New Mexico Behavioral Health Consumer, Family/Caregiver Satisfaction Project

2016



A Collaborative effort by:

The New Mexico Human Services Department: Behavioral Health Services Division, Office of Peer Recovery and Engagement, Medical Assistance Division; Children Youth and Families Department; Blue Cross/Blue Shield, Molina Healthcare, OptumHealth New Mexico, Presbyterian/Magellan, United Healthcare; the Consortium for Behavioral Health Training and Research; and New Mexico Behavioral Health Consumers, Families, Children, and Youth.

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What is the Consumer Satisfaction Project?

The New Mexico Consumer, Family/Caregiver and Youth Satisfaction Project (CFYP) is a yearly effort to survey the satisfaction of New Mexico Adult individuals, Family/Caregivers and Youth receiving state funded mental health and substance abuse treatment and support services.

The CFYP surveys serve two purposes:

- To inform a quality improvement process to strengthen services in New Mexico; and,
- To fulfill federally mandated data reporting requirements.

Adults, family members and youth answer the survey through face-to-face or telephone interviews. Provider locations for face-to-face interviews are pre-selected each year. Telephone interviews were obtained from a pool of randomly-selected individuals or families who received behavioral health services from New Mexico Medicaid or Behavioral Health programs between July, 2015, and February, 2016. The Youth Report is covered in a separate report.

2015-2016: A Year in Transition

There were some significant changes in New Mexico's behavioral health care environment in recent years that can continue to affect individuals during the period in which they were receiving care and surveyed (July, 2015, through June, 2016.)

- In January, 2014, New Mexico launched its new Medicaid program, *Centennial Care*, which manages both behavioral health and primary care services. At that point, most Medicaid-eligible individuals and families had to enroll in one of four managed care companies, while a portion remained in a separate Medicaid fee-for-service program.
- While the Medicaid benefit packages are primarily identical, each MCO offers some "value added" services that vary.
- All *Centennial Care* members were contacted to determine whether they would qualify for a more intense service Care Coordination designed to assist those with complex needs.
- A new emphasis on *integrated* behavioral and physical care was introduced.

While the volume of behavioral health clients and services rose during the period, there was also some turmoil as members enrolled under new insurance systems and in some cases, with new providers of care. This may have influenced the participants' satisfaction with their care during this time of change. New Medicaid clients continued to enroll throughout 2015 and 2016. As well, a major behavioral health provider in southern New Mexico and another in northern and central New Mexico closed during the period, replaced by other new providers, and that transition may have affected clients in those areas.

What we ask about:

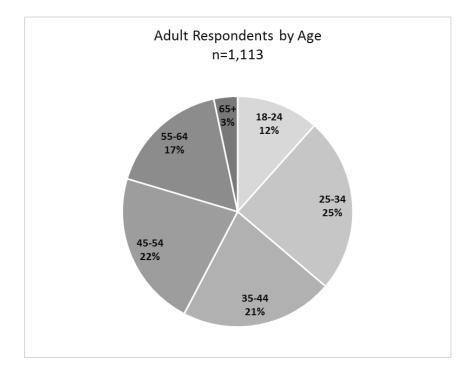
The surveys contain questions that come from the federal Mental Health Statistics Improvement Program (MHSIP). The New Mexico Behavioral Health Collaborative added additional questions, including questions related to the National Outcome Measures System. This report will provide highlights separately from the Adult Survey and then from the Child & Family/Caregiver Survey. Findings from a separate and smaller Youth Survey will also be posted on the New Mexico Network of Care

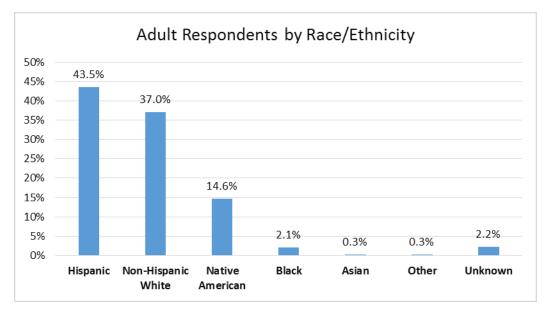
There are seven subscales within the survey that are used nationally. This provides a helpful benchmark for our state's performance. Each of those scales is presented below. Responses to most questions were measured in a five point Likert scale, and scale values shown are the percent of respondents for whom the average of the individual's replies to that scale's questions was positive. Each scale result is graphed below to show the 2014, 2015, and 2016 results for New Mexico. A red dotted line shows what the US average was in 2015 for that measure. The specific questions that make up the scale are listed below the graph, along with sample comments from respondents.

Survey Highlights- Adult

Who we surveyed - Adults

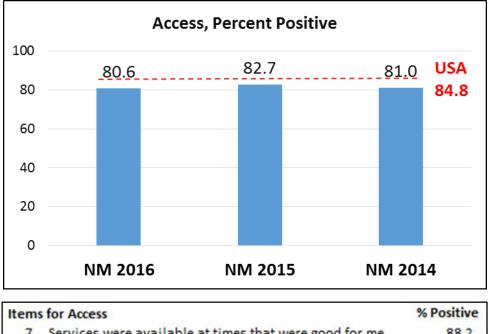
Our sample was drawn from those individuals who had received care anytime between July 1, 2015, and February 29, 2016. However, when called, respondents were free to speak about their experiences throughout the previous year. Survey telephone calls were conducted in June-July, 2016. For the 2016 survey, we heard from 1,113 adults respondents. The sample represented well the population receiving services, although females (66%) were overrepresented in the sample. The age groups and race/ethnicities are reflected below:





Definition: *Entry into behavioral health services is quick, easy and convenient.*

Observations: The average proportion of positive responses for Access was 80.6%. This is below the national 2015 average of 84.8%, and below the prior year's performance of 82.7%. Respondents were least satisfied with access to their psychiatrist, as reflected in their comments.



7.	Services were available at times that were good for me.	88.2
5.	Staff were willing to see me as often as I felt it was necessary.	87.6
4.	The location of services was convenient (parking, public transportation, distance, etc.).	84.9
8.	I was able to get all the services I thought I needed.	84.0
6.	Staff returned my call in 24 hours.	83.2
9.	I was able to see a psychiatrist when I wanted to.	74.8

Consumer Comments about Access:

"Services in my region are limited and not sufficient for providing the quality of care that is needed."

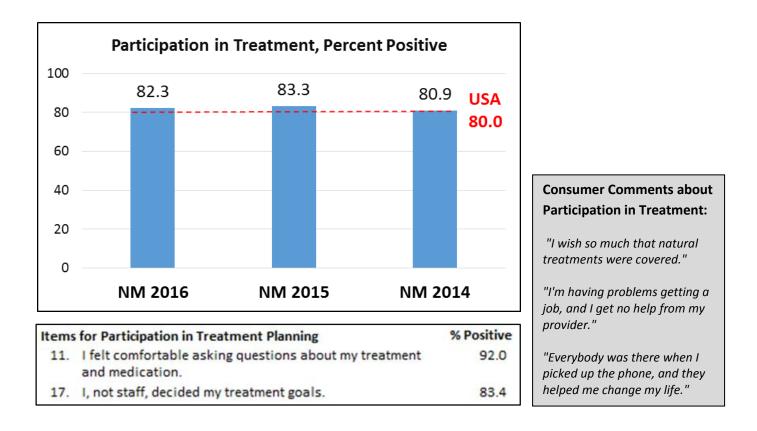
"I'm having transportation problems. When it's late, I can't get into treatment."

"I had to go to El Paso to get help. There is a waiting list in NM."

Domain: Participation in Treatment

Definition: Adults feel that they are a part of their treatment team.

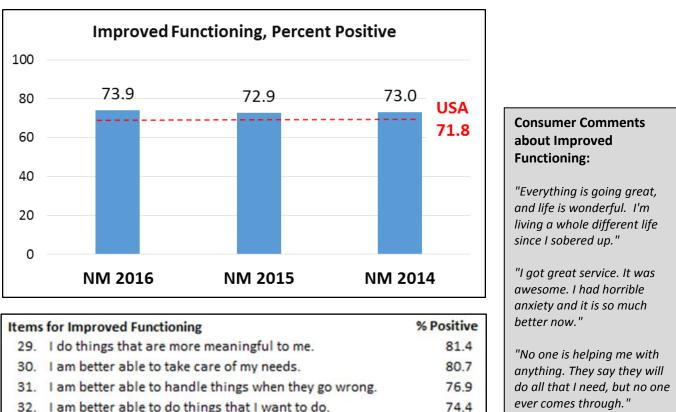
Observations: The average proportion of positive responses for Participation in Treatment was 82.3%. This is above the national 2015 average of 80.0%, but below the prior year's performance of 83.3%. While adults were generally satisfied asking questions about their treatment or medications, they were notably less satisfied about the process of setting their treatment goals.



Domain: Improved Functioning

Definition: Adults feel they can manage their daily activities better.

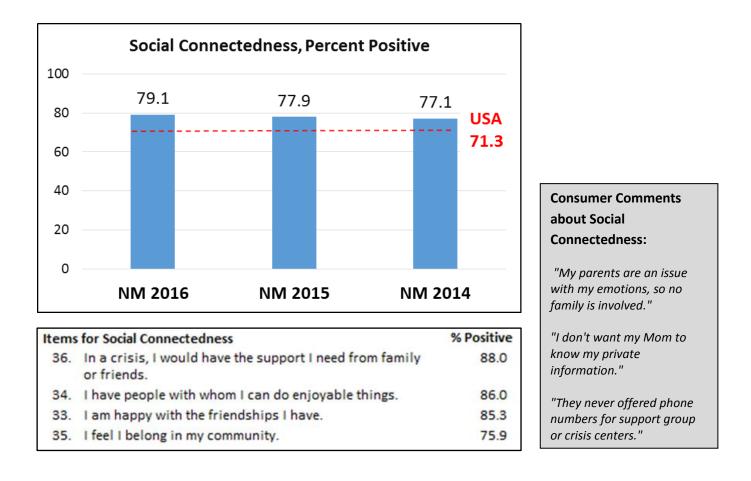
Observations: The average proportion of positive responses for Improved Functioning was 73.9%. This is above the national 2015 average of 71.8%, and is above the prior year's performance of 72.9%. In particular, adults were less satisfied about being able to handle things when they went wrong and about doing what they wanted to do.



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

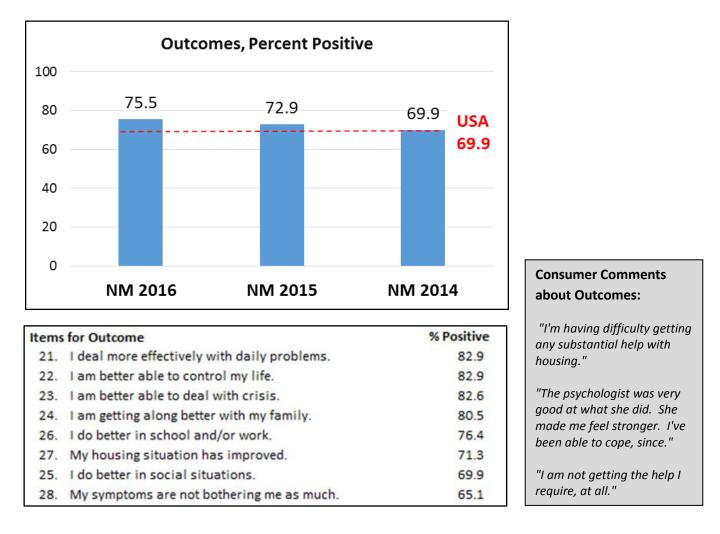
Definition: Adults feel they are connected in their family and friends, have social supports and belong to their community.

Observations: The average proportion of positive responses for Social Connectedness was 79.1%. This is well above that national 2015 average of 71.3%, and is above the prior year's performance of 77.9%. The area in which adults were less satisfied had to do with their sense of belonging in their community.



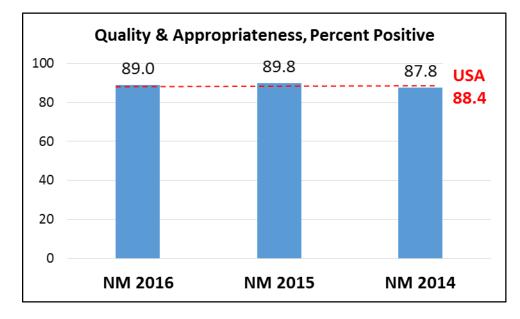
Definition: The extent to which services provided to individuals with behavioral health needs have a positive or negative effect on their well-being, life circumstances, and capacity for self-management and recovery.

Observations: The average proportion of positive responses for Outcomes was 75.5%. This is above the national 2015 average of 69.9%, and is up from the prior year's performance of 72.9%. Satisfaction was notably lower in the areas of symptom management, work, housing, and handling social situations.



Definition: Services are individualized to address the consumer's strengths and needs, cultural context, preferences and recovery goals.

Observations: The average proportion of positive responses for Quality & Appropriateness was 89.0%. This meets the national 2015 average of 88.4%, and is down slightly from the prior year's performance of 89.8%. Adults were less satisfied with staff's encouragement to use consumer-run programs and for help in watching out for side effects in their care.



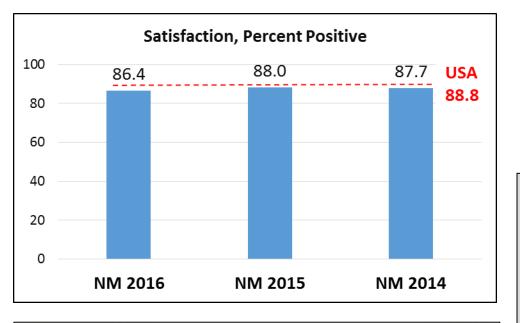
Items	Items for Quality & Appropriateness		
16.	Staff respected my wishes about who is and who is not to be given information about my treatment.	95.2	
13.	I was given information about my rights.	93.5	
18.	Staff were sensitive to my cultural background (race, religion, language, etc.)	91.9	
10.	Staff here believe that I can grow, change and recover.	89.6	
14.	Staff encouraged me to take responsibility for how I live my life.	89.2	
12.	I felt free to complain.	87.6	
19.	Staff helped me obtain the information I needed so that I could take charge of managing my illness.	87.1	
15.	Staff told me what side effects to watch out for.	84.6	
20.	I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	79.2	

Consumer Comments about Quality & Appropriateness:

"I would like there to be more Spanish speakers or interpreters. I don't feel comfortable talking about the medication I'm receiving."

"I just want them to stop changing and taking away counselors in mid-stream. It's like changing horses in mid-race. It's very rough on the rider and the horse. " **Definition:** Adults are generally happy with the services they are provided.

Observations: The average proportion of positive responses for Satisfaction was 86.4%. This is slightly lower than the national 2015 average of 88.8%, and is nearly the same as the prior year's performance of 88.0%. Adults were less satisfied with the range of provider choices available to them.



Items for Satisfaction		% Positive
1.	I like the services that I received here.	91.5
3.	I would recommend this agency to a friend or family member.	88.5
2.	If I had other choices, I would still get services from this agency.	84.3

Consumer Comments about Satisfaction:

"I like what my Care Coordinators do for me. They help me out a lot. They tell me right from wrong, and they explain everything to me."

"They first refused to put me on meds because I wasn't on birth control. They didn't seem to care, and didn't tell me about side effects."

Other Areas

Housing: Problems in the support areas of housing and employment are often crucial factors affecting behavioral health recovery. When asked "*Is your housing situation getting in the way of your mental health/recovery?*", 12.9% of the total sample said Yes. Among that 12.9%, 44.3% strongly agreed or agreed that "*My housing needs were part of my treatment plan.*" Among that group, 38.0% strongly agreed or agreed that "When I had a housing problem, the staff helped me solve it."

Employment: When asked "Would having work (either paid or volunteer) help you with your mental health/recovery?", 44.6% of the total sample said Yes. Among that 44.6%, about half (51.5%) strongly agreed or agreed that "My work goals were part of my treatment plan." Also, about three quarters (74.6%) strongly agreed or agreed that "When I had a problem with work, the staff helped me solve it." Also, about three quarters (78.6%) strongly agreed or agreed that "Because of the staff's help in general, my work situation is better."

Substance Abuse: About one fifth (19.2%) of respondents said they had received services for drug or alcohol use in the past year. Among those respondents, most (92.4%) said the substance abuse services they received helped reduce their use of drugs and/or alcohol, and most (92.0%) said they have the tools they need to understand and prevent relapse.

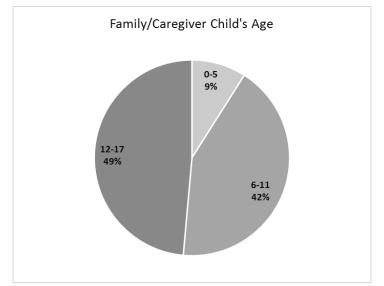
Medications: About two-thirds (66.9%) indicated that they received medication services as part of their treatment in the past year. Most (81.8%) of those strongly agreed or agreed that the medications help control the symptoms that used to bother them. Almost two-thirds (68.2%) strongly agreed or agreed that they were offered a choice in or alternative to medication.

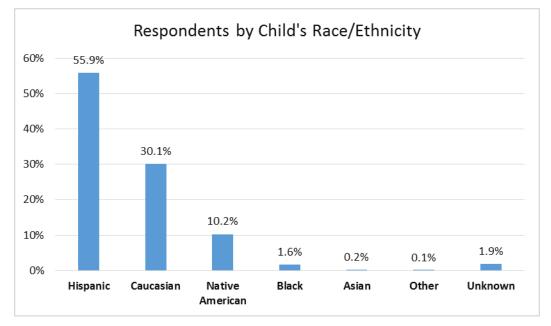
Care Coordination: About 23.1% of respondents had been assigned care coordination assistance at higher levels (Level 2 or 3) in Centennial Care. Among that 23.1%:

- Most (71.2%) said their Care Coordinator had been helpful with their goals all or most of the time.
- About three quarters (78.6%) said they participated in developing their Care Coordination Plan all or most of the time.

Who we surveyed - Child Family/Caregivers

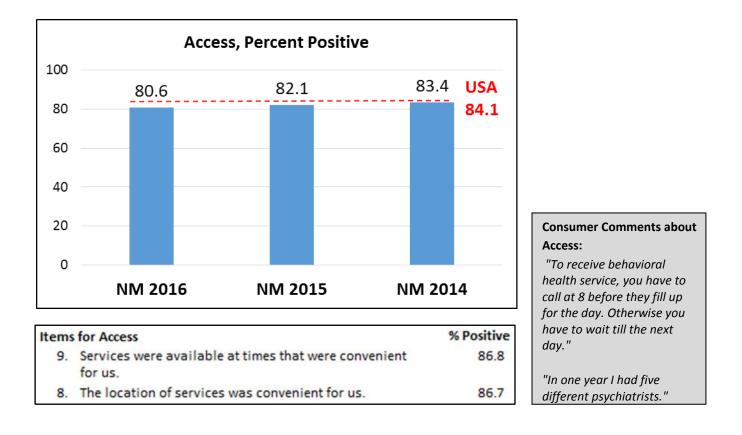
Our sample was drawn randomly from those children who had received care between July 1, 2015, and February 29, 2016. However, when called, respondents were free to speak about their experiences through the previous year. Telephone surveys were conducted in June, 2016. For the 2016 survey, we heard from 1,122 Family/Caregiver respondents. Fifty-eight percent (56%) of the children were males and 44% females, well-representing the overall population of children in treatment.





Definition: *Entry into behavioral health services is quick, easy and convenient.*

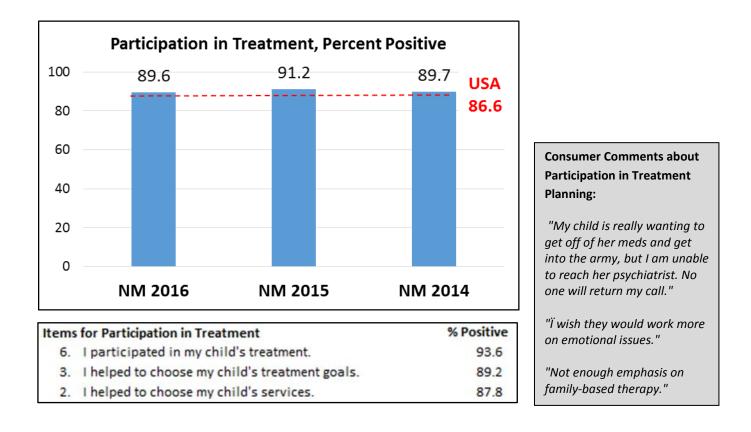
Observations: The average proportion of positive responses for Access was 80.6%. This is a bit below the national 2015 average of 84.1%, as well as the prior year's performance of 82.1%.



Domain: Participation in Treatment Planning

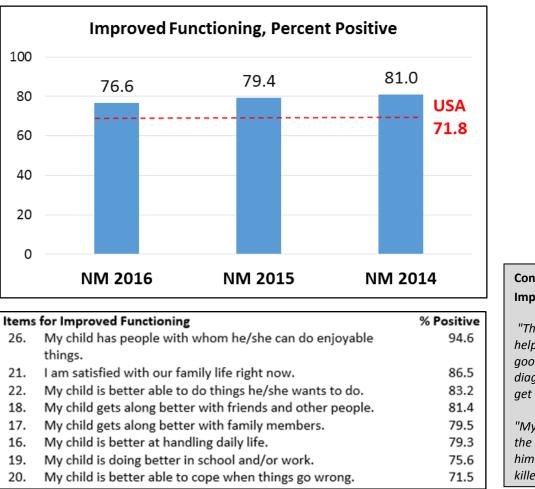
Definition: Families feel that they are a part of their child's treatment team.

Observations: The average proportion of positive responses for Participation in Treatment was 89.6%. This is above the national 2015 average of 86.6% but below the prior year's performance of 91.2%. Families feel very positive about being part of their child's treatment team.



Definition: Families feel their child is better able to do the things they want to do, and have someone with whom they can enjoy things.

Observations: The average proportion of positive responses for Improved Functioning was 76.6%. This is above the national 2015 average of 71.8%, but is slightly down from the prior year's performance of 79.4%. While generally satisfied, families are less positive about their child doing better in school and being better able to cope when things go wrong.

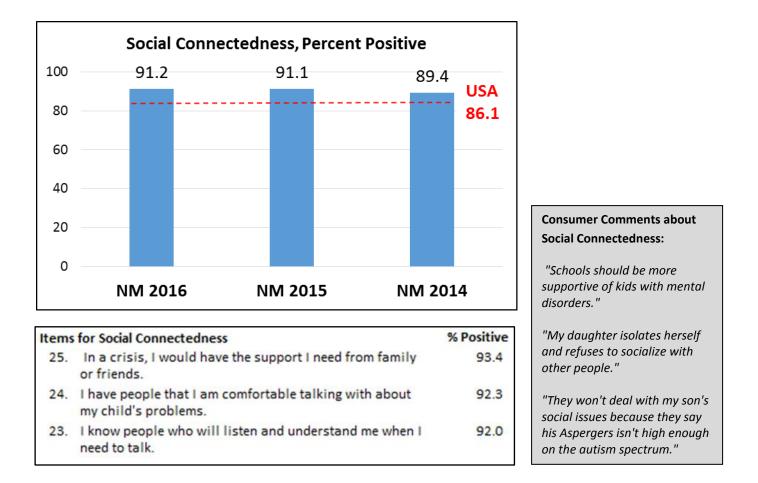


Consumer Comments about Improved Functioning:

"The people that were helping my son were really good. They were able to diagnose him in one day and get him the help he needed."

"My son has diabetes, but the school program still gives him candy, and it nearly killed him." **Definition:** Families feel they have the social supports to listen to them when they need to talk and have help to deal with their child's problems or crises.

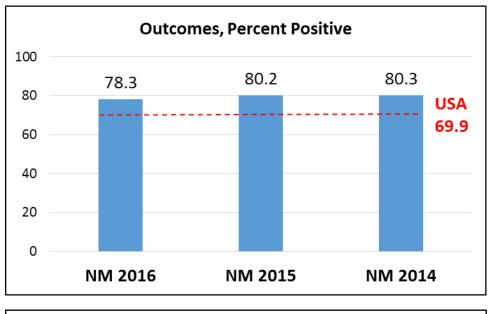
Observations: The average proportion of positive responses for Social Connectedness was 91.2%. This is above that national 2015 average of 86.1%, and is slightly higher than the prior year's performance of 91.1%. Families feel very satisfied with this area.

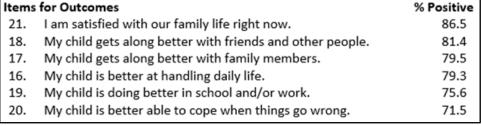


Domain: Outcomes

Definition: The extent to which services provided to families with behavioral health needs have a positive or negative effect on their child's ability to get along with family and friends, do better in school, handle daily activities and cope with problems.

Observations: The average proportion of positive responses for Outcomes was 78.3%. This is substantially above that national 2015 average of 69.9%, but is down a bit from the prior year's performance of 80.2%. Satisfaction was notably lower in the areas of school and coping when things went wrong.





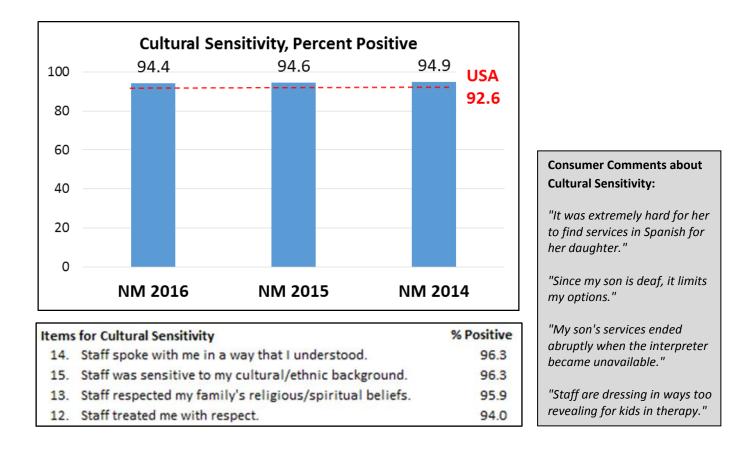
Consumer Comments about Outcomes:

"I can say that the wraparound services for therapy were awesome. They helped."

"My child needs more help. He is struggling with school."

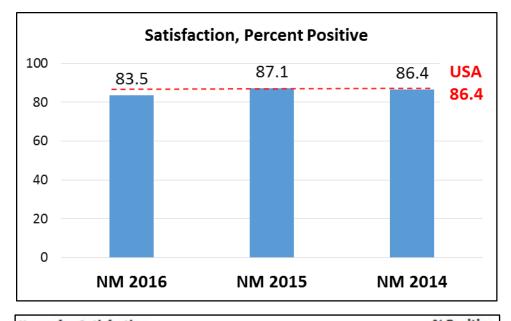
Definition: The extent to which services provided to families are delivered in a manner that is respectful of cultural background, language and spiritual beliefs.

Observations: The average proportion of positive responses for Cultural Sensitivity was 94.4%. This is above that national 2015 average of 92.6%, and about the same as the prior year's performance of 94.6%. Families are very satisfied with staff's respect for and sensitivity to the family's cultural background and spiritual beliefs. They also felt they were spoken to in a way they understood.



Definition: Families are generally happy with the services that are provided to their child.

Observations: The average proportion of positive responses for Satisfaction was 83.5%. This is below the national 2015 average of 86.4%, and <u>statistically significantly lower</u> than the prior year's performance of 87.1%. While families were very satisfied with the services their child received, they were less satisfied about getting the amount of help they wanted or needed.



Items	Items for Satisfaction	
1.	Overall, I am satisfied with the services my child received.	90.3
5.	I felt my child had someone to talk to when he/she was troubled.	86.9
7.	The services my child and/or family received were right for us.	86.3
4.	The people helping my child stuck with us no matter what.	85.5
10.	My family got the help we wanted for my child.	84.1
11.	My family got as much help as we needed for my child.	77.9

Consumer Comments about Satisfaction:

"Over four years I was forced to change providers eight times."

"The counselors came to my house and it made it easier for me, but the school is not helping me very much."

"The MCO needs to stop being so picky about what hospital they want to pay for."

Other Areas

Access to Care: This is an important area for all families. Most Family respondents (83.1%) indicated that staff who understood their situation returned calls within 24 hours all or most of the time. Most respondents (77.0%) indicated that when their children needed behavioral health services, they received them within two weeks all or most of the time. When families wanted children on medication to see a psychiatrist, 64.5% of respondents indicated that they never or hardly ever had difficulty getting in. Nearly all children (98.9%) received services that were provided using the language they prefer.

Medications: About one-third (36.0%) of families indicated that their children received medication services as part of their treatment. Of those, most (80.5%) families indicated that staff told them what side effects to watch for, all of the time or most of the time. About two-thirds of the families (67.0%) indicated that they were offered alternatives to or choices about medication all or most of the time.

Care Coordination: About 10.0% of respondents indicated that the child was enrolled in a higher level of Centennial Care care coordination (Level 2 or 3). Among those 10.0%:

- Most (70.2%) said their Care Coordinator had been helpful with the child's goals all or most of the time.
- Most (83.0%) said they participated in developing the child's Care Coordination Plan all or most of the time.
- Most (78.2%) said that their child's physical health was included in the Care Coordination Plan all or most of the time.

Acknowledgments

There are many individuals who assisted in obtaining the information for this survey, and it is impossible to mention everyone by name. The Project Steering Committee would like to extend their gratitude to all of the workers, volunteers, family members, and other stakeholders who participated.

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Special Thanks to:

Falling Colors: Reba Serafin, Pam Koster, Mindy Hale, & Gordon O'Brien Families ASAP: Delfy Roach Albuquerque Center for Hope and Recovery: Elise Padilla & Maxine Henry Rosangela Ortiz The Life Link