to report being told about other ways to get treatment when their benefits were used up (81%), compared to 58% of respondents who indicated their child was male.
- Compared to respondents describing their experience getting treatment for a female child, those with a male child were more likely to report that:
  - They always got the professional help they wanted for their child (60%, compared to 48%);
  - The people their child saw for counseling or treatment spent enough time with them (65% compared to 54%);
  - Their child always had someone to talk to for treatment (56% compared to 46%);
  - They were involved as much as they wanted in the child's treatment (76% compared 67%)
  - They would rate their child's counseling or treatment a **9** or **10** (53% vs. 44%) ; and
  - The goals of their child's treatment was discussed completely with them (93% compared 86%).

# Results Comparison by Gender

## Items with Statistically Significant Results

- Q15 In the last 12 months, how often did the people your child saw for counseling or treatment **spend enough time** with you? (% Always)
- Q18 In the last 12 months, how often were you **involved as much as you wanted** in your child's counseling or treatment? (% Always)
- Q19 In the last 12 months, were the goals of your child's counseling or treatment discussed completely with you? (% Yes)
- Q20 In the last 12 months, how often did your family get the professional help you wanted for your child? (% Always)
- Q21 In the last 12 months, how often did you feel your child **had someone to talk to** for counseling or treatment when he or she was troubled? (% Always)
- Q29 Using any number from 0 to 10, what number would you use to rate all your child's **counseling or treatment** in the last 12 months? (% 9 OR 10)
- Q38 Were you told about **other ways** to get counseling, treatment, or medicine for your child? (% Yes)
-



# 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>
Q15	594	61%	11%	359	65%	235	54%
Q18	594	72%	9%	358	76%	236	67%
Q19	595	90%	7%	359	93%	236	86%
Q20	589	56%	12%	356	60%	233	48%
Q21	574	52%	10%	347	56%	227	46%
Q29	593	50%	9%	357	53%	236	44%
Q38	101	66%	23%	65	58%	36	81%

Maximum  
value

Minimum  
Value

# Statistically Significant Differences in Subgroups: Child Race

There were nine items with statistically significant differences by child race. Compared to other respondents, those with a Black or African American child was more likely to report that:

- The people their child saw **always** listened carefully to the respondent (71%), compared to 63% overall and 45% of those who reported two or more races for their child;
- Their child always had someone to talk to when troubled (57%), compared to 52% overall and 31% of those who reported two or more races for their child;
- The people their child saw for counseling or treatment **always** explained things in a way the respondent could understand (79%), compared to 72% overall and 58% of those who reported two or more races for their child;
- Their child **always** got an appointment as soon as the respondent wanted (51%), compared to 46% overall and 31% of those who reported two or more races for their child;

# Statistically Significant Differences in Subgroups: Child Race (*cont.*)

- They **always** got the professional help they wanted for their child (62%), compared to 55% overall and 42% of those who reported their child was White;
- Their child was helped **a lot** by their treatment (53%), compared to 49% overall and 34% of those who reported two or more races for their child;
- The people their child saw **always** showed respect for what the respondent had to say (82%), compared to 77% overall and 64% of those who reported two or more races for their child;
- Their child's treatment goals were completely discussed with the respondent (94%) compared to 90% overall and 79% of those who reported two or more races for their child; and
- They would rate their child's treatment a **9** or **10** (53%) compared to 48% overall and 38% of those who reported their child was White.

# Results Comparison by Race

## 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)
- Q12 In the last 12 months, how often did the people your child saw for counseling or treatment **listen carefully to you**? (% Always)
- Q13 In the last 12 months, how often did the people your child saw for counseling or treatment **explain things** in a way you could understand? (% Always)
- Q14 In the last 12 months, how often did the people your child saw for counseling or treatment **show respect for what you had to say**? (% Always)
- Q19 In the last 12 months, were the goals of your child's counseling or treatment discussed completely with you? (%Yes)
- Q20 In the last 12 months, how often did your family get the professional help you wanted for your child? (% Always)
- Q21 In the last 12 months, how often did you feel your child **had someone to talk to** for counseling or treatment when he or she was troubled? (% Always)
- Q29 Using any number from 0 to 10, what number would you use to rate all your child's counseling or treatment in the last 12 months? (% 9 or 10)
- Q30 In the last 12 months, how much was your child helped by the counseling or treatment he or she got? (% A lot)

# Results Comparison by Race

	Overall		Score Spread	Black/African American		White		Two or More Races		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>
Q7	507	46%	20%	298	51%	133	42%	37	35%	39	31%
Q12	547	63%	26%	319	71%	146	53%	40	45%	42	52%
Q13	545	72%	21%	319	79%	144	62%	40	58%	42	71%
Q14	543	77%	18%	316	82%	146	71%	39	64%	42	74%
Q19	546	90%	15%	319	94%	146	86%	39	79%	42	83%
Q20	541	55%	20%	316	62%	145	42%	40	45%	40	50%
Q21	529	52%	26%	309	57%	141	45%	39	31%	40	53%
Q29	544	48%	15%	316	53%	146	38%	39	41%	43	51%
Q30	703	49%	19%	412	53%	187	43%	47	34%	57	49%

Maximum  
value

Minimum  
Value

- Note:* Few (<30 each) respondents indicated their children were Asian, Hawaiian/Other Pacific Islander, and American Indian/Alaska Native so those groups are not included in this analysis. "Other" above indicates respondent selected "Other" for their child's race.

# Statistically Significant Differences in Subgroups: Child Ethnicity

Compared to other respondents, those who reported their child was Hispanic or Latino had statistically higher scores on two items. They were more likely to report that:

- When their child needed treatment right away, they **always** saw someone as soon as the respondent wanted (54%), compared to 37% for those who were not Hispanic or Latino; and
- their child's ability to deal with social situations was **much better** (34%), compared to 23% for those who were not Hispanic or Latino.

# Results Comparison by Ethnicity

## Items with Statistically Significant Results

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? (% Always)

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

	Overall		Score Spread	Hispanic/Latino		Not Hispanic/Latino	
	N	Score		N	Score	N	Score
Q5	350	39%	11%	37	54%	313	37%
Q33	768	24%	11%	89	34%	679	23%

Maximum value	Minimum Value
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# Statistically Significant Differences in Subgroups: Child Age Group

- Three measures had statistically significant differences by age group. On these, the respondents with a younger child had higher scores than those with a child in other age groups.
  - Respondents with a child between four and six years old were most likely to report that their child were helped **a lot** by treatment (62%, compared to 49% overall).
  - Respondents with a child from birth to three years old were more likely than all others to:
    - rate their child’s ability to deal with daily problems **much better** compared to 12 months ago (51%, compared to 30% overall); and
    - rate their child’s ability to accomplish the things they wanted **much better** compared to 12 months ago (44%, compared to 30% overall).



# Results Comparison by Child Age Group

## Items with Statistically Significant Results

- Q30 In the last 12 months, how much was your child helped by the counseling or treatment he or she got? (% A lot)
- Q32 Compared to 12 months ago, how would you rate your child’s ability to deal with **daily problems now**? (% Much better)
- Q34 Compared to 12 months ago, how would you rate your child’s ability to **accomplish the things he or she wants to do now**? (% Much better)

	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
Q30	767	49%	23%	37	57%	119	62%	145	48%	167	53%	182	41%	117	39%
Q32	773	30%	27%	37	51%	124	34%	146	24%	165	29%	182	26%	119	31%
Q34	776	30%	23%	39	44%	122	39%	146	29%	166	32%	183	21%	120	25%

Maximum value	Minimum Value
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# Statistically Significant Differences in Subgroups: Primary Disability Designation

- On six items, respondents with a child whose primary disability designation was developmental disability (DD) had scores that were higher than those who had a child with severe emotional disability (SED). They were more likely to report:
  - Their child **always** got the counseling they needed on the phone (52% for those with DD, compared to 37% for those with SED);
  - They were given as much information as they wanted to manage their child's condition (87% for those with DD, compared to 73% for those with SED); and
  - They were given information about different treatment options (84% for those with DD, compared to 71% for those with SED).
  - They **always** got the professional help they wanted for their child (61% for those with DD, compared to 52% for those with SED);
  - They were **always** involved as much as they wanted in their child's treatment (78% for those with DD, compared to 70% for those with SED); and
  - Their child's information had been kept private (98% for those with DD, compared to 94% for those with SED).

# Results Comparison by Primary Disability Designation

## 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)
- Q18 In the last 12 months, how often were you **involved as much as you wanted** in your child's counseling or treatment? (% Always)
- Q20 In the last 12 months, how often did your family get the professional help you wanted for your child? (% 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)
- Q23 In the last 12 months, were you given as much information as you wanted about what you could do to **manage** your child's condition? (% Yes)
- Q26 In the last 12 months, as far as you know, did anyone your child saw for counseling or treatment **share information** with others that should have been kept private? (% No)

# Results Comparison by 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>
Q3	418	40%	15%	90	52%	328	37%
Q18	604	72%	8%	187	78%	417	70%
Q20	599	55%	9%	184	61%	415	52%
Q22	594	75%	13%	183	84%	411	71%
Q23	597	78%	14%	186	87%	411	73%
Q26	592	95%	4%	184	98%	408	94%

Maximum  
value

Minimum  
Value

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

# Statistically Significant Differences in Subgroups: Service Type

Respondents with a child receiving autism services were more likely to report that:

- They were given information about different treatment options (84%, compared to 73% for those receiving other services); and
- They were given as much information as they wanted to manage their child's condition (87%, compared to 76%).

# Results Comparison by Service Type

## Items with Statistically Significant Results

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

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

	Overall		Score Spread	Receiving autism services		Receiving general services	
	N	Score		N	Score	N	Score
Q22	597	75%	11%	93	84%	504	73%
Q23	600	78%	11%	92	87%	508	76%

Maximum value

Minimum Value

# Statistically Significant Differences in Subgroups: CRSP

There was considerable variation among responses from those with a child receiving service at different service providers, with statistically significant differences on six items. On those, the differences between the minimum and maximum scores varied by 29% to 47%.

- Overall, 40% of respondents reported **always** getting the treatment their child needed through telehealth or video visit. Scores for individual CRSPs ranged from 7% of respondents at PsyGenics to 54% at Community Living Services.
- Overall, 54% of survey respondents reported their child was **always** seen within 15 minutes of appointment. Scores ranged from 24% at Team Mental Health Services to 67% at Starfish Family Services.
- Overall, 43% reported they **always** got their child an appointment as soon as they wanted, varying from 23% at Team Mental Health Services to 58% at Starfish Family Services.

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

- Overall, 55% of respondents reported they **always** got the professional help they wanted for their child. Scores ranged from 33% at Team Mental Health Services to 68% at PsyGenics.
- Overall, 77% of respondents reported they were given as much information as they wanted to manage their child's condition. 59% of CNS Healthcare respondents did so, compared to 93% at PsyGenics.
- Overall, 74% of respondents reported being given information about different treatment options. 55% of Lincoln Behavioral Services respondents did so, compared to 84% at Wayne Center.



# Results Comparison by CRSP

## Items with Statistically Significant Results

D2 In the last 12 months, how often did you get the professional counseling your child needed through telehealth or video visit? (% 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)

Q11 In the last 12 months, how often was your child seen **within 15 minutes** of his or her appointment? (% Always)

Q20 In the last 12 months, how often did your family get the professional help you wanted for your child? (% 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)

Q23 In the last 12 months, were you given as much information as you wanted about what you could do to **manage** your child's condition? (% Yes)

# Results Comparison by CRSP

	Overall		Score			CNS Healthcare		Community Living Services		Hegira Health, Inc		Lincoln Behavioral Services Inc	
	N	Score	Minimum	Maximum	Spread	N	Score	N	Score	N	Score	N	Score
D2	367	40%	7%	54%	<b>47%</b>	24	38%	13	54%	56	45%	31	42%
Q7	470	43%	23%	58%	<b>35%</b>	29	55%	19	37%	70	36%	41	56%
Q11	527	54%	24%	67%	<b>43%</b>	33	48%	23	43%	68	62%	41	56%
Q20	525	55%	33%	68%	<b>35%</b>	33	45%	23	52%	67	49%	44	50%
Q22	520	74%	55%	84%	<b>29%</b>	31	77%	22	82%	66	64%	44	55%
Q23	524	77%	59%	93%	<b>34%</b>	32	59%	23	91%	65	69%	44	68%

Maximum value	Minimum Value
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# Results Comparison by CRSP

	Overall		Score			PsyGenics, Inc		Starfish Family Services, Inc		Team Mental Health Services, Inc		The Children's Center	
	N	Score	Minimum	Maximum	Spread	N	Score	N	Score	N	Score	N	Score
D2	367	40%	7%	54%	<b>47%</b>	14	7%	50	48%	29	21%	66	53%
Q7	470	43%	23%	58%	<b>35%</b>	28	36%	60	58%	43	23%	71	52%
Q11	527	54%	24%	67%	<b>43%</b>	41	54%	72	67%	41	24%	78	60%
Q20	525	55%	33%	68%	<b>35%</b>	41	68%	73	66%	39	33%	76	58%
Q22	520	74%	55%	84%	<b>29%</b>	43	81%	71	83%	40	65%	76	82%
Q23	524	77%	59%	93%	<b>34%</b>	43	93%	72	86%	41	66%	76	78%

Maximum  
value

Minimum  
Value

# Results Comparison by CRSP

	Overall		Score			The Guidance Center		Wayne Center		None Given	
	<u>N</u>	<u>Score</u>	<u>Minimum</u>	<u>Maximum</u>	<u>Spread</u>	<u>N</u>	<u>Score</u>	<u>N</u>	<u>Score</u>	<u>N</u>	<u>Score</u>
D2	367	40%	7%	54%	<b>47%</b>	42	36%	--	--	39	26%
Q7	470	43%	23%	58%	<b>35%</b>	52	33%	11	36%	46	43%
Q11	527	54%	24%	67%	<b>43%</b>	56	59%	19	47%	55	49%
Q20	525	55%	33%	68%	<b>35%</b>	56	50%	19	63%	54	61%
Q22	520	74%	55%	84%	<b>29%</b>	54	72%	19	84%	54	76%
Q23	524	77%	59%	93%	<b>34%</b>	56	80%	19	79%	53	74%

Maximum value	Minimum Value
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Note: Score for D2 for Wayne Center not displayed as N < 10.

# Statistically Significant Differences in Subgroups: Survey Mode

On 8 items, web respondents had lower scores than respondents from other modes:

- 12% of web respondents reported **always** getting the help they wanted for their child, compared to 57% for CATI and 52% for mail respondents;
- 8% of web respondents reported **always** getting the counseling their child needed on the phone, compared to 38% for CATI and 52% for mail respondents;
- 18% of web respondents reported **always** getting appointments as soon as they wanted, compared to 45% for CATI and 53% for mail respondents;
- 19% of web respondents reported **always** getting the help their child needed through telehealth, compared to 38% for CATI and 53% for mail respondents;

# Statistically Significant Differences in Subgroups: Survey Mode (*cont.*)

- 53% of web respondents reported being told about different treatment options, compared to 78% for CATI and 63% for mail respondents;
- 14% of web respondents rated their child’s ability to deal with daily problems **much better** than 12 months ago, compared to 32% for CATI and 22% for mail respondents;
- 76% of web respondents reported being given information about their child’s rights as a patient, compared to 93% for CATI and 89% for mail respondents; and
- 76% of web respondents reported they felt they could refuse a specific medicine or treatment, compared to 90% for CATI and 83% for mail respondents.

# Results Comparison by Survey Mode

## Items with Statistically Significant Results

- D2 In the last 12 months, how often did you get the professional counseling your child needed through telehealth or video visit? (% Always)
- Q3 In the last 12 months, how often did you get the professional counseling your child needed on the phone? (% Yes)
- Q7 In the last 12 months, how often did your child get an appointment for counseling or treatment as soon as you wanted? (% Always)
- Q20 In the last 12 months, how often did your family get the professional help you wanted for your child? (% 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)
- Q24 In the last 12 months, were you given information about your child's **rights as a patient**? (% Yes)
- Q25 In the last 12 months, did you feel you could refuse a specific type of medicine or treatment for your child? (% Yes)
- Q32 Compared to 12 months ago, how would you rate your child's ability to deal with **daily problems now**? (% Much better)

# 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>
D2	437	40%	34%	342	38%	79	53%	16	19%
Q3	420	40%	44%	315	38%	93	52%	12	8%
Q7	552	45%	35%	436	45%	99	53%	17	18%
Q20	602	55%	45%	493	57%	92	52%	17	12%
Q22	597	75%	25%	488	78%	92	63%	17	53%
Q24	598	92%	17%	489	93%	92	89%	17	76%
Q25	597	89%	14%	490	90%	90	83%	17	76%
Q32	782	30%	18%	630	32%	130	22%	22	14%

Maximum  
value

Minimum  
Value



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**DWIHN Access Call Center:  
Access Committee (10/16/23) and QISC Data Report  
Appointment Availability  
FY 22-23 4<sup>th</sup> Quarter**

The Access Call Center schedules hospital discharge/ follow up appointments (within 7 day requirement) for individuals being discharged from short stay inpatient psychiatric treatment and the initial intake appointments (within 14 days requirement) for individuals new to the system or seeking to re engage in services.

The Access Call Center schedules these types of appointments based on the CRSP (Clinical Responsible Service Providers) availability and ability to provide services.

**SMI/DD/SED intake appointments**

The state requires that the Integrated Biopsychosocial (IBPS) take place within 14 days of request for services. For the 4<sup>th</sup> quarter FY 22-23, the Access Call Center scheduled 87.7% of requested intakes for SED/SMI/DD services within 14 days. 12/3% were scheduled outside of 14 days due to the appointment being rescheduled by member or provider, no appointment availability with a requested provider, no appointment availability within the network or the individual requested the appointment to be scheduled outside of 14 days.

**SUD intake appointment**

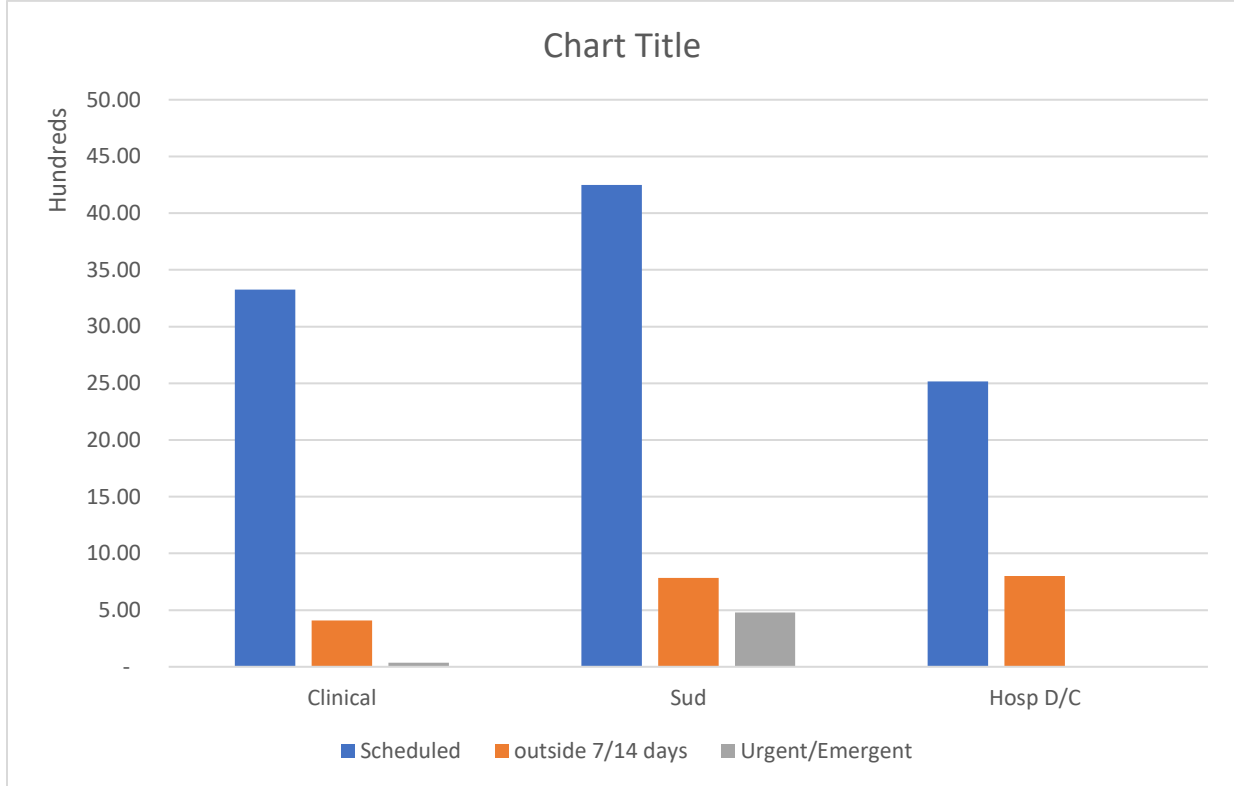
Depending on the type of service request, SUD intake appointments are expected to be scheduled within 14 days for routine outpatient services and within 24/48 hours for urgent and emergent services (Detox, Residential and IOP). For the 4<sup>th</sup> quarter FY 22-23 there were 4249 SUD appointments scheduled with 479 of these in the urgent/emergent category.

**Hospital Discharge**

The state requires Hospital discharge / follow up appointments to be scheduled within 7 days of discharge with the provider and with a Mental Health Pracioner within 30 days of discharge. For the 4<sup>th</sup> quarter FY 22-23, Access Call Center scheduled 68.2% within the 7 day time frame. 31.8% were non-compliant because the appointment was rescheduled by the member of the provider or the requested provider did not have an appointment available within 7 days.

**DWIHN Access Call Center:  
Access Committee (10/16/23) and QISC Data Report  
Appointment Availability  
FY 22-23 4<sup>th</sup> Quarter**

	July	August	September
<b>SMI/DD/SED</b>			
SMI/DD/SED Screening completed	1134	1347	1167
Appointments scheduled	1049	1223	1054
Scheduled outside of 14 days	106 (38 child)	145 (66 child)	157 (58 child)
<b>Hospital</b>			
Hospital discharge appts scheduled	788	906	821
Scheduled outside of 7 days	272	330	199
<b>SUD</b>			
SUD appointments scheduled	1422	1482	1345
Outside of 14 days	236	281	266
Urgent/Emergent	166	162	151



**DWIHN Access Call Center:  
Access Committee (10/16/23) and QISC Data Report  
Appointment Availability  
FY 22-23 4<sup>th</sup> Quarter**

Total # of Screenings completed by Access Call Center (DD/ ABA), SED, SMI)	3,648
Total # of Appointments scheduled by Access Call Center (DD / ABA, SED, SMI, ABA)	3,326
% of Provider Appointment Availability (DD / ABA, SED, SMI) this # is calculated by the number of appointments scheduled by the number of appointments needed.	91.1%
Scheduled outside of 14 days of the screening date	408
% out of compliance (scheduled outside of 14 days) – this # is calculated by total outside of 14 days by total scheduled	12.3%
Total # of Hospital Discharge appointments scheduled	2515
Hospital Discharge appointments out of compliance (appt outside of 7 days of discharge date)	801
% out of compliance – this # is calculated by total outside of 7 days by total scheduled	31.8%
Total # of appointments scheduled (SUD)	4249
Total # of Routine Outpatient Appointments Scheduled	3770
Total # of Appointments Scheduled outside 14 days	783
% out of compliance – this is calculated by the total outside of 14 days by the total scheduled	20.7%
Total # of Urgent / Emergent Appointments Scheduled	479

**Barriers continue to be**

Staffing shortages in both the access call center and CRSP provider levels

Transportation – Medicaid covered transportation services have been reported as unreliable.

- DWIHN has started a transportation pilot using God Speed and Mariner’s Inn Transportation Services with the goal of removing the transportation barrier for members,

Communication Problems between CRSP, Access Call Center and Individuals seeking services: change in phone numbers and address, limited phone service, inaccurate recording of demographic information in MHWIN