2017 Colorado Behavioral Health Organization Client Satisfaction Report

Colorado Department of Health Care Policy & Financing

June 2017

HSAG HEALTH SERVICES ADVISORY GROUP

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1. Executive Summary

Introduction

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, YSS-F, and YSS 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 2017.[1-3] The five Colorado BHOs that participated in the survey administration were:

- Access Behavioral Care Denver (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 ECHO Survey results for adult clients identified as having received at least one behavioral health care service at one of the participating Colorado BHOs and/or BHO-contracted CMHCs between November 1, 2015 and October 31, 2016. 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, a trend analysis was performed. The 2017 ECHO results were compared to the corresponding 2016 ECHO results. The detailed results of the trend analysis are described in the Adult Results Section beginning on page 2-6. Table 1-1 presents the statistically significant results from this analysis.

Table 1-1—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						
Getting Treatment Quickly	—	▼	—	—	—	—
Information About Treatment Options	—	—	▼	—	—	—
Perceived Improvement	▲	—	—	▲	—	▲
ECHO Survey Individual Items						
Information to Manage Condition	—	—	—	—	—	▲
Office Wait	▲	—	—	—	▲	▲
MHSIP Domain Agreement						
Improved Functioning	—	—	—	—	—	▲

▲ *Indicates the 2017 score is statistically significantly higher than the 2016 score.*
— *Indicates the 2017 score is not statistically significantly different than the 2016 score.*
▼ *Indicates the 2017 score is statistically significantly lower than the 2016 score.*

BHO Comparisons

In order to identify performance differences in client satisfaction between the five participating Colorado BHOs, case-mix adjusted results for each BHO 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 2-43.

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

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 and/or BHO-contracted CMHCs between November 1, 2015 and October 31, 2016. 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, a trend analysis was performed. The 2017 ECHO results were compared to the corresponding 2016 ECHO results. The detailed results of the trend analysis are described in the Child Results Section beginning on page 3-7. Table 1-2, on the following page, 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
ECHO Survey Composite Measures						
Perceived Improvement	—	—	—	—	—	▲
ECHO Survey Individual Items						
Privacy	▲	—	—	—	—	—
YSS-F Domain Agreement						
Social Connectedness	—	▲	▲	—	—	—

▲ *Indicates the 2017 score is statistically significantly higher than the 2016 score.*
— *Indicates the 2017 score is not statistically significantly different than the 2016 score.*
▼ *Indicates the 2017 score is statistically significantly lower than the 2016 score.*

BHO Comparisons

In order to identify performance differences in client satisfaction between the five participating Colorado BHOs, case-mix adjusted results for each BHO 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 3-43.[1-4]

The following plan scored statistically significantly *higher* than the Colorado BHO Program average on at least one measure:

- Foothills Behavioral Health Partners

Conversely, the following plan scored statistically significantly *lower* than the Colorado BHO Program average on at least one measure:

- Colorado Health Partnerships

[1-4] Caution should be exercised when evaluating BHO comparisons, given that population and BHO differences may impact 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, 2015 to October 31, 2016). 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)
- 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 October 31, 2016.

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 (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 5-4.

For the adult population, a total of 1,010 adult clients returned a completed survey. The 2017 Colorado BHO Program response rate for the adult population was 16.39 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**	**1,527**	**6,163**	**1,010**	**16.39%**
Access Behavioral Care	1,538	328	1,210	217	17.93%
Access Behavioral Care Northeast	1,538	268	1,270	183	14.41%
Behavioral Healthcare Inc.	1,538	300	1,238	184	14.86%
Colorado Health Partnerships	1,538	334	1,204	203	16.86%
Foothills Behavioral Health Partners	1,538	297	1,241	223	17.97%

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.[2-1]

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

Table 2-2—Adult Demographics: Age

BHO Name	18 to 24	25 to 34	35 to 44	45 to 64	65 and Older
Colorado BHO Program	**5.7%**	**17.1%**	**18.1%**	**50.3%**	**8.8%**
Access Behavioral Care	3.5%	11.6%	14.6%	57.6%	12.6%
Access Behavioral Care Northeast	6.6%	21.0%	18.0%	46.1%	8.4%
Behavioral Healthcare Inc.	7.1%	23.8%	20.8%	43.5%	4.8%
Colorado Health Partnerships	5.9%	18.2%	18.2%	49.2%	8.6%
Foothills Behavioral Health Partners	5.7%	12.9%	19.0%	53.3%	9.0%
Please note: Percentages may not total 100% due to rounding.					

Table 2-3—Adult Demographics: Gender

BHO Name	Male	Female
Colorado BHO Program	**32.8%**	**67.2%**
Access Behavioral Care	34.5%	65.5%
Access Behavioral Care Northeast	33.7%	66.3%
Behavioral Healthcare Inc.	25.4%	74.6%
Colorado Health Partnerships	32.4%	67.6%
Foothills Behavioral Health Partners	36.8%	63.2%
Please note: Percentages may not total 100% due to rounding.		

[2-1] 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—Adult Demographics: Race/Ethnicity

BHO Name	Multi-Racial	White	Hispanic	Black	Asian	Native American	Other
Colorado BHO Program	**11.1%**	**64.4%**	**15.3%**	**5.4%**	**1.2%**	**0.7%**	**2.1%**
Access Behavioral Care	13.0%	47.2%	20.7%	15.5%	1.0%	0.5%	2.1%
Access Behavioral Care Northeast	10.2%	74.1%	13.3%	0.6%	0.0%	0.0%	1.8%
Behavioral Healthcare Inc.	11.4%	58.4%	19.3%	5.4%	3.0%	0.6%	1.8%
Colorado Health Partnerships	10.1%	68.1%	15.4%	2.7%	1.1%	0.0%	2.7%
Foothills Behavioral Health Partners	10.5%	73.8%	8.6%	2.4%	1.0%	1.9%	1.9%
Please note: Percentages may not total 100% due to rounding.							

Table 2-5—Adult Demographics: General Health Status

BHO Name	Excellent	Very Good	Good	Fair	Poor
Colorado BHO Program	**6.4%**	**17.4%**	**34.4%**	**28.7%**	**13.1%**
Access Behavioral Care	8.2%	13.3%	40.3%	26.5%	11.7%
Access Behavioral Care Northeast	8.4%	18.0%	32.3%	31.7%	9.6%
Behavioral Healthcare Inc.	4.2%	20.2%	33.3%	26.8%	15.5%
Colorado Health Partnerships	5.9%	18.6%	34.0%	28.7%	12.8%
Foothills Behavioral Health Partners	5.3%	17.4%	31.9%	30.0%	15.5%
Please note: Percentages may not total 100% due to rounding.					

Table 2-6—Adult Demographics: Mental Health Status

BHO Name	Excellent	Very Good	Good	Fair	Poor
Colorado BHO Program	**5.9%**	**21.2%**	**33.7%**	**29.0%**	**10.2%**
Access Behavioral Care	5.9%	15.6%	37.6%	30.6%	10.2%
Access Behavioral Care Northeast	7.9%	25.6%	31.1%	26.8%	8.5%
Behavioral Healthcare Inc.	7.3%	20.0%	32.1%	30.9%	9.7%
Colorado Health Partnerships	4.4%	21.3%	35.0%	28.4%	10.9%
Foothills Behavioral Health Partners	4.5%	23.5%	32.5%	28.0%	11.5%
Please note: Percentages may not total 100% due to rounding.					

Table 2-7—Adult Demographics: Education

BHO Name	8th Grade or Less	Some High School	High School Graduate	Some College	College Graduate
Colorado BHO Program	**3.2%**	**10.4%**	**26.7%**	**37.4%**	**22.3%**
Access Behavioral Care	7.1%	13.2%	28.4%	29.4%	21.8%
Access Behavioral Care Northeast	1.8%	7.3%	26.1%	42.4%	22.4%
Behavioral Healthcare Inc.	1.8%	12.0%	28.1%	34.7%	23.4%
Colorado Health Partnerships	1.6%	10.1%	29.6%	42.3%	16.4%
Foothills Behavioral Health Partners	3.4%	9.2%	21.7%	38.6%	27.1%
Please note: Percentages may not total 100% due to rounding.					

Table 2-8—Adult Demographics: Health Insurance Coverage

BHO Name	Medicare	Medicaid	CHP+	Other	None	Don't Know
Colorado BHO Program	**30.3%**	**83.4%**	**1.5%**	**8.7%**	**1.3%**	**1.1%**
Access Behavioral Care	37.6%	82.2%	0.5%	8.1%	1.0%	2.5%
Access Behavioral Care Northeast	26.9%	81.4%	1.2%	9.6%	1.8%	1.2%
Behavioral Healthcare Inc.	24.4%	86.9%	1.2%	10.1%	0.6%	0.6%
Colorado Health Partnerships	30.6%	83.9%	1.6%	5.9%	2.2%	1.1%
Foothills Behavioral Health Partners	30.8%	82.7%	2.9%	10.1%	1.0%	0.0%
Please note: Respondents may select more than one response option to this question; therefore, results may exceed 100%.						

Trend Analysis

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. In 2017, Access Behavioral Care, Access Behavioral Care Northeast, Behavioral Healthcare Inc., Colorado Health Partnerships, and Foothills Behavioral Health Partners had 217, 183, 184, 203, and 223 completed surveys, respectively. These completed surveys were used to calculate the Colorado BHO Program aggregate's and corresponding BHOs' 2016 and 2017 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.[2-2] 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 5-5.

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

[2-2] National Committee for Quality Assurance. *HEDIS® 2017, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2016.

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 purposes of the trend analysis, the 2017 scores for each standard ECHO Survey measure and MHSIP domain agreement rates were compared to the corresponding 2016 scores to determine whether there were statistically significant differences. Statistically significant differences are noted with directional triangles. Scores that were statistically significantly higher in 2017 than in 2016 are noted with black upward (▲) triangles. Scores that were statistically significantly lower in 2017 than in 2016 are noted with black downward (▼) triangles. Scores in 2017 that were not statistically significantly different from scores in 2016 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. Results based on fewer than 30 respondents were suppressed and are noted as "Not Applicable" in the figures.

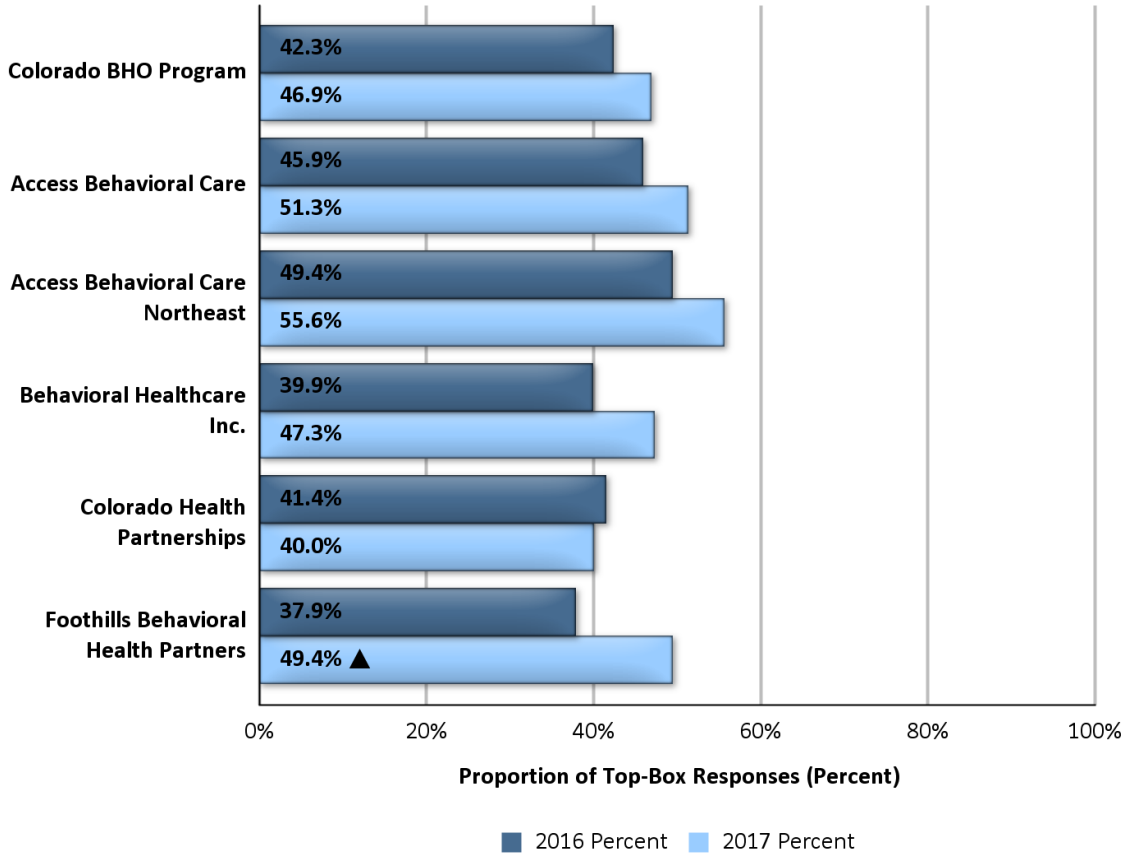
Figure 2-1 through Figure 2-14, on the following pages, show the top-box results of the ECHO Survey measures. Figure 2-15 and Figure 2-16 show the results of the MHSIP domain agreement rates.

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 2016 and 2017 Rating of All Counseling or Treatment question summary rates for the Colorado BHO Program aggregate and the five participating BHOs.[2-3]

Figure 2-1—Rating of All Counseling or Treatment



Statistical Significance Note: ▲ indicates the 2017 score is statistically significantly higher than the 2016 score
▼ indicates the 2017 score is statistically significantly lower than the 2016 score

[2-3] 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

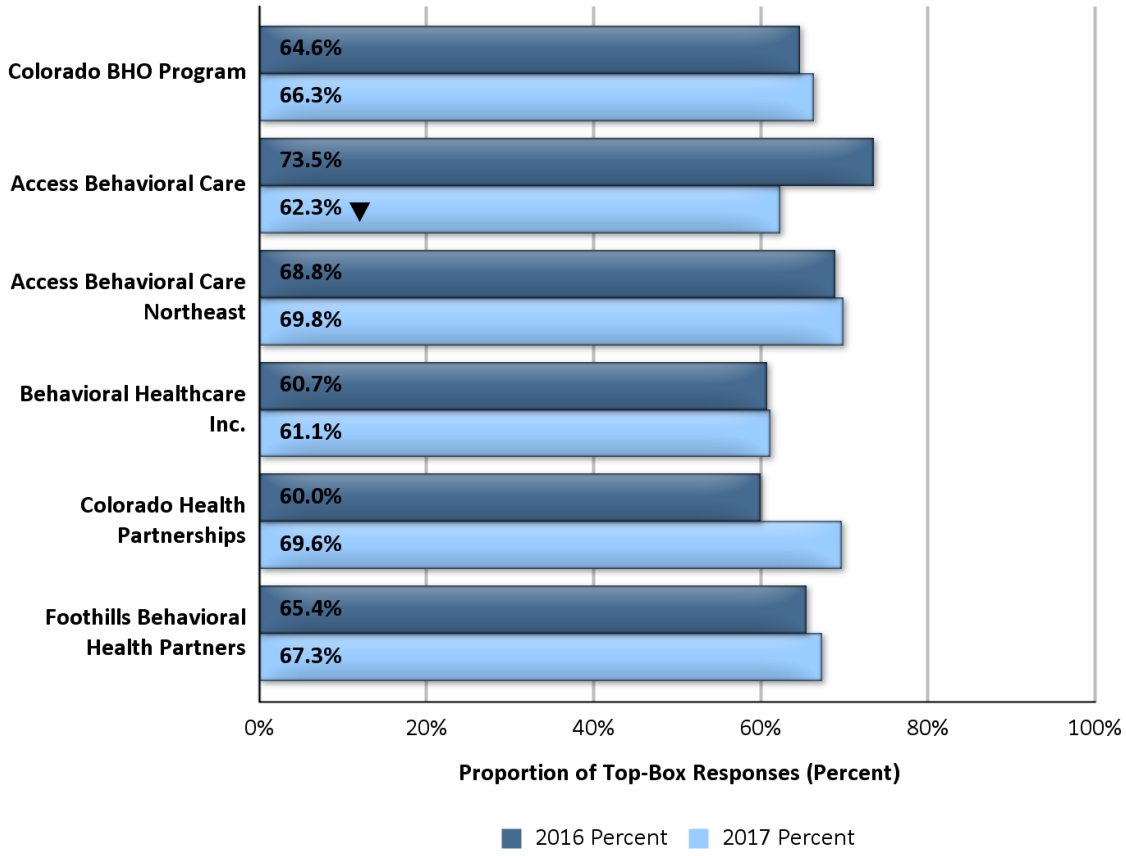
Two questions (Questions 3 and 5) were asked to assess how often Colorado Adult ECHO Survey respondents received treatment quickly:

- **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 2016 and 2017 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 2017 score is statistically significantly higher than the 2016 score
▼ indicates the 2017 score is statistically significantly lower than the 2016 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

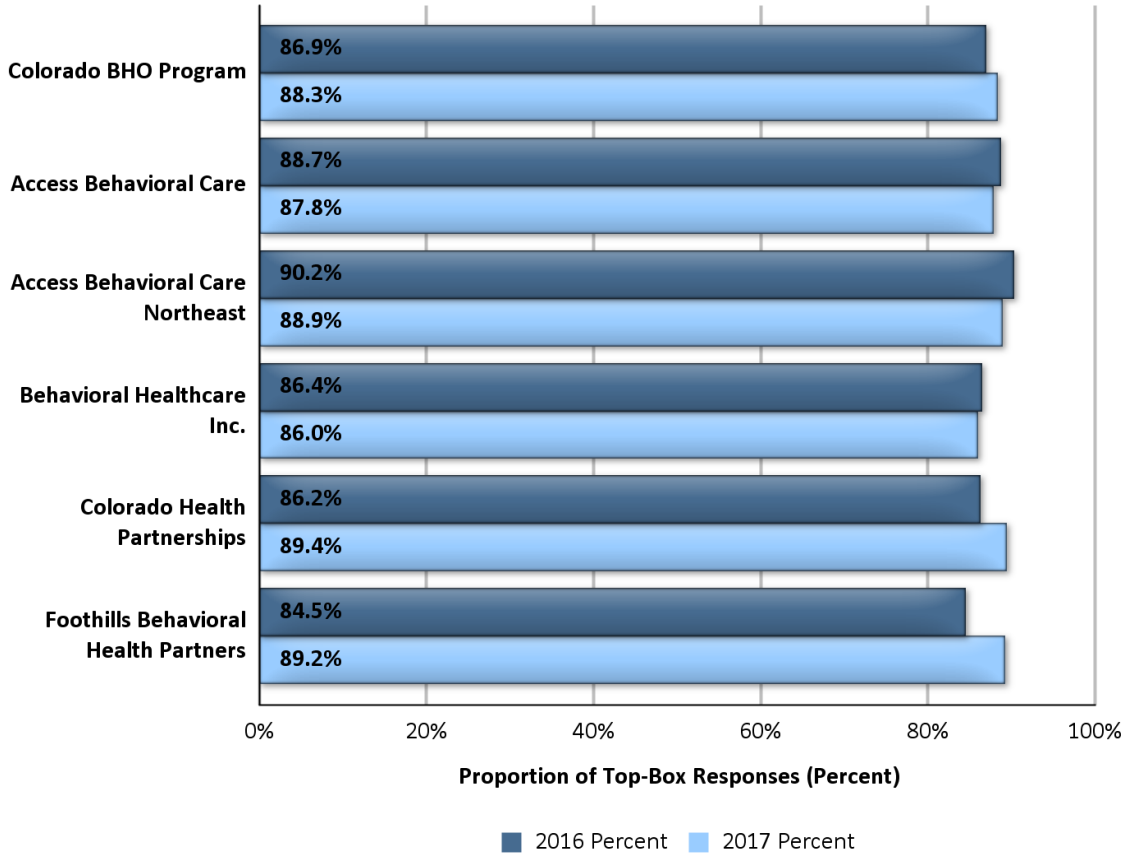
- **Question 14**. In the last 12 months, how often did you feel safe when you were with the people you went to for counseling or treatment?
    - Never
    - Sometimes
    - Usually
    - Always

- **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 2016 and 2017 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 2017 score is statistically significantly higher than the 2016 score
▼ indicates the 2017 score is statistically significantly lower than the 2016 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

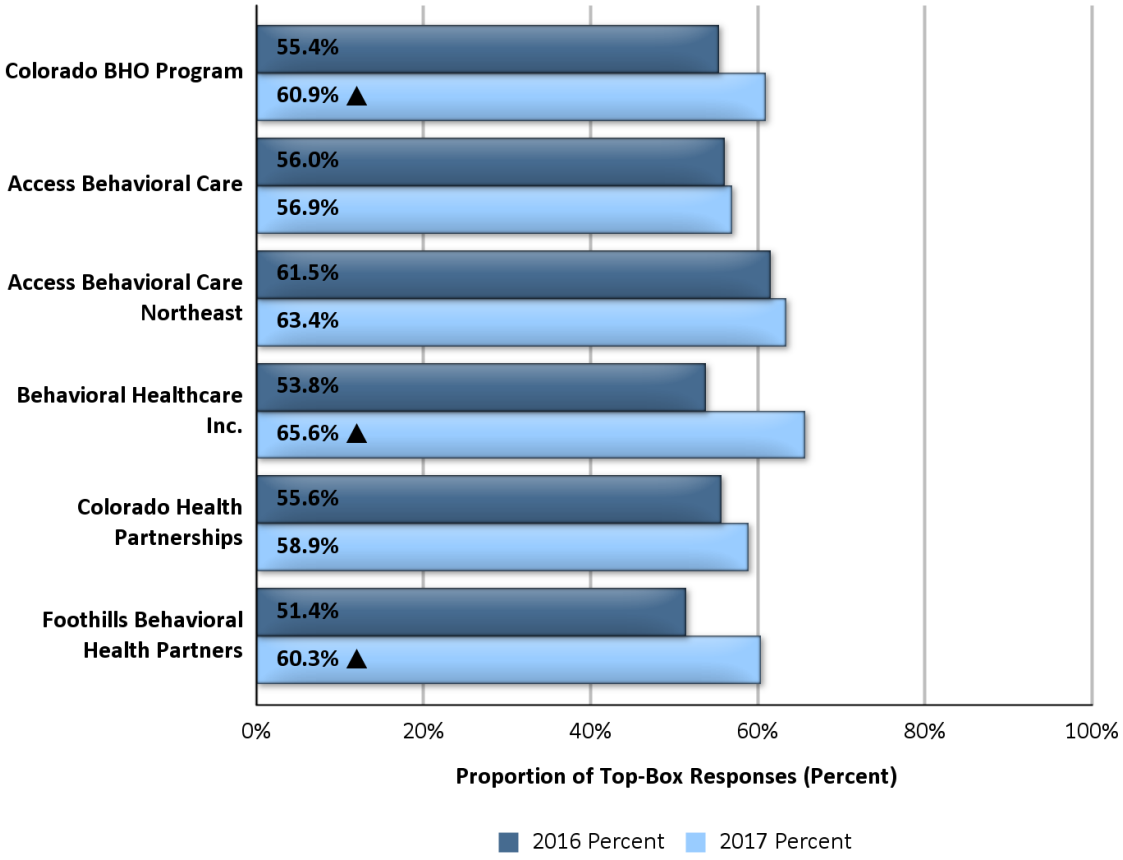
- **Question 32**. Compared to 12 months ago, how would you rate your ability to accomplish the things you want to do now?
  - Much better
  - A little better
  - About the same
  - A little worse
  - Much worse

- **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 2016 and 2017 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 2017 score is statistically significantly higher than the 2016 score
▼ indicates the 2017 score is statistically significantly lower than the 2016 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:

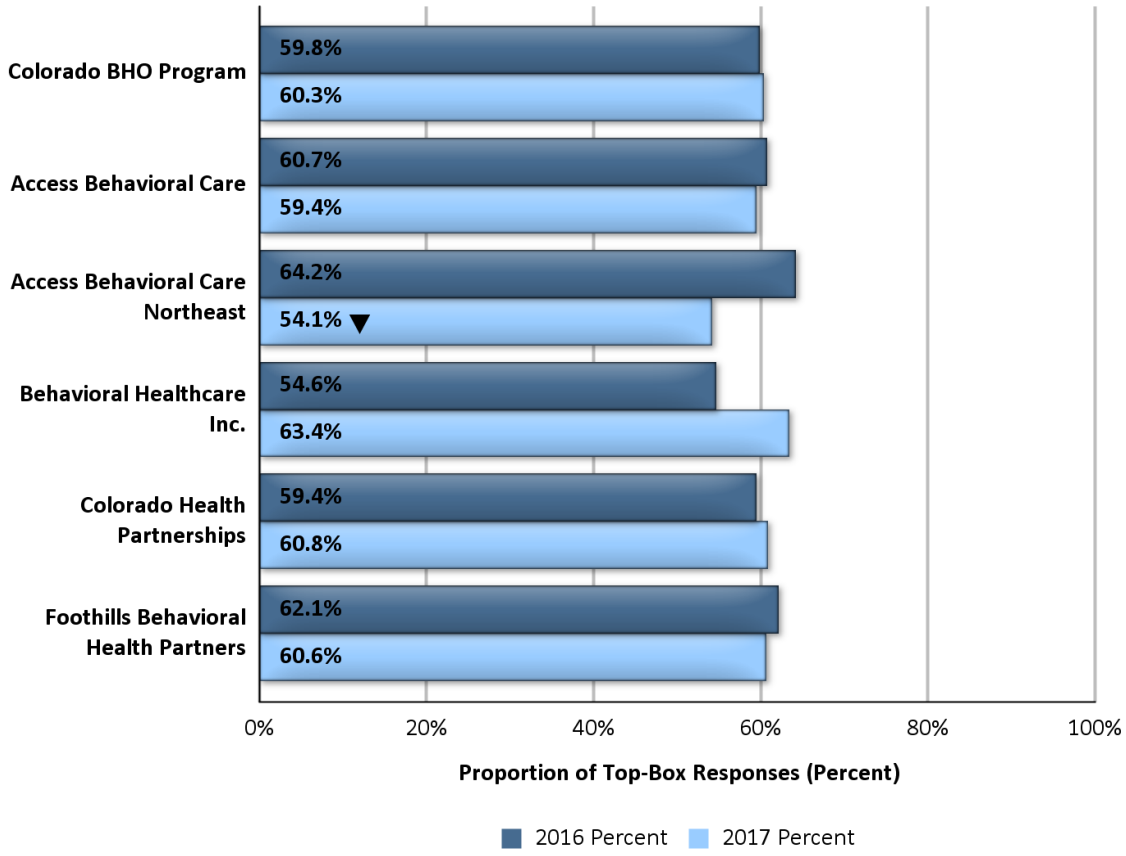
- **Question 19**. In the last 12 months, were you told about self-help or support groups, such as consumer-run groups or 12-step programs?
  - Yes
  - No

- **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 2016 and 2017 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 2017 score is statistically significantly higher than the 2016 score
▼ indicates the 2017 score is statistically significantly lower than the 2016 score

Individual Item Measures

Office Wait

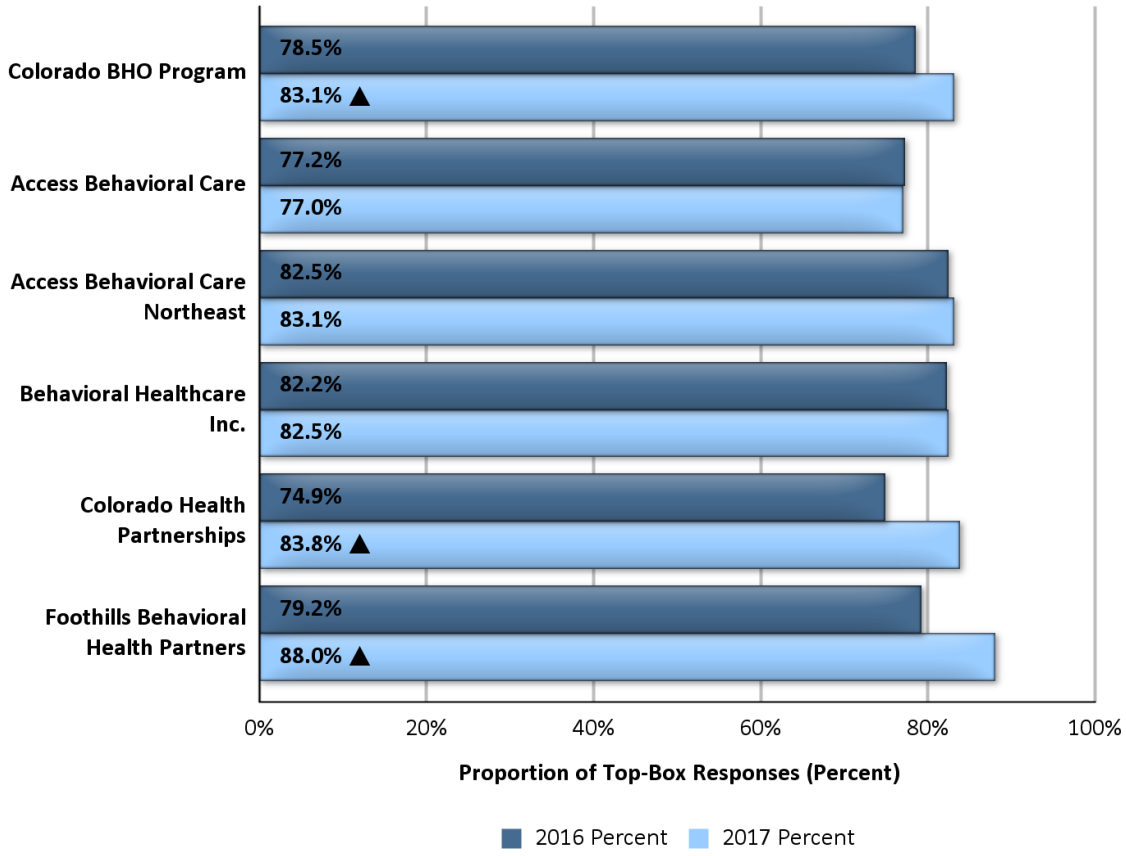
One question (Question 9) was asked to assess how often Colorado Adult ECHO Survey respondents were seen within 15 minutes of their appointment:

- **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 2016 and 2017 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 2017 score is statistically significantly higher than the 2016 score
▼ indicates the 2017 score is statistically significantly lower than the 2016 score

Told About Medication Side Effects

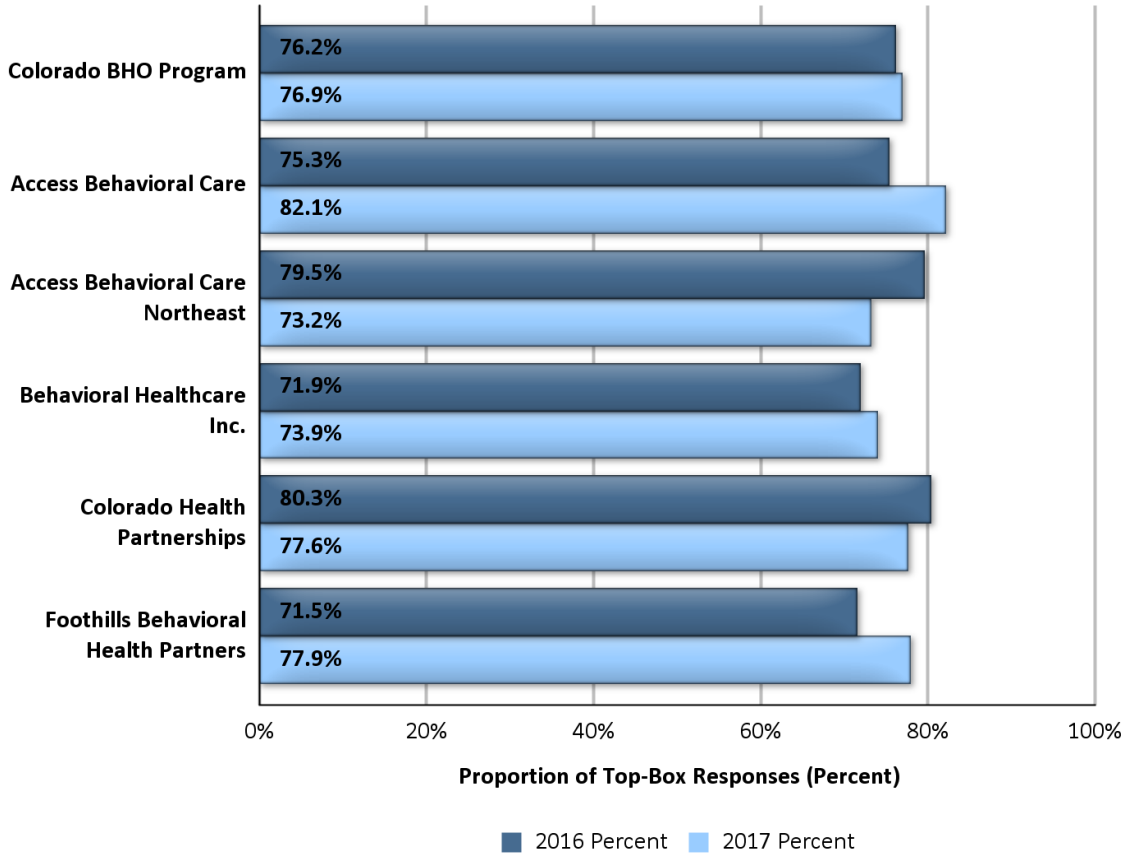
One question (Question 16) was asked to assess how often Colorado Adult ECHO Survey respondents were told what the side effects were for the prescription medicines they took:

- **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 2016 and 2017 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 2017 score is statistically significantly higher than the 2016 score
▼ indicates the 2017 score is statistically significantly lower than the 2016 score

Including Family

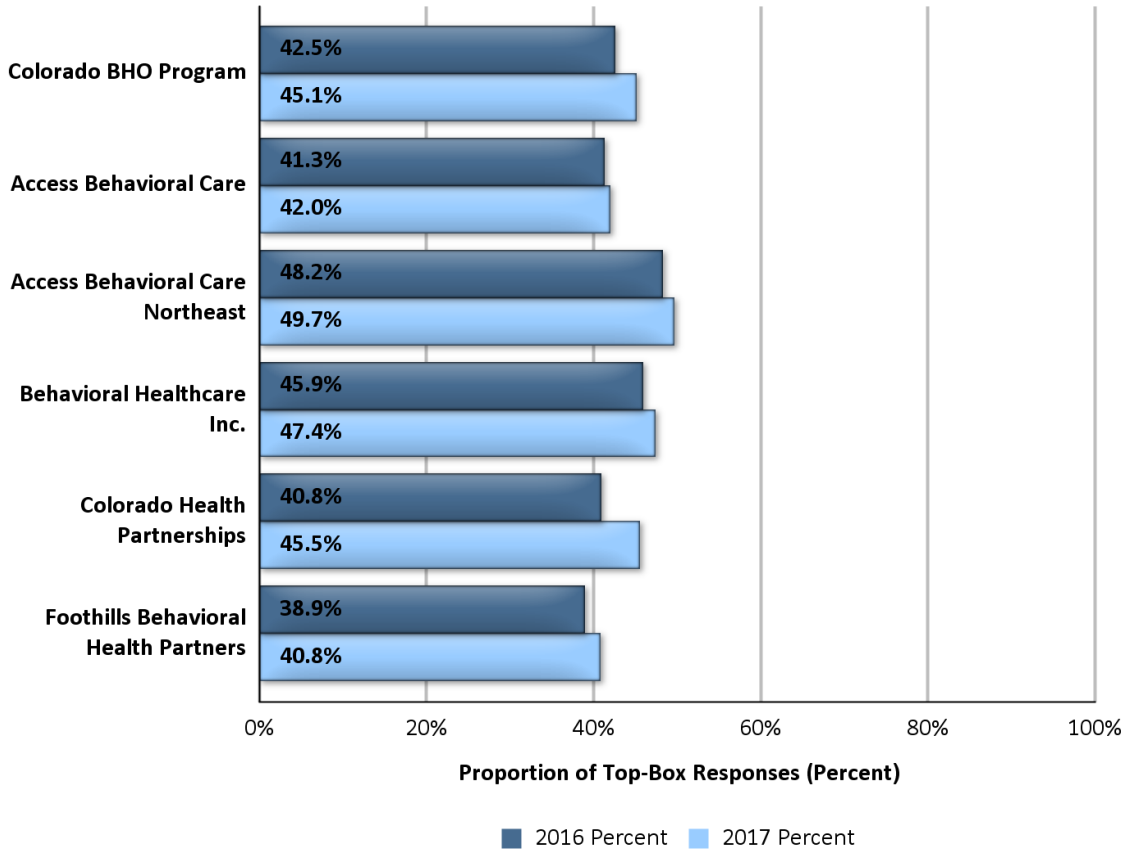
One question (Question 18) was asked to assess whether or not anyone talked to Colorado Adult ECHO Survey respondents about whether to include their family in their counseling or treatment:

- **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 2016 and 2017 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 2017 score is statistically significantly higher than the 2016 score
▼ indicates the 2017 score is statistically significantly lower than the 2016 score

Information to Manage Condition

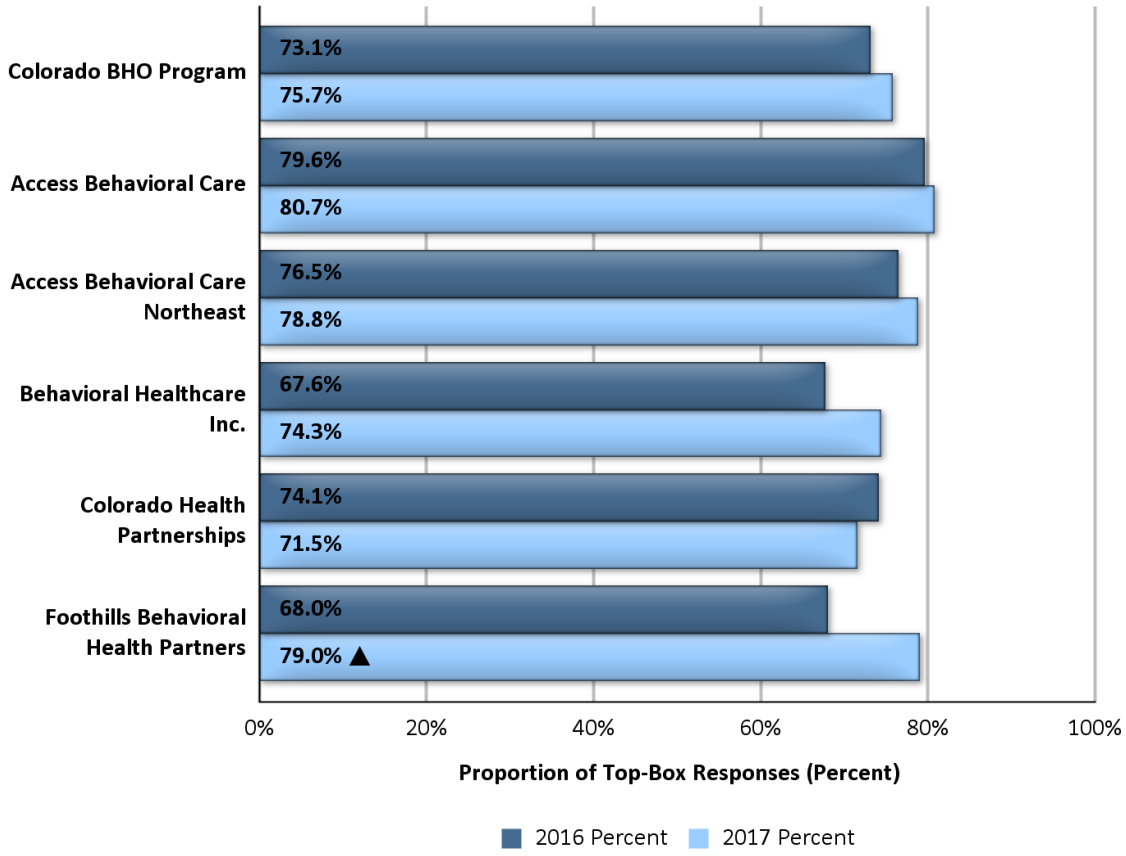
One question (Question 21) was asked to assess whether or not Colorado Adult ECHO Survey respondents were given as much information as they wanted about what they could do to manage their condition:

- **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 2016 and 2017 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 2017 score is statistically significantly higher than the 2016 score
▼ indicates the 2017 score is statistically significantly lower than the 2016 score

Patient Rights Information

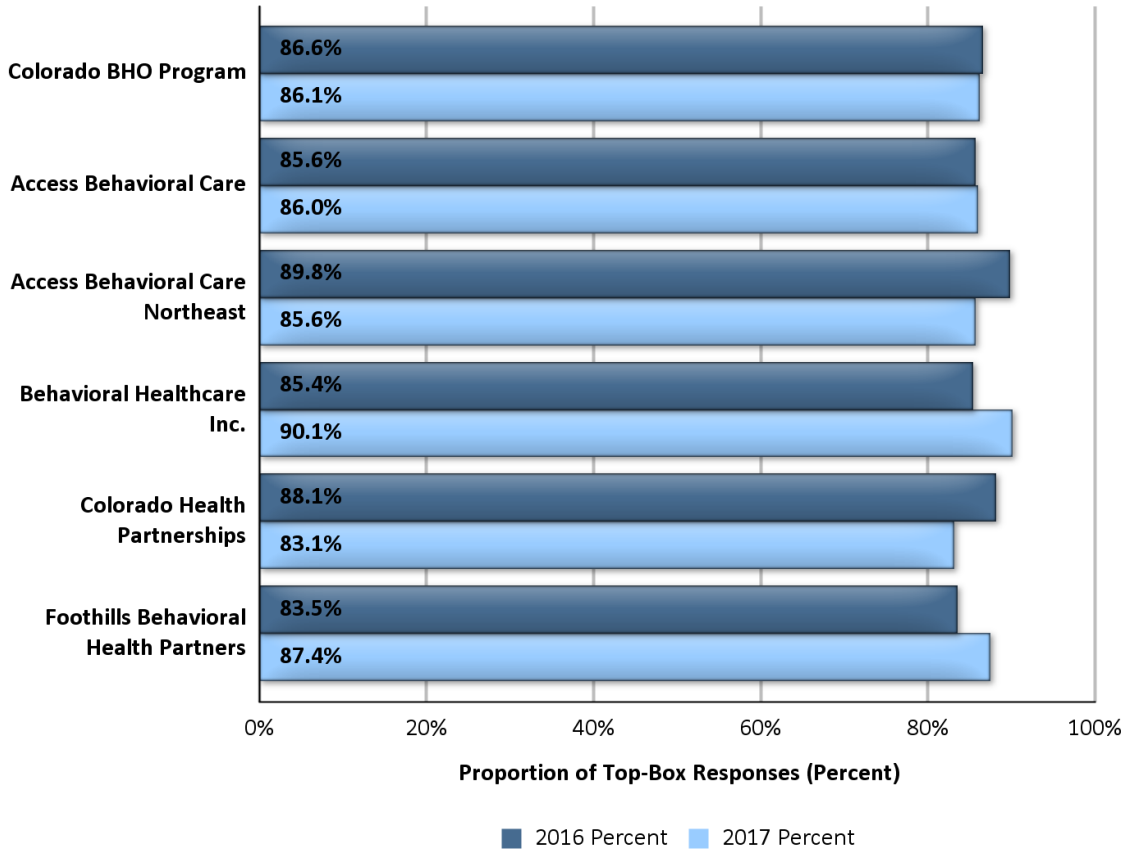
One question (Question 22) was asked to assess whether or not Colorado Adult ECHO Survey respondents were given information about their patient rights:

- **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 2016 and 2017 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 2017 score is statistically significantly higher than the 2016 score
▼ indicates the 2017 score is statistically significantly lower than the 2016 score

Patient Feels He or She Could Refuse Treatment

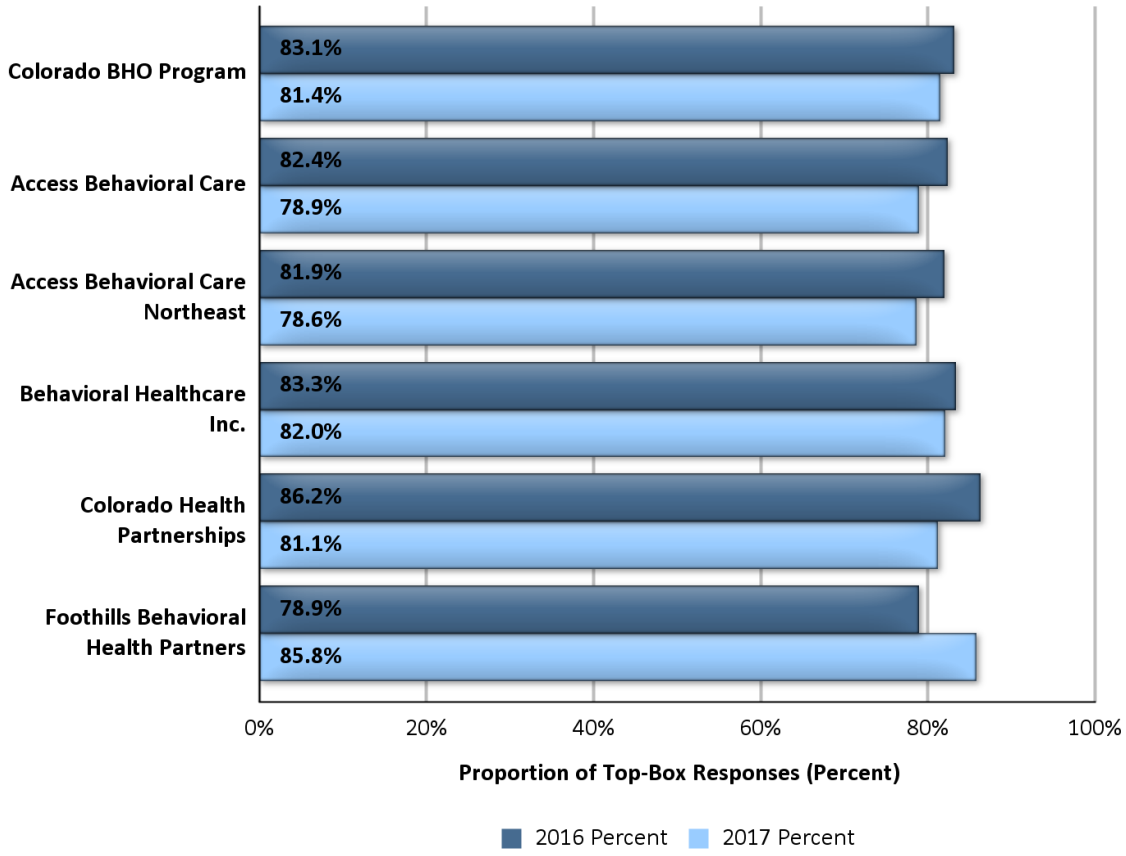
One question (Question 23) was asked to assess whether or not Colorado Adult ECHO Survey respondents felt they could refuse a specific type of medicine or treatment:

- **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 2016 and 2017 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 2017 score is statistically significantly higher than the 2016 score
▼ indicates the 2017 score is statistically significantly lower than the 2016 score

Privacy

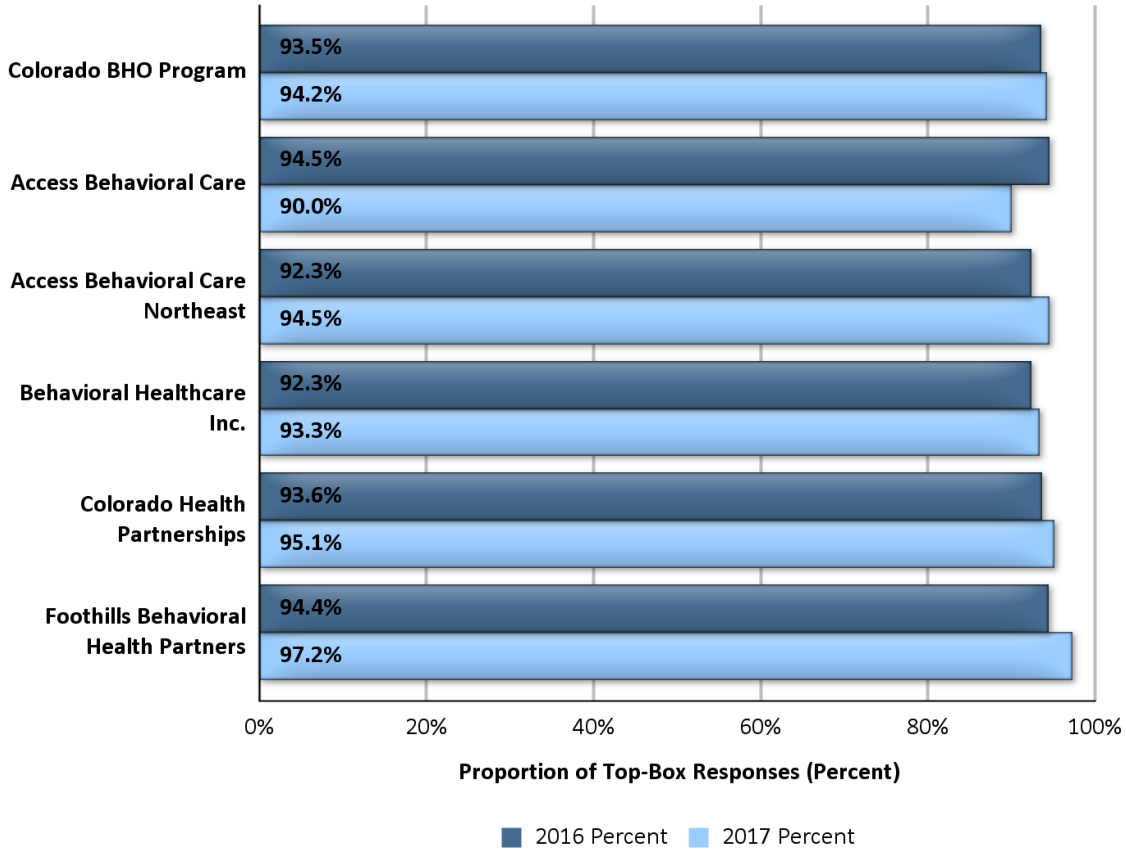
One question (Question 24) was asked to assess whether or not the person the Colorado Adult ECHO Survey respondents went to for counseling or treatment shared information with others that should have been kept private:

- **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 2016 and 2017 Privacy question summary rates for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 2-12—Privacy



Statistical Significance Note: ▲ indicates the 2017 score is statistically significantly higher than the 2016 score
▼ indicates the 2017 score is statistically significantly lower than the 2016 score

Cultural Competency

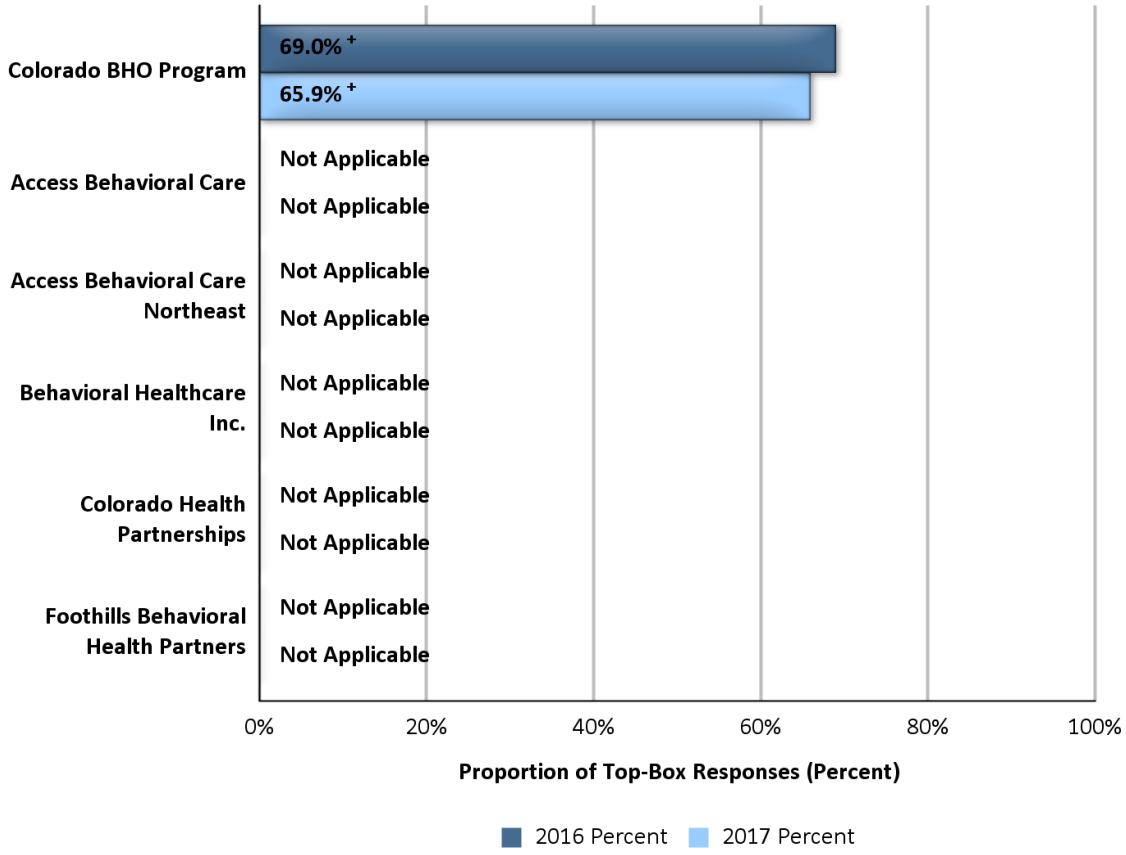
One question (Question 26) was asked to assess whether or not the care the Colorado Adult ECHO Survey respondents received was responsive to the needs of their cultural differences (e.g., language, race, religion):

- **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 2016 and 2017 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 2017 score is statistically significantly higher than the 2016 score
▼ indicates the 2017 score is statistically significantly lower than the 2016 score
+ indicates fewer than 100 responses, caution should be exercised when evaluating these results
"Not Applicable" indicates fewer than 30 responses; therefore, results were suppressed

Amount Helped

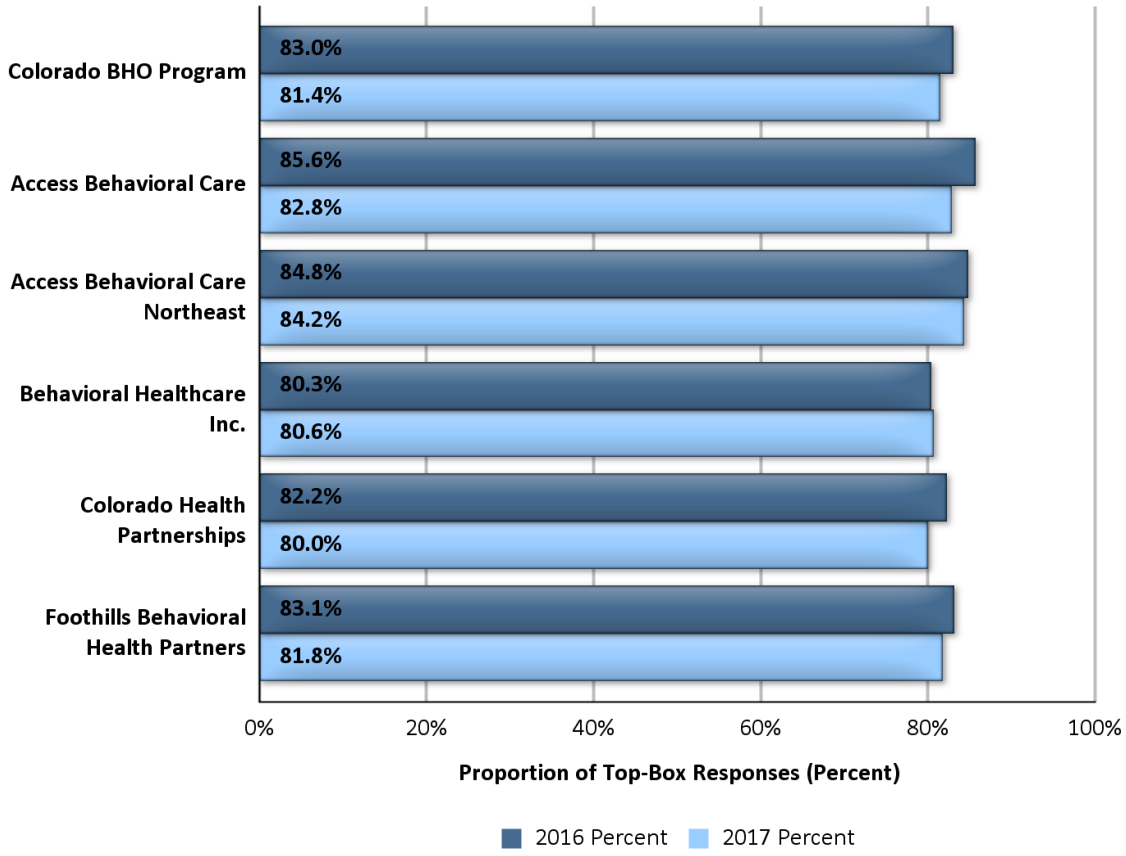
One question (Question 28) was asked to assess how much Colorado Adult ECHO Survey respondents were helped by the counseling or treatment they received:

- **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 2016 and 2017 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 2017 score is statistically significantly higher than the 2016 score
▼ indicates the 2017 score is statistically significantly lower than the 2016 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

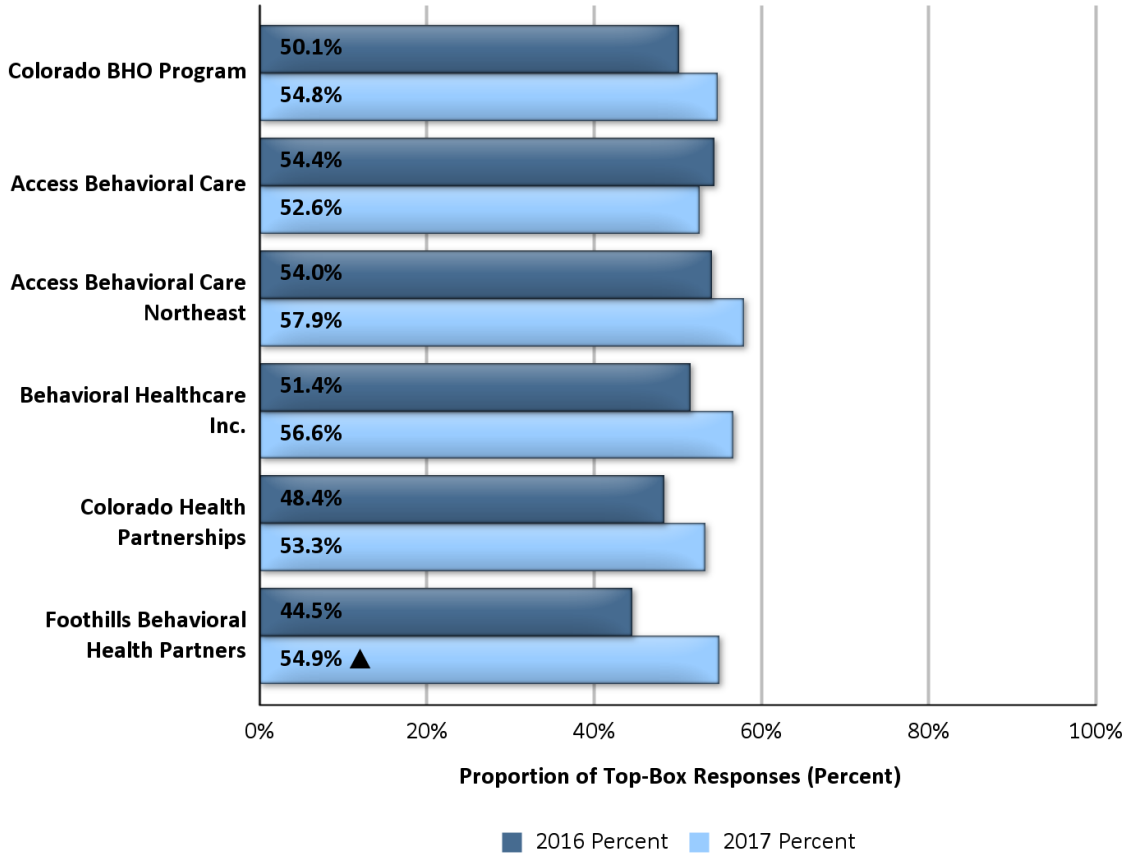
- **Question 43**. I am better able to handle things when they go wrong.
  - Strongly agree
  - Agree
  - Neutral
  - Disagree
  - Strongly Disagree
  - Not Applicable

- **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 2016 and 2017 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 2017 score is statistically significantly higher than the 2016 score
▼ indicates the 2017 score is statistically significantly lower than the 2016 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

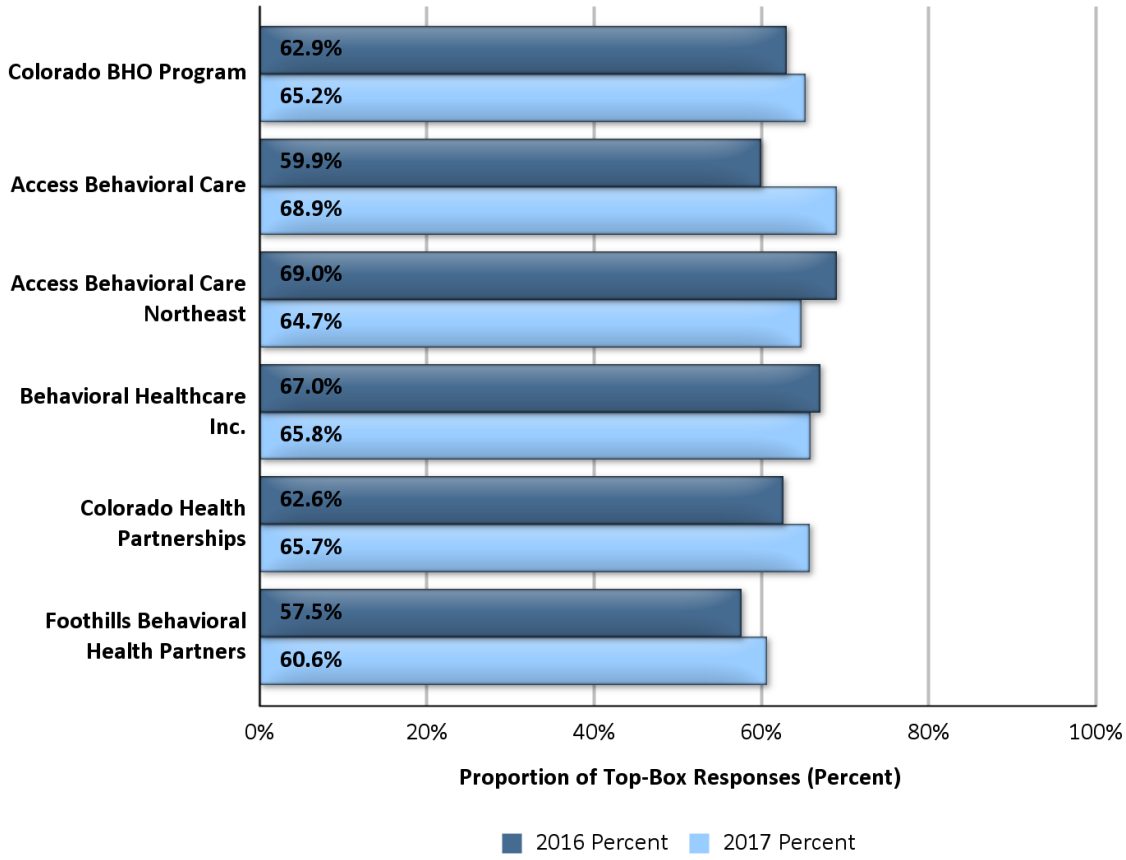
- **Question 39**. I have people with whom I can do enjoyable things.
  - Strongly agree
  - Agree
  - Neutral
  - Disagree
  - Strongly Disagree
  - Not Applicable

- **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 2016 and 2017 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 2017 score is statistically significantly higher than the 2016 score
▼ indicates the 2017 score is statistically significantly lower than the 2016 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	—+	N/A	N/A	N/A	N/A	N/A
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 fewer than 100 responses. Caution should be exercised when evaluating these results.*
▲ *Indicates the 2017 score is statistically significantly higher than the 2016 score.*
— *Indicates the 2017 score is not statistically significantly different than the 2016 score.*
▼ *Indicates the 2017 score is statistically significantly lower than the 2016 score.*
N/A Indicates that results for this measure are not displayed due to fewer than 30 responses.

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 fewer than 100 responses. Caution should be exercised when evaluating these results.*
▲ *Indicates the 2017 score is statistically significantly higher than the 2016 score.*
— *Indicates the 2017 score is not statistically significantly different than the 2016 score.*
▼ *Indicates the 2017 score is statistically significantly lower than the 2016 score.*

The trend analysis revealed the following summary results:

- The Colorado BHO Program scored statistically significantly higher in 2017 than in 2016 on two ECHO Survey measures: Perceived Improvement and Office Wait.
- Access Behavioral Care scored statistically significantly lower in 2017 than in 2016 on one ECHO Survey measure, Getting Treatment Quickly.
- Access Behavioral Care Northeast scored statistically significantly lower in 2017 than in 2016 on one ECHO Survey measure, Information About Treatment Options.
- Behavioral Healthcare Inc. scored statistically significantly higher in 2017 than in 2016 on one ECHO Survey measure, Perceived Improvement.
- Colorado Health Partnerships scored statistically significantly higher in 2017 than in 2016 on one ECHO Survey measure, Office Wait.
- Foothills Behavioral Health Partners scored statistically significantly higher in 2017 than in 2016 on four ECHO Survey measures: Rating of All Counseling or Treatment, Perceived Improvement, Information to Manage Condition, and Office Wait, and on 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.[2-4] 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 an agreement score of one, and average scores 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.

Statistically significant differences are noted in the tables by arrows. A BHO that performed statistically significantly higher than the Colorado BHO Program average is denoted with an upward (↑) arrow. Conversely, a BHO that performed statistically significantly lower than the Colorado BHO Program average is denoted with a downward (↓) arrow. If a BHO's score is not statistically significantly different than the Colorado BHO Program average, the BHO's score is denoted with a horizontal (↔) arrow. Additionally, if there are fewer than 30 responses for a measure, the BHO's score is not displayed and is denoted as "N/A."

Table 2-11 and Table 2-12, 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 MHSIP domain agreement areas, respectively. 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).

[2-4] 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	49.0% ⇔	55.7% ⇔	48.9% ⇔	40.1% ⇔	50.0% ⇔
Composite Measures					
Getting Treatment Quickly	60.2% ⇔	70.1% ⇔	63.2% ⇔	69.7% ⇔	67.0% ⇔
How Well Clinicians Communicate	87.0% ⇔	88.6% ⇔	86.8% ⇔	89.5% ⇔	89.4% ⇔
Information About Treatment Options	59.1% ⇔	53.9% ⇔	63.2% ⇔	60.7% ⇔	61.3% ⇔
Perceived Improvement	57.0% ⇔	61.5% ⇔	65.7% ⇔	59.3% ⇔	61.7% ⇔
Individual Items					
Amount Helped	81.9% ⇔	83.8% ⇔	81.5% ⇔	80.2% ⇔	82.1% ⇔
Cultural Competency	N/A	N/A	N/A	N/A	N/A
Including Family	43.0% ⇔	48.8% ⇔	46.4% ⇔	45.4% ⇔	41.5% ⇔
Information to Manage Condition	79.4% ⇔	78.4% ⇔	75.4% ⇔	71.6% ⇔	79.6% ⇔
Office Wait	76.9% ⇔	82.6% ⇔	83.3% ⇔	84.1% ⇔	87.5% ⇔
Patient Rights Information	86.5% ⇔	85.2% ⇔	89.9% ⇔	83.2% ⇔	87.4% ⇔
Patient Feels He or She Could Refuse Treatment	79.7% ⇔	77.9% ⇔	81.9% ⇔	81.4% ⇔	85.5% ⇔
Privacy	90.2% ⇔	94.2% ⇔	93.5% ⇔	95.1% ⇔	97.1% ⇔
Told About Medication Side Effects	82.3% ⇔	73.2% ⇔	73.5% ⇔	77.5% ⇔	78.2% ⇔

\+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*
↑ *Indicates the BHO's score is statistically significantly higher than the Colorado BHO Program average.*
⇔ *Indicates the BHO's score is not statistically significantly different than the Colorado BHO Program average.*
↓ *Indicates the BHO's score is statistically significantly lower than the Colorado BHO Program average.*
N/A Indicates that results for this measure are not displayed due to fewer than 30 responses.

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	52.4% ⇔	55.1% ⇔	56.8% ⇔	54.2% ⇔	56.7% ⇔
Social Connectedness	68.7% ⇔	62.9% ⇔	66.2% ⇔	66.0% ⇔	61.9% ⇔

\+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*
↑ *Indicates the BHO's score is statistically significantly higher than the Colorado BHO Program average.*
⇔ *Indicates the BHO's score is not statistically significantly different than the Colorado BHO Program average.*
↓ *Indicates the BHO's score is statistically significantly lower 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, and Foothills Behavioral Health Partners 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, 2015 to October 31, 2016). 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)
- 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 October 31, 2016.

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 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 5-4.

For the child population, a total of 954 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.[3-1] The 2017 Colorado BHO Program response rate for the child population was 15.21 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**	**1,416**	**6,274**	**954**	**15.21%**
Access Behavioral Care	1,538	325	1,213	181	14.92%
Access Behavioral Care Northeast	1,538	247	1,291	169	13.09%
Behavioral Healthcare Inc.	1,538	298	1,240	188	15.16%
Colorado Health Partnerships	1,538	294	1,244	199	16.00%
Foothills Behavioral Health Partners	1,538	252	1,286	217	16.87%

[3-1] 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—Child Demographics: Age

BHO Name	1 to 3	4 to 7	8 to 12	13 to 18*
Colorado BHO Program	**0.3%**	**12.8%**	**37.6%**	**49.3%**
Access Behavioral Care	0.0%	15.8%	38.0%	46.2%
Access Behavioral Care Northeast	0.0%	11.0%	41.3%	47.7%
Behavioral Healthcare Inc.	0.6%	11.2%	41.4%	46.7%
Colorado Health Partnerships	0.0%	15.4%	32.4%	52.1%
Foothills Behavioral Health Partners	1.0%	10.6%	36.2%	52.3%

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 October 31, 2016. Some children eligible for the ECHO Survey turned 18 between November 1, 2016 and the time of the survey administration.*

Table 3-3—Child Demographics: Gender

BHO Name	Male	Female
Colorado BHO Program	**56.0%**	**44.0%**
Access Behavioral Care	58.5%	41.5%
Access Behavioral Care Northeast	53.5%	46.5%
Behavioral Healthcare Inc.	52.1%	47.9%
Colorado Health Partnerships	59.0%	41.0%
Foothills Behavioral Health Partners	56.3%	43.7%

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

Table 3-4—Child Demographics: Race/Ethnicity

BHO Name	Multi-Racial	White	Hispanic	Black	Asian	Native American	Other
Colorado BHO Program	**14.4%**	**41.9%**	**36.2%**	**4.0%**	**1.3%**	**1.2%**	**1.0%**
Access Behavioral Care	17.0%	17.6%	52.2%	10.7%	1.9%	0.0%	0.6%
Access Behavioral Care Northeast	14.1%	47.4%	35.3%	0.0%	1.3%	0.6%	1.3%
Behavioral Healthcare Inc.	13.0%	40.2%	35.5%	7.1%	1.8%	2.4%	0.0%
Colorado Health Partnerships	18.3%	49.5%	26.9%	2.7%	0.0%	1.1%	1.6%
Foothills Behavioral Health Partners	10.2%	51.3%	33.5%	0.5%	1.5%	1.5%	1.5%
Please note: Percentages may not total 100% due to rounding.							

Table 3-5—Child Demographics: General Health Status

BHO Name	Excellent	Very Good	Good	Fair	Poor
Colorado BHO Program	**16.6%**	**33.5%**	**33.5%**	**13.9%**	**2.5%**
Access Behavioral Care	20.4%	32.5%	28.7%	15.3%	3.2%
Access Behavioral Care Northeast	17.8%	29.3%	38.9%	12.7%	1.3%
Behavioral Healthcare Inc.	15.4%	33.7%	29.0%	17.8%	4.1%
Colorado Health Partnerships	13.4%	34.2%	34.8%	15.0%	2.7%
Foothills Behavioral Health Partners	16.6%	36.7%	35.7%	9.5%	1.5%
Please note: Percentages may not total 100% due to rounding.					

Table 3-6—Child Demographics: Mental Health Status

BHO Name	Excellent	Very Good	Good	Fair	Poor
Colorado BHO Program	**7.4%**	**20.9%**	**38.4%**	**24.9%**	**8.3%**
Access Behavioral Care	8.3%	21.2%	34.6%	29.5%	6.4%
Access Behavioral Care Northeast	6.5%	23.9%	39.4%	25.8%	4.5%
Behavioral Healthcare Inc.	4.8%	16.8%	46.7%	20.4%	11.4%
Colorado Health Partnerships	6.0%	23.1%	33.5%	24.7%	12.6%
Foothills Behavioral Health Partners	11.3%	19.9%	38.2%	24.7%	5.9%
Please note: Percentages may not total 100% due to rounding.					

Table 3-7—Child Demographics: Health Insurance Coverage

BHO Name	Medicare	Medicaid	CHP+	Other	None	Don't Know
Colorado BHO Program	**9.8%**	**75.0%**	**11.7%**	**14.2%**	**0.5%**	**1.4%**
Access Behavioral Care	17.4%	74.8%	12.3%	7.1%	0.6%	2.6%
Access Behavioral Care Northeast	6.5%	78.1%	9.7%	16.1%	0.6%	2.6%
Behavioral Healthcare Inc.	7.2%	80.7%	6.6%	18.7%	0.6%	0.0%
Colorado Health Partnerships	4.8%	76.3%	13.4%	11.3%	0.5%	1.1%
Foothills Behavioral Health Partners	13.3%	66.7%	15.4%	17.4%	0.0%	1.0%
Please note: Respondents may select more than one response option to this question; therefore, results may exceed 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.[3-2]

Table 3-8—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	**1.2%**	**0.4%**	**15.9%**	**38.6%**	**25.4%**	**18.5%**
Access Behavioral Care	3.9%	1.3%	21.7%	36.2%	24.3%	12.5%
Access Behavioral Care Northeast	0.7%	0.0%	17.8%	38.2%	22.4%	21.1%
Behavioral Healthcare Inc.	0.6%	0.0%	13.5%	36.2%	29.4%	20.2%
Colorado Health Partnerships	0.6%	0.6%	14.9%	44.8%	18.8%	20.4%
Foothills Behavioral Health Partners	0.5%	0.0%	12.8%	37.2%	31.4%	18.1%
Please note: Percentages may not total 100% due to rounding.						

[3-2] 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—Respondent Demographics: Education

BHO Name	8th Grade or Less	Some High School	High School Graduate	Some College	College Graduate
Colorado BHO Program	**6.5%**	**6.2%**	**20.8%**	**35.9%**	**30.6%**
Access Behavioral Care	13.8%	13.2%	23.0%	28.9%	21.1%
Access Behavioral Care Northeast	7.2%	2.6%	21.1%	38.8%	30.3%
Behavioral Healthcare Inc.	3.1%	5.6%	24.2%	33.5%	33.5%
Colorado Health Partnerships	5.0%	5.0%	17.1%	46.4%	26.5%
Foothills Behavioral Health Partners	4.3%	5.3%	19.3%	31.0%	40.1%
Please note: Percentages may not total 100% due to rounding.					

Table 3-10—Respondent Demographics: Relationship to Child

BHO Name	Mother or Father	Grandparent	Legal Guardian	Other
Colorado BHO Program	**83.0%**	**10.8%**	**2.7%**	**3.5%**
Access Behavioral Care	84.1%	9.3%	2.0%	4.6%
Access Behavioral Care Northeast	83.0%	10.6%	1.4%	5.0%
Behavioral Healthcare Inc.	82.9%	12.7%	1.9%	2.5%
Colorado Health Partnerships	79.4%	12.6%	4.0%	4.0%
Foothills Behavioral Health Partners	85.7%	8.8%	3.8%	1.6%
Please note: Percentages may not total 100% due to rounding.				

Trend Analysis

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. In 2017, Access Behavioral Care, Access Behavioral Care Northeast, Behavioral Healthcare Inc., Colorado Health Partnerships, and Foothills Behavioral Health Partners had 181, 169, 188, 199, and 217 completed surveys, respectively. These completed surveys were used to calculate the Colorado BHO Program aggregate's and corresponding BHOs' 2016 and 2017 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.[3-3] 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 5-5.

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.

[3-3] National Committee for Quality Assurance. *HEDIS® 2017, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2016.

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 purposes of the trend analysis, the 2017 scores for each standard ECHO Survey measure and YSS-F domain agreement rates were compared to the corresponding 2016 scores to determine whether there were statistically significant differences. Statistically significant differences are noted with directional triangles. Scores that were statistically significantly higher in 2017 than in 2016 are noted with black upward (▲) triangles. Scores that were statistically significantly lower in 2017 than in 2016 are noted with black downward (▼) triangles. Scores in 2017 that were not statistically significantly different from scores in 2016 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. Results based on fewer than 30 respondents were suppressed and are noted as "Not Applicable" in the figures.

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.

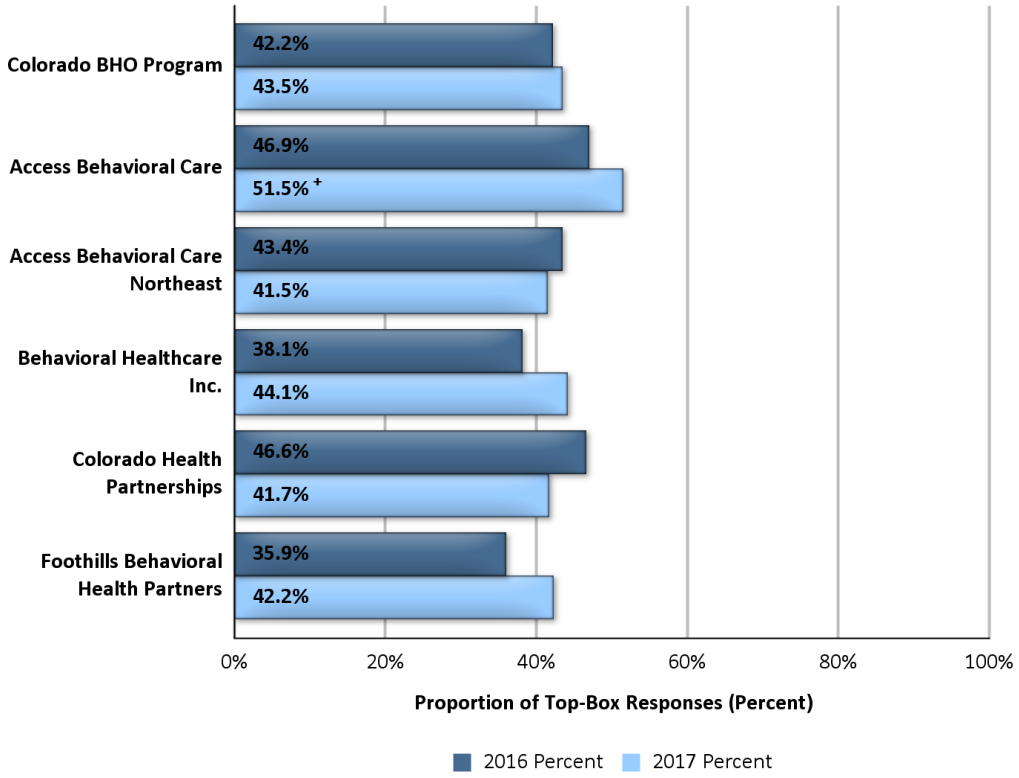
Global Rating

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 2016 and 2017 Rating of All Counseling or Treatment question summary rates for the Colorado BHO Program aggregate and the five participating BHOs.[3-4]

Figure 3-1—Rating of All Counseling or Treatment



Statistical Significance Note: ▲ indicates the 2017 score is statistically significantly higher than the 2016 score
▼ indicates the 2017 score is statistically significantly lower than the 2016 score
+ indicates fewer than 100 responses, caution should be exercised when evaluating these results

[3-4] 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

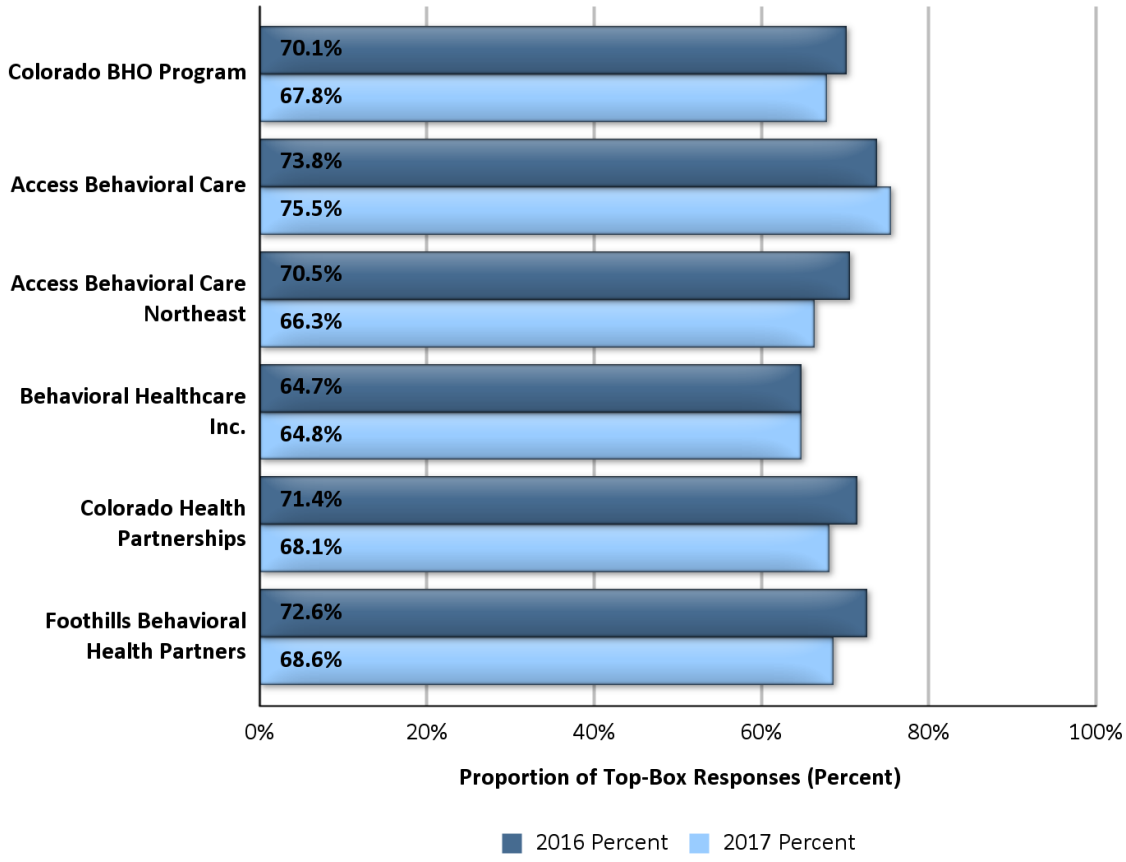
Two questions (Questions 3 and 5) were asked to assess how often Colorado Child ECHO Survey respondents received treatment quickly:

- **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 2016 and 2017 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 2017 score is statistically significantly higher than the 2016 score
▼ indicates the 2017 score is statistically significantly lower than the 2016 score

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

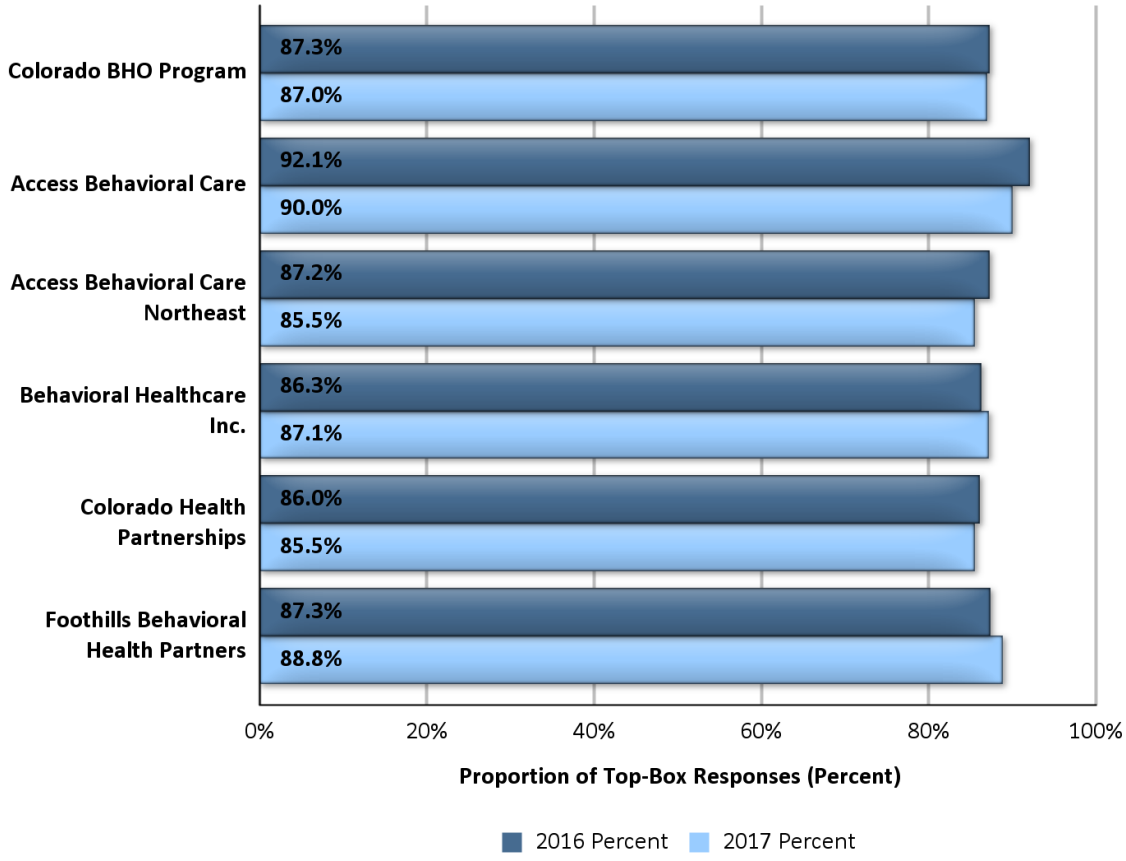
- **Question 14**. In the last 12 months, how often did the people your child saw for counseling or treatment spend enough time with you?
  - Never
  - Sometimes
  - Usually
  - Always

- **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 2016 and 2017 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 2017 score is statistically significantly higher than the 2016 score
▼ indicates the 2017 score is statistically significantly lower than the 2016 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

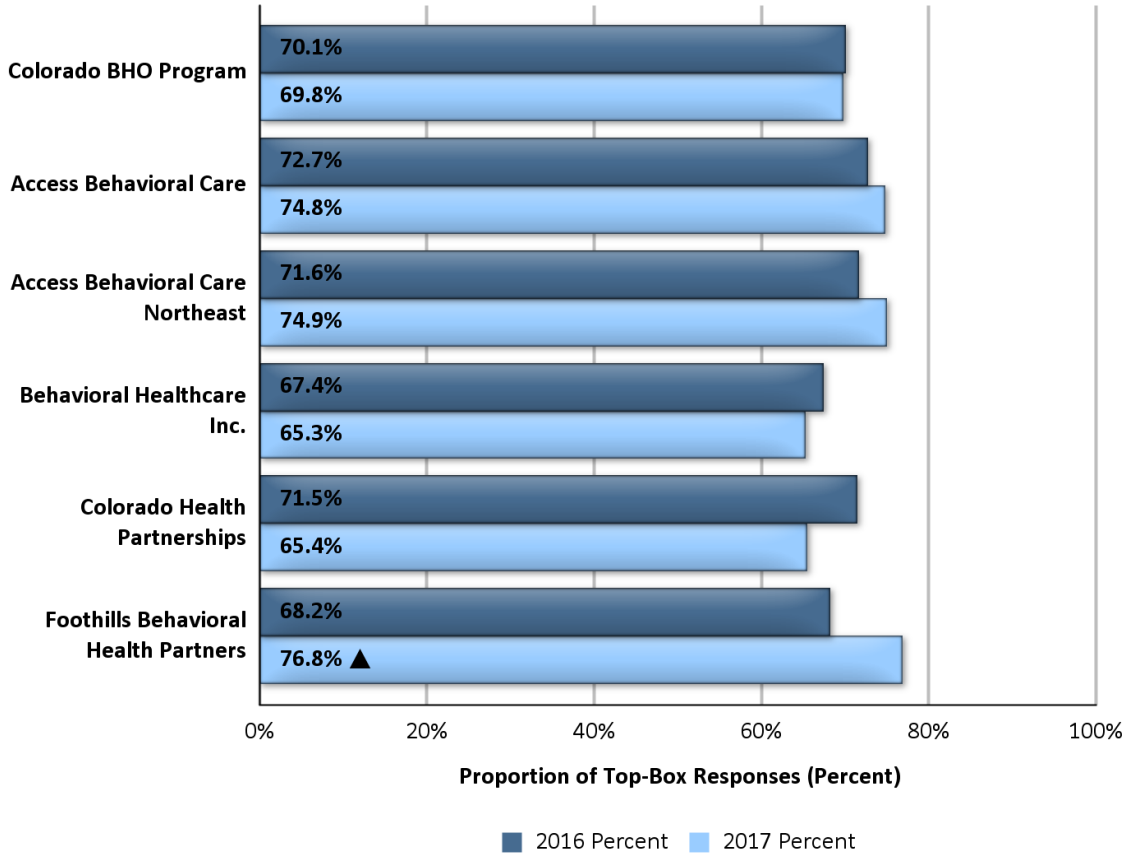
- **Question 33**. Compared to 12 months ago, how would you rate your child's ability to accomplish the things your child wants to do now?
  - Much better
  - A little better
  - About the same
  - A little worse
  - Much worse

- **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 2016 and 2017 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 2017 score is statistically significantly higher than the 2016 score
▼ indicates the 2017 score is statistically significantly lower than the 2016 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:

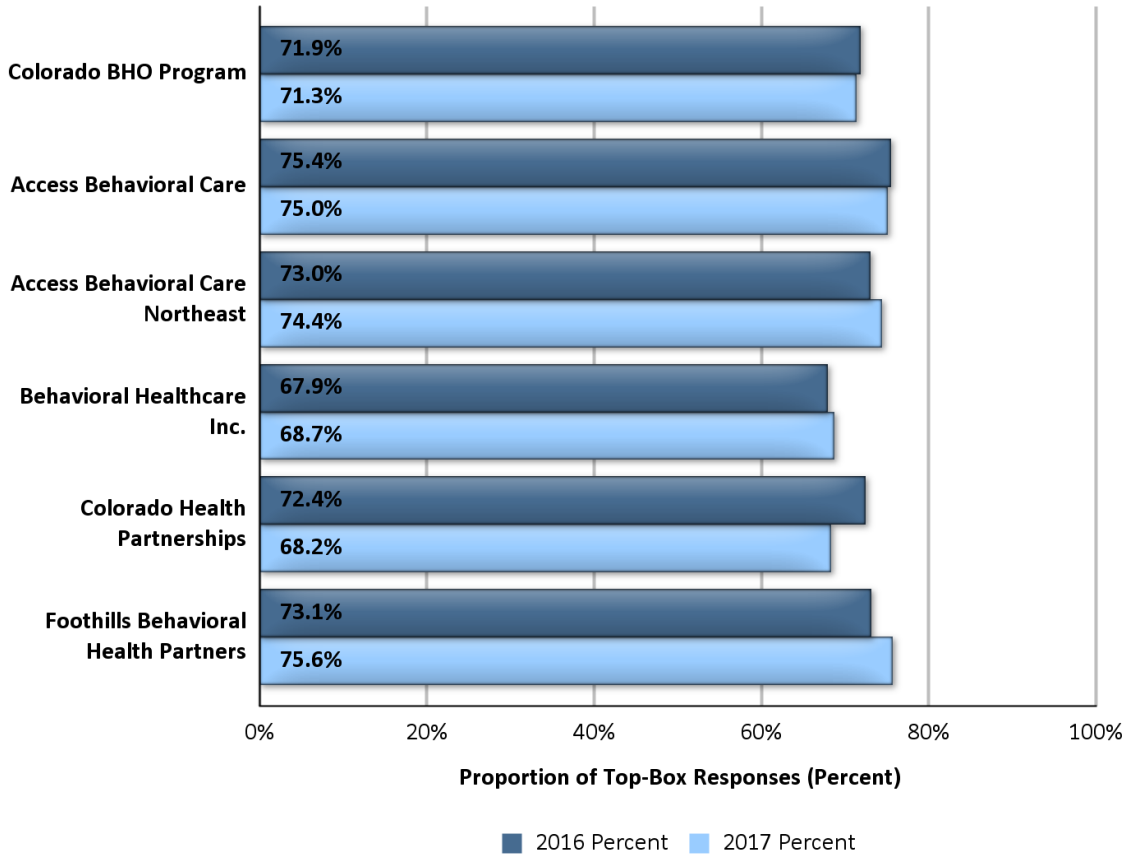
- **Question 20**. In the last 12 months, how often did you feel your child had someone to talk to for counseling or treatment when your child was troubled?
  - Never
  - Sometimes
  - Usually
  - Always

- **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 2016 and 2017 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 2017 score is statistically significantly higher than the 2016 score
▼ indicates the 2017 score is statistically significantly lower than the 2016 score

Individual Item Measures

Office Wait

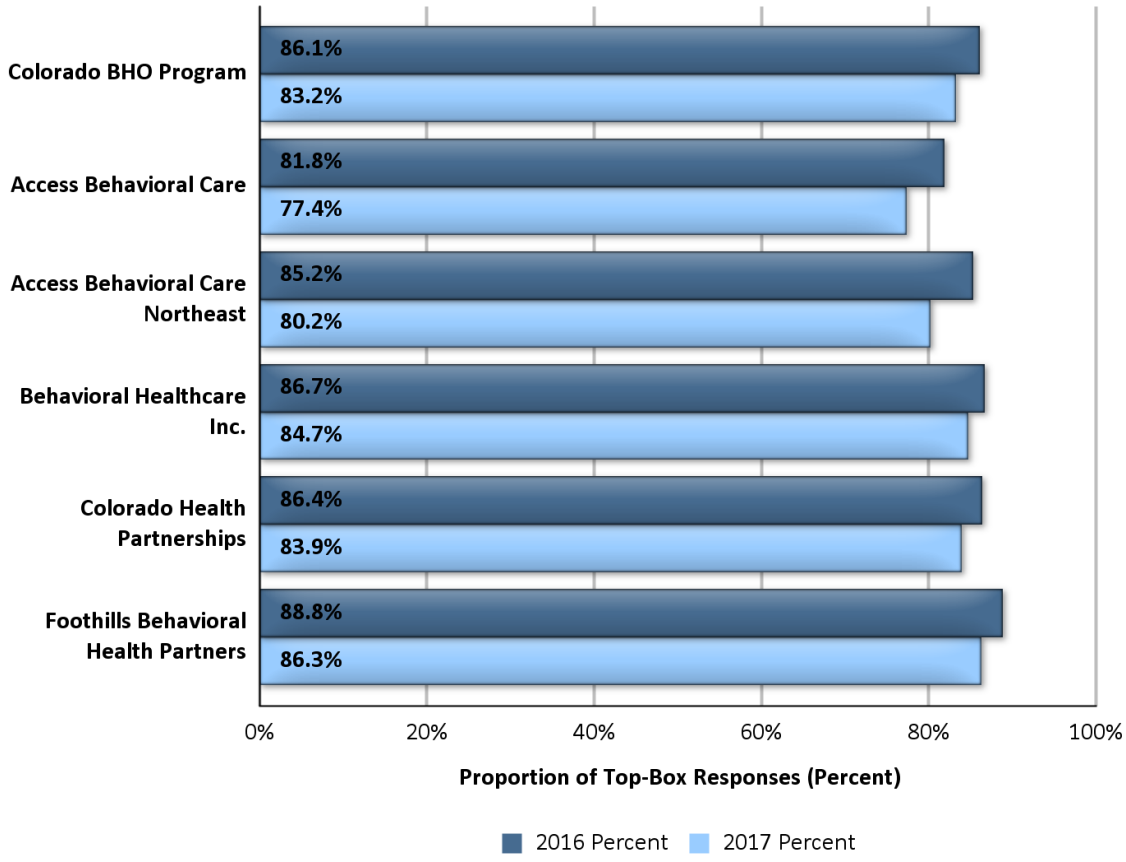
One question (Question 10) was asked to assess how often Colorado Child ECHO Survey respondents were seen within 15 minutes of their child's appointment:

- **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 2016 and 2017 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 2017 score is statistically significantly higher than the 2016 score
▼ indicates the 2017 score is statistically significantly lower than the 2016 score

Told About Medication Side Effects

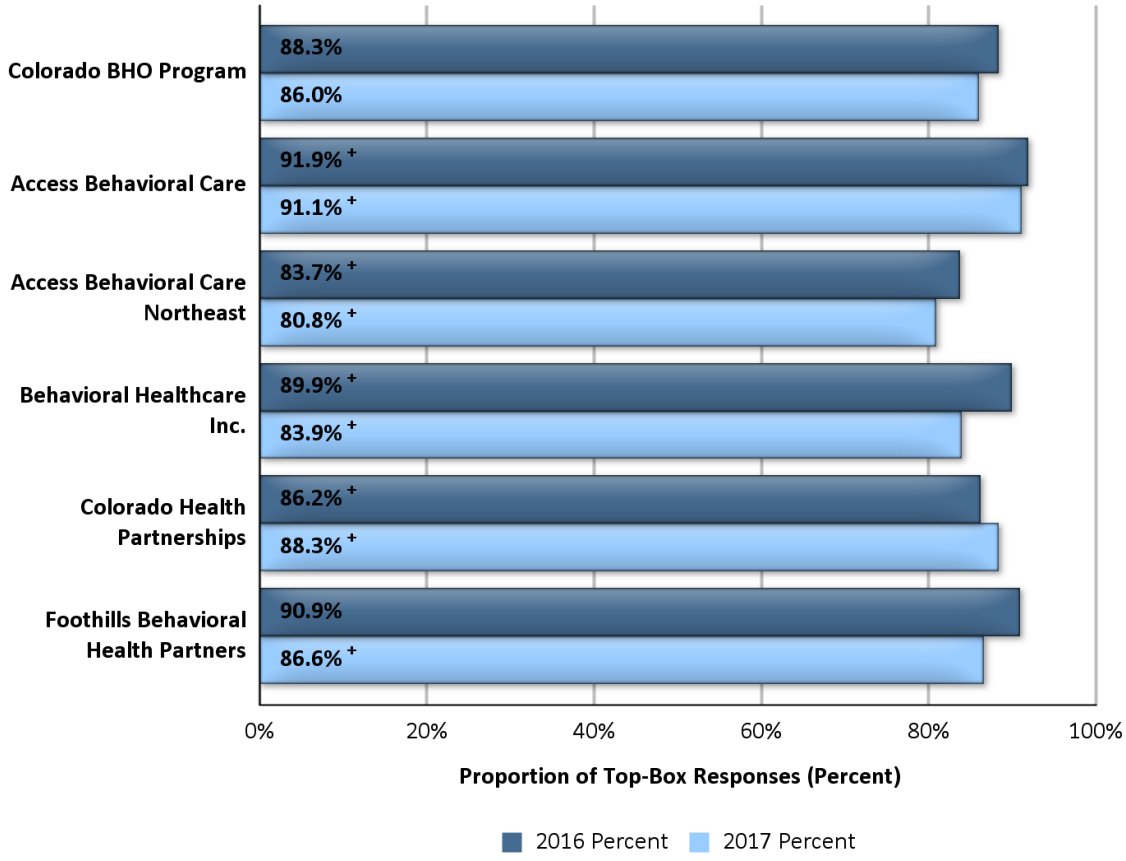
One question (Question 16) was asked to assess how often Colorado Child ECHO Survey respondents were told what the side effects were for the prescription medicines their child took:

- **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 2016 and 2017 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 2017 score is statistically significantly higher than the 2016 score
▼ indicates the 2017 score is statistically significantly lower than the 2016 score
+ indicates fewer than 100 responses, caution should be exercised when evaluating these results

Information to Manage Condition

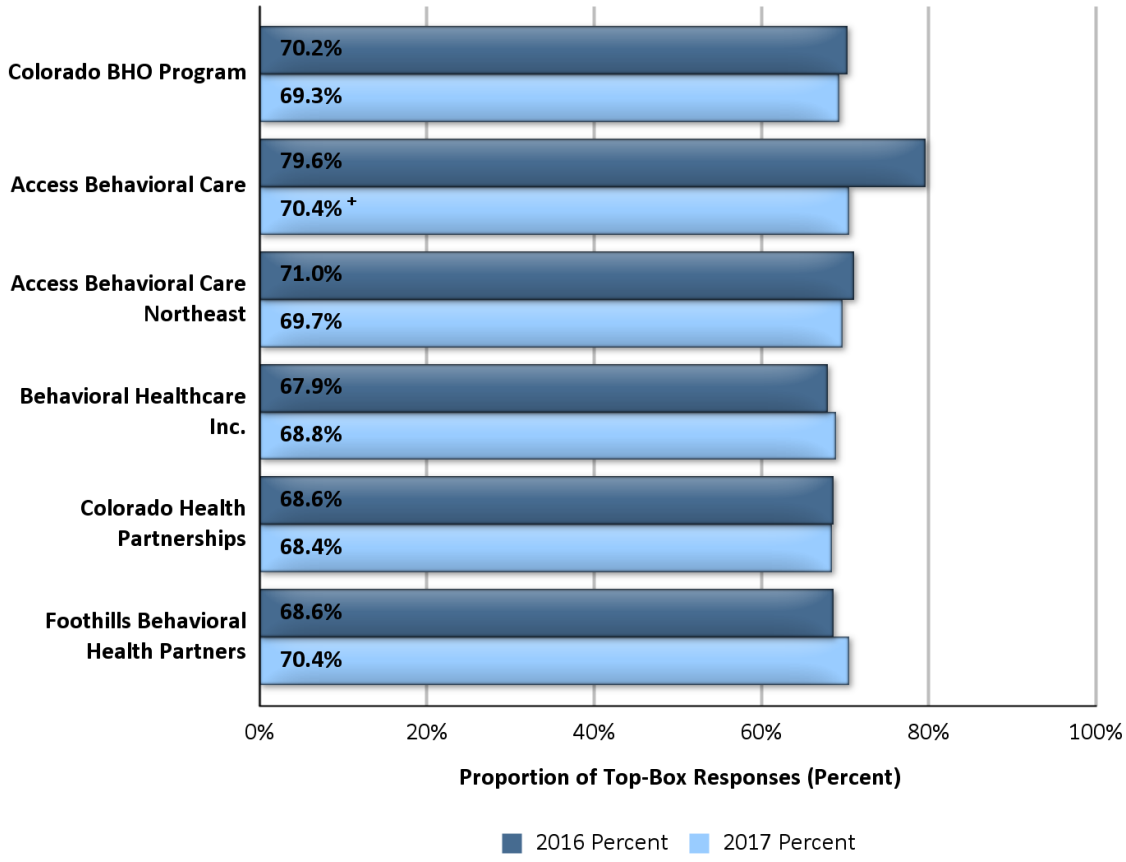
One question (Question 22) was asked to assess whether or not Colorado Child ECHO Survey respondents were given as much information as they wanted about what they could do to manage their child's condition:

- **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 2016 and 2017 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 2017 score is statistically significantly higher than the 2016 score
▼ indicates the 2017 score is statistically significantly lower than the 2016 score
+ indicates fewer than 100 responses, caution should be exercised when evaluating these results

Patient Rights Information

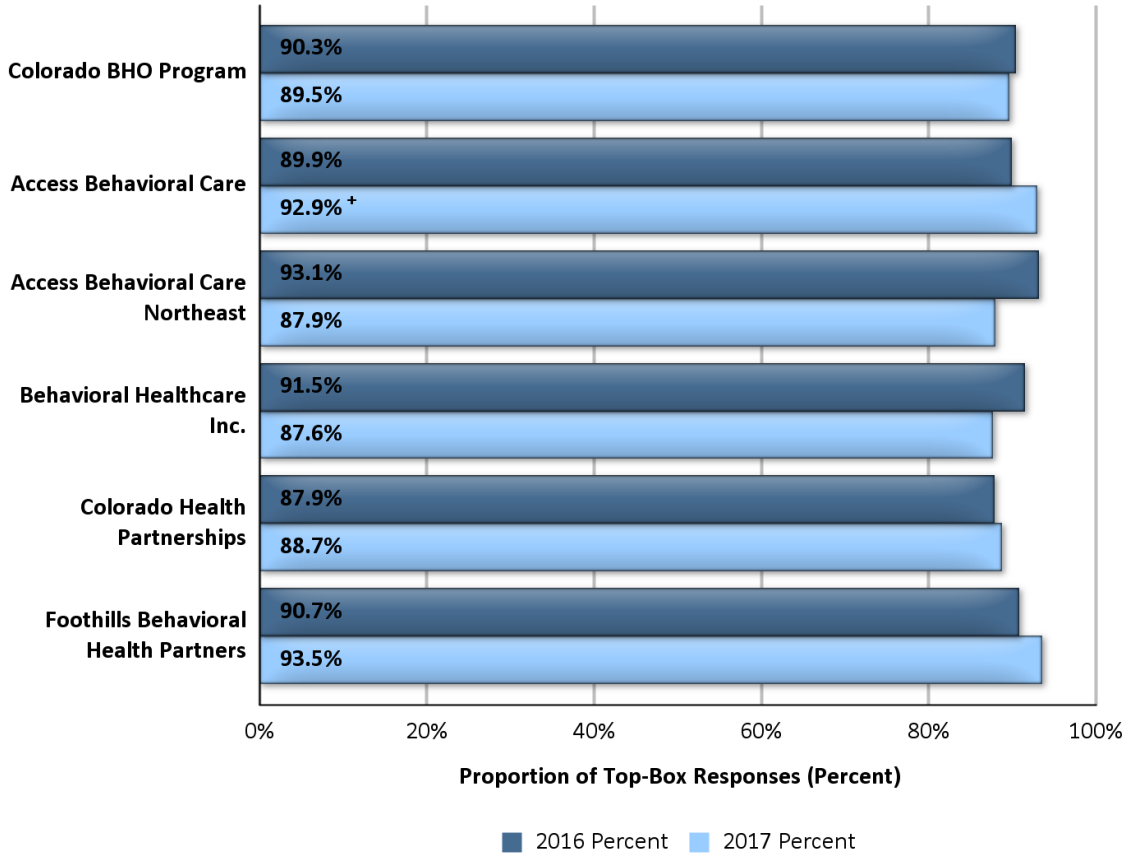
One question (Question 23) was asked to assess whether or not Colorado Child ECHO Survey respondents were given information about their child's patient rights:

- **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 2016 and 2017 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 2017 score is statistically significantly higher than the 2016 score
▼ indicates the 2017 score is statistically significantly lower than the 2016 score
+ indicates fewer than 100 responses, caution should be exercised when evaluating these results

Patient Feels He or She Could Refuse Treatment

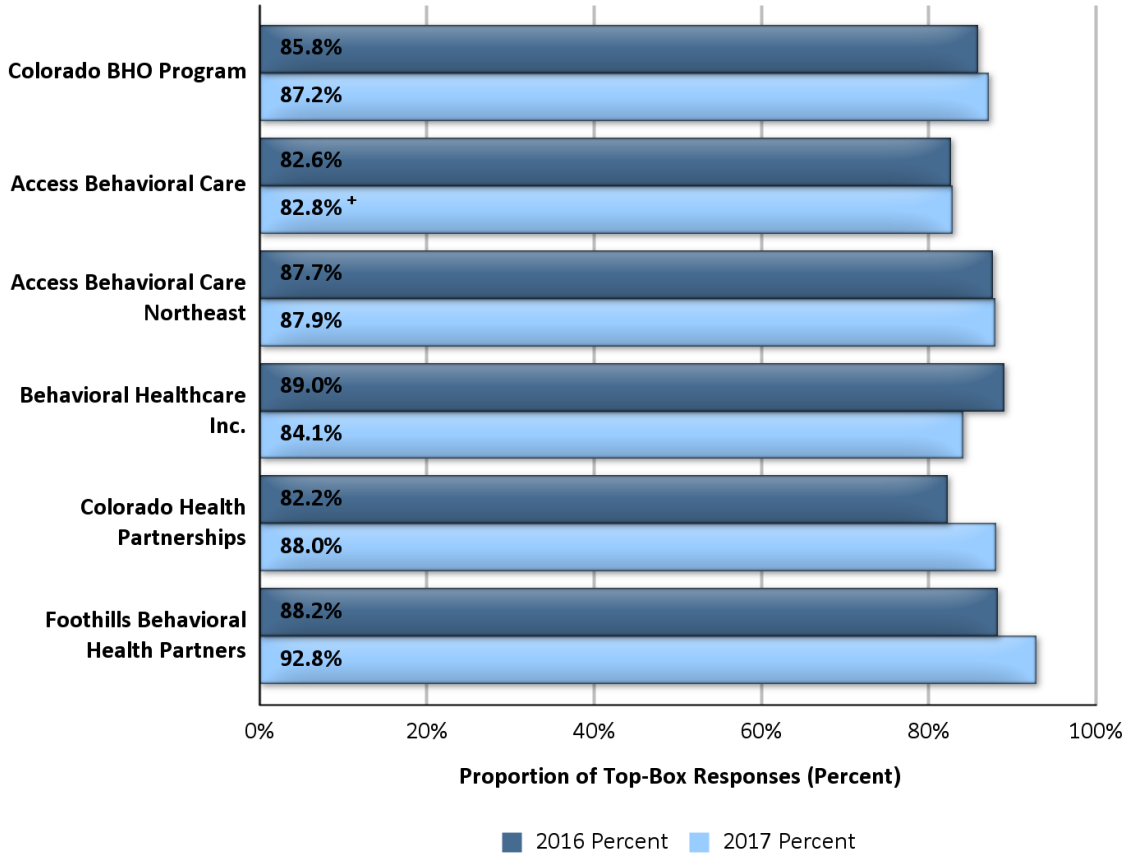
One question (Question 24) was asked to assess whether or not Colorado Child ECHO Survey respondents felt they could refuse a specific type of medicine or treatment for their child:

- **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 2016 and 2017 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 2017 score is statistically significantly higher than the 2016 score
▼ indicates the 2017 score is statistically significantly lower than the 2016 score
+ indicates fewer than 100 responses, caution should be exercised when evaluating these results

Privacy

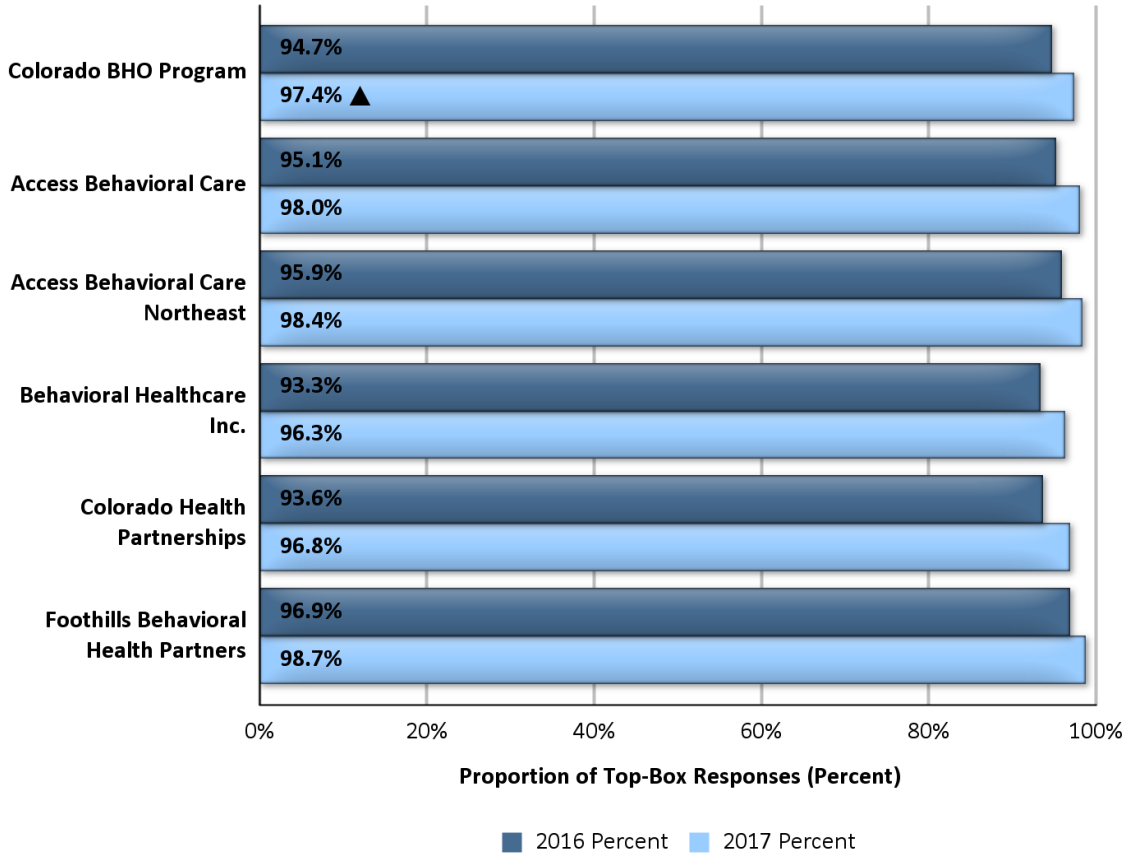
One question (Question 25) was asked to assess whether or not Colorado Child ECHO Survey respondents knew if the person their child went to for counseling or treatment shared information with others that should have been kept private:

- **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 2016 and 2017 Privacy question summary rates for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 3-11—Privacy



Statistical Significance Note: ▲ indicates the 2017 score is statistically significantly higher than the 2016 score
▼ indicates the 2017 score is statistically significantly lower than the 2016 score

Cultural Competency

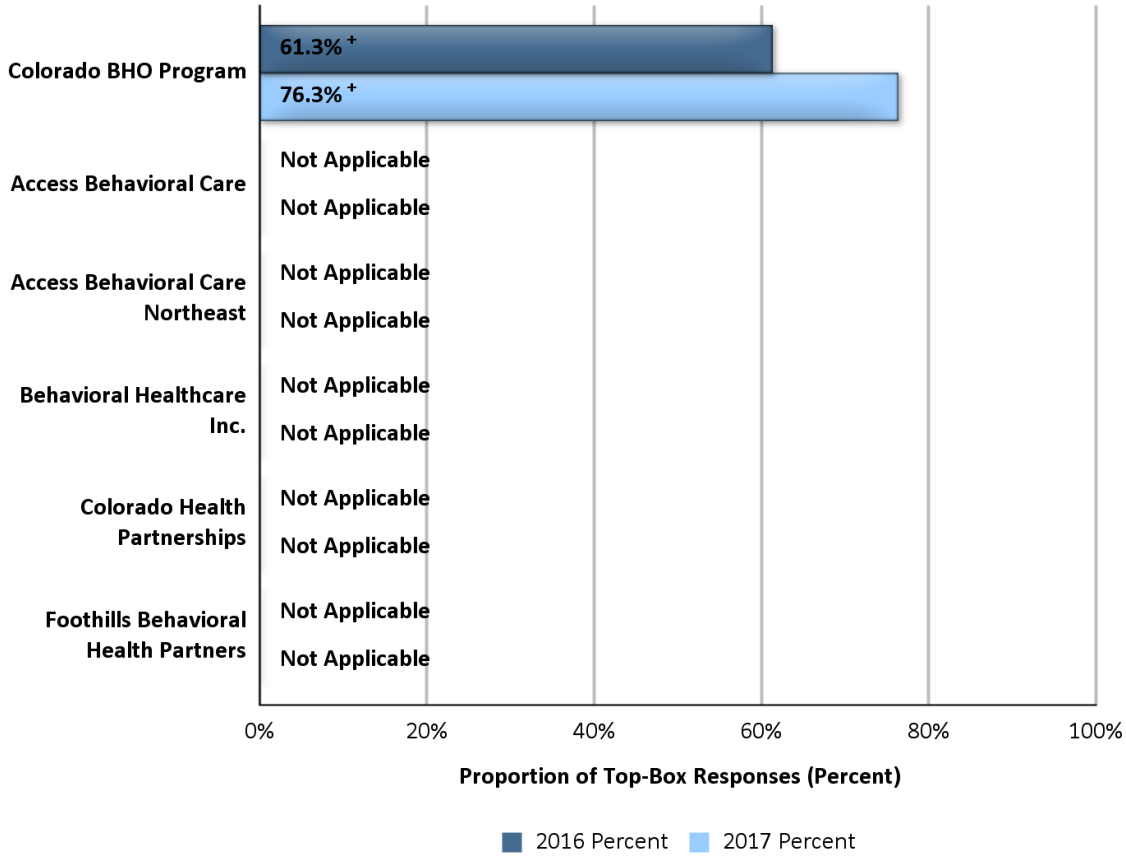
One question (Question 27) was asked to assess whether or not the care the Colorado Child ECHO Survey respondents received was responsive to the needs of their child's cultural differences (e.g., language, race, religion):

- **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 2016 and 2017 Cultural Competency question summary rates for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 3-12—Cultural Competency



Statistical Significance Note:
▲ indicates the 2017 score is statistically significantly higher than the 2016 score
▼ indicates the 2017 score is statistically significantly lower than the 2016 score
+ indicates fewer than 100 responses, caution should be exercised when evaluating these results
"Not Applicable" indicates fewer than 30 responses; therefore, results were suppressed

Amount Helped

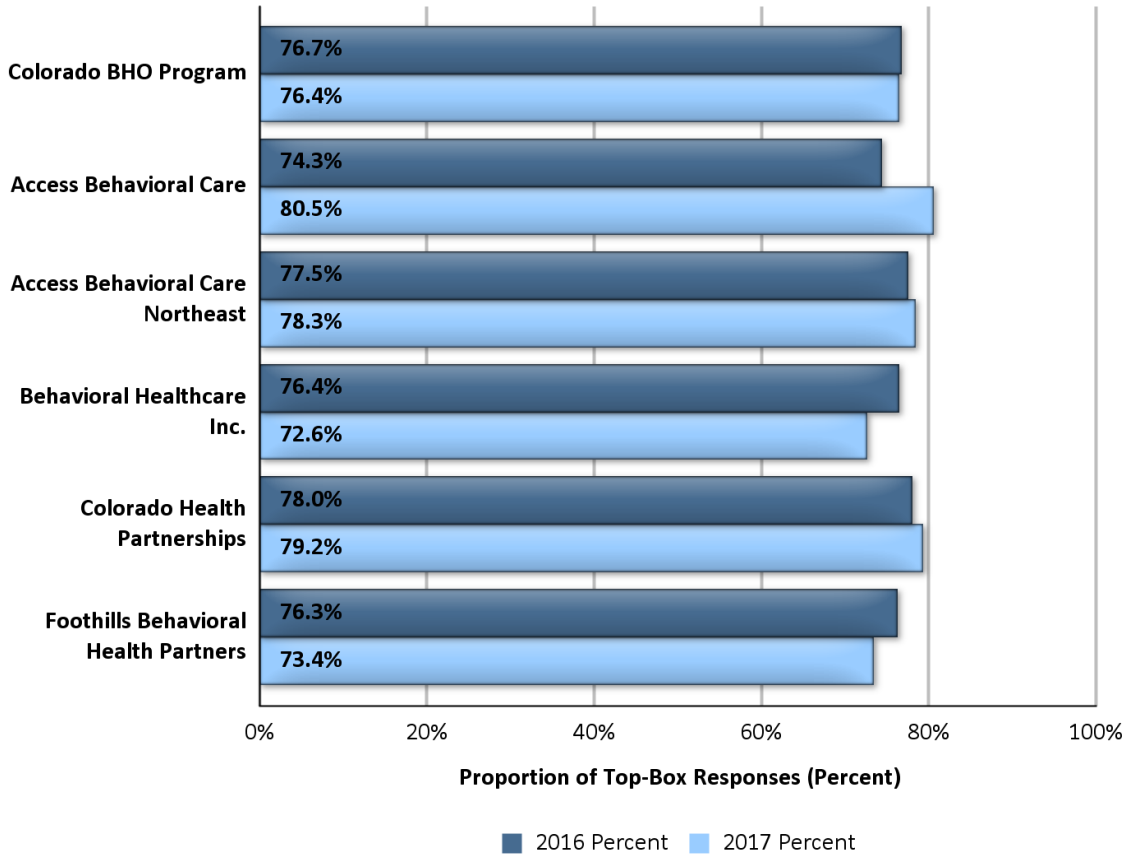
One question (Question 29) was asked to Colorado Child ECHO Survey respondents to assess how much the child client was helped by the counseling or treatment they received:

- **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 2016 and 2017 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 2017 score is statistically significantly higher than the 2016 score
▼ indicates the 2017 score is statistically significantly lower than the 2016 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

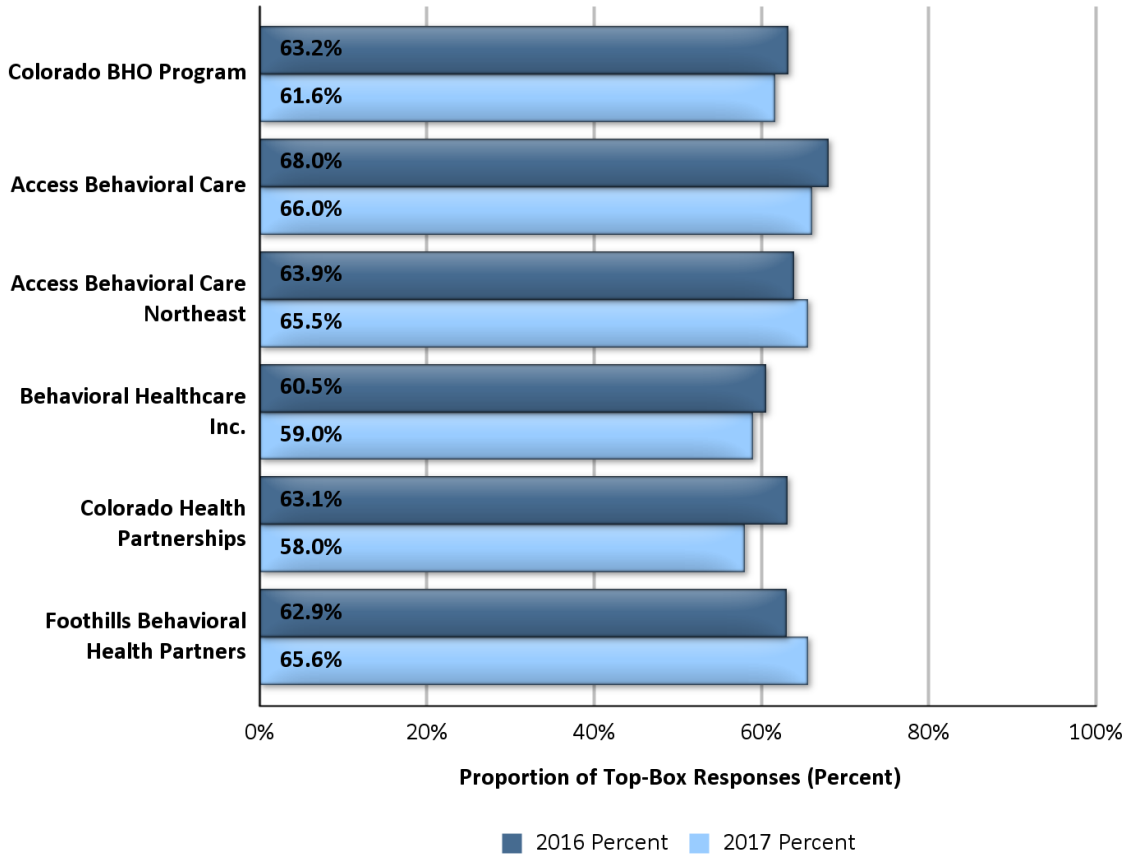
- **Question 43**. My child is better able to cope when things go wrong.
  - Strongly agree
  - Agree
  - Neutral
  - Disagree
  - Strongly Disagree
  - Not Applicable

- **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 2016 and 2017 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 2017 score is statistically significantly higher than the 2016 score
▼ indicates the 2017 score is statistically significantly lower than the 2016 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

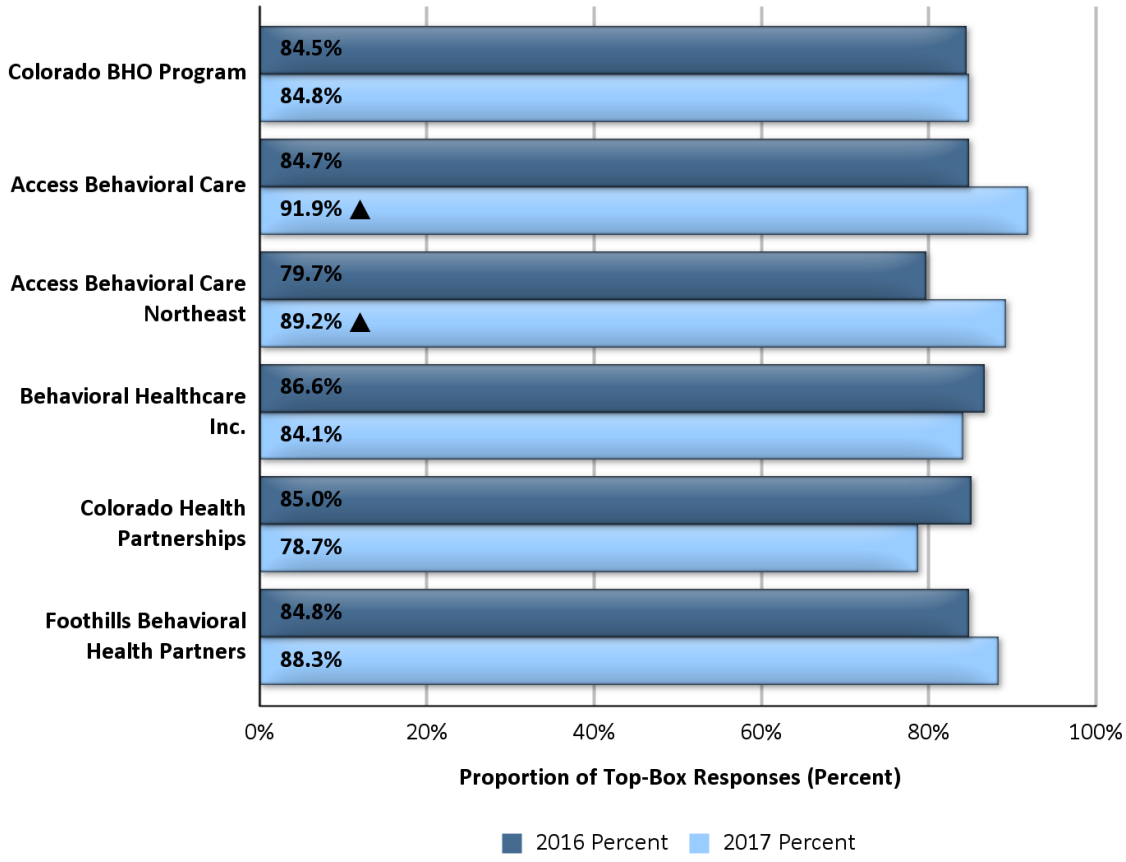
- **Question 48**. Other than my child's service providers, I have people that I am comfortable talking with about my child's problems.
  - Strongly agree
  - Agree
  - Neutral
  - Disagree
  - Strongly Disagree
  - Not Applicable

- **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 2016 and 2017 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 2017 score is statistically significantly higher than the 2016 score
▼ indicates the 2017 score is statistically significantly lower than the 2016 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	—+	N/A	N/A	N/A	N/A	N/A
Information to Manage Condition	—	—+	—	—	—	—
Office Wait	—	—	—	—	—	—
Patient Rights Information	—	—+	—	—	—	—
Patient Feels He or She Could Refuse Treatment	—	—+	—	—	—	—
Privacy	▲	—	—	—	—	—
Told About Medication Side Effects	—	—+	—+	—+	—+	—+

\+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*
▲ *Indicates the 2017 score is statistically significantly higher than the 2016 score.*
— *Indicates the 2017 score is not statistically significantly different than the 2016 score.*
▼ *Indicates the 2017 score is statistically significantly lower than the 2016 score.*
N/A Indicates that results for this measure are not displayed due to fewer than 30 responses.

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 fewer than 100 responses. Caution should be exercised when evaluating these results.*
▲ *Indicates the 2017 score is statistically significantly higher than the 2016 score.*
— *Indicates the 2017 score is not statistically significantly different than the 2016 score.*
▼ *Indicates the 2017 score is statistically significantly lower than the 2016 score.*

The trend analysis revealed the following summary results:

- The Colorado BHO Program scored statistically significantly higher in 2017 than in 2016 on one ECHO Survey measure, Privacy.
- Access Behavioral Care scored statistically significantly higher in 2017 than in 2016 on one YSS-F domain, Social Connectedness.
- Access Behavioral Care Northeast scored statistically significantly higher in 2017 than in 2016 on one YSS-F domain, Social Connectedness.
- Behavioral Healthcare Inc. did not score statistically significantly higher or lower in 2017 than in 2016 on any of the ECHO Survey measures or YSS-F domains.
- Colorado Health Partnerships did not score statistically significantly higher or lower in 2017 than in 2016 on any of the ECHO Survey measures or YSS-F domains.
- Foothills Behavioral Health Partners scored statistically significantly higher in 2017 than in 2016 on one ECHO Survey measure, Perceived Improvement.

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.[3-5] 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 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 an agreement score of one, and average scores 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 YSS-F domain were excluded from the analysis.

Statistically significant differences are noted in the tables by arrows. A BHO that performed statistically significantly higher than the Colorado BHO Program average is denoted with an upward (↑) arrow. Conversely, a BHO that performed statistically significantly lower than the Colorado BHO Program average is denoted with a downward (↓) arrow. If a BHO's score is not statistically significantly different than the Colorado BHO Program average, the BHO's score is denoted with a horizontal (↔) arrow. Additionally, if there are fewer than 30 responses for a measure, the BHO's score is not displayed and is denoted as "N/A."

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. 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).

[3-5] 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	51.0% + ↔	40.9% ↔	45.1% ↔	42.3% ↔	41.7% ↔
Composite Measures					
Getting Treatment Quickly	74.7% ↔	66.3% ↔	65.4% ↔	69.1% ↔	67.7% ↔
How Well Clinicians Communicate	91.0% ↔	85.3% ↔	87.2% ↔	85.9% ↔	87.6% ↔
Information About Treatment Options	74.6% ↔	74.0% ↔	69.5% ↔	68.6% ↔	75.2% ↔
Perceived Improvement	73.3% ↔	74.7% ↔	66.9% ↔	66.2% ↓	76.1% ↑
Individual Items					
Amount Helped	79.7% ↔	78.2% ↔	73.7% ↔	79.6% ↔	72.9% ↔
Cultural Competency	N/A	N/A	N/A	N/A	N/A
Information to Manage Condition	70.6% + ↔	68.8% ↔	69.8% ↔	69.1% ↔	69.4% ↔
Office Wait	80.0% ↔	80.2% ↔	83.9% ↔	84.2% ↔	84.0% ↔
Patient Rights Information	93.1% + ↔	87.6% ↔	88.1% ↔	88.9% ↔	92.8% ↔
Patient Feels He or She Could Refuse Treatment	85.1% + ↔	87.8% ↔	83.7% ↔	88.3% ↔	90.6% ↔
Privacy	98.6% ↔	98.3% ↔	96.1% ↔	97.0% ↔	98.1% ↔
Told About Medication Side Effects	91.2% + ↔	80.7% + ↔	84.2% + ↔	88.5% + ↔	86.1% + ↔

\+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*
↑ *Indicates the BHO's score is statistically higher 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 lower than the Colorado BHO Program average.*
N/A Indicates that results for this measure are not displayed due to fewer than 30 responses.

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	63.2% ↔	65.6% ↔	61.8% ↔	58.9% ↔	64.6% ↔
Social Connectedness	90.4% ↔	89.2% ↔	85.2% ↔	79.2% ↓	88.1% ↔

\+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*
↑ *Indicates the BHO's score is statistically higher 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 lower than the Colorado BHO Program average.*

Summary of BHO Comparisons Results

The BHO comparisons analysis revealed the following results:

- Access Behavioral Care did not score statistically significantly higher or lower than the Colorado BHO Program average on any of the ECHO Survey measures or YSS-F domains.
- Access Behavioral Care Northeast did not score statistically significantly higher or lower than the Colorado BHO Program average on any of the ECHO Survey measures or YSS-F domains.
- Behavioral Healthcare Inc. did not score statistically significantly higher or lower than the Colorado BHO Program average on any of the ECHO Survey measures or YSS-F domains.
- Colorado Health Partnerships scored statistically significantly lower than the Colorado BHO Program average on one ECHO Survey measure, Perceived Improvement and on one YSS-F domain, Social Connectedness.
- Foothills Behavioral Health Partners scored statistically significantly higher than the Colorado BHO Program average on one ECHO Survey measure, Perceived Improvement.

4. Recommendations

General Recommendations

HSAG recommends the Department collaborate with the BHOs in developing a client satisfaction survey that will examine members' needs and satisfaction with their care. More specifically, the survey may assist in providing a benchmark of BHO members' evaluations of, access to, and quality of, behavioral health services and to examine the factors that influence these ratings. In addition to developing the survey, the BHOs and the Department should administer the survey to adult and child BHO members. During the survey administration, survey mailings and a telephone interviewing phase could be utilized.

The Department also could conduct a factor 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 ECHO Survey, the areas identified as low performance were Rating of Counseling or Treatment (adult and child BHOs), Improved Functioning (adult and child BHOs), Perceived Improvement (adult BHOs only), Including Family (adult BHOs only), and Information About Treatment Options (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 5-10. These recommendations are applicable to both adult and child populations.

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 BHOs should attempt to reduce any burdens a patient might encounter while seeking behavioral health 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.

Customization of Care Based on Patient Needs

BHOs can consider practices that will enable them to provide patient-specific services that will adequately meet and improve patients' mental health. Patients can be provided with opportunities in which they can be in control and provide feedback on which practices work best for them, and the BHOs should attempt to accommodate patients' different care preferences. These considerations encourage shared decision making while also encouraging members to serve as active members in their mental health care.

Maintain Transparency

The BHOs should make efforts to ensure that the course of treatment remains transparent so that clients and their family will have access to information that will enable them to be informed when making important care decisions. Information can be utilized when selecting a health plan, clinical practice, or choosing among alternative treatment measures. The information provided may detail the BHOs' performance on safety, patient satisfaction, and evidence-based practices. By maintaining transparency, the BHOs can enforce and strengthen the amount of trust within their relationships with their patients.

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 (e.g., child-centered, family-focused, community-based services) 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 state 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 engage 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 primary care physicians (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. The implementation of a collaborative care model may actively enhance communication between specialists and clinicians, resulting in the appropriate exchange of patient information and coordination of care.

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

The BHOs should continue incorporating care management practices into their behavioral health service coordination processes through the use of care managers/coordinators. BHOs should continue training their care managers/coordinators in the appropriate skills for effectively addressing the medical and emotional needs of their patients. Care managers/coordinators are 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 are some principals the BHOs incorporate into care managers/coordinators training:[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 continuing to train care managers/coordinators in considering patients' medical and emotional needs, the BHOs are providing patients with the services and quality care they need.

Use of Communication Technologies for Service Delivery

BHOs should consider utilizing telehealth systems in order to expand both provider and patient access to mental health care. Video conference systems are increasingly being used to evaluate, diagnose, and provide mental health services to people who lack face-to-face access to such services. BHOs should perform research on the effective and specialized training offered to clinicians for ensuring the appropriate utilization of such tools. These tools will also provide the BHOs with an opportunity to

[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 March 29, 2017.

improve the timeliness in which their care is delivered to members. Additionally, BHOs may consider the utilization of smartphone applications that can provide members with an opportunity to self-assess and monitor their symptoms. In the context of behavioral health, these assessments can be shared with treating clinicians, tracked over time, and presented in a useful visual display to characterize treatment outcomes.

Meaningful Integration of Electronic Health Records (EHRs)

BHOs should continue utilizing environmental, relational, and system related strategies to meaningfully integrate EHRs into treatments and enhance the patient-centeredness of clinical encounters. Barriers that may limit providers' effective utilization of EHRs include: the poor alignment of EHRs standardized format with existing clinical workflows and challenges in preserving rapport with patients during sessions in which computers are used (e.g., loss of eye contact, reduced psychosocial questioning, and increased periods of silence during visits). In order to overcome such barriers, the proper integration of EHR systems is highly essential. The successful integration of EHR systems can impact various elements of behavioral health encounters, including how patients and providers interact and what tools are utilized to support treatment goals. It is important that providers continue revising existing clinical processes across a number of domains in order to optimize the utility of EHR systems during behavioral health treatments.

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 continue encouraging 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 continue to 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]

[4-2] 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 30, 2017.

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 component 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 continue educating patients on the 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 continue using 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.

Additionally, the BHOs can continue prescribing medications for mental and substance use disorders to provide relief to patients and help them manage their systems. Prescribing providers should continue to 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 30, 2017.

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 and YSS surveys. 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"). The MHSIP/YSS-F domains are a series of questions from the surveys that evaluate improved functioning and social connectedness.

[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 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, 2015 to October 31, 2016). 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:

- 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.

- 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 October 31, 2016. Child clients eligible for sampling included those who were 17 years of age or younger as of October 31, 2016. 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. Sampled clients included those who met the following criteria:

- Were age 18 or older as of October 31, 2016 (adult clients only).
- Were age 17 or younger as of October 31, 2016 (child clients only).

- Were identified as having received at least one behavioral health service or treatment from the participating BHOs or contracted CMHCs or specialty clinics.
- Had been continuously enrolled from November 1, 2015 to October 31, 2016, with no more than one gap in enrollment up to 45 days (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 the criteria described on page 5-3), 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 2017 scores to the 2016 scores to determine whether there were statistically significant differences. Statistically significant differences are noted with directional triangles. Scores that were statistically significantly higher in 2017 than in 2016 are noted with black upward (▲) triangles. Scores that were statistically significantly lower in 2017 than in 2016 are noted with black downward (▼) triangles. Scores in 2017 that were not statistically significantly different from scores in 2016 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. Results based on fewer than 30 respondents were suppressed and are noted as "Not Applicable."

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. 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:

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

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:

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

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 2017 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 2017 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, YSS-F, and YSS surveys were added. Given the modifications to the standardized ECHO Survey instruments, caution should be exercised when interpreting the 2017 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 were not available for the MHSIP, YSS-F, and YSS surveys; therefore, comparisons to national data could not be performed for the MHSIP, YSS-F, and

YSS 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.

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.

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6. Survey Instruments

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 and YSS items. This section provides a copy of each survey instrument.

COLORADO
Department of Health Care Policy & Financing

DataStat

All information that would let someone identify you or your family will be kept private. The research staff will not share your personal information with anyone without your OK. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get.

You may notice a barcode number on the front of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call 1-866-387-9014.

SURVEY INSTRUCTIONS

- **Please be sure to fill the response circle completely. Use only black or blue ink or dark pencil to complete the survey.**

Correct Mark ● **Incorrect Marks** 

- **You are sometimes told to skip over some questions in the survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:**

● **Yes** ➔ ***Go to Question 1***
○ **No**

START HERE

PERSONAL OR FAMILY COUNSELING

People can get counseling, treatment or medicine for many different reasons, such as:

- **For feeling depressed, anxious, or "stressed out"**
- **Personal problems (like when a loved one dies or when there are problems at work)**
- **Family problems (like marriage problems or when parents and children have trouble getting along)**
- **Needing help with drug or alcohol use**
- **For mental or emotional illness**

1. In the last 12 months, did you get counseling, treatment or medicine for any of these reasons?

○ Yes
○ No ➔ ***Go to Question 51***

YOUR COUNSELING AND TREATMENT IN THE LAST 12 MONTHS

The next questions ask about <u>your</u> counseling or treatment. <u>Do not</u> include counseling or treatment during an overnight stay or from a self-help group.

2. In the last 12 months, did you need counseling or treatment right away?

- ○ Yes
- ○ No ➔ ***Go to Question 4***

3. In the last 12 months, when you needed counseling or treatment <u>right away</u>, how often did you see someone as soon as you wanted?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

4. In the last 12 months, not counting times you needed counseling or treatment right away, did you make any <u>appointments</u> for counseling or treatment?

- ○ Yes
- ○ No ➔ ***Go to Question 6***

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

6. In the last 12 months, how many times did you go to a <u>crisis center</u> to get counseling or treatment for yourself?

- ○ None
- ○ 1
- ○ 2
- ○ 3 or more

7. In the last 12 months, how many times did you call the Colorado Crisis Hotline to receive help for yourself?

- ○ None
- ○ 1
- ○ 2
- ○ 3 or more
- ○ Don't know

8. In the last 12 months (not counting crisis centers), how many times did you go to an office, clinic, or other treatment program to get counseling, treatment or medicine for yourself?

- ○ None ➔ ***Go to Question 28***
- ○ 1 to 10
- ○ 11 to 20
- ○ 21 or more

9. In the last 12 months, how often were you seen <u>within 15 minutes</u> of your appointment?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

The next questions are about <u>all</u> the counseling or treatment you got in the last 12 months during office and clinic <u>visits</u>. Please do the best you can to include all the different people you went to for counseling or treatment in your answers.

10. In the last 12 months, how often did the people you went to for counseling or treatment <u>listen carefully to you</u>?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

11. In the last 12 months, how often did the people you went to for counseling or treatment <u>explain things</u> in a way you could understand?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

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

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

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

15. In the last 12 months, did you take any prescription medicines as part of your treatment?

- ○ Yes
- ○ No ➔ ***Go to Question 17***

16. In the last 12 months, were you told what side effects of those medicines to watch for?

- ○ Yes
- ○ No

17. In the last 12 months, how often were you involved as much as you wanted in your treatment planning?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

18. In the last 12 months, did anyone talk to you about whether to include your family in your treatment?

- ○ Yes
- ○ No

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

20. In the last 12 months, were you given information about different kinds of counseling or treatment that are available?

- ○ Yes
- ○ No

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

22. In the last 12 months, were you given information about your rights as a patient?

- ○ Yes
- ○ No

23. In the last 12 months, did you feel you could refuse a specific type of medicine or treatment?

- ○ Yes
- ○ No

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

25. Does your language, race, religion, ethnic background or culture make any difference in the kind of counseling or treatment you need?

- ○ Yes
- ○ No ➔ ***Go to Question 27***

26. In the last 12 months, was the care you received responsive to those needs?

- ○ Yes
- ○ No

27. Using any number from 0 to 10, where 0 is the worst counseling or treatment possible and 10 is the best counseling or treatment possible, what number would you use to rate all your counseling or treatment in the last 12 months?

○	○	○	○	○	○	○	○	○	○	○
0	1	2	3	4	5	6	7	8	9	10
Worst Counseling or Treatment Possible										Best Counseling or Treatment Possible

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

29. In general, how would you rate your overall mental health now?

- ○ Excellent
- ○ Very Good
- ○ Good
- ○ Fair
- ○ Poor

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

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

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

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

REASONS FOR COUNSELING OR TREATMENT

34. In the last 12 months, was any of your counseling or treatment for personal problems, family problems, emotional illness, or mental illness?

- ○ Yes
- ○ No

35. In the last 12 months, was any of your counseling or treatment for help with alcohol use or drug use?

- ○ Yes
- ○ No

COUNSELING OR TREATMENT CENTER

Counseling or treatment centers include a variety of behavioral health specialties and other health professionals who meet with clients to provide counseling or treatment services.

Please answer the next section based on the community mental health center (CMHC) at which you <u>most often</u> receive counseling or treatment services.

In thinking about the center you use most often and <u>results of the counseling or treatment services you received at this center</u>, please mark the response that best represents how you feel about each statement. If the statement does not apply, please mark "Not Applicable."

36. My symptoms are not bothering me as much.

- ○ Strongly agree
- ○ Agree
- ○ Neutral
- ○ Disagree
- ○ Strongly Disagree
- ○ Not Applicable

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

38. I am happy with the friendships I have.

- ○ Strongly agree
- ○ Agree
- ○ Neutral
- ○ Disagree
- ○ Strongly Disagree
- ○ Not Applicable

39. I have people with whom I can do enjoyable things.

- ○ Strongly agree
- ○ Agree
- ○ Neutral
- ○ Disagree
- ○ Strongly Disagree
- ○ Not Applicable

40. I feel I belong in my community.

- ○ Strongly agree
- ○ Agree
- ○ Neutral
- ○ Disagree
- ○ Strongly Disagree
- ○ Not Applicable

41. I do things that are more meaningful to me.

- ○ Strongly agree
- ○ Agree
- ○ Neutral
- ○ Disagree
- ○ Strongly Disagree
- ○ Not Applicable

42. I am better able to take care of my needs.

- ○ Strongly agree
- ○ Agree
- ○ Neutral
- ○ Disagree
- ○ Strongly Disagree
- ○ Not Applicable

43. I am better able to handle things when they go wrong.

- ○ Strongly agree
- ○ Agree
- ○ Neutral
- ○ Disagree
- ○ Strongly Disagree
- ○ Not Applicable

44. I am better able to do things that I want to do.

- ○ Strongly agree
- ○ Agree
- ○ Neutral
- ○ Disagree
- ○ Strongly Disagree
- ○ Not Applicable

The next questions ask about the center from which you <u>most often</u> receive counseling or treatment services.

45. The following is a list of community mental health centers (CMHCs) that provide counseling or treatment services. Please indicate at which <u>one</u> of the following CMHCs you <u>most often</u> receive counseling or treatment services. If you do not know the name of the CMHC, please mark "Don't know."

- ○ Arapahoe/Douglas Mental Health Network
- ○ Asian Pacific Center for Human Development
- ○ AspenPointe Health Services
- ○ Aurora Mental Health Center
- ○ Axis Health Systems
- ○ Centennial Mental Health Center
- ○ Community Reach Center
- ○ Health Solutions (formerly known as Spanish Peaks Behavioral Health Centers)
- ○ Jefferson Center for Mental Health
- ○ Mental Health Center of Denver
- ○ Mental Health Partners (formerly known as Boulder Community Health)
- ○ Midwestern Colorado Mental Health Center
- ○ Mind Springs Health
- ○ North Range Behavioral Health
- ○ San Luis Valley Comprehensive Community Mental Health Center
- ○ Servicios de la Raza
- ○ Southeast Mental Health Group
- ○ Summitstone Health Partners
- ○ West Central Mental Health Center
- ○ Other
- ○ Don't know

46. How long have you been receiving services at this center?

- ○ Less Than a Year (12 months)
- ○ More Than a Year (12 months)

47. Were you arrested since you began receiving services from this center?

- ○ Yes
- ○ No

48. Were you arrested during the 12 months prior to that?

- ○ Yes
- ○ No

49. Since you began to receive services from this center, have your encounters with the police...

- ○ Been reduced (not been arrested or hassled by police)
- ○ Stayed the same
- ○ Increased
- ○ Does not apply - I have had no police encounters

50. Have you been court ordered to participate in counseling or treatment?

- ○ Yes
- ○ No

ABOUT YOU

Please answer the following questions to let us know a little about you.

51. In general, how would you rate your <u>overall health</u> now?

- ○ Excellent
- ○ Very Good
- ○ Good
- ○ Fair
- ○ Poor

52. What is your age now?

- ○ 18 to 24
- ○ 25 to 34
- ○ 35 to 44
- ○ 45 to 54
- ○ 55 to 64
- ○ 65 to 74
- ○ 75 or older

53. Are you male or female?

- ○ Male
- ○ Female

54. What is the highest grade or level of school that you have completed?

- ○ 8th grade or less
- ○ Some high school, but did not graduate
- ○ High school graduate or GED
- ○ Some college or 2-year degree
- ○ 4-year college graduate
- ○ More than 4-year college degree

55. Are you of Hispanic or Latino origin or descent?

- ○ Yes, Hispanic or Latino
- ○ No, not Hispanic or Latino

56. What is your race? Please mark one or more.

- ○ White
- ○ Black or African-American
- ○ Asian
- ○ Native Hawaiian or other Pacific Islander
- ○ American Indian or Alaska Native
- ○ Other

57. Did someone help you complete this survey?

- ○ Yes
- ○ No ➔ ***Go to Question 59***

58. How did that person help you? Check all that apply.

- ○ Read the questions to me
- ○ Wrote down the answers I gave
- ○ Answered the questions for me
- ○ Translated the questions into my language
- ○ Helped in some other way

59. The following is a list of different types of health insurance coverage. Please indicate if you currently have any of the following types of insurance. Please do not include any health insurance plans that cover only ONE type of service, like plans for dental care or prescription drugs.

- ○ Medicare
- ○ Medicaid
- ○ Child Health Plan Plus (CHP+) (This is a Colorado Program for low and moderate income children under the age of 19 and pregnant women who live in families that earn more than is allowed to be on Medicaid.)
- ○ Other type of private health insurance
- ○ No health insurance
- ○ Don't know

THANK YOU

Thanks again for taking the time to complete this survey! Your answers are greatly appreciated.

When you are done, please use the enclosed postage-paid envelope to mail the survey to:

DataStat, 3975 Research Park Drive
Ann Arbor, MI 48108

COLORADO
Department of Health Care Policy & Financing

DataStat

All information that would let someone identify you or your family will be kept private. The research staff will not share your personal information with anyone without your OK. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get.

You may notice a barcode number on the front of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call 1-866-387-9014.

SURVEY INSTRUCTIONS

- **Please be sure to fill the response circle completely. Use only black or blue ink or dark pencil to complete the survey.**

Correct Mark ● **Incorrect Marks** 

- **You are sometimes told to skip over some questions in the survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:**

● **Yes** ➔ ***Go to Question 1***
○ **No**

START HERE

PERSONAL OR FAMILY COUNSELING

Please answer the questions for the child listed on the envelope. Please do not answer for any other children.

Children can get counseling, treatment or medicine for many different reasons, such as:

- **For problems related to attention deficit hyperactivity disorder (ADHD) or other behavior or emotional problems**
- **Family problems (like when parents and children have trouble getting along)**
- **For mental or emotional illness**
- **Needing help with drug or alcohol use**

1. In the last 12 months, did your child get counseling, treatment or medicine for any of these reasons?

○ Yes
○ No ➔ ***Go to Question 58***

YOUR CHILD'S COUNSELING AND TREATMENT IN THE LAST 12 MONTHS

The next questions ask about <u>you/your child's</u> counseling or treatment. <u>Do not</u> include counseling or treatment during an overnight stay or from a self-help group.

2. In the last 12 months, did your child need counseling or treatment <u>right away</u>?

- ○ Yes
- ○ No ➔ ***Go to Question 4***

3. In the last 12 months, when your child needed counseling or treatment <u>right away</u>, how often did your child see someone as soon as you wanted?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

4. In the last 12 months, not counting times your child needed counseling or treatment right away, did you make any <u>appointments</u> for your child for counseling or treatment?

- ○ Yes
- ○ No ➔ ***Go to Question 6***

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

6. In the last 12 months, how many times did your child go to a <u>crisis center</u> to get counseling or treatment?

- ○ None
- ○ 1
- ○ 2
- ○ 3 or more

7. In the last 12 months, how many times did you call the Colorado Crisis Hotline to receive help for your child?

- ○ None
- ○ 1
- ○ 2
- ○ 3 or more
- ○ Don't know

8. In the last 12 months, (not counting crisis centers), how many times did your child get counseling, treatment or medicine in your home or at an office, clinic, or other treatment program?

- ○ None ➔ ***Go to Question 29***
- ○ 1 to 10
- ○ 11 to 20
- ○ 21 or more

9. In the last 12 months, how many times did your child get counseling or treatment <u>in your home</u>?

- ○ None
- ○ 1 to 10
- ○ 11 to 20
- ○ 21 or more

10. In the last 12 months, how often was your child seen <u>within 15 minutes</u> of your child's appointment?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

The next questions are about <u>all</u> the counseling or treatment your child got in the last 12 months in your home, or during an office or clinic visit. Please do the best you can to include all the different people your child saw for counseling or treatment in your answers.

11. In the last 12 months, how often did the people your child saw for counseling or treatment <u>listen carefully to you</u>?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

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

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

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

15. In the last 12 months, did your child take any prescription medicines as part of your child's treatment?

- ○ Yes
- ○ No ➔ ***Go to Question 17***

16. In the last 12 months, were you told what side effects of those medicines to watch for?

- ○ Yes
- ○ No

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

18. In the last 12 months, were the goals of your child's counseling or treatment discussed completely with you?

- ○ Yes
- ○ No

19. In the last 12 months, how often did your family get the professional help you wanted for your child?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

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

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

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

23. In the last 12 months, were you given information about your child's rights as a patient?

- ○ Yes
- ○ No

24. In the last 12 months, did you feel you could refuse a specific type of medicine or treatment for your child?

- ○ Yes
- ○ No

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

26. Does your child's language, race, religion, ethnic background or culture make any difference in the kind of counseling or treatment you/your child needs?

- ○ Yes
- ○ No ➔ ***Go to Question 28***

27. In the last 12 months, was the care your child received responsive to those needs?

- ○ Yes
- ○ No

28. Using any number from 0 to 10, where 0 is the worst counseling or treatment possible and 10 is the best counseling or treatment possible, what number would you use to rate all your child's counseling or treatment in the last 12 months?

○	○	○	○	○	○	○	○	○	○	○
0	1	2	3	4	5	6	7	8	9	10
Worst Counseling or Treatment Possible										Best Counseling or Treatment Possible

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

30. In general, how would you rate your child's overall mental health now?

- ○ Excellent
- ○ Very Good
- ○ Good
- ○ Fair
- ○ Poor

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

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

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

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

REASONS FOR COUNSELING OR TREATMENT

35. In the last 12 months, was any of your child's counseling or treatment for problems related to behavior?

- ○ Yes
- ○ No

36. In the last 12 months, was any of your child's counseling or treatment for family problems?

- ○ Yes
- ○ No

37. In the last 12 months, was any of your child's counseling or treatment for emotional or mental illness?

- ○ Yes
- ○ No

38. In the last 12 months, was any of your child's counseling or treatment for help with alcohol use or drug use?

- ○ Yes
- ○ No

COUNSELING OR TREATMENT CENTERS

Counseling or treatment centers include a variety of behavioral health specialties and other health professionals who meet with clients to provide counseling or treatment services.

Please answer the next section based on the community mental health center (CMHC) at which your child and/or family most often receive counseling or treatment services.

In thinking about the center your child uses most often and results of the counseling or treatment services your child and/or family received at this center, please mark the response that best represents how you feel about each statement. If the statement does not apply, please mark "Not Applicable."

39. My child is better at handling daily life.

- ○ Strongly agree
- ○ Agree
- ○ Neutral
- ○ Disagree
- ○ Strongly disagree
- ○ Not Applicable

40. My child gets along better with family members.

- ○ Strongly agree
- ○ Agree
- ○ Neutral
- ○ Disagree
- ○ Strongly disagree
- ○ Not Applicable

41. My child gets along better with friends and other people.

- ○ Strongly agree
- ○ Agree
- ○ Neutral
- ○ Disagree
- ○ Strongly disagree
- ○ Not Applicable

42. My child is doing better in school and/or work.

- ○ Strongly agree
- ○ Agree
- ○ Neutral
- ○ Disagree
- ○ Strongly disagree
- ○ Not Applicable

43. My child is better able to cope when things go wrong.

- ○ Strongly agree
- ○ Agree
- ○ Neutral
- ○ Disagree
- ○ Strongly disagree
- ○ Not Applicable

44. I am satisfied with our family life right now.

- ○ Strongly agree
- ○ Agree
- ○ Neutral
- ○ Disagree
- ○ Strongly disagree
- ○ Not Applicable

45. My child is better able to do things he or she wants to do.

- ○ Strongly agree
- ○ Agree
- ○ Neutral
- ○ Disagree
- ○ Strongly disagree
- ○ Not Applicable

In thinking about people <u>other than your child's service providers</u>, please mark the response that best represents how you feel about each statement. If the statement does not apply, please mark "Not Applicable."

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

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

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

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

The next questions ask about the center from which your child <u>most often</u> receives counseling or treatment services.

50. The following is a list of community mental health centers (CMHCs) that provide counseling or treatment services. Please indicate at which <u>one</u> of the following CMHCs your child and/or family <u>most often</u> receive counseling or treatment services. If you do not know the name of the CMHC, please mark "Don't know."

- ○ Arapahoe/Douglas Mental Health Network
- ○ Asian Pacific Center for Human Development
- ○ AspenPointe Health Services
- ○ Aurora Mental Health Center
- ○ Axis Health Systems
- ○ Centennial Mental Health Center
- ○ Community Reach Center
- ○ Health Solutions (formerly known as Spanish Peaks Behavioral Health Centers)
- ○ Jefferson Center for Mental Health
- ○ Mental Health Center of Denver
- ○ Mental Health Partners (formerly known as Boulder Community Health)
- ○ Midwestern Colorado Mental Health Center
- ○ Mind Springs Health
- ○ North Range Behavioral Health
- ○ San Luis Valley Comprehensive Community Mental Health Center
- ○ Servicios de la Raza
- ○ Southeast Mental Health Group
- ○ Summitstone Health Partners
- ○ West Central Mental Health Center
- ○ Other
- ○ Don't know

51. How long has your child been receiving services from this center?

- ○ Less Than a Year (12 months)
- ○ More Than a Year (12 months)

52. Was your child arrested during the last 12 months?

- ○ Yes
- ○ No

53. Was your child arrested during the 12 months prior to that?

- ○ Yes
- ○ No

54. Over the last 12 months, have your child's encounters with the police...

- ○ Been reduced (not been arrested or hassled by police)
- ○ Stayed the same
- ○ Increased
- ○ Does not apply - My child has had no police encounters

55. Was your child expelled or suspended from school during the last 12 months?

- ○ Yes
- ○ No

56. Was your child expelled or suspended from school during the 12 months prior to that?

- ○ Yes
- ○ No

57. Over the last 12 months, the number of days my child was in school is...

- ○ Greater
- ○ About the same
- ○ Less
- ○ Does not apply

ABOUT YOU AND YOUR CHILD

Please answer the following questions to let us know a little about you and your child.

58. In general, how would you rate <u>your child's overall health</u> now?

- ○ Excellent
- ○ Very Good
- ○ Good
- ○ Fair
- ○ Poor

59. What is <u>your child's</u> age?

- ○ Less than 1 year old

☐☐ YEARS OLD (write in)

60. Is your child male or female?

- ○ Male
- ○ Female

61. Is your child of Hispanic or Latino origin or descent?

- ○ Yes, Hispanic or Latino
- ○ No, not Hispanic or Latino

62. What is your child's race? Please mark one or more.

- ○ White
- ○ Black or African-American
- ○ Asian
- ○ Native Hawaiian or other Pacific Islander
- ○ American Indian or Alaska Native
- ○ Other

The following questions ask about the parent/guardian of the child/youth client. If you are the child/youth client and completing the survey on behalf of yourself, please mark "Not applicable."

63. What is <u>your</u> age now?

- ○ Under 18
- ○ 18 to 24
- ○ 25 to 34
- ○ 35 to 44
- ○ 45 to 54
- ○ 55 to 64
- ○ 65 to 74
- ○ 75 or older
- ○ Not applicable ➔ ***Go to Question 67***

64. Are you male or female?

- ○ Male
- ○ Female

65. What is the highest grade or level of school that you have <u>completed</u>?

- ○ 8th grade or less
- ○ Some high school, but did not graduate
- ○ High school graduate or GED
- ○ Some college or 2-year degree
- ○ 4-year college graduate
- ○ More than 4-year college degree

66. How are you related to the child?

- ○ Mother or father
- ○ Grandparent
- ○ Aunt or uncle
- ○ Older sibling
- ○ Other relative
- ○ Legal guardian
- ○ Someone else

67. The following is a list of different types of health insurance coverage. Please indicate if your child currently has any of the following types of insurance. Please do not include any health insurance plans that cover only ONE type of service, like plans for dental care or prescription drugs.

- ○ Medicare
- ○ Medicaid
- ○ Child Health Plan Plus (CHP+) (This is a Colorado Program for low and moderate income children under the age of 19 and pregnant women who live in families that earn more than is allowed to be on Medicaid.)
- ○ Other type of private health insurance
- ○ No health insurance
- ○ Don't know

68. In the last 12 months, has your child been placed in the foster care system?

- ○ Yes
- ○ No

69. Who completed this survey?

- ○ Parent/guardian of the child/youth in services
- ○ Child/youth client in services (i.e., the child/youth receiving treatment or counseling services)
- ○ Someone else

THANK YOU

Thanks again for taking the time to complete this survey! Your answers are greatly appreciated.

When you are done, please use the enclosed postage-paid envelope to mail the survey to:

DataStat, 3975 Research Park Drive
Ann Arbor, MI 48108