2008

Consumer Satisfaction Survey

New Mexico
Behavioral Health
Purchasing Collaborative

Presented as collaboration by:

The Behavioral Health Services Division of the Human Services Department, the Children Youth and Families Department, the Medicaid Division of the Human Services Department, Office of Consumer Affairs, ValueOptions New Mexico and New Mexico Consumers, Families, Children, and Adolescents.

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Acknowledgements
Consumer Satisfaction Survey 2008

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The above are just some of the individuals who collaborated on this survey. Although it is impossible to mention everyone by name who worked on this year’s survey, our thanks go out to all of the workers, volunteers, consumers, family members, and other stakeholders who participated.
Executive Summary of the 2008 Consumer Satisfaction Survey

This survey reports the perceptions of consumers of mental health and substance abuse treatment provided through New Mexico’s State-funded mental health and substance abuse (behavioral health) treatment services (provided by ValueOptions).

The method of collecting data for this report was that statewide surveys were administered to three groups: adult consumers, youth consumers, and families/caregivers of children and youth who had received mental health and substance abuse treatment.

This method was used to assess consumers’ perceptions of the treatment services provided to them in order to determine their satisfaction with the behavioral health care they received from ValueOptions. The survey collected data about services which were provided during the first six months of Fiscal Year 2008 (July 1, 2007 - December 31, 2007).

A total of 1,516 consumers, family members and/or caretakers of consumers completed the assessment. The participant population was made up of 738 adult consumers and an additional 778 consisting of children and families as well as families/caregivers of children.

The data gathered has been analyzed in five different domains: Access, Appropriateness, Satisfaction, Effectiveness and Empowerment.

The responses for adults in each domain were as follows:

- Access - 87% positive.
- Appropriateness - 88% positive.
- Satisfaction - 84% positive.
- Effectiveness - 81% positive.
- Empowerment - 88% positive.

There was one significant difference across the domains over the past three years (2006, 2007, and 2008) which was that in 2007, the Satisfaction domain had a significantly higher percentage of positive responses than 2006 and 2008.

Interesting, although not statistically significant, the Effectiveness domain had the highest percent of positive responses over all three years.

The responses for children and for families/caregivers of children were:

- Access - 90% positive.
- Appropriateness – 90% positive.
- Satisfaction – 91% positive.
- Effectiveness – 84% positive.
- Empowerment – 90 % positive.
Significant differences for children and families/caregivers of children were found in the years of 2007 and 2008. These revealed a significantly higher percent of positive responses than in 2006 for the domains of Satisfaction and Empowerment. In 2006, the Effectiveness domain had a significantly higher percent of positive responses than were found in 2007 and 2008, while in 2007, there was a significantly higher percent of responses than in 2008.

Although this year’s results of the Consumer Satisfaction Survey compare favorably with those of past years, it is important to note that further research is necessary in order to provide understanding with regard to the ways in which a wide range of variables affect the percent of responses for each domain.
What is the NM Consumer Satisfaction Project?

The New Mexico Consumer Satisfaction Project (CSP) is a yearly effort to survey New Mexicans satisfaction with State-funded mental health and substance use (behavioral health) treatment and support services.

For the last three years, the CSP has been a collaboration between three agencies responsible for funding and managing the majority of these services—the Medical Assistance (MAD) and Behavioral Health Services (BHSD) divisions of the Human Services Department; Children, Youth and Families Department (CYFD); Office of Consumer and Family Engagement (CAFÉ); and ValueOptions New Mexico (VONM).

There are three different surveys completed throughout the year. Each survey is conducted either face-to-face or by telephone to a random group of persons enrolled with ValueOptions New Mexico. A 28-item survey developed by the Mental Health Statistics Improvement Program (MHSIP) has been the basis for the surveys since the late 1990’s. Additional items are now included to address substance use; housing and employment; consumer involvement; and involvement with schools and the juvenile justice system.

The three surveys offered are the:

1. Adult Survey (consumers over age 21)
2. Youth and Families Survey (parents/guardians of consumers under age 21)
3. Youth Survey (consumers under age 21)

Why Do We Do It?

The CSP surveys serve two purposes: (1) To establish a quality insurance process that will gather and provide valuable information on behavioral health services offered throughout our communities in New Mexico. This information is used to improve services offered to clients; (2) To fulfill federally mandated data reporting requirements.

Input into the quality process. In 2002, New Mexico’s first comprehensive behavioral health needs assessment, Behavioral Health Needs and Gaps in New Mexico, identified the following as principles of a good system of care:

- A single set of goals and expected outcomes;
- A common, agreed-upon set of performance and outcome indicators; and
- A common data system or common data elements across systems.

Additionally, the principles and values of the Collaborative:

- [Involvement of] individuals and family members in all levels of the decision-making processes concerning operations and oversight of the publicly funded behavioral health system...[including] assessing the entity's/entities' annual or quarterly performance; and

- Mechanisms...to ensure continuous quality improvement.

By unifying these Principles in the survey process, the CSP now presents a thorough and detailed view of the New Mexico behavioral health services landscape and a better understanding of the needs and opinions of those being served.

Federal requirements. The federal agencies that fund behavioral health services require the state to collect information on consumer satisfaction as one way of presenting how the State is meeting its goals.

**What Do We Measure?**

The data gathered from each survey is analyzed based upon five different categories, or domains of service to consumers. The first four domains—Satisfaction, Access, Appropriateness, and Effectiveness—are common to the national MHSIP survey. In 2006, New Mexico added an additional domain, Empowerment, which is an important factor in measuring services provided and also in looking at how the behavioral health system is helping the people it serves in understanding their rights and abilities to fully take part in their own recovery processes.
The Five Domains

1. **Access**
   “Entry into behavioral health services is quick, easy, and convenient.”
   Easy access to behavioral health service for all New Mexicans is important, but too often difficult. Access examines the behavioral health service system to see whether:
   - Services are conveniently located and easily accessible by car or transportation;
   - Services are available when needed;
   - Concerns and questions are answered quickly and appropriately;
   - Services are available to meet individual needs.

2. **Appropriateness**
   “Services are individualized to address a consumer’s strengths and needs, cultural context, preference, and recovery goals.”
   Providers need to offer services that are centered on the individual, family, child, or youth; that is to say that providers are capable of creating services that address the specific needs of the people they are serving. Appropriateness examines the following:
   - Adult consumers, youth consumers, and families of children participate in their own treatment plans;
   - Service providers support person-centered services;
   - Providers ensure consumers and families understand their behavioral health needs and the appropriate treatment to address those needs;
   - Consumers and families are encouraged to use community-based services, including consumer-run services; and
   - Provider staff is respectful and competent.

3. **Satisfaction**
   “Adults, youth, children, and families are generally happy with the services they are provided.”
   Satisfaction with care is considered an important indicator of service excellence. The Satisfaction domain looks at the following:
Consumers and family members are generally happy with their services;  
Service providers listen to and make changes based upon input from consumers and family members; and  
Consumers and family members would recommend their service provider to others.

4. Effectiveness
“The extent to which services provided to individuals with behavioral health needs has a positive or negative effect on their well-being, life circumstances, and capacity for self-management and recovery.”

Effectiveness measures the outcomes of having participated in behavioral health services. Behavioral health services should help improve the lives of participants in those services. The following concepts represent factors that are examined to determine effectiveness:

- Services improve the daily lives of consumers and their families;  
- Consumers and families learn to better manage their symptoms;  
- Treatment goals are individualized, strengths-based, and person-centered;  
- Services received contribute to a consumer’s improved socialization and community participation;  
- Consumers and family members are better able to handle crises; and  
- Consumers and families have a better knowledge of tools to support recovery.

5. Empowerment:
“The perception by consumers and families that they have more control of their situations, and the available encouragement, support, and techniques offered by the provider.”

A principle concept of recovery and resiliency is empowerment. This concept refers to increasing the social and spiritual strength of individuals and families. The Empowerment domain examines the following as indicators of empowerment:
Providers encourage and are open to input from consumers and families;

Staff provide consumers and family members with information about rights and respects them;

Staff support consumer and family participation in treatment planning; and

Providers support the use of consumer-run agencies.

How is this report organized?
There are four main sections within this report. The first three sections contain relevant information specific to the three surveys conducted in 2008 (Adult, Youth and Families and Youth alone). Each section is broken down to look at all five Domains, (Access, Appropriateness, Satisfaction, Effectiveness and Empowerment.) The percentage of respondents that are satisfied with the service and the percentage of respondents that are not satisfied with the service are reported. When the term **significant** is used, it indicates that the answer, or group of answers, are **statistically significant**, either for the 2008 survey or compared to prior years' surveys. Each of these areas will have a "Findings and Discussion" section that details Statistically Significant results and provides samples of comments made by the respondents. At the end of the 2008 survey results for Adults and Youth and Families, there is a multi-year comparison graph of the positive responses in the 5 domains. The Youth Only survey is a new survey for 2008.

The fourth section is an Appendix which provides complete data for each survey question of each survey as well as comments. The Appendix may be viewed separately for those who are interested in the expanded data at [www.bhc.state.nm.us](http://www.bhc.state.nm.us)

Where to Go For More Information
This report is intended to summarize and inform communities of important and relevant information related to behavioral health services that was captured by each survey.

If you have a particular interest or concern about consumer satisfaction with behavioral health services which may not have been addressed within the content of this report, please refer to *The 2008 Consumer Satisfaction Survey Appendix* which is available on-line at [www.bhc.state.nm.us](http://www.bhc.state.nm.us). The Appendix contains data about all the aspects of service covered by the surveys and all the specific questions that were contained in the surveys.
I. The 2008 Adult Survey
This survey included 738 adult respondents from Regions 1-5. The ethnic groups represented included White, African American, Hispanic, Native American and Other Ethnic groups. Respondents were both male and female, and received one or more of eight different kinds of services.

Access:
“Entry into behavioral health services is quick, easy, and convenient.”
Six questions on the Adult survey measured this domain. Examples of the questions are:
- I was able to see a psychiatrist when I wanted to;
- The location of services was convenient (parking, public transportation, distance, etc.);
- The staff returned my call within 24 hours.

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<th>Percent of Positive responses</th>
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Findings and Discussions for Access for Adult Respondents:
There were no significant differences in the Access domain results.

Examples of comments from the respondents in the Access domain:
- (Client has) “Difficulty getting around, trouble walking. Times when (client) couldn’t go because of transportation.”
- There was only one psychiatrist in (facility’s name), and he was only there once a week.
- The (facility’s name) has helped me over the last 10 years, even though I didn’t have a lot of money. It’s wonderful that they provide GOOD services, even for low-income people.
Appropriateness:  
“Services are individualized to address a consumer’s strengths and needs, cultural context, preference, and recovery goals.”  
Eleven questions on the Adult survey measured this domain. Examples of the questions were:

- I felt comfortable about asking questions about my treatment and medications;
- I participated in deciding in my treatment goals;
- The staff workers I worked with were competent and knowledgeable.

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Findings and Discussions for Appropriateness for Adult Respondents:  
Within the Appropriateness domain for adults the question “How long have you been receiving services?” showed significant differences in percentage of positive responses. See Graph 1.

Graph 1. Adults: Percent Positive Responses in Appropriateness

Graph 1. Consumers who did not know how long they had been in services (those who responded “I don’t know”) had a significantly lower percentage of positive responses than consumers who responded they had been in services “less than three months”, “three months to a year”, or “more than one year”. (Note: the number of consumers who answered “I don’t know” was small).
Examples of comments from the respondents in the Appropriateness domain:

- Let consumers know ahead of time when they are going to let a therapist go, rather than they are gone without warning. Interferes severely with trust issues.
- Would be more comfortable on less medication.
- His provider was great. Educates herself on autism. He wishes there were more like her.
Satisfaction:
“Adults, youth, children, and families are generally happy with the services they are provided.”
Six questions on the Adult survey measured this domain. Examples of the questions were:
- I liked the services I received;
- I would recommend this provider to a friend or family member;
- The services I received were helpful.

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Findings and Discussions for Satisfaction for Adult Respondents:
There were two significant differences in the Satisfaction domain for Adults. The significant differences were in the Ethnicity question and the question asking “How long have you getting services from this program?” See Graphs 2 and 3.

Graph 2. Adults: Percent Positive Responses for Satisfaction by Ethnicity

Graph 2. This graph demonstrates that percent of positive consumer responses to questions in the Satisfaction domain were significantly different when the consumers’ ethnicity was compared. Compared to all other ethnicity classifications, the “Other or Bi/Multiracial” group had a significantly lower percentage of positive responses in the Satisfaction domain than all other ethnicity groups. According to survey results the Hispanic/Chicano/ Latino ethnicity group had the highest percentage (86%) of positive responses, in regards to Satisfaction.
Graph 3. In the graph above, consumers who had received services for less than 3 months had significantly lower percentage of positive responses than consumers who had received services for longer periods of times. There was no significant difference between those who answered “less than 3 months” and “I don’t know”.

Example of comments from the respondents in the Satisfaction domain:

- (Client needs) “More coverage of medications, more convenience for treatment”
- It was pointless. The counselors didn’t do their jobs very well. I could have done their jobs, but they were nice. They weren’t very literate. This was at all facilities I went to. They didn’t impress me.
- I am very happy with my provider, I have no complaints.
- I really love my therapist; he saved my life and is helping me live a little better now.
Effectiveness:
“The extent to which services provided to individuals with behavioral health needs has a positive or negative effect on their well-being, life circumstances, and capacity for self-management and recovery.”
Twenty five questions on the Adult survey measured this domain. Examples of the questions were:
- I deal more effectively with daily problems;
- I have stopped using drugs and/or alcohol;
- I feel I belong in my community.

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Findings and Discussions for Effectiveness for Adult Respondents:
There were no significant differences in the Effectiveness domain results.

Example of comments from the respondents in the Effectiveness domain:
- Doctors should inform of side effects up front. Need to give you a diagnosis and explain what the symptoms are. They won’t tell her (what) her diagnosis (is).
- I do not feel better or worse in the year I have been getting “help” from (facility’s name).
- Very happy with services. (Facility’s name) in Roswell. ((Therapist’s name) is a great therapist and has helped him a lot.
- They listen to her. Helped her anger a lot. Made a difference; she is still depressed.
Empowerment:
“The perception by consumers and families that they have more control of their situations, and the available encouragement, support, and techniques offered by the provider.”
Eight questions on the Adult survey measured this domain. Examples of the questions were:
- I felt free to complain;
- Because of the staff’s help, my work situation is better;
- I was given information about my rights.

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Findings and Discussions for Empowerment for Adult Respondents:
There were no significant differences in the Empowerment domain results.

Examples of comments from the respondents in the Empowerment domain:
- They had staff problems but wouldn’t listen to consumers. The consumers finally got them to help a meeting in which they could voice their complaints. Some changes were made, but not all and the biggest problem, one staff member, is still there.
- Feels judged by his therapist because of the lifestyle he has chosen. Has been trying to get another therapist but has not yet. The staff is polite to him verbally but feels strong non-verbal judgment.
- The agency here in (City’s name) has helped me get my life back together and move on from the mess my life was in.
- My psychologist has helped me a lot, from being suicidal to believing that I can go on and have a good life.
Graph 4. There was one significant difference across the five domains in the Satisfaction domain. The year 2007 had a significantly higher percentage of positive responses for Satisfaction than 2006 and 2008. There were no other significant differences among the four other domains over the past three years. This demonstrates stability within the domains over time. Even though the difference was not significant for Effectiveness, this domain had the highest percentage of positive responses in 2008 as compared to the previous two years.
2. The 2008 Youth and Family Combined Survey

This survey included 778 youth and parent respondents from Regions 1-5. The ethnic groups represented included White, African American, Hispanic, Native American and Other Ethnic groups. Respondents were both male and female and received one or more of eight different kinds of services.

Access:
“Entry into behavioral health services is quick, easy, and convenient.”
Six questions on the Youth and Family Combined survey measured this domain. Examples of the questions are:
- I was able to see a psychiatrist when I wanted to;
- The location of services was convenient (parking, public transportation, distance, etc.);
- The staff returned my call within 24 hours.

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Findings and Discussions for Access for Youth and Family Combined Respondents:
Within the Access domain there were significant differences in three areas for Youth and Families. The significant differences were evident in type of service received, voluntary choice of program and clients with special needs. See Graphs 5, 6, and 7.
Graph 5. Respondents who stated they received services for Drug or Alcohol treatment had a significantly lower percentage of positive responses than those who received any other type of service. The percent of positive responses on the Access domain by type of service received varied from 72% for consumers receiving Drug or Alcohol treatment to 96% for consumers receiving Sexual Assault Support. (Note: The number of consumers receiving Sexual Assault Support was small compared to consumers receiving any other types of services).

Graph 6. Respondents who answered “Yes” to the question “Did you come to this program voluntarily?” had significantly higher percent of positive responses (91%) on Access than those who answered “No” (85%) or “I Don’t Know” (80%).
Graph 7. Survey Respondents who answered “No” to the question, “Do you have special needs that might be a barrier or a problem in getting the services you needed?”, had a significantly higher percent of positive responses than those who answered “Yes” or “I Don’t Know” on the Access domain.

Example of comments from the respondents in the Access domain:

- Parent is very happy about the psychiatrist being available on Saturdays and one night a week and sees children.
- Two agencies I have now—the psychiatrist and counselors are awesome. Between the two of them, they have done the most with my child.
- Inconsistent with services. Counselors change very frequently. Cancelled appointments frequently, after they had been waiting for 3 weeks. Has not seen much change in child because of above.
- It would be nice to have behavioral services in my area. It would be nice to have more services in the rural areas. Haven’t had any problems with my provider
**Appropriateness:**

“Services are individualized to address a consumer’s strengths and needs, cultural context, preference, and recovery goals.”

Eleven questions on the Youth and Family Combined survey measured this domain. Examples of the questions were:

- I felt comfortable about asking questions about my treatment and medications;
- I participated in deciding in my treatment goals;
- The staff workers I worked with were competent and knowledgeable

### Percent of Positive Responses

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**Findings and Discussions for Appropriateness for Youth and Family Combined Respondents:**

There were three significant differences within the Appropriateness domain for Youth and Families. Significant differences were seen in type of service received, voluntary choice of program, and clients with special needs. See graphs 8, 9, and 10.

**Graph 8. Youth and Families: Percent Positive Responses for Appropriateness by Type of Service Received**

Graph 8. Respondents receiving services for Drug and Alcohol treatment showed a significantly lower percentage of positive responses for Appropriateness. The percent of positive responses ranged from 75% for Drug and Alcohol treatment to 95% for Sexual Assault Support.
Graph 9. Youth and Families: Percent Positive Response for Appropriateness by Voluntary Choice of Program

Survey Respondents who answered “Yes” to the question, “Did you come to this program voluntarily?” had a significantly higher percent of positive responses for Appropriateness as compared to those who answered “No” or “I don’t know”. The percent of positive responses ranged from 78% (respondents who answered “I don’t know”) to 91% (respondents who answered “Yes”).

Graph 10. Youth and Families: Percent Positive Responses for Appropriateness by Special Needs

Respondents who answered “No” to the question asking whether he or she has special needs that might be a barrier or problem to getting the services he or she needed, had a significantly higher percent of positive responses, as compared to those respondents who answered “Yes” or “I Don’t Know”.

Example of comments from the respondents in the Appropriateness domain:

- The agency has helped our family so much by approving residential treatment for two of our children. We could never afford it. Our kids are getting excellent care and help.
• Everyone at the facility has been very helpful by helping give us suggestions/ideas how to work with our child at home.
• Social worker has identified my son's ADHD but has done nothing to follow up and direct us to a place where we can get medication and/or whatever else he needs. Sometimes the social worker doesn't even remember my son's name and history.
• When he was in rehab he was allowed to call his old friends who were a bad influence on him. He called them every day. He was misdiagnosed in rehab. After he got out, mother took him to a doctor who diagnosed him as bipolar.
**Satisfaction:**
“Adults, youth, children, and families are generally happy with the services they are provided.”
Six questions on the Youth and Family Combined survey measured this domain. Examples of the questions were:
- I liked the services I received;
- I would recommend this provider to a friend or family member;
- The services I received were helpful.

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**Findings and Discussions for Satisfaction for Youth and Family Combined Respondents:**
There were three significant differences in the Satisfaction domain for Youth and Families. The significant differences in Satisfaction were seen when types of services received, voluntary choice of program, and the question addressing special needs were compared. See graphs 11, 12, and 13.

**Graph 11. Youth and Families: Percent Positive Responses for Satisfaction by Type of Service Received**

Graph 11. Respondents indicating services for Drug and Alcohol treatment had a significantly lower percent (74%) of positive responses on the Satisfaction domain than respondents receiving all other types of services. Consumers receiving Support for Sexual Assault had the highest percent (98%) of positive scores on Satisfaction.
Graph 12. There was a significant difference for Satisfaction in regards to voluntary choice of program. Those who answered “Yes” to the question “Did you come to this program voluntarily?” had a significantly higher percentage (92%) positive responses as compared to those who answered “No” (86%) or “I Don’t Know” (83%).

Graph 13. Survey respondents who did not have special needs that might be a barrier or problem to getting the services they needed (those who answered “No”) had a significantly higher percent (92%) of positive responses on the Satisfaction domain, than those respondents who answered “Yes” (87%) or “I Don’t Know” (84%).
Example of comments from the respondents in the Satisfaction domain:

- The provider agency has provided excellent help for my son's treatment of his ADD.
- Very happy with his care. There has been a big change.
- We are not happy with the psychiatrist she's seeing. His office is located next to the detention center.
- (The organization needs) better counselors.
**Effectiveness:**
“The extent to which services provided to individuals with behavioral health needs has a positive or negative effect on their well-being, life circumstances, and capacity for self-management and recovery.”
Twenty five questions on the Youth and Family Combined survey measured this domain. Examples of the questions were:

- I deal more effectively with daily problems;
- I have stopped using drugs and/or alcohol;
- I feel I belong in my community.

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**Findings and Discussions for Effectiveness for Youth and Family Combined Respondents:**

There were three significant differences in the Effectiveness domain for Youth and Families. The significant differences for Effectiveness were demonstrated in voluntary choice of program, clients with special needs, and ethnicity. See graphs 14, 15, and 16.

**Graph 14. Youth and Families: Percent Positive Response for Effectiveness by Voluntary Choice of Program**

Graph 14. Respondents who answered “Yes” to the question asking if they came to the program voluntarily, had a significantly higher percent (85%) of positive responses compared to those who answered “No” or “I Don’t Know” to the same question. Respondents who answered “No” had a significantly higher percent (80%) of positive responses than those who answered “I Don’t Know” (68%).
Graph 15. Survey respondents who did not have special needs that might be a barrier or problem to getting the services they needed (those who answered “No”) had a significantly higher percent (84%) of positive responses on Effectiveness than those respondents who answered “Yes” (80%) or “I Don’t Know” (77%).

Graph 16. This graph demonstrates that the percent of positive consumer responses to questions in the Effectiveness domain were significantly different when the consumers’ ethnicity was compared. The Other or Bi/Multiracial ethnicity group had a significantly lower percent of positive responses on the Effectiveness domain than all other ethnicity groups except for the Native American group.
Example of comments from the respondents in the Effectiveness domain:

- Staffer and Doctor have been exceptionally helpful and competent. Staffer is helping them to place child in residential treatment and has not only been knowledgeable but kind and sympathetic as well.
- This service has been a wonderful help with our son who has ADD. His behavior is much better both at school and at home.
- My daughter’s stay for 4 months in residential treatment center would have been more effective if there hadn’t been such a big turn-over in staff there.
- We are hesitant to say if our daughter’s stay in rehab has had the desired result of her stopping her use of drugs. We are being cautiously optimistic.
Empowerment:

“The perception by consumers and families that they have more control of their situations, and the available encouragement, support, and techniques offered by the provider.”

Eight questions on the Youth and Family Combined survey measured this domain. Examples of the questions were:

- I felt free to complain;
- Because of the staff’s help, my work situation is better;
- I was given information about my rights.

<table>
<thead>
<tr>
<th>Percent of Positive Responses</th>
<th>90%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of Negative Responses</td>
<td>10%</td>
</tr>
</tbody>
</table>

Findings and Discussions for Empowerment for Youth and Family Combined Respondents:

There were four significant differences on the Empowerment domain for Youth and Families. The significant differences for Empowerment were demonstrated in type of service received, voluntary choice of program, clients with special needs and whether or not consumers have a say in how agencies operate. See Graphs 17, 18, 19, and 20.
Graph 17. Respondents indicating services for Domestic Violence Support reported a significantly lower percentage of positive responses for Empowerment, than respondents indicating services for Medication Monitoring. The percent of positive responses for Effectiveness ranged from 76% (for Domestic Violence) to 94% (for Medication Monitoring).

Graph 18. Respondents who answered “Yes” to the question that asked if they came to the program voluntarily, had a significantly higher percent (91%) of positive responses compared to those who answered “No” or “I Don’t Know” to the same question. Respondents who answered “No” had a significantly higher percent (87%) of positive responses than those who answered “I Don’t Know” (77%).
Graph 19. Survey respondents who did not have special needs that might be a barrier or problem to getting the services they needed (those who answered “No”) had a significantly higher percent (91%) of positive responses on Effectiveness than those respondents who answered “Yes” (85%).

Graph 20. Respondents indicated that they did have a say in how service agencies operate (those who responded “Yes”), had a significantly higher percent of positive responses (94%), as compared to those who answered “No” (86%), or “I Don't Know” (88%).

Example of comments from the respondents in the Empowerment domain:
- Provider agency has a wonderful enthusiastic staff and director. They have helped my son with self-esteem issues and given him a healthy environment to go to when he is not in school.
• We were very happy with the care our daughter received at the center. It has really helped her self esteem/anger issues.
• (Need) better/more information on different treatment options.
• (The counselors) Don’t listen to us.

Graph 21. Youth and Families: Percent Positive for Domains by Year

There were three significant differences of the five domains, over the three year span of 2006, 2007 and 2008. For the Satisfaction domain, 2007 and 2008 each had a significantly higher percent of positive responses as compared to 2006. The same trend followed for the Empowerment domain. In 2006, the Effectiveness domain had a significantly higher percent of positive responses compared to 2007 and 2008, and 2007 had a significantly higher percent of responses compared to 2008.
3. The 2008 Youth Only Survey

For the first time in 2008, young people under age 21 who were in seven residential treatment centers across New Mexico were questioned about their interactions and satisfaction with state-funded Behavioral Health Services. The number of young people questioned was only 37; therefore the following data represent a “snapshot,” rather than a statistically valid survey of youth who are receiving behavioral health services. Despite the small size of this sample, the youth brought out many concerns which we will explore further.

We were not satisfied with such a small number of youth being reached by the conventional telephone survey method. So during the summer of 2008, we are added a series of youth focus groups in which we are exploring ways of increasing youth voice and seeking their feedback on services. Going forward, we hope to design a relevant and widespread approach to getting ideas from youth receiving behavioral health treatment in New Mexico.

The number of positive responses from the thirty-seven (37) youth is summarized below by domain:

<table>
<thead>
<tr>
<th>Domains</th>
<th>Positive Responses</th>
<th>Neutral -Negative Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access</td>
<td>22</td>
<td>15</td>
</tr>
<tr>
<td>Appropriateness</td>
<td>24</td>
<td>13</td>
</tr>
<tr>
<td>Satisfaction</td>
<td>24</td>
<td>13</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>23</td>
<td>14</td>
</tr>
<tr>
<td>Empowerment</td>
<td>25</td>
<td>12</td>
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</table>