FY2009

Consumer Satisfaction Survey

New Mexico
Behavioral Health
Purchasing Collaborative
September 18, 2009

Presented as collaboration by:

The Human Services Department: Behavioral Health Service Division: Office of Consumer Affairs; the Medicaid Division; Children Youth and Families Department; Value Options of New Mexico and New Mexico Behavioral Health Consumers, Families, Children and Youth.
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Executive Summary of the FY2009 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 ValueOptions New Mexico).

Data was collected for this report through statewide surveys administered to two groups: adult consumers and children or families/caregivers of children and youth who had received behavioral health services. 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 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. The survey collected data about services which were provided during the first six months of Fiscal Year 2009 (July 1, 2008 - December 31, 2008).

Consumers answered questions using a scale of 1 to 5, with “1” and “2” being negative responses, “3” neutral; “4” and “5” being positive (Likert Scale). In the survey, “percent positive” and “positive responses” refer to the responses of “4” and “5”.

A total of 1,871 consumers, family members and/or caretakers of consumers completed the assessment. The participant population was made up of 807 adult consumers and an additional 1064 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** -88% positive.
- **Appropriateness** – 88% positive.
- **Satisfaction** – 85% positive.
- **Effectiveness** – 83% positive.
- **Empowerment** – 88% positive.

The responses for children and for families/caregivers of children were:
- **Access** - 92% positive.
- **Appropriateness** –92% positive.
- **Satisfaction** –93% positive
- **Effectiveness** – 89% positive
- **Empowerment** – 96% positive.
The statistically significant differences observed this year were found in the following areas:

- **Adults:** In the question “How long have you been getting services from this program” differences occurred on the Access, Appropriateness and Empowerment scales. Also in the Appropriateness scale there was a difference in the question about voluntary choice of program. Individuals who voluntarily came to treatment expressed greater satisfaction with their treatment. There were significant differences on the Access, Appropriateness and Empowerment scales for the question “Do you have special needs that might be a barrier or problem in getting services you needed?”

- **Youth and Families:** The only significant difference was noted on the Access and Satisfaction scales for the question regarding length of service.

- There was one significant difference across the domain of Satisfaction by year in comparing results over four years (2006, 2007, 2008, & 2009). The year 2009 has a significantly lower response than 2007. There are no noteworthy statistical significant differences between 2009, 2006, or 2008 in the Satisfaction domain.

In recognition of the lack of Youth voice a survey for youth has been created for use in FY2010.
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 four 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 (BHSD) divisions of the Human Services Department; Children, Youth and Families Department (CYFD); and ValueOptions New Mexico (VONM).

Two populations are surveyed each year: (1) Adult Survey (consumers 21 and over) and (2) Youth and Families Survey (youth, parents/guardians of consumers under age 21).

Each survey is conducted either face-to-face or by telephone to a randomly selected group of persons who have received services through ValueOptions New Mexico 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 gather and provide valuable information on behavioral health services offered throughout New Mexico. This information is used to improve services offered to consumers; and (2) to fulfill federally mandated data reporting requirements.

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 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; and

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 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.

The Five Domains

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:

   - 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 the extent to which:

- Adult 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 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 and
- Consumers and family members are better able to handle crises; and
- Community Participation.
- 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 the following:

- 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, Youth and Families 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 FY2009 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 Youth and 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 **FY2009 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. The final report from the Youth Focus Groups can also be found in the Appendix. This study will guide the future development of a Youth Satisfaction Survey to be administered in FY2010.
I. The FY2009 Adult Survey

This survey included 807 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. Respondents were both male (294) and female (501). It has been noted that there was a higher proportion of female survey respondents (63%) than their overall proportion in treatment (53.1%).

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).

<table>
<thead>
<tr>
<th>Percent of Positive responses</th>
<th>Percent of Negative Responses</th>
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<tbody>
<tr>
<td>88%</td>
<td>12%</td>
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Findings and Discussions for Access for Adult Respondents:

Graph 1. Adults: Percent Positive Responses in Access

Graph 1: Consumers who have been receiving services from this program for less than three months have significantly lower positive responses than those who have been consumers for three or more months...

Graph 2. Access: Special Needs that Present a Barrier to Getting Services

Graph 2: Access scale respondents who have special needs that might be a barrier or problem in getting the services they need have significantly lower positive responses than those who do not have special needs. In addition, respondents who are unsure if they have special needs also have significantly lower responses than those without special needs.

Examples of comments from the respondents in the Access domain:
• “Missed appointments due to poor transportation.”
• “Medicaid {does} not cover Safe Ride.
• “{the consumer has} financial problems paying for services.”
• “Took two years to get services.”
• “In the past three years, staff has been very accommodating.”

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.”

<table>
<thead>
<tr>
<th>Percent of Positive Responses</th>
<th>Percent of Negative Responses</th>
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<tbody>
<tr>
<td>88%</td>
<td>12%</td>
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Findings and Discussions for Appropriateness for Adult Respondents:
Within the Appropriateness domain for adults there were statistically significant findings in several areas (See Graphs 3, 4, 5, and 6).
Graph 3: Consumers who have been receiving services from a given program for three months to a year have significantly higher positive responses than those who are unsure of how long they have been a consumer in the program.

Graph 4: Also significant was the question “Did you come to this program voluntarily?” Respondents who are unsure whether or not they entered the program by voluntary choice have a significantly lower positive response than those who do know whether or not they volunteered to join the program.
Graph 5: Special Needs that Present a Barrier to Getting Services

Graph 5: Appropriateness scale respondents who have special needs that might be a barrier or problem in getting the services they need have significantly lower positive responses than those who do not have special needs.

Examples of comments from the respondents in the Appropriateness domain:

- “The counselor seemed like a cop.”
- “Misdiagnosed.”
- “Has schizophrenic issues and is happier after medication and treatment.”
- “Problems due to age, changed to different service.”
- “Had panic attacks with no assistance.”

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 are:

- “I liked the services I received.”
- “I would recommend this provider to a friend or family member.”
- “The services I received were helpful.”
Findings and Discussions for Satisfaction for Adult Respondents:
There were two significant differences in the Satisfaction domain for Adults. These were in the Ethnicity question and the question asking “How long have you getting services from this program?” (See Graphs 6 and 7)

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percent</th>
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<tbody>
<tr>
<td>White</td>
<td>84%</td>
</tr>
<tr>
<td>African American</td>
<td>88%</td>
</tr>
<tr>
<td>Hispanic/Chicano/Latino</td>
<td>88%</td>
</tr>
<tr>
<td>Native American</td>
<td>83%</td>
</tr>
<tr>
<td>Other or Bi-Multiracial</td>
<td>83%</td>
</tr>
</tbody>
</table>

**Graph 6**: Although there were no statistical differences, this graph demonstrates that percent of positive consumer responses to questions in the Satisfaction domain were different when the consumers’ ethnicity was compared. Compared to all other ethnicity classifications, the African American and Hispanic/Chicano/Latino" show some difference among Ethnic Groups on this scale.
Graph 7: In the graph above, consumers who have been receiving services from a given program for less than three months seem to have significantly lower positive responses than those who have been consumers for three or more months represents "disagree.

Example of comments from the respondents in the Satisfaction domain:

- "Staff was never there to meet my needs."
- "The therapist was excellent."
- "Counseling center was very professional"
- "Satisfied with services."
- More therapists and psychiatrists are needed."
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.

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<thead>
<tr>
<th>Percent of Positive Responses</th>
<th>Percent of Negative Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>83%</td>
<td>17%</td>
</tr>
</tbody>
</table>

Findings and Discussions for Effectiveness for Adult Respondents:
Consumers who have been receiving services from a given program for less than three months and those who responded, “I Don’t Know,” when asked how long they have received services have a lower positive response than those who have been consumers for both more than one year or for three months to a year. There are no statistically significant differences in this area.

- Example of comments from the respondents in the Effectiveness domain:
  - “Very grateful; counselors have been very supportive”.
  - “Treatment is working for his depression.”
  - “I am better with communication.”
  - “I have a problem getting sleep medication.”

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 are:

- “I felt free to complain.”
- “Because of the staff’s help, my work situation is better.”
- “I was given information about my rights.”
Findings and Discussions for Empowerment for Adult Respondents:

Graph 8. Adults: Percent Positive Responses in Empowerment

Graph 8: Consumers who have been receiving services from this program for less than three months have significantly lower positive responses for empowerment than those who have been consumers for three or more months.

Graph 9. Special Needs that Present a Barrier to Getting Services

Graph 9: Empowerment scale respondents who are unsure if they have special needs that might be a barrier or problem in getting the services they need have significantly lower positive responses than those who know whether or not they do have special needs.
Examples of comments from the respondents in the Empowerment domain:

- “I am grateful for services; I bought a house and am going to school.”
- “We have no choice as to where we go.”
- “They were really helpful. I feel great about it.”
- “Has difficulty managing my own needs.”
- “Would like to participate in more group programs; feel more independent.”

<table>
<thead>
<tr>
<th>Domain</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
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<tbody>
<tr>
<td>Access</td>
<td>0.866</td>
<td>0.885</td>
<td>0.874</td>
<td>0.875</td>
</tr>
<tr>
<td>Appropriateness</td>
<td>0.884</td>
<td>0.892</td>
<td>0.881</td>
<td>0.88</td>
</tr>
<tr>
<td>Satisfaction</td>
<td>0.850</td>
<td>0.887</td>
<td>0.840</td>
<td>0.854</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>0.797</td>
<td>0.803</td>
<td>0.810</td>
<td>0.878</td>
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<tr>
<td>Empowerment</td>
<td>0.889</td>
<td>0.890</td>
<td>0.881</td>
<td>0.833</td>
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Proportion Positive on Consumer Satisfaction Survey-Adults by Year
Note: Effectiveness results for yearly comparison exclude questions that were added in 2007 and 2008.

There is one significant difference across domain by year in Satisfaction. The year 2009 has a significantly lower response than 2007. There are no significant differences between 2009 and 2006 or 2008 in the Satisfaction domain.
The FY2009 Youth and Family Combined Survey

This survey included 1064 youth and parent/caregiver respondents from NM State 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.

<table>
<thead>
<tr>
<th>Percent of Positive responses</th>
<th>92%</th>
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<tbody>
<tr>
<td>Percent of Negative Responses</td>
<td>8%</td>
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</tbody>
</table>

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

Within the Access domain there were significant differences in only one area for Youth and Families. This was in “Length of Service”. No significant differences were evident in type of service received, voluntary choice of program and services for clients with special needs, although there were no significant variations (See Graphs 10, 11, 12 and 13).
Graph 10. Youth and Families: Percent Positive Responses for Access by Type of Service Received

- Mental Health: 93%
- MH Medication Monitoring: 90%
- Drug or Alcohol Services: 97%
- DRG/ALC Methadone: 1%
- Sexual Assault Support: 95%
- Domestic Violence Support: 94%
- Crisis Services: 93%
- Other: 89%

Graph 11: There are no significant differences among Services Received on any of the scales.

Graph 11. Youth and Families: Percent Positive Response for Access by Voluntary Choice of Program

- Yes: 93%
- No: 89%
- I Don’t Know: 91%

Graph 11: Respondents who answered “Yes” to the question “Did you come to this program voluntarily?” show no significant differences (93%) on Access than those who answered “No” (89%) or “I Don’t Know” (91%).
Graph 12: 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 no significant differences from those who answered “Yes” or “I Don't Know” on the Access domain.

Graph 13: Respondents who have received services from this program for less than three months have significantly lower positive responses than those who have been consumers for three months or more.
Example of comments from the respondents in the Access domain:

- “More resources are needed.”
- “No services for youth her age.”
- “Need a psychiatrist at Northern Navajo Medical.”
- “Would like big city outreach to more rural areas.”
- “Services four hours away one way.”

**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 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.”

<table>
<thead>
<tr>
<th>Percent of Positive Responses</th>
<th>Percent of Negative Responses</th>
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<tbody>
<tr>
<td>92%</td>
<td>8%</td>
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**Findings and Discussions for Appropriateness for Youth and Family Combined Respondents:**

There were no significant differences within the Appropriateness domain for Youth and Families. Variations in responses were seen in type of service received, voluntary choice of program, and clients with special needs. (See graphs 14, 15, and 16) but there are no statistically significant differences.
Graph 14: Respondents receiving services for Drug/Alcohol Methadone maintenance treatment showed a lower percentage of positive responses for Appropriateness. There are no significant differences among Services Received.

Graph 15: Slightly more respondents gave positive responses when they came to the program involuntarily (93%) as compared with those who came voluntarily (92%) or those who weren’t sure if they volunteered or not (91%). The percent of positive responses ranged from 91% (respondents who answered “I don’t know”) to 93% (respondents who answered “No”).
Graph 16: Respondents who reported no special needs that might be a barrier or problem to getting the services he or she needed were more likely to give 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:

- “I’m glad he is on medication; it makes a big difference.”
- “There are no youth programs for his emotional issues.”
- “Very pleased with treatments for son’s ADHD.”
- “Counselors need to be in more contact with parents and not coddle kids.”
- “The programs were very helpful and they had special programs for son’s head injury.”

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.”
Findings and Discussions for Satisfaction for Youth and Family Combined Respondents:

There were no statistically significant differences in the Satisfaction domain for Youth and Families. The differences in Satisfaction were seen when types of services received, voluntary choice of program, and the question addressing special needs were compared. (See graphs 17, 18, and 19). There was a significant difference for the question “Length of Service”. (See graph 20).

Graph 17: Consumer responses show no significant differences among Services Received. This is the first year that we have asked Methadone Treatment questions. Therefore, there is no significant difference as there was no data to compare.
Graph 18: Youth and Families: Response for Satisfaction

There was no 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 no significantly higher or lower percentage (93%) of positive responses as compared to those who answered “No” (89%) or “I Don’t Know” (88%).

Graph 19: Youth and Families: Responses for Satisfaction

Those respondents who answered “Yes,” to the question regarding special needs that might be a barrier or problem to getting the services they needed had a slightly lower percent (79%) of positive responses on the Satisfaction domain, than those respondents who answered “No” (94%) or “I Don’t Know” (89%).
Graph 20: Respondents who have received services from this program for less than three months have significantly lower positive responses than those who have been consumers for three months or more.

Example of comments from the respondents in the Satisfaction domain:

- “Huge help, huge benefit.”
- “They need to improve and listen to patients without accusations.”
- “Extremely unhappy about CYFD and counselor airing her information to Cibola.”
- “Did not call back.”
- “Difficult getting authorization for his medication for Asperger’s.”

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 Youth and Family Combined 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.”
Findings and Discussions for Effectiveness for Youth and Family Combined Respondents:
There were no significant differences in the Effectiveness domain for Youth and Families. Variations for Effectiveness were demonstrated in voluntary choice of program, clients with special needs, and ethnicity are statistically significant. (See graphs 21, 22, and 23.)

Graph 21. Youth and Families: Response for Effectiveness

<table>
<thead>
<tr>
<th>Voluntary Choice</th>
<th>Yes</th>
<th>No</th>
<th>I Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>90%</td>
<td>85%</td>
<td>83%</td>
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Graph 21: There are no significant differences among Voluntary Choice of Program questions on any of the scales.

Graph 22. Youth and Families: Responses for Effectiveness

<table>
<thead>
<tr>
<th>Special Need</th>
<th>Yes</th>
<th>No</th>
<th>I Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>86%</td>
<td>90%</td>
<td>88%</td>
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</tbody>
</table>

Graph 22: 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 higher percent (90%) of positive responses on Effectiveness than those respondents who
answered “Yes” (86%) or “I Don’t Know” (88%). There were no significant differences noted.

Graph 23: The percent of positive consumer responses to questions in the Effectiveness domain were not significantly different when the consumers’ ethnicity was compared. The Native American and African American ethnicity groups had a slightly higher percent of positive responses on the Effectiveness domain than all other ethnicity groups, although these are not statistically significant.

Example of comments from the respondents in the Effectiveness domain:

- “They are awesome and everything is positive.”
- “It was positive at the time, but now she is 18 and moved out and is getting into trouble again.”
- “His counseling and medication are beneficial.”
- “Treatment has completely turned my son’s life around.”
- “Very helpful, keeps mom from going crazy.”

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 are:
Findings and Discussions for Empowerment for Youth and Family Combined Respondents:
There were no statistically significant differences in the Empowerment domain for Youth and Families. Variations noted 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 24, 25, 26, and 27)

Graph 24: There are no significant differences among Services Received on any of the scales.
Graph 25: There are no significant differences in Voluntary Choice of Program

Graph 26: Survey respondents who did not know if they had special needs that might be a barrier or problem to getting the services they needed (those who answered “I Don’t Know”) had a slightly higher percent (97%) of positive responses on Effectiveness than those respondents who answered “Yes” (93%) or, “No” (96%). These variations were not statistically significant.
Graph 27: More respondents indicated that they did have a say in how service agencies operate (55%), as compared to those who answered “No” (20%), or “I Don’t Know” (25%).

Example of comments from the respondents in the Empowerment domain:

- She successfully completed foster treatment program before 18, emancipated from the state.”
- “My son’s school work is getting worse, but it is because he is not cooperating with the suggestions made by the therapist.”
- “He made a 180 degree turnaround in his life and it has been great.”
- Her grades really improved.”
- “…switched therapists three times in a year. (Client) is developing trust issues.”
FOUR YEAR COMPARISON

Note: Effectiveness results for yearly comparison exclude questions that were added in

Youth and Families: Percent Positive for Domains by Year

<table>
<thead>
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<th>Domain</th>
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<th>2008</th>
<th>2009</th>
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Consumer Satisfaction Survey FY2009

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