FY 15-16 Behavioral Health Organization Client Satisfaction Report

June 2016

This report was produced by Health Services Advisory Group, Inc. for the Colorado Department of Health Care Policy & Financing.

HSAG HEALTH SERVICES ADVISORY GROUP

3133 East Camelback Road, Suite 100 ◆ Phoenix, AZ 85016

Phone 602.264.6382 ◆ Fax 602.241.0757

HSAG HEALTH SERVICES ADVISORY GROUP

CONTENTS

1. Executive Summary

The State of Colorado requested the administration of satisfaction surveys to clients identified as having received at least one behavioral health care service through one of the participating behavioral health organizations (BHOs) and/or BHO-contracted community mental health centers (CMHCs) and specialty clinics.[1-1] The Colorado Department of Health Care Policy & Financing (the Department) contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the Adult and Child/Parent Experience of Care and Health Outcomes (ECHO™) Surveys.[1-2] The goal of the ECHO Survey is to provide performance feedback that is actionable and will aid in improving overall client satisfaction.

The survey instrument selected for adult clients was a modified version of the Adult ECHO Survey, Managed Behavioral Healthcare Organization (MBHO), Version 3.0 ("Adult ECHO Survey"), which incorporates items from the Mental Health Statistics Improvement Program (MHSIP) survey. The survey instrument selected for child clients was a modified version of the Child/Parent ECHO Survey, MBHO, Version 3.0 ("Child/Parent ECHO Survey"), which incorporates items from the Youth Services Survey for Families (YSS-F) survey and the YSS. The series of questions from the MHSIP and YSS-F surveys was added to the standard ECHO Survey in order to meet the reporting needs of the Office of Behavioral Health (OBH). Adult clients and parents/caretakers of the child client (or the child client) completed the surveys from February to April 2016.[1-3] Table 1-1 lists the five Colorado BHOs that participated in the survey administration.

Table 1-1
Participating Colorado BHOs

Access Behavioral Care
Access Behavioral Care Northeast
Behavioral Healthcare Inc.
Colorado Health Partnerships
Foothills Behavioral Health Partners

[1-1] To determine if the client received a behavioral health service or treatment, all behavioral health claims/encounters were considered, with the exception of the following: Behavioral Health Screening (H0002); Outreach (H0023); BH Prevention (H0025); Respite Services (H0045, S5150, S5151, T1005), if there were no other claims/encounters (i.e., no other service or treatment was received); and Detoxification (S3005, T1007, T1019, T1023), if there were no other claims/encounters (i.e., no other service or treatment was received).

[1-2] Experience of Care and Health Outcomes (ECHO™) is a trademark of the Agency for Healthcare Research and Quality (AHRQ).

[1-3] For the Child/Parent ECHO Survey, the survey questionnaire was addressed to the parent/caretaker of the child client (identified as having received behavioral health services) and instructions were provided for the parent/caretaker to complete the survey on behalf of the child client. However, if the child client was able to complete the survey on his/her own, the parent/caretaker was instructed to allow the child client to complete the survey. This approach aligns with guidelines for administration of the YSS survey that allows adolescents 15 to 17 years of age to complete the survey and rate the services they received on their own.

Adult Performance Highlights

The Adult Results Section of this report details the Adult ECHO Survey results for adult clients identified as having received at least one behavioral health care service at one of the participating Colorado BHOs between November 1, 2014 and September 30, 2015. The following is a summary of the performance highlights for the Colorado BHOs. The performance highlights are categorized into two major types of analyses performed on the ECHO Survey data:

- Trend Analysis
- BHO Comparisons

Trend Analysis

In order to evaluate trends in the Colorado BHOs' client satisfaction for the adult population, HSAG performed a trend analysis, where applicable. The 2016 ECHO results were compared to the corresponding 2015 ECHO results. The detailed results of the trend analysis are described in the Adult Results Section beginning on page 2-6. Table 1-2 presents the statistically significant results from this analysis.

Table 1-2
Adult Trend Analysis Highlights

Measure Name	Colorado BHO Program	Access Behavioral Care	Access Behavioral Care Northeast	Behavioral Healthcare Inc.	Colorado Health Partnerships	Foothills Behavioral Health Partners
ECHO Survey Global Rating						
Rating of All Counseling or Treatment	—	—	▲	—	—	—
ECHO Survey Composite Measures						
Information About Treatment Options	—	—	—	▼	—	—
Perceived Improvement	—	—	—	—	—	▼
ECHO Survey Individual Items						
Amount Helped	▲	—	▲	—	—	—
Information to Manage Condition	—	—	—	—	—	▼
MHSIP Domain Agreement						
Improved Functioning	—	—	—	—	—	▼

▲ *Indicates the 2016 score is statistically higher than the 2015 score.*
— *Indicates the 2016 score is not statistically different than the 2015 score.*
▼ *Indicates the 2016 score is statistically lower than the 2015 score.*

BHO Comparisons

In order to identify performance differences in client satisfaction between the five participating Colorado BHOs, case-mix adjusted results for each were compared to one another using standard statistical tests. These comparisons were performed on one global rating, four composite measures, nine individual item ECHO Survey measures, and two MHSIP domain agreement areas. The detailed results of the comparative analysis are described in the Adult Results Section beginning on page 2-35.

The comparative analysis of the BHOs revealed that there were no statistically significant differences between the BHOs' results for the adult population.[1-4]

[1-4] Caution should be exercised when evaluating BHO comparisons, given that population and BHO differences may impact results.

Child Performance Highlights

The Child Results Section of this report details the ECHO Survey results for child clients identified as having received at least one behavioral health care service at one of the participating Colorado BHOs between November 1, 2014 and September 30, 2015. The following is a summary of the performance highlights for the Colorado BHOs. The performance highlights are categorized into two major types of analyses performed on the ECHO Survey data:

- Trend Analysis
- BHO Comparisons

Trend Analysis

In order to evaluate trends in the Colorado BHOs' client satisfaction for the child population, HSAG performed a trend analysis, where applicable. The 2016 ECHO results were compared to the corresponding 2015 ECHO results. The detailed results of the trend analysis are described in the Child Results Section beginning on page 3-7. Table 1-2 presents the statistically significant results from this analysis.

Table 1-2
Child Trend Analysis Highlights

Measure Name	Colorado BHO Program	Access Behavioral Care	Access Behavioral Care Northeast	Behavioral Healthcare Inc.	Colorado Health Partnerships	Foothills Behavioral Health Partners
YSS-F Domain Agreement						
Improved Functioning	—	—	▲	—	—	—

▲ *Indicates the 2016 score is statistically higher than the 2015 score.*
— *Indicates the 2016 score is not statistically different than the 2015 score.*
▼ *Indicates the 2016 score is statistically lower than the 2015 score.*

BHO Comparisons

In order to identify performance differences in client satisfaction between the five participating Colorado BHOs, case-mix adjusted results for each were compared to one another using standard statistical tests. These comparisons were performed on one global rating, four composite measures, eight individual item ECHO Survey measures, and two YSS-F domain agreement areas. The detailed results of the comparative analysis are described in the Child Results Section beginning on page 3-35.

The comparative analysis of the BHOs revealed that there were no statistically significant differences between the BHOs' results for the child population.[1-5]

[1-5] Caution should be exercised when evaluating BHO comparisons, given that population and BHO differences may impact results.

2. Adult Results

Survey Administration and Response Rates

Survey Administration

Adult clients eligible for ECHO Survey sampling included clients who were identified as having received at least one behavioral health service or treatment from one of the five participating BHOs, as reflected in the encounter data, or corresponding BHO-contracted CMHCs and specialty clinics during the measurement year (i.e., November 1, 2014 to September 30, 2015). To determine if the client received a behavioral health service or treatment, all behavioral health claims/encounters were considered, with the exception of the following:[2-1]

- Behavioral Health Screening (H0002)
- Outreach (H0023)
- BH Prevention (H0025)
- Respite Services (H0045, S5150, S5151, T1005), if there were no other claims/encounters (i.e., no other service or treatment was received)
- Detoxification (S3005, T1007, T1019, T1023), if there were no other claims/encounters (i.e., no other service or treatment was received)

For the Medicaid population, clients eligible for sampling included those who were enrolled in Medicaid at the time the sample was created and who were continuously enrolled for at least 11 out of the last 12 months of the measurement year, with no more than one gap in enrollment of up to 45 days. Additionally, adult clients eligible for sampling included those who were 18 years of age or older as of September 30, 2015.

The survey administration protocol was designed to achieve a high response rate from clients, thus minimizing the potential effects of non-response bias. The survey process employed allowed clients two methods by which they could complete the surveys. The first phase, or mail phase, consisted of a survey being mailed to the sampled clients. Clients who were identified as Spanish-speaking through administrative data were mailed a Spanish version of the survey. Clients that were not identified as Spanish-speaking received an English version of the survey. The cover letter included with the English version of the survey had a Spanish cover letter on the back side informing clients that they could call the toll-free number to request a Spanish version of the survey questionnaire. The cover letter provided with the Spanish version of the questionnaire included a text box with a toll-free number that clients could call to request a survey in another language (i.e., English). The first survey mailing was followed by a second survey mailing that was sent to all non-respondents. The second phase, or telephone phase, consisted of Computer Assisted Telephone Interviewing

[2-1] Please note, for the FY 2015-2016 survey administration, the Department modified the specifications for identifying clients eligible for the sampling frame, such that certain services were excluded as an "eligible" behavioral health service or treatment. In previous years' survey administrations, all behavioral health services or treatments identified through administrative data were considered when determining if a client was eligible for the sampling frame.

(CATI) for sampled clients who had not mailed in a completed survey. A minimum of three CATI calls was made to each non-respondent. Additional information on the survey protocol is included in the Reader's Guide Section beginning on page 5-3.

Response Rates

The Colorado ECHO Survey administration was designed to achieve the highest possible response rate. The ECHO Survey response rate is the total number of completed surveys divided by all eligible clients of the sample. A client's survey was assigned a disposition code of "completed" if at least one question was answered. These completed surveys were used to calculate the results for the adult population. Eligible clients included the entire random sample minus ineligible clients. Ineligible clients met at least one of the following criteria: they were deceased, were invalid (did not meet the eligible population criteria), had bad address and/or non-working telephone number information, or had a language barrier. For additional information on the calculation of response rates, please refer to the Reader's Guide Section on page 5-5.

For the adult population, a total of 1,149 adult clients returned a completed survey. The 2016 Colorado BHO Program response rate for the adult population was 18.43 percent.

Table 2-1 depicts the sample distribution and response rates for each of the participating Colorado BHOs and the Colorado BHO Program in aggregate for the adult population.

Table 2-1
Adult Population
Sample Distribution and Response Rates

BHO Name	Total Sample	Ineligible Records	Eligible Sample	Total Respondents	Response Rate
Colorado BHO Program	**7,690**	**1,456**	**6,234**	**1,149**	**18.43%**
Access Behavioral Care	1,538	331	1,207	247	20.46%
Access Behavioral Care Northeast	1,538	265	1,273	219	17.20%
Behavioral Healthcare Inc.	1,538	272	1,266	209	16.51%
Colorado Health Partnerships	1,538	320	1,218	221	18.14%
Foothills Behavioral Health Partners	1,538	268	1,270	253	19.92%

Respondent Demographics

In general, the demographics of a response group influence overall client satisfaction scores. For example, older and healthier respondents tend to report higher levels of client satisfaction; therefore, caution should be exercised when comparing populations that have significantly different demographic properties.[2-2]

Table 2-2 through Table 2-8 show Adult ECHO Survey respondents' self-reported age, gender, race/ethnicity, general health status, education, mental health status, and health insurance coverage.

Table 2-2
Colorado Adult ECHO Survey
Adult Demographics—Age

BHO Name	18 to 24	25 to 34	35 to 44	45 to 64	65 and Older
Colorado BHO Program	**6.0%**	**15.4%**	**21.1%**	**49.7%**	**7.8%**
Access Behavioral Care	1.3%	15.3%	17.5%	52.4%	13.5%
Access Behavioral Care Northeast	7.8%	20.0%	18.5%	48.8%	4.9%
Behavioral Healthcare Inc.	5.8%	13.1%	24.1%	49.2%	7.9%
Colorado Health Partnerships	8.8%	13.7%	22.9%	46.8%	7.8%
Foothills Behavioral Health Partners	6.8%	15.0%	22.6%	50.9%	4.7%

Please note: Percentages may not total 100% due to rounding.

Table 2-3
Colorado Adult ECHO Survey
Adult Demographics—Gender

BHO Name	Male	Female
Colorado BHO Program	**34.4%**	**65.6%**
Access Behavioral Care	34.5%	65.5%
Access Behavioral Care Northeast	31.1%	68.9%
Behavioral Healthcare Inc.	38.5%	61.5%
Colorado Health Partnerships	32.5%	67.5%
Foothills Behavioral Health Partners	35.5%	64.5%

Please note: Percentages may not total 100% due to rounding.

[2-2] Agency for Healthcare Research and Quality. *CAHPS Health Plan Survey and Reporting Kit 2008.* Rockville, MD: US Department of Health and Human Services, July 2008.

Table 2-4 Colorado Adult ECHO Survey Adult Demographics—Race/Ethnicity							
BHO Name	**Multi-Racial**	**White**	**Hispanic**	**Black**	**Asian**	**Native American**	**Other**
Colorado BHO Program	**10.3%**	**64.5%**	**17.0%**	**4.2%**	**0.8%**	**1.2%**	**1.8%**
Access Behavioral Care	7.4%	48.0%	30.6%	10.0%	1.3%	0.9%	1.7%
Access Behavioral Care Northeast	12.1%	69.9%	15.0%	1.5%	0.5%	0.0%	1.0%
Behavioral Healthcare Inc.	9.9%	66.1%	11.5%	6.8%	1.0%	1.6%	3.1%
Colorado Health Partnerships	14.3%	64.5%	17.7%	1.5%	0.0%	1.0%	1.0%
Foothills Behavioral Health Partners	8.6%	74.7%	9.4%	1.3%	1.3%	2.6%	2.1%
Please note: Percentages may not total 100% due to rounding.							

Table 2-5 Colorado Adult ECHO Survey Adult Demographics—General Health Status					
BHO Name	**Excellent**	**Very Good**	**Good**	**Fair**	**Poor**
Colorado BHO Program	**6.3%**	**16.4%**	**32.9%**	**30.7%**	**13.7%**
Access Behavioral Care	4.9%	14.3%	35.7%	33.0%	12.1%
Access Behavioral Care Northeast	5.3%	18.4%	34.5%	29.1%	12.6%
Behavioral Healthcare Inc.	7.3%	18.3%	33.0%	28.3%	13.1%
Colorado Health Partnerships	7.8%	18.5%	31.2%	27.3%	15.1%
Foothills Behavioral Health Partners	6.5%	13.0%	30.3%	34.6%	15.6%
Please note: Percentages may not total 100% due to rounding.					

Table 2-6 Colorado Adult ECHO Survey Adult Demographics—Education					
BHO Name	**8th Grade or Less**	**Some High School**	**High School Graduate**	**Some College**	**College Graduate**
Colorado BHO Program	**3.8%**	**10.9%**	**28.0%**	**37.9%**	**19.4%**
Access Behavioral Care	7.0%	13.2%	25.9%	33.8%	20.2%
Access Behavioral Care Northeast	2.9%	11.2%	34.6%	35.6%	15.6%
Behavioral Healthcare Inc.	2.6%	9.5%	25.8%	44.2%	17.9%
Colorado Health Partnerships	3.4%	11.2%	28.2%	39.3%	18.0%
Foothills Behavioral Health Partners	2.6%	9.4%	26.1%	37.6%	24.4%
Please note: Percentages may not total 100% due to rounding.					

Table 2-7 Colorado Adult ECHO Survey Adult Demographics—Mental Health Status					
BHO Name	**Excellent**	**Very Good**	**Good**	**Fair**	**Poor**
Colorado BHO Program	**5.7%**	**18.2%**	**32.9%**	**34.0%**	**9.2%**
Access Behavioral Care	6.0%	19.1%	32.6%	35.8%	6.5%
Access Behavioral Care Northeast	8.4%	18.3%	34.6%	28.3%	10.5%
Behavioral Healthcare Inc.	2.7%	18.0%	33.3%	35.5%	10.4%
Colorado Health Partnerships	4.1%	20.6%	35.6%	29.4%	10.3%
Foothills Behavioral Health Partners	6.7%	15.1%	29.3%	40.0%	8.9%
Please note: Percentages may not total 100% due to rounding.					

Table 2-8 Colorado Adult ECHO Survey Adult Demographics—Health Insurance Coverage						
BHO Name	**Medicare**	**Medicaid**	**CHP+**	**Other**	**None**	**Don't Know**
Colorado BHO Program	**30.0%**	**78.1%**	**0.9%**	**7.7%**	**1.3%**	**1.4%**
Access Behavioral Care	35.2%	78.3%	0.4%	4.9%	0.8%	2.0%
Access Behavioral Care Northeast	28.9%	78.0%	0.9%	6.9%	1.8%	0.9%
Behavioral Healthcare Inc.	35.0%	74.3%	1.9%	11.2%	1.0%	1.9%
Colorado Health Partnerships	27.1%	80.3%	0.5%	7.3%	1.4%	1.8%
Foothills Behavioral Health Partners	24.2%	79.4%	0.8%	8.5%	1.6%	0.4%
Please note: Respondents may have marked more than one response option; therefore, percentages will not total 100%.						

Trend Analysis

In 2015, Access Behavioral Care, Access Behavioral Care Northeast, Behavioral Healthcare Inc., Colorado Health Partnerships, and Foothills Behavioral Health Partners had 228, 214, 205, 233, and 215 completed surveys, respectively. In 2016, Access Behavioral Care, Access Behavioral Care Northeast, Behavioral Healthcare Inc., Colorado Health Partnerships, and Foothills Behavioral Health Partners had 247, 219, 209, 221, and 253 completed surveys, respectively. These completed surveys were used to calculate the Colorado BHO Program aggregate's and corresponding BHOs' 2015 and 2016 results for the standard ECHO Survey measures and MHSIP domain agreement rates presented in this section for trending purposes.

ECHO Survey Measures

For purposes of calculating the results for the standard ECHO Survey measures, question summary rates were calculated for the global rating and each individual item measure, and global proportions were calculated for each composite measure. The scoring of the global rating, composite measures, and individual item measures involved assigning top-level responses a score of one, with all other responses receiving a score of zero.[2-3] After applying this scoring methodology, the percentage of top-level responses was calculated in order to determine the question summary rates and global proportions. For additional details, please refer to the Reader's Guide Section beginning on page 5-6.

MHSIP Domain Agreement Rates

For purposes of calculating the results for the MHSIP domain agreement rates, global proportions were calculated for each domain (i.e., composite measure). Questions comprising each domain are based on a 5-point Likert scale, with each response coded to score values, as follows:

- 1 = Strongly Agree
- 2 = Agree
- 3 = Neutral
- 4 = Disagree
- 5 = Strongly Disagree

After applying this scoring methodology, the average score for each respondent was calculated for all questions that comprise the domain. Respondents with an average score less than or equal to 2.5 were considered "agreements" and assigned an agreement score of one, whereas those respondents with an average score greater than 2.5 were considered "disagreements" and assigned an agreement score of zero. Respondents missing more than one third of their responses within each MHSIP domain were excluded from the analysis.

As previously noted, in order to evaluate trends in adult client satisfaction, a trend analysis was performed for the Colorado BHO Program aggregate and each of the five participating BHOs. For

[2-3] National Committee for Quality Assurance. *HEDIS® 2016, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2015.

purposes of the trend analysis, the 2016 scores for each standard ECHO Survey measure and MHSIP domain agreement rates were compared to the corresponding 2015 scores, where applicable, to determine whether there were statistically significant differences. Statistically significant differences are noted with directional triangles. Scores that were statistically higher in 2016 than in 2015 are noted with black upward (▲) triangles. Scores that were statistically lower in 2016 than in 2015 are noted with black downward (▼) triangles. Scores in 2016 that were not statistically different from scores in 2015 are not noted with triangles.

For the Colorado BHO Program aggregate, results for the standard ECHO Survey measures and MHSIP domain agreement rates were weighted based on the total eligible population for each participating BHO's adult population. Additionally, results for the ECHO Survey measures and MHSIP domain agreement areas are reported even when there were less than 100 respondents to the survey item. Results based on fewer than 100 respondents are denoted with a cross (+). Caution should be exercised when interpreting results for those items with fewer than 100 respondents.

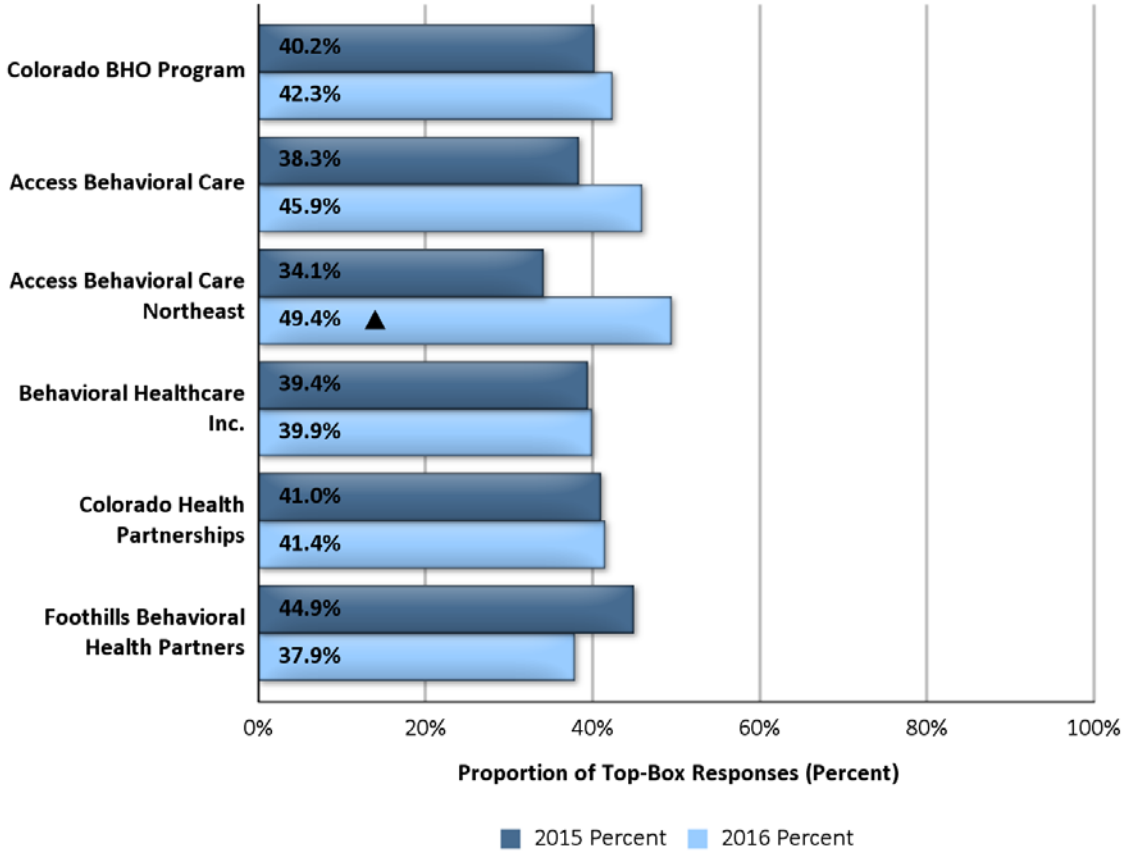
Figure 2-1 through Figure 2-14, on the following pages, show the top-box results of the ECHO Survey measures. Figure 2-15 and Figure 2-16 show the results of the MHSIP domain agreement rates.

Global Rating

Rating of All Counseling or Treatment

Colorado Adult ECHO Survey respondents were asked to rate all their counseling or treatment on a scale of 0 to 10, with 0 being the "worst counseling or treatment possible" and 10 being the "best counseling or treatment possible." Top-level responses were defined as those responses with a rating of 9 or 10. Figure 2-1 shows the 2015 and 2016 Rating of All Counseling or Treatment question summary rates for the Colorado BHO Program aggregate and the five participating BHOs.[2-4]

Figure 2-1—Rating of All Counseling or Treatment



Statistical Significance Note: ▲ indicates the 2016 score is significantly higher than the 2015 score
▼ indicates the 2016 score is significantly lower than the 2015 score

[2-4] The Colorado BHO Program aggregate scores presented in this section are derived from the combined results of the five participating BHOs: Access Behavioral Care, Access Behavioral Care Northeast, Behavioral Healthcare Inc., Colorado Health Partnerships, and Foothills Behavioral Health Partners.

Composite Measures

Getting Treatment Quickly

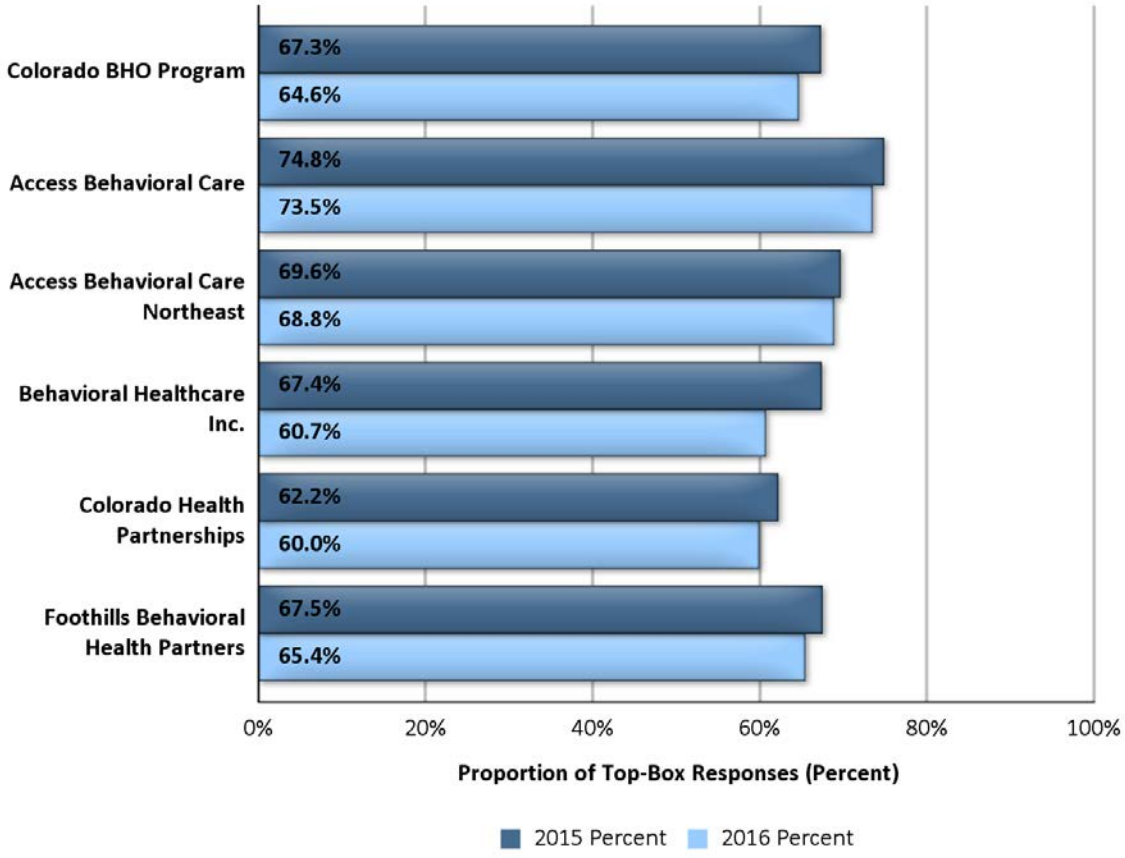
Two questions (Questions 3 and 5) were asked to assess how often Colorado Adult ECHO Survey respondents received treatment quickly:

- **Question 3**. In the last 12 months, when you needed counseling or treatment right away, how often did you see someone as soon as you wanted?
  - Never
  - Sometimes
  - Usually
  - Always
- **Question 5**. In the last 12 months, not counting times you needed counseling or treatment right away, how often did you get an appointment for counseling or treatment as soon as you wanted?
  - Never
  - Sometimes
  - Usually
  - Always

For purposes of the trend analysis, HSAG calculated top-box rates for the Getting Treatment Quickly composite measure, which was defined as a response of "Usually" or "Always."

Figure 2-2 shows the 2015 and 2016 Getting Treatment Quickly global proportions for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 2-2—Getting Treatment Quickly



Statistical Significance Note: ▲ indicates the 2016 score is significantly higher than the 2015 score
▼ indicates the 2016 score is significantly lower than the 2015 score

How Well Clinicians Communicate

Six questions (Questions 10, 11, 12, 13, 14, and 17) were asked to assess how often clinicians communicated well:

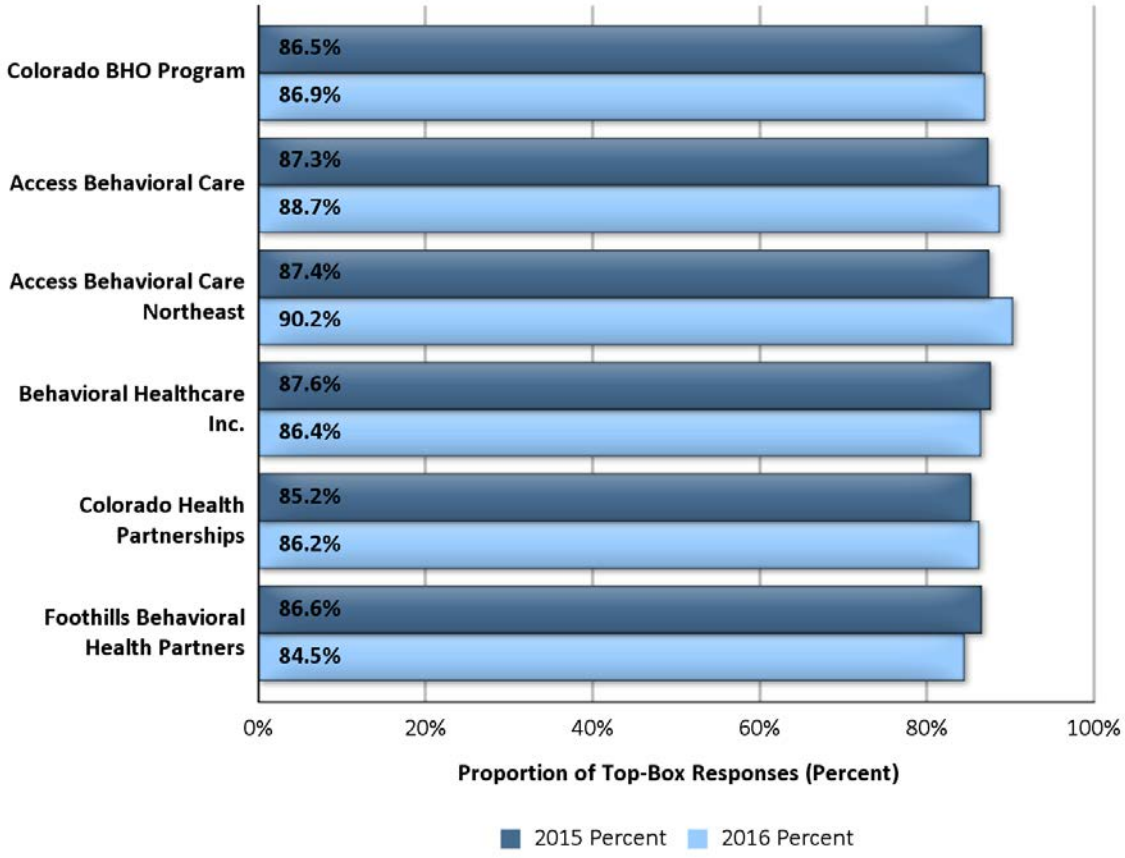
- **Question 10**. In the last 12 months, how often did the people you went to for counseling or treatment listen carefully to you?
  - Never
  - Sometimes
  - Usually
  - Always
- **Question 11**. In the last 12 months, how often did the people you went to for counseling or treatment explain things in a way you could understand?
  - Never
  - Sometimes
  - Usually
  - Always
- **Question 12**. In the last 12 months, how often did the people you went to for counseling or treatment show respect for what you had to say?
  - Never
  - Sometimes
  - Usually
  - Always
- **Question 13**. In the last 12 months, how often did the people you went to for counseling or treatment spend enough time with you?
  - Never
  - Sometimes
  - Usually
  - Always

- **Question 14**. In the last 12 months, how often did you feel safe when you were with the people you went to for counseling or treatment?
  - Never
  - Sometimes
  - Usually
  - Always
- **Question 17**. In the last 12 months, how often were you involved as much as you wanted in your treatment planning?
  - Never
  - Sometimes
  - Usually
  - Always

For purposes of the trend analysis, HSAG calculated top-box rates for the How Well Clinicians Communicate composite measure, which was defined as a response of "Usually" or "Always."

Figure 2-3 shows the 2015 and 2016 How Well Clinicians Communicate global proportions for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 2-3—How Well Clinicians Communicate



Statistical Significance Note: ▲ indicates the 2016 score is significantly higher than the 2015 score
▼ indicates the 2016 score is significantly lower than the 2015 score

Perceived Improvement

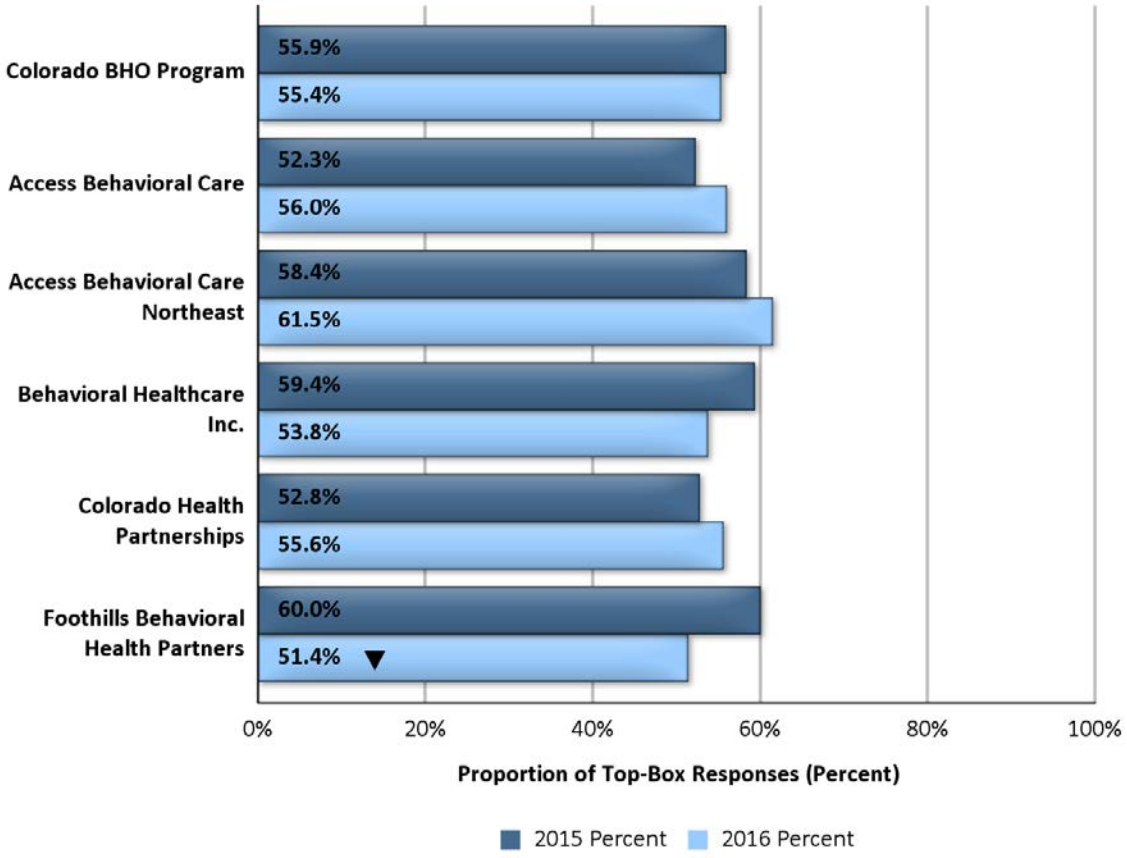
Four questions (Questions 30, 31, 32, and 33) were asked to assess Colorado Adult ECHO Survey respondents perceived improvement of their ability to deal with daily problems and social situations, to accomplish the things they want to do, and how they rate their problems and symptoms compared to 12 months ago:

- **Question 30**. Compared to 12 months ago, how would you rate your ability to deal with daily problems now?
  - Much better
  - A little better
  - About the same
  - A little worse
  - Much worse
- **Question 31**. Compared to 12 months ago, how would you rate your ability to deal with social situations now?
  - Much better
  - A little better
  - About the same
  - A little worse
  - Much worse
- **Question 32**. Compared to 12 months ago, how would you rate your ability to accomplish the things you want to do now?
  - Much better
  - A little better
  - About the same
  - A little worse
  - Much worse
- **Question 33**. Compared to 12 months ago, how would you rate your problems or symptoms now?
  - Much better
  - A little better
  - About the same
  - A little worse
  - Much worse

For purposes of the trend analysis, HSAG calculated top-box rates for the Perceived Improvement composite measure, which was defined as a response of "Much better" or "A little better."

Figure 2-4 shows the 2015 and 2016 Perceived Improvement global proportions for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 2-4—Perceived Improvement



Statistical Significance Note: ▲ indicates the 2016 score is significantly higher than the 2015 score
▼ indicates the 2016 score is significantly lower than the 2015 score

Information About Treatment Options

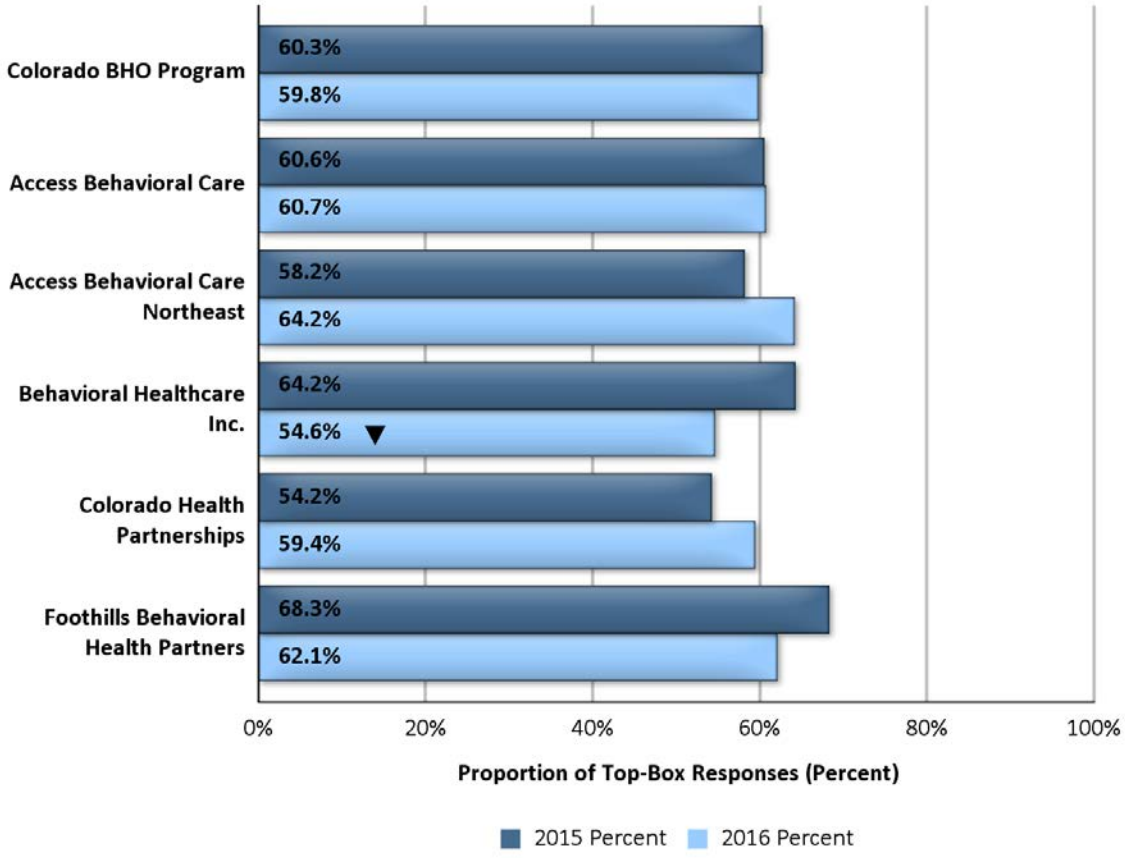
Two questions (Questions 19 and 20) were asked to assess whether or not Colorado Adult ECHO Survey respondents received information about self-help or support groups and available counseling or treatment options:

- **Question 19**. In the last 12 months, were you told about self-help or support groups, such as consumer-run groups or 12-step programs?
  - Yes
  - No
- **Question 20**. In the last 12 months, were you given information about different kinds of counseling or treatment that are available?
  - Yes
  - No

For purposes of the trend analysis, HSAG calculated top-box rates for the Information About Treatment Options composite measure, which was defined as a response of "Yes."

Figure 2-5 shows the 2015 and 2016 Information About Treatment Options global proportions for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 2-5—Information About Treatment Options



Statistical Significance Note: ▲ indicates the 2016 score is significantly higher than the 2015 score
▼ indicates the 2016 score is significantly lower than the 2015 score

Individual Item Measures

Office Wait

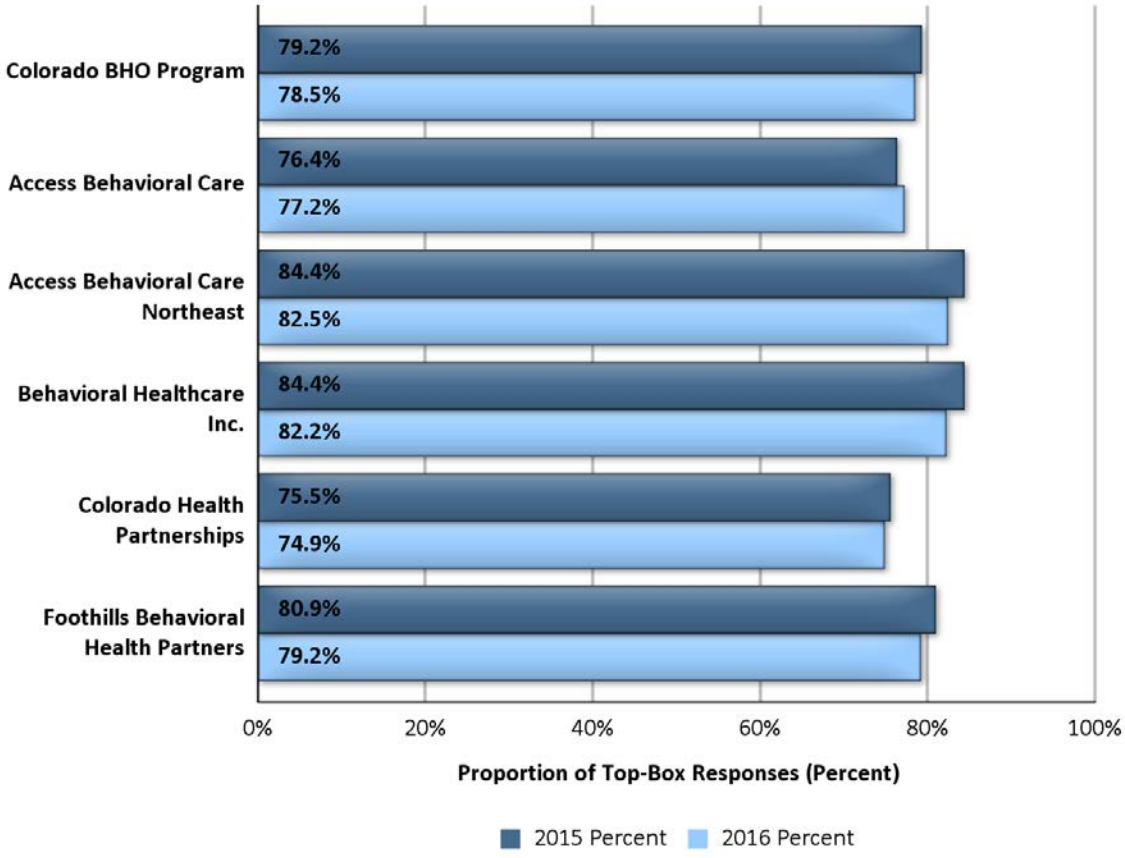
One question (Question 9) was asked to assess how often Colorado Adult ECHO Survey respondents were seen within 15 minutes of their appointment:

- **Question 9**. In the last 12 months, how often were you seen within 15 minutes of your appointment?
  - Never
  - Sometimes
  - Usually
  - Always

For purposes of the trend analysis, HSAG calculated top-box rates for the Office Wait individual item measure, which was defined as a response of "Usually" or "Always."

Figure 2-6 shows the 2015 and 2016 Office Wait question summary rates for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 2-6—Office Wait



Statistical Significance Note: ▲ indicates the 2016 score is significantly higher than the 2015 score
▼ indicates the 2016 score is significantly lower than the 2015 score

Told About Medication Side Effects

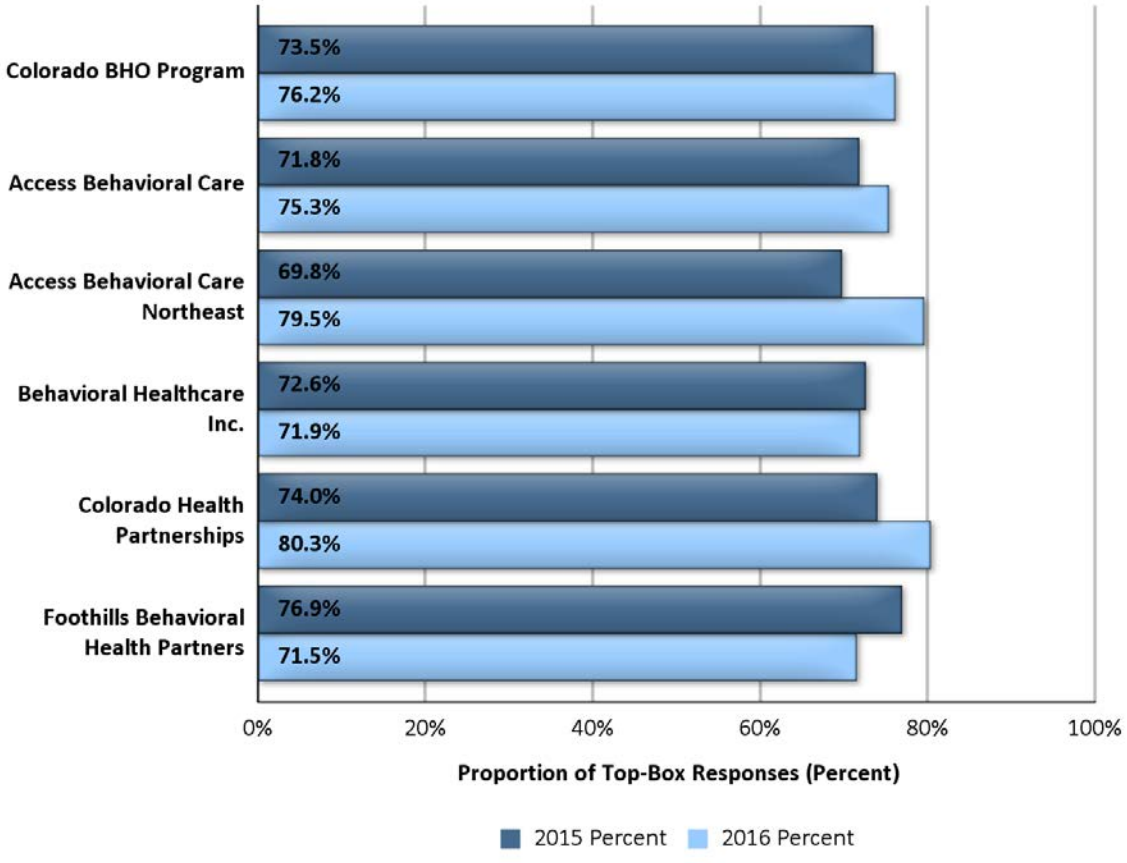
One question (Question 16) was asked to assess how often Colorado Adult ECHO Survey respondents were told what the side effects were for the prescription medicines they took:

- **Question 16**. In the last 12 months, were you told what side effects of those medicines to watch for?
  - Yes
  - No

For purposes of the trend analysis, HSAG calculated top-box rates for the Told About Medication Side Effects individual item measure, which was defined as a response of "Yes."

Figure 2-7 shows the 2015 and 2016 Told About Medication Side Effects question summary rates for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 2-7—Told About Medication Side Effects



Statistical Significance Note: ▲ indicates the 2016 score is significantly higher than the 2015 score
▼ indicates the 2016 score is significantly lower than the 2015 score

Including Family

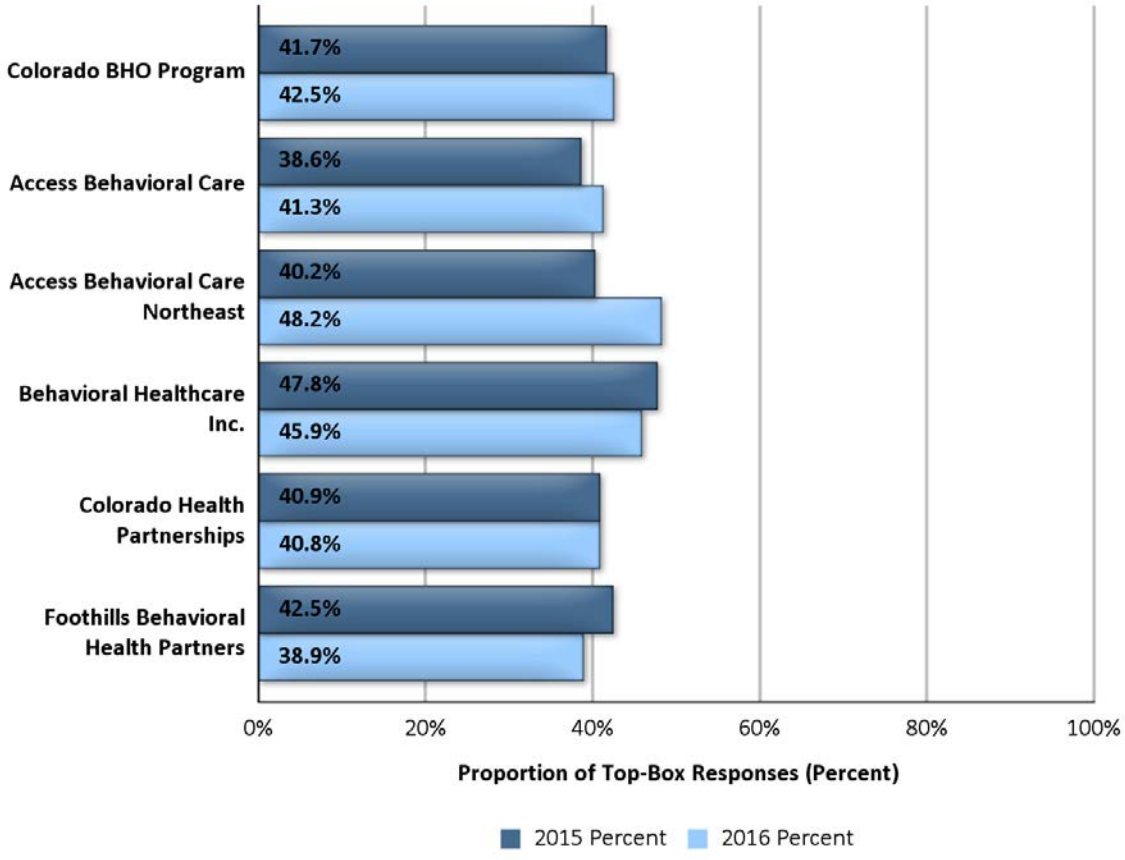
One question (Question 18) was asked to assess whether or not anyone talked to Colorado Adult ECHO Survey respondents about whether to include their family in their counseling or treatment:

- **Question 18**. In the last 12 months, did anyone talk to you about whether to include your family in your treatment?
  - Yes
  - No

For purposes of the measure results, HSAG calculated top-box rates for the Including Family individual item measure, which was defined as a response of "Yes."

Figure 2-8 shows the 2015 and 2016 Including Family question summary rates for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 2-8—Including Family



Statistical Significance Note: ▲ indicates the 2016 score is significantly higher than the 2015 score
▼ indicates the 2016 score is significantly lower than the 2015 score

Information to Manage Condition

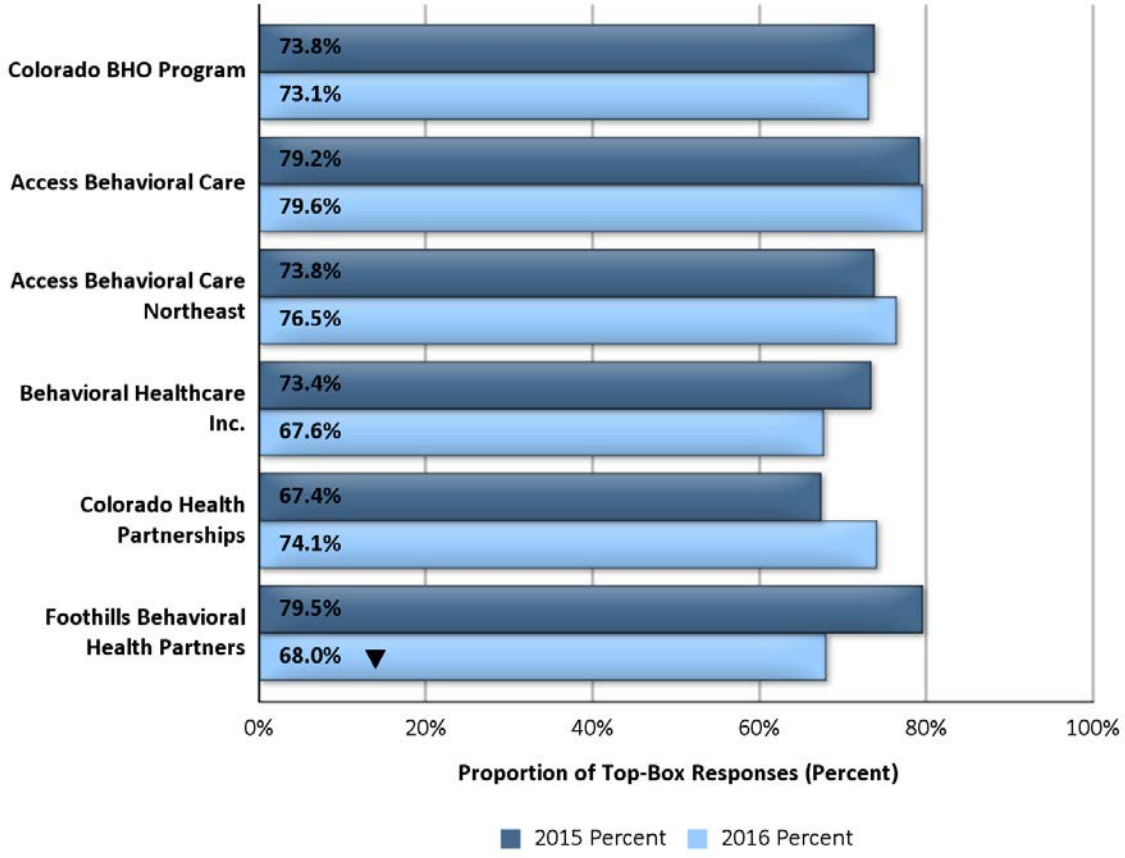
One question (Question 21) was asked to assess whether or not Colorado Adult ECHO Survey respondents were given as much information as they wanted about what they could do to manage their condition:

- **Question 21**. In the last 12 months, were you given as much information as you wanted about what you could do to manage your condition?
  - Yes
  - No

For purposes of the trend analysis, HSAG calculated top-box rates for the Information to Manage Condition individual item measure, which was defined as a response of "Yes."

Figure 2-9 shows the 2015 and 2016 Information to Manage Condition question summary rates for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 2-9—Information to Manage Condition



Statistical Significance Note: ▲ indicates the 2016 score is significantly higher than the 2015 score
▼ indicates the 2016 score is significantly lower than the 2015 score

Patient Rights Information

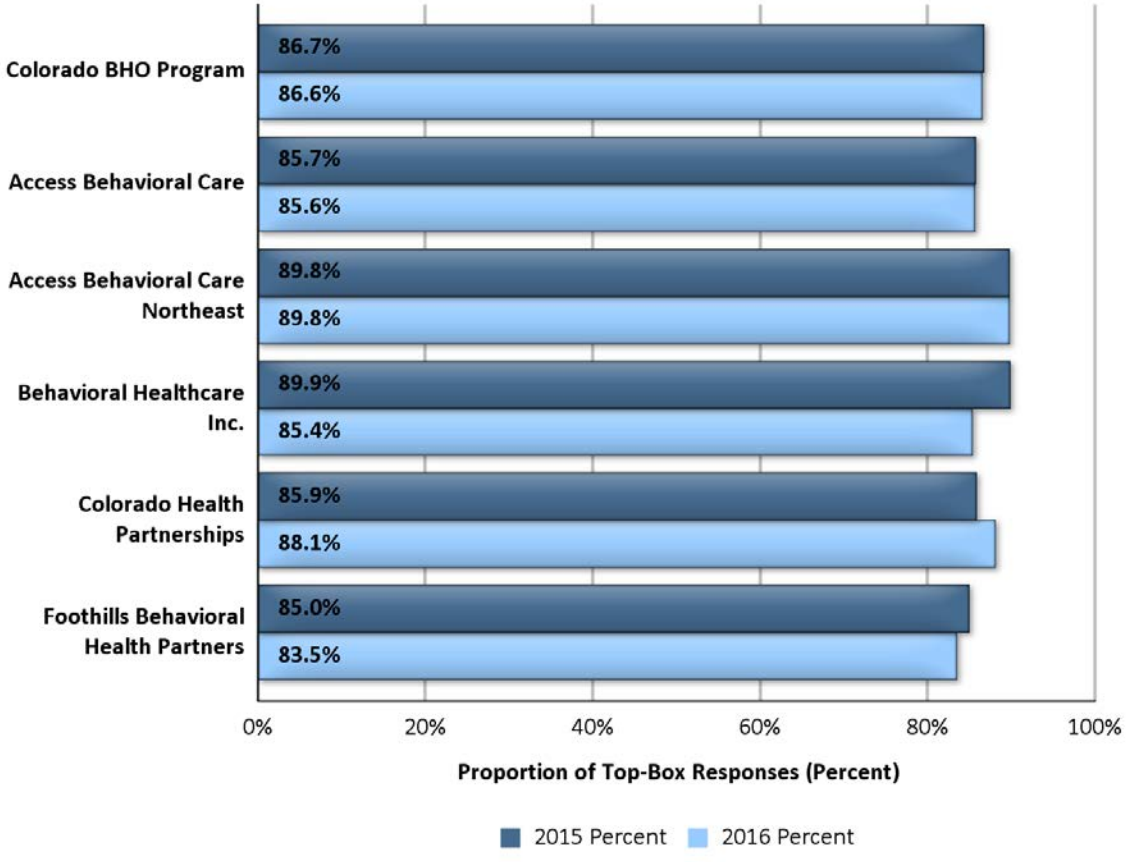
One question (Question 22) was asked to assess whether or not Colorado Adult ECHO Survey respondents were given information about their patient rights:

- **Question 22**. In the last 12 months, were you given information about your rights as a patient?
  - Yes
  - No

For purposes of the trend analysis, HSAG calculated top-box rates for the Patient Rights Information individual item measure, which was defined as a response of "Yes."

Figure 2-10 shows the 2015 and 2016 Patient Rights Information question summary rates for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 2-10—Patient Rights Information



Statistical Significance Note: ▲ indicates the 2016 score is significantly higher than the 2015 score
▼ indicates the 2016 score is significantly lower than the 2015 score

Patient Feels He or She Could Refuse Treatment

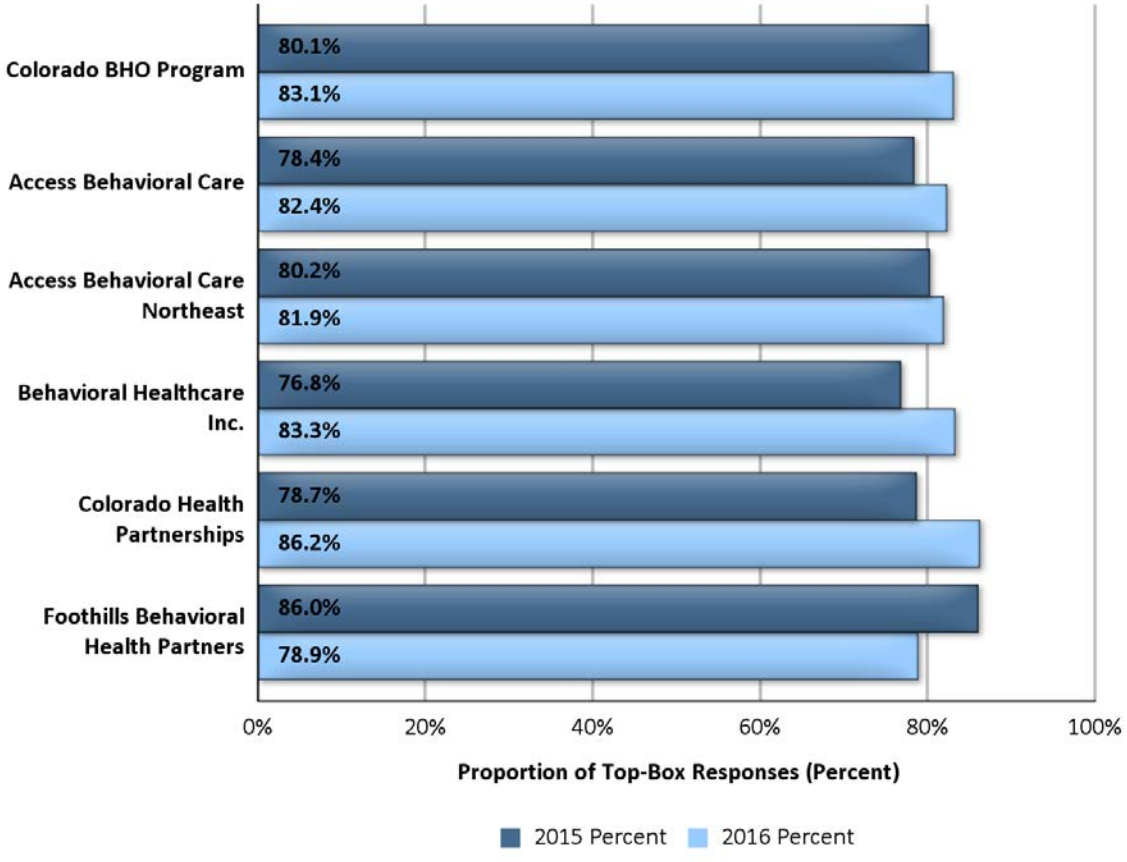
One question (Question 23) was asked to assess whether or not Colorado Adult ECHO Survey respondents felt they could refuse a specific type of medicine or treatment:

- **Question 23**. In the last 12 months, did you feel you could refuse a specific type of medicine or treatment?
  - Yes
  - No

For purposes of the trend analysis, HSAG calculated top-box rates for the Patient Feels He or She Could Refuse Treatment individual item measure, which was defined as a response of "Yes."

Figure 2-11 shows the 2015 and 2016 Patient Feels He or She Could Refuse Treatment question summary rates for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 2-11—Patient Feels He or She Could Refuse Treatment



Statistical Significance Note: ▲ indicates the 2016 score is significantly higher than the 2015 score
▼ indicates the 2016 score is significantly lower than the 2015 score

Privacy

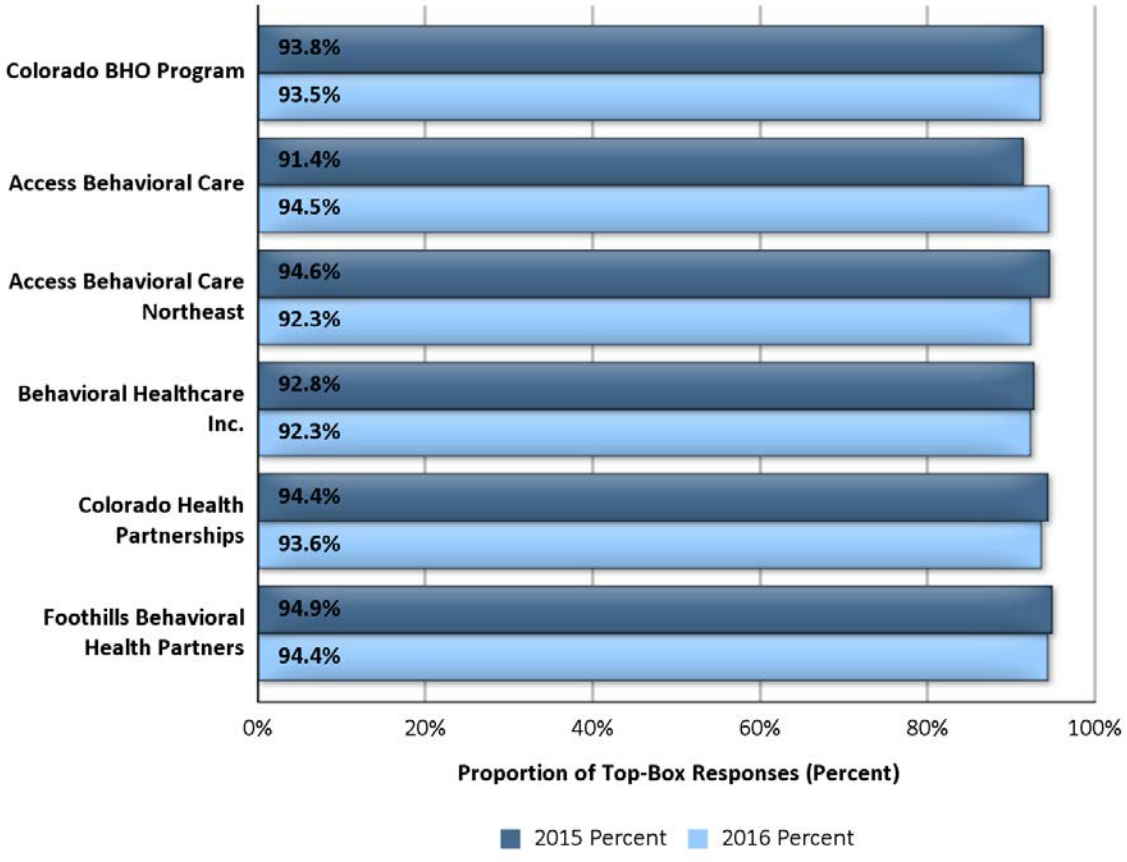
One question (Question 24) was asked to assess whether or not the person the Colorado Adult ECHO Survey respondents went to for counseling or treatment shared information with others that should have been kept private:

- **Question 24**. In the last 12 months, as far as you know did anyone you went to for counseling or treatment share information with others that should have been kept private?
  - Yes
  - No

For purposes of the trend analysis, HSAG calculated top-box rates for the Privacy individual item measure, which was defined as a response of "No."

Figure 2-12 shows the 2015 and 2016 Privacy question summary rates for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 2-12—Privacy



Statistical Significance Note: ▲ indicates the 2016 score is significantly higher than the 2015 score
▼ indicates the 2016 score is significantly lower than the 2015 score

Cultural Competency

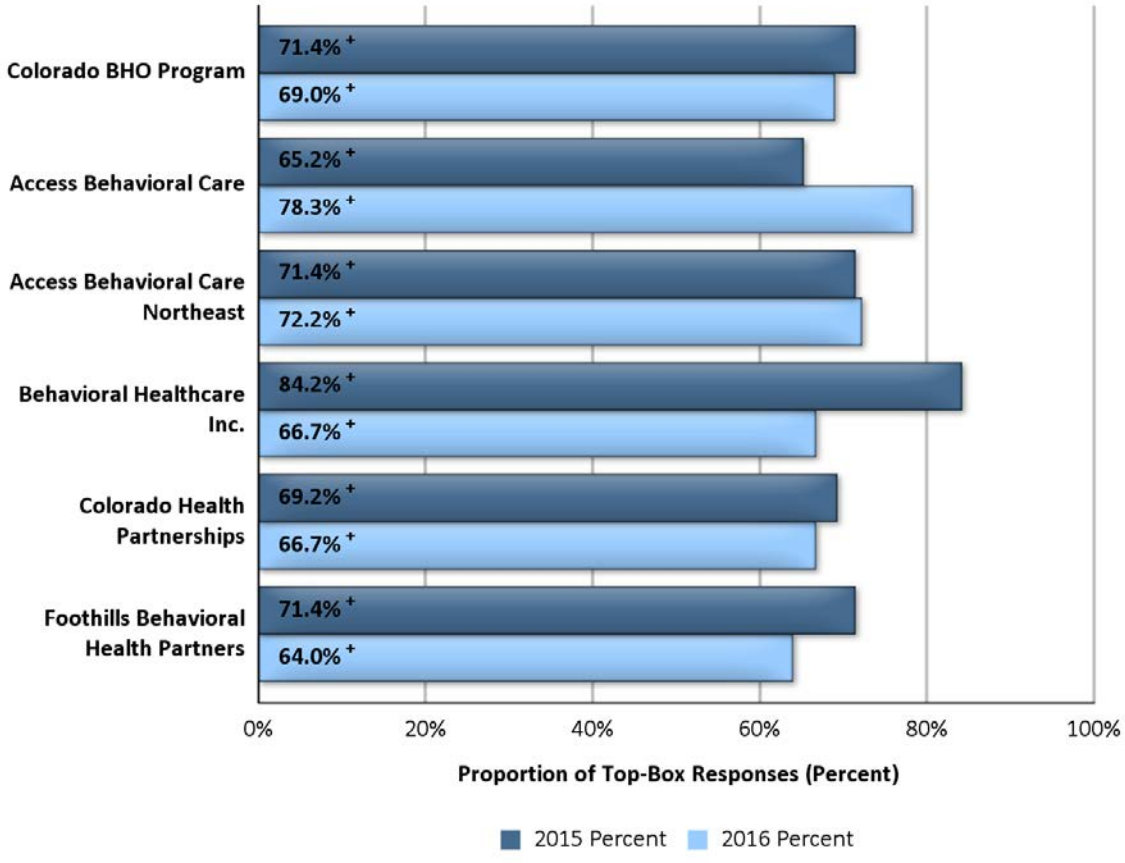
One question (Question 26) was asked to assess whether or not the care the Colorado Adult ECHO Survey respondents received was responsive to the needs of their cultural differences (e.g., language, race, religion):

- **Question 26**. In the last 12 months, was the care you received responsive to those needs?
  - Yes
  - No

For purposes of the trend analysis, HSAG calculated top-box rates for the Cultural Competency individual item measure, which was defined as a response of "Yes."

Figure 2-13 shows the 2015 and 2016 Cultural Competency question summary rates for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 2-13—Cultural Competency



Statistical Significance Note: ▲ indicates the 2016 score is significantly higher than the 2015 score
▼ indicates the 2016 score is significantly lower than the 2015 score

+ If the BHO had fewer than 100 respondents for a measure, caution should be exercised when interpreting these results.

Amount Helped

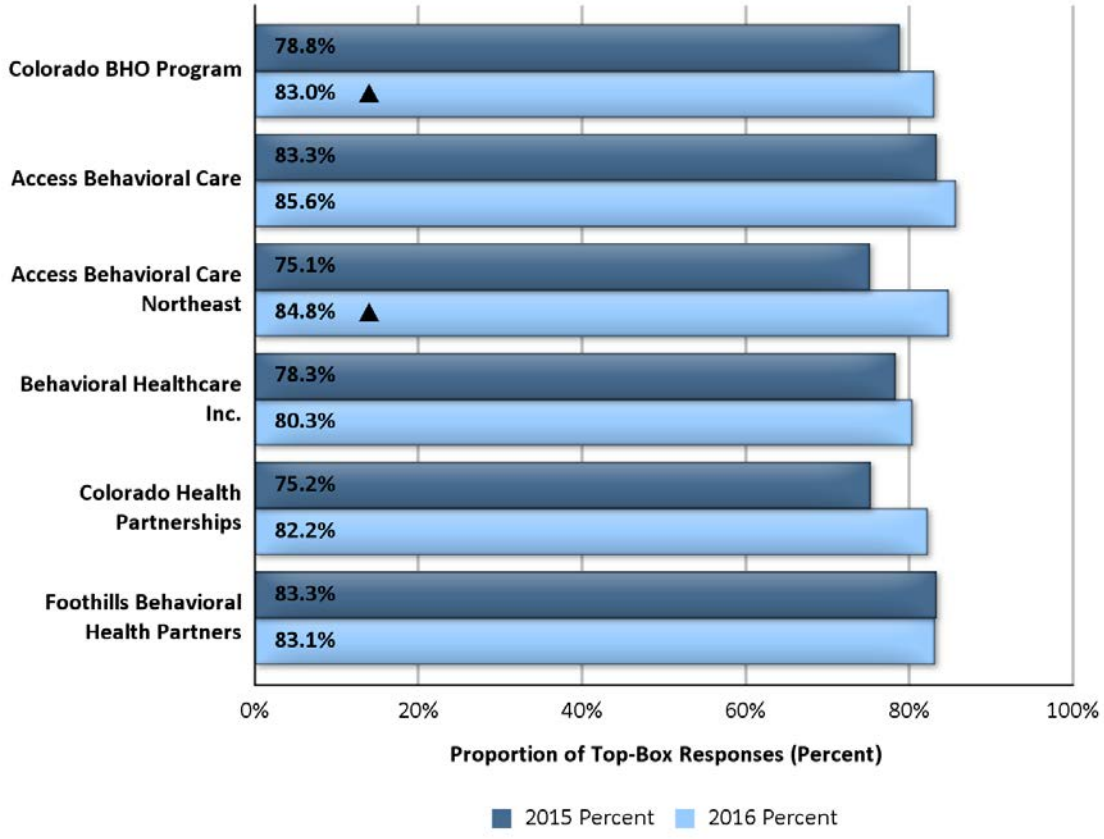
One question (Question 28) was asked to assess how much Colorado Adult ECHO Survey respondents were helped by the counseling or treatment they received:

- **Question 28**. In the last 12 months, how much were you helped by the counseling or treatment you got?
  - Not at all
  - A little
  - Somewhat
  - A lot

For purposes of the trend analysis, HSAG calculated top-box rates for the Amount Helped individual item measure, which was defined as a response of "Somewhat" or "A lot."

Figure 2-14 shows the 2015 and 2016 Amount Helped question summary rates for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 2-14—Amount Helped



Statistical Significance Note: ▲ indicates the 2016 score is significantly higher than the 2015 score
▼ indicates the 2016 score is significantly lower than the 2015 score

MHSIP Domain Agreements

Improved Functioning

Five questions (Questions 36, 41, 42, 43, and 44) were asked to assess how much Colorado Adult ECHO Survey respondents' everyday life has improved as a result of the counseling or treatment services they received:

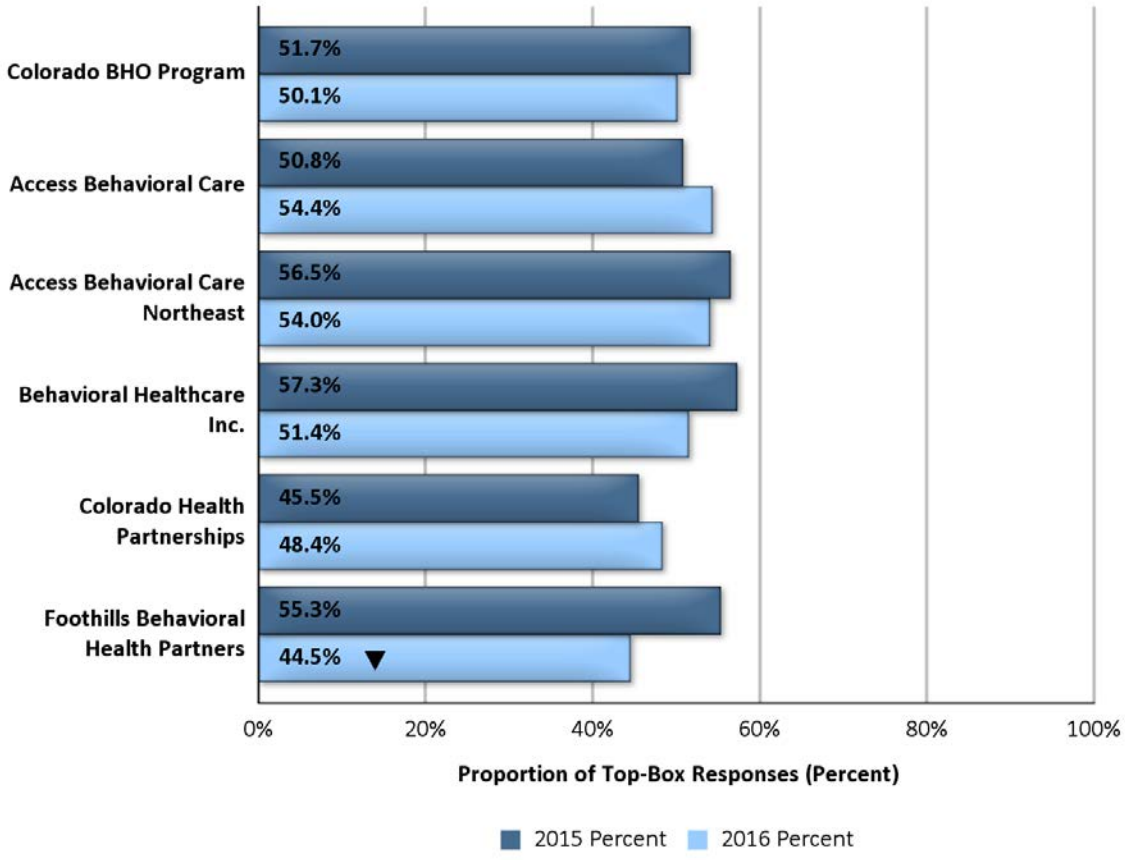
- **Question 36**. My symptoms are not bothering me as much.
  - Strongly agree
  - Agree
  - Neutral
  - Disagree
  - Strongly Disagree
  - Not Applicable
- **Question 41**. I do things that are more meaningful to me.
  - Strongly agree
  - Agree
  - Neutral
  - Disagree
  - Strongly Disagree
  - Not Applicable
- **Question 42**. I am better able to take care of my needs.
  - Strongly agree
  - Agree
  - Neutral
  - Disagree
  - Strongly Disagree
  - Not Applicable

- **Question 43**. I am better able to handle things when they go wrong.
  - Strongly agree
  - Agree
  - Neutral
  - Disagree
  - Strongly Disagree
  - Not Applicable
- **Question 44**. I am better able to do things that I want to do.
  - Strongly agree
  - Agree
  - Neutral
  - Disagree
  - Strongly Disagree
  - Not Applicable

For purposes of the trend analysis, HSAG calculated agreement scores for the Improved Functioning MHSIP domain, which was defined as respondents with an average agreement score less than or equal to 2.5.

Figure 2-15 shows the 2015 and 2016 Improved Functioning agreement rates for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 2-15—Improved Functioning



Statistical Significance Note: ▲ indicates the 2016 score is significantly higher than the 2015 score
▼ indicates the 2016 score is significantly lower than the 2015 score

Social Connectedness

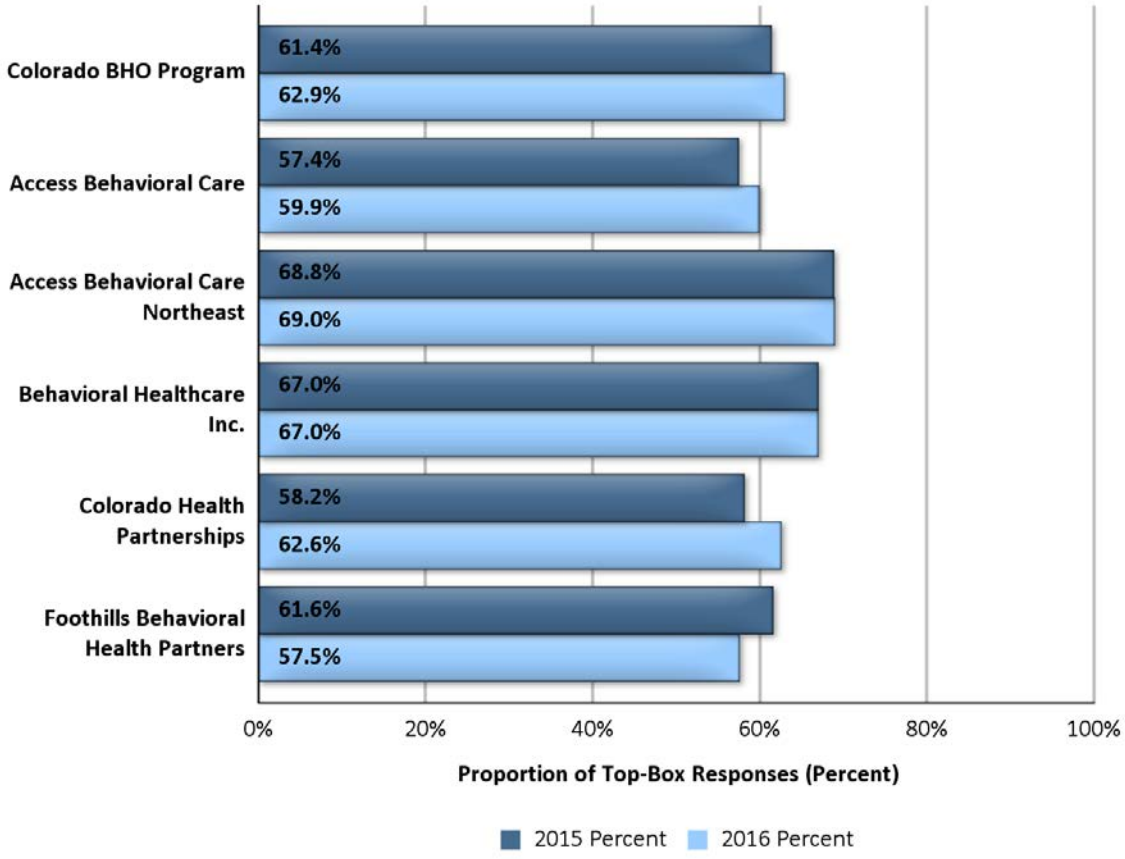
Four questions (Questions 37, 38, 39, and 40) were asked to assess how much Colorado Adult ECHO Survey respondents felt they have social connectedness with their family, friends, and community:

- **Question 37**. In a crisis, I would have the support I need from my family or friends.
  - Strongly agree
  - Agree
  - Neutral
  - Disagree
  - Strongly Disagree
  - Not Applicable
- **Question 38**. I am happy with the friendships I have.
  - Strongly agree
  - Agree
  - Neutral
  - Disagree
  - Strongly Disagree
  - Not Applicable
- **Question 39**. I have people with whom I can do enjoyable things.
  - Strongly agree
  - Agree
  - Neutral
  - Disagree
  - Strongly Disagree
  - Not Applicable
- **Question 40**. I feel I belong in my community.
  - Strongly agree
  - Agree
  - Neutral
  - Disagree
  - Strongly Disagree
  - Not Applicable

For purposes of the trend analysis, HSAG calculated agreement scores for the Social Connectedness MHSIP domain, which was defined as respondents with an average agreement score less than or equal to 2.5.

Figure 2-16 shows the 2015 and 2016 Social Connectedness agreement rates for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 2-16—Social Connectedness



Statistical Significance Note: ▲ indicates the 2016 score is significantly higher than the 2015 score
▼ indicates the 2016 score is significantly lower than the 2015 score

Summary of Trend Analysis Results

Table 2-9 and Table 2-10 show the results of the trend analysis for the ECHO Survey measures and MHSIP domain agreement rates, respectively.

Table 2-9
Trend Analysis
ECHO Survey Measures

Measure Name	Colorado BHO Program	Access Behavioral Care	Access Behavioral Care Northeast	Behavioral Healthcare Inc.	Colorado Health Partnerships	Foothills Behavioral Health Partners
Global Rating						
Rating of All Counseling or Treatment	—	—	▲	—	—	—
Composite Measures						
Getting Treatment Quickly	—	—	—	—	—	—
How Well Clinicians Communicate	—	—	—	—	—	—
Information About Treatment Options	—	—	—	▼	—	—
Perceived Improvement	—	—	—	—	—	▼
Individual Items						
Amount Helped	▲	—	▲	—	—	—
Cultural Competency	—+	—+	—+	—+	—+	—+
Including Family	—	—	—	—	—	—
Information to Manage Condition	—	—	—	—	—	▼
Office Wait	—	—	—	—	—	—
Patient Rights Information	—	—	—	—	—	—
Patient Feels He or She Could Refuse Treatment	—	—	—	—	—	—
Privacy	—	—	—	—	—	—
Told About Medication Side Effects	—	—	—	—	—	—

▲ *Indicates the 2016 score is statistically higher than the 2015 score.*
— *Indicates the 2016 score is not statistically different than the 2015 score.*
▼ *Indicates the 2016 score is statistically lower than the 2015 score.*

Please note: Scores with fewer than 100 respondents are denoted with a cross (+). If there are fewer than 100 respondents for a measure, caution should be exercised when interpreting the results.

Table 2-10
Trend Analysis
MHSIP Domain Agreement Rates

Domain Name	Colorado BHO Program	Access Behavioral Care	Access Behavioral Care Northeast	Behavioral Healthcare Inc.	Colorado Health Partnerships	Foothills Behavioral Health Partners
Improved Functioning	—	—	—	—	—	▼
Social Connectedness	—	—	—	—	—	—

▲ *Indicates the 2016 score is statistically higher than the 2015 score.*
— *Indicates the 2016 score is not statistically different than the 2015 score.*
▼ *Indicates the 2016 score is statistically lower than the 2015 score.*

The trend analysis revealed the following summary results.

- The Colorado BHO Program scored significantly higher in 2016 than in 2015 on one ECHO Survey measure, Amount Helped.
- Access Behavioral Care did not score significantly higher or lower in 2016 than in 2015 on any of the ECHO Survey measures or MHSIP domains.
- Access Behavioral Care Northeast scored significantly higher in 2016 than in 2015 on two ECHO Survey measures, Rating of All Counseling or Treatment and Amount Helped.
- Behavioral Healthcare Inc. scored significantly lower in 2016 than in 2015 on one ECHO Survey measure, Information About Treatment Options.
- Colorado Health Partnerships did not score significantly higher or lower in 2016 than in 2015 on any of the ECHO Survey measures or MHSIP domains.
- Foothills Behavioral Health Partners scored significantly lower in 2016 than in 2015 on two ECHO Survey measures, Perceived Improvement and Information to Manage Condition, and one MHSIP domain, Improved Functioning.

BHO Comparisons

In order to identify performance differences in client satisfaction between the Colorado BHOs, the results of each were compared to one another using standard tests for statistical significance.[2-5] For purposes of this comparison, results were case-mix adjusted. Case-mix refers to the characteristics of respondents used in adjusting the results for comparability among BHOs. Results were case-mix adjusted for general health status, educational level, and age of the respondent. Given that differences in case-mix can result in differences in ratings between BHOs that are not due to differences in quality, the data were adjusted to account for disparities in these characteristics. The case-mix adjustment was performed using standard regression techniques (i.e., covariance adjustment).

The scoring of the ECHO Survey global rating, composite measures, and individual item measures involved assigning top-level responses a score of one, with all other responses receiving a score of zero. After applying this scoring methodology, the percentage of top-level responses was calculated in order to determine the question summary rates and global proportions.

The scoring of the MHSIP domain agreement areas involved assigning each response code to a score value (i.e., a response of "Strongly Agree" was assigned a 1, a response of "Agree" was assigned a 2, etc.). After applying this scoring methodology, the average score for each respondent was calculated. Average scores less than or equal to 2.5 were considered "agreements" and assigned a score of one, and average scores greater than 2.5 were considered "disagreements" and assigned a score of zero. Respondents missing more than one third of their responses within each MHSIP domain were excluded from the analysis.

Statistically significant differences are noted in the tables by arrows. A BHO that performed statistically better than the Colorado BHO Program average is denoted with an upward (↑) arrow. Conversely, a BHO that performed statistically worse than the Colorado BHO Program average is denoted with a downward (↓) arrow. If a BHO's score is not statistically different than the Colorado BHO Program average, the BHO's score is denoted with a horizontal (⇔) arrow.

Table 2-11 and Table 2-12, on the following pages, show the results of the BHO comparisons analysis for the ECHO Survey global rating, composite measures, and individual item measures, and MHSIP domain agreement areas, respectively. **NOTE: These results may differ from those presented in the rates and proportions figures because they have been adjusted for differences in case mix (i.e., the percentages presented have been case-mix adjusted).**

[2-5] Caution should be exercised when evaluating BHO comparisons, given that population and BHO differences may impact results.

Table 2-11
BHO Comparisons
ECHO Survey Measures

Measure Name	Access Behavioral Care	Access Behavioral Care Northeast	Behavioral Healthcare Inc.	Colorado Health Partnerships	Foothills Behavioral Health Partners
Global Rating					
Rating of All Counseling or Treatment	44.5% ↔	50.0% ↔	39.6% ↔	41.1% ↔	39.3% ↔
Composite Measures					
Getting Treatment Quickly	72.3% ↔	68.6% ↔	60.9% ↔	60.0% ↔	66.6% ↔
How Well Clinicians Communicate	88.3% ↔	90.5% ↔	86.1% ↔	86.1% ↔	85.1% ↔
Information About Treatment Options	61.4% ↔	63.4% ↔	54.8% ↔	59.2% ↔	62.3% ↔
Perceived Improvement	57.3% ↔	61.1% ↔	52.4% ↔	54.3% ↔	53.1% ↔
Individual Items					
Amount Helped	85.1% ↔	84.8% ↔	80.2% ↔	82.0% ↔	84.1% ↔
Cultural Competency	73.0% + ↔	75.4% + ↔	65.4% + ↔	68.9% + ↔	65.1% + ↔
Including Family	41.8% ↔	47.3% ↔	45.7% ↔	40.3% ↔	40.0% ↔
Information to Manage Condition	79.0% ↔	76.1% ↔	67.2% ↔	73.6% ↔	69.9% ↔
Office Wait	76.9% ↔	83.1% ↔	81.7% ↔	74.9% ↔	79.3% ↔
Patient Rights Information	85.9% ↔	89.7% ↔	85.3% ↔	88.0% ↔	83.5% ↔
Patient Feels He or She Could Refuse Treatment	82.3% ↔	82.7% ↔	83.2% ↔	86.3% ↔	78.3% ↔
Privacy	94.5% ↔	92.2% ↔	92.2% ↔	93.5% ↔	94.7% ↔
Told About Medication Side Effects	75.1% ↔	78.6% ↔	71.7% ↔	80.3% ↔	72.8% ↔

↑ *Indicates the BHO's score is statistically better than the Colorado BHO Program average.*
↔ *Indicates the BHO's score is not statistically different than the Colorado BHO Program average.*
↓ *Indicates the BHO's score is statistically worse than the Colorado BHO Program average.*

Please note: Scores with fewer than 100 respondents are denoted with a cross (+). If there are fewer than 100 respondents for a measure, caution should be exercised when interpreting the results.

Table 2-12 BHO Comparisons MHSIP Domain Agreement Rates					
Domain Name	**Access Behavioral Care**	**Access Behavioral Care Northeast**	**Behavioral Healthcare Inc.**	**Colorado Health Partnerships**	**Foothills Behavioral Health Partners**
Improved Functioning	55.3% ⇔	53.3% ⇔	50.5% ⇔	46.2% ⇔	47.5% ⇔
Social Connectedness	60.7% ⇔	68.3% ⇔	66.2% ⇔	61.2% ⇔	59.6% ⇔

↑ *Indicates the BHO's score is statistically better than the Colorado BHO Program average.*
⇔ *Indicates the BHO's score is not statistically different than the Colorado BHO Program average.*
↓ *Indicates the BHO's score is statistically worse than the Colorado BHO Program average.*

Summary of BHO Comparisons Results

There were no statistically significant differences between the scores for Access Behavioral Care, Access Behavioral Care Northeast, Behavioral Healthcare Inc., Colorado Health Partnerships, Foothills Behavioral Health Partners, and the Colorado BHO Program average on any of the ECHO Survey measures or MHSIP domains.

3. Child Results

Survey Administration and Response Rates

Survey Administration

Child clients eligible for ECHO Survey sampling included clients who were identified as having received at least one behavioral health service or treatment from one of the five participating BHOs, as reflected in the encounter data, or corresponding BHO-contracted CMHCs and specialty clinics during the measurement year (i.e., November 1, 2014 to September 30, 2015). To determine if the client received a behavioral health service or treatment, all behavioral health claims/encounters were considered, with the exception of the following:[3-1]

- Behavioral Health Screening (H0002)
- Outreach (H0023)
- BH Prevention (H0025)
- Respite Services (H0045, S5150, S5151, T1005), if there were no other claims/encounters (i.e., no other service or treatment was received)
- Detoxification (S3005, T1007, T1019, T1023), if there were no other claims/encounters (i.e., no other service or treatment was received)

For the Medicaid population, clients eligible for sampling included those who were enrolled in Medicaid at the time the sample was created and who were continuously enrolled for at least 11 out of the last 12 months of the measurement year. Additionally, child clients eligible for sampling included those who were 17 years of age or younger as of September 30, 2015.

The survey administration protocol was designed to achieve a high response rate from clients, thus minimizing the potential effects of non-response bias. The survey process employed allowed clients two methods by which they could complete the surveys. The first phase, or mail phase, consisted of a survey being mailed to the sampled clients. Clients who were identified as Spanish-speaking through administrative data were mailed a Spanish version of the survey. Clients that were not identified as Spanish-speaking received an English version of the survey. The cover letter included with the English version of the survey had a Spanish cover letter on the back side informing clients that they could call the toll-free number to request a Spanish version of the survey questionnaire. The cover letter provided with the Spanish version of the questionnaire included a text box with a toll-free number that clients could call to request a survey in another language (i.e., English). The first survey mailing was followed by a second survey mailing that was sent to all non-respondents. The second phase, or telephone phase, consisted of CATI for sampled clients who had not mailed in a completed survey. A minimum of three CATI calls was made to each non-respondent. Additional

[3-1] Please note, for the FY 2015-2016 survey administration, the Department modified the specifications for identifying clients eligible for the sampling frame, such that certain services were excluded as an "eligible" behavioral health service or treatment. In previous years' survey administrations, all behavioral health services or treatment identified through administrative data were considered when determining if a client was eligible for the sampling frame.

information on the survey protocol is included in the Reader's Guide Section beginning on page 5-3.

Response Rates

The Colorado ECHO Survey administration was designed to achieve the highest possible response rate. The ECHO Survey response rate is the total number of completed surveys divided by all eligible clients of the sample. A client's survey was assigned a disposition code of "completed" if at least one question was answered. These completed surveys were used to calculate the results for the child population. Eligible clients included the entire random sample minus ineligible clients. Ineligible clients met at least one of the following criteria: they were deceased, were invalid (did not meet the eligible population criteria), had bad address and/or non-working telephone number information, or had a language barrier. For additional information on the calculation of response rates, please refer to the Reader's Guide Section on page 5-5.

For the child population, a total of 1,126 surveys were returned on behalf of child clients. The survey dispositions and response rates for the child population are based on the responses of the child's parent/caretaker or responses of child clients who were able to complete the survey themselves.[3-2] The 2016 Colorado BHO Program response rate for the child population was 17.74 percent.

Table 3-1 depicts the sample distribution and response rates for each of the participating Colorado BHOs and the Colorado BHO Program in aggregate for the child population.

Table 3-1
Child Population
Sample Distribution and Response Rates

BHO Name	Total Sample	Ineligible Records	Eligible Sample	Total Respondents	Response Rate
Colorado BHO Program	**7,690**	**1,341**	**6,349**	**1,126**	**17.74%**
Access Behavioral Care	1,538	287	1,251	220	17.59%
Access Behavioral Care Northeast	1,538	252	1,286	199	15.47%
Behavioral Healthcare Inc.	1,538	277	1,261	220	17.45%
Colorado Health Partnerships	1,538	272	1,266	246	19.43%
Foothills Behavioral Health Partners	1,538	253	1,285	241	18.75%

[3-2] As previously noted, for the Child/Parent ECHO Survey, the survey questionnaire was addressed to the parent/caretaker of the child client (identified as having received behavioral health services) and instructions were provided for the parent/caretaker to complete the survey on behalf of the child client. However, if the child client was able to complete the survey on his/her own, the parent/caretaker was instructed to allow the child client to complete the survey.

Child and Respondent Demographics

Table 3-2 through Table 3-7 show self-reported age, gender, race/ethnicity, general health status, mental health status, and health insurance coverage of children for whom a Child/Parent ECHO Survey was completed.

Table 3-2
Colorado Child ECHO Survey
Child Demographics—Age

BHO Name	1 to 3	4 to 7	8 to 12	13 to 18*
Colorado BHO Program	**0.7%**	**12.9%**	**34.9%**	**51.5%**
Access Behavioral Care	1.1%	16.0%	41.0%	42.0%
Access Behavioral Care Northeast	1.6%	12.6%	34.4%	51.4%
Behavioral Healthcare Inc.	0.0%	13.5%	37.0%	49.5%
Colorado Health Partnerships	0.4%	10.7%	30.4%	58.5%
Foothills Behavioral Health Partners	0.5%	12.2%	32.9%	54.5%

Please note: Percentages may not total 100% due to rounding.

**Children were eligible for inclusion in the ECHO Survey if they were 17 or younger as of September 30, 2015. Some children eligible for the ECHO Survey turned 18 between October 1, 2015 and the time of the survey administration.*

Table 3-3
Colorado Child ECHO Survey
Child Demographics—Gender

BHO Name	Male	Female
Colorado BHO Program	**54.3%**	**45.7%**
Access Behavioral Care	50.3%	49.7%
Access Behavioral Care Northeast	59.3%	40.7%
Behavioral Healthcare Inc.	61.0%	39.0%
Colorado Health Partnerships	50.4%	49.6%
Foothills Behavioral Health Partners	51.6%	48.4%

Please note: Percentages may not total 100% due to rounding.

Table 3-4 Colorado Child ECHO Survey Child Demographics—Race/Ethnicity							
BHO Name	**Multi-Racial**	**White**	**Hispanic**	**Black**	**Asian**	**Native American**	**Other**
Colorado BHO Program	**13.4%**	**46.8%**	**33.3%**	**3.7%**	**0.8%**	**0.7%**	**1.3%**
Access Behavioral Care	13.2%	21.1%	55.3%	7.9%	0.5%	1.1%	1.1%
Access Behavioral Care Northeast	8.9%	59.4%	28.3%	1.1%	0.6%	0.0%	1.7%
Behavioral Healthcare Inc.	12.6%	48.7%	31.7%	4.5%	0.5%	0.5%	1.5%
Colorado Health Partnerships	17.0%	50.7%	26.9%	3.1%	0.0%	0.9%	1.3%
Foothills Behavioral Health Partners	14.3%	52.9%	26.5%	2.2%	2.2%	0.9%	0.9%
Please note: Percentages may not total 100% due to rounding.							

Table 3-5 Colorado Child ECHO Survey Child Demographics—General Health Status					
BHO Name	**Excellent**	**Very Good**	**Good**	**Fair**	**Poor**
Colorado BHO Program	**16.7%**	**32.9%**	**34.4%**	**13.6%**	**2.5%**
Access Behavioral Care	19.9%	28.8%	31.4%	17.8%	2.1%
Access Behavioral Care Northeast	14.2%	33.9%	39.3%	12.0%	0.5%
Behavioral Healthcare Inc.	15.7%	33.0%	35.0%	12.7%	3.6%
Colorado Health Partnerships	17.6%	36.7%	33.9%	8.6%	3.2%
Foothills Behavioral Health Partners	15.7%	31.8%	32.7%	17.0%	2.7%
Please note: Percentages may not total 100% due to rounding.					

Table 3-6 Colorado Child ECHO Survey Child Demographics—Mental Health Status					
BHO Name	**Excellent**	**Very Good**	**Good**	**Fair**	**Poor**
Colorado BHO Program	**6.4%**	**22.7%**	**36.4%**	**26.8%**	**7.7%**
Access Behavioral Care	8.9%	25.1%	33.0%	26.7%	6.3%
Access Behavioral Care Northeast	7.7%	19.3%	40.9%	29.8%	2.2%
Behavioral Healthcare Inc.	8.2%	19.0%	37.9%	25.1%	9.7%
Colorado Health Partnerships	4.1%	27.2%	37.3%	20.7%	10.6%
Foothills Behavioral Health Partners	3.7%	22.4%	33.2%	31.8%	8.9%
Please note: Percentages may not total 100% due to rounding.					

Table 3-7 Colorado Child ECHO Survey Child Demographics—Health Insurance Coverage						
BHO Name	**Medicare**	**Medicaid**	**CHP+**	**Other**	**None**	**Don't Know**
Colorado BHO Program	**6.6%**	**75.4%**	**5.7%**	**11.1%**	**0.6%**	**0.3%**
Access Behavioral Care	7.5%	77.1%	3.3%	6.1%	0.5%	0.5%
Access Behavioral Care Northeast	6.1%	73.0%	6.6%	14.8%	0.0%	0.0%
Behavioral Healthcare Inc.	7.4%	71.6%	4.2%	15.3%	0.5%	0.5%
Colorado Health Partnerships	7.0%	78.1%	6.6%	7.4%	1.2%	0.0%
Foothills Behavioral Health Partners	5.1%	76.5%	7.7%	12.4%	0.9%	0.4%
Please note: Respondents may have marked more than one response option; therefore, percentages will not total 100%.						

Table 3-8 through Table 3-10 show the self-reported age, level of education, and relationship to the child for the respondents who completed the Child/Parent ECHO Survey on behalf of the child client.[3-3]

Table 3-8 Colorado Child ECHO Survey Respondent Demographics—Age						
BHO Name	**Under 18**	**18 to 24**	**25 to 34**	**35 to 44**	**45 to 54**	**55 or Older**
Colorado BHO Program	**1.4%**	**0.5%**	**16.9%**	**33.2%**	**26.9%**	**21.1%**
Access Behavioral Care	0.5%	0.5%	22.0%	41.9%	21.0%	14.0%
Access Behavioral Care Northeast	1.1%	0.0%	16.9%	29.8%	28.1%	24.2%
Behavioral Healthcare Inc.	2.1%	0.0%	14.9%	33.8%	31.8%	17.4%
Colorado Health Partnerships	1.9%	1.4%	13.9%	32.4%	22.7%	27.8%
Foothills Behavioral Health Partners	1.4%	0.5%	17.5%	28.4%	30.8%	21.3%
Please note: Percentages may not total 100% due to rounding.						

[3-3] If the respondent to the Child/Parent ECHO Survey was the child client receiving behavioral health services, the child respondent was directed to skip the survey questions related to the adult respondents' demographics.

Table 3-9 Colorado Child ECHO Survey Respondent Demographics—Education					
BHO Name	**8th Grade or Less**	**Some High School**	**High School Graduate**	**Some College**	**College Graduate**
Colorado BHO Program	**6.1%**	**8.2%**	**21.9%**	**39.3%**	**24.5%**
Access Behavioral Care	14.8%	16.4%	19.1%	29.0%	20.8%
Access Behavioral Care Northeast	4.0%	2.3%	21.0%	44.3%	28.4%
Behavioral Healthcare Inc.	6.7%	10.3%	18.0%	41.8%	23.2%
Colorado Health Partnerships	2.3%	6.1%	31.8%	42.5%	17.3%
Foothills Behavioral Health Partners	3.4%	6.3%	18.8%	38.5%	33.2%
Please note: Percentages may not total 100% due to rounding.					

Table 3-10 Colorado Child ECHO Survey Respondent Demographics—Relationship to Child				
BHO Name	**Mother or Father**	**Grandparent**	**Legal Guardian**	**Other**
Colorado BHO Program	**81.3%**	**11.9%**	**3.7%**	**3.2%**
Access Behavioral Care	83.7%	9.8%	2.7%	3.8%
Access Behavioral Care Northeast	76.9%	16.0%	4.1%	3.0%
Behavioral Healthcare Inc.	87.7%	7.5%	1.6%	3.2%
Colorado Health Partnerships	75.7%	16.0%	5.3%	2.9%
Foothills Behavioral Health Partners	82.5%	10.2%	4.4%	2.9%
Please note: Percentages may not total 100% due to rounding.				

Trend Analysis

In 2015, Access Behavioral Care, Access Behavioral Care Northeast, Behavioral Healthcare Inc., Colorado Health Partnerships, and Foothills Behavioral Health Partners had 156, 196, 192, 180, and 141 completed surveys, respectively. In 2016, Access Behavioral Care, Access Behavioral Care Northeast, Behavioral Healthcare Inc., Colorado Health Partnerships, and Foothills Behavioral Health Partners had 220, 199, 220, 246, and 241 completed surveys, respectively. These completed surveys were used to calculate the Colorado BHO Program aggregate's and corresponding BHOs' 2015 and 2016 results for the standard ECHO Survey measures and YSS-F domain agreement rates presented in this section for trending purposes.

ECHO Survey Measures

For purposes of calculating the results for the standard ECHO Survey measures, question summary rates were calculated for the global rating and each individual item measure, and global proportions were calculated for each composite measure. The scoring of the global rating, composite measures, and individual item measures involved assigning top-level responses a score of one, with all other responses receiving a score of zero.[3-4] After applying this scoring methodology, the percentage of top-level responses was calculated in order to determine the question summary rates and global proportions. For additional details, please refer to the Reader's Guide Section beginning on page 5-6.

YSS-F Domain Agreement Rates

For purposes of calculating the results for the YSS-F domain agreement rates, scores were calculated for each domain. Questions comprising each domain are based on a 5-point Likert scale, with each response coded to score values, as follows:

- 1 = Strongly Agree
- 2 = Agree
- 3 = Neutral
- 4 = Disagree
- 5 = Strongly Disagree

After applying this scoring methodology, the average score for each respondent is calculated for all questions that comprise the domain. Respondents with an average score less than or equal to 2.5 are considered "agreements" and assigned an agreement score of one, whereas those respondents with an average score greater than 2.5 are considered "disagreements" and assigned an agreement score of zero. Respondents missing more than one third of their responses within each YSS-F domain are excluded from the analysis.

As previously noted, in order to evaluate trends in child client satisfaction, a trend analysis was performed for the Colorado BHO Program aggregate and each of the five participating BHOs. For

[3-4] National Committee for Quality Assurance. *HEDIS® 2016, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2015.

purposes of the trend analysis, the 2016 scores for each standard ECHO Survey measure and YSS-F domain agreement rates were compared to the corresponding 2015 scores, where applicable, to determine whether there were statistically significant differences. Statistically significant differences are noted with directional triangles. Scores that were statistically higher in 2016 than in 2015 are noted with black upward (▲) triangles. Scores that were statistically lower in 2016 than in 2015 are noted with black downward (▼) triangles. Scores in 2016 that were not statistically different from scores in 2015 are not noted with triangles.

For the Colorado BHO Program aggregate, results for the standard ECHO Survey measures and MHSIP domain agreement rates were weighted based on the total eligible population for each participating BHO's child population. Additionally, results for the ECHO Survey measures and MHSIP domain agreement areas are reported even when there were less than 100 respondents to the survey item. Results based on fewer than 100 respondents are denoted with a cross (+). Caution should be exercised when interpreting results for those items with fewer than 100 respondents.

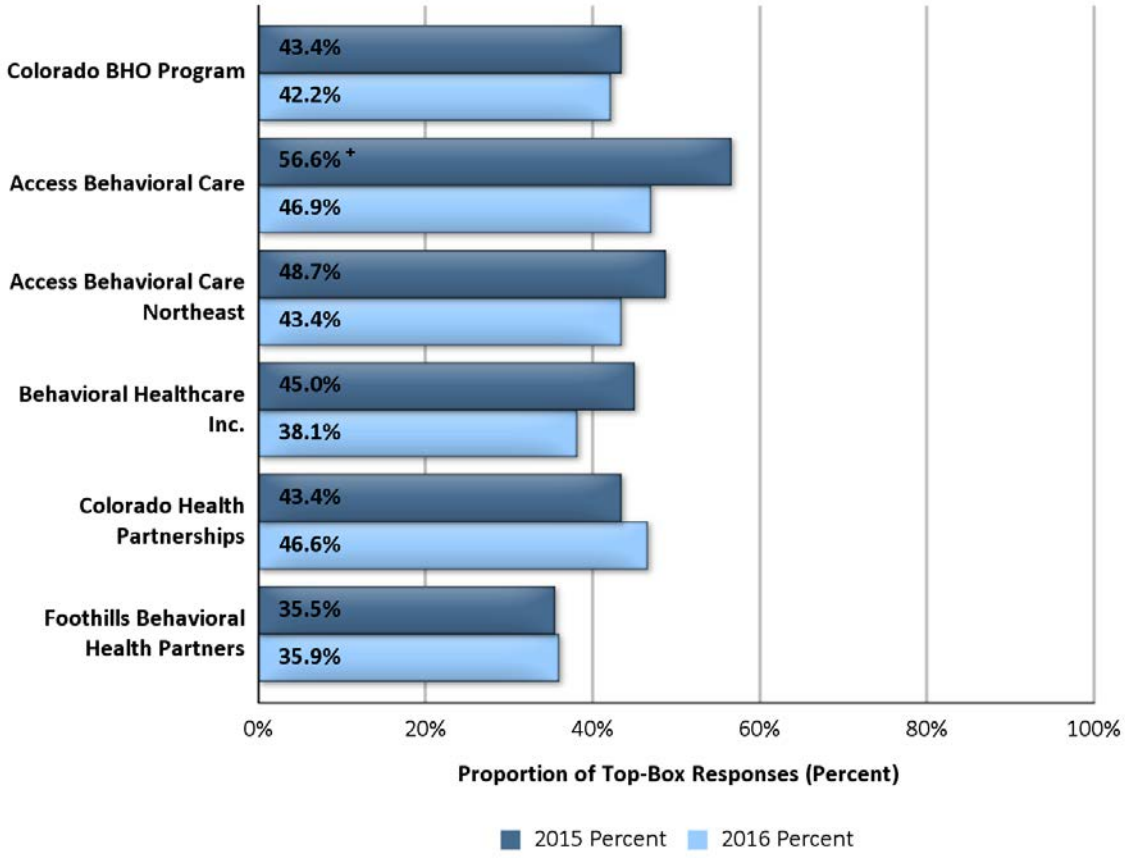
Figure 3-1 through Figure 3-13, on the following pages, shows the top-box results of the ECHO Survey measures. Figure 3-14 and Figure 3-15 show the results of the YSS-F domain agreement rates.

Global Rating

Rating of All Counseling or Treatment

Colorado Child ECHO Survey respondents were asked to rate all their child's counseling or treatment on a scale of 0 to 10, with 0 being the "worst counseling or treatment possible" and 10 being the "best counseling or treatment possible." Top-level responses were defined as those responses with a rating of 9 or 10. Figure 3-1 shows the 2015 and 2016 Rating of All Counseling or Treatment question summary rates for the Colorado BHO Program aggregate and the five participating BHOs.[3-5]

Figure 3-1—Rating of All Counseling or Treatment



Statistical Significance Note: ▲ indicates the 2016 score is significantly higher than the 2015 score
▼ indicates the 2016 score is significantly lower than the 2015 score

+ If the BHO had fewer than 100 respondents for a measure, caution should be exercised when interpreting these results.

[3-5] The Colorado BHO Program aggregate scores presented in this section are derived from the combined results of the five participating BHOs: Access Behavioral Care, Access Behavioral Care Northeast, Behavioral Healthcare, Inc., Colorado Health Partnerships, and Foothills Behavioral Health Partners.

Composite Measures

Getting Treatment Quickly

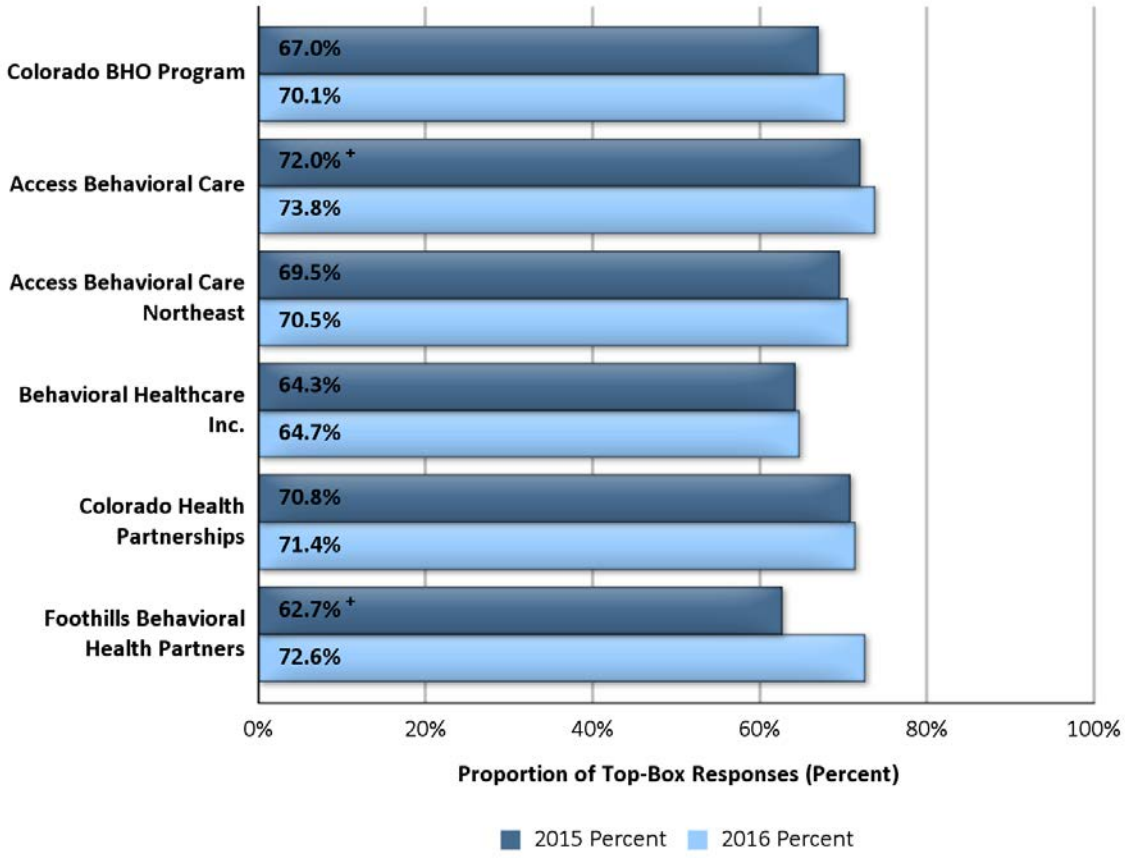
Two questions (Questions 3 and 5) were asked to assess how often Colorado Child ECHO Survey respondents received treatment quickly:

- **Question 3**. In the last 12 months, when your child needed counseling or treatment right away, how often did your child see someone as soon as you wanted?
  - Never
  - Sometimes
  - Usually
  - Always
- **Question 5**. In the last 12 months, not counting times your child needed counseling or treatment right away, how often did your child get an appointment for counseling or treatment as soon as you wanted?
  - Never
  - Sometimes
  - Usually
  - Always

For purposes of the trend analysis, HSAG calculated top-box rates for the Getting Treatment Quickly composite measure, which was defined as a response of "Usually" or "Always."

Figure 3-2 shows the 2015 and 2016 Getting Treatment Quickly global proportions for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 3-2—Getting Treatment Quickly



Statistical Significance Note: ▲ indicates the 2016 score is significantly higher than the 2015 score
▼ indicates the 2016 score is significantly lower than the 2015 score

+ If the BHO had fewer than 100 respondents for a measure, caution should be exercised when interpreting these results.

How Well Clinicians Communicate

Five questions (Questions 11, 12, 13, 14, and 17) were asked to assess how often clinicians communicated well:

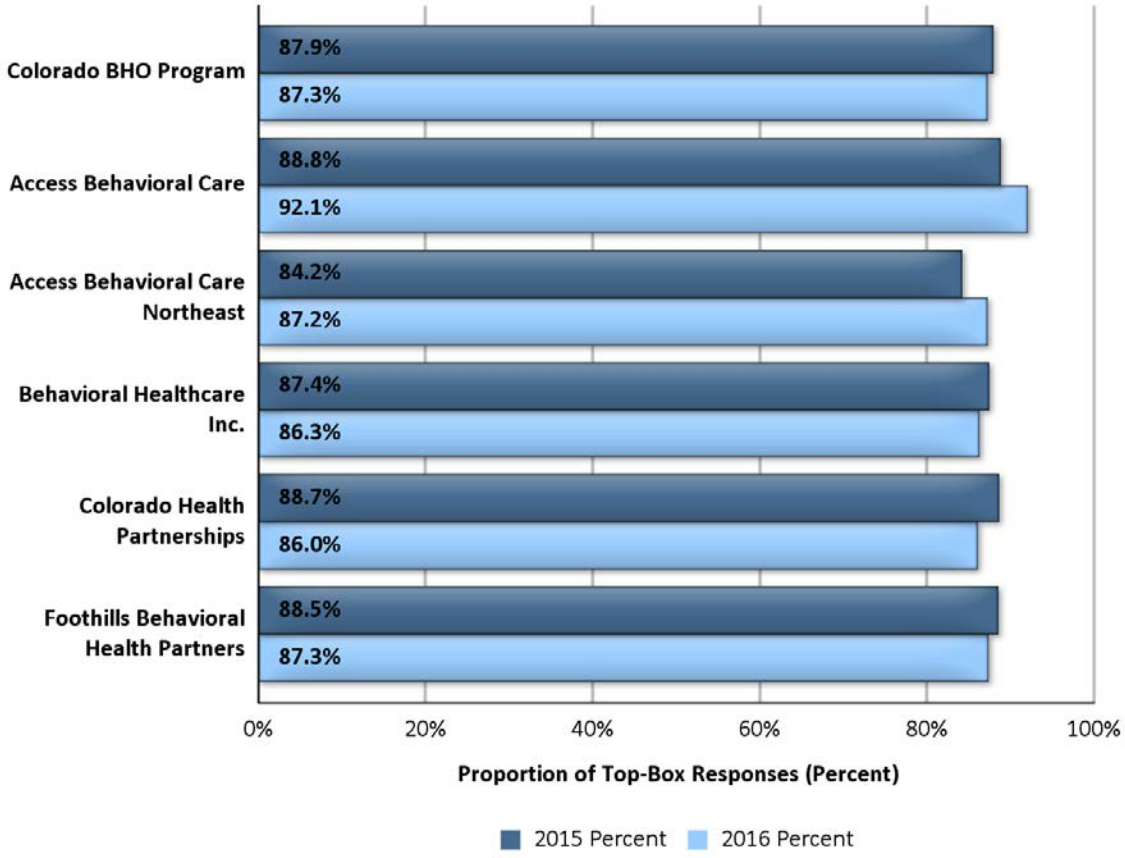
- **Question 11**. In the last 12 months, how often did the people your child saw for counseling or treatment listen carefully to you?
  - Never
  - Sometimes
  - Usually
  - Always
- **Question 12**. In the last 12 months, how often did the people your child saw for counseling or treatment explain things in a way you could understand?
  - Never
  - Sometimes
  - Usually
  - Always
- **Question 13**. 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?
  - Never
  - Sometimes
  - Usually
  - Always
- **Question 14**. In the last 12 months, how often did the people your child saw for counseling or treatment spend enough time with you?
  - Never
  - Sometimes
  - Usually
  - Always

- **Question 17**. In the last 12 months, how often were you involved as much as you wanted in your child's counseling or treatment?
  - Never
  - Sometimes
  - Usually
  - Always

For purposes of the trend analysis, HSAG calculated top-box rates for the How Well Clinicians Communicate composite measure, which was defined as a response of "Usually" or "Always."

Figure 3-3 shows the 2015 and 2016 How Well Clinicians Communicate global proportions for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 3-3—How Well Clinicians Communicate



Statistical Significance Note: ▲ indicates the 2016 score is significantly higher than the 2015 score
▼ indicates the 2016 score is significantly lower than the 2015 score

Perceived Improvement

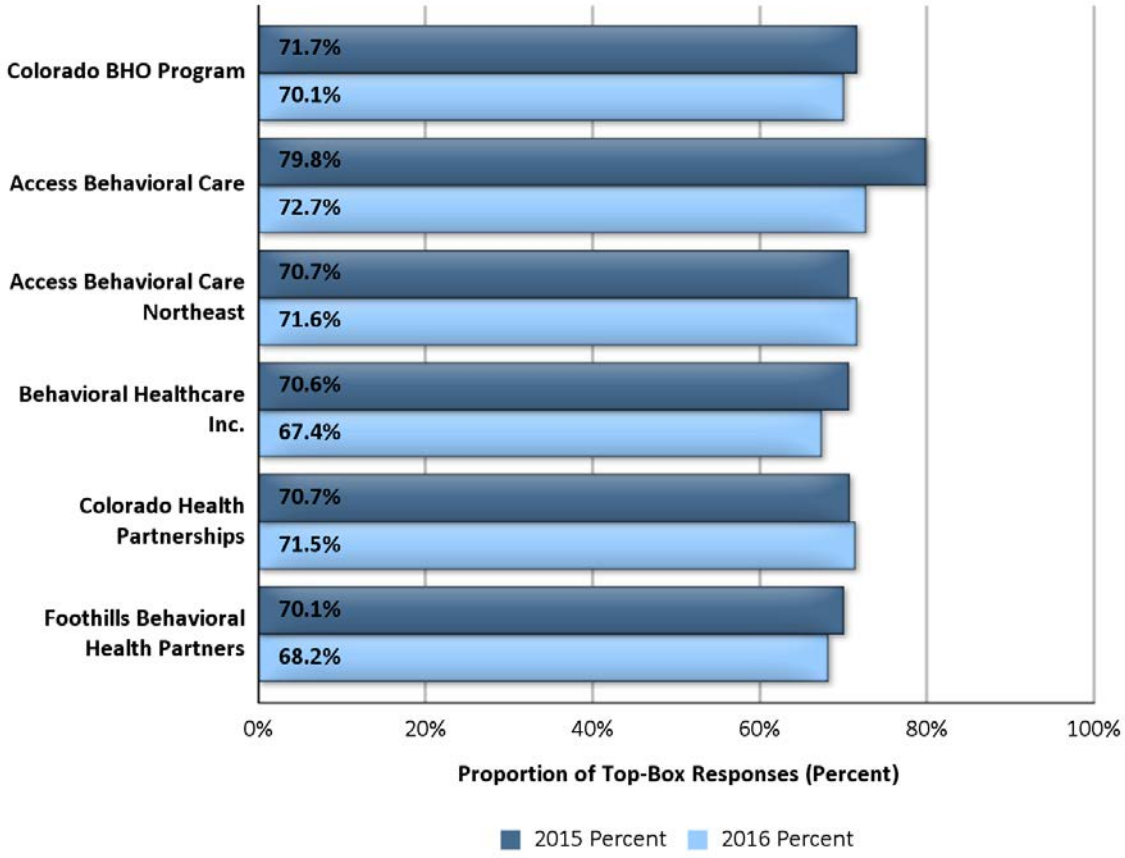
Four questions (Questions 31, 32, 33, and 34) were asked to assess Colorado Child ECHO Survey respondents perceived improvement of their child's ability to deal with daily problems and social situations, to accomplish the things they want to do, and how they rate their child's problems and symptoms compared to 12 months ago:

- **Question 31**. Compared to 12 months ago, how would you rate your child's ability to deal with daily problems now?
  - Much better
  - A little better
  - About the same
  - A little worse
  - Much worse
- **Question 32**. Compared to 12 months ago, how would you rate your child's ability to deal with social situations now?
  - Much better
  - A little better
  - About the same
  - A little worse
  - Much worse
- **Question 33**. Compared to 12 months ago, how would you rate your child's ability to accomplish the things your child wants to do now?
  - Much better
  - A little better
  - About the same
  - A little worse
  - Much worse
- **Question 34**. Compared to 12 months ago, how would you rate your child's problems or symptoms now?
  - Much better
  - A little better
  - About the same
  - A little worse
  - Much worse

For purposes of the trend analysis, HSAG calculated top-box rates for the Perceived Improvement composite measure, which was defined as a response of "Much better" or "A little better."

Figure 3-4 shows the 2015 and 2016 Perceived Improvement global proportions for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 3-4—Perceived Improvement



Statistical Significance Note: ▲ indicates the 2016 score is significantly higher than the 2015 score
▼ indicates the 2016 score is significantly lower than the 2015 score

Information About Treatment Options

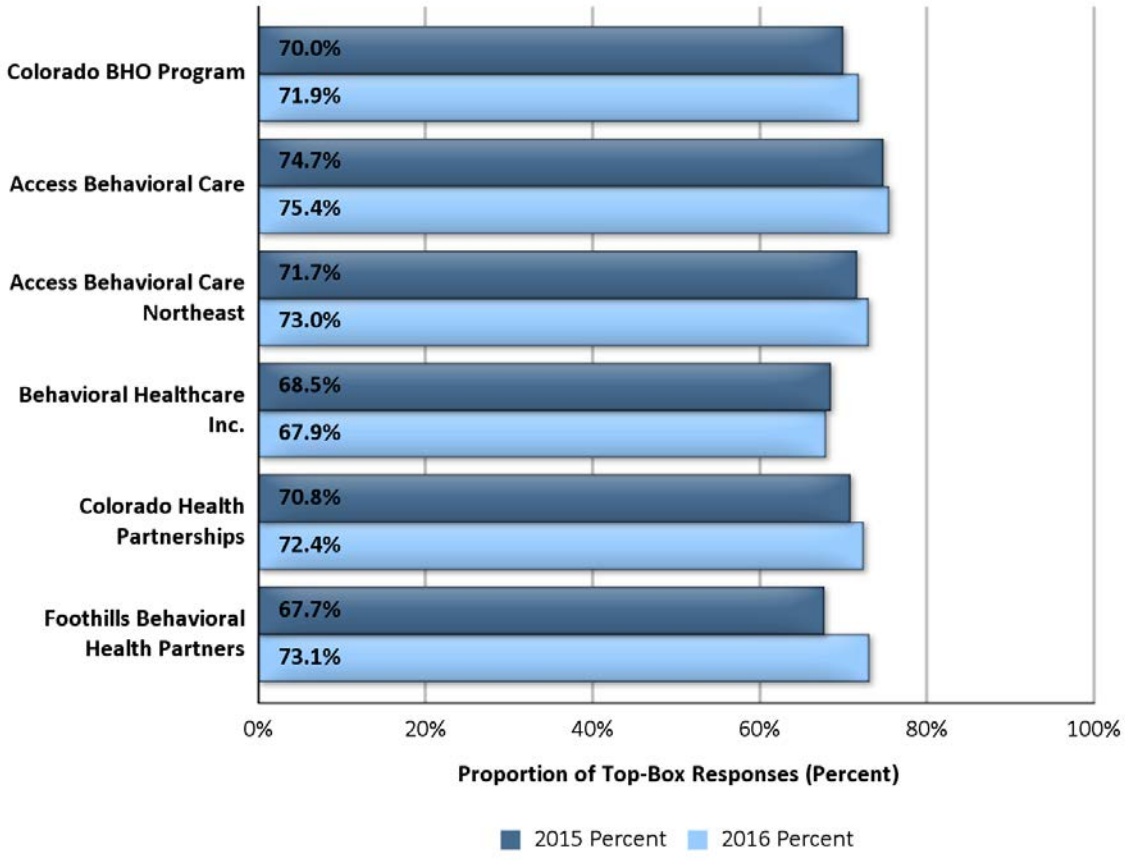
Two questions (Questions 20 and 21) were asked to assess how often Colorado Child ECHO Survey respondents had someone to talk to when their child was troubled and received information about treatment options:

- **Question 20**. In the last 12 months, how often did you feel your child had someone to talk to for counseling or treatment when your child was troubled?
  - Never
  - Sometimes
  - Usually
  - Always
- **Question 21.** In the last 12 months, were you given information about different kinds of counseling or treatment that are available for your child?
  - Yes
  - No

For purposes of the trend analysis, HSAG calculated top-box rates for the Information About Treatment Options composite measure, which was defined as a response of "Usually," "Always," or "Yes."

Figure 3-5 shows the 2015 and 2016 Information About Treatment Options global proportions for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 3-5—Information About Treatment Options



Statistical Significance Note: ▲ indicates the 2016 score is significantly higher than the 2015 score
▼ indicates the 2016 score is significantly lower than the 2015 score

Individual Item Measures

Office Wait

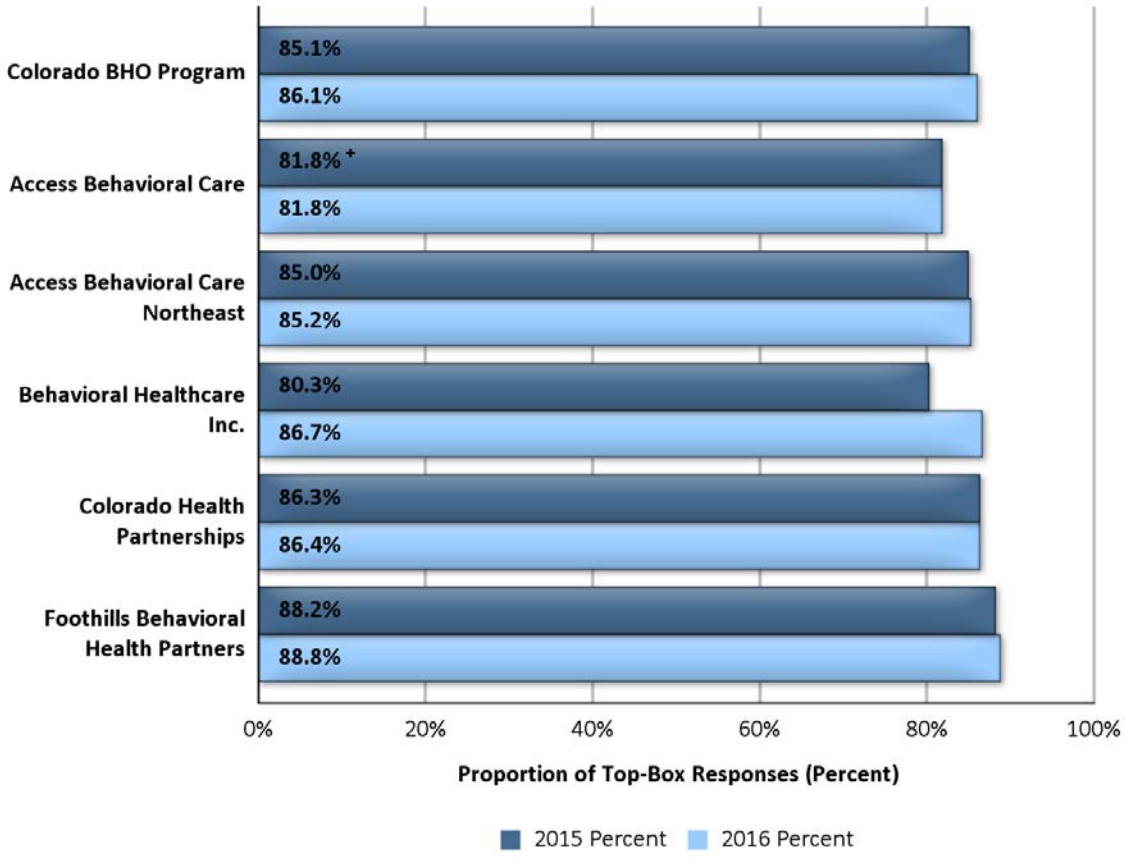
One question (Question 10) was asked to assess how often Colorado Child ECHO Survey respondents were seen within 15 minutes of their child's appointment:

- **Question 10**. In the last 12 months, how often was your child seen within 15 minutes of your child's appointment?
  - Never
  - Sometimes
  - Usually
  - Always

For purposes of the trend analysis, HSAG calculated top-box rates for the Office Wait individual item measure, which was defined as a response of "Usually" or "Always."

Figure 3-6 shows the 2015 and 2016 Office Wait question summary rates for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 3-6—Office Wait



Statistical Significance Note: ▲ indicates the 2016 score is significantly higher than the 2015 score
▼ indicates the 2016 score is significantly lower than the 2015 score

+ If the BHO had fewer than 100 respondents for a measure, caution should be exercised when interpreting these results.

Told About Medication Side Effects

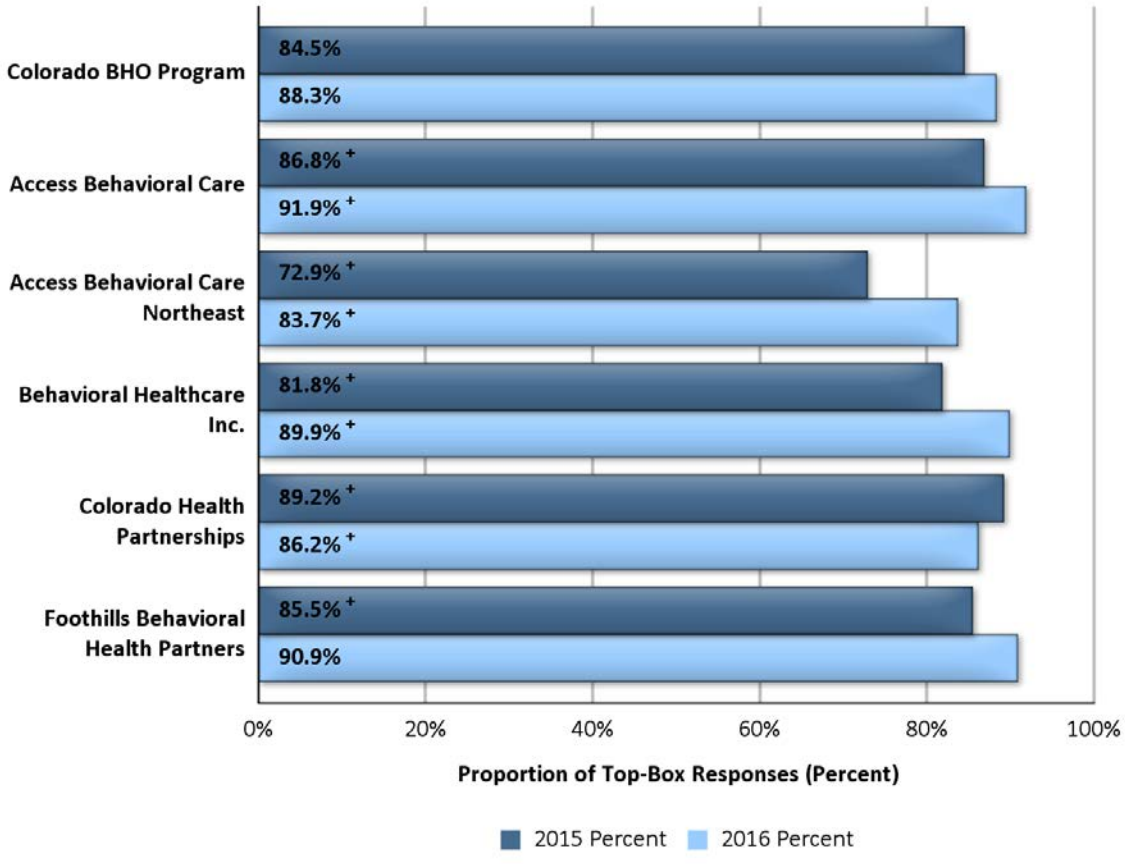
One question (Question 16) was asked to assess how often Colorado Child ECHO Survey respondents were told what the side effects were for the prescription medicines their child took:

- **Question 16**. In the last 12 months, were you told what side effects of those medicines to watch for?
  - Yes
  - No

For purposes of the trend analysis, HSAG calculated top-box rates for the Told About Medication Side Effects individual item measure, which was defined as a response of "Yes."

Figure 3-7 shows the 2015 and 2016 Told About Medication Side Effects question summary rates for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 3-7—Told About Medication Side Effects



Statistical Significance Note: ▲ indicates the 2016 score is significantly higher than the 2015 score
▼ indicates the 2016 score is significantly lower than the 2015 score

+ If the BHO had fewer than 100 respondents for a measure, caution should be exercised when interpreting these results.

Information to Manage Condition

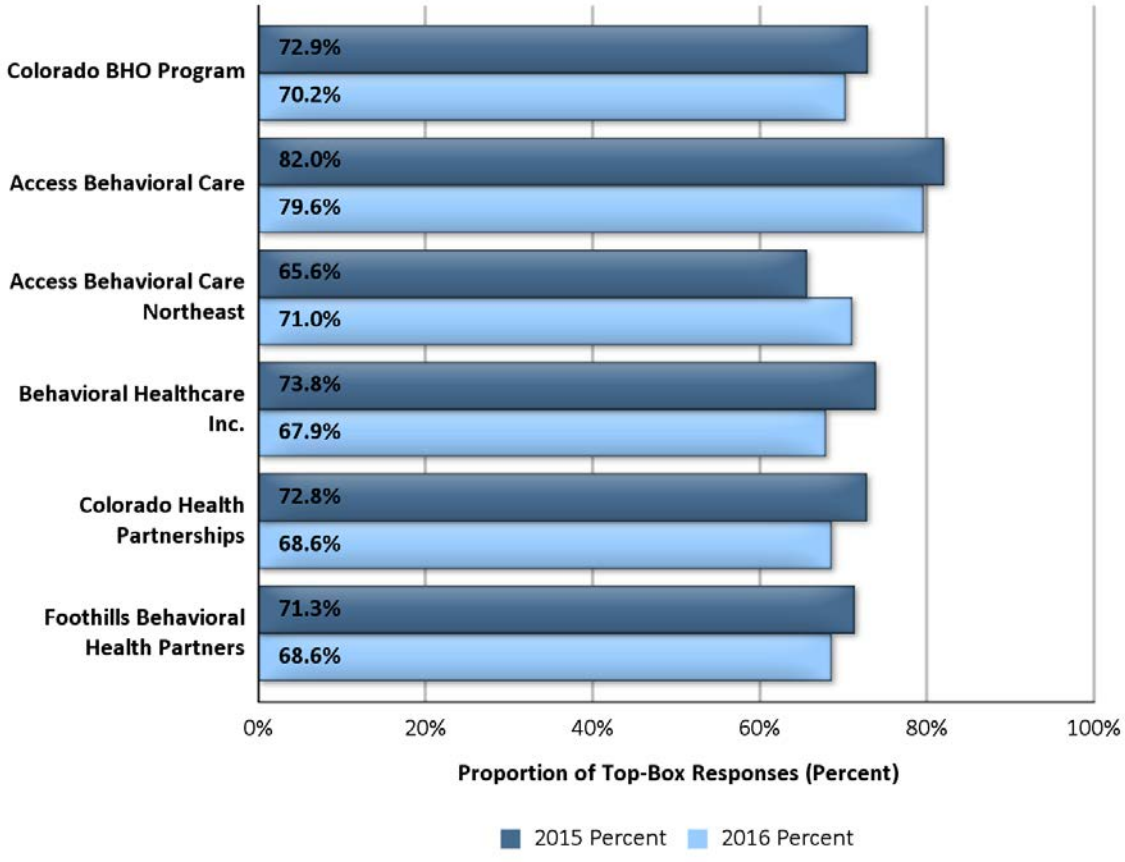
One question (Question 22) was asked to assess whether or not Colorado Child ECHO Survey respondents were given as much information as they wanted about what they could do to manage their child's condition:

- **Question 22**. 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
  - No

For purposes of the trend analysis, HSAG calculated top-box rates for the Information to Manage Condition individual item measure, which was defined as a response of "Yes."

Figure 3-8 shows the 2015 and 2016 Information to Manage Condition question summary rates for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 3-8—Information to Manage Condition



Statistical Significance Note: ▲ indicates the 2016 score is significantly higher than the 2015 score
▼ indicates the 2016 score is significantly lower than the 2015 score

Patient Rights Information

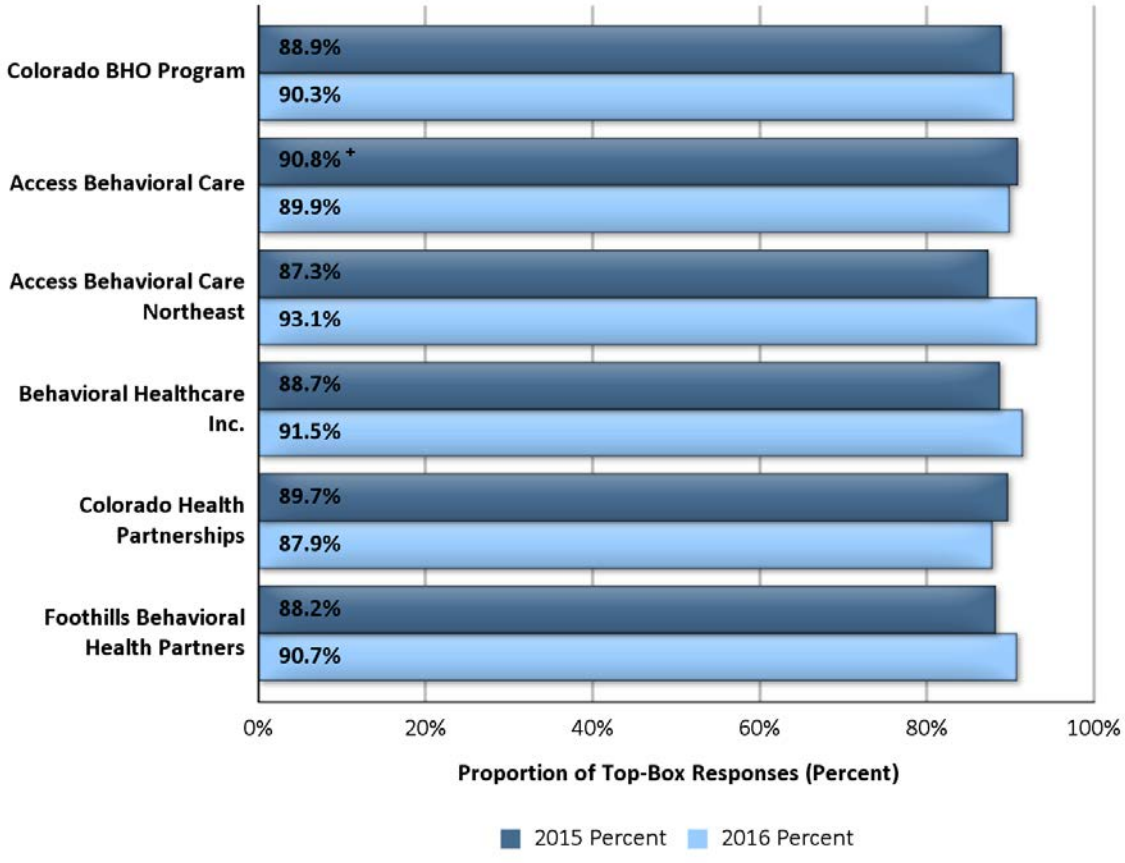
One question (Question 23) was asked to assess whether or not Colorado Child ECHO Survey respondents were given information about their child's patient rights:

- **Question 23**. In the last 12 months, were you given information about your child's rights as a patient?
  - Yes
  - No

For purposes of the trend analysis, HSAG calculated top-box rates for the Patient Rights Information individual item measure, which was defined as a response of "Yes."

Figure 3-9 shows the 2015 and 2016 Patient Rights Information question summary rates for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 3-9—Patient Rights Information



Statistical Significance Note: ▲ indicates the 2016 score is significantly higher than the 2015 score
▼ indicates the 2016 score is significantly lower than the 2015 score

+ If the BHO had fewer than 100 respondents for a measure, caution should be exercised when interpreting these results.

Patient Feels He or She Could Refuse Treatment

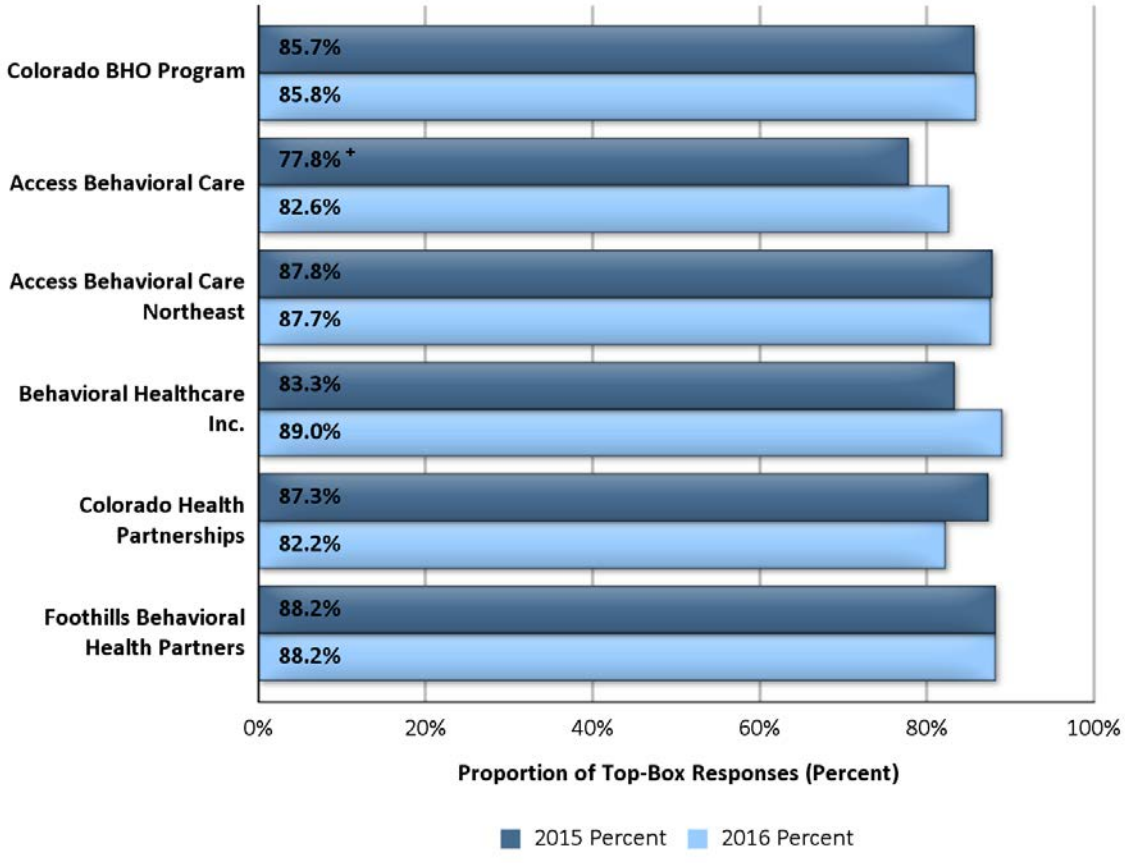
One question (Question 24) was asked to assess whether or not Colorado Child ECHO Survey respondents felt they could refuse a specific type of medicine or treatment for their child:

- **Question 24**. In the last 12 months, did you feel you could refuse a specific type of medicine or treatment for your child?
  - Yes
  - No

For purposes of the trend analysis, HSAG calculated top-box rates for the Patient Feels He or She Could Refuse Treatment individual item measure, which was defined as a response of "Yes."

Figure 3-10 shows the 2015 and 2016 Patient Feels He or She Could Refuse Treatment question summary rates for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 3-10—Patient Feels He or She Could Refuse Treatment



Statistical Significance Note: ▲ indicates the 2016 score is significantly higher than the 2015 score
▼ indicates the 2016 score is significantly lower than the 2015 score

+ If the BHO had fewer than 100 respondents for a measure, caution should be exercised when interpreting these results.

Privacy

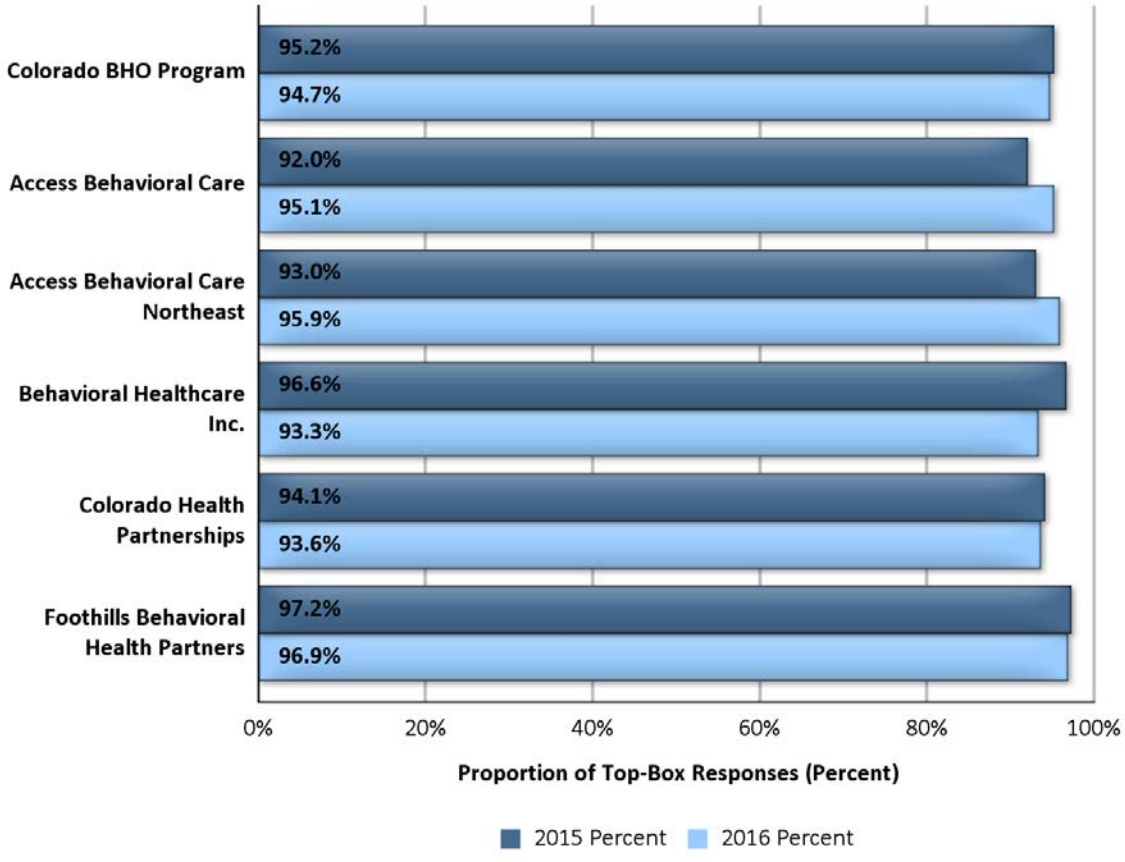
One question (Question 25) was asked to assess whether or not Colorado Child ECHO Survey respondents knew if the person their child went to for counseling or treatment shared information with others that should have been kept private:

- **Question 25**. 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?
  - Yes
  - No

For purposes of the trend analysis, HSAG calculated top-box rates for the Privacy individual item measure, which was defined as a response of "No."

Figure 3-11 shows the 2015 and 2016 Privacy question summary rates for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 3-11—Privacy



Statistical Significance Note: ▲ indicates the 2016 score is significantly higher than the 2015 score
▼ indicates the 2016 score is significantly lower than the 2015 score

Cultural Competency

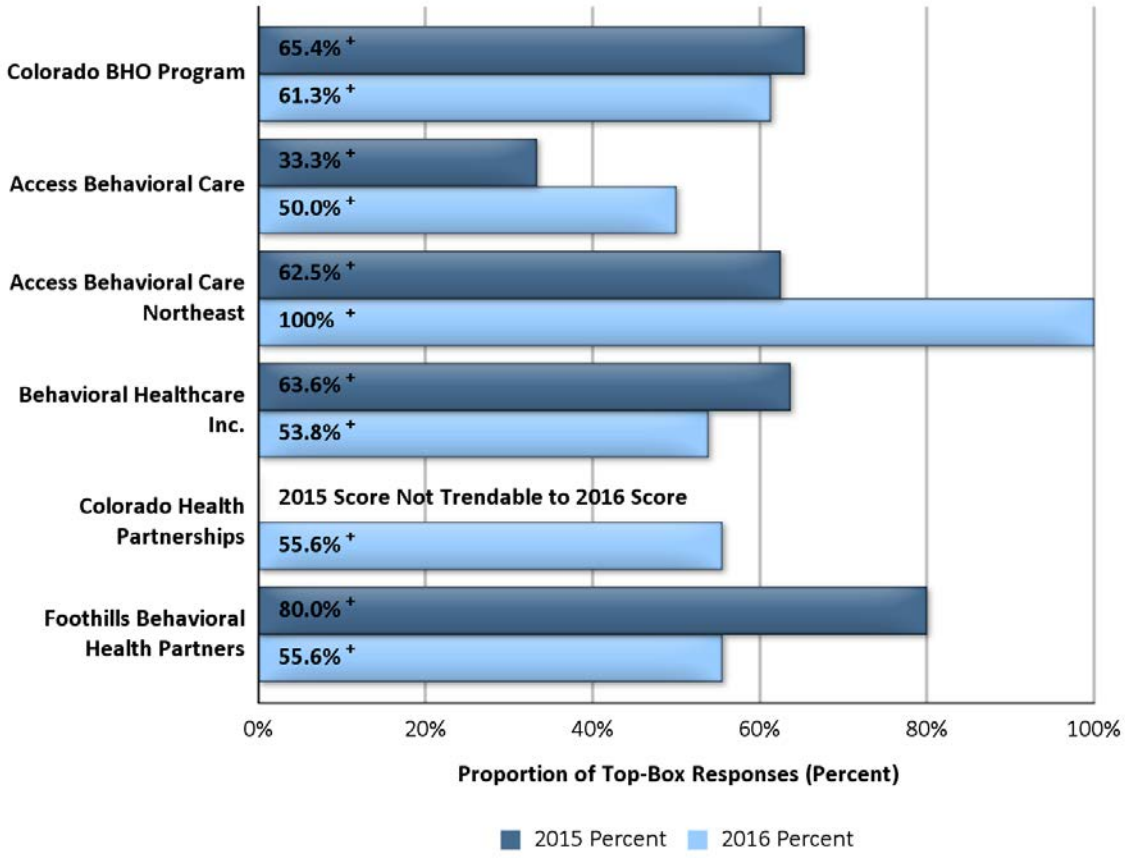
One question (Question 27) was asked to assess whether or not the care the Colorado Child ECHO Survey respondents received was responsive to the needs of their child's cultural differences (e.g., language, race, religion):

- **Question 27**. In the last 12 months, was the care your child received responsive to those needs?
  - Yes
  - No

For purposes of the trend analysis, HSAG calculated top-box rates for the Cultural Competency individual item measure, which was defined as a response of "Yes."

Figure 3-12 shows the 2015 and 2016 Cultural Competency question summary rates for the Colorado BHO Program aggregate and the five participating BHOs.[3-6]

Figure 3-12—Cultural Competency



Statistical Significance Note: ▲ indicates the 2016 score is significantly higher than the 2015 score
▼ indicates the 2016 score is significantly lower than the 2015 score

+ If the BHO had fewer than 100 respondents for a measure, caution should be exercised when interpreting these results.

[3-6] Colorado Health Partnerships only had one respondent answer the Cultural Competency question in 2015. Therefore, this BHO was excluded from the analysis, and a comparison of the 2016 and 2015 scores could not be performed.

Amount Helped

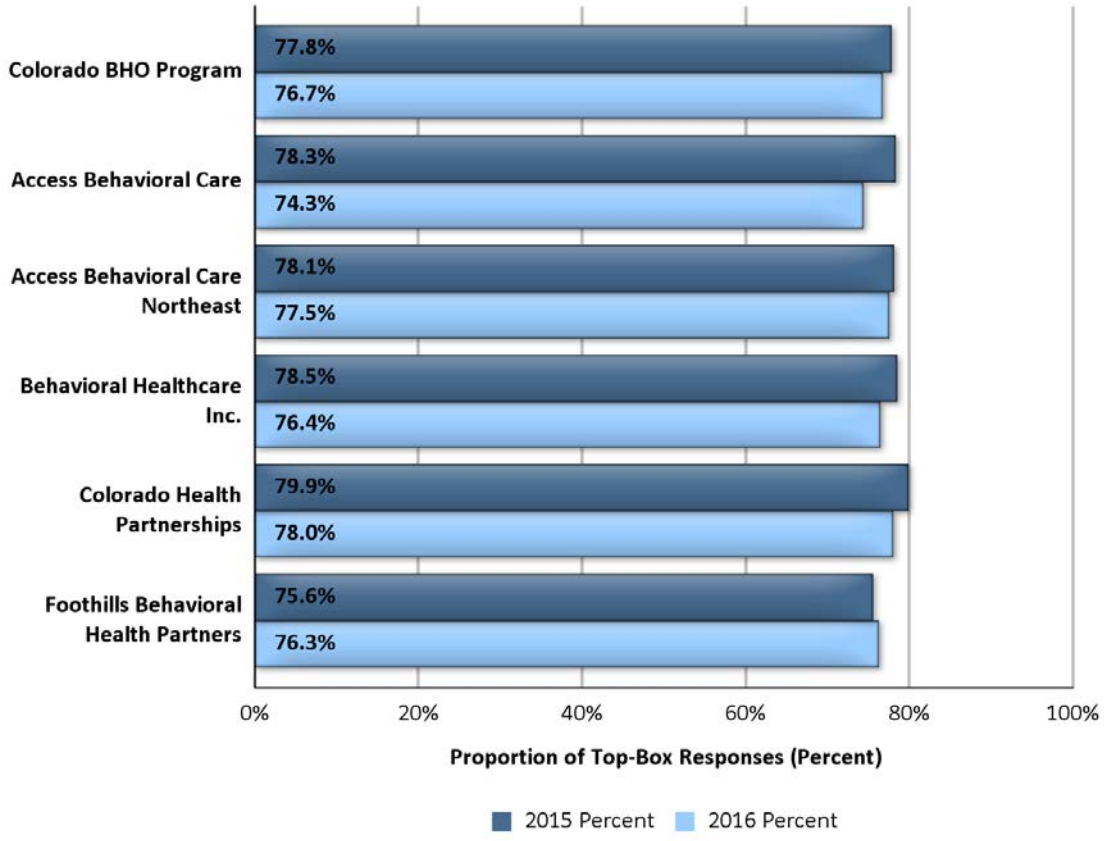
One question (Question 29) was asked to Colorado Child ECHO Survey respondents to assess how much the child client was helped by the counseling or treatment they received:

- **Question 29**. In the last 12 months, how much was your child helped by the counseling or treatment your child got?
  - Not at all
  - A little
  - Somewhat
  - A lot

For purposes of the trend analysis, HSAG calculated top-box rates for the Amount Helped individual item measure, which was defined as a response of "Somewhat" or "A lot."

Figure 3-13 shows the 2015 and 2016 Amount Helped question summary rates for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 3-13—Amount Helped



Statistical Significance Note: ▲ indicates the 2016 score is significantly higher than the 2015 score
▼ indicates the 2016 score is significantly lower than the 2015 score

YSS-F Domain Agreements

Improved Functioning

Six questions (Questions 39, 40, 41, 42, 43, and 45) were asked to assess how much Colorado Child ECHO Survey respondents' everyday lives have improved as a result of the counseling or treatment services their child and/or family received:

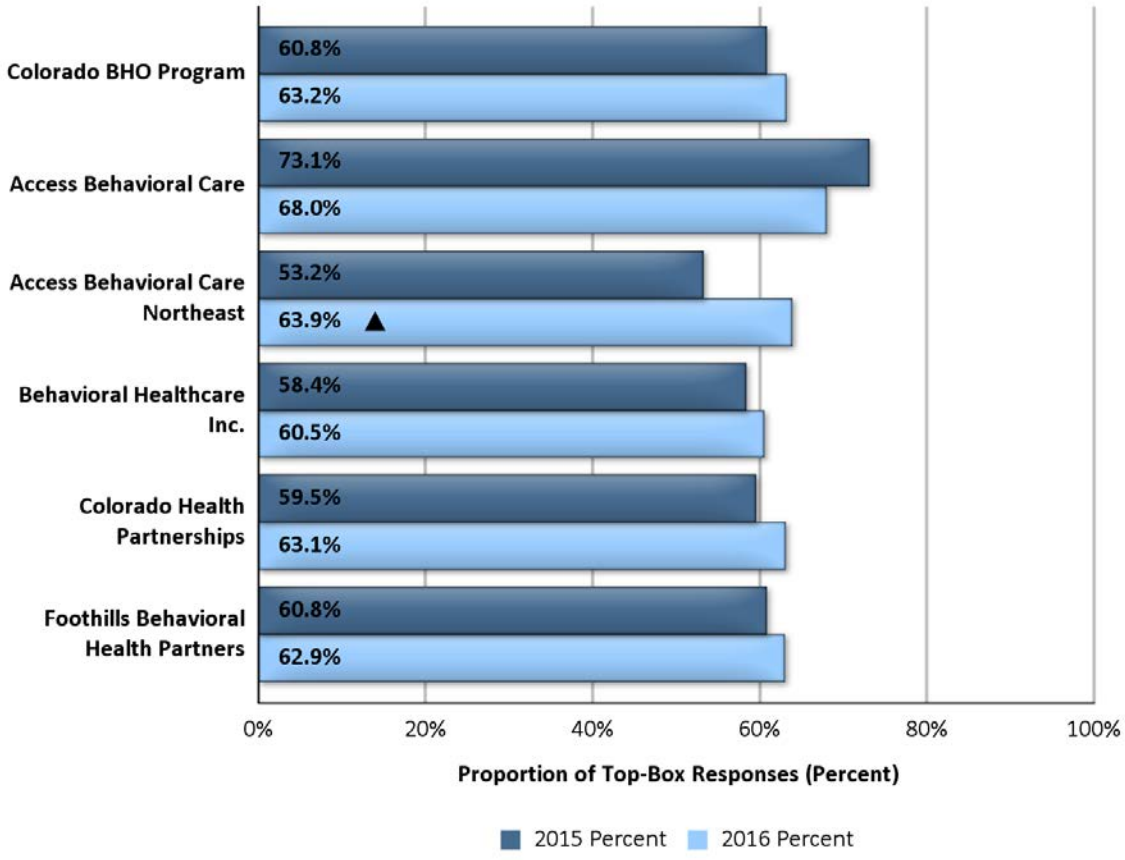
- **Question 39**. My child is better at handling daily life.
  - Strongly agree
  - Agree
  - Neutral
  - Disagree
  - Strongly Disagree
  - Not Applicable
- **Question 40**. My child gets along better with family members.
  - Strongly agree
  - Agree
  - Neutral
  - Disagree
  - Strongly Disagree
  - Not Applicable
- **Question 41**. My child gets along better with friends and other people.
  - Strongly agree
  - Agree
  - Neutral
  - Disagree
  - Strongly Disagree
  - Not Applicable

- **Question 42**. My child is doing better in school and/or work.
  - Strongly agree
  - Agree
  - Neutral
  - Disagree
  - Strongly Disagree
  - Not Applicable
- **Question 43**. My child is better able to cope when things go wrong.
  - Strongly agree
  - Agree
  - Neutral
  - Disagree
  - Strongly Disagree
  - Not Applicable
- **Question 45**. My child is better able to do things he or she wants to do.
  - Strongly agree
  - Agree
  - Neutral
  - Disagree
  - Strongly Disagree
  - Not Applicable

For purposes of the trend analysis, HSAG calculated agreement scores for the Improved Functioning YSS-F domain, which was defined as respondents with an average agreement score less than or equal to 2.5.

Figure 3-14 shows the 2015 and 2016 Improved Functioning agreement rates for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 3-14—Improved Functioning



Statistical Significance Note: ▲ indicates the 2016 score is significantly higher than the 2015 score
▼ indicates the 2016 score is significantly lower than the 2015 score

Social Connectedness

Four questions (Questions 46, 47, 48, and 49) were asked to assess how much Colorado Child ECHO Survey respondents felt they have people outside of their child's service providers who they can talk to and who will support them:

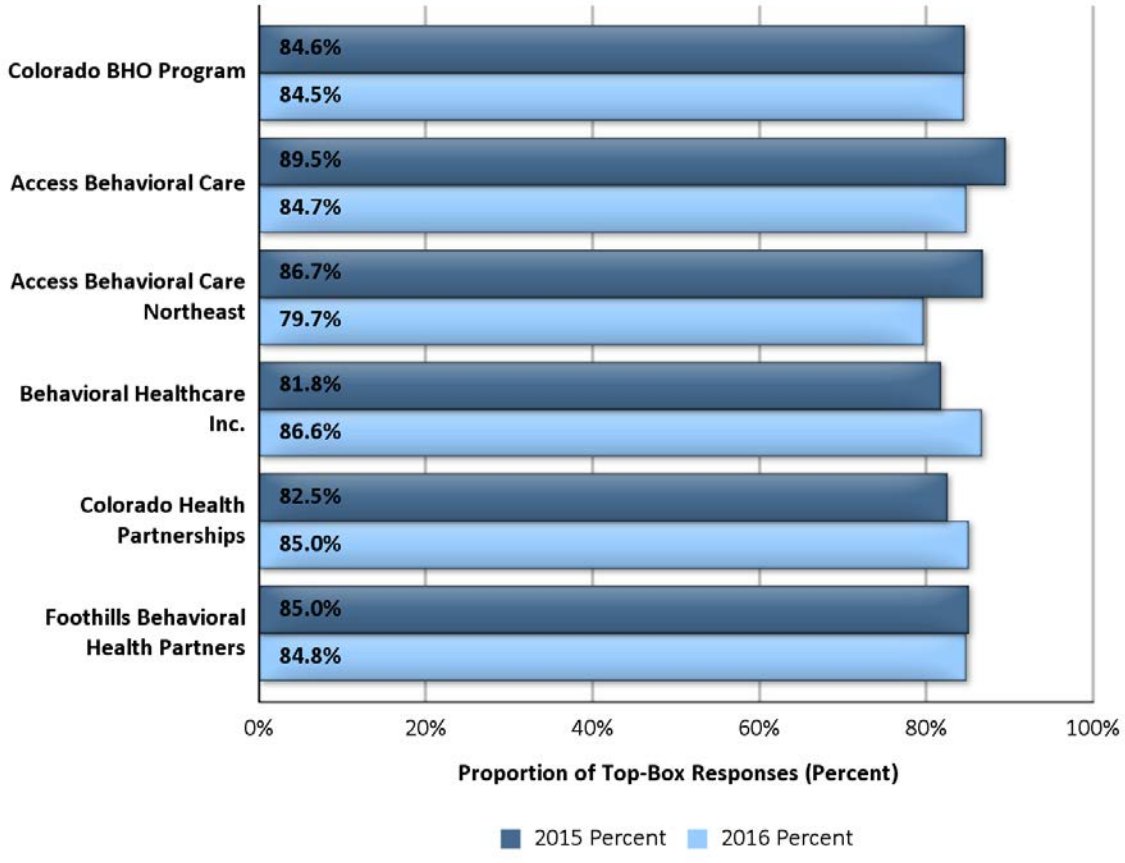
- **Question 46**. Other than my child's service providers, I know people who will listen and understand me when I need to talk.
  - Strongly agree
  - Agree
  - Neutral
  - Disagree
  - Strongly Disagree
  - Not Applicable
- **Question 47**. Other than my child's service providers, in a crisis, I would have the support I need from family and friends.
  - Strongly agree
  - Agree
  - Neutral
  - Disagree
  - Strongly Disagree
  - Not Applicable
- **Question 48**. Other than my child's service providers, I have people that I am comfortable talking with about my child's problems.
  - Strongly agree
  - Agree
  - Neutral
  - Disagree
  - Strongly Disagree
  - Not Applicable

- **Question 49**. Other than my child's service providers, I have people with whom I can do enjoyable things.
  - Strongly agree
  - Agree
  - Neutral
  - Disagree
  - Strongly Disagree
  - Not Applicable

For purposes of the trend analysis, HSAG calculated agreement scores for the Social Connectedness YSS-F domain, which was defined as respondents with an average agreement score less than or equal to 2.5.

Figure 3-15 shows the 2015 and 2016 Social Connectedness agreement rates for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 3-15—Social Connectedness



Statistical Significance Note: ▲ indicates the 2016 score is significantly higher than the 2015 score
▼ indicates the 2016 score is significantly lower than the 2015 score

Summary of Trend Analysis Results

Table 3-11 and Table 3-12 show the results of the trend analysis for the ECHO Survey measures and YSS-F domain agreement rates, respectively.

Table 3-11
Trend Analysis
ECHO Survey Measures

Measure Name	Colorado BHO Program	Access Behavioral Care	Access Behavioral Care Northeast	Behavioral Healthcare Inc.	Colorado Health Partnerships	Foothills Behavioral Health Partners
Global Rating						
Rating of All Counseling or Treatment	—	—	—	—	—	—
Composite Measures						
Getting Treatment Quickly	—	—	—	—	—	—
How Well Clinicians Communicate	—	—	—	—	—	—
Information About Treatment Options	—	—	—	—	—	—
Perceived Improvement	—	—	—	—	—	—
Individual Items						
Amount Helped	—	—	—	—	—	—
Cultural Competency	—+	—+	—+	—+	—+	—+
Information to Manage Condition	—	—	—	—	—	—
Office Wait	—	—	—	—	—	—
Patient Rights Information	—	—	—	—	—	—
Patient Feels He or She Could Refuse Treatment	—	—	—	—	—	—
Privacy	—	—	—	—	—	—
Told About Medication Side Effects	—	—+	—+	—+	—+	—

▲ *Indicates the 2016 score is statistically higher than the 2015 score.*
— *Indicates the 2016 score is not statistically different than the 2015 score.*
▼ *Indicates the 2016 score is statistically lower than the 2015 score.*

Please note: Scores with fewer than 100 respondents are denoted with a cross (+). If there are fewer than 100 respondents for a measure, caution should be exercised when interpreting the results.

Table 3-12
Trend Analysis
YSS-F Domain Agreement Rates

Domain Name	Colorado BHO Program	Access Behavioral Care	Access Behavioral Care Northeast	Behavioral Healthcare Inc.	Colorado Health Partnerships	Foothills Behavioral Health Partners
Improved Functioning	—	—	▲	—	—	—
Social Connectedness	—	—	—	—	—	—

▲ *Indicates the 2016 score is statistically higher than the 2015 score.*
— *Indicates the 2016 score is not statistically different than the 2015 score.*
▼ *Indicates the 2016 score is statistically lower than the 2015 score.*

The trend analysis revealed the following summary results.

- The Colorado BHO Program did not score significantly higher or lower in 2016 than in 2015 on any ECHO Survey measures or YSS-F domains.
- Access Behavioral Care did not score significantly higher or lower in 2016 than in 2015 on any of the ECHO Survey measures or YSS-F domains.
- Access Behavioral Care Northeast scored significantly higher in 2016 than in 2015 on one YSS-F domain, Improved Functioning.
- Behavioral Healthcare Inc. did not score significantly higher or lower in 2016 than in 2015 on any of the ECHO Survey measures or YSS-F domains.
- Colorado Health Partnerships did not score significantly higher or lower in 2016 than in 2015 on any of the ECHO Survey measures or YSS-F domains.
- Foothills Behavioral Health Partners did not score significantly higher or lower in 2016 than in 2015 on any of the ECHO Survey measures or YSS-F domains.

BHO Comparisons

In order to identify performance differences in client satisfaction between the Colorado BHOs, the results of each were compared to one another using standard tests for statistical significance.[3-7] For purposes of this comparison, results were case-mix adjusted. Case-mix refers to the characteristics of respondents used in adjusting the results for comparability among BHOs. Results were case-mix adjusted for child general health status, respondent educational level, and respondent age. Given that differences in case-mix can result in differences in ratings between BHOs that are not due to differences in quality, the data were adjusted to account for disparities in these characteristics. The case-mix adjustment was performed using standard regression techniques (i.e., covariance adjustment).

The scoring of the ECHO Survey global rating, composite measures, and individual item measures involved assigning top-level responses a score of one, with all other responses receiving a score of zero. After applying this scoring methodology, the percentage of top-level responses was calculated in order to determine the question summary rates and global proportions.

The scoring of the YSS-F domain agreement areas involved assigning each response code to a score value (i.e., a response of "Strongly Agree" was assigned a 1, a response of "Agree" was assigned a 2, etc.). After applying this scoring methodology, the average score for each respondent was calculated. Average scores less than or equal to 2.5 were considered "agreements" and assigned a score of one, and average scores greater than 2.5 were considered "disagreements" and assigned a score of zero. Respondents missing more than one third of their responses within each YSS-F domain were excluded from the analysis.

Statistically significant differences are noted in the tables by arrows. A BHO that performed statistically better than the Colorado BHO Program average is denoted with an upward (↑) arrow. Conversely, a BHO that performed statistically worse than the Colorado BHO Program average is denoted with a downward (↓) arrow. If a BHO's score is not statistically different than the Colorado BHO Program average, the BHO's score is denoted with a horizontal (⇔) arrow.

Table 3-13 and Table 3-14, on the following page, show the results of the BHO comparisons analysis for the ECHO Survey global rating, composite measures, and individual item measures, and YSS-F domain agreement areas, respectively. The comparative analysis of the BHOs revealed that there were no statistically significant differences between the BHOs results. **NOTE: These results may differ from those presented in the rates and proportions figures because they have been adjusted for differences in case mix (i.e., the percentages presented have been case-mix adjusted).**

[3-7] Caution should be exercised when evaluating BHO comparisons, given that population and BHO differences may impact results.

Table 3-13 BHO Comparisons ECHO Survey Measures					
Measure Name	**Access Behavioral Care**	**Access Behavioral Care Northeast**	**Behavioral Healthcare Inc.**	**Colorado Health Partnerships**	**Foothills Behavioral Health Partners**
Global Rating					
Rating of All Counseling or Treatment	45.8% ⇔	44.8% ⇔	38.6% ⇔	44.4% ⇔	37.4% ⇔
Composite Measures					
Getting Treatment Quickly	72.8% ⇔	71.0% ⇔	65.6% ⇔	70.0% ⇔	73.7% ⇔
How Well Clinicians Communicate	91.9% ↑	87.7% ⇔	86.5% ⇔	85.1% ⇔	87.8% ⇔
Information About Treatment Options	74.4% ⇔	74.0% ⇔	68.3% ⇔	70.8% ⇔	74.3% ⇔
Perceived Improvement	71.6% ⇔	72.3% ⇔	67.7% ⇔	70.2% ⇔	69.6% ⇔
Individual Items					
Amount Helped	74.1% ⇔	77.6% ⇔	76.5% ⇔	76.9% ⇔	77.4% ⇔
Cultural Competency	68.8% + ⇔	89.7% + ⇔	48.4% + ⇔	57.9% + ⇔	50.2% + ⇔
Information to Manage Condition	78.8% ⇔	72.4% ⇔	68.3% ⇔	66.2% ⇔	70.0% ⇔
Office Wait	84.5% ⇔	84.0% ⇔	86.3% ⇔	86.6% ⇔	87.5% ⇔
Patient Rights Information	88.8% ⇔	93.8% ⇔	91.7% ⇔	87.2% ⇔	91.5% ⇔
Patient Feels He or She Could Refuse Treatment	83.2% ⇔	87.8% ⇔	89.1% ⇔	81.3% ⇔	88.2% ⇔
Privacy	95.3% ⇔	95.9% ⇔	93.4% ⇔	93.4% ⇔	96.9% ⇔
Told About Medication Side Effects	93.1% + ⇔	83.4% + ⇔	89.5% + ⇔	85.6% + ⇔	90.9% ⇔

↑ *Indicates the BHO's score is statistically better than the Colorado BHO Program average.*
⇔ *Indicates the BHO's score is not statistically different than the Colorado BHO Program average.*
↓ *Indicates the BHO's score is statistically worse than the Colorado BHO Program average.*

Please note: Scores with fewer than 100 respondents are denoted with a cross (+). If there are fewer than 100 respondents for a measure, caution should be exercised when interpreting the results.

Table 3-14 BHO Comparisons YSS-F Domain Agreement Rates					
Domain Name	**Access Behavioral Care**	**Access Behavioral Care Northeast**	**Behavioral Healthcare Inc.**	**Colorado Health Partnerships**	**Foothills Behavioral Health Partners**
Improved Functioning	67.3% ⇔	64.2% ⇔	61.2% ⇔	61.7% ⇔	63.9% ⇔
Social Connectedness	84.2% ⇔	79.9% ⇔	86.9% ⇔	84.5% ⇔	85.4% ⇔

↑ *Indicates the BHO's score is statistically better than the Colorado BHO Program average.*
⇔ *Indicates the BHO's score is not statistically different than the Colorado BHO Program average.*
↓ *Indicates the BHO's score is statistically worse than the Colorado BHO Program average.*

Summary of BHO Comparisons Results

There were no statistically significant differences between the scores for Access Behavioral Care, Access Behavioral Care Northeast, Behavioral Healthcare Inc., Colorado Health Partnerships, Foothills Behavioral Health Partners, and the Colorado BHO Program on any of the ECHO Survey measures or YSS-F domains.

4. Recommendations

General Recommendations

HSAG recommends the continued use of administrative data in identifying the Spanish-speaking population. The number of completed surveys in Spanish for the FY 2014-2015 ECHO Survey administration is comparable to the completed surveys in Spanish for the FY 2015-2016 ECHO Survey administration due to the identification of these Medicaid clients prior to the start of the survey. HSAG believes that there will be a similar trend in the Adult and Child/Parent ECHO Survey administration in future years with the continued use of administrative data to identify the Spanish-speaking. For the FY 2016-2017 ECHO Survey administration, HSAG also recommends the Department work with the Colorado Office of Behavioral Health (OBH) to resolve issues identified with the completeness of contact information for non-Medicaid clients (e.g., missing telephone number information). The accuracy and completeness of contact information can be key to increasing the number of respondents to the survey.

The Department also could conduct a correlation analysis to identify the specific survey questions that could be driving satisfaction. This analysis would help to identify specific aspects of care that are most likely to benefit from quality improvement (QI) activities. A correlation analysis would assist the Department in identifying and targeting specific areas for QI.

BHO Recommendations

This section presents general recommendations for the five Colorado BHOs based on a literature review and for those areas where the five Colorado BHOs scored the lowest across both the adult and child populations. For purposes of this report, BHO measure scores below 65 percent were defined as areas of low performance. Based on the results of the Adult and Child/Parent ECHO Survey, the areas identified as low performance were Rating of Counseling or Treatment, Improved Functioning, Perceived Improvement (adult BHOs only), Information About Treatment Options (adult BHOs only), and Information to Manage Condition (adult BHOs only). The recommendations should be viewed as potential suggestions for QI. Additional sources of QI information should be incorporated into a comprehensive QI plan. A number of resources are available to assist state Medicaid agencies with the implementation of QI initiatives in a behavioral health care setting. A list of these resources are included in the Reader's Guide Section, beginning on page 5-11.

Access to Care

BHOs should identify potential barriers for patients receiving appropriate access to care. Access to care issues include obtaining the care that the patient and/or clinician deemed necessary, obtaining timely urgent care, locating a provider or treatment/counseling center, or receiving adequate assistance when calling a clinician office. The BHO should attempt to reduce any hindrances a patient might encounter while seeking care. Standard practices and established protocols can assist

in this process by ensuring access to care issues are handled consistently across all CMHCs. For example, BHOs can develop standardized protocols and scripts for common occurrences within the CMHC office setting, such as late patients. With proactive polices and scripts in place, the late patient can be notified the clinician has moved onto the next patient and will work the late patient into the rotation as time permits. This type of structure allows the late patient to still receive care without causing delay in the appointments of other patients. Additionally, having a well-written script prepared in the event of an uncommon but expected situation, allows staff to work quickly in providing timely access to care while following protocol.

Community Referral Liaisons

BHOs can consider exploring the use of community referral liaisons that work with clinician practices to help link patients with risky health behaviors (e.g., drinking, smoking, physical inactivity) to community resources, offer counseling and encouragement over the telephone, and provide feedback to clinicians. For those patients identified as high-risk, the liaison services would be offered as an option for counseling and support. For interested patients, clinicians would complete a basic liaison referral form and provide this information to the community liaison who would then initiate contact with the patient via telephone. During the initial contact, the liaison would gather information on the patient to provide services along one of the following tracks: (1) referral to external, community-based services such as telephone counseling, self-help guides, group programs, dietitians, and Web sites based on the patient's needs; (2) ongoing counseling that involved continued telephone follow-up with the patient to encourage them to continue positive changes and set goals; and (3) combination of referrals to community-based services and ongoing telephone counseling. As part of this process, the community referral liaisons would provide clinicians with update letters outlining the referred patient's goals and intervention plan. Following enrollment in the community liaison program, follow-up assessment of patients could be performed by liaisons and collected data tracked to ensure continual progress of patients' goals and health status.

Coordination of Behavioral Health Services

Wraparound Approach for Complex Needs Patients

BHOs could consider implementing a wraparound approach for patients with complex behavioral health and health care needs. The wraparound approach is a structured approach to service planning and care coordination for individuals with complex needs built on a system of care values and adherence to specified procedures. The wraparound process can be employed in conjunction with other care coordination services to address patients' behavioral and social needs as a whole. A number of states Medicaid agencies have successfully implemented a wraparound approach into their intensive care coordination (ICC) of children and youth with complex needs. These wraparound models included a dedicated full-time care coordinator working with small numbers of children and families. Families involved in the wraparound ICC model also had access to family and youth/peer support services. Care coordinators engaged youth and their families to establish an individualized child and family team that develops and monitors a strengths-based plan of care. Teams address youth and family needs across domains of physical and behavioral health, social

services, and natural supports. Given the success of the wraparound approach in other states, BHOs may want to explore the option of integrating similar service planning and care coordination techniques into their care systems.

Collaborative Care for Management of Mental Health

BHOs should explore the option of initiating a multicomponent, system-level collaboration that uses case managers to connect PCPs, patients, and mental health specialists. Using a collaborative care model, case managers could provide patient education on mental health issues and services, track patient behavior/outcomes, and monitor treatment adherence. Providers could be responsible for routine screening, diagnosing, and initiating treatment for mental health conditions by mental health specialists. Mental health specialists would provide PCPs and case managers with clinical advice and decision support, as needed. Implementing a collaborative care model for members with mental health needs may not only assist BHOs in improving the quality of care and timely access to benefits and services to its clients but also their potential health outcomes.

Patient- and Family-Centered Care

Patient and Family Engagement and Advisory Councils

Since both patients and families have the direct experience of an illness or health care system, their perspectives can provide significant insight when performing an evaluation of health care processes. Therefore, BHOs should consider creating opportunities and functional roles that include the patients and families who represent the populations they serve. Patient and family members could serve as advisory council members providing new perspectives and serving as a resource to behavioral health care processes. Patient interviews on services received and family inclusion in treatment and counseling can be an effective strategy for involving patients and their families in the design of care and obtaining their input and feedback on how to improve the delivery of care. Further, involvement in advisory councils can provide a structure and process for ongoing dialogue and creative problem-solving between the BHO and its clients. The councils' roles within a BHO can vary and responsibilities may include input into or involvement in: program development, implementation, and evaluation; marketing of health care services; and design of new materials or tools that support the provider-patient relationship. BHOs should ensure that family members participate in treatment planning and are in agreement with the plan of care for the patient.

Care Manager Training

BHOs should consider incorporating care management into their processes for coordinating various behavioral health services for patients through the use of care managers/coordinators. BHOs should consider training their care managers/coordinators to consider the medical and emotional needs of patients. Care managers/coordinators could be evaluated on several core competencies, such as caring and compassion, communication and listening, job skills and functional knowledge, customer service, leadership, outcome orientation, team orientation, and talent assessment and

development. The following principals can be incorporated into training for care managers/coordinators:[4-1]

1. *Self-awareness*—care managers should know their strengths and weaknesses and the effect of emotions on thoughts and behaviors.

2. *Self-management*—care managers should have the ability to manage emotions, control impulsive feeling/behaviors, take initiative on commitments, and adapt to circumstances.

3. *Social awareness*—care managers should understand and pick up on emotions and emotional cues, understand needs/concerns of clients, and feel comfortable in social settings.

4. *Relationship management*—care managers should know how to maintain good relationships, communicate clearly, manage conflict, and work well in a team environment.

By working with care managers/coordinators who are trained and equipped to consider medical and emotional needs, patients may receive the services and quality care they need, and obtain necessary resources. Trained care managers/coordinators can encourage and stress the importance to patients of family or caretaker interaction and involvement in their own or their child's behavioral health care to obtain needed services.

Communication Tools for Patients

BHOs can encourage patients to take a more active role in the management of their behavioral health care by providing them with the necessary tools to effectively communicate with clinicians. This can include items such as "visit preparation" handouts, sample symptom logs, and behavioral health care goals and action planning forms that facilitate clinician-patient communication. Furthermore, educational literature and information on medical conditions specific to their needs can encourage patients to communicate with their clinicians any questions, concerns, or expectations they may have regarding their behavioral health care and/or treatment options.

Increased Communication and Customer Service

BHOs should encourage clinicians to communicate one-on-one with patients and family members. Clinicians that are more aware of how patients are feeling and their needs can better assist patients with improving their perceptions of their health and quality of life. Patients' perspectives and experiences are important to their targeted outcomes and overall treatment success. BHOs should maintain highly trained staff who know how to deal with behavioral problems, and encourage the development of a strong patient-clinician relationship. A strong patient-clinician relationship can increase patients' perceptions of the quality-of-care they are receiving which in turn may increase the patients' perceptions on their abilities to manage their own health and health care.[4-2]

[4-1] Ridenhour, C. Bringing emotional intelligence to staff training. *LeadingAge Magazine*. LeadingAge, Mar. 2014. Available at: http://www.leadingage.org/Bringing_Emotional_Intelligence_to_Staff_Training_V4N2.aspx. Accessed on May 18, 2016.

[4-2] Denysyk, L. NYU-Steinhardt Department of Applied Psychology. *The Role of Consumer Satisfaction in Psychiatric Care*. Available at: http://steinhardt.nyu.edu/appsych/opus/issues/2012/fall/consumer. Accessed on May 18, 2016.

Improving Shared Decision Making

BHOs should encourage skills training in shared decision making for all clinicians. Implementing an environment of shared decision making and clinician-patient collaboration requires clinician recognition that patients have the ability to make choices that affect their behavioral health care. Therefore, one key to a successful shared decision making model is ensuring that clinicians and counselors are properly trained. Training should focus on providing clinicians and counselors with the skills necessary to facilitate the shared decision making process; ensuring that clinicians and counselors understand the importance of taking each patient's values into consideration; and understanding patients' preferences and needs. Effective and efficient training methods include seminars and workshops.

Treatments and Supportive Services

An effective approach for most patients with behavioral health problems involves a combination of counseling and medication. BHOs should educate patients on various locations they can receive treatments and supportive services, such as community health centers, hospitals, community-based organizations, schools, inpatient service providers, and primary care programs with integrated behavioral health services. Clinicians can use an approach called Cognitive-Behavioral Therapy (CBT) to help patients find their own solutions to problems through short-term, goal-oriented psychotherapy treatments. The goal of CBT is to change patterns of thinking or behavior that are the root of people's problems or difficulties, and change the way patients feels.

BHOs can prescribe medications for mental and substance use disorders to provide relief to patients and help manage their systems. Prescribing providers should maintain regular contact with patients receiving medication to ensure the medications continue to be safe and effective.[4-3]

[4-3] Substance Abuse and Mental Health Services Administration (SAMHSA). Behavioral Health Treatments and Services. Available at: http://www.samhsa.gov/treatment. Accessed on May 17, 2016.

5. Reader's Guide

This section provides a comprehensive overview of the ECHO Survey, including ECHO Survey administration protocol and analytic methodology. It is designed to provide supplemental information to the reader that may aid in the interpretation and use of the ECHO Survey results presented in this report.

Survey Administration

Survey Overview

The ECHO Surveys were developed under cooperative agreements among the National Committee for Quality Assurance (NCQA), the Behavioral Health Measurement Advisory Panel (BHMAP), the MHSIP development team, the Consumer Assessment of Behavioral Health Services (CABHS) instrument development team, and Harvard Medical School. In 1998, BHMAP and NCQA identified the MHSIP and CABHS instruments as most suitable for collecting consumer ratings. BHMAP and NCQA encouraged the development teams of each survey instrument to identify the best aspects of each survey and combine them into a standardized instrument. In 1999, the Harvard Medical School CAHPS survey team conducted a comparison study of the CABHS and MHSIP surveys, the results of which were reviewed by the CAHPS instrument development team and subsequently by the ECHO development team. In 2000, the ECHO development team used the results of the comparison study to develop recommendations for the design and content of the new survey instrument.[5-1] The current ECHO Survey available, Version 3.0, is the product of nearly 6 years of research and testing.

For the Colorado adult population, the survey instrument selected was a modified version of the Adult ECHO Survey, MBHO, Version 3.0, which incorporates items from the MHSIP survey. The survey instrument selected for the Colorado child population was a modified version of the Child/Parent ECHO Survey, MBHO, Version 3.0, which incorporates items from the YSS-F survey. The modified ECHO Surveys include one global rating question, four composite measures, and nine individual item measures in the adult survey and eight individual item measures in the child survey. The global measure (also referred to as a global rating) reflects overall satisfaction with counseling and treatment. The composite measures are sets of questions grouped together to address different aspects of care (e.g., "Getting Treatment Quickly" or "How Well Clinicians Communicate"). The individual item measures are individual questions that look at a specific area of care (e.g., "Office Wait" and "Told About Medication Side Effects").

[5-1] ECHO Development Team. Shaul JA, Eisen SV, Clarridge BR, Stringfellow VL, Fowler FJ Jr, Cleary PD. Experience of care and health outcomes (ECHO) survey. Field test report: survey evaluation. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2001.

Table 5-1 lists the global rating, composite measures, individual item measures, and MHSIP/YSS-F domains included in the modified Adult and Child/Parent ECHO Surveys that were administered to Colorado BHO clients.[5-2]

Table 5-1—Colorado ECHO Survey Measures

Global Rating	Composite Measures	Individual Item Measures	MHSIP/YSS-F Domains
Rating of All Counseling or Treatment	Getting Treatment Quickly	Office Wait	Improved Functioning
	How Well Clinicians Communicate	Told About Medication Side Effects	Social Connectedness
	Perceived Improvement	Including Family*	
	Information About Treatment Options	Information to Manage Condition	
		Patient Rights Information	
		Patient Feels He or She Could Refuse Treatment	
		Privacy	
		Cultural Competency	
		Amount Helped	

** Please note: The Including Family individual item measure was not included in the Child/Parent ECHO Survey. It was included in the Adult ECHO Survey only.*

Sampling Procedures

Clients eligible for ECHO Survey sampling included Medicaid and non-Medicaid clients who were identified as having received at least one behavioral health service or treatment from one of the five participating BHOs or corresponding BHO-contracted CMHCs or specialty clinics during the measurement year (i.e., November 1, 2014 to September 30, 2015). To determine if the client received a behavioral health service or treatment, all behavioral health claims/encounters were considered, with the exception of the following services:[5-3]

- Behavioral Health Screening (H0002)
- Outreach (H0023)
- BH Prevention (H0025)
- Respite Services (H0045, S5150, S5151, T1005), if there were no other claims/encounters (i.e., no other service or treatment was received)

[5-2] Please note that the standard Adult and Child/Parent 3.0 ECHO Surveys include one global rating, five composite measures, and 10 individual item measures. However, the Department elected to use modified versions of the ECHO Surveys 3.0; therefore, not all composite measures and individual item measures were included in the survey administered to the adult and child populations.

[5-3] As previously noted, for the FY 2015-2016 survey administration the Department modified the criteria for identifying clients eligible for the sampling frame, such that certain services were excluded as an "eligible" behavioral health service or treatment. In previous years' survey administrations, all behavioral health services or treatment identified through administrative data were considered when determining if a client was eligible for the sampling frame.

- Detoxification (S3005, T1007, T1019, T1023), if there were no other claims/encounters (i.e., no other service or treatment was received)

For the Medicaid population, clients eligible for sampling included those who were enrolled in Medicaid at the time the sample was created and who were continuously enrolled for at least 11 out of the last 12 months of the measurement year. Additionally, adult clients eligible for sampling included those who were 18 years of age or older as of September 30, 2015. Child clients eligible for sampling included those who were 17 years of age or younger as of September 30, 2015. The sample size selected for the adult and child populations was 1,538 clients per BHO.

Survey Protocol

Table 5-2 shows the mixed mode (i.e., mail followed by telephone follow-up) timeline used in the administration of the Colorado Adult and Child/Parent ECHO Surveys.

Table 5-2—ECHO Survey Version 3.0 Mixed-Mode Methodology Survey Timeline

Task	Timeline
Send first questionnaire with cover letter to the adult client or parent/caretaker of child client.	0 days
Send a second questionnaire (and letter) to non-respondents approximately 22 days after mailing the first questionnaire.	22 days
Initiate CATI interviews for non-respondents approximately 21 days after mailing the second questionnaire.	43 days
Initiate systematic contact for all non-respondents such that at least three telephone calls are attempted at different times of the day, on different days of the week, and in different weeks.	43 – 57 days
Telephone follow-up sequence completed (i.e., completed interviews obtained or maximum calls reached for all non-respondents) approximately 14 days after initiation.	57 days

The survey administration protocol was designed to achieve a high response rate from clients, thus minimizing the potential effects of non-response bias. The first phase, or mail phase, consisted of a survey being mailed to all sampled clients. Clients who were identified as Spanish-speaking through administrative data were mailed a Spanish version of the survey. Clients that were not identified as Spanish-speaking received an English version of the survey. The English and Spanish versions of the survey included a toll-free number that clients could call to request a survey in another language (i.e., English or Spanish). The first survey mailing was followed by a second survey mailing that was sent to all non-respondents. The second phase, or telephone phase, consisted of CATI of sampled clients who had not mailed in a completed survey. A series of at least three CATI calls was made to each non-respondent.

All eligible clients were provided for sampling. Sampling clients included those who met the following criteria:

- Were age 18 or older as of September 30, 2015 (adult clients only).
- Were age 17 or younger as of September 30, 2015 (child clients only).
- Were identified as having received at least one behavioral health service or treatment from the participating BHOs or contracted CMHCs.
- Had been continuously enrolled for at least 11 out of the last 12 months of 2015 (Medicaid only).
- Were currently enrolled at the time the sample was created (Medicaid only) or were identified as indigent and receiving services from one of the CMHCs or specialty clinics.

HSAG inspected a sample of the file records to check for any apparent problems with the files, such as missing address elements. The sample of records from each population was passed through the United States Postal Service's National Change of Address (NCOA) system to obtain new addresses for clients who had moved (if they had given the Postal Service a new address). Prior to initiating CATI, HSAG employed the Telematch telephone number verification service to locate and/or update telephone numbers for all non-respondents. The survey samples were selected so that no more than one client was selected per household.

Methodology

HSAG used the CAHPS scoring approach recommended by NCQA in Volume 3 of HEDIS Specifications for Survey Measures as a guideline for conducting the Colorado ECHO Survey data analysis. A number of analyses were performed to comprehensively assess client satisfaction. This section provides an overview of each analysis.

Response Rates

The administration of the ECHO Surveys is comprehensive and is designed to achieve the highest possible response rate. The response rate is defined as the total number of completed surveys divided by all eligible clients of the sample. A client's survey was assigned a disposition code of "completed" if at least one question was answered within the survey. Eligible clients include the entire random sample minus ineligible clients. Ineligible clients of the sample met one or more of the following criteria: were deceased, were invalid (did not meet criteria described on page 5-4), had a bad address or working phone number information, or had a language barrier.

$$\text{Response Rate} = \frac{\text{Number of Completed Surveys}}{\text{Random Sample - Ineligibles}}$$

Demographic Analysis

The demographic analysis evaluated self-reported demographic information from survey respondents and child clients. Given that the demographics of a response group can influence overall client satisfaction scores, it is important to evaluate all ECHO Survey results in the context of the actual respondent population. If the respondent population differs significantly from the actual population of the BHO, then caution must be exercised when extrapolating the ECHO Survey results to the entire population.

Trend Analysis

In order to evaluate trends in Colorado BHO client satisfaction, HSAG compared the 2016 scores to the 2015 scores to determine whether there were statistically significant differences. Statistically significant differences are noted with directional triangles. Scores that were statistically higher in 2016 than in 2015 are noted with black upward (▲) triangles. Scores that were statistically lower in 2016 than in 2015 are noted with black downward (▼) triangles. Scores in 2016 that were not statistically different from scores in 2015 are not noted with triangles. ECHO scores with fewer than 100 respondents are denoted with a cross (+). Caution should be exercised when interpreting results for those measures with fewer than 100 respondents.

The trend analysis involved calculating top-box rates (i.e., rates of satisfaction) for the ECHO global rating, composite measures, and individual item measures. A "top-box" response was defined as follows:

- "9" or "10" for the Rating of All Counseling or Treatment global rating.
- "Usually" or "Always" for the Getting Treatment Quickly and How Well Clinicians Communicate composites.
- "Much better" or "A little better" for the Perceived Improvement composite.
- "Yes" for the Information About Treatment Options composite.
- "Usually" or "Always" for the Office Wait individual item.
- "A lot" or "Somewhat" for the Amount Helped individual item.
- "Yes" for the Told About Medication Side Effects, Including Family, Information to Manage Condition, Patient Rights Information, Patient Feels He or She Could Refuse Treatment, and Cultural Competency individual items.
- "No" for the Privacy individual item.

Responses for the global rating were converted into top-box scores where response choices of 9 or 10 were assigned a score of value of one, and all other response choices (i.e., response choices 0 through 8) were assigned a score value of zero. Top-box summary rates were defined as the proportion of responses with a score value of one over all responses.

Responses for the composite measures were converted into top-box scores where responses of "Usually," Always," "Yes," "Much better," or "A little better" were assigned a score value of one, and all other response choices were assigned a score value of zero. Once a score value has been assigned to each response, the proportion of responses was determined by calculating the score value of one over all of the responses for each question within the composite measure. Then the average proportion was determined across all questions within the composite measure.

Responses for the individual item measures were converted into top-box scores where responses of "Usually," "Always," "Yes," "A lot," or "Somewhat" were assigned a score value of one, and all other response choices were assigned a score value of zero. Individual item question summary rates were defined as the proportion of responses with a score value of one over all responses. One exception to the top-box calculation for individual item measures is the Privacy individual item

measure, where responses of "No" were assigned a score value of one and responses of "Yes" were assigned a score value of zero. However, the summary rate was still defined as the proportion of responses with a score value of one over all responses.

For purposes of calculating the results for the MHSIP and YSS-F domain agreement rates, global proportions were calculated for each domain (i.e., composite measure). Questions comprising each domain are based on a 5-point Likert scale, with each response coded to score values, as follows:

- 1 = Strongly Agree
- 2 = Agree
- 3 = Neutral
- 4 = Disagree
- 5 = Strongly Disagree

After applying this scoring methodology, the average score for each respondent is calculated for all questions that comprise the domain. Respondents with an average score less than or equal to 2.5 are considered "agreements" and assigned an agreement score of one, whereas those respondents with an average score greater than 2.5 are considered "disagreements" and assigned an agreement score of zero. Respondents missing more than one third of their responses within each MHSIP/YSS-F domain are excluded from the analysis.

BHO Comparisons

BHO comparisons were performed to identify client satisfaction differences that were statistically different between the five BHOs. Given that differences in case-mix can result in differences in ratings between BHOs that are not due to differences in quality, the data were adjusted to account for disparities in these characteristics. Case-mix refers to the characteristics of clients and respondents used in adjusting the results for comparability among BHOs. Results for the Colorado BHOs were case-mix adjusted for client general health status, respondent education level, and respondent age.

Two types of hypothesis tests were applied to the BHO comparative results. First, a global *F* test was calculated, which determined whether the difference between the BHOs' scores was significant.

The score was:

$$\hat{\mu} = \left(\sum_p \hat{\mu}_p / \hat{V}_p\right) / \left(\sum_p 1 / \hat{V}_p\right)$$

The *F* statistic was determined using the formula below:

$$F = \left(1/(P-1)\right) \sum_p \left(\hat{\mu}_p - \hat{\mu}\right)^2 / \hat{V}_p$$

The *F* statistic had an *F* distribution with ($P-1$, *q*) degrees of freedom, where *q* was equal to *n*/*P* (i.e., the average number of respondents in a BHO). Due to these qualities, this *F* test produced *p*-values that were slightly larger than they should have been; therefore, finding significant differences between BHOs was less likely. An alpha-level of 0.05 was used. If the *F* test demonstrated BHO-level differences (i.e., $p \leq 0.05$), then a *t*-test was performed for each BHO.

The *t*-test determined whether each BHO's score was significantly different from the overall results of the other BHOs. The equation for the differences was as follows:

$$\Delta_p = \hat{\mu}_p - (1/P)\sum_{p'} \hat{\mu}_{p'} = ((P-1)/P)\hat{\mu}_p - \sum\nolimits_{p'}^{*} (1/P)\hat{\mu}_{p'}$$

In this equation, Σ^* was the sum of all BHOs except BHO *p*.

The variance of Δ_p was:

$$\hat{V}(\Delta_p) = [(P-1)/P]^2 \hat{V}_p + 1/P^2 \sum_{p'} \hat{V}_p$$

The t statistic was $\Delta_p / \hat{V}(\Delta_p)^{1/2}$ and had a *t* distribution with $(n_p - 1)$ degrees of freedom. This statistic also produced *p*-values that were slightly larger than they should have been; therefore, finding significant differences between a BHO *p* and the results of all other Colorado BHOs was less likely.

Limitations and Cautions

The findings presented in the 2016 Colorado BHO Client Satisfaction report are subject to some limitations in the survey design, analysis, and interpretation. These limitations should be considered carefully when interpreting or generalizing the findings. These limitations are discussed below.

Case-Mix Adjustment

While data for the BHOs have been adjusted for differences in survey-reported general health status, age, and education, it was not possible to adjust for differences in respondent characteristics that were not measured. These characteristics could include income, employment, or any other characteristics that may not be under the BHOs' control.

Non-Response Bias

The experiences of the survey respondent population may be different than that of non-respondents with respect to their behavioral health care services and may vary by BHO. Therefore, the potential for non-response bias should be considered when interpreting ECHO Survey results.

Causal Inferences

Although this report examines whether clients of the BHOs report differences in satisfaction with various aspects of their behavioral health care experiences, these differences may not be completely attributable to the BHO. These analyses identify whether clients in various types of BHOs give different ratings of satisfaction with their BHO. The survey by itself does not necessarily reveal the exact cause of these differences.

ECHO Survey Instrument

For purposes of the 2016 Colorado ECHO Survey administration, the standardized Adult and Child/Parent ECHO Surveys, Version 3.0 were modified, such that certain composite measures and individual item measures were removed and additional items from the MHSIP and YSS-F surveys were added. Given the modifications to the standardized ECHO Survey instruments, caution should be exercised when interpreting the 2016 Colorado ECHO Survey results presented in this report.

Lack of National Data for Comparisons

Currently, the Agency for Healthcare Research and Quality (AHRQ) does not collect ECHO survey data results; therefore, national benchmarking data for the ECHO survey measures were not available for comparisons. Similarly, benchmarking data was not available for the MHSIP or YSS-F surveys; therefore, comparisons to national data could not be performed for the MHSIP and YSS-F domain agreement rates. While national data are not available for comparisons, the results from the ECHO survey can still be used by the Department to identify areas of low performance.

Missing Phone Numbers

For the non-Medicaid (i.e., indigent) client population, telephone number information was not available. The lack of telephone numbers for this population may have impacted the response rates and the generalizability of the survey results to the non-Medicaid population given that this segment of the sampled population was more likely to have missing phone number information.

Modified Sampling Eligibility Criteria

It is important to note that for the FY 2015-2016 survey administration, the Department modified the criteria for identifying clients eligible for the sampling frame, such that certain services were excluded as an "eligible" behavioral health service or treatment. In previous years' survey administrations, all behavioral health services or treatments identified through administrative data were considered when determining if a client was eligible for the sampling frame. Given the modifications to sampling eligibility criteria, caution should be exercised when interpreting the results of the trending analysis (i.e., comparison of 2016 scores to 2015 scores).

Quality Improvement References

The ECHO surveys can play an important role as a QI tool for the state and BHOs, which can use the survey data and results to identify relative strengths and weaknesses in their performance, determine where they need to improve, and track their progress over time. The following references offer guidance on possible approaches to QI activities based on the most up-to-date literature available.

Anglin G, Swinburn A, Foster L, et al. *Designing Care Management Entities for Youth with Complex Behavioral Health Needs: Implementation Guide Number 2*. AHRQ Pub. No. 14-0009-2-EF. September 2014.

AHRQ Health Care Innovations Exchange Web site. *Expanding Interpreter Role to Include Advocacy and Care Coordination Improves Efficiency and Leads to High Patient and Provider Satisfaction*. Available at: https://innovations.ahrq.gov/profiles/expanding-interpreter-role-include-advocacy-and-care-coordination-improves-efficiency-and. Accessed on: May 9, 2016.

AHRQ Health Care Innovations Exchange Web site. *Automated Clinician Prompts and Referrals Facilitate Access to Counseling Services, Leading to Positive Behavior Changes Among Patients.* Available at: https://innovations.ahrq.gov/profiles/automated-clinician-prompts-and-referrals-facilitate-access-counseling-services-leading. Accessed on: May 9, 2016.

AHRQ Health Care Innovations Exchange Web site. *Integrated Behavioral Health Reduces Depression and Anxiety in Primary Care Patients, Improving Quality of Life and Reducing Costs*. Available: https://innovations.ahrq.gov/profiles/integrated-behavioral-health-reduces-depression-and-anxiety-primary-care-patients-improving. Accessed on: May 9, 2016.

American Academy of Pediatrics Web site. *Advanced Access Scheduling*. Available at: https://www.aap.org/en-us/professional-resources/practice-support/practice-management/pages/Advanced-Access-Scheduling.aspx?nfstatus=401&nftoken=00000000-0000-0000-0000-000000000000&nfstatusdescription=ERROR%3a+No+local+token. Accessed on: May 9, 2016.

Barrier PA, Li JT, Jensen NM. Two Words to Improve Physician-Patient Communication: What Else? *Mayo Clinic Proceedings*. 2003; 78: 211-214. Available at: http://www.mayoclinicproceedings.org/article/S0025-6196(11)62552-4/fulltext. Accessed on: May 9, 2016.

Bonomi AE, Wagner EH, Glasgow RE, et al. Assessment of chronic illness care (ACIC): a practical tool to measure quality improvement. *Health Services Research*. 2002; 37(3): 791-820.

Integrated Behavioral Health Project (IBHP). *Partners In Health: Mental Health, Primary Care And Substance Use Inter-Agency Collaboration Tool Kit, 2nd Edition, 2013*. Available at: http://www.ibhp.org/. Accessed on: May 9, 2016.

Fong Ha J, Longnecker N. Doctor-patient communication: a review. *The Ochsner Journal*. 2010; 10(1): 38-43. Available at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3096184/pdf/i1524-5012-10-1-38.pdf. Accessed on: May 9, 2016.

Langley GJ, Nolan KM, Norman CL, et al. *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance*. San Francisco, CA: Jossey-Bass; 1996.

Molnar C. Addressing challenges, creating opportunities: fostering consumer participation in Medicaid and Children's Health Insurance managed care programs. *Journal of Ambulatory Care Management*. 2001; 24(3): 61-7.

Reinertsen JL, Bisognano M, Pugh MD. *Seven Leadership Leverage Points for Organization-Level Improvement in Health Care* (*Second Edition*). Cambridge, MA: Institute for Healthcare Improvement; 2008.

Schaefer J, Miller D, Goldstein M, et al. *Partnering in Self-Management Support: A Toolkit for Clinicians*. Cambridge, MA: Institute for Healthcare Improvement; 2009. Available at: http://www.improvingchroniccare.org/downloads/selfmanagement_support_toolkit_for_clinicians_2012_update.pdf. Accessed on: May 9, 2016.

6. Survey Instrument

The survey instrument selected for Colorado BHO adult clients was a modified version of the Adult ECHO Survey, MBHO, Version 3.0, which incorporated MHSIP items. The survey instrument selected for Colorado BHO child clients was a modified version of the Child/Parent ECHO Survey, MBHO, Version 3.0, which incorporated YSS-F items. This section provides a copy of each survey instrument.

7. CD

The accompanying CD includes all of the information from the Executive Summary, Adult Results, Child Results, Recommendations, Reader's Guide, and Survey Instrument sections of this report. The CD also contains electronic copies of comprehensive cross-tabulations (Tab and Banner books) on each survey question for the five participating adult BHOs, Adult BHO Program (i.e., five BHOs combined), the five participating child BHOs, and Child BHO Program (i.e., five BHOs combined).

CD Contents

- Colorado Behavioral Health Organization Client Satisfaction Report
- Overall Colorado BHO Program Adult Cross-tabulations (Tab and Banner Book)
- Access Behavioral Care Adult Cross-tabulations (Tab and Banner Book)
- Access Behavioral Care Northeast Adult Cross-tabulations (Tab and Banner Book)
- Behavioral Healthcare Inc. Adult Cross-tabulations (Tab and Banner Book)
- Colorado Health Partnerships Adult Cross-tabulations (Tab and Banner Book)
- Foothills Behavioral Health Partners Adult Cross-tabulations (Tab and Banner Book)
- Overall Colorado BHO Program Child Cross-tabulations (Tab and Banner Book)
- Access Behavioral Care Child Cross-tabulations (Tab and Banner Book)
- Access Behavioral Care Northeast Child Cross-tabulations (Tab and Banner Book)
- Behavioral Healthcare Inc. Child Cross-tabulations (Tab and Banner Book)
- Colorado Health Partnerships Child Cross-tabulations (Tab and Banner Book)
- Foothills Behavioral Health Partners Child Cross-tabulations (Tab and Banner Book)

Please note, the CD contents are in the form of an Adobe Acrobat portable document format (PDF) file. Internal PDF bookmarks can be used to navigate from section-to-section within the PDF file.