

**New Mexico
Behavioral Health
Consumer, Family/Caregiver
Satisfaction Project**

2017



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, Presbyterian/Magellan, United Healthcare; and New Mexico Behavioral Health Consumers, Families, Children and Youth.

Table of Contents

Introduction	1
Survey Highlights – Adult	3
Who was surveyed?	3
Domain: Access	6
Domain: Participation in Treatment	7
Domain: Improved Functioning	8
Domain: Social Connectedness	9
Domain: Outcomes	10
Domain: Quality & Appropriateness	11
Domain: Satisfaction	12
Other Areas	13
Survey Highlights – Child - Family/ Caregivers	14
Who was surveyed?	14
Domain: Access	17
Domain: Participation in Treatment Planning	18
Domain: Improved Functioning	19
Domain: Social Connectedness	20
Domain: Outcomes	21
Domain: Cultural Sensitivity	22
Domain: Satisfaction	23
Other Areas	24
Acknowledgements	25

FY2017 Consumer Family/Caregiver Report

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, 2016, and February, 2017. There is a separate Youth Report which surveys youth in detention and shelters; CYFD will make it available in late fall, 2017.

2017: The Fourth Year of Centennial Care

Since 2014 when Centennial Care began in New Mexico, there were some significant changes in New Mexico's behavioral health care environment that can continue to affect individuals during the period in which they were receiving care and surveyed (July, 2016, through February, 2017.)

- 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.

The reader will see trend data in each of the domains which reflects the respondents' satisfaction across the four years of Centennial Care (2014-2017.)

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 in late fall on the New Mexico Network of Care

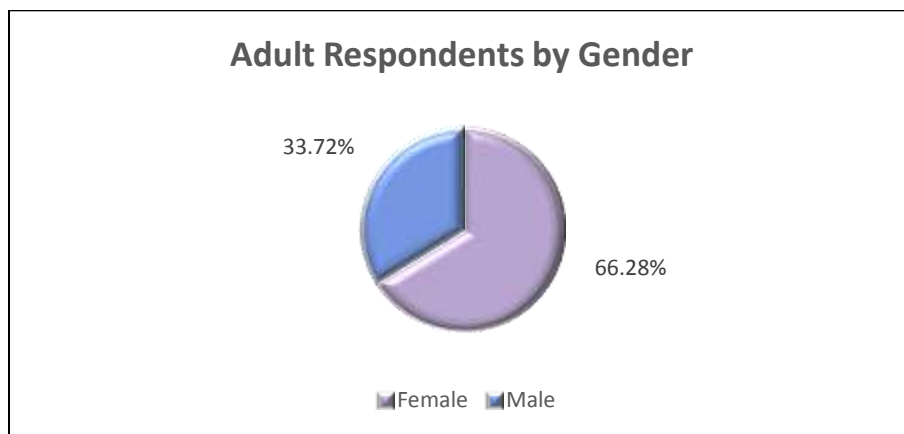
There are seven subscales within the survey that are used nationally. This provides a helpful benchmark for our state's performance. Each of those scales is presented in the report. Responses to most questions were measured in a five point Likert scale, and scale values shown are the percent of respondents 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, 2016 and 2017 results for New Mexico. A red dotted line shows what the US average was in 2016 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

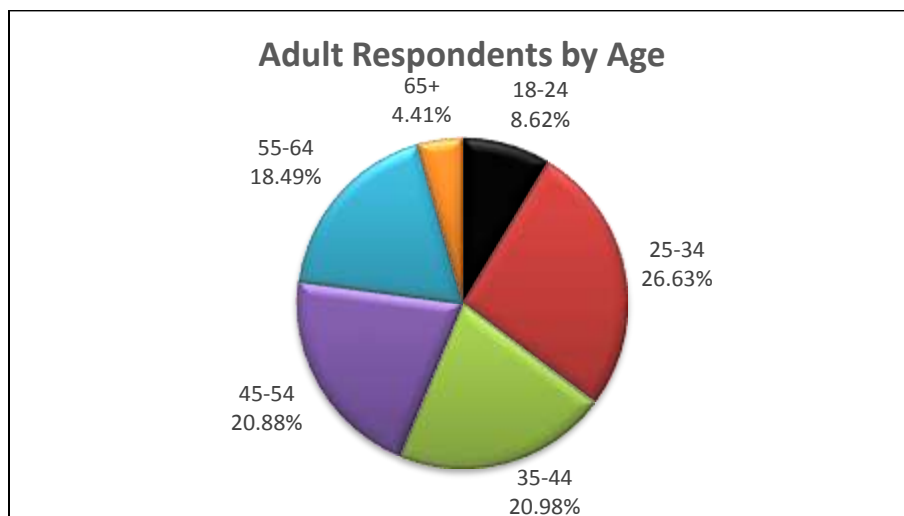
Who we surveyed - Adults

Our sample was drawn from those individuals who had received care anytime between July 1, 2016, and February 29, 2017. However, when called, respondents were free to speak about their experiences throughout the entire previous twelve months. Survey telephone calls were conducted in June, 2017. For the 2017 survey, we heard from 1,044 adults respondents. Generally speaking, the sample well represented the population receiving services.

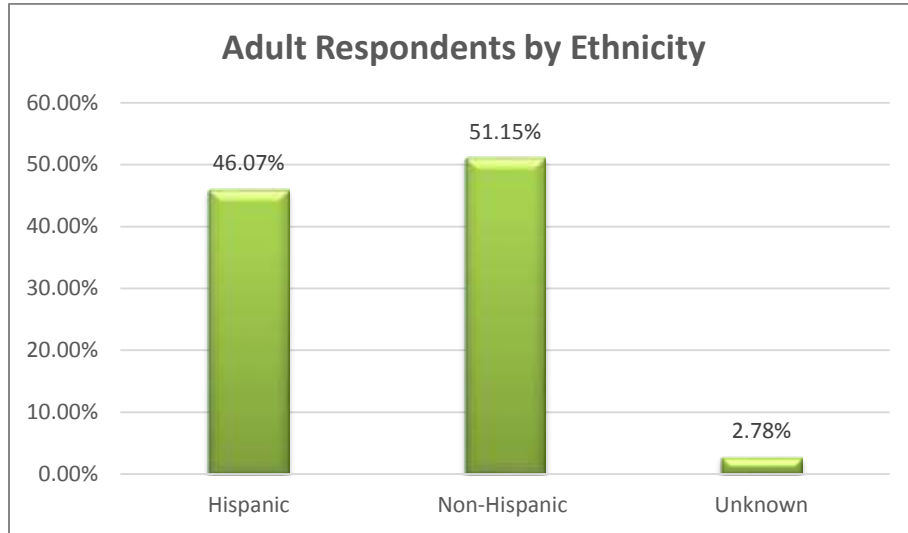
GENDER: However, females (66%) were overrepresented in the sample. They represent only 57% of those receiving services during the same period.



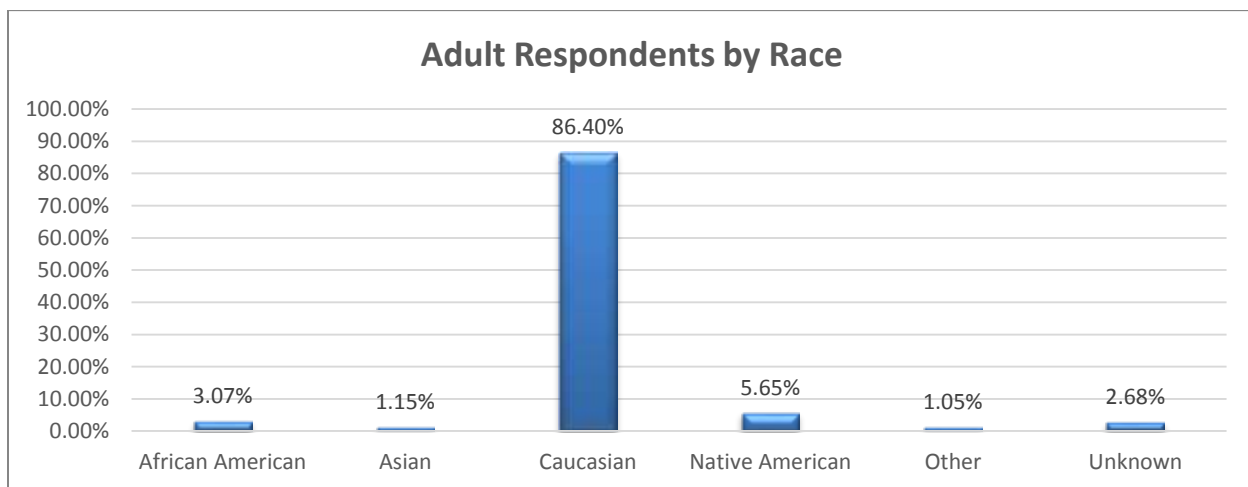
AGE: The respondents ages 45-64 years old (39.4%) were overrepresented in the sample. They represent only 28.7% of those receiving services during the same period. The same is true of the youngest age group, 18-24 years, who were 8.6% of the sample but are 15.2% of the population receiving services.



ETHNICITY: Forty-six percent (46.1%) of the respondents identified their ethnicity as Hispanic. That is very similar to the population receiving services (47.9%) during the same period



RACE: As with the population receiving services, 86% of the respondents identified themselves as Caucasian. Native American respondents (5.65%) were slightly underrepresented as compared to those receiving services (6.7%). And African American respondents (3.1%) were slightly overrepresented as compared to those receiving services (2.6%).



Overview of Findings by Seven Domains: There were two different instruments tailored to the issues pertinent to adults and again for children. The items in each domain are identical to those used nationwide. That allows New Mexico to compare its performance to the National Average. Additional subscales were also

measured (i.e., supportive housing, supportive employment, substance abuse, medication management and care coordination.) Those findings are included at the end of the Adult section of this report on page 13.

Overall, New Mexico has scored higher than the National Average in the majority of the Adult domains (57%). However, we are below the National Average in the domains of: Access; Improved Functioning; and, general Satisfaction. Relative to the prior year, 2016, we were not significantly different in performance across the domains. The MCO's are currently working on their quality improvement strategies to make improvements in these domains.

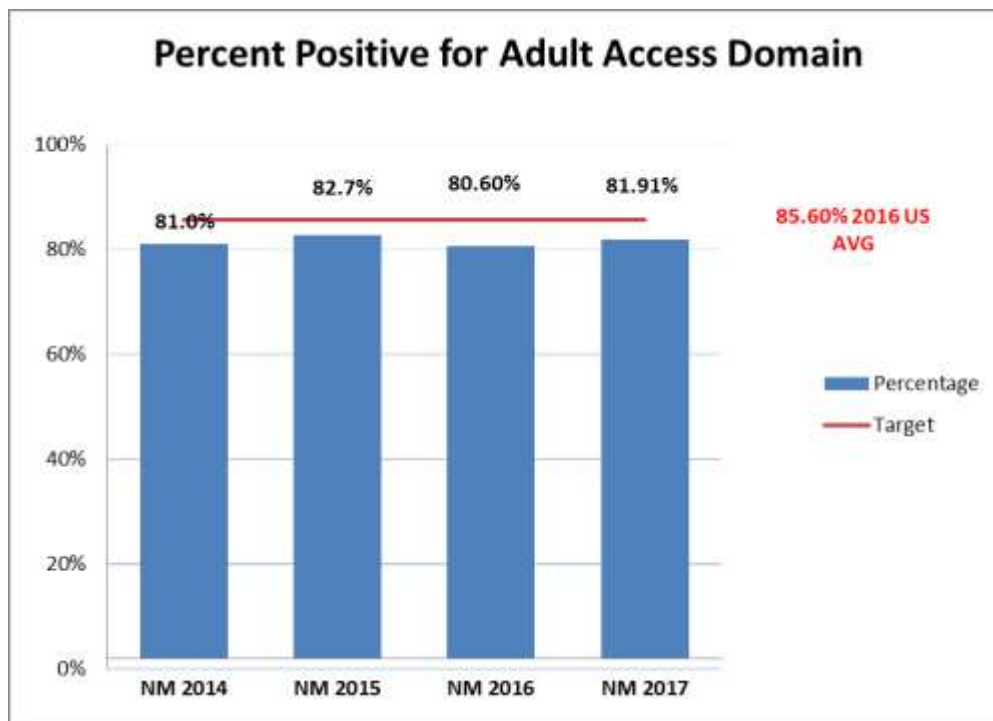
The complete report will be available on the New Mexico Network of Care website at:

www.newmexico.networkofcare.org

Domain: Access

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

Observations: The average proportion of positive responses for Access was 81.9%. This is below the national 2016 average of 85.6%, but above the prior year’s performance of 80.6%. Respondents were least satisfied with access to their psychiatrist.



Consumer Comments about Access:

“I have liked access to a peer support worker. They gave me the number to the Peer Support line.”

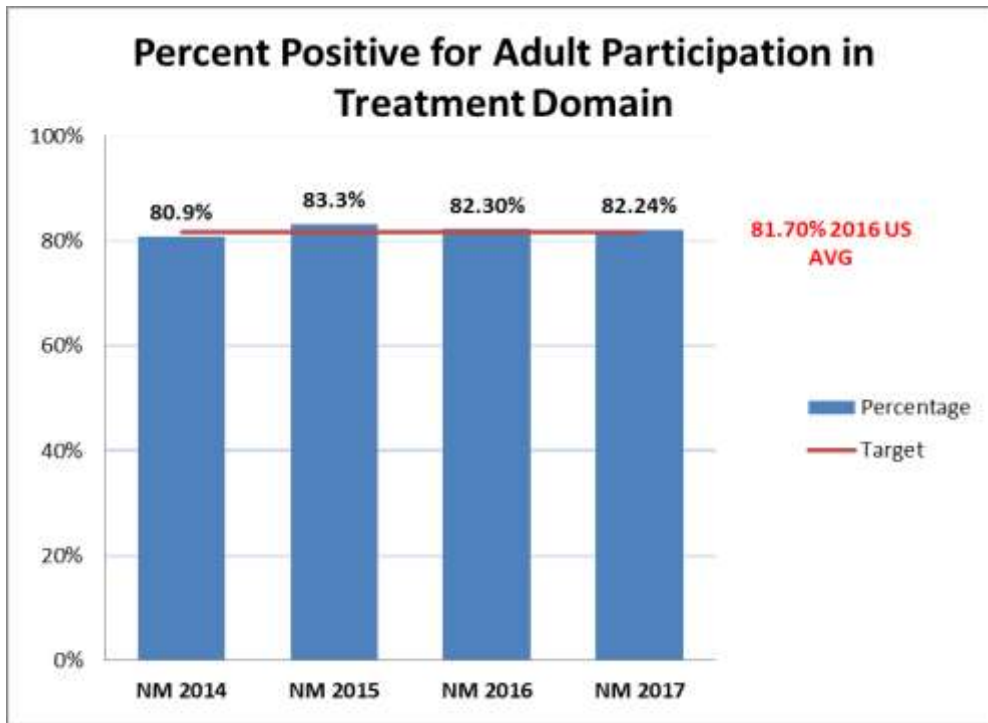
The most frequently cited problems with access were: needing more psychiatric providers, problems accessing medication, lack of treatment facilities, transportation and housing.

Q #	Items for Access	Domain Item Percentage
4	The location of services was convenient (parking, public transportation, distance, etc.).	86.58%
5	Staff were willing to see me as often as I felt it was necessary.	86.50%
6	Staff returned my call in 24 hours.	81.00%
7	Services were available at times that were good for me.	87.97%
8	I was able to get all the services I thought I needed.	82.58%
9	I was able to see a psychiatrist when I wanted to.	77.79%

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 82.2%. This is above the national 2016 average of 81.7%, and similar to the prior year’s performance of 82.3%. 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.



Consumer Comments about Participation in Treatment:

“Services were geared toward the whole person and used the principals of self-determination.”

“I’m working with my care coordinator to help me stay out of the hospital.”

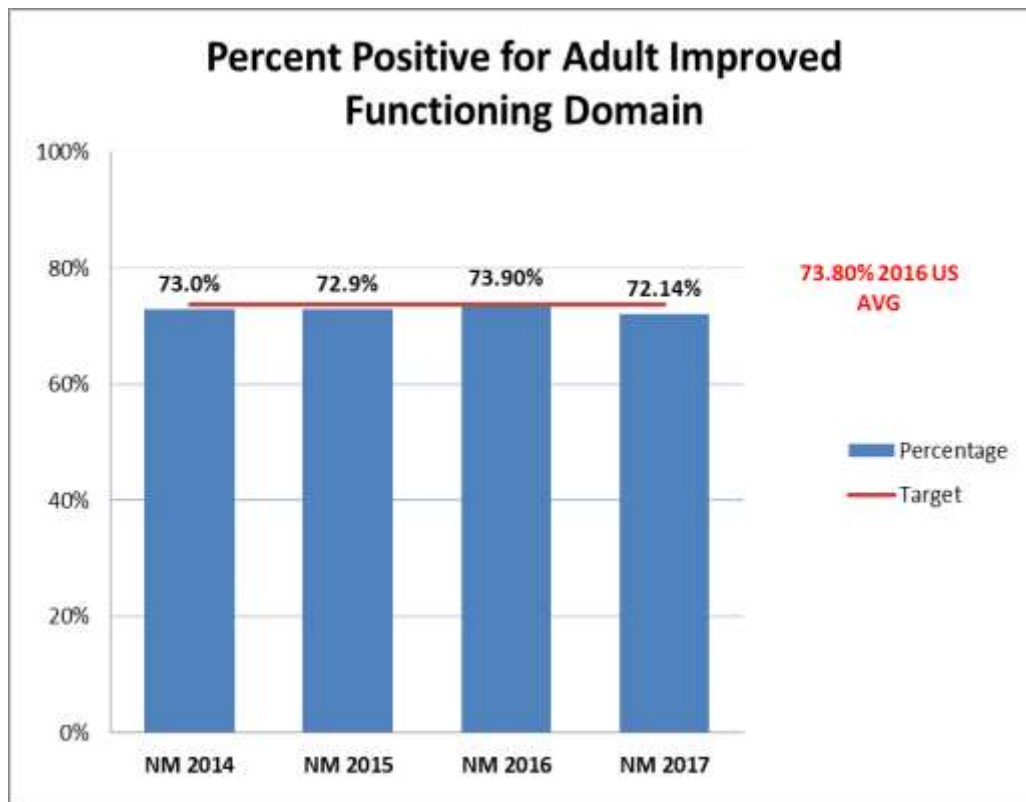
“The doctor at Provider’s office is amazing. After decades of looking for help, she was the first person to realize my problem was not an anxiety disorder, but PTSD.”

Q #	Items for Participation in Treatment	Domain Item Percentage
11	I felt comfortable asking questions about my treatment and medication.	91.44%
17	I, not staff, decided my treatment goals.	83.91%

Domain: Improved Functioning

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

Observations: The average proportion of positive responses for Improved Functioning was 72.1%. This is below the national 2016 average of 73.8%, and below the prior year’s performance of 73.9%. In particular, adults were less satisfied about managing their symptoms and being able to do what they wanted to do.



Consumer Comments about Improved Functioning:

“I believe I can go on a vacation at any time as long as I have my medication and my walker with me. I believe I can do a lot of things when I have my walker and my medication ready.”

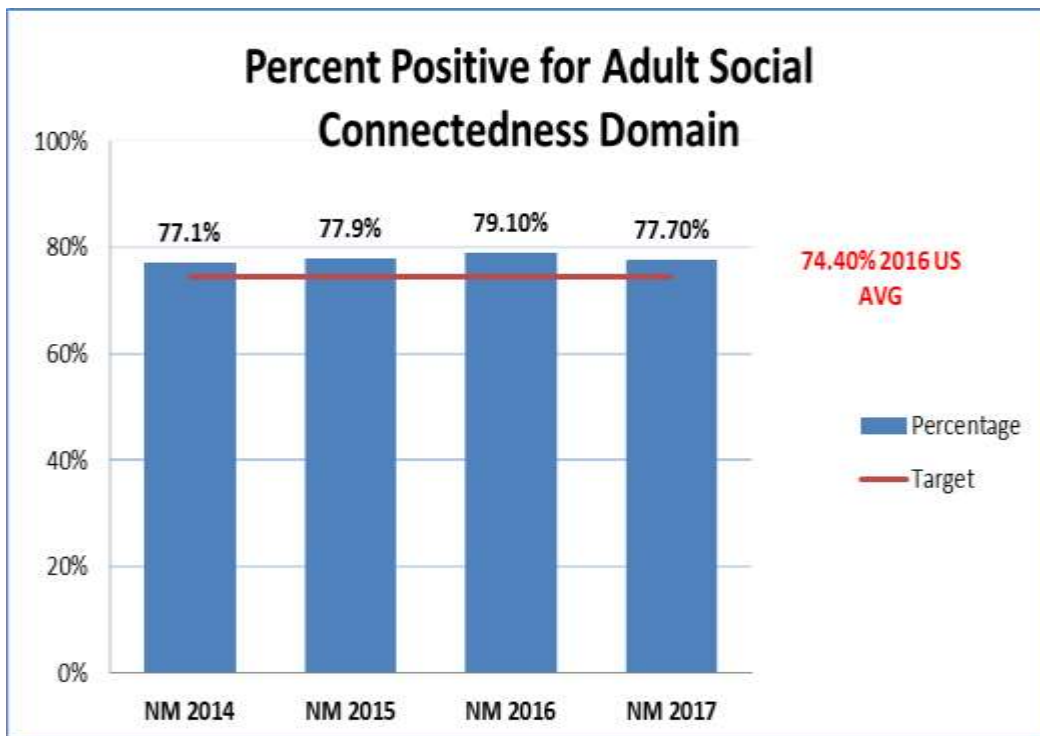
The facility has switched providers three times and he feels that it delayed his progress.

Q #	Items for Improved Functioning	Domain Item Percentage
28	My symptoms are not bothering me as much.	63.27%
29	I do things that are more meaningful to me.	78.27%
30	I am better able to take care of my needs.	79.76%
31	I am better able to handle things when they go wrong.	76.00%
32	I am better able to do things that I want to do.	74.16%

Domain: Social Connectedness

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 77.7%. This is above that national 2016 average of 74.4%, but is below the prior year’s performance of 79.1%. The area in which adults were less satisfied had to do with their sense of belonging in their community.



Consumer Comments about Social Connectedness:

The provider she was going to was AWESOME!!! They played a very important role in her recovery!

Client said the services received changed his life completely for the better.”

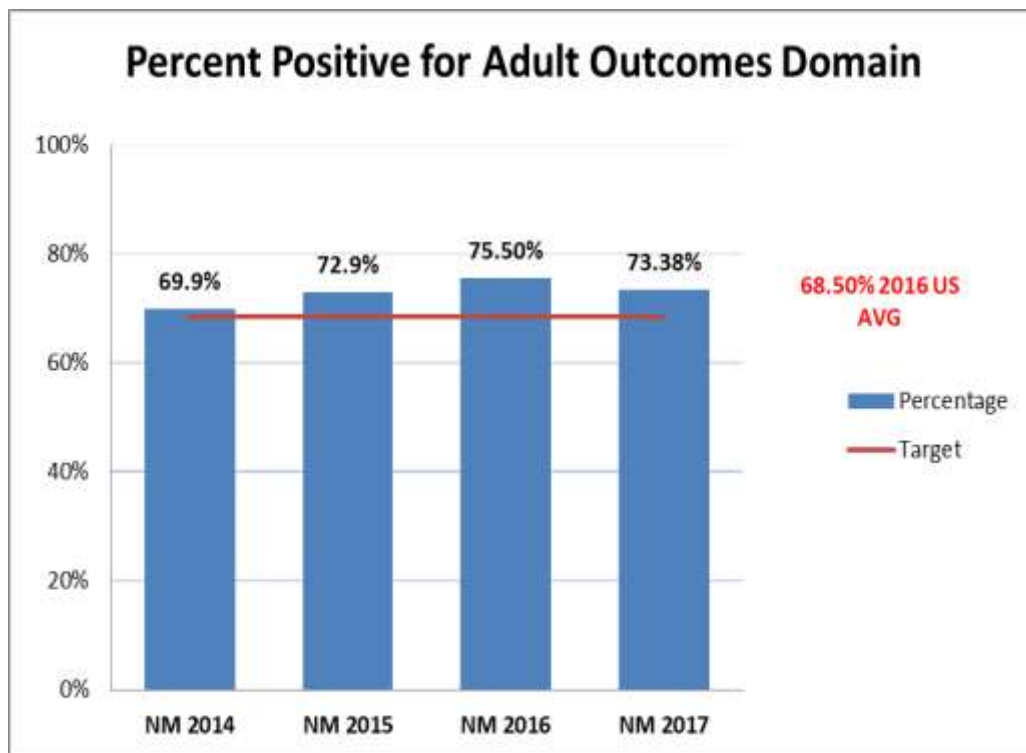
“(I am) very happy with life transitions facility and have been receiving mental health services since I was 13 and would not change it.”

Q #	Items for Social Connectedness	Domain Item Percentage
33	I am happy with the friendships I have.	82.67%
34	I have people with whom I can do enjoyable things.	85.64%
35	I feel I belong in my community.	75.02%
36	In a crisis, I would have the support I need from family or friends.	87.04%

Domain: Outcomes

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 73.4%. This is above the national 2016 average of 68.5%, but is down from the prior year’s performance of 75.5%. Satisfaction was notably lower in the areas of symptom management, work, housing, and handling social situations.



Consumer Comments about Outcomes:

“Behavior help has helped me to have more patience. Having someone to talk to has helped me also.”

“Physician works well. I can take care of myself with the treatment team; I am getting what I need.”

“Physician is a great program and is effective and saves tax payer dollars.”

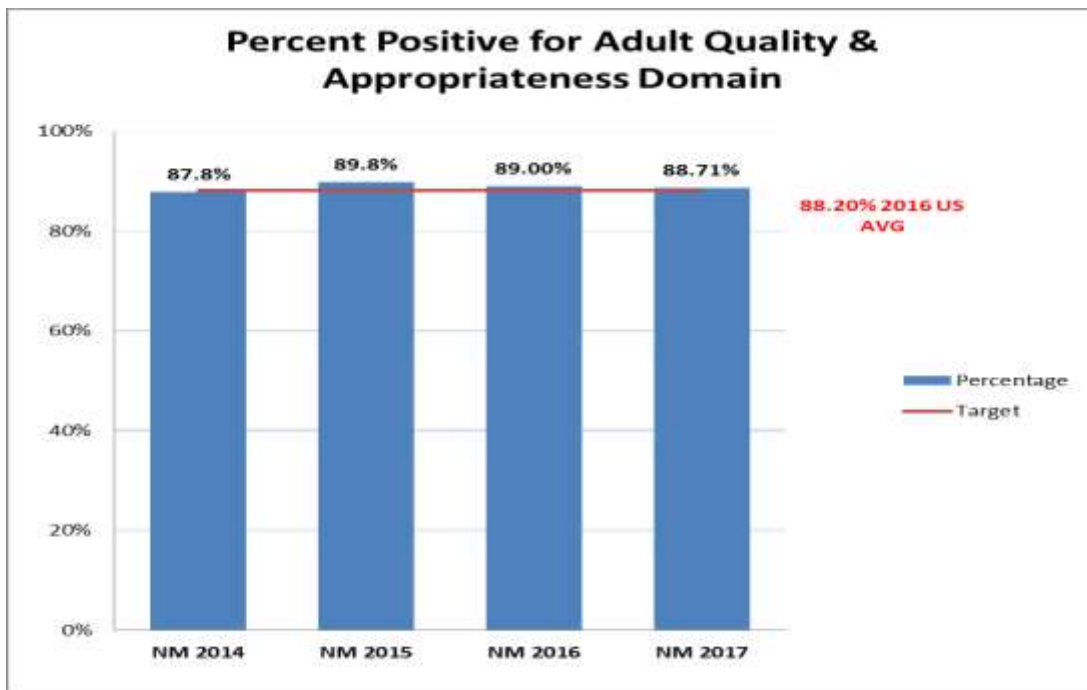
This consumer badly needs a care coordinator to help her with the house and medication access. She was promised someone last October but no one came.

Q #	Items for Social Connectedness	Domain Item Percentage
21	I deal more effectively with daily problems.	81.91%
22	I am better able to control my life.	81.50%
23	I am better able to deal with crisis.	79.16%
24	I am getting along better with my family.	80.23%
25	I do better in social situations.	68.48%
26	I do better in school and/or work.	73.11%
27	My housing situation has improved.	73.10%
28	My symptoms are not bothering me as much.	63.27%

Domain: Quality & Appropriateness

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 88.7%. This meets the national 2016 average of 88.2%, and is down slightly from the prior year’s performance of 89.0%. Adults were generally pleased with areas in this domain; however, they were less satisfied with staff’s encouragement to use consumer-run programs and for help in watching out for side effects in their care.



Consumer Comments about Quality & Appropriateness:

“My counselor asked me to study (a new form of) meditation...that was a stabilizing thing for me.

“They haven't addressed the take home medications.”

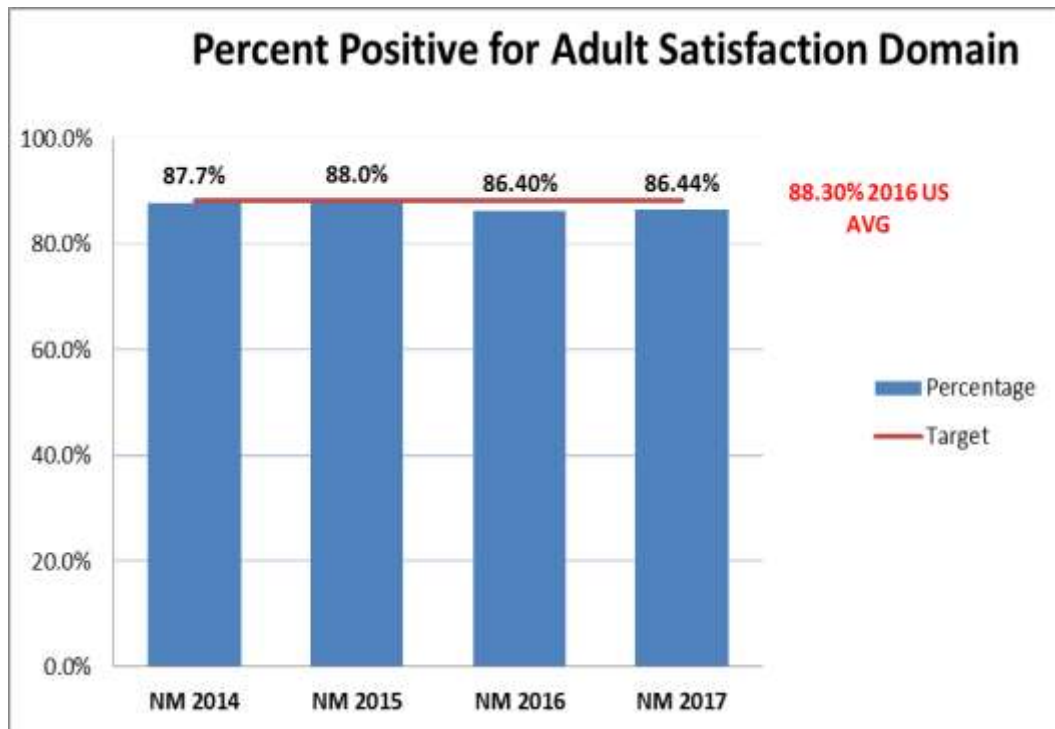
“Provider kept switching my counselor on me.”

	Items for Quality & Appropriateness	Domain Item Percentage
10	Staff here believe that I can grow, change and recover.	89.03%
12	I felt free to complain.	88.63%
13	I was given information about my rights.	94.36%
14	Staff encouraged me to take responsibility for how I live my life.	89.07%
15	Staff told me what side effects to watch out for.	84.87%
16	Staff respected my wishes about who is and who is not to be given information about my treatment.	93.08%
18	Staff were sensitive to my cultural background (race, religion, language, etc.)	90.71%
19	Staff helped me obtain the information I needed so that I could take charge of managing my illness.	86.87%
20	I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	77.00%

Domain: Satisfaction

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 lower than the national 2016 average of 88.3%, and is the same as the prior year’s performance of 88.4%. Adults were less satisfied with the range of provider choices available to them.



Consumer Comments about Satisfaction:

"The Provider was very is very educated and knowledgeable."

"I would recommend the (therapist) to my closest, dearest friend."

"Thank you so much for helping me. If it wasn't for you, I would still be on drugs."

"Consumer states it is extremely hard to get in to see a psychiatrist. There's no incentive for them to stay. More funding!!!! "

The front desk staff was not helpful. The customer service line was not good.

Q #	Items for Satisfaction	Domain Item Percentage
1	I like the services that I received here.	90.96%
2	If I had other choices, I would still get services from this agency.	84.35%
3	I would recommend this agency to a friend or family member.	88.68%

Other Areas

Problems in the support areas of housing and employment are often crucial factors affecting behavioral health recovery.

Housing: When asked *“Is your housing situation getting in the way of your mental health/recovery?”*, about ten percent (9.8%) of the total sample said *“Yes.”* Among those respondents, on average, the majority (52.0%) indicated they *“agreed or strongly agreed”* to this subscale of items:

- My housing needs were part of my treatment plan.
- When I had a housing problem, I was assisted by staff.
- If I had to wait to get housing assistance, I still received support for my other needs from my treatment team.

Employment: When asked *“Does having work (either paid or volunteer) help you with your recovery from mental health or substance abuse disorders?”*, 38% of the total sample said *“Yes”*. Among those respondents, on average, the majority (55.0%) indicated they *“agreed or strongly agreed”* to this subscale of items:

- My work goals were not part of my treatment plan.
- When I had a problem with work, I was assisted by staff.
- Because of the staff's help in general, my work situation is better.

Substance Abuse: A smaller cohort of respondents (17.6%) said they had received services for drug or alcohol use in the past year. But among those respondents, on average, almost all (95.1%) indicated they *“agreed or strongly agreed”* to this subscale of items:

- I have the tools I need to understand and continue with my recovery.
- The substance abuse services I received helped me reduce my use of drugs and/or alcohol.

Medications: Over two-thirds of respondents (68.3%) indicated that they received medication services as part of their treatment in the past year. Among those respondents, on average, 78.3% indicated they *“agreed or strongly agreed”* to this subscale of items:

- I am getting my medications when I need them.
- The medication(s) I am taking helps me control symptoms that used to bother me.
- I was offered a choice in, or alternative to, medication.

Care Coordination: About 16.8% of respondents had been assigned care coordination assistance at higher levels (Level 2 or 3) in Centennial Care. The percent of positive response per each item was as follows:

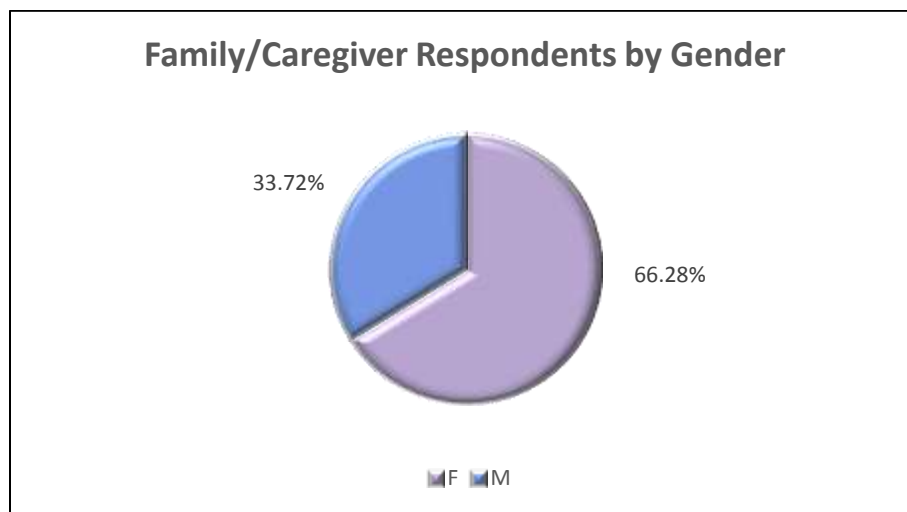
- 85.2% You were involved in developing your goals for your Care Plan.
- 81.3% Your physical health was included in your Care Plan.
- 80.5% Your Care Coordinator reviewed progress on your goals when you met together.
- 73.2% When your Care Coordinator talked with you on the phone, it helped you with your goals.
- 77.1% Your Care Coordinator assisted you when there was an interruption or change in your care.

Survey Highlights- Child Family/Caregiver Survey

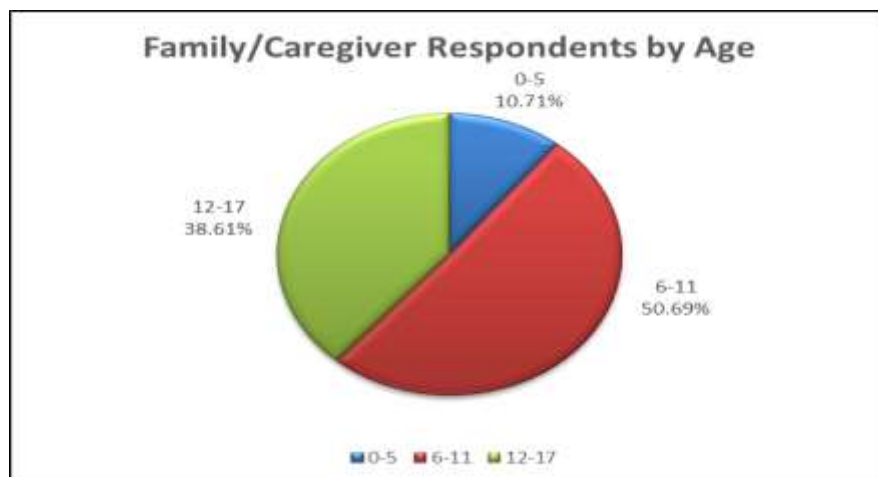
Who we surveyed - Child Family/Caregivers

Our sample was drawn randomly from those children who had received care between July 1, 2016, and February 29, 2017. We spoke to their Family/Caregivers; and, they were free to speak about their experiences of their children in service through the entire previous twelve months. Telephone surveys were conducted in June, 2017. For the 2017 survey, we heard from 1,018 Family/Caregiver respondents.

GENDER: Sixty-six percent (66.3%) of the children receiving services were females, which is a notable overrepresentation of the overall population of females receiving care (44.11%) during this period.

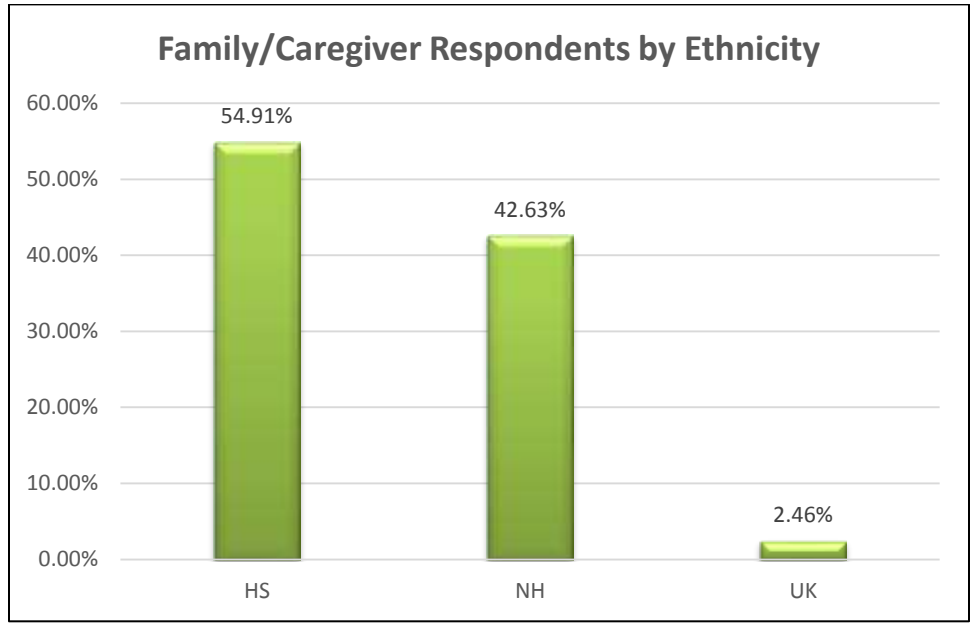


AGE: The majority of children sampled were 6-11 years old (50.7%). This over represents that population in care (43.0%). The 12-17 year old children in the sample (38.6%) were slight underrepresented when compared to that same group in care (48%). That may be due to the fact that this population group was shared with the Youth Survey and may have been sampled in that effort instead.

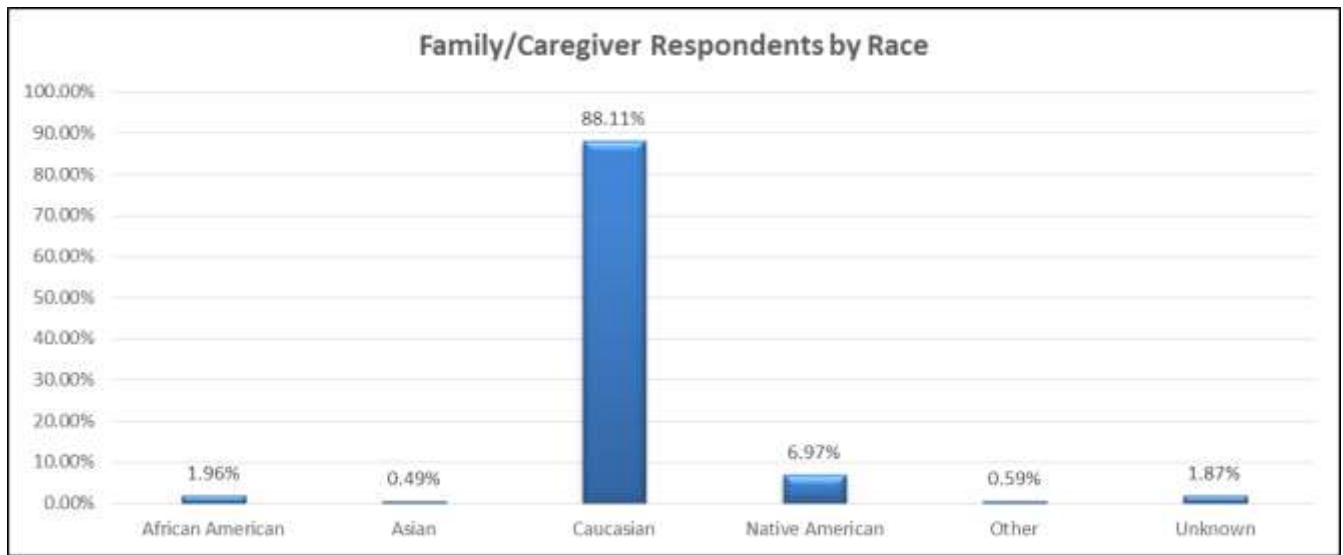


ETHNICITY: There were slightly more Hispanic children sampled (54.9%) than non-Hispanics (42.6%).

This is similar to the proportions in the population receiving services during this period.



RACE: The 88.1% of the group of children sampled were Caucasian. Both Native Americans (7.0%) and African Americans (1.96%) were slightly under represented.



Overview of Findings by Seven Domains: There were two different instruments tailored to the issues pertinent to adults and again for children. The items in each domain are identical to those used nationwide. That allows New Mexico to compare its performance to the National Average. Additional subscales were also measured (i.e., medication management, access to care, interest in Respite and Family Specialist services, and care coordination.) Those findings are included at the end of the Family/Caregiver section of this report on page 24.

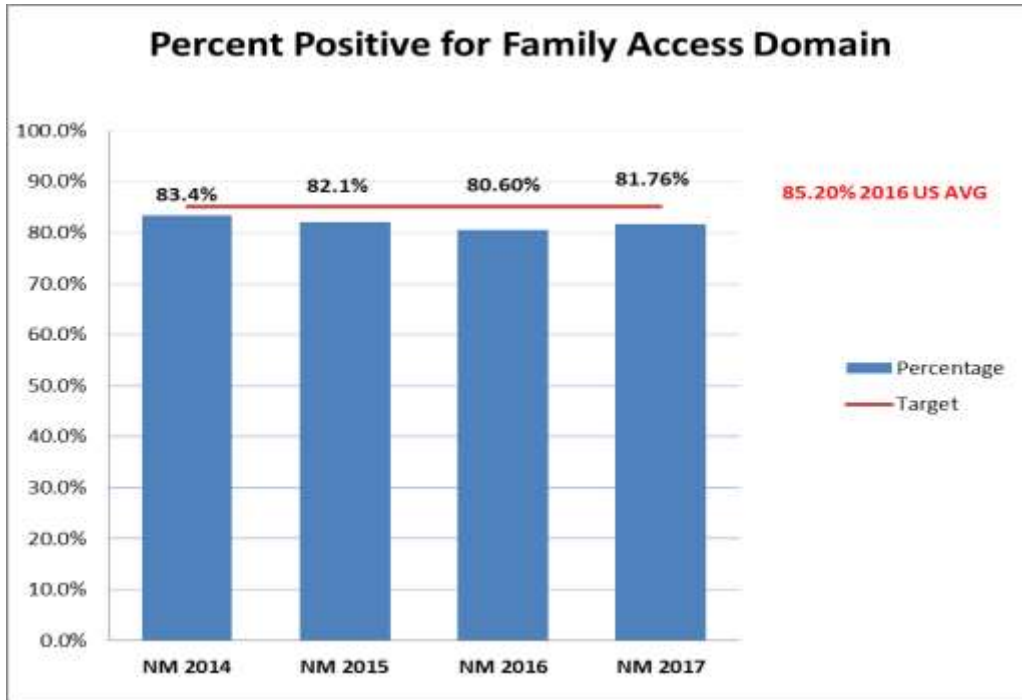
Overall, New Mexico has scored higher than the National Average in the majority of the Family/Caregiver domains (57%). However, we are below the National Average in the domains of: Access; Participation in Treatment; and, general Satisfaction. Relative to the prior year, 2016, we were statistically significantly lower in one domain, Participation in Treatment. The MCO's are currently working on their quality improvement strategies to make improvements in these domains.

The complete report will be available on the New Mexico Network of Care website at:
www.newmexico.networkofcare.org

Domain: Access

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

Observations: The average proportion of positive responses for Access was 81.8%. This is below the national 2016 average of 85.2%, but slightly higher than the prior year’s performance of 80.6%.



Consumer Comments about Access:

Overall, he was very happy with personnel and agency

The therapy sessions she is receiving does not fit with her daughter’s school schedule. Her daughter often has to miss class due to the inconvenient therapy session times.

“There is a dire need for good counselors to help children in need. Too many behavioral needs children cannot function in a school setting. More BMS workers are needed.”

“Services are not provided, not paid for and don't exist outside of Albuquerque.”

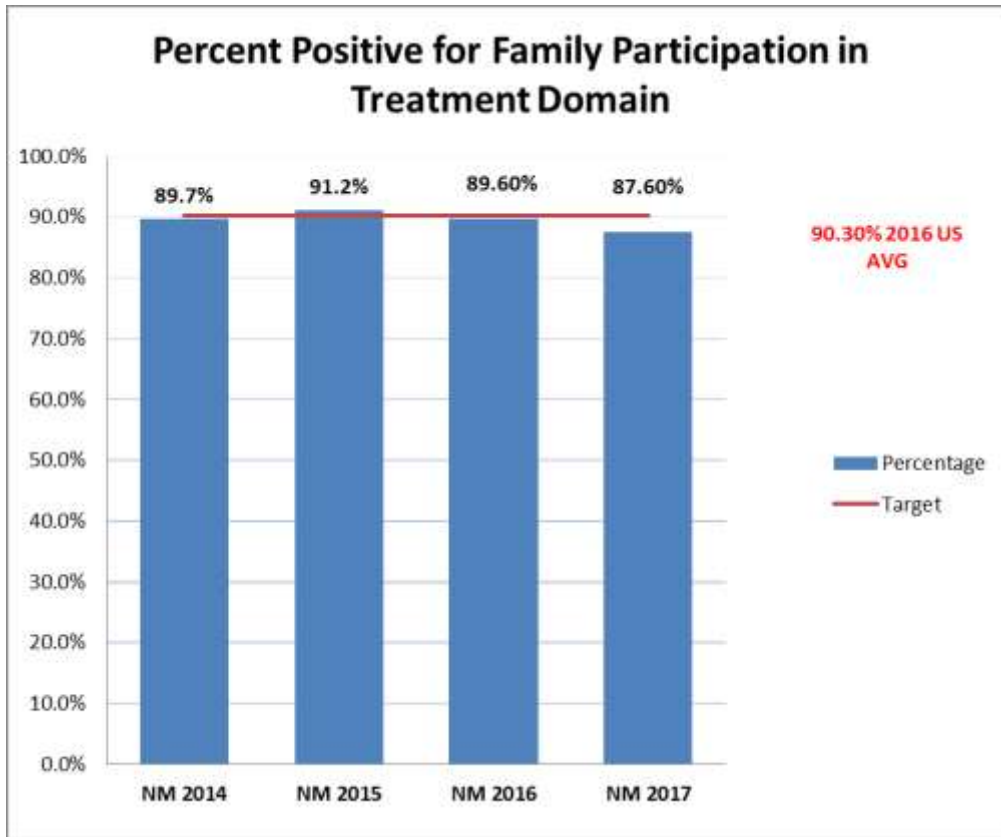
“Still waiting to receive Respite Services.”

Q #	Items for Access	Domain Item Percentage
8	The location of services was convenient for us.	87.39%
9	Services were available at times that were convenient for us.	86.88%

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 87.6%. This is below the national 2016 average of 90.3% and statistically significantly lower than the prior year's performance of 89.6%. However, Families feel very positive about being part of their child's treatment team.



Consumer Comments about Participation in Treatment Planning:

Human Services has been a blessing to grandparents raising grandchildren.

Was extremely happy with and thankful for the care her son has received at Provider and wanted it noted that all services they have were given were extremely helpful and came as a huge blessing.

Therapists have not addressed their questions to the child but speak over him as if he is not there. He is old enough to verbalize his own feelings.

The parent overall was not happy with the services she was provided and mentioned that specialists should consider patient's background and listen more to what the parent has to say.

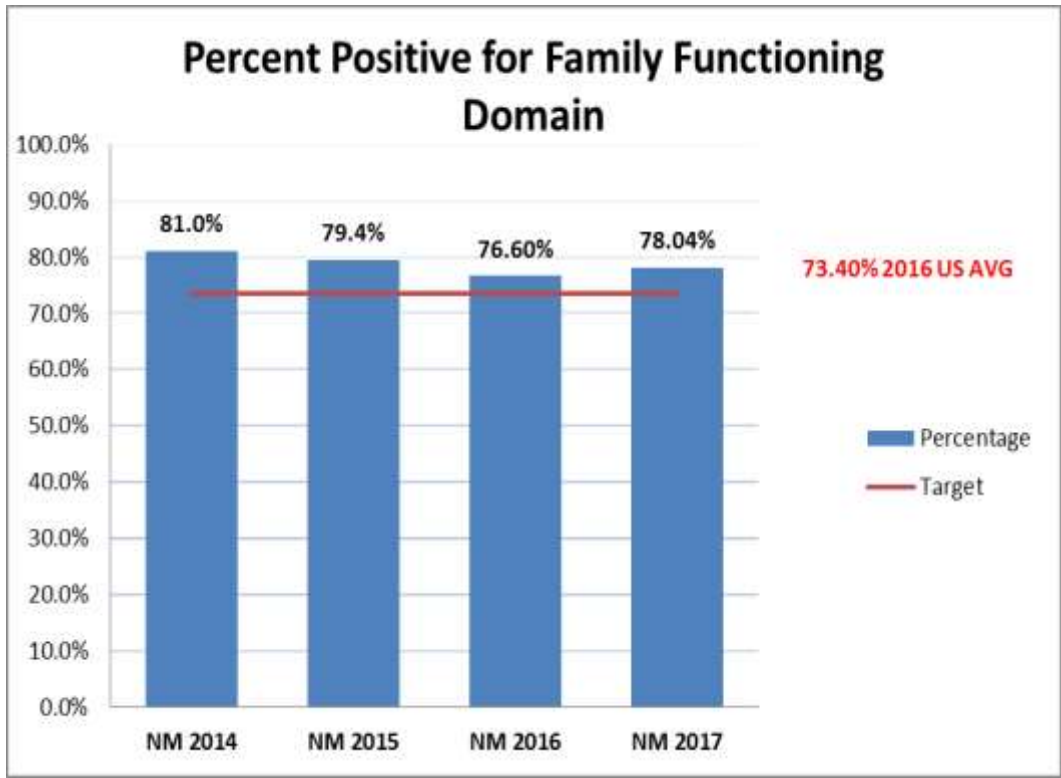
"As a parent I did not feel supported by the counselor at (the agency.) I will not recommend this agency to help with parent/child relationships."

Q #	Items for Participation in Treatment	Domain Item Percentage
2	I helped to choose my child's services.	88.83%
3	I helped to choose my child's treatment goals.	90.00%
6	I participated in my child's treatment.	92.82%

Domain: Improved Functioning

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 78.0%. This is above the national 2016 average of 73.4%, and higher than the prior year’s performance of 76.6%. While generally satisfied, families are least positive about their child doing being better able to cope when things go wrong.



Consumer Comments about Improved Functioning:

“I am very happy with the services we got from our agency and even though my daughter has not received services lately. She was requesting to go back to therapy and we are in the process of setting up an appointment.”

“I want to thank you for giving us the services it has helped out my family so much.”

Family is not being given tools/support they need and they are in crisis.

Parent doesn’t receive any information about how the sessions are going.

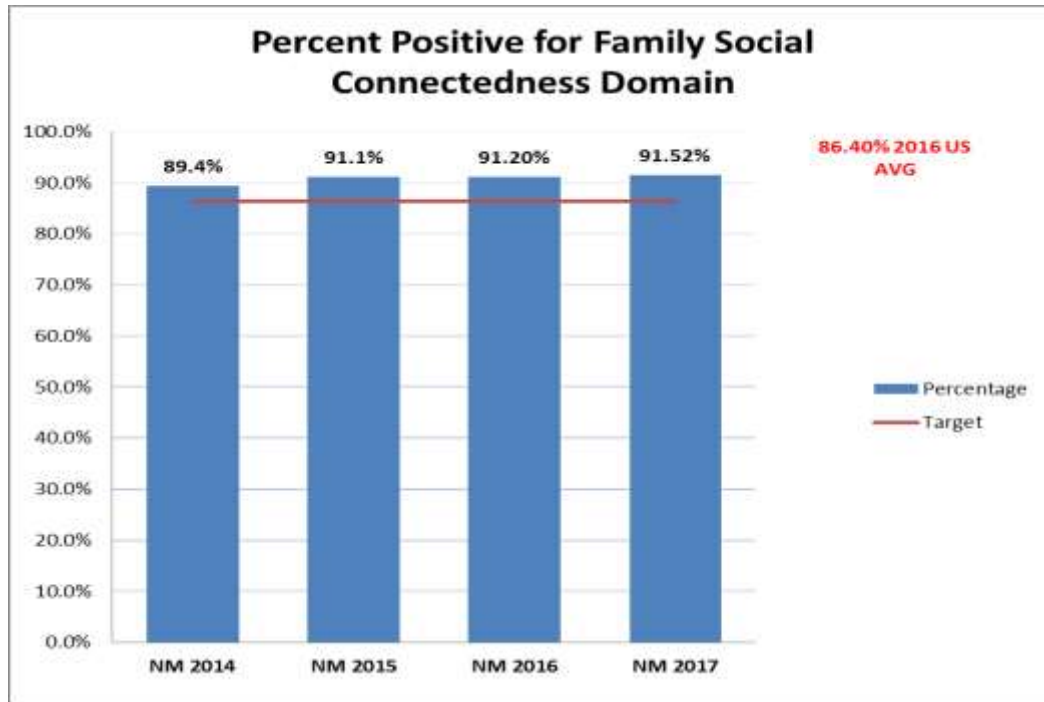
“I would like to be contacted whenever my son gets any kind of services.”

Q #	Items for Functioning	Domain Item Percentage
16	My child is better at handling daily life.	78.39%
17	My child gets along better with family members.	83.79%
18	My child gets along better with friends and other people.	80.54%
19	My child is doing better in school and/or work.	78.74%
20	My child is better able to cope when things go wrong.	74.73%
22	My child is better able to do things he/she wants to do.	85.88%

Domain: Social Connectedness

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%. This is above that national 2016 average of 86.4%, and is slightly higher than the prior year's performance of 91.2%. Families were least satisfied with they themselves getting the help they needed for their child.



Consumer Comments about Social Connectedness:

Guardian would like to have known about services offered such as Respite services or Family Specialists initially when they really needed them.

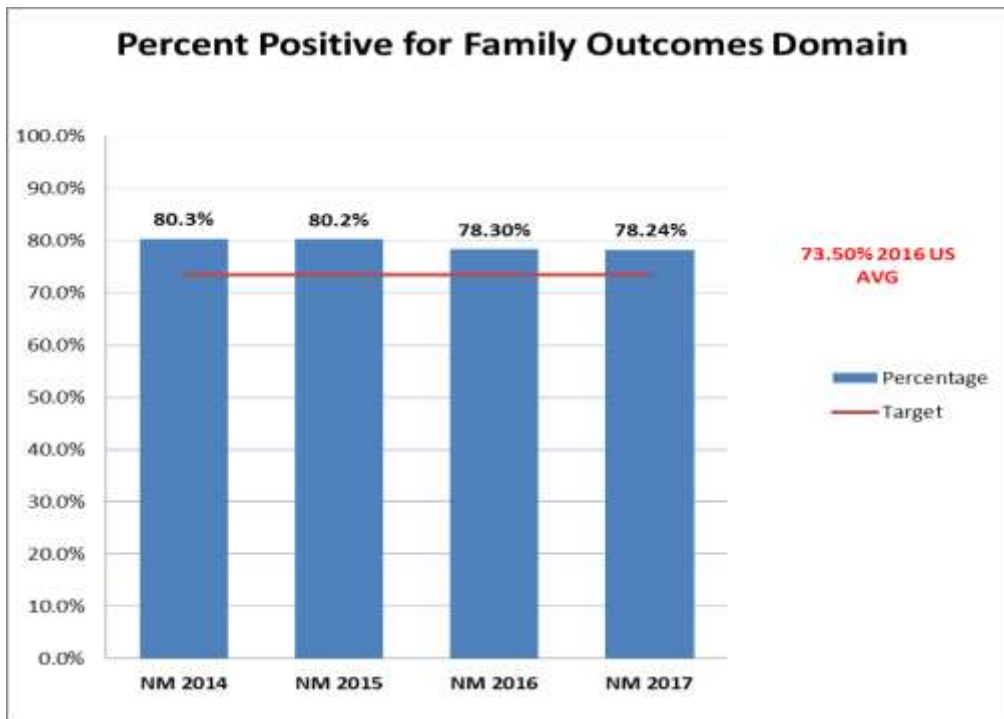
Was extremely happy with and thankful for the care her son has received at Provider and wanted it noted that all services they have were given were extremely helpful and came as a huge blessing.

Q #	Items for Satisfaction	Domain Item Percentage
1	Overall, I am satisfied with the services my child received.	90.53%
4	The people helping my child stuck with us no matter what.	86.94%
5	I felt my child had someone to talk to when he/she was troubled.	86.59%
7	The services my child and/or family received were right for us.	87.54%
10	My family got the help we wanted for my child.	84.30%
11	My family got as much help as we needed for my child.	80.30%

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:

“The services at school are helping and also help at home.”

“My child has gotten better with the services he has received.”

The services has helped her daughter a lot do far.

Child's first case manager stopped working with him. It took quite a while to get a replacement worker. To reenter treatment was a horrible nightmare although once child was in, everything went very well.

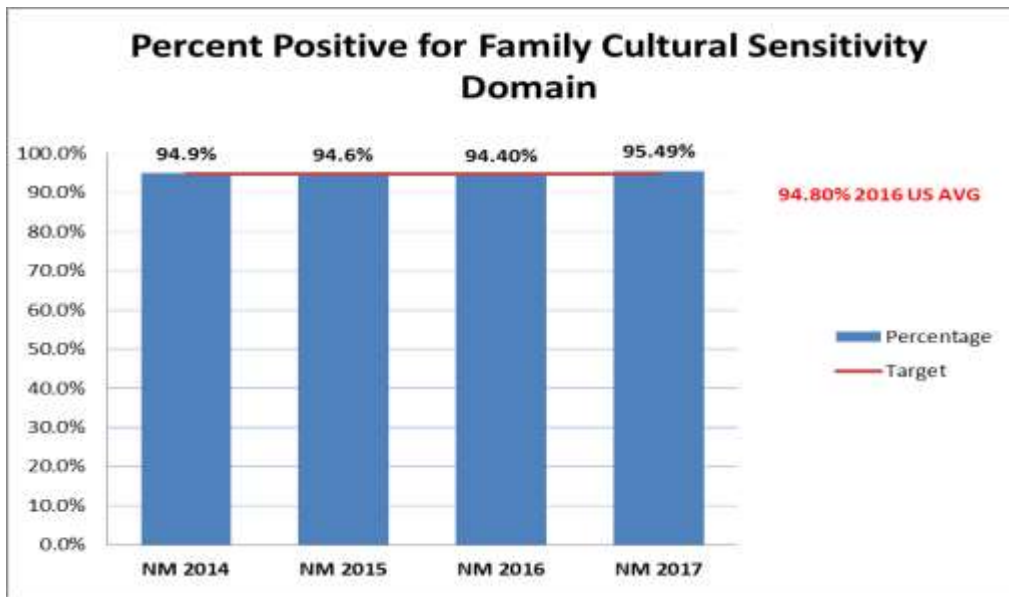
“The school her son attends does not offer help or special classes for the disorder that he has.”

Q #	Items for Outcomes/Functioning	Domain Item Percentage
16	My child is better at handling daily life.	78.39%
17	My child gets along better with family members.	83.79%
18	My child gets along better with friends and other people.	80.54%
19	My child is doing better in school and/or work.	78.74%
20	My child is better able to cope when things go wrong.	74.73%
21	I am satisfied with our family life right now.	87.34%

Domain: Cultural Sensitivity

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 95.5%. This is above that national 2016 average of 94.8%, and higher than the prior year’s performance of 94.4%. 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.



Consumer Comments about Cultural Sensitivity:

Parent likes that the agency that serves her son is very respectful and helpful.

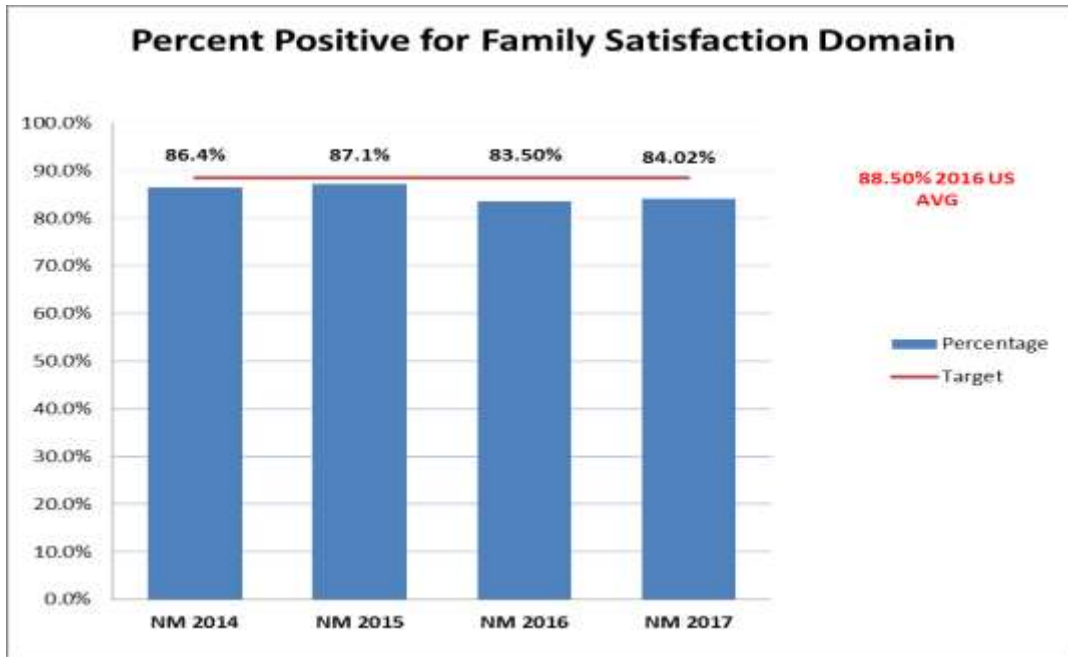
Caregiver did say he prefers Spanish but the provider does not provide a Spanish speaker- his daughter has to interpret.

Q #	Items for Cultural Sensitivity	Domain Item Percentage
12	Staff treated me with respect.	94.59%
13	Staff respected my family's religious/spiritual beliefs.	96.69%
14	Staff spoke with me in a way that I understood.	98.03%
15	Staff was sensitive to my cultural/ethnic background.	96.23%

Domain: Satisfaction

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

Observations: The average proportion of positive responses for Satisfaction was 84.0%. This is below the national 2016 average of 88.5%, but slightly higher than the prior year’s performance of 83.5%. 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.



Consumer Comments about Satisfaction:

“(I am) extremely thankful for the services my child receives.”

“The behavioral health services has been so great and the school system go above and beyond to help my son they have helped him how to cope its better than the school system

“As a parent I did not feel supported by the counselor at (the agency). I will not recommend this agency to help with parent/child relationships.

“(The) Provider has been amazing and they have helped tremendously. She would really be in a hard position if funding for them was eliminated.”

Parent would like the assistance of a Care Coordinator as services are not providing adequate supports.

Q #	Items for Satisfaction	Domain Item Percentage
1	Overall, I am satisfied with the services my child received.	90.53%
4	The people helping my child stuck with us no matter what.	86.94%
5	I felt my child had someone to talk to when he/she was troubled.	86.59%
7	The services my child and/or family received were right for us.	87.54%
10	My family got the help we wanted for my child.	84.30%
11	My family got as much help as we needed for my child.	80.30%

Other Areas

Access to Care: This is an important area for all families. Most Family respondents (81.0%) indicated that staff who understood their situation returned calls within 24 hours all or most of the time. Most respondents (80.1%) indicated that when their children needed behavioral health services, they received them within two weeks all or most of the time. Nearly all children and families (98.9%) received the information needed and their services in the language they preferred. And when needed, 70-% of the respondents indicated they were provided an interpreter. An additional indication of their satisfaction is reflected in the finding that 86% of the respondents indicated they would recommend the agency to a friend or family member.

Medications: One-third (33.2.0%) of families indicated that their children received medication services as part of their treatment in the last year. Of those respondents, the most (56.9%) . on average, indicated they “agreed or strongly agreed” to this subscale of items: However, access to a psychiatrist was rated notably lower than the other two items.

- My child had difficulty getting in to see a psychiatrist when we wanted.
- Staff told me what side effects to watch for regarding prescribed medications for my child.
- I was offered alternatives to or choices about, my child taking medication.

Behavioral Services received at School: Fifty-two (51.6%) of the families indicated that their child received Behavioral Health Services at school .And 58% stated that their child had an IEP, a 504, a Behavioral Intervention Plan, and/or a Functional Behavioral Assessment

Use of newer behavioral health services: We wanted to know whether families were interested in receiving three newer services: Respite, Family and Youth Specialist services. Fifty-eight percent (58%) said they would use Respite Services if they were offered to them. And 75.5% would use Family Specialist services if offered to them. And 86.3% would encourage their child to use Youth Specialist services if offered to them.

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%:

Care Coordination: Overall, very few families surveyed had children assigned to Care Coordination (5.6%) in Centennial Care. The percent of positive response per each item was as follows:

- 80.0% I participated in developing my child’s Care Plan.
- 80.8% My child’s physical health was included in his/her Care Plan.
- 76.8% I had contact with my health plan’s Care Coordinator and we talked about my child’s goals.
- 73.2% I had contact with my health plan’s Care Coordinator and we talked about action steps to take to meet my child’s goals.
- 76.9% My health plan’s Care Coordinator helped me get services that actually helped my child, even if there had been changes or loss of services.
- 80.7% I am satisfied with my overall experience with my health plan’s Care Coordination services.

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.

Consumer, Family, Youth Satisfaction Project Steering Committee:

Monica Miura, Family Advocate
Rex Givens, Adult Advocate

Children, Youth and Families Department:

Erica Padilla, Youth Specialist
Jeff Tinstman

Medical Assistance Division, HSD:

Kathy Leyba, Quality Bureau
Josh Vigil, Quality Bureau

Behavioral Health Services Division, HSD:

Mark Garnand
Manny Martinez
Cindy Romero

Behavioral Health Collaborative:

Betty Downes, Quality & Evaluation Consultant

Managed Care Companies:

Blue Cross Blue Shield of New Mexico: Lisa Mortensen, Russell Liles, & Jessica Moriarty
Molina Healthcare: Donald Hume & Jeanette Tapia
Presbyterian Health/Magellan: Pilo Bueno & Carin Skapars
United Health Care: Amilya Ellis & Mari Jiménez

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