



COLORADO

**Department of Health Care
Policy & Financing**

2020 Colorado Behavioral Health Member Experience Report

June 2020

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



Table of Contents

1. Executive Summary	1-1
Introduction	1-1
Performance Highlights.....	1-3
Trend Analysis	1-3
RAE Comparisons	1-5
2. Adult Results	2-1
Survey Administration and Response Rates	2-1
Survey Administration	2-1
Response Rates.....	2-1
Key Drivers of Low Member Experience	2-2
Adult Demographics.....	2-3
Top-Box and Agreement Scores	2-5
Global Rating	2-7
Composite Measures	2-8
Individual Item Measures.....	2-11
MHSIP Domain Agreement	2-21
Additional Survey Questions.....	2-22
RAE Comparisons.....	2-24
3. Child Results	3-1
Survey Administration and Response Rates	3-1
Survey Administration	3-1
Response Rates.....	3-1
Key Drivers of Low Member Experience	3-2
Child Demographics.....	3-3
Top-Box and Agreement Scores	3-4
Global Rating	3-6
Composite Measures	3-7
Individual Item Measures.....	3-10
YSS-F Domain Agreement	3-19
Additional Survey Questions.....	3-20
RAE Comparisons.....	3-22
4. Recommendations	4-1
General Recommendations.....	4-1
Collaboration with RAEs	4-1
Monitor Survey Measures for Changes.....	4-1
5. Reader’s Guide	5-1
Survey Administration	5-1
Survey Overview	5-1
Sampling Procedures.....	5-6
Survey Protocol	5-7

Methodology	5-8
Response Rates.....	5-8
Key Drivers of Low Member Experience Analysis	5-8
Demographic Analysis	5-11
Top-Box and Agreement Scores	5-11
RAE Comparisons	5-12
Case-Mix Adjustment.....	5-13
Trend Analysis	5-13
Limitations and Cautions.....	5-14
Case-Mix Adjustment.....	5-14
Causal Inferences	5-14
COVID-19 Impact.....	5-14
ECHO Survey Instrument	5-14
Lack of National Data for Comparisons.....	5-15
Non-Response Bias	5-15
RAE Attribution	5-15
Trending	5-15
6. Survey Instruments	6-1

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 Regional Accountable Entity (RAE) and/or a RAE-contracted community mental health center (CMHC) or specialty clinic from November 1, 2018, through October 31, 2019.^{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.

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 Questions from the MHSIP, YSS-F, and YSS surveys were added to the standard ECHO Survey in order to meet the reporting needs of the Office of Behavioral Health (OBH). Adult members and parents/caretakers of the child member (or the child member) completed the surveys from January to April 2020. 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.

¹⁻¹ Community mental health centers (CMHCs) may service members in more than one Regional Accountable Entity (RAE) service region. 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.

Table 1-1—Participating RAEs

RAE Name	RAE Abbreviation	Service Region	RAE-Contracted CMHCs
Rocky Mountain Health Plans	RMHP	1	Axis Health Systems
			The 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	All Health Network
			Asian Pacific Development Center*
			Aurora Mental Health Center
			Centennial Mental Health Center
			Community Reach Center
Health Colorado, Inc.	HCI	4	Health Solutions
			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

**Please note: Asian Pacific Development Center 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 survey results for each of the participating Colorado RAEs and the Colorado RAE Program for the adult and child populations, respectively.¹⁻⁵ The following is a summary of the Trend Analysis and RAE Comparisons performance highlights.

Trend Analysis

In order to evaluate trends in the Colorado RAEs’ member experience, HSAG performed a trend analysis that compared the 2020 results to the 2019 results, where applicable.^{1-6,1-7} The detailed results of the trend analysis are described in the Adult Results section beginning on page 2-5 and the Child Results section beginning on page 3-4.

Table 1-2 and Table 1-3 present the statistically significant results from this analysis for the adult and child populations, respectively.

Table 1-2—Adult Trend Analysis Highlights

Measure Name	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)
Composite Measures								
<i>Perceived Improvement</i>	—	—	—	—	—	—	—	▲
Individual Item Measures								
<i>Office Wait</i>	—	—	—	—	—	—	—	▲ ⁺

¹⁻⁵ The Colorado RAE Program results presented in this report are derived from the combined results of the seven participating RAEs.

¹⁻⁶ Effective July 1, 2018, the capitated behavioral health program was transitioned to the RAEs. 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 behavioral health organizations (BHOs). Since the measurement period for the 2019 survey administration 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 2019 results may include members that received behavioral health services from both the RAEs and the BHOs. Therefore, caution should be exercised when comparing the 2019 results to the 2020 results, as some of the 2019 results may not be attributable to the care provided by the RAEs. Additionally, the overall number of behavioral health encounters for September and October 2018 were low, due to data lag, and only two RAEs (Region 6 and Region 7) submitted encounters for October 2018. Therefore, caution should be exercised when comparing the 2019 results to the 2020 results due to the incomplete behavioral health encounter data file received in the 2019 survey administration.

¹⁻⁷ Several questions were altered or moved in the 2020 survey instrument; therefore, caution should be exercised when comparing the 2019 results to the 2020 results, as members responses to the survey may have been impacted by the changes.

Measure Name	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)
<i>Support from Family and Friends</i>	▼	—	—	—	—	—	—	—
MHSIP Domain Agreement								
<i>Improved Functioning</i>	—	—	—	—	▼	—	—	—
▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019. + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.								

Table 1-3—Child Trend Analysis Highlights

Measure Name	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)
Composite Measures								
<i>Perceived Improvement</i>	—	—	—	—	—	— ⁺	—	▼
Individual Item Measures								
<i>Office Wait</i>	▲	—	— ⁺	—	— ⁺	▲ ⁺	—	—
<i>Child Had Someone to Talk To</i>	—	—	— ⁺	▼	— ⁺	— ⁺	—	—
<i>Support from Family and Friends</i>	▼	—	—	▼	—	— ⁺	▼	—
▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019. + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.								

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 2-24 and the Child Results section beginning on page 3-22.¹⁻⁸

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

- Colorado Access (RAE 5)
- CCHA (RAE 6)

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

- NHP (RAE 2)
- CCHA (RAE 7)

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

- NHP (RAE 2)
- Colorado Access (RAE 5)

¹⁻⁸ Caution should be exercised when evaluating RAE comparisons, given that demographic and geographic differences may impact results.

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 RAE and/or a corresponding RAE-contracted CMHC or specialty clinic from November 1, 2018, through October 31, 2019, as reflected in the encounter data.

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 members had to be continuously enrolled in behavioral health services through 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, 2019.

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: 1) mail or 2) Internet. An English or Spanish cover letter was mailed to sampled members that provided the option to complete a paper or a web-based survey. Additional information on the survey protocol is included in the Reader's Guide section beginning on page 5-7.

Response Rates

The 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 5-8. For the adult population, a total of 1,013 adult members returned a completed survey. The 2020 Colorado RAE Program response rate for the adult population was 11.66 percent.

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

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	2,078	8,688	1,013	11.66%
RMHP (RAE 1)	1,538	298	1,240	149	12.02%
NHP (RAE 2)	1,538	253	1,285	163	12.68%
Colorado Access (RAE 3)	1,538	266	1,272	139	10.93%
HCI (RAE 4)	1,538	318	1,220	160	13.11%
Colorado Access (RAE 5)	1,538	366	1,172	146	12.46%
CCHA (RAE 6)	1,538	261	1,277	140	10.96%
CCHA (RAE 7)	1,538	316	1,222	116	9.49%

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.²⁻¹ For additional information on the key drivers of low member experience analysis, please refer to the Reader’s Guide section on page 5-8. Table 2-2 depicts those items identified for the global rating as being key drivers of low member experience for the adult Colorado RAE Program.

Table 2-2—Adult Colorado RAE Program 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 needed counseling or treatment right away, they did not always see someone as soon as they wanted.

²⁻¹ 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.”

Adult 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.²⁻²

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

Table 2-3—Adult Demographics

	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	7.9%	10.3%	5.6%	13.0%	5.7%	5.6%	8.6%	7.0%
25 to 34	15.5%	17.9%	18.8%	20.3%	10.1%	14.6%	12.9%	13.9%
35 to 44	17.1%	13.8%	20.0%	13.8%	15.1%	15.3%	16.4%	27.0%
45 to 64	48.9%	46.2%	43.1%	47.1%	55.3%	49.3%	53.6%	47.0%
65 and Older	10.7%	11.7%	12.5%	5.8%	13.8%	15.3%	8.6%	5.2%
Gender								
Female	62.8%	63.3%	64.8%	58.5%	64.6%	61.2%	64.2%	62.3%
Male	36.5%	36.1%	35.2%	40.7%	35.4%	38.1%	33.6%	36.8%
Other*	0.7%	0.7%	0.0%	0.7%	0.0%	0.7%	2.2%	0.9%
Race								
Multi-Racial	5.0%	1.4%	5.0%	6.6%	4.5%	4.3%	4.4%	9.7%
White	75.5%	88.4%	77.5%	69.9%	78.2%	55.0%	83.2%	75.2%
Black	5.7%	0.0%	1.3%	8.8%	1.3%	18.6%	4.4%	7.1%
Native American	3.0%	2.7%	3.1%	0.0%	5.1%	5.0%	2.9%	1.8%
Other**	10.8%	7.5%	13.1%	14.7%	10.9%	17.1%	5.1%	6.2%
Ethnicity								
Hispanic	20.7%	11.7%	22.2%	16.8%	32.7%	28.5%	16.2%	14.2%
Non-Hispanic	79.3%	88.3%	77.8%	83.2%	67.3%	71.5%	83.8%	85.8%

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

General Health Status								
Excellent	6.8%	3.5%	8.3%	4.4%	6.5%	10.6%	7.9%	6.3%
Very Good	18.3%	22.9%	12.8%	16.9%	18.8%	19.1%	18.6%	19.6%
Good	31.9%	29.9%	31.4%	33.8%	29.9%	26.2%	35.7%	38.4%
Fair	32.5%	34.7%	35.9%	30.1%	31.2%	33.3%	30.7%	30.4%
Poor	10.5%	9.0%	11.5%	14.7%	13.6%	10.6%	7.1%	5.4%
Mental Health Status								
Excellent	5.7%	1.4%	6.5%	3.1%	10.2%	7.9%	4.6%	5.7%
Very Good	18.1%	17.1%	14.4%	14.8%	17.7%	24.4%	23.1%	15.1%
Good	33.5%	38.6%	29.5%	38.3%	29.3%	26.0%	40.0%	33.0%
Fair	30.9%	33.6%	30.9%	30.5%	30.6%	33.9%	23.1%	34.0%
Poor	11.9%	9.3%	18.7%	13.3%	12.2%	7.9%	9.2%	12.3%
<i>Please note: Percentages may not total 100% due to rounding.</i> <i>*The "Other" category includes responses of Transgender Male, Transgender Female, and Other.</i> <i>**The "Other" category includes responses of Asian, Native Hawaiian or Other Pacific Islander, and Other.</i>								

Table 2-4 shows respondents’ self-reported sexual orientation for the Colorado RAE Program.

Table 2-4—Adult Demographics: Sexual Orientation

Heterosexual	76.8%
Other*	23.2%
<i>Please note: Percentages may not total 100% due to rounding.</i> <i>*The "Other" category includes responses of Asexual, Bisexual, Gay, Lesbian, Questioning, and Other.</i>	

Top-Box and Agreement Scores

The surveys completed in 2019 and 2020, shown in Table 2-5, were used to calculate the Colorado RAE Program’s and corresponding RAEs’ results for the standard ECHO Survey measures and MHSIP domain agreement scores presented in this section.²⁻³ Members that received behavioral health services from both RAEs and behavioral health organizations (BHOs) were included in the 2019 results. Since CMHCs may fall in more than one RAE, caution should be exercised when interpreting and comparing these results as some of the results may not be attributable to the RAEs.

Table 2-5—Number of Completed Surveys

RAE Name	2019	2020
Colorado RAE Program	1,102	1,013
RMHP (RAE 1)	154	149
NHP (RAE 2)	153	163
Colorado Access (RAE 3)	176	139
HCI (RAE 4)	152	160
Colorado Access (RAE 5)	151	146
CCHA (RAE 6)	187	140
CCHA (RAE 7)	129	116

The scoring of the ECHO measures involved assigning top-box responses a score of one, with all other responses receiving a score of zero.²⁻⁴ A “top-box” response was defined as follows:

- “9” or “10” for the global rating;
- “Usually/Always,” “A little better/Much better,” “Yes,” “Somewhat/A lot,” or “Agree/Strongly agree” for the composite measures and individual item measures.

The exception to this was Question 17 for the *Privacy* individual item measure, where the response option scale was reversed so a response of “No” was considered a top-box response. After applying this scoring methodology, the percentage of top-box responses was calculated in order to determine the top-box scores. For additional details and information on the survey language and response options for the measures, please refer to the Reader’s Guide section beginning on page 5-1.

Questions comprising the 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

²⁻³ The Colorado RAE Program scores presented in this section are derived from the combined results of the seven participating RAEs.

²⁻⁴ National Committee for Quality Assurance. *HEDIS® 2020, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2019.

“disagreements” and assigned an agreement score of zero. Respondents missing more than one third of their responses within the MHSIP domain were excluded from the analysis.

HSAG performed a trend analysis for the Colorado RAE Program and each of the seven participating RAEs. The 2020 scores for each standard ECHO Survey measure and MHSIP domain agreement rate were compared to the corresponding 2019 scores.²⁻⁵ Statistically significant differences are noted with directional triangles. Scores that were statistically significantly higher in 2020 than in 2019 are noted with black upward (▲) triangles. Scores that were statistically significantly lower in 2020 than in 2019 are noted with black downward (▼) triangles. Scores in 2020 that were not statistically significantly different from scores in 2019 are not noted with triangles.

For the Colorado RAE Program, results for the standard ECHO Survey measures and MHSIP domain agreement score 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 agreement area 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 shows the results of the MHSIP domain agreement scores.

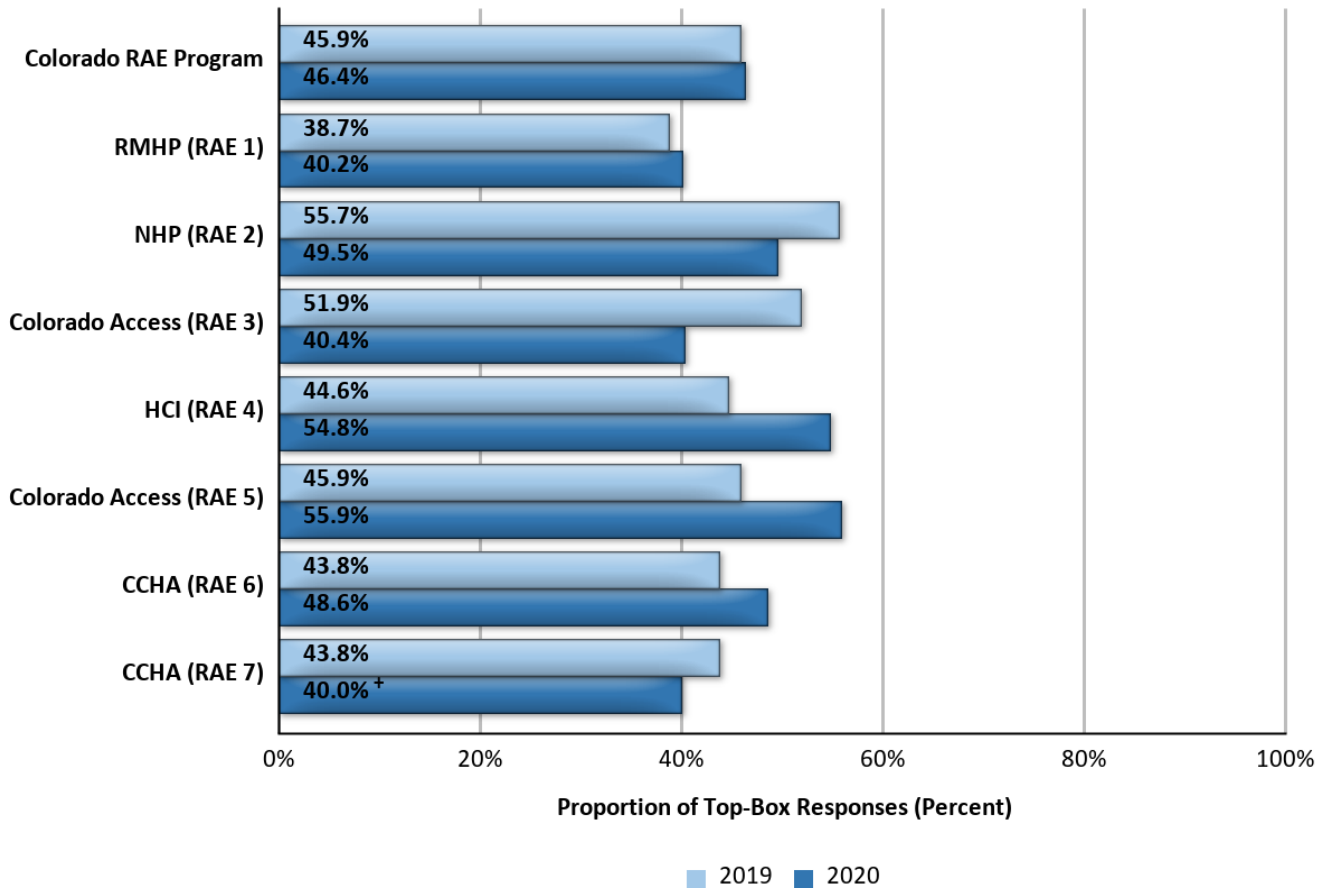
²⁻⁵ Some of the questions that compose *How Well Clinicians Communicate*, *Information About Treatment Options* (re-named as *Information About Self-Help or Support Groups*), and *Social Connectedness* (re-named as *Support from Family and Friends*) were removed from the 2020 survey instruments. For comparison purposes, HSAG re-calculated the 2019 results for these measures with these questions removed; therefore, the results for these measures will be different than the results presented in the 2019 Colorado Behavioral Health Member Experience Report.

Global Rating

Rating of All Counseling or Treatment

Figure 2-1 shows the *Rating of All Counseling or Treatment* top-box scores for the Colorado RAE Program and the seven RAEs.

Figure 2-1—Rating of All Counseling or Treatment Top-Box Scores



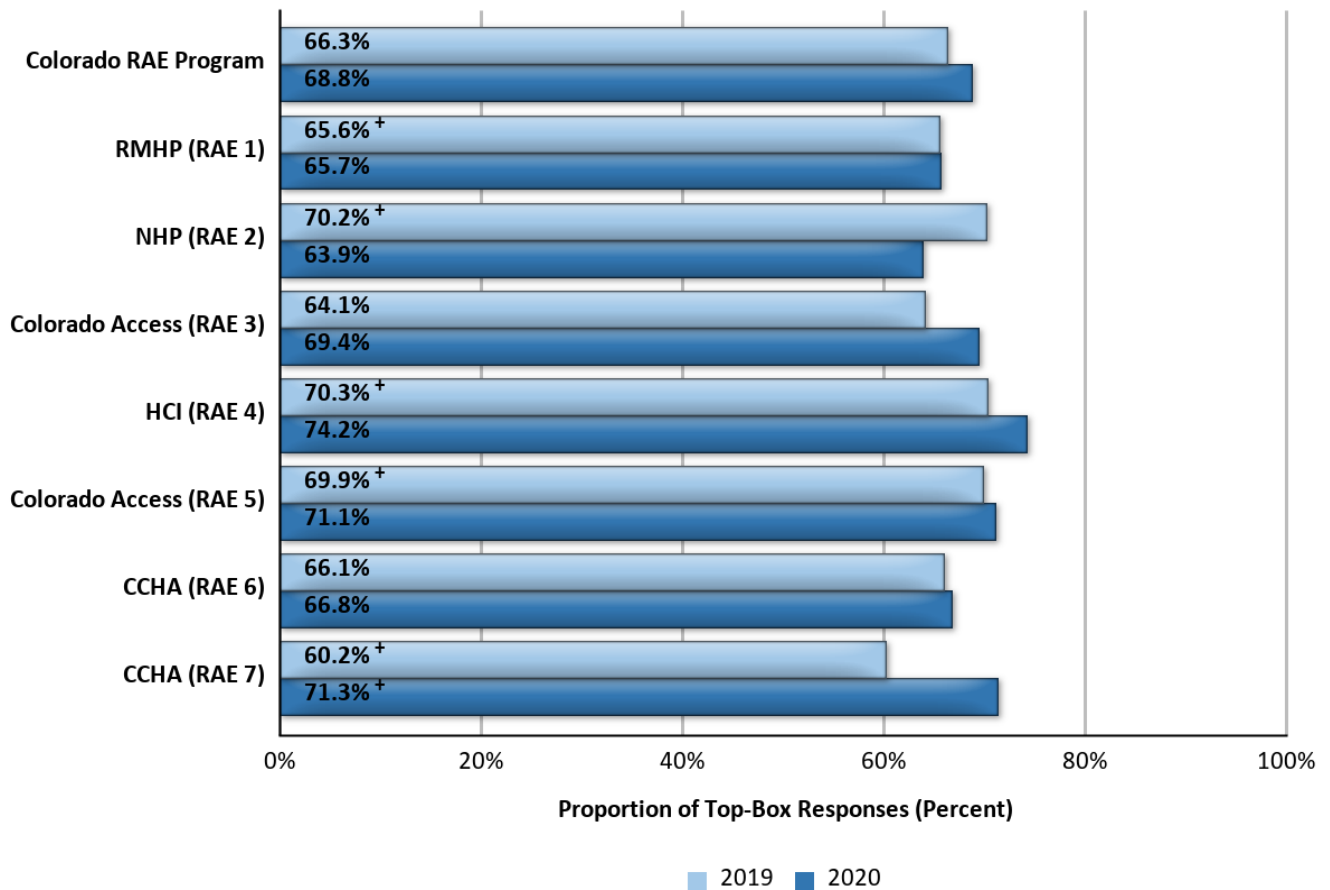
Statistical Significance Note: ▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.
 ▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.
 If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Composite Measures

Getting Treatment Quickly

Figure 2-2 shows the *Getting Treatment Quickly* top-box scores for the Colorado RAE Program and the seven RAEs.

Figure 2-2—Getting Treatment Quickly Top-Box Scores

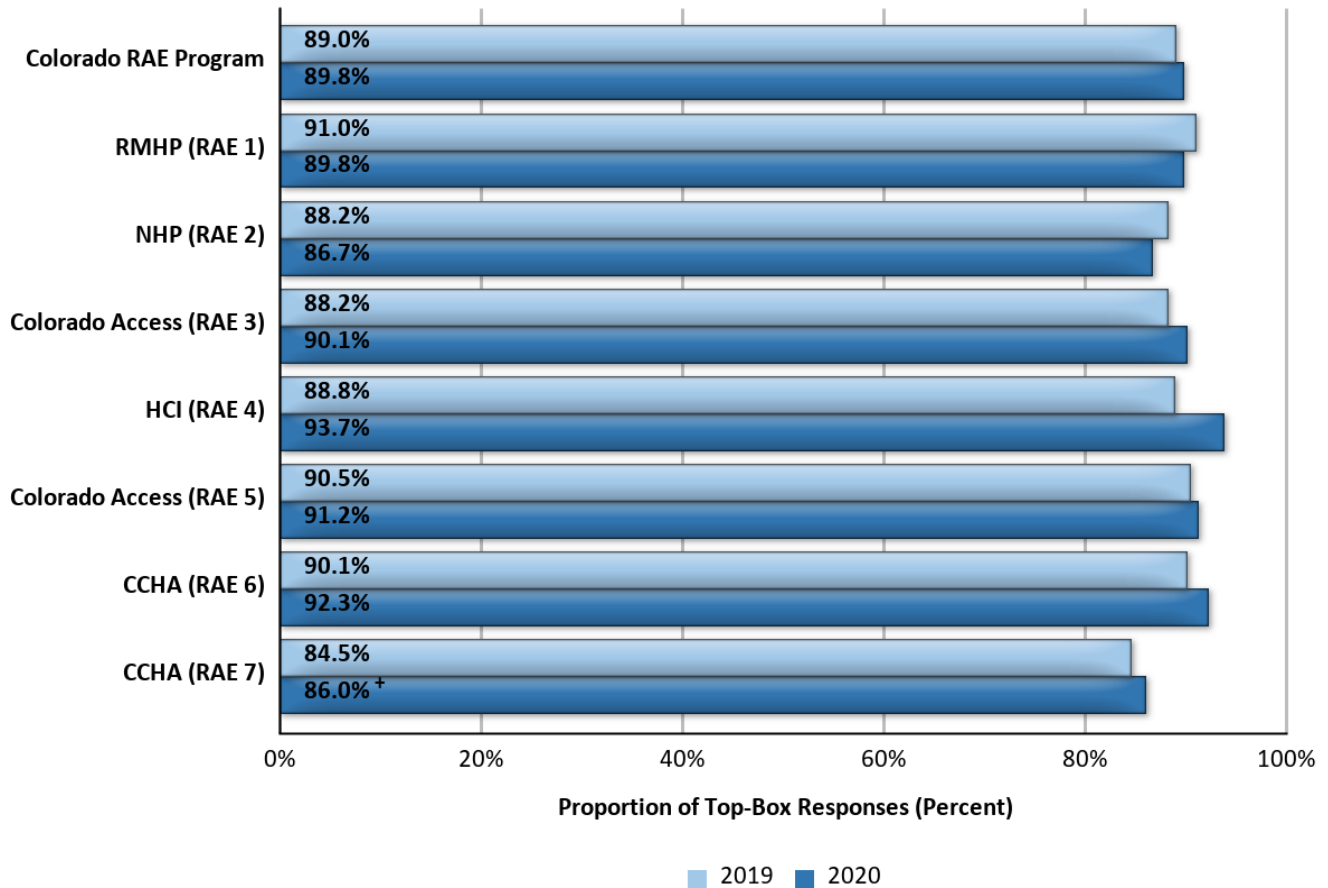


Statistical Significance Note: ▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.
 ▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.
 If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

How Well Clinicians Communicate

Figure 2-3 shows the *How Well Clinicians Communicate* top-box scores for the Colorado RAE Program and the seven RAEs.²⁻⁶

Figure 2-3—How Well Clinicians Communicate Top-Box Scores



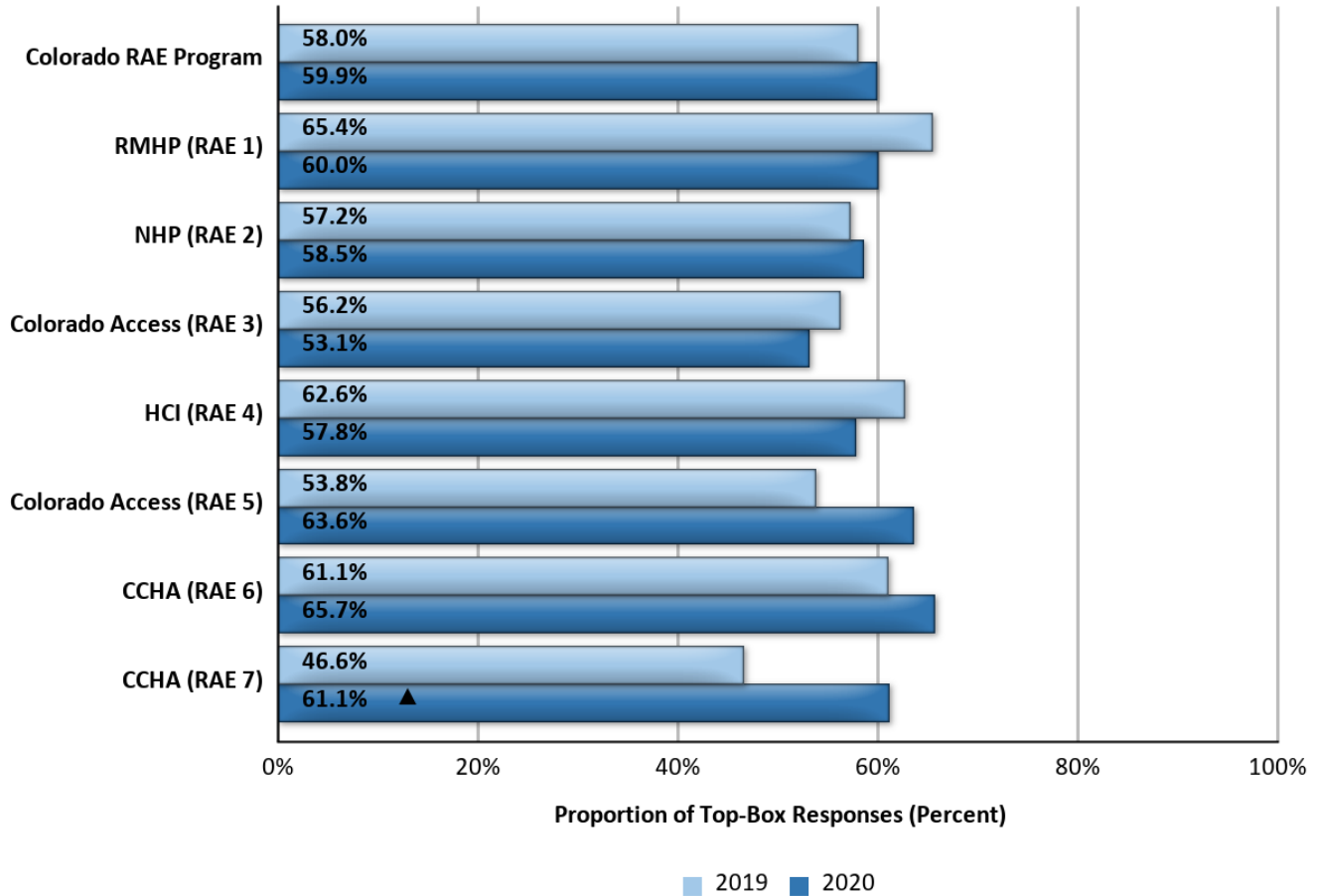
Statistical Significance Note: ▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.
 ▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.
 If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

²⁻⁶ The following question was removed from the 2020 survey instrument: “In the last 12 months, how often were you involved as much as you wanted in your treatment planning?” For comparison purposes, HSAG re-calculated the 2019 top-box scores for the *How Well Clinicians Communicate* composite measure with this question removed. Therefore, the 2019 results for this measure will be different than the results presented in the 2019 Colorado Behavioral Health Member Experience Report.

Perceived Improvement

Figure 2-4 shows the *Perceived Improvement* top-box scores for the Colorado RAE Program and the seven RAEs.

Figure 2-4—Perceived Improvement Top-Box Scores



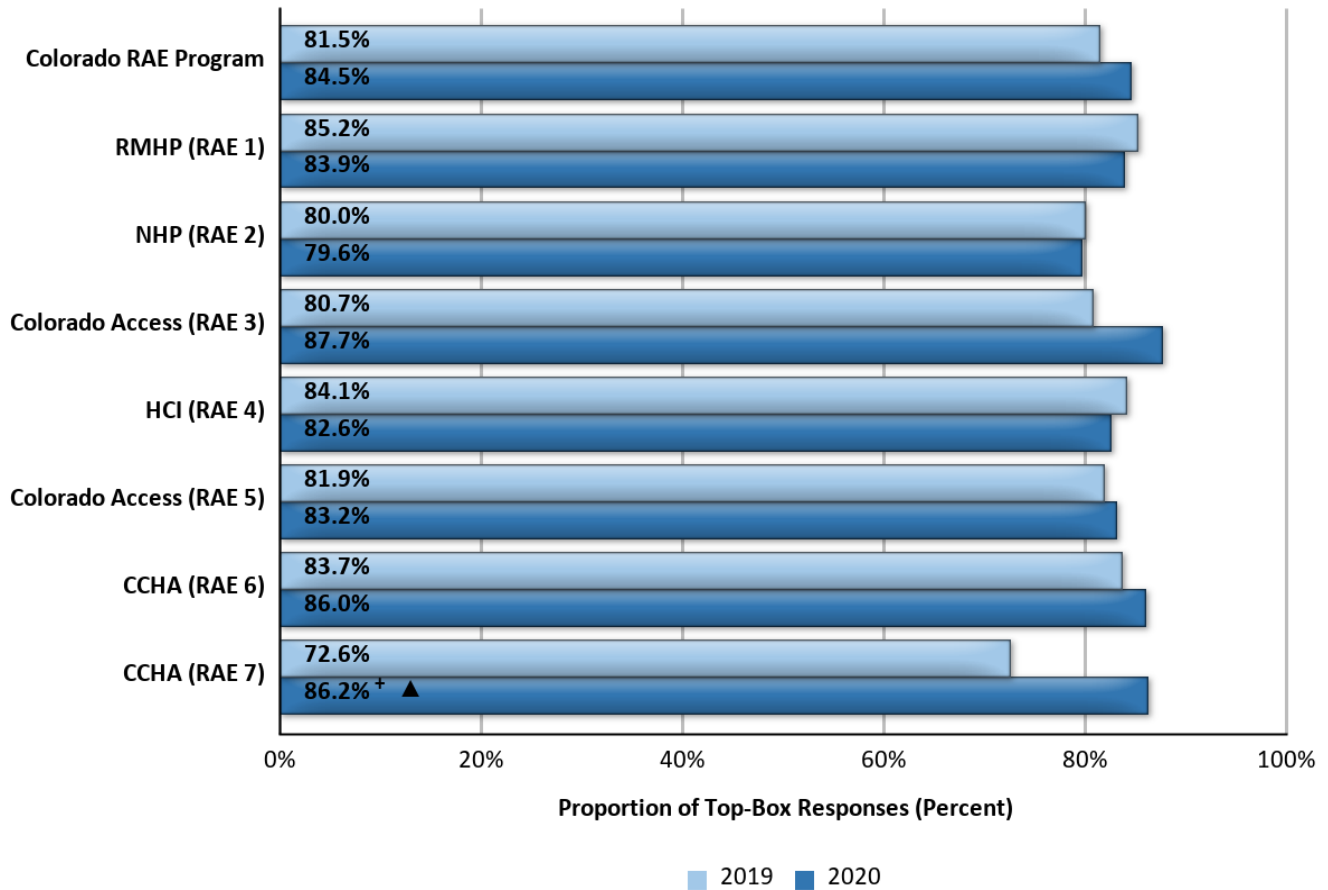
Statistical Significance Note: ▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.
▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.
If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.

Individual Item Measures

Office Wait

Figure 2-5 shows the *Office Wait* top-box scores for the Colorado RAE Program and the seven RAEs.

Figure 2-5—Office Wait Top-Box Scores



Statistical Significance Note: ▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.

▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.

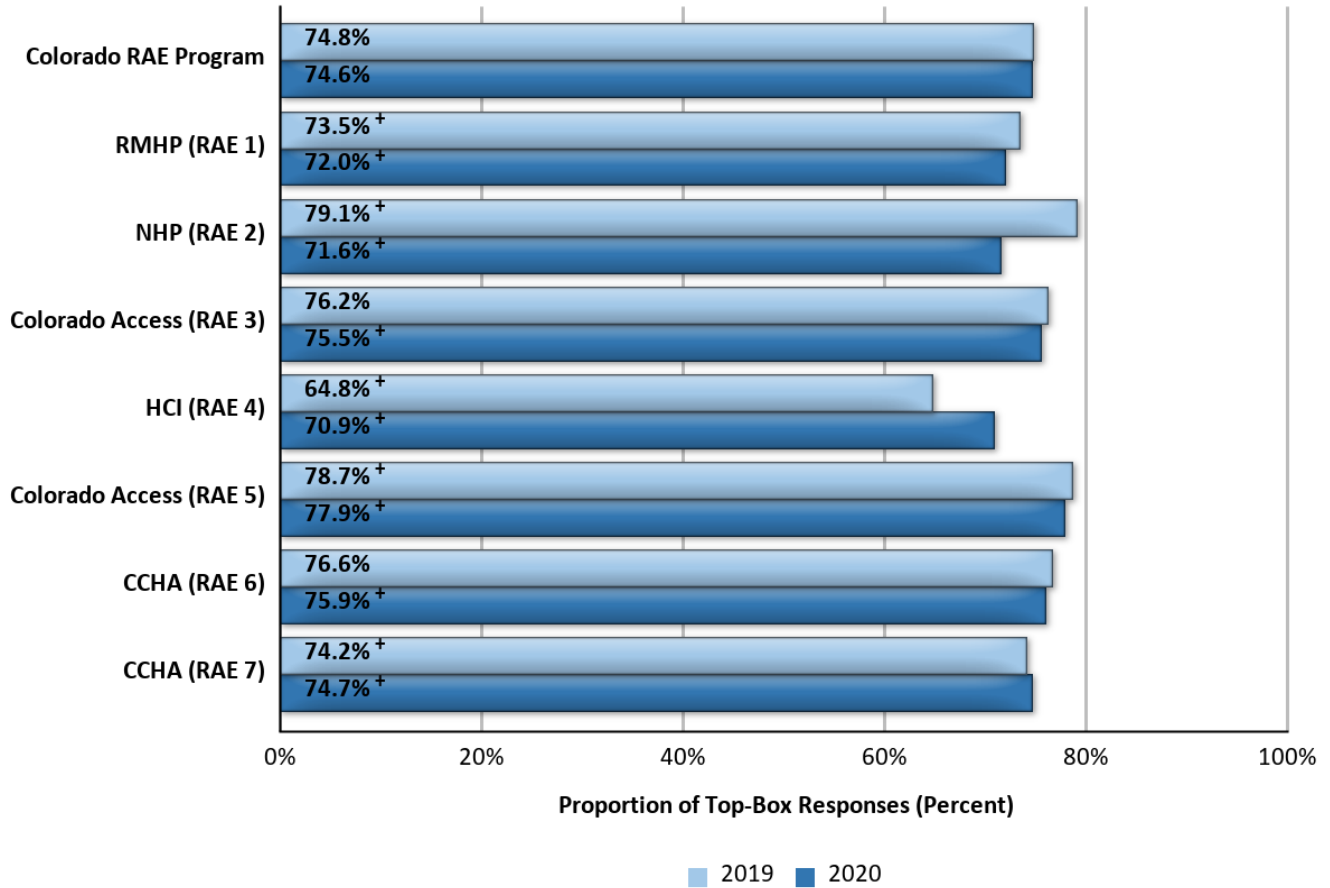
If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.

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

Told About Medication Side Effects

Figure 2-6 shows the *Told About Medication Side Effects* top-box scores for the Colorado RAE Program and the seven RAEs.

Figure 2-6—Told About Medication Side Effects Top-Box Scores

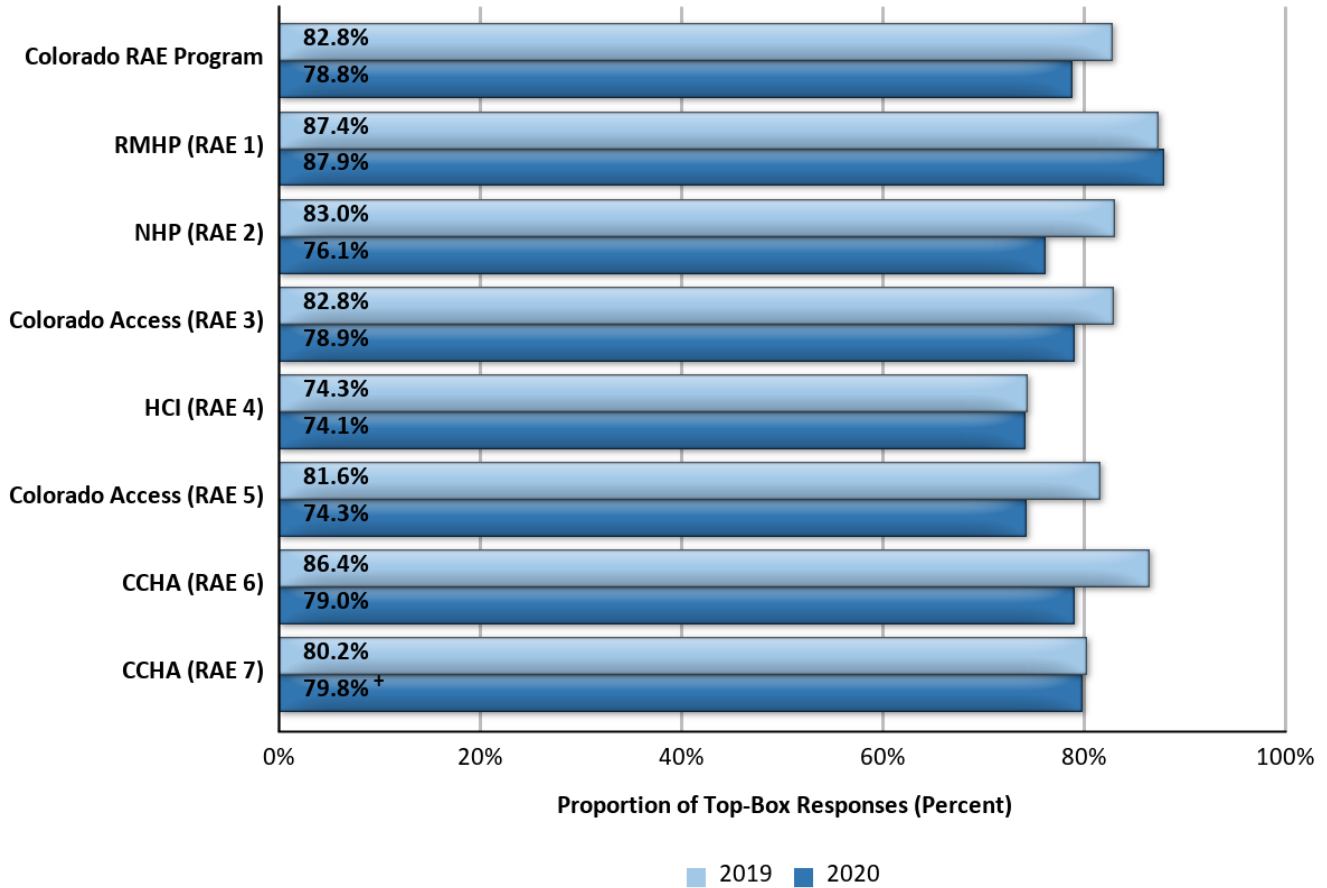


Statistical Significance Note: ▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.
 ▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.
 If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Patient Feels He or She Could Refuse Treatment

Figure 2-7 shows the *Patient Feels He or She Could Refuse Treatment* top-box scores for the Colorado RAE Program and the seven RAEs.

Figure 2-7—Patient Feels He or She Could Refuse Treatment Top-Box Scores

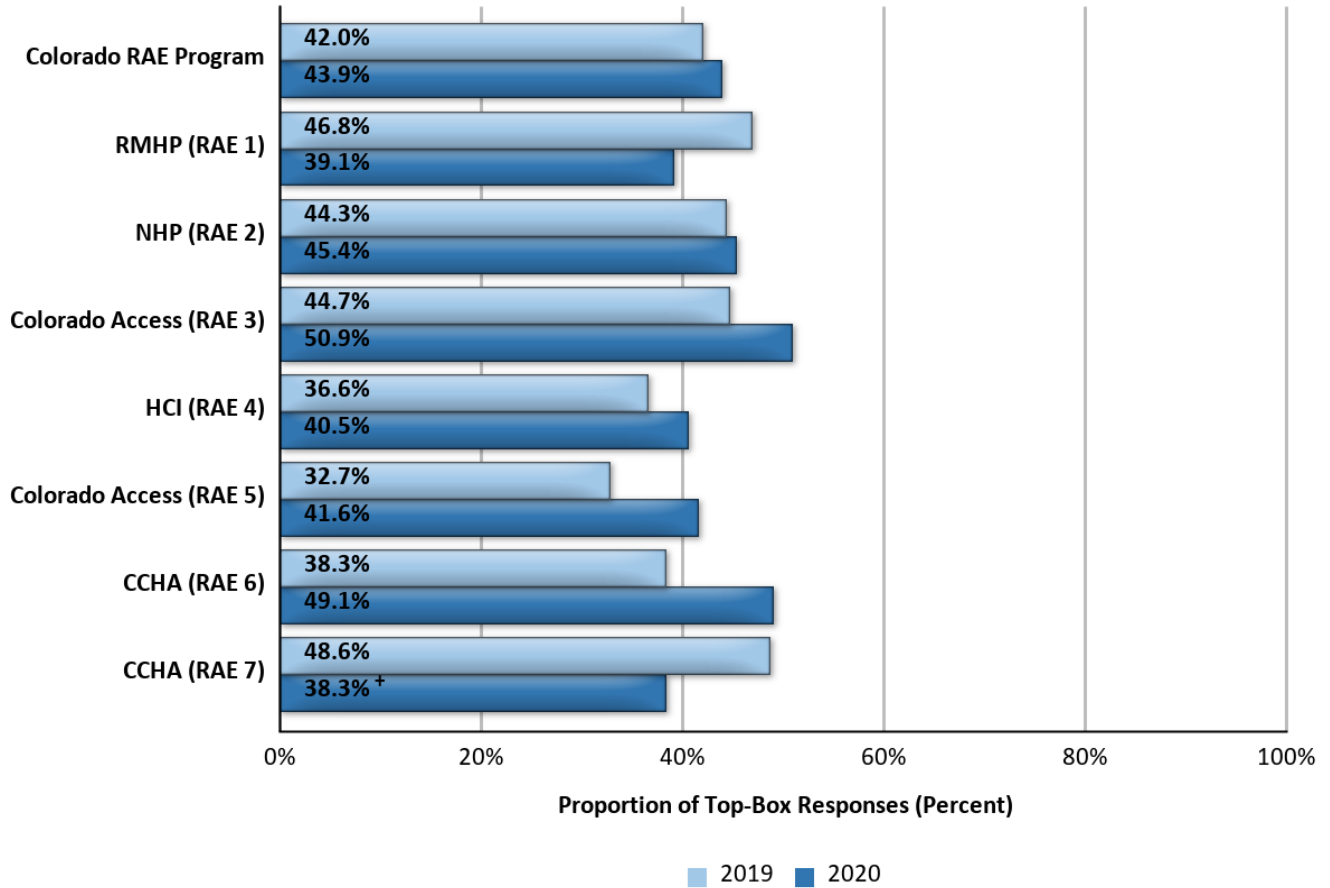


Statistical Significance Note: ▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.
 ▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.
 If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Including Family

Figure 2-8 shows the *Including Family* top-box scores for the Colorado RAE Program and the seven RAEs.

Figure 2-8—Including Family Top-Box Scores

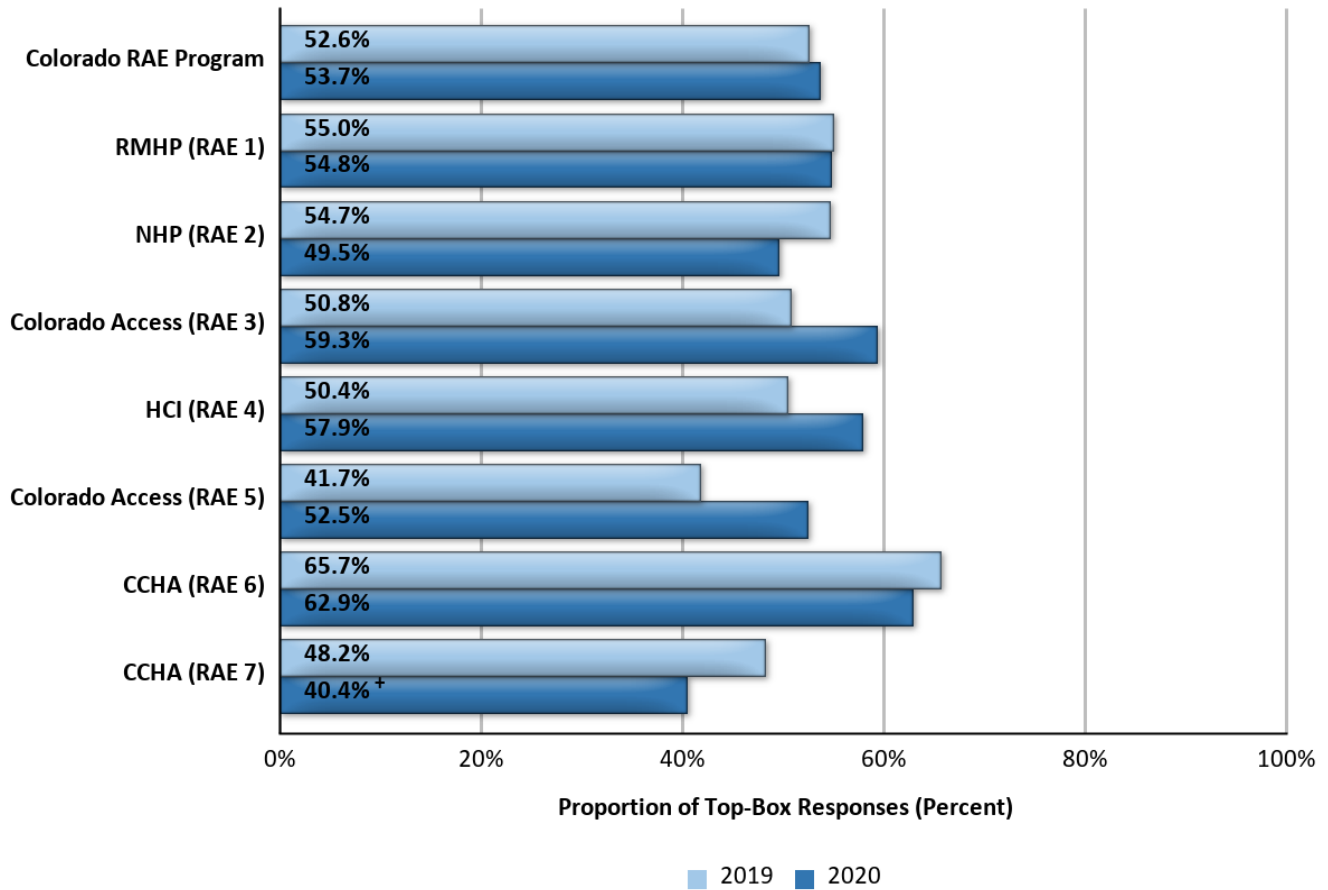


Statistical Significance Note: ▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.
 ▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.
 If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Information About Self-Help or Support Groups

Figure 2-9 shows the *Information About Self-Help or Support Groups* top-box scores for the Colorado RAE Program and the seven RAEs.²⁻⁷

Figure 2-9—Information About Self-Help or Support Groups Top-Box Scores



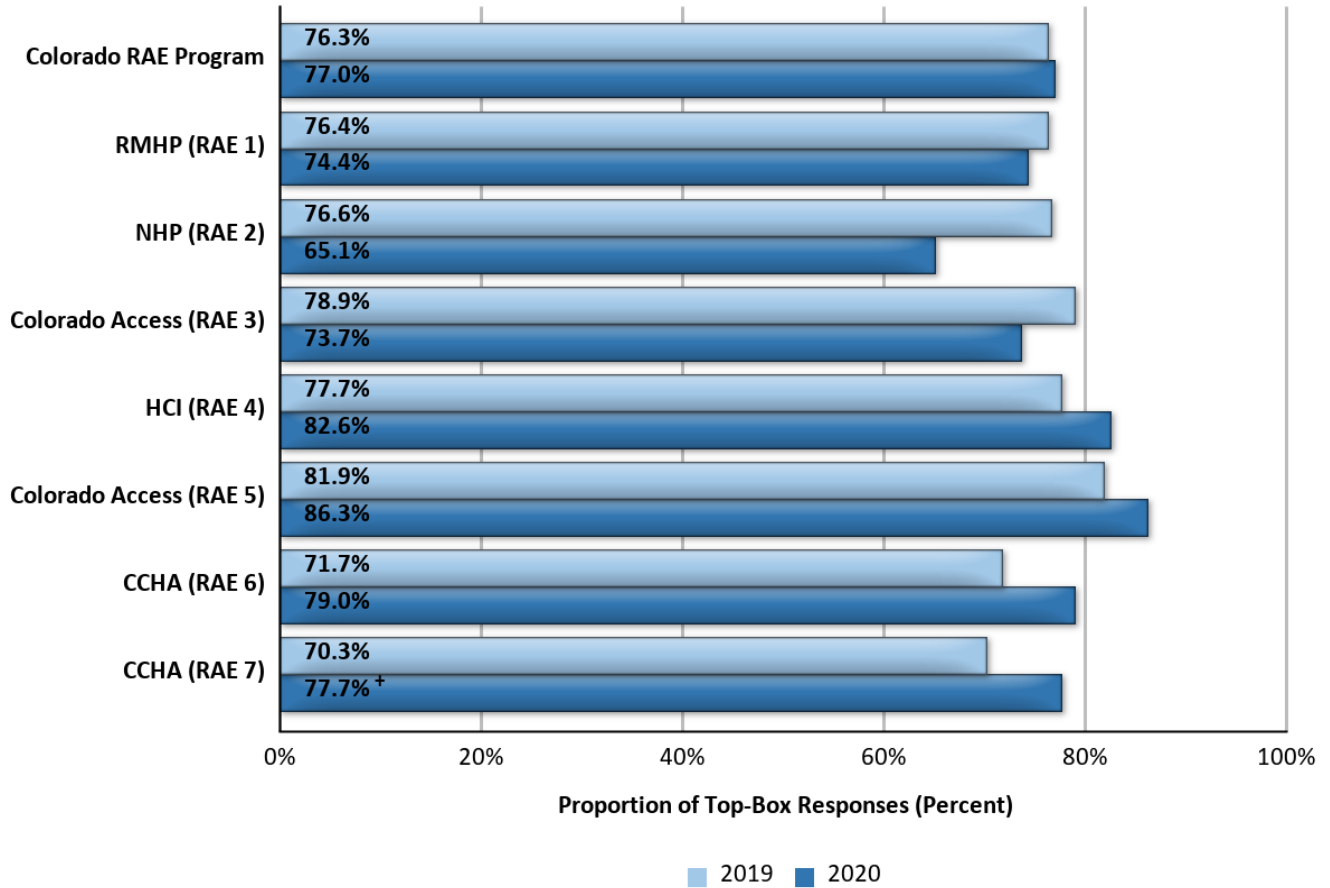
Statistical Significance Note: ▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.
 ▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.
 If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

²⁻⁷ The following question that composed the *Information About Treatment Options* (re-named as *Information About Self-Help or Support Groups*) composite measure was removed from the 2020 survey instrument: “In the last 12 months, were you given information about different kinds of counseling or treatment that are available?” Therefore, this measure is displayed as an individual item measure and was re-named in this report. For comparison purposes, HSAG re-calculated the 2019 top-box scores for the *Information About Treatment Options* measure with this question removed; therefore, the 2019 results for this measure will be different than the results presented in the 2019 Colorado Behavioral Health Member Experience Report.

Information to Manage Condition

Figure 2-10 shows the *Information to Manage Condition* top-box scores for the Colorado RAE Program and the seven RAEs.

Figure 2-10—Information to Manage Condition Top-Box Scores

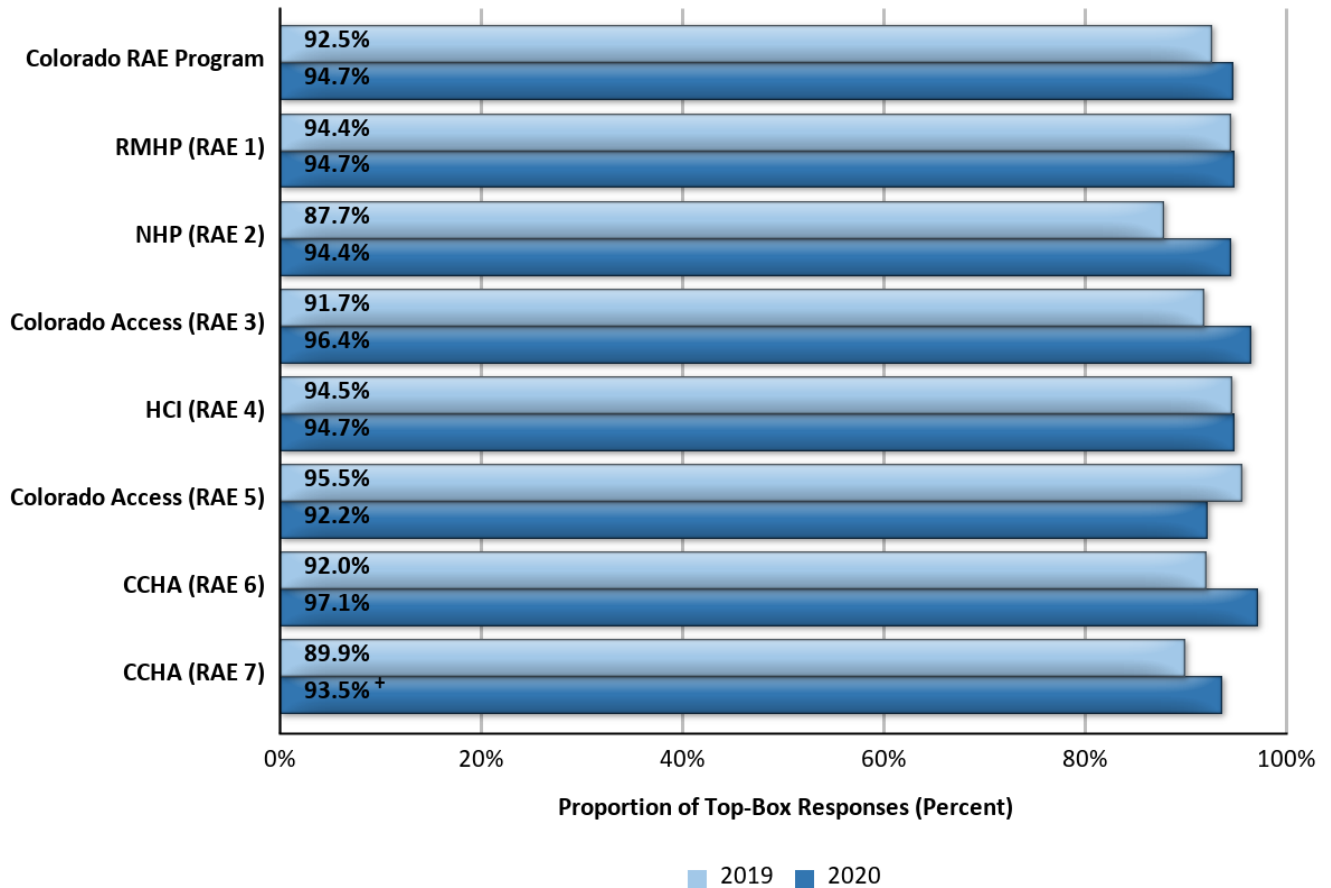


Statistical Significance Note: ▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.
 ▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.
 If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Privacy

Figure 2-11 shows the *Privacy* top-box scores for the Colorado RAE Program and the seven RAEs.

Figure 2-11—Privacy Top-Box Scores



Statistical Significance Note: ▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.

▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.

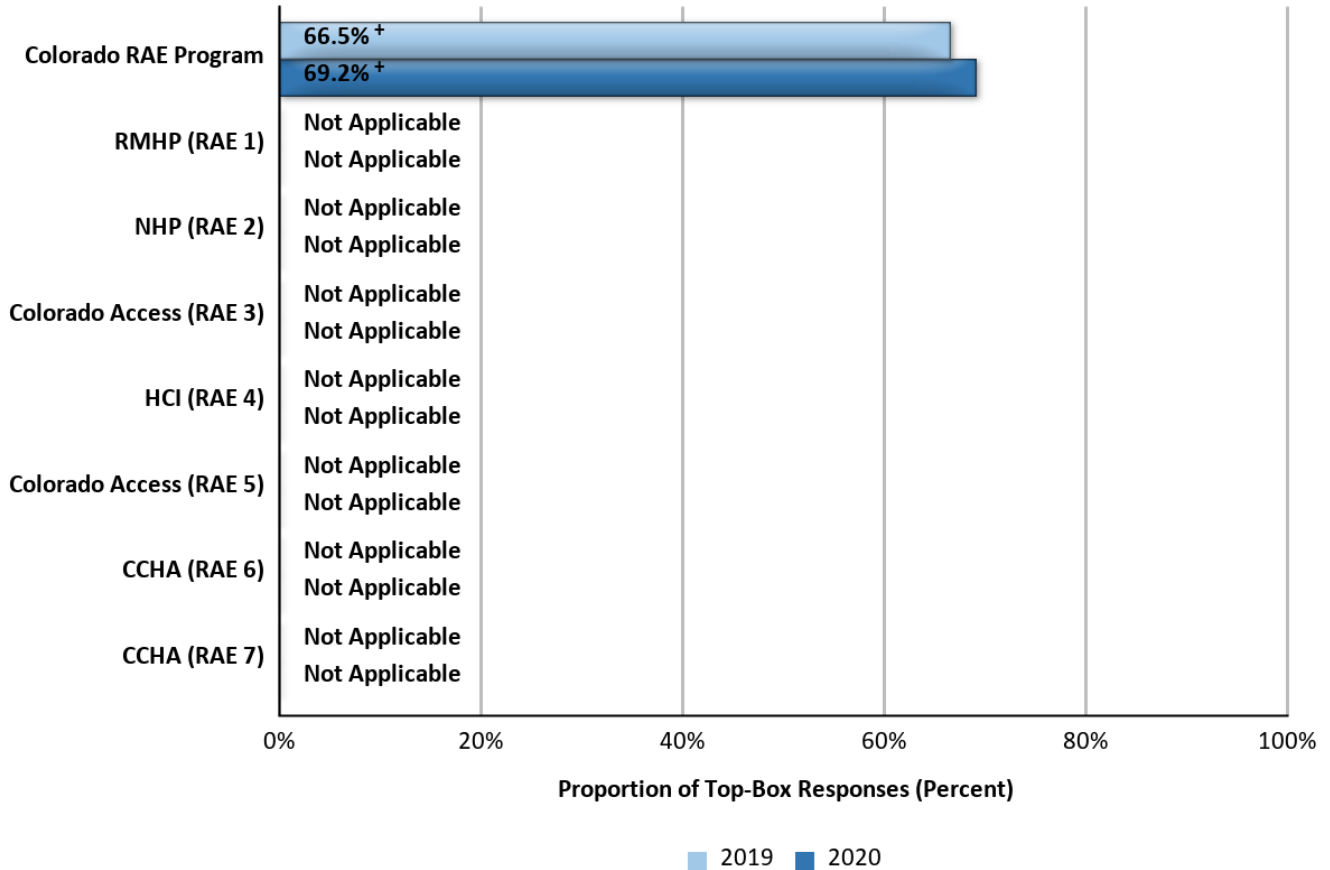
If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.

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

Cultural Competency

Figure 2-12 shows the *Cultural Competency* top-box scores for the Colorado RAE Program and the seven RAEs.

Figure 2-12—Cultural Competency Top-Box Scores

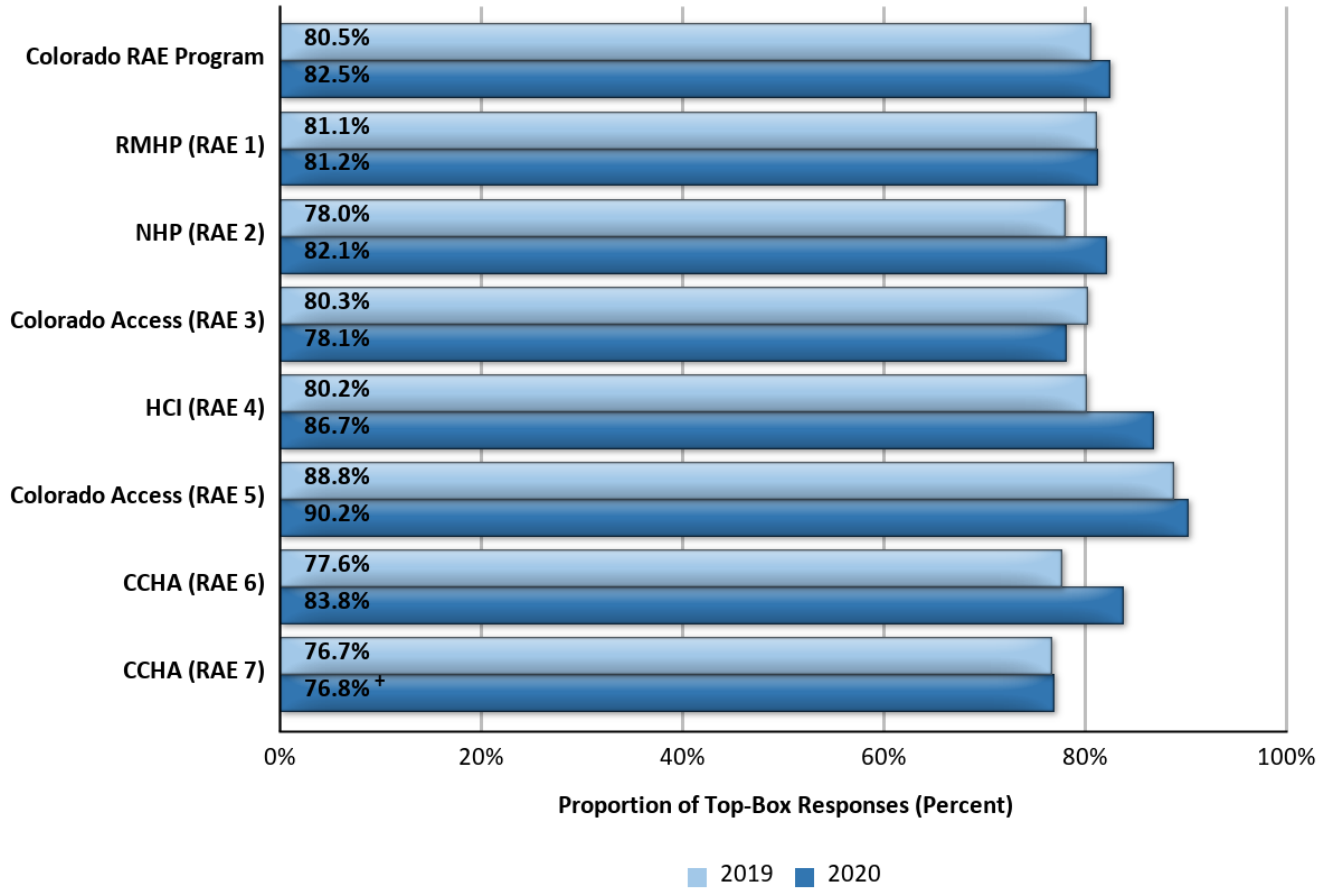


Statistical Significance Note: ▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.
 ▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.
 If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
 “Not Applicable” indicates fewer than 30 responses; therefore, results were suppressed.

Amount Helped

Figure 2-13 shows the *Amount Helped* top-box scores for the Colorado RAE Program and the seven RAEs.

Figure 2-13—Amount Helped Top-Box Scores

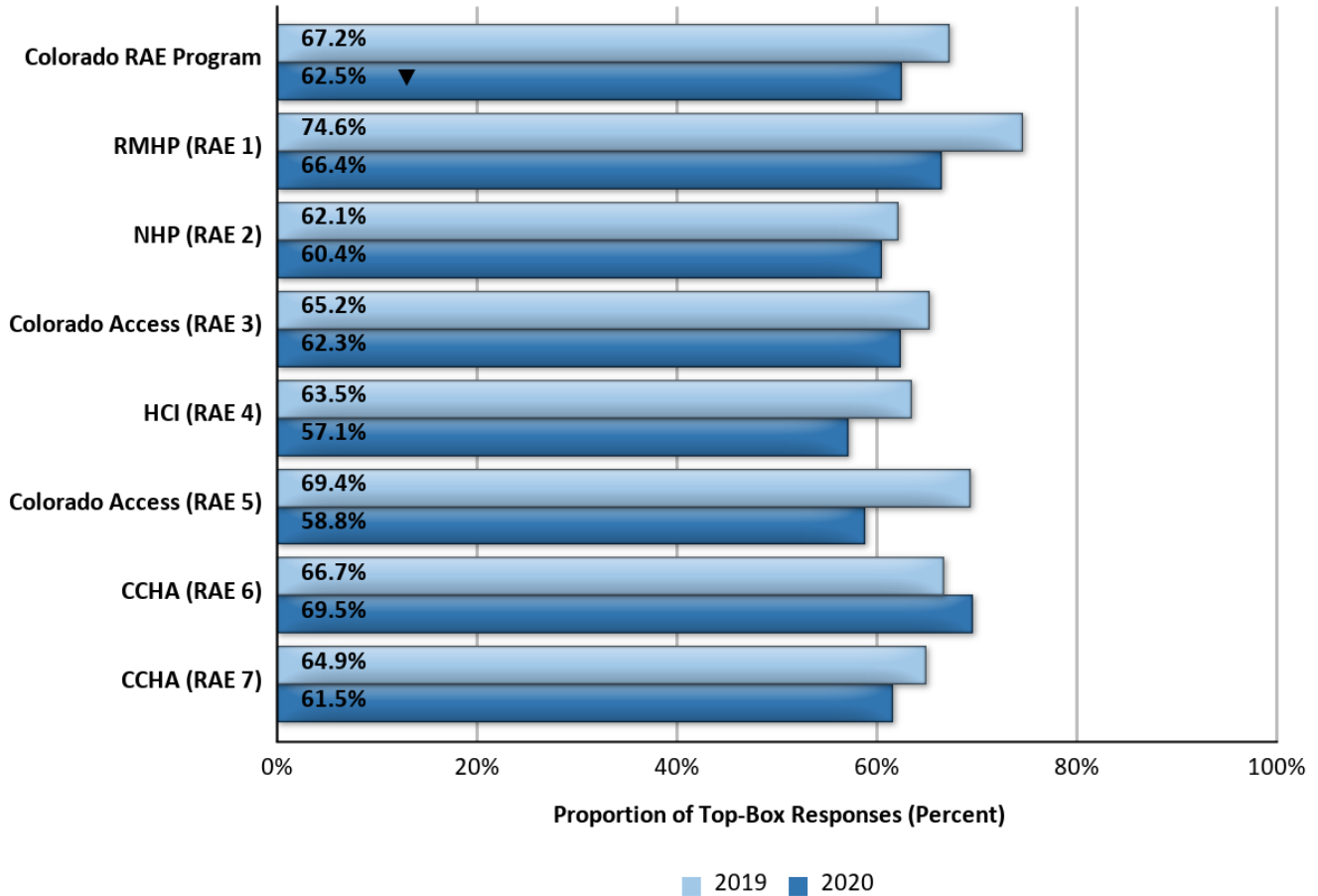


Statistical Significance Note: ▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.
 ▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.
 If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Support from Family and Friends

Figure 2-14 shows the *Support from Family and Friends* top-box scores for the Colorado RAE Program and the seven RAEs.²⁻⁸

Figure 2-14—Support from Family and Friends Top-Box Scores



Statistical Significance Note: ▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.
▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.
If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.

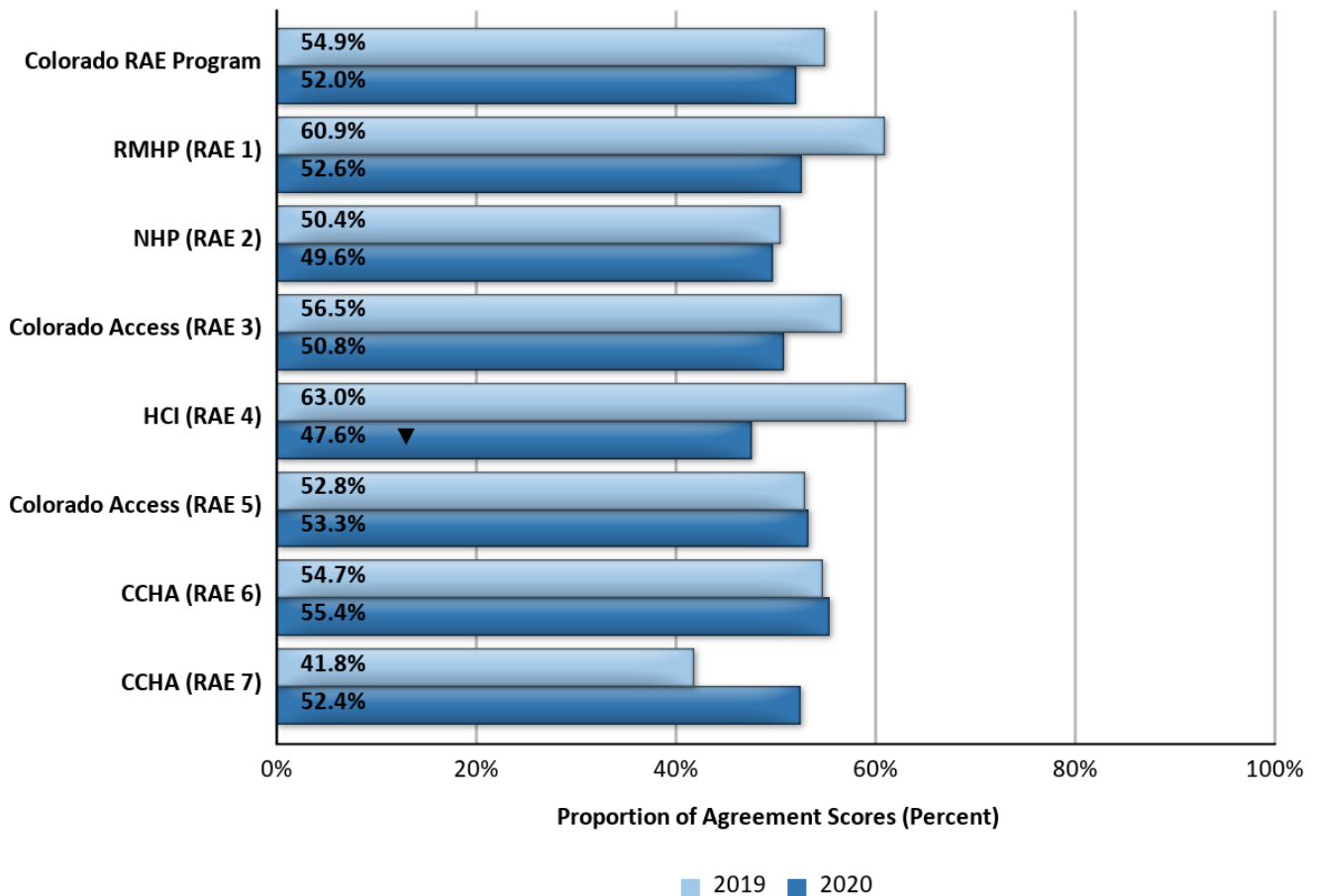
²⁻⁸ The following questions that compose the *Social Connectedness* (re-named as *Support from Family and Friends*) domain agreement were removed from the 2020 survey instrument: 1) I am happy with the friendships I have; 2) I have people with whom I can do enjoyable things; and 3) I feel I belong in my community. For comparison purposes, HSAG calculated top-box scores for the 2019 results with these questions removed and re-named the measure. Therefore, the 2019 top-box scores will be different than the agreement scores presented in the 2019 Colorado Behavioral Health Member Experience Report.

MHSIP Domain Agreement

Improved Functioning

Figure 2-15 shows the *Improved Functioning* agreement scores for the Colorado RAE Program and the seven RAEs.

Figure 2-15—Improved Functioning Agreement Scores



Statistical Significance Note: ▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.

▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.

If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.

Additional Survey Questions

Question 22 asked members what methods they used to receive their mental health or substance use care in the last 12 months. Table 2-6 displays the frequency of responses for this question for the Colorado RAE Program.

Table 2-6—Methods Used to Receive Mental Health or Substance Use Care

Responses	N	%
Counseling over the telephone	188	47.7%
Email or texts with treatment provider (other than appointment reminders)	160	40.6%
Counseling over videoconferencing (you and your clinician use a tv/computer/mobile device to see and talk to one another from different locations)	151	38.3%
Mobile health van (health services provided to you by doctors, nurses, or outreach workers inside a large van, bus, or RV within your community)	24	6.1%
Mobile app (an application that you download onto your mobile device)	16	4.1%
Remote monitoring device (a device that you have at home that exists only for the purpose of sending health education to you or your health data to your clinician)	3	0.8%
<i>Please note: Respondents may choose more than one response; therefore, percentages will not total 100%.</i>		

Question 30 asked members how long they spent on traveling (one way) to receive counseling or treatment at their CMHC. Table 2-7 displays the frequency of responses for this question for the Colorado RAE Program.

Table 2-7—Time Spent on Traveling to CMHC

Responses	N	%
0 to 15 minutes	401	45.0%
16 to 30 minutes	299	33.6%
31 to 45 minutes	123	13.8%
46 to 60 minutes	37	4.2%
More than 60 minutes	31	3.5%
<i>Please note: Percentages may not total 100% due to rounding.</i>		

Question 40 asked members which crisis services they used to get help with a mental health problem. Table 2-8 displays the frequency of responses for this question for the Colorado RAE Program.²⁻⁹

Table 2-8—Crisis Services Used to Get Help with Mental Health Problem

Responses	N	%
Crisis Line (includes calls, online chats, and texts)	135	63.1%
Walk-in Crisis Center (crisis care provided at a facility that you walk-in to without an appointment)	102	47.7%
Crisis Stabilization Center (center that provides onsite care, including overnight care, to assist with a crisis)	45	21.0%
Mobile Crisis Response (crisis workers met you at a hospital, a place in your community [for example, school or church], or your home to provide care in a crisis)	24	11.2%
Crisis Respite Services (crisis care provided within the community including peer support, crisis apartments, and family-based crisis homes)	22	10.3%
<i>Please note: Respondents may choose more than one response; therefore, percentages will not total 100%.</i>		

Question 41 asked members how often the crisis service(s) met their immediate need. Table 2-9 displays the frequency of responses for this question for the Colorado RAE Program.

Table 2-9—Crisis Services Meet Immediate Need

Responses	N	%
Never	27	13.5%
Sometimes	51	25.5%
Usually	50	25.0%
Always	72	36.0%

²⁻⁹ “I did not use crisis services to get help with a mental health problem” was also a valid response option for Question 40. However, this response option is not included.

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.²⁻¹⁰ For purposes of this comparison, results were case-mix adjusted.²⁻¹¹ Additional information is included in the Reader's Guide section beginning on page 5-12.

Statistically significant differences are noted in the tables by arrows. A RAE with a statistically significantly higher score than the Colorado RAE Program is denoted with an upward (↑) arrow. Conversely, a RAE with a statistically significantly lower score than the Colorado RAE Program is denoted with a downward (↓) arrow. If a RAE's score is not statistically significantly different than the Colorado RAE Program, 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 2-10 shows the results of the RAE comparisons analysis.

²⁻¹⁰ Caution should be exercised when evaluating RAE comparisons, given that population and RAE differences may impact results.

²⁻¹¹ Due to case-mix adjustment, the RAE comparisons results may be different than the trend analysis results.

Table 2-10—RAE Comparisons

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							
<i>Rating of All Counseling or Treatment</i>	40.6% ↔	50.7% ↔	41.9% ↔	53.8% ↔	55.1% ↔	47.8% ↔	39.4% +↔
Composite Measures							
<i>Getting Treatment Quickly</i>	65.6% ↔	65.3% ↔	71.5% ↔	74.0% ↔	70.2% ↔	65.4% ↔	70.5% +↔
<i>How Well Clinicians Communicate</i>	89.9% ↔	87.2% ↔	90.7% ↔	93.4% ↔	90.9% ↔	91.9% ↔	85.7% +↔
<i>Perceived Improvement</i>	60.3% ↔	60.0% ↔	55.3% ↔	58.3% ↔	62.5% ↔	64.0% ↔	59.4% ↔
Individual Items							
<i>Office Wait</i>	83.9% ↔	79.8% ↔	87.8% ↔	82.9% ↔	83.2% ↔	85.8% ↔	85.8% +↔
<i>Told About Medication Side Effects</i>	72.0% +↔	71.6% +↔	75.4% +↔	71.1% +↔	78.1% +↔	75.9% +↔	74.4% +↔
<i>Patient Feels He or She Could Refuse Treatment</i>	87.9% ↔	76.1% ↔	78.8% ↔	74.4% ↔	74.4% ↔	79.1% ↔	79.6% +↔
<i>Including Family</i>	38.7% ↔	45.3% ↔	50.0% ↔	42.6% ↔	42.4% ↔	49.0% ↔	36.7% +↔
<i>Information About Self-Help or Support Groups</i>	54.8% ↔	49.6% ↔	59.4% ↔	57.9% ↔	52.4% ↔	62.8% ↑	40.4% +↓
<i>Information to Manage Condition</i>	74.9% ↔	66.5% ↓	75.6% ↔	81.4% ↔	85.3% ↑	78.2% ↔	76.9% +↔
<i>Privacy</i>	94.7% ↔	94.5% ↔	96.4% ↔	94.9% ↔	92.2% ↔	97.1% ↔	93.4% +↔
<i>Cultural Competency</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<i>Amount Helped</i>	81.4% ↔	82.7% ↔	79.0% ↔	86.4% ↔	89.8% ↔	83.3% ↔	76.2% +↔
<i>Support from Family and Friends</i>	66.8% ↔	62.5% ↔	63.6% ↔	57.6% ↔	57.5% ↔	68.1% ↔	60.1% ↔
Domain Agreement							
<i>Improved Functioning</i>	52.5% ↔	52.5% ↔	53.2% ↔	48.3% ↔	51.6% ↔	53.1% ↔	50.4% ↔
+ 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.							

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 RAE and/or a corresponding RAE-contracted CMHC or specialty clinic from November 1, 2018, to October 31, 2019, as reflected in the encounter data.

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 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, 2019.

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: 1) mail or 2) Internet. An English or Spanish cover letter was mailed to parents/caretakers of sampled members that provided the option to complete a paper or a web-based survey. Additional information on the survey protocol is included in the Reader's Guide section beginning on page 5-7.

Response Rates

The 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 5-8. For the child population, a total of 913 surveys were returned on behalf of child members. The survey dispositions and response rates for the child population are based on the responses of the child's parent/caretaker or responses of child members who were able to complete the survey themselves.³⁻¹ The 2020 Colorado RAE Program response rate for the child population was 10.20 percent.

³⁻¹ As previously noted, for the Child/Parent ECHO Survey, the survey questionnaire was addressed to the parent/caretaker of the child member (identified as having received behavioral health services) and instructions were provided for the parent/caretaker to complete the survey on behalf of the child member. However, if the child member was able to complete the survey on his/her own, the parent/caretaker was instructed to allow the child member to complete the survey.

Table 3-1 depicts the sample distribution and response rates for each of the RAEs and the Colorado RAE Program 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	1,819	8,947	913	10.20%
RMHP (RAE 1)	1,538	221	1,317	159	12.07%
NHP (RAE 2)	1,538	270	1,268	116	9.15%
Colorado Access (RAE 3)	1,538	247	1,291	134	10.38%
HCI (RAE 4)	1,538	261	1,277	125	9.79%
Colorado Access (RAE 5)	1,538	276	1,262	94	7.45%
CCHA (RAE 6)	1,538	270	1,268	148	11.67%
CCHA (RAE 7)	1,538	274	1,264	137	10.84%

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.³⁻² For additional information on the key drivers of low member experience analysis, please refer to the Reader’s Guide section on page 5-8. Table 3-2 depicts those items identified for the global rating as being key drivers of low member experience for the child Colorado RAE Program.

Table 3-2—Child Colorado RAE Program 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 goals of their child’s counseling or treatment were not discussed completely with them.
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 were not given as much information as they wanted about what they could do to manage their child’s condition.

³⁻² 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.”

Child Demographics

Table 3-3 shows the demographics of children for whom a survey was completed.

Table 3-3—Child Demographics

	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	9.9%	14.7%	7.8%	3.8%	12.3%	11.8%	8.8%	9.6%
8 to 12	35.7%	37.2%	32.2%	37.7%	45.1%	31.2%	30.6%	35.6%
13 to 18*	54.3%	48.1%	60.0%	58.5%	42.6%	57.0%	60.5%	54.8%
Gender								
Female	48.7%	49.4%	52.2%	41.9%	43.3%	61.3%	48.6%	47.8%
Male	49.8%	48.1%	47.0%	55.8%	56.7%	37.6%	49.3%	51.5%
Other**	1.5%	2.6%	0.9%	2.3%	0.0%	1.1%	2.1%	0.7%
Race								
Multi-Racial	10.7%	11.8%	6.2%	7.9%	8.3%	13.0%	14.6%	12.0%
White	72.3%	82.9%	73.5%	70.6%	74.4%	56.5%	70.8%	71.4%
Black	5.0%	2.6%	0.9%	6.3%	4.1%	16.3%	2.1%	6.0%
Native American	1.5%	0.7%	1.8%	2.4%	1.7%	2.2%	1.4%	0.8%
Other***	10.6%	2.0%	17.7%	12.7%	11.6%	12.0%	11.1%	9.8%
Ethnicity								
Hispanic	37.4%	24.0%	50.0%	41.7%	51.2%	47.3%	30.1%	26.9%
Non-Hispanic	62.6%	76.0%	50.0%	58.3%	48.8%	52.7%	69.9%	73.1%
General Health Status								
Excellent	16.0%	17.6%	13.2%	13.1%	16.4%	13.2%	17.8%	18.8%
Very Good	35.7%	38.6%	38.6%	28.5%	36.9%	37.4%	35.6%	34.6%
Good	32.8%	31.4%	33.3%	37.7%	25.4%	34.1%	32.9%	35.3%
Fair	13.0%	11.1%	11.4%	17.7%	19.7%	11.0%	10.3%	10.5%
Poor	2.5%	1.3%	3.5%	3.1%	1.6%	4.4%	3.4%	0.8%
Mental Health Status								
Excellent	6.4%	8.1%	5.4%	7.3%	7.9%	4.6%	4.2%	6.8%
Very Good	20.9%	18.8%	18.9%	13.7%	23.7%	26.4%	24.5%	21.8%
Good	36.8%	41.6%	42.3%	34.7%	35.1%	37.9%	31.5%	35.3%
Fair	28.2%	26.2%	24.3%	32.3%	27.2%	19.5%	34.3%	30.1%
Poor	7.7%	5.4%	9.0%	12.1%	6.1%	11.5%	5.6%	6.0%

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, 2019. Some children eligible for the ECHO Survey turned 18 between November 1, 2019 and the time of the survey administration.

**The “Other” category includes responses of Transgender Male, Transgender Female, and Other.

***The “Other” category includes responses of Asian, Native Hawaiian or Other Pacific Islander, and Other.

Table 3-4 shows the sexual orientation of children for whom a survey was completed for the Colorado RAE Program.

Table 3-4—Child Demographics: Sexual Orientation

Table 3-4—Child Demographics: Sexual Orientation	
Heterosexual	73.1%
Other*	26.9%
<i>Please note: Percentages may not total 100% due to rounding. *The “Other” category includes responses of Asexual, Bisexual, Gay, Lesbian, Questioning, and Other.</i>	

Top-Box and Agreement Scores

The surveys completed in 2019 and 2020, shown in Table 3-5, were used to calculate the Colorado RAE Program’s and corresponding RAEs’ results for the standard ECHO Survey measures and YSS-F domain agreement scores presented in this section.³⁻³ Members that received behavioral health services from both RAEs and BHOs were included in the 2019 results. Since CMHCs may fall in more than one RAE, caution should be exercised when interpreting these results as some of the results may not be attributable to the RAEs.

Table 3-5—Number of Completed Surveys

RAE Name	2019	2020
Colorado RAE Program	1,037	913
RMHP (RAE 1)	146	159
NHP (RAE 2)	144	116
Colorado Access (RAE 3)	172	134
HCI (RAE 4)	154	125
Colorado Access (RAE 5)	126	94
CCHA (RAE 6)	142	148
CCHA (RAE 7)	153	137

³⁻³ The Colorado RAE Program scores presented in this section are derived from the combined results of the seven participating RAEs.

The scoring of the ECHO measures involved assigning top-box responses a score of one, with all other responses receiving a score of zero.³⁻⁴ A “top-box” response was defined as follows:

- “9” or “10” for the global rating;
- “Usually/Always,” “A little better/Much better,” “Yes,” “Somewhat/A lot,” or “Agree/Strongly agree” for the composite measures and individual item measures.

The exception to this was Question 17 for the *Privacy* individual item measure, where the response option scale was reversed so a response of “No” was considered a top-box response. After applying this scoring methodology, the percentage of top-box responses was calculated in order to determine the top-box scores. For additional details and information on the survey language and response options for the measures, please refer to the Reader’s Guide section beginning on page 5-1.

Questions comprising the 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 the YSS-F domain are excluded from the analysis.

In order to evaluate trends in parents’/caretakers’ experience of child members, HSAG performed a trend analysis for the Colorado RAE Program and each of the seven participating RAEs. The 2020 scores for each standard ECHO Survey measure and YSS-F domain agreement rate were compared to the corresponding 2019 scores.³⁻⁵ Statistically significant differences are noted with directional triangles. Scores that were statistically significantly higher in 2020 than in 2019 are noted with black upward (▲) triangles. Scores that were statistically significantly lower in 2020 than in 2019 are noted with black downward (▼) triangles. Scores in 2020 that were not statistically significantly different from scores in 2019 are not noted with triangles.

For the Colorado RAE Program, results for the standard ECHO Survey measures and YSS-F domain agreement score 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 agreement area 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

³⁻⁴ National Committee for Quality Assurance. *HEDIS® 2020, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2019.

³⁻⁵ Some of the questions that compose *How Well Clinicians Communicate, Information About Treatment Options* (re-named as *Child Had Someone to Talk To*), and *Social Connectedness* (re-named as *Support from Family and Friends*) were removed from the 2020 survey instruments. For comparison purposes, HSAG re-calculated the 2019 results for these measures with these questions removed; therefore, the results for these measures will be different than the results presented in the 2019 Colorado Behavioral Health Member Experience Report.

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.

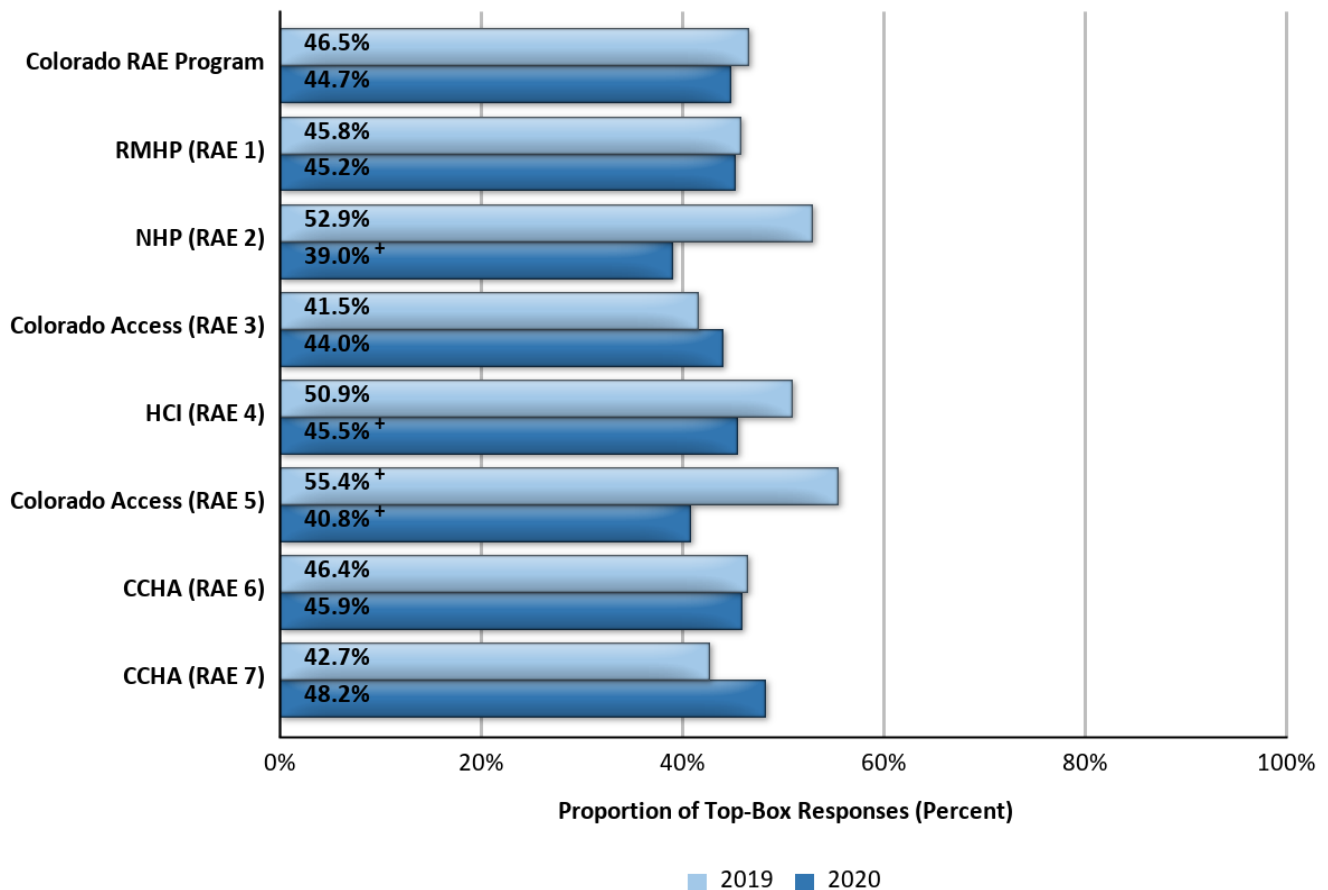
Figure 3-1 through Figure 3-13, on the following pages, show the top-box scores of the ECHO Survey measures. Figure 3-14 shows the results of the YSS-F domain agreement scores.

Global Rating

Rating of All Counseling or Treatment

Figure 3-1 shows the *Rating of All Counseling or Treatment* top-box scores for the Colorado RAE Program and the seven RAEs.

Figure 3-1—Rating of All Counseling or Treatment Top-Box Scores



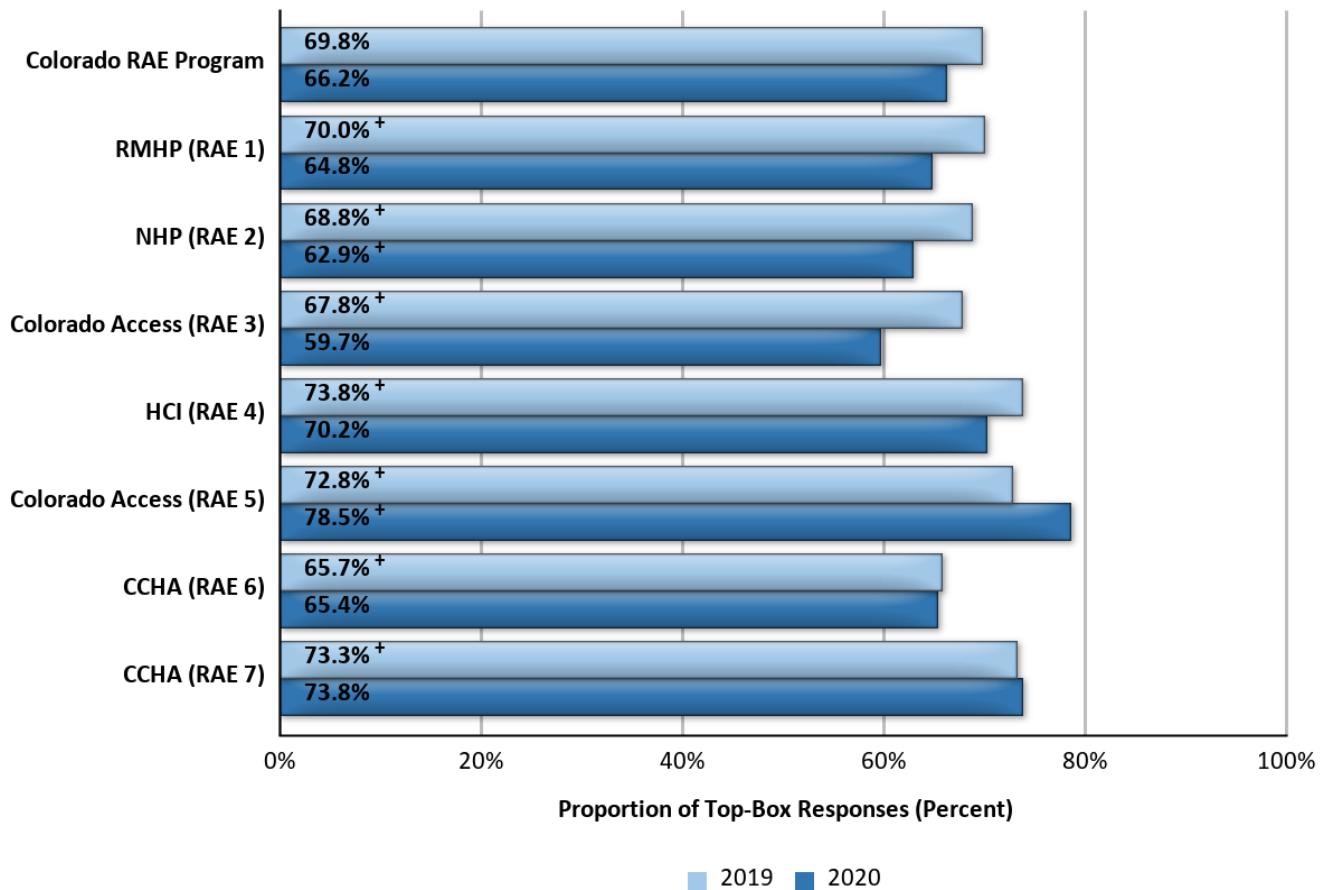
Statistical Significance Note: ▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.
 ▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.
 If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Composite Measures

Getting Treatment Quickly

Figure 3-2 shows the *Getting Treatment Quickly* top-box scores for the Colorado RAE Program and the seven RAEs.

Figure 3-2—Getting Treatment Quickly Top-Box Scores



Statistical Significance Note: ▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.

▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.

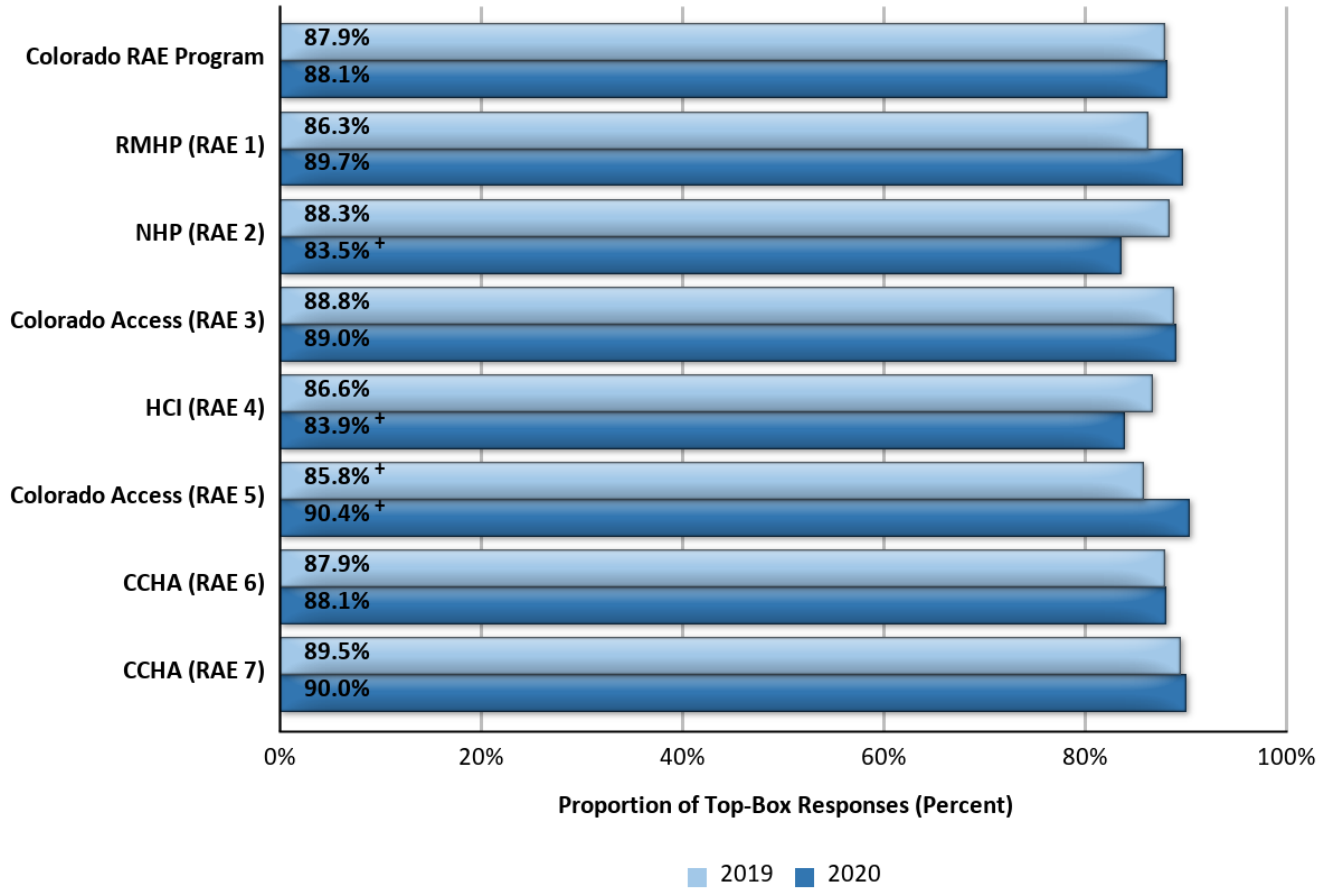
If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.

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

How Well Clinicians Communicate

Figure 3-3 shows the *How Well Clinicians Communicate* top-box scores for the Colorado RAE Program and the seven RAEs.³⁻⁶

Figure 3-3—How Well Clinicians Communicate Top-Box Scores



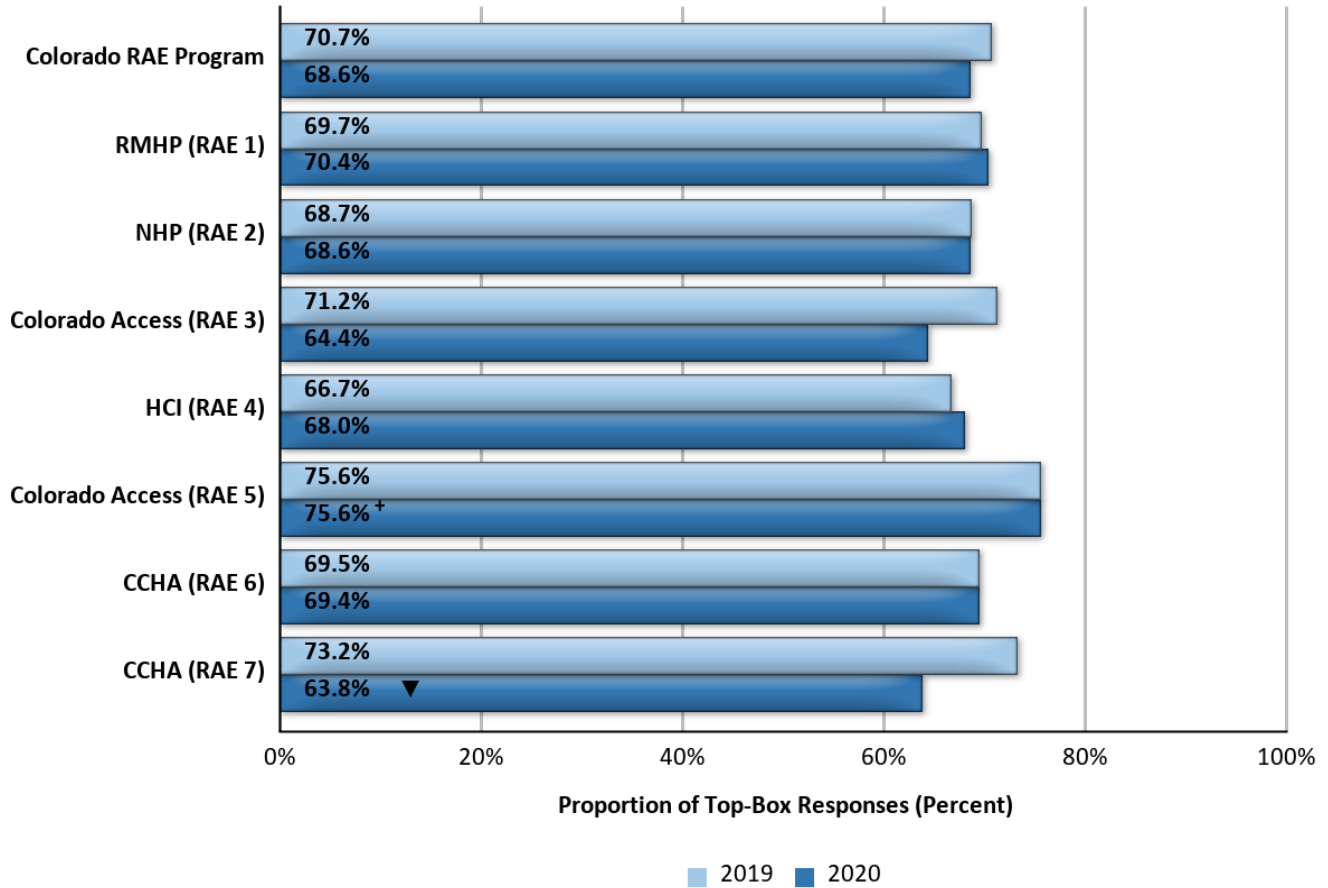
Statistical Significance Note: ▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.
 ▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.
 If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

³⁻⁶ The following question was removed from the 2020 survey instrument: “In the last 12 months, how often were you involved as much as you wanted in your child’s counseling or treatment?” For comparison purposes, HSAG re-calculated the 2019 top-box scores for the *How Well Clinicians Communicate* composite measure with this question removed. Therefore, the 2019 results for this measure will be different than the results presented in the 2019 Colorado Behavioral Health Member Experience Report.

Perceived Improvement

Figure 3-4 shows the *Perceived Improvement* top-box scores for the Colorado RAE Program and the seven RAEs.

Figure 3-4—Perceived Improvement Top-Box Scores



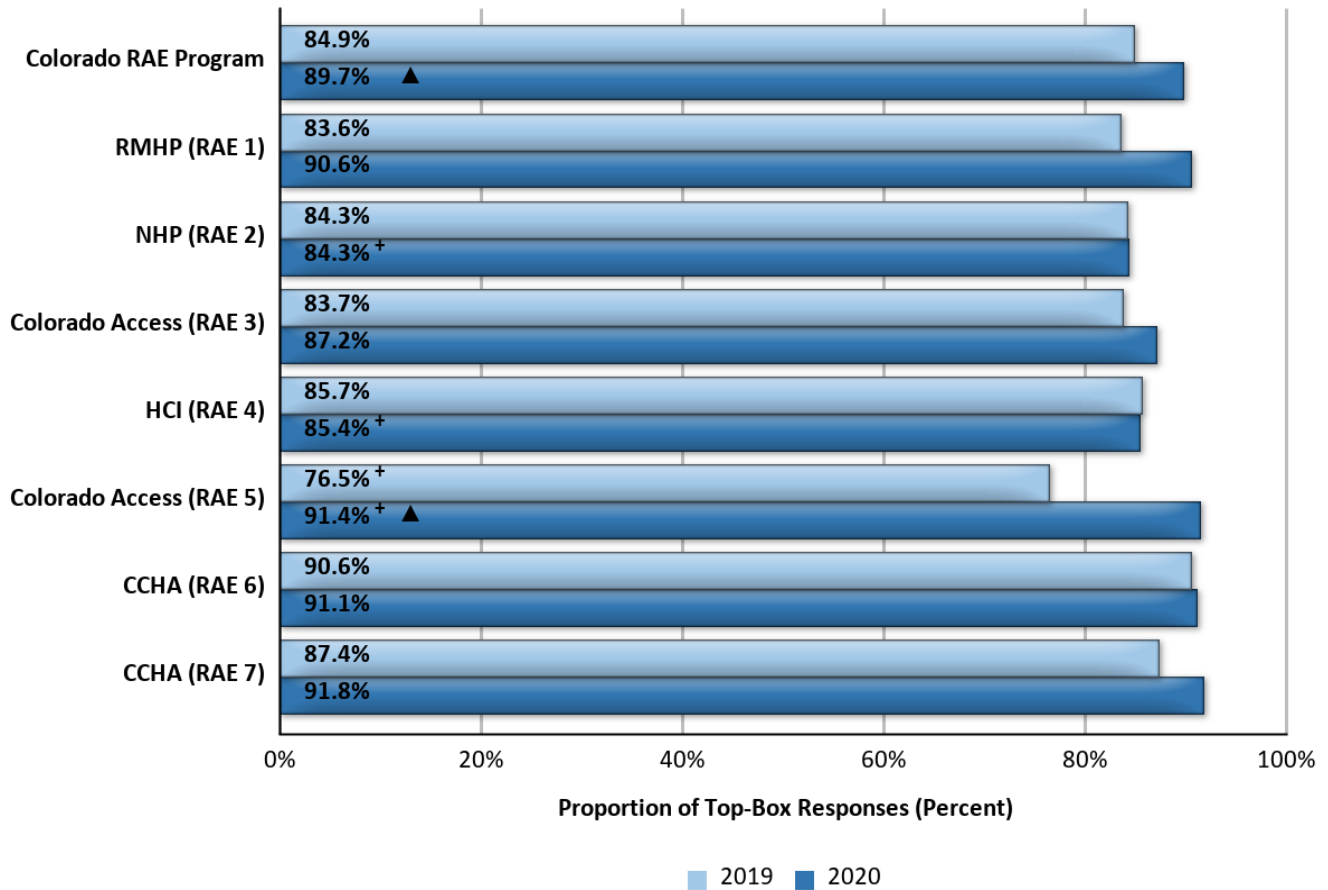
Statistical Significance Note: ▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.
 ▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.
 If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Individual Item Measures

Office Wait

Figure 3-5 shows the *Office Wait* top-box scores for the Colorado RAE Program and the seven RAEs.

Figure 3-5—Office Wait Top-Box Scores



Statistical Significance Note: ▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.

▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.

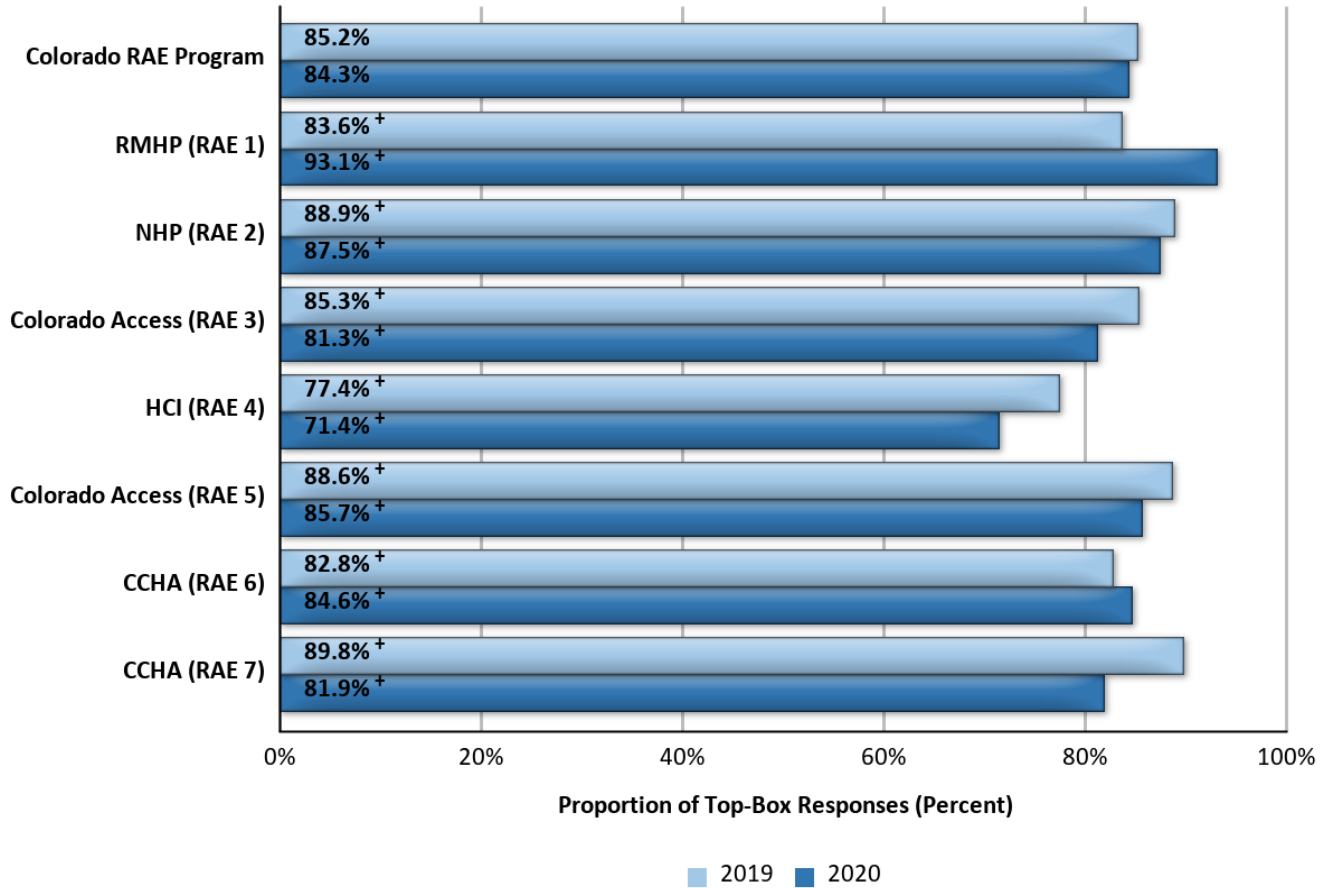
If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.

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

Told About Medication Side Effects

Figure 3-6 shows the *Told About Medication Side Effects* top-box scores for the Colorado RAE Program and the seven RAEs.

Figure 3-6—Told About Medication Side Effects Top-Box Scores

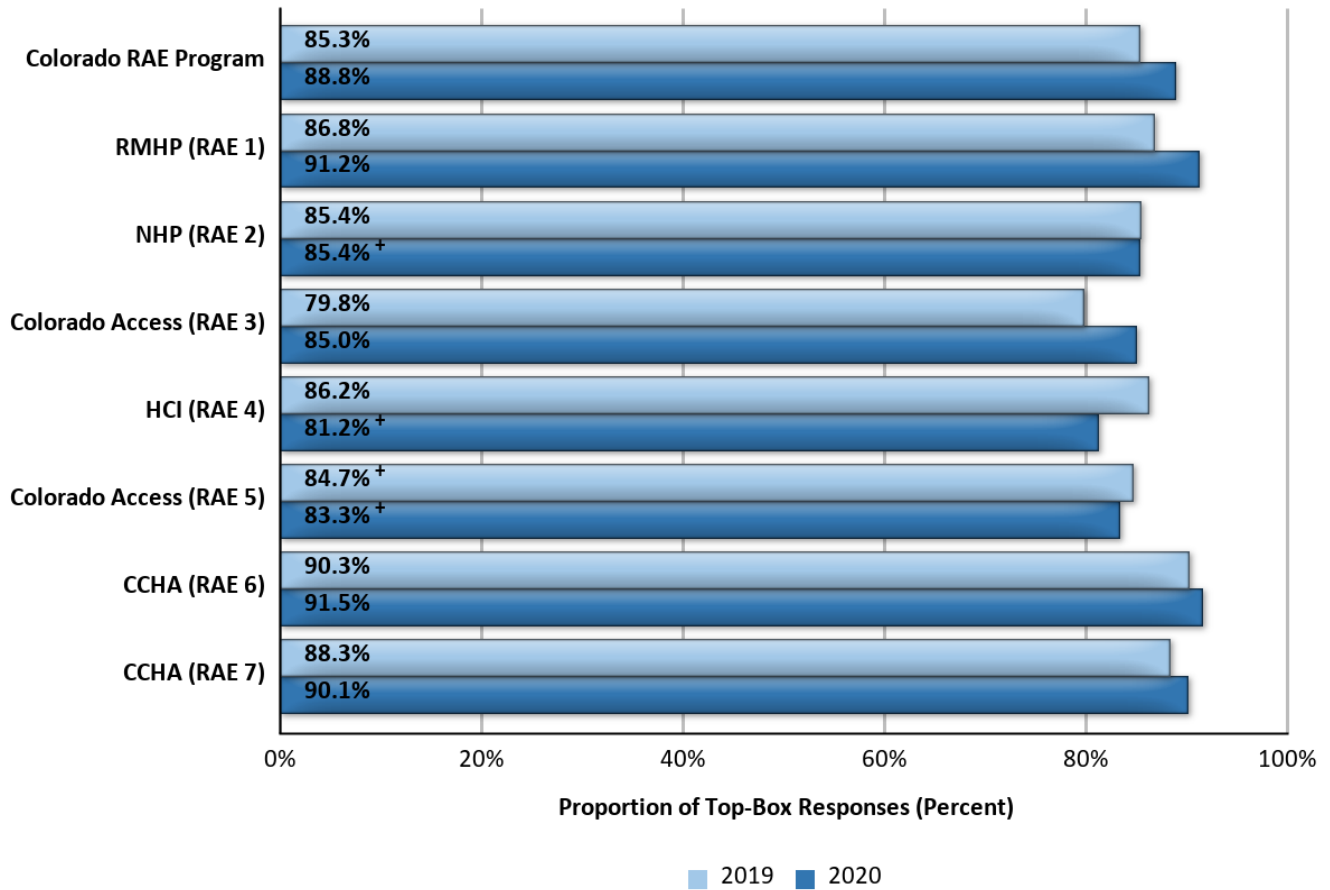


Statistical Significance Note: ▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.
 ▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.
 If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Respondent Feels He or She Could Refuse Treatment for Child

Figure 3-7 shows the *Respondent Feels He or She Could Refuse Treatment for Child* top-box scores for the Colorado RAE Program and the seven RAEs.

Figure 3-7—Respondent Feels He or She Could Refuse Treatment for Child Top-Box Scores

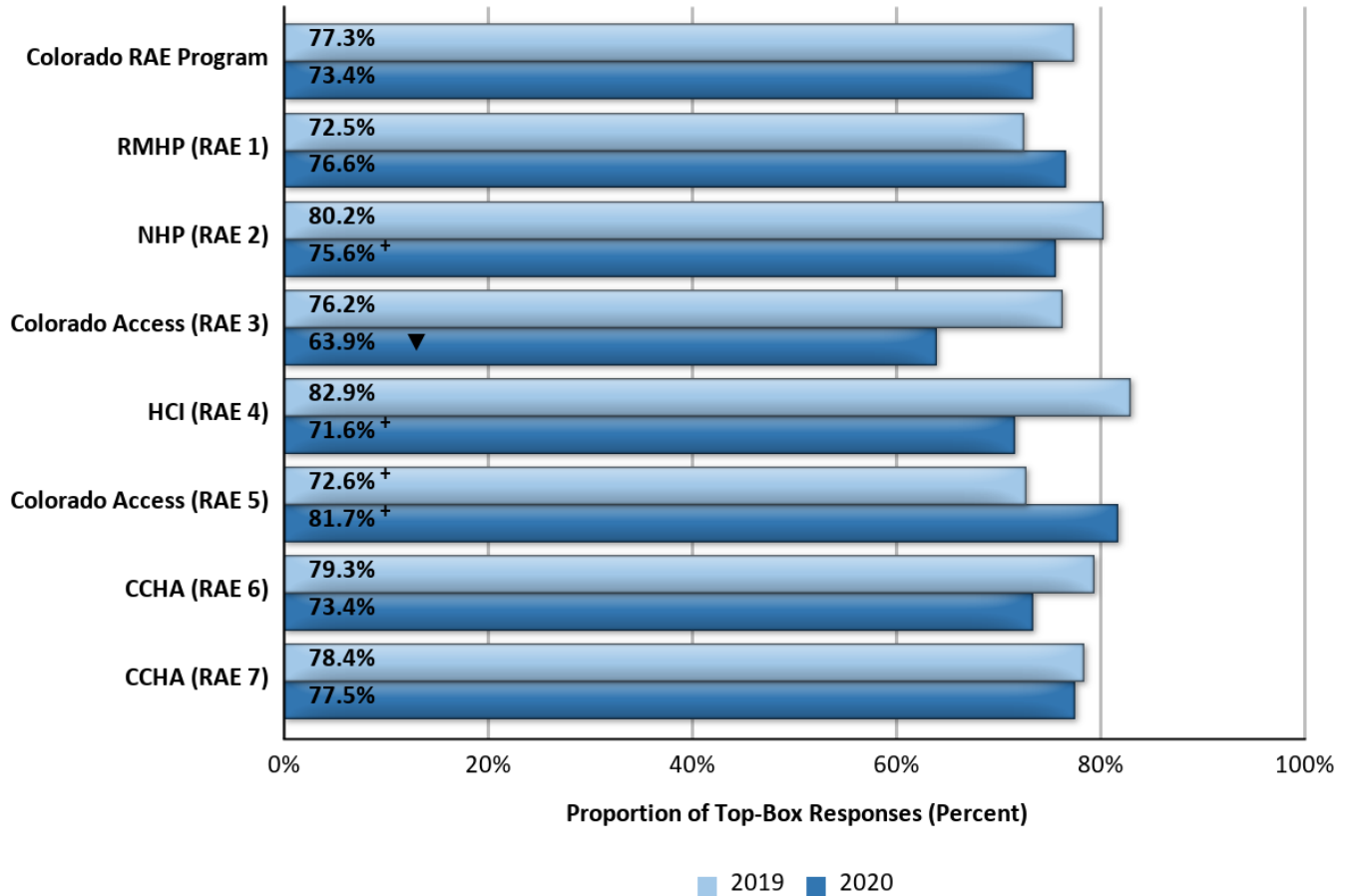


Statistical Significance Note: ▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.
 ▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.
 If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Child Had Someone to Talk To

Figure 3-8 shows the *Child Had Someone to Talk To* top-box scores for the Colorado RAE Program and the seven RAEs.³⁻⁷

Figure 3-8—Child Had Someone to Talk To Top-Box Scores



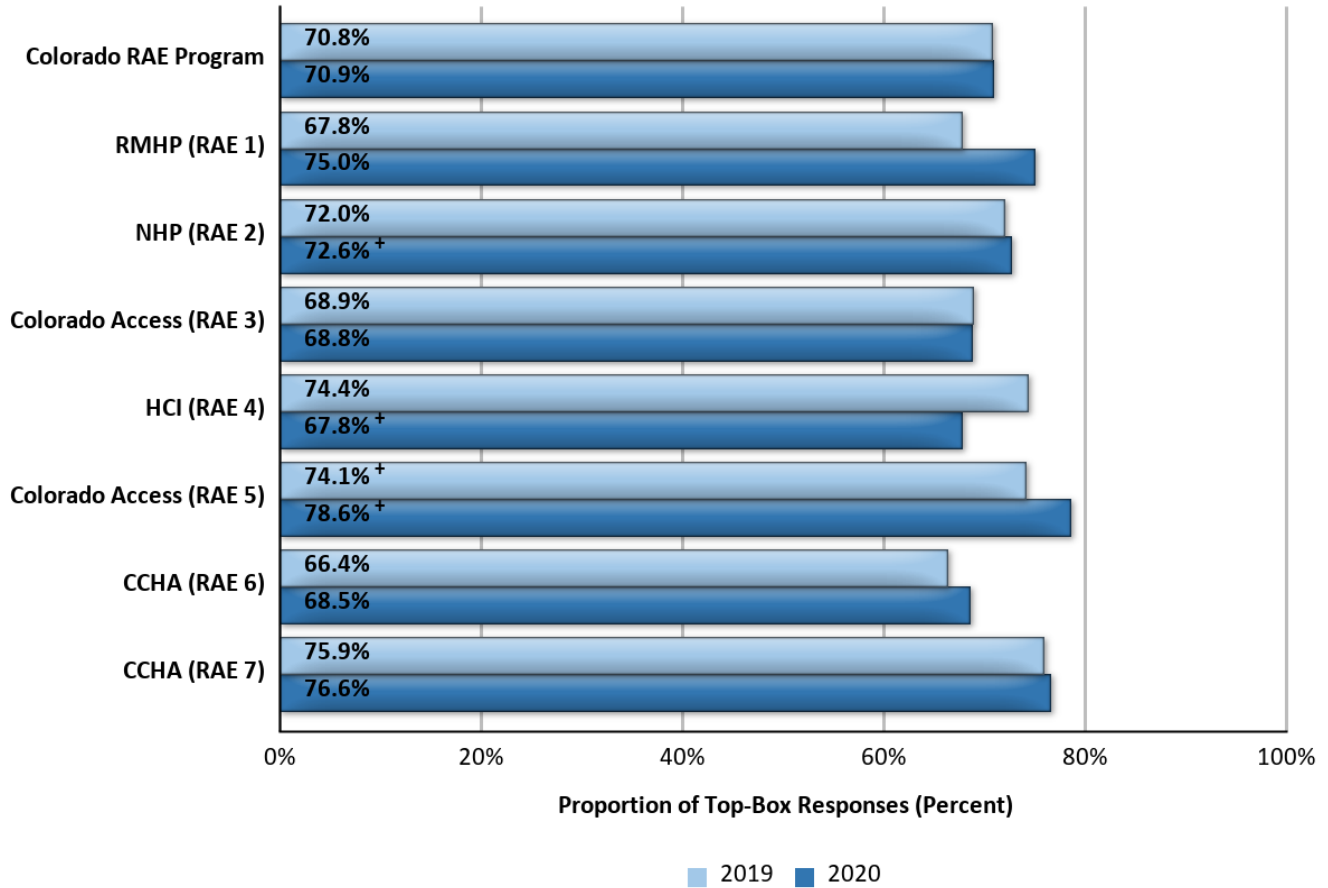
Statistical Significance Note: ▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.
 ▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.
 If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

³⁻⁷ The following question that composed the *Information About Treatment Options* (re-named as *Child Had Someone to Talk To*) composite measure was removed from the 2020 survey instrument: “In the last 12 months, were you given information about different kinds of counseling or treatment that are available for your child?” Therefore, this measure is displayed as an individual item measure and was re-named in this report. For comparison purposes, HSAG re-calculated the 2019 top-box scores for the *Information About Treatment Options* measure with this question removed; therefore, the 2019 results for this measure will be different than the results presented in the 2019 Colorado Behavioral Health Member Experience Report.

Information to Manage Condition

Figure 3-9 shows the *Information to Manage Condition* top-box scores for the Colorado RAE Program and the seven RAEs.

Figure 3-9—Information to Manage Condition Top-Box Scores

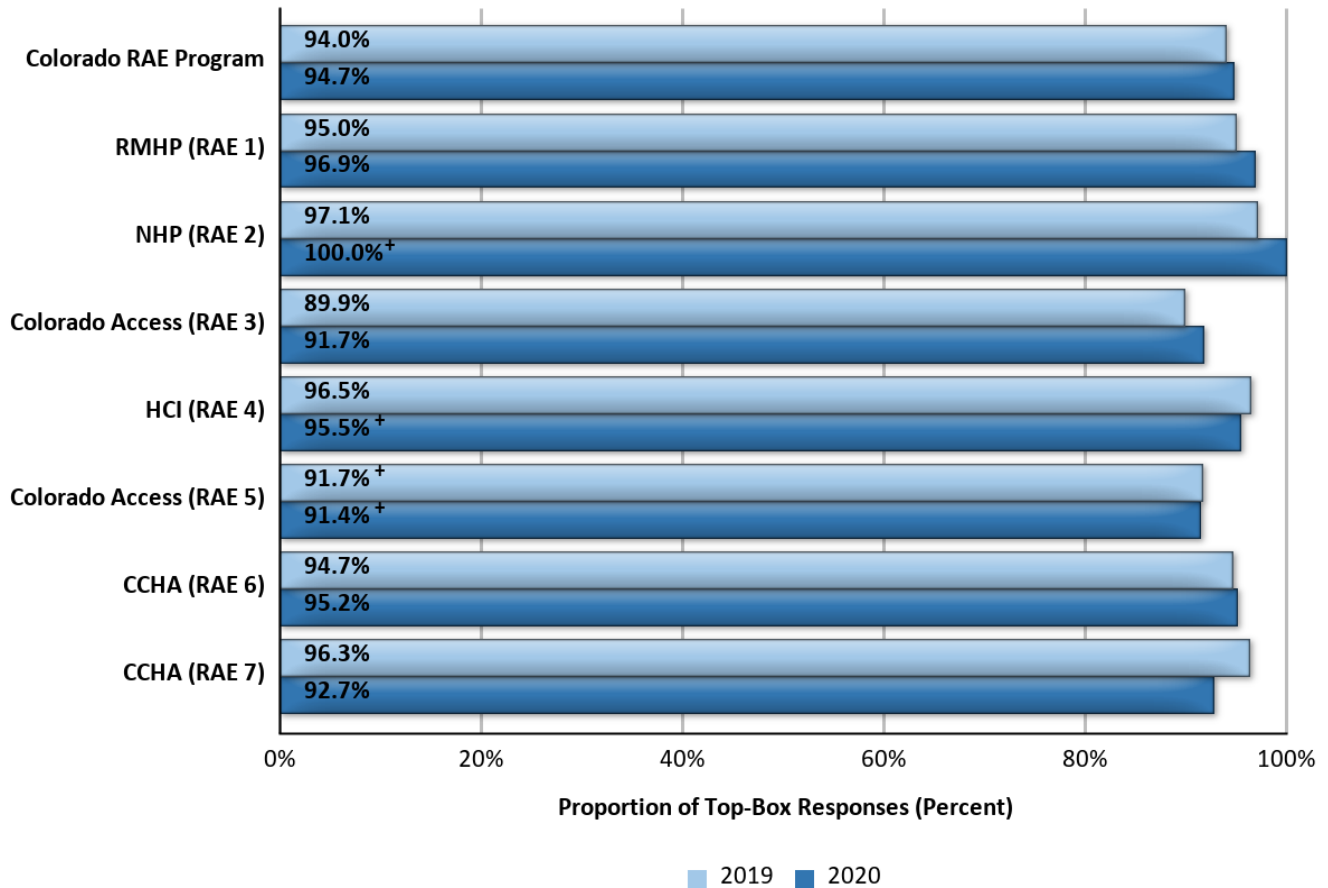


Statistical Significance Note: ▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.
 ▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.
 If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Privacy

Figure 3-10 shows the *Privacy* top-box scores for the Colorado RAE Program and the seven RAEs.

Figure 3-10—Privacy Top-Box Scores

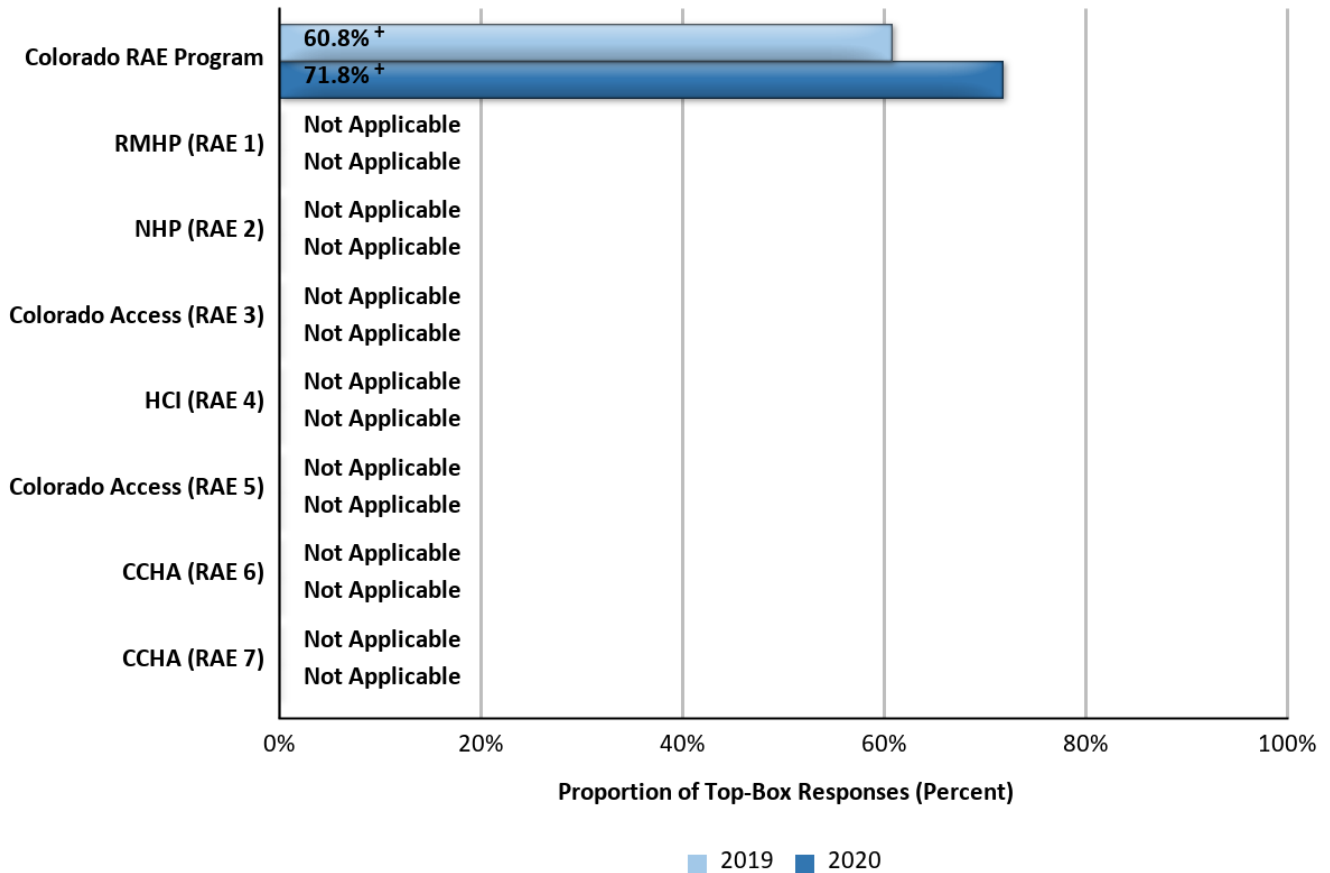


Statistical Significance Note: ▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.
 ▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.
 If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Cultural Competency

Figure 3-11 shows the *Cultural Competency* top-box score for the Colorado RAE Program.

Figure 3-11—Cultural Competency Top-Box Scores

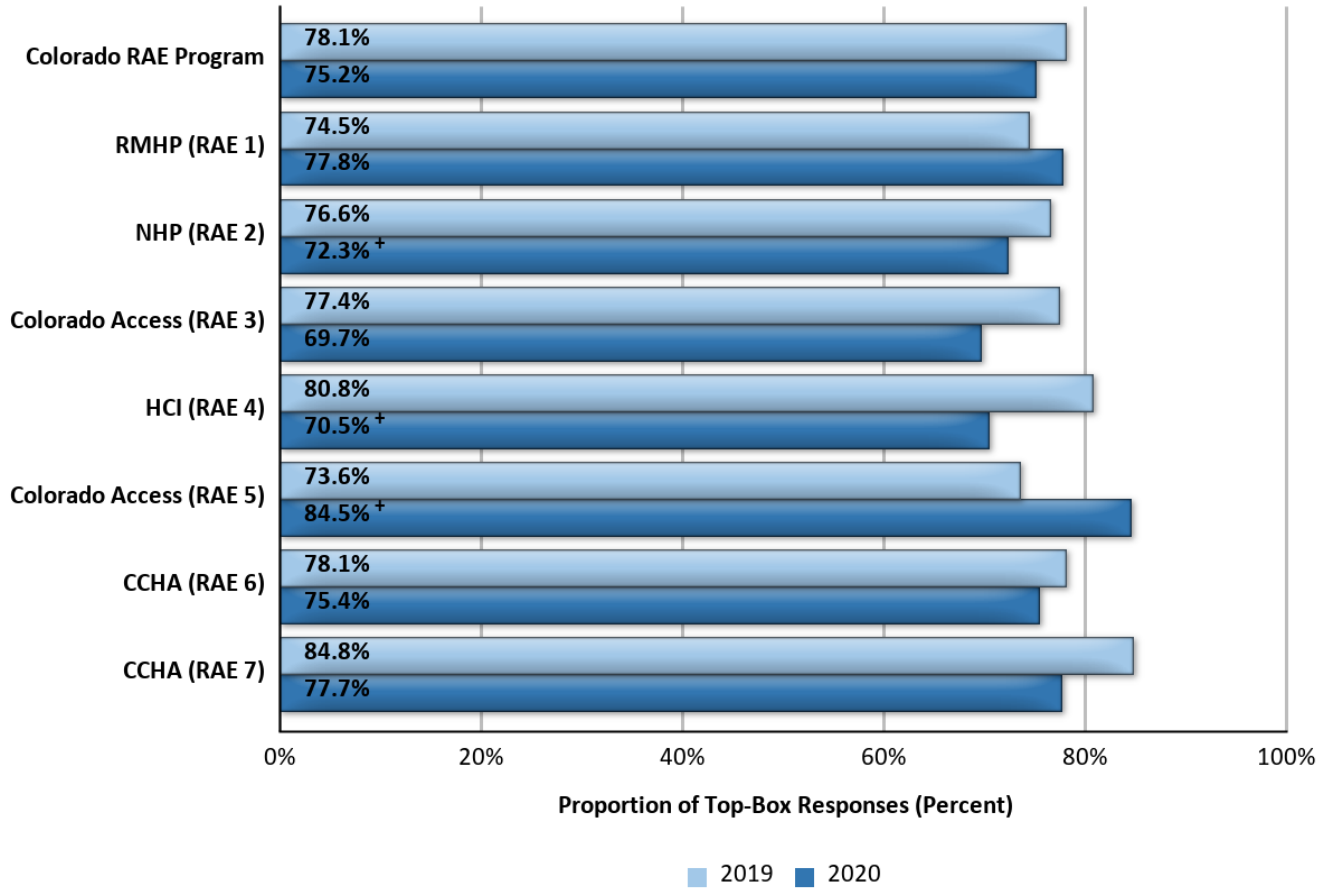


Statistical Significance Note: ▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.
 ▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.
 If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
 “Not Applicable” indicates fewer than 30 responses; therefore, results were suppressed.

Amount Helped

Figure 3-12 shows the *Amount Helped* top-box scores for the Colorado RAE Program and the seven RAEs.

Figure 3-12—Amount Helped Top-Box Scores

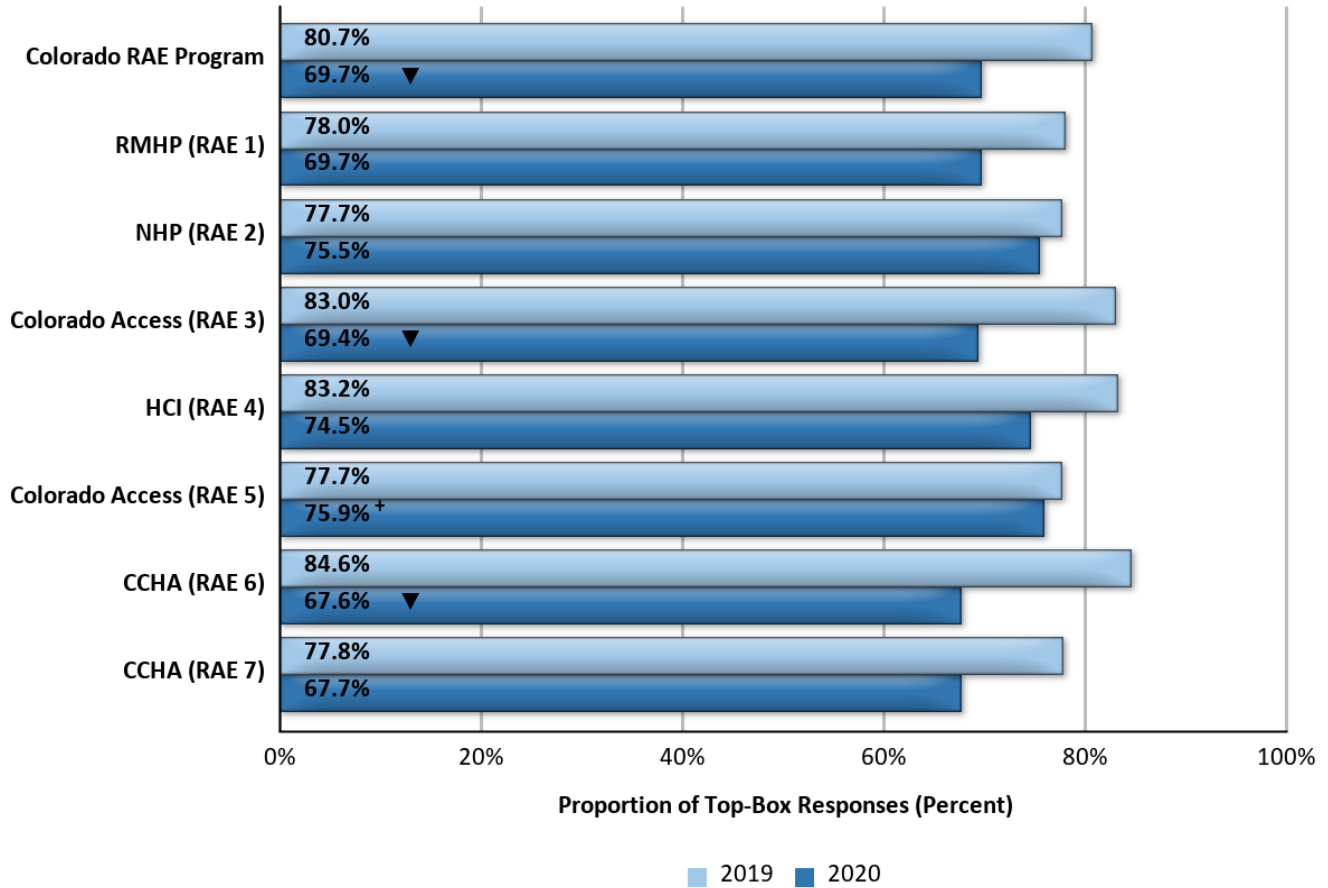


Statistical Significance Note: ▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.
 ▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.
 If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Support from Family and Friends

Figure 3-13 shows the *Support from Family and Friends* top-box scores for the Colorado RAE Program and the seven RAEs.³⁻⁸

Figure 3-13—Support from Family and Friends Top-Box Scores



Statistical Significance Note: ▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.
 ▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.
 If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

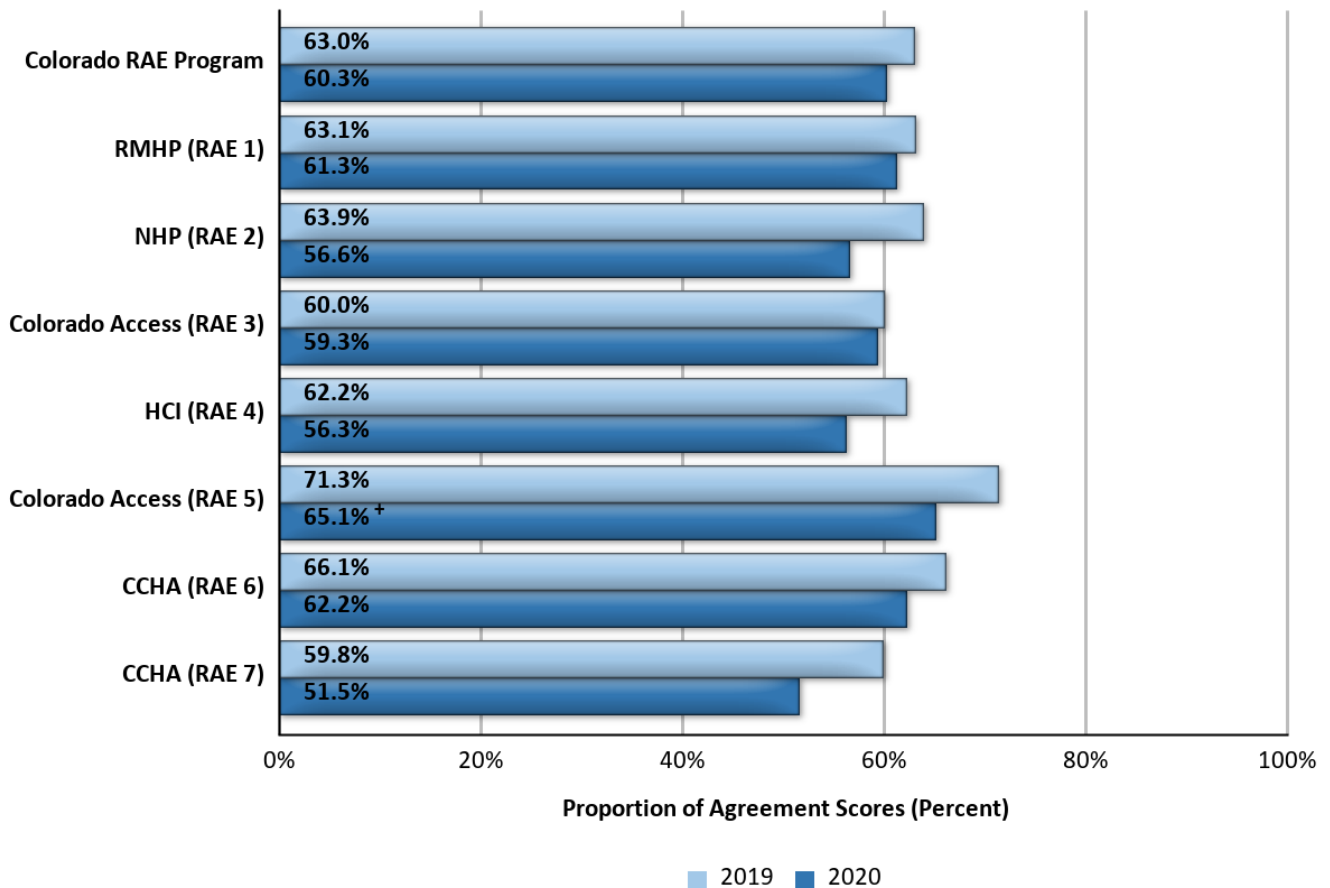
³⁻⁸ The following questions that compose the *Social Connectedness* (re-named as *Support from Family and Friends*) domain agreement were removed from the 2020 survey instrument: 1) Other than my child’s service providers, I know people who will listen and understand me when I need to talk; 2) Other than my child’s service providers, I have people that I am comfortable talking with about my child’s problems; and 3) Other than my child’s service providers, I have people with whom I can do enjoyable things. For comparison purposes, HSAG calculated top-box scores for the 2019 results with these questions removed and re-named the measure. Therefore, the 2019 top-box scores will be different than the agreement scores presented in the 2019 Colorado Behavioral Health Member Experience Report.

YSS-F Domain Agreement

Improved Functioning

Figure 3-14 shows the *Improved Functioning* agreement scores for the Colorado RAE Program and the seven RAEs.

Figure 3-14—Improved Functioning Agreement Scores



Statistical Significance Note: ▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.
 ▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.
 If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Additional Survey Questions

Question 22 asked parents/caretakers what methods they used to receive mental health or substance use care for their child in the last 12 months. Table 3-6 displays the frequency of responses for this question for the Colorado RAE Program.

Table 3-6—Methods Used to Receive Mental Health or Substance Use Care

Responses	N	%
Email or texts with treatment provider (other than appointment reminders)	255	64.4%
Counseling over the telephone	182	46.0%
Counseling over videoconferencing (you and your child’s clinician use a tv/computer/mobile device to see and talk to one another from different locations)	118	29.8%
Mobile app (an application that you download onto your mobile device)	19	4.8%
Mobile health van (health services provided to your child by doctors, nurses, or outreach workers inside a large van, bus, or RV within your community)	8	2.0%
Remote monitoring device (a device that you have at home that exists only for the purpose of sending health education to you or your child’s health data to your child’s clinician)	1	0.3%
<i>Please note: Respondents may choose more than one response; therefore, percentages will not total 100%.</i>		

Question 30 asked parents/caretakers how long they spent on traveling (one way) to receive counseling or treatment at their child’s CMHC. Table 3-7 displays the frequency of responses for this question for the Colorado RAE Program.

Table 3-7—Time Spent on Traveling to CMHC

Responses	N	%
0 to 15 minutes	379	45.4%
16 to 30 minutes	290	34.7%
31 to 45 minutes	99	11.9%
46 to 60 minutes	46	5.5%
More than 60 minutes	21	2.5%

Question 44 asked parents/caretakers which crisis services they used to get help with a mental health problem for their child. Table 3-8 displays the frequency of responses for this question for the Colorado RAE Program.³⁻⁹

Table 3-8—Crisis Services Used to Get Help with Mental Health Problem

Responses	N	%
Walk-in Crisis Center (crisis care provided at a facility that you walk-in to without an appointment)	105	56.5%
Crisis Line (includes calls, online chats, and texts)	79	42.5%
Crisis Stabilization Center (center that provides onsite care, including overnight care, to assist with a crisis)	50	26.9%
Mobile Crisis Response (crisis workers met you at a hospital, a place in your community [for example, school or church], or your home to provide care in a crisis)	30	16.1%
Crisis Respite Services (crisis care provided within the community including peer support, crisis apartments, and family-based crisis homes)	6	3.2%
<i>Please note: Respondents may choose more than one response; therefore, percentages will not total 100%.</i>		

Question 45 asked parents/caretakers how often the crisis service(s) met their child’s immediate need. Table 3-9 displays the frequency of responses for this question for the Colorado RAE Program.

Table 3-9—Crisis Services Meet Immediate Need

Responses	N	%
Never	36	20.0%
Sometimes	52	28.9%
Usually	47	26.1%
Always	45	25.0%

³⁻⁹ “My child did not use crisis services to get help with a mental health problem” was also a valid response option for Question 44. However, this response option is not included.

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.³⁻¹⁰ For purposes of this comparison, results were case-mix adjusted.³⁻¹¹ Additional information is included in the Reader’s Guide section beginning on page 5-12.

Statistically significant differences are noted in the tables by arrows. A RAE with a statistically significantly higher score than the Colorado RAE Program is denoted with an upward (↑) arrow. Conversely, a RAE with a statistically significantly lower score than the Colorado RAE Program is denoted with a downward (↓) arrow. If a RAE’s score is not statistically significantly different than the Colorado RAE Program, 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 3-10 shows the results of the RAE comparisons analysis.

Table 3-10—RAE Comparisons

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							
<i>Rating of All Counseling or Treatment</i>	43.6% ↔	39.2% +↔	45.9% ↔	46.7% +↔	41.6% +↔	44.4% ↔	47.3% ↔
Composite Measures							
<i>Getting Treatment Quickly</i>	63.9% ↔	63.0% +↔	61.2% ↔	70.2% ↔	78.9% ↑	65.1% ↔	72.9% ↔
<i>How Well Clinicians Communicate</i>	88.7% ↔	83.5% +↔	90.1% ↔	84.6% +↔	90.9% +↔	87.3% ↔	89.3% ↔
<i>Perceived Improvement</i>	68.4% ↔	69.0% ↔	67.5% ↔	68.6% ↔	76.9% +↔	67.8% ↔	61.9% ↔
Individual Items							
<i>Office Wait</i>	90.0% ↔	84.3% +↔	87.8% ↔	85.8% +↔	91.8% +↔	90.7% ↔	91.5% ↔
<i>Told About Medication Side Effects</i>	92.7% +↔	88.0% +↔	81.7% +↔	71.0% +↔	86.5% +↔	84.1% +↔	81.6% +↔
<i>Respondent Feels He or She Could Refuse Treatment for Their Child</i>	90.8% ↔	85.4% +↔	85.5% ↔	81.5% +↔	83.5% +↔	91.2% ↔	89.8% ↔
<i>Child Had Someone to Talk To</i>	75.1% ↔	75.5% +↔	65.7% ↔	72.7% +↔	82.3% +↔	72.3% ↔	76.6% ↔
<i>Information to Manage Condition</i>	73.8% ↔	72.6% +↔	70.4% ↔	68.9% +↔	79.0% +↔	67.6% ↔	75.6% ↔

³⁻¹⁰ Caution should be exercised when evaluating RAE comparisons, given that population and RAE differences may impact results.

³⁻¹¹ Due to case-mix adjustment, the RAE comparisons results may be different than the trend analysis 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)
<i>Privacy</i>	96.5% ⇄	100.0% +↑	92.2% ⇄	95.8% +⇄	91.6% +⇄	94.9% ⇄	92.4% ⇄
<i>Cultural Competency</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<i>Amount Helped</i>	76.3% ⇄	72.4% +⇄	71.7% ⇄	71.8% +⇄	85.3% +⇄	73.9% ⇄	76.6% ⇄
<i>Support from Family and Friends</i>	68.6% ⇄	75.6% ⇄	71.2% ⇄	75.3% ⇄	76.7% +⇄	66.7% ⇄	66.2% ⇄
Domain Agreement							
<i>Improved Functioning</i>	58.9% ⇄	57.3% ⇄	62.4% ⇄	57.4% ⇄	66.6% +⇄	60.7% ⇄	49.0% ⇄
+ 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.							

4. Recommendations

General Recommendations

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.

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 experiences 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 use a mixed mode methodology for survey administration (mailed and Web-based surveys with telephone interviewing). In addition, HSAG recommends the Department use the same survey instrument used for the 2020 ECHO Survey for future survey administrations to allow for trending.

Monitor Survey Measures for Changes

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

Table 4-1—Low Performing Measures

Measure	Adult	Child
<i>Rating of All Counseling or Treatment</i>	✓	✓
<i>Perceived Improvement</i>	✓	
<i>Including Family</i>	✓	
<i>Information About Self-Help or Support Groups</i>	✓	
<i>Support from Family and Friends</i>	✓	
<i>Improved Functioning</i>	✓	✓

HSAG recommends that the Department consider prioritizing the above measures based on those measures that are more closely linked to outcomes and to the Department’s goals for the ACC program. 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 needed counseling or treatment right away, they did not always see someone 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 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 on managing 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 the goals of their child’s counseling or treatment were not discussed completely with them.

This section provides a comprehensive overview of the ECHO Survey, including 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 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, three composite measures, and 10 individual item measures in the adult survey and nine 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 domain is a series of questions from the surveys that evaluate improved functioning. Additional questions were developed by the Department for inclusion in the survey to

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.

evaluate the services used (e.g., “*Items Used to Receive Mental Health or Substance Use Care*” and “*Crisis Services Used to Get Help with Mental Health Problem*”). Table 5-1 lists the measures included in the modified Adult and Child/Parent ECHO Surveys that were administered to Colorado RAE members.^{5-3,5-4}

Table 5-1—Colorado ECHO Survey Measures

Global Rating	Composite Measures	Individual Item Measures ⁵⁻⁵	MHSIP/YSS-F Domain	Additional Survey Questions
<i>Rating of All Counseling or Treatment</i>	<i>Getting Treatment Quickly</i>	<i>Office Wait</i>	<i>Improved Functioning</i>	<i>Items Used to Receive Mental Health or Substance Use Care</i>
	<i>How Well Clinicians Communicate</i>	<i>Told About Medication Side Effects</i>		<i>Time Spent on Traveling to CMHC</i>
	<i>Perceived Improvement</i>	<i>[Patient/Respondent] Feels He or She Could Refuse Treatment [for Their Child]</i>		<i>Crisis Services Used to Get Help with Mental Health Problem</i>
		<i>Including Family</i>		<i>Crisis Services Meet Immediate Need</i>
		<i>Information About Self-Help or Support Groups</i>		
		<i>Child Had Someone to Talk To</i>		
		<i>Information to Manage Condition</i>		
		<i>Privacy</i>		
		<i>Cultural Competency</i>		
		<i>Amount Helped</i>		

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.

⁵⁻⁴ One or more of the questions that composed the *Information About Treatment Options* composite measure and *Social Connectedness* domain agreement in the 2019 Colorado Behavioral Health Member Experience Report were removed from the 2020 survey instruments; therefore, these are displayed as individual item measures and are re-named in this report. Some of the questions that compose the *How Well Clinicians Communicate* composite measure were removed from the 2020 survey instruments. The 2019 results for these measures will be different than the results presented in the 2019 Colorado Behavioral Health Member Experience Report. Additionally, the question that composed the *Patient Rights Information* individual item measure in the 2019 Colorado Behavioral Health Member Experience Report was removed from the 2020 survey instruments; therefore, this measure was excluded from this report.

⁵⁻⁵ The *Including Family* and *Information About Self-Help or Support Groups* individual item measures were included in the Adult ECHO Survey only. The *Child Had Someone to Talk To* individual item measure was included in the Child/Parent ECHO Survey only.

Global Rating	Composite Measures	Individual Item Measures ⁵⁻⁵	MHSIP/YSS-F Domain	Additional Survey Questions
		<i>Support from Family and Friends</i>		

Table 5-2 presents the survey question language and response options for the measures for the adult and child populations.

Table 5-2—Question Language and Response Options

Question Language		Response Options
Adult	Child	
Global Rating		
<i>Rating of All Counseling or Treatment</i>		
20. 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?	20. 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?	0–10 Scale
Composite Measures		
<i>Getting Treatment Quickly</i>		
2. In the last 12 months, when you needed counseling or treatment right away, how often did you see someone as soon as you wanted?	2. 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, [I/My child] did not need counseling or treatment right away in the last 12 months
3. 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?	3. 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, I did not make any appointments for counseling or treatment [for my child] in the last 12 months
<i>How Well Clinicians Communicate</i>		
6. In the last 12 months, how often did the people you went to for counseling or treatment listen carefully to you?	6. 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
7. 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?	7. 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?	

8. 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?	8. 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?	
9. In the last 12 months, how often did the people you went to for counseling or treatment spend enough time with you?	9. In the last 12 months, how often did the people your child saw for counseling or treatment spend enough time with you?	
10. In the last 12 months, how often did you feel safe when you were with the people you went to for counseling or treatment?		
Perceived Improvement		
24. Compared to 12 months ago, how would you rate your ability to deal with daily problems now?	24. 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
25. Compared to 12 months ago, how would you rate your ability to deal with social situations now?	25. Compared to 12 months ago, how would you rate your child's ability to deal with social situations now?	
26. Compared to 12 months ago, how would you rate your ability to accomplish the things you want to do now?	26. Compared to 12 months ago, how would you rate your child's ability to accomplish the things your child wants to do now?	
27. Compared to 12 months ago, how would you rate your problems or symptoms now?	27. Compared to 12 months ago, how would you rate your child's problems or symptoms now?	
Individual Item Measures		
Office Wait		
5. In the last 12 months, how often were you seen within 15 minutes of your appointment?	5. In the last 12 months, how often was your child seen within 15 minutes of your child's appointment?	Never, Sometimes, Usually, Always
Told About Medication Side Effects		
12. In the last 12 months, were you told what side effects of those medicines to watch for?	11. In the last 12 months, were you told what side effects of those medicines to watch for?	Yes, No
[Patient/Respondent] Feels He or She Could Refuse Treatment [for Child]		
13. In the last 12 months, did you feel you could refuse a specific type of medicine or treatment?	12. In the last 12 months, did you feel you could refuse a specific type of medicine or treatment for your child?	Yes, No
Including Family		
14. In the last 12 months, did anyone talk to you about whether to include your family or friends in your counseling or treatment?		Yes, No

Information About Self-Help or Support Groups		
15. 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
Child Had Someone to Talk To		
	15. 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
Information to Manage Condition		
16. In the last 12 months, were you given as much information as you wanted about what you could do to manage your condition?	16. 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
Privacy		
17. 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?	17. 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
Cultural Competency		
19. In the last 12 months, was the care you received responsive to those needs?	19. In the last 12 months, was the care your child received responsive to those needs?	Yes, No
Amount Helped		
21. In the last 12 months, how much were you helped by the counseling or treatment you got?	21. 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
Support from Family and Friends		
32. I have the support I need from my family or friends.	37. Other than my child's service providers, I have the support I need from family and friends.	Strongly agree, Agree, Neutral, Disagree, Strongly disagree, Not applicable
MHSIP/YSS-F Domain Agreement		
Improved Functioning		
31. My symptoms are not bothering me as much.	31. My child is better at handling daily life.	Strongly agree, Agree, Neutral, Disagree, Strongly disagree, Not applicable
33. I do things that are more meaningful to me.	32. My child gets along better with family members.	
34. I am better able to take care of my needs.	33. My child gets along better with friends and other people.	
35. I am better able to handle things when they go wrong.	34. My child is doing better in school and/or work.	
36. I am better able to do things that I want to do.	35. My child is better able to cope when things go wrong.	

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

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, 2019 (adult members only).
- Were age 17 or younger as of October 31, 2019 (child members only).
- Were identified as having received at least one behavioral health service or treatment through a RAE and/or a contracted CMHC or specialty clinic from November 1, 2018, through October 31, 2019. 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) – excluded H0023 with the following exceptions:
 - Included H0023 with HQ modifier
 - Included H0023 HE HQ (must have both modifiers)
 - BH Prevention (H0025)
 - Respite Services (H0045, S5150, S5151, T1005), if there were no other claims (i.e., only behavioral health service received)
 - Detoxification (S3005, T1007, T1019, T1023), if there were no other claims (i.e., only behavioral health service received)
- Had been continuously enrolled in a RAE from November 1, 2018, to October 31, 2019, with no more than one gap in enrollment up to 45 days (Medicaid).
- Were enrolled in a RAE (Medicaid) or 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.

Survey Protocol

Table 5-3 shows the mixed mode (i.e., mail with web-based survey) timeline used in the survey administration.⁵⁻⁶

Table 5-3—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
Website made available for adult members or parents/caretakers of child members to complete the survey via the Internet.	0 days
Send a second questionnaire (and letter) to non-respondents 35 days after mailing the first questionnaire.	35 days
Send a third questionnaire (and letter) to non-respondents 25 days after mailing the second questionnaire.	60 days
Survey field closes 23 days after mailing the third questionnaire.	83 days

An English or Spanish cover letter was mailed to sampled members or parents/caretakers of sampled members that provided two options by which they could complete the survey in English or Spanish: (1) complete the paper-based survey and return it using the pre-addressed, postage-paid return envelope, or (2) complete the web-based survey through the survey website with a designated login. 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 first and second cover letters 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 second and third survey mailings that were sent to all non-respondents.

HSAG inspected the file records to check for any apparent problems with the files, such as missing address elements. The 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). The survey samples were selected so that no more than one member was selected per household.

⁵⁻⁶ The telephone phase of the survey field was not implemented as scheduled due to guidelines outlined by President Trump's declaration of a national emergency in response to the Coronavirus (COVID-19) outbreak in the United States in March 2020.

Methodology

Several analyses were performed to comprehensively assess member experience. This section provides an overview of each analysis.

Response Rates

The administration of the 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 5-6), had a bad address, had a language barrier, or were mentally or physically incapacitated (adult survey only).

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

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 Colorado RAE 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 5-4 presents the individual survey questions evaluated to determine key drivers of performance for the Colorado RAE Program for the adult and child populations (as indicated by a ✓).

Table 5-4—Correlation Matrix

Adult/Child Survey Question	Adult	Child
Q2/Q2. Getting Treatment Quickly—Got Needed Care as Soon as Wanted	✓	✓
Q3/Q3. Getting Treatment Quickly—Got Appointment as Soon as Wanted	✓	✓
Q5/Q5. Office Wait—Saw Someone Within 15 Minutes	✓	✓
Q6/Q6. How Well Clinicians Communicate—Listened to Carefully	✓	✓
Q7/Q7. How Well Clinicians Communicate—Explained Things in Way You Could Understand	✓	✓
Q8/Q8. How Well Clinicians Communicate—Shown Respect for What Was Said	✓	✓
Q9/Q9. How Well Clinicians Communicate—Spent Enough Time With You	✓	✓
Q10./NA How Well Clinicians Communicate—Felt Safe	✓	
Q12/Q11. Told About Medication Side Effects—Told What Medication Side Effects to Watch For	✓	✓
Q13/Q12. Patient/Respondent Feels He or She Could Refuse Treatment [for Child]—[Respondent] Felt [Child's] Medicine or Treatment Could be Refused	✓	✓
NA/Q13. Goals Discussed—Goals of Child's Counseling or Treatment Were Discussed Completely		✓
NA/Q14. Getting Professional Help—Family Got Professional Help Wanted for Child		✓
Q14./NA Including Family—Talked to About Including Family in Treatment	✓	
Q15./NA Information About Self-Help or Support Groups	✓	
NA/Q15. Child Had Someone to Talk To		✓
Q16/Q16. Information to Manage Condition—Given Information to Manage [Child's] Condition	✓	✓
Q17/Q17. Privacy—Private Information was Shared with Others	✓	✓
Q19/Q19. Cultural Competency—Care Received was Responsive to Background or Culture Needs	✓	✓
<i>NA indicates that this question was not included in the questionnaire.</i>		

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 options.

Table 5-5—Problem Score Assignment

Response Option	Classification	Code
Never/Sometimes/Usually/Always Format		
Never	Problem	1
Sometimes	Problem	1
Usually	Not a Problem	0
Always	Not a Problem	0
No Answer/Other	Not classified	Missing
No/Yes Format		
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

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., experience scores) for the 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* composite measures and *Office Wait* individual item measure.
- “A little better” or “Much better” for the *Perceived Improvement* composite measure.
- “Somewhat” or “A lot” for the *Amount Helped* individual item measure.
- “Agree” or “Strongly agree” for the *Support from Family and Friends* individual item measure and *Improved Functioning* MHSIP/YSS-F domain agreement.
- “Yes” for the *Told About Medication Side Effects, Including Family, Information About Self-Help or Support Groups, Child Had Someone to Talk To, Information to Manage Condition, Patient Feels He or She Could Refuse Treatment/Respondent Feels He or She Could Refuse Treatment for Child,* and *Cultural Competency* individual item measures.
- “No” for the *Privacy* individual item measure.

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 item measures, 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 the domain were 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. 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, \sum^* 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 $n - P - (\text{number of case-mix adjusters})$ 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.

Case-Mix Adjustment

Given that variances in respondents' demographics can result in differences in scores between the RAEs that are not due to differences in quality, the data were case-mix adjusted to account for disparities in these characteristics. Case-mix refers to the characteristics used in adjusting the results for comparability among RAEs. For the adult population, the top-box scores were case-mix adjusted for member general health status and age. For the child population, the top-box scores were case-mix adjusted for member general health status. Case-mix adjusted scores were calculated using the following formula:

$$\text{Adjusted Top-Box Score} = \text{Raw Score} - \text{Net Adjustment}$$

Where net adjustment was calculated using the following equation:

$$\text{Net Adjustment} = (\text{RAE Adjuster's Mean} - \text{Program Adjuster's Mean}) \times \text{Coefficient}$$

The coefficient in the above equation was estimated using linear regression.

Trend Analysis

A trend analysis was performed for each measure that compared the 2020 scores to the corresponding 2019 scores to determine whether there were statistically significant differences. A t test was performed to determine whether results in 2020 were statistically significantly different from results in 2019. A difference was considered statistically significant if the two-sided p value of the t test was less than or equal to 0.05. The two-sided p value of the t test is the probability of observing a test statistic as extreme as or more extreme than the one actually observed by chance.

Limitations and Cautions

The findings presented in the 2020 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.

Case-Mix Adjustment

While data for the RAEs have been adjusted for differences in survey-reported general health status and age, it was not possible to adjust for differences in respondent characteristics that were not measured. These characteristics could include education level, 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 give different ratings of experience with their RAE. The survey by itself does not necessarily reveal the exact cause of these differences.

COVID-19 Impact

Due to guidelines outlined by President Trump's declaration of a national emergency in March 2020 in response to the coronavirus (COVID-19) outbreak in the United States, the telephone phase of the survey field was replaced with a third questionnaire and cover letter being mailed to non-respondents. Members' perceptions of and experiences with the health care system may have been impacted due to the COVID-19 pandemic. Therefore, caution should be exercised when evaluating the results as the number of completed surveys and experience of members may have been impacted.

ECHO Survey Instrument

For purposes of the 2020 Colorado ECHO Survey administration, the standardized Adult and Child/Parent ECHO Surveys, Version 3.0 were modified, such that certain questions that make up composite measures and individual item measures were removed, question language and/or responses were modified, 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 comparing the 2020 Colorado ECHO Survey results presented in this report to results of other standardized Adult and Child/Parent ECHO Surveys.

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 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.

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

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.

Trending

Effective July 1, 2018, the capitated behavioral health contract was transitioned to the RAEs. Since the 2019 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 2019 results may include members that received behavioral health services from the RAEs and/or the BHOs. Therefore, caution should be exercised when comparing the 2019 results to the 2020 results as some of the 2019 results may not be attributable to the care provided by the RAEs.

In addition, some of the questions that compose some of the measures and domain agreements were removed from the 2020 survey instruments. For comparison purposes, HSAG re-calculated the 2019 results for these measures with these questions removed. Also, several questions throughout the 2020 survey instrument were altered or relocated. Therefore, caution should be exercised when comparing the 2019 results to the 2020 results as members' responses to the survey may have been impacted by these changes.

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.

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** ↓

1. People can get counseling, treatment, or medicine for many different reasons. In the last 12 months, did you receive counseling, treatment, or medicine for any of these reasons? (Check all that apply)

- 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)
- Help with drug or alcohol use
- Other mental or emotional problem
- I did not receive counseling, treatment, or medication for any of the above reasons in the last 12 months ➔ *Go to Question 40*



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, when you needed counseling or treatment right away, how often did you see someone as soon as you wanted?

- Never
- Sometimes
- Usually
- Always
- I did not need counseling or treatment right away in the last 12 months

3. 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
- I did not make any appointments for counseling or treatment in the last 12 months

The next questions are about all the counseling or treatment you got in the last 12 months in your home, during office or clinic visits, or remotely (e.g., telephone, video conferencing). Please do the best you can to include all the different people you saw for counseling or treatment in your answers.

4. In the last 12 months, did you get counseling, treatment, or medicine for yourself in your home, during office or clinic visits, or remotely?

- Yes
- No → **Go to Question 23**

5. In the last 12 months, how often were you seen within 15 minutes of your appointment?

- Never
- Sometimes
- Usually
- Always

6. 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

7. 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

8. 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

9. 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

10. 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

11. In the last 12 months, did you take any prescription medicines as part of your treatment?
- Yes
 No → *Go to Question 13*
12. In the last 12 months, were you told what side effects of those medicines to watch for?
- Yes
 No
13. In the last 12 months, did you feel you could refuse a specific type of medicine or treatment?
- Yes
 No
14. In the last 12 months, did anyone talk to you about whether to include your family or friends in your counseling or treatment?
- Yes
 No
15. 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
16. 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
17. 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

18. 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 20*
19. In the last 12 months, was the care you received responsive to those needs?
- Yes
 No
20. 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 | | | | | |
21. 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



22. In the last 12 months, did you use any of the following to receive your mental health or substance use care? (Check all that apply)

- Email or texts with treatment provider (other than appointment reminders)
- Counseling over the telephone
- Counseling over videoconferencing (you and your clinician use a tv/computer/mobile device to see and talk to one another from different locations)
- Mobile app (an application that you download onto your mobile device)
- Remote monitoring device (a device that you have at home that exists only for the purpose of sending health education to you or your health data to your clinician)
- Mobile health van (health services provided to you by doctors, nurses, or outreach workers inside a large van, bus, or RV within your community)

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

- Excellent
- Very good
- Good
- Fair
- Poor

24. 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

25. 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

26. 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

27. 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

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 center at which you most often receive counseling or treatment services.

28. 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."

- All Health Network
- Asian Pacific Development Center
- AspenPointe
- Aurora Mental Health Center
- Axis Health Systems
- Centennial Mental Health Center
- Community Reach Center
- Health Solutions
- Jefferson Center for Mental Health
- Mental Health Center of Denver
- Mental Health Partners
- Mind Springs Health
- North Range Behavioral Health
- San Luis Valley Behavioral Health Group
- Servicios de la Raza
- Solvista Health
- Southeast Health Group
- SummitStone Health Partners
- The Center for Mental Health
- Other
- Don't know

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

- Less than a year (12 months)
- More than a year (12 months)

30. On average, how long do you spend traveling (one way) to receive counseling or treatment at this center?

- 0 to 15 minutes
- 16 to 30 minutes
- 31 to 45 minutes
- 46 to 60 minutes
- More than 60 minutes

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."

31. My symptoms are not bothering me as much.

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

32. I have the support I need from my family or friends.

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

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

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

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

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

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

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

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

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

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

- Yes
- No

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

- Yes
- No

39. 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

CRISIS SERVICES

40. In the last 12 months, did you use any of the following crisis services to get help with a mental health problem? (Check all that apply)

- Crisis Line (includes calls, online chats, and texts)
- Mobile Crisis Response (crisis workers met you at a hospital, a place in your community [for example, school or church], or your home to provide care in a crisis)
- Walk-in Crisis Center (crisis care provided at a facility that you walk-in to without an appointment)
- Crisis Stabilization Center (center that provides onsite care, including overnight care, to assist with a crisis)
- Crisis Respite Services (crisis care provided within the community including peer support, crisis apartments, and family-based crisis homes)
- I did not use crisis services to get help with a mental health problem → **Go to Question 42**

41. How often did the crisis service(s) listed above meet your immediate need?

- Never
- Sometimes
- Usually
- Always

ABOUT YOU

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

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

- Excellent
- Very good
- Good
- Fair
- Poor

◆

43. 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

44. How would you describe your gender?

- Female
- Male
- Transgender Female (MTF)
- Transgender Male (FTM)
- Decline to answer
- Other

45. How would you describe your sexual orientation?

- Asexual
- Bisexual
- Gay
- Heterosexual
- Lesbian
- Questioning
- Decline to answer
- Other

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

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

47. 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

◆

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** 

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.

1. Children can get counseling, treatment, or medicine for many different reasons. In the last 12 months, did your child receive counseling, treatment, or medicine for any of these reasons? (Check all that apply)
 - Attention deficit hyperactivity disorder (ADHD) or other behavior problems
 - Family problems (like when parents and children have trouble getting along)
 - Autism Spectrum Disorder or other developmental problems
 - Alcohol or drug use
 - Other mental or emotional problem
 - My child did not receive counseling, treatment, or medicine for any of the above reasons in the last 12 months. ➔ *Go to Question 44*



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

The next questions ask about 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, 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
- My child did not need counseling or treatment right away in the last 12 months

3. 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
- I did not make any appointments for counseling or treatment for my child in the last 12 months

The next questions are about all the counseling or treatment your child got in the last 12 months in your home, during office or clinic visits, or remotely (e.g., telephone, video conferencing). Please do the best you can to include all the different people your child saw for counseling or treatment in your answers.

4. In the last 12 months, did you get counseling, treatment, or medicine for your child in your home, during office or clinic visits, or remotely?

- Yes
- No → **Go to Question 23**

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

- Never
- Sometimes
- Usually
- Always

6. 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

7. 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

8. 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

9. 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

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

- Yes
- No → **Go to Question 12**



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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

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

- Never
- Sometimes
- Usually
- Always

15. 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

16. 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

17. 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

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

- Yes
- No → *Go to Question 20*

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

- Yes
- No

20. 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?

- | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Worst | | | | | | | | Best | | |
| Counseling | | | | | | | | Counseling | | |
| or Treatment | | | | | | | | or Treatment | | |
| Possible | | | | | | | | Possible | | |

21. 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



22. **In the last 12 months, did you use any of the following to receive mental health or substance use care for your child? (Check all that apply)**

- Email or texts with treatment provider (other than appointment reminders)
- Counseling over the telephone
- Counseling over videoconferencing (you and your child's clinician use a tv/computer/mobile device to see and talk to one another from different locations)
- Mobile app (an application that you download onto your mobile device)
- Remote monitoring device (a device that you have at home that exists only for the purpose of sending health education to you or your child's health data to your child's clinician)
- Mobile health van (health services provided to your child by doctors, nurses, or outreach workers inside a large van, bus, or RV within your community)

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

- Excellent
- Very good
- Good
- Fair
- Poor

24. **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

25. **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

26. **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

27. **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



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 center at which your child and/or family most often receive counseling or treatment services.

28. 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."

- All Health Network
- Asian Pacific Development Center
- AspenPointe
- Aurora Mental Health Center
- Axis Health Systems
- Centennial Mental Health Center
- Community Reach Center
- Health Solutions
- Jefferson Center for Mental Health
- Mental Health Center of Denver
- Mental Health Partners
- Mind Springs Health
- North Range Behavioral Health
- San Luis Valley Behavioral Health Group
- Servicios de la Raza
- Solvista Health
- Southeast Health Group
- SummitStone Health Partners
- The Center for Mental Health
- Other
- Don't know

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

- Less than a year (12 months)
- More than a year (12 months)

30. On average, how long do you spend traveling (one way) to receive counseling or treatment at this center?

- 0 to 15 minutes
- 16 to 30 minutes
- 31 to 45 minutes
- 46 to 60 minutes
- More than 60 minutes

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."

31. My child is better at handling daily life.

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

32. My child gets along better with family members.

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

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

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

◆

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

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

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

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

36. **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 the following statement. If the statement does not apply, please mark "Not applicable."

37. **Other than my child's service providers, I have the support I need from family and friends.**

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

38. **Was your child arrested during the last 12 months?**

- Yes
- No

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

- Yes
- No

40. **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

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

- Yes
- No

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

- Yes
- No

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

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



CRISIS SERVICES

44. In the last 12 months, did you use any of the following crisis services to get help with a mental health problem for your child? (Check all that apply)
- Crisis Line (includes calls, online chats, and texts)
 - Mobile Crisis Response (crisis workers met you at a hospital, a place in your community [for example, school or church], or your home to provide care in a crisis)
 - Walk-in Crisis Center (crisis care provided at a facility that you walk-in to without an appointment)
 - Crisis Stabilization Center (center that provides onsite care, including overnight care, to assist with a crisis)
 - Crisis Respite Services (crisis care provided within the community including peer support, crisis apartments, and family-based crisis homes)
 - My child did not use crisis services to get help with a mental health problem → **Go to Question 46**
45. How often did the crisis service(s) listed above meet your child's immediate need?
- Never
 - Sometimes
 - Usually
 - Always

ABOUT YOU AND YOUR CHILD

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

46. In general, how would you rate your child's overall health now?
- Excellent
 - Very good
 - Good
 - Fair
 - Poor

47. What is your child's age?

Less than 1 year old
 YEARS OLD (write in)

48. How would you describe your child's gender?

Female
 Male
 Transgender Female (MTF)
 Transgender Male (FTM)
 Decline to answer
 Other

49. How would you describe your child's sexual orientation?

Asexual
 Bisexual
 Gay
 Heterosexual
 Lesbian
 Questioning
 Decline to answer
 Other
 Not applicable (for ages less than 13 years)

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

Yes, Hispanic or Latino
 No, not Hispanic or Latino

51. 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

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

Yes
 No

◆

53. 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**

