2018 Colorado Behavioral Health Organization Member Satisfaction Report

Colorado Department of Health Care Policy & Financing

June 2018

HSAG HEALTH SERVICES ADVISORY GROUP

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Introduction

The State of Colorado requested the administration of satisfaction surveys to members 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) or 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 member satisfaction.

The survey instrument selected for adult members 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 members 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 members and parents/caretakers of the child member (or the child member) completed the surveys from January to April 2018.[1-3] The five Colorado BHOs that participated in the survey administration were:

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

[1-1] To determine if the member 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 member (identified as having received behavioral health services) and instructions were provided for the parent/caretaker to complete the survey on behalf of the child member. However, if the child member was able to complete the survey on his/her own, the parent/caretaker was instructed to allow the child member 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 members 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, 2016, and October 31, 2017. 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' member satisfaction for the adult population, HSAG performed a stepwise trend analysis, where applicable. The first step compared the 2018 CAHPS results to the 2017 CAHPS results. If the initial 2018 and 2017 trend analysis did not yield any statistically significant differences, then an additional trend analysis was performed between 2018 and 2016 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 Denver	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 Measure						
Perceived Improvement	▲ (red)	—	—	▲ (red)	—	▲ (red)
ECHO Survey Individual Items						
Office Wait	—	—	—	—	—	▼
Patient Feels He or She Could Refuse Treatment	▲	—	—	—	—	▲ (red)

▲ *Indicates the 2018 score is statistically significantly higher than the 2017 score.*
▼ *Indicates the 2018 score is statistically significantly lower than the 2017 score.*
▲ (red) *Indicates the 2018 score is statistically significantly higher than the 2016 score.*
▼ (red) *Indicates the 2018 score is statistically significantly lower than the 2016 score.*
— *Indicates the 2018 score is not statistically significantly different than the 2017 or the 2016 scores.*

BHO Comparisons

In order to identify performance differences in member 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 members 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, 2016, and October 31, 2017. 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' member satisfaction for the child population, HSAG performed a stepwise trend analysis, where applicable. The first step compared the 2018 CAHPS results to the 2017 CAHPS results. If the initial 2018 and 2017 trend analysis did not yield any statistically significant differences, then an additional trend analysis was performed between 2018 and 2016 results. The detailed results of the trend analysis are described in the Child Results section beginning on page 3-7. Table 1-2 presents the statistically significant results from this analysis.

Table 1-2—Child Trend Analysis Highlights

Measure Name	Colorado BHO Program	Access Behavioral Care Denver	Access Behavioral Care Northeast	Behavioral Healthcare, Inc.	Colorado Health Partnerships	Foothills Behavioral Health Partners
ECHO Survey Composite Measure						
Information About Treatment Options	—	—	—	—	—	▼
ECHO Survey Individual Items						
Office Wait	—	—	▲	—	—	—
Patient Feels He or She Could Refuse Treatment	—	—	▲	—	—	—
YSS-F Domain Agreement						
Social Connectedness	—	▼	—	—	—	—

▲   *Indicates the 2018 score is statistically significantly higher than the 2017 score.*
▼   *Indicates the 2018 score is statistically significantly lower than the 2017 score.*
▲   *Indicates the 2018 score is statistically significantly higher than the 2016 score.*
▼   *Indicates the 2018 score is statistically significantly lower than the 2016 score.*
—   *Indicates the 2018 score is not statistically significantly different than the 2017 or the 2016 scores.*

BHO Comparisons

In order to identify performance differences in member 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 plans scored statistically significantly *higher* than the Colorado BHO Program average on at least one measure:

- Access Behavioral Care Denver
    - Improved Functioning
    - How Well Clinicians Communicate
- Access Behavioral Care Northeast
    - Respondent Feels He or She Could Refuse Treatment For Their Child

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[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 members eligible for sampling included members 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, and/or corresponding BHO-contracted CMHCs or specialty clinics during the measurement year (i.e., November 1, 2016, to October 31, 2017). To determine if the member 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, members 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 members eligible for sampling included those who were 18 years of age or older as of October 31, 2017.

The survey administration protocol was designed to achieve a high response rate from members, thus minimizing the potential effects of non-response bias. The survey process employed allowed members two methods by which they could complete the surveys. The first phase, or mail phase, consisted of a survey being mailed to the sampled members. Members who were identified as Spanish-speaking through administrative data were mailed a Spanish version of the survey. Members 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 members 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 members 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 members who had not mailed in a completed survey. A maximum 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 members of the sample. A member'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 members included the entire random sample minus ineligible members. Ineligible members 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 930 adult members returned a completed survey. The 2018 Colorado BHO Program response rate for the adult population was 15.14 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**	**1,549**	**6,141**	**930**	**15.14%**
Access Behavioral Care Denver	1,538	365	1,173	171	14.58%
Access Behavioral Care Northeast	1,538	260	1,278	197	15.41%
Behavioral Healthcare, Inc.	1,538	327	1,211	176	14.53%
Colorado Health Partnerships	1,538	334	1,204	188	15.61%
Foothills Behavioral Health Partners	1,538	263	1,275	198	15.53%

Respondent Demographics

In general, the demographics of a response group influence overall member satisfaction scores. For example, older and healthier respondents tend to report higher levels of member 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 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	**7.6%**	**19.5%**	**16.0%**	**48.9%**	**8.0%**
Access Behavioral Care Denver	4.2%	17.5%	14.5%	54.8%	9.0%
Access Behavioral Care Northeast	8.4%	17.3%	16.2%	51.4%	6.7%
Behavioral Healthcare, Inc.	7.3%	24.8%	19.4%	41.8%	6.7%
Colorado Health Partnerships	9.1%	20.5%	18.2%	45.5%	6.8%
Foothills Behavioral Health Partners	8.9%	17.8%	12.0%	50.8%	10.5%
Please note: Percentages may not total 100% due to rounding.					

Table 2-3—Adult Demographics: Gender

BHO Name	Male	Female
Colorado BHO Program	**35.7%**	**64.3%**
Access Behavioral Care Denver	34.5%	65.5%
Access Behavioral Care Northeast	32.8%	67.2%
Behavioral Healthcare, Inc.	33.7%	66.3%
Colorado Health Partnerships	37.5%	62.5%
Foothills Behavioral Health Partners	39.3%	60.7%
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	**10.9%**	**64.3%**	**15.7%**	**4.5%**	**0.8%**	**1.8%**	**2.1%**
Access Behavioral Care Denver	16.4%	41.2%	21.8%	13.3%	0.0%	2.4%	4.8%
Access Behavioral Care Northeast	10.6%	72.2%	12.2%	1.7%	0.6%	0.6%	2.2%
Behavioral Healthcare, Inc.	7.9%	67.3%	13.9%	6.7%	2.4%	1.2%	0.6%
Colorado Health Partnerships	14.3%	65.7%	14.9%	1.7%	0.0%	2.9%	0.6%
Foothills Behavioral Health Partners	5.8%	73.0%	15.9%	0.0%	1.1%	2.1%	2.1%
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	**6.8%**	**16.4%**	**33.6%**	**30.5%**	**12.6%**
Access Behavioral Care Denver	7.3%	17.6%	33.3%	26.1%	15.8%
Access Behavioral Care Northeast	5.1%	13.7%	40.0%	30.3%	10.9%
Behavioral Healthcare, Inc.	4.3%	22.1%	35.0%	30.7%	8.0%
Colorado Health Partnerships	8.5%	13.6%	27.7%	33.9%	16.4%
Foothills Behavioral Health Partners	8.4%	15.7%	32.5%	31.4%	12.0%
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	**6.8%**	**18.1%**	**33.8%**	**31.7%**	**9.7%**
Access Behavioral Care Denver	7.6%	15.3%	34.7%	31.9%	10.4%
Access Behavioral Care Northeast	3.6%	21.4%	38.7%	26.2%	10.1%
Behavioral Healthcare, Inc.	9.7%	15.8%	32.7%	33.9%	7.9%
Colorado Health Partnerships	5.8%	16.8%	32.4%	33.5%	11.6%
Foothills Behavioral Health Partners	7.3%	20.7%	30.7%	33.0%	8.4%
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	**3.7%**	**9.4%**	**29.6%**	**35.2%**	**22.0%**
Access Behavioral Care Denver	5.5%	11.6%	23.2%	34.8%	25.0%
Access Behavioral Care Northeast	3.3%	8.9%	31.7%	36.1%	20.0%
Behavioral Healthcare, Inc.	3.1%	8.0%	35.2%	33.3%	20.4%
Colorado Health Partnerships	4.0%	9.1%	33.0%	38.1%	15.9%
Foothills Behavioral Health Partners	2.6%	9.5%	25.4%	33.9%	28.6%
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	**27.1%**	**85.3%**	**1.7%**	**7.4%**	**2.1%**	**1.6%**
Access Behavioral Care Denver	24.7%	82.5%	1.2%	5.4%	2.4%	3.6%
Access Behavioral Care Northeast	24.6%	86.0%	1.7%	6.7%	2.2%	0.6%
Behavioral Healthcare, Inc.	27.3%	83.0%	0.6%	9.1%	2.4%	1.8%
Colorado Health Partnerships	26.6%	91.0%	4.0%	6.2%	2.3%	1.7%
Foothills Behavioral Health Partners	31.9%	83.5%	1.1%	9.6%	1.1%	0.5%
Please note: Respondents may select more than one response option to this question; therefore, results may exceed 100%.						

Trend Analysis

The completed surveys shown in Table 2-9 were used to calculate the Colorado BHO Program aggregate's and corresponding BHOs' 2016, 2017, and 2018 results for the standard ECHO Survey measures and MHSIP domain agreement rates presented in this section for trending purposes.[2-2]

Table 2-9—Number of Completed Surveys

BHO Name	2016	2017	2018
Colorado BHO Program	**1,149**	**1,010**	**930**
Access Behavioral Care Denver	247	217	171
Access Behavioral Care Northeast	219	183	197
Behavioral Healthcare, Inc.	209	184	176
Colorado Health Partnerships	221	203	188
Foothills Behavioral Health Partners	253	223	198

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-box responses a score of one, with all other responses receiving a score of zero.[2-3] After applying this scoring methodology, the percentage of top-box 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

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

[2-3] National Committee for Quality Assurance. *HEDIS® 2018, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2017.

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

As previously noted, in order to evaluate trends in adult member satisfaction, HSAG performed a stepwise, three-year trend analysis for the Colorado BHO Program aggregate and each of the five participating BHOs. The first step compared the 2018 scores for each standard ECHO Survey measure and MHSIP domain agreement rate to the corresponding 2017 scores. If the initial 2018 and 2017 trend analysis did not yield any statistically significant differences, then an additional trend analysis was performed between 2018 and 2016 results. Statistically significant differences are noted with directional triangles. Scores that were statistically significantly higher in 2018 than in 2017 are noted with black upward (▲) triangles. Scores that were statistically significantly lower in 2018 than in 2017 are noted with black downward (▼) triangles. Scores that were statistically significantly higher in 2018 than in 2016 are noted with red upward (▲) triangles. Scores that were statistically significantly lower in 2018 than in 2016 are noted with red downward (▼) triangles. Scores in 2018 that were not statistically significantly different from scores in 2017 or 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 fewer 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-box responses were defined as those responses with a rating of 9 or 10. Figure 2-1 shows the Rating of All Counseling or Treatment question summary rates for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 2-1—Rating of All Counseling or Treatment
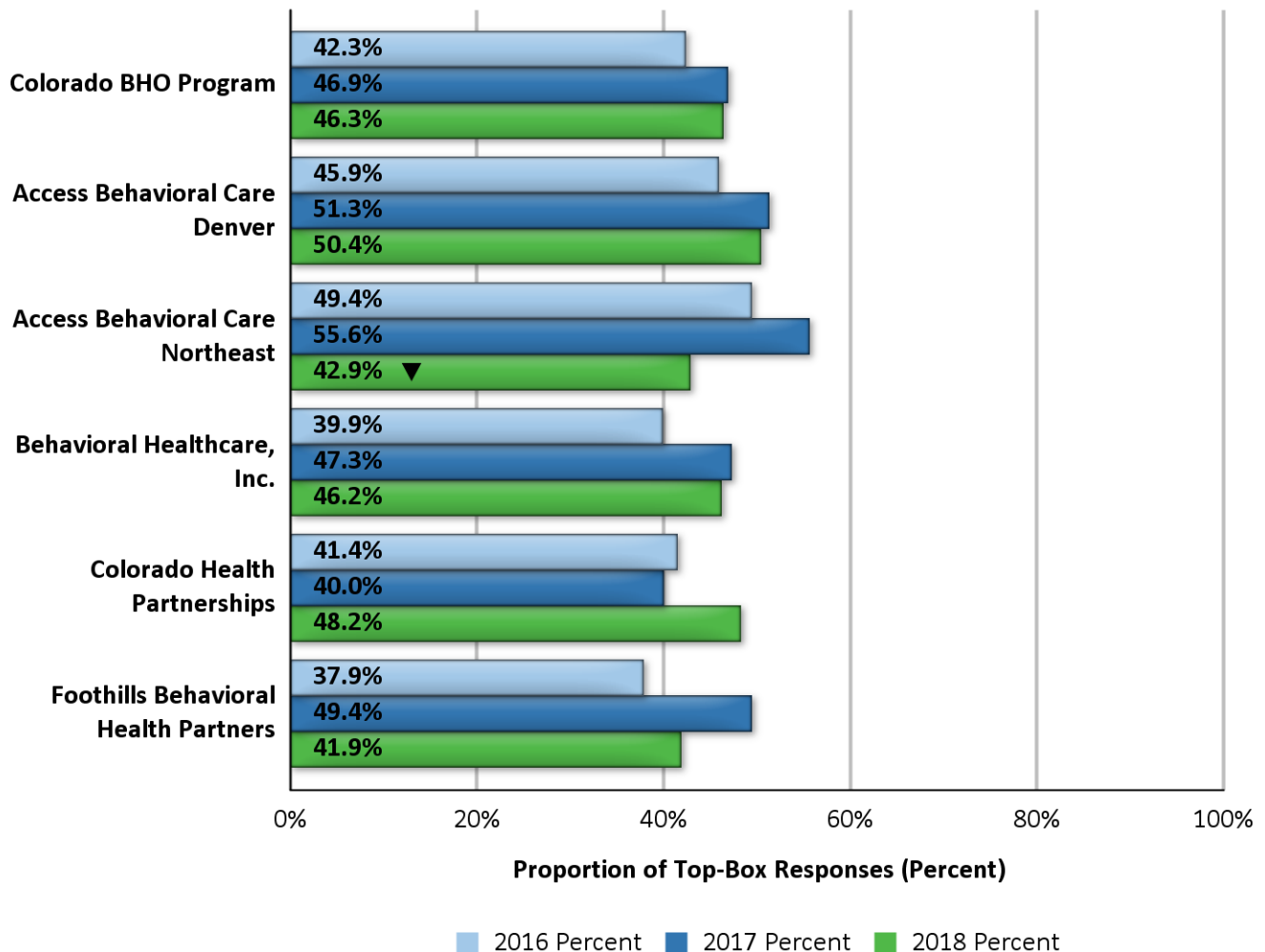
Proportion of Top-Box Responses (Percent)

■ 2016 Percent   ■ 2017 Percent   ■ 2018 Percent

Statistical Significance Note: ▲ Indicates the 2018 score is statistically significantly higher than the 2017 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2017 score.
▲ Indicates the 2018 score is statistically significantly higher than the 2016 score.
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If no statistically significant differences were found, no indicators (▲,▼or ▲,▼) appear on the figure.

Composite Measures

Getting Treatment Quickly

Two questions (Questions 3 and 5) were asked to assess how often adult respondents received treatment quickly:

- **Question 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?
    - o Never
    - o Sometimes
    - o Usually
    - o 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?
    - o Never
    - o Sometimes
    - o Usually
    - o 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 Getting Treatment Quickly global proportions for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 2-2—Getting Treatment Quickly
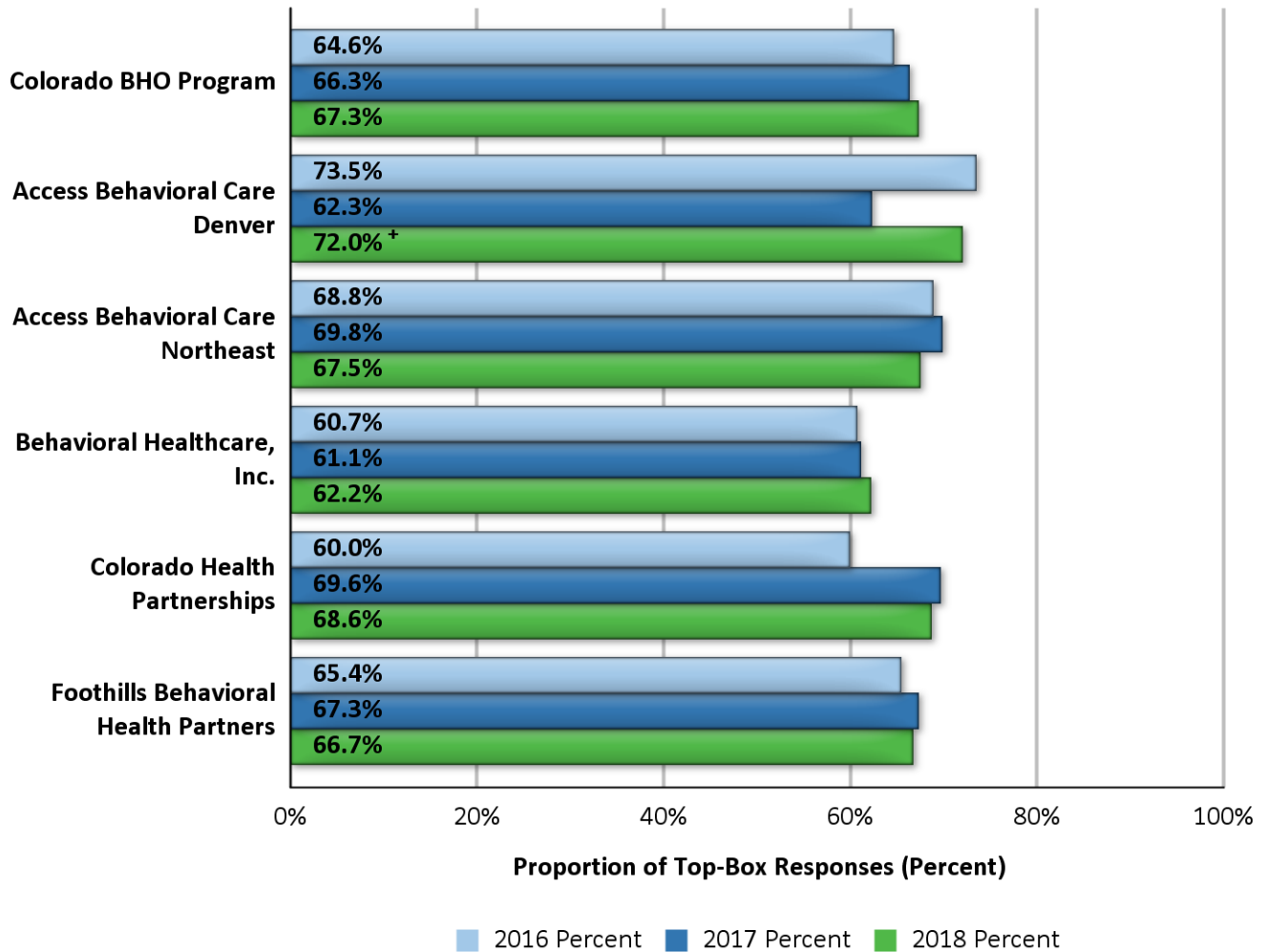
Statistical Significance Note: ▲ Indicates the 2018 score is statistically significantly higher than the 2017 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2017 score.
▲ Indicates the 2018 score is statistically significantly higher than the 2016 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2016 score.
If no statistically significant differences were found, no indicators (▲,▼or ▲,▼) appear on the figure.
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

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 <u>listen carefully to you</u>?
  - o Never
  - o Sometimes
  - o Usually
  - o Always

- **Question 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?
  - o Never
  - o Sometimes
  - o Usually
  - o Always

- **Question 12**. In the last 12 months, how often did the people you went to for counseling or treatment <u>show respect for what you had to say</u>?
  - o Never
  - o Sometimes
  - o Usually
  - o Always

- **Question 13**. In the last 12 months, how often did the people you went to for counseling or treatment <u>spend enough time</u> with you?
  - o Never
 - o Sometimes
  - o Usually
  - o Always

- **Question 14**. In the last 12 months, how often did you <u>feel safe</u> 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 <u>involved as much as you wanted</u> 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 How Well Clinicians Communicate global proportions for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 2-3—How Well Clinicians Communicate
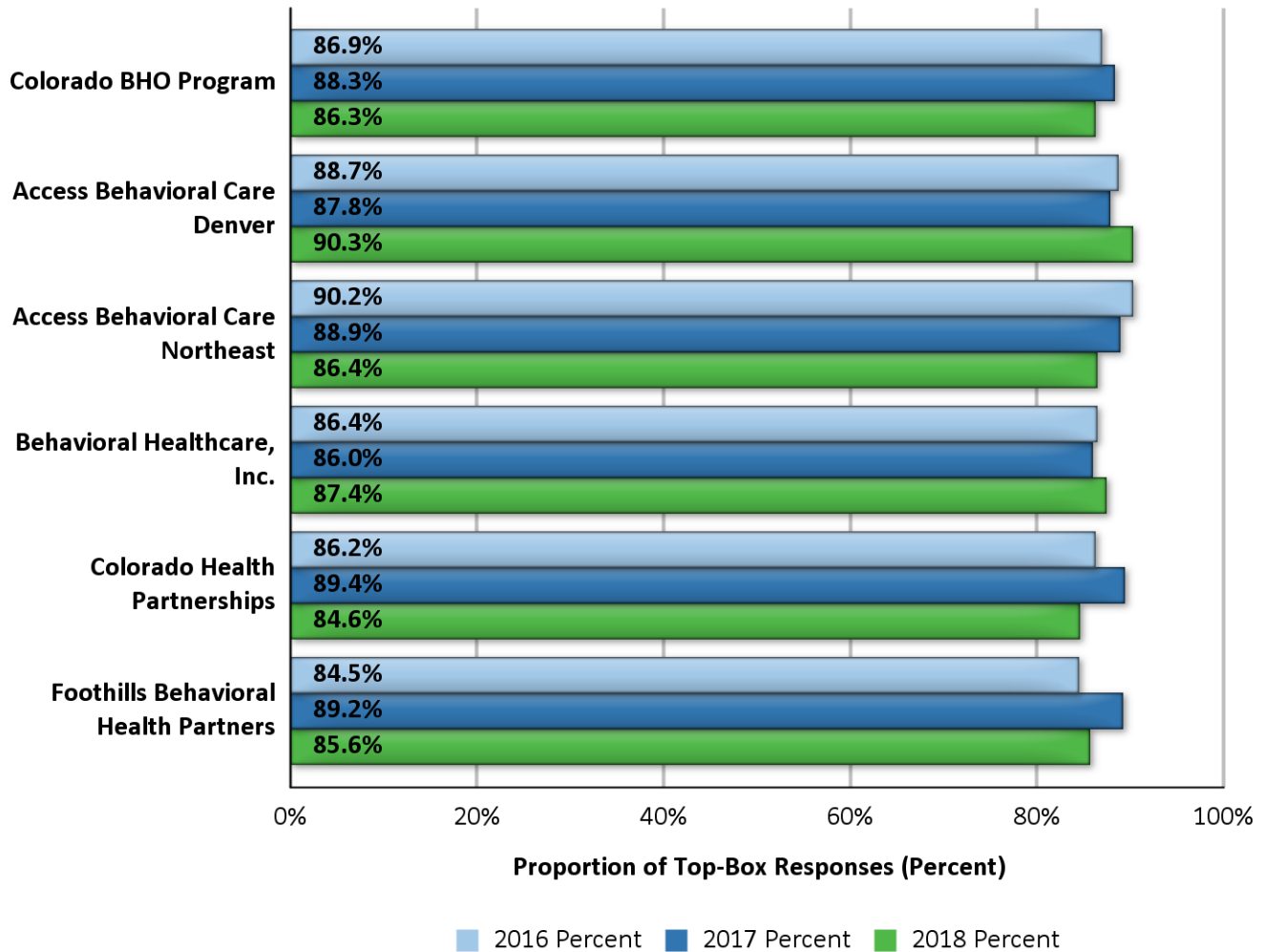
Statistical Significance Note: ▲ Indicates the 2018 score is statistically significantly higher than the 2017 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2017 score.
▲ Indicates the 2018 score is statistically significantly higher than the 2016 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2016 score.
If no statistically significant differences were found, no indicators (▲,▼or ▲,▼) appear on the figure.

Perceived Improvement

Four questions (Questions 30, 31, 32, and 33) were asked to assess 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**. <u>Compared to 12 months ago</u>, how would you rate your ability to deal with <u>daily problems now</u>?
    - o Much better
    - o A little better
    - o About the same
    - o A little worse
    - o Much worse

- **Question 31**. <u>Compared to 12 months ago</u>, how would you rate your ability to deal with <u>social situations now</u>?
    - o Much better
    - o A little better
    - o About the same
   - o A little worse
    - o Much worse

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

- **Question 33**. Compared to 12 months ago, how would you rate your problems or symptoms now?
    - o Much better
    - o A little better
    - o About the same
    - o A little worse
    - o 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 Perceived Improvement global proportions for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 2-4—Perceived Improvement
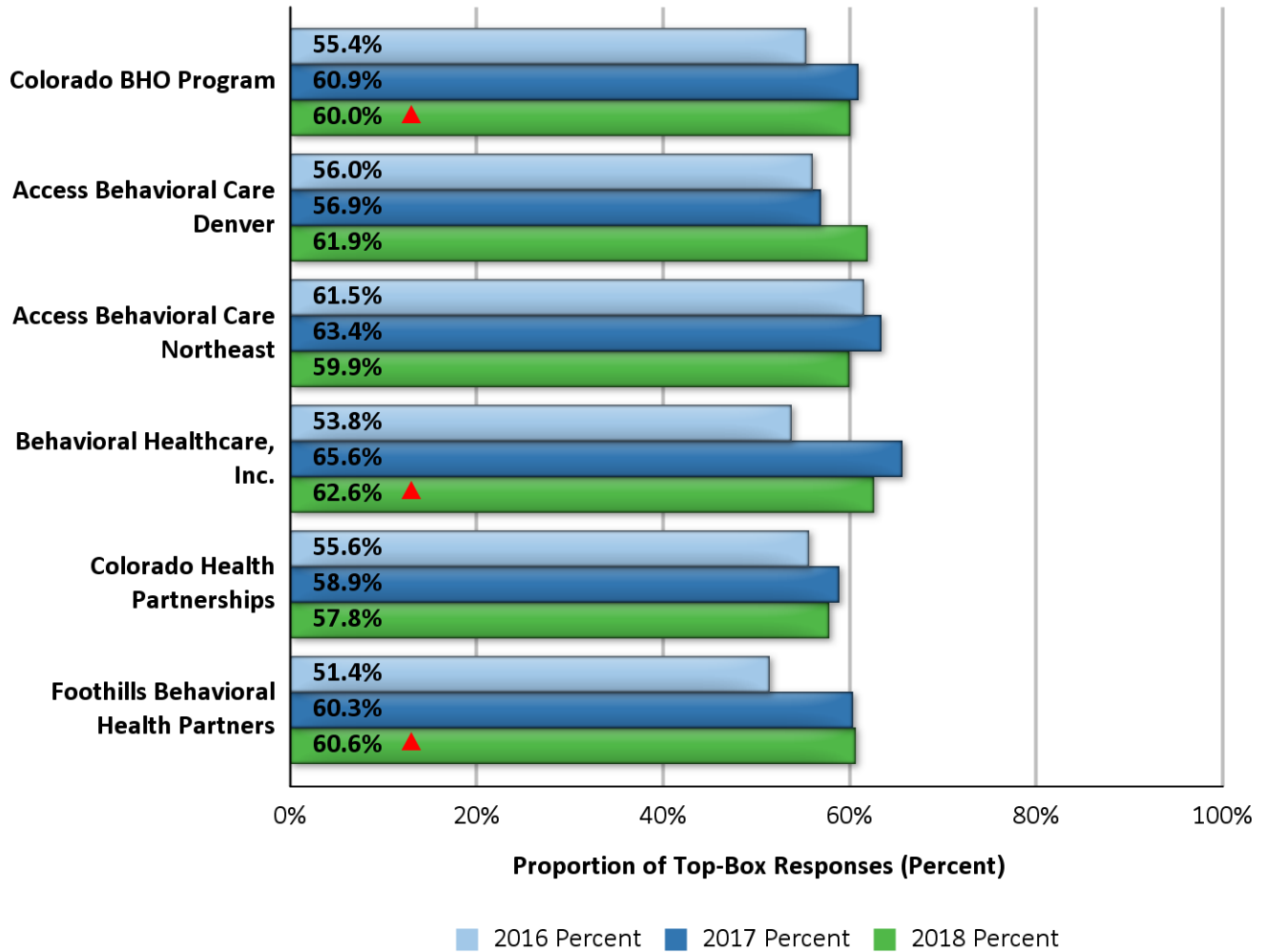
Statistical Significance Note: ▲ Indicates the 2018 score is statistically significantly higher than the 2017 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2017 score.
▲ Indicates the 2018 score is statistically significantly higher than the 2016 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2016 score.
If no statistically significant differences were found, no indicators (▲,▼or ▲,▼) appear on the figure.

Information About Treatment Options

Two questions (Questions 19 and 20) were asked to assess whether or not 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 <u>self-help or support groups</u>, such as consumer-run groups or 12-step programs?
    - o Yes
    - o No

- **Question 20**. In the last 12 months, were you given information about <u>different kinds</u> of counseling or treatment that are available?
    - o Yes
    - o 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 Information About Treatment Options global proportions for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 2-5—Information About Treatment Options
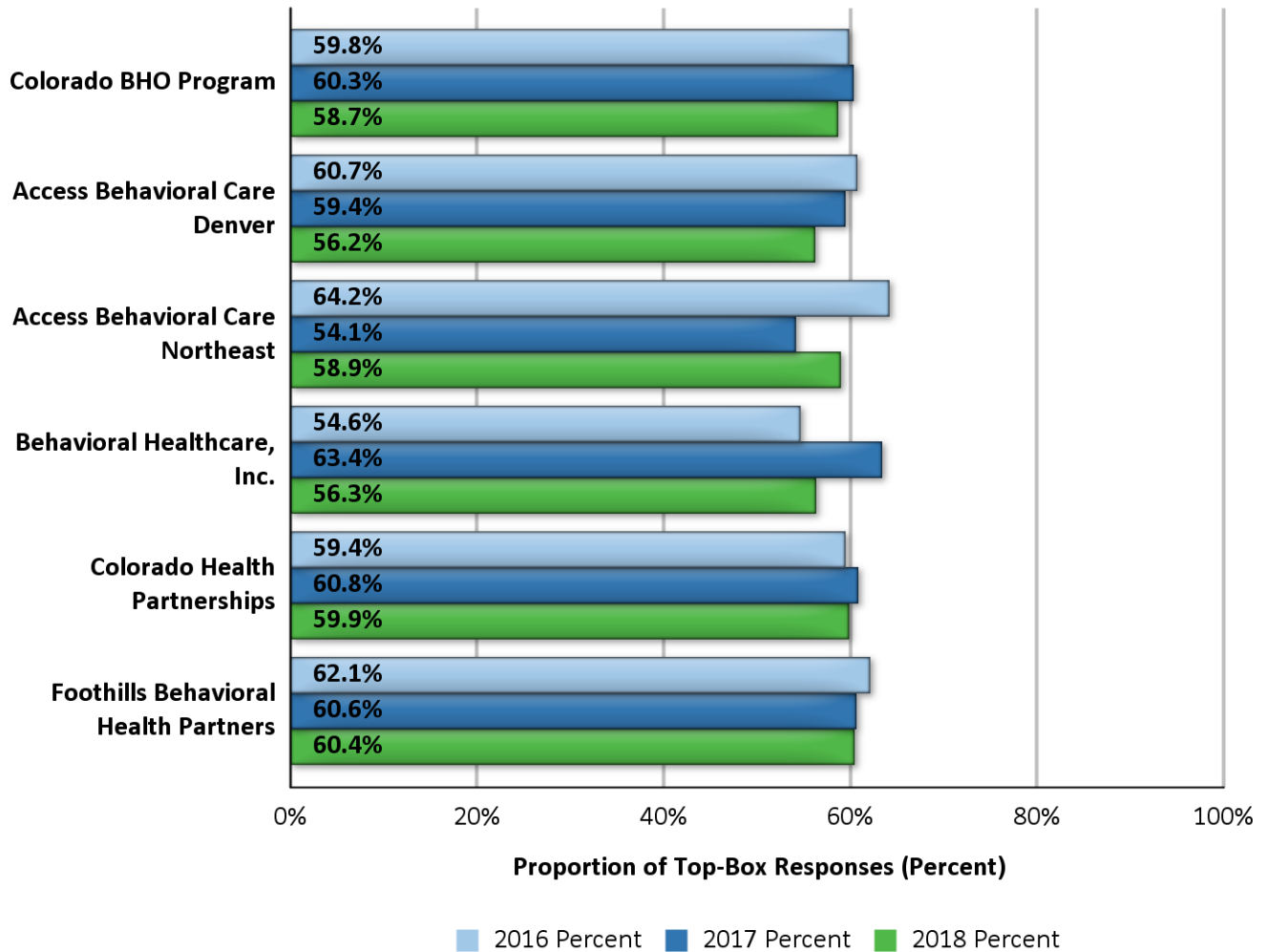
Statistical Significance Note: ▲ Indicates the 2018 score is statistically significantly higher than the 2017 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2017 score.
▲ Indicates the 2018 score is statistically significantly higher than the 2016 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2016 score.
If no statistically significant differences were found, no indicators (▲,▼or ▲,▼) appear on the figure.

Individual Item Measures

Office Wait

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

- **Question 9**. In the last 12 months, how often were you seen <u>within 15 minutes</u> of your appointment?
    - o Never
    - o Sometimes
    - o Usually
    - o 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 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 2018 score is statistically significantly higher than the 2017 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2017 score.
▲ Indicates the 2018 score is statistically significantly higher than the 2016 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2016 score.
If no statistically significant differences were found, no indicators (▲,▼or ▲,▼) appear on the figure.
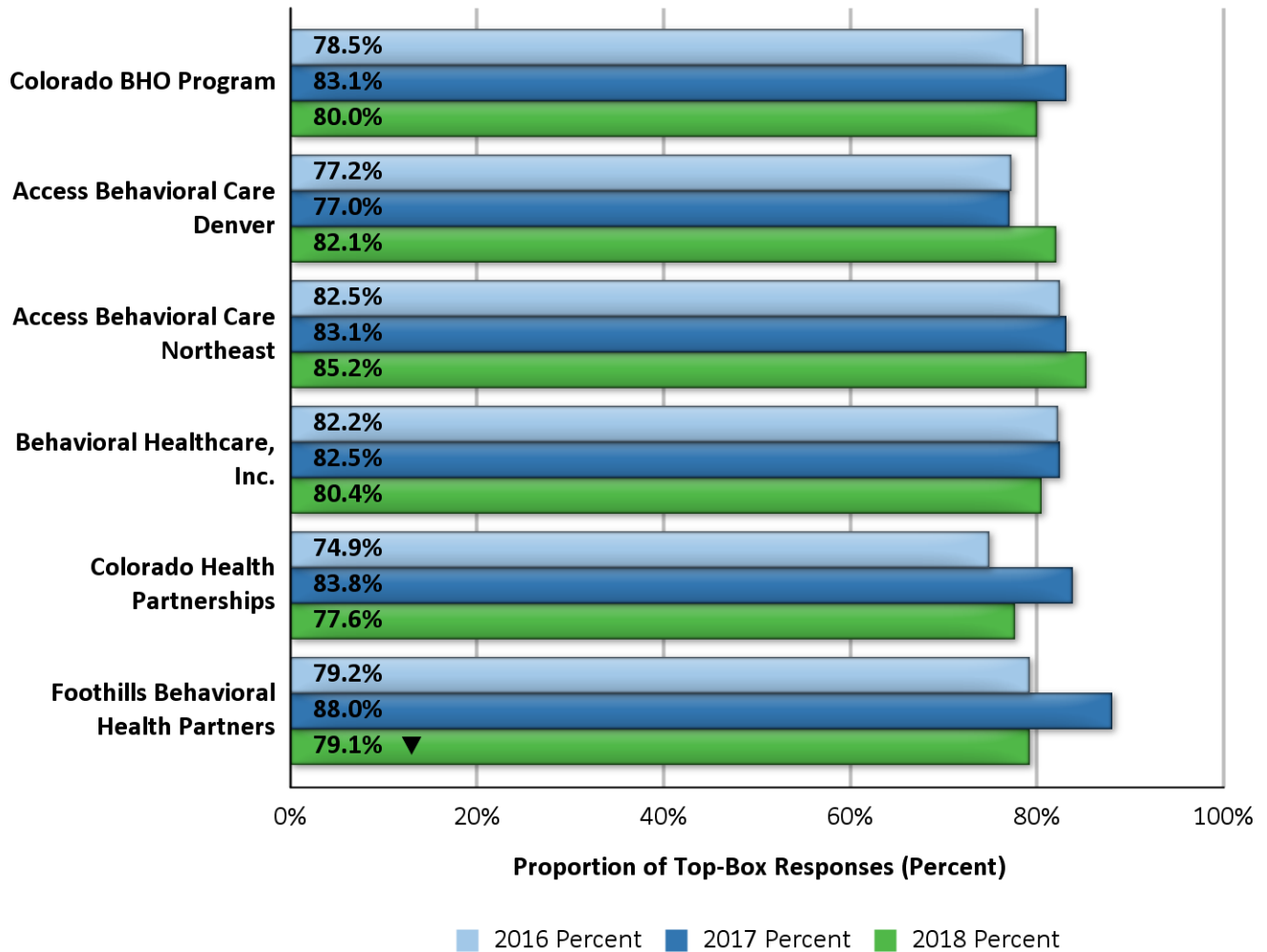
Told About Medication Side Effects

One question (Question 16) was asked to assess how often 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 <u>side effects</u> of those medicines to watch for?
  - o Yes
  - o 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 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 2018 score is statistically significantly higher than the 2017 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2017 score.
▲ Indicates the 2018 score is statistically significantly higher than the 2016 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2016 score.
If no statistically significant differences were found, no indicators (▲,▼or ▲,▼) appear on the figure.
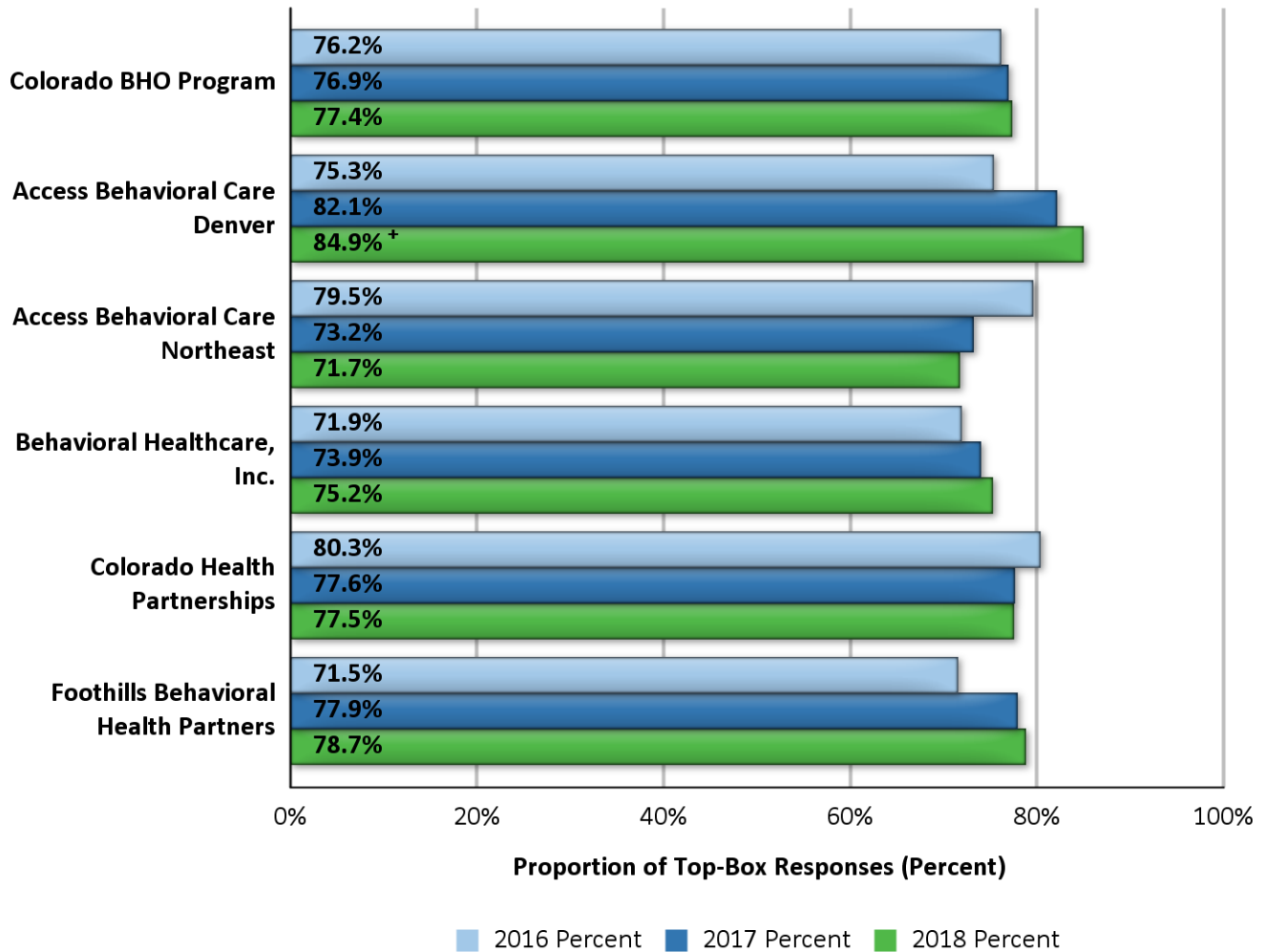+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Including Family

One question (Question 18) was asked to assess whether or not anyone talked to 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?
  - o Yes
  - o 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 Including Family question summary rates for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 2-8—Including Family
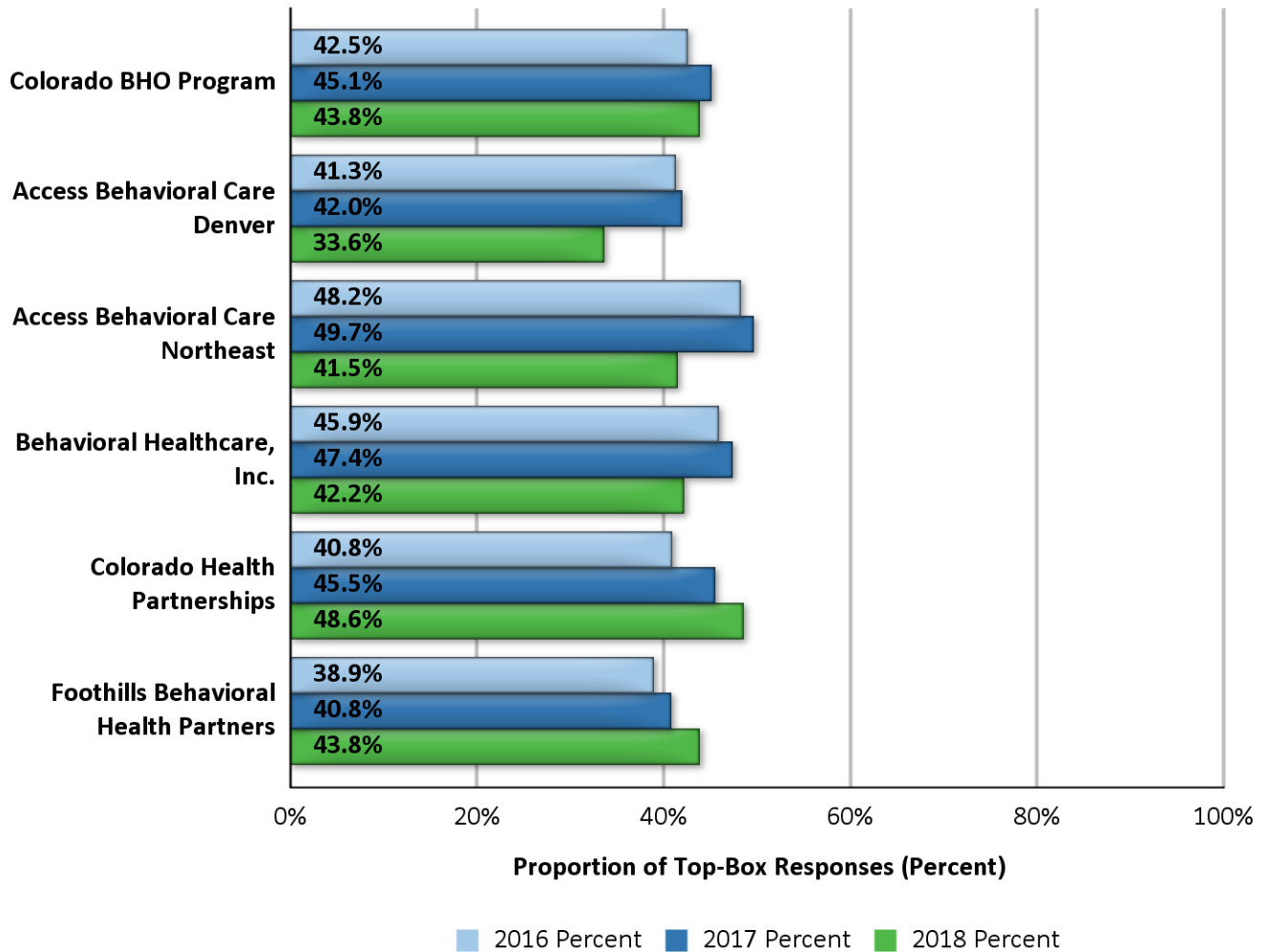
Statistical Significance Note: ▲ Indicates the 2018 score is statistically significantly higher than the 2017 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2017 score.
▲ Indicates the 2018 score is statistically significantly higher than the 2016 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2016 score.
If no statistically significant differences were found, no indicators (▲,▼or ▲,▼) appear on the figure.

Information to Manage Condition

One question (Question 21) was asked to assess whether or not 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?
    - o Yes
    - o 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 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 2018 score is statistically significantly higher than the 2017 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2017 score.
▲ Indicates the 2018 score is statistically significantly higher than the 2016 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2016 score.
If no statistically significant differences were found, no indicators (▲,▼or ▲,▼) appear on the figure.

Patient Rights Information

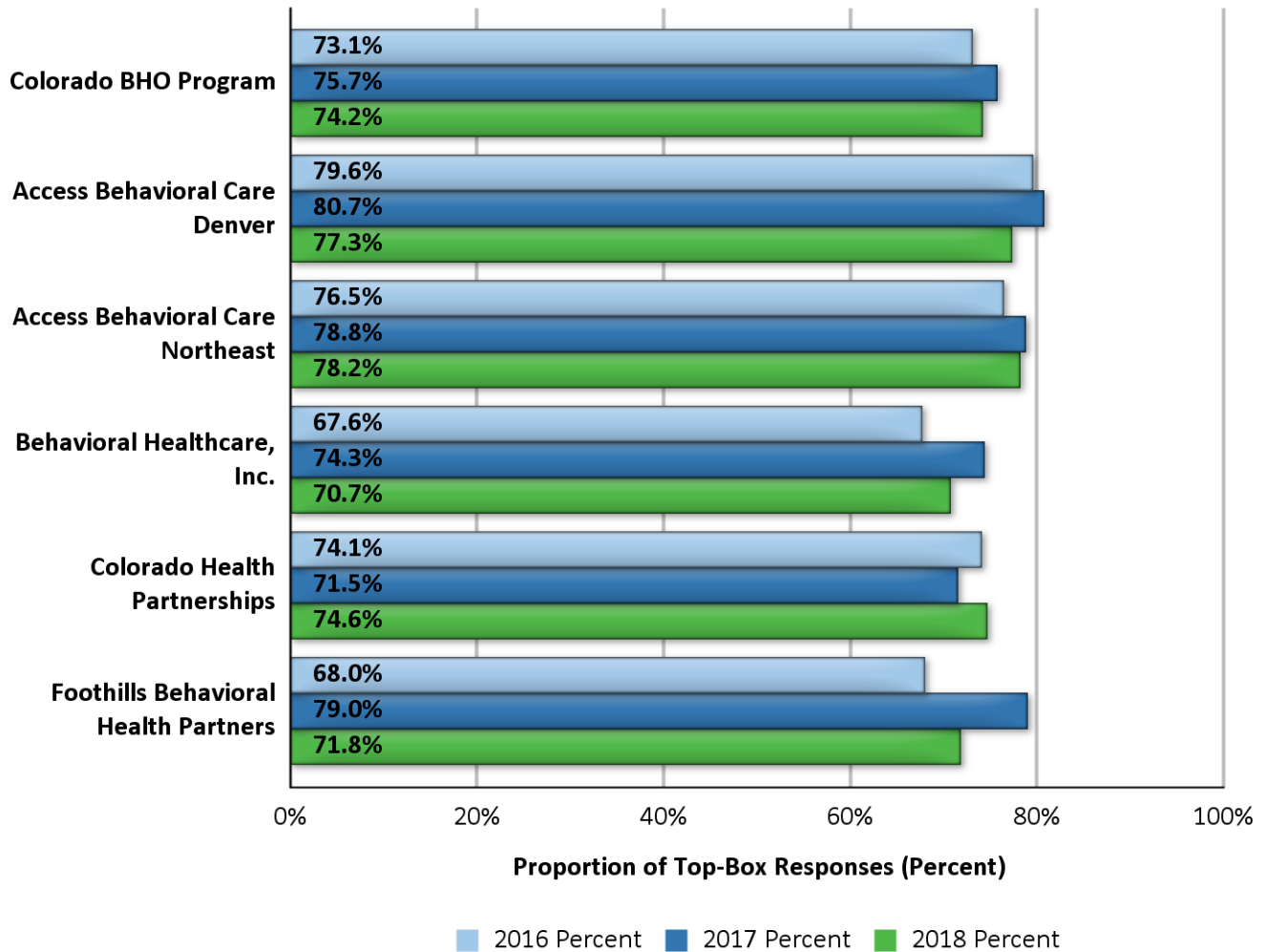One question (Question 22) was asked to assess whether or not respondents were given information about their patient rights:

- **Question 22**. In the last 12 months, were you given information about your <u>rights as a patient</u>?
    - 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 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 2018 score is statistically significantly higher than the 2017 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2017 score.
▲ Indicates the 2018 score is statistically significantly higher than the 2016 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2016 score.
If no statistically significant differences were found, no indicators (▲,▼or ▲,▼) appear on the figure.
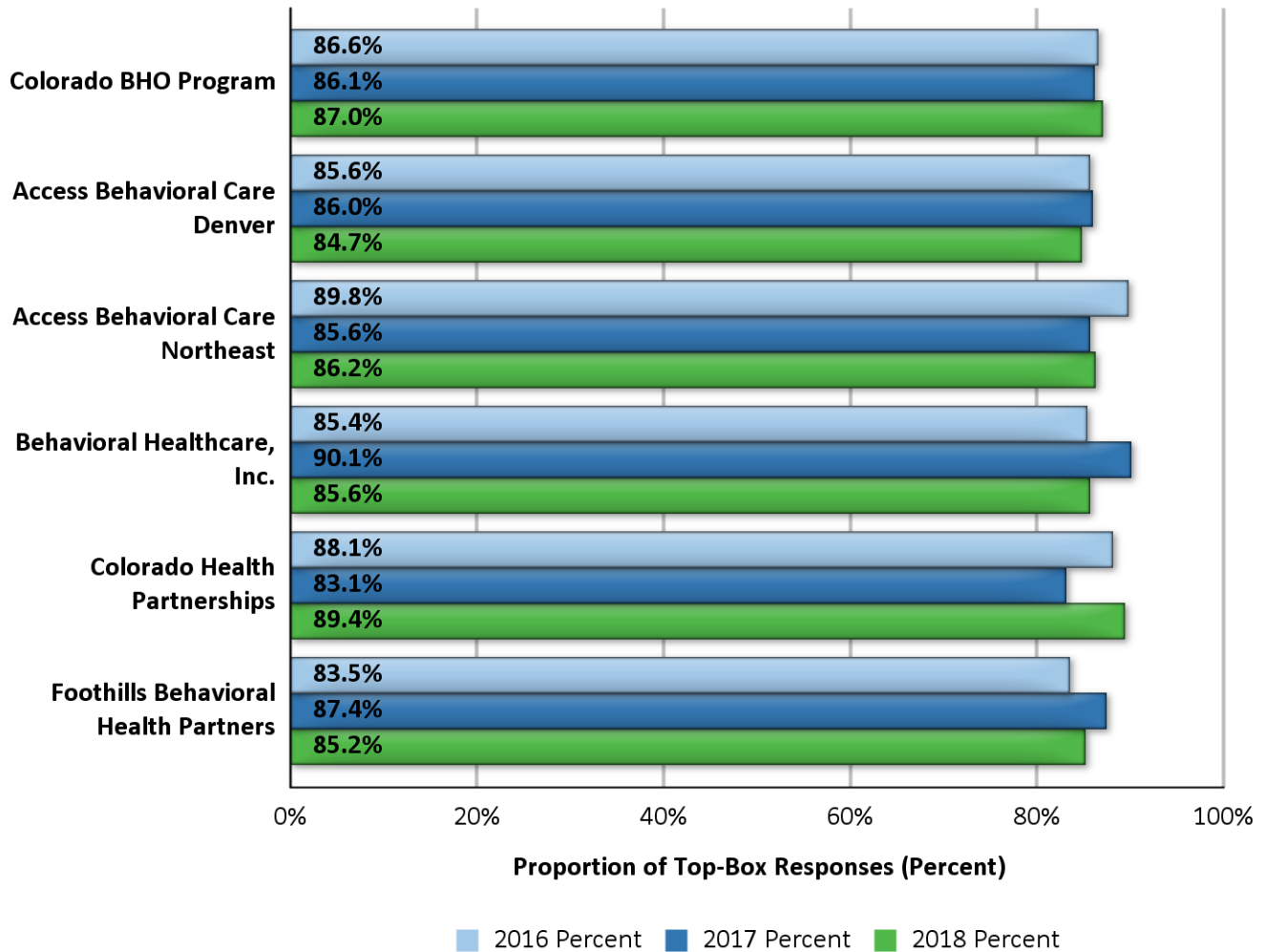
Patient Feels He or She Could Refuse Treatment

One question (Question 23) was asked to assess whether or not 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?
  - o Yes
  - o 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 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
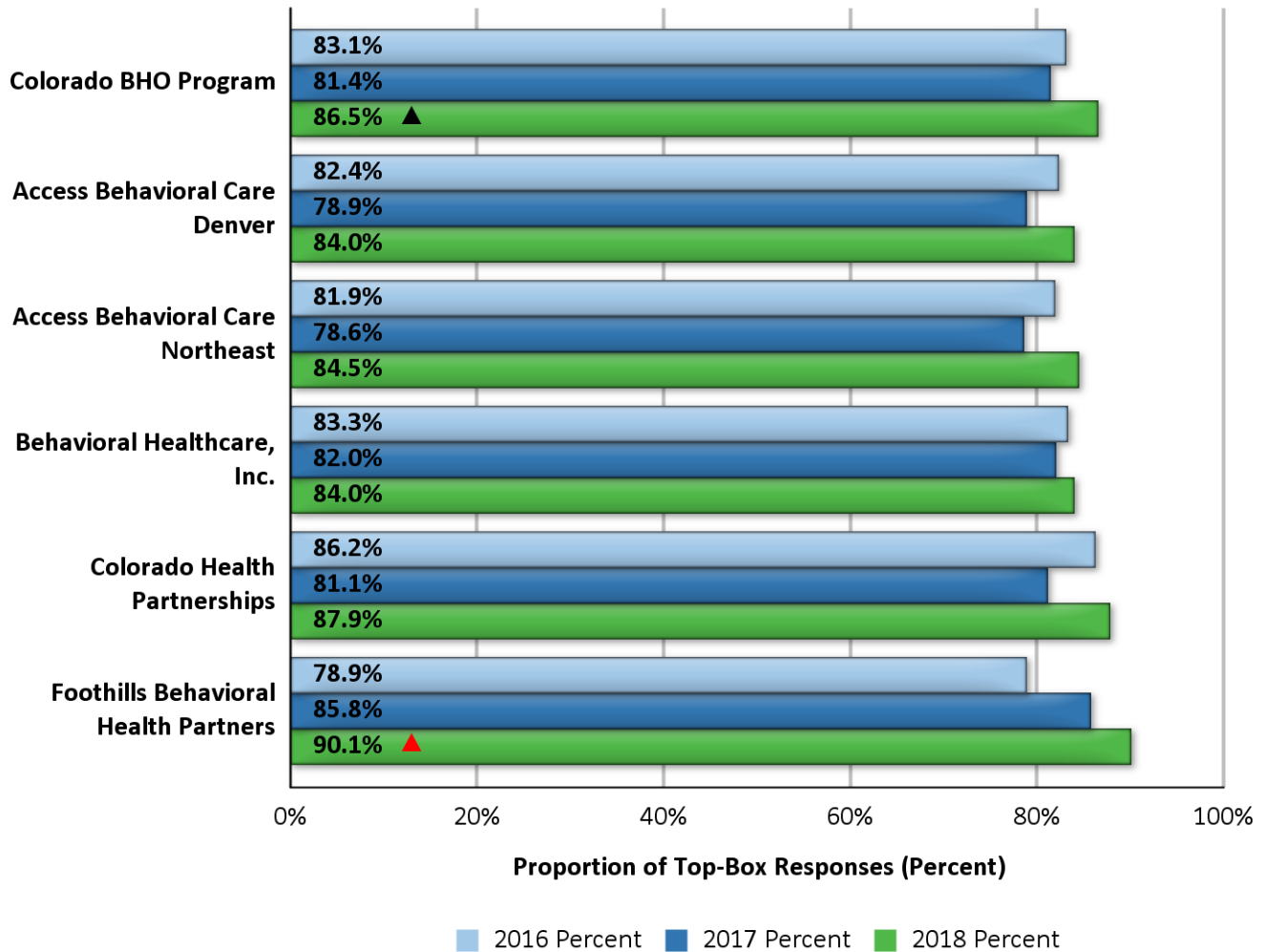
Statistical Significance Note: ▲ Indicates the 2018 score is statistically significantly higher than the 2017 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2017 score.
▲ Indicates the 2018 score is statistically significantly higher than the 2016 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2016 score.
If no statistically significant differences were found, no indicators (▲,▼or ▲,▼) appear on the figure.

Privacy

One question (Question 24) was asked to assess whether or not the person the 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 <u>share information</u> with others that should have been kept private?
  - o Yes
  - o 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 Privacy question summary rates for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 2-12—Privacy

Statistical Significance Note: ▲ Indicates the 2018 score is statistically significantly higher than the 2017 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2017 score.
▲ Indicates the 2018 score is statistically significantly higher than the 2016 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2016 score.
If no statistically significant differences were found, no indicators (▲,▼or ▲,▼) appear on the figure.

Cultural Competency

One question (Question 26) was asked to assess whether or not the care the 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?
  - o   Yes
  - o   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 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 2018 score is statistically significantly higher than the 2017 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2017 score.
▲ Indicates the 2018 score is statistically significantly higher than the 2016 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2016 score.
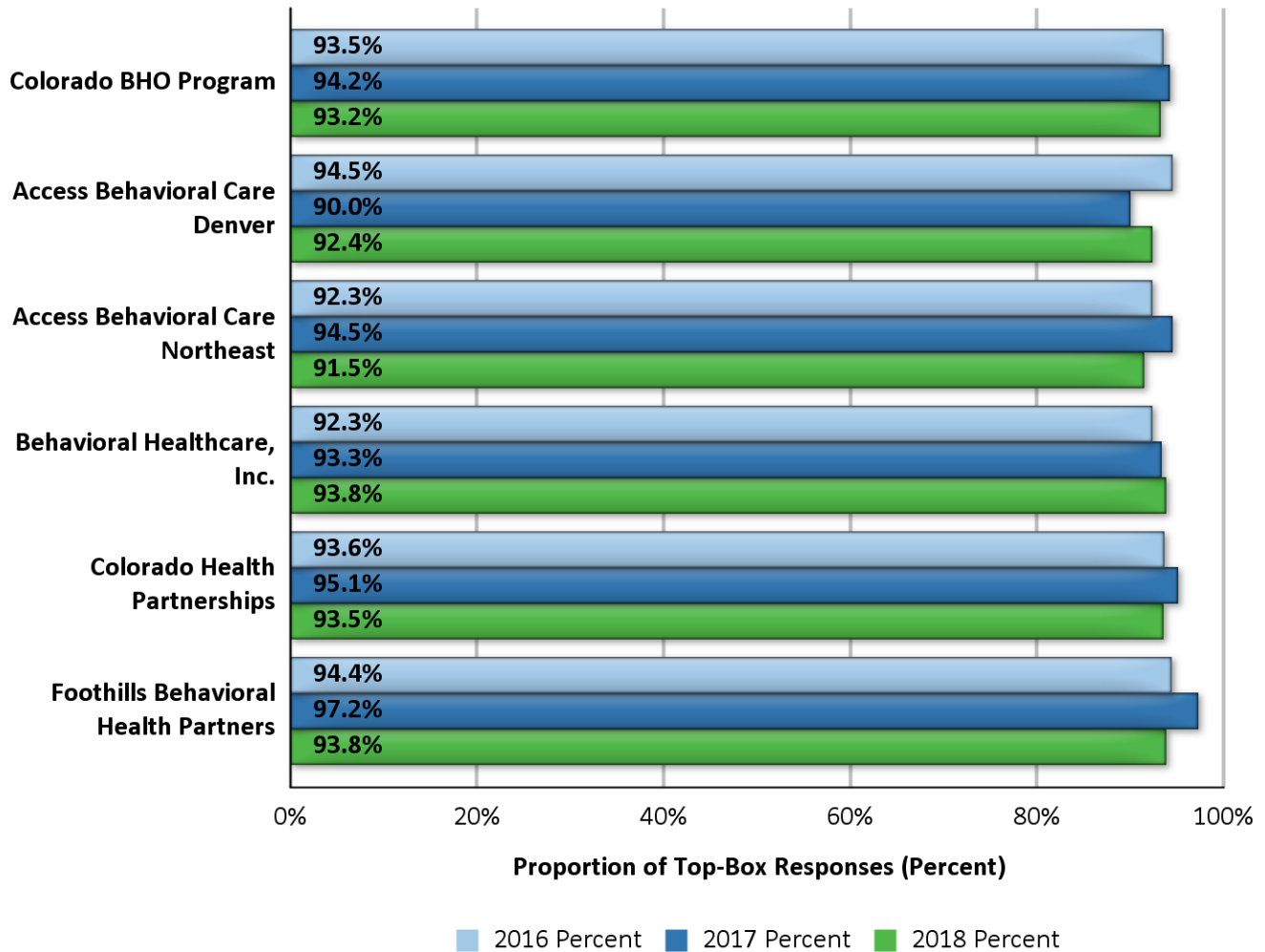If no statistically significant differences were found, no indicators (▲,▼or ▲,▼) appear on the figure.
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
"Not Applicable" indicates fewer than 30 responses; therefore, results were suppressed.

Amount Helped

One question (Question 28) was asked to assess how much 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?
    - o Not at all
    - o A little
    - o Somewhat
    - o 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 Amount Helped question summary rates for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 2-14—Amount Helped
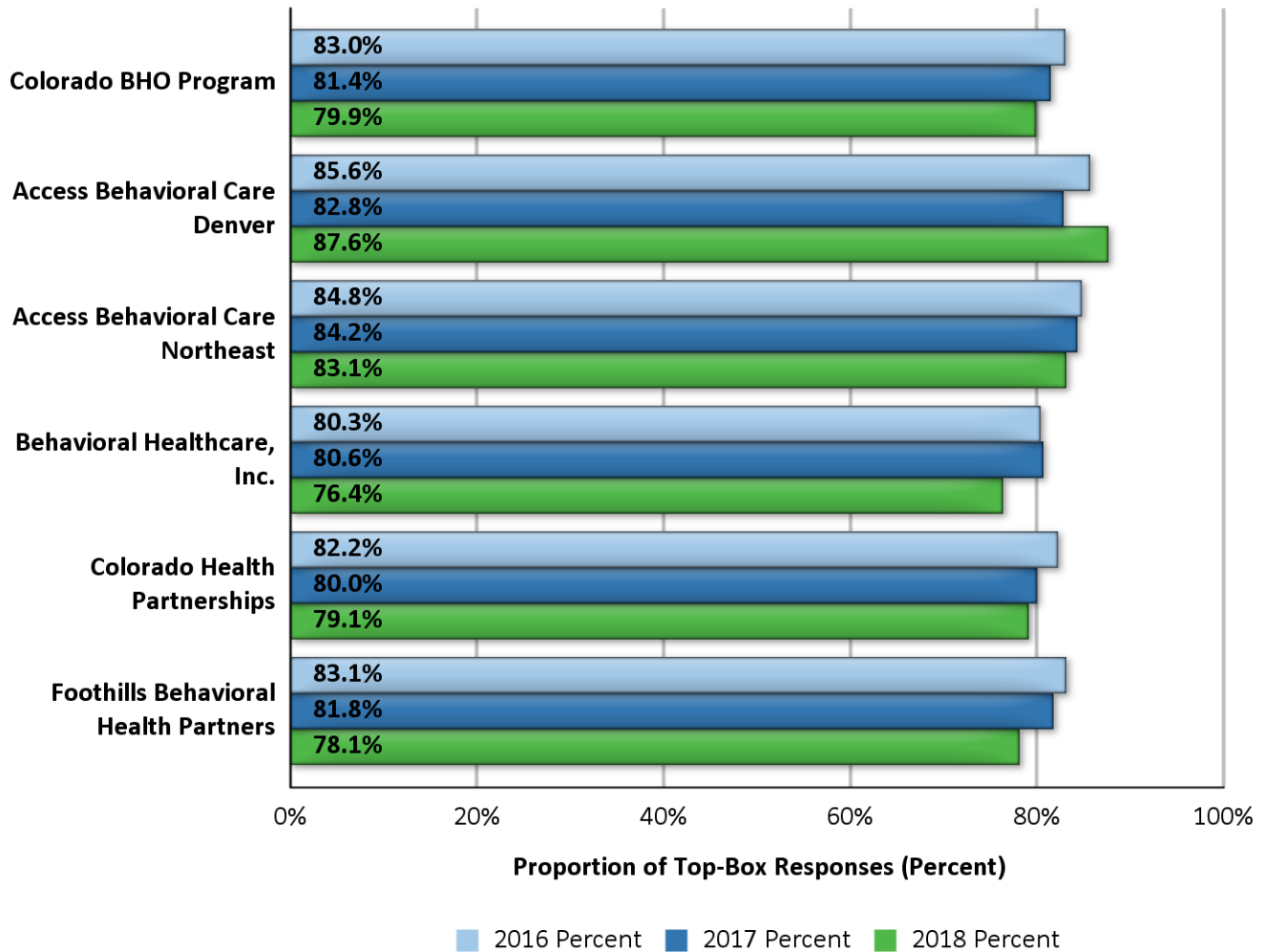
Statistical Significance Note: ▲ Indicates the 2018 score is statistically significantly higher than the 2017 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2017 score.
▲ Indicates the 2018 score is statistically significantly higher than the 2016 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2016 score.
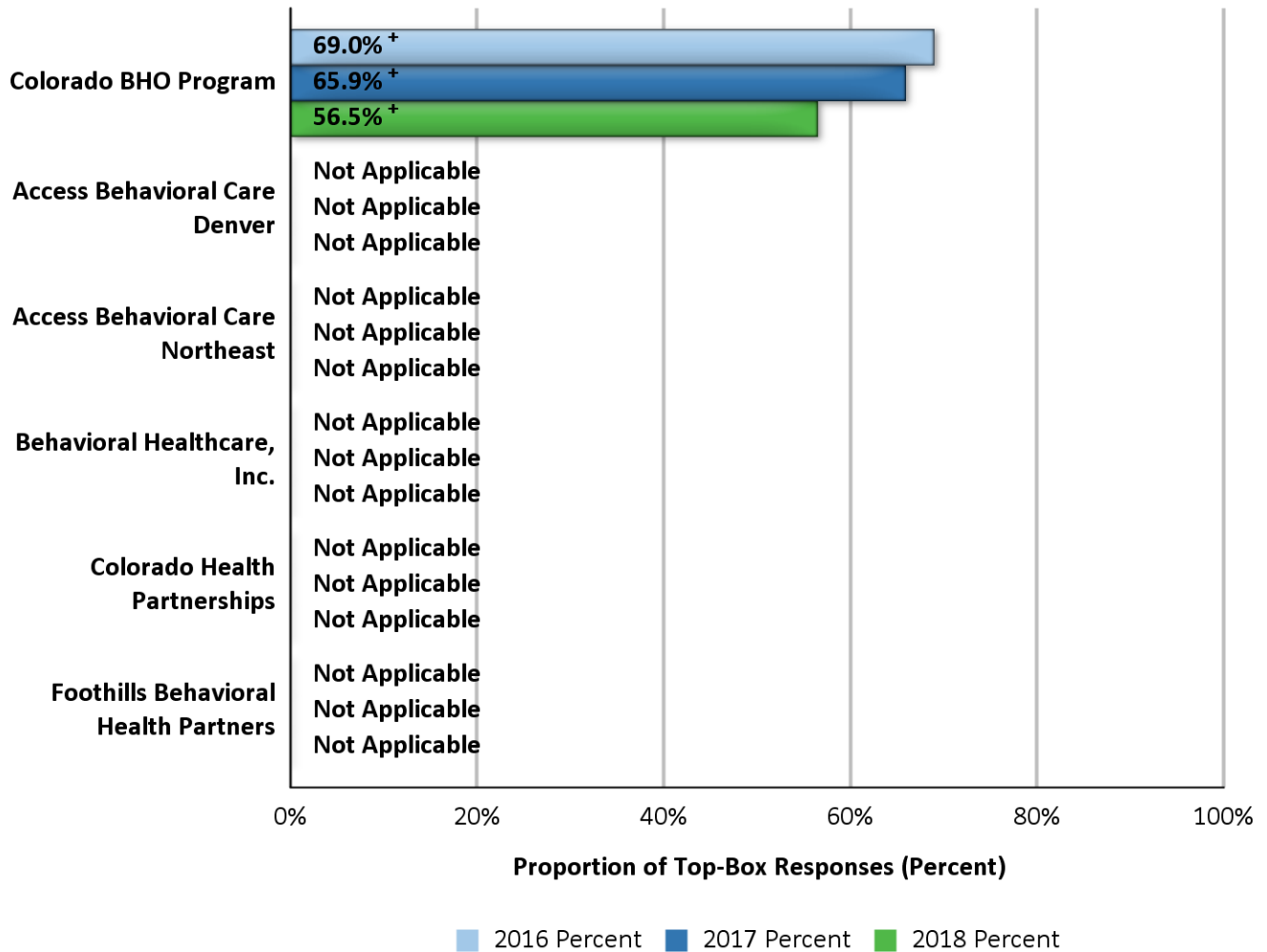If no statistically significant differences were found, no indicators (▲,▼or ▲,▼) appear on the figure.

MHSIP Domain Agreements

Improved Functioning

Five questions (Questions 36, 41, 42, 43, and 44) were asked to assess how much 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.
  - o Strongly agree
  - o Agree
  - o Neutral
  - o Disagree
  - o Strongly Disagree
  - o Not Applicable

- **Question 41**. I do things that are more meaningful to me.
  - o Strongly agree
  - o Agree
  - o Neutral
  - o Disagree
  - o Strongly Disagree
  - o Not Applicable

- **Question 42**. I am better able to take care of my needs.
  - o Strongly agree
  - o Agree
  - o Neutral
  - o Disagree
  - o Strongly Disagree
  - o 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 Improved Functioning agreement rates for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 2-15—Improved Functioning
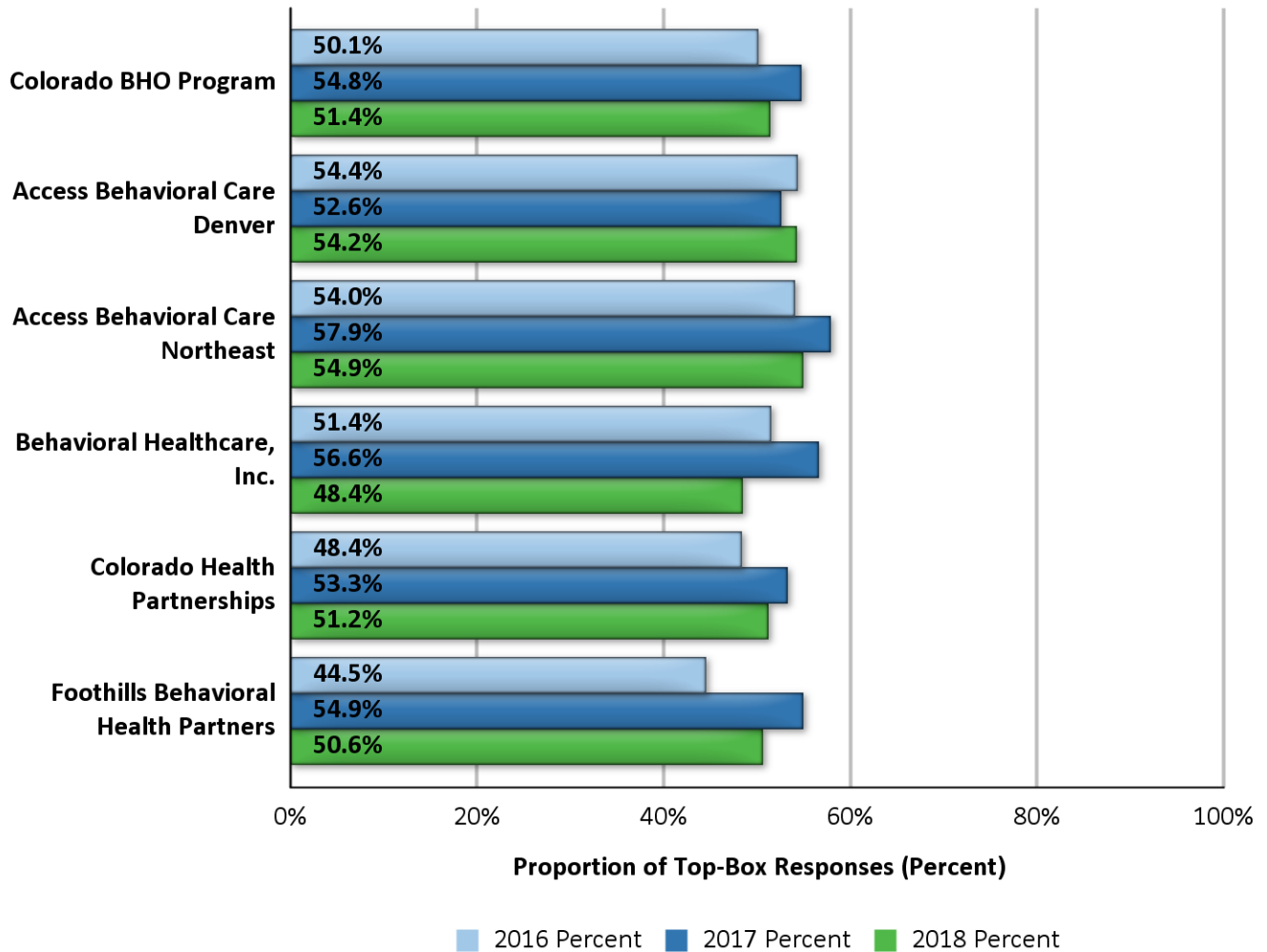
Proportion of Top-Box Responses (Percent)

2016 Percent   2017 Percent   2018 Percent

Statistical Significance Note: ▲ Indicates the 2018 score is statistically significantly higher than the 2017 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2017 score.
▲ Indicates the 2018 score is statistically significantly higher than the 2016 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2016 score.
If no statistically significant differences were found, no indicators (▲,▼or ▲,▼) appear on the figure.

Social Connectedness

Four questions (Questions 37, 38, 39, and 40) were asked to assess how much 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.
  - o Strongly agree
  - o Agree
  - o Neutral
  - o Disagree
  - o Strongly Disagree
  - o Not Applicable

- **Question 38**. I am happy with the friendships I have.
  - o Strongly agree
  - o Agree
  - o Neutral
  - o Disagree
  - o Strongly Disagree
  - o Not Applicable

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

- **Question 40**. I feel I belong in my community.
  - o Strongly agree
  - o Agree
  - o Neutral
  - o Disagree
  - o Strongly Disagree
  - o 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 Social Connectedness agreement rates for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 2-16—Social Connectedness
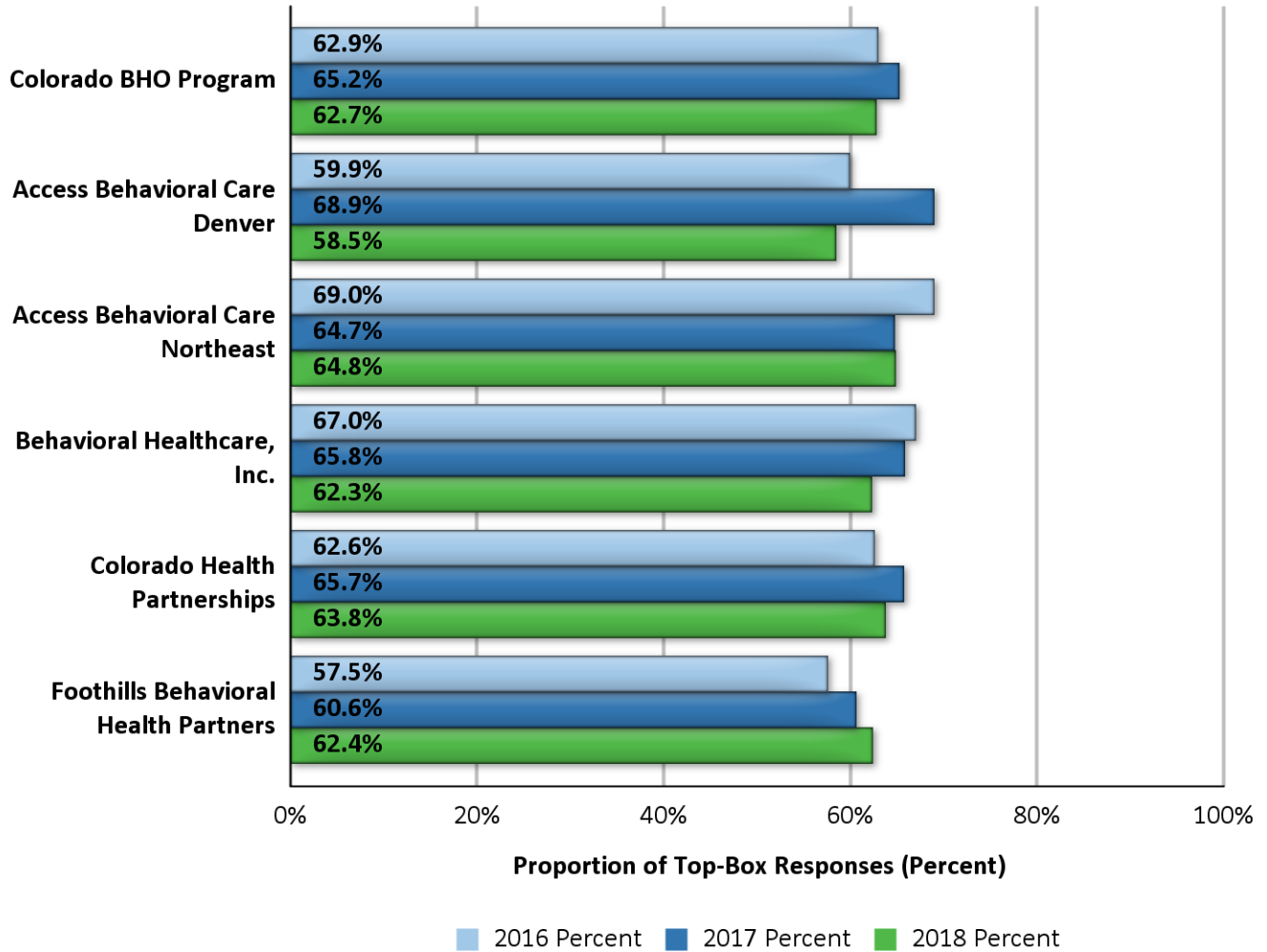
Statistical Significance Note:　▲ Indicates the 2018 score is statistically significantly higher than the 2017 score.
　　　　　　　　　　　　　　　▼ Indicates the 2018 score is statistically significantly lower than the 2017 score.
　　　　　　　　　　　　　　　▲ Indicates the 2018 score is statistically significantly higher than the 2016 score.
　　　　　　　　　　　　　　　▼ Indicates the 2018 score is statistically significantly lower than the 2016 score.
　　　　　　　　　　　　　　　If no statistically significant differences were found, no indicators (▲,▼or ▲,▼) appear on the figure.

Summary of Trend Analysis Results

Table 2-10 shows the results of the trend analysis for the ECHO Survey measures. There were no trend analysis results for the MHSIP domain agreement rates.

Table 2-10—Trend Analysis: ECHO Survey Measures

Measure Name	Colorado BHO Program	Access Behavioral Care Denver	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 2018 score is statistically significantly higher than the 2017 score.*
▼   *Indicates the 2018 score is statistically significantly lower than the 2017 score.*
▲   *Indicates the 2018 score is statistically significantly higher than the 2016 score.*
▼   *Indicates the 2018 score is statistically significantly lower than the 2016 score.*
—   *Indicates the 2018 score is not statistically significantly different than the 2017 or the 2016 scores.*
N/A indicates that results for this measure are not displayed due to fewer than 30 responses.

The trend analysis revealed the following summary results:

- The Colorado BHO Program scored statistically significantly higher in 2018 than in 2017 on one ECHO Survey measure, Patient Feels He or She Could Refuse Treatment, and scored statistically significantly higher in 2018 than in 2016 on one ECHO Survey measure, Perceived Improvement.

- Access Behavioral Care Denver did not score statistically significantly higher or lower in 2018 than in 2017 or 2016 on any of the ECHO Survey measures or MHSIP Domains.

- Access Behavioral Care Northeast scored statistically significantly lower in 2018 than in 2017 on one ECHO Survey measure, Rating of All Counseling or Treatment.

- Behavioral Healthcare, Inc. scored statistically significantly higher in 2018 than in 2016 on one ECHO Survey measure, Perceived Improvement.

- Colorado Health Partnerships did not score statistically significantly higher or lower in 2018 than in 2017 or 2016 on any of the ECHO Survey measures or MHSIP Domains.

- Foothills Behavioral Health Partners scored statistically significantly higher in 2018 than in 2016 on two ECHO Survey measures: Perceived Improvement and Patient Feels He or She Could Refuse Treatment. Conversely, Foothills Behavioral Health Partners scored statistically significantly lower in 2018 than in 2017 on one ECHO Survey measure, Office Wait.

BHO Comparisons

In order to identify performance differences in member 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-box responses a score of one, with all other responses receiving a score of zero. After applying this scoring methodology, the percentage of top-box 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 Denver	Access Behavioral Care Northeast	Behavioral Healthcare, Inc.	Colorado Health Partnerships	Foothills Behavioral Health Partners
Global Rating					
Rating of All Counseling or Treatment	49.3% ↔	43.0% ↔	46.2% ↔	48.9% ↔	42.2% ↔
Composite Measures					
Getting Treatment Quickly	71.3% + ↔	67.2% ↔	62.3% ↔	69.2% ↔	67.1% ↔
How Well Clinicians Communicate	89.3% ↔	86.7% ↔	87.4% ↔	85.8% ↔	85.3% ↔
Information About Treatment Options	56.9% ↔	58.9% ↔	55.7% ↔	59.6% ↔	60.6% ↔
Perceived Improvement	61.8% ↔	60.2% ↔	61.3% ↔	59.8% ↔	59.6% ↔
Individual Items					
Amount Helped	87.2% ↔	83.2% ↔	76.2% ↔	80.1% ↔	77.6% ↔
Cultural Competency	N/A	N/A	N/A	N/A	N/A
Including Family	34.8% ↔	41.6% ↔	41.1% ↔	47.7% ↔	44.6% ↔
Information to Manage Condition	76.6% ↔	78.4% ↔	70.4% ↔	75.6% ↔	71.7% ↔
Office Wait	81.1% ↔	85.4% ↔	80.5% ↔	78.8% ↔	78.6% ↔
Patient Rights Information	84.8% ↔	86.2% ↔	85.3% ↔	89.5% ↔	85.4% ↔
Patient Feels He or She Could Refuse Treatment	84.0% ↔	84.6% ↔	84.0% ↔	88.2% ↔	89.7% ↔
Privacy	91.9% ↔	91.5% ↔	94.0% ↔	93.9% ↔	93.8% ↔
Told About Medication Side Effects	85.0% + ↔	71.5% ↔	75.2% ↔	77.1% ↔	79.2% ↔

+   *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 Denver	Access Behavioral Care Northeast	Behavioral Healthcare, Inc.	Colorado Health Partnerships	Foothills Behavioral Health Partners
Improved Functioning	53.7% ↔	55.1% ↔	46.8% ↔	54.4% ↔	49.4% ↔
Social Connectedness	58.5% ↔	65.0% ↔	61.4% ↔	64.7% ↔	62.1% ↔

↑   *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.

Summary of BHO Comparisons Results

There were no statistically significant differences between the scores for Access Behavioral Care Denver; 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.

Survey Administration and Response Rates

Survey Administration

Child members eligible for ECHO Survey sampling included members 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, and/or corresponding BHO-contracted CMHCs or specialty clinics during the measurement year (i.e., November 1, 2016, to October 31, 2017). To determine if the member 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, members 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 members eligible for sampling included those who were 17 years of age or younger as of October 31, 2017.

The survey administration protocol was designed to achieve a high response rate from members, thus minimizing the potential effects of non-response bias. The survey process employed allowed members two methods by which they could complete the surveys. The first phase, or mail phase, consisted of a survey being mailed to the sampled members. Members who were identified as Spanish-speaking through administrative data were mailed a Spanish version of the survey. Members 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 members 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 members 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 members who had not mailed in a completed survey. A maximum 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 members of the sample. A member'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 members included the entire random sample minus ineligible members. Ineligible members 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 942 surveys were returned on behalf of child members. 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 members who were able to complete the survey themselves.[3-1] The 2018 Colorado BHO Program response rate for the child population was 15.42 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**	**1,581**	**6,109**	**942**	**15.42%**
Access Behavioral Care Denver	1,538	367	1,171	183	15.63%
Access Behavioral Care Northeast	1,538	250	1,288	186	14.44%
Behavioral Healthcare, Inc.	1,538	330	1,208	186	15.40%
Colorado Health Partnerships	1,538	348	1,190	191	16.05%
Foothills Behavioral Health Partners	1,538	286	1,252	196	15.65%

[3-1] As previously noted, for the Child/Parent ECHO Survey, the survey questionnaire was addressed to the parent/caretaker of the child member (identified as having received behavioral health services) and instructions were provided for the parent/caretaker to complete the survey on behalf of the child member. However, if the child member was able to complete the survey on his/her own, the parent/caretaker was instructed to allow the child member 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	0 to 7*	8 to 12	13 to 18**
Colorado BHO Program	**10.5%**	**36.0%**	**53.5%**
Access Behavioral Care Denver	11.6%	38.4%	50.0%
Access Behavioral Care Northeast	11.5%	37.9%	50.6%
Behavioral Healthcare, Inc.	7.8%	36.5%	55.7%
Colorado Health Partnerships	8.0%	34.9%	57.1%
Foothills Behavioral Health Partners	13.6%	32.4%	54.0%
Please note: Percentages may not total 100% due to rounding.			
*HSAG combined age categories "0 to 3" and "4 to 7."			
**Children were eligible for inclusion in the ECHO Survey if they were 17 or younger as of October 31, 2017. Some children eligible for the ECHO Survey turned 18 between November 1, 2017 and the time of the survey administration.			

Table 3-3—Child Demographics: Gender

BHO Name	Male	Female
Colorado BHO Program	**54.1%**	**45.9%**
Access Behavioral Care Denver	59.6%	40.4%
Access Behavioral Care Northeast	56.3%	43.7%
Behavioral Healthcare, Inc.	47.3%	52.7%
Colorado Health Partnerships	53.4%	46.6%
Foothills Behavioral Health Partners	53.7%	46.3%
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	**14.3%**	**42.0%**	**37.5%**	**4.3%**	**0.3%**	**0.7%**	**0.8%**
Access Behavioral Care Denver	13.3%	19.1%	55.5%	11.6%	0.0%	0.0%	0.6%
Access Behavioral Care Northeast	11.6%	51.4%	35.3%	0.6%	0.0%	0.6%	0.6%
Behavioral Healthcare, Inc.	15.8%	38.8%	41.8%	2.4%	0.6%	0.6%	0.0%
Colorado Health Partnerships	13.8%	54.0%	24.7%	4.0%	0.0%	1.7%	1.7%
Foothills Behavioral Health Partners	17.0%	46.6%	30.7%	2.8%	1.1%	0.6%	1.1%
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	**19.1%**	**28.5%**	**36.9%**	**12.5%**	**2.9%**
Access Behavioral Care Denver	18.0%	31.4%	34.9%	13.4%	2.3%
Access Behavioral Care Northeast	24.6%	28.1%	36.8%	9.4%	1.2%
Behavioral Healthcare, Inc.	18.9%	27.2%	33.1%	16.6%	4.1%
Colorado Health Partnerships	15.4%	26.9%	42.9%	10.3%	4.6%
Foothills Behavioral Health Partners	18.9%	29.1%	36.6%	13.1%	2.3%
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	**7.2%**	**21.8%**	**36.0%**	**27.8%**	**7.2%**
Access Behavioral Care Denver	8.2%	25.3%	35.3%	24.7%	6.5%
Access Behavioral Care Northeast	7.4%	23.3%	39.3%	25.8%	4.3%
Behavioral Healthcare, Inc.	5.2%	17.4%	39.5%	29.7%	8.1%
Colorado Health Partnerships	8.1%	19.1%	31.8%	31.2%	9.8%
Foothills Behavioral Health Partners	7.2%	23.8%	34.3%	27.6%	7.2%
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	**7.8%**	**84.3%**	**11.4%**	**10.3%**	**0.6%**	**1.0%**
Access Behavioral Care Denver	13.5%	81.2%	7.6%	5.3%	0.6%	3.5%
Access Behavioral Care Northeast	4.0%	85.1%	13.8%	13.2%	0.6%	1.1%
Behavioral Healthcare, Inc.	9.0%	83.8%	13.2%	9.6%	0.6%	0.0%
Colorado Health Partnerships	5.8%	87.3%	11.0%	10.4%	0.6%	0.6%
Foothills Behavioral Health Partners	6.9%	83.9%	11.5%	12.6%	0.6%	0.0%
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 member.[3-2]

Table 3-8—Respondent Demographics: Age

BHO Name	Under 25*	25 to 34	35 to 44	45 to 54	55 or Older
Colorado BHO Program	**1.7%**	**17.1%**	**34.9%**	**24.6%**	**21.7%**
Access Behavioral Care Denver	1.8%	17.4%	34.1%	26.9%	19.8%
Access Behavioral Care Northeast	2.3%	21.6%	30.4%	24.6%	21.1%
Behavioral Healthcare, Inc.	1.3%	18.8%	40.0%	18.8%	21.3%
Colorado Health Partnerships	1.2%	12.4%	35.3%	26.5%	24.7%
Foothills Behavioral Health Partners	1.8%	15.5%	35.1%	26.2%	21.4%
Please note: Percentages may not total 100% due to rounding. **HSAG combined age categories "Under 18" and "18 to 24."*					

[3-2] If the respondent to the Child/Parent ECHO Survey was the child member 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	**5.9%**	**7.0%**	**22.4%**	**36.7%**	**28.0%**
Access Behavioral Care Denver	14.6%	9.8%	20.7%	26.2%	28.7%
Access Behavioral Care Northeast	2.9%	4.1%	24.7%	42.4%	25.9%
Behavioral Healthcare, Inc.	7.0%	8.2%	23.4%	34.2%	27.2%
Colorado Health Partnerships	2.4%	6.5%	22.0%	44.0%	25.0%
Foothills Behavioral Health Partners	3.0%	6.6%	21.1%	36.1%	33.1%
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	**81.4%**	**11.7%**	**3.0%**	**4.0%**
Access Behavioral Care Denver	81.3%	11.3%	1.9%	5.6%
Access Behavioral Care Northeast	80.0%	12.7%	4.8%	2.4%
Behavioral Healthcare, Inc.	91.4%	3.3%	3.3%	2.0%
Colorado Health Partnerships	74.8%	18.4%	2.5%	4.3%
Foothills Behavioral Health Partners	80.0%	12.1%	2.4%	5.5%
Please note: Percentages may not total 100% due to rounding.				

Trend Analysis

The completed surveys shown in Table 3-11 were used to calculate the Colorado BHO Program aggregate's and corresponding BHOs' 2016, 2017, and 2018 results for the standard ECHO Survey measures and YSS-F domain agreement rates presented in this section for trending purposes.[3-3]

Table 3-11—Number of Completed Surveys

BHO Name	2016	2017	2018
Colorado BHO Program	**1,126**	**954**	**942**
Access Behavioral Care Denver	220	181	183
Access Behavioral Care Northeast	199	169	186
Behavioral Healthcare, Inc.	220	188	186
Colorado Health Partnerships	246	199	191
Foothills Behavioral Health Partners	241	217	196

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-box responses a score of one, with all other responses receiving a score of zero.[3-4] After applying this scoring methodology, the percentage of top-box 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

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

[3-4] National Committee for Quality Assurance. *HEDIS® 2018, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2017.

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

As previously noted, in order to evaluate trends in child member satisfaction, HSAG performed a stepwise three-year trend analysis for the Colorado BHO Program aggregate and each of the five participating BHOs. The first step compared the 2018 scores for each standard ECHO Survey measure and YSS-F domain agreement rates to the corresponding 2017 scores. If the initial 2018 and 2017 trend analysis did not yield any statistically significant differences, then an additional trend analysis was performed between 2018 and 2016 results. Statistically significant differences are noted with directional triangles. Scores that were statistically significantly higher in 2018 than in 2017 are noted with black upward (▲) triangles. Scores that were statistically significantly lower in 2018 than in 2017 are noted with black downward (▼) triangles. Scores that were statistically significantly higher in 2018 than in 2016 are noted with red upward (▲) triangles. Scores that were statistically significantly lower in 2018 than in 2016 are noted with red downward (▼) triangles. Scores in 2018 that were not statistically significantly different from scores in 2017 or 2016 are not noted with triangles.

For the Colorado BHO Program aggregate, results for the standard ECHO Survey measures and YSS-F 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 YSS-F domain agreement areas are reported even when there were fewer 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.
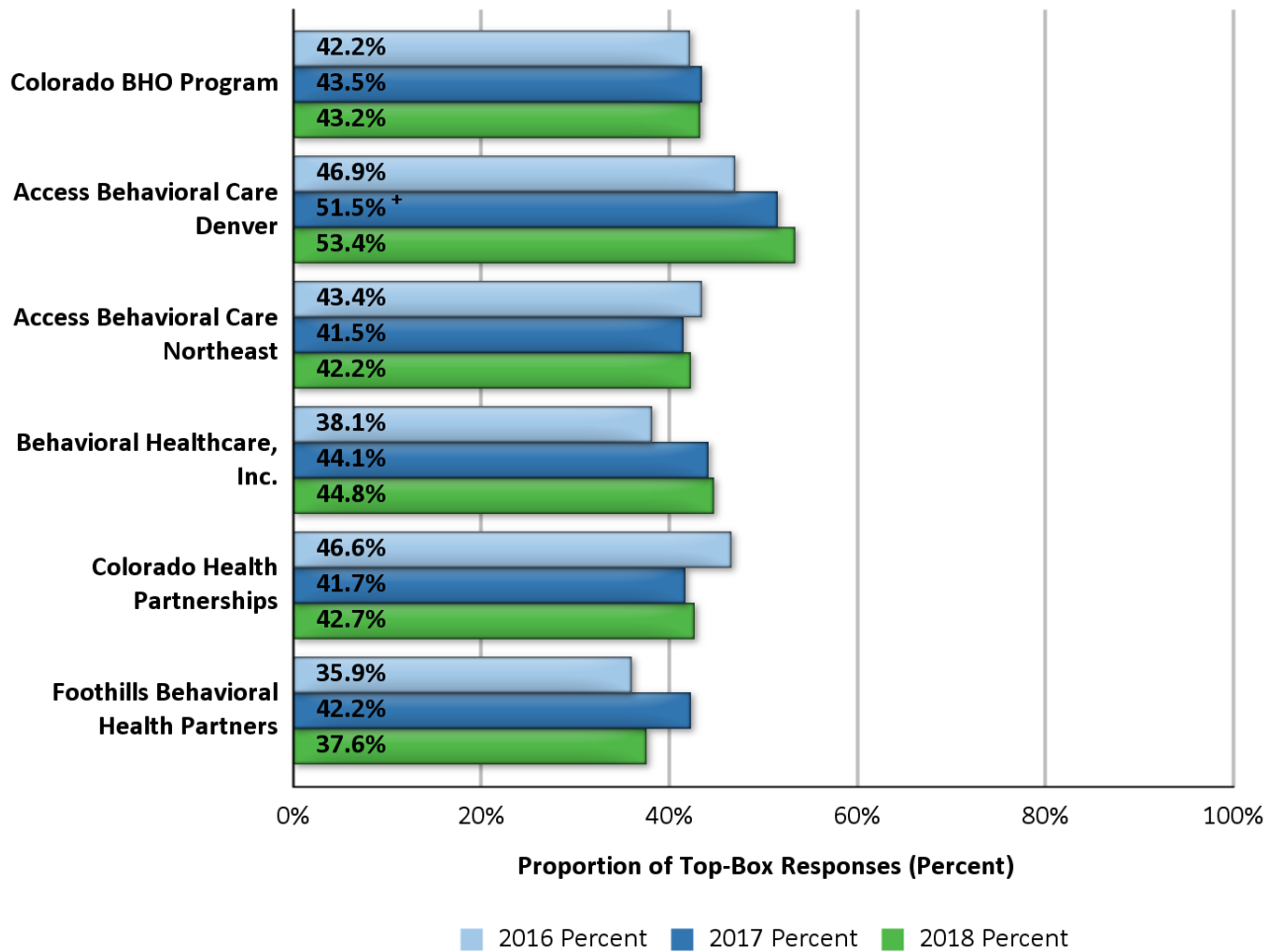
Figure 3-1 through Figure 3-13, on the following pages, show the top-box results of the ECHO Survey measures. Figure 3-14 and Figure 3-15 show the results of the YSS-F domain agreement rates.

Global Rating

Rating of All Counseling or Treatment

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-box responses were defined as those responses with a rating of 9 or 10. Figure 3-1 shows the Rating of All Counseling or Treatment question summary rates for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 3-1—Rating of All Counseling or Treatment

	2016 Percent	2017 Percent	2018 Percent
Colorado BHO Program	42.2%	43.5%	43.2%
Access Behavioral Care Denver	46.9%	51.5% +	53.4%
Access Behavioral Care Northeast	43.4%	41.5%	42.2%
Behavioral Healthcare, Inc.	38.1%	44.1%	44.8%
Colorado Health Partnerships	46.6%	41.7%	42.7%
Foothills Behavioral Health Partners	35.9%	42.2%	37.6%

Proportion of Top-Box Responses (Percent)

■ 2016 Percent ■ 2017 Percent ■ 2018 Percent

Statistical Significance Note: ▲ Indicates the 2018 score is statistically significantly higher than the 2017 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2017 score.
▲ Indicates the 2018 score is statistically significantly higher than the 2016 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2016 score.
If no statistically significant differences were found, no indicators (▲,▼or ▲,▼) appear on the figure.
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Composite Measures

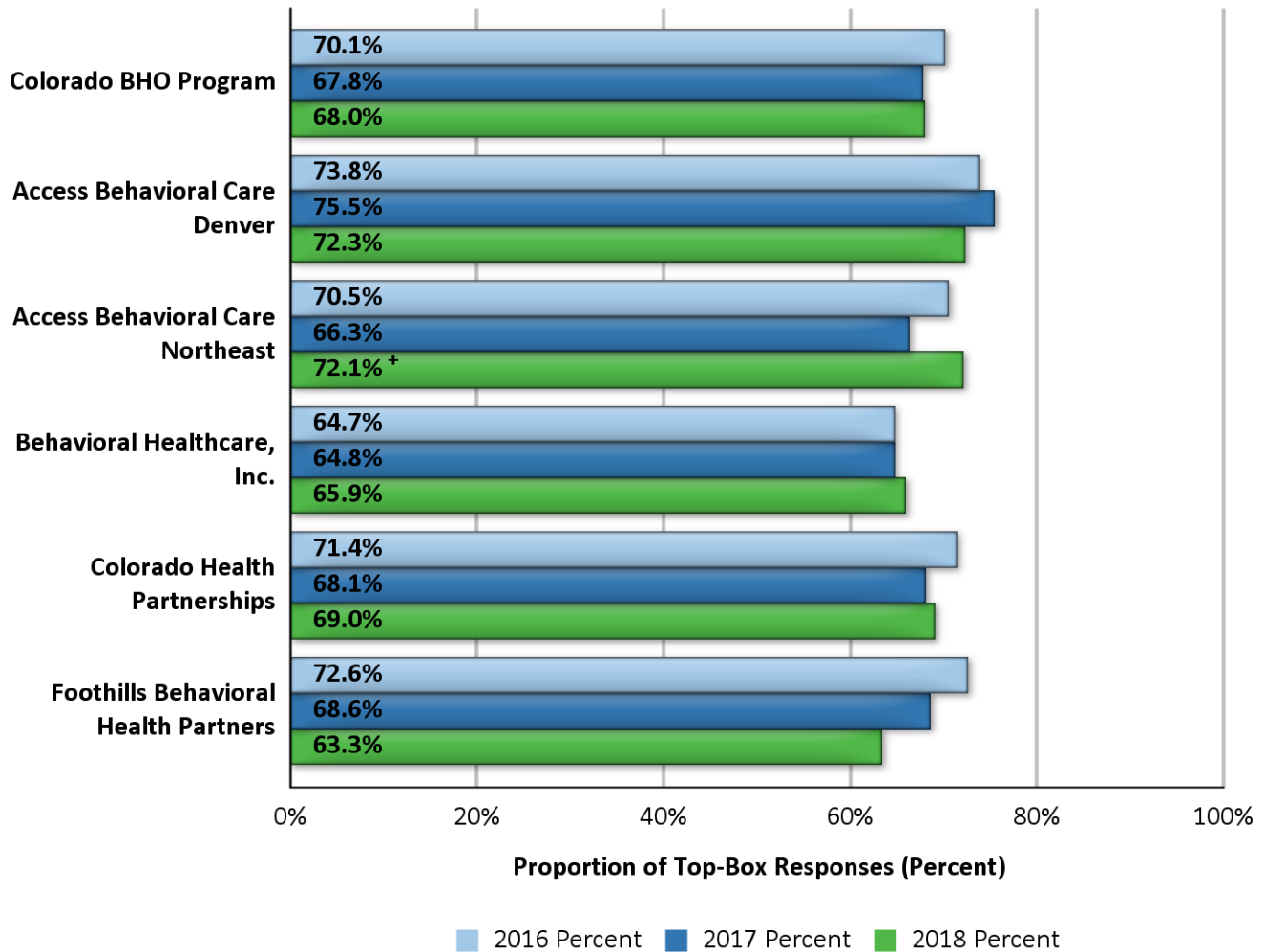### Getting Treatment Quickly

Two questions (Questions 3 and 5) were asked to assess how often child members received treatment quickly:

- **Question 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?
    - o Never
    - o Sometimes
    - o Usually
    - o 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?
    - o Never
    - o Sometimes
    - o Usually
    - o 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 Getting Treatment Quickly global proportions for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 3-2—Getting Treatment Quickly

Colorado BHO Program
- 70.1%
- 67.8%
- 68.0%

Access Behavioral Care Denver
- 73.8%
- 75.5%
- 72.3%

Access Behavioral Care Northeast
- 70.5%
- 66.3%
- 72.1% +

Behavioral Healthcare, Inc.
- 64.7%
- 64.8%
- 65.9%

Colorado Health Partnerships
- 71.4%
- 68.1%
- 69.0%

Foothills Behavioral Health Partners
- 72.6%
- 68.6%
- 63.3%

Proportion of Top-Box Responses (Percent)

2016 Percent 2017 Percent 2018 Percent

Statistical Significance Note: ▲ Indicates the 2018 score is statistically significantly higher than the 2017 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2017 score.
▲ Indicates the 2018 score is statistically significantly higher than the 2016 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2016 score.
If no statistically significant differences were found, no indicators (▲,▼ or ▲,▼) appear on the figure.
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

How Well Clinicians Communicate

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

- **Question 11**. In the last 12 months, how often did the people your child saw for counseling or treatment <u>listen carefully to you</u>?
    - o Never
    - o Sometimes
    - o Usually
    - o Always

- **Question 12**. In the last 12 months, how often did the people your child saw for counseling or treatment <u>explain things</u> in a way you could understand?
    - o Never
    - o Sometimes
    - o Usually
    - o Always

- **Question 13**. In the last 12 months, how often did the people your child saw for counseling or treatment <u>show respect for what you had to say</u>?
    - o Never
    - o Sometimes
   - o Usually
    - o Always

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

- **Question 17**. In the last 12 months, how often were you <u>involved as much as you wanted</u> in your child's counseling or treatment?
    - o Never
    - o Sometimes
    - o Usually
    - o 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 How Well Clinicians Communicate global proportions for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 3-3—How Well Clinicians Communicate
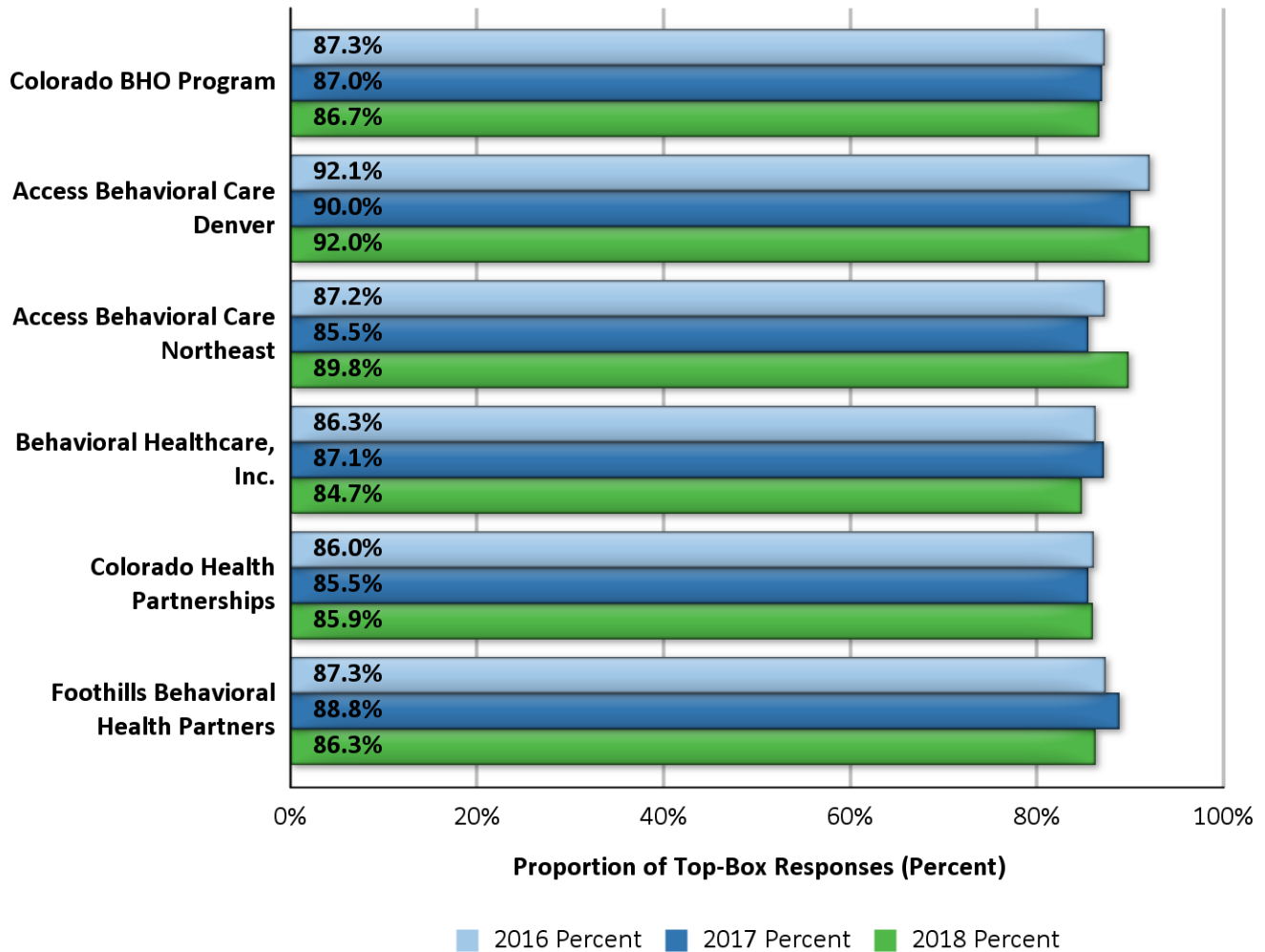
Statistical Significance Note: ▲ Indicates the 2018 score is statistically significantly higher than the 2017 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2017 score.
▲ Indicates the 2018 score is statistically significantly higher than the 2016 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2016 score.
If no statistically significant differences were found, no indicators (▲,▼or ▲,▼) appear on the figure.

Perceived Improvement

Four questions (Questions 31, 32, 33, and 34) were asked to assess 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**. <u>Compared to 12 months ago</u>, how would you rate your child's ability to deal with <u>daily problems now</u>?
    - o Much better
    - o A little better
    - o About the same
    - o A little worse
    - o Much worse

- **Question 32**. <u>Compared to 12 months ago</u>, how would you rate your child's ability to deal with <u>social situations now</u>?
    - o Much better
    - o A little better
    - o About the same
   - o A little worse
    - o 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?
    - o Much better
    - o A little better
    - o About the same
    - o A little worse
    - o Much worse

- **Question 34**. <u>Compared to 12 months ago</u>, how would you rate your child's <u>problems or symptoms now</u>?
    - o Much better
    - o A little better
    - o About the same
    - o A little worse
    - o 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 Perceived Improvement global proportions for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 3-4—Perceived Improvement
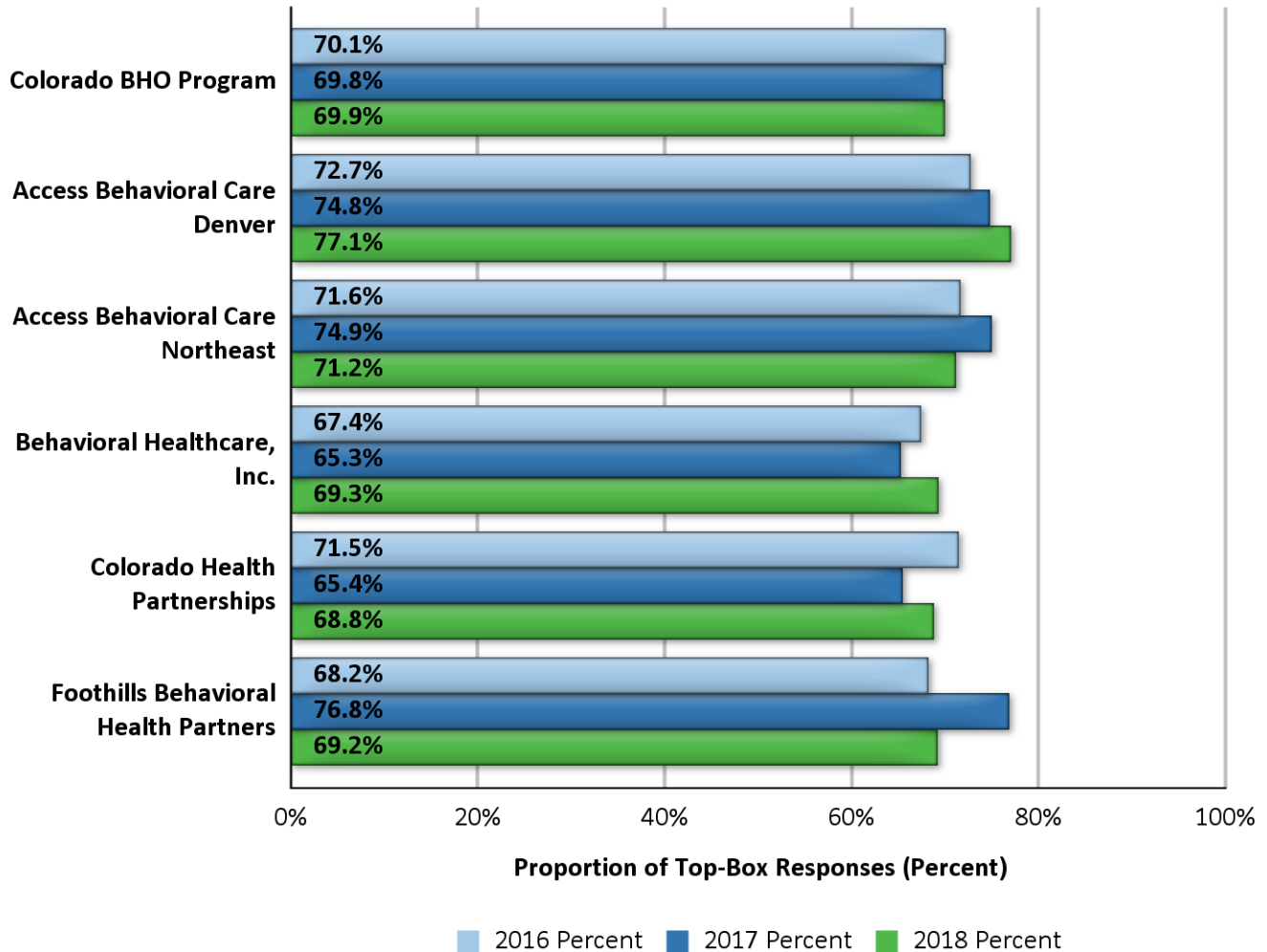
Statistical Significance Note: ▲ Indicates the 2018 score is statistically significantly higher than the 2017 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2017 score.
▲ Indicates the 2018 score is statistically significantly higher than the 2016 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2016 score.
If no statistically significant differences were found, no indicators (▲,▼or ▲,▼) appear on the figure.

Information About Treatment Options

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

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

- **Question 21.** In the last 12 months, were you given information about <u>different kinds</u> of counseling or treatment that are available for your child?
  - o   Yes
  - o   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 Information About Treatment Options global proportions for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 3-5—Information About Treatment Options
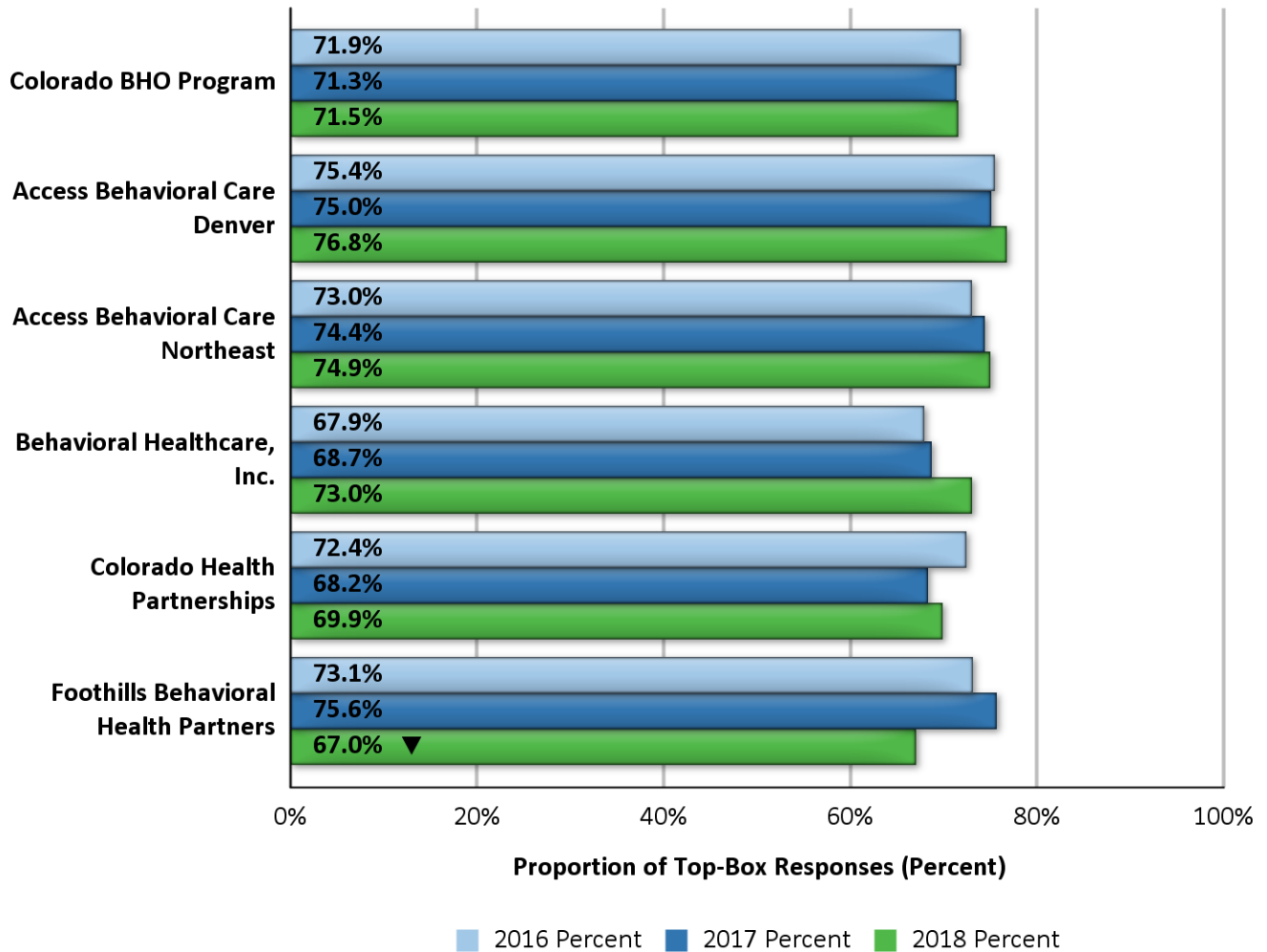
Proportion of Top-Box Responses (Percent)

2016 Percent   2017 Percent   2018 Percent

Statistical Significance Note: ▲ Indicates the 2018 score is statistically significantly higher than the 2017 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2017 score.
▲ Indicates the 2018 score is statistically significantly higher than the 2016 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2016 score.
If no statistically significant differences were found, no indicators (▲,▼or ▲,▼) appear on the figure.

Individual Item Measures

Office Wait

One question (Question 10) was asked to assess how often child members were seen within 15 minutes of their appointment:

- **Question 10**. In the last 12 months, how often was your child seen <u>within 15 minutes</u> of your child's appointment?
    - o Never
    - o Sometimes
    - o Usually
    - o 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 Office Wait question summary rates for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 3-6—Office Wait
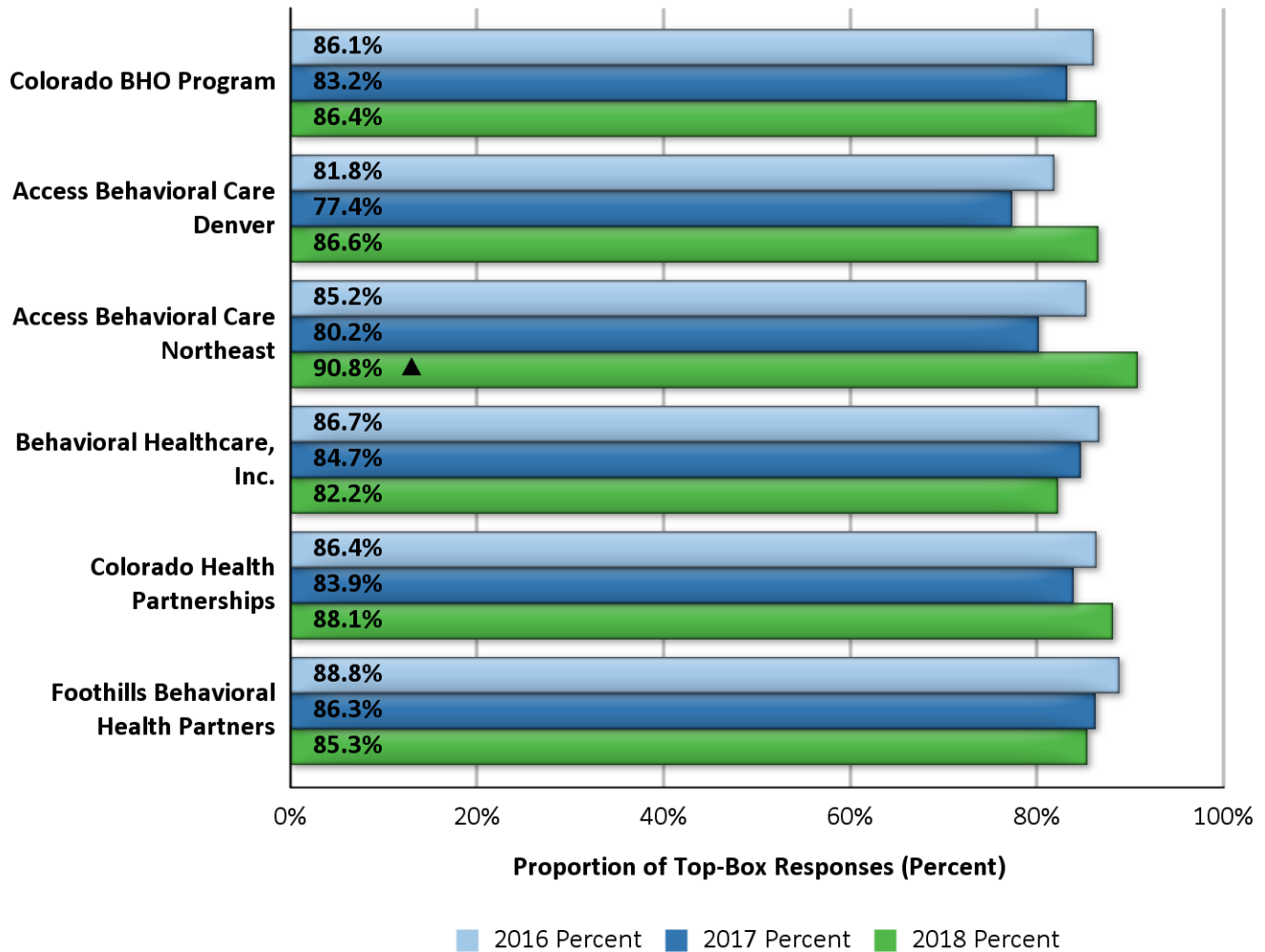
Statistical Significance Note: ▲ Indicates the 2018 score is statistically significantly higher than the 2017 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2017 score.
▲ Indicates the 2018 score is statistically significantly higher than the 2016 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2016 score.
If no statistically significant differences were found, no indicators (▲,▼or ▲,▼) appear on the figure.

Told About Medication Side Effects

One question (Question 16) was asked to assess how often 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 <u>side effects</u> of those medicines to watch for?
  - o Yes
  - o 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 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
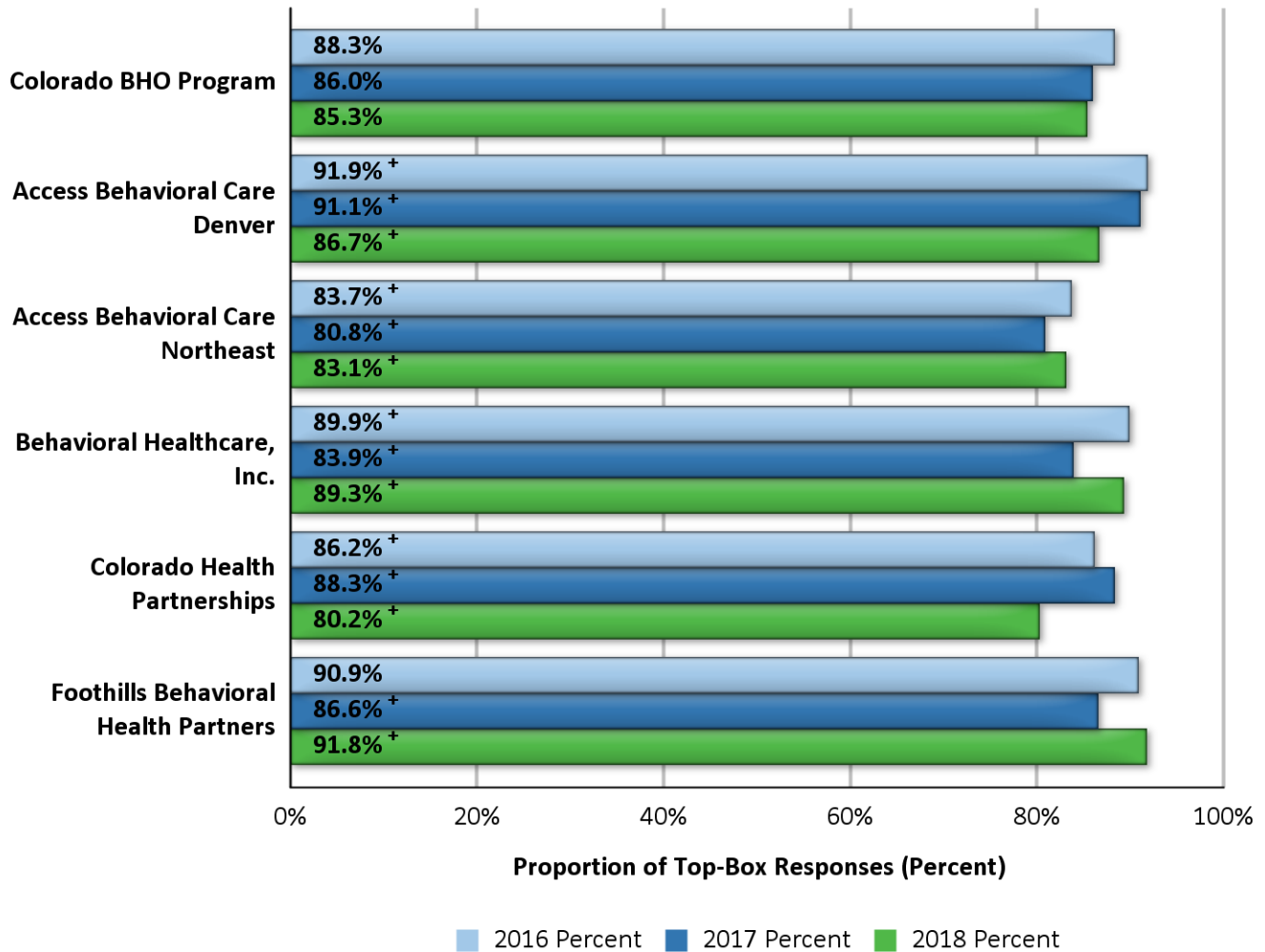
Statistical Significance Note: ▲ Indicates the 2018 score is statistically significantly higher than the 2017 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2017 score.
▲ Indicates the 2018 score is statistically significantly higher than the 2016 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2016 score.
If no statistically significant differences were found, no indicators (▲,▼or ▲,▼) appear on the figure.
+ 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 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 <u>manage</u> your child's condition?
    - o Yes
    - o 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 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
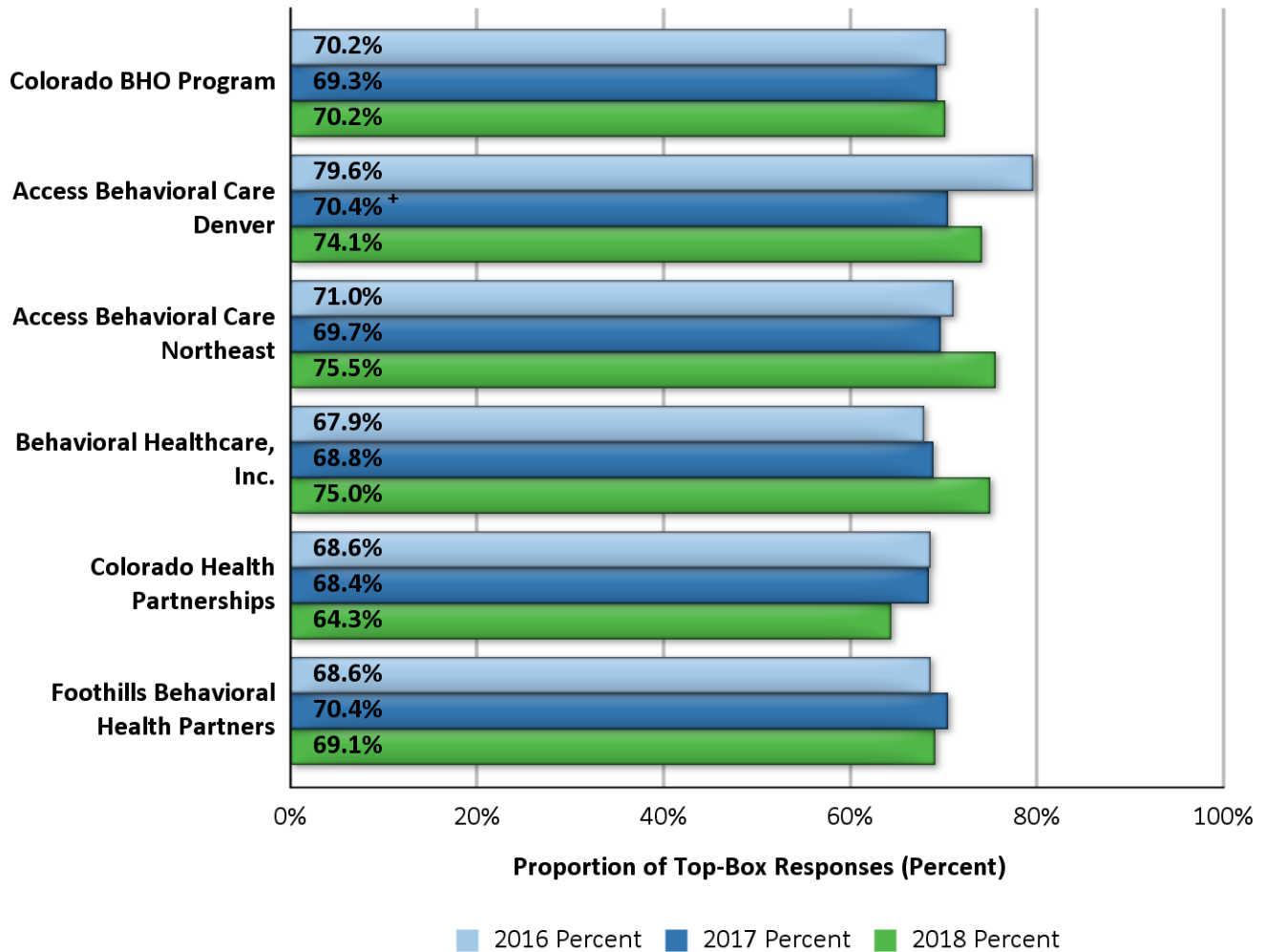
Proportion of Top-Box Responses (Percent)

2016 Percent   2017 Percent   2018 Percent

Statistical Significance Note: ▲ Indicates the 2018 score is statistically significantly higher than the 2017 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2017 score.
▲ Indicates the 2018 score is statistically significantly higher than the 2016 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2016 score.
If no statistically significant differences were found, no indicators (▲,▼or ▲,▼) appear on the figure.
+ 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 respondents were given information about their child's rights as a patient:

- **Question 23**. In the last 12 months, were you given information about your child's <u>rights as a patient</u>?
    - ○ 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 Patient Rights Information question summary rates for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 3-9—Patient Rights Information
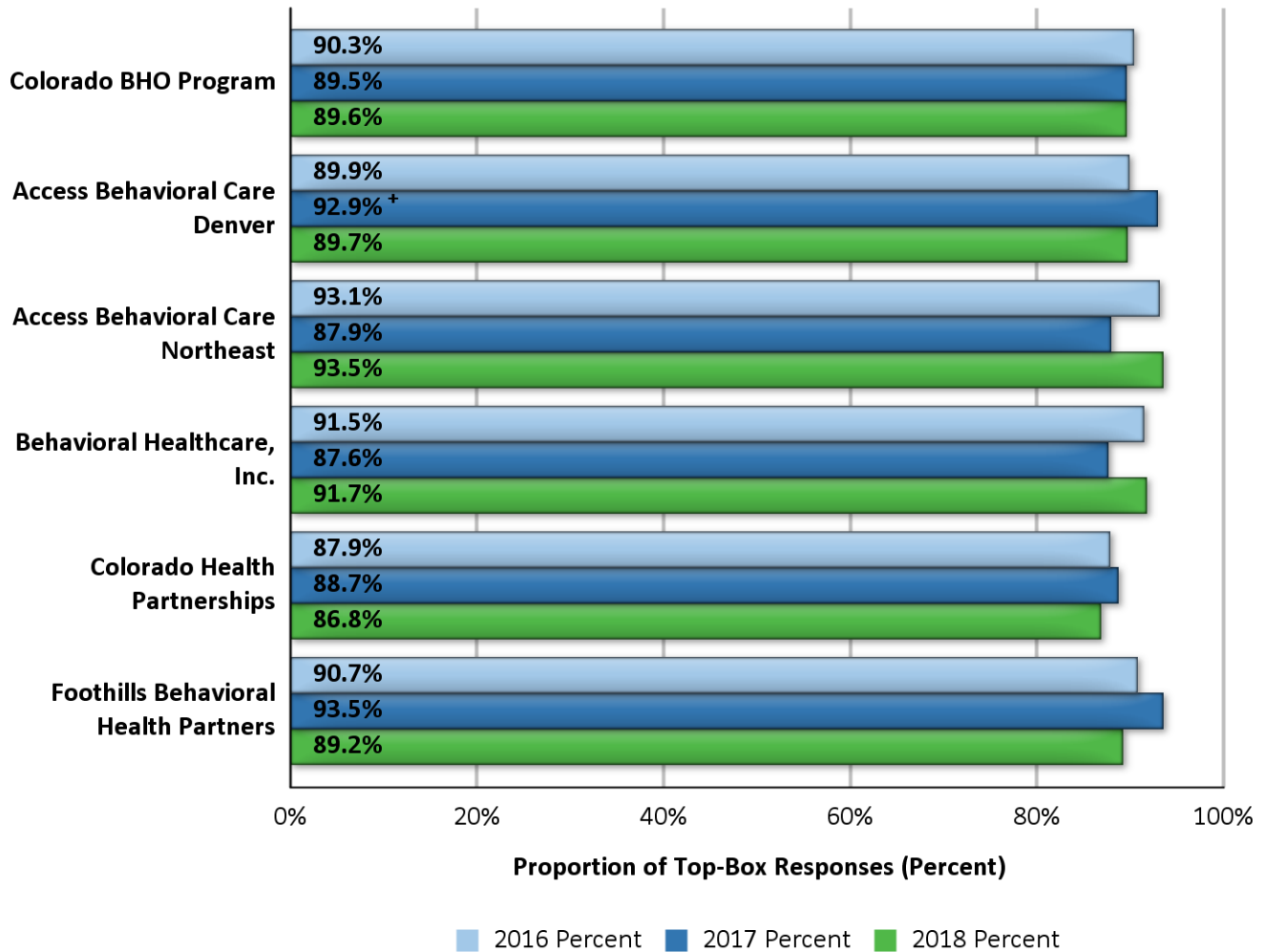
Statistical Significance Note: ▲ Indicates the 2018 score is statistically significantly higher than the 2017 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2017 score.
▲ Indicates the 2018 score is statistically significantly higher than the 2016 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2016 score.
If no statistically significant differences were found, no indicators (▲,▼or ▲,▼) appear on the figure.
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

## Respondent Feels He or She Could Refuse Treatment For Their Child

One question (Question 24) was asked to assess whether or not 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?
    - o Yes
    - o No

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

Figure 3-10 shows the Respondent Feels He or She Could Refuse Treatment For Their Child question summary rates for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 3-10—Respondent Feels He or She Could Refuse Treatment For Their Child
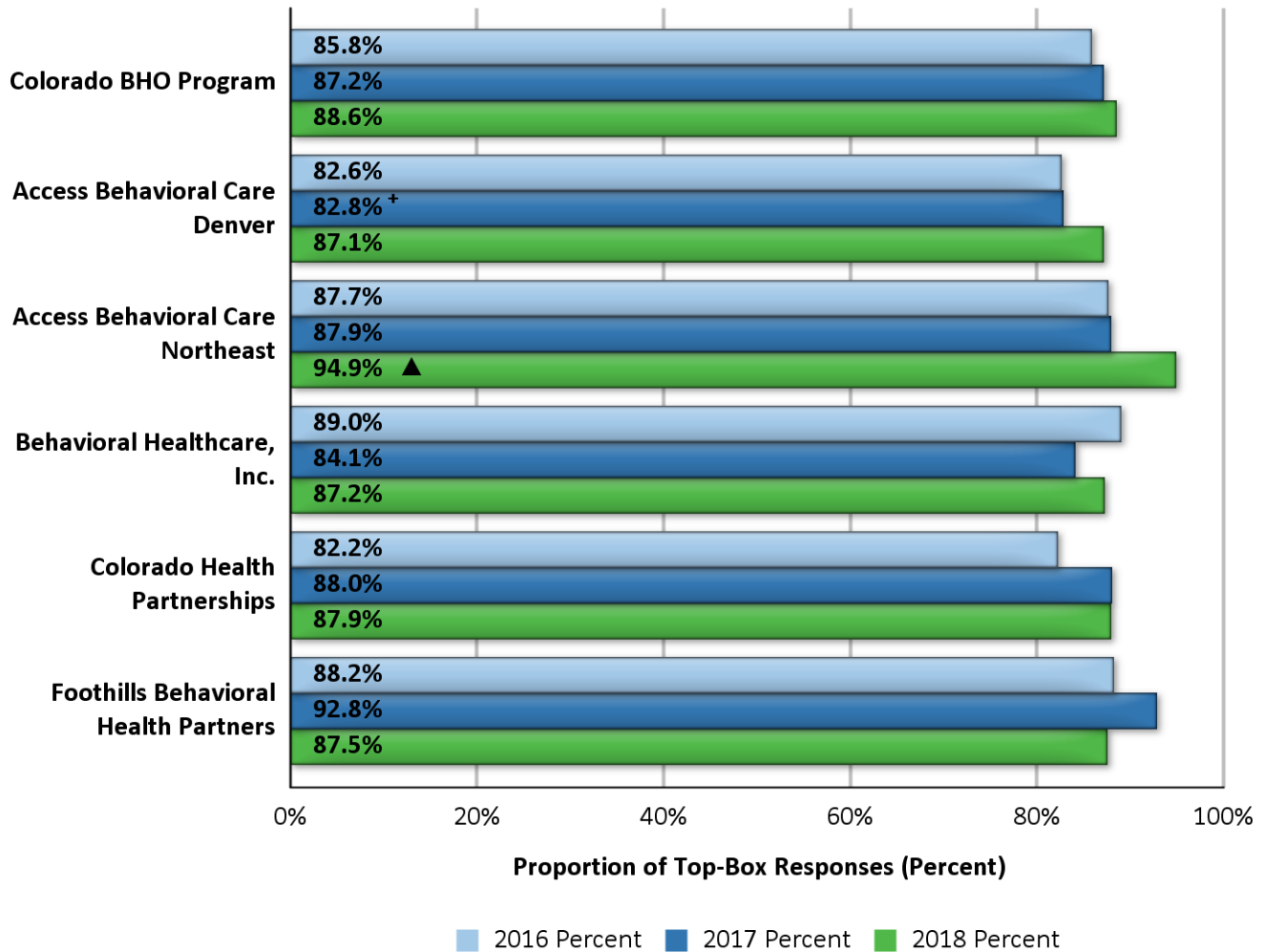
Statistical Significance Note: ▲ Indicates the 2018 score is statistically significantly higher than the 2017 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2017 score.
▲ Indicates the 2018 score is statistically significantly higher than the 2016 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2016 score.
If no statistically significant differences were found, no indicators (▲,▼or ▲,▼) appear on the figure.
+ 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 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 <u>share information</u> with others that should have been kept private?
    - o Yes
    - o 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 Privacy question summary rates for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 3-11—Privacy
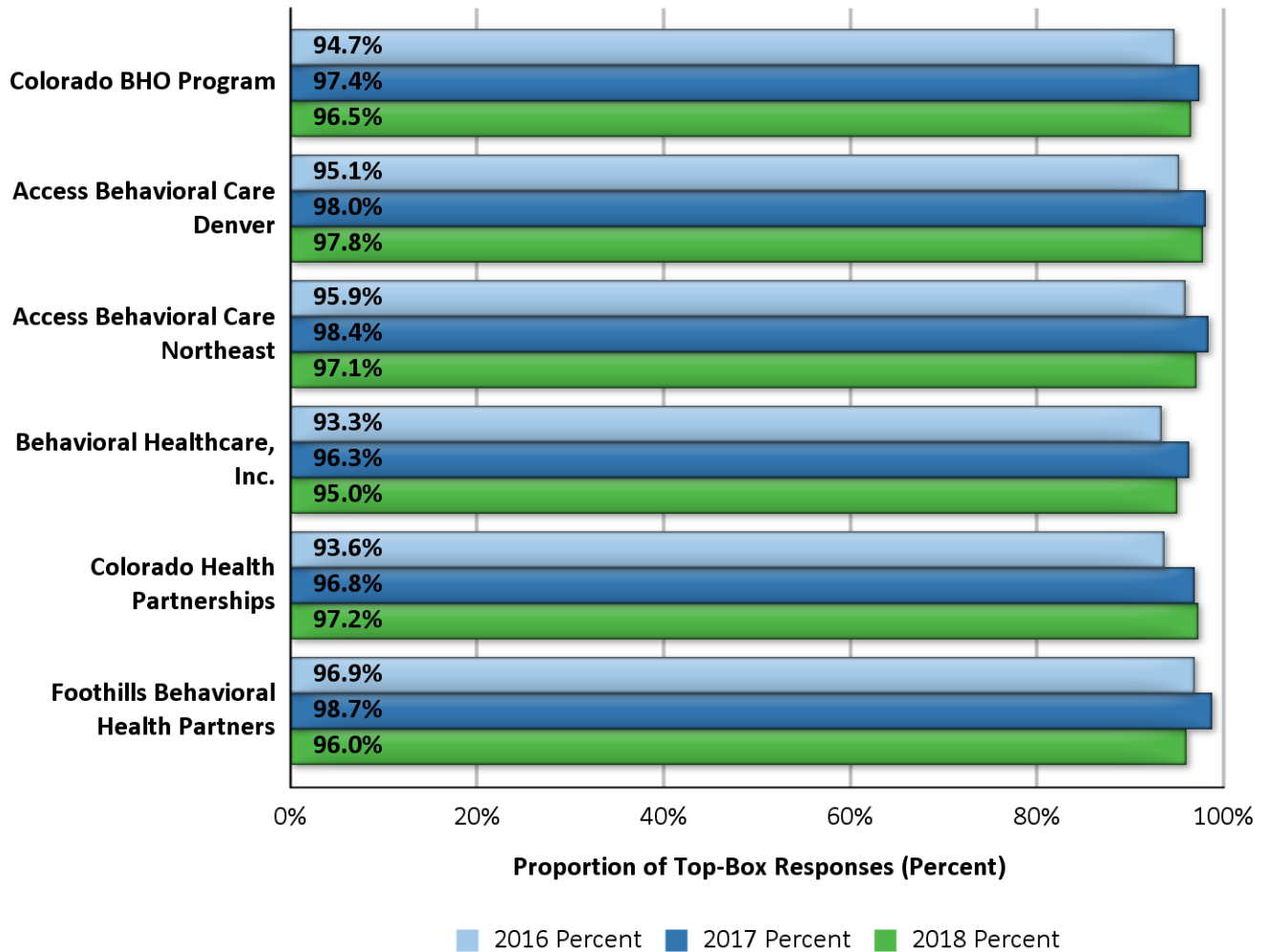
Proportion of Top-Box Responses (Percent)

2016 Percent   2017 Percent   2018 Percent

Statistical Significance Note: ▲ Indicates the 2018 score is statistically significantly higher than the 2017 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2017 score.
▲ Indicates the 2018 score is statistically significantly higher than the 2016 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2016 score.
If no statistically significant differences were found, no indicators (▲,▼or ▲,▼) appear on the figure.

Cultural Competency

One question (Question 27) was asked to assess whether or not the care the respondents' child 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 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 2018 score is statistically significantly higher than the 2017 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2017 score.
▲ Indicates the 2018 score is statistically significantly higher than the 2016 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2016 score.
If no statistically significant differences were found, no indicators (▲,▼ or ▲,▼) appear on the figure.
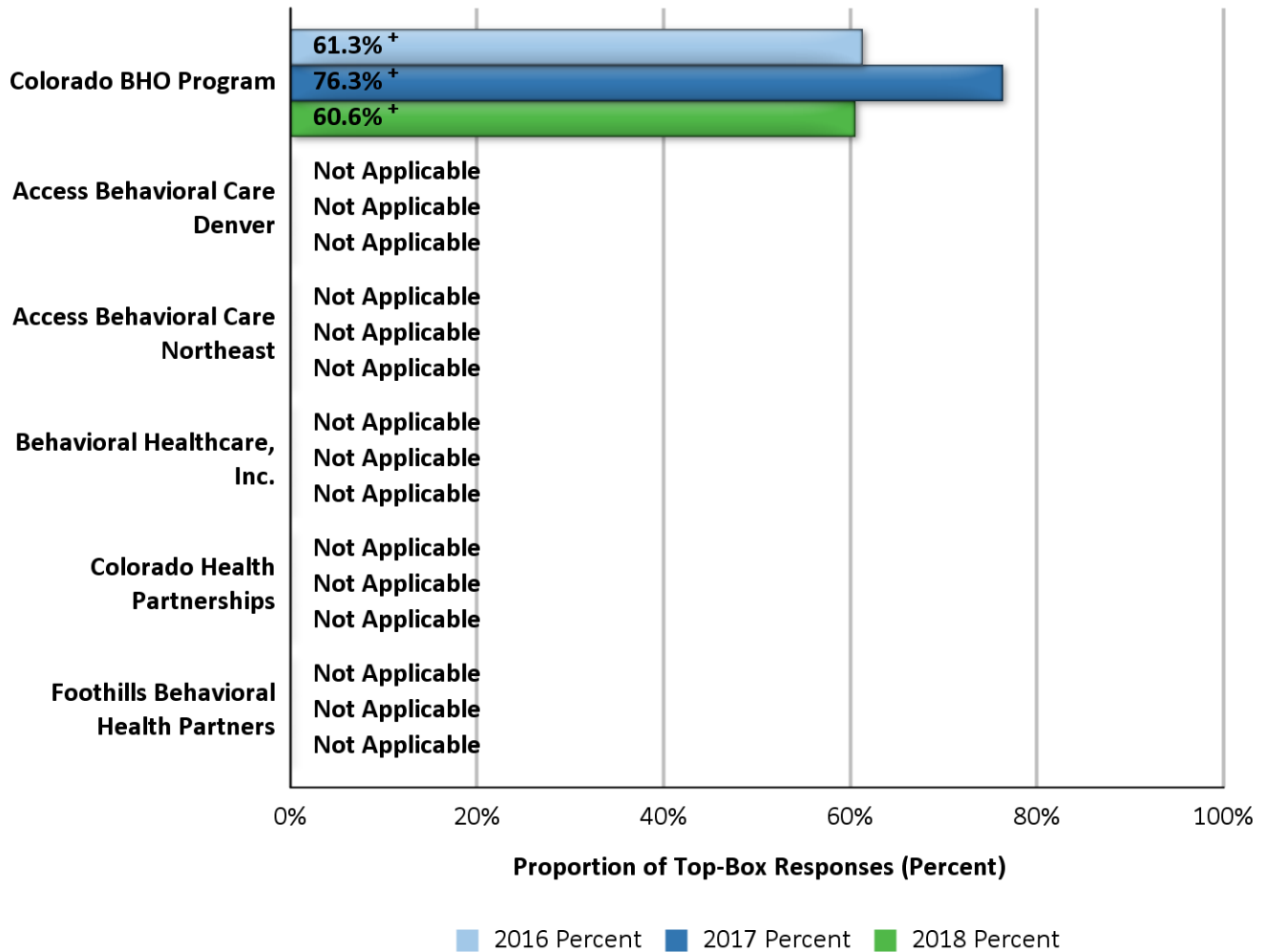+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
"Not Applicable" indicates fewer than 30 responses; therefore, results were suppressed.

Amount Helped

One question (Question 29) was asked to assess how much the child member 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?
    - o Not at all
    - o A little
    - o Somewhat
    - o 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 Amount Helped question summary rates for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 3-13—Amount Helped
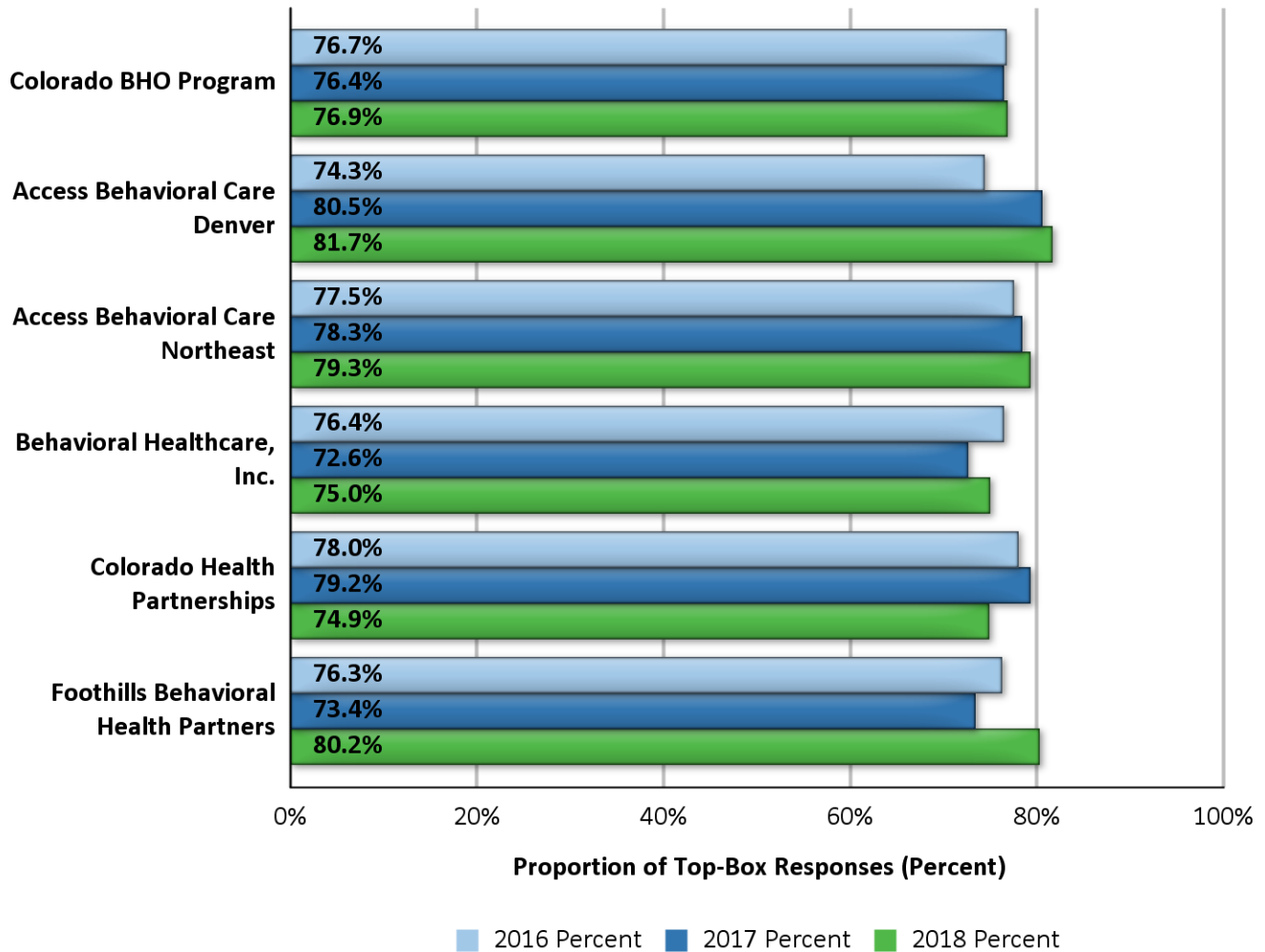
Statistical Significance Note: ▲ Indicates the 2018 score is statistically significantly higher than the 2017 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2017 score.
▲ Indicates the 2018 score is statistically significantly higher than the 2016 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2016 score.
If no statistically significant differences were found, no indicators (▲,▼ or ▲,▼) appear on the figure.

YSS-F Domain Agreements

Improved Functioning

Six questions (Questions 39, 40, 41, 42, 43, and 45) were asked to assess how much the child's everyday life improved as a result of the counseling or treatment services the child and/or family received:

- **Question 39**. My child is better at handling daily life.
  - o Strongly agree
  - o Agree
  - o Neutral
  - o Disagree
  - o Strongly Disagree
  - o Not Applicable

- **Question 40**. My child gets along better with family members.
  - o Strongly agree
  - o Agree
  - o Neutral
  - o Disagree
  - o Strongly Disagree
  - o Not Applicable

- **Question 41**. My child gets along better with friends and other people.
  - o Strongly agree
  - o Agree
  - o Neutral
  - o Disagree
  - o Strongly Disagree
  - o 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 Improved Functioning agreement rates for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 3-14—Improved Functioning
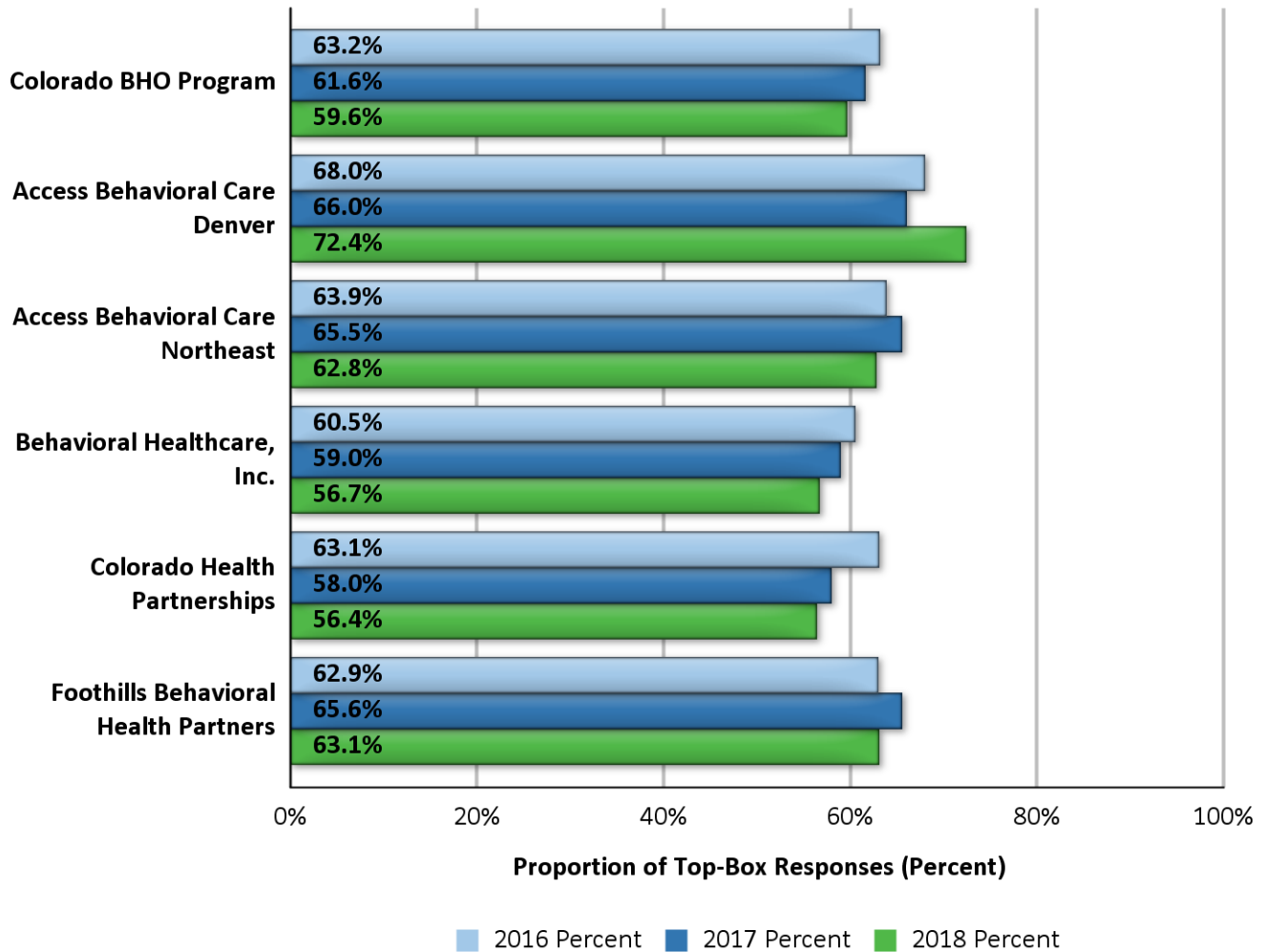
Statistical Significance Note: ▲ Indicates the 2018 score is statistically significantly higher than the 2017 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2017 score.
▲ Indicates the 2018 score is statistically significantly higher than the 2016 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2016 score.
If no statistically significant differences were found, no indicators (▲,▼ or ▲,▼) appear on the figure.

Social Connectedness

Four questions (Questions 46, 47, 48, and 49) were asked to assess how much 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.
    - o Strongly agree
    - o Agree
    - o Neutral
    - o Disagree
    - o Strongly Disagree
    - o 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.
    - o Strongly agree
    - o Agree
    - o Neutral
    - o Disagree
    - o Strongly Disagree
    - o 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.
    - o Strongly agree
    - o Agree
    - o Neutral
    - o Disagree
    - o Strongly Disagree
    - o Not Applicable

- **Question 49**. Other than my child's service providers, I have people with whom I can do enjoyable things.
    - o Strongly agree
    - o Agree
    - o Neutral
    - o Disagree
    - o Strongly Disagree
    - o 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 Social Connectedness agreement rates for the Colorado BHO Program aggregate and the five participating BHOs.

Figure 3-15—Social Connectedness
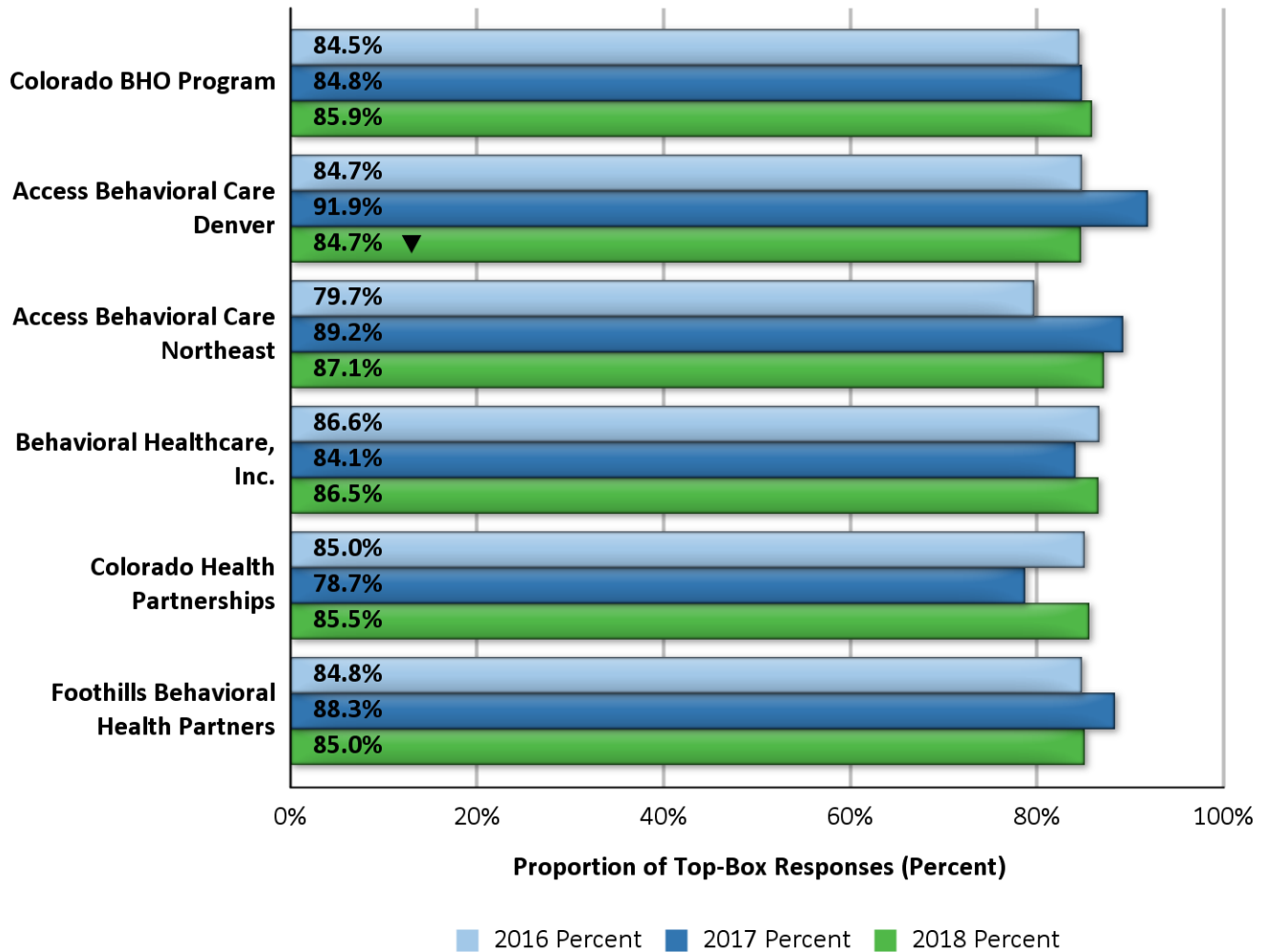
Proportion of Top-Box Responses (Percent)

☐ 2016 Percent ■ 2017 Percent ■ 2018 Percent

Statistical Significance Note: ▲ Indicates the 2018 score is statistically significantly higher than the 2017 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2017 score.
▲ Indicates the 2018 score is statistically significantly higher than the 2016 score.
▼ Indicates the 2018 score is statistically significantly lower than the 2016 score.
If no statistically significant differences were found, no indicators (▲,▼or ▲,▼) appear on the figure.

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 3-12—Trend Analysis: ECHO Survey Measures

Measure Name	Colorado BHO Program	Access Behavioral Care Denver	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	—	—	—	—	—	—
Respondent Feels He or She Could Refuse Treatment For Their Child	—	—	▲	—	—	—
Privacy	—	—	—	—	—	—
Told About Medication Side Effects	—	—+	—+	—+	—+	—+

+   *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*
▲   *Indicates the 2018 score is statistically significantly higher than the 2017 score.*
▼   *Indicates the 2018 score is statistically significantly lower than the 2017 score.*
▲   *Indicates the 2018 score is statistically significantly higher than the 2016 score.*
▼   *Indicates the 2018 score is statistically significantly lower than the 2016 score.*
—   *Indicates the 2018 score is not statistically significantly different than the 2017 or the 2016 scores.*
N/A indicates that results for this measure are not displayed due to fewer than 30 responses.

Table 3-13—Trend Analysis: YSS-F-Domain Agreement Rates

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

▲   *Indicates the 2018 score is statistically significantly higher than the 2017 score.*
▼   *Indicates the 2018 score is statistically significantly lower than the 2017 score.*
▲   *Indicates the 2018 score is statistically significantly higher than the 2016 score.*
▼   *Indicates the 2018 score is statistically significantly lower than the 2016 score.*
—   *Indicates the 2018 score is not statistically significantly different than the 2017 or the 2016 scores.*

The trend analysis revealed the following summary results:

- The Colorado BHO Program did not score statistically significantly higher or lower in 2018 than in 2017 or 2016 on any of the ECHO Survey measures or YSS-F Domains.

- Access Behavioral Care Denver scored statistically significantly lower in 2018 than in 2017 on one YSS-F Domain, Social Connectedness.

- Access Behavioral Care Northeast scored statistically significantly higher in 2018 than in 2017 on two ECHO Survey measures: Office Wait and Respondent Feels He or She Could Refuse Treatment For Their Child.

- Behavioral Healthcare, Inc. did not score statistically significantly higher or lower in 2018 than in 2017 or 2016 on any of the ECHO Survey measures or YSS-F Domains.

- Colorado Health Partnerships did not score statistically significantly higher or lower in 2018 than in 2017 or 2016 on any of the ECHO Survey measures or YSS-F Domains.

- Foothills Behavioral Health Partners scored statistically significantly lower in 2018 than in 2017 on one ECHO Survey measure, Information About Treatment Options.

BHO Comparisons

In order to identify performance differences in member 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-box responses a score of one, with all other responses receiving a score of zero. After applying this scoring methodology, the percentage of top-box 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 3-14—BHO Comparisons: ECHO Survey Measures

Measure Name	Access Behavioral Care Denver	Access Behavioral Care Northeast	Behavioral Healthcare, Inc.	Colorado Health Partnerships	Foothills Behavioral Health Partners
Global Rating					
Rating of All Counseling or Treatment	52.5% ↔	40.8% ↔	44.8% ↔	43.2% ↔	39.2% ↔
Composite Measures					
Getting Treatment Quickly	72.9% ↔	70.5% + ↔	67.2% ↔	69.3% ↔	62.8% ↔
How Well Clinicians Communicate	92.1% ↑	89.3% ↔	85.1% ↔	86.0% ↔	86.2% ↔
Information About Treatment Options	76.7% ↔	73.8% ↔	73.3% ↔	70.2% ↔	67.5% ↔
Perceived Improvement	76.0% ↔	69.2% ↔	70.1% ↔	70.3% ↔	69.9% ↔
Individual Items					
Amount Helped	81.4% ↔	77.8% ↔	75.9% ↔	75.6% ↔	80.3% ↔
Cultural Competency	N/A	N/A	N/A	N/A	N/A
Information to Manage Condition	74.0% ↔	73.9% ↔	75.3% ↔	64.9% ↔	69.9% ↔
Office Wait	86.9% ↔	91.3% ↔	82.6% ↔	87.7% ↔	84.4% ↔
Patient Rights Information	89.8% ↔	93.1% ↔	91.9% ↔	87.0% ↔	89.1% ↔
Respondent Feels He or She Could Refuse Treatment For Their Child	87.4% ↔	94.8% ↑	87.5% ↔	88.0% ↔	86.9% ↔
Privacy	97.8% ↔	96.9% ↔	95.1% ↔	97.3% ↔	95.9% ↔
Told About Medication Side Effects	86.3% + ↔	82.9% + ↔	89.8% + ↔	80.2% + ↔	92.0% + ↔

+   *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 3-15—BHO Comparisons: YSS-F Domain Agreement Rates

Domain Name	Access Behavioral Care Denver	Access Behavioral Care Northeast	Behavioral Healthcare, Inc.	Colorado Health Partnerships	Foothills Behavioral Health Partners
Improved Functioning	71.6% ↑	60.4% ↔	57.9% ↔	58.2% ↔	63.2% ↔
Social Connectedness	84.6% ↔	85.9% ↔	86.8% ↔	86.6% ↔	84.9% ↔

↑   *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

The BHO comparisons analysis revealed the following results:

- Access Behavioral Care Denver scored statistically significantly higher than the Colorado BHO Program average on one ECHO Survey measure, How Well Clinicians Communicate and on one YSS-F Domain, Improved Functioning.
- Access Behavioral Care Northeast scored statistically significantly higher than the Colorado BHO Program average on one ECHO Survey measure, Respondent Feels He or She Could Refuse Treatment For Their Child.
- 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 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.
- Foothills Behavioral Health Partners 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.

General Recommendations

As the Department implements Phase II of its Accountable Care Collaborative (ACC) program starting July 1, 2018, HSAG recommends the following to further the Department's goals for the ACC program to join Physical and Behavioral Health under one accountable entity (Regional Accountable Entities [RAEs]) and to strengthen coordination of services by advancing team-based care.

Collaboration with RAEs

Given the valuable information the ECHO survey can provide, HSAG recommends the Department collaborate with the RAEs to review the applicability of the ECHO survey questions for the RAEs to examine members' needs and satisfaction with their care. The survey may assist in providing a benchmark of members' evaluations of, access to, and quality of, behavioral health services and to examine the factors that influence these ratings. The RAEs and the Department should administer the survey to adult and child members enrolled in the RAEs for the ability to monitor program score trends and track the results through the transition of the Medicaid health care delivery system. HSAG recommends the Department utilize a mixed mode methodology for survey administration (mailed surveys with telephone interviewing).

Key Drivers of Satisfaction Analysis

The Department could consider conducting a key drivers of satisfaction analysis in future reporting 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 key drivers of satisfaction analysis would assist the Department in identifying and targeting specific areas for QI. The analysis could provide information on areas, such as how well the RAEs are performing on a survey item and how that survey item correlates to overall satisfaction.

HSAG has the expertise and capabilities to conduct a key drivers of satisfaction analysis on behalf of the Department and include this analysis in future reports, if desired.

Member Information for Future Surveys

HSAG recommends the Department collaborate with the RAEs to obtain member information (e.g., addresses and phone numbers) for purposes of generating the sample frame files necessary for survey administration. The RAEs should have more updated member information in their systems. If HSAG is able to obtain more accurate contact information, this may help increase response rates for future surveys.

Monitoring Measures from 2018 ECHO Survey for Changes

Based on the results of the Adult and Child ECHO Survey, the areas identified as low performance (below 65 percent) at the program-level were:

Adult Survey Results:
- Rating of Counseling or Treatment
- Perceived Improvement
- Information about Treatment Options
- Including Family
- Cultural Competency
- Improved Functioning
- Social Connectedness

Child Survey Results:
- Rating of Counseling or Treatment
- Cultural Competency
- Improved Functioning
- Social Connectedness

HSAG recommends that the Department consider prioritizing the above measures based on the Department's assessment of which measures are more closely linked to outcomes of therapy and to the Department's goals for the ACC program. The Department could then monitor chosen measures evaluated in the 2018 ECHO Survey to determine if there are significant improvements or declines in member satisfaction over time that could be related to the transition of behavioral health care to the RAEs. For example, the Department could develop performance measures or other QI initiatives for the RAEs to monitor the targeted measures.

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 members.[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/Respondent Feels He or She Could Refuse Treatment For Their Child	
		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

Members eligible for sampling included Medicaid and non-Medicaid members who were identified as having received at least one behavioral health service or treatment from one of the five participating BHOs and/or corresponding BHO-contracted CMHCs or specialty clinics during the measurement year (i.e., November 1, 2016, to October 31, 2017). To determine if the member 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)

[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 3.0 ECHO Surveys; therefore, not all composite measures and individual item measures were included in the survey administered to the adult and child populations.

- 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, members 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 members eligible for sampling included those who were 18 years of age or older as of October 31, 2017. Child members eligible for sampling included those who were 17 years of age or younger as of October 31, 2017. The sample size selected for the adult and child populations was 1,538 members 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 Mixed-Mode Methodology Survey Timeline

Task	Timeline
Send first questionnaire with cover letter to the adult member or parent/caretaker of child member.	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 a maximum of 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 21 days after initiation.	57 days

The survey administration protocol was designed to achieve a high response rate from members, thus minimizing the potential effects of non-response bias. The first phase, or mail phase, consisted of a survey being mailed to all sampled members. Members who were identified as Spanish-speaking through administrative data were mailed a Spanish version of the survey. Members 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 members 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 members who had not mailed in a completed survey. A series of up to three CATI calls was made to each non-respondent.

All eligible members were provided for sampling. Sampled members included those who met the following criteria:

- Were age 18 or older as of October 31, 2017 (adult members only).
- Were age 17 or younger as of October 31, 2017 (child members only).
- Were identified as having received at least one behavioral health service or treatment from the participating BHOs and/or contracted CMHCs or specialty clinics.
- Had been continuously enrolled from November 1, 2016, to October 31, 2017, 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 members 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 member 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 member 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 members of the sample. A member's survey was assigned a disposition code of "completed" if at least one question was answered within the survey. Eligible members include the entire random sample minus ineligible members. Ineligible members 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.

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

Demographic Analysis

The demographic analysis evaluated self-reported demographic information from survey respondents and child members. Given that the demographics of a response group can influence overall member satisfaction scores, it is important to evaluate the 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 results to the entire population.

Trend Analysis

In order to evaluate trends in Colorado BHO member satisfaction, HSAG performed a stepwise three-year trend analysis. The first step compared the 2018 CAHPS results to the 2017 CAHPS results. If the initial 2018 and 2017 trend analysis did not yield any significant differences, then an additional trend analysis was performed between 2018 and 2016 results. Statistically significant differences are noted with directional triangles. Scores that were statistically significantly higher in 2018 than in 2017 are noted with black upward (▲) triangles. Scores that were statistically significantly lower in 2018 than in 2017 are noted with black downward (▼) triangles. Scores that were statistically significantly higher in 2018 than in 2016 are noted with red upward (▲) triangles. Scores that were statistically significantly lower in 2018 than in 2016 are noted with red downward (▼) triangles. Scores in 2018 that were not statistically significantly different from scores in 2017 or 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/Respondent Feels He or She Could Refuse Treatment For Their Child, 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

A comparisons analysis was performed to identify member 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 members and respondents used in adjusting the results for comparability among BHOs. Results for the Colorado BHOs were case-mix adjusted for member 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:

$$\hat{\mu} = \frac{\sum_p \hat{\mu}_p / \hat{V}_p}{\sum_p 1 / \hat{V}_p}$$

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 - $ *(number of case-mix adjusters)*. 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., $p < 0.05$), 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:

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

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

The variance of Δ_p was:

$$\hat{V}(\Delta_p) = \left(1 - \frac{1}{P}\right)^2 \hat{V}_p + \frac{\sum_{p'}^* \hat{V}_{p'}}{P^2}$$

The t statistic was $\frac{\Delta_p}{\sqrt{\hat{V}(\Delta_p)}}$ and had a t distribution with $n - P - $ *(number of case-mix adjusters)* 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 2018 Colorado BHO Member 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 members 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 members 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 2018 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 2018 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) member 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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The survey instrument selected for Colorado BHO adult members 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 members 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.

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 <u>you need</u>?

○ 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 <u>any number from 0 to 10</u>, 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 <u>counseling or treatment</u> in the last 12 months?

○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
0 1 2 3 4 5 6 7 8 9 10
Worst   Best
Counseling   Counseling
or Treatment   or Treatment
Possible   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 <u>overall mental health now</u>?

○ Excellent
○ Very Good
○ Good
○ Fair
○ Poor

30. <u>Compared to 12 months ago</u>, how would you rate your ability to deal with <u>daily problems now</u>?

○ Much better
○ A little better
○ About the same
○ A little worse
○ Much worse

31. <u>Compared to 12 months ago</u>, how would you rate your ability to deal with <u>social situations now</u>?

○ Much better
○ A little better
○ About the same
○ A little worse
○ Much worse

32. <u>Compared to 12 months ago</u>, how would you rate your ability to <u>accomplish the things you want to do now</u>?

○ Much better
○ A little better
○ About the same
○ A little worse
○ Much worse

33. <u>Compared to 12 months ago</u>, how would you rate your <u>problems or symptoms now</u>?

○ 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 <u>personal problems</u>, <u>family problems</u>, <u>emotional illness</u>, or <u>mental illness</u>?

○ Yes
○ No

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

○ 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 most often receive counseling or treatment services.

In thinking about the center you use most often and results of the counseling or treatment services you 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."

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."

- ○ AllHealth 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
- ○ Center for Mental Health
- ○ Mind Springs Health
- ○ North Range Behavioral Health
- ○ San Luis Valley Behavioral Health Group
- ○ Servicios de la Raza
- ○ Solvista Health
- ○ Southeast Health Group
- ○ Summitstone Health Partners
- ○ 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**

SURVEY INSTRUCTIONS

➤ **Please be sure to fill the response circle <u>completely</u>. Use only <u>black or blue ink</u> or <u>dark pencil</u> 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>your/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 <u>explain things</u> 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 <u>show respect for what you had to say</u>?**

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

14. **In the last 12 months, how often did the people your child saw for counseling or treatment <u>spend enough time</u> with you?**

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

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

- ○ Yes
- ○ No ➔ *Go to Question 17*

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

- ○ Yes
- ○ No

17. **In the last 12 months, how often were you <u>involved as much as you wanted</u> 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 <u>had someone to talk to</u> for counseling or treatment when your child was troubled?**

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

21. **In the last 12 months, were you given information about <u>different kinds</u> 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 <u>manage</u> your child's condition?**

- ○ Yes
- ○ No

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

- ○ 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 <u>share information</u> 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 <u>you/your child</u> 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 <u>any number from 0 to 10</u>, 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 <u>counseling or treatment</u> in the last 12 months?

○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
0 1 2 3 4 5 6 7 8 9 10
Worst   Best
Counseling   Counseling
or Treatment   or Treatment
Possible   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 <u>overall mental health now</u>?

○ Excellent
○ Very Good
○ Good
○ Fair
○ Poor

31. <u>Compared to 12 months ago</u>, how would you rate your child's ability to deal with <u>daily problems now</u>?

○ Much better
○ A little better
○ About the same
○ A little worse
○ Much worse

32. <u>Compared to 12 months ago</u>, how would you rate your child's ability to deal with <u>social situations now</u>?

○ Much better
○ A little better
○ About the same
○ A little worse
○ Much worse

33. <u>Compared to 12 months ago</u>, how would you rate your child's ability to <u>accomplish the things your child wants to do now</u>?

○ Much better
○ A little better
○ About the same
○ A little worse
○ Much worse

34. <u>Compared to 12 months ago</u>, how would you rate your child's <u>problems or symptoms now</u>?

○ 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 <u>problems related to behavior</u>?

○ Yes
○ No

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

   ○ Yes
   ○ No

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

   ○ Yes
   ○ No

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

   ○ 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 <u>most often</u> receive counseling or treatment services.

In thinking about the center your child uses most often and <u>results of the counseling or treatment services your child and/or family 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."

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 other than your child's service providers, 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 most often 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 one of the following CMHCs your child and/or family most often receive counseling or treatment services. If you do not know the name of the CMHC, please mark "Don't know."**

   ○ AllHealth 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
   ○ Center for Mental Health
   ○ Mind Springs Health
   ○ North Range Behavioral Health
   ○ San Luis Valley Behavioral Health Group
   ○ Servicios de la Raza
   ○ Solvista Health
   ○ Southeast Health Group
   ○ Summitstone Health Partners
   ○ 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 your child's overall health now?

○ Excellent
○ Very Good
○ Good
○ Fair
○ Poor

59. What is your child's 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:

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Ann Arbor, MI 48108**