2016-17 ECHO SURVEY: CHILD

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Trillium HEALTH RESOURCES
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INTRODUCTION

Purpose of the Survey
Experience of Care and Health Outcome (ECHO) Surveys are administered annually to assess consumer perceptions of care they received through the North Carolina LME-MCOs and assist in the development of quality improvement strategies. The survey was administered to a random sample of enrollees from each MCO who received at least one service through the MCO within the year prior to August 2017.

Instrument
NC DMA 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 (18+) and a child format. Each format contains 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.” The survey was conducted and analyzed by DataStat, Inc.

Analysis
Of the 571 surveys sent, 114 child versions were used in calculations. Trillium’s overall response rate to the survey was 20.0%. Results from the child and adult surveys were analyzed separately. Domains, which have composite scores from multiple questions, were defined by the CAHPS report provided by NC DMA. Aggregate data for North Carolina was also provided by the CAHPS report.
EXECUTIVE SUMMARY

Overall Satisfaction

Trillium received an Overall Satisfaction Rating (based on Question 29 of the survey) of 73.6%, which was an 8.9% increase from last year. The 16-17 NC Overall Satisfaction Rating was 70.6%.

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 of your child’s counseling or treatment in the last 12 months?”

All responses of 8 or greater were included in the calculation of the Overall Satisfaction Rating. CAHPS sets a Satisfaction benchmark of 85%.

Service Category

Members receiving MH services accounted for 70.3% all participants, which was a 3.9% increase from last year.
**Composite Score Summary**

Composite domains consist of combined response scores from 2 - 6 individual questions. Further breakdown is available in the “Composite Scores” section of this report.

<table>
<thead>
<tr>
<th>Domain</th>
<th>THR 15-16</th>
<th>THR 16-17</th>
<th>NC 16-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting Treatment Quickly</td>
<td>74.4%</td>
<td>64.1%</td>
<td>73.8%</td>
</tr>
<tr>
<td>How Well Clinicians Communicate</td>
<td>88.6%</td>
<td>92.5%</td>
<td>90.2%</td>
</tr>
<tr>
<td>Getting Treatment &amp; Information from the Plan</td>
<td>60.1%</td>
<td>62.3%</td>
<td>62.3%</td>
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</tbody>
</table>

**Care Coordination**

The ECHO survey includes 10 questions related to enrollee satisfaction with Care Coordination. Trillium Care Coordination was rated 6.4 percentage points lower than North Carolina overall.

**Care Coordination Overall Satisfaction**

- THR 15-16: 82.4%
- NC 15-16: 73.2%
- THR 16-17: 70.4%
- NC 16-17: 76.8%
**COMPOSITE SCORES**

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

Aggregate data for North Carolina was provided by the CAHPS report.

**Getting Treatment Quickly**

This domain assesses whether enrollees were able to access care in a timely manner. It contains Questions 3, 5, and 7. Percentages reflect responses of “Usually” and “Always.”

<table>
<thead>
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</tr>
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<tr>
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<td>73.8%</td>
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**How Well Clinicians Communicate**

This domain assesses whether an enrollee felt respected by/safe with their clinician and how well they felt their treatment was explained to them. It contains Questions 12-15, 18. Percentages reflect responses of “Usually” and “Always.”

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Getting Treatment & Information from the Plan

This domain assesses whether an enrollee was adversely impacted by delays in treatment while waiting for an authorization approval, and also how helpful they found customer service. It contains Questions 40 & 42. Percentages reflect a response of “Not a problem.”

Perceived Improvement

This domain assesses enrollee perception of their improvement in daily functioning as compared to 1 year prior to taking the survey. It contains Questions 32 - 35. Percentages reflect responses of “Much better” and “A little better.”
APPENDIX A: SURVEY QUESTIONS

PERSONAL OR FAMILY COUNSELING

Please answer the questions for the child listed on the envelope. Please do not answer for any other children.

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

- For problems related to attention deficit hyperactivity disorder (ADHD) or other behavior or emotional problems
- Family problems (like when parents and children have trouble getting along)
- For mental or emotional illness
- For autism or other developmental conditions
- Needing help with drug or alcohol use

1. In the last 12 months, did your child get counseling, treatment or medicine for any of these reasons?
   - Yes  ➔  If Yes, go to question 2
   - No  ➔  If No, go to question 59 on page 7

YOUR CHILD’S COUNSELING AND TREATMENT

IN THE LAST 12 MONTHS

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

2. In the last 12 months, did you call someone to get professional counseling on the phone for your child?
   - Yes
   - No  ➔  If No, go to question 4

3. In the last 12 months, how often did you get the professional counseling your child needed on the phone?
   - Never
   - Sometimes
   - Usually
   - Always
4. In the last 12 months, did your child need counseling or treatment right away?

- Yes
- No ➔ If No, go to question 6

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

- Never
- Sometimes
- Usually
- Always

6. In the last 12 months, not counting times your child needed counseling or treatment right away, did you make any appointments for your child for counseling or treatment?

- Yes
- No ➔ If No, go to question 8

7. In the last 12 months, not counting times your child needed counseling or treatment right away, how often did your child get an appointment for counseling or treatment as soon as you wanted?

- Never
- Sometimes
- Usually
- Always

8. In the last 12 months, how many times did your child go to an emergency room or crisis center to get counseling or treatment?

- None
- 1
- 2
- 3 or more

9. In the last 12 months (not counting emergency rooms or crisis centers), how many times did your child get counseling, treatment or medicine in your home or at an office, clinic, or other treatment program?

- None ➔ If None, go to question 30 on page 4
- 1 to 10
- 11 to 20
- 21 or more
10. In the last 12 months how many times did your child get counseling, treatment or medicine in your home?

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

11. In the last 12 months, how often were you seen within 15 minutes of his or her appointment?

- Never
- Sometimes
- Usually
- Always

The next questions are about all the counseling or treatment your child got in the last 12 months in your home, 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 your child saw for counseling or treatment in your answers.

12. In the last 12 months, how often did the people your child saw for counseling or treatment listen carefully to you?

- Never
- Sometimes
- Usually
- Always

13. In the last 12 months, how often did the people your child saw for counseling or treatment explain things in a way you could understand?

- Never
- Sometimes
- Usually
- Always

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

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

- Never
- Sometimes
- Usually
- Always

16. In the last 12 months, did your child take any prescription medicines as part of his or her 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 child's counseling or treatment?

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

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

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

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

- Yes
- No

24. In the last 12 months, were you given information about your child's rights as a patient?

- Yes
- No

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No  ➔ If No, go to question 29
28. In the last 12 months, was the care your child received responsive to those needs?
   ○ Yes
   ○ No

29. 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 of your child's 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

30. In the last 12 months, how much was your child helped by the counseling or treatment he or she got?
   ○ Not at all
   ○ A little
   ○ Somewhat
   ○ A lot

31. In general, how would you rate your child's overall mental health now?
   ○ Excellent
   ○ Very Good
   ○ Good
   ○ Fair
   ○ Poor

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

- Much better
- A little better
- About the same
- A little worse
- Much worse

34. **Compared to 12 months ago, how would you rate your child's ability to accomplish the things he or she wants to do now?**

- Much better
- A little better
- About the same
- A little worse
- Much worse

35. **Compared to 12 months ago, how would you rate your child's problems or symptoms now?**

- Much better
- A little better
- About the same
- A little worse
- Much worse

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

36. **In the last 12 months, did your child use up all his or her benefits for counseling or treatment?**

- Yes
- No  
  *If No, go to question 39*

37. **At the time benefits were used up, did you think your child still needed counseling or treatment?**

- Yes
- No  
  *If No, go to question 39*
38. Were you told about other ways to get counseling, treatment, or medicine for your child?

- Yes
- No

39. In the last 12 months, did you need approval for any of your child’s counseling or treatment?

- Yes
- No  ➔ If No, go to question 41

40. 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

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

- Yes
- No  ➔ If No, go to question 43

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

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

43. In the last 12 months, was any of your child’s counseling or treatment for problems related to ADHD or other behavior problems?

- Yes
- No
44. In the last 12 months, was any of your child’s counseling or treatment for family problems or mental or emotional illness?

- Yes
- No

45. In the last 12 months, was any of your child’s counseling or treatment for autism or other developmental problems?

- Yes
- No

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

- Yes
- No

47. Has your child received Care Coordination for any services in the past 12 months?

- Yes
- No ➔ If No, go to question 59

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

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

49. It is easy to get in touch with my child’s Care Coordinator when I need them.

- Never
- Sometimes
- Usually
- Always
50. My child’s Care Coordinator responds to my calls in a timely manner.
   - Never
   - Sometimes
   - Usually
   - Always

51. If I have questions, my child's Care Coordinator helps me find the answers.
   - Never
   - Sometimes
   - Usually
   - Always

52. My child’s Care Coordinator has helped me find services and people to support me in managing my child’s care.
   - Never
   - Sometimes
   - Usually
   - Always

53. My child’s Care Coordinator asks how best to support me and my child.
   - Never
   - Sometimes
   - Usually
   - Always

54. I was given a draft of my child's Person Centered Plan to review before being asked to sign it.
   - Never
   - Sometimes
   - Usually
   - Always
   - My child does not have a Person Centered Plan

55. I was satisfied with my child's Person Centered Plan prepared by the Care Coordinator.
   - Never
   - Sometimes
   - Usually ➔ If Usually, go to question 57
   - Always ➔ If Always, go to question 57
   - My child does not have a Person Centered Plan ➔ Go to question 57
56. If you were not satisfied with your child’s plan, did you and/or the provider suggest revisions that were added to your child’s plan?

- Never
- Sometimes
- Usually
- Always

57. If your request for service was denied, did your child’s 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

58. Are you satisfied with your child’s Care Coordinator?

- Never
- Sometimes
- Usually
- Always

59. In general, how would you rate your child’s overall health now?

- Excellent
- Very Good
- Good
- Fair
- Poor

60. What is your child’s age now?

- Less than 1 year old
- 1 to 2 years old
- 3 to 4 years old
- 5 to 6 years old
- 7 to 9 years old
- 10 to 12 years old
- 13 to 15 years old
- 16 to 17 years old
61. Is your child male or female?
   - Male
   - Female

62. Is your child of Hispanic or Latino origin or descent?
   - Yes, Hispanic or Latino
   - No, not Hispanic or Latino

63. What is your child's race? Please mark one or more.
   - White
   - Black or African-American
   - Asian
   - Native Hawaiian or other Pacific Islander
   - American Indian or Alaska Native
   - Other

64. 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

65. Are you male or female?
   - Male
   - Female

66. 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
67. How are you related to the policyholder?

- I am the policyholder
- Spouse or partner of policyholder
- Child of policyholder
- Other family member
- Friend
- Someone else

68. How are you related to the child?

- Mother or father
- Grandparent
- Aunt or uncle
- Older sibling
- Other relative
- Legal guardian

69. Did someone help you complete this survey?

- Yes ➔ *If Yes, go to question 70*
- No ➔ *Thank you. Please return the completed survey in the postage-paid envelope.*

70. 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