Consumer and Family Satisfaction Survey

New Mexico
Behavioral Health
Purchasing Collaborative
October 26, 2010

A Collaborative effort by:

The Human Services Department: Behavioral Health Service Division: Office of Consumer Affairs; the Medicaid Division; Children Youth and Families Department; OptumHealth New Mexico and New Mexico Behavioral Health Consumers, Families, Children and Youth.
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Executive Summary of the FY2010 Consumer Satisfaction Survey

This survey reports the perceptions of consumers, and family members of children in treatment, who have received mental health and substance abuse treatment provided through New Mexico’s State-funded mental health and substance abuse (Behavioral Health) treatment services (managed by Optum Health New Mexico (OHNM)).

Data was collected for this report through statewide surveys administered to two groups: adult consumers and family/caregivers of children who had received behavioral health services. Separate from this report, there was an additional survey of 12-18 year olds who received care in the same time period; those findings are available in the 2010 Youth Satisfaction Survey, and can be found on the Collaborative website. Data collection was accomplished by telephone and face to face interviews of consumers. Surveys were conducted by consumers who were trained specifically to perform this task. Participants completed the survey anonymously.

This survey assesses consumers’ perceptions of their treatment services and their satisfaction with the behavioral health care they received. The survey collected data about services which were provided during the first six months of Fiscal Year 2010 (July 1, 2009 - December 31, 2009).

Consumers answered questions using a 5 point Likert scale in which “1” and “2” are positive responses, “3” is neutral; and “4” and “5” are negative responses. In this report survey, “percent positive” and negative responses” refer to the responses rated “4” or “5”.

A total of 1150 consumers, family members and/or caretakers of children under 12 years old completed the interview. The sample of respondents was made up of 811 adult consumers and an additional 339 consisting of children and families as well as families/caregivers of children.

Data has been organized in five different domains for analysis: Access, Appropriateness, Satisfaction, Effectiveness and Empowerment.

The responses for adult consumers in each domain were as follows:

- **Access** - 81% positive.
- **Appropriateness** – 80% positive.
- **Satisfaction** – 80% positive.
- **Effectiveness** – 61% positive.
- **Empowerment** – 75% positive.
The responses for children and for families/caregivers of children were:
- **Access** - 85% positive.
- ** Appropriateness** –88% positive.
- **Satisfaction** –87% positive.
- **Effectiveness** – 54% positive
- **Empowerment** – 90% positive.

**Highlights for Adults Surveyed:**

- For the Effectiveness and Empowerment domains the 2010 numbers are significantly lower than the previous years.

**Highlights for Families Surveyed:**

- However, the Effectiveness domain is significantly lower in 2010 from other years.
- Related to the number of arrests among children in care, the data indicate that the number of arrests dropped after services began and continued to drop the longer the children continued to receive behavioral health services. These data will be treated over time to confirm this positive impact of treatment.
What is the NM Consumer Satisfaction Project?

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

For the last five years, the CSP has been a collaboration between the agencies responsible for funding and managing the majority of these services: the Medical Assistance Division (MAD) and Behavioral Health Services Division (BHSD) of the Human Services Department; Children, Youth and Families Department (CYFD); and OptumHealth of New Mexico (OHNM).

Two populations are surveyed each year: 1) Adult Survey (consumers 18 and over) and 2) Family Survey (parents/guardians of consumers under age 18). This year an additional survey was developed and administered directly with youth (ages 12-18). Those findings are in the report 2010 Youth Satisfaction Survey.

Each survey is conducted either face-to-face or by telephone to a randomly selected group of persons who have received services through OHNM during the first half of FY09. A 28 question survey developed by the Mental Health Statistics Improvement Program (MHSIP) has been the basis for the surveys since the late 1990’s. Additional questions have been included by the State of New Mexico to address substance use, housing and employment, consumer empowerment, and youth involvement with schools and the juvenile justice system.

Why Do We Do It?

The CSP surveys serve two purposes: 1) to inform a quality improvement process that will strengthen services offered throughout New Mexico; and 2) to fulfill federally mandated data reporting requirements.

New Mexico’s Quality Improvement 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 include:

- [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;

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 well 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 Mental Health Systems Improvement Project (MHSIP) survey. In 2006, New Mexico added an additional domain, Empowerment, which is an important factor in measuring consumer perception of 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.

Consumers answered questions using a 5 point Likert scale in which “1” and “2” are positive responses, “3” is neutral; and “4” and “5” are negative responses. In this report survey, “percent positive” and “positive responses” refer to the responses rated “4” or “5”. An overall scale score for each domain is calculated to arrive at its percent positive.

Description of the Five Domains Assessed in the Survey

1. **Access**: “Entry into behavioral health services is quick, easy, and convenient.”

Easy access to behavioral health services for all New Mexicans is important, but is often difficult. Access examines the behavioral health service system to determine whether:
• Services are conveniently located and easily accessible by car or other means of 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 whether:

- Adult consumers and families of children participate in their own treatment plans;
- Service providers support person-centered services;
- Providers ensure that consumers and families understand their behavioral health needs and use 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, 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 whether:

- 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 are provided to individuals with behavioral health needs have a positive or negative effect on their well-being, life circumstances, and capacity for self-management and recovery.”

*Effectiveness* measures the outcomes of having participated in behavioral health services. Behavioral health services should help improve the lives of participants. 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;
- Consumers and family members are better able to handle crises; and Community Participation 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 strength, coping ability, and spiritual strength of individuals and families. The *Empowerment* domain examines whether:

- Providers encourage and are open to input from consumers and families;
- Staff provide consumers and family members with information about rights;
- Staff support consumer and family participation in treatment planning; and
- Providers support the use of consumer run agencies.

**How is this report organized?**

The Adult and the Family surveys are reported separately. Each report 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 FY2010 survey or compared to prior years’ surveys. Each of the reports 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 each report, there is a multi-year comparison graph for the positive responses in the 5 domains for Adults and for Families.

**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 *FY2010 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.

A comparison report, 2010 Youth Satisfaction Survey, is available along with it's appendix at www.bhc.state.nm.us.
ADULT SURVEY

The FY2010 Adult Survey

Demographics:

- This survey included 811 adult respondents from New Mexico State Regions 1-5.
- The ethnic groups represented included White, African American, Hispanic/Chicano/Latino, Native American and Other Bi/Multiracial groups. Of these 380 or 47%, were Hispanic/Latino and 430 or 53% were non Hispanic/Latino; with 1 or .12% unknown.
- Gender respondents were both male (350 persons) and female (461 persons) as compared to the proportion of persons in treatment during FY2010, the survey sample slightly over-represents females (3.5%) and under-represents males (3%).
- 607 (81%) respondents came to treatment voluntarily, while 124 (17%) of respondents were mandated to treatment; with 12 (1.59%) didn’t know.
- 462 (59%) of respondents were in treatment for 1 year or more while 324 (41%) were in treatment for less than 1 year.

The overall domain scores did not vary significantly by participant characteristics. Specifically,

- There were no significant differences:
  - Across regions for the domains.
  - Across genders for the domains.
  - Across domains between ethnic groups.
  - Across domains by length of service.
  - Across domains by voluntary admission to services.

- There are significant differences on the domains between races for:
  - Access-native Americans were less positive than others.
  - Satisfaction and Empowerment – pacific islanders were less positive than others.
  - Effectiveness – African Americans were more positive than others.

Other findings:

- 66% of survey participants responded positively to the question “I am given opportunities to advise this provider on how to improve the services”, and 31% responded neutral or negatively.
- 58% of survey participants responded that things would get better, and 23% responded that things would stay the same or get worse in
reference to the question “What do you think would happen if you told your therapist you were unhappy with your treatment?”.  
- The proportion positive for female is significantly lower (11%) than the proportion positive for males with regard to the question “My housing situation is important to my mental health recovery”,
- “Working (either paid or volunteer) was important to my mental health/recovery”, There was no significant difference between genders for this area.
- Significantly fewer women were satisfied with Substance Abuse treatment then men by 18%.

**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:

- The staff was willing to see me as often as I feel it is necessary.
- Services were available at times that were good for me.
- The location of services was convenient (parking, public transportation, distance, etc).

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<thead>
<tr>
<th>Percent of Positive responses</th>
<th>Percent of Neutral/Negative Responses</th>
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<tr>
<td>81%</td>
<td>19%</td>
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Examples of comments from the respondents in the Access domain:

- Most of the time they don’t have counseling or transportation.
- Therapist told her they were out of funding.
- My doctor is over 80 and has too much work...too many people need help and there’s not enough help.
- Consumer feels [services] inconsiderate of disabilities.”
- “Should have been a provider list early on when Optum came to the state. I didn’t know there was a website until the survey told me.”
- “No drivers license because of alcohol; so I have to get ride 26 miles away and wait till my wife gets off work for a ride back.”
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 are:

- “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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<tr>
<th>Percent of Positive Responses</th>
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<td>Percent of Neutral/Negative Responses</td>
<td>20%</td>
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Examples of comments from the respondents in the Appropriateness domain:

- Consumer is having difficulty getting name brand medications switched over when Optum took over for Value Options.
- Emergency room services are extremely slow.
- Consumer feels provider is trying [their] best getting employees that handle mental health people. They are doing a great job.
- “[It would be] nice if therapist and doctors talked to each other.”
- Need to be more polite, secretary was rude.
- Consumer feels he was being used in Medicare fraud.
- The counselor is elderly and sometimes falls asleep.
Satisfaction:

“Adults, 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 are:

- "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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<tr>
<td>Percent of Neutral/Negative Responses</td>
<td>20%</td>
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Example of comments from the respondents in the Satisfaction domain:

- "My doctor should get a raise."
- "Staff has changed hands so much and no confidence is able to be build. Small town filled with rumors run rampant, don’t feel comfortable with staff."
- Grateful for drug treatment centers
- "They give me hope"
- "They could be more open minded/receptive to patient’s request to have another therapist."
- "I hope I can continue getting services."

Effectiveness:

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

Twenty five questions on the Adult survey measured this domain. Examples of the questions are:

- I deal more effectively with daily problems;
- I have stopped using drugs and/or alcohol;
- I feel I belong in my community.
Example of comments from the respondents in the Effectiveness domain:

- Consumer is very satisfied with alcohol and stop smoking program.
- “Since going [there] I’ve been better able to take care of myself”.
- Consumer feels a lot of turn around, difficult to develop relationship with provider.
- Consumer overall satisfied with program/treatment in Santa Fe. She is taking classes so she will be able to do some sort of work in the near future. She is able to care for her grandparents.
- “The services helped a lot. The staff helped me to want to keep living. I feel good now with the meds, I’m able to function. “

Empowerment:

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

Eight questions on the Adult survey measured this domain. Examples of the questions are:

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

Examples of comments from the respondents in the Empowerment domain:

- Insurance change also changed therapist and medications and feels he has been set back by the change.
- “Have counselors be more open to different life styles of clients. Questionnaire should ask about staff openness to different lifestyles.”
- “My staff has been treating me with a lot of respect and dignity.”
"Feel like therapist dismissed me and I felt that I had fallen into a “category” not individualized. People are different and not carbon copies."

"Seeing my therapist for the last 6 years has been a positive, life changing experience."

**ADULT SURVEY FIVE YEAR COMPARISON**

![Bar chart showing proportion positive on consumer satisfaction survey for adults by year for different domains: Access, Appropriateness, Satisfaction, Effectiveness, Empowerment.](chart)

- Across all domains the 2010 numbers are lower than 2006, 2007, 2008, and 2009. This may be attributed to the change in statewide entity program management.

- For the Effectiveness and Empowerment domains the 2010 numbers are significantly lower than other years, by a large margin.

**Additional Analysis:**

- Of the 324 adult respondents who had been in treatment less than a year, 21% (or, 67 persons) had been arrested in the 12 months prior to beginning treatment. However, since beginning treatment, only 9% (or 30 persons) had been arrested.

- Of the 462 adult respondents who had been in treatment a year or more, 4% (or 20 persons) had been arrested in the 12 months prior to beginning
treatment. Only 2% (or 9 persons) of this group indicated they had been arrested within the last 12 months, while in treatment.

- Overall, these responses indicate that the number of arrests dropped after services began and continued to drop the longer the respondents continued to receive behavioral health services. These data will be trended over time to confirm this positive impact of treatment.
The FY2010 Family Survey

Demographics:

- This survey included 339 parent/caregiver respondents from NM State Regions 1-5.
- The ethnic groups represented included White, African American, Hispanic, Native American and Other Ethnic groups. Of these 236 (70%) were Hispanic/Latino; 102 (30%) were non Hispanic/Latino; and 1 (.29%) didn’t know.
- Respondents were both male and female and received one or more of eight different kinds of services.
- 246 or 84% of respondents came to treatment voluntarily compared to 46 or 15% who did not.
- 15 or 5.12% of respondents said their child had received services for less than 1 month; 34 or 11.60% for 1-5 months; 95 or 32% were in treatment for 6 months to 1 year; and 149 or 51% of respondents were receiving services for more than 1 year.

- There are no significant differences:
  - across all domains between regions.
  - across all domains between gender.
  - across domains between ethnic groups.
  - across regions in the Appropriateness, Effectiveness, and Satisfaction domains.
  - Across regions in the average of all domains.
  - across all domains by race.
  - Between genders on the question: “My housing situation is important to my mental health/recovery”,
  - Questions regarding Substance Abuse, there is no significant difference between genders.

- There are significant differences:
  - “How long did you child receive services from this center?”, there are significant differences across length of service for two domains, Appropriateness and Satisfaction: Appropriateness increased 16% from Less than 1 month to more than 1 year and Satisfaction increased 15%.
Access:

“Entry into behavioral health services is quick, easy, and convenient.”
Six questions on the Family 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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<tr>
<td>85%</td>
<td>15%</td>
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Example of comments from the respondents in the Access domain:

- “Difficult to contact by telephone.
- Family member had complaints about being unable to have more family counseling (with her children) and said that the receptionist there in her city was rude to her”.
- Family satisfied with pathways program. He suggested dog/pet therapy for people not feeling well. He said Safe Ride was late about half the time”.

 Appropriateness:

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

Eleven questions on the Family Survey measured this domain. Examples of the questions are:

- “Staff spoke with me in a way that I understood.”
- “I participated in deciding in my [child’s] treatment goals.”
- “The staff workers I worked with were competent and knowledgeable.”
Example of comments from the respondents in the Appropriateness domain:

- “Medication was helpful, Competent psychiatrist in area.”
- “Staff was apathetic, didn’t care. Just picking up paycheck for seeing parolees. Filling out paperwork, no help at all.”
- “Availability of services was helpful. Communication between departments needs work. OptumHealth mentor in area was disrespectful.”
- “Consumer had home health care services but did not care for the people coming over too much. Had issues with them playing their music too loud.”
- [Via mother] Consumer is schizophrenic and she says his medication is ineffective and would like him to see a therapist more often”.

Graph #1 represents a significant difference across length of services received. Families who were in services for more than one year were significantly more positive about the appropriateness of their child's care than those who were in services for less than one month.
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 are:

- “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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<tr>
<th>Percent of Positive Responses</th>
<th>Percent of Neutral/Negative Responses</th>
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<tr>
<td>87%</td>
<td>13%</td>
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Example of comments from the respondents in the Satisfaction domain:

- “[Mother] Overall satisfied with group program at [site] for son’s depression. Program got him into a special Olympics program.”
- “I hope I can continue getting services.”
- “Satisfied with mental health program in [city]. She said her counselor was knowledgeable.”
- “[Mother] took son to [program] for therapy. They thought the program was not effective and they have little choice on finding a better program/counselor.”
- “[Mother] said consumer says she is very satisfied with mental health care and medications at [program].”

Graph #2 represents a significant difference across length of services received. Families in care for more than one year were significantly more satisfied than families who had only been in care for less than one month.
Graph #3 represents respondents' satisfaction by voluntary choice of program.

Effectiveness:

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

Twenty five questions on the Family Survey measured this domain.

Examples of the questions are:

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

Percent of Positive Responses: 54%
Percent of Neutral/Negative Responses: 46%

Example of comments from the respondents in the Effectiveness domain:

- “I think it’s important to the community to have mental health services. I think we should keep funding mental health services.”
- “Wish they would follow-up on meds.”
- “Seeing private therapist/psychologist who is very limited in improving [consumer’s] mental health.”
- “Family therapy is great but Medicaid is not covering for parent.”
- “Daughter has made considerable progress with her anxiety and her therapy programs including day treatment in [city].”

Empowerment:

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

Eight questions on the Family Survey measured this domain. Examples of the questions are:

- “I am better able to handle things when they go wrong.”
- “I was given information about my rights.”
- “I feel better about myself.”

Percent of Positive Responses: 90%
Percent of Neutral/Negative Responses: 10%

Example of comments from the respondents in the Empowerment domain:

- Consumer did not feel psychological marriage counseling problems were addressed. Did not feel her character was properly represented.”
- “Consumer feels she was mistreated at [program] and was ordered to go to YDI for family counseling which she likes much better.”
• “Medications were refused because diagnosis is not clear and consumer feels patient was set back.”
• Turf conflict at Indian Hospital + UNM makes me feel like I’ve fallen between the cracks. Each pushes me off on the other one.”
• Mother says she is satisfied with mental health care at [program]. Consumer also attends respite at [program] where they are assisting her in finings a job she can handle.”

Graph #4 represents respondents sense of empowerment by voluntary choice of programs.

Graph #4: Percent of Families who access services by Voluntary choice of program

<table>
<thead>
<tr>
<th>Voluntary Choice</th>
<th>Proportion Positive</th>
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<tbody>
<tr>
<td>Yes</td>
<td>91%</td>
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<tr>
<td>No</td>
<td>81%</td>
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<tr>
<td>I Don't Know</td>
<td>1%</td>
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<tr>
<td>missing</td>
<td>0.90%</td>
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FAMILY FIVE YEAR COMPARISON

Note: Effectiveness results for yearly comparison exclude questions that were added in 2007 and 2008.

There is no significant difference for the Access, Appropriateness, Satisfaction, and Empowerment domains across the 2006, 2007, 2008, 2009, and 2010 years.

However, the Effectiveness domain is significantly lower in 2010 from other years.

Additional Analysis:

For those questions related to whether their child had:
- Been arrested, 97% of respondents said “No”.
- Encounters with police, 88% of respondents said “No”.
- Been expelled or suspended from school, 87% of respondents said “No”.

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<thead>
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<th>Domain</th>
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<th>2009</th>
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<td>Access</td>
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<td>0.91</td>
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<td>Satisfaction</td>
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<td>0.92</td>
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<tr>
<td>Effectiveness</td>
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<td>Empowerment</td>
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• When asked about the number of days their child was in school since starting to receive services:
  o 22% indicated that the number of days increased.
  o 27% indicated that the number of days had stayed the same.
  o 50% indicated the question did not apply.

• It is important to note that a large percentage of the 339 families responding to the Family Questions did not answer these set of questions; anywhere from 43% to 61% of respondents. It is unclear whether the questions were not relevant or whether families were unwilling to respond. We will be investigating these patterns with family advocates.
Acknowledgements
Consumer Satisfaction Survey FY2010

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