Quality Improvement Steering Committee (QISC)
April 29, 2025
10:30am – 12:00pm
Via Zoom Link Platform
Agenda

I.	**Welcome**	**T. Greason**
II.	**Authority Updates**	**S. Faheem**
III.	**Approval of Agenda**	**S. Faheem/Committee**
IV.	**Approval of Minutes** ○ March 25, 2025	**Dr. Faheem/Committee**
V.	**QAPIP Effectiveness**	
	Integrated Health	
	HEDIS (PIP's) FY2024 Analysis ○ Anitdepressant Medication Management ○ Follow-up for Hospitalization ○ Diabetes Screening for People with Schizophrenia ○ Adherence to Antipsychotic Medication	**V. Politowski**
	Customer Service	
	○ Adult ECHO (FY2024)	**M. Keyes-Howard**

Quality Improvement Steering Committee (QISC)
April 29, 2025
10:30am – 12:00pm
Via Zoom Link Platform
Meeting Minutes
Note Taker: DeJa Jackson

Committee Chairs: Dr. Leonard Rosen, DWIHN Psychiatrist and Tania Greason, DWIHN Provider Network QI Administrator

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

2) Item: Authority Updates: Tabled for May 2025

3) Item: Approval of Agenda: Agenda for April 29th, 2025

4) Item: Approval of Minutes: Dr. Faheem and the QISC approved the March 29th, 2025, meeting notes with no recommended changes.

5) Item: QAPIP Effectiveness
Goal: Integrated Health

Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems ☐ Quality ☐ Workforce
NCQA Standard(s)/Element #: QI ☐ CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___

Discussion		
Vicky Politowski, Director of Integrated Health, shared the following information with the QISC:		

Vicky Politowski, Director of Integrated Health, shared the following information with the QISC:

HEDIS (PIPs) FY2024 Analysis:

- **Antidepressant Medication Management: AMM**
  Assess adults 18 years of age and older with a diagnosis of major depression who were newly treated with antidepressant medication and remained on their antidepressant medications. Two rates are reported: Effective Acute Phase Treatment: Adults who remained on an antidepressant medication for at least 84 days (12 weeks), and Effective Continuation Phase Treatment: Adults who remained on an antidepressant medication for at least 180 days (6 months). Antidepressant Medication Management: AMM (Acute Phase); Acute Phase (12 weeks)
  - 2023: 43.88%
  - 2024: 45.29% (Goal: 66.93%)
- **Antidepressant Continuation Phase**:
  - 2023: 19.64%
  - 2024: 22.13% (Goal: 50.17%)
- **Follow-up After Hospitalization for Mental Illness (7-day):**
  Assess the percentage of inpatient discharges for a diagnosis of mental illness or intentional self-harm among patients aged 6 years and older that resulted in follow-up care with a mental health provider within 7 and 30 days. Providing follow-up care to patients after psychiatric hospitalization can improve patient outcomes, decrease the likelihood of re-hospitalization and the overall cost of outpatient care.
  - MDHHS has set a goal for the 30-day follow-up: 58% for Adults and 70% for children.
  - In 2025 the goal for children will increase to 79%
  - Adult: 2024 = 56.29% (Goal: 58%)
  - Children: 2024 = 65.74% (Goal: 70%, increasing to 79% in 2025)
- **Adherence to Antipsychotic Meds (Schizophrenia):**
  Assess adults 18 years of age and older who have schizophrenia or schizoaffective disorder who were dispensed and remain on an antipsychotic medication for at least 80 percent of their treatment period. Using antipsychotic medications as prescribed reduces the risk of relapses or hospitalization.
  - 2024: 47.71% (Goal: 66.28%)

- **Diabetes Screening for Members with SMI on Antipsychotics**:
  Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications: *A*ssesses adults 18–64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year. Heart disease and diabetes are among the top 10 leading causes of death in the United States.[1] Because persons with serious mental illness who use antipsychotics are at increased risk of cardiovascular diseases and diabetes, screening and monitoring of these conditions is important. Lack of appropriate care for diabetes and cardiovascular disease for people with schizophrenia or bipolar disorder who use antipsychotic medications can lead to worsening health and death.
    - 2024: 70.3% (Goal: 80.99%)

- **Barriers to HEIDS measures**
    - DWIHN does not have access to Medicare or private insurance claims. Medicare/private insurance pays for prescriptions, therapy, psychiatric appointments and labs.
    - Data is based on Medicaid claims
    - Many people lost Medicaid in 2024 due to the state of emergency lifted
- **New Interventions for January – June 2025**
    - Follow up After Hospitalization
    - Crisis and Complex Case Management focus on members who are not assigned a CRSP to get them engaged
    - Crisis team meetings with 3 CRSP who have hospital Liaisons to improve follow up care.
    - Policies and Procedures created around HEIDS expectations for CRSP
    - Quality to incorporate HEDIS into quality monitoring
    - Complex Case Management rounding in the Crisis Clinic to aid members with linking to resources to decrease symptoms.

Please review the handout " 4th Quarter QISC" for additional information.

Provider Feedback	Assigned To	Deadline
No provider feedback.		

Action Items	Assigned To	Deadline
Dr. Rosen and the QISC approved the 4th Quarter Analysis for the ○ Anitdepressant Medication Management ○ Follow-up for Hospitalization ○ Diabetes Screening for People with Schizophrenia ○ Adherence to Antipsychotic Medication	Dr. Rosen and the QISC	4.29.2025

5) Item: QAPIP Effectiveness
Goal: Customer Service

Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems ☐ Quality ☐ Workforce
NCQA Standard(s)/Element #: QI ☐ CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___

Discussion		

Margret Keyes-Howard, Manager of CS, shared and discussed the following with the QISC:
 	
Children ECHO FY2024
• Survey conducted with 1,394 responses received.
• 935 confirmed their child received services.
• Primary Disabilities: 52% DD, 47% SED, 47% Autism
• Contact issues: 214 had no address, 551 had no phone number, 44 had neither
• Demographic highlights: 56% African American, 31% Caucasian, 14% Other
• Most respondents were parents (92%)
• Responses modes: 88% by phone, 7% mail, 5% online
 	
• ***Performance & Improvement Trends***:
  ○ Overall Treatment Satisfaction: 53% (4% increase)
  ○ Seen Within 15 minutes: 55% (1% increase)
  ○ Side Effects Information: 79% (4% increase)
  ○ Family Engagement: 82% (No change)
  ○ Rights Information: 92%
  ○ Confidence in Privacy: 95%
  ○ Cultural Needs Met: 77% (3% increase)
  ○ Perceived Improvement: 66% (No change)
  ○ Options Post-Benefits: 56%
 	
Please review the handout “ECHOChildrenFamilySurvey2024mtkh.pdf” for additional information.		

Provider Feedback	**Assigned To**	**Deadline**
No provider feedback.		
Action Items	**Assigned To**	**Deadline**
Monitor survey results to discuss options for the development of Performance Improvement Projects (PIPs). Additional information will be provided to this committee for PIP development and review.	Margaret Keyes-Howard and QISC Members.	September 2025.

New Business Next Meeting: May 27, 2025
Adjournment: April 29, 2025

IPLT/QISC 4th Quarter Report

HEDIS measure 4th quarter rates and Interventions

- Antidepressant Medication Management (AMM)
- Follow up after hospitalization from mental illness (FUH)
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)
- Diabetes Screening for People with schizophrenia or bipolar disorder who are using antipsychotic medications (SSD)

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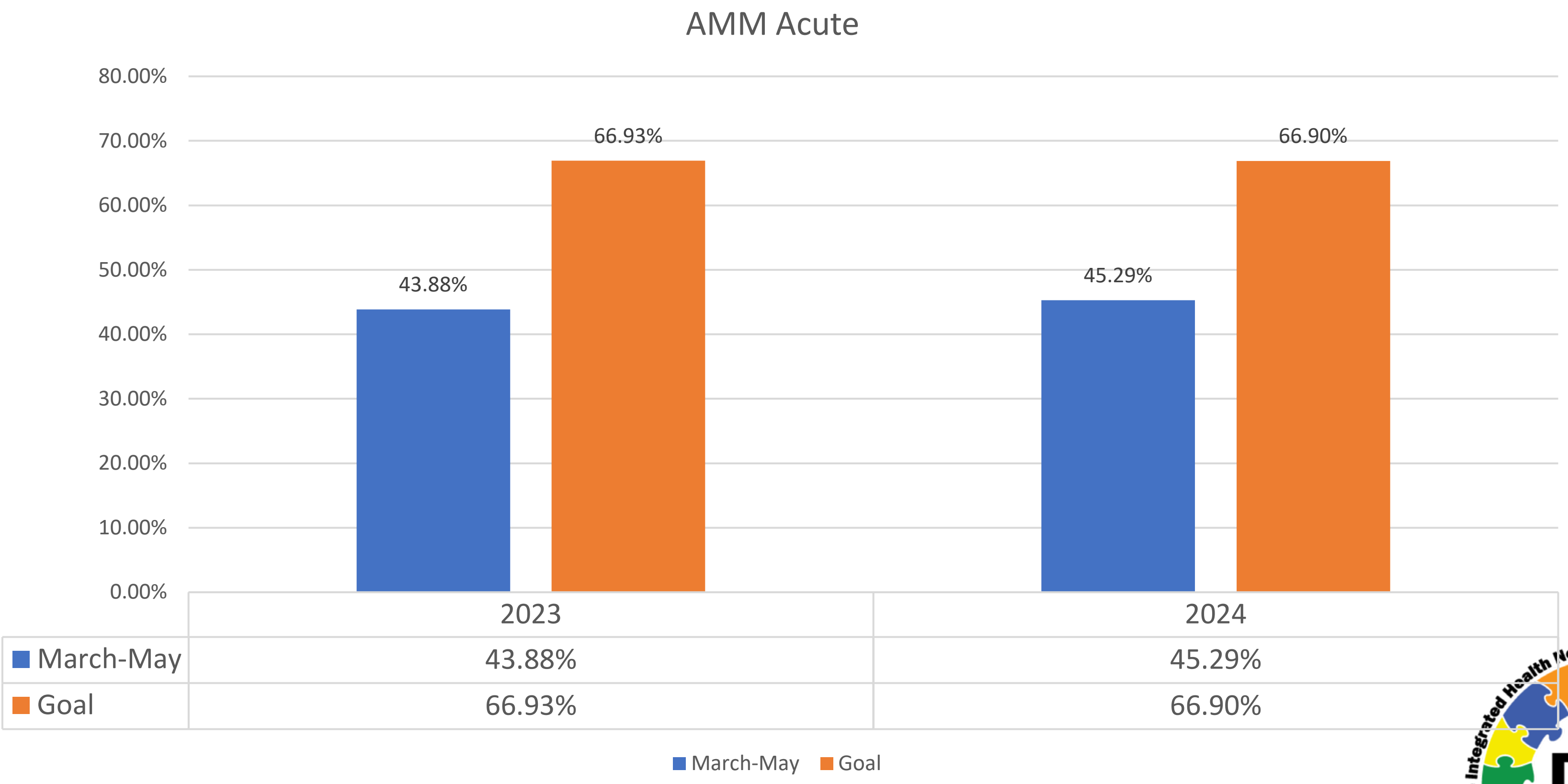
Antidepressant Medication Management: AMM

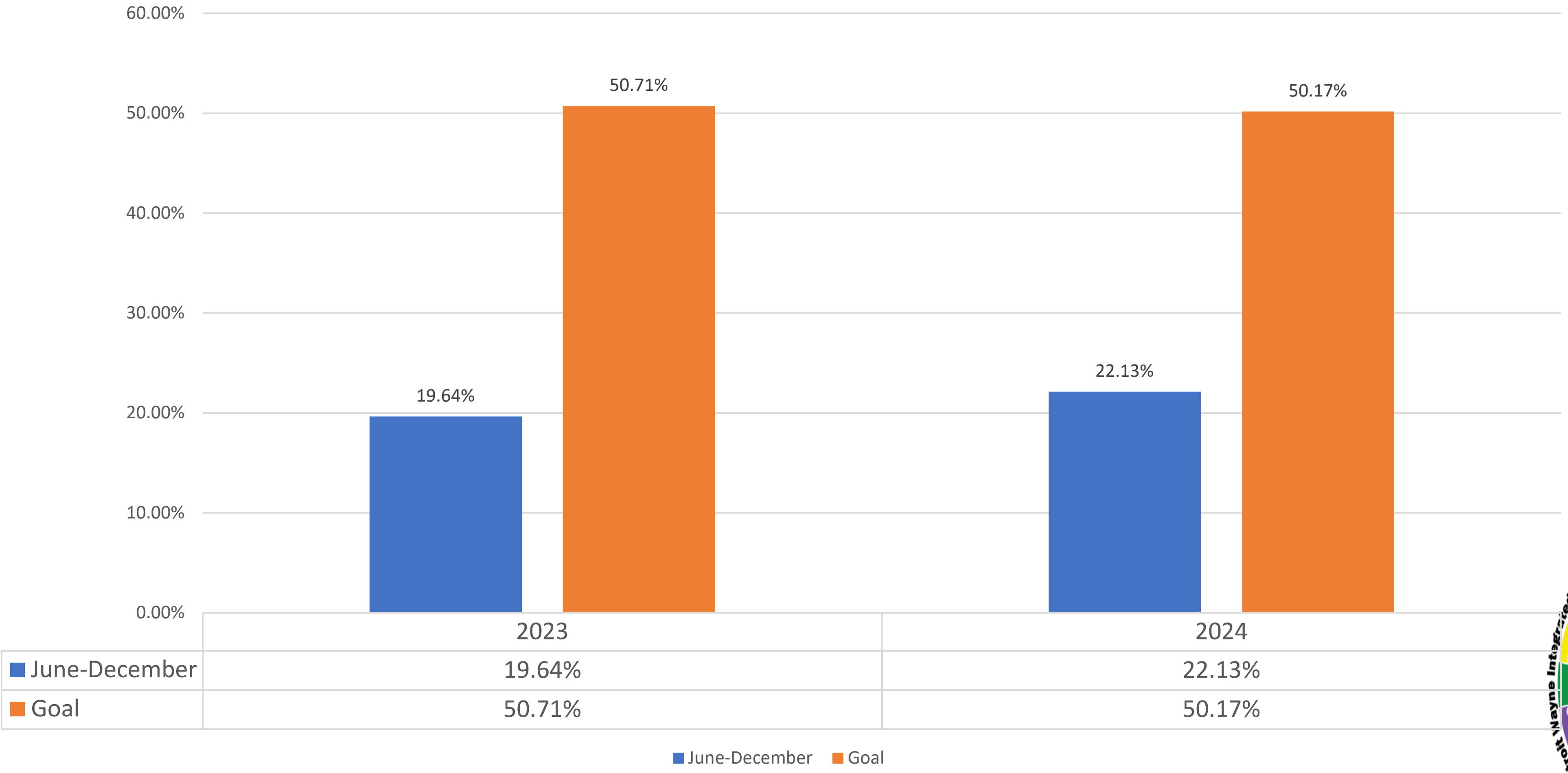
Assess adults 18 years of age and older with a diagnosis of major depression who were newly treated with antidepressant medication and remained on their antidepressant medications. Two rates are reported, Effective Acute Phase Treatment: Adults who remained on an antidepressant medication for at least 84 days (12 weeks) and Effective Continuation Phase Treatment: Adults who remained on an antidepressant medication for at least 180 days (6 months).

Acute Phase (12 weeks)



	2023	2024
🟦 March-May	43.88%	45.29%
🟧 Goal	66.93%	66.90%

Antidepressant Medication Management: Continuation Phase (4-9 months after acute phase)



	2023	2024
■ June-December	19.64%	22.13%
■ Goal	50.71%	50.17%

Follow up After Hospitalization From Mental Illness

Assess the percentage of inpatient discharges for a diagnosis of mental illness or intentional self-harm among patients aged 6 years and older that resulted in follow-up care with a mental health provider within 7 and 30 days. Providing follow-up care to patients after psychiatric hospitalization can improve patient outcomes, decrease the likelihood of re-hospitalization and the overall cost of outpatient care.

MDHHS has set a goal for the 30 day follow up- 58% for Adults and 70% for children.

In 2025 goal for children will increase to 79%

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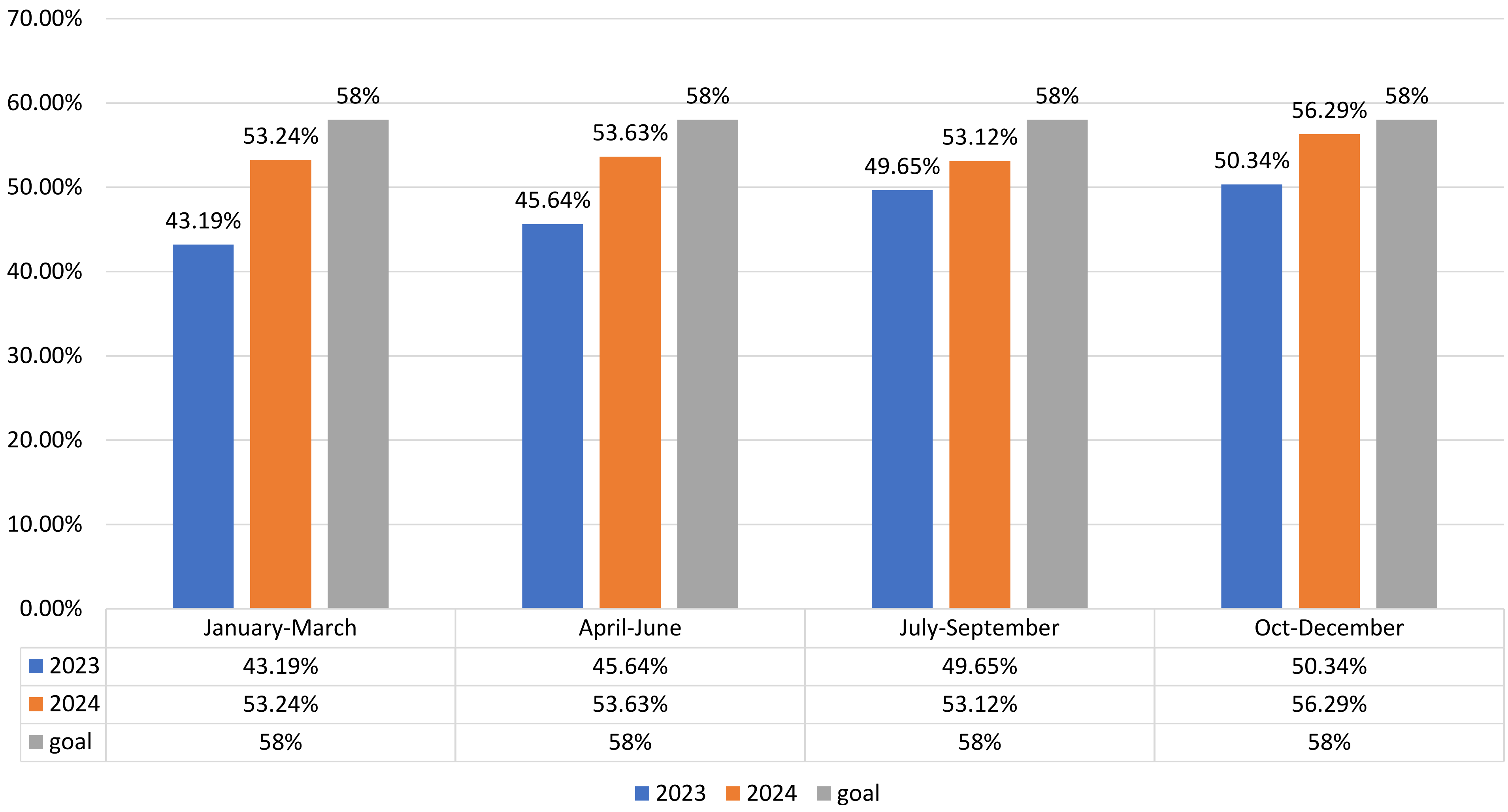
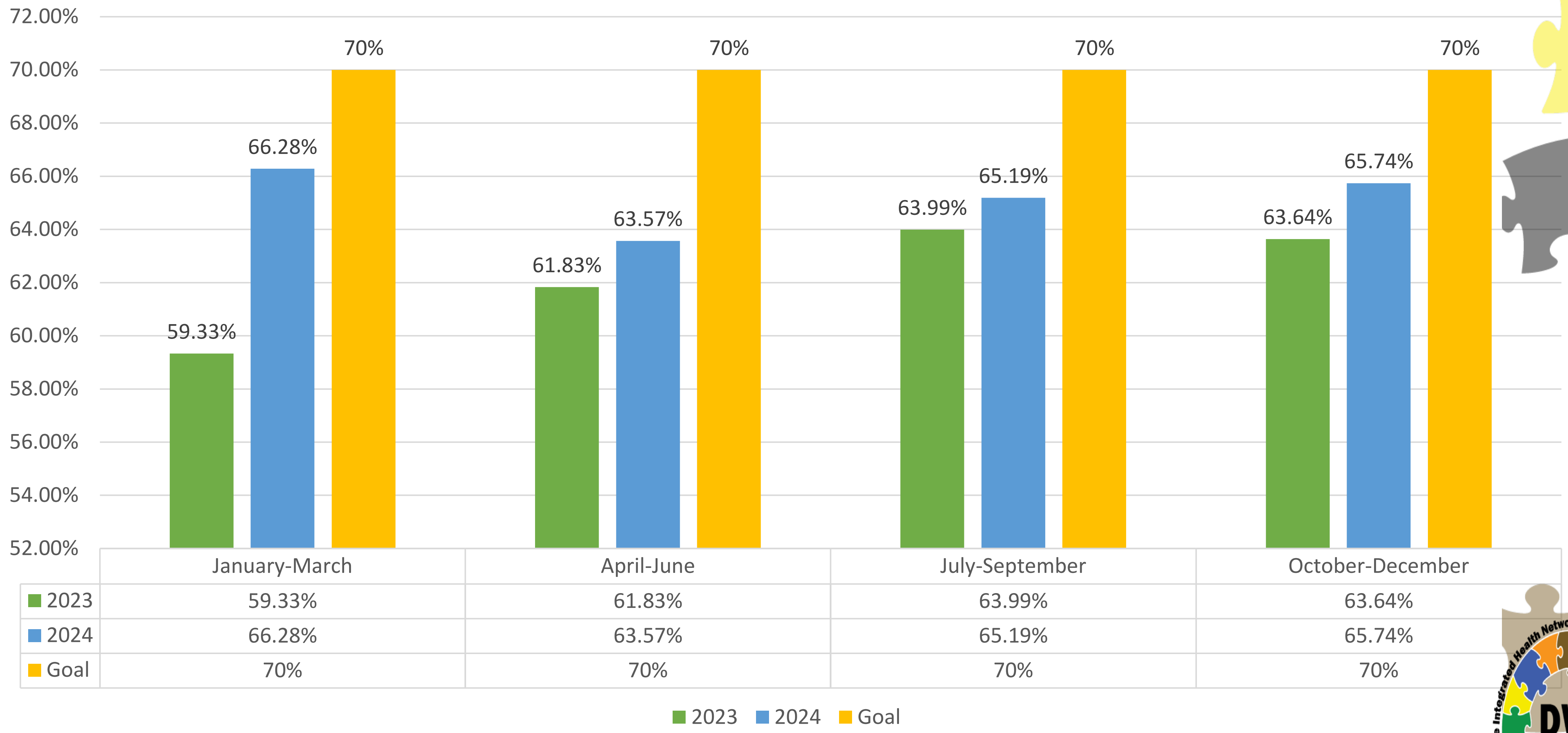
Adult 30 day



	January-March	April-June	July-September	Oct-December
■ 2023	43.19%	45.64%	49.65%	50.34%
■ 2024	53.24%	53.63%	53.12%	56.29%
■ goal	58%	58%	58%	58%

Children 30 day



	January-March	April-June	July-September	October-December
🟩 2023	59.33%	61.83%	63.99%	63.64%
🟦 2024	66.28%	63.57%	65.19%	65.74%
🟨 Goal	70%	70%	70%	70%

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Follow up After Hospitalization From Mental Illness

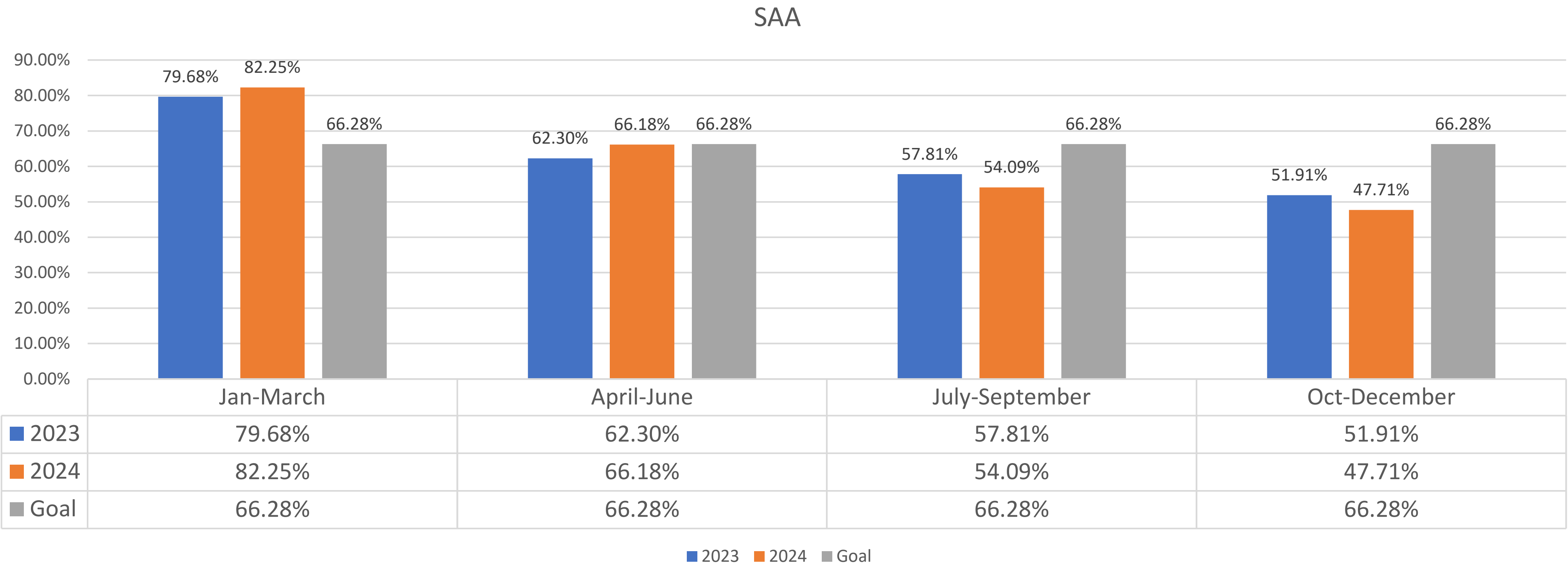
7- day FUH age 6 and older

Measurement Period 4th quarter	Eligible population	Total compliant	Non-Compliant	Rate %	Goal %
6-17 4th quarter	813	516	297	44.55	**70**
2023 results				38.41	
18-64 4th quarter	6808	2148	4660	33.47	58
2023 results				29.17	
65+ 4th quarter 2023 results	287	60	227	23.02	58

Adherence to Antipsychotic Medications for Individuals with Schizophrenia

SAA

Assess adults 18 years of age and older who have schizophrenia or schizoaffective disorder who were dispensed and remain on an antipsychotic medication for at least 80 percent of their treatment period. Using antipsychotic medications as prescribed reduces the risk of relapses or hospitalization.

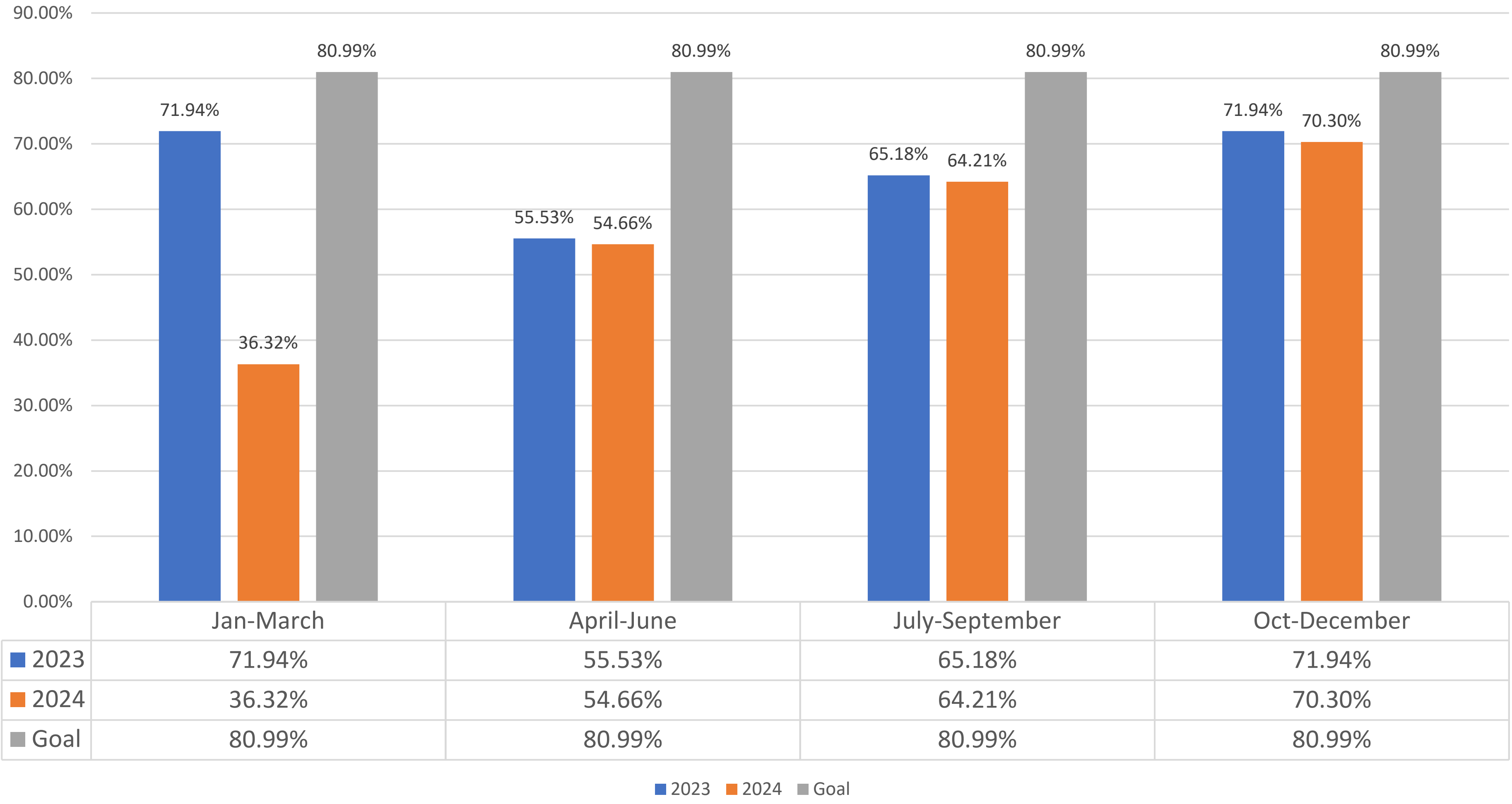


	Jan-March	April-June	July-September	Oct-December
🟦 2023	79.68%	62.30%	57.81%	51.91%
🟧 2024	82.25%	66.18%	54.09%	47.71%
⬜ Goal	66.28%	66.28%	66.28%	66.28%

Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications
SSD

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications: *A*ssesses adults 18–64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year. Heart disease and diabetes are among the top 10 leading causes of death in the United States.[1] Because persons with serious mental illness who use antipsychotics are at increased risk of cardiovascular diseases and diabetes, screening and monitoring of these conditions is important. Lack of appropriate care for diabetes and cardiovascular disease for people with schizophrenia or bipolar disorder who use antipsychotic medications can lead to worsening health and death.

SSD



	Jan-March	April-June	July-September	Oct-December
■ 2023	71.94%	55.53%	65.18%	71.94%
■ 2024	36.32%	54.66%	64.21%	70.30%
■ Goal	80.99%	80.99%	80.99%	80.99%

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Barriers to HEIDS measures

- DWIHN does not have access to Medicare or private insurance claims. Medicare/private insurance pays for prescriptions, therapy, psychiatric appointments and labs.
- Data is based on Medicaid claims
- Many people lost Medicaid in 2024 due to state of emergency lifted.

New Interventions for January-June2025

Follow up After Hospitalization

- Crisis and Complex Case Management focus on members who are not assigned a CRSP to get them engaged
- Crisis team meetings with 3 CRSP who have hospital Liaisons to improve follow up care.
- Policies and Procedures created around HEIDS expectations for CRSP
- Quality to incorporate HEDIS into quality monitoring
- Complex Case Management rounding in the Crisis Clinic to aid members with linking to resources to decrease symptoms.

Improve medication compliance

- Prescription data added to the VDT platform for CRSP
- Policies and Procedures created around HEIDS expectations for CRSP
- Quality to incorporate HEDIS into quality monitoring
- Collaboration with 2 FQHC
- Increase education to community though mobile app and trainings
- Assist member with re/applying for Medicaid
- Alert in PCE Electronic Health Records created to remind prescribers to assess if an injectable antipsychotic is appropriate.

Improve Diabetes monitoring

- Policies and Procedures created around HEIDS expectations for CRSP
- Quality to incorporate HEDIS into quality monitoring
- Work with local FQHC for diabetes testing
- Investigate working with local diabetes clinic

Questions?

Educational Tools

Resources:
https://dwihn.org/providers-HEDIS

Self Help Tool
https://dwihn.org/documents/myStrength_Flyer.pdf

DWIHN mobile application, contains transportation resources
https://dwihn.org/access-mymobileapp

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EXPERIENCE OF CARE AND HEALTH OUTCOMES

Findings from the 2024

Experience of Care and Health Outcomes (ECHO) Child Survey

for Family Members

WAYNE STATE UNIVERSITY

THE CENTER FOR URBAN STUDIES

Table of Contents

Survey Highlights

- 1,394 parents/guardians of DWIHN members responded to the survey, with 935 reporting receiving services in the past year.
- Survey respondents were similar to the sample DWIHN provided, in terms of gender and whether they had Medicaid. There were statistically significant differences with the sample in terms of the child's primary disability designation, whether they were receiving autism services, and whether their case was closed.
- DWIHN scored well on many measures, notably:
    1. Privacy (95%);
    2. Discussed goals of child's treatment (93%);
    3. Patient rights information (91%);
    4. Feels they could refuse treatment (85%); and
    5. Information to manage condition (81%).
- There were two measures with scores of less than 50%:
    1. Perceived improvement (31%); and
    2. Getting treatment quickly (41%).

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).

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* 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 5,639 members, out of the approximately 16,000 children receiving services.
- The survey was administered via three modes:
  1. Trained and supervised interviewers from the Center's Computer Aided Telephone Interviewing (CATI) lab made calls to potential respondents on weekdays, evenings, and weekends;
  2. The Center mailed a paper survey; and
  3. A link to the web version was included with the mailed invitation, as well as emailed to respondents who requested it over the phone.
- Respondents received a chance to be randomly selected to receive one of three gift cards, valued at $100, $250, and $500.

Sample Profile

DWIHN randomly selected an initial number of respondents and then any children receiving autism services who were not already in the sample were added to it leading to 5,639 total in the sample.

Characteristic	Number	Percentage
Primary Disability Designation: Developmental Disability	2,911	52%
Primary Disability Designation: Severe Emotional Disability	2,664	47%
Receiving Autism Services	2,642	47%
Enrollment Status: Closed	931	17%
No Valid Address	214	4%
No Valid Phone Number	551	10%
No Valid Address or Phone Number	44	1%

Survey Response

- Overall, **1,394** responded to the survey, and the vast majority of the surveys were conducted by CATI telephone interview:

Respondents		
Mode	**N**	**%**
CATI	1,228	88%
Mail	93	7%
Web	73	5%
Total	**1,394**	**100%**

- 935 of the respondents reported that their child had received counseling, treatment, or medicine in the last 12 months (69%; *N*=1,358).

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

Respondent Profile

There were statistically significant differences between the 1,394 survey respondents and the sample of 5,639 members provided by DWIHN. Compared to the sample, children of respondents:

- were more likely to have a developmental disability;
- less likely to have a severe emotional disability;
- more likely be receiving autism services; and
- more likely to be currently enrolled.

Characteristic	**SAMPLE**		**RESPONDENTS**	
	Number	**Percentage**	**Number**	**Percentage**
Primary Disability Designation: Developmental Disability	2,911	52%	819	59%
Primary Disability Designation: Severe Emotional Disability	2,664	47%	565	41%
Receiving Autism Services	2,642	47%	746	54%
Enrollment Status: Closed	931	17%	130	9%

Respondent Profile *(cont.)*

The sample included 22 Clinically Responsible Service Providers (CRSPs). Respondents were served by 21 of those CRSPs. The CRSP not represented in respondent pool only had one client in the sample.

Most CRSPs appeared in the respondent pool roughly as often as in the sample. The exceptions are listed in the table below. Note that:

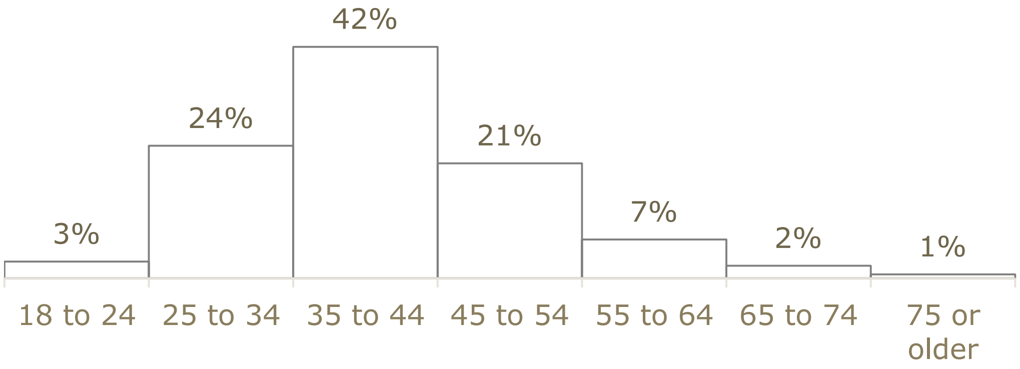
1. Members without a CRSP listed in the sample were less likely to participate in the survey; and
2. Members with the CRSPs of Children’s Center, PsyGenics, and Wayne Center were all more prevalent among respondents than in the sample.

CRSP	**In Sample**		**Among Respondents**		**Survey Participation Rate**
	N	**Percent**	**N**	**Percent**	
None given	1,226	22%	175	13%	14%
Children's Center	389	7%	131	9%	34%
DWIHN Care Coordination	56	1%	6	<1%	11%
PsyGenics	418	7%	126	9%	30%
Wayne Center	332	6%	103	7%	31%
All CRSPs	*5,639*	*100%*	*1,394*	*100%*	*25%*

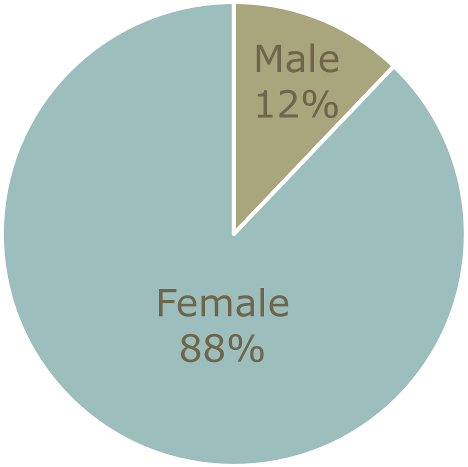
Respondent Demographics: Age and Gender

- The vast majority of respondents (87%; 1,129 of 1,297) reported their ages to be between 25 and 54.
- The vast majority (88%; 1,145 of 1,303) of respondents identified as female.

Respondent Age Distribution (*N*=1,297)



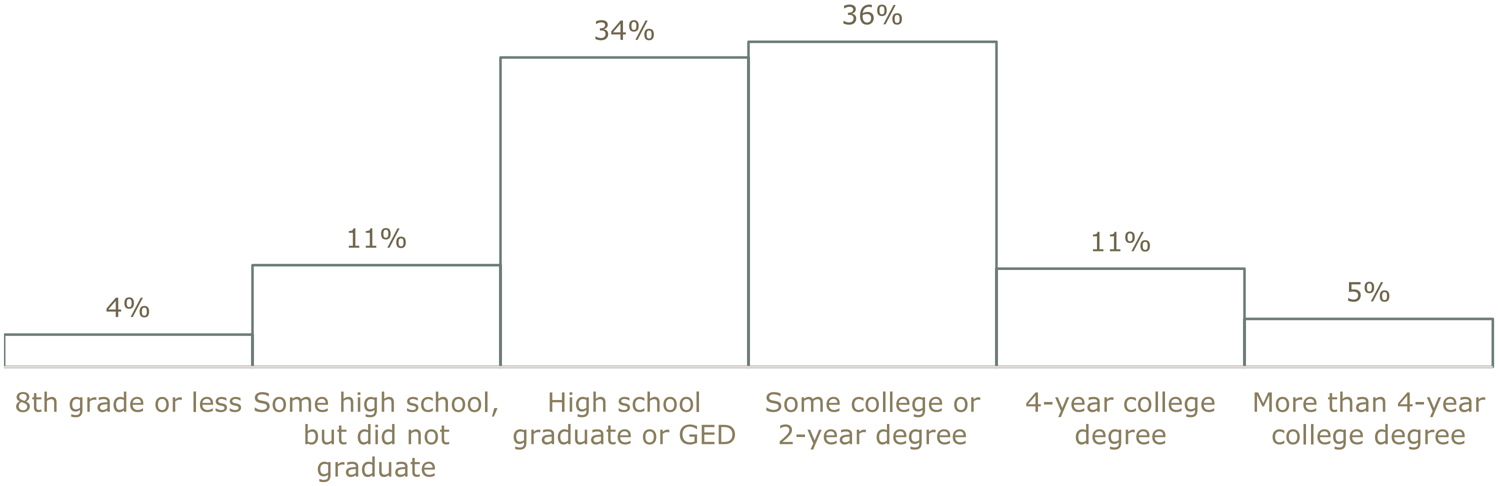
Respondent Gender (*N* = 1,303)



Respondent Demographics: Education Level

The vast majority of respondents reported completing high school or beyond (85%), with over half having attended at least some college.

What is the highest grade or level of school that you have completed? (N=1,295)



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

Respondent Demographics: Relationship to the Child

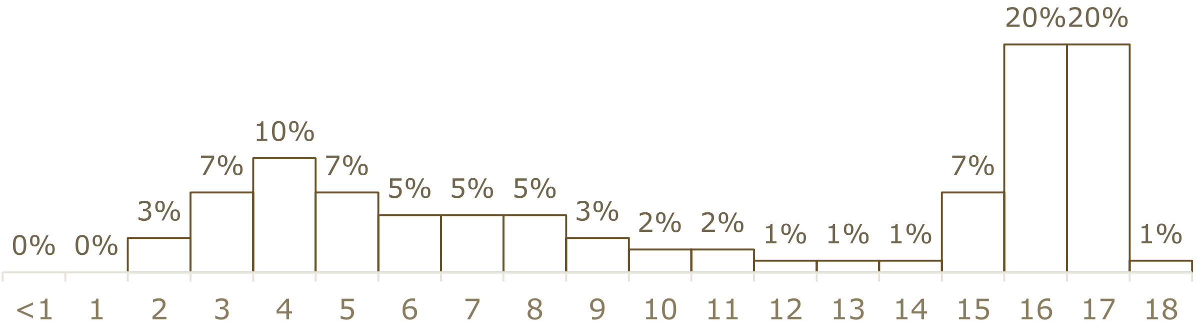
The vast majority of survey respondents (92%) identified themselves as the mother or father of the child receiving services.

Relationship	**Number**	**Percentage**
Mother or father	1,196	92%
Grandparent	58	4%
Legal guardian	28	2%
Aunt or Uncle	11	1%
Older sibling	6	<1%
Other relative	5	<1%
Total	1,304	100%

Respondent Demographics: Child’s Age and Gender

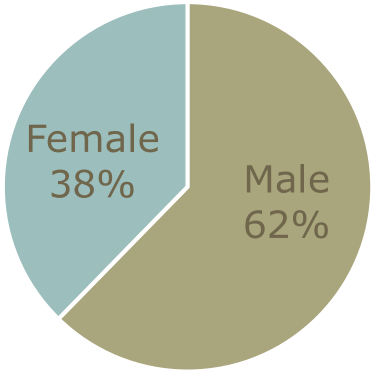
- 522 respondents (40%) reported their children were 16 or 17 years old. Roughly a quarter of respondents (316; 24%) reported children ages 3 to 5.
- Children about whom participants provided feedback were mostly identified as male: over three-fifths male while less than two-fifths of the children were female.

Child Age Distribution (N=1,305)



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

Child Gender (N = 1,303)



Respondent Child Demographics: Race and Ethnicity

	What is your child's race? (*N*=1,235)		**Single Category Race**	
Race	Number	Percentage	Number	Percentage
Black or African-American	689	56%	636	52%
White	388	31%	321	26%
Other	175	14%	158	13%
Asian	47	4%	38	3%
American Indian or Alaska Native	11	1%	5	<1%
Native Hawaiian or Other Pacific Islander	6	<1%	1	<1%
Two or More Races	-	-	76	6%
			1,235	100%

In the table above, respondents' direct answers are on the left and the recoded values are on the right. Respondents could select as many races as applied and 76 respondents indicated multiple races. "Other" was an option on the survey and was selected by 175 people.

Is your child of Hispanic or Latino origin or descent?	**Number**	**Percentage**
Yes	176	14%
No	1,101	86%

Respondent Child Demographics: Overall Mental Health

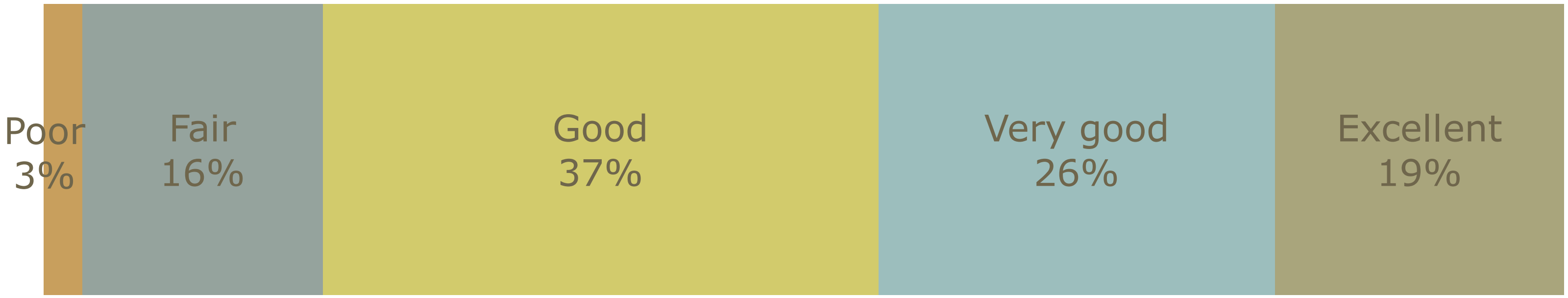
Roughly two-thirds (66%) rated their child’s overall mental health as **good** or better.

In general, how would you rate your child’s overall mental health now? (N=892)

Respondent Child Demographics: Overall Health

The vast majority (82%) rated their child's overall health as **good** or better, with 19% rating it as **excellent**.

In general, how would you rate your child's overall health now? (N=1,306)



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.

ECHO Child Scorecard

Composite Measures	Getting treatment quickly	41%
	How well clinicians communicate	67%
	Getting treatment and information from the plan or MBHO	53%
	Perceived improvement	31%
	Perceived access to treatment	53%
	Global Rating: Treatment (Overall rating of counseling and treatment)	50%
Single Item Measures	Office wait	55%
	Told about treatment options	79%
	Told about medication side effects	79%
	Information to manage condition	81%
	Patient rights information	91%
	Patient feels he or she could refuse treatment	85%
	Privacy	95%
	Cultural competency	77%
	Amount helped	51%
	Treatment after benefits are used up	60%
	Discussed goals of child's treatment	93%

ECHO Child Scorecard, Comparison to Prior Results

Composite Measures	2020	2021	2023	2024
Getting treatment quickly	**42%**	**46%**	**41%**	**41%**
Q3 Get help by telephone	27%	47%	40%	34%
D2 Get help via telehealth/video visit			40%	42%
Q5 Get urgent treatment as soon as needed	48%	44%	39%	41%
Q7 Get appointment as soon as wanted	50%	48%	45%	45%
How well clinicians communicate	**72%**	**73%**	**70%**	**67%**
Q12 Clinicians listen carefully	67%	66%	64%	62%
Q13 Clinicians explain things	74%	77%	73%	69%
Q14 Clinicians show respect	79%	81%	78%	76%
Q15 Clinicians spend enough time	63%	63%	61%	59%
Q18 Involved as much as you wanted in your child's treatment	76%	77%	72%	71%

ECHO Child Scorecard, Comparison to Prior Results

Composite Measures *(cont.)*	**2020**	**2021**	**2023**	**2024**
Getting treatment and information from the plan or MBHO	**55%**	**51%**	**49%**	**53%**
Q40 Delays in treatment while wait for plan approval	50%	47%	50%	52%
Q42 Helpfulness of customer service	60%	55%	47%	54%
Perceived improvement	**25%**	**28%**	**27%**	**31%**
Q32 Compare ability to deal with daily problems to 1 year ago	28%	32%	30%	37% **7%↑**
Q33 Compare ability to deal with social situations to 1 year ago	22%	26%	24%	26%
Q34 Compare ability to accomplish things to 1 year ago	27%	30%	29%	31%
Q35 Compare ability to deal with symptoms or problems to 1 year ago	24%	25%	26%	29%
Perceived access to treatment	**58%**	**60%**	**54%**	**53%**
Q20 How often they got desired professional help for child	59%	59%	55%	53%
Q21 How often child had someone to talk to when troubled	57%	60%	52%	52%

The only statistically significant difference between 2023 and 2024 measures was on Q32 (Z test, with $p<0.01$).

ECHO Child Scorecard, Comparison to Prior Results

Global Rating and Single Item Measures	2020	2021	2023	2024
Global Rating: Treatment (Overall rating of counseling and treatment)	49%	54%	49%	50%
Office wait	55%	63%	54%	55%
Told about treatment options	75%	76%	75%	79%
Told about medication side effects	79%	83%	82%	79%
Information to manage condition	78%	79%	78%	81%
Patient rights information	95%	92%	92%	91%
Patient feels he or she could refuse treatment	88%	85%	89%	85%
Privacy	93%	95%	95%	95%
Cultural competency	82%	74%	74%	77%
Amount helped	49%	51%	49%	51%
Treatment after benefits are used up	58%	53%	66%	60%
Discussed goals of child's treatment	93%	94%	90%	93%

Statistically Significant Differences in Subgroups

The Center investigated whether there were differences in the results of the various groups that DWIHN serves. We tested for statistically significant* differences among results for groups based on demographic characteristics, service type, the Clinically Responsible Service Provider, survey mode, survey language, and enrollment status. Dozens of statistically significant differences were identified. The details from these tests can be found in the final section of this report, beginning on slide 51. The following slides contain highlights from the results.

Race and Ethnicity

- Respondents who indicated their child's race was "Other," were *less* likely to report always getting needed telehealth counseling; always being seen within 15 minutes of their appointment; always having things explained in ways they could understand; and always being involved as much as they wanted in their child's treatment. They were also *less* likely to rate treatment a 9 or 10.
- Respondents who reported their child was Hispanic or Latino were *more* likely to rate the treatment a 9 or 10 and report their child's ability to deal with daily problems was much better than a year ago.

* The "statistically significant" differences presented are results that testing indicates have a 95% likelihood of being actual differences and not due to random chance.

Statistically Significant Differences in Subgroups *(cont.)*

Age Group

- Respondents whose child was birth to 3, 4 to 6, or 13 to 15 were more likely to report that they were always involved as much as they wanted in treatment; that always they got the professional help they wanted; and that they received as much information as they wanted about managing their child's condition. Those with a child 7 to 9, 10 to 12, and 16 to 18 were less likely to report these things.

Primary Disability Designation

- Respondents whose child had a developmental disability were more likely to report that their child always saw someone as soon as they wanted; their child's treatment goals were discussed completely with them; they were given information about different treatment options; and they were given as much information as they wanted about managing their child's condition.

- Respondents with a child with severe emotional disability were more likely to report their child's ability to deal with social situations was much better than a year ago.

Statistically Significant Differences in Subgroups *(cont.)*

Service Type

- Respondents with a child who received autism services were more likely to report that they were always involved as much as they wanted in their child’s treatment; their child’s treatment goals were discussed completely with them; they were given information about different treatment options; and they were given as much information as they wanted about managing their child’s condition.
- Respondents with a child who did not receive autism services were more likely to report their child’s ability to deal with social situations was much better than a year ago.

Clinically Responsible Service Provider (CRSP)

- Seven items had different results at different CRSPs: always seeing someone as soon as they wanted when their child needed treatment right away; always being seen within 15 minutes of their appointment; clinicians always explaining things in a way the respondent could understand; always being involved as much as they wanted in their child’s treatment; being given information about different kinds of treatment; being given information about managing their child’s condition; and rating their child’s ability to deal with social situations much better than a year ago.

Statistically Significant Differences in Subgroups *(cont.)*

Survey Mode and Language

- Respondents who did the survey with a CATI interviewer had higher scores on nine items, compared to web and mail respondents.
- Those who took the survey in English were more likely than other respondents to report that clinicians always spent enough time with them; they were always as involved as much as they wanted in their child's treatment; and they always got the professional help they wanted.
- Those who did the survey in Arabic were less likely than those who completed in Spanish or English to report that clinicians always listened carefully to them, explained things in a way they could understand, and showed respect for what they had to say. They were also less likely to indicate that they felt they could refuse a specific treatment for their child; their child was helped a lot by the treatment they got; and they rated their child's ability to accomplish the things they wanted much better than a year ago.

Enrollment Status (*open* or *closed*)

- Respondents whose child's case was **open** were *more* likely to report that clinicians always listened carefully to them, explained things in a way they could understand, and spent enough time with them. They were also more likely to indicate they were given information about different kinds of treatment; they were given as much information as they wanted about managing their child's condition; they would rate their child's treatment a 9 or 10; and their child was helped a lot by their treatment.

Opportunities

- As in prior years of ECHO survey administration, the score on Perceived Improvement remains the lowest of the scorecard measures.
  - The Center recommends that DWIHN consider exploring whether family's assessments of their children align with clinicians' assessments. If clinician's assessments indicate greater progress, it may be worthwhile to explore the reasons why more families do not perceive improvements in their children.
  - Interviews with CRSP staff and focus groups with families are tools that may lead to insights that can be used to address this topic.
- This year, 31% of respondents (nearly one third) who agreed to participate in the survey reported not receiving services in the last 12 months.
  - As the sample was selected to include only those who had received services in that timeframe, this high number is concerning as it potentially reflects 423 people whose feedback on services was not captured. It would be valuable to explore whether respondents' answers reflect confusion over how the question is asked.

Opportunities

- Relatively few respondents completed the survey in a language other than English. However, their feedback suggests that DWIHN families whose primary language is not English may benefit from more support to be fully engaged in their child's treatment, particularly Arabic speakers.

- While relatively few respondents whose child's case was closed participated in the survey, their feedback on key areas suggested lower satisfaction with treatment and a lower perception of its utility. DWIHN may consider incorporating an "exit interview" survey for families when their children discontinue treatment, in order to understand their experiences seeking care.

DETAILED FINDINGS

Scorecard Measures

Measure: Getting Treatment Quickly

Getting treatment quickly: 41%

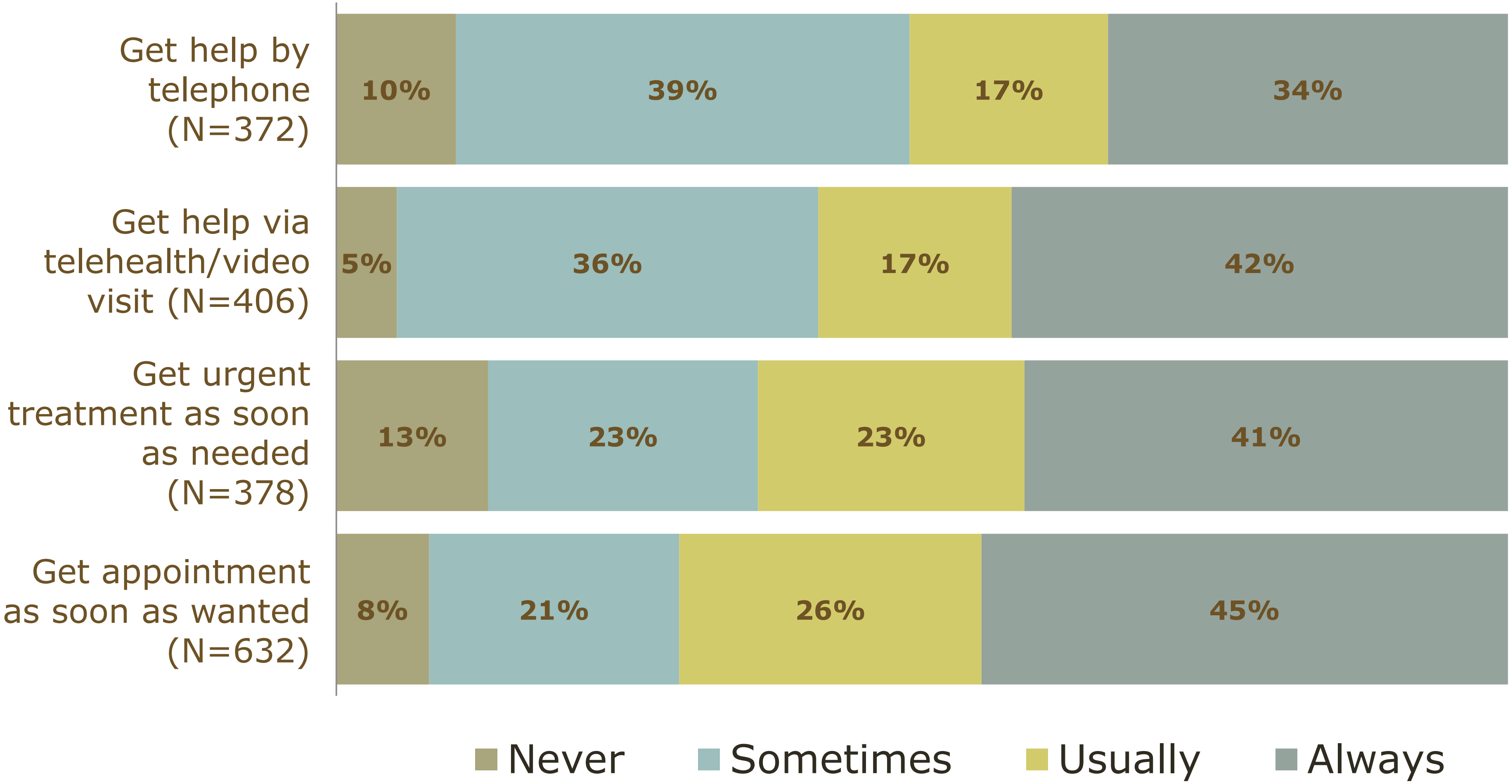
- This composite measure is the average score across these items:

	Question	Score
Q3	In the last 12 months, how often did you get the professional counseling your child needed on the phone?	34%
D2	In the last 12 months, how often did you get the professional counseling your child needed through telehealth or video visit?*	42%
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?	41%
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

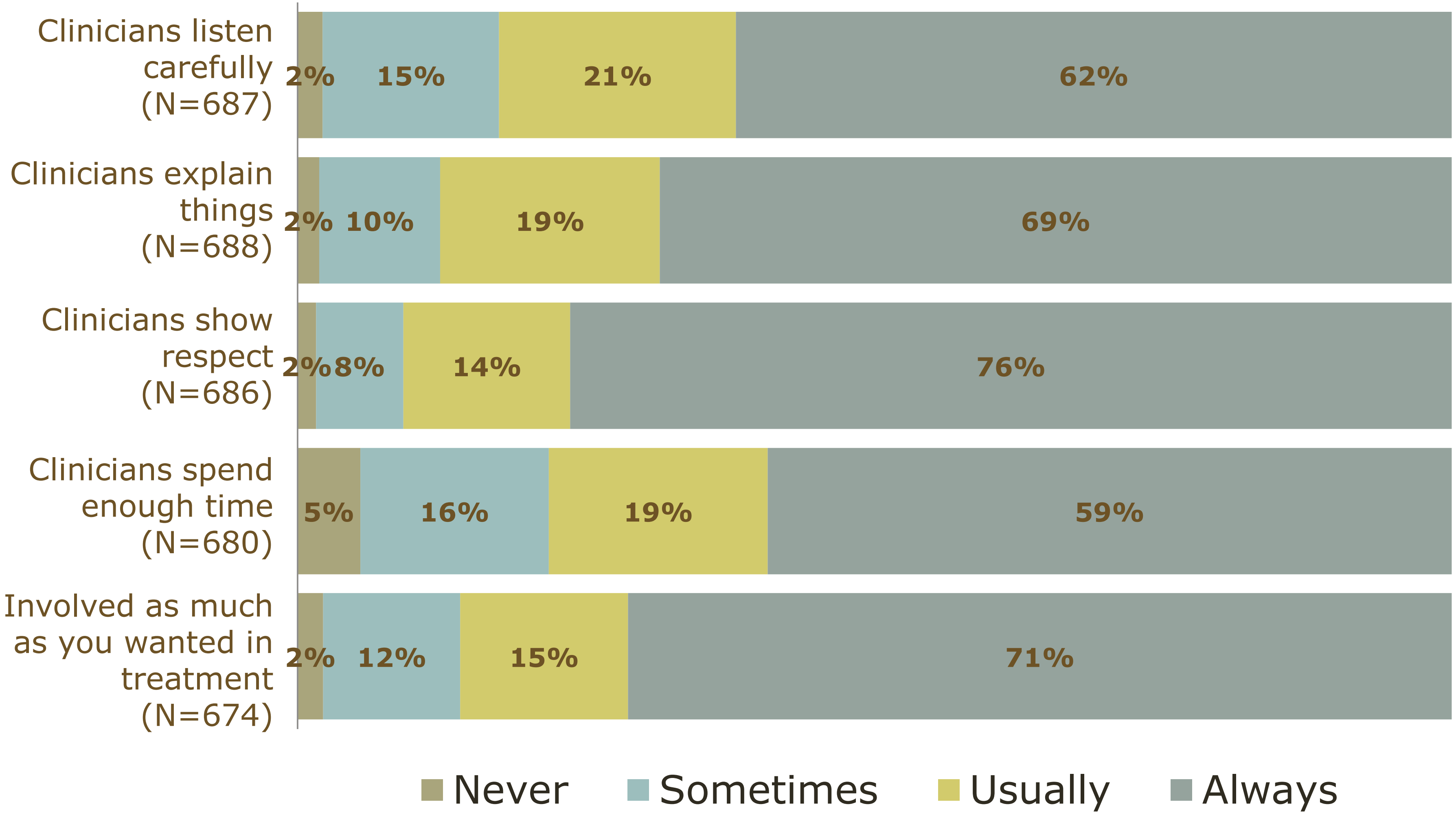
How Well Clinicians Communicate: 67%

- 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?	62%
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?	69%
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?	76%
Q15	In the last 12 months, how often did the people your child saw for counseling or treatment spend enough time with you?	59%
Q18	In the last 12 months, how often were you involved as much as you wanted in your child's counseling or treatment?	71%

- 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

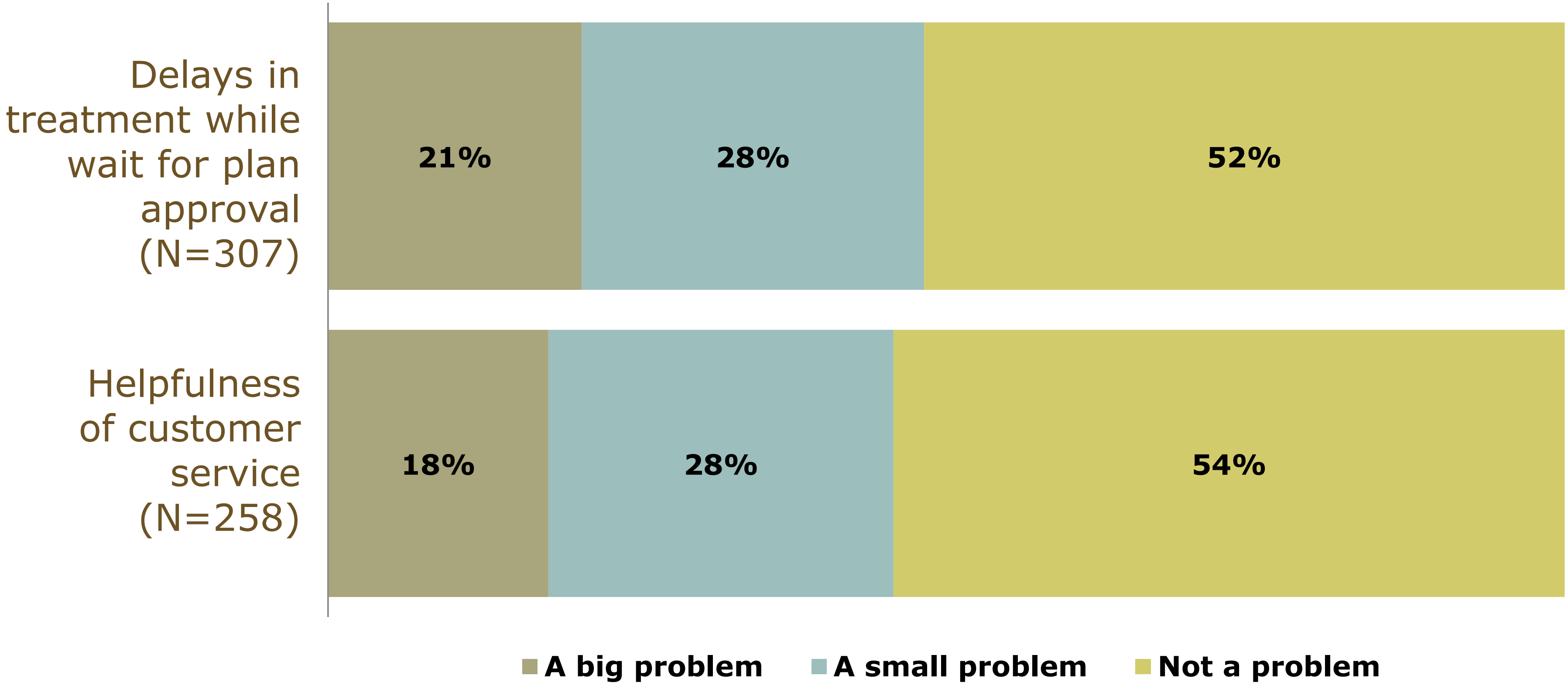
Getting Treatment and Information : 53%

- 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?	52%
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?	54%

- Score is the percentage of respondents who answered **Not a problem.**

Detail: Getting Treatment and Information from the Plan or MBHO



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

Measure: Perceived Improvement

Perceived Improvement: 31%

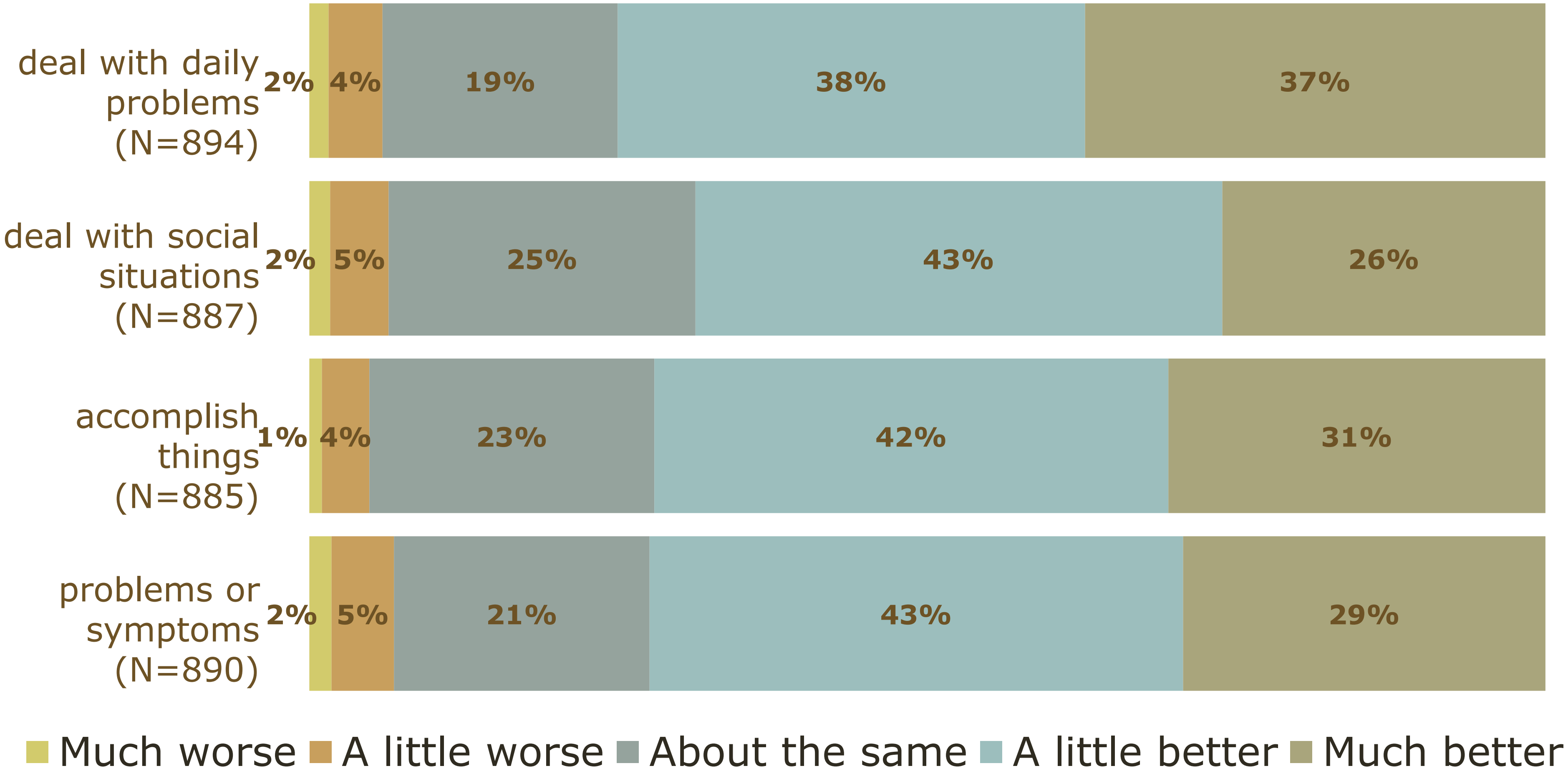
- This composite measure is the average score across these items:

	Question	Score
Q32	Compared to 12 months ago, how would you rate your child's ability to deal with daily problems now?	37%
Q33	Compared to 12 months ago, how would you rate your child's ability to deal with social situations now?	26%
Q34	Compared to 12 months ago, how would you rate your child's ability to accomplish the things he or she wants to do now?	31%
Q35	Compared to 12 months ago, how would you rate your child's 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 child's ability to…



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

Measure: Perceived Access to Treatment

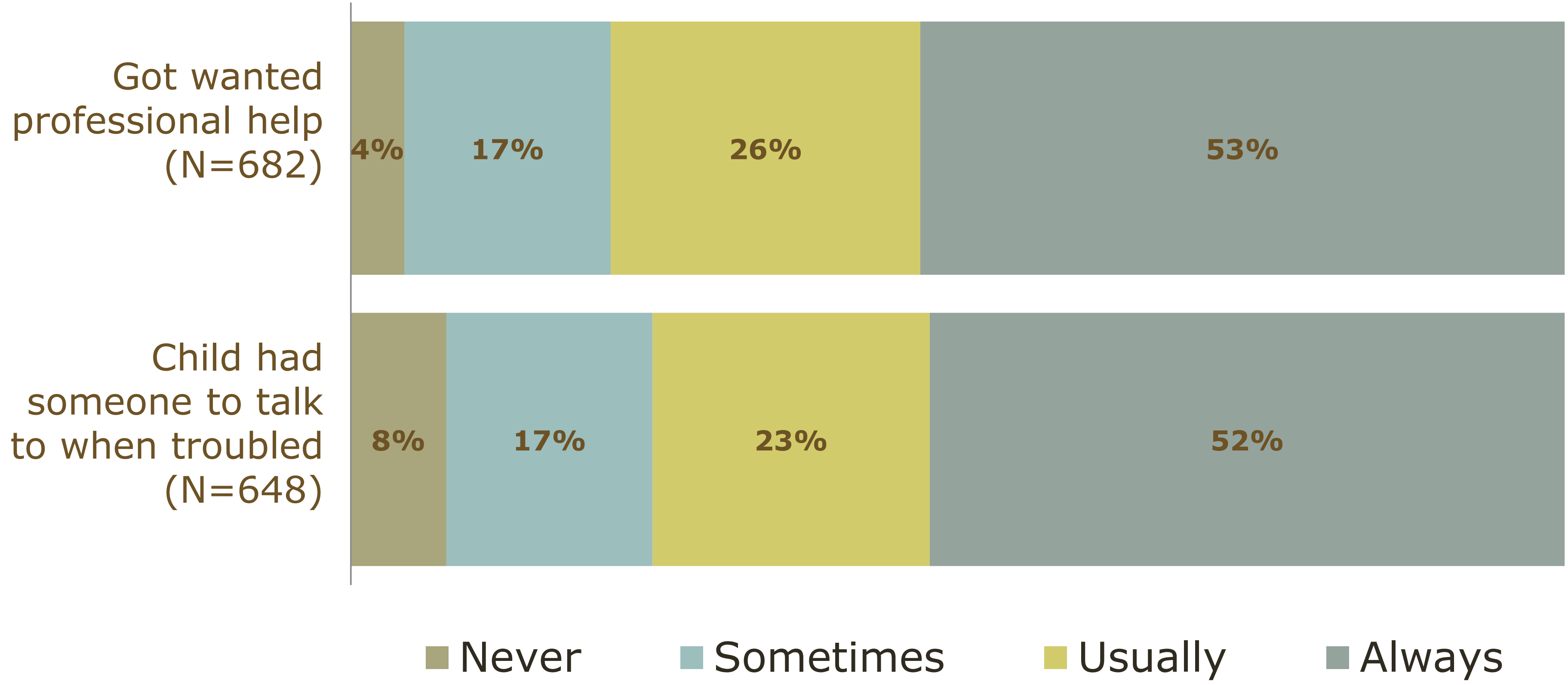
Perceived Access to Treatment: 53%

- 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?	53%
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

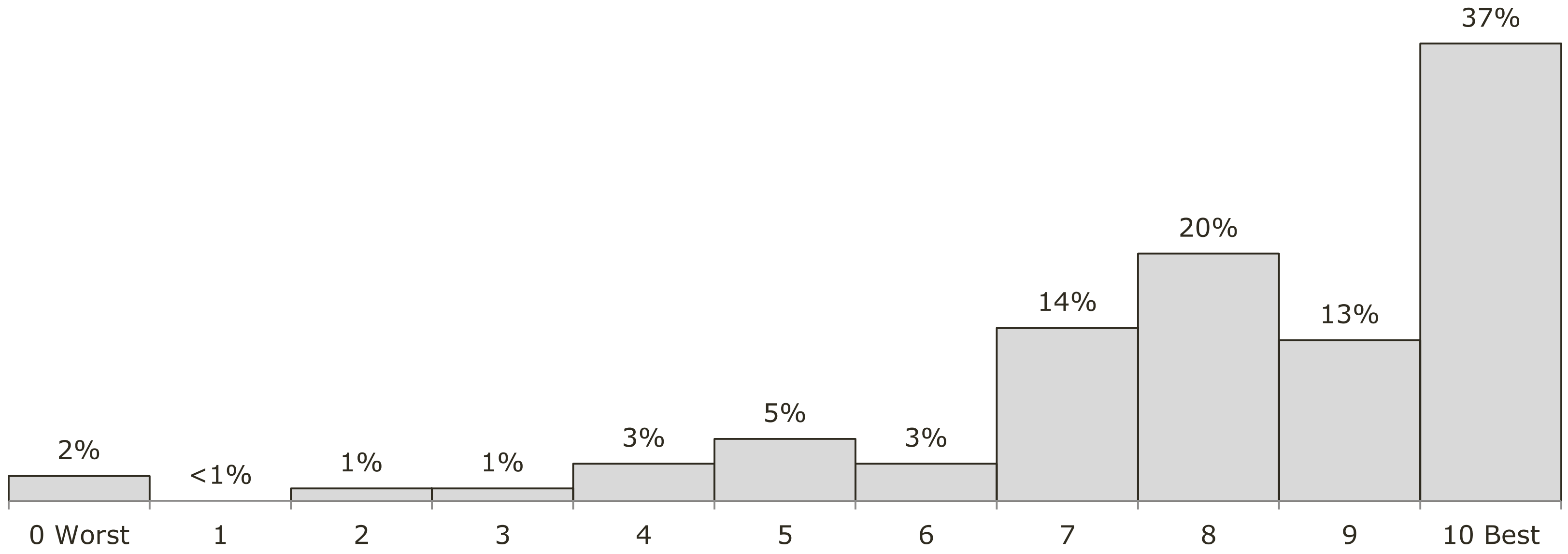


Measure: Global Rating - Treatment

Overall rating of counseling and treatment: 50%

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=675)



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

Measure: Office wait

Office wait: 55%

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

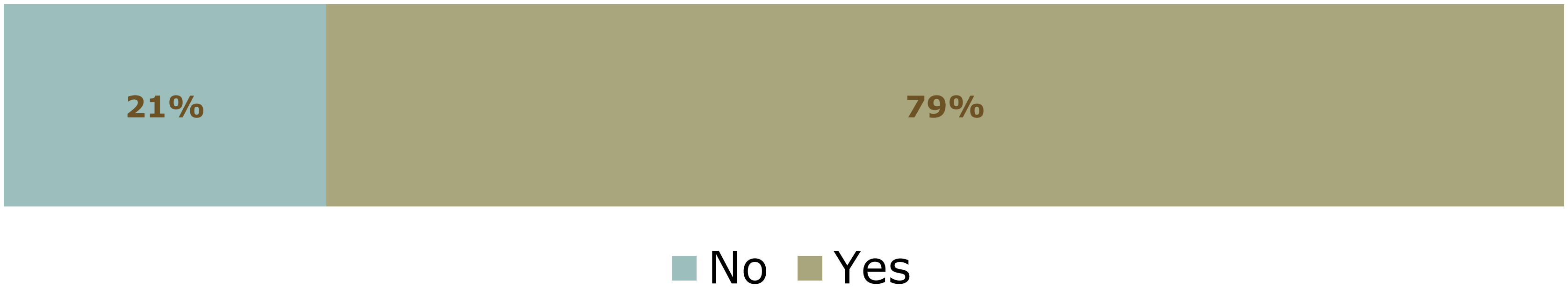
	Question	Score
Q11	In the last 12 months, how often was your child seen within 15 minutes of his or her appointment? (N=682)	55%

Measure: Information About Treatment Options

Told about treatment options: 79%

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

Q22	In the last 12 months, were you given information about different kinds of counseling or treatment that are available for your child?(N=677)

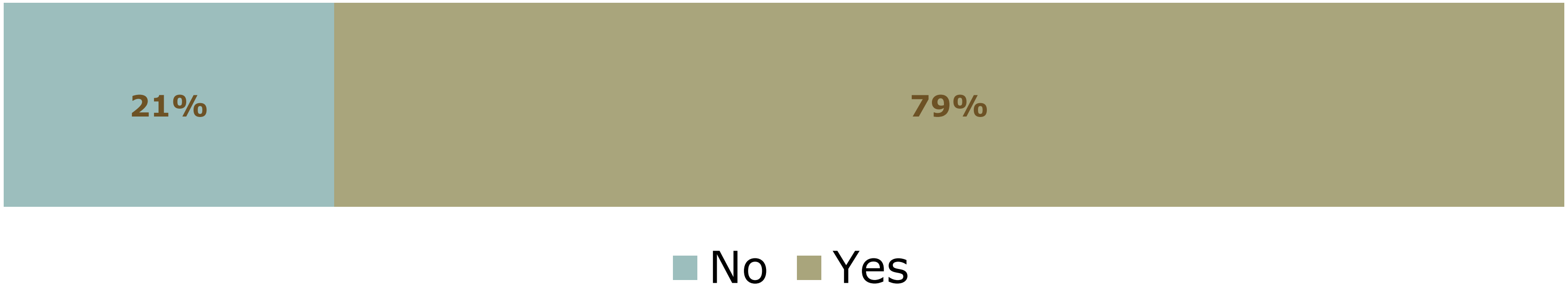


Measure: Told about medication side effects

Told about side effects of medication: 79%

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

Q17	In the last 12 months, were you told what side effects of those medicines to watch for? (N=387)

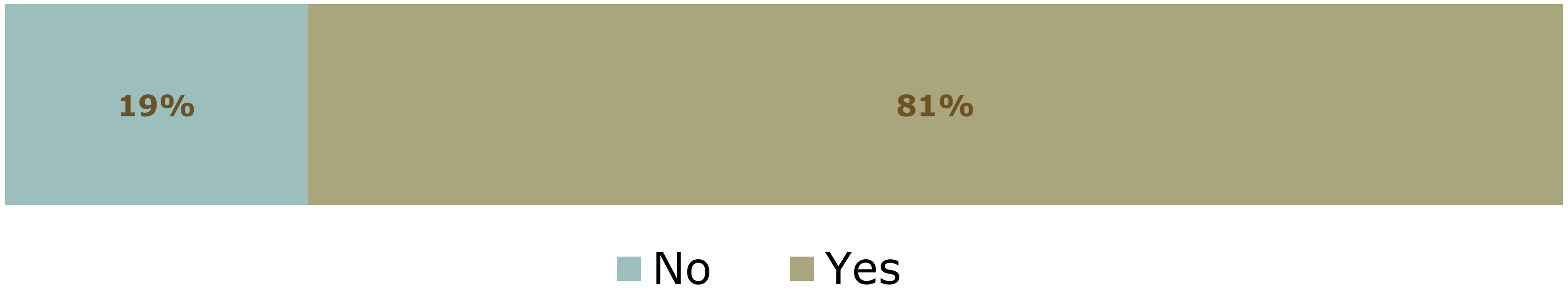


Measure: Information to manage condition

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

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=683)

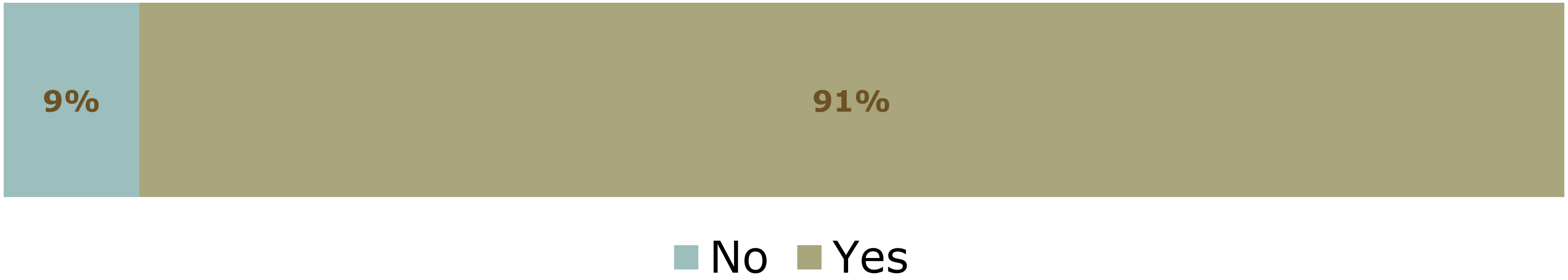


Measure: Patient rights information

Given information about rights as a patient: 91%

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=679)

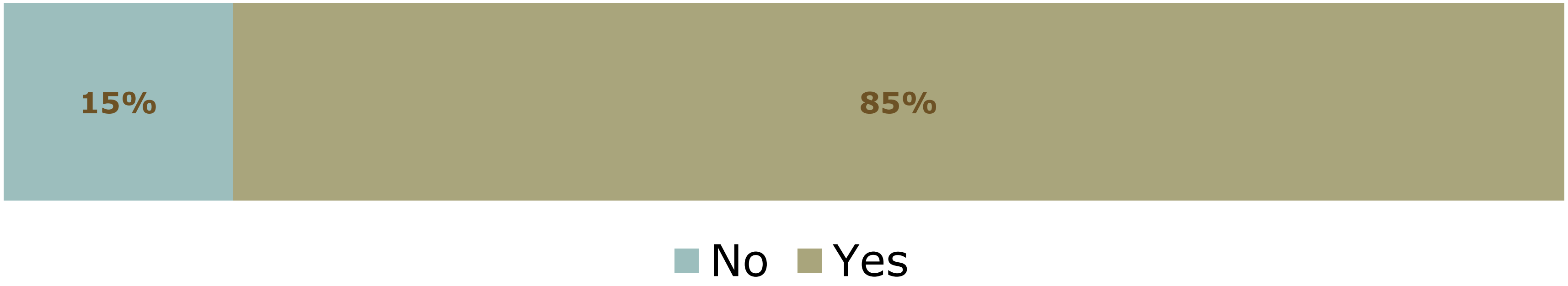


Measure: Patient feels he or she could refuse treatment

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

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

Q25 In the last 12 months, did you feel you could refuse a specific type of medicine or treatment for your child? (N=668)

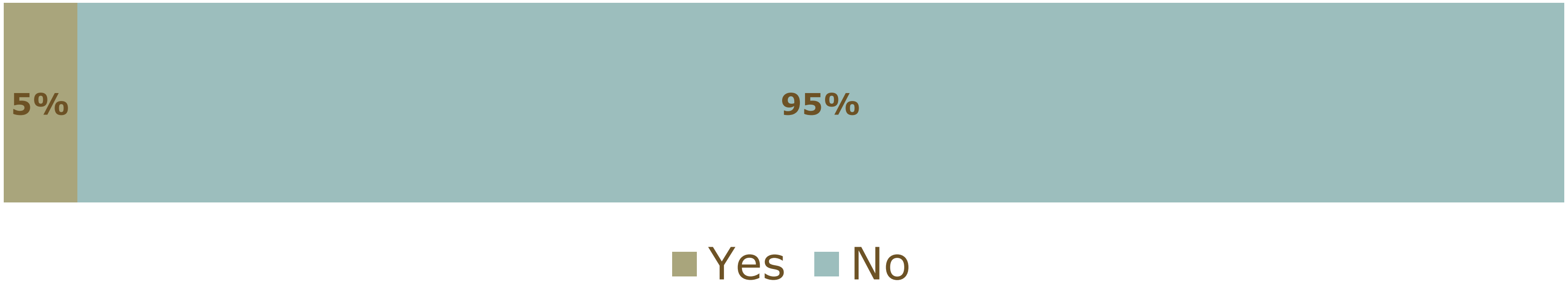


Measure: Privacy

Confident about privacy of treatment information: 95%

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

Q26	In the last 12 months, as far as you know, did anyone your child saw for counseling or treatment share information with others that should have been kept private? (N=657)

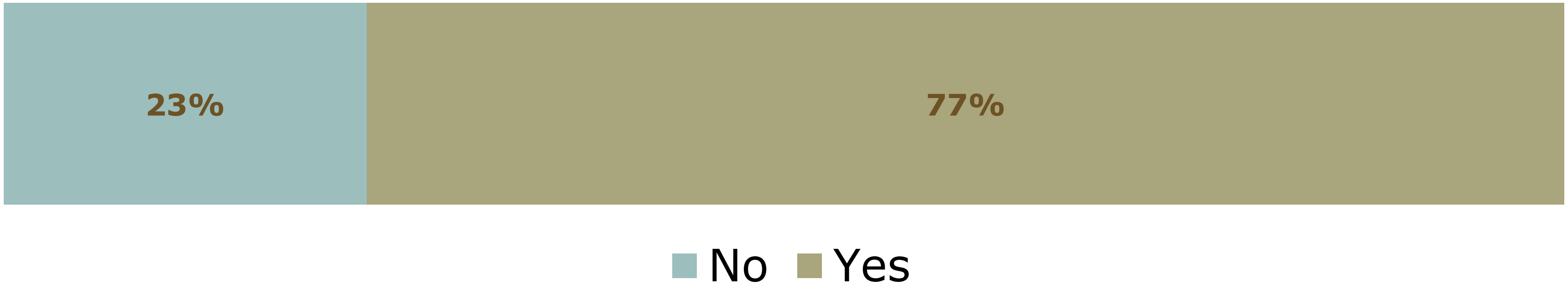


Measure: Cultural Competency

Care responsive to cultural needs: 77%

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=73)



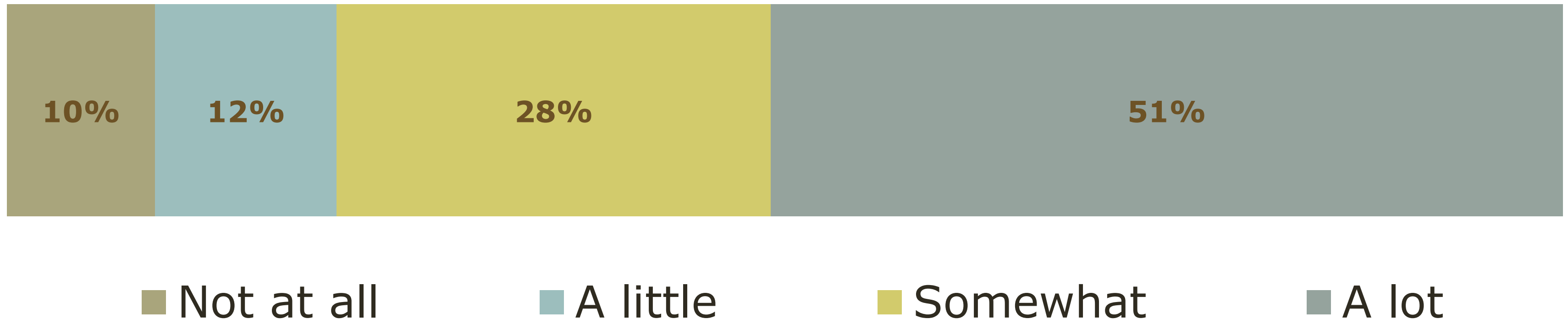
While CAHPS guidance directs that only those who answer yes to Q27 are asked Q28, all respondents were presented with Q28. For this larger group (*N*=524), the score was 88%.

Measure: Amount helped

Amount helped by treatment: 51%

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

Q30 In the last 12 months, how much was your child helped by the counseling or treatment he or she got? (N=882)



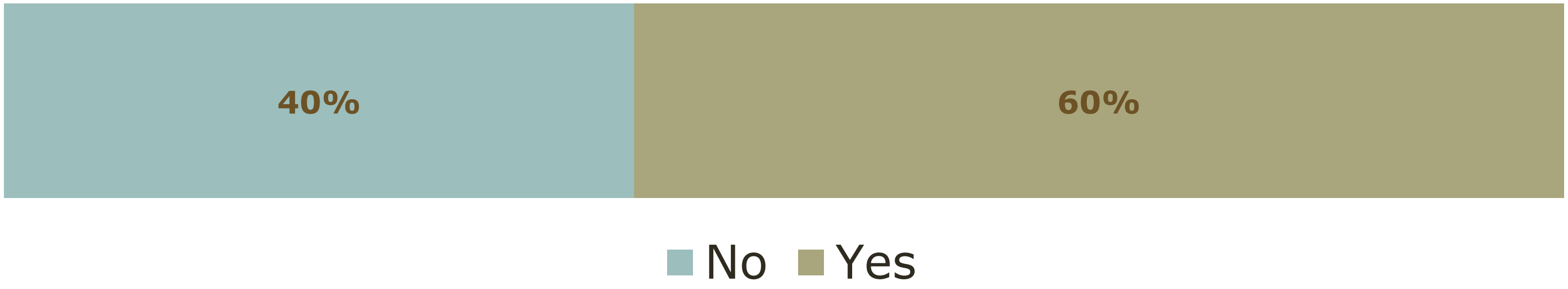
Note: Due to rounding, percentages will not always sum to 100%.

Measure: Treatment after benefits are used up

Plan provides information about how to get treatment after benefits are used up: 60%

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=151)

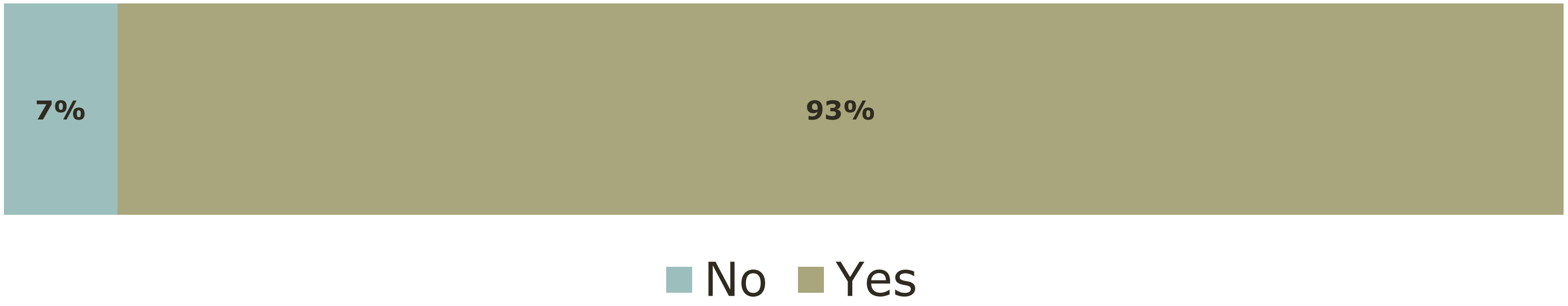


Measure: Discussed goals of child's treatment

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

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

Q19	In the last 12 months, were the goals of your child's counseling or treatment discussed completely with you? (N=684)



DETAILED FINDINGS

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);
  - Clinically Responsible Service Provider (CRSP);
  - survey mode;
  - survey language; and
  - enrollment status.
- 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 21 CRSPs represented in the respondent pool, only the 12 CRSPs with at least 30 respondents were included in the subgroup analysis. The analysis *does* include 175 respondents with no DWIHN-provided CRSP.
  - Please note that the overall scores reported in this section will therefore 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**
Child Gender	Q17, Q34
Child Race	**D2**, **Q11**, Q13, Q14, Q18, Q29
Child Ethnicity (Hispanic/Latino)	Q29, Q32
Child Age Group	**Q18**, **Q20**, Q22, Q23
Primary Disability Designation	Q5, Q19, Q22, Q23, Q33
Service Type (autism or not)	Q18, Q19, Q22, Q23, Q33
CRSP	**Q5**, **Q11**, **Q13**, **Q18**, **Q22**, **Q23**, **Q33**
Survey Mode	**Q5**, **Q11**, **Q13**, **Q20**, **Q21**, Q22, **Q30**, **Q32**, Q35
Survey Language	**Q12**, **Q13**, **Q14**, **Q15**, **Q18**, **Q20**, **Q25**, **Q30**, **Q34**
Enrollment Status	Q12, Q13, **Q15**, **Q22**, Q23, Q29, **Q30**

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

Statistically Significant Differences in Subgroups: Child Gender

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

- Those who reported their child was female were more likely to report that they were told about medication side effects (84%), compared to 75% of respondents who indicated their child was male.
- Those who reported their child was female were more likely to report that they would rate their child **much better** than 12 months ago (35%), compared to 28% for those with a male child.

Results Comparison by Gender

	Items with Statistically Significant Results
Q17	In the last 12 months, were you told what side effects of those medicines to watch for? (% Yes)
Q34	Compared to 12 months ago, how would you rate your child's ability to accomplish the things he or she wants to do now? (% Much Better)

	Overall		Score Spread	Male		Female	
	N	Score		N	Score	N	Score
Q17	380	79%	9%	215	75%	165	84%
Q34	870	31%	7%	536	28%	334	35%

Maximum value	Minimum Value

Statistically Significant Differences in Subgroups: Child Race

There were six items with statistically significant differences by child race.

- Compared to other respondents, those who indicated their child's race was "Other" were *less* likely to report that:
  - they **always** got the counseling their child needed through telehealth or video visit (22%), compared to 42% overall;
  - their child was **always** seen within 15 minutes of their appointment (41%), compared to 55% overall;
  - the people their child saw for counseling or treatment **always** explained things in a way the respondent could understand (60%), compared to 69%;
  - they were **always** involved as much as they wanted in their child's treatment (58%), compared to 72% overall; and
  - they would rate their child's treatment a **9** or **10** (41%), compared to 50%.
- While 82% of those who indicated their child was Black/African American reported that the people their child saw for counseling or treatment **always** showed respect for what the respondent had to say, scores for other groups were 70-71%.

Results Comparison by Race

Items with Statistically Significant Results	
D2	In the last 12 months, how often did you get professional counseling your child needed through telehealth or video visit? (% Always)
Q11	In the last 12 months, how often was your child seen within 15 minutes of his or her appointment? (% 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)
Q18	In the last 12 months, how often were you involved as much as you wanted in your child's counseling or treatment? (% Always)
Q29	Using any number from 0 to 10, what number would you use to rate all your child’s counseling or treatment in the last 12 months (% 9 or 10)

Results Comparison by Race

	Overall		Score Spread	Black/African American		White		Other		Two or More Races	
	N	Score		N	Score	N	Score	N	Score	N	Score
D2	364	42%	27%	190	49%	103	43%	45	22%	26	23%
Q11	621	55%	20%	309	57%	189	57%	74	41%	49	61%
Q13	632	69%	14%	313	74%	193	65%	77	60%	49	67%
Q14	630	76%	12%	311	82%	192	71%	77	70%	50	70%
Q18	620	72%	19%	310	77%	189	70%	72	58%	49	67%
Q29	623	50%	15%	307	56%	191	47%	75	41%	50	42%

Maximum value	Minimum Value

- *Note:* Few (<30 each) respondents indicated their children were Asian, Hawaiian/Other Pacific Islander, and American Indian/Alaska Native **and** received services in the last 12 months 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:

- they would rate their child’s treatment a **9** or **10** (62%), compared to 49% for those who were not Hispanic or Latino; and
- their child’s ability to deal with daily problems was **much better** (46%), compared to 36% for those who were not Hispanic or Latino.

Results Comparison by Ethnicity

Items with Statistically Significant Results	
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)
Q32	Compared to 12 months ago, how would you rate your child’s ability to deal with daily problems now? (% Much better)

	Overall		Score Spread	Hispanic/Latino		Not Hispanic/Latino	
	N	Score		N	Score	N	Score
Q29	656	51%	13%	95	62%	561	49%
Q32	862	37%	10%	127	46%	735	36%

Maximum value	Minimum Value

Statistically Significant Differences in Subgroups: Child Age Group

- Four measures had statistically significant differences by age group:
  - Overall, 72% of respondents reported they **always** were involved as much as they wanted in their child's treatment.
    - Those with a child birth to 3, 4 to 6, or 13 to 15 had scores between 80% and 85%, while those with a child 7 to 9, 10 to 12, or 16 to 18, scores were between 64% and 72%.
  - Overall, 53% of respondents reported they **always** got the desired professional help for their child.
    - Those with a child birth to 3, 4 to 6, or 13 to 15 all had scores of 61%, while for those with a child 7 to 9, 10 to 12, or 16 to 18, scores were between 41% and 50%.
  - Overall, 79% of respondents reported they were given information about different treatments, ranging from 74% for those with a child between 16 and 18 years old to 89% for those with a child from birth to 3.
  - Respondents with a child between 13 and 15 reported being given as much information as they wanted about managing their child's condition (91%, compared to 81% overall).

Results Comparison by Child Age Group

Items with Statistically Significant Results	
Q18	In the last 12 months, how often were you involved as much as you wanted in your child’s counseling or treatment? (% 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 Child Age Group

	Overall		Score Spread	Birth – 3		4 - 6		7 - 9		10 - 12		13 - 15		16 - 18	
	N	Score		N	Score	N	Score	N	Score	N	Score	N	Score	N	Score
Q18	666	72%	21%	54	80%	126	82%	70	64%	39	72%	62	85%	315	65%
Q20	674	53%	20%	54	61%	128	61%	71	45%	39	41%	64	61%	318	50%
Q22	669	79%	15%	53	89%	128	84%	73	82%	38	84%	63	83%	314	74%
Q23	675	81%	15%	54	89%	127	86%	72	76%	40	80%	64	91%	318	76%

Maximum value	Minimum Value

Statistically Significant Differences in Subgroups: Primary Disability Designation

- On four 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 that:
    - when in need of treatment right away, their child **always** saw someone as soon as the respondent wanted (47% for those with DD, compared to 36% for those with SED);
    - their child's treatment goals were discussed completely with them (95% for those with DD, compared to 90% for those with SED);
    - they were given information about different treatment options (85% for those with DD, compared to 73% for those with SED); and
    - They were given as much information as they wanted about managing their child's condition (84%, compared to 77%);
- Respondents with a child with SED were more likely to report their child's ability to deal with social situations was **much better** than a year ago (30%, compared to 23% those with DD).

Results Comparison by Primary Disability Designation

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)
Q19	In the last 12 months, were the goals of your child’s counseling or treatment discussed completely with you? (% Yes)
Q22	In the last 12 months, were you given information about different kinds of counseling or treatment that are available for your child? (% Yes)
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)
Q33	Compared to 12 months ago, how would you rate your child’s ability to deal with social situations now? (% Much better)

Results Comparison by Primary Disability Designation

	Overall		Score Spread	Developmental Disability		Severe Emotional Disability	
	N	Score		N	Score	N	Score
Q5	377	41%	11%	167	47%	210	36%
Q19	683	93%	5%	354	95%	329	90%
Q22	676	79%	12%	353	85%	323	73%
Q23	682	80%	7%	353	84%	329	77%
Q33	884	26%	7%	495	23%	389	30%

Maximum value	Minimum Value

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

Statistically Significant Differences in Subgroups: Service Type

- On four items, respondents with a child who received autism services had scores that were higher than those who did not. They were *more* likely to report that:
    - they were **always** involved as much as they wanted in their child’s treatment (75% for those receiving autism services, compared to 68% for those who do not);
    - their child’s treatment goals were discussed completely with them (95% for those receiving autism services, compared to 91% for those who do not);
    - they were given information about different treatment options (84% for those receiving autism services, compared to 75% for those who do not); and
    - They were given as much information as they wanted about managing their child’s condition (84%, compared to 78%);
- Respondents with a child receiving autism services were less likely to report their child’s ability to deal with social situations was **much better** than a year ago (23%, compared to 29%).

Note: Four of five items appear on both the list of items with statistically significant differences by service type and the list for PDD. Those categories have considerable overlap: 89% of respondents’ children with DD received autism services while only 2% of those with SED did.

Results Comparison by Service Type

Items with Statistically Significant Results	
Q18	In the last 12 months, how often were you involved as much as you wanted in your child's counseling or treatment? (% Always)
Q19	In the last 12 months, were the goals of your child's counseling or treatment discussed completely with you? (% Yes)
Q22	In the last 12 months, were you given information about different kinds of counseling or treatment that are available for your child? (% Yes)
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)
Q33	Compared to 12 months ago, how would you rate your child's ability to deal with social situations now? (% Much better)

Results Comparison by Service Type

	Overall		Score Spread	Receiving General services		Receiving Autism Services	
	N	Score		N	Score	N	Score
Q18	674	71%	7%	353	68%	321	75%
Q19	684	93%	4%	358	91%	326	95%
Q22	677	79%	9%	352	75%	325	84%
Q23	683	81%	6%	358	78%	325	84%
Q33	887	26%	6%	438	29%	449	23%

Maximum value

Minimum Value

Statistically Significant Differences in Subgroups: CRSP

There was some variation among responses based on the CRSP of the respondent’s child, with statistically significant differences on seven items. On those, the differences between the minimum and maximum scores varied by 22% to 37%.

- Overall, 41% of respondents reported that when their child needed treatment right away, they **always** saw someone as soon as the respondent wanted. Rates at the CRSPs ranged from 21% at Team Mental Health Services to 54% at Starfish Family Services.
- Overall, 54% of respondents reported **always** their child was always seen within 15 minutes of their appointment, ranging from 36% at Wayne Center to 70% at Starfish Family Services.
- Overall, 68% of survey respondents reported their child’s clinicians **always** explained things in a way the respondent could understand. Scores ranged from 52% at Team Mental Health Services to 82% at the Children's Center of Wayne County.
- Overall 72% reported they were **always** involved as much as they wanted in their child’s treatment. Scores ranged from 57% at Team Mental Health Services to 83% at the CNS Healthcare.

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

- Overall, 80% of respondents reported that they were given information about different kinds of treatment available for their child. Rates at the CRSPs ranged from 66% for those who had no CRSP provided by DWIHN to 94% at Macomb-Oakland Regional Center.
- Overall, 81% of respondents reported that they were given as much information as they wanted about managing their child’s condition, ranging from 63% for those who had no CRSP provided by DWIHN to 100% at Macomb-Oakland Regional Center.
- Overall, 25% of survey respondents reported that, compared to 12 months ago, their child’s ability to deal with social situations was **much better**. Scores ranged from 16% at Community Living Services and at PsyGenics to 38% for those with no reported CRSP.

Results Comparison by CRSP

	Items with Statistically Significant Results
Q5	In the last 12 months, when your child needed counseling or treatment right away, how often did he or she see someone 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)
Q13	In the last 12 months, how often did the people your child saw for counseling or treatment explain things in a way you could understand? (% Always)
Q18	In the last 12 months, how often were you involved as much as you wanted in your child's counseling or treatment? (% Always)
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)
Q33	Compared to 12 months ago, how would you rate your child's ability to deal with social situations now? (% Much better)

Results Comparison by CRSP

	Overall		**Score**			CNS Healthcare		The Children's Center		Community Living Services		The Guidance Center		Hegira Health	
			Min	**Max**	**Spread**										
Q5	348	41%	21%	54%	**33%**	32	50%	32	53%	34	47%	26	35%	34	38%
Q11	631	54%	36%	70%	**34%**	44	50%	75	64%	74	50%	52	65%	60	53%
Q13	634	68%	52%	82%	**30%**	44	75%	76	82%	75	68%	52	60%	59	71%
Q18	620	72%	57%	83%	**26%**	42	83%	77	81%	73	79%	51	76%	58	76%

	Lincoln Behavioral Services		Macomb-Oakland Regional Center		Neighborhood Service Organization		PsyGenics		Starfish Family Services		Team Mental Health Services		Wayne Center		None Given	
Q5	16	25%	--	--	--	--	28	46%	28	54%	34	21%	18	50%	52	29%
Q11	39	46%	16	56%	16	44%	51	61%	54	70%	48	40%	39	36%	63	54%
Q13	38	71%	16	75%	17	59%	50	64%	57	81%	48	52%	40	68%	62	55%
Q18	38	68%	16	75%	16	63%	48	69%	56	64%	47	57%	39	74%	59	58%

Maximum value	Minimum Value

Results Comparison by CRSP

	Overall		**Score**			CNS Healthcare		The Children's Center		Community Living Services		The Guidance Center		Hegira Health	
			Min	**Max**	**Spread**										
Q22	624	80%	66%	94%	**28%**	41	90%	74	84%	74	84%	52	79%	58	71%
Q23	629	81%	63%	100%	**37%**	42	88%	77	86%	75	81%	52	81%	59	86%
Q33	818	25%	16%	38%	**22%**	61	31%	92	23%	98	16%	58	34%	76	30%

	Lincoln Behavioral Services		Macomb-Oakland Regional Center		Neighbor-hood Service Organization		PsyGenics		Starfish Family Services		Team Mental Health Services		Wayne Center		None Given	
Q22	38	71%	16	94%	17	88%	50	80%	57	93%	48	71%	38	84%	61	66%
Q23	38	71%	15	100%	17	82%	49	84%	57	93%	48	65%	38	79%	62	63%
Q33	46	28%	23	17%	31	32%	67	16%	72	24%	61	23%	51	18%	82	38%

Maximum value	Minimum Value

Statistically Significant Differences in Subgroups: Survey Mode

On 9 items, CATI respondents had higher scores than respondents from other modes:

- 44% of CATI respondents reported that when their child needed treatment right away, they **always** saw someone as soon as the respondent wanted, compared to 22% for mail and 32% for web respondents.
- 57% of CATI respondents reported that their child was **always** seen within 15 minutes of their appointment, compared to 46% for mail and 37% for web respondents.
- 70% of CATI respondents reported that their child's clinicians **always** explained things in a way the respondent could understand, compared to 62% for mail and 48% for web respondents.
- 55% of CATI respondents reported that they **always** got the professional help they wanted for their child, compared to 38% for mail and 34% for web respondents.

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

- 54% of CATI respondents reported their child **always** had someone to talk to when troubled, compared to 42% for mail and 34% for web respondents.

- 81% of CATI respondents reported that they were given information about different kinds of treatment available for their child, compared to 67% for mail and 71% for web respondents.

- 53% of CATI respondents reported their child was helped **a lot** by the treat they received, compared to 42% for mail and 32% for web respondents.

- 40% of CATI respondents reported their child's ability to deal with daily problems was **much better** than 12 months ago, compared to 26% for mail and 15% for web respondents.

- 31% of CATI respondents rated their child's symptoms **much better** than a year ago, compared to 25% for mail and 12% for web respondents.

Results Comparison by Survey Mode

Items with Statistically Significant Results	
Q5	In the last 12 months, when your child needed counseling or treatment right away, how often did he or she see someone 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)
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)
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)
Q22	In the last 12 months, were you given information about different kinds of counseling or treatment that are available for your child? (% Yes)
Q30	In the last 12 months, how much was your child helped by the counseling or treatment he or she got? (% A lot)
Q32	Compared to 12 months ago, how would you rate your child’s ability to deal with daily problems now? (% Much better)
Q35	Compared to 12 months ago, how would you rate your child’s problems or symptoms now? (% Much better)

Results Comparison by Survey Mode

	Overall		Score Spread	CATI		Mail		Web	
	N	Score		N	Score	N	Score	N	Score
Q5	378	41%	22%	322	44%	37	22%	19	32%
Q11	682	55%	20%	593	57%	54	46%	35	37%
Q13	688	69%	22%	600	70%	55	62%	33	48%
Q20	682	53%	21%	595	55%	55	38%	32	34%
Q21	648	52%	20%	561	54%	55	42%	32	34%
Q22	677	79%	14%	592	81%	54	67%	31	71%
Q30	882	51%	21%	764	53%	77	42%	41	32%
Q32	894	37%	25%	775	40%	78	26%	41	15%
Q35	890	29%	19%	772	31%	77	25%	41	12%

Maximum value	Minimum Value

Statistically Significant Differences in Subgroups: Survey Language

The vast majority of surveys were conducted in English (93%), with 49 done in Arabic and 44 in Spanish. There were nine statistically significant differences in results by survey language. For eight of these, respondents completing the survey in English had the *highest* score. Similarly, those who completed the survey in Arabic had the *lowest* score on eight items.

- Overall 62% of respondents reported that their child's clinicians **always** listened carefully to the respondent. While 31% of those completing the survey in Arabic reported this, 78% of those completing the survey in Spanish did.
- While overall 69% of respondents reported that their child's clinicians **always** explained things in a way the respondent could understand, only 29% of those completing the survey in Arabic did so.
- While 76% reported that their child's clinicians **always** showed respect for what the respondent had to say, only 47% of those completing the survey in Arabic did so.
- 59% of respondents reported that their child's clinicians **always** spent enough time with them. 50% of those completing the survey in Arabic and 35% in Spanish did so.

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

- 71% of all respondents reported **always** being as involved as they wanted in their child’s treatment; this was the case for 40% of those completing the survey in Arabic and 52% in Spanish.
- Overall 53% of respondents reported that they **always** got the professional help they wanted for their child, but only 25% of those completing the survey in Arabic and 39% of those completing in Spanish did so.
- Overall 85% of respondents reported that they felt they could refuse a specific treatment for their child, however only 47% of those completing the survey in Arabic did so.
- Overall 51% of respondents reported their child was helped **a lot** by the treatment they got; only 24% of those completing the survey in Arabic did so.
- Overall 31% of respondents rated their child’s ability to accomplish the things they wanted **much better** than a year ago; only 5% of those completing the survey in Arabic did so.

Survey Language

Items with Statistically Significant Results	
Q12	In the last 12 months, how often did the people your child saw for counseling or treatment listen carefully to you? (% Always)
Q13	In the last 12 months, how often did the people your child saw for counseling or treatment explain things in a way you could understand? (% Always)
Q14	In the last 12 months, how often did the people your child saw for counseling or treatment show respect for what you had to say? (% Always)
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)
Q20	In the last 12 months, how often did your family get the professional help you wanted for your child? (% Always)
Q25	In the last 12 months, did you feel you could refuse a specific type of medicine or treatment for your child? (% Yes)
Q30	In the last 12 months, how much was your child helped by the counseling or treatment he or she got? (% A lot)
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)

Results Comparison by Survey Language

	Overall		Score Spread	Arabic		English		Spanish	
	N	Score		N	Score	N	Score	N	Score
Q12	687	62%	47%	16	31%	648	62%	23	78%
Q13	688	69%	41%	17	29%	648	70%	23	65%
Q14	686	76%	30%	17	47%	646	77%	23	74%
Q15	680	59%	25%	16	50%	641	60%	23	35%
Q18	674	71%	33%	15	40%	636	73%	23	52%
Q20	682	53%	29%	16	25%	643	54%	23	39%
Q25	668	85%	39%	15	47%	633	86%	20	80%
Q30	882	51%	28%	21	24%	829	52%	32	50%
Q34	885	31%	26%	22	5%	832	31%	31	26%

Maximum value	Minimum Value

Statistically Significant Differences in Subgroups: Enrollment Status

There were seven items with statistically significant differences by enrollment status. For these, respondents with a child whose case was open were more likely to report that:

- the child's clinicians **always** listened carefully to the respondent (63%, compared to 46% for those whose child's case was closed);
- the child's clinicians **always** explained things in a way the respondent could understand (70%, compared to 51% for those whose child's case was closed);
- the child's clinicians **always** spent enough time with them (61%, compared to 38% for those whose child's case was closed);
- they were given information about different kinds of treatment for their child (81%, compared to 60%);
- they were given as much information as they wanted about managing their child's condition (82%, compared to 63%);
- they rated their child's treatment a **9** or **10** (51%, compared to 34%); and
- their child was helped **a lot** by their treatment (52%, compared to 30%).

Results Comparison by Enrollment Status

Items with Statistically Significant Results	
Q12	In the last 12 months, how often did the people your child saw for counseling or treatment listen carefully to you? (%Always)
Q13	In the last 12 months, how often did the people your child saw for counseling or treatment explain things in a way you could understand? (% Always)
Q15	In the last 12 months, how often did the people your child saw for counseling or treatment spend enough time with you? (% Always)
Q22	In the last 12 months, were you given information about different kinds of counseling or treatment that are available for your child? (% Yes)
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)
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 Enrollment Status

	Overall		Score Spread	Open		Closed	
	N	Score		N	Score	N	Score
Q12	687	62%	17%	646	63%	41	46%
Q13	688	69%	19%	647	70%	41	51%
Q15	680	59%	23%	640	61%	40	38%
Q22	677	79%	21%	637	81%	40	60%
Q23	683	81%	19%	642	82%	41	63%
Q29	675	50%	17%	634	51%	41	34%
Q30	882	51%	22%	828	52%	54	30%

Maximum value

Minimum Value

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