



COLORADO

**Department of Health Care
Policy & Financing**

2019 Colorado Behavioral Health Member Experience Report

June 2019

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



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1. Executive Summary

Introduction

The State of Colorado requested the administration of surveys to members identified as having received at least one behavioral health care service through a behavioral health organization (BHO), a Regional Accountable Entity (RAE), and/or a RAE-contracted community mental health center (CMHC) or specialty clinic from November 1, 2017, through October 31, 2018.^{1-1,1-2} 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.¹⁻³ The goal of the ECHO Survey is to provide performance feedback that is actionable and will aid in improving members' overall experiences. It is important to note that in state fiscal year (SFY) 2018-2019, members in the Colorado RAEs were surveyed for the first time. The 2019 results presented in this report represent a **baseline** assessment of members' experiences; therefore, caution should be exercised when interpreting these results.

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.¹⁻⁴ 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

¹⁻¹ Effective July 1, 2018, the capitated behavioral health program was transitioned to the Regional Accountable Entities (RAEs). Since the measurement period for this survey was from November 1, 2017, through October 31, 2018, behavioral health care services provided by the BHOs (November 1, 2017 through June 30, 2018) and RAEs (July 1, 2018 through October 31, 2018) were captured for the eligible population; therefore, the results may include members that received behavioral health services from both the RAEs and the BHOs. Additionally, community mental health centers (CMHCs) may service members in more than one RAE service region. Therefore, although results are provided by RAE, caution should be exercised when interpreting the results as some of the results may not be attributable to the overall performance of the RAEs.

¹⁻² 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); and Detoxification (S3005, T1007, T1019, T1023).

¹⁻³ Experience of Care and Health Outcomes (ECHO™) is a trademark of the Agency for Healthcare Research and Quality (AHRQ).

¹⁻⁴ 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.

child member) completed the surveys from January to April 2019. Table 1-1 provides a list of the seven Colorado RAEs included in the survey administration, along with their corresponding service regions, and the CMHCs attributed to each RAE service region.

Table 1-1—Participating RAEs

RAE Name	RAE Abbreviation	Service Region	RAE-Contracted CMHCs
Rocky Mountain Health Plans	RMHP	1	Axis Health System
			Center for Mental Health
			Mind Springs Health
			SummitStone Health Partners
Northeast Health Partners	NHP	2	Centennial Mental Health Center
			North Range Behavioral Health
Colorado Access	Colorado Access	3	AllHealth Network
			Asian Pacific Center for Human Development*
			Aurora Mental Health Center
			Centennial Mental Health Center
Health Colorado, Inc.	HCI	4	Health Solutions (formerly known as Spanish Peaks Behavioral Health Centers)
			San Luis Valley Behavioral Health Group
			Solvista Health
			Southeast Health Group
Colorado Access	Colorado Access	5	Mental Health Center of Denver
			Servicios de la Raza*
Colorado Community Health Alliance	CCHA	6	Jefferson Center for Mental Health
			Mental Health Partners
Colorado Community Health Alliance	CCHA	7	AspenPointe, Inc.

** Please note: Asian Pacific Center for Human Development and Servicios de la Raza are behavioral health clinics that have contracts with various RAEs for the provision of Medicaid services to culturally specific communities and are not considered official CMHCs.*

Performance Highlights

The Adult and Child Results sections of this report detail the ECHO Survey results for each of the participating Colorado RAEs and the Colorado RAE Program in aggregate for the adult and child populations, respectively. The following is a summary of the performance highlights:

- Key Drivers of Low Member Experience Analysis
- RAE Comparisons

Key Drivers of Low Member Experience Analysis

In order to determine factors that are contributing to members' low ratings of experience for the adult and child populations, HSAG focused the key drivers of low member experience analysis on the Rating of All Counseling or Treatment global rating. Key drivers of low member experience are defined as those items that (1) have a problem score that is greater than or equal to the program's median problem score for all items examined, and (2) have a correlation that is greater than or equal to the program's median correlation for all items examined.¹⁻⁵ For additional information on the key drivers of low member experience analysis, please refer to the Reader's Guide section on page 5-4. The detailed adult and child results of the key drivers of low member experience analysis are presented in Table 2-2 and Table 3-2, respectively.

RAE Comparisons

In order to identify differences in member experience scores between the seven participating Colorado RAEs, case-mix adjusted results for each RAE were compared to one another using standard statistical tests. The detailed results of the comparative analysis are described in the Adult Results section beginning on page 2-28 and the Child Results section beginning on page 3-29.^{1-6,1-7}

The following RAEs scored statistically significantly *higher* than the Colorado RAE Program average on at least one measure for the adult population:

- RMHP (RAE 1)
- CCHA (RAE 6)

¹⁻⁵ A problem score is the score associated with a response in which the member identified a negative experience and was assigned a "1." A positive experience with care (i.e., non-negative) was assigned a "0."

¹⁻⁶ Caution should be exercised when evaluating RAE comparisons, given that demographic and geographic differences may impact results.

¹⁻⁷ Beginning on July 1, 2018, the RAEs began: (1) serving as the single entity responsible for coordinating both physical and behavioral health services for Health First Colorado members, which was previously provided by the Regional Care Collaborative Organizations (RCCOs) and (2) administering the capitated behavioral health benefit, which was previously performed by contracted BHOs. Therefore, caution should be exercised when interpreting the results as some of the results may not be attributable to the care provided by the RAEs.



Conversely, the following RAEs scored statistically significantly *lower* than the Colorado RAE Program average on at least one measure for the adult population:

- Colorado Access (RAE 5)
- CCHA (RAE 7)

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

Survey Administration and Response Rates

Survey Administration

Members eligible for sampling included adults who were identified as having received at least one behavioral health service or treatment through a BHO, a RAE, and/or a corresponding RAE-contracted CMHC or specialty clinic from November 1, 2017, through October 31, 2018, as reflected in the encounter data.²⁻¹

Members eligible for sampling included those who were enrolled in Medicaid at the time the sample was created or who were identified as indigent and receiving services from one of the CMHCs or specialty clinics (non-Medicaid only) at the time the sample was created. Medicaid and non-Medicaid members had to be continuously enrolled in behavioral health services through either a BHO or a RAE 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, 2018.

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 an English or Spanish survey being mailed to the sampled members. The second phase, or telephone phase, consisted of Computer Assisted Telephone Interviewing (CATI) for sampled members who had not mailed in a completed survey. Additional information on the survey protocol is included in the Reader's Guide section beginning on page 5-3.

Response Rates

The ECHO Survey response rate is the total number of completed surveys divided by all eligible members of the sample. For additional information on the calculation of response rates, please refer to the Reader's Guide section on page 5-4. For the adult population, a total of 1,102 adult members returned a completed survey. The 2019 Colorado RAE Program response rate for the adult population was 12.93 percent.

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

²⁻¹ The overall number of behavioral health encounters for September and October 2018 were low, due to data lag. In addition, only two RAEs (Region 6 and Region 7) submitted encounters for October 2018. Therefore, caution should be exercised when interpreting the results due to the incomplete behavioral health encounter data file received.

Table 2-1—Adult Population Sample Distribution and Response Rates

RAE Name	Total Sample	Ineligible Records	Eligible Sample	Total Respondents	Response Rate
Colorado RAE Program	10,766	2,242	8,524	1,102	12.93%
RMHP (RAE 1)	1,538	366	1,172	154	13.14%
NHP (RAE 2)	1,538	278	1,260	153	12.14%
Colorado Access (RAE 3)	1,538	276	1,262	176	13.95%
HCI (RAE 4)	1,538	288	1,250	152	12.16%
Colorado Access (RAE 5)	1,538	381	1,157	151	13.05%
CCHA (RAE 6)	1,538	296	1,242	187	15.06%
CCHA (RAE 7)	1,538	357	1,181	129	10.92%

Key Drivers of Low Member Experience

HSAG performed an analysis of key drivers of low member experience for the Rating of All Counseling or Treatment global rating. Key drivers of low member experience are defined as those items that (1) have a problem score that is greater than or equal to the program’s median problem score for all items examined, and (2) have a correlation that is greater than or equal to the program’s median correlation for all items examined.²⁻² For additional information on the key drivers of low member experience analysis, please refer to the Reader’s Guide section on page 5-4. Table 2-2 depicts those items identified for the global rating as being key drivers of low member experience for the adult Colorado RAE Aggregate.

Table 2-2—Adult Colorado RAE Aggregate Key Drivers of Low Member Experience

Rating of All Counseling or Treatment
Respondents reported that the care they received was not responsive to their language, race, religion, ethnic background or culture needs.
Respondents reported that they were not given as much information as they wanted about what they could do to manage their condition.
Respondents reported that when they did not need counseling or treatment right away, they did not always get an appointment for counseling or treatment as soon as they wanted.

²⁻² A problem score is the score associated with a response in which the member identified a negative experience and was assigned a “1.” A positive experience with care (i.e., non-negative) was assigned a “0.”

Respondent Demographics

In general, the demographics of a response group influence the scores of members’ overall experiences. For example, older and healthier respondents tend to report higher levels of member experience; therefore, caution should be exercised when comparing populations that have significantly different demographic properties.²⁻³

Table 2-3 shows respondents’ self-reported age, gender, race/ethnicity, general health status, mental health status, education, and health insurance coverage.

Table 2-3—Adult Demographics
Age, Gender, Race/Ethnicity, General Health Status, Mental Health Status,
Education, and Health Insurance Coverage

	Colorado RAE Program	RMHP (RAE 1)	NHP (RAE 2)	Colorado Access (RAE 3)	HCI (RAE 4)	Colorado Access (RAE 5)	CCHA (RAE 6)	CCHA (RAE 7)
Age								
18 to 24	6.0%	5.2%	8.7%	4.5%	6.4%	3.5%	6.1%	8.0%
25 to 34	16.1%	19.3%	11.6%	16.6%	16.4%	13.4%	17.7%	17.6%
35 to 44	17.2%	20.7%	14.5%	19.1%	9.3%	16.9%	19.5%	20.0%
45 to 64	53.6%	48.9%	58.0%	53.5%	59.3%	54.2%	51.2%	50.4%
65 and Older	7.1%	5.9%	7.2%	6.4%	8.6%	12.0%	5.5%	4.0%
Gender								
Male	34.5%	30.7%	38.4%	29.1%	41.4%	38.0%	34.1%	30.2%
Female	65.5%	69.3%	61.6%	70.9%	58.6%	62.0%	65.9%	69.8%
Race/Ethnicity								
Multi-Racial	8.4%	9.6%	5.9%	8.3%	10.1%	8.6%	6.7%	9.8%
White	64.8%	75.6%	71.3%	64.1%	52.5%	45.7%	77.4%	65.0%
Hispanic	17.3%	9.6%	14.0%	14.1%	31.7%	32.1%	10.4%	9.8%
Black	4.5%	1.5%	0.0%	8.3%	2.2%	11.4%	0.6%	8.1%
Asian	0.9%	0.7%	0.0%	1.3%	0.7%	0.0%	2.4%	0.8%
Native American	1.2%	0.7%	2.9%	0.0%	0.7%	1.4%	0.6%	2.4%
Other*	2.9%	2.2%	5.9%	3.8%	2.2%	0.7%	1.8%	4.1%

²⁻³ 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.

	Colorado RAE Program	RMHP (RAE 1)	NHP (RAE 2)	Colorado Access (RAE 3)	HCI (RAE 4)	Colorado Access (RAE 5)	CCHA (RAE 6)	CCHA (RAE 7)
General Health Status								
Excellent	6.0%	5.1%	6.6%	5.2%	5.8%	6.5%	8.6%	4.0%
Very Good	19.5%	25.0%	15.3%	21.9%	16.5%	22.3%	19.6%	15.3%
Good	33.3%	33.8%	32.1%	38.7%	38.1%	28.1%	30.1%	32.3%
Fair	29.5%	22.1%	35.8%	25.8%	28.1%	30.9%	30.7%	33.9%
Poor	11.6%	14.0%	10.2%	8.4%	11.5%	12.2%	11.0%	14.5%
Mental Health Status								
Excellent	7.4%	4.8%	5.7%	7.5%	9.9%	7.2%	9.4%	6.1%
Very Good	19.7%	27.0%	19.5%	20.4%	19.1%	17.6%	17.6%	17.4%
Good	33.8%	32.5%	26.0%	38.8%	36.6%	35.2%	34.7%	31.3%
Fair	31.5%	32.5%	41.5%	25.2%	29.0%	30.4%	28.8%	35.7%
Poor	7.6%	3.2%	7.3%	8.2%	5.3%	9.6%	9.4%	9.6%
Education								
8th Grade or Less	3.2%	0.0%	5.1%	1.3%	5.0%	7.0%	2.4%	1.6%
Some High School	10.2%	12.0%	5.1%	9.6%	10.1%	16.9%	8.3%	9.5%
High School Graduate	28.9%	24.8%	43.4%	26.3%	31.7%	22.5%	25.6%	29.4%
Some College	36.7%	37.6%	30.9%	41.7%	39.6%	32.4%	33.9%	41.3%
College Graduate	21.0%	25.6%	15.4%	21.2%	13.7%	21.1%	29.8%	18.3%
Health Insurance Coverage**								
Medicare	26.3%	27.9%	34.1%	27.4%	25.7%	30.5%	19.3%	20.2%
Medicaid	89.0%	89.7%	82.6%	86.6%	91.4%	88.7%	91.6%	92.7%
CHP+	1.9%	2.9%	3.6%	2.5%	0.7%	2.8%	0.6%	0.0%
Other	7.5%	6.6%	13.0%	9.6%	6.4%	2.8%	7.2%	6.5%
None	1.4%	1.5%	2.2%	0.6%	2.1%	2.1%	0.6%	0.8%
Don't Know	1.3%	1.5%	1.4%	1.3%	1.4%	0.7%	1.2%	1.6%
<p><i>Please note: Percentages may not total 100% due to rounding.</i></p> <p><i>*The "Other" category includes responses of Native Hawaiian or Other Pacific Islander and Other.</i></p> <p><i>**Respondents may select more than one response option to this question; therefore, results may exceed 100%.</i></p>								

Top-Box and Agreement Scores

The number of completed surveys, shown in Table 2-4, were used to calculate the Colorado RAE Program aggregate’s and corresponding RAEs’ 2019 results for the standard ECHO Survey measures and MHSIP domain agreement scores presented in this section.²⁻⁴ Members that received behavioral health services from both the RAEs and the BHOs were included in the results. Additionally, CMHCs may fall in more than one RAE. Therefore, caution should be exercised when interpreting these results as some of the results may not be attributable to the RAEs.

Table 2-4—Number of Completed Surveys

RAE	2019
Colorado RAE Program	1,102
RMHP (RAE 1)	154
NHP (RAE 2)	153
Colorado Access (RAE 3)	176
HCI (RAE 4)	152
Colorado Access (RAE 5)	151
CCHA (RAE 6)	187
CCHA (RAE 7)	129

The scoring of the ECHO 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.²⁻⁵ After applying this scoring methodology, the percentage of top-box responses was calculated in order to determine the top-box scores. For additional details, please refer to the Reader’s Guide section beginning on page 5-8.

Questions comprising each MHSIP domain are based on a 5-point Likert scale, with each response coded from 1 (Strongly Agree) to 5 (Strongly Disagree). After applying this scoring methodology, the average score for each respondent was calculated for all questions that comprise the domain. Respondents with an average score less than or equal to 2.5 were considered “agreements” and assigned an agreement score of one, whereas those respondents with an average score greater than 2.5 were considered “disagreements” and assigned an agreement score of zero. Respondents missing more than one third of their responses within each MHSIP domain were excluded from the analysis.

For the Colorado RAE Program aggregate, results for the standard ECHO Survey measures and MHSIP domain agreement scores were weighted based on the total eligible population for each participating RAE’s adult population. Additionally, results for the ECHO Survey measures and MHSIP domain

²⁻⁴ The Colorado RAE Program aggregate scores presented in this section are derived from the combined results of the seven participating RAEs: RMHP (RAE 1), NHP (RAE 2), Colorado Access (RAE 3), HCI (RAE 4), Colorado Access (RAE 5), CCHA (RAE 6), and CCHA (RAE 7).
²⁻⁵ National Committee for Quality Assurance. *HEDIS® 2019, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2018.

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.

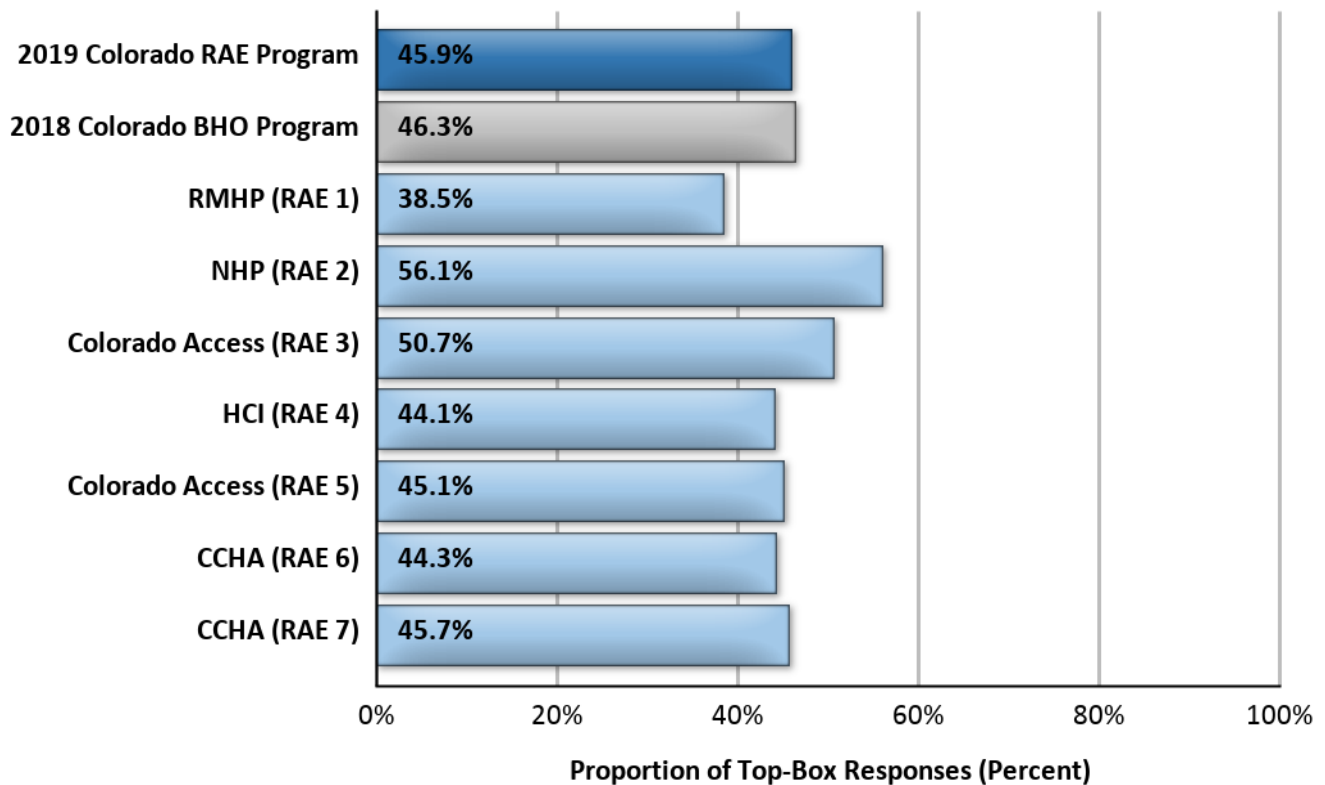
Figure 2-1 through Figure 2-14, on the following pages, show the top-box scores of the ECHO Survey measures. Figure 2-15 and Figure 2-16 show the results of the MHSIP domain agreement scores.

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.” HSAG calculated top-box scores using ratings of 9 or 10. Figure 2-1 shows the Rating of All Counseling or Treatment top-box scores for the 2019 Colorado RAE Program aggregate, 2018 Colorado BHO Program aggregate, and the seven RAEs.

Figure 2-1—Rating of All Counseling or Treatment



Composite Measures

Getting Treatment Quickly

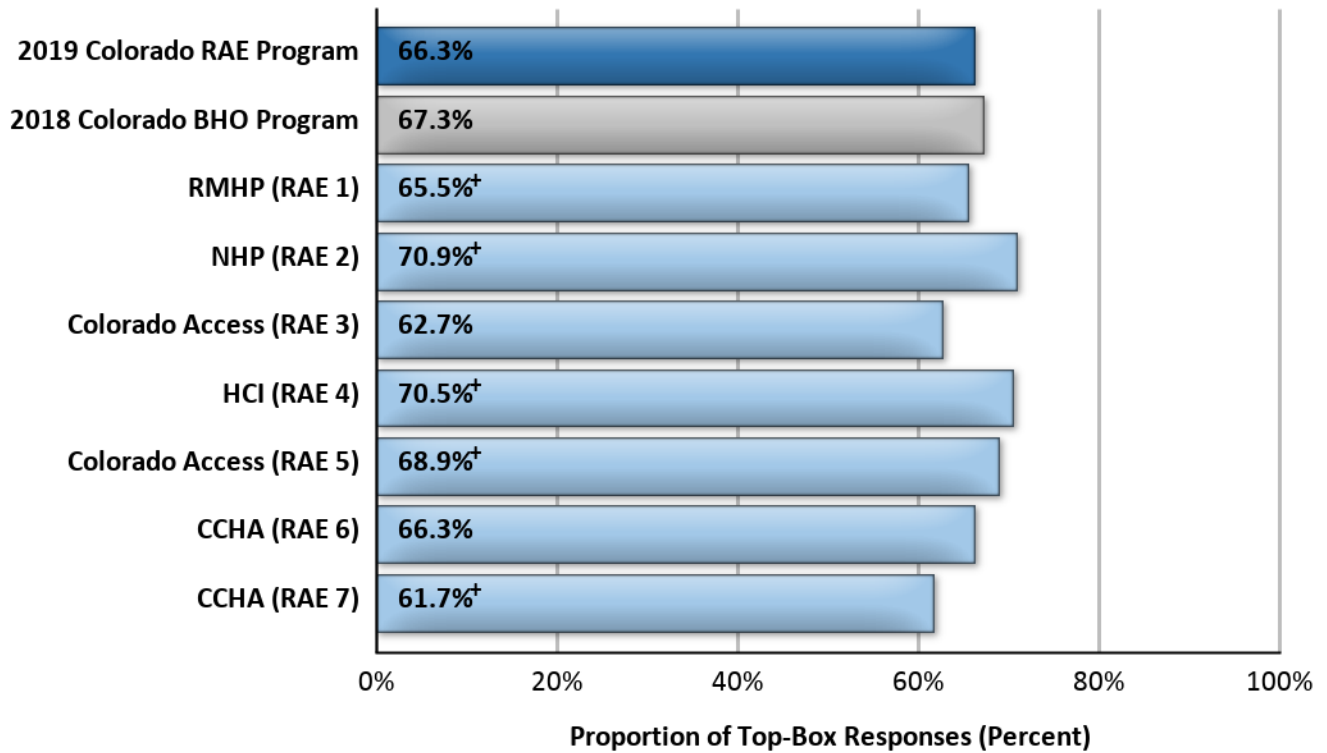
Two questions (Questions 3 and 5) were asked to assess how often adult respondents received treatment quickly:

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

For the Getting Treatment Quickly composite measure, HSAG calculated top-box scores using responses of “Usually” or “Always.”

Figure 2-2 shows the Getting Treatment Quickly top-box scores for the 2019 Colorado RAE Program aggregate, 2018 Colorado BHO Program aggregate, and the seven RAEs.

Figure 2-2—Getting Treatment Quickly



+ 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 listen carefully to you?
 - Never
 - Sometimes
 - Usually
 - Always

- **Question 11.** In the last 12 months, how often did the people you went to for counseling or treatment explain things in a way you could understand?
 - Never
 - Sometimes
 - Usually
 - Always

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

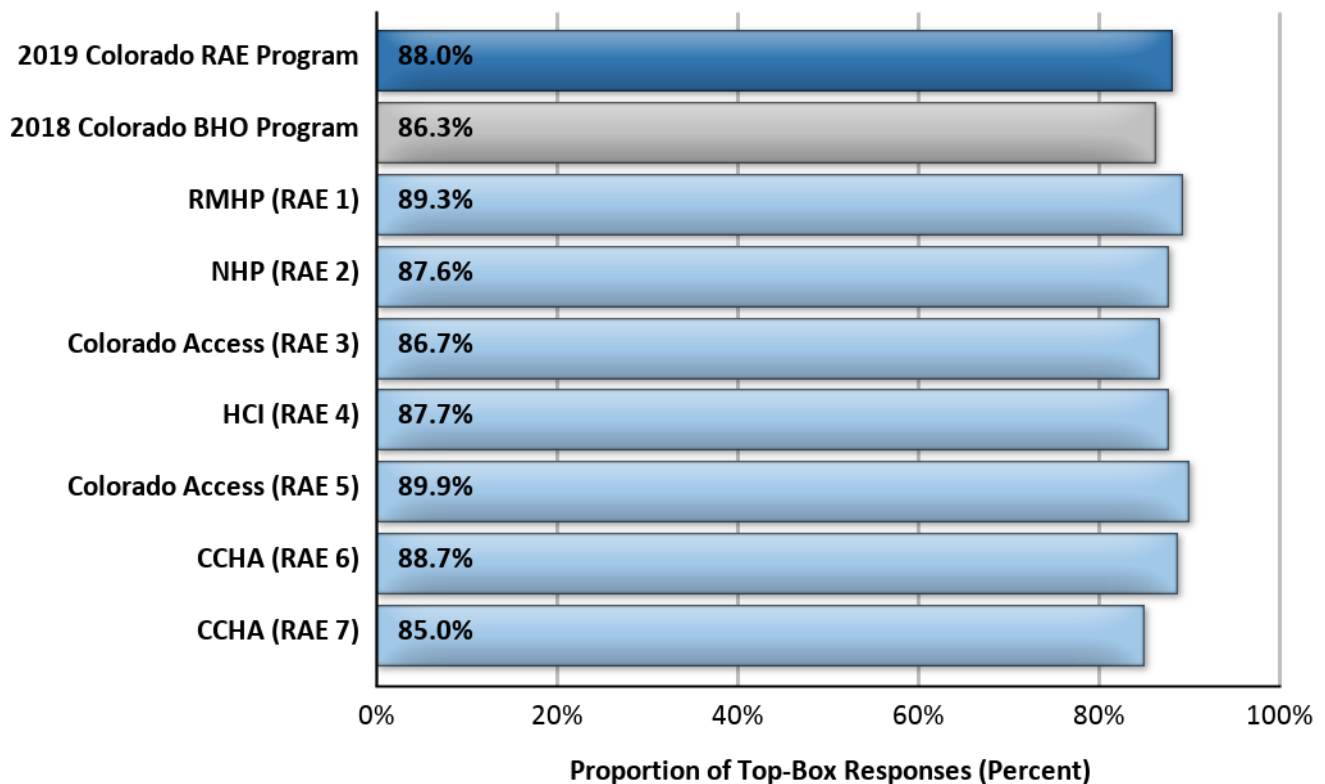
- **Question 13.** In the last 12 months, how often did the people you went to for counseling or treatment spend enough time with you?
 - Never
 - Sometimes
 - Usually
 - Always

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

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

For the How Well Clinicians Communicate composite measure, HSAG calculated top-box scores using responses of “Usually” or “Always.” Figure 2-3 shows the How Well Clinicians Communicate top-box scores for the 2019 Colorado RAE Program aggregate, 2018 Colorado BHO Program aggregate, and the seven RAEs.

Figure 2-3—How Well Clinicians Communicate



Information About Treatment Options

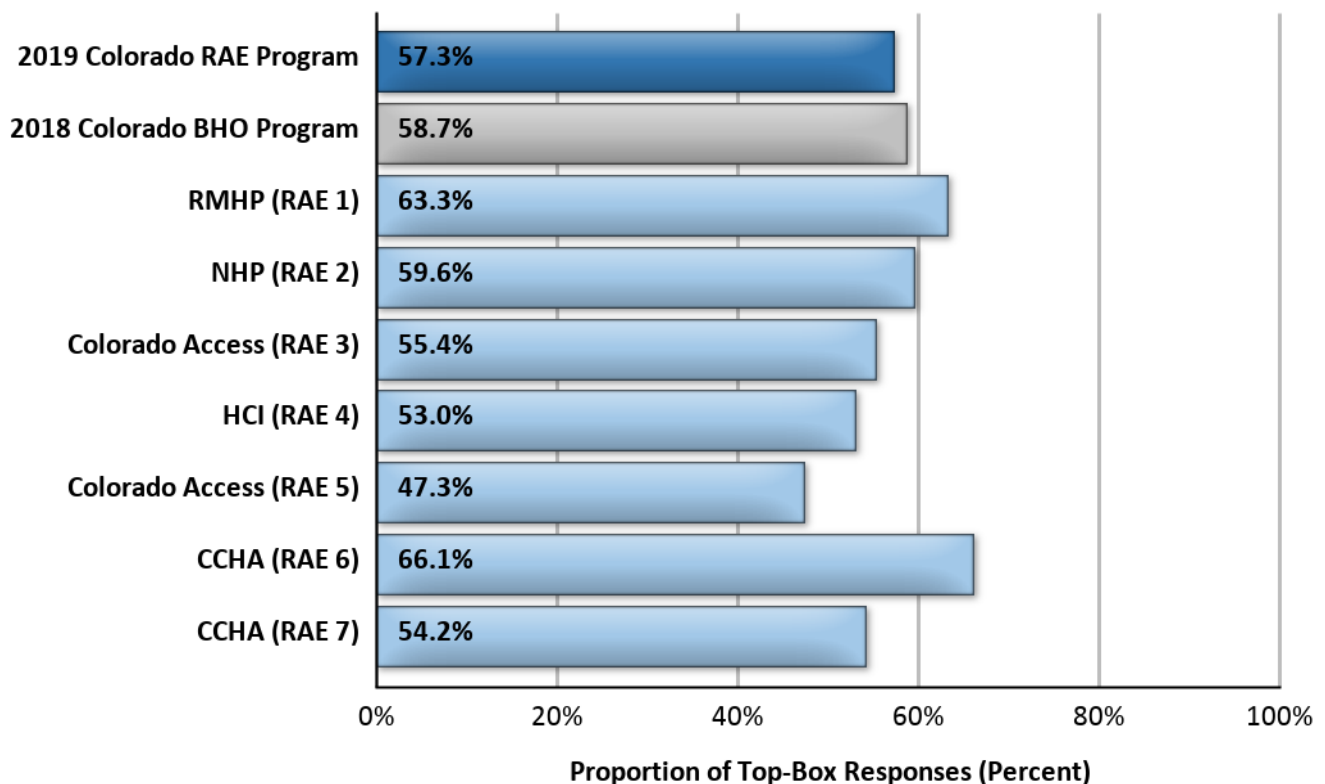
Two questions (Questions 19 and 20) were asked to assess whether or not respondents received information about self-help or support groups and available counseling or treatment options:

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

- **Question 20.** In the last 12 months, were you given information about different kinds of counseling or treatment that are available?
 - Yes
 - No

For the Information About Treatment Options composite measure, HSAG calculated top-box scores using responses of “Yes.” Figure 2-4 shows the Information About Treatment Options top-box scores for the 2019 Colorado RAE Program aggregate, 2018 Colorado BHO Program aggregate, and the seven RAEs.

Figure 2-4—Information About Treatment Options



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.** Compared to 12 months ago, how would you rate your ability to deal with daily problems now?
 - Much better
 - A little better
 - About the same
 - A little worse
 - Much worse

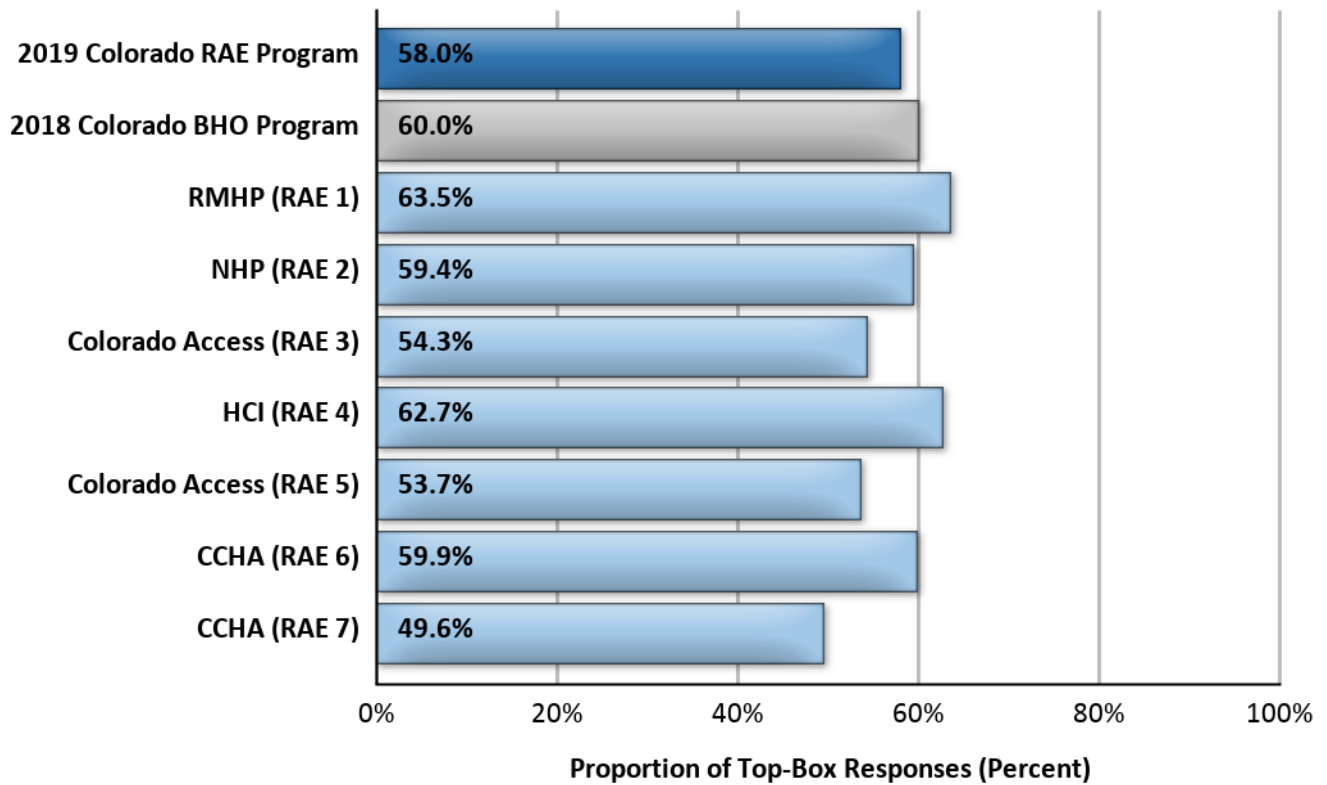
- **Question 31.** Compared to 12 months ago, how would you rate your ability to deal with social situations now?
 - Much better
 - A little better
 - About the same
 - A little worse
 - Much worse

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

- **Question 33.** Compared to 12 months ago, how would you rate your problems or symptoms now?
 - Much better
 - A little better
 - About the same
 - A little worse
 - Much worse

For the Perceived Improvement composite measure, HSAG calculated top-box scores using responses of “Much better” or “A little better.” Figure 2-5 shows the Perceived Improvement top-box scores for the 2019 Colorado RAE Program aggregate, 2018 Colorado BHO Program aggregate, and the seven RAEs.

Figure 2-5—Perceived Improvement



Individual Item Measures

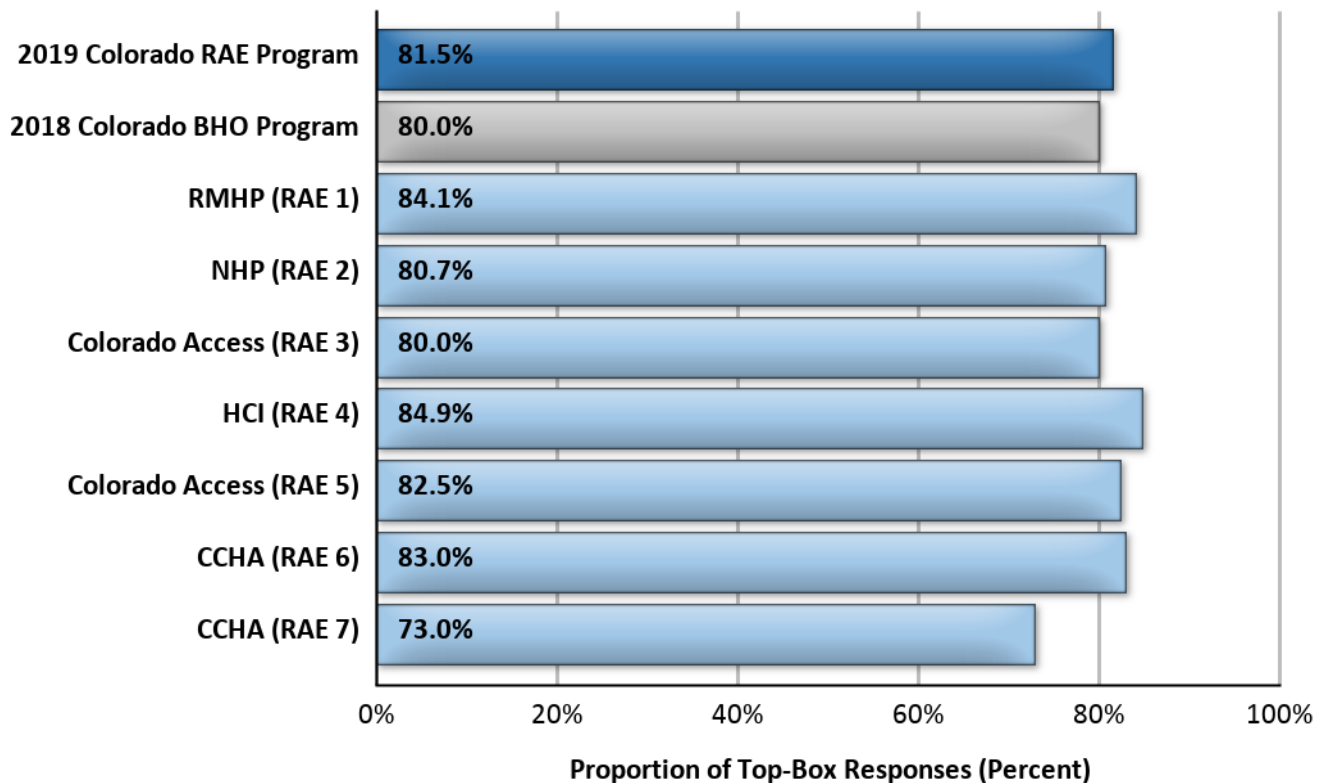
Office Wait

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 within 15 minutes of your appointment?
 - Never
 - Sometimes
 - Usually
 - Always

For the Office Wait individual item measure, HSAG calculated top-box scores using responses of “Usually” or “Always.” Figure 2-6 shows the Office Wait top-box scores for the 2019 Colorado RAE Program aggregate, 2018 Colorado BHO Program aggregate, and the seven RAEs.

Figure 2-6—Office Wait



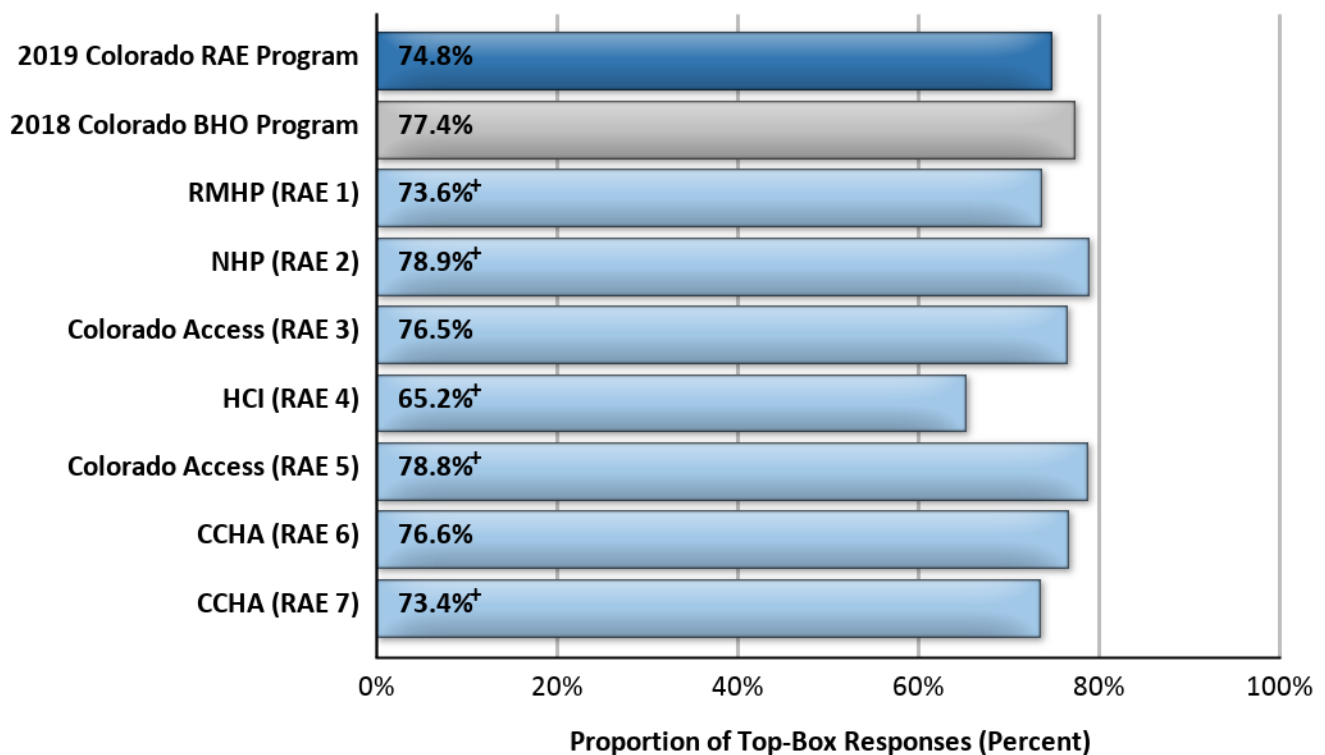
Told About Medication Side Effects

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 side effects of those medicines to watch for?
 - Yes
 - No

For the Told About Medication Side Effects individual item measure, HSAG calculated top-box scores using responses of “Yes.” Figure 2-7 shows the Told About Medication Side Effects top-box scores for the 2019 Colorado RAE Program aggregate, 2018 Colorado BHO Program aggregate, and the seven RAEs.

Figure 2-7—Told About Medication Side Effects



+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

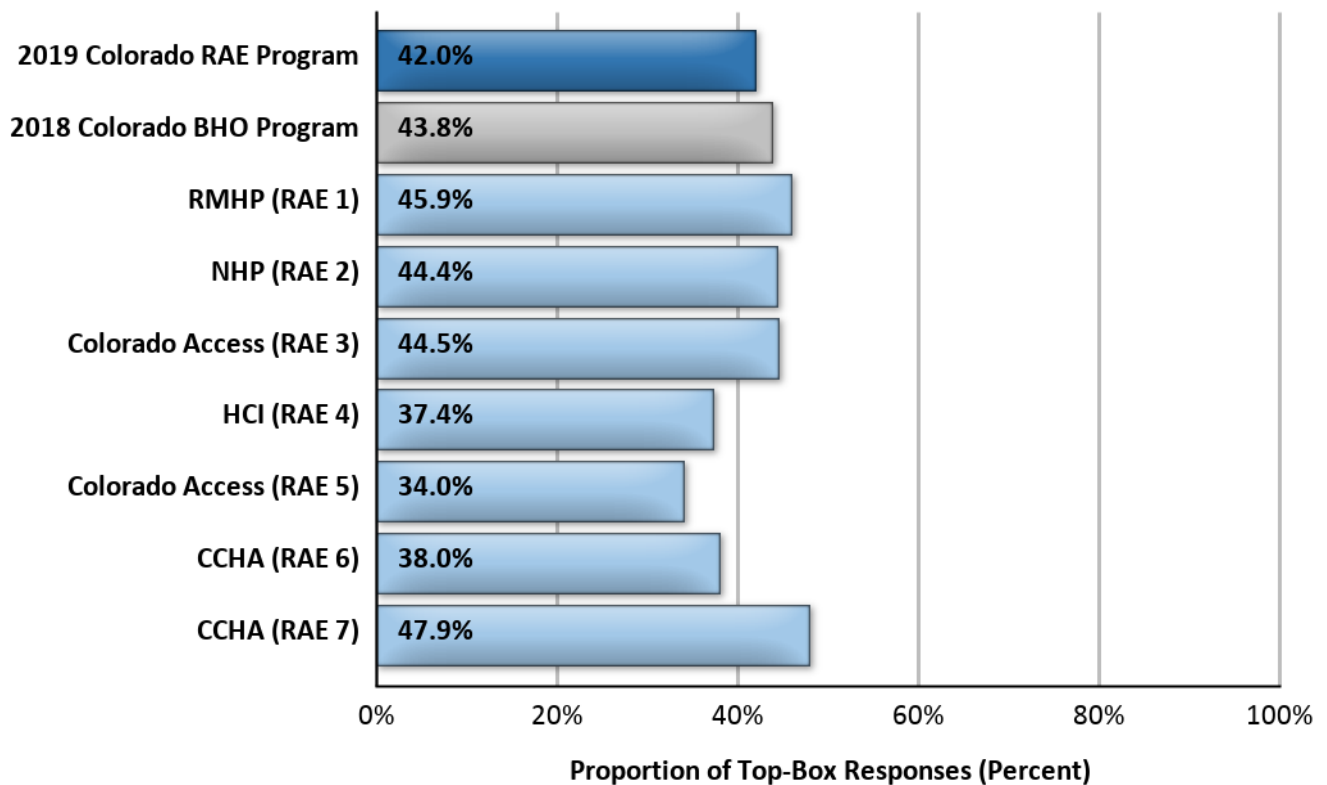
Including Family

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

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

For the Including Family individual item measure, HSAG calculated top-box scores using responses of “Yes.” Figure 2-8 shows the Including Family top-box scores for the 2019 Colorado RAE Program aggregate, 2018 Colorado BHO Program aggregate, and the seven RAEs.

Figure 2-8—Including Family



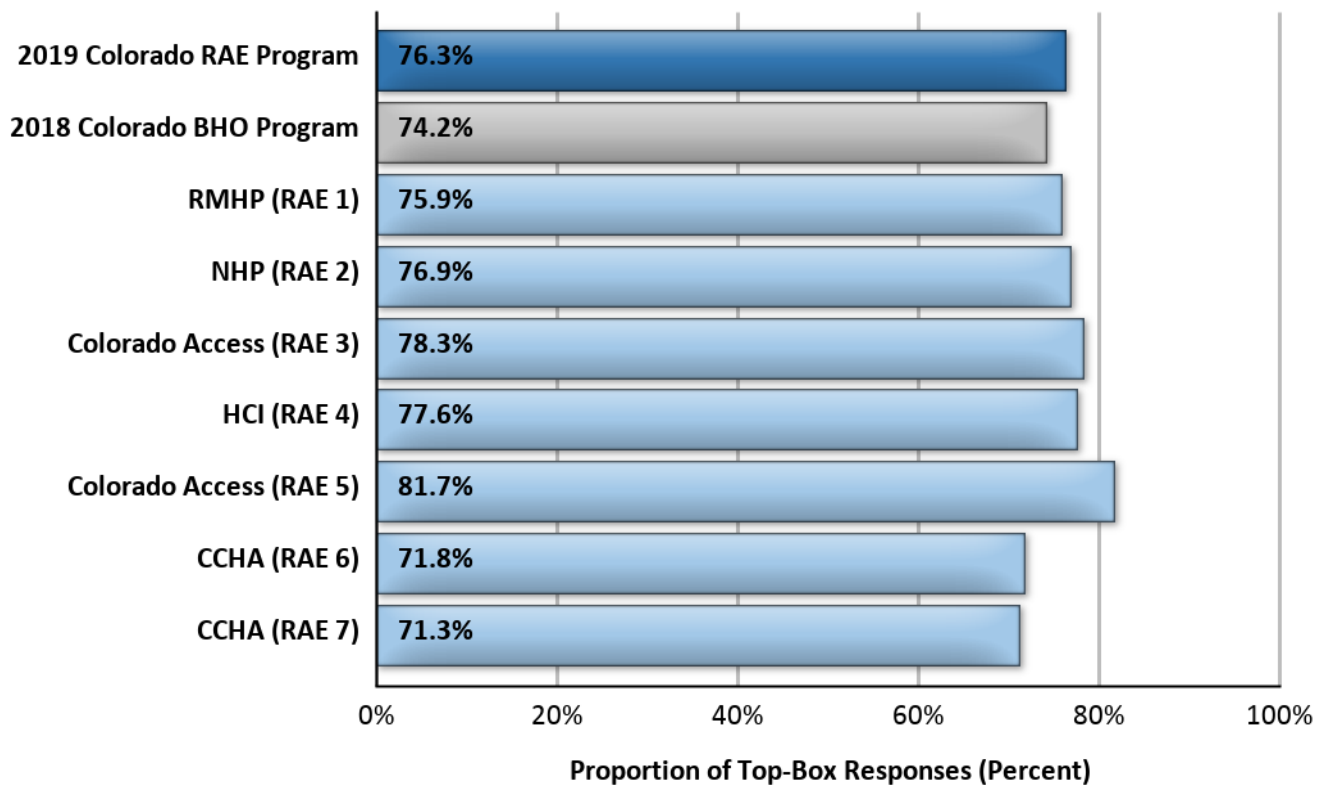
Information to Manage Condition

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?
 - Yes
 - No

For the Information to Manage Condition individual item measure, HSAG calculated top-box scores using responses of “Yes.” Figure 2-9 shows the Information to Manage Condition top-box scores for the 2019 Colorado RAE Program aggregate, 2018 Colorado BHO Program aggregate, and the seven RAEs.

Figure 2-9—Information to Manage Condition



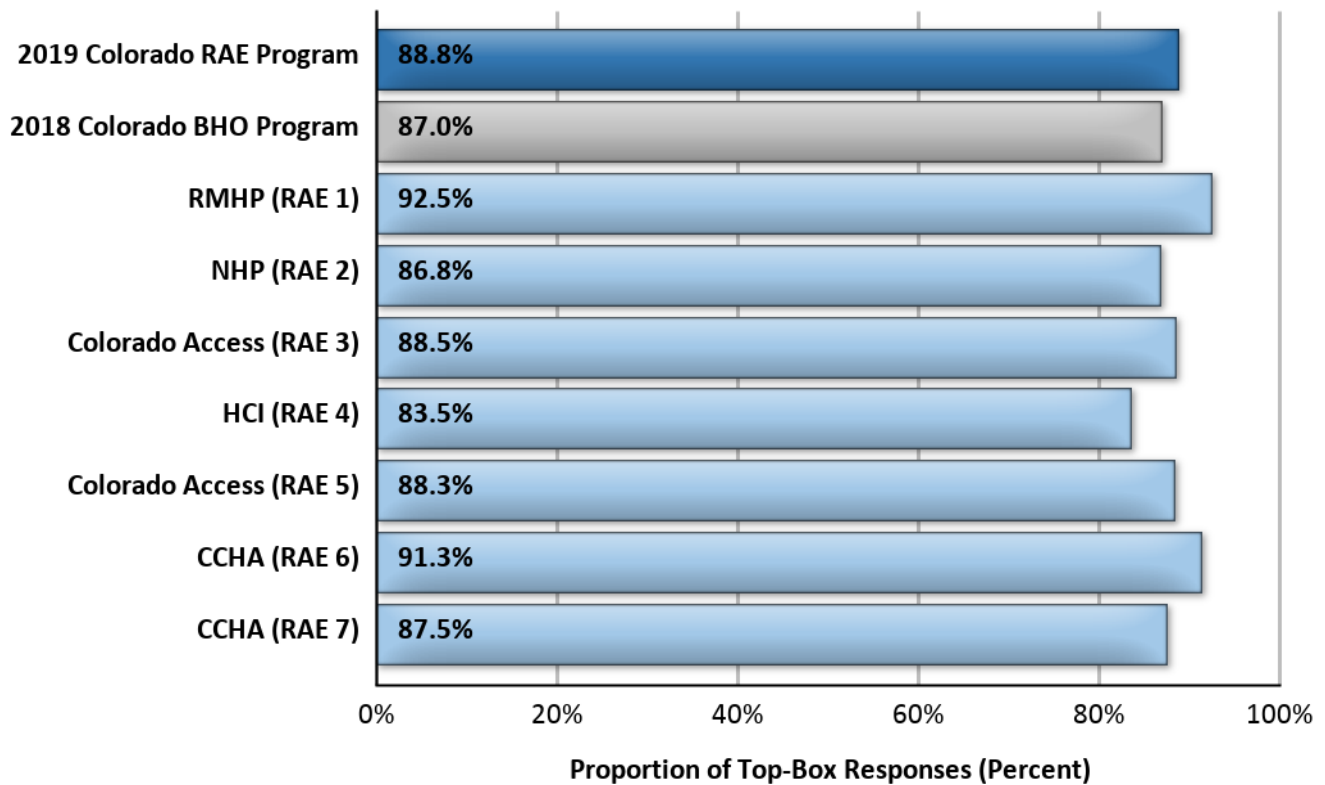
Patient Rights Information

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 rights as a patient?
 - Yes
 - No

For the Patient Rights Information individual item measure, HSAG calculated top-box scores using responses of “Yes.” Figure 2-10 shows the Patient Rights Information top-box scores for the 2019 Colorado RAE Program aggregate, 2018 Colorado BHO Program aggregate, and the seven RAEs.

Figure 2-10—Patient Rights Information



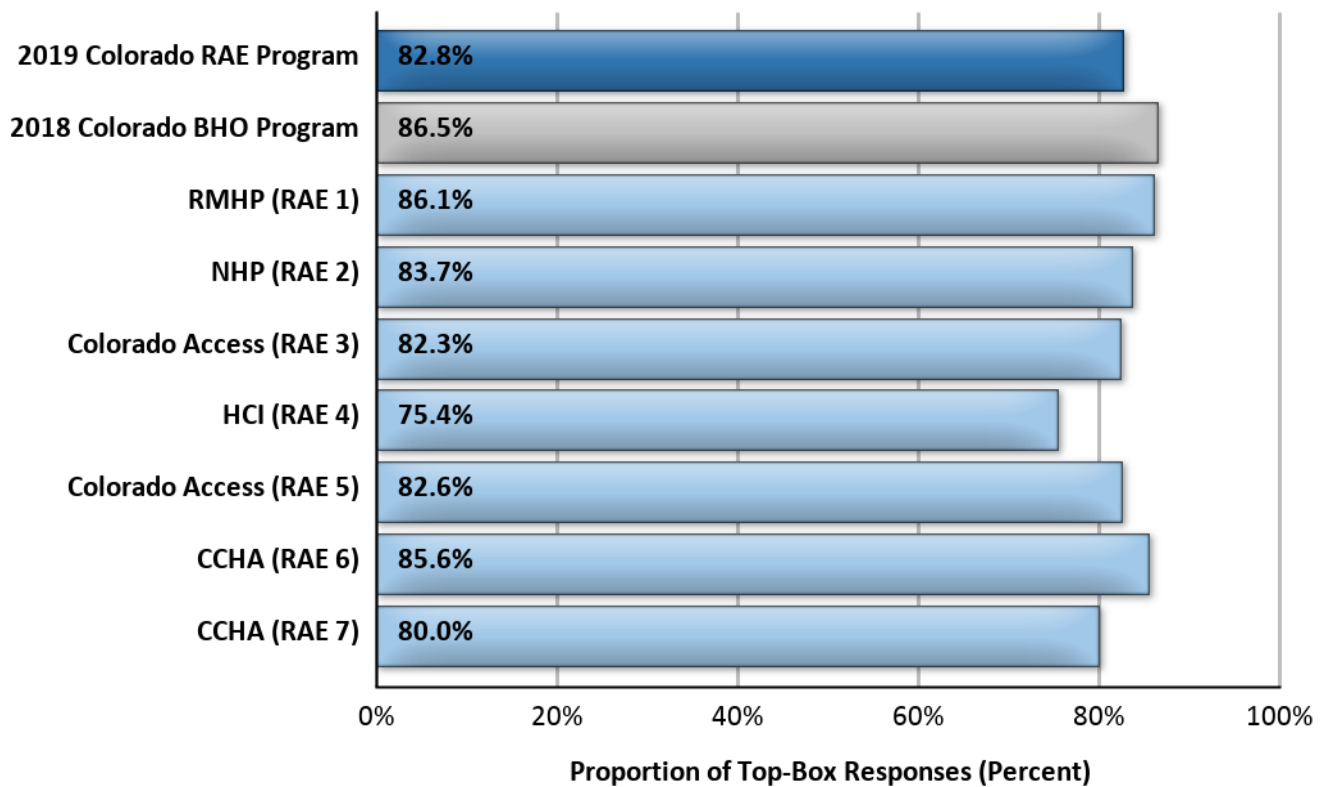
Patient Feels He or She Could Refuse Treatment

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?
 - Yes
 - No

For the Patient Feels He or She Could Refuse Treatment individual item measure, HSAG calculated top-box scores using responses of “Yes.” Figure 2-11 shows the Patient Feels He or She Could Refuse Treatment top-box scores for the 2019 Colorado RAE Program aggregate, 2018 Colorado BHO Program aggregate, and the seven RAEs.

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



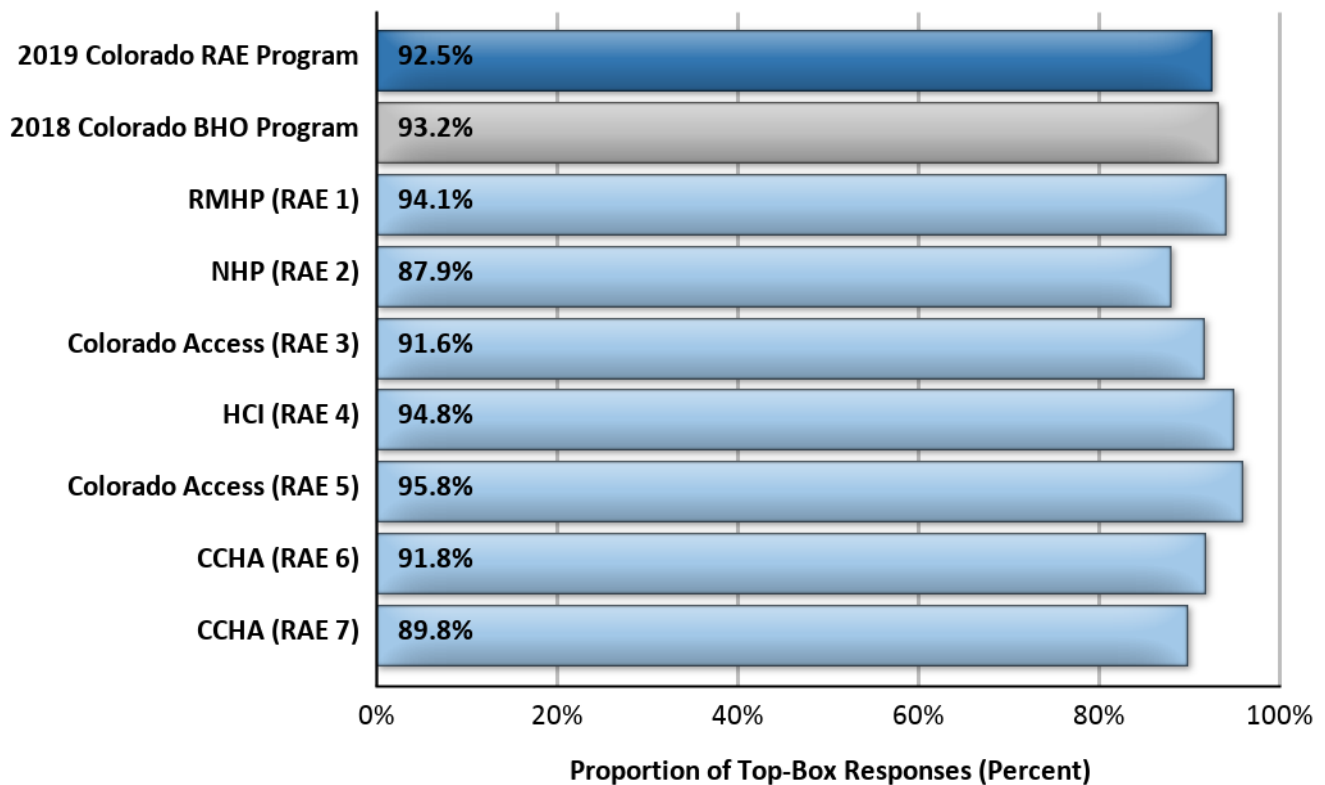
Privacy

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 share information with others that should have been kept private?
 - Yes
 - No

For the Privacy individual item measure, HSAG calculated top-box scores using responses of “No.” Figure 2-12 shows the Privacy top-box scores for the 2019 Colorado RAE Program aggregate, 2018 Colorado BHO Program aggregate, and the seven RAEs.

Figure 2-12—Privacy



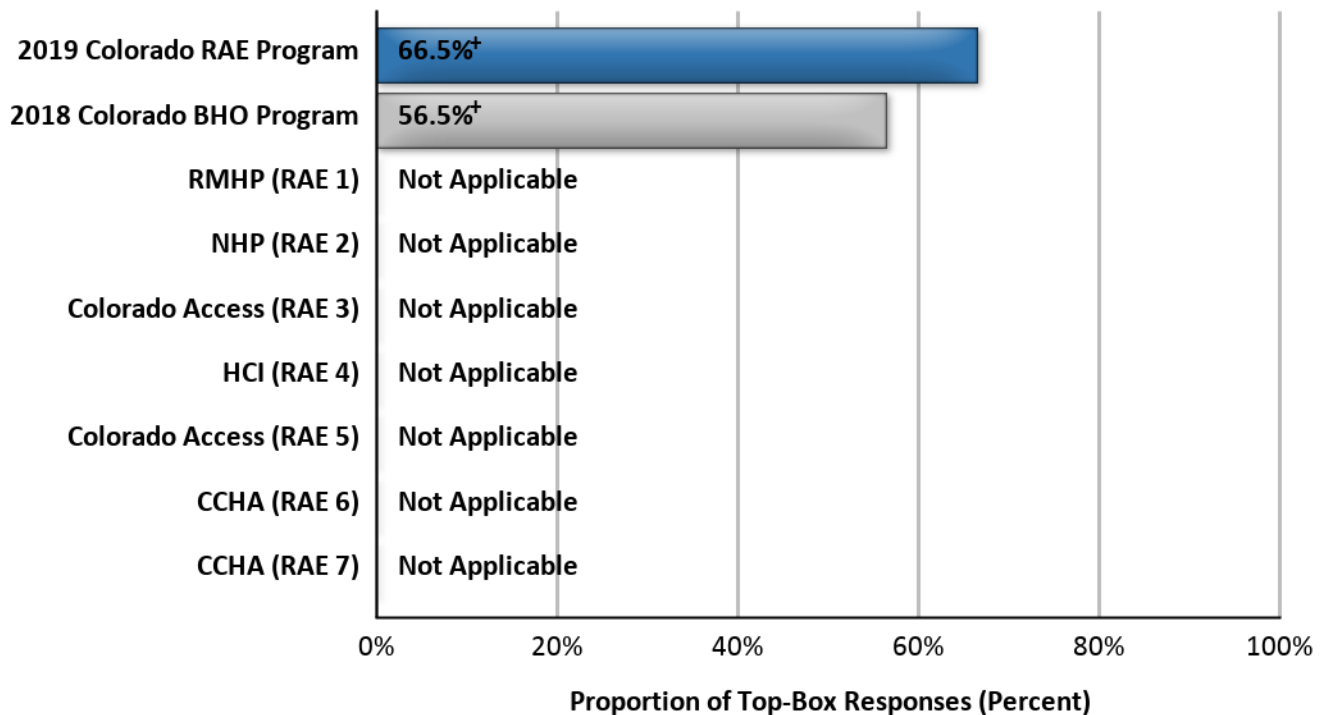
Cultural Competency

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?
 - Yes
 - No

For the Cultural Competency individual item measure, HSAG calculated top-box scores using responses of “Yes.” Figure 2-13 shows the Cultural Competency top-box scores for the 2019 Colorado RAE Program aggregate, 2018 Colorado BHO Program aggregate, and the seven RAEs.

Figure 2-13—Cultural Competency



+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
 “Not Applicable” indicates fewer than 30 responses; therefore, results were suppressed.

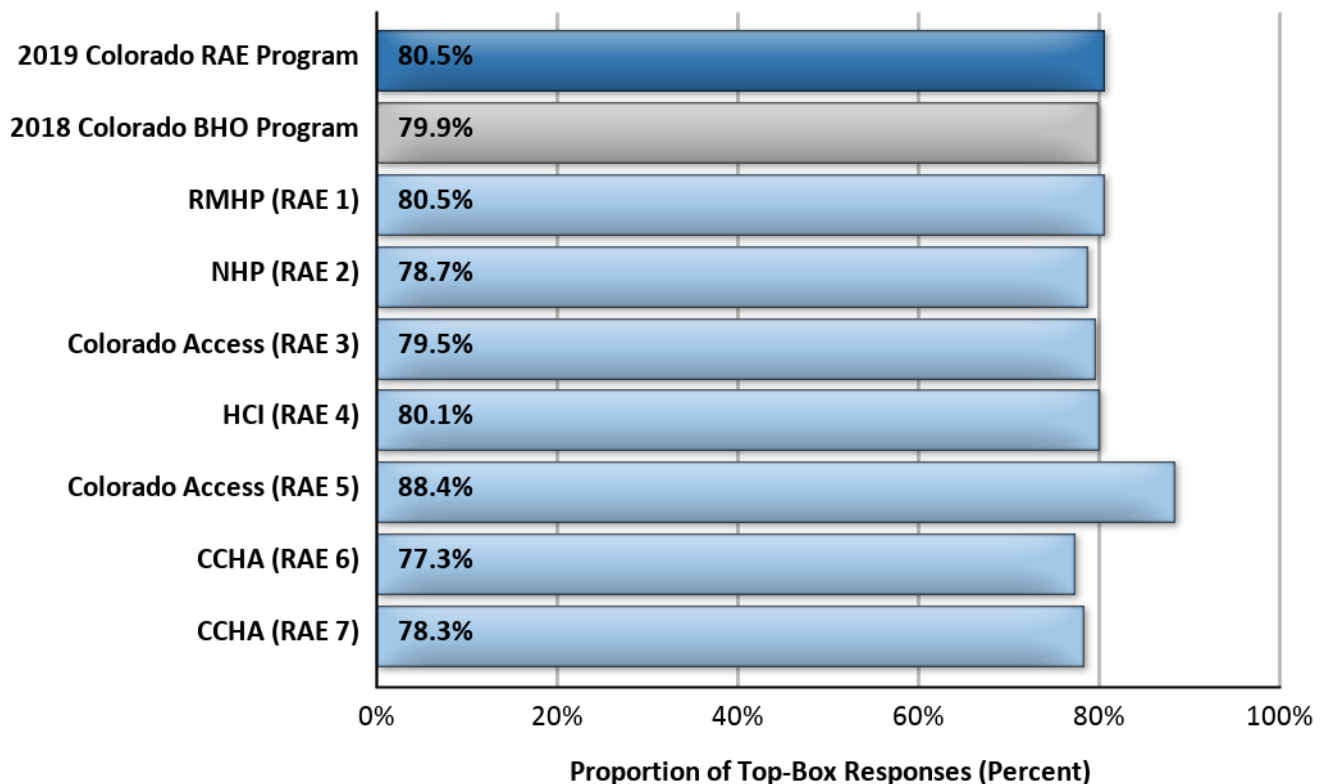
Amount Helped

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?
 - Not at all
 - A little
 - Somewhat
 - A lot

For the Amount Helped individual item measure, HSAG calculated top-box scores using responses of “Somewhat” or “A lot.” Figure 2-14 shows the Amount Helped top-box scores for the 2019 Colorado RAE Program aggregate, 2018 Colorado BHO Program aggregate, and the seven RAEs.

Figure 2-14—Amount Helped



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

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

- **Question 42.** I am better able to take care of my needs.
 - Strongly agree
 - Agree
 - Neutral
 - Disagree
 - Strongly Disagree
 - Not Applicable

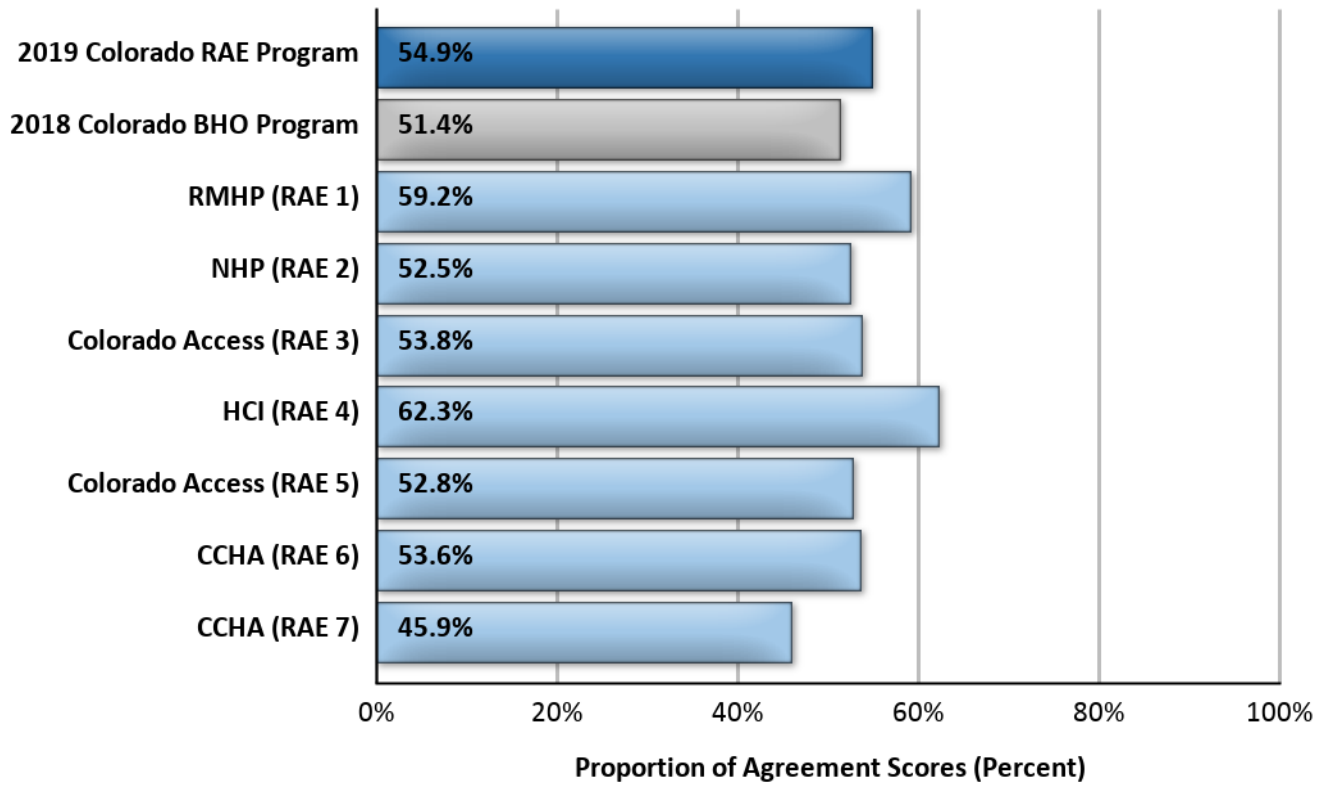
- **Question 43.** I am better able to handle things when they go wrong.
 - Strongly agree
 - Agree
 - Neutral
 - Disagree
 - Strongly Disagree
 - Not Applicable

- **Question 44.** I am better able to do things that I want to do.
 - Strongly agree
 - Agree
 - Neutral
 - Disagree
 - Strongly Disagree
 - Not Applicable

For the Improved Functioning MHSIP domain, HSAG calculated the average score across all questions within the domain to determine the final agreement score (i.e., average score less than or equal to 2.5).

Figure 2-15 shows the Improved Functioning agreement scores for the 2019 Colorado RAE Program aggregate, 2018 Colorado BHO Program aggregate, and the seven RAEs.

Figure 2-15—Improved Functioning



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

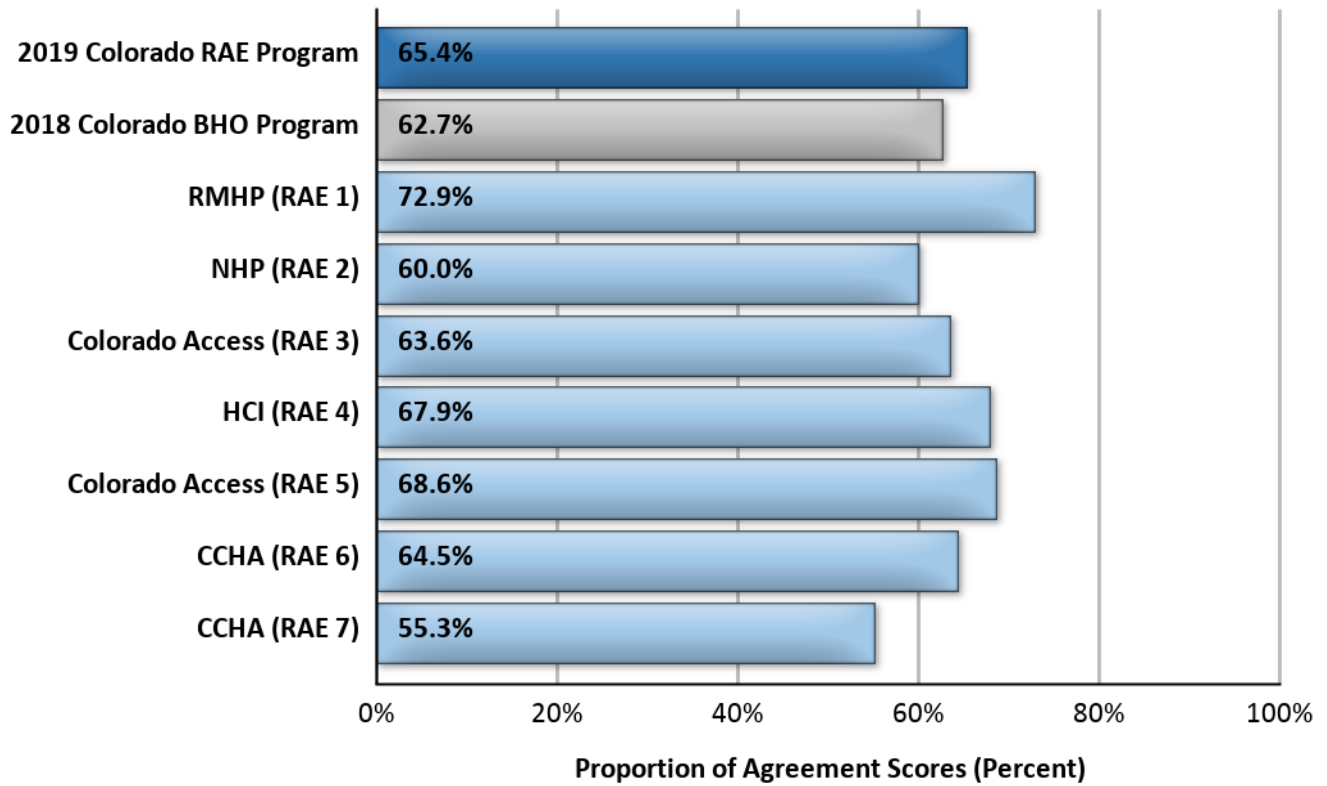
- **Question 38.** I am happy with the friendships I have.
 - Strongly agree
 - Agree
 - Neutral
 - Disagree
 - Strongly Disagree
 - Not Applicable

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

- **Question 40.** I feel I belong in my community.
 - Strongly agree
 - Agree
 - Neutral
 - Disagree
 - Strongly Disagree
 - Not Applicable

For the Social Connectedness MHSIP domain, HSAG calculated the average score across all questions within the domain to determine the final agreement score (i.e., average score less than or equal to 2.5). Figure 2-16 shows the Social Connectedness agreement scores for the 2019 Colorado RAE Program aggregate, 2018 Colorado BHO Program aggregate, and the seven RAEs.

Figure 2-16—Social Connectedness



RAE Comparisons

In order to identify differences in member experience scores between the Colorado RAEs, the results for each RAE were compared to one another using standard tests for statistical significance.²⁻⁶ For purposes of this comparison, results were case-mix adjusted. Additional information is included in the Reader's Guide section beginning on page 5-9.

Statistically significant differences are noted in the tables by arrows. A RAE with a statistically significantly higher score than the Colorado RAE Program average is denoted with an upward (↑) arrow. Conversely, a RAE with a statistically significantly lower score than the Colorado RAE Program average is denoted with a downward (↓) arrow. If a RAE's score is not statistically significantly different than the Colorado RAE Program average, the RAE's score is denoted with a horizontal (↔) arrow. Additionally, if there are fewer than 30 responses for a measure, tests for statistical significance were not performed; therefore, the RAE's score is not displayed and is denoted as "N/A." Table 2-5, on the following page, shows the results of the RAE comparisons analysis.

²⁻⁶ Caution should be exercised when evaluating RAE comparisons, given that population and RAE differences may impact results.

Table 2-5—RAE Comparisons: ECHO Survey Measures

Measure/Domain Name	RMHP (RAE 1)	NHP (RAE 2)	Colorado Access (RAE 3)	HCI (RAE 4)	Colorado Access (RAE 5)	CCHA (RAE 6)	CCHA (RAE 7)
Global Rating							
Rating of All Counseling or Treatment	38.5% ↔	56.1% ↔	50.7% ↔	44.1% ↔	45.1% ↔	44.3% ↔	45.7% ↔
Composite Measures							
Getting Treatment Quickly	65.5% +↔	70.9% +↔	62.7% ↔	70.5% +↔	68.9% +↔	66.3% ↔	61.7% +↔
How Well Clinicians Communicate	89.3% ↔	87.6% ↔	86.7% ↔	87.7% ↔	89.9% ↔	88.7% ↔	85.0% ↔
Information About Treatment Options	63.3% ↔	59.6% ↔	55.4% ↔	53.0% ↔	47.3% ↓	66.1% ↑	54.2% ↔
Perceived Improvement	63.5% ↑	59.4% ↔	54.3% ↔	62.7% ↔	53.7% ↔	59.9% ↔	49.6% ↓
Individual Items							
Amount Helped	80.5% ↔	78.7% ↔	79.5% ↔	80.1% ↔	88.4% ↔	77.3% ↔	78.3% ↔
Cultural Competency	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Including Family	45.9% ↔	44.4% ↔	44.5% ↔	37.4% ↔	34.0% ↔	38.0% ↔	47.9% ↔
Information to Manage Condition	75.9% ↔	76.9% ↔	78.3% ↔	77.6% ↔	81.7% ↔	71.8% ↔	71.3% ↔
Office Wait	84.1% ↔	80.7% ↔	80.0% ↔	84.9% ↔	82.5% ↔	83.0% ↔	73.0% ↔
Patient Rights Information	92.5% ↔	86.8% ↔	88.5% ↔	83.5% ↔	88.3% ↔	91.3% ↔	87.5% ↔
Patient Feels He or She Could Refuse Treatment	86.1% ↔	83.7% ↔	82.3% ↔	75.4% ↔	82.6% ↔	85.6% ↔	80.0% ↔
Privacy	94.1% ↔	87.9% ↔	91.6% ↔	94.8% ↔	95.8% ↔	91.8% ↔	89.8% ↔
Told About Medication Side Effects	73.6% +↔	78.9% +↔	76.5% ↔	65.2% +↔	78.8% +↔	76.6% ↔	73.4% +↔
Domain Agreements							
Improved Functioning	59.2% ↔	52.5% ↔	53.8% ↔	62.3% ↔	52.8% ↔	53.6% ↔	45.9% ↔
Social Connectedness	72.9% ↔	60.0% ↔	63.6% ↔	67.9% ↔	68.6% ↔	64.5% ↔	55.3% ↔
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ↑ Indicates the RAE's score is statistically significantly higher than the Colorado RAE Program average. ↔ Indicates the RAE's score is not statistically significantly different than the Colorado RAE Program average. ↓ Indicates the RAE's score is statistically significantly lower than the Colorado RAE Program average. N/A indicates that results for this measure are not displayed due to fewer than 30 responses.							

Summary of RAE Comparisons Results

The RAE comparisons analysis revealed the following results:

- RMHP (RAE 1) scored statistically significantly higher than the Colorado RAE Program average on one ECHO Survey measure, Perceived Improvement.
- NHP (RAE 2) did not score statistically significantly higher or lower than the Colorado RAE Program average on any of the ECHO Survey measures or MHSIP Domains.

- Colorado Access (RAE 3) did not score statistically significantly higher or lower than the Colorado RAE Program average on any of the ECHO Survey measures or MHSIP Domains.
- HCI (RAE 4) did not score statistically significantly higher or lower than the Colorado RAE Program average on any of the ECHO Survey measures or MHSIP Domains.
- Colorado Access (RAE 5) scored statistically significantly lower than the Colorado RAE Program average on one ECHO Survey measure, Information About Treatment Options.
- CCHA (RAE 6) scored statistically significantly higher than the Colorado RAE Program average on one ECHO Survey measure, Information About Treatment Options.
- CCHA (RAE 7) scored statistically significantly lower than the Colorado RAE Program average on one ECHO Survey measure, Perceived Improvement.

Survey Administration and Response Rates

Survey Administration

Members eligible for sampling included children who were identified as having received at least one behavioral health service or treatment through a BHO, a RAE, and/or a corresponding RAE-contracted CMHC or specialty clinic from November 1, 2017, to October 31, 2018, as reflected in the encounter data.³⁻¹

Members eligible for sampling included those who were enrolled in Medicaid at the time the sample was created or who were identified as indigent and receiving services from one of the CMHCs or specialty clinics (non-Medicaid only) at the time the sample was created. Medicaid and non-Medicaid members had to be 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, child members eligible for sampling included those who were 17 years of age or younger as of October 31, 2018.

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 an English or Spanish survey being mailed to the sampled members. The second phase, or telephone phase, consisted of CATI for sampled members who had not mailed in a completed survey. Additional information on the survey protocol is included in the Reader's Guide section beginning on page 5-3.

Response Rates

The ECHO Survey response rate is the total number of completed surveys divided by all eligible members of the sample. 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 1,037 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.³⁻² The 2019 Colorado RAE Program response rate for the child

³⁻¹ The overall number of behavioral health encounters for September and October 2018 were low, due to data lag. In addition, only two RAEs (Region 6 and Region 7) submitted encounters for October 2018. Therefore, caution should be exercised when interpreting the results due to the incomplete behavioral health encounter data file received.

³⁻² 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.

population was 12.08 percent. Table 3-1 depicts the sample distribution and response rates for each of the participating Colorado RAEs and the Colorado RAE Program in aggregate for the child population.

Table 3-1—Child Population: Sample Distribution and Response Rates

RAE Name	Total Sample	Ineligible Records	Eligible Sample	Total Respondents	Response Rate
Colorado RAE Program	10,766	2,182	8,584	1,037	12.08%
RMHP (RAE 1)	1,538	362	1,176	146	12.41%
NHP (RAE 2)	1,538	277	1,261	144	11.42%
Colorado Access (RAE 3)	1,538	305	1,233	172	13.95%
HCI (RAE 4)	1,538	281	1,257	154	12.25%
Colorado Access (RAE 5)	1,538	335	1,203	126	10.47%
CCHA (RAE 6)	1,538	309	1,229	142	11.55%
CCHA (RAE 7)	1,538	313	1,225	153	12.49%

Key Drivers of Low Member Experience

HSAG performed an analysis of key drivers of low member experience for the Rating of All Counseling or Treatment global rating. Key drivers of low member experience are defined as those items that (1) have a problem score that is greater than or equal to the program’s median problem score for all items examined, and (2) have a correlation that is greater than or equal to the program’s median correlation for all items examined.³⁻³ For additional information on the key drivers of low member experience analysis, please refer to the Reader’s Guide section on page 5-4.

Table 3-2 depicts those items identified for the global rating as being key drivers of low member experience for the child Colorado RAE Aggregate.

Table 3-2—Child Colorado RAE Aggregate Key Drivers of Low Member Experience

Rating of All Counseling or Treatment
Respondents reported that the care their child received was not responsive to their/their child’s language, race, religion, ethnic background or culture needs.
Respondents reported that the people their child saw for counseling or treatment did not always spend enough time with them.
Respondents reported that their family did not always get the professional help they wanted for their child.
Respondents reported that they did not always feel their child had someone to talk to for counseling or treatment when their child was troubled.
Respondents reported that they were not given as much information as they wanted about what they could do to manage their child’s condition.

³⁻³ A problem score is the score associated with a response in which the member identified a negative experience and was assigned a “1.” A positive experience with care (i.e., non-negative) was assigned a “0.”

Child and Respondent Demographics

Table 3-3 shows the 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 3-3—Child Demographics
Age, Gender, Race/Ethnicity, General Health Status, Mental Health Status, and Health Insurance Coverage

	Colorado RAE Program	RMHP (RAE 1)	NHP (RAE 2)	Colorado Access (RAE 3)	HCI (RAE 4)	Colorado Access (RAE 5)	CCHA (RAE 6)	CCHA (RAE 7)
Age								
0 to 7	13.4%	15.3%	15.2%	9.9%	9.9%	10.5%	15.0%	18.2%
8 to 12	37.3%	32.8%	38.6%	37.5%	36.6%	42.1%	36.8%	37.1%
13 to 18†	49.3%	51.8%	46.2%	52.6%	53.5%	47.4%	48.1%	44.8%
Gender								
Male	53.6%	47.4%	52.3%	58.3%	61.3%	53.5%	55.0%	46.9%
Female	46.4%	52.6%	47.7%	41.7%	38.7%	46.5%	45.0%	53.1%
Race/Ethnicity								
Multi-Racial	15.2%	12.5%	11.6%	17.3%	13.6%	19.3%	9.0%	23.1%
White	43.5%	55.9%	49.6%	41.3%	36.4%	13.2%	60.2%	44.1%
Hispanic	34.8%	30.1%	36.4%	34.0%	44.3%	53.5%	24.1%	24.5%
Black	3.7%	0.7%	1.6%	6.0%	1.4%	10.5%	2.3%	4.2%
Asian	0.5%	0.0%	0.0%	0.0%	0.0%	0.9%	2.3%	0.7%
Native American	0.6%	0.7%	0.8%	0.0%	1.4%	0.9%	0.0%	0.7%
Other*	1.6%	0.0%	0.0%	1.3%	2.9%	1.8%	2.3%	2.8%
General Health Status								
Excellent	16.6%	16.7%	18.3%	13.8%	14.1%	20.2%	19.1%	15.3%
Very Good	32.8%	28.3%	33.6%	30.9%	34.5%	33.3%	32.1%	36.8%
Good	36.1%	37.7%	38.2%	38.2%	38.0%	33.3%	33.6%	33.3%
Fair	12.1%	14.5%	9.2%	14.5%	8.5%	12.3%	12.2%	13.2%
Poor	2.4%	2.9%	0.8%	2.6%	4.9%	0.9%	3.1%	1.4%
Mental Health Status								
Excellent	6.3%	5.9%	6.4%	4.8%	4.6%	10.4%	7.3%	5.8%
Very Good	23.1%	26.5%	26.4%	21.9%	20.0%	21.7%	19.4%	25.2%
Good	38.3%	34.6%	36.0%	38.4%	42.3%	36.8%	40.3%	39.6%
Fair	25.6%	22.8%	24.0%	30.1%	25.4%	26.4%	25.0%	25.2%
Poor	6.7%	10.3%	7.2%	4.8%	7.7%	4.7%	8.1%	4.3%

	Colorado RAE Program	RMHP (RAE 1)	NHP (RAE 2)	Colorado Access (RAE 3)	HCI (RAE 4)	Colorado Access (RAE 5)	CCHA (RAE 6)	CCHA (RAE 7)
Health Insurance Coverage**								
Medicare	10.3%	5.8%	6.2%	13.4%	8.6%	27.0%	7.6%	6.3%
Medicaid	82.2%	86.1%	86.2%	75.8%	85.6%	73.9%	79.4%	87.4%
CHP+	9.9%	10.9%	7.7%	10.1%	13.7%	11.7%	7.6%	7.7%
Other	9.1%	6.6%	11.5%	12.1%	6.5%	5.4%	14.5%	7.0%
None	0.4%	0.0%	0.0%	0.0%	0.0%	0.9%	1.5%	0.7%
Don't Know	1.5%	0.7%	0.0%	2.7%	1.4%	4.5%	1.5%	0.0%

Please note: Percentages may not total 100% due to rounding.
†Children were eligible for inclusion in the ECHO Survey if they were 17 or younger as of October 31, 2018. Some children eligible for the ECHO Survey turned 18 between November 1, 2018 and the time of the survey administration.
*The "Other" category includes responses of Native Hawaiian or Other Pacific Islander and Other.
**Respondents may select more than one response option to this question; therefore, results may exceed 100%.

Table 3-4 shows 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.³⁻⁴

Table 3-4—Respondent Demographics: Age, Gender, Education, and Relationship to Child

	Colorado RAE Program	RMHP (RAE 1)	NHP (RAE 2)	Colorado Access (RAE 3)	HCI (RAE 4)	Colorado Access (RAE 5)	CCHA (RAE 6)	CCHA (RAE 7)
Respondent Age								
Under 25†	1.6%	0.8%	0.8%	2.8%	2.3%	1.9%	0.8%	1.5%
25 to 34	15.8%	17.6%	16.1%	15.3%	9.0%	17.0%	14.0%	21.9%
35 to 44	35.0%	33.6%	37.1%	35.4%	33.1%	37.7%	33.1%	35.8%
45 to 54	21.4%	26.0%	16.1%	22.9%	20.3%	15.1%	28.1%	20.4%
55 or Older	26.1%	22.1%	29.8%	23.6%	35.3%	28.3%	24.0%	20.4%
Respondent Education								
8th Grade or Less	5.0%	3.1%	4.9%	5.6%	2.3%	15.5%	0.8%	4.4%
Some High School	6.8%	8.4%	4.1%	7.7%	6.2%	12.6%	4.1%	5.1%
High School Graduate	23.7%	19.8%	27.9%	23.8%	24.8%	31.1%	20.7%	19.7%
Some College	38.4%	41.2%	39.3%	31.5%	51.2%	19.4%	38.0%	44.5%
College Graduate	26.2%	27.5%	23.8%	31.5%	15.5%	21.4%	36.4%	26.3%
Relationship to Child								
Mother or Father	77.3%	79.5%	71.8%	82.7%	66.7%	76.0%	84.1%	79.1%
Grandparent	14.7%	11.0%	17.9%	9.8%	25.6%	17.0%	10.6%	12.7%
Legal Guardian	4.6%	5.5%	4.3%	4.5%	4.3%	4.0%	2.7%	6.7%
Other	3.3%	3.9%	6.0%	3.0%	3.4%	3.0%	2.7%	1.5%

Please note: Percentages may not total 100% due to rounding.
†HSAG combined age categories "Under 18" and "18 to 24."

³⁻⁴ 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.

Top-Box and Agreement Scores

The number of completed surveys, shown in Table 3-5, were used to calculate the Colorado RAE Program aggregate’s and corresponding RAEs’ 2019 results for the standard ECHO Survey measures and YSS-F domain agreement scores presented in this section.³⁻⁵ Members that received behavioral health services from both the RAEs and the BHOs were included in the results. Additionally, CMHCs may fall in more than one RAE. Therefore, caution should be exercised when interpreting these results as some of the results may not be attributed to the RAEs.

Table 3-5—Number of Completed Surveys

RAE	2019
Colorado RAE Program	1,037
RMHP (RAE 1)	146
NHP (RAE 2)	144
Colorado Access (RAE 3)	172
HCI (RAE 4)	154
Colorado Access (RAE 5)	126
CCHA (RAE 6)	142
CCHA (RAE 7)	153

The scoring of the ECHO 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.³⁻⁶ After applying this scoring methodology, the percentage of top-box responses was calculated in order to determine the top-box scores. For additional details, please refer to the Reader’s Guide section beginning on page 5-8.

Questions comprising each YSS-F domain are based on a 5-point Likert scale, with each response coded from 1 (Strongly Agree) to 5 (Strongly Disagree). After applying this scoring methodology, the average score for each respondent is calculated for all questions that comprise the domain. Respondents with an average score less than or equal to 2.5 are considered “agreements” and assigned an agreement score of one, whereas those respondents with an average score greater than 2.5 are considered “disagreements” and assigned an agreement score of zero. Respondents missing more than one third of their responses within each YSS-F domain are excluded from the analysis.

For the Colorado RAE Program aggregate, results for the standard ECHO Survey measures and YSS-F domain agreement scores were weighted based on the total eligible population for each participating RAE’s child population. Additionally, results for the ECHO Survey measures and YSS-F domain

³⁻⁵ The Colorado RAE Program aggregate scores presented in this section are derived from the combined results of the seven participating RAEs: RMHP (RAE 1), NHP (RAE 2), Colorado Access (RAE 3), HCI (RAE 4), Colorado Access (RAE 5), CCHA (RAE 6), and CCHA (RAE 7).

³⁻⁶ National Committee for Quality Assurance. *HEDIS® 2019, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2018.

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.

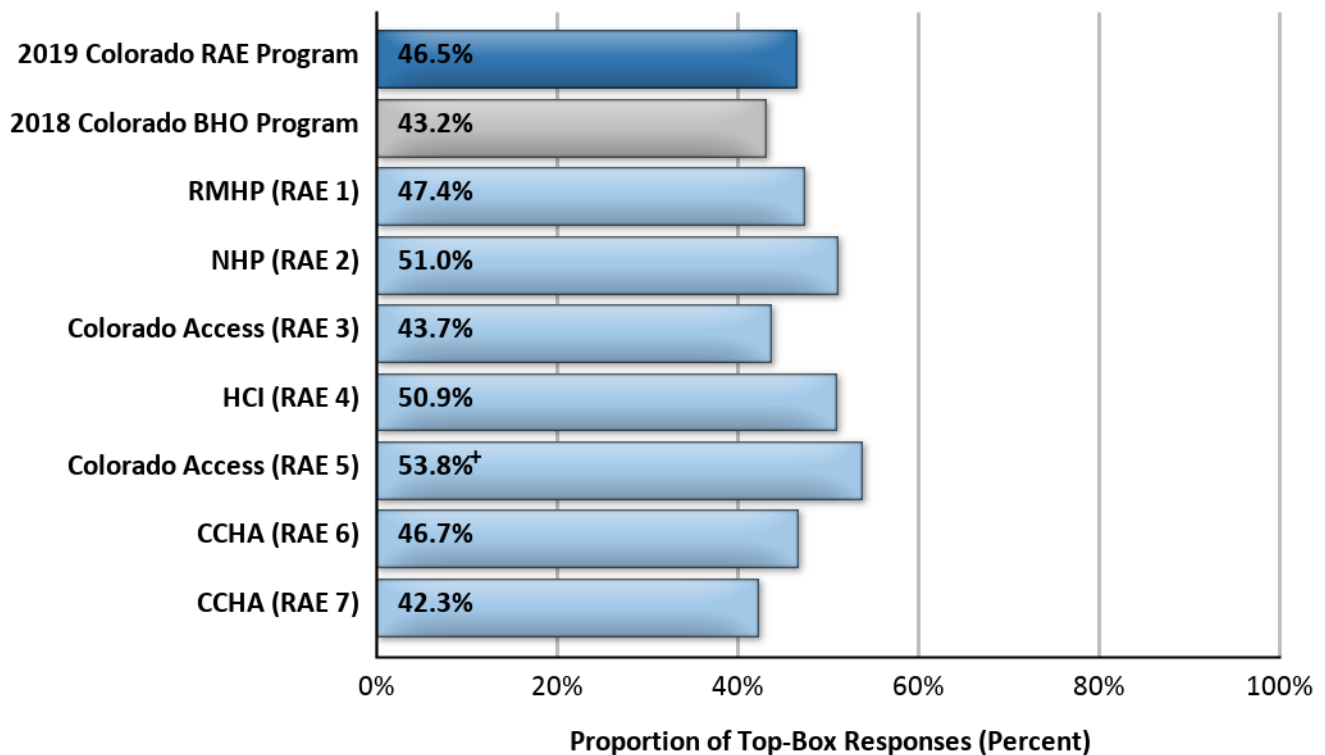
Figure 3-1 through Figure 3-13, on the following pages, show the top-box scores of the ECHO Survey measures. Figure 3-14 and Figure 3-15 show the results of the YSS-F domain agreement scores.

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.” HSAG calculated top-box scores using ratings of 9 or 10. Figure 3-1 shows the Rating of All Counseling or Treatment top-box scores for the 2019 Colorado RAE Program aggregate, 2018 Colorado BHO Program aggregate, and the seven RAEs.

Figure 3-1—Rating of All Counseling or Treatment



+ 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:

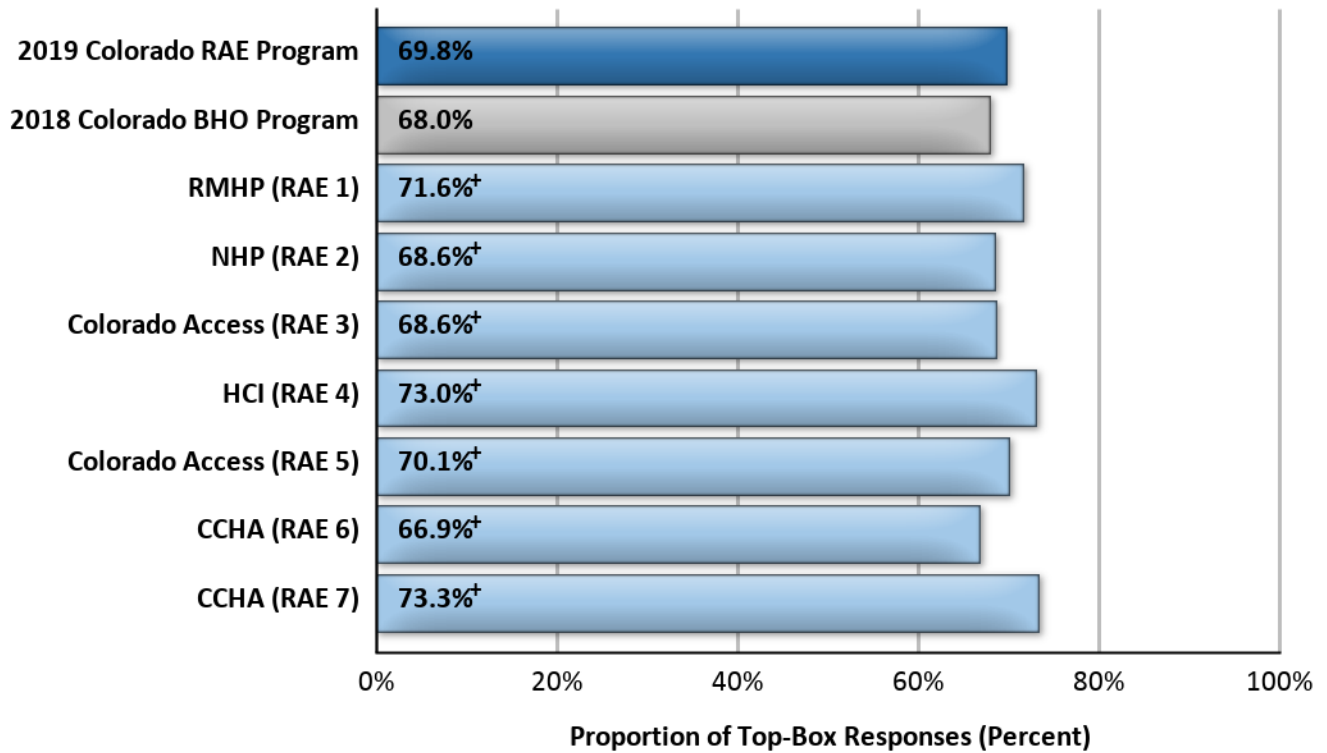
- **Question 3.** In the last 12 months, when your child needed counseling or treatment right away, how often did your child see someone as soon as you wanted?
 - Never
 - Sometimes
 - Usually
 - Always

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

For the Getting Treatment Quickly composite measure, HSAG calculated top-box scores using responses of “Usually” or “Always.”

Figure 3-2 shows the Getting Treatment Quickly top-box scores for the 2019 Colorado RAE Program aggregate, 2018 Colorado BHO Program aggregate, and the seven RAEs.

Figure 3-2—Getting Treatment Quickly



+ 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 listen carefully to you?
 - Never
 - Sometimes
 - Usually
 - Always

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

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

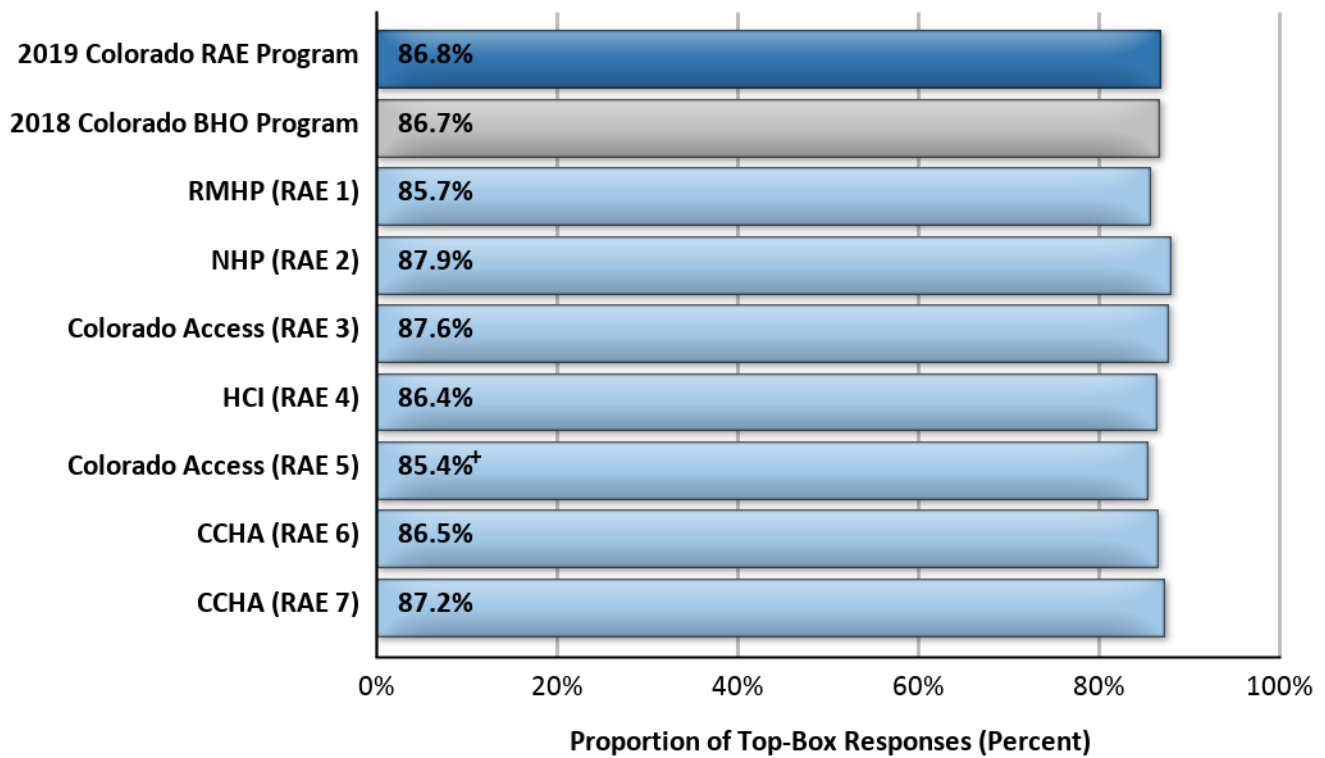
- **Question 14.** In the last 12 months, how often did the people your child saw for counseling or treatment spend enough time with you?
 - Never
 - Sometimes
 - Usually
 - Always

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

For the How Well Clinicians Communicate composite measure, HSAG calculated top-box scores using responses of “Usually” or “Always.”

Figure 3-3 shows the How Well Clinicians Communicate top-box scores for the 2019 Colorado RAE Program aggregate, 2018 Colorado BHO Program aggregate, and the seven RAEs.

Figure 3-3—How Well Clinicians Communicate



+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

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:

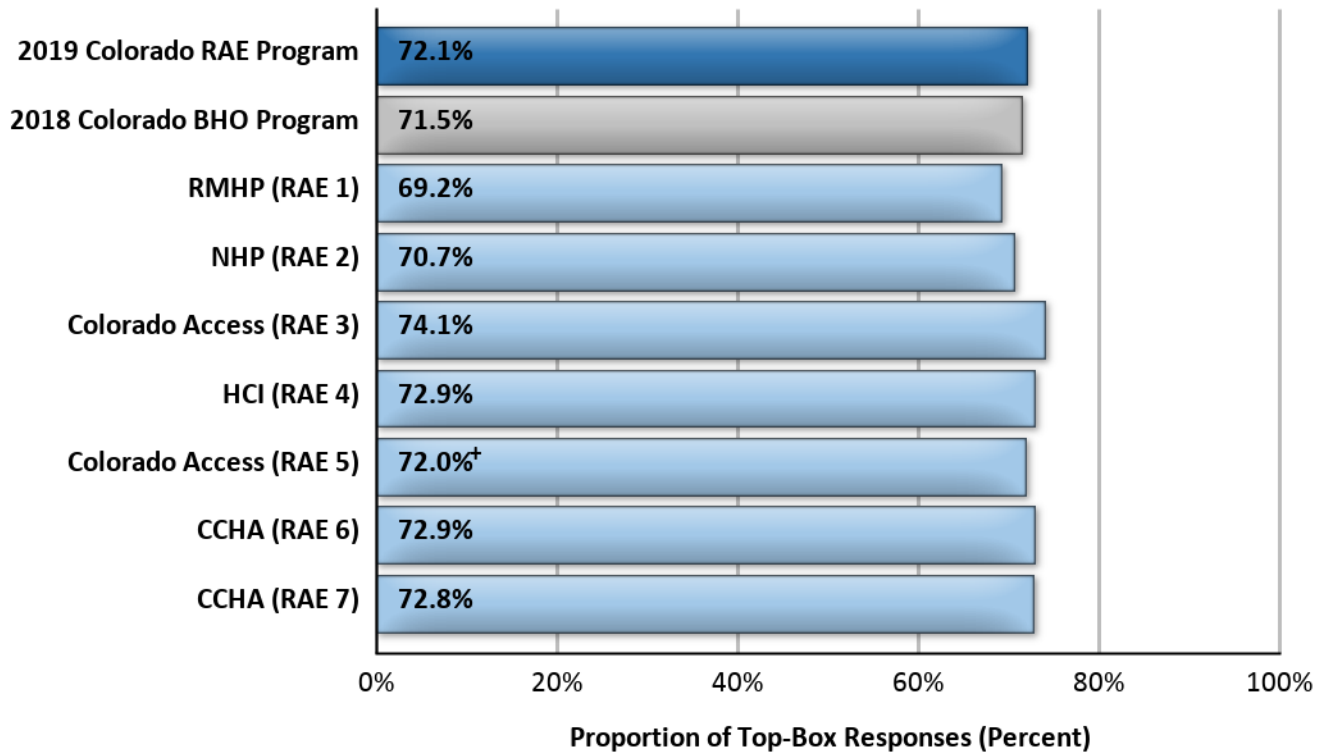
- **Question 20.** In the last 12 months, how often did you feel your child had someone to talk to for counseling or treatment when your child was troubled?
 - Never
 - Sometimes
 - Usually
 - Always

- **Question 21.** In the last 12 months, were you given information about different kinds of counseling or treatment that are available for your child?
 - Yes
 - No

For the Information About Treatment Options composite measure, HSAG calculated top-box scores using responses of “Usually,” “Always,” or “Yes.”

Figure 3-4 shows the Information About Treatment Options top-box scores for the 2019 Colorado RAE Program aggregate, 2018 Colorado BHO Program aggregate, and the seven RAEs.

Figure 3-4—Information About Treatment Options



+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

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.** Compared to 12 months ago, how would you rate your child's ability to deal with daily problems now?
 - Much better
 - A little better
 - About the same
 - A little worse
 - Much worse

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

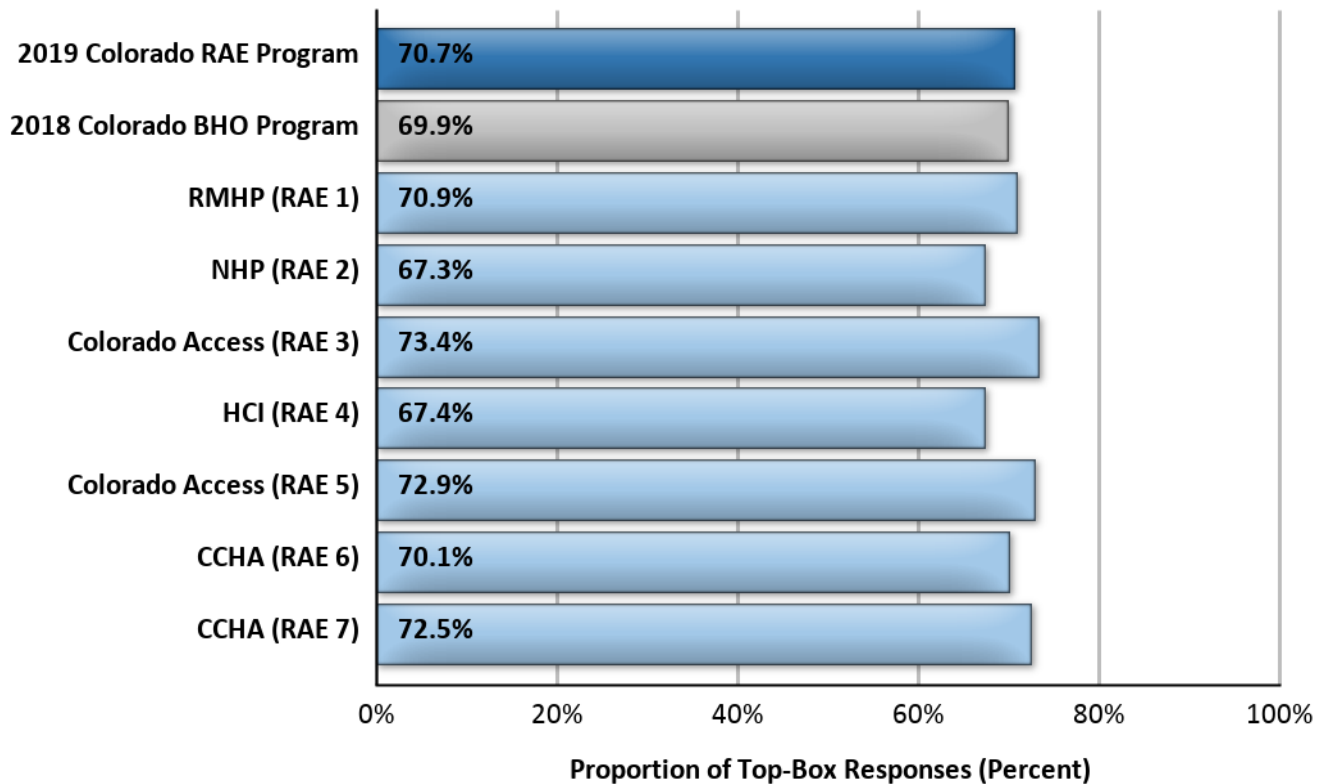
- **Question 33.** Compared to 12 months ago, how would you rate your child's ability to accomplish the things your child wants to do now?
 - Much better
 - A little better
 - About the same
 - A little worse
 - Much worse

- **Question 34.** Compared to 12 months ago, how would you rate your child's problems or symptoms now?
 - Much better
 - A little better
 - About the same
 - A little worse
 - Much worse

For the Perceived Improvement composite measure, HSAG calculated top-box scores using responses of “Much better” or “A little better.”

Figure 3-5 shows the Perceived Improvement top-box scores for the 2019 Colorado RAE Program aggregate, 2018 Colorado BHO Program aggregate, and the seven RAEs.

Figure 3-5—Perceived Improvement



Individual Item Measures

Office Wait

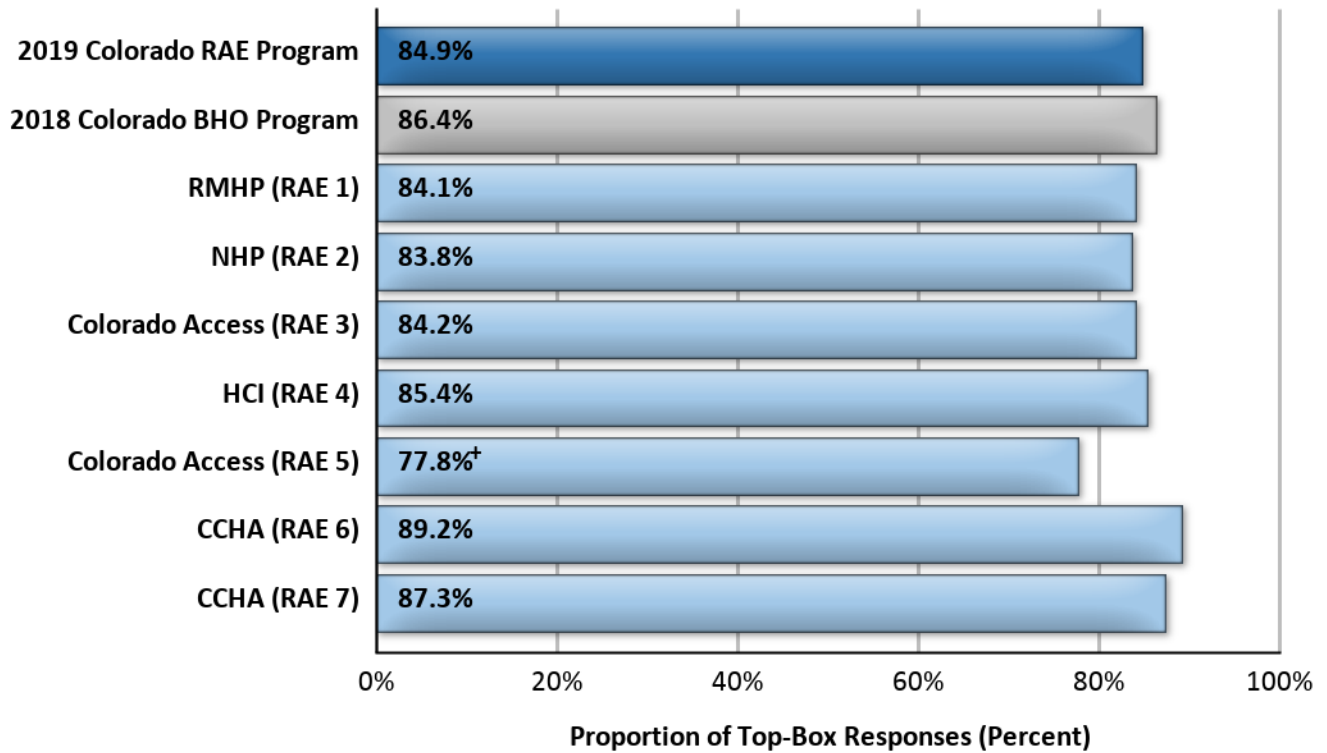
One question (Question 10) was asked to assess how often child members were seen within 15 minutes of their appointment:

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

For the Office Wait individual item measure, HSAG calculated top-box scores using responses of “Usually” or “Always.”

Figure 3-6 shows the Office Wait top-box scores for the 2019 Colorado RAE Program aggregate, 2018 Colorado BHO Program aggregate, and the seven RAEs.

Figure 3-6—Office Wait



+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Told About Medication Side Effects

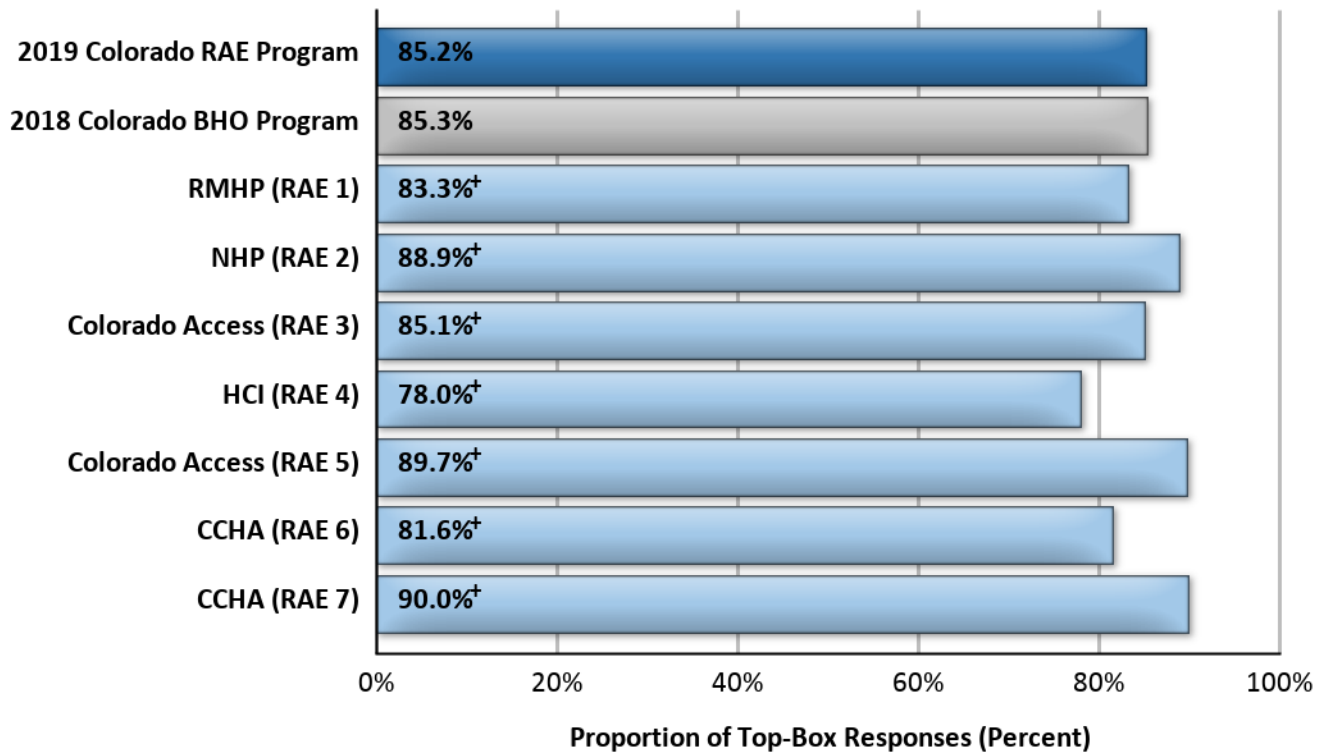
One question (Question 16) was asked to assess how often respondents were told what the side effects were for the prescription medicines their child took:

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

For the Told About Medication Side Effects individual item measure, HSAG calculated top-box scores using responses of “Yes.”

Figure 3-7 shows the Told About Medication Side Effects top-box scores for the 2019 Colorado RAE Program aggregate, 2018 Colorado BHO Program aggregate, and the seven RAEs.

Figure 3-7—Told About Medication Side Effects



+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Information to Manage Condition

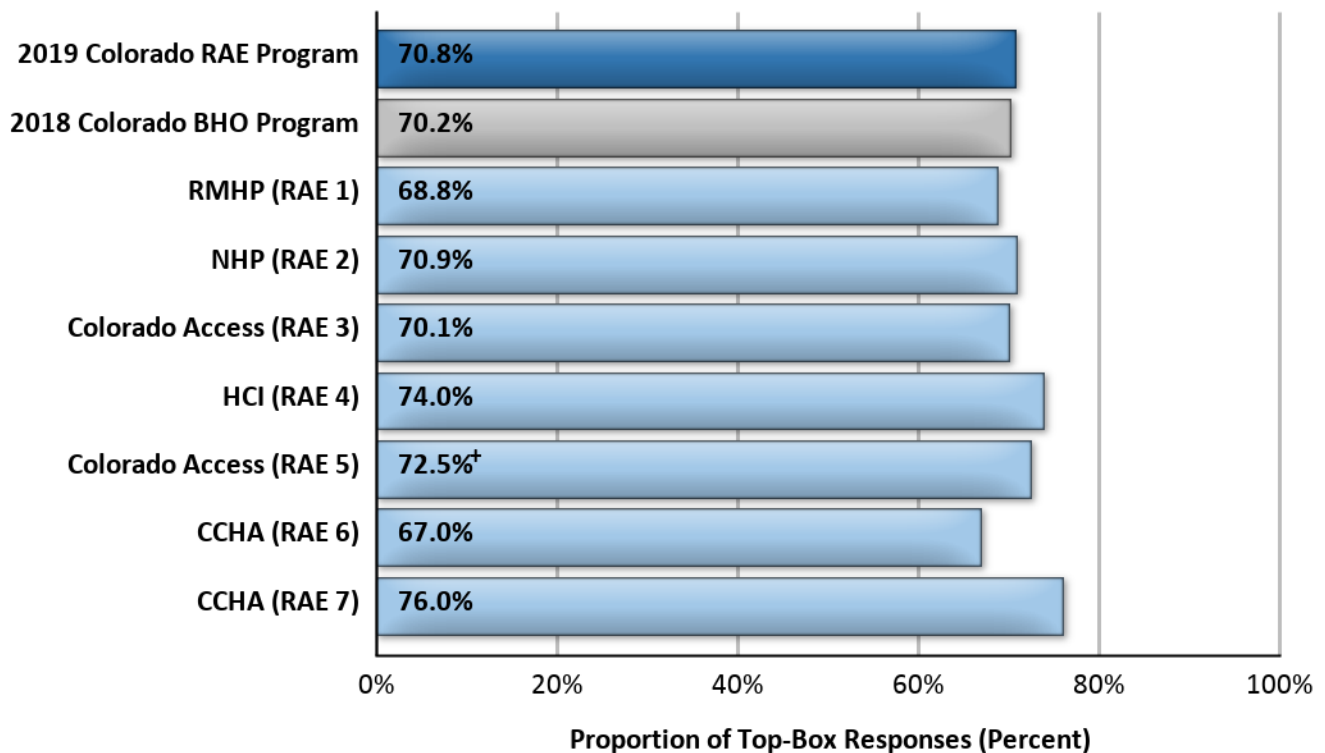
One question (Question 22) was asked to assess whether or not respondents were given as much information as they wanted about what they could do to manage their child’s condition:

- **Question 22.** In the last 12 months, were you given as much information as you wanted about what you could do to manage your child’s condition?
 - Yes
 - No

For the Information to Manage Condition individual item measure, HSAG calculated top-box scores using responses of “Yes.”

Figure 3-8 shows the Information to Manage Condition top-box scores for the 2019 Colorado RAE Program aggregate, 2018 Colorado BHO Program aggregate, and the seven RAEs.

Figure 3-8—Information to Manage Condition



+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Patient Rights Information

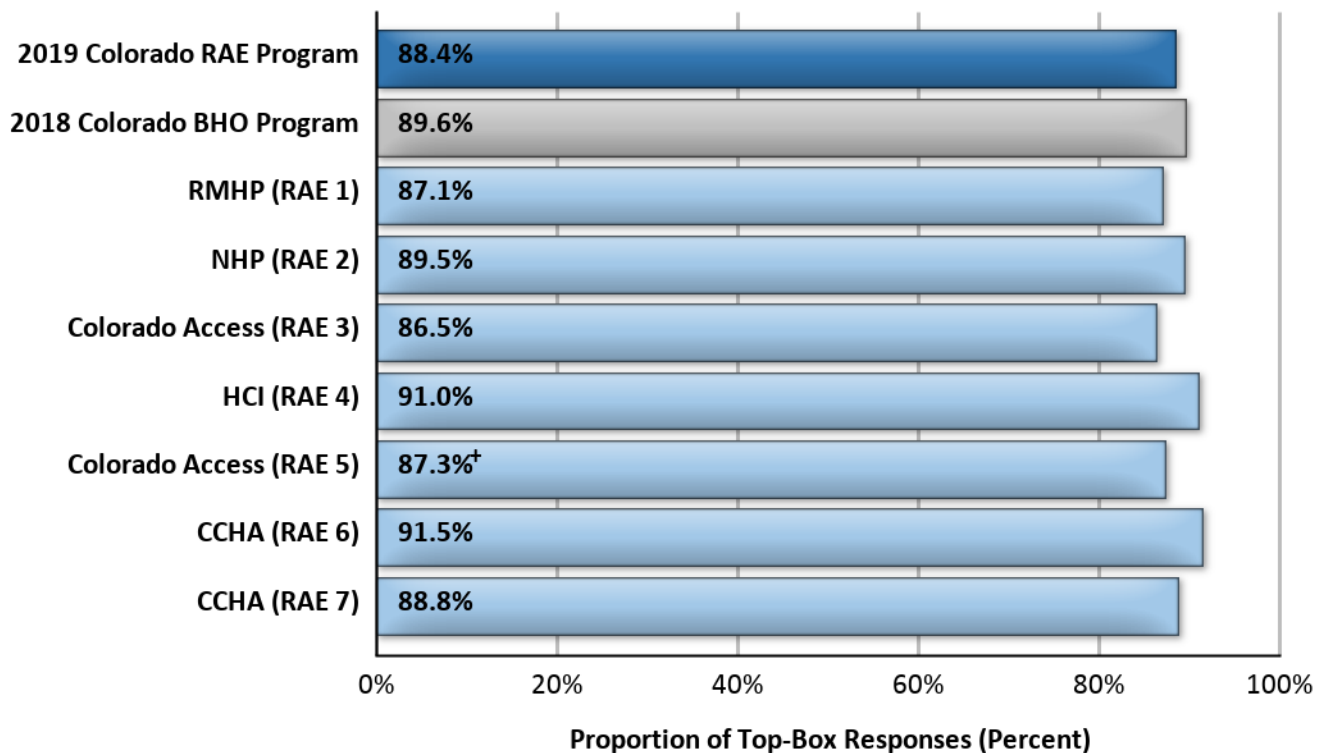
One question (Question 23) was asked to assess whether or not respondents were given information about their child’s rights as a patient:

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

For the Patient Rights Information individual item measure, HSAG calculated top-box scores using responses of “Yes.”

Figure 3-9 shows the Patient Rights Information top-box scores for the 2019 Colorado RAE Program aggregate, 2018 Colorado BHO Program aggregate, and the seven RAEs.

Figure 3-9—Patient Rights Information



+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Respondent Feels He or She Could Refuse Treatment for Their Child

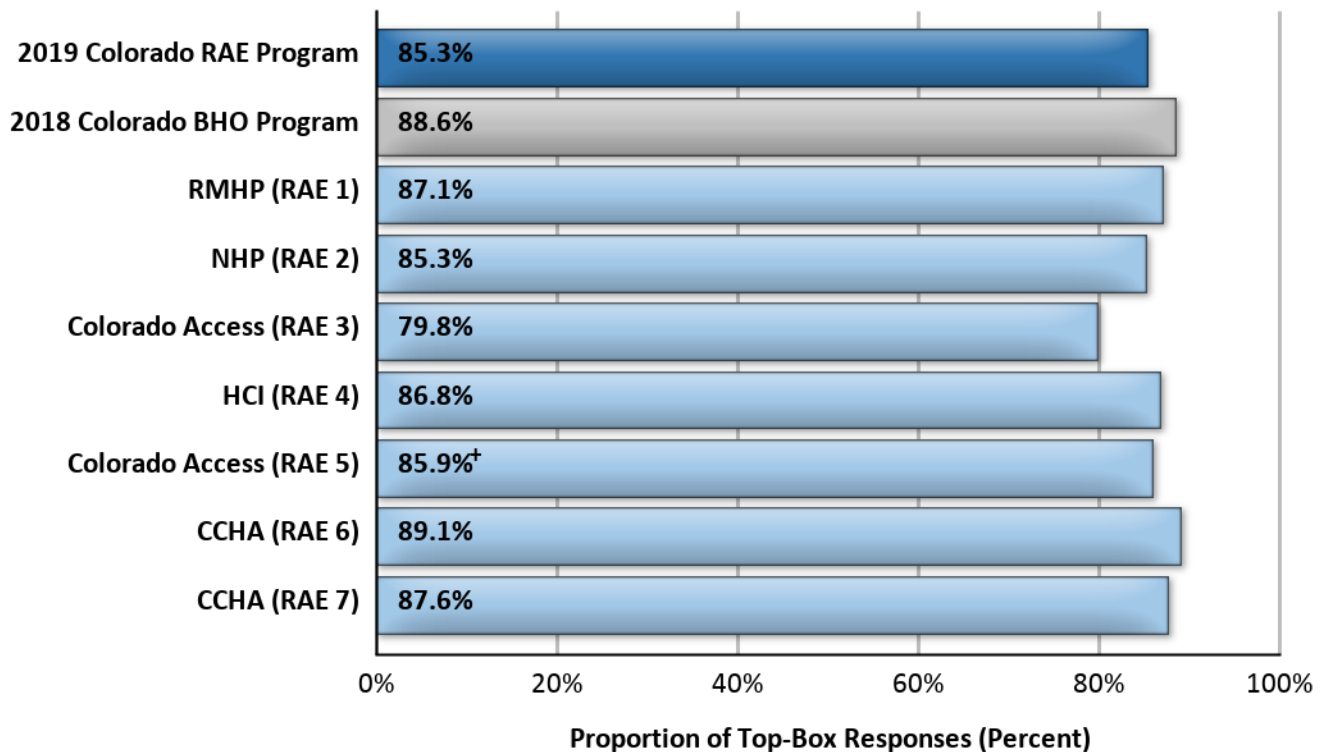
One question (Question 24) was asked to assess whether or not respondents felt they could refuse a specific type of medicine or treatment for their child:

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

For the Respondent Feels He or She Could Refuse Treatment for Their Child individual item measure, HSAG calculated top-box scores using responses of “Yes.”

Figure 3-10 shows the Respondent Feels He or She Could Refuse Treatment for Their Child top-box scores for the 2019 Colorado RAE Program aggregate, 2018 Colorado BHO Program aggregate, and the seven RAEs.

Figure 3-10—Respondent Feels He or She Could Refuse Treatment for Their Child



+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Privacy

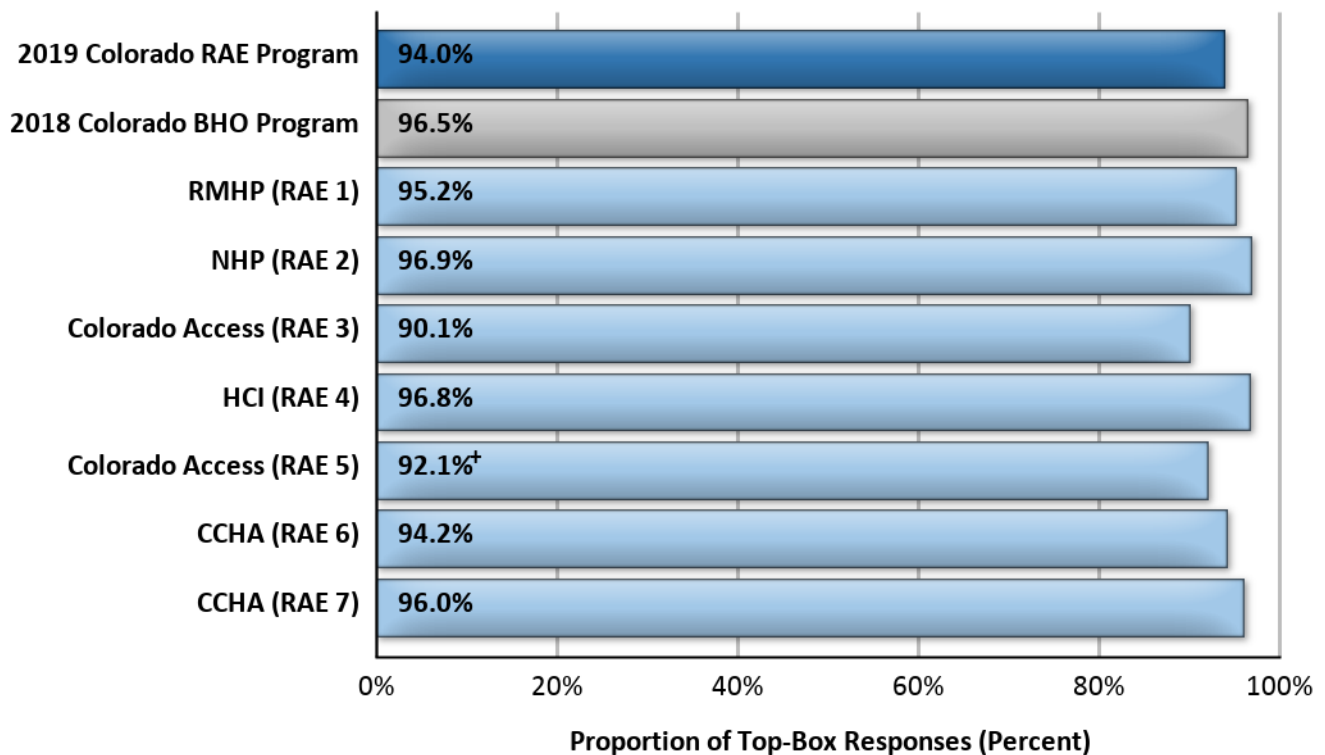
One question (Question 25) was asked to assess whether or not respondents knew if the person their child went to for counseling or treatment shared information with others that should have been kept private:

- **Question 25.** In the last 12 months, as far as you know did anyone your child saw for counseling or treatment share information with others that should have been kept private?
 - Yes
 - No

For the Privacy individual item measure, HSAG calculated top-box scores using responses of “No.”

Figure 3-11 shows the Privacy top-box scores for the 2019 Colorado RAE Program aggregate, 2018 Colorado BHO Program aggregate, and the seven RAEs.

Figure 3-11—Privacy



+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Cultural Competency

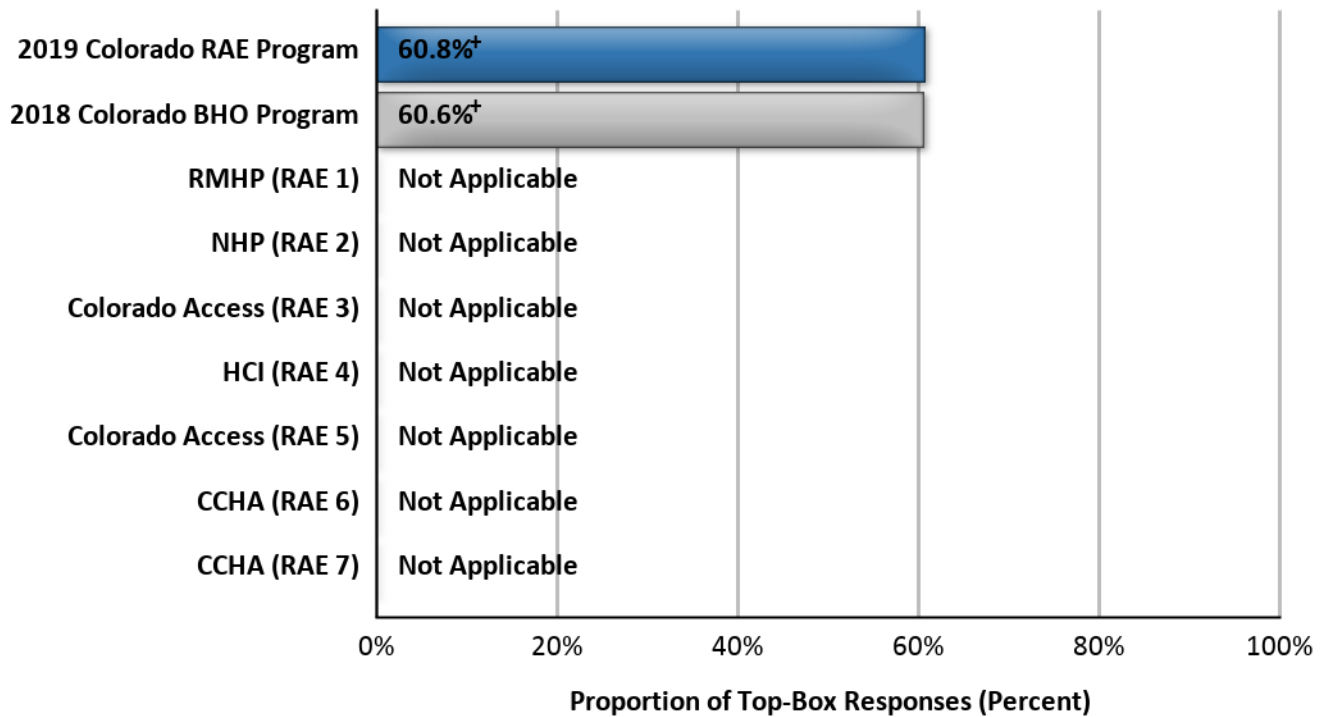
One question (Question 27) was asked to assess whether or not the care the respondents’ child received was responsive to the needs of their child’s cultural differences (e.g., language, race, religion):

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

For the Cultural Competency individual item measure, HSAG calculated top-box scores using responses of “Yes.”

Figure 3-12 shows the Cultural Competency top-box scores for the 2019 Colorado RAE Program aggregate, 2018 Colorado BHO Program aggregate, and the seven RAEs.

Figure 3-12—Cultural Competency



+ 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

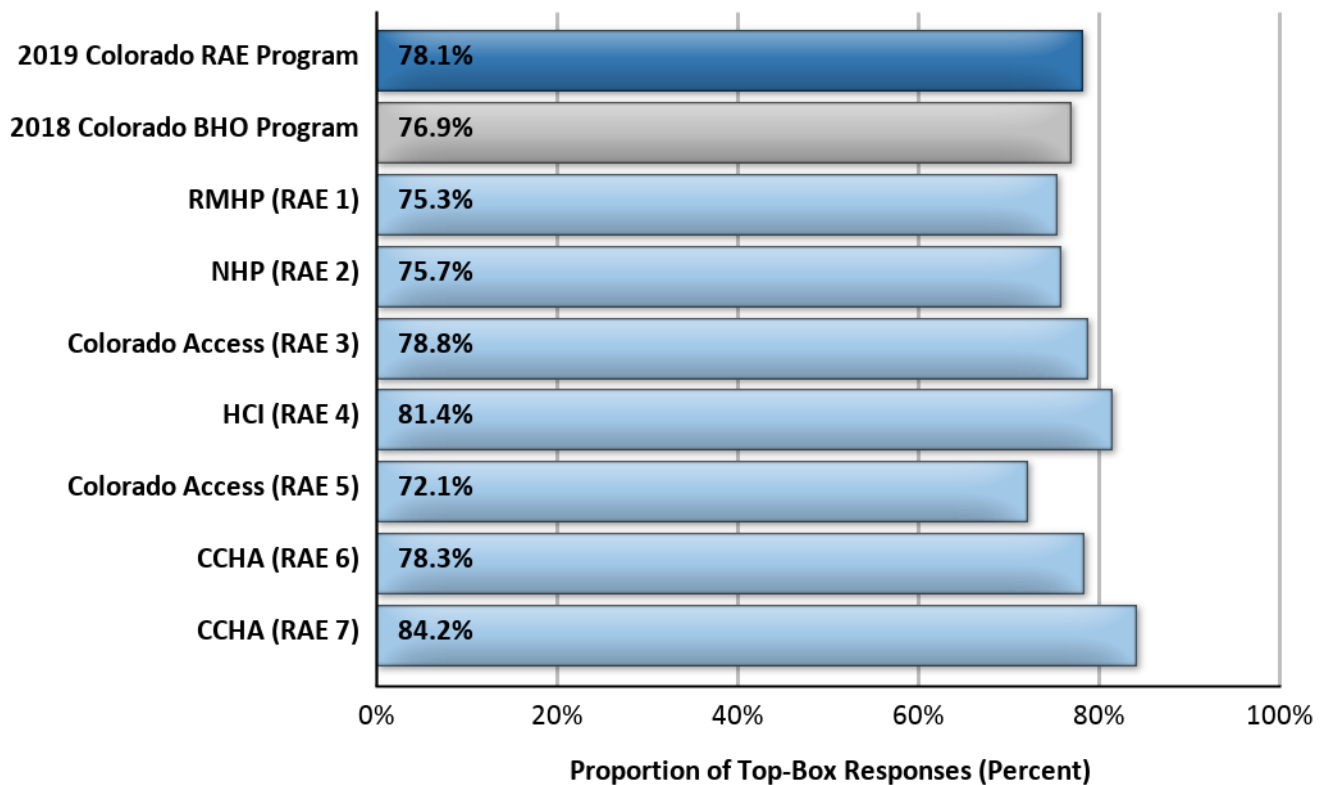
One question (Question 29) was asked to assess how much the child member was helped by the counseling or treatment they received:

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

For the Amount Helped individual item measure, HSAG calculated top-box scores using responses of “Somewhat” or “A lot.”

Figure 3-13 shows the Amount Helped top-box scores for the 2019 Colorado RAE Program aggregate, 2018 Colorado BHO Program aggregate, and the seven RAEs.

Figure 3-13—Amount Helped



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

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

- **Question 41.** My child gets along better with friends and other people.
 - Strongly agree
 - Agree
 - Neutral
 - Disagree
 - Strongly Disagree
 - Not Applicable

- **Question 42.** My child is doing better in school and/or work.
 - Strongly agree
 - Agree
 - Neutral
 - Disagree
 - Strongly Disagree
 - Not Applicable

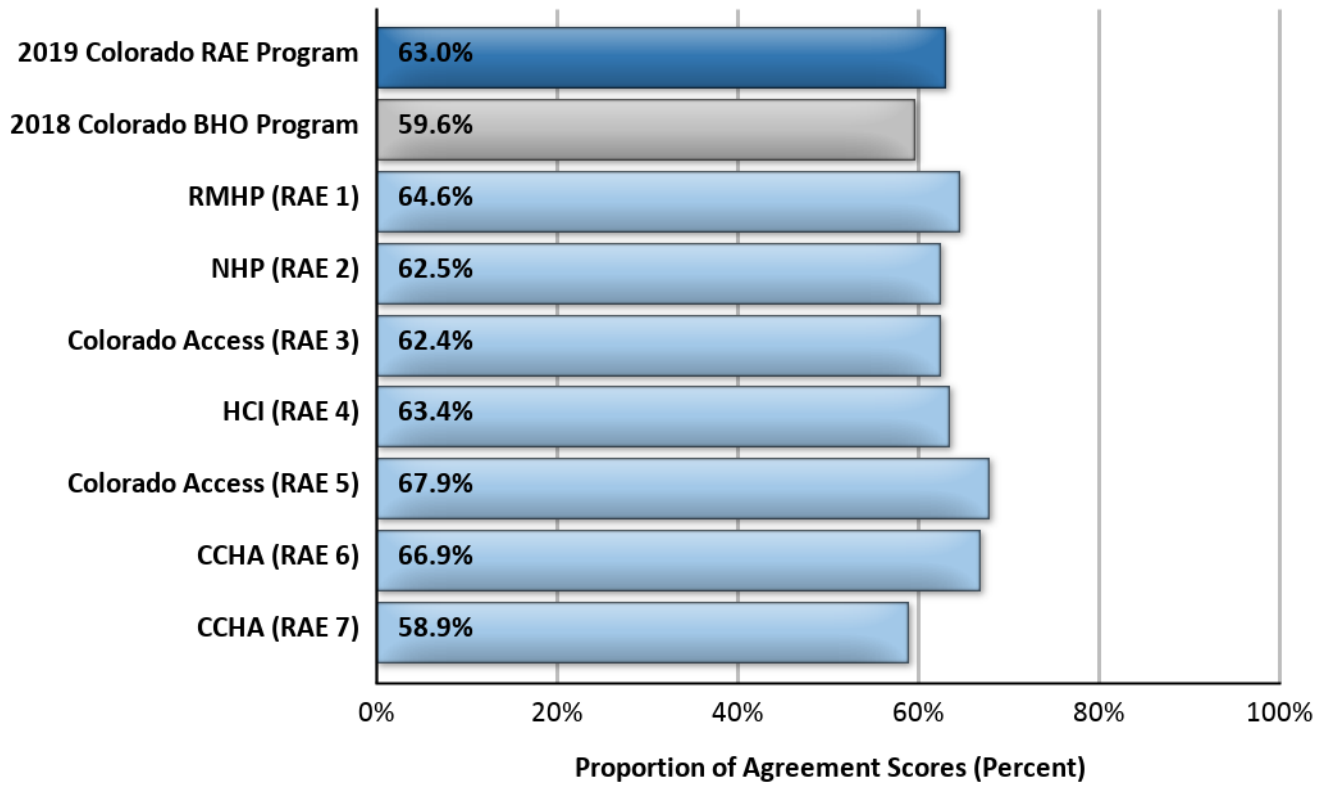
- **Question 43.** My child is better able to cope when things go wrong.
 - Strongly agree
 - Agree
 - Neutral
 - Disagree
 - Strongly Disagree
 - Not Applicable

- **Question 45.** My child is better able to do things he or she wants to do.
 - Strongly agree
 - Agree
 - Neutral
 - Disagree
 - Strongly Disagree
 - Not Applicable

For the Improved Functioning YSS-F domain, HSAG calculated the average score across all questions within the domain to determine the final agreement score (i.e., average score less than or equal to 2.5).

Figure 3-14 shows the Improved Functioning agreement scores for the 2019 Colorado RAE Program aggregate, 2018 Colorado BHO Program aggregate, and the seven RAEs.

Figure 3-14—Improved Functioning



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

- **Question 47.** Other than my child's service providers, in a crisis, I would have the support I need from family and friends.
 - Strongly agree
 - Agree
 - Neutral
 - Disagree
 - Strongly Disagree
 - Not Applicable

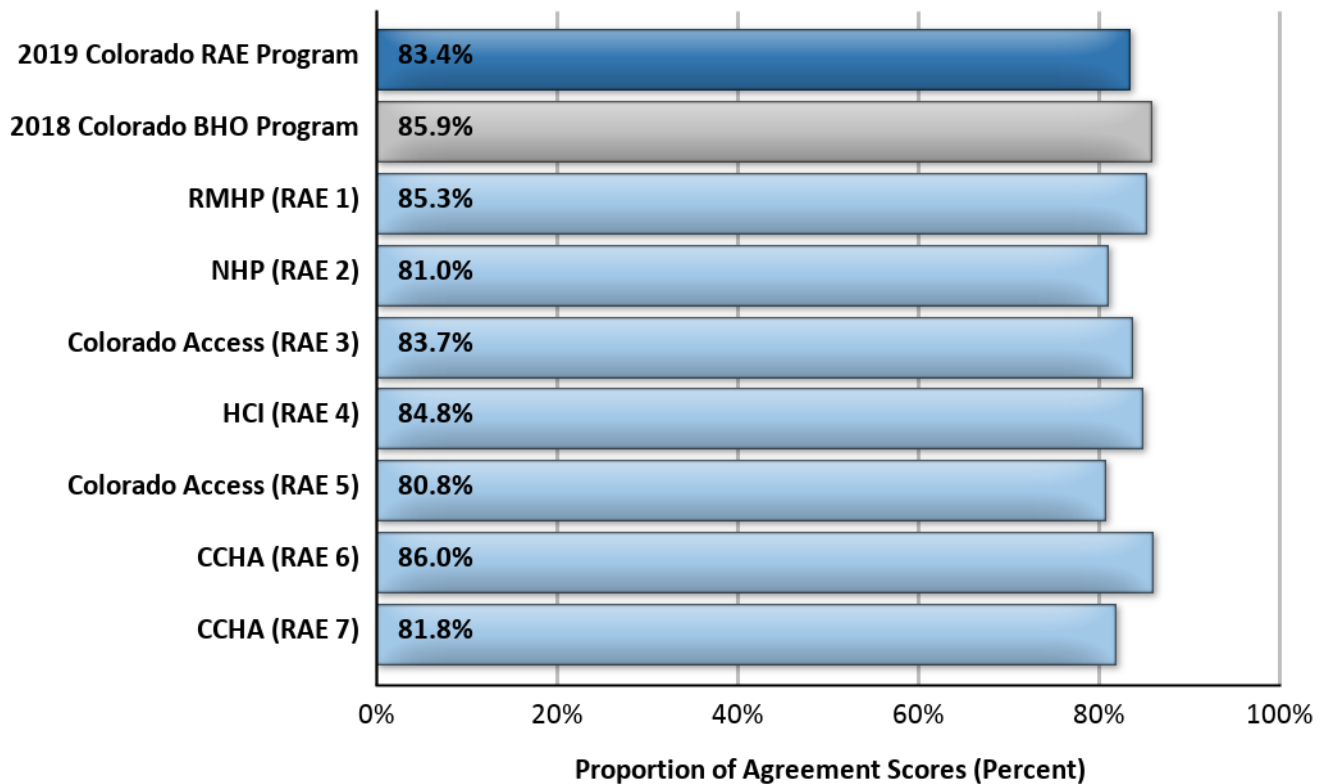
- **Question 48.** Other than my child's service providers, I have people that I am comfortable talking with about my child's problems.
 - Strongly agree
 - Agree
 - Neutral
 - Disagree
 - Strongly Disagree
 - Not Applicable

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

For the Social Connectedness YSS-F domain, HSAG calculated the average score across all questions within the domain to determine the final agreement score (i.e., average score less than or equal to 2.5).

Figure 3-15 shows the Social Connectedness agreement scores for the 2019 Colorado RAE Program aggregate, 2018 Colorado BHO Program aggregate, and the seven RAEs.

Figure 3-15—Social Connectedness



RAE Comparisons

In order to identify differences in member experience scores between the Colorado RAEs, the results for each RAE were compared to one another using standard tests for statistical significance.³⁻⁷ For purposes of this comparison, results were case-mix adjusted. Additional information is included in the Reader’s Guide section beginning on page 5-9.

Statistically significant differences are noted in the tables by arrows. A RAE with a statistically significantly higher score than the Colorado RAE Program average is denoted with an upward (↑) arrow. Conversely, a RAE with a statistically significantly lower score than the Colorado RAE Program average is denoted with a downward (↓) arrow. If a RAE’s score is not statistically significantly different than the Colorado RAE Program average, the RAE’s score is denoted with a horizontal (↔) arrow. Additionally, if there are fewer than 30 responses for a measure, tests for statistical significance were not performed; therefore, the RAE’s score is not displayed and is denoted as “N/A.”

Table 3-6 shows the results of the RAE comparisons analysis.

Table 3-6—RAE Comparisons: ECHO Survey Measures

Measure/Domain Name	RMHP (RAE 1)	NHP (RAE 2)	Colorado Access (RAE 3)	HCI (RAE 4)	Colorado Access (RAE 5)	CCHA (RAE 6)	CCHA (RAE 7)
Global Rating							
Rating of All Counseling or Treatment	47.4% ↔	51.0% ↔	43.7% ↔	50.9% ↔	53.8% +↔	46.7% ↔	42.3% ↔
Composite Measures							
Getting Treatment Quickly	71.6% +↔	68.6% +↔	68.6% +↔	73.0% +↔	70.1% +↔	66.9% +↔	73.3% +↔
How Well Clinicians Communicate	85.7% ↔	87.9% ↔	87.6% ↔	86.4% ↔	85.4% +↔	86.5% ↔	87.2% ↔
Information About Treatment Options	69.2% ↔	70.7% ↔	74.1% ↔	72.9% ↔	72.0% +↔	72.9% ↔	72.8% ↔
Perceived Improvement	70.9% ↔	67.3% ↔	73.4% ↔	67.4% ↔	72.9% ↔	70.1% ↔	72.5% ↔
Individual Items							
Amount Helped	75.3% ↔	75.7% ↔	78.8% ↔	81.4% ↔	72.1% ↔	78.3% ↔	84.2% ↔
Cultural Competency	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Information to Manage Condition	68.8% ↔	70.9% ↔	70.1% ↔	74.0% ↔	72.5% +↔	67.0% ↔	76.0% ↔
Office Wait	84.1% ↔	83.8% ↔	84.2% ↔	85.4% ↔	77.8% +↔	89.2% ↔	87.3% ↔
Patient Rights Information	87.1% ↔	89.5% ↔	86.5% ↔	91.0% ↔	87.3% +↔	91.5% ↔	88.8% ↔
Respondent Feels He or She Could Refuse	87.1% ↔	85.3% ↔	79.8% ↔	86.8% ↔	85.9% +↔	89.1% ↔	87.6% ↔

³⁻⁷ Caution should be exercised when evaluating RAE comparisons, given that population and RAE differences may impact results.

Measure/Domain Name	RMHP (RAE 1)	NHP (RAE 2)	Colorado Access (RAE 3)	HCI (RAE 4)	Colorado Access (RAE 5)	CCHA (RAE 6)	CCHA (RAE 7)
Treatment for Their Child							
Privacy	95.2% ↔	96.9% ↔	90.1% ↔	96.8% ↔	92.1% +↔	94.2% ↔	96.0% ↔
Told About Medication Side Effects	83.3% +↔	88.9% +↔	85.1% +↔	78.0% +↔	89.7% +↔	81.6% +↔	90.0% +↔
Domain Agreements							
Improved Functioning	64.6% ↔	62.5% ↔	62.4% ↔	63.4% ↔	67.9% ↔	66.9% ↔	58.9% ↔
Social Connectedness	85.3% ↔	81.0% ↔	83.7% ↔	84.8% ↔	80.8% ↔	86.0% ↔	81.8% ↔
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ↑ Indicates the RAE's score is statistically significantly higher than the Colorado RAE Program average. ↔ Indicates the RAE's score is not statistically significantly different than the Colorado RAE Program average. ↓ Indicates the RAE's score is statistically significantly lower than the Colorado RAE Program average. N/A indicates that results for this measure are not displayed due to fewer than 30 responses.							

Summary of RAE Comparisons Results

There were no statistically significant differences between the scores for RMHP (RAE 1), NHP (RAE 2), Colorado Access (RAE 3), HCI (RAE 4), Colorado Access (RAE 5), CCHA (RAE 6), and CCHA (RAE 7) on any of the ECHO Survey measures or YSS-F Domains.

General Recommendations

Since the results presented in this report represent a baseline assessment of members' experiences and may include behavioral health services that was received from the BHOs as well as the RAEs, the recommendations should be viewed as potential suggestions for quality improvement (QI) for the RAEs. HSAG recommends the following to further the Department's goals and objectives of the Accountable Care Collaborative (ACC) Phase II to join physical and behavioral health services under the RAEs and to strengthen coordination of services by advancing team-based care. For additional information, please refer to the quality improvement references beginning on page 5-13.

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 experience with their care. The continued administration of the survey to adult and child members enrolled in the RAEs may assist in providing information of members' evaluations of, access to, and quality of, behavioral health services they are receiving from the RAEs and examining the factors that influence these ratings. HSAG recommends the Department continue to utilize a mixed mode methodology for survey administration (mailed surveys with telephone interviewing) and consider FY 2018-2019 ECHO survey results as a baseline for future comparisons.

Member Contact Information for Future Surveys

If the Department elects to administer this survey in 2020, HSAG recommends the Department collaborate with the RAEs to obtain member information (e.g., addresses and phone numbers) for purposes of generating the Medicaid and non-Medicaid sample frame files necessary for survey administration. Of the total sample, approximately 19 percent and 18 percent of mailed surveys were undeliverable for the adult and child population, respectively. Additionally, approximately 46 percent and 42 percent of sampled members did not have viable contact information (i.e., the member had a bad address, a nonworking/unlisted phone number or was unknown at the number contacted, or had both a bad address and phone number) for the adult and child population, respectively. If HSAG can obtain more accurate contact information, this may help increase response rates for future surveys.

Monitoring Measures from the 2019 ECHO Survey for Changes

Table 4-1 shows the measures identified as low performance (below 65 percent) at the program-level for the adult and child populations.

Table 4-1—Low Performing Measures

Measure	Adult	Child
Rating of All Counseling or Treatment	✓	✓
Information About Treatment Options	✓	
Perceived Improvement	✓	
Including Family	✓	
Cultural Competency*		✓
Improved Functioning	✓	✓
*There were fewer than 100 respondents for the Cultural Competency individual item measure; therefore, caution should be exercised when evaluating these results.		

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 2020 ECHO Survey to determine if there are significant improvements or declines in member experience 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.

Also, HSAG evaluated the Rating of All Counseling or Treatment global rating to determine if particular items (i.e., questions) were strongly correlated with this measure. These individual items, which HSAG refers to as “key drivers,” may be driving members’ low ratings of experience with this measure. The following key driver indicates an area of improvement in access and timeliness for the RAEs:

- *Adult:* Respondents reported that when they did not need counseling or treatment right away, they did not always get an appointment for counseling or treatment as soon as they wanted.

The following key drivers indicate areas of improvement in quality of care for the RAEs:

- *Adult and Child:* Respondents reported that the care they/their child received was not responsive to their/their child’s language, race, religion, ethnic background, or culture needs. In addition, respondents reported that they were not given as much information as they wanted about what they could do to manage their/their child’s condition.
- *Child:* Respondents reported that the people their child saw for counseling or treatment did not always spend enough time with them, their family did not always get the professional help they wanted for their child, and they did not always feel their child had someone to talk to for counseling or treatment when their child was troubled.

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 Consumer Assessment of Healthcare Providers and Systems (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.⁵⁻¹ 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.⁵⁻² 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 experience 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

⁵⁻¹ CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

⁵⁻² 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.

improved functioning and social connectedness. 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 RAE members.⁵⁻³

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
	Information About Treatment Options	Including Family*	
	Perceived Improvement	Information to Manage Condition	
		Patient Rights Information	
		[Patient/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

All eligible members were provided for sampling. Members eligible for sampling included Medicaid and non-Medicaid members who met the following criteria:

- Were age 18 or older as of October 31, 2018 (adult members only).
- Were age 17 or younger as of October 31, 2018 (child members only).
- Were identified as having received at least one behavioral health service or treatment through a BHO, a RAE, and/or a contracted CMHC or specialty clinic) from November 1, 2017, through October 31, 2018. To determine if the member received a behavioral health service or treatment, all behavioral health claims/encounters were considered, except for the following services:
 - Behavioral Health Screening (H0002)
 - Outreach (H0023)

⁵⁻³ 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.

- BH Prevention (H0025)
- Respite Services (H0045, S5150, S5151, T1005)
- Detoxification (S3005, T1007, T1019, T1023)
- Had been continuously enrolled in behavioral health services through either a BHO or a RAE from November 1, 2017, to October 31, 2018, with no more than one gap in enrollment up to 45 days.
- Were enrolled at the time the sample was created (Medicaid) or were identified as indigent and receiving services from one of the CMHCs or specialty clinics (non-Medicaid only).

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 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 28 days after mailing the first questionnaire.	28 days
Initiate CATI interviews for non-respondents approximately 21 days after mailing the second questionnaire.	49 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.	49 – 77 days
Telephone follow-up sequence completed (i.e., completed interviews obtained or maximum calls reached for all non-respondents) approximately 28 days after initiation.	77 days

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.

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

Several analyses were performed to comprehensively assess member experience. 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 5-2), had a bad address or working phone number information, or had a language barrier.

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

Key Drivers of Low Member Experience Analysis

In order to determine factors that are contributing to members' low ratings of experience, HSAG performed a key drivers of low member experience analysis for the Rating of All Counseling or Treatment global rating. The purpose of the key drivers of low member experience analysis is to help decision makers identify specific aspects of care that will most benefit from quality improvement (QI) activities. The analysis provides information on:

- How *well* the health plan/program is performing on the survey item.
- How *important* that item is to members' overall experience.

HSAG evaluated the global rating to determine if particular items (i.e., questions) have a high problem score (i.e., the Colorado RAE Program has demonstrated poor performance) and are strongly correlated with this global rating. These individual items, which HSAG refers to as "key drivers," have the greatest potential to affect change in members' overall experience with the global rating, and therefore are areas of focus for possible QI efforts.

Based on an evaluation of the survey response data, HSAG selected a list of individual and composite measure items to include in the key drivers of low member experience analysis (i.e., items to evaluate to determine key drivers of performance) for the Rating of All Counseling or Treatment global rating.

Table 5-3 and Table 5-4 present the individual survey questions evaluated for the global rating to determine key drivers of performance for the Colorado RAE Program for the adult and child populations, respectively.

Table 5-3—Adult Correlation Matrix

Q3. Getting Treatment Quickly—Saw Someone as Soon as Wanted
Q5. Getting Treatment Quickly—Got Appointment as Soon as Wanted
Q9. Office Wait—Saw Someone Within 15 Minutes
Q10. How Well Clinicians Communicate—Listened to Carefully
Q11. How Well Clinicians Communicate—Things were Explained in Understandable Way
Q12. How Well Clinicians Communicate—Shown Respect for What was Said
Q13. How Well Clinicians Communicate—Spent Enough Time With
Q14. How Well Clinicians Communicate—Felt Safe
Q16. Told About Medication Side Effects—Told What Side Effects to Watch For
Q17. How Well Clinicians Communicate—Involved in Treatment Planning
Q18. Including Family—Talked to about Including Family in Treatment
Q19. Information About Treatment Options—Told About Self-Help or Support Groups
Q20. Information About Treatment Options—Given Information About Kinds of Counseling or Treatment
Q21. Information to Manage Condition—Given Information to Manage Condition
Q22. Patient Rights Information—Given Information About Rights as a Patient
Q23. Patient Feels He or She Could Refuse Treatment—Felt Medicine or Treatment Could be Refused
Q24. Privacy—Private Information was Shared with Others
Q26. Cultural Competency—Care Received was Responsive to Background or Culture Needs

Table 5-4—Child Correlation Matrix

Q3. Getting Treatment Quickly—Child Saw Someone as Soon as Respondent Wanted
Q5. Getting Treatment Quickly—Child Got Appointment as Soon as Respondent Wanted
Q10. Office Wait—Child Saw Someone Within 15 Minutes
Q11. How Well Clinicians Communicate—Respondent was Listened to Carefully
Q12. How Well Clinicians Communicate—Things were Explained to Respondent in Understandable Way
Q13. How Well Clinicians Communicate—Respondent was Shown Respect for What was Said
Q14. How Well Clinicians Communicate—Respondent was Spent Enough Time With
Q16. Told About Medication Side Effects—Respondent was Told What Side Effects to Watch For
Q17. How Well Clinicians Communicate—Respondent was Involved in Child's Counseling or Treatment
Q18. Goals Discussed—Goals of Child's Counseling or Treatment were Discussed Completely with Respondent
Q19. Getting Professional Help—Family Got Professional Help Wanted for Child
Q20. Information About Treatment Options—Child Had Someone to Talk to When Troubled
Q21. Information About Treatment Options—Respondent was Given Information About Kinds of Counseling or Treatment
Q22. Information to Manage Condition—Respondent was Given Information to Manage Child's Condition
Q23. Patient Rights Information—Respondent was Given Information About Child's Rights as a Patient
Q24. Respondent Feels He or She Could Refuse Treatment for Their Child—Respondent Felt Child's Medicine or Treatment Could be Refused
Q25. Privacy—Child's Private Information was Shared with Others
Q27. Cultural Competency—Care Received was Responsive to Background or Culture Needs

Problem Scores

HSAG measured each survey item’s performance by calculating a problem score. A problem score is the score associated with a response in which the member identified a negative experience and was assigned a “1.” A positive experience with care (i.e., non-negative) was assigned a “0.” The higher the problem score, the lower the member’s experience with the aspect of service measured by that question. The problem score could range from 0 to 1.

Table 5-5 depicts the problem score assignments for the different response categories.

Table 5-5—Problem Score Assignment

Never/Sometimes/Usually/Always Format		
Response Category	Classification	Code
Never	Problem	1
Sometimes	Problem	1
Usually	Not a Problem	0
Always	Not a Problem	0
No Answer	Not classified	Missing
Not at All/A little/Somewhat/A lot Format		
Response Category	Classification	Code
Not at all	Problem	1
A little	Problem	1
Somewhat	Not a Problem	0
A lot	Not a Problem	0
No Answer	Not classified	Missing
No/Yes Format		
Response Category	Classification	Code
No	Problem	1
Yes	Not a Problem	0
No Answer	Not classified	Missing
Yes/No Format – Privacy Measure Only		
Yes	Problem	1
No	Not a Problem	0
No Answer	Not classified	Missing
Worse/Better Format		
Response Category	Classification	Code
About the same	Problem	1
A little worse	Problem	1
Much worse	Problem	1
Much better	Not a Problem	0
A little better	Not a Problem	0
No Answer	Not classified	Missing

It should be noted that, since the key drivers of low member experience analysis is based on data from the individual RAEs, the problem scores and correlations are *not* case-mix adjusted for differences among the populations.

For each item evaluated, HSAG calculated the relationship between the item's problem score and performance on the Rating of All Counseling or Treatment global rating using a Polychoric correlation, which is used to estimate the correlation between two theorized normally distributed continuous latent variables, from two observed ordinal variables. HSAG then prioritized items based on their overall problem score and their correlation to the global rating. The correlation can range from -1 to 1, with negative values indicating a negative relationship between members' overall experience and a particular survey item. However, the correlation analysis conducted is not focused on the direction of the correlation, but rather on the degree of correlation. Therefore, the absolute value of r is used in the analysis, and the range for r is 0 to 1. An r of zero indicates no relationship between the response to a question and the member's experience. As r increases, the importance of the question to the respondent's experience increases.

The median, rather than the mean, is used to ensure that extreme problem scores and correlations do not have disproportionate influence in prioritizing individual questions. Key drivers of low member experience are defined as those items that:

- Have a problem score that is greater than or equal to the median problem score for all items examined.
- Have a correlation that is greater than or equal to the median correlation for all items examined.

Demographic Analysis

The demographic analysis evaluated self-reported demographic information for survey respondents and child members. Given that the demographics of a response group can influence scores of members' overall experiences, 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 RAE, then caution must be exercised when extrapolating the results to the entire population.

Top-Box and Agreement Scores

HSAG calculated top-box scores (i.e., scores of experience) for the ECHO global rating, composite measures, and individual item measures based on "top-box" responses that were 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.
- "Yes" for the Information About Treatment Options composite.
- "Much better" or "A little better" for the Perceived Improvement 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.

For purposes of calculating the top-box results, top-box responses (as defined above) were assigned a score value of one, and all other responses were assigned a score value of zero. For the global rating and individual items, top-box scores were defined as the proportion of responses with a score value of one over all responses. For the composite measures, first a separate top-box score was calculated for each question within the composite measure. The final composite measure score was determined by calculating the average score across all questions within the composite measure (i.e., mean of the composite items' top-box scores).

For purposes of calculating the results for the MHSIP and YSS-F domain agreement scores, 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. The final agreement score was determined by calculating the average of agreement scores across all respondents. Respondents missing more than one third of their responses within each MHSIP/YSS-F domain are excluded from the analysis.

RAE Comparisons

A comparisons analysis was performed to identify member experience differences that were statistically significantly different between the seven RAEs. Given that differences in case-mix can result in differences in ratings between RAEs 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 RAEs. Results for the Colorado RAEs were case-mix adjusted for member general health status, respondent education level, and respondent age.

Two types of hypothesis tests were applied to the RAE comparative results. First, a global F test was calculated, which determined whether the difference between the RAEs' 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 RAEs was less likely. An alpha-level of 0.05 was used. If the F test demonstrated RAE-level differences (i.e., p value < 0.05), then a t test was performed for each RAE.

The t test determined whether each RAE's score was significantly different from the overall results of the other RAEs. 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 RAEs except RAE 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 RAE p and the results of all other Colorado RAEs was less likely.

Limitations and Cautions

The findings presented in the 2019 Colorado Behavioral Health Member Experience 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.

Baseline Results

It is important to note that in SFY 2018-2019, members in the RAEs were surveyed for the first time. The 2019 results presented in the report represent a baseline assessment of members' experiences with the RAEs; therefore, caution should be exercised when interpreting results.

Case-Mix Adjustment

While data for the RAEs 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 RAEs' control.

Causal Inferences

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

ECHO Survey Instrument

For purposes of the 2019 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 2019 Colorado ECHO Survey results presented in this report.

Incomplete Behavioral Health Encounter Data

The overall number of behavioral health encounters for September and October 2018 were low due to data lag. In addition, only two RAEs (Region 6 and Region 7) submitted encounters for October 2018. Therefore, caution should be exercised when interpreting the results due to the incomplete behavioral health data file received.

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 scores. 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. In addition, over time the Department could develop State-specific benchmarks, if desired.

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.

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 RAE. Therefore, the potential for non-response bias should be considered when interpreting ECHO Survey results.

RAE Attribution

Effective July 1, 2018, the capitated behavioral health contract was transitioned to the RAEs. Since the measurement period was from November 1, 2017, through October 31, 2018, behavioral health care services provided by both the BHOs and RAEs were captured for the eligible population. The results may include members that received behavioral health services from the RAEs and/or the BHOs. Additionally, CMHCs may serve members in more than one RAE service region. Therefore, caution should be exercised when interpreting the results as some of the results may not be attributable to the RAEs.

Quality Improvement References

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

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6. Survey Instruments

The survey instrument selected for Colorado RAE 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 RAE 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.



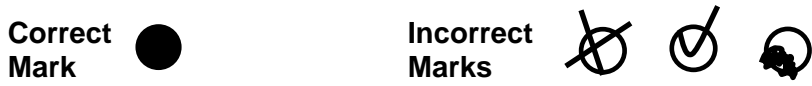
All information that would let someone identify you or your family will be kept private. The research staff will not share your personal information with anyone without your OK. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get.

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

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

SURVEY INSTRUCTIONS

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



- 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 your counseling or treatment. **Do not** 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 right away, 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 appointments 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 crisis center 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 within 15 minutes of your appointment?

- Never
- Sometimes
- Usually
- Always

The next questions are about all the counseling or treatment you got in the last 12 months during office and clinic visits. 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 listen carefully to you?

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always



12. In the last 12 months, how often did the people you went to for counseling or treatment show respect for what you had to say?

- Never
- Sometimes
- Usually
- Always

13. In the last 12 months, how often did the people you went to for counseling or treatment spend enough time with you?

- Never
- Sometimes
- Usually
- Always

14. In the last 12 months, how often did you feel safe when you were with the people you went to for counseling or treatment?

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → *Go to Question 17*

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

- Yes
- No

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

19. In the last 12 months, were you told about self-help or support groups, such as consumer-run groups or 12-step programs?

- Yes
- No

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

- Yes
- No

21. In the last 12 months, were you given as much information as you wanted about what you could do to manage your condition?

- Yes
- No

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

- Yes
- No

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

- Yes
- No

24. In the last 12 months, as far as you know did anyone you went to for counseling or treatment share information with others that should have been kept private?

- Yes
- No



25. Does your language, race, religion, ethnic background or culture make any difference in the kind of counseling or treatment you need?
- Yes
 - No → *Go to Question 27*
26. In the last 12 months, was the care you received responsive to those needs?
- Yes
 - No
27. Using any number from 0 to 10, where 0 is the worst counseling or treatment possible and 10 is the best counseling or treatment possible, what number would you use to rate all your counseling or treatment in the last 12 months?
- 0 1 2 3 4 5 6 7 8 9 10
 Worst 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 overall mental health now?
- Excellent
 - Very good
 - Good
 - Fair
 - Poor
30. Compared to 12 months ago, how would you rate your ability to deal with daily problems now?
- Much better
 - A little better
 - About the same
 - A little worse
 - Much worse

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

REASONS FOR COUNSELING OR TREATMENT

34. In the last 12 months, was any of your counseling or treatment for personal problems, family problems, emotional illness, or mental illness?
- Yes
 - No
35. In the last 12 months, was any of your counseling or treatment for help with alcohol use or drug use?
- Yes
 - No



COUNSELING OR TREATMENT CENTER

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

Please answer the next section based on the community mental health center (CMHC) at which you 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 most often 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 one of the following CMHCs you 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, Inc.
- Aurora Mental Health Center
- Axis Health System
- Centennial Mental Health Center
- Center for Mental Health
- 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
- Mind Springs Health
- Northeast Health Partners
- 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 overall health 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. Please mark one or more.

- 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**





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

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

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

SURVEY INSTRUCTIONS

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

Correct Mark 

Incorrect Marks   

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

- Yes ➔ *Go to Question 1*
- No

↓ **START HERE** ↓

PERSONAL OR FAMILY COUNSELING

Please answer the questions for the child listed on the envelope. Please do not answer for any other children. If you are a child responding to the survey, please consider references to "your child" and "my child's" in the survey to mean "you" and "my," respectively.

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 your/your child's counseling or treatment. Do not 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 right away?

- Yes
- No → *Go to Question 4*

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

- Never
- Sometimes
- Usually
- Always

4. In the last 12 months, not counting times your child needed counseling or treatment right away, did you make any appointments 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 crisis center 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 in your home?

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

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

- Never
- Sometimes
- Usually
- Always

The next questions are about all 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 listen carefully to you?

- Never
- Sometimes
- Usually
- Always



12. In the last 12 months, how often did the people your child saw for counseling or treatment explain things in a way you could understand?
- Never
 - Sometimes
 - Usually
 - Always
13. In the last 12 months, how often did the people your child saw for counseling or treatment show respect for what you had to say?
- Never
 - Sometimes
 - Usually
 - Always
14. In the last 12 months, how often did the people your child saw for counseling or treatment spend enough time with you?
- Never
 - Sometimes
 - Usually
 - Always
15. In the last 12 months, did your child take any prescription medicines as part of your child's treatment?
- Yes
 - No → *Go to Question 17*
16. In the last 12 months, were you told what side effects of those medicines to watch for?
- Yes
 - No
17. In the last 12 months, how often were you involved as much as you wanted in your child's counseling or treatment?
- Never
 - Sometimes
 - Usually
 - Always
18. In the last 12 months, were the goals of your child's counseling or treatment discussed completely with you?
- Yes
 - No

19. In the last 12 months, how often did your family get the professional help you wanted for your child?
- Never
 - Sometimes
 - Usually
 - Always
20. In the last 12 months, how often did you feel your child had someone to talk to for counseling or treatment when your child was troubled?
- Never
 - Sometimes
 - Usually
 - Always
21. In the last 12 months, were you given information about different kinds of counseling or treatment that are available for your child?
- Yes
 - No
22. In the last 12 months, were you given as much information as you wanted about what you could do to manage your child's condition?
- Yes
 - No
23. In the last 12 months, were you given information about your child's rights as a patient?
- Yes
 - No
24. In the last 12 months, did you feel you could refuse a specific type of medicine or treatment for your child?
- Yes
 - No
25. In the last 12 months, as far as you know did anyone your child saw for counseling or treatment share information with others that should have been kept private?
- Yes
 - No

26. Does your child's language, race, religion, ethnic background or culture make any difference in the kind of counseling or treatment you/your child needs?
- Yes
 No → *Go to Question 28*
27. In the last 12 months, was the care your child received responsive to those needs?
- Yes
 No
28. Using any number from 0 to 10, where 0 is the worst counseling or treatment possible and 10 is the best counseling or treatment possible, what number would you use to rate all your child's counseling or treatment in the last 12 months?
-
- 0 1 2 3 4 5 6 7 8 9 10
- Worst 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 overall mental health now?
- Excellent
 Very good
 Good
 Fair
 Poor

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

REASONS FOR COUNSELING OR TREATMENT

35. In the last 12 months, was any of your child's counseling or treatment for problems related to behavior?
- Yes
 No



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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

COUNSELING OR TREATMENT CENTERS

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

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

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

39. My child is better at handling daily life.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree
- Not applicable

40. My child gets along better with family members.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree
- Not applicable

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

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree
- Not applicable

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

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree
- Not applicable

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

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree
- Not applicable

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

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree
- Not applicable



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

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree
- Not applicable

In thinking about people 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, Inc.
- Aurora Mental Health Center
- Axis Health System
- Centennial Mental Health Center
- Center for Mental Health
- 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
- Mind Springs Health
- Northeast Health Partners
- 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 your 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 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

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. Please mark one or more.

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

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

- Yes
- No

69. Who completed this survey?

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

THANK YOU

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

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

DataStat, 3975 Research Park Drive
Ann Arbor, MI 48108

