

ECHO[®] SURVEY: ADULT

2019 - 2020

Completed by: Mark Ludwick

Data Used:

- CAHPS ECHO Reports (Adult) from 2018, 2019 and 2020
- CAHPS ECHO Report Raw Data (Adult) from 2018, 2019 and 2020

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Trillium

HEALTH RESOURCES

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EXECUTIVE SUMMARY

Background

The report presents the results of the annual Experience of Care and Health Outcome (ECHO®) Adult Survey for the purposes of capturing and summarizing LME/MCO member perceptions of the care they received and assist in the development of quality improvement strategies. For the 2019-2020 survey (referred to as Survey Year 2020 in this report), 571 survey requests were sent to randomly selected Trillium members who received at least one service through Trillium in the twelve months ending in June 2020. This effort produced 70 usable returns--a 12.3% response rate. Fewer data were available for most questions because of missing responses.

This report primarily presents results in the following forms:

-  Comparisons of Trillium's 2020 results to Trillium's 2018 and 2019 survey years' results and to statewide 2020 results. These comparisons are provided for each question as well as the CAHPS composites
-  Analyses to help guide the prioritization of improvement efforts and strategies. The sections with these results include Key Areas of Interest and priority matrices that appear in three places, each following the results from the questions and composites related to its priority matrix.

Statistically Significant Findings

None of the more than 40 differences analyzed between 2020 Trillium and 2020 statewide results reached statistical significance. Only two of the more than 80 comparisons between Trillium's 2020 and Trillium's 2018 and 2019 results reached statistical significance. Both of these comparisons indicate improvement from 2019 to 2020 in members' ability to get help by telephone through the Call Center and through Care Coordination. The consistently low number of usable responses each year hampers statistical detection of other real differences.

Other Findings

Though few differences reached statistical significant there are general trends and findings to highlight.

Overall Satisfaction: Over the past three years, Trillium members' *Overall Satisfaction* rating has declined. The change from 2018 to 2020 (75.0% to 62.5% respectively) approaches, but does not reach statistical significance. The statewide scores for the same period have remained stable (69.7% to 70.3%). None of the Trillium vs. statewide differences approach statistical significance for any of the three years.

Self-reported Health: The percent of members reporting “Good” to “Excellent” mental health has increased from 58.4% to 73.5% from 2018 to 2020, where the 2020 statewide results are less favorable at 62.4%. Self-ratings of overall health follow the same pattern, increasing for Trillium members from 58.4% to 69.1% from 2018 to 2020, where the 2020 statewide results are 60.3%.

Composites: CAHPS computes and reports of five composites to assess LME/MCO achievement in five domains including *Getting Treatment Quickly*, *How Well Clinicians Communicate*, *Getting Treatment and Information from the Plan*, *Perceived Improvement*, and *Information about Treatment Options*. Within most domains, Trillium results are more favorable than in the 2019, but all remain roughly equivalent to the statewide results.

Areas of Strength and Opportunities for Improvement: These areas of interest are identified at the individual question level in the report, but the Strengths are primarily drawn from two areas, *How Well Clinicians Communicate* and *Care Coordination*. The Opportunities for Improvement include multiple questions related to both *Information about Treatment Options* and *Getting Treatment Quickly*; other improvement opportunities are identified as well.

Conclusions: The survey’s low response rate combined with the resulting small sample size, distance Trillium from having solid confidence in survey results and consequently the conclusions. Though Trillium’s *Overall Satisfaction* score has decreased over the past three years and the 2020 rating is lower than the statewide results, there seems to be limited confirmation of these findings in the more detailed results. Nevertheless, the year-over-year decrease is concerning and there are areas identified as needing improvement that can be pursued to address this.

INTRODUCTION

Purpose of the Survey

Experience of Care and Health Outcome (ECHO®) Surveys are administered annually to assess member perceptions of the care they received through the North Carolina LME/MCOs and assist in the development of quality improvement strategies. The survey was sent to a random sample of members from each LME/MCO who received at least one service through the LME/MCO within the year prior to July 2020.

Instrument

NC DHB chose to use the ECHO survey produced by the Consumer Assessment of Healthcare Providers and Systems (CAHPS), version 3.0. This version has both an adult (age 18 and older) and a child format. Each format contains over 50 questions designed to “provide specific details and insights into the counseling and treatment members receive as well as the quality of health care services provided by their health plan.” This report is exclusive to the Adult survey and findings. The survey was conducted and analyzed by DataStat, Inc.

Analysis

Of the 571 surveys sent to a random sample of members who received services in the past year and were 18 years of age or older, 70 usable surveys were returned. Trillium’s overall response rate to the survey was 12.3%. Five domains of member experience, including *Getting Treatment Quickly*, *How Well Clinicians Communicate*, *Getting Treatment and Information from the Plan*, *Perceived Improvement*, and *Information about Treatment Options*, are measured by multiple questions from the survey, defined by the CAHPS report provided by NC DHB. Aggregate data for North Carolina were provided by the CAHPS report.

Results Sources

Reporting of Trillium-specific question-level responses were generated by analysis of the Trillium-specific raw ECHO® survey data from the last three years (2018 through 2020). Using raw data provided the ability to conduct analyses that were not addressed in the CAHPS reports.

Reporting of statewide question-level responses were extracted from the North Carolina 2020 CAHPS¹ report provided by the State. It was necessary to use these pre-compiled results because statewide raw data are not available to the LME/MCOs, so the CAHPS reports are the only available source for the statewide information.

¹ DataStat (2020) North Carolina Health Resources NC CAHPS® 3.0 Adult Medicaid ECHO® Report, Ann Arbor.

Reporting of all composite results were extracted from the North Carolina CAHPS reports from 2018², 2019³ and 2020. The composite results were also computed by Informatics from the raw ECHO survey data, following as closely as possible the method described in the CAHPS reports with one exception. The CAHPS composite computations include a case-mix adjustment that was not available to Informatics. This adjustment is described in the CAHPS reports.

[Case-mix adjusted scores] control for differences in the member population across plans...Case-mix adjustment is applied to mitigate the effect of differences in individual plan member populations. The variables chosen for case-mix adjustment are beyond the control of the plans and have been shown to affect plan results and health care ratings. For example, individuals with higher levels of education generally rate lower for satisfaction.⁴

The adjusted composite scores provided in the CAHPS report vary somewhat from unadjusted scores computed from the raw data by Informatics, but with the exception of one composite for one year, none of the other differences reached statistical significance. A comparison of the adjusted CAHPS-computed and unadjusted Informatics-computed composites can be found in Appendix B. To ensure comparability with statewide results, the adjusted CAHPS-computed composite scores are used in this report.

ADDITIONAL RESULTS AVAILABLE

Additional detail for Trillium results, statewide results, and other individual LME/MCO results can be found in the standard reports produced by DataStat and referenced in this report.

² DataStat (2018) North Carolina Health Resources NC CAHPS® 3.0 Adult Medicaid ECHO® Report, Ann Arbor.

³ DataStat (2019) North Carolina Health Resources NC CAHPS® 3.0 Adult Medicaid ECHO® Report, Ann Arbor.

⁴ 2020 NC CAHPS® 3.0 Adult Medicaid ECHO® Report, page 11.



CONCERNING REPORT INTERPRETATION

Sample Size and Statistical Significance

Because there were only 70 usable surveys returned by Trillium members, seventy is the maximum sample size for any analysis in this report. Even assuming a best-case scenario, i.e., the sample is truly representative of all our members, this means that the 95% confidence interval around any Trillium result reported stretches from 10.6% below that result to 10.6% above that result⁵. For example, if Trillium level of achievement is reported as 75% on a question, this means that, in the best-case scenario, we can be 95% certain that Trillium's true achievement level is somewhere between 64.4% and 85.6%. Since none of the questions are answered by all 70 participants, these confidence intervals are always wider. For example, the primary *Overall Satisfaction* question was answered in only 48 surveys and produced a 2020 Trillium achievement score of 62.5%, which means the 95% confidence interval ($\pm 13.7\%$) ranges from 49.8% to 76.2%.⁶

Few of the differences shown in this report reach the level of statistical significance. The cause of this may be the small sample size of Trillium survey respondents, which make it difficult to detect real differences where they do exist. Alternatively, few significant differences may have been found because there really *are* few differences. Both reasons almost certainly played a role, but without a larger sample to begin with, it is impossible to determine which most affected which findings.

Measuring Importance

This report and all the annual CAHPS reports discuss the importance of questions and composites to identify which areas may be most useful for the LME/MCO to address. For instance, if an achievement score on a question is very low, Trillium may place a high priority on addressing that area if it is important to our members, but a lower priority if it is not important to our members.

The survey does not directly ask members to rate the importance of areas addressed by the survey. Instead, importance is estimated by correlating members' answers on the questions and scores on the composites with their answer to the *Overall Satisfaction* question (Q28) mentioned above. The rationale for using this technique is that if a score is highly correlated with *Overall Satisfaction* ratings, that score must have a very strong influence on members' overall satisfaction.

For example, if the correlation between the composite achievement score *Getting Treatment and Information from the Plan* and *Overall Satisfaction* is .70 (a very high correlation, since the highest possible correlation is 1.00), then *Getting Treatment and Information from the Plan*, would be

⁵ This example confidence interval (C.I. = $\pm 10.6\%$) reflects the mean confidence intervals for two response patterns: 1) for a question with 50% favorable percentage (95% C.I. = $\pm 11.7\%$, N = 70) and 2) a question with an 80% favorable percentage (95% C.I. = $\pm 9.4\%$, N = 70)

⁶ As a comparison, on the same question, the 2020 State achievement score of 70.3 is computed from 263 survey responses, producing a 95% confidence interval of $\pm 5.5\%$ (64.8% to 75.8%).



considered highly important to members. Alternatively if the question about whether the member was told about self-help or member-run programs is correlated with *Overall Satisfaction* is .05 (a very low correlation, since .00 indicates no relation between the two questions), then being told about self-help or member-run programs would not be considered important to members. The implication is that a low achievement score on *Getting Treatment and Information from the Plan* would likely require immediate attention, while making sure members were told about alternative programs would not. The CAHPS suggests a correlation of .40 with *Overall Satisfaction* be considered the boundary between lower and higher importance correlations.

Statistical Testing

The percentages presented represent the number of “achievements” over the total number of responses for each composite/question. The CAHPS defines which responses are achievements for each relevant question. For example, for the questions asking how often services were provided in a timely manner, responses of “Always” and “Usually” are considered achievements; responses of “Sometimes” or “Never” are not.

As noted in the CAHPS report, some questions received low numbers of responses. Statistical findings should be interpreted cautiously for questions with 30 or fewer responses.

Statistical Term Definitions

Statistical Significance

For the purposes of this report, a statistically significant finding indicates that there is a 5% or lower probability that the result would occur as it does due to random error/variance—roughly the probability of tossing a coin 100 times and getting 58 or more heads⁷. For example, a statistically significant difference in two percentages (e.g., between the statewide and the Trillium achievement scores for a composite) indicates that it is *unlikely* that the difference occurred by random chance.

Correlations

Correlation coefficients represent the strength of the relationship between variables. A higher coefficient means a stronger relationship. A positive correlation coefficient means that if one variable is higher, then there is an increased probability the other variable will be higher. A negative correlation coefficient indicates that as one variable increases the other decreases.

Binomial Test

⁷ If 100 sessions were conducted with unbiased coins (each session with 100 coin tosses), only five of the 100 session (5%) would produce more than 58 heads. If another coin is tossed 100 times and 59 heads are produced, since this happens less than 5% of the time, it is more likely that the coin is biased toward heads because it happens so rarely with an unbiased coin. In other words, there is strong evidence that there is something systematic other than just chance that produced results that extreme and unlikely. That is the standard of statistical significant use throughout this report.

Binomial test are used to determine if an observation differs from an expected distribution. The observed proportions of “successes” are compared to the expected probability of success. In this report binomial test are used to determine if Trillium’s achievement scores differ from North Carolina’s achievement scores. Trillium’s achievements are treated as successes and statewide achievement scores are used as the expected probability of success. Since the binomial tests in this report compare Trillium to the statewide achievement scores, the statewide achievement scores used for these comparisons were adjusted to exclude the Trillium cases.

Fisher’s Exact Test

The Fisher’s exact test is used in this report to test for significant differences between two samples (e.g., 2019 vs. 2020 Trillium achievement scores). Fisher’s exact test traditionally was restricted to small samples (typically < 30) and t, z and chi-squared tests were used in larger samples. Since these other tests are estimates based on assumed distributions, personal computers were capable of the computations necessary, this was not the case for Fisher’s exact test until recently. Computing capacity still limits the use of Fisher’s exact test, but those limits have been pushed well beyond those in this study.

OVERALL COMPARISONS

Overall Satisfaction

Comparison of State and Trillium on the 0 to 9 Overall Satisfaction Rating by Survey Year

Survey Year	Entity	N	Overall Satisfaction Score
2020	State	263	70.3%
	Trillium	48	62.5%
2019	State	329	68.4%
	Trillium	55	65.5%
2018	State	330	69.7%
	Trillium	60	75.0%

Notes. There are no statistically significant differences between Trillium and State results for any of the three years shown above.

The comparisons were made between Trillium and the State's achievement scores after the Trillium data were removed from the State data. The State bars in the graph include all LME/MCOs' data including Trillium, to be consistent with the CAHPS-produced reports.

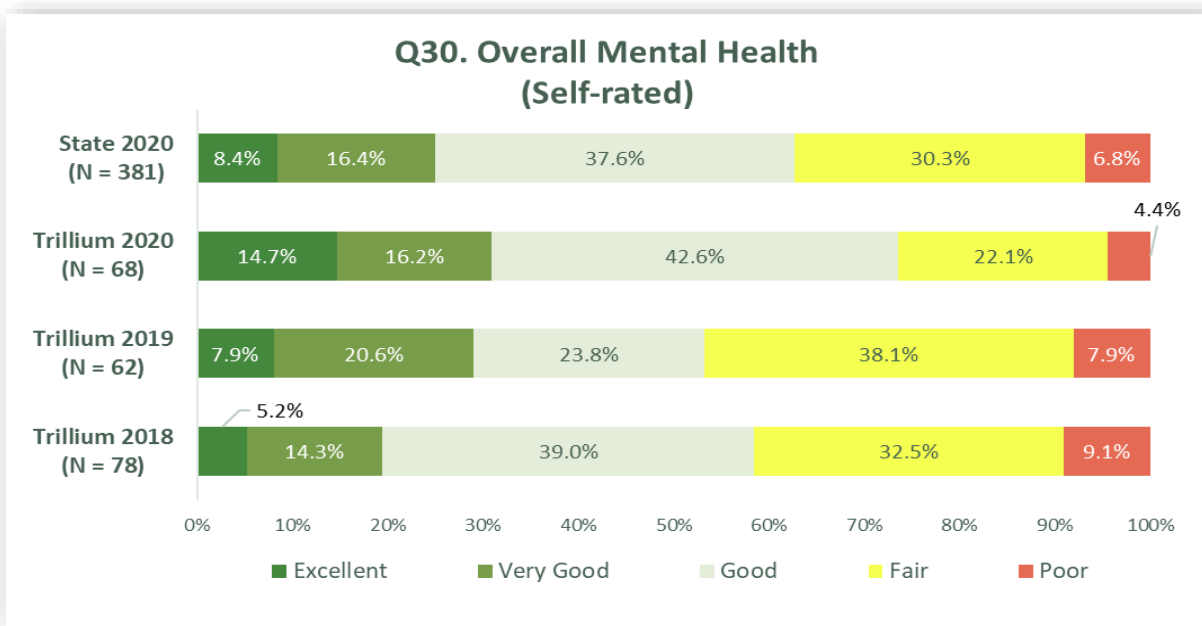
Trillium received an *Overall Satisfaction* Rating (based on Question 28 of the survey) of 62.5%. Respondents were asked the following question:

"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?"

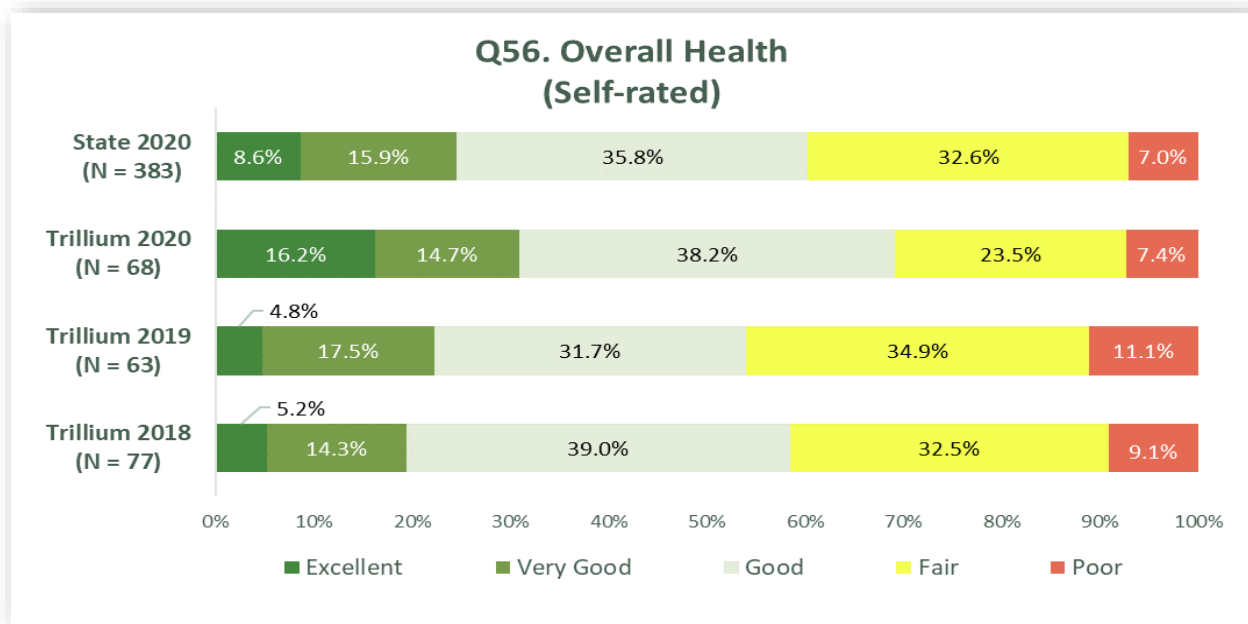
The Overall Satisfaction Rating was calculated by dividing the number of responses of 8 or more by the total number of responses. Trillium's score of 62.5% fell below the 85% Satisfaction benchmark set by the CAHPS report and below the 2020 State score of 70.3%. However, there were no statistically significant differences between Trillium's and the statewide achievement scores for any of the three years.

Overall Health Self-Ratings

Members were asked, “In general, how would you rate your overall mental health now?” on a scale from Poor to Excellent. The chart below compares 2020 Trillium response percentages to the 2020 statewide results as well as the Trillium results over the previous two surveys. None of the differences reached statistical significance. Although Trillium members report better mental health than the other LME/MCOs in general, the differences may just be due to chance.



In a parallel question, members were asked to answer the question “In general, how would you rate your overall health now?” on a scale from Poor to Excellent. Results are similar to those above; again, none of the differences reached statistical significance.



KEY AREAS OF INTEREST

Trillium's Informatics team used Pearson's tests to correlate scores on individual questions with *Overall Satisfaction* (as defined by the CAHPS report). The report defines a "high" satisfaction score as 85% or greater. Questions with fewer than 30 responses are italicized.

Strengths

Question	High Correlation with Member Satisfaction*	85% Achievement or Greater	5% Above State Results
Q5. <i>Usually or always got urgent treatment as soon as needed</i>	✓		✓
Q12. Clinicians usually or always explained things	✓	✓	
Q13. Clinicians usually or always showed respect	✓	✓	
Q14. Clinicians usually or always spent enough time	✓	✓	
Q15. Usually or always felt safe with clinicians	✓	✓	
Q18. Usually or always involved as much as you wanted in treatment	✓	✓	
Q23. Was given information about your rights as a patient	✓	✓	
Q46. <i>Usually or always easy to get in touch with Care Coordinator when needed</i>		✓	✓
Q47. <i>My Care Coordinator usually or always responds to my calls in a timely manner</i>		✓	✓

* Check mark in this column indicates the correlation with Overall Satisfaction is significant at the $p < .05$ level.

Opportunities for Improvement

Question	High Correlation with Member Satisfaction	Less than 80% Achievement	Below State Results
Q3. <i>Usually or always got help by telephone</i>	✓	✓	✓
Q7. Usually or always got appointment as soon as wanted	✓	✓	✓
Q10. Usually or always seen within 15 minutes of your appointment.	✓	✓	
Q19. Someone discussed whether to include your family or friends in your counseling or treatment		✓	✓
Q20. Told about self-help or consumer run programs		✓	✓



Question	High Correlation with Member Satisfaction	Less than 80% Achievement	Below State Results
Q21. Told about different treatments that are available for condition	✓	✓	✓
Q22. Given as much information as wanted to manage condition	✓	✓	✓
Q29. A lot or somewhat helped by treatment received	✓	✓	✓

* Check mark in this column indicates the correlation with Overall Satisfaction is significant at the $p < .05$ level.

CAHPS COMPOSITES

Composite Score Summary

Composite domains consist of combined response scores from 2 – 6 individual questions. Composite questions and further breakdown of the results are included in the “Composite-related Questions” section of this report.

Composite	Entity	Survey Year	N	Achievement Score
Getting Treatment Quickly	State	2020	294	67.7%
		2020	50	67.6%
	Trillium	2019	51	54.2%
		2018	63	63.1%
How Well Clinicians Communicate	State	2020	284	90.5%
		2020	53	91.6%
	Trillium	2019	56	84.4%
		2018	63	88.7%
Getting Treatment and Information from the Plan	State	2020	103	53.2%
		2020	18	60.3%
	Trillium	2019	17	43.6%
		2018	20	31.4%
Perceived Improvement	State	2020	383	55.8%
		2020	68	56.7%
	Trillium	2019	63	54.5%
		2018	79	53.3%
Information about Treatment Options	State	2020	281	53.2%
		2020	53	50.1%
	Trillium	2019	56	46.6%
		2018	62	54.2%

Notes. Red font in the "N" column indicates low reliability of the reported percentage because of low sample size.

There are no statistically significant differences between Trillium and State for any of the 2020 composites, using two-tailed binomial test ($p < 0.05$).



There are no statistically significant differences between Trillium 2020 scores and either Trillium 2018 or 2019 scores, using two-tailed Fisher's exact test ($p < 0.05$).

CAHPS ECHO reports for 2018 through 2019 are the sources for all the Ns and percentages reported above. Statistical comparisons were computed by Trillium Informatics.

Priority Matrix—Composite Level

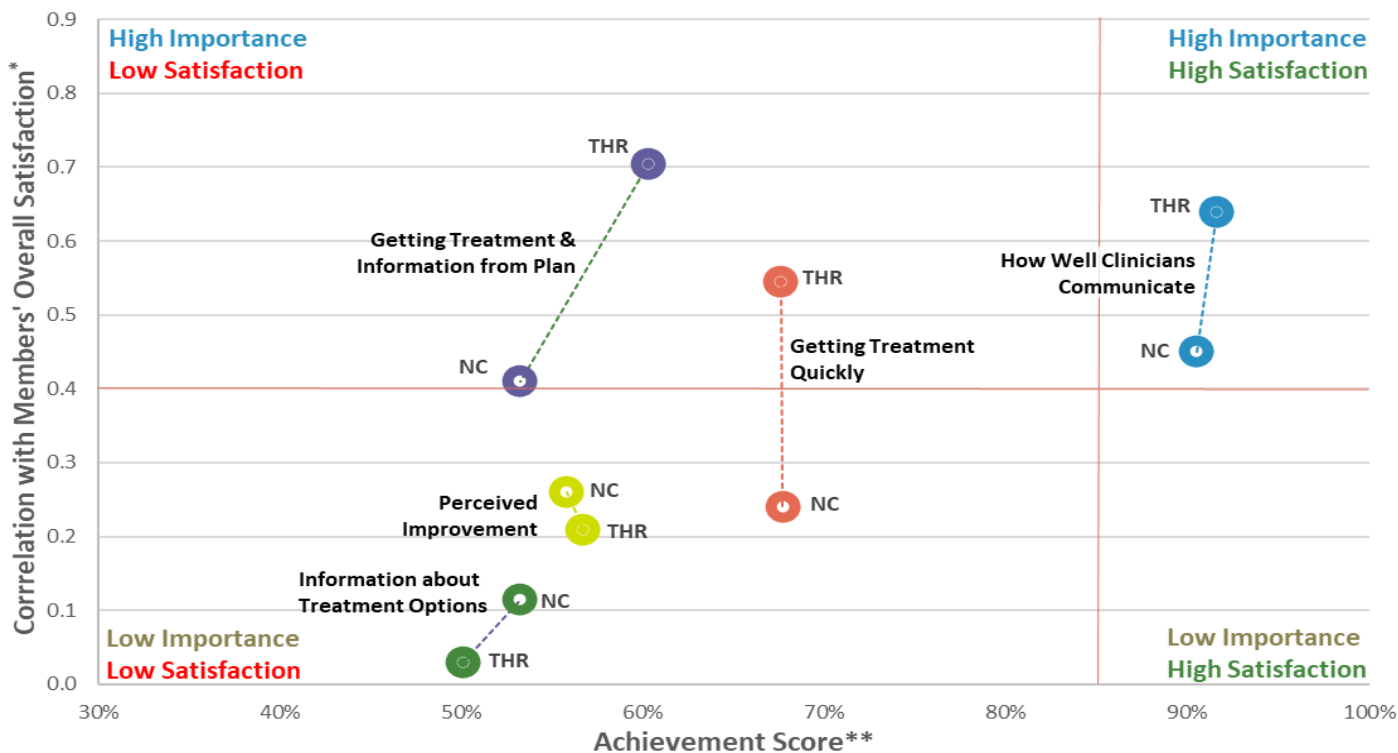
The CAHPS report provides a “Priority Matrix” which assigns each domain to a Top, High, Medium, or Low priority category for intervention based on the achievement scores and how highly the particular domain correlates with overall member satisfaction.

The matrix on the next page is adapted from the 2020 CAHPS report, with adjustments made based on the statistical findings below. Dotted lines indicate the $r = 0.4$ cutoff and the 85% satisfaction benchmark. Points toward the top of the chart are considered more important to the members; composite points toward the right have been rated more favorably by members. Using the composite *Getting Treatment Quickly* (the red dots) as an example, we can see the following:

-  Trillium members indicate Getting Treatment Quickly is more important than it is for clients statewide (0.54 vs. 0.23 respectively),
-  Trillium members’ ratings are nearly equal to the statewide clients on the composite’s questions (67.7 vs. 67.6 respectively). The table below the chart lists the survey questions for each composite.

As indicated above, none of the Trillium vs. statewide differences were statistically significant.

Priority Matrix – Composite Level with Statewide Comparisons



Notes: Data points with white centers represent the statewide values computed by CAHPS for each composite.

*CAHPS considers a correlation of 0.4 or higher to be a strong importance score.

**CAHPS considers 85% or higher to be a high achievement score.

CAHPS ECHO reports for 2018 through 2019 are the sources for all the results shown in the graph above.

Key to Composites	
	Getting Treatment Quickly
	How Well Clinicians Communicate
	Getting Treatment and Information from the Plan
	Information about Treatment Options
	Perceived Improvement

<p>Q3. Got needed help by telephone</p> <p>Q5. Got urgent treatment as soon as needed</p> <p>Q7. Got appointment as soon as wanted</p>	<p>Q11. Clinicians listened carefully</p> <p>Q12. Clinicians explained things</p> <p>Q13. Clinicians showed respect</p> <p>Q14. Clinicians spent enough time</p> <p>Q15. Felt safe with clinicians</p> <p>Q18. Involved as much as you wanted in treatment</p>
<p>Q39. Delays in treatment while waiting for plan approval not a problem</p> <p>Q41. Helpfulness of customer service</p>	<p>Q31. Better ability to deal with daily problems to 1 year ago</p> <p>Q32. Better ability to deal with social situations to 1 year ago</p> <p>Q33. Better ability to accomplish things to 1 year ago</p> <p>Q34. Better ability to deal with symptoms or problems to 1 year ago</p>
<p>Q20. Told about self-help or consumer run programs</p> <p>Q21. Told about different treatments that are available for condition</p>	

Composite-related Questions

The CAHPS report defines five domains of member experience: Getting Treatment Quickly, How Well Clinicians Communicate, Getting Treatment and Information from the Plan, Perceived Improvement, and Information about Treatment Options. Each domain is comprised of two to six questions from the survey.

Getting Treatment Quickly

This domain assesses whether members were able to access care in a timely manner.

This was a composite where Trillium and the State level data produced nearly identical results. Though there were some questions that produced greater differences between 2020 Trillium and State achievement scores, none of these differences reaches statistically significant. The only statistically significant difference found between Trillium 2020 and earlier years is the difference of 50.0% and 8.3% on Q3 between 2020 and 2019 respectively.

Composite or Question	Entity	Survey Year	N	Achievement Score
Getting Treatment Quickly	State	2020	294	67.7%
		2020	50	67.6%
	Trillium	2019	51	54.2%
		2018	63	63.1%
Q3. Usually or always got help by telephone	State	2020	160	57.5%
		2020	26	50.0%
	Trillium	2019	12	8.3%
		2018	26	50.0%
Q5. Usually or always got urgent treatment as soon as needed	State	2020	146	71.2%
		2020	23	82.6%
	Trillium	2019	23	60.9%
		2018	31	61.3%
Q7. Usually or always got appointment as soon as wanted	State	2020	255	74.9%
		2020	43	69.8%
	Trillium	2019	46	78.3%
		2018	61	78.7%

Notes. Red font in the "N" column indicates low reliability of the reported percentage because of low sample size.

There are no statistically significant differences between Trillium and State based on the two-tailed binomial test ($p < 0.05$).

A shaded Survey Year indicates that the achievement score is significantly different from the Trillium 2020 achievement score at the $p > .05$ level using the two-tailed Fisher's exact test.

CAHPS ECHO reports for 2018 through 2019 are the sources for all the composite Ns and percentages reported above; question-level results and statistical comparisons were computed by Trillium Informatics.

How Well Clinicians Communicate



This domain assesses whether a member felt respected by and safe with their clinician and how well they felt their treatment was explained to them.

Composite or Question	Entity	Survey Year	N	Achievement Score
How Well Clinicians Communicate	State	2020	284	90.5%
	Trillium	2020	53	91.6%
		2019	56	84.4%
		2018	63	88.7%
Q11. Clinicians usually or always listened carefully	State	2020	280	89.3%
	Trillium	2020	51	88.2%
		2019	55	81.8%
		2018	63	84.1%
Q12. Clinicians usually or always explained things	State	2020	282	90.1%
	Trillium	2020	53	92.5%
		2019	56	87.5%
		2018	62	90.3%
Q13. Clinicians usually or always showed respect	State	2020	281	93.6%
	Trillium	2020	53	94.3%
		2019	55	89.1%
		2018	62	90.3%
Q14. Clinicians usually or always spent enough time	State	2020	280	88.6%
	Trillium	2020	53	92.5%
		2019	56	82.1%
		2018	61	85.2%
Q15. Usually or always felt safe with clinicians	State	2020	280	94.6%
	Trillium	2020	53	96.2%
		2019	55	87.3%
		2018	62	95.2%
Q18. Usually or always involved as much as you wanted in treatment	State	2020	280	87.9%
	Trillium	2020	53	88.7%
		2019	55	76.4%
		2018	62	90.3%

Notes. There are no statistically significant differences between Trillium and State for any of the 2020 composites, using two-tailed binomial test ($p < 0.05$).

There are no statistically significant differences between Trillium 2020 scores and either Trillium 2018 or 2019 scores, using two-tailed Fisher's exact test ($p < 0.05$).

CAHPS ECHO reports for 2018 through 2019 are the sources for all the composite Ns and percentages reported above; question-level results and statistical comparisons were computed by Trillium Informatics.

Getting Treatment and Information from the Plan



This domain assesses whether a member was adversely impacted by delays in treatment while waiting for an authorization approval, and also how helpful they found customer service.

Composite or Question	Entity	Survey Year	N	Achievement Score
Getting Treatment and Information from the Plan	State	2020	103	53.2%
	Trillium	2020	18	60.3%
		2019	17	43.6%
		2018	20	31.4%
Q39. Delays in treatment while waiting for plan approval were not a problem	State	2020	84	58.3%
	Trillium	2020	13	53.8%
		2019	13	30.8%
		2018	17	41.2%
Q41. Getting help from customer service was not a problem	State	2020	44	59.1%
	Trillium	2020	9	55.6%
		2019	7	
		2018	8	

Notes. Red font in the "N" column indicates low reliability of the reported percentage because of low sample size. Percentages not reported where $N < 9$.

There are no statistically significant differences between Trillium and State for any of the 2020 composites, using two-tailed binomial test ($p < 0.05$).

There are no statistically significant differences between Trillium 2020 scores and either Trillium 2018 or 2019 scores, using two-tailed Fisher's exact test ($p < 0.05$).

CAHPS ECHO reports for 2018 through 2019 are the sources for all the composite Ns and percentages reported above; question-level results and statistical comparisons were computed by Trillium Informatics.

Perceived Improvement

This domain assesses member perception of their improvement in daily functioning as compared to 1 year prior to taking the survey.

Composite or Question	Entity	Survey Year	N	Achievement Score
Perceived Improvement	State	2020	383	55.8%
	Trillium	2020	68	56.7%
		2019	63	54.5%
		2018	79	53.3%
Q31. Much better or a little better ability to deal with daily problems to 1 year ago	State	2020	379	59.4%
	Trillium	2020	68	64.7%
		2019	62	58.1%
		2018	76	60.5%
Q32. Much better or a little better able to deal with social situations compared to 1 year ago	State	2020	378	52.1%
	Trillium	2020	68	58.8%
		2019	62	54.8%
		2018	76	48.7%
Q33. Much better or a little better ability to accomplish things to 1 year ago	State	2020	382	56.0%
	Trillium	2020	68	58.8%
		2019	63	52.4%
		2018	77	48.1%
Q34. Much better or a little better ability to deal with symptoms or problems to 1 year ago	State	2020	377	57.3%
	Trillium	2020	66	62.1%
		2019	60	48.3%
		2018	76	57.9%

Notes. There are no statistically significant differences between Trillium and State for any of the 2020 composites, using two-tailed binomial test ($p < 0.05$).

There are no statistically significant differences between Trillium 2020 scores and either Trillium 2018 or 2019 scores, using two-tailed Fisher's exact test ($p < 0.05$).

CAHPS ECHO reports for 2018 through 2019 are the sources for all the composite Ns and percentages reported above; question-level results and statistical comparisons were computed by Trillium Informatics.

Information about Treatment Options

This domain assesses whether members were informed of their different options for treatment, including self-help and consumer-run programs.

Composite or Question	Entity	Survey Year	N	Achievement Score
Information about Treatment Options	State	2020	281	53.2%
	Trillium	2020	53	50.1%
		2019	56	46.6%
		2018	62	54.2%
Q20. Told about self-help or consumer run programs	State	2020	280	47.9%
	Trillium	2020	53	43.4%
		2019	55	36.4%
		2018	61	44.3%
Q21. Told about different treatments that are available for condition	State	2020	277	59.2%
	Trillium	2020	53	56.6%
		2019	55	58.2%
		2018	61	65.6%

Notes. There are no statistically significant differences between Trillium and State for any of the 2020 composites, using two-tailed binomial test ($p < 0.05$).

There are no statistically significant differences between Trillium 2020 scores and either Trillium 2018 or 2019 scores, using two-tailed Fisher's exact test ($p < 0.05$).

CAHPS ECHO reports for 2018 through 2019 are the sources for all the composite Ns and percentages reported above; question-level results and statistical comparisons were computed by Trillium Informatics.

Priority Matrix for Composite-related Survey Questions



Notes. Triangles on the x-axis indicate the statewide CAHPS-computed achievement score for the composite coded in that same color.

Data points with yellow centers represent the questions where fewer than 15 members provided answers to both the question and the

0-9 Overall Satisfaction Rating. Only the achievement scores of these questions are shown.

*CAHPS considers a correlation of 0.4 or higher to be a strong importance score.

**CAHPS considers 85% or higher to be a high achievement score.

Key to Composites	
	Getting Treatment Quickly
	How Well Clinicians Communicate
	Getting Treatment and Information from the Plan
	Information about Treatment Options
	Perceived Improvement

<p>Q3. Got needed help by telephone</p> <p>Q5. Got urgent treatment as soon as needed</p> <p>Q7. Got appointment as soon as wanted</p>	<p>Q11. Clinicians listened carefully</p> <p>Q12. Clinicians explained things</p> <p>Q13. Clinicians showed respect</p> <p>Q14. Clinicians spent enough time</p> <p>Q15. Felt safe with clinicians</p> <p>Q18. Involved as much as you wanted in treatment</p>
<p>Q39. Delays in treatment while waiting for plan approval not a problem</p> <p>Q41. Helpfulness of customer service</p>	<p>Q31. Better ability to deal with daily problems to 1 year ago</p> <p>Q32. Better ability to deal with social situations to 1 year ago</p> <p>Q33. Better ability to accomplish things to 1 year ago</p> <p>Q34. Better ability to deal with symptoms or problems to 1 year ago</p>
<p>Q20. Told about self-help or consumer run programs</p> <p>Q21. Told about different treatments that are available for condition</p>	

CARE COORDINATION

The ECHO survey includes ten questions related to member satisfaction with Care Coordination. Sample size on these ten items ranged from 10 to 20. Results should be interpreted with caution due to the low numbers of respondents. The CAPHS report did not provide a composite for the care coordination items. Trillium’s Informatics team created a composite satisfaction score by calculating the proportion of positive responses to the total number of responses for all care coordination items.

Composite or Question	Entity	Survey Year	N	Achievement Score
Care Coordination	State	2020	128	86.2%
		2020	20	88.1%
	Trillium	2019	22	78.3%
		2018	28	79.6%
Q46. Usually or always easy to get in touch with Care Coordinator when needed	State	2020	127	89.0%
		2020	20	95.0%
	Trillium	2019	22	72.7%
		2018	28	85.7%
Q47. My Care Coordinator usually or always responds to my calls in a timely manner	State	2020	128	87.5%
		2020	20	95.0%
	Trillium	2019	22	68.2%
		2018	28	82.1%
Q48. Care Coordinator usually or always helps with answers to questions	State	2020	128	90.6%
		2020	20	95.0%
	Trillium	2019	21	90.5%
		2018	28	82.1%
Q49. My Care Coordinator usually or always helped me find resources to managing my care	State	2020	126	84.1%
		2020	20	85.0%
	Trillium	2019	22	81.8%
		2018	28	78.6%
Q50. Care Coordinator usually or always asks how best to support me	State	2020	126	90.5%
		2020	20	90.0%
	Trillium	2019	22	81.8%
		2018	28	75.0%
Q51. I was usually or always given a draft of my Person Centered Plan to review before being asked to sign	State	2020	93	86.0%
		2020	11	90.9%
	Trillium	2019	12	83.3%
		2018	22	77.3%
Q52. I was usually or always satisfied with my Person Centered Plan	State	2020	91	90.1%
		2020	14	92.9%
	Trillium	2019	13	84.6%
		2018	22	81.8%
Q54. If service request was denied, my Care Coordinator usually or always talked to me about the appeal process	State	2020	51	56.9%
		2020	10	50.0%
	Trillium	2019	11	45.5%
		2018	15	46.7%
Q55. Usually or always satisfied with Care Coordinator	State	2020	124	91.1%
		2020	19	94.7%
	Trillium	2019	22	81.8%
		2018	25	80.0%

Notes. Red font in the "N" column indicates low reliability of the reported percentage because of low sample size. There are no statistically significant differences between Trillium and State for any of the 2020 composites, using two-tailed binomial test (p < 0.05).

A shaded Survey Year indicates that the achievement score is significantly different from the Trillium 2020 achievement score at the p > .05 level using the two-tailed Fisher's exact test.

Ns, percentages and statistical comparisons for the above charts were computed by Trillium Informatics.



SINGLE-ITEM MEASURES

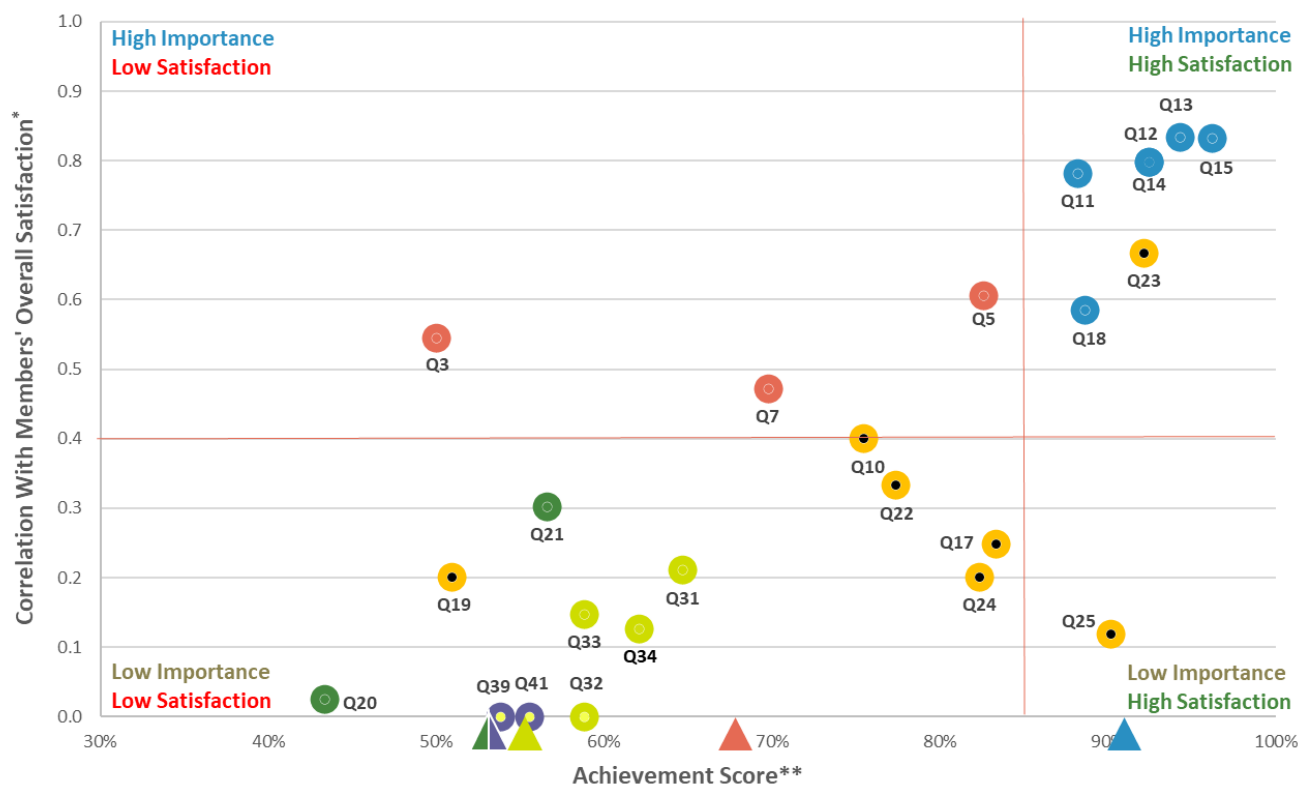
The ECHO survey contains 10 “Single-Item Measures” assessing a variety of safety, confidentiality, and cultural measures.

Composite or Question	Entity	Survey Year	N	Achievement Score
Q10. Usually or always seen within 15 minutes of your appointment.	State	2020	283	73.1%
	Trillium	2020	53	75.5%
		2019	57	70.2%
		2018	65	76.9%
Q17. Was told what side effects of medicines to watch for	State	2020	252	80.2%
	Trillium	2020	48	83.3%
		2019	50	74.0%
		2018	57	78.9%
Q19. Someone discussed whether to include your family or friends in your counseling or treatment	State	2020	278	56.5%
	Trillium	2020	53	50.9%
		2019	55	50.9%
		2018	60	53.3%
Q22. Given as much information as wanted to manage condition	State	2020	279	79.9%
	Trillium	2020	53	77.4%
		2019	54	79.6%
		2018	62	80.6%
Q23. Was given information about your rights as a patient	State	2020	271	88.2%
	Trillium	2020	51	92.2%
		2019	56	85.7%
		2018	60	91.7%
Q24. Felt that they could refuse a specific type of treatment	State	2020	266	77.4%
	Trillium	2020	51	82.4%
		2019	54	83.3%
		2018	61	85.2%
Q25. Confidential counseling or treatment information was kept private	State	2020	269	94.1%
	Trillium	2020	51	90.2%
		2019	54	90.7%
		2018	60	93.3%
Q29. A lot or somewhat helped by treatment received	State	2020	382	81.2%
	Trillium	2020	68	77.9%
		2019	62	80.6%
		2018	78	89.7%

Notes. There are no statistically significant differences between Trillium and State for any of the 2020 composites, using two-tailed binomial test ($p < 0.05$).

There are no statistically significant differences between Trillium 2020 scores and either Trillium 2018 or 2019 scores, using two-tailed Fisher's exact test ($p < 0.05$).

Priority Matrix for Composite-related and Single-item Questions



Notes: Triangles on the x-axis indicate the statewide CAHPS-computed achievement score for the composite coded in that same color.


Data points with black centers represent non-composite related questions.

Data points with yellow centers represent the questions where fewer than 15 members provided answers to both the question and the 0-9 Overall Satisfaction Rating. Only the achievement scores of these questions are shown.

*CAHPS considers a correlation of 0.4 or higher to be a strong importance score.

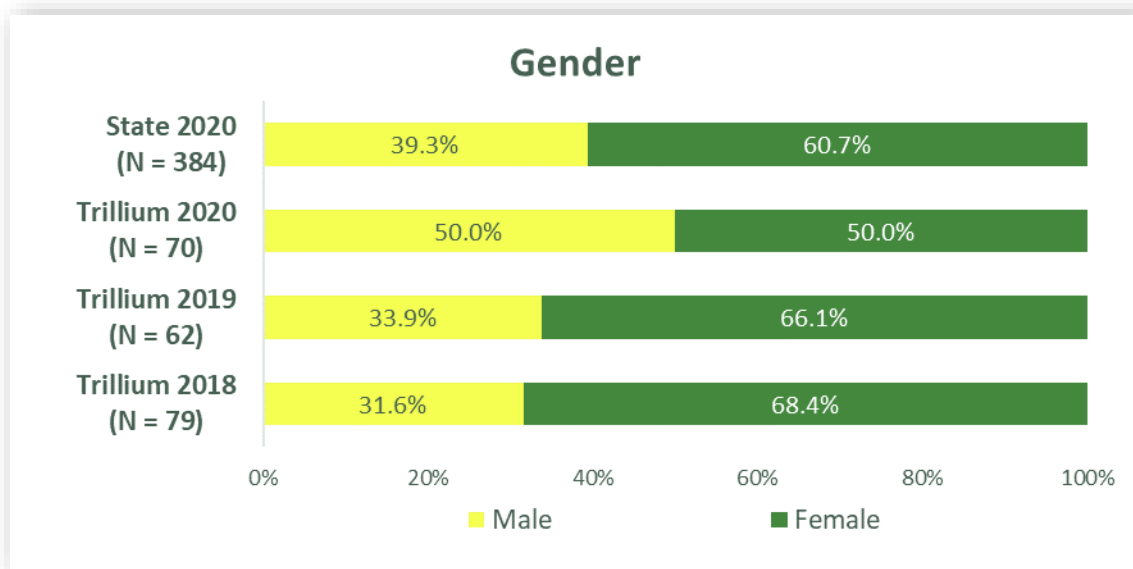
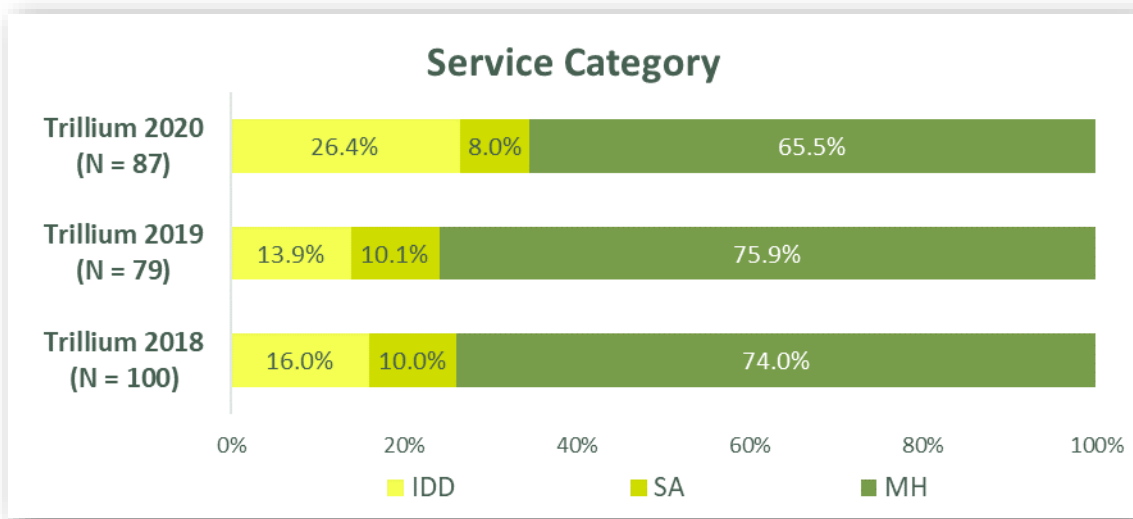
**CAHPS considers 85% or higher to be a high achievement score.

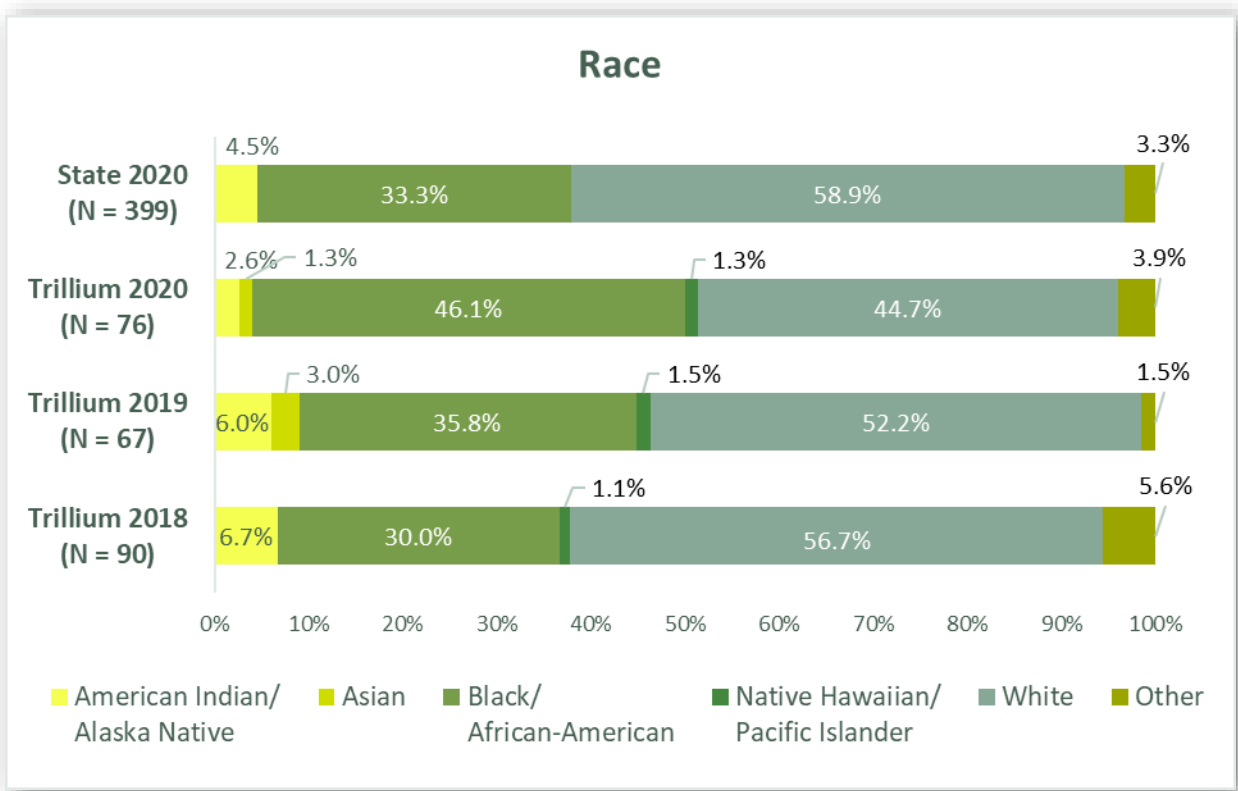
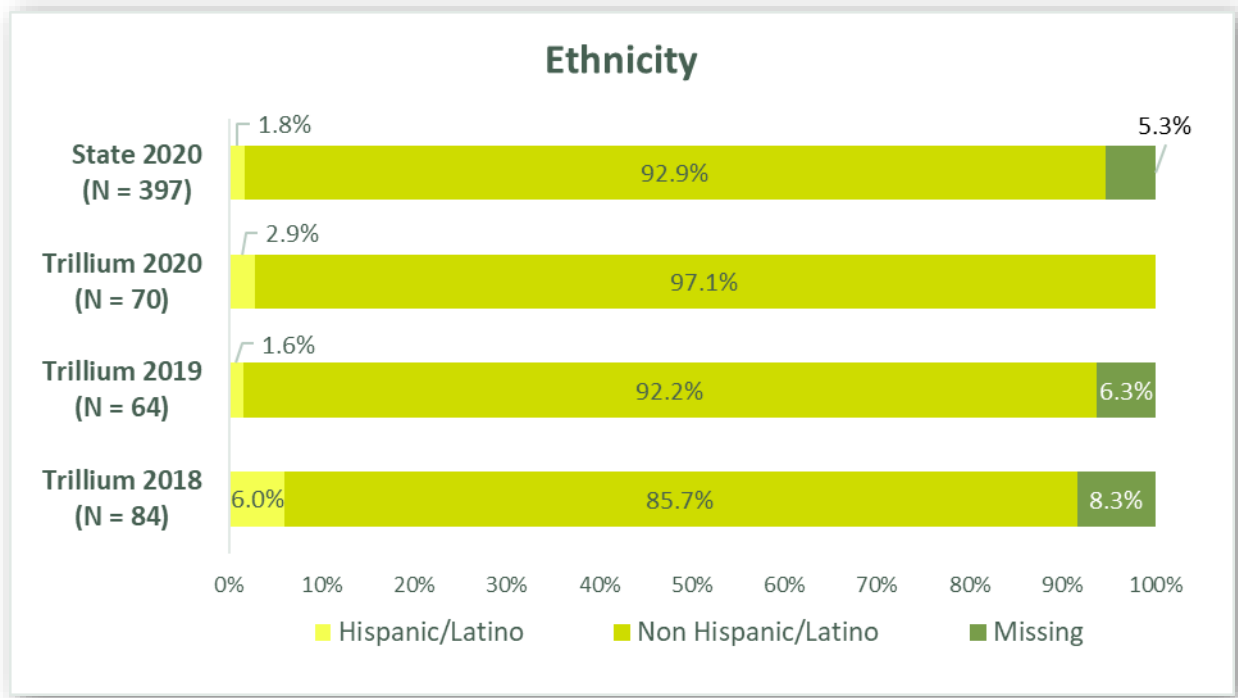
Key to Composites	
	Getting Treatment Quickly
Q3. Got needed help by telephone Q5. Got urgent treatment as soon as needed Q7. Got appointment as soon as wanted	
	Getting Treatment and Information from the Plan
Q39. Delays in treatment while waiting for plan approval not a problem Q41. Helpfulness of customer service	
	Information about Treatment Options
Q20. Told about self-help or consumer run programs Q21. Told about different treatments that are available for condition	
	How Well Clinicians Communicate
Q11. Clinicians listened carefully Q12. Clinicians explained things Q13. Clinicians showed respect Q14. Clinicians spent enough time Q15. Felt safe with clinicians Q18. Involved as much as you wanted in treatment	
	Perceived Improvement
Q31. Better ability to deal with daily problems to 1 year ago Q32. Better ability to deal with social situations to 1 year ago Q33. Better ability to accomplish things to 1 year ago Q34. Better ability to deal with symptoms or problems to 1 year ago	

 Non-composite Questions	
Q10. Seen within 15 minutes of your appointment. Q17. Was told what side effects of medicines to watch for Q19. Someone discussed whether to include your family or friends in your counseling or treatment	Q22. Given as much information as wanted to manage condition Q23. Was given information about your rights as a patient Q24. Felt that they could refuse a specific type of treatment Q25. Confidential counseling or treatment information was kept private

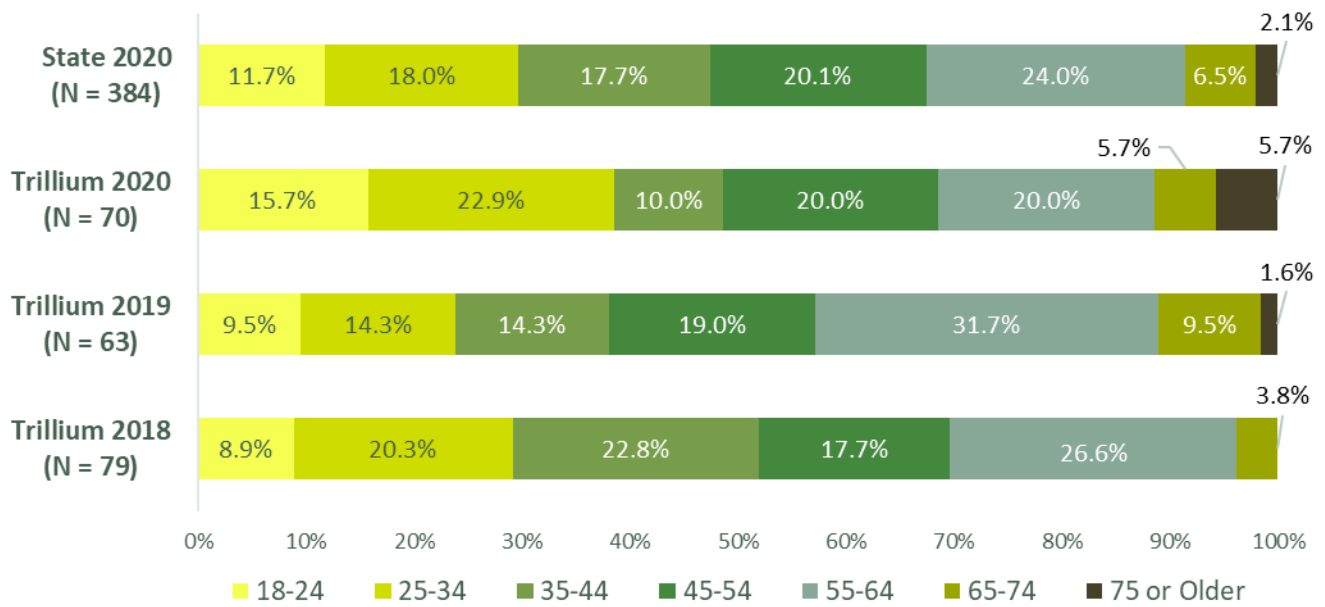
DEMOGRAPHICS

Demographics are provided for informational purposes.

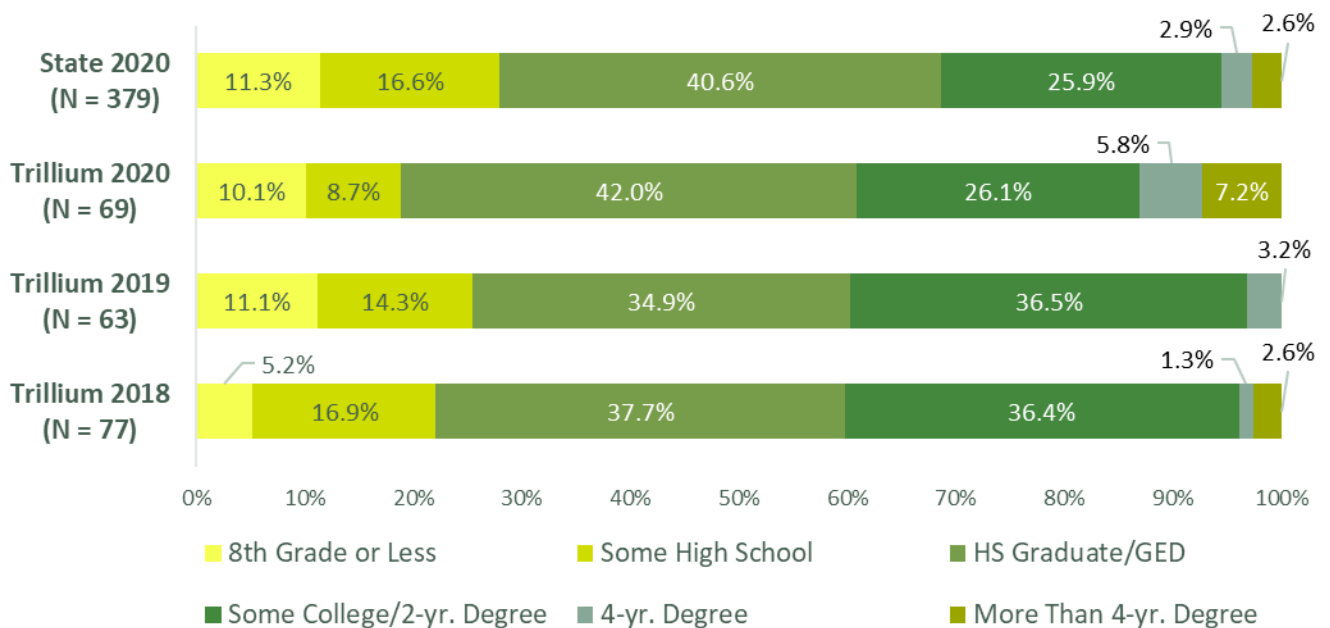




Age



Education Level



APPENDIX A: SURVEY INSTRUMENT

People can get counseling, treatment or medicine for many different reasons, such as:

- For feeling depressed, anxious, or "stressed out"
- Personal problems (like when a loved one dies or when there are problems at work)
- Family problems (like marriage problems or when parents and children have trouble getting along)
- Needing help with drug or alcohol use
- For mental or emotional illness

1. In the last 12 months, did you get counseling, treatment or medicine for any of these reasons?

- Yes → *If Yes, go to question 2*
- No → *If No, go to question 56 on page 7*

YOUR COUNSELING AND TREATMENT IN THE LAST 12 MONTHS

The next questions ask about your counseling or treatment. Do not include counseling or treatment during an overnight stay or from a self-help group.

2. In the last 12 months, did you call someone to get professional counseling on the phone for yourself?

- Yes
- No → *If No, go to question 4*

3. In the last 12 months, how often did you get the professional counseling you needed on the phone?

- Never
- Sometimes
- Usually
- Always

4. In the last 12 months, did you need counseling or treatment right away?

- Yes
- No → *If No, go to question 6*

5. 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

6. In the last 12 months, not counting times you needed counseling or treatment right away, did you make any appointments for counseling or treatment?
- Yes
 - No → *If No, go to question 8*
7. 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
8. In the last 12 months, how many times did you go to an emergency room or crisis center to get counseling or treatment for yourself?
- None
 - 1
 - 2
 - 3 or more
9. In the last 12 months (not counting emergency rooms or crisis centers), how many times did you go to an office, clinic, or other treatment program to get counseling, treatment or medicine for yourself?
- None → *If None, go to question 29 on page 4*
 - 1 to 10
 - 11 to 20
 - 21 or more
10. In the last 12 months, how often were you seen within 15 minutes of your appointment?
- Never
 - Sometimes
 - Usually
 - Always

The next questions are about all the counseling or treatment you got in the last 12 months during office, clinic, and emergency room visits as well as over the phone. Please do the best you can to include all the different people you went to for counseling or treatment in your answers.

11. 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

12. 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
13. 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
14. 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
15. 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
16. In the last 12 months, did you take any prescription medicines as part of your treatment?
- Yes
 - No → *If No, go to question 18*
17. In the last 12 months, were you told what side effects of those medicines to watch for?
- Yes
 - No
18. In the last 12 months, how often were you involved as much as you wanted in your counseling or treatment?
- Never
 - Sometimes
 - Usually
 - Always

19. 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
20. 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
21. In the last 12 months, were you given information about different kinds of counseling or treatment that are available?
- Yes
 No
22. In the last 12 months, were you given as much information as you wanted about what you could do to manage your condition?
- Yes
 No
23. In the last 12 months, were you given information about your rights as a patient?
- Yes
 No
24. In the last 12 months, did you feel you could refuse a specific type of medicine or treatment?
- Yes
 No
25. 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
26. Does your language, race, religion, ethnic background or culture make any difference in the kind of counseling or treatment you need?
- Yes
 No → *If No, go to question 28*
27. In the last 12 months, was the care you received responsive to those needs?
- Yes
 No

28. Using any number from 0 to 10, where 0 is the worst counseling or treatment possible and 10 is the best counseling or treatment possible, what number would you use to rate all your counseling or treatment in the last 12 months?

- 0 Worst Counseling or Treatment Possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best Counseling or Treatment Possible

29. 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

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

- Excellent
- Very Good
- Good
- Fair
- Poor

31. 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

32. 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

33. 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

34. 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

The next questions ask about your experience with the company or organization that handles your benefits for counseling or treatment.

35. In the last 12 months, did you use up all your benefits for counseling or treatment?

- Yes
- No → *If No, go to question 38*

36. At the time benefits were used up, did you think you still needed counseling or treatment?

- Yes
- No → *If No, go to question 38*

37. Were you told about other ways to get counseling, treatment, or medicine?

- Yes
- No

38. In the last 12 months, did you need approval for any counseling or treatment?

- Yes
- No → *If No, go to question 40*

39. In the last 12 months, how much of a problem, if any, were delays in counseling or treatment while you waited for approval?

- A big problem
- A small problem
- Not a problem

40. In the last 12 months, did you call customer service to get information or help about counseling or treatment?

- Yes
- No → *If No, go to question 42*

41. In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called customer service?

- A big problem
- A small problem
- Not a problem

REASONS FOR COUNSELING OR TREATMENT

42. In the last 12 months, was any of your counseling or treatment for personal problems, family problems, emotional illness, or mental illness?

- Yes
- No

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

- Yes
- No

CARE COORDINATION

44. Have you received Care Coordination for any services in the past 12 months?

- Yes
- No → *If No, go to question 56*

45. Please identify the service categories that you received Care Coordination for in the past 12 months. (Please mark all that apply)

- Intellectual and Developmental Disabilities
- Mental Health
- Substance Use
- Other

46. It is easy to get in touch with my Care Coordinator when I need them.

- Never
- Sometimes
- Usually
- Always

47. My Care Coordinator responds to my calls in a timely manner.

- Never
- Sometimes
- Usually
- Always

48. If I have questions, my Care Coordinator helps me find the answers.

- Never
- Sometimes
- Usually
- Always

49. My Care Coordinator has helped me find services and people to support me in managing my care.

- Never
- Sometimes
- Usually
- Always

50. My Care Coordinator asks how best to support me.

- Never
- Sometimes
- Usually
- Always

51. I was given a draft of my Person Centered Plan to review before being asked to sign it.

- Never
- Sometimes
- Usually
- Always
- I do not have a Person Centered Plan

52. I was satisfied with my Person Centered Plan prepared by the Care Coordinator.

- Never
- Sometimes
- Usually → *If Usually, go to question 54*
- Always → *If Always, go to question 54*
- I do not have a Person Centered Plan → *Go to question 54*

53. If you were not satisfied with your plan, did you and/or the provider suggest revisions that were added to your plan?

- Never
- Sometimes
- Usually
- Always

54. If your request for service was denied, did your Care Coordinator talk to you about the appeal process and about additional information that might be helpful to submit for an appeal?

- Never
- Sometimes
- Usually
- Always
- Request for service was not denied

55. Are you satisfied with your Care Coordinator?

- Never
- Sometimes
- Usually
- Always

ABOUT YOU

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

- Excellent
- Very Good
- Good
- Fair
- Poor

57. 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

58. Are you male or female?

- Male
- Female

59. What is the highest grade or level of school that you have completed?

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

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

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

61. 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

62. Did someone help you complete this survey?

- Yes → ***If Yes, go to question 63***
- No → ***Thank you. Please return the completed survey in the postage-paid-envelope.***

63. How did that person help you? Check all that apply.

- Read the questions to me
- Wrote down the answers I gave
- Answered the questions for me
- Translated the questions into my language
- Helped in some other way.

APPENDIX B: ADJUSTED (CAHPS) AND UNADJUSTED COMPOSITE ACHIEVEMENT SCORES

The case-mix adjusted composite scores provided in the CAHPS report vary somewhat from unadjusted scores computed from the raw data by Informatics, but with the exception of one composite for one year, none of the other differences reached statistical significance. To ensure comparability with statewide results, the adjusted CAHPS-computed composite scores are used in this report.

Composite	Survey Year	Computation Method	N	Achievement Score
Getting Treatment Quickly	2020	Adjusted	50	67.6%
		Unadjusted	50	68.3%
	2019	Adjusted	51	54.2%
		Unadjusted	51	68.0%
	2018	Adjusted	63	63.1%
		Unadjusted	63	69.3%
How Well Clinicians Communicate	2020	Adjusted	53	91.6%
		Unadjusted	53	92.1%
	2019	Adjusted	56	84.4%
		Unadjusted	56	83.4%
	2018	Adjusted	63	88.7%
		Unadjusted	63	89.4%
Getting Treatment and Information from the Plan	2020	Adjusted	18	60.3%
		Unadjusted	18	61.1%
	2019	Adjusted	17	43.6%
		Unadjusted	17	38.2%
	2018	Adjusted	20	31.4%
		Unadjusted	20	45.0%
Perceived Improvement	2020	Adjusted	68	56.7%
		Unadjusted	68	61.2%
	2019	Adjusted	63	54.5%
		Unadjusted	63	52.8%
	2018	Adjusted	79	53.3%
		Unadjusted	79	53.5%
Information about Treatment Options	2020	Adjusted	53	50.1%
		Unadjusted	53	50.0%
	2019	Adjusted	56	46.6%
		Unadjusted	56	47.3%
	2018	Adjusted	62	54.2%
		Unadjusted	62	54.8%

Note. A shaded Survey Year indicates that the computation methods produced significantly different achievement scores for that composite and year at the $p > .05$ level using the two-tailed binomial distribution test.