

ECHO SURVEY: CHILD

2019-2020

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Data Used:

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

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Trillium

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EXECUTIVE SUMMARY

Background

The report presents the results of the annual Experience of Care and Health Outcome (ECHO®) Child 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 64 usable returns—an 11.2% 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

Nine of the more than 40 differences analyzed between 2020 Trillium and 2020 statewide results reached statistical significance. Trillium scores were higher than statewide scores in all nine of these comparisons. Care coordination questions accounted for seven of these nine differences because *all* Trillium members who answered these seven questions rated their experiences favorably. The other two of the nine questions producing statistically significant favorable differences related to providers keeping appointment times and maintaining confidentiality of private information.

None of the more than 80 comparisons between Trillium’s 2020 and Trillium’s 2018 and 2019 results reached statistical significance. 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: The Trillium Overall Satisfaction score has changed little from 2018 to 2020 (65.3% to 64.2% respectively). The statewide scores for the same period have declined slightly over that time (71.1% to 64.0%). None of the Trillium vs. statewide differences approach statistical significance for any of the three years.

Self-reported Health. The percent of Trillium members reporting “Good” to “Excellent” mental health has decreased from 71.6% in 2019 to 59.0% in 2020. This is not a statistically significant decrease and remains higher than the statewide 2020 result of 53.8%. Trillium members’ self-ratings of overall health declined little from 2019 to 2020 surveys (83.7% to 80.3% respectively) with 2020 statewide results of 77.7%.

Composites. CAHPS computes and reports four composites to assess LME/MCO achievement in four domains including *Getting Treatment Quickly*, *How Well Clinicians Communicate*, *Getting Treatment and Information from the Plan*, and *Perceived Improvement*. Trillium and statewide 2020 composite scores are roughly equivalent for three of the composites. For the other composite, *Getting Treatment and Information from the Plan*, percentages appear to differ greatly between Trillium and statewide results (62.9% vs. 50.3% respectively), but the Trillium sample is too small (N = 11) to be reliable.

Areas of Strength and Opportunities for Improvement. These areas of interest are identified at the individual question level in the report, but Strengths are primarily drawn from the Care Coordination area. Opportunities for Improvement include multiple questions related to both *Perceived Improvement* and *Getting Treatment Quickly*. Additionally, responses to questions related to feeling adequately informed concerning treatments are identified as opportunities; 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. That being said, care coordination is a very solid strength according to the results—both in terms of absolute high percentage scores and relative to statewide percentage scores. In most other areas, Trillium and statewide results differ little—even where statewide results may fall short in members’ perceptions. Improvement opportunities have been identified from the survey data to help focus additional information gathering and improvement efforts.

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 Child 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 under 18 years of age, 64 usable surveys were returned. Trillium’s overall response rate to the survey was 11.2%. Four domains of member experience, including *Getting Treatment Quickly*, *How Well Clinicians Communicate*, *Getting Treatment and Information from the Plan*, and *Perceived Improvement*, 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 Child 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 Child Medicaid ECHO® Report, Ann Arbor.

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

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



CONCERNING REPORT INTERPRETATION

Sample Size and Statistical Significance

Because there were only 64 usable surveys returned by Trillium members, sixty-four 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 11.1% below that result to 11.1% 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 63.9% and 86.1%. Since none of the questions are answered by all 64 participants, these confidence intervals are always wider. For example, the primary *Overall Satisfaction* question was answered in only 53 surveys and produced a 2020 Trillium achievement score of 64.2%, which means the 95% confidence interval ($\pm 12.9\%$) ranges from 51.3% to 77.1%.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 (Q29) 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.

⁵ This example confidence interval (C.I. = $\pm 11.1\%$) reflects the mean confidence intervals for two response patterns: 1) for a question with 50% favorable percentage (95% C.I. = $\pm 12.3\%$, N = 64) and 2) a question with an 80% favorable percentage (95% C.I. = $\pm 9.8\%$, N = 64)

⁶ As a comparison, on the same question, the 2020 State achievement score of 64.0% is computed from 314 survey response, producing a 95% confidence interval of $\pm 5.3\%$ (58.7% to 69.3%).

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 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.

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.

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

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	314	64.0%
	Trillium	53	64.2%
2019	State	368	65.8%
	Trillium	70	65.7%
2018	State	439	71.1%
	Trillium	75	65.3%

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 29 of the survey) of 64.2%. 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?"

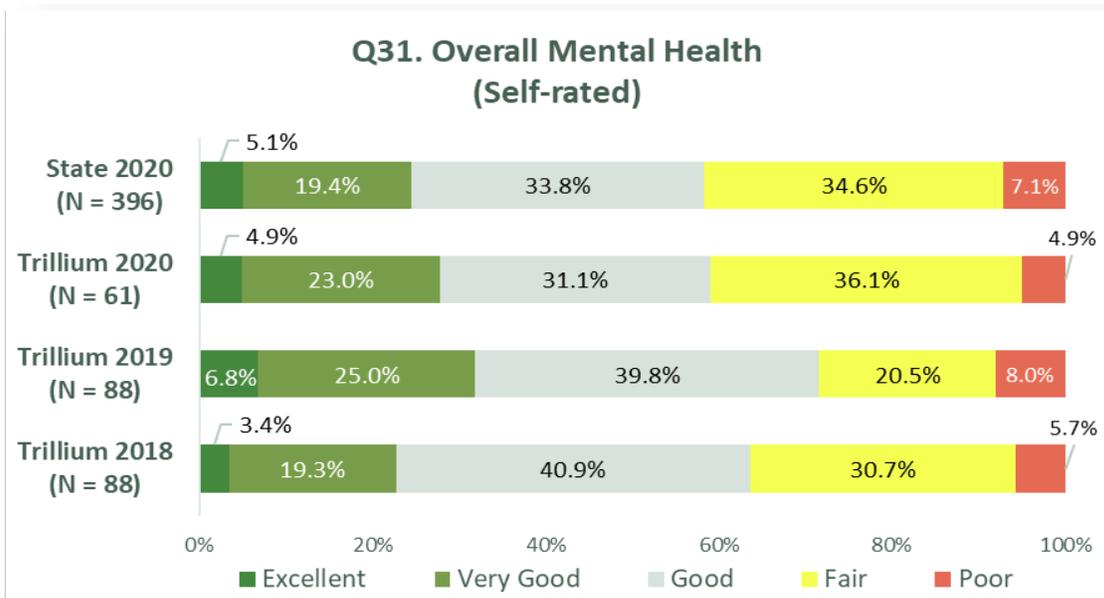
The Overall Satisfaction Rating was calculated by dividing the number of responses of 8 or more by the total number of responses. Trillium's 2020 score of 64.2% fell below the 85% Satisfaction benchmark set by the CAHPS report and was nearly equal to the 2020 State score of 64.0%. There were no statistically significant differences between Trillium's and the statewide achievement scores for any of the three years.

Overall Health Self Ratings

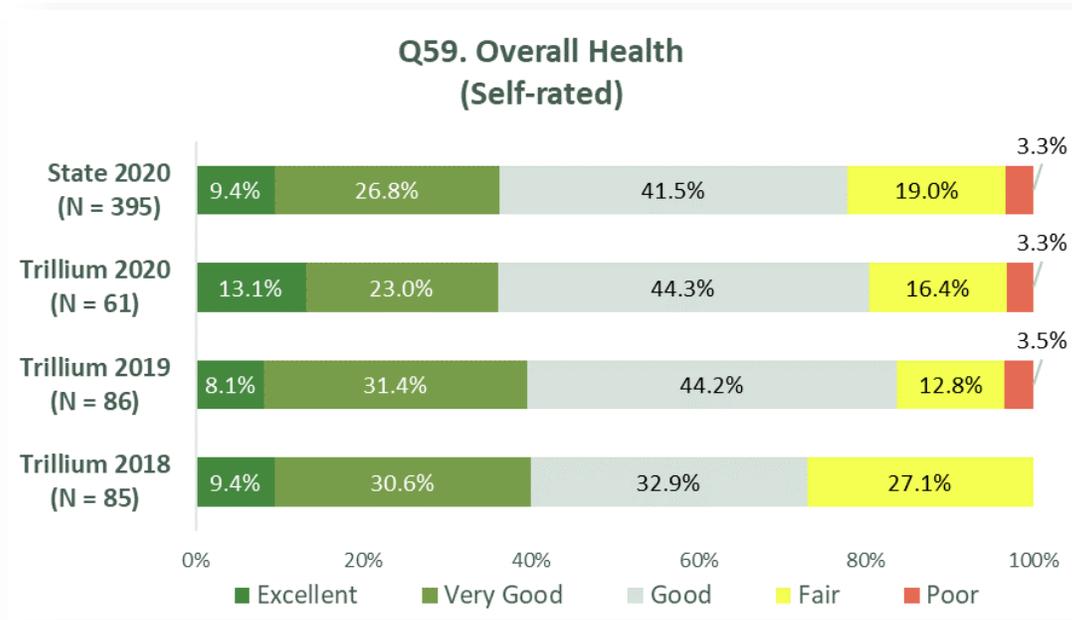
Members were asked, "In general, how would you rate your overall mental health now?" on a scale from Poor to Excellent.



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.



Opportunities for Improvement

Question	High Correlation with Member Satisfaction*	Less than 80% Achievement	Below State Results
Q3. Usually or always got help by telephone		✓	✓
Q7. Usually or always got appointment as soon as wanted		✓	✓
Q15. Clinicians usually or always spent enough time	✓	✓	✓
Q17. Told about side effects of medication	✓	✓	✓
Q21. Child usually or always had someone to talk to when troubled	✓	✓	
Q22. Told about different kinds of treatment available	✓	✓	✓
Q23. Given as much information as wanted to manage condition	✓	✓	✓
Q30. A lot or somewhat helped by treatment	✓	✓	
Q32. Much better or a little better able to deal with daily problems compared to 1 year ago	✓	✓	✓
Q33. Much better or a little better able to deal with social situations compared to 1 year ago	✓	✓	
Q35. Much better or a little better able to deal with symptoms or problems compared to 1 year ago	✓	✓	✓

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

CAHPS COMPOSITES

Composite Score Summary

Composite domains consist of combined response scores from two to five 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	337	69.2%
	Trillium	2020	48	68.3%
		2019	76	58.1%
		2018	75	74.0%
How Well Clinicians Communicate	State	2020	324	90.4%
	Trillium	2020	54	88.3%
		2019	72	89.0%
		2018	79	87.7%
Getting Treatment and Information from the Plan	State	2020	118	50.3%
	Trillium	2020	11	62.9%
		2019	35	37.2%
		2018	33	38.5%
Perceived Improvement	State	2020	404	59.2%
	Trillium	2020	64	58.8%
		2019	89	60.6%
		2018	89	68.2%

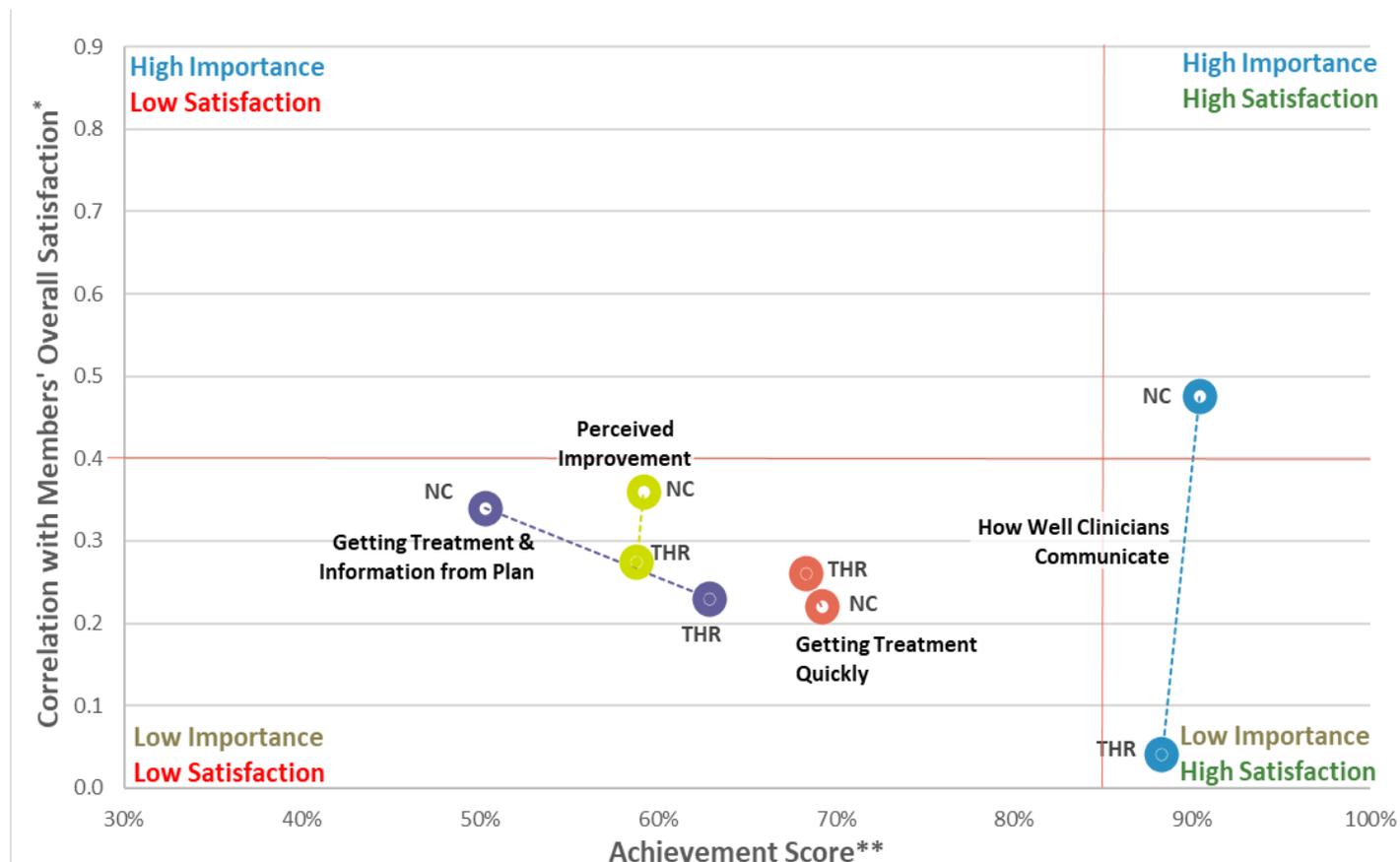
Notes. Red font in the "N" column indicates low reliability of the reported percentage because of low sample size.

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 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 2020 is the source for all the results shown in the graph above.

Key to Composites			
●	Getting Treatment Quickly	●	Getting Treatment and Information from the Plan
Q3. Got needed help by telephone Q5. Got urgent treatment as soon as needed Q7. Got appointment as soon as wanted		Q40. Delays in treatment while waiting for plan approval not a problem Q42. Helpfulness of customer service	
●	How Well Clinicians Communicate	●	Perceived Improvement
Q12. Clinicians listened carefully Q13. Clinicians explained things Q14. Clinicians showed respect Q15. Clinicians spent enough time Q18. Involved as much as you wanted in treatment		Q32. Better ability to deal with daily problems to 1 year ago Q33. Better ability to deal with social situations to 1 year ago Q34. Better ability to accomplish things to 1 year ago Q35. Better ability to deal with symptoms or problems to 1 year ago	

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	324	90.4%
	Trillium	2020	54	88.3%
		2019	72	89.0%
		2018	79	87.7%
Q12. Clinicians usually or always listened carefully	State	2020	324	91.4%
	Trillium	2020	54	92.6%
		2019	72	87.5%
		2018	78	83.3%
Q13. Clinicians usually or always explained things	State	2020	324	93.2%
	Trillium	2020	54	92.6%
		2019	71	91.5%
		2018	77	88.3%
Q14. Clinicians usually or always showed respect	State	2020	323	92.3%
	Trillium	2020	54	92.6%
		2019	71	93.0%
		2018	78	94.9%
Q15. Clinicians usually or always spent enough time	State	2020	323	86.1%
	Trillium	2020	54	79.6%
		2019	71	88.7%
		2018	78	85.9%
Q18. Usually or always involved as much as you wanted in treatment	State	2020	321	89.4%
	Trillium	2020	54	85.2%
		2019	71	87.3%
		2018	78	87.2%

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.

Perceived Improvement

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

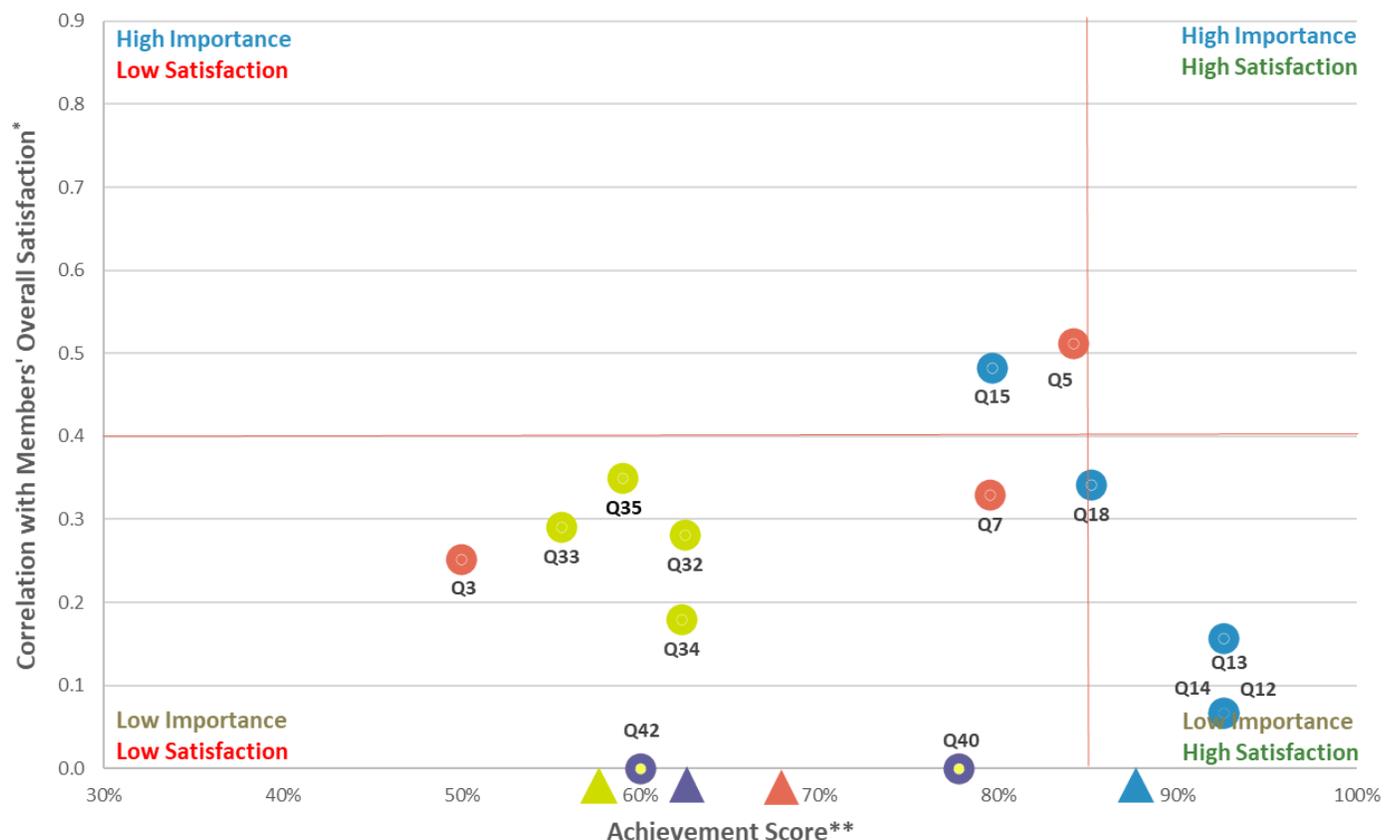
Composite or Question	Entity	Survey Year	N	Achievement Score
Perceived Improvement	State	2020	404	59.2%
	Trillium	2020	64	58.8%
		2019	89	60.6%
		2018	89	68.2%
Q32. Much better or a little better able to deal with daily problems compared to 1 year ago	State	2020	401	65.3%
	Trillium	2020	64	62.5%
		2019	88	63.6%
		2018	89	68.5%
Q33. Much better or a little better able to deal with social situations compared to 1 year ago	State	2020	402	55.5%
	Trillium	2020	63	55.6%
		2019	87	63.2%
		2018	89	61.8%
Q34. Much better or a little better able to accomplish things compared to 1 year ago	State	2020	398	56.0%
	Trillium	2020	61	62.3%
		2019	88	59.1%
		2018	88	70.5%
Q35. Much better or a little better able to deal with symptoms or problems compared to 1 year ago	State	2020	401	61.6%
	Trillium	2020	61	59.0%
		2019	88	63.6%
		2018	88	69.3%

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.

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		Getting Treatment and Information from the Plan
Q3. Got needed help by telephone Q5. Got urgent treatment as soon as needed Q7. Got appointment as soon as wanted		Q40. Delays in treatment while waiting for plan approval not a problem Q42. Helpfulness of customer service	
	How Well Clinicians Communicate		Perceived Improvement
Q12. Clinicians listened carefully Q13. Clinicians explained things Q14. Clinicians showed respect Q15. Clinicians spent enough time Q18. Involved as much as you wanted in treatment		Q32. Better ability to deal with daily problems to 1 year ago Q33. Better ability to deal with social situations to 1 year ago Q34. Better ability to accomplish things to 1 year ago Q35. Better ability to deal with symptoms or problems to 1 year ago	

SINGLE-ITEM MEASURES

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

Question	Entity	Survey Year	N	Achievement Score
Q11. Usually or always seen within 15 minutes of appointment time	State	2020	317	78.2%
	Trillium	2020	54	87.0%
		2019	72	77.8%
		2018	80	77.5%
Q17. Told about side effects of medication	State	2020	251	80.5%
	Trillium	2020	38	76.3%
		2019	59	84.7%
		2018	58	86.2%
Q19. Goals of counseling or treatment discussed completely	State	2020	321	88.5%
	Trillium	2020	54	83.3%
		2019	70	91.4%
		2018	77	90.9%
Q20. Usually or always got professional help wanted for child	State	2020	323	81.4%
	Trillium	2020	54	87.0%
		2019	71	84.5%
		2018	78	87.2%
Q21. Child usually or always had someone to talk to when troubled	State	2020	321	75.7%
	Trillium	2020	54	75.9%
		2019	68	79.4%
		2018	78	82.1%
Q22. Told about different kinds of treatment available	State	2020	320	65.9%
	Trillium	2020	52	63.5%
		2019	70	72.9%
		2018	76	69.7%

Note. A shaded Survey Year indicates that the achievement score is significantly different from the Trillium 2020 achievement score at the $p > .05$ level. For Trillium-State comparisons, the two-tailed binomial test is used; for comparison between Trillium 2020 and either Trillium 2018 or 2019 the two-tailed Fisher's exact test is used.

Single-item Measures (continued)

Question	Entity	Survey Year	N	Achievement Score
Q23. Given as much information as wanted to manage condition	State	2020	312	72.4%
	Trillium	2020	53	69.8%
		2019	71	73.2%
		2018	75	72.0%
Q24. Given information about rights as a patient	State	2020	312	87.5%
	Trillium	2020	53	86.8%
		2019	70	91.4%
		2018	75	92.0%
Q25. Felt that they could refuse a specific type of treatment	State	2020	313	86.3%
	Trillium	2020	54	87.0%
		2019	69	89.9%
		2018	76	90.8%
Q26. Confidential counseling or treatment information was kept private	State	2020	316	94.6%
	Trillium	2020	54	100.0%
		2019	69	98.6%
		2018	76	93.4%
Q30. A lot or somewhat helped by treatment	State	2020	397	78.3%
	Trillium	2020	63	79.4%
		2019	89	80.9%
		2018	89	77.5%
Q31. Child's overall mental health is good to excellent	State	2020	396	53.8%
	Trillium	2020	61	59.0%
		2019	88	71.6%
		2018	88	63.6%
Q59. Child's overall health is good to excellent	State	2020	395	77.7%
	Trillium	2020	61	80.3%
		2019	86	83.7%
		2018	85	72.9%

Note. A shaded Survey Year indicates that the achievement score is significantly different from the Trillium 2020 achievement score at the $p > .05$ level. For Trillium-State comparisons, the two-tailed binomial test is used; for comparison between Trillium 2020 and either Trillium 2018 or 2019 the two-tailed Fisher's exact test is used.

Priority Matrix for Composite-related and Single-item Questions



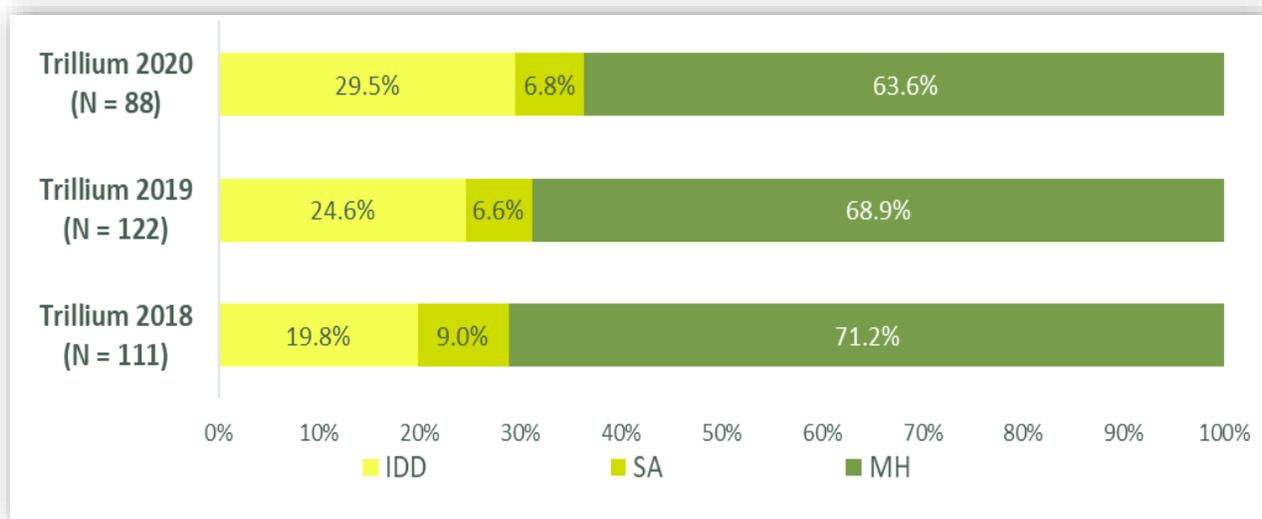
Notes. Triangles on the x-axis indicate the statewide CAHPS-computed achievement score for the composite coded in that same color. Data points with black centers represent non-composite related questions, unless they also meet the following criterion. Data points with yellow centers represent the questions 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	
<p>Getting Treatment Quickly</p> <p>Q3. Got needed help by telephone Q5. Got urgent treatment as soon as needed Q7. Got appointment as soon as wanted</p>	<p>Getting Treatment and Information from the Plan</p> <p>Q40. Delays in treatment while waiting for plan approval not a problem Q42. Helpfulness of customer service</p>
<p>How Well Clinicians Communicate</p> <p>Q12. Clinicians listened carefully Q13. Clinicians explained things Q14. Clinicians showed respect Q15. Clinicians spent enough time Q18. Involved as much as you wanted in treatment</p>	<p>Perceived Improvement</p> <p>Q32. Better ability to deal with daily problems to 1 year ago Q33. Better ability to deal with social situations to 1 year ago Q34. Better ability to accomplish things to 1 year ago Q35. Better ability to deal with symptoms or problems to 1 year ago</p>
<p>Non-composite Questions</p>	
<p>Q11. Seen within 15 minutes of your appointment. Q17. Was told what side effects of medicines to watch for Q19. Goals of counseling or treatment discussed completely Q20. Usually or always got professional help wanted for child Q21. Child usually or always had someone to talk to when troubled Q22. Told about different kinds of treatment available</p>	<p>Q23. Given as much information as wanted to manage condition Q24. Given information about rights as a patient Q25. Felt that they could refuse a specific type of treatment Q26. Confidential counseling or treatment information was kept private Q38. Told about other ways to get treatment after benefits were used up</p>

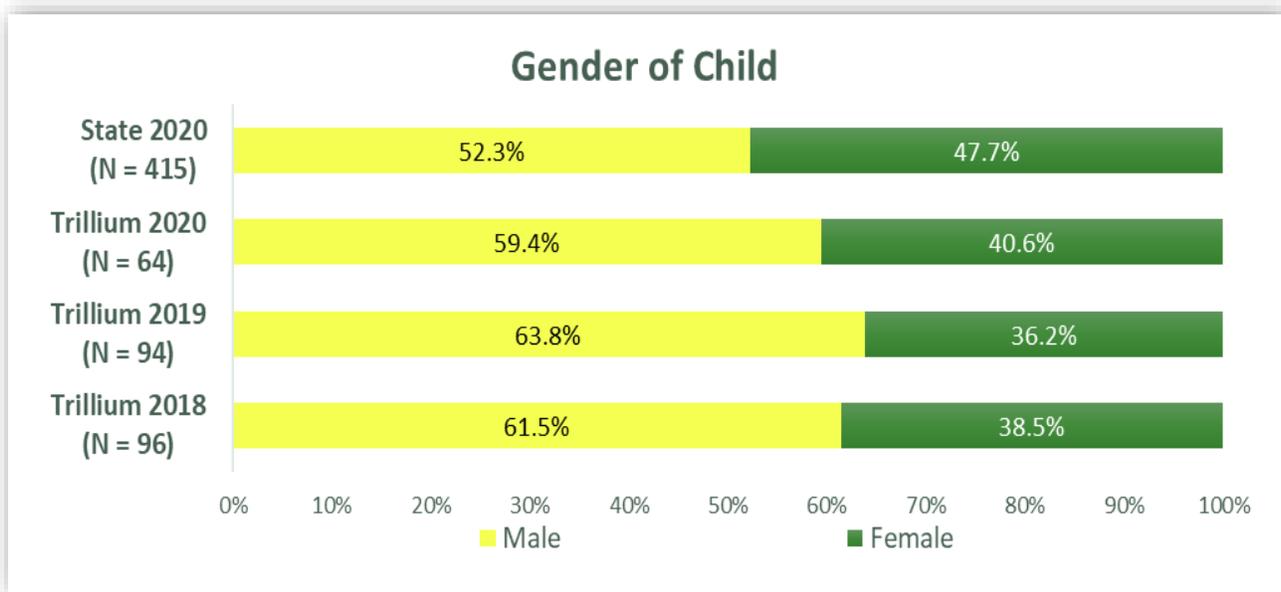
DEMOGRAPHICS

Demographics are provided for informational purposes.

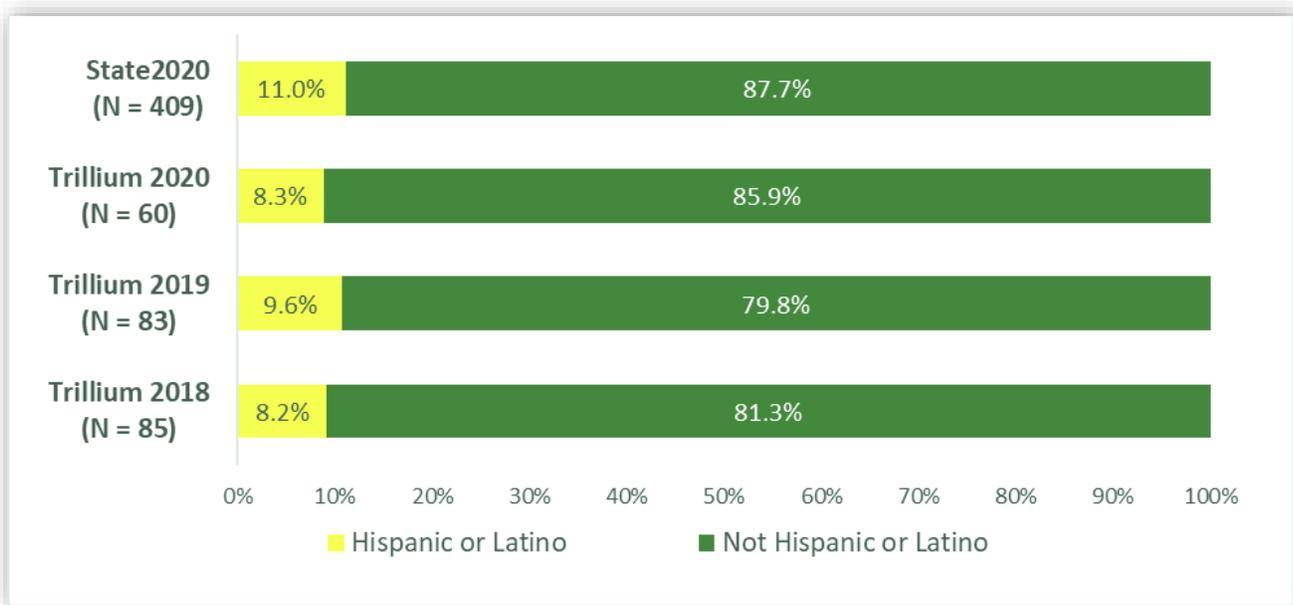
Service Category



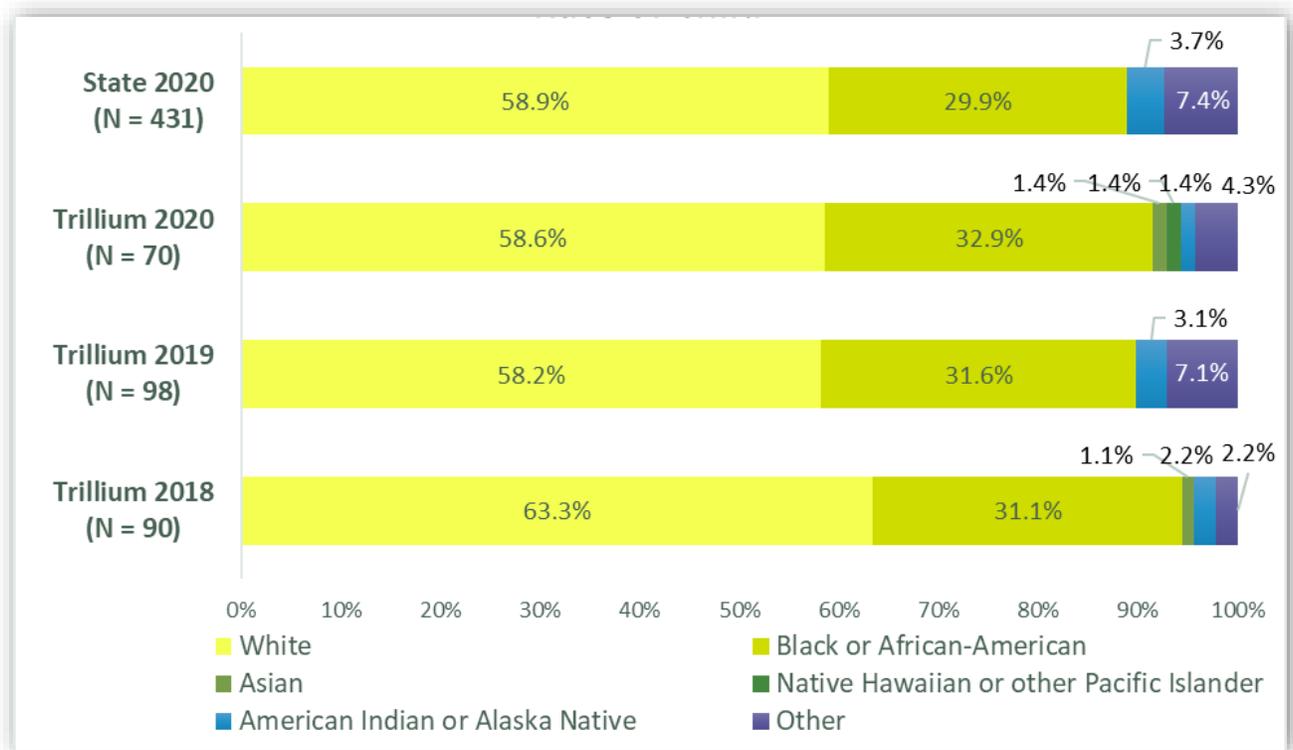
Gender of Child



Ethnicity of Child



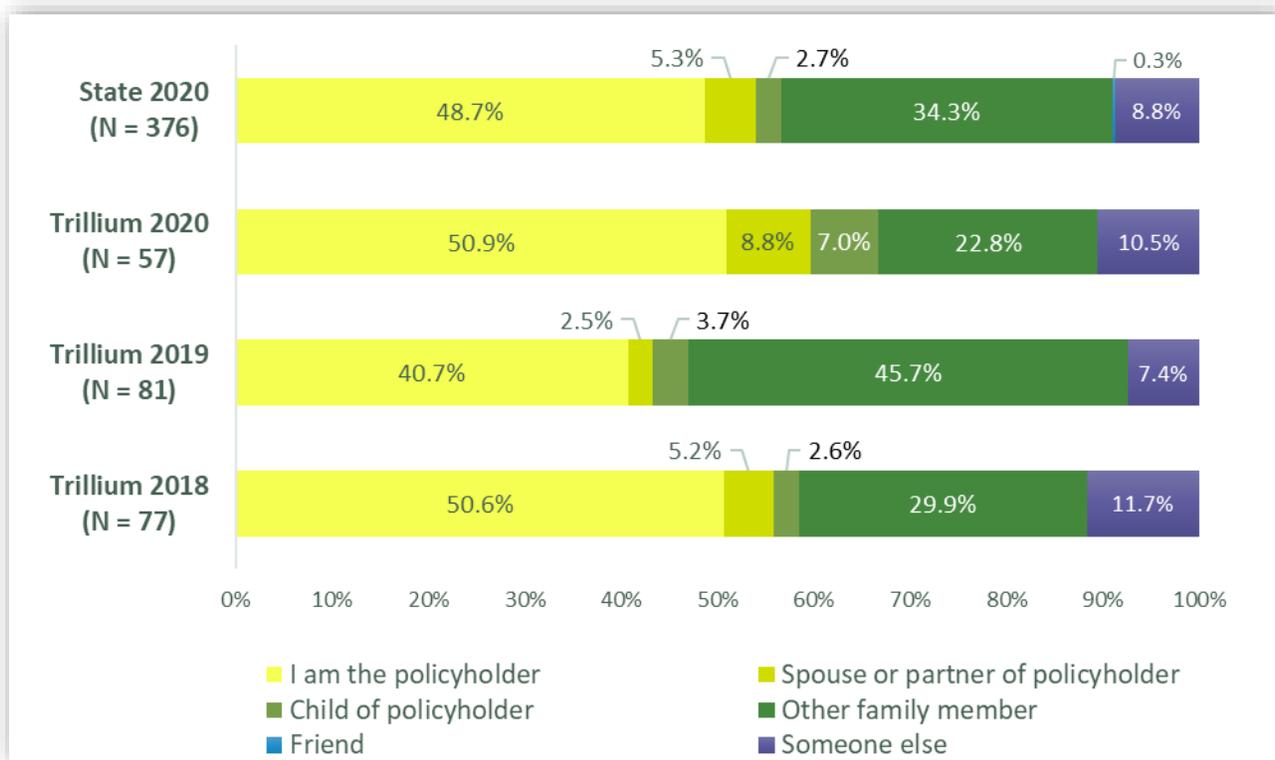
Race of Child



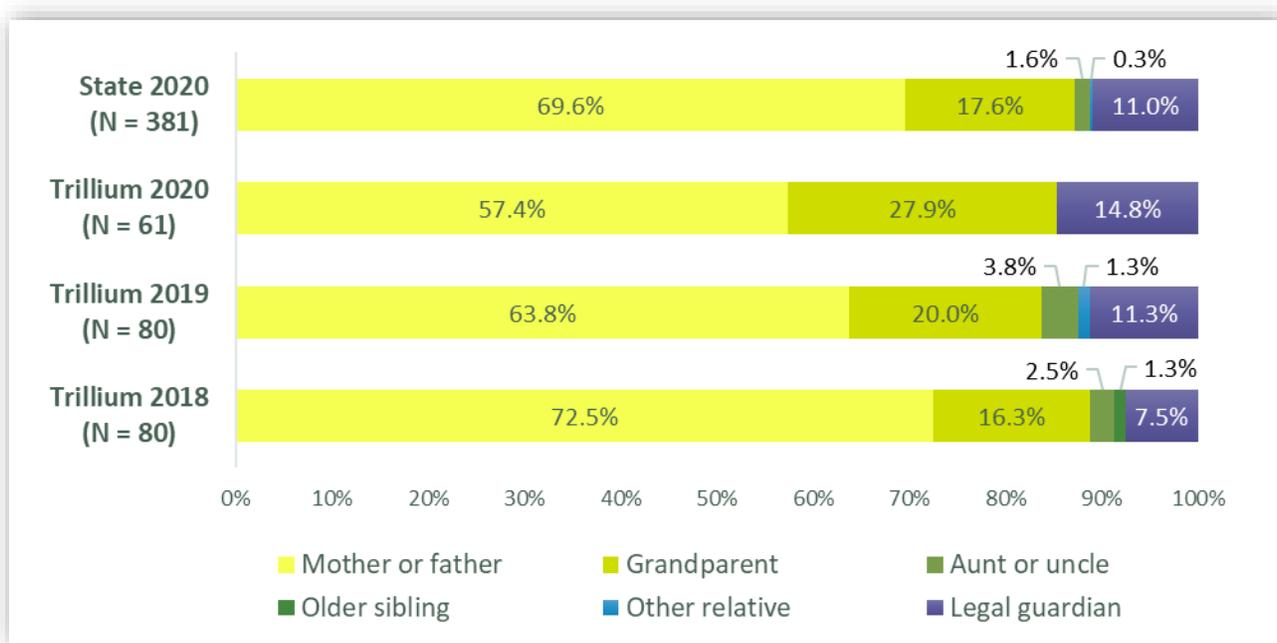
Age of Child



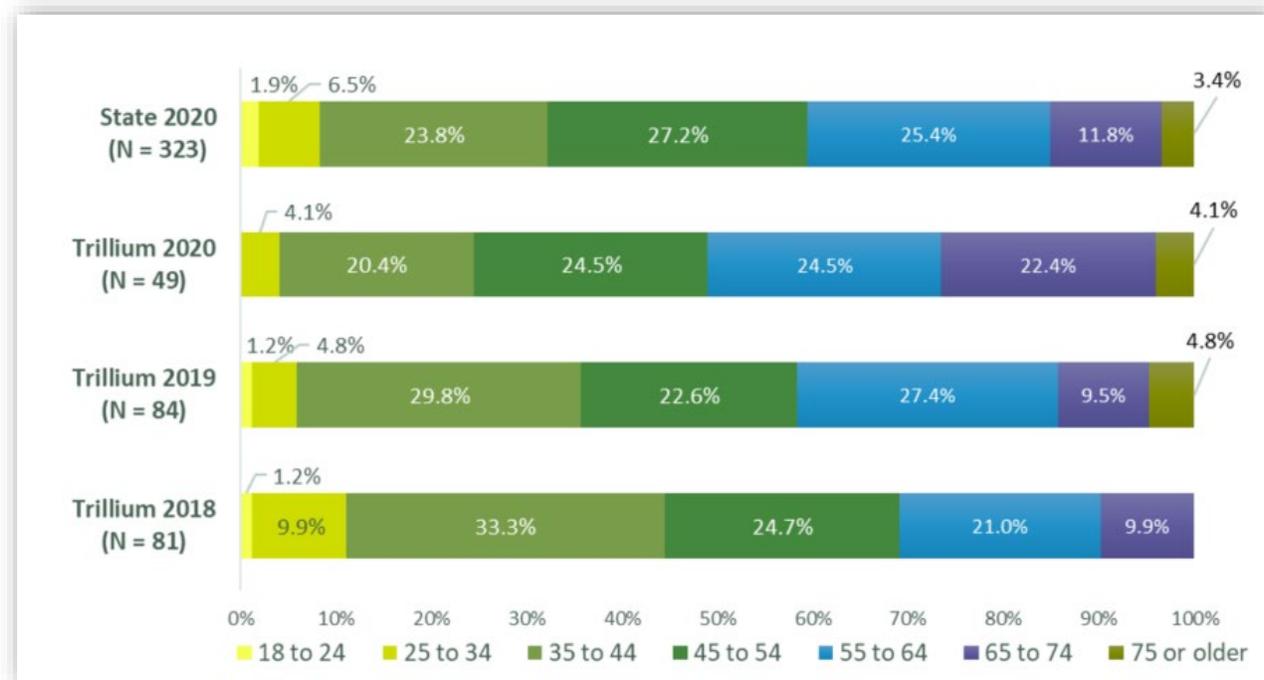
Respondent Relation to Policyholder



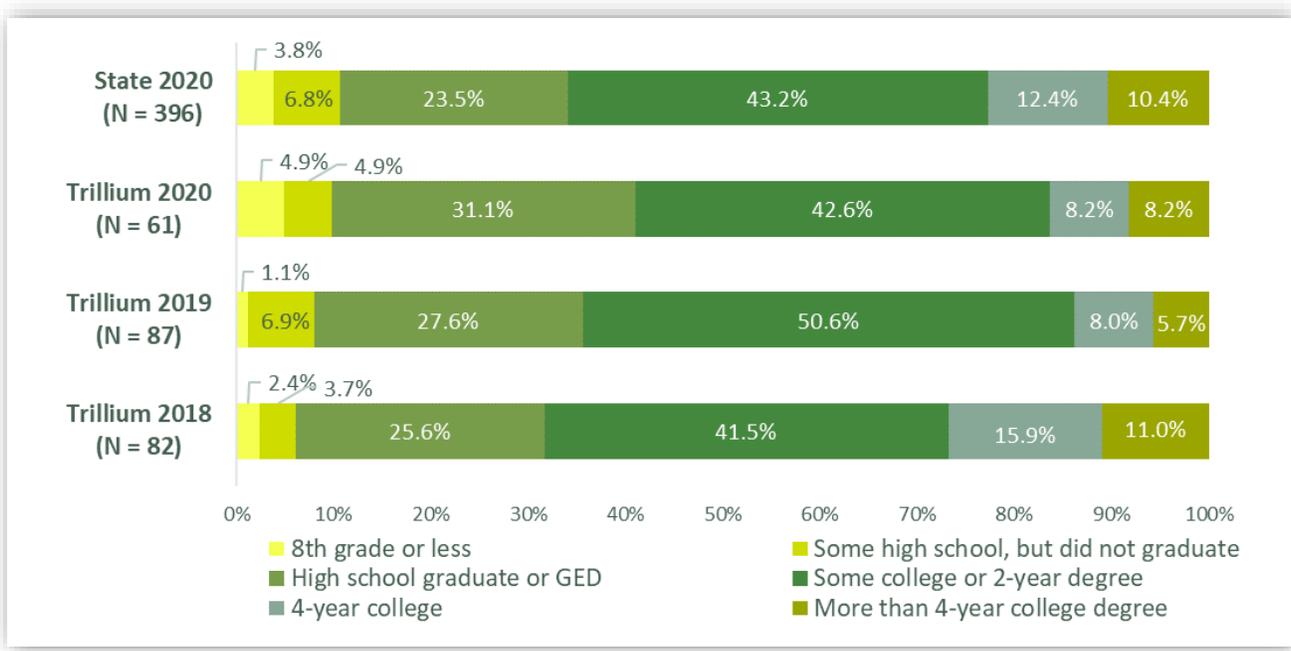
Respondent Relation to Child



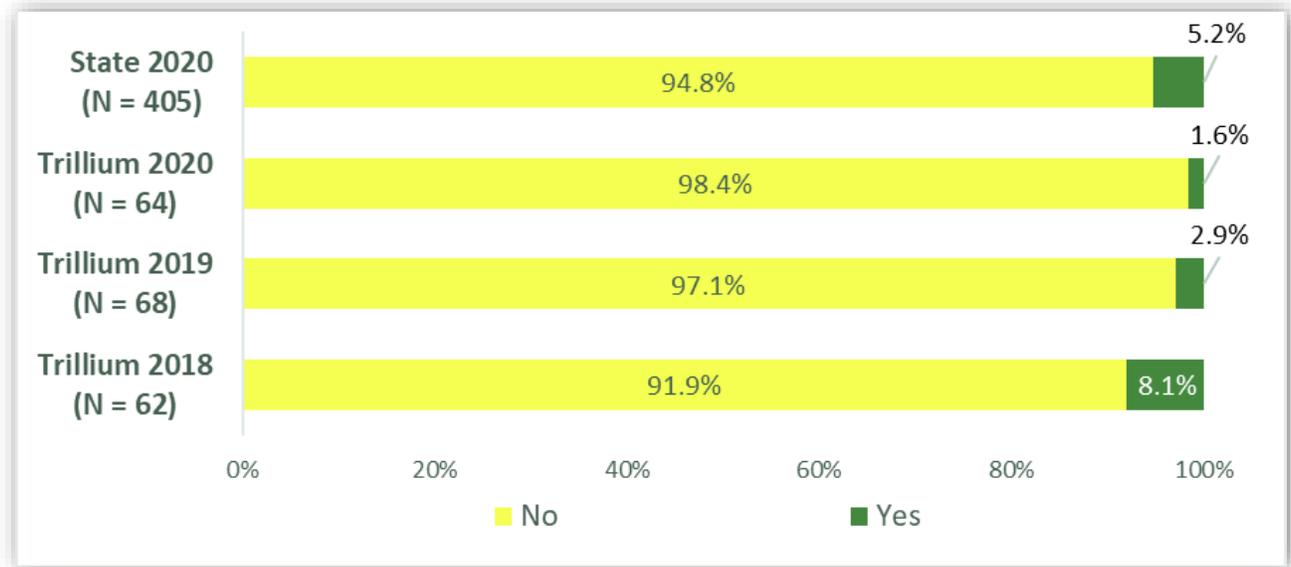
Age of Respondent



Education Level of Respondent



Got Help to Complete the Survey



APPENDIX A: SURVEY INSTRUMENT

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

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

REASONS FOR COUNSELING OR TREATMENT

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

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

ABOUT YOU AND YOUR CHILD

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

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	Entity	Survey Year	N	Achievement Score
Getting Treatment Quickly	2020	Adjusted	48	68.3%
		Unadjusted	48	73.3%
	2019	Adjusted	76	58.1%
		Unadjusted	76	75.9%
	2018	Adjusted	75	74.0%
		Unadjusted	75	75.6%
How Well Clinicians Communicate	2020	Adjusted	54	88.3%
		Unadjusted	54	88.5%
	2019	Adjusted	72	89.0%
		Unadjusted	72	89.7%
	2018	Adjusted	79	87.7%
		Unadjusted	79	86.9%
Getting Treatment and Information from the Plan	2020	Adjusted	11	62.9%
		Unadjusted	11	81.8%
	2019	Adjusted	35	37.2%
		Unadjusted	35	44.3%
	2018	Adjusted	33	38.5%
		Unadjusted	33	40.9%
Perceived Improvement	2020	Adjusted	64	58.8%
		Unadjusted	64	60.2%
	2019	Adjusted	89	60.6%
		Unadjusted	89	61.8%
	2018	Adjusted	89	68.2%
		Unadjusted	89	67.7%

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.