



Commonwealth of Kentucky
Department for Medicaid Services
Division of Program Quality and Outcomes

Experience of Care Survey: Children with a Behavioral Health Condition

November 2014

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EXECUTIVE SUMMARY

Introduction

One in five children in the United States experience a psychiatric disorder over the course of a year.¹ Consistent with this finding, in 2013, one-fifth of the pediatric Medicaid managed care (MMC) population in Kentucky had either an encounter for which a behavioral health diagnosis was coded or had a claim for a psychotropic medication.² Mental and behavioral disorders may occur in children from a variety of backgrounds,³ however, poverty, physical co-morbid conditions, cognitive disability,¹ rural residence,³ and minority race/ethnicity⁴ are among risk factors identified in the scientific literature. Prevalence of psychosocial problems in U.S. children is increasing, with a growing number of visits to both primary care physician offices⁵ and emergency departments for these problems.⁶ Improved care coordination has been shown to improve access to mental health care among children with complex health care needs enrolled in Medicaid.⁷ Yet, there are disparities in timely access to quality and coordinated mental health care, particularly for some of the very subpopulations at risk for mental disorders.^{8,9,10,11,12}

The purpose of this study was to identify pediatric experience of care problems, risk factors, and opportunities for improvement in physical health care, behavioral health care, and coordination of care. This study was targeted to children aged 0–17 years with a behavioral health diagnosis or a psychotropic pharmaceutical claim in 2013 and who are enrolled in one of the following Kentucky Medicaid managed care organizations (MCOs): CoventryCares of Kentucky, Humana-CareSource, Passport Health Plan and WellCare of Kentucky.

Study Aims

Among the pediatric population with a behavioral health diagnosis or a prescription for a psychotropic medication during 2013, the study was designed to identify pediatric experience of care problems, risk factors, and opportunities for improvement in physical health care, behavioral health care, and coordination of care.

Study objectives included the following:

1. Identify problem areas in experience of care outcomes;
2. Measure the extent to which dissatisfaction with physical health care experience and dissatisfaction with behavioral health care experience are correlated; and
3. Identify risk factors (“drivers”) for dissatisfaction with care.

Methods

Experience of care surveys were developed by Island Peer Review Organization (IPRO) in collaboration with the Commonwealth of Kentucky, Department of Medicaid Services (KDMS). Survey questions addressed (a) the **domains** of (i) experience of care for physical conditions; (ii) experience of care for behavioral conditions; and (iii) experience of care for coordination of care; and (b) the **sub-domains** of (i) access; (ii) satisfaction; (iii) inclusion of family in treatment; (iv) education; (v) cultural competency; (vi) perceived improvement; and (vii) getting information from the health plan.

Statistical analyses were conducted using SAS version 9.3 (Cary, NC, 2010).

Surveys were mailed on June 5, 2014 to a sample of 4,800 enrollees aged 0–17 who were randomly selected from the total administrative claims-based sample of Kentucky MMC enrollees with a behavioral health diagnosis or a prescription for a psychotropic medication during 2013. The sample was comprised of 1,200 members from each of the following MCOs: CoventryCares of Kentucky, WellCare of Kentucky, Passport Health Plan, and Humana-CareSource. The survey was distributed to members in June 2014, and re-sent to non-respondents in July and September to maximize the response rate.

Results

Most survey respondents were mothers of the children, aged 18–44 years, and with a high school diploma.

The majority of respondents were 18–44 years of age (56.9%), followed by those 45–64 years of age (27.9%), those under 18 (10.8%) and those older than 65 (4.4%). Most (81.1%) had at least a high school diploma (with 29.3% having some college education and 17.0% having a college degree). Of the 903 respondents who answered the question about their relationship to the child, 68.0% indicated they were the mother of the child, 15.7% grandparent, 6.8% father, and 5.0% legal guardian.

Most of the children in the survey sample were white and were not in foster care.

Age range for the 912 children was 0 to 17 years with a mean of 10.4 years. The survey question regarding ethnicity indicated that 5.2% of children were of Hispanic or Latino descent. The separate question that asked about the child's race indicated that 82.0% of children were identified as white, 20.1% black, 2.4% Hispanic, 0.7% Asian and 3.3% other/mixed race. The majority of children (92.7%) were not in foster care placement or at risk for foster care placement.

Response rates indicate that children in foster care and black children may be under-represented in the study sample.

The proportions of respondents were significantly different across race/ethnicity subgroups; for black children, the response rate was the lowest (18.4%) compared to children identified as white (22.5%) and other than white or black (26.5%). In terms of foster care status, the lowest response rate was among children in foster care (13.1%) compared to children not in foster care (22.9%) and children at risk for foster care placement (30.4%).

Contrasting rates were evident between physical and behavioral health status, and between satisfaction with physical health care and behavioral health care provided.

Children's physical health status was reported as excellent or good by 85.7% of survey respondents; however, the corresponding rate for behavioral health status was only 51.5%. Of note, only 34.5% of survey respondents reported that their child's physical health status was "excellent" and only 12.3% reported that their child's behavioral health status was "excellent." Among the survey respondents who reported that their child needed treatment or counseling for behavioral health problems, only 22.9% of respondents reported that their child's behavior, emotions or development improved "a lot." An improvement in behavioral health care typically indicates successful interventions, attributed to adequate counseling/medical treatment and effective coordination of care. A rating of "very satisfied" was reported by 70.6% of respondents for care for physical health problems, but only 53.0% were very satisfied with care for behavioral health problems. Overall, there was a weak, positive correlation between dissatisfaction with physical and behavioral health care.

Findings suggest that there are problems with provider-parent communication and family involvement in behavioral health care.

Of the respondents who answered the question pertaining to number of prescription medications to treat behavioral health problems, almost 60% indicated their child takes at least one psychotropic medication, with 16.8% of children taking 3 or more. Yet, among those reporting medication use, only 55.0% reported that the provider discussed starting or stopping a prescription. Among this same subgroup (those reporting medication use), only 39.8% indicated that their child's provider talked about reasons they might *not* want their child to take a psychotropic medication, compared to 74.0% whose provider discussed reasons why they might *want* their child to take a psychotropic medication.

Ensuring reliable access to both physical and behavioral health care services is another challenge.

In general, frequency of timely access to a provider for treatment of a physical health problem was reported as "always" by 64.9% of respondents, whereas the corresponding percentage for specialist access for a physical problem was only 50.6%. Corresponding rates for consistent timely access to general and specialist behavioral

health providers were 59.9% and 54.6%, respectively, revealing a similar pattern of greater barriers to accessing specialists.

Improvements in care coordination are also merited.

Only 31.5% of respondents whose child received care from more than one provider or service reported receipt of care coordination services. Further, only 52.8% of respondents were very satisfied with care coordination.

The analysis of risk factors revealed important drivers of dissatisfaction with physical health care, behavioral health care, and with care coordination.

Lack of health plan explanation of both health care benefits and choices of doctors was significantly associated with more than twice the odds for dissatisfaction with care coordination, dissatisfaction with physical health care, and with dissatisfaction with behavioral health care. The inter-relatedness of care experiences was indicated by the finding that increased odds for dissatisfaction with care coordination were associated with both dissatisfaction with physical health care and dissatisfaction with behavioral health care. Lack of timely access to physical and behavioral health providers in general, and to specialists, was another driver of dissatisfaction with these respective experiences of care.

Drivers of dissatisfaction with behavioral health care pertained to both counseling and pharmaceutical interventions.

For each point increase in the counseling rating scale (from worst to best), respondents were half as likely to report dissatisfaction with behavioral health care. Lack of provider communication with the child's parent/guardian was also an important driver of dissatisfaction with behavioral health care. Specifically, lack of provider communication about reasons why the parent/guardian might *not* want their child to take a medication was associated with almost 3 times the risk for dissatisfaction with behavioral health care; lack of provider education of when to call about medication side effects was associated with more than 3 times the risk for dissatisfaction; and lack of asking the parent/guardian what they thought was best for their child when discussing medication was associated with more than 7 times the risk for dissatisfaction.

Study Strengths and Limitations

Study strengths included the use of validated survey questions to enhance internal validity. In addition, the analysis of "drivers" of dissatisfaction was adjusted for possible confounding by other influential factors. As in any epidemiologic study, however, residual, or unmeasured, confounding could not be ruled out. Further, surveys relied upon respondent recall, so could result in misclassification bias which is a threat to internal validity. In addition, the small sample size precluded subset analysis and, therefore, the identification of

susceptible subpopulations. Finally, an important study limitation was that black children and children in foster care might be under-represented in the study sample due to relatively lower response rates; consequently, external validity was limited as findings might not be applicable to these vulnerable subpopulations.

Conclusion

Survey findings suggest opportunities to improve member satisfaction among the pediatric behavioral health population by; implementing health plan interventions to enhance care coordination and member education; investigating barriers to provider adherence to guidelines recommendations; and by crafting interventions for guideline-consistent psychosocial care, medication management and family engagement. Drivers of dissatisfaction with behavioral health care pertained to the study domains of access, member education by the plan and provider, and involvement of the family in treatment decisions. The Statewide Collaborative Performance Improvement Project (PIP) for the Safe and Judicious Antipsychotic Use in Children presents an opportunity to develop evidence-based interventions to improve the experience of care for the pediatric behavioral health population by addressing these domains.

Recommendations

Statewide collaborative PIP interventions should take advantage of the insights shed by survey findings to address the following opportunities for improvement:

- Member-directed interventions to educate members about their behavioral health benefits and choice of providers;
- Exploration of barriers to care consistent with guidelines recommendations for medication management, counseling interventions, and communicating with the family for both education on and partnership in treatment decisions, and development of strategies and interventions to overcome barriers to guideline-consistent care; and
- Health plan interventions to improve care coordination, particularly for high volume, high risk conditions identified in the Kentucky Behavioral Health Study.

The Agency for Healthcare Research and quality (AHRQ)-Centers for Medicare and Medicaid Services (CMS) Children's Health Insurance Program Reauthorization Act (CHIPRA) National Collaborative for Innovation in Quality Measurement (NCINQ) invited the public to comment on two proposed Adolescent Depression Management measures. These measures merit consideration for a future statewide collaborative PIP topic, and include the following:

- Adolescent Depression Monitoring, for tracking treatment response using the Patient Health Questionnaire (PHQ-9); and
- Adolescent Depression Remission/Response, defined as 50% improvement in symptoms from baseline to endpoint.

INTRODUCTION

One in five children in the United States experience a psychiatric disorder over the course of a year.¹ Consistent with this finding, in 2013, one-fifth of the pediatric Medicaid managed care (MMC) population in Kentucky had either an encounter for which a behavioral health diagnosis was coded or had a claim for a psychotropic medication.² Mental and behavioral disorders may occur in children from a variety of backgrounds;³ however, poverty, physical co-morbid conditions, cognitive disability,¹ rural residence,³ and minority race/ethnicity⁴ are among risk factors identified in the scientific literature. Prevalence of psychosocial problems in U.S. children is increasing, with a growing number of visits to both primary care physician offices⁵ and emergency departments for these problems.⁶ Improved care coordination has been shown to improve access to mental health care among children with complex health care needs enrolled in Medicaid.⁷ Yet, there are disparities in timely access to quality and coordinated mental health care, particularly for some of the very subpopulations at risk for mental disorders.^{8,9,10,11,12}

Health care surveys are conducted to assess the experience of children's care by evaluating parents' responses to questions that address the domains of care coordination,¹³ shared decision-making for children's psychotropic medication,¹⁴ care access and satisfaction;^{13,14,15} however, there is currently no single survey that addresses each of these domains with separate assessments for physical and behavioral health services. Consequently, there is a lack of knowledge about the extent that access and satisfaction issues are attributable to physical or behavioral health services, and/or their lack of coordination. Island Peer Review Organization (IPRO) proposed to develop and conduct a survey that incorporates these domains in order to comprehensively evaluate the experience of care among Kentucky MMC enrollees aged 0–17 years with a history of behavioral health diagnosis and treatment.

Study Aims

Among the pediatric population with a behavioral health diagnosis or a prescription for a psychotropic medication during 2013, the study sought to identify pediatric experience of care problems, risk factors, and opportunities for improvement in physical health care, behavioral health care, and coordination of care. Study objectives included the following:

1. Identify problem areas in experience of care outcomes;
2. Measure the extent to which dissatisfaction with physical health care experience and dissatisfaction with behavioral health care experience are correlated; and
3. Identify risk factors (“drivers”) for dissatisfaction with care.

METHODS

Experience of care surveys were developed by IPRO in collaboration with the Commonwealth of Kentucky, Department for Medicaid Services (KDMS). Survey questions addressed the (a) **domains** of (i) experience of care for physical conditions; (ii) experience of care for behavioral conditions; and (iii) experience of care for coordination of care; and the (b) **sub-domains** of (i) access; (ii) satisfaction; (iii) inclusion of family in treatment; (iv) education; (v) cultural competency; (vi) perceived improvement; and (vii) getting information from the health care plan. Experience of care survey questions were adapted from validated surveys in the public domain, i.e., Consumer Assessment of Healthcare Providers and Systems (CAHPS[®]) 5.0H, Child Questionnaire,¹³ Experience of Care and Health Outcomes (ECHO[™]) Child Behavioral Health Survey,¹⁴ and the National Survey of Children with Special Health Care Needs.¹⁵ Categorization of survey questions according to survey domains are specified in **Attachment 6**.

Surveys were mailed on June 5, 2014 to a sample of 4,800 enrollees aged 0–17 who were randomly selected from the total administrative claims-based sample of Kentucky MMC enrollees with a behavioral health diagnosis or a prescription for a psychotropic medication during 2013. The sample was comprised of 1,200 members from each of the following MCOs: CoventryCares of Kentucky, WellCare of Kentucky, Passport Health Plan, and Humana-CareSource. The survey was distributed to members in June 2014, and re-sent to non-respondents in July and September to maximize the response rate.

Statistical analysis was conducted using SAS version 9.3 (Cary, NC, 2010). To test for statistically significant differences in proportions, *chi*-squared analysis was conducted. Multiple survey response categories were grouped into dichotomous categories, e.g., satisfied = very satisfied or somewhat satisfied; not satisfied = somewhat dissatisfied or very dissatisfied. In order to calculate a mean response for the rating of counseling services, this item was re-scaled by adding 0.5 to each response to avoid dropping responses with the value of “0,” and responses categorized as either at/above the mean or below the mean. It should be noted that not every respondent answered each question, and thus some denominators (n) may be slightly higher/lower relative to the response in a previous/subsequent question. Percentages may not total 100% due to rounding error. Correlations between satisfaction with behavioral and physical health outcomes were assessed using the *phi* coefficient. Logistic regression analysis was used to identify drivers, e.g., risk factors for negative, i.e., dissatisfied, responses to selected survey items, independent of demographic factors. Statistical significance was set a priori at $p < 0.05$. Marginal significance was defined as $0.05 \leq p < 0.10$.

RESULTS

Response Rate Analysis

Table 1 displays the response rates, including the total number of surveys mailed and completed. Response rates are itemized by MCO (CoventryCares of Kentucky, Humana-CareSource, Passport Health Plan and WellCare of Kentucky) and include the total number of surveys mailed, undeliverable surveys due to inaccurate addresses, adjusted populations and completed surveys.

Of the 4,800 surveys that were mailed, 779 (16.2%) were undeliverable, yielding an adjusted population of 4,021 (the number of surveys mailed minus the undeliverable surveys).

A total of 912 surveys were completed yielding an overall response rate of 22.7% (912/4,021). Across all four plans, Passport Health Plan members had the highest response rate (26.0%), followed by WellCare of Kentucky (25.1%), CoventryCares of Kentucky (23.1%) and Humana-CareSource (16.5%). There were three waves of surveys sent to members of each health plan, thus optimizing the final response rate.

Table 1: Surveys Collected by MCO

Surveys	CoventryCares of Kentucky	Humana-CareSource	Passport Health Plan	WellCare of Kentucky	Total
Surveys Mailed	1,200	1,200	1,200	1,200	4,800
Undeliverable ^a	229 (19.1%)	197 (16.4%)	151 (12.6%)	202 (16.8%)	779 (16.2%)
Adjusted Population ^b	971	1,003	1,049	998	4,021
Completed Surveys	224	165	273	250	912
Final Response Rate ^{c,d}	23.1%	16.5%	26.0%	25.1%	22.7%

^a Includes members who could not be reached due to a wrong address on file, or members who were no longer enrolled in plan. Percentages were calculated by dividing the number of undeliverable surveys by the number of surveys mailed (1,200).

^b Calculated as follows: number of surveys mailed minus the number of undeliverable surveys.

^c Calculated as follows: number of completed surveys divided by adjusted population.

^d Statistically significant difference between MCO proportions responding to the survey using *chi*-squared analysis, where $p < 0.05$.

Response Bias Analysis

Members who completed the survey were compared to those who did not on demographic factors, i.e., age, race/ethnicity and foster care status. **Table 2** displays these comparisons, with row and column percentages for both respondents and non-respondents. Row percentages represent the response and non-response rates among demographic subgroups. Column percentages represent the proportion of the respondent and non-respondent sample comprised by each demographic subgroup. There was not a statistically significant

difference in the mean age of children between respondents and non-respondents. The proportions of respondents were significantly different across race/ethnicity subgroups; for black children, the response rate was the lowest (18.4% compared to 22.5% and 26.5% for children identified as white and other than white or black, respectively; **Table 2**). In terms of foster care status, the lowest response rate was among children in foster care (13.1% compared to 22.9% and 30.4% for children not in foster care and children at risk for foster care placement, respectively). Therefore, black children and children in foster care may be under-represented in the study sample.

Table 2: Comparisons of Respondents and Non-Respondents by Demographic Subgroup

Demographic Subgroup	Respondents (n = 912)	Non-Respondents (n = 3,109)
Mean Age (Standard Deviation)	10.4 Years (4.2 Years)	10.4 Years (4.2 Years)
Race/Ethnicity: ^a		
White (n = 2,635) (Row %) ^b (Column %) ^c	594 22.5% 65.1%	2,041 77.5% 65.6%
Black (n = 604) (Row %) (Column %)	111 18.4% 12.2%	493 81.6% 15.9%
Other (n = 782) (Row %) (Column %)	207 26.5% 22.7%	575 73.5% 18.5%
Foster Care Status: ^a		
Not in Foster Care (n = 3,692) (Row %) (Column %)	845 22.9% 92.7%	2,847 77.1% 91.6%
In Foster Care (n = 191) (Row %) (Column %)	25 13.1% 2.7%	166 86.9% 5.3%
At Risk for Placement (n = 138) (Row %) (Column %)	42 30.4% 4.6%	96 69.6% 3.1%

^a Statistically significant difference in proportions for race/foster care status subgroups using *chi*-squared analysis ($p < 0.05$)

^b Calculated by dividing the number of respondents and non-respondents in each subgroup by the total number of members in that subgroup

^c Calculated by dividing the number of respondents and non-respondents in each subgroup by the total number of respondents (n = 912) and non-respondents (n = 3,109)

Descriptive Results of Enrollee Survey

This section presents the results for all items in the survey, aggregated across all four MCOs, by the following survey domains: demographic characteristics of children and survey respondents, child’s health care needs, experience of physical health care, experience of behavioral health care, and experience of care coordination.

Attachment 1 is the actual survey form completed by each respondent and **Attachment 2** displays the raw frequencies for each survey item by MCO and the aggregate for all four MCOs.

Demographic Characteristics of Children

Table 3 displays the responses to the survey items about background characteristics of the members (i.e., children). These survey items were included in the survey section labeled, “5. ABOUT YOUR CHILD.” Age was not a survey item, but was obtained from administrative claims files. The mean age of the 912 children surveyed was 10.4 years (**Table 2**). The survey question regarding ethnicity indicated that 5.2% of children were of Hispanic or Latino descent. The separate question that asked about the child’s race included an option for specifying “other” with an open-ended response, and indicated that 82.0% of children were identified as white, 20.1% black, 2.4% Hispanic and 2.3% other/mixed race.

Table 3: Demographic Characteristics of Children

Survey Item Number and Description	n	%
29. Hispanic or Latino (n = 896)		
Yes	47	5.2%
No	849	94.8%
30. Race/Ethnicity (n = 901)^a		
White	739	82.0%
Black	181	20.1%
Asian	6	0.7%
Native American (Open-Ended Response)	9	1.0%
Hispanic (Open-Ended Response)	22	2.4%
Other/Mixed Race (Open-Ended Response)	21	2.3%

^a Multiple response item; total proportion of members selecting the corresponding options can exceed 100%. Proportions are based on the number of respondents (901), not the number of responses (978).

Demographic Characteristics of Respondents

Table 4 displays the responses to the survey items about background characteristics of the respondents (i.e., those who answered on behalf of children). These survey items were included in the survey section labeled, “6. ABOUT YOU.” The majority of respondents were 18–44 years of age (56.9%), followed by those 45–64 years of age (27.9%), those under 18 (10.8%) and those older than 65 (4.4%).

The majority of respondents (81.1%, 726/895) had at least a high school diploma (with 29.3% having some college education and 17.0% having a college degree; **Table 4**). Of the 903 respondents who answered the question about their relationship to the child, 68.0% indicated they were the mother of the child, 15.7% grandparent, 6.8% father, and 5.0% legal guardian.

Table 4: Demographic Characteristics of Respondents

Survey Item Number and Description	n	%
31. Age (n = 891)		
Under 18	96	10.8%
18–44	507	56.9%
45–64	249	27.9%
65 or Older	39	4.4%
32. Education (n = 895)		
Less than High School	169	18.9%
High School	312	34.9%
Some College	262	29.3%
College Degree	152	17.0%
33. Relationship to Child (n = 903)		
Mother	614	68.0%
Father	61	6.8%
Grandparent	142	15.7%
Aunt or Uncle	21	2.3%
Brother or Sister	2	0.2%
Other Relative	10	1.1%
Legal Guardian	45	5.0%
Someone Else	8	0.9%

Child’s Health Care Needs (Perceived Health of Child, and Health Plan’s Involvement in Providing Information)

Responses to items pertaining to the child’s health care needs are shown in **Table 5**. These survey items were included in the survey section labeled, “1. YOUR CHILD’S HEALTH CARE NEEDS.” The child’s physical health was rated as “excellent” by 34.5% of respondents, but the child’s behavioral health was rated as “excellent” by only

12.3% of respondents who answered these questions. Only 42.0% of respondents indicated that someone from their health plan had explained both their health care benefits and choices of doctors. Almost half (47.9%, 407/850) of the respondents indicated that nobody from their health plan explained the health care benefits or the choices of doctors to them.

Table 5: Health Care Needs

Survey Item Number and Description	n	%
1. Rating of Physical Health (n = 861)		
Excellent	297	34.5%
Good	441	51.2%
Fair	113	13.1%
Poor	10	1.2%
2. Rating of Behavioral Health (n = 860)		
Excellent	106	12.3%
Good	337	39.2%
Fair	302	35.1%
Poor	115	13.4%
3. Whether Someone from Health Plan Explained Health Care Benefits and Choices of Doctors (n = 850)		
Yes, Help with Health Care Benefits, Only	57	6.7%
Yes, Help with Choices Of Doctors, Only	29	3.4%
Yes, Help with Both	357	42.0%
No, No Help with Either	407	47.9%

Experience of Physical Health Care

The survey items displayed in **Table 6** were included in the survey section labeled, “2. YOUR CHILD’S HEALTH CARE FOR PHYSICAL ILLNESS, INJURY OR CONDITIONS.” The majority of members (89.4%) always or usually received an appointment for a physical health problem at an office or clinic as soon as needed. There were 559 respondents (70.6%) who were *very* satisfied with the care their child received for a physical health problem, while only about 4% were dissatisfied (either somewhat or very). Of the 445 members who had seen a specialist in the last 12 months, 74.2% always or usually received an appointment as soon as needed.

Table 6: Physical Health

Survey Item Number and Description	n	%
4. Received an Appointment for a Physical Problem as soon as Needed (n = 800)^a		
Always	519	64.9%
Usually	196	24.5%
Sometimes	72	9.0%
Never	13	1.6%

Survey Item Number and Description	n	%
5. Satisfaction with the Care Received for a Physical Problem (n = 792) ^b		
Very Satisfied	559	70.6%
Somewhat Satisfied	204	25.8%
Somewhat Dissatisfied	23	2.9%
Very Dissatisfied	6	0.8%
6. Received an Appointment with a Specialist for a Physical Problem as soon as Needed (n = 445) ^{a,b}		
Always	225	50.6%
Usually	105	23.6%
Sometimes	59	13.3%
Never	56	12.6%

^a Respondents who indicated that they did not need this physical/behavioral health service were excluded from the denominator (n).

^b Item based on a skip pattern; rates were based on respondents whose child had a physical health problem in the last 12 months.

Experience of Behavioral Health Care

The 16 survey items displayed in **Table 7** were included in the survey section labeled, “3. YOUR CHILD’S HEALTH CARE FOR PROBLEMS WITH EMOTION, DEVELOPMENT, OR BEHAVIOR.” Of the 611 members who needed an appointment for a behavioral health problem, 82.7% were always or usually able to obtain one as soon as needed. Similarly, 80.9% of 518 respondents indicated that their child always or usually received an appointment with a specialist for a behavioral health problem.

There were 319 of 602 respondents (53.0%) who indicated that they were *very* satisfied with the treatment or counseling received for their child’s behavioral health problem(s), while 12.6% were somewhat or very dissatisfied (**Table 7**). Furthermore, 53.5% (224/419) of the respondents rated counseling at or above average, while 46.5% rated counseling below average. Although most (64.2%) of the respondents indicated their child’s behavioral condition had improved in the past year (i.e., “a lot” or “some,” combined), only 22.9% (137/597) reported “a lot” of improvement and 13.2% (79/597) saw no improvement.

Approximately half (51.0%; 186/365) of the respondents reported that their child was counseled by health care providers at an office or clinic other than a personal doctor, psychiatrist or psychologist (**Table 7**). Personal doctors were reported as providing counseling by 14.0% of the 365 respondents, and psychiatrists and psychologists by 31.5% and 23.8%, respectively. It should be noted that these were not mutually exclusive categories, as a child could have received counseling from more than one provider type.

Close to half (49.8%; 214/430) of the respondents implied that it was important that counseling is sensitive to their child’s language, race, religion or ethnic background, and a large proportion of respondents (90.4%,

197/218) indicated that counseling was sensitive to these elements of one’s culture (**Table 7**). A supplemental analysis showed that, of those who indicated that counseling was *not* sensitive, the majority were non-Hispanic whites (16/21; data not shown), although the difference in proportions among race/ethnic groups who felt that counseling was not sensitive was not statistically significant.

Of the 895 respondents who answered the question pertaining to number of prescription medications to treat behavioral health problems, 57.9% indicated their child takes at least one medication, with 16.8% of children taking 3 or more (**Table 7**). Of the 514 respondents who reported the child’s prescription medication use, 80.9% indicated their provider had explained the side effects of the medication(s). Similarly, 70.9% of 515 respondents were told when to call about side effects, and 55.0% (283/515) indicated their provider had a discussion with them about starting or stopping a prescription. A total of 382 (74.0%) of 516 respondents reported that their child’s health care provider talked with them “a lot” or “some” about the reasons they might *want* their child to take a prescription medication to treat a behavioral health problem. In contrast, 205 (39.8%) of 515 respondents indicated that their child’s provider talked with them “a lot” or “some” about reasons they might *not* want their child to take a prescription medication. Nearly three-quarters (72.7%, 371/510) of respondents reported that their health care provider asked them what they thought was best when discussing medication for problems with behavior, emotion or development (**Table 7**).

Table 7: Behavioral Health

Survey Item Number and Description	n	%
7. Received an Appointment for an Emotional or Behavioral Problem as soon as Needed (n = 611)^a		
Always	366	59.9%
Usually	139	22.7%
Sometimes	76	12.4%
Never	30	4.9%
8. Satisfaction with Treatment/Counseling Received for a Behavioral Health Problem (n = 602)^b		
Very Satisfied	319	53.0%
Somewhat Satisfied	207	34.4%
Somewhat Dissatisfied	47	7.8%
Very Dissatisfied	29	4.8%
9. Received an Appointment with a Specialist for a Behavioral Health Problem as soon as Needed (n = 518)^{a,b}		
Always	283	54.6%
Usually	136	26.3%
Sometimes	69	13.3%
Never	30	5.8%
10. How Much Behavior, Emotions or Development has Improved (n = 597)^b		
A lot	137	22.9%
Some	246	41.2%

Survey Item Number and Description	n	%
A little	135	22.6%
None	79	13.2%
11. Received Counseling for a Behavioral Health Problem (n = 577)^b		
Yes	398	69.0%
No	179	31.0%
12. Rating of Counseling (where average is 7.65 on a scale from 0.5 to 10.5; n = 419)^{b,c}		
Average or Above	224	53.5%
Below Average	195	46.5%
13. Provider of Counseling (n = 365; select all that apply)^{b,d}		
Personal Doctor	51	14.0%
Another Provider at Personal Doctor's Office	14	3.8%
Psychologist	87	23.8%
Psychiatrist	115	31.5%
Other Provider at an Office or Clinic	186	51.0%
Other Provider at School	95	26.0%
14. It is Important that Counseling is Sensitive to Language, Race, Religion, Ethnic Background or Culture (n = 430)^b		
Yes	214	49.8%
No	216	50.2%
15. Counseling was Sensitive to Language, Race, Religion, Ethnic Background or Culture (n = 218)^b		
Yes	197	90.4%
No	21	9.6%
16. Number of Different Prescription Medications Taken to Treat Behavioral Problems (n = 895)		
0	377	42.1%
1	199	22.2%
2	169	18.9%
3 or More	150	16.8%
17. Provider Explained Side Effects of Medication (n = 514)^b		
Yes	416	80.9%
No	98	19.1%
18. Health Care Provider Told You When to Call about these Side Effects (n = 515)^b		
Yes	365	70.9%
No	150	29.1%
19. Health Care Provider Talked about Starting or Stopping a Prescription Medicine for Treatment of Behavioral Health Problem (n = 515)^b		
Yes	283	55.0%
No	232	45.1%
20. How Much Provider Talked with You about the Reasons You Might Want Your Child to Take a Medication (n = 516)^b		
A lot	184	35.7%
Some	198	38.4%
A little	79	15.3%
Not at all	55	10.7%

Survey Item Number and Description	n	%
21. How Much Provider Talked with You about the Reasons You Might <i>Not</i> Want Your Child to Take a Medication (n = 515) ^b		
A lot	72	14.0%
Some	133	25.8%
A little	81	15.7%
Not at all	229	44.5%
22. Provider Asked What You Thought was Best when Discussing Medication for Problems with Behavior, Emotion or Development (n = 510) ^b		
Yes	371	72.7%
No	139	27.3%

^a Respondents who indicated that they did not need this physical/behavioral health service were excluded from the denominator (n).

^b Item based on skip pattern; rates based on respondents whose child had a behavioral health problem in the last 12 months.

^c In order to calculate mean response for the rating of counseling services, this item was re-scaled by adding 0.5 to each response (in order to avoid dropping responses with the value of “0”). Responses are represented as “average or above” and “below average” for simplification.

^d Multiple response item; total proportion of members selecting the corresponding options can exceed 100%. Proportions are based on the number of respondents, not the number of responses.

Experience of Care Coordination

The survey items displayed in **Table 8** were included in the survey section labeled, “4. COORDINATION OF ALL OF YOUR CHILD’S HEALTH CARE NEEDS.” There were 432 respondents (48.1% of 898) who reported that their child sees multiple health care providers or uses more than one type of health care service. Less than one-third (31.5%) of 426 respondents indicated that someone helps coordinate their child’s health care. Of those who responded to the question about who helps coordinate health care, 83.5% (111/133) reported that a doctor or someone in a doctor’s office helps coordinate care, and 63.2% (84/133) also had someone else; namely themselves or a spouse, a therapist, social worker, family member, someone from child’s school and/or a case manager from their health plan. Of the 411 respondents answering the question about satisfaction with coordination of care, 90.0% were satisfied with how their child’s health care was coordinated, with 52.8% reporting that they were *very* satisfied (**Table 8**).

Table 8: Care Coordination

Survey Item Number and Description	n	%
23. Child Sees More than One Health Provider or Uses More than One Type of Health Care Service (n = 898)		
Yes	432	48.1%
No	466	51.9%
24. Someone Helps Coordinate Health Care (n = 426) ^a		
Yes	134	31.5%

Survey Item Number and Description	n	%
No	292	68.5%
25. A Doctor or Someone in a Doctor's Office Helps Coordinate Health Care (n = 133) ^{a,b}		
Yes	111	83.5%
No	22	16.5%
26. Someone Other than a Doctor or Someone in Doctor's Office Helps Coordinate Health Care (n = 133) ^a		
Yes	84	63.2%
No	49	36.8%
27. Person who Helps to Coordinate Health Care (n = 84; Select all that Apply) ^{a,b,c}		
Parent (Self or Spouse)	51	60.7%
Guardian	16	19.0%
Other Family Member	18	21.4%
Friend	7	8.3%
Nurse	11	13.1%
Therapist	43	51.2%
Social Worker	28	33.3%
Hospital Discharge Planner	4	4.8%
Case Manager from Health Plan	12	14.3%
Someone from Child's School	14	16.7%
Someone Else	8	9.5%
28. Satisfaction with How Health Care was Coordinated (n = 411) ^a		
Very Satisfied	217	52.8%
Somewhat Satisfied	153	37.2%
Somewhat Dissatisfied	28	6.8%
Very Dissatisfied	13	3.2%

^a Item based on skip pattern; rates based on respondents whose child saw more than one provider the last 12 months.

^b Only those respondents who indicated "Yes" for the previous question were included in the denominator.

^c Multiple response item; total proportion of members selecting the corresponding options can exceed 100%.

Proportions are based on the number of respondents, not the number of responses.

Dissatisfaction with Care by Demographic and Clinical Characteristics

Demographic and clinical characteristics from the administrative dataset were evaluated for associations with dissatisfaction of care coordination, behavioral health care and physical health care. **Tables 9** and **10** show subgroup characteristics with statistically significant differences in the proportion of respondents who were dissatisfied with care coordination and behavioral health care, respectively. **Attachment 4** includes the rates for all subgroups. This attachment (in addition to **Attachment 5**) includes complete tables, incorporating all results regardless of statistical significance.

Dissatisfaction with Care Coordination

Of the 411 respondents who answered the question pertaining to satisfaction of care coordination (Question 28, **Table 8**), there were 41 (10.0%) who were dissatisfied (either very or somewhat; **Table 9**). A higher rate of dissatisfaction with care coordination was reported for children who had a behavioral health hospitalization (23.5%, 4/17), compared with the dissatisfaction rate of those without a behavioral health hospitalization (9.4%, 37/394).

Table 9: Rates of Dissatisfaction with Care Coordination by Demographic and Clinical Characteristics

Behavioral Health Hospitalization ^{a,b} Subgroups	Number of Respondents (n = 411)	Prevalence of Hospitalization ^c (% of 411)	Number of Dissatisfied ^d Respondents (n = 41, 10.0% of 411)	Rate of Dissatisfaction (by Subgroup)
Yes	17	4.1%	4	23.5%
No	394	95.9%	37	9.4%

^a This characteristic was obtained from the KDMS Administrative File.

^b Marginally significant difference in proportions between clinical subset; $0.05 \leq p < 0.10$ using *chi*-squared statistic.

^c Prevalence was calculated as follows: # of respondents in subgroup/total # of respondents.

^d Survey respondent indicated “very dissatisfied” or “somewhat dissatisfied” in response to Question 28: “In the last 12 months, how satisfied were you with how your child’s health care was coordinated?”

Dissatisfaction with Physical Health Care

About four percent (3.7%, 29/792) of survey respondents indicated that they were dissatisfied with their child’s physical health care (**Table A4, Attachment 4**). There were no statistically significant differences between the subgroups characterized by demographic and clinical characteristics.

Dissatisfaction with Behavioral Health Care

Of the 602 respondents who answered the question pertaining to satisfaction of behavioral health care (Question 8, **Table 7**), 76 (12.6%) were somewhat or very dissatisfied (**Table 10**). There was a statistically significant inverse relationship between attention deficit hyperactivity disorder (ADHD) and dissatisfaction of behavioral health care; that is, members who did not have a diagnosis of ADHD had a higher rate of dissatisfaction (15.4%, 45/292) compared to members who did have a diagnosis of ADHD (10.0%, 31/310). This finding should be interpreted with caution, however, since the statistical test for differences in proportions does not adjust for potentially confounding factors (i.e., unmeasured factors that are related to both the risk factor and the outcome, and so may influence the association in unknown ways).

Table 10: Rates for Dissatisfaction with Behavioral Health Care by Demographic and Clinical Characteristics

Behavioral Health Diagnostic Category: ADHD ^{a,b} Subgroups	Number of Respondents (n = 602)	Prevalence of Diagnostic Category ^c (% of 602)	Number of Dissatisfied Respondents ^d (n = 76)	Rate of Dissatisfaction (by Subgroup)
Yes	310	51.5%	31	10.0%
No	292	48.5%	45	15.4%

^a This characteristic was obtained from the KDMS Administrative File.

^b Statistically significant difference in proportion between children with ADHD and children without ADHD; $p < 0.05$ *chi*-squared test.

^c Prevalence was calculated as follows: # of respondents in subgroup/total # of respondents.

^d Survey respondent indicated “very dissatisfied” or “somewhat dissatisfied” in response to Question 8: “How satisfied are you with the treatment or counseling your child received for problems with emotion, development or behavior during the last 12 months?”

Correlation between Dissatisfaction with Physical and Behavioral Health Care

Correlations between negative physical experiences of care and negative behavioral experiences of care were evaluated overall and by MCO (**Table 11**). Overall, there was a weak, positive correlation between dissatisfaction with physical and behavioral health care. When considering each individual MCO separately, there was a moderately strong, positive correlation between dissatisfaction with physical and behavioral health care for members enrolled in CoventryCares of Kentucky, and a weak, positive correlation for WellCare of Kentucky enrollees. The correlation between dissatisfaction with physical health care and behavioral health care were not statistically significant among either Humana-CareSource or Passport Health Plan enrollees.

Table 11: Correlations between Rates of Dissatisfaction with Care for Physical Health and Behavioral Health by MCO

Dissatisfaction by MCO	Dissatisfied with Physical Health Care ^a		Dissatisfied with Behavioral Health Care ^b		Correlation ^c Direction (+/-) and Strength ^{d,e,f}
	n	%	n	%	
Total	n = 792		n = 602		+ Weak Correlation
	29	3.7%	76	12.6%	
WellCare of Kentucky	n = 216		n = 165		+ Weak Correlation
	9	4.2%	22	13.3%	
Passport Health Plan	n = 243		n = 178		NS
	9	3.7%	20	11.2%	
Humana-CareSource	n = 134		n = 114		NS
	4	3.0%	17	14.9%	
CoventryCares of Kentucky	n = 199		n = 145		+ Moderate Correlation
	7	3.5%	17	11.7%	

^a Survey respondents indicated either “very dissatisfied” or “somewhat dissatisfied” to Question 5: “How satisfied are you with the care your child received for physical problems during the last 12 months?”

^b Survey respondent indicated either “very dissatisfied” or “somewhat dissatisfied” to Question 8: “How satisfied are you with the treatment or counseling your child received for problems with emotion, development or behavior at an office or clinic during the last 12 months?”

^c *phi* coefficient statistically significant at $p < 0.05$.

^d Moderate correlation: *phi* coefficient = absolute value of 0.30–0.39 (only presented for statistically significant correlation)

^e Weak correlation: *phi* coefficient = absolute value of 0.20–0.29 (only presented for statistically significant correlation)

^f NS: not significant ($p > 0.05$)

Risk Factor Analysis

In order to determine what kinds of experiences of care drive the outcomes of dissatisfaction with behavioral health care, physical health care, and care coordination, multivariable analyses were performed to generate odds ratios (ORs) that quantify the association between the experience of care and each outcome. We considered an experience of care to be a “driver” of a dissatisfaction outcome if the odds ratio was statistically significant, independent of demographic factors and MCO membership. Multiple logistic regression was used to calculate these odds ratios; therefore, the odds ratio was not calculated directly from the indicated frequencies; rather, an adjusted odds ratio was calculated in order to report the odds ratio independent of possible confounding variables. Odds ratios presented are, therefore, statistically adjusted for the influence of demographic factors and MCO membership. These adjusted odds ratios compare the odds for the outcome of dissatisfaction among those with the specified experience of care to the odds for the outcome of dissatisfaction among those without the specified experience of care. Of note, with one exception, the specified experience of care is a negative experience of care. The one exception is for the outcome of dissatisfaction with behavioral care; the

experience of counseling is analyzed on a scale from “worst” to “best.” Thus, the “drivers” represent risk factors for dissatisfaction of care outcomes.

Tables 12, 13 and **14** display statistically significant risk factors. **Attachment 5** includes the results for all potential risk factors (i.e., negative experiences of care) evaluated.

Outcome of Dissatisfaction with Care Coordination

Table 12 presents drivers of dissatisfaction with care coordination among survey respondents. This analysis included respondents who responded to Question 3, 5, or 8 as well as Question 28. Of the 384 respondents who answered both Question 3 and Question 28, 36 (9.4%) were dissatisfied with care coordination. Of these 384 respondents, 216 (56.3%) indicated that the health plan did not explain health care benefits and/or doctor choices to them; and of these 216, 27 (12.5%) were dissatisfied with care coordination. Of the remaining 168 respondents who indicated that the health plan explained both health care benefits and doctor choices to them, only 9 (5.4%) were dissatisfied with care coordination. Thus, the odds of being dissatisfied with care coordination were 2.7 times higher among those who did *not* have their health care benefits and choices of doctors explained as compared to those who had both explained, independent of demographic factors and MCO membership (**Table 12**).

Of the 365 respondents who answered both Question 5 and Question 28, 32 (8.8%) were dissatisfied with care coordination (**Table 12**). Of these 365 respondents, 16 (4.4%) indicated that they were dissatisfied with the physical health care their child received; and of these 16 dissatisfied respondents, 6 (37.5%) were also dissatisfied with care coordination. Of the remaining 349 respondents who indicated that they were satisfied with the physical health care their child received, 26 (7.4%) were also dissatisfied with care coordination. Thus, the odds of dissatisfaction with care coordination are 11.2 times higher among those who were dissatisfied with physical health care compared to those who were satisfied with physical health care, independent of demographic factors and MCO membership (**Table 12**).

Of the 315 respondents who answered both Question 8 and Question 28, 31 (9.8%) were dissatisfied with care coordination (**Table 12**). Of these 315 respondents, 36 (11.4%) were dissatisfied and 279 (88.6%) were satisfied with the behavioral health care their child received. Among those who were satisfied with behavioral health care, 7.5% (21/279) were dissatisfied with care coordination, while 27.8% (10/36) of those dissatisfied with behavioral health care were also dissatisfied with care coordination. The odds of dissatisfaction with care coordination are 4.1 times higher among those who were dissatisfied with behavioral health care compared to those who were satisfied with behavioral health care, independent of demographic factors and MCO membership (**Table 12**). The latter two “drivers” are also evaluated as outcomes in the next sections.

Table 12: Associations between Specific Negative Experiences of Care Coordination and the Overall Outcome of Dissatisfaction with Care Coordination

Specific Negative Experience of Care ^a	Number of Respondents	Percent	Number Dissatisfied with Care Coordination ^b	Dissatisfaction Rate	Odds Ratio (95% CI) ^c
Q3. Has anyone from health plan explained health care benefits and choices of doctors?	384	100%	36	9.4%	2.7 (1.1, 6.2)
No, Did Not Explain Both	216	56.3%	27	12.5%	
Yes, Explained Both	168	43.8%	9	5.4%	
Q5. How satisfied are you with the physical health care your child received?	365	100%	32	8.8%	11.2 (3.1, 40.7)
Very Dissatisfied/Somewhat Dissatisfied	16	4.4%	6	37.5%	
Very Satisfied/Somewhat Satisfied	349	95.6%	26	7.4%	
Q8. How satisfied are you with the treatment/counseling your child received for behavioral health problems?	315	100%	31	9.8%	4.1 (1.6, 10.5)
Very Dissatisfied/Somewhat Dissatisfied	36	11.4%	10	27.8%	
Very Satisfied/Somewhat Satisfied	279	88.6%	21	7.5%	

^a Statistically significant difference between the outcome rate among those with the specific negative experience of care and those without the specific negative experience of care; $p < 0.05$ using *chi*-squared statistic.

^b Survey respondent indicated “very dissatisfied” or “somewhat dissatisfied” in response to Question 28: “In the last 12 months, how satisfied were you with how your child’s health care was coordinated?”

^c After adjusting for MCO, age of respondent, education, relationship to child, age of child and race, there was a statistically significant difference in the odds for the outcome among those with the risk factor compared to those without the risk factor. CI: confidence interval. Note: multiple logistic regression was used to calculate these odds ratios; therefore, the odds ratio was not calculated directly from the indicated frequencies; rather, an adjusted odds ratio was calculated in order to report the odds ratio independent of possible confounding variables.

Outcome of Dissatisfaction with Physical Health Care

The factors associated with dissatisfaction of physical health care are illustrated in **Table 13**. Of the 783 respondents who answered both Question 3 and Question 5, 29 (3.7%) were dissatisfied with physical health care. Of the 325 respondents who indicated that health care benefits and choice of doctors were both explained to them, 1.5% (5/325) were dissatisfied with physical health care, while of the 458 respondents who indicated that both health care benefits and choice of doctors were *not* explained to them, 5.2% (24/458) were dissatisfied with physical health care of the child. As a result, the odds of dissatisfaction with physical health care were 4 times higher for those who indicated that someone from their health plan did not explain both their benefits and choices of doctors, independent of demographic factors and MCO membership (**Table 13**).

A total of 791 respondents answered both Question 4 and Question 5; 29 (3.7%) of these respondents were dissatisfied with physical health care (**Table 13**). Of the 710 who indicated that they always or usually get an appointment for physical health problems as soon as needed, 2.1% (15/710) were dissatisfied with physical health care, whereas among the remaining 81 respondents who indicated that they sometimes or never get an appointment as soon as needed, 17.3% (14/81) were dissatisfied with physical health care. Thus, for those who either sometimes or never got an appointment for their child for a physical health problem as soon as needed, the odds of dissatisfaction with physical health care were 12.1 times higher than for those who always or usually got an appointment as soon as needed, independent of demographic factors and MCO membership (**Table 13**).

A total of 441 respondents answered both Question 6 and Question 5; 17 (3.9%) of these respondents were dissatisfied with physical health care for their child (**Table 13**). Of the 328 respondents who indicated that they always or usually got an appointment with a specialist as soon as needed, 2.4% (8/328) were dissatisfied with physical health care of their child. However, of the 113 respondents who indicated that they sometimes or never got an appointment with a specialist as soon as needed, 8.0% (9/113) were dissatisfied with physical health care. Thus, the odds of dissatisfaction with physical health care were 3.5 times higher for those who sometimes or never got an appointment with a specialist for their child's physical health problem, independent of demographic factors and MCO membership (**Table 13**).

Table 13: Associations between Specific Negative Experiences of Care for Physical Health and the Overall Outcome of Dissatisfaction with Physical Health Care

Specific Negative Experience of Care ^a	Number of Respondents	Percent	Number Dissatisfied with Physical Health Care ^b	Dissatisfaction Rate	Odds Ratio ^c (95% CI)
Q3. Has anyone explained health care benefits and choices of doctors?	783	100%	29	3.7%	4.0 (1.3, 11.8)
No, Did Not Explain Both	458	58.5%	24	5.2%	
Yes, Explained Both	325	41.5%	5	1.5%	
Q4. How often did you get an appointment at an office or clinic for a physical health problem as soon as needed?	791	100%	29	3.7%	12.1 (5.2, 28.3)
Sometimes/Never	81	10.2%	14	17.3%	
Always/Usually	710	89.8%	15	2.1%	
Q6. How often did you get an appointment with a specialist for a physical health problem as soon as needed?	441	100%	17	3.9%	3.5 (1.2, 10.3)
Sometimes/Never	113	25.6%	9	8.0%	
Always/Usually	328	74.4%	8	2.4%	

^a Statistically significant difference between the outcome rate among those with the specific negative experience of care and those without the specific negative experience of care; $p < 0.05$ using *chi*-squared statistic.

^b Survey respondents indicated either “very dissatisfied” or “somewhat dissatisfied” to Question 5: “How satisfied are you with the care your child received for physical problems during the last 12 months?”

^c After adjusting for MCO, age of respondent, education, relationship to child, age of child and race, there was a statistically significant difference in the odds for the outcome among those with the risk factor compared to those without the risk factor. CI: confidence interval. Note: multiple logistic regression was used to calculate these odds ratios; therefore, the odds ratio was not calculated directly from the indicated frequencies; rather, an adjusted odds ratio was calculated in order to report the odds ratio independent of possible confounding variables.

Outcome of Dissatisfaction with Behavioral Health Care

The drivers of dissatisfaction with behavioral health care are shown in **Table 14**. The adjusted odds ratios (ORs) were calculated for respondents with a negative experience (as indicated by their answer to Questions 3, 7, 9, 12, 17, 18, 21, or 22) and were dissatisfied with behavioral health care for their child (an indication of dissatisfaction in response to Question 8). These respondents were compared to those who were also dissatisfied with behavioral health care but who had a positive experience. As previously stated, the one exception is that the odds ratio for the measure of counseling experience evaluated incrementally “better” to “worse” experience based upon single point increases in the counseling rating scale. The odds for the outcome of dissatisfaction with behavioral health care were higher in those who indicated that:

- Their health plan did not explain both their health care benefits and choices of doctors (compared to respondents who received both explanations of benefits and choices of doctors)(OR = 2.4; 95% CI = 1.3, 4.3; Question 3);
- They sometimes or never got an appointment for a behavioral health problem at an office or clinic as soon as needed (compared to those who always or usually got an appointment; OR = 9.1; 95% CI = 5.1, 16.2; Question 7);
- They sometimes or never got an appointment with a specialist as soon as needed (compared to those who always or usually got an appointment with a specialist) (OR = 12.1; 95% CI = 6.4, 23.1; Question 9);
- Health care provider did not explain side effects of medication (compared to those whose provider did explain side effects) (OR = 3.7; 95% CI = 1.8, 7.6; Question 17) or when to call about these side effects (compared to those whose provider did explain about when to call) (OR = 3.6; 95% CI = 1.8, 7.2; Question 18);
- Health care provider talked a little or not at all about reasons they might *not* want their child to take medication (compared to those whose provider talked “a lot” or “some” about reasons not to take medication) (OR = 2.7; 95% CI = 1.2, 5.9; Question 21);
- Health care provider did not ask them what they thought was best when discussing medication for child’s behavioral health problem (compared to those whose provider did ask what they thought was best) (OR = 7.1; 95% CI = 3.4, 14.9; Question 22).

In addition, for each point increase in the counseling rating scale (from worse to better), the odds for dissatisfaction were halved (OR = 0.5; 95% CI = 0.4, 0.6; Question 12).

Table 14: Associations between Specific Negative Experiences of Care for Behavioral Health and the Overall Outcome of Dissatisfaction with Behavioral Health Care

Specific Negative Experience of Care ^a	Number of Respondents	Percent	Number Dissatisfied with Behavioral Health Care ^b	Dissatisfaction Rate	Odds Ratio ^c (95% CI)
Q3. Has anyone explained health care benefits and choices of doctors?	593	100%	75	12.6%	2.4 (1.3, 4.3)
No, Did Not Explain Both	352	59.4%	58	16.5%	
Yes, Explained Both	241	40.6%	17	7.1%	
Q7. How often did you get an appointment at an office or clinic for a behavioral health problem as soon as needed?	599	100%	75	12.5%	9.1 (5.1, 16.2)
Sometimes/Never	98	16.4%	40	40.8%	
Always/Usually	501	83.6%	35	7.0%	
Q9. How often did you get an appointment with a specialist for a behavioral health problem as soon as needed?	514	100%	68	13.2%	12.1 (6.4, 23.1)
Sometimes/Never	96	18.7%	41	42.7%	
Always/Usually	418	81.3%	27	6.5%	
Q12. Using a number from 0 to 10 (where 10 is best), how would you rate counseling?	417	100%	54	12.9%	0.5 (0.4, 0.6)
0 (Worst)	9	2.2%	5	55.6%	
1	4	< 1.0%	3	75.0%	
2	10	2.4%	5	50.0%	
3	15	3.6%	10	66.7%	
4	30	7.2%	13	43.3%	
5	45	10.8%	11	24.4%	
6	30	7.2%	5	16.7%	
7	51	12.2%	1	2.0%	
8	81	19.4%	0	0%	
9	39	9.4%	1	2.6%	
10 (Best)	103	24.7%	0	0%	
Q17. Did health care provider explain side effects of medication?	411	100%	49	11.9%	3.7 (1.8, 7.6)
No	78	19.0%	20	25.6%	
Yes	333	81.0%	29	8.7%	

Specific Negative Experience of Care ^a	Number of Respondents	Percent	Number Dissatisfied with Behavioral Health Care ^b	Dissatisfaction Rate	Odds Ratio ^c (95% CI)
Q18. Did health care provider tell you when to call about side effects?	411	100%	49	11.9%	3.6 (1.8, 7.2)
No	117	28.5%	26	22.2%	
Yes	294	71.5%	23	7.8%	
Q21. How much did health care provider talk about why you might <i>not</i> want your child to take medication?	411	100%	49	11.9%	2.7 (1.2, 5.9)
A little/Not at all	239	58.2%	37	15.5%	
A lot/Some	172	41.8%	12	7.0%	
Q22. Did your health care provider ask you what you thought was best when discussing medication for your child's behavioral health problem?	409	100%	48	11.7%	7.1 (3.4, 14.9)
No	108	26.4%	29	26.9%	
Yes	301	73.6%	19	6.3%	

^a Statistically significant difference between the outcome rate among those with the specific negative experience of care and those without the specific negative experience of care; $p < 0.05$ using *chi-squared* statistic.

^b Survey respondent indicated “very dissatisfied” or “somewhat dissatisfied” in response to Question 8: “How satisfied are you with the treatment or counseling your child received for problems with emotion, development or behavior during the last 12 months?”

^c After adjusting for MCO, age of respondent, education, relationship to child, age of child and race, there was a statistically significant difference in the odds for the outcome among those with the risk factor compared to those without the risk factor. CI: confidence interval. Note: multiple logistic regression was used to calculate these odds ratios; therefore, the odds ratio was not calculated directly from the indicated frequencies; rather, an adjusted odds ratio was calculated in order to report the odds ratio independent of possible confounding variables.

DISCUSSION

Emotional and behavioral problems are among the most prevalent chronic health conditions of childhood, often having serious negative consequences for a child's academic achievement and social development.¹⁶ These problems are more widespread in low-income individuals, yet this population is less likely to receive treatment to address these issues.¹⁷ The Kentucky Behavioral Health Study conducted in 2014 by IPRO on behalf of KDMS¹⁸ showed that serious mental illness, such as depression, and psychotropic polypharmacy are risk factors for behavioral health hospitalizations and ED re-visits among youth enrolled in Medicaid managed care (MMC) in Kentucky. This survey study sought to assess and compare enrollee experiences of care for behavioral health, physical health and coordination of care, among a sample of children aged 0–17 years enrolled in CoventryCares of Kentucky, Humana-CareSource, Passport Health Plan and WellCare of Kentucky. This sample was randomly selected from the pediatric behavioral health population among MMC members in Kentucky enrolled during calendar year 2013. Medicaid is the most important source of funding for public behavioral health care services.¹⁹ As such, it is important to ensure that members of this population have access to timely care that is provided in a manner satisfactory to enrollees.

Study findings revealed notable differences between physical and behavioral experiences of care. The majority of respondents indicated that their child was of excellent or good physical health, they always or usually had access to a primary care provider or a specialist for this care, and were very satisfied with the physical health care that their child received, with only a small percentage expressing dissatisfaction. Similar to the physical health care findings, access to timely behavioral health care was reported among a substantial majority of respondents. There were however, less optimal rates associated with other aspects of behavioral health care. Only 52% of respondents reported that their child was of excellent or good behavioral/emotional health, compared to 86% who reported their child was of excellent or good physical health. Whereas 71% reported they were very satisfied with physical health care, only 53% of respondents reported they were very satisfied with behavioral health care. Only 23% reported substantial improvement in their child's behavior, emotions or development. The lack of a substantial correlation between dissatisfaction with physical health care and dissatisfaction with behavioral health care lend support to an interpretation of discrepancies between physical and behavioral health experiences of care.

Consequently, drivers of dissatisfaction with behavioral health care merit prime consideration, and the drivers identified covered key study domains, including (1) not getting information from the health plan; (2) lack of access to care in general and for specialist care; (3) dissatisfaction with counseling; (4) lack of education (i.e., lack of provider discussions about medication side effects, when to call about side effects, and why not to

take a medication); and (5) lack of inclusion of family in treatment plan (i.e., lack of asking the parent/guardian what they thought best for their child). In addition to these drivers of dissatisfaction, survey results revealed that only 40% of respondents reported that their child's provider discussed reasons for not taking a psychotropic medication. This gap in provider communication indicates an opportunity to reinforce the American Academy of Child and Adolescent Psychiatry (AACAP) recommendation that health care providers fully explain medication risks such as weight gain and metabolic disturbance. Furthermore, AACAP asserts that the provider should be having extensive discussions with parents about the specifics of the medication treatment, including alternative treatment strategies (such as psychotherapy).²⁰ The Statewide Collaborative Performance Improvement Project (PIP) for the Safe and Judicious Antipsychotic Use in Children affords an opportunity to implement this and other guidelines recommendations pertinent to the drivers of dissatisfaction reported by survey respondents.

Survey findings also suggest opportunities to improve health plan communications with the member, access to primary and specialist care for physical problems, and care coordination. Specifically, it is notable that not getting information from the health plan and lack of access to general /specialist care were also drivers of dissatisfaction with physical health care. Furthermore, not getting information from the health plan was a driver of dissatisfaction with care coordination, as was dissatisfaction with physical health care and dissatisfaction with behavioral health care. Moreover, in contrast to the 71% who reported being very satisfied with care for their child's physical health problems, only 53% were very satisfied with care coordination. Not only does care coordination facilitate the process by which a patient receives safe, appropriate and effective care,²¹ but it has also been shown to be positively associated with a child's receipt of needed mental health services.²²

Study Strengths and Limitations

Study strengths include the use of validated survey questions to enhance internal validity. In addition, the analysis of "drivers" of dissatisfaction adjusted for possible confounding by other influential factors. As in any epidemiologic study, however, residual, or unmeasured, confounding factors cannot be ruled out. Furthermore, surveys rely upon respondents' recall, so can result in misclassification bias which is a threat to internal validity. A related consideration is the low percentage of counseling reported as having been provided by the child's personal doctor. This finding may be attributed to an actual lack of counseling offered by this provider, or on the other hand may be due, in part, to parental under-reporting. In a 2008 study, which highlighted the inconsistency between providers and parents in reporting this service, parents had reported a much lower rate of counseling services being received than providers had reported being delivered.²³ The

researchers suggested that this disagreement may have resulted from poor communication, which underscores the need for better interaction among primary care providers and parents.²³

In addition, the inverse relationship between ADHD and dissatisfaction with behavioral health care was evaluated by analyzing the difference in proportions, unadjusted for influences such as a behavioral health hospitalization. Of note, in the Kentucky Behavioral Health Study, there was a (non-significant) inverse relationship between ADHD and behavioral health hospitalization, whereas a behavioral health hospitalization was positively associated with dissatisfaction in the current study. Yet, in the current study, it is unknown whether lesser likelihood for hospitalization might have resulted in increased satisfaction among the ADHD subpopulation. The small sample size precluded such subset analysis and, therefore, the ability to identify susceptible subpopulations. The relative prominence of depression among those dissatisfied with behavioral care, however, was considerable at 17% relative to the overall dissatisfaction rate of 13%, and thus, supports conclusions from the Kentucky Behavioral Health Study that youth with depression are a susceptible subpopulation who may benefit from targeted quality improvement initiatives.

Finally, an important study limitation is that black children and children in foster care may be under-represented in the study sample due to relatively lower response rates; consequently, external validity is limited as findings may not be applicable to these vulnerable subpopulations.

Conclusion

Survey findings suggest opportunities to improve member satisfaction among the pediatric behavioral health population by implementing health plan interventions to enhance care coordination and member education, and by developing strategies and interventions to overcome barriers to guideline-consistent care, specifically for psychosocial care, medication management, and family engagement. Drivers of dissatisfaction with behavioral health care pertained to the study domains of access, member education by the plan and provider, and involvement of the family in treatment decisions. The Statewide Collaborative PIP for the Safe and Judicious Antipsychotic Use in Children presents an opportunity to develop evidence-based interventions to improve the experience of care for the pediatric behavioral health population by addressing these domains.

Recommendations

Statewide collaborative PIP interventions should take advantage of the insights shed by survey findings to address the following:

- Member-directed interventions to educate members about their behavioral health benefits and choice of providers;
- Provider-directed interventions to explore barriers to care consistent with guidelines recommendations for medication management, counseling interventions, and communicating with the family for both education on and partnership in treatment decisions, as well as interventions to overcome barriers to guideline-consistent care; and
- Health plan interventions to improve care coordination, particularly for high volume, high risk conditions identified in the Kentucky Behavioral Health Study.

The Agency for Healthcare Research and quality (AHRQ)-Centers for Medicare and Medicaid Services (CMS) Children's Health Insurance Program Reauthorization Act (CHIPRA) National Collaborative for Innovation in Quality Measurement (NCINQ) invited the public to comment on two proposed Adolescent Depression Management measures. These measure merit consideration for a future statewide collaborative PIP topic, and include the following:

- Adolescent Depression Monitoring, for tracking treatment response using the Patient Health Questionnaire (PHQ-9); and
- Adolescent Depression Remission/Response, defined as 50% improvement in symptoms from baseline to endpoint.

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ATTACHMENTS

Attachment 1: Child Behavioral Health Survey

IDNUMBER
#ID >

**Commonwealth
of Kentucky
Department for
Medicaid
Services**

MARKING INSTRUCTIONS
<ul style="list-style-type: none"> • Use a No. 2 pencil or a blue or black ink pen only. • Do not use pens with ink that soaks through the paper. • Make solid marks that fill the response completely. • Make no stray marks on this form. <p style="text-align: center;">CORRECT: ● INCORRECT: ○ ⊗ ⊘ ⊙</p>

- Your answers are only about your child whose name is on the cover letter.
- Fill in the circle next to your answer.
- Read all the answer choices before you fill in your answer.

1. YOUR CHILD'S HEALTH CARE NEEDS

1. How would you rate your child's physical health?

- 1 Excellent 3 Fair
 2 Good 4 Poor

2. How would you rate your child's emotional or behavioral health?

- 1 Excellent 2 Good
 3 Fair 4 Poor

3. Has anyone from your health plan explained your child's health care benefits and choices of doctors?

- 1 Yes, help with health care benefits, only
 2 Yes, help with choices of doctors, only
 3 Yes, help with both
 4 No, no help with either

2. YOUR CHILD'S HEALTH CARE FOR PHYSICAL ILLNESS, INJURY OR CONDITIONS

These questions ask about your child's health care received at an office or clinic for a physical problem. A physical problem is an illness, injury or condition of the body.

Do not count care received in the hospital, emergency room, or dental office.

4. In the last 12 months, when your child needed health care for a physical problem, how often did you get an appointment at an office or clinic as soon as your child needed?

- 1 Always
 2 Usually
 3 Sometimes
 4 Never
 5 My child did not need health care for a physical problem => Go to Question 7.

5. How satisfied are you with the care your child received for physical problems during the last 12 months?

- 1 Very satisfied
 2 Somewhat satisfied
 3 Somewhat dissatisfied
 4 Very dissatisfied

6. Specialists are doctors like surgeons, heart doctors, or allergy doctors who specialize in one area. In the last 12 months, how often did you get an appointment for your child to see a specialist for a physical problem as soon as your child needed?

- 1 Always
 2 Usually
 3 Sometimes
 4 Never
 5 My child did not need a specialist

3. YOUR CHILD'S HEALTH CARE FOR PROBLEMS WITH EMOTION, DEVELOPMENT, OR BEHAVIOR

These questions ask about your child's health care received at an office or clinic for problems with emotion, development or behavior.

Do not count care received in the hospital or emergency room.

7. In the last 12 months, when your child needed treatment or counseling for problems with emotion, development or behavior, how often did you get an appointment at an office or clinic as soon as your child needed?

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Never
- 5 My child did not need treatment or counseling for problems with emotion, development or behavior => Go to Question 16.

8. How satisfied are you with the treatment or counseling your child received for problems with emotion, development or behavior at an office or clinic during the last 12 months?

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Somewhat dissatisfied
- 4 Very dissatisfied

9. In the last 12 months, when your child needed to see a specialist for problems with emotion, development or behavior, how often were you able to get an appointment with a specialist (such as a psychiatrist, psychologist, psychiatric social worker or nurse)?

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Never
- 5 My child did not need a specialist for problems with emotion, development or behavior

10. How much did your child's emotions, development or behavior get better over the last 12 months?

- 1 A lot
- 2 A little
- 3 Some
- 4 None

11. In the last 12 months, did your child receive counseling for problems with emotion, development or behavior?

- 1 Yes
- 2 No => Go to Question 16.

12. Using a number from 0 to 10, where 0 is the worst counseling and 10 is the best counseling, how would you rate your child's counseling in the last 12 months?

- 0 10 Best Counseling
- 1 9
- 2 8
- 3 7
- 4 6
- 5 5
- 6 4
- 7 3
- 8 2
- 9 1 Worst Counseling

13. Who provided your child's counseling? Fill in all that apply.

- 1 My child's personal doctor
- 2 Another health provider at my child's personal doctor's office
- 3 Psychologist
- 4 Psychiatrist
- 5 Other provider at an office or clinic
- 6 Other provider at a school

14. Is it important that counseling is sensitive to your child's language, race, religion, ethnic background or culture?

- Yes No => Go to Question 16.

15. In the last 12 months, was the counseling your child received sensitive to your child's language, race, religion, ethnic background or culture?

- Yes No

16. In the last 12 months, how many different prescription medications did your child take to treat problems with emotion, development or behavior?

- Three or more Two

- One None => Go to Question 23.

17. In the last 12 months, did your child's doctor or other health provider tell you about side effects of these medications?

- Yes No

18. In the last 12 months, did your child's doctor or other health provider tell you when to call about these side effects?

- Yes No

19. In the last 12 months, did your child's doctor or other health provider talk about starting or stopping a prescription medicine for treatment of your child's problems with emotion, development or behavior?

- Yes No

20. In the last 12 months, how much did your child's doctor or other health provider talk with you about the reasons you might want your child to take a medicine?

- A lot Some
 A little Not at all

21. In the last 12 months, how much did your child's doctor or other health provider talk with you about the reasons you might not want your child to take a medicine?

- A lot Some
 A little Not at all

22. In the last 12 months, when you talked about medicine for your child's problems with emotion, development or behavior, did your child's doctor or other health provider ask what you thought was best?

- Yes No

4. COORDINATION OF ALL OF YOUR CHILD'S HEALTH CARE NEEDS

Care coordination is how someone helps your child get all of the health care he or she needs so that it all fits together.

23. Does your child see more than one doctor or health provider or use more than one type of health care service?

- Yes No => Go to Question 29.

24. Does anyone help you coordinate your child's health care?

- Yes No => Go to Question 28.

25. Does a doctor or someone in a doctor's office help coordinate your child's health care?

- Yes No

26. Is there anyone else who helps coordinate your child's health care?

- Yes No => Go to Question 28.

27. Who helps you coordinate your child's health care? Fill in all that apply.

- 1 Parent (self or spouse)
- 2 Guardian
- 3 Other family member
- 4 Friend
- 5 Nurse
- 6 Therapist
- 7 Social Worker
- 8 Hospital Discharge Planner
- 9 Case Manager from the health plan
- 10 Someone at my child's school
- 11 Someone else (specify): _____

28. In the last 12 months, how satisfied were you with how your child's health care was coordinated?

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Somewhat dissatisfied
- 4 Very dissatisfied

5. ABOUT YOUR CHILD

29. Is your child of Hispanic or Latino origin or descent?

- 1 Yes, Hispanic or Latino
- 2 No, not Hispanic or Latino

30. What is your child's race? Fill in all that apply.

- 1 White
- 2 Black or African-American
- 3 Asian
- 4 Other (specify): _____

6. ABOUT YOU

31. What is YOUR age?

- 1 Under 18
- 2 18 to 44
- 3 45 to 64
- 4 65 or older

32. What is the highest grade or level of school that you have completed?

- 1 Less than high school
- 2 High school graduate or GED
- 3 Some college
- 4 College degree

33. How are you related to the child?

- 1 Mother
- 2 Father
- 3 Grandparent
- 4 Aunt or Uncle
- 5 Older brother or sister
- 6 Other relative
- 7 Legal guardian
- 8 Someone else (specify): _____

**Thank you for your help.
Please return the survey in the enclosed postage-paid envelope.**

Attachment 2: Child Behavioral Health Study Results

Table A1: Overview of Child Behavioral Health Survey Findings

Survey Item	Overall (#/%)		CoventryCares of Kentucky (#/%)		Humana- CareSource (#/%)		Passport Health Plan (#/%)		WellCare of Kentucky (#/%)	
1. YOUR CHILD'S HEALTH CARE NEEDS										
#1. Rating of physical health	n = 861		n = 213		n = 157		n = 257		n = 234	
Excellent	297	34.5%	66	31.0%	62	39.5%	83	32.3%	86	36.8%
Good	441	51.2%	113	53.1%	78	49.7%	134	52.1%	116	49.6%
Fair	113	13.1%	32	15.0%	14	8.9%	38	14.8%	29	12.4%
Poor	10	1.2%	2	0.9%	3	1.9%	2	0.8%	3	1.3%
#2. Rating of emotional or behavioral health	n = 860		n = 213		n = 157		n = 255		n = 235	
Excellent	106	12.3%	25	11.7%	18	11.5%	29	11.4%	34	14.5%
Good	337	39.2%	92	43.2%	59	37.6%	98	38.4%	88	37.4%
Fair	302	35.1%	67	31.5%	59	37.6%	92	36.1%	84	35.7%
Poor	115	13.4%	29	13.6%	21	13.4%	36	14.1%	29	12.3%
#3. Whether someone from health plan explained health care benefits and choices of doctors	n = 850		n = 211		n = 153		n = 256		n = 230	
Yes, help with health care benefits, only	57	6.7%	9	4.3%	8	5.2%	25	9.8%	15	6.5%
Yes, help with choices of doctors, only	29	3.4%	11	5.2%	4	2.6%	9	3.5%	5	2.2%
Yes, help with both	357	42.0%	92	43.6%	54	35.3%	114	44.5%	97	42.2%
No, no help with either	407	47.9%	99	46.9%	87	56.9%	108	42.2%	113	49.1%
2. YOUR CHILD'S HEALTH CARE FOR PHYSICAL ILLNESS, INJURY OR CONDITIONS										
#4. Received an appointment for a physical problem at an office or clinic as soon as needed ^a	n = 800		n = 202		n = 137		n = 242		n = 219	
Always	519	64.9%	137	67.8%	68	49.6%	165	68.2%	149	68.0%
Usually	196	24.5%	47	23.3%	48	35.0%	53	21.9%	48	21.9%
Sometimes	72	9.0%	16	7.9%	16	11.7%	21	8.7%	19	8.7%
Never	13	1.6%	2	1.0%	5	3.7%	3	1.2%	3	1.4%
#5. Satisfaction with the care received for a physical problem ^b	n = 792		n = 199		n = 134		n = 243		n = 216	
Very satisfied	559	70.6%	145	72.9%	81	60.5%	177	72.8%	156	72.2%
Somewhat satisfied	204	25.8%	47	23.6%	49	36.6%	57	23.5%	51	23.6%
Somewhat dissatisfied	23	2.9%	5	2.5%	4	3.0%	8	3.3%	6	2.8%
Very dissatisfied	6	0.8%	2	1.0%	0	0.0%	1	0.4%	3	1.4%
#6. Received an appointment with a specialist for a physical problem as soon as needed ^{a,b}	n = 445		n = 106		n = 89		n = 132		n = 118	
Always	225	50.6%	46	43.4%	45	50.6%	66	50.0%	68	57.6%
Usually	105	23.6%	24	22.6%	19	21.3%	32	24.2%	30	25.4%

Survey Item	Overall (#/%)		CoventryCares of Kentucky (#/%)		Humana- CareSource (#/%)		Passport Health Plan (#/%)		WellCare of Kentucky (#/%)	
Sometimes	59	13.3%	14	13.2%	15	16.9%	19	14.4%	11	9.3%
Never	56	12.6%	22	20.8%	10	11.2%	15	11.4%	9	7.6%
3. YOUR CHILD'S HEALTH CARE FOR PROBLEMS WITH EMOTION, DEVELOPMENT OR BEHAVIOR										
#7. Received an appointment for a behavioral health problem ^a	n = 611		n = 147		n = 116		n = 182		n = 166	
Always	366	59.9%	88	59.9%	64	55.2%	114	62.6%	100	60.2%
Usually	139	22.7%	33	22.4%	29	25.0%	40	22.0%	37	22.3%
Sometimes	76	12.4%	18	12.2%	14	12.1%	22	12.1%	22	13.3%
Never	30	4.9%	8	5.4%	9	7.8%	6	3.3%	7	4.2%
#8. Satisfaction with treatment/counseling received for a behavioral health problem ^b	n = 602		n = 145		n = 114		n = 178		n = 165	
Very satisfied	319	53.0%	86	59.3%	58	50.9%	93	52.3%	82	49.7%
Somewhat satisfied	207	34.4%	42	29.0%	39	34.2%	65	36.5%	61	37.0%
Somewhat dissatisfied	47	7.8%	10	6.9%	10	8.8%	12	6.7%	15	9.1%
Very dissatisfied	29	4.8%	7	4.8%	7	6.1%	8	4.5%	7	4.2%
#9. Received an appointment with a specialist for a behavioral health problem as soon as needed ^{a,b}	n = 518		n = 121		n = 101		n = 156		n = 140	
Always	283	54.6%	69	57.0%	51	50.5%	84	53.8%	79	56.4%
Usually	136	26.3%	31	25.6%	34	33.7%	34	21.8%	37	26.4%
Sometimes	69	13.3%	15	12.4%	9	8.9%	26	16.7%	19	13.6%
Never	30	5.8%	6	5.0%	7	6.9%	12	7.7%	5	3.6%
#10. How much behavior, emotions or development has improved ^b	n = 597		n = 144		n = 113		n = 177		n = 163	
A lot	137	22.9%	42	29.2%	27	23.9%	34	19.2%	34	20.9%
Some	246	41.2%	60	41.7%	41	36.3%	78	44.1%	67	41.1%
A little	135	22.6%	27	18.8%	26	23.0%	39	22.0%	43	26.4%
None	79	13.2%	15	10.4%	19	16.8%	26	14.7%	19	11.7%
#11. Received counseling for a behavioral health problem ^b	n = 577		n = 139		n = 107		n = 174		n = 157	
Yes	398	69.0%	91	65.5%	76	71.0%	124	71.3%	107	68.2%
No	179	31.0%	48	34.5%	31	29.0%	50	28.7%	50	31.9%
#12. Rating of counseling ^b (where 0 is the worst and 10 is the best)	n = 419		n = 94		n = 85		n = 130		n = 110	
10	103	24.6%	21	22.3%	25	29.4%	29	22.3%	28	25.5%
9	39	9.3%	7	7.4%	10	11.8%	13	10.0%	9	8.2%
8	82	19.6%	24	25.5%	12	14.1%	28	21.5%	18	16.4%
7	52	12.4%	13	13.8%	7	8.2%	19	14.6%	13	11.8%

Survey Item	Overall (#/%)		CoventryCares of Kentucky (#/%)		Humana- CareSource (#/%)		Passport Health Plan (#/%)		WellCare of Kentucky (#/%)	
6	30	7.2%	5	5.3%	5	5.9%	8	6.2%	12	10.9%
5	45	10.7%	6	6.4%	14	16.5%	13	10.0%	12	10.9%
4	30	7.2%	6	6.4%	7	8.2%	10	7.7%	7	6.4%
3	15	3.6%	4	4.3%	3	3.5%	5	3.8%	3	2.7%
2	10	2.4%	5	5.3%	0	0.0%	1	0.8%	4	3.6%
1	4	1.0%	2	2.1%	1	1.2%	1	0.8%	0	0.0%
0	9	2.1%	1	1.1%	1	1.2%	3	2.3%	4	3.6%
#13. Provider of counseling ^{b,c} (select all that apply)	n = 365		n = 83		n = 75		n = 111		n = 96	
Personal doctor	51	14.0%	16	19.3%	7	9.3%	10	9.0%	18	18.8%
Another provider at personal doctor's office	14	3.8%	5	6.0%	4	5.3%	3	2.7%	2	2.1%
Psychologist	87	23.8%	16	19.3%	19	25.3%	28	25.2%	24	25.0%
Psychiatrist	115	31.5%	19	22.9%	23	30.7%	40	36.0%	33	34.4%
Other provider at an office or clinic	186	51.0%	46	55.4%	40	53.3%	57	51.4%	43	44.8%
Other provider at school	95	26.0%	16	19.3%	16	21.3%	29	26.1%	34	35.4%
#14. It is important that counseling is sensitive to language, race religion, ethnic background or culture ^b	n = 430		n = 99		n = 83		n = 136		n = 112	
Yes	214	49.8%	58	58.6%	34	41.0%	67	49.3%	55	49.1%
No	216	50.2%	41	41.4%	49	59.0%	69	50.7%	57	50.9%
#15. Counseling was sensitive to language, race religion, ethnic background or culture ^b	n = 218		n = 57		n = 36		n = 69		n = 56	
Yes	197	90.4%	50	87.7%	32	88.9%	63	91.3%	52	92.9%
No	21	9.6%	7	12.3%	4	11.1%	6	8.7%	4	7.1%
#16. Number of different prescription medications taken to treat behavioral problems	n = 895		n = 221		n = 159		n = 271		n = 244	
0	377	42.1%	93	42.1%	68	42.8%	109	40.2%	107	43.9%
1	199	22.2%	58	26.2%	36	22.6%	56	20.7%	49	20.1%
2	169	18.9%	35	15.8%	31	19.5%	61	22.5%	42	17.2%
3 or more	150	16.8%	35	15.8%	24	15.1%	45	16.6%	46	18.9%
#17. Provider explained side effects of medication ^b	n = 514		n = 126		n = 92		n = 160		n = 136	
Yes	416	80.9%	103	81.8%	76	82.6%	127	79.4%	110	80.9%
No	98	19.1%	23	18.3%	16	17.4%	33	20.6%	26	19.1%
#18. Health care provider told you when to call about these side effects ^b	n = 515		n = 126		n = 94		n = 160		n = 135	
Yes	365	70.9%	91	72.2%	68	72.3%	110	68.8%	96	71.1%
No	150	29.1%	35	27.8%	26	27.7%	50	31.3%	39	28.9%

Survey Item	Overall (#/%)		CoventryCares of Kentucky (#/%)		Humana-CareSource (#/%)		Passport Health Plan (#/%)		WellCare of Kentucky (#/%)	
#19. Health care provider talked about starting or stopping a prescription medicine for treatment of behavioral health problem ^b	n = 515		n = 127		n = 93		n = 159		n = 136	
Yes	283	55.0%	62	48.8%	49	52.7%	99	62.3%	73	53.7%
No	232	45.1%	65	51.2%	44	47.3%	60	37.7%	63	46.3%
#20. How much health care provider talked with you about the reasons you might want your child to take a medication ^b	n = 516		n = 127		n = 94		n = 160		n = 135	
A lot	184	35.7%	51	40.2%	33	35.1%	51	31.9%	49	36.3%
Some	198	38.4%	47	37.0%	36	38.3%	61	38.1%	54	40.0%
A little	79	15.3%	14	11.0%	15	16.0%	33	20.6%	17	12.6%
Not at all	55	10.7%	15	11.8%	10	10.6%	15	9.4%	15	11.1%
#21. How much health care provider talked with you about the reasons you might not want your child to take a medication ^b	n = 515		n = 127		n = 93		n = 159		n = 136	
A lot	72	14.0%	20	15.8%	13	14.0%	26	16.4%	13	9.6%
Some	133	25.8%	34	26.8%	26	28.0%	36	22.6%	37	27.2%
A little	81	15.7%	16	12.6%	11	11.8%	35	22.0%	19	14.0%
Not at all	229	44.5%	57	44.9%	43	46.2%	62	39.0%	67	49.3%
#22. Health care provider asked what you thought was best when discussing medication for problems with behavior ^b	n = 510		n = 126		n = 93		n = 157		n = 134	
Yes	371	72.7%	95	75.4%	63	67.7%	114	72.6%	99	73.9%
No	139	27.3%	31	24.6%	30	32.3%	43	27.4%	35	26.1%
4. COORDINATION OF ALL OF YOUR CHILD'S HEALTH CARE NEEDS										
#23. Child sees more than one health care provider or uses more than one type of health care service	n = 898		n = 221		n = 163		n = 269		n = 245	
Yes	432	48.1%	98	44.3%	70	42.9%	145	53.9%	119	48.6%
No	466	51.9%	123	55.7%	93	57.1%	124	46.1%	126	51.4%
#24. Someone helps coordinate health care ^b	n = 426		n = 96		n = 69		n = 143		n = 118	
Yes	134	31.5%	31	32.3%	21	30.4%	46	32.2%	36	30.5%
No	292	68.5%	65	67.7%	48	69.6%	97	67.8%	82	69.5%
#25. A doctor or someone in a doctor's office helps coordinate health care ^b	n = 138		n = 31		n = 21		n = 49		n = 37	
Yes	114	82.6%	26	83.9%	14	66.7%	42	85.7%	32	86.5%
No	24	17.4%	5	16.1%	7	33.3%	7	14.3%	5	13.5%

Survey Item	Overall (#/%)		CoventryCares of Kentucky (#/%)		Humana-CareSource (#/%)		Passport Health Plan (#/%)		WellCare of Kentucky (#/%)	
#26. Someone other than a doctor or someone in doctor's office helps coordinate health care ^b	n = 133		n = 29		n = 21		n = 48		n = 35	
Yes	84	63.2%	16	55.2%	13	61.9%	33	68.8%	22	62.9%
No	49	36.8%	13	44.8%	8	38.1%	15	31.3%	13	37.1%
#27. Person who helps to coordinate health care ^{b, c} (select all that apply)	n = 95		n = 20		n = 15		n = 35		n = 25	
Parent (self or spouse)	58	61.1%	12	60.0%	6	40.0%	21	60.0%	19	76.0%
Guardian	19	20.0%	5	25.0%	3	20.0%	6	17.1%	5	20.0%
Other Family Member	19	20.0%	6	30.0%	2	13.3%	7	20.0%	4	16.0%
Friend	8	8.4%	2	10.0%	0	0.0%	4	11.4%	2	8.0%
Nurse	11	11.6%	1	5.0%	2	13.3%	5	14.3%	3	12.0%
Therapist	45	47.4%	6	30.0%	10	66.7%	20	57.1%	9	36.0%
Social worker	30	31.6%	5	25.0%	9	60.0%	11	31.4%	5	20.0%
Hospital discharge planner	5	5.3%	1	5.0%	1	6.7%	2	5.7%	1	4.0%
Case manager from health plan	14	14.7%	3	15.0%	0	0.0%	5	14.3%	6	24.0%
Someone from child's school	15	15.8%	3	15.0%	1	6.7%	8	22.9%	3	12.0%
Someone else	8	8.4%	0	0.0%	3	20.0%	4	11.4%	1	4.0%
#28. Satisfaction with how health care was coordinated ^b	n = 411		n = 96		n = 62		n = 137		n = 116	
Very satisfied	217	52.8%	49	51.0%	30	48.4%	77	56.2%	61	52.6%
Somewhat satisfied	153	37.2%	37	38.5%	24	38.7%	50	36.5%	42	36.2%
Somewhat dissatisfied	28	6.8%	6	6.3%	7	11.3%	8	5.8%	7	6.0%
Very dissatisfied	13	3.2%	4	4.2%	1	1.6%	2	1.5%	6	5.2%
5. ABOUT YOUR CHILD										
#29. Child is of Hispanic or Latino origin or descent	n = 896		n = 218		n = 163		n = 270		n = 245	
Yes, Hispanic or Latino	47	5.2%	11	5.0%	12	7.4%	16	5.9%	8	3.3%
No, not Hispanic or Latino	849	94.8%	207	95.0%	151	92.6%	254	94.1%	237	96.7%
#30. Child's race ^c (select all that apply)	n = 901		n = 221		n = 163		n = 268		n = 249	
White	739	82.0%	198	89.6%	114	69.9%	202	75.4%	225	90.4%
Black	181	20.1%	28	12.7%	54	33.1%	71	26.5%	28	11.2%
Asian	6	0.7%	3	1.4%	2	1.2%	1	0.4%	0	0.0%
Other	52	5.8%	11	5.0%	8	4.9%	21	7.8%	12	4.8%
6. ABOUT YOU										
#31. Your age	n = 891		n = 220		n = 159		n = 266		n = 246	
Under 18	96	10.8%	27	12.3%	16	10.1%	29	10.9%	24	9.8%
18 to 44	507	56.9%	124	56.4%	99	62.3%	144	54.1%	140	56.9%

Survey Item	Overall (#/%)		CoventryCares of Kentucky (#/%)		Humana- CareSource (#/%)		Passport Health Plan (#/%)		WellCare of Kentucky (#/%)	
	#	%	#	%	#	%	#	%	#	%
45 to 64	249	28.0%	57	25.9%	40	25.2%	83	31.2%	69	28.1%
65 or older	39	4.4%	12	5.5%	4	2.5%	10	3.8%	13	5.3%
#32. Highest level of school you completed	n = 895		n = 222		n = 158		n = 268		n = 247	
Less than high school	169	18.9%	56	25.2%	25	15.8%	47	17.5%	41	16.6%
High school graduate or GED	312	34.9%	79	35.6%	45	28.5%	92	34.3%	96	38.9%
Some college	262	29.3%	53	23.9%	51	32.3%	84	31.3%	74	30.0%
College degree	152	17.0%	34	15.3%	37	23.4%	45	16.8%	36	14.6%
#33. How you are related to the child	n = 903		n = 222		n = 162		n = 270		n = 249	
Mother	614	68.0%	144	64.9%	108	66.7%	189	70.0%	173	69.5%
Father	61	6.8%	17	7.7%	10	6.2%	16	5.9%	18	7.2%
Grandparent	142	15.7%	40	18.0%	26	16.0%	37	13.7%	39	15.7%
Aunt or uncle	21	2.3%	5	2.3%	8	4.9%	5	1.9%	3	1.2%
Older brother or sister	2	0.2%	0	0.0%	0	0.0%	2	0.7%	0	0.0%
Other relative	10	1.1%	3	1.4%	1	0.6%	4	1.5%	2	0.8%
Legal guardian	45	5.0%	11	5.0%	6	3.7%	17	6.3%	11	4.4%
Someone else	8	0.9%	2	0.9%	3	1.9%	0	0.0%	3	1.2%

^a Respondents who indicated that their child did not need this physical/behavioral health service were excluded from this analysis.

^b Item was based on a skip pattern.

^c Multiple response item; total proportion of members selecting the corresponding options can exceed 100%. Proportions were based on the number of respondents, not the number of responses.

Attachment 3: Child Behavioral Health Study Results (Dichotomous)

Table A2: Overview of Child Behavioral Health Survey Findings (Dichotomous)

Survey Item ^a	Overall (#/%)		CoventryCares of Kentucky (#/%)		Humana- CareSource (#/%)		Passport Health Plan (#/%)		WellCare of Kentucky (#/%)	
1. YOUR CHILD'S HEALTH CARE NEEDS										
#1. Rating of physical health	n = 861		n = 213		n = 157		n = 257		n = 234	
Excellent/good	738	85.7%	179	84.1%	140	89.2%	217	84.4%	202	86.3%
Fair/poor	123	14.3%	34	16.0%	17	10.8%	40	15.6%	32	13.7%
#2. Rating of emotional or behavioral health	n = 860		n = 213		n = 157		n = 255		n = 235	
Excellent/good	443	51.5%	117	54.9%	77	49.0%	127	49.8%	122	51.9%
Fair/poor	417	48.5%	96	45.1%	80	51.0%	128	50.2%	113	48.1%
#3. Whether someone from plan explained health care benefits and choices of doctors	n = 850		n = 211		n = 153		n = 256		n = 230	
Yes, help with either one or both	443	52.1%	112	53.1%	66	43.1%	148	57.8%	117	50.9%
No, no help with either	407	47.9%	99	46.9%	87	56.9%	108	42.2%	113	49.1%
2. YOUR CHILD'S HEALTH CARE FOR PHYSICAL ILLNESS, INJURY OR CONDITIONS										
#4. Received an appointment for a physical problem at an office or clinic as soon as needed ^b	n = 800		n = 202		n = 137		n = 242		n = 219	
Always/usually	715	89.4%	184	91.1%	116	84.7%	218	90.1%	197	90.0%
Sometimes/never	85	10.6%	18	8.9%	21	15.3%	24	9.9%	22	10.0%
#5. Satisfaction with the care received for a physical problem ^c	n = 792		n = 199		n = 134		n = 243		n = 216	
Very satisfied	559	70.6%	145	72.9%	81	60.4%	177	72.8%	156	72.2%
Not very satisfied	233	29.4%	54	27.1%	53	39.6%	66	27.2%	60	27.8%
#6. Received an appointment with a specialist for a physical problem as soon as needed ^{b,c}	n = 445		n = 106		n = 89		n = 132		n = 118	
Always/usually	330	74.2%	70	66.0%	64	71.9%	98	74.2%	98	83.1%
Sometimes/never	115	25.8%	36	34.0%	25	28.1%	34	25.8%	20	16.9%
3. YOUR CHILD'S HEALTH CARE FOR PROBLEMS WITH EMOTION, DEVELOPMENT OR BEHAVIOR										
#7. Received an appointment for a behavioral health problem ^b	n = 611		n = 147		n = 116		n = 182		n = 166	
Always/usually	505	82.7%	121	82.3%	93	80.2%	154	84.6%	137	82.5%
Sometimes/never	106	17.3%	26	17.7%	23	19.8%	28	15.4%	29	17.5%
#8. Satisfaction with treatment/counseling received for behavioral health problem ^c	n = 602		n = 145		n = 114		n = 178		n = 165	
Very satisfied	319	53.0%	86	59.3%	58	50.9%	93	52.3%	82	49.7%
Not very satisfied	283	47.0%	59	40.7%	56	49.1%	85	47.8%	83	50.3%
#9. Received an appointment with a specialist for a behavioral health problem as soon as needed ^{b,c}	n = 518		n = 121		n = 101		n = 156		n = 140	

Survey Item ^a	Overall (#/%)		CoventryCares of Kentucky (#/%)		Humana- CareSource (#/%)		Passport Health Plan (#/%)		WellCare of Kentucky (#/%)	
	Always/usually	419	80.9%	100	82.6%	85	84.2%	118	75.6%	116
Sometimes/never	99	19.1%	21	17.4%	16	15.8%	38	24.4%	24	17.1%
#10. How much behavior, emotions or development has improved ^c	n = 597		n = 144		n = 113		n = 177		n = 163	
A lot/some	383	64.2%	102	70.8%	68	60.2%	112	63.3%	101	62.0%
A little/none	214	35.8%	42	29.2%	45	39.8%	65	36.7%	62	38.0%
#11. Received counseling for a behavioral problem ^c	n = 577		n = 139		n = 107		n = 174		n = 157	
Yes	398	69.0%	91	65.5%	76	71.0%	124	71.3%	107	68.2%
No	179	31.0%	48	34.5%	31	29.0%	50	28.7%	50	31.9%
#12. Rating of counseling ^{c,d} (where average is 7.65 on a scale from 0.5 to 10.5)	n = 419		n = 94		n = 85		n = 130		n = 110	
Above average/average	224	53.5%	52	55.3%	47	55.3%	70	53.8%	55	50.0%
Below average	195	46.5%	42	44.7%	38	44.7%	60	46.2%	55	50.0%
#13. Provider of counseling ^{c,e} (Select all that apply)	n = 365		n = 83		n = 75		n = 111		n = 96	
Personal doctor	51	14.0%	16	19.3%	7	9.3%	10	9.0%	18	18.8%
Another health provider at personal doctor's office	14	3.8%	5	6.0%	4	5.3%	3	2.7%	2	2.1%
Psychologist	87	23.8%	16	19.3%	19	25.3%	28	25.2%	24	25.0%
Psychiatrist	115	31.5%	19	22.9%	23	30.7%	40	36.0%	33	34.4%
Other provider at an office or clinic	186	51.0%	46	55.4%	40	53.3%	57	51.4%	43	44.8%
Other provider at school	95	26.0%	16	19.3%	16	21.3%	29	26.1%	34	35.4%
#14. It is important that counseling is sensitive to language, race religion, ethnic background or culture ^c	n = 430		n = 99		n = 83		n = 136		n = 112	
Yes	214	49.8%	58	58.6%	34	41.0%	67	49.3%	55	49.1%
No	216	50.2%	41	41.4%	49	59.0%	69	50.7%	57	50.9%
#15. Counseling was sensitive to language, race religion, ethnic background or culture ^c	n = 218		n = 57		n = 36		n = 69		n = 56	
Yes	197	90.4%	50	87.7%	32	88.9%	63	91.3%	52	92.9%
No	21	9.6%	7	12.3%	4	11.1%	6	8.7%	4	7.1%
#16. Number of different prescription medications taken to treat behavioral problems	n = 895		n = 221		n = 159		n = 271		n = 244	
0	377	42.1%	93	42.1%	68	42.8%	109	40.2%	107	43.9%
1	199	22.2%	58	26.2%	36	22.6%	56	20.7%	49	20.1%
2	169	18.9%	35	15.8%	31	19.5%	61	22.5%	42	17.2%
3 or more	150	16.8%	35	15.8%	24	15.1%	45	16.6%	46	18.9%
#17. Health care provider explained side effects of medication ^c	n = 514		n = 126		n = 92		n = 160		n = 136	

Survey Item ^a	Overall (#/%)		CoventryCares of Kentucky (#/%)		Humana- CareSource (#/%)		Passport Health Plan (#/%)		WellCare of Kentucky (#/%)	
Yes	416	80.9%	103	81.8%	76	82.6%	127	79.4%	110	80.9%
No	98	19.1%	23	18.3%	16	17.4%	33	20.6%	26	19.1%
#18. Health care provider explained when to call about these side effects ^c	n = 515		n = 126		n = 94		n = 160		n = 135	
Yes	365	70.9%	91	72.2%	68	72.3%	110	68.8%	96	71.1%
No	150	29.1%	35	27.8%	26	27.7%	50	31.3%	39	28.9%
#19. Health care provider talked about starting or stopping a prescription medicine for treatment of behavioral health problem ^c	n = 515		n = 127		n = 93		n = 159		n = 136	
Yes	283	55.0%	62	48.8%	49	52.7%	99	62.3%	73	53.7%
No	232	45.1%	65	51.2%	44	47.3%	60	37.7%	63	46.3%
#20. How much health care provider talked with you about the reasons you might want your child to take a medication ^c	n = 516		n = 127		n = 94		n = 160		n = 135	
A lot/some	382	74.0%	98	77.2%	69	73.4%	112	70.0%	103	76.3%
A little/not at all	134	26.0%	29	22.8%	25	26.6%	48	30.0%	32	23.7%
#21. How much health care provider talked with you about the reasons you might not want your child to take a medication ^c	n = 515		n = 127		n = 93		n = 159		n = 136	
A lot/some	205	39.8%	54	42.5%	39	41.9%	62	39.0%	50	36.8%
A little/ not at all	310	60.2%	73	57.5%	54	58.1%	97	61.0%	86	63.2%
#22. Health care provider asked what you thought was best when discussing medication for problems with behavior ^c	n = 510		n = 126		n = 93		n = 157		n = 134	
Yes	371	72.7%	95	75.4%	63	67.7%	114	72.6%	99	73.9%
No	139	27.3%	31	24.6%	30	32.3%	43	27.4%	35	26.1%
4. COORDINATION OF ALL OF YOUR CHILD'S HEALTH CARE NEEDS										
#23. Child sees more than one health care provider or uses more than one type of health care service	n = 898		n = 221		n = 163		n = 269		n = 245	
Yes	432	48.1%	98	44.3%	70	42.9%	145	53.9%	119	48.6%
No	466	51.9%	123	55.7%	93	57.1%	124	46.1%	126	51.4%
#24. Someone helps coordinate health care ^c	n = 426		n = 96		n = 69		n = 143		n = 118	
Yes	134	31.5%	31	32.3%	21	30.4%	46	32.2%	36	30.5%
No	292	68.5%	65	67.7%	48	69.6%	97	67.8%	82	69.5%
#25. A doctor or someone in a doctor's office helps coordinate health care ^c	n = 138		n = 31		n = 21		n = 49		n = 37	
Yes	114	82.6%	26	83.9%	14	66.7%	42	85.7%	32	86.5%
No	24	17.4%	5	16.1%	7	33.3%	7	14.3%	5	13.5%

Survey Item ^a	Overall (#/%)		CoventryCares of Kentucky (#/%)		Humana- CareSource (#/%)		Passport Health Plan (#/%)		WellCare of Kentucky (#/%)	
#26. Someone other than a doctor or someone in doctor's office helps coordinate health care ^c	n = 133		n = 29		n = 21		n = 48		n = 35	
Yes	84	63.2%	16	55.2%	13	61.9%	33	68.8%	22	62.9%
No	49	36.8%	13	44.8%	8	38.1%	15	31.3%	13	37.1%
#27. Person who helps to coordinate health care ^{c,e} (select all that apply)	n = 95		n = 20		n = 15		n = 35		n = 25	
Parent (self or spouse)	58	61.1%	12	60.0%	6	40.0%	21	60.0%	19	76.0%
Guardian	19	20.0%	5	25.0%	3	20.0%	6	17.1%	5	20.0%
Other family member	19	20.0%	6	30.0%	2	13.3%	7	20.0%	4	16.0%
Friend	8	8.4%	2	10.0%	0	0.0%	4	11.4%	2	8.0%
Nurse	11	11.6%	1	5.0%	2	13.3%	5	14.3%	3	12.0%
Therapist	45	47.4%	6	30.0%	10	66.7%	20	57.1%	9	36.0%
Social worker	30	31.6%	5	25.0%	9	60.0%	11	31.4%	5	20.0%
Hospital discharge planner	5	5.3%	1	5.0%	1	6.7%	2	5.7%	1	4.0%
Case Manager from health plan	14	14.7%	3	15.0%	0	0.0%	5	14.3%	6	24.0%
Someone at my child's school	15	15.8%	3	15.0%	1	6.7%	8	22.9%	3	12.0%
Someone else	8	8.4%	0	0.0%	3	20.0%	4	11.4%	1	4.0%
#28. Satisfaction with how health care was coordinated ^c	n = 411		n = 96		n = 62		n = 137		n = 116	
Very satisfied	217	52.8%	49	51.0%	30	48.4%	77	56.2%	61	52.6%
Not very satisfied	194	47.2%	47	49.0%	32	51.6%	60	43.8%	55	47.4%
5. ABOUT YOUR CHILD										
#29. Child is of Hispanic or Latino origin or descent	n = 896		n = 218		n = 163		n = 270		n = 245	
Yes, Hispanic or Latino	47	5.2%	11	5.0%	12	7.4%	16	5.9%	8	3.3%
No, not Hispanic or Latino	849	94.8%	207	95.0%	151	92.6%	254	94.1%	237	96.7%
#30. Child's race ^e (Select all that apply)	n = 901		n = 221		n = 163		n = 268		n = 249	
White	739	82.0%	198	89.6%	114	69.9%	202	75.4%	225	90.4%
Black	181	20.1%	28	12.7%	54	33.1%	71	26.5%	28	11.2%
Asian	6	0.7%	3	1.4%	2	1.2%	1	0.4%	0	0.0%
Other	52	5.8%	11	5.0%	8	4.9%	21	7.8%	12	4.8%
6. ABOUT YOU										
#31. Your age	n = 891		n = 220		n = 159		n = 266		n = 246	
Under 18	96	10.8%	27	12.3%	16	10.1%	29	10.9%	24	9.8%
18 to 44	507	56.9%	124	56.4%	99	62.3%	144	54.1%	140	56.9%
45 to 64	249	27.9%	57	25.9%	40	25.2%	83	31.2%	69	28.0%
65 or older	39	4.4%	12	5.5%	4	2.5%	10	3.8%	13	5.3%
#32. Highest level of school you have completed	n = 895		n = 222		n = 158		n = 268		n = 247	

Survey Item ^a	Overall (#/%)		CoventryCares of Kentucky (#/%)		Humana- CareSource (#/%)		Passport Health Plan (#/%)		WellCare of Kentucky (#/%)	
	Less than high school	169	18.9%	56	25.2%	25	15.8%	47	17.5%	41
High school graduate or GED	312	34.9%	79	35.6%	45	28.5%	92	34.3%	96	38.9%
Some college	262	29.3%	53	23.9%	51	32.3%	84	31.3%	74	30.0%
College degree	152	17.0%	34	15.3%	37	23.4%	45	16.8%	36	14.6%
#33. How you are related to the child	n = 903		n = 222		n = 162		n = 270		n = 249	
Mother	614	68.0%	144	64.9%	108	66.7%	189	70.0%	173	69.5%
Father	61	6.8%	17	7.7%	10	6.2%	16	5.9%	18	7.2%
Grandparent	142	15.7%	40	18.0%	26	16.0%	37	13.7%	39	15.7%
Aunt or uncle	21	2.3%	5	2.3%	8	4.9%	5	1.9%	3	1.2%
Older brother or sister	2	0.2%	0	0.0%	0	0.0%	2	0.7%	0	0.0%
Other relative	10	1.1%	3	1.4%	1	0.6%	4	1.5%	2	0.8%
Legal guardian	45	5.0%	11	5.0%	6	3.7%	17	6.3%	11	4.4%
Someone else	8	0.9%	2	0.9%	3	1.9%	0	0.0%	3	1.2%

^a Responses have been grouped into two categories, where possible

^b Respondents who indicated that their child did not need this physical/behavioral health service were excluded from the denominator (n)

^c Item is based on a skip pattern

^d In order to calculate mean response for the rating of counseling services, this item was re-scaled by adding 0.5 to each response (in order to avoid dropping responses with the value of "0"). Responses are represented as "average or above" and "below average" for simplification.

^e Multiple response item; total proportion of members selecting the corresponding options can exceed 100%. Proportions are based on the number of respondents, not the number of responses.

Attachment 4: Rates for Dissatisfaction with Care by Demographic and Clinical Characteristics

Table A3: Rates for Dissatisfaction with Care Coordination by Demographic and Clinical Characteristics

Subgroup ^a	Denominator [# Respondents in Subgroup]	Prevalence ^b	Numerator [# Respondents in Subgroup who were Dissatisfied] ^c	Rate (%) [Numerator/ Denominator]
Overall:	411	100%	41	10.0%
Age Group ^d				
Age 0–5 years	50	12.2%	2	4.0%
Age 6–12 years	209	50.9%	18	8.6%
Age 13–17 years	152	37.0%	21	13.8%
Race/Ethnicity				
White	255	62.0%	25	9.8%
Black	48	11.7%	7	14.6%
Asian	2	0.5%	0	0.0%
Other	106	25.8%	9	8.5%
Sex				
Female	161	39.2%	14	8.7%
Male	250	60.8%	27	10.8%
MCO				
WellCare of Kentucky	116	28.2%	13	11.2%
Passport Health Plan	137	33.3%	10	7.3%
Humana-CareSource	62	15.1%	8	12.9%
CoventryCares of Kentucky	96	23.4%	10	10.4%
Foster Care Status:				
Not in foster care	384	93.4%	38	9.9%
In foster care	11	2.7%	1	9.1%
At risk for placement	16	3.9%	2	12.5%
Behavioral Health Hospitalization ^d				
Yes	17	4.1%	4	23.5%
No	394	95.9%	37	9.4%
Polypharmacy:				
No psychotropic	183	44.5%	14	7.7%
One psychotropic	145	35.3%	18	12.4%
Antidepressant and Antipsychotic	43	10.5%	3	7.0%
Other combination	40	9.7%	6	15.0%
Select Behavioral Health Diagnostic Categories ^e				
Depression	63	15.3%	6	9.5%
Conduct disorder	74	18.0%	6	8.1%
ADHD	208	50.6%	22	10.6%
Substance use disorder	14	3.4%	1	7.1%
Select Physical Health Diagnostic Categories ^e				
Asthma	82	20.0%	9	11.0%

Subgroup ^a	Denominator [# Respondents in Subgroup]	Prevalence ^b	Numerator [# Respondents in Subgroup who were Dissatisfied] ^c	Rate (%) [Numerator/ Denominator]
Obesity	24	5.8%	3	12.5%

^a These characteristics were taken from the KDMS Administrative File.

^b Prevalence was calculated as follows: # of respondents in subgroup / total # of respondents (i.e. 411, the overall denominator). Rates for dissatisfaction were calculated by dividing the subgroup numerator by the subgroup denominator.

^c Survey respondent indicated “very dissatisfied” or “somewhat dissatisfied” in response to Question 28: “In the last 12 months, how satisfied were you with how your child’s health care was coordinated?”

^d Marginally significant difference in proportions between clinical subset; $0.05 \leq p < 1.0$ using *chi*-squared statistic.

^e Compares children with the condition to children without the condition. Note: The select behavioral health and physical health diagnostic category subgroups are neither collectively exhaustive nor mutually exclusive; therefore, these subgroup frequencies will not total the overall denominator of 411, nor will these subgroup prevalence percentages total 100%.

Table A4: Rates for Dissatisfaction with Physical Health Care by Demographic and Clinical Characteristics

Subgroup ^a	Denominator [# Respondents in Subgroup]	Prevalence ^b	Numerator [# Respondents in Subgroup who were Dissatisfied] ^c	Rate (%) [Numerator/ Denominator]
Overall:	792	100%	29	3.7%
Age Group				
Age 0–5 Years	120	15.2%	2	1.7%
Age 6–12 Years	397	50.1%	15	3.8%
Age 13–17 Years	275	34.7%	12	4.4%
Race/Ethnicity				
White	521	65.8%	19	3.6%
Black	91	11.5%	2	2.2%
Asian	6	0.8%	1	16.7%
Other	174	22.0%	7	4.0%
Sex				
Female	318	40.2%	14	4.4%
Male	474	59.8%	15	3.2%
MCO				
WellCare of Kentucky	216	27.3%	9	4.2%
Passport Health Plan	243	30.7%	9	3.7%
Humana-CareSource	134	16.9%	4	3.0%
CoventryCares of Kentucky	199	25.1%	7	3.5%
Foster Care Status:				
Not in Foster Care	735	92.8%	25	3.4%
In Foster Care	21	2.7%	1	4.8%
At Risk for Placement	36	4.5%	3	8.3%
Behavioral Health Hospitalization				
Yes	18	2.3%	1	5.6%

Subgroup ^a	Denominator [# Respondents in Subgroup]	Prevalence ^b	Numerator [# Respondents in Subgroup who were Dissatisfied] ^c	Rate (%) [Numerator/ Denominator]
No	774	97.7%	28	3.6%
Polypharmacy:				
No Psychotropic	421	53.2%	11	2.6%
One Psychotropic	261	33.0%	13	5.0%
Antidepressant and Antipsychotic	55	6.9%	4	7.3%
Other Combination	55	6.9%	1	1.8%
Select Behavioral Health Diagnostic Categories ^d				
Depression	104	13.1%	5	4.8%
Conduct Disorder	131	16.5%	2	1.5%
ADHD ^e	367	46.3%	18	4.9%
Substance Use Disorder	22	2.8%	2	9.1%
Select Physical Health Diagnostic Categories ^d				
Asthma	135	17.0%	5	3.7%
Obesity	38	4.8%	0	0.0%

^a These characteristics were taken from the KDMS Administrative File.

^b Prevalence was calculated as follows: # of respondents in subgroup / total # of respondents (i.e. 792, the overall denominator). Rates for dissatisfaction were calculated by dividing the subgroup numerator by the subgroup denominator.

^c Survey respondent indicated “very dissatisfied” or “somewhat dissatisfied” in response to Question 5: “How satisfied are you with the care your child received for physical problems during the last 12 months?”

^d Compares children with the condition to children without the condition. Note: The select behavioral health and physical health diagnostic category subgroups are neither collectively exhaustive nor mutually exclusive; therefore, these subgroup frequencies will not total the overall denominator of 792, nor will these subgroup prevalence percentages total 100%.

^e Marginally significant difference in proportions between clinical subset; $0.05 \leq p < 1.0$ using *chi*-squared statistic.

Table A5: Rates for Dissatisfaction with Behavioral Health Care by Demographic and Clinical Characteristics

Subgroup ^a	Denominator [# Respondents in Subgroup]	Prevalence ^b	Numerator [# Respondents in Subgroup who were Dissatisfied] ^c	Rate (%) [Numerator/ Denominator]
Overall:	602	100%	76	12.6%
Age Group				
Age 0–5 Years	65	10.8%	8	12.3%
Age 6–12 Years	311	51.7%	35	11.3%
Age 13–17 Years	226	37.5%	33	14.6%
Race/Ethnicity				
White	388	64.5%	53	13.7%
Black	61	10.1%	6	9.8%
Asian	4	0.7%	1	25.0%

Subgroup ^a	Denominator [# Respondents in Subgroup]	Prevalence ^b	Numerator [# Respondents in Subgroup who were Dissatisfied] ^c	Rate (%) [Numerator/ Denominator]
Other	149	24.8%	16	10.7%
Sex				
Female	241	40.0%	33	13.7%
Male	361	60.0%	43	11.9%
MCO				
WellCare of Kentucky	165	27.4%	22	13.3%
Passport Health Plan	178	29.6%	20	11.2%
Humana-CareSource	114	18.9%	17	14.9%
CoventryCares of Kentucky	145	24.1%	17	11.7%
Foster Care Status:				
Not in Foster Care	554	92.0%	72	13.0%
In Foster Care	19	3.2%	3	15.8%
At Risk for Placement	29	4.8%	1	3.4%
Behavioral Health Hospitalization				
Yes	19	3.2%	2	10.5%
No	583	96.8%	74	12.7%
Polypharmacy:				
No Psychotropic	290	48.2%	33	11.4%
One Psychotropic	199	33.1%	29	14.6%
Antidepressant and Antipsychotic	57	9.5%	8	14.0%
Other Combination	56	9.3%	6	10.7%
Select Behavioral Health Diagnostic Categories ^d				
Depression	94	15.6%	16	17.0%
Conduct Disorder ^e	108	17.9%	8	7.4%
ADHD ^f	310	51.5%	31	10.0%
Substance Use Disorder	19	3.2%	2	10.5%
Select Physical Health Diagnostic Categories ^d				
Asthma	101	16.8%	15	14.9%
Obesity	30	5.0%	4	13.3%

^a These characteristics were taken from the KDMS Administrative File.

^b Prevalence was calculated as follows: # of respondents in subgroup/total # of respondents (i.e. 602, the overall denominator). Rates for dissatisfaction were calculated by dividing the subgroup numerator by the subgroup denominator.

^c Survey respondent indicated “very dissatisfied” or “somewhat dissatisfied” in response to Question 8: “How satisfied are you with the treatment or counseling your child received for problems with emotion, development or behavior during the last 12 months?”

^d Compares children with the condition to children without the condition. Note: The select behavioral health and physical health diagnostic category subgroups are neither collectively exhaustive nor mutually exclusive; therefore, these subgroup frequencies will not total the overall denominator of 602, nor will these subgroup prevalence percentages total 100%.

^e Marginally significant difference in proportions of those with conduct disorder and those without (inverse relationship between those with conduct disorder and dissatisfaction with behavioral health care); $0.05 \leq p < 1.0$ using *chi*-squared statistic.

^f Statistically significant difference in proportion between children with ADHD and children without ADHD (inverse relationship between those with ADHD and dissatisfaction with behavioral health care) ; $p < 0.05$ *chi-squared* statistic.

Attachment 5: Associations between Specific Negative Experience of Care and Overall Outcome of Dissatisfaction

Table A6: Associations between Specific Negative Experiences of Care Coordination and the Overall Outcome of Dissatisfaction with Care Coordination

Specific Negative Experience of Care ^a	Number of Respondents	Percent	Number Dissatisfied with Care Coordination ^b	Dissatisfaction Rate	Odds Ratio ^c (95% CI)
Q3. Has anyone from health plan explained health care benefits and choices of doctors?	384	100%	36	9.4%	2.7 (1.1, 6.2)
No, Did Not Explain Both	216	56.3%	27	12.5%	
Yes, Explained Both	168	43.8%	9	5.4%	
Q5. How satisfied are you with the physical health care your child received?	365	100%	32	8.8%	11.2 (3.1, 40.7)
Very Dissatisfied/Somewhat Dissatisfied	16	4.4%	6	37.5%	
Very Satisfied/Somewhat Satisfied	349	95.6%	26	7.4%	
Q8. How satisfied are you with the treatment/counseling your child received for behavioral health problems?	315	100%	31	9.8%	4.1 (1.6, 10.5)
Very Dissatisfied/Somewhat Dissatisfied	36	11.4%	10	27.8%	
Very Satisfied/Somewhat Satisfied	279	88.6%	21	7.5%	

^a Statistically significant difference between the outcome rate among those with the specific negative experience of care and those without the specific negative experience of care; $p < 0.05$ using *chi*-squared statistic.

^b Survey respondent indicated “very dissatisfied” or “somewhat dissatisfied” in response to Question 28: “In the last 12 months, how satisfied were you with how your child’s health care was coordinated?”

^c After adjusting for MCO, age of respondent, education, relationship to child, age of child and race, there was a statistically significant difference in the odds for the outcome among those with the risk factor compared to those without the risk factor. CI: confidence interval. Note: multiple logistic regression was used to calculate these odds ratios; therefore, the odds ratio was not calculated directly from the indicated frequencies; rather, an adjusted odds ratio was calculated in order to report the odds ratio independent of possible confounding variables.

Table A7: Associations between Specific Negative Experiences of Care for Physical Health and the Overall Outcome of Dissatisfaction with Physical Health Care

Specific Negative Experience of Care ^a	Number of Respondents	Percent	Number Dissatisfied with Physical Health Care ^b	Dissatisfaction Rate	Odds Ratio ^c (95% CI)
Q3. Has anyone explained health care benefits and choices of doctors?	783	100%	29	3.7%	4.0 (1.3, 11.8)
No, Did Not Explain Both	458	58.5%	24	5.2%	
Yes, Explained Both	325	41.5%	5	1.5%	
Q4. How often did you get an appointment at an office or clinic for a physical health problem as soon as needed?	791	100%	29	3.7%	12.1 (5.2, 28.3)
Sometimes/Never	81	10.2%	14	17.3%	
Always/Usually	710	89.8%	15	2.1%	
Q6. How often did you get an appointment with a specialist for a physical health problem as soon as needed?	441	100%	17	3.9%	3.5 (1.2, 10.3)
Sometimes/Never	113	25.6%	9	8.0%	
Always/Usually	328	74.4%	8	2.4%	

^a Statistically significant difference between the outcome rate among those with the specific negative experience of care and those without the specific negative experience of care; $p < 0.05$ using *chi*-squared statistic.

^b Survey respondents indicated either “very dissatisfied” or “somewhat dissatisfied” to Question 5: “How satisfied are you with the care your child received for physical problems during the last 12 months?”

^c After adjusting for MCO, age of respondent, education, relationship to child, age of child and race, there was a statistically significant difference in the odds for the outcome among those with the risk factor compared to those without the risk factor. CI: confidence interval. Note: multiple logistic regression was used to calculate these odds ratios; therefore, the odds ratio was not calculated directly from the indicated frequencies; rather, an adjusted odds ratio was calculated in order to report the odds ratio independent of possible confounding variables.

Table A8: Associations between Specific Negative Experiences of Care for Behavioral Health and the Overall Outcome of Dissatisfaction with Behavioral Health Care

Specific Negative Experience of Care ^a	Number of Respondents	Percent	Number Dissatisfied with Behavioral Health Care ^b	Dissatisfaction Rate	Odds Ratio ^c (95% CI)
Q3. Has anyone explained health care benefits and choices of doctors?	593	100%	75	12.6%	2.4 (1.3, 4.3)
No, Did Not Explain Both	352	59.4%	58	16.5%	
Yes, Explained Both	241	40.6%	17	7.1%	
Q7. How often did you get an appointment at an office or clinic for a behavioral health problem as soon as needed?	599	100%	75	12.5%	9.1 (5.1, 16.2)
Sometimes/Never	98	16.4%	40	40.8%	
Always/Usually	501	83.6%	35	7.0%	
Q9. How often did you get an appointment with a specialist for a behavioral health problem as soon as needed?	514	100%	68	13.2%	12.1 (6.4, 23.1)
Sometimes/Never	96	18.7%	41	42.7%	
Always/Usually	418	81.3%	27	6.5%	
Q11. Did your child receive counseling for behavioral health problems?	569	100%	72	12.7%	NS
No	172	30.2%	20	11.6%	
Yes	397	69.8%	52	13.1%	
Q12. Using a number from 0 to 10 (where 10 is best), how would you rate counseling?	417	100%	54	12.9%	0.5 (0.4, 0.6)
0	9	2.2%	5	55.6%	
1	4	< 1.0%	3	75.0%	
2	10	2.4%	5	50.0%	
3	15	3.6%	10	66.7%	
4	30	7.2%	13	43.3%	
5	45	10.8%	11	24.4%	
6	30	7.2%	5	16.7%	
7	51	12.2%	1	2.0%	
8	81	19.4%	0	0%	
9	39	9.4%	1	2.6%	
10	103	24.7%	0	0%	
Q15. Was the counseling sensitive to language, race, and religion?	204	100%	24	11.8%	NS
No	19	9.3%	5	26.3%	
Yes	185	90.7%	19	10.3%	

Specific Negative Experience of Care ^a	Number of Respondents	Percent	Number Dissatisfied with Behavioral Health Care ^b	Dissatisfaction Rate	Odds Ratio ^c (95% CI)
Q17. Did health care provider explain side effects of medication?	411	100%	49	11.9%	3.7 (1.8, 7.6)
No	78	19.0%	20	25.6%	
Yes	333	81.0%	29	8.7%	
Q18. Did health care provider tell you when to call about side effects?	411	100%	49	11.9%	3.6 (1.8, 7.2)
No	117	28.5%	26	22.2%	
Yes	294	71.5%	23	7.8%	
Q20. How much did health care provider talk about why you might want your child to take medication?	413	100%	49	11.9%	NS
A little/Not at all	102	24.7%	17	16.7%	
A lot/Some	311	75.3%	32	10.3%	
Q21. How much did health care provider talk about why you might not want your child to take medication?	411	100%	49	11.9%	2.7 (1.2, 5.9)
A little/Not at all	239	58.2%	37	15.5%	
A lot/Some	172	41.8%	12	7.0%	
Q22. Did your health care provider ask you what you thought was best when discussing medication for your child's behavioral health problem?	409	100%	48	11.7%	7.1 (3.4, 14.9)
No	108	26.4%	29	26.9%	
Yes	301	73.6%	19	6.3%	

^a Statistically significant difference between the outcome rate among those with the specific negative experience of care and those without the specific negative experience of care; $p < 0.05$ using *chi*-squared statistic.

^b Survey respondent indicated “very dissatisfied” or “somewhat dissatisfied” in response to Question 8: “How satisfied are you with the treatment or counseling your child received for problems with emotion, development or behavior during the last 12 months?”

^c After adjusting for MCO, age of respondent, education, relationship to child, age of child and race, there was a statistically significant difference in the odds for the outcome among those with the risk factor compared to those without the risk factor. NS: not significant; CI: confidence interval. Note: multiple logistic regression was used to calculate these odds ratios; therefore, the odds ratio was not calculated directly from the indicated frequencies; rather, an adjusted odds ratio was calculated in order to report the odds ratio independent of possible confounding variables.

Attachment 6: Categorical Domains and Sub-Domains Extracted from Survey

Category (Survey Question {Q#})

Background Characteristics of Enrollees:

- Hispanic/Latino origin {Q29}
- Race: White; Black or African-American; Asian; Other {Q30}

Background Characteristics of Parents/Guardians of Enrollees:

- Age: < 18 years; 18–44 years; 45–64 years; 65+ years {Q31}
- Education: < high school; high school graduate/GED; some college; college degree {Q32}
- Relationship to child: Mother; Father; Grandparent; Aunt/Uncle; Older sibling; other relative; legal guardian; someone else {Q33}

Perceived Health of Child (parental rating):

- Physical Health Status: Excellent; Good; Fair; Poor {Q1}
- Emotional or behavioral Health Status: Excellent; Good; Fair; Poor {Q2}

Getting information from the health plan:

- Yes, help with health care benefits, only; Yes, help with choices of doctors, only; Yes, help with both; No, no help with either {Q3}

Experience of Care for Physical Illness, Injury or Conditions (past 12 months):

Sub-domain – Access:

- How often office/clinic appointment secured for treatment of a physical condition as soon as needed: Always; usually; sometimes; never; child did not need appointment for physical condition past 12 months {Q4}
- Specialty care for physical condition: How often specialist appointment secured as soon as needed: Always; usually; sometimes; never; child did not need specialist appointment past 12 months {Q6}

Sub-domain – Satisfaction:

- Satisfaction: Very satisfied; Somewhat satisfied; Somewhat dissatisfied; Very dissatisfied {Q5}

Experience of Care for Problems with Emotion, Development or Behavior (past 12 months):

Sub-domain – Access:

- Access- general: How often office/clinic appointment secured for treatment of an emotional/behavioral/developmental condition as soon as needed: Always; usually; sometimes; never; child did not need appointment for emotional/behavioral/developmental condition past 12 months {Q7}
- Access- Specialty care for emotional/behavioral/developmental condition: How often specialist appointment secured as soon as needed: Always; usually; sometimes; never; child did not need specialist appointment past 12 months {Q9}

Sub-domain – Satisfaction:

- Satisfaction with care received for problems with emotion, development or behavior:
- Very satisfied; Somewhat satisfied; Somewhat dissatisfied; Very dissatisfied {Q8}
- Satisfaction- Parent rating of quality of counseling on scale of 0 (worst) to 10 (best) {Q12}

Sub-domain – Including family in treatment:

- Including family in treatment: Provider discussed starting or stopping a medication to treat problems with emotion, development or behavior: yes or no {Q19}
- Including family in treatment: How much did the provider discuss reasons the parent might want their child to take the medicine: A lot; Some; A little; Not at all {Q20}
- Including family in treatment: How much did the provider discuss reasons the parent might not want their child to take the medicine: A lot; Some; A little; Not at all {Q21}
- Including family in treatment: Did the provider ask what the parent thought was best? Yes or no {Q22}

Sub-domain – Education:

- Education: Received education about prescription medication side effects: Yes or no {Q17}
- Education: Received education about when to call provider regarding side effects : Yes or no {Q18}

Sub-domain – Interventions Received:

- Intervention- Counseling services received: yes or no {Q11}
- Intervention- Counseling services-Provider of counseling: personal doctor; another provider at personal doctor's office; psychologist; psychiatrist; other provider at an office or clinic; other provider at a school {Q13}
- Intervention- Medication- Number of different prescription medications to treat problems with emotion, development or behavior: 3+; 2; 1; none {Q16}

Sub-domain – Cultural Competency:

- Cultural sensitivity- Counseling services- Importance of culturally sensitive counseling: Yes or no {Q14}

- Cultural sensitivity- Counseling services- Counseling was culturally sensitive: Yes or no {Q15}

Sub-domain – Perceived Improvement:

- Perceived improvement in child’s emotions, development or behavior: A lot; Some; A little; None {Q10}

Experience of Care for Care Coordination (past 12 months):

Sub-domain – Access:

- Receipt of help with coordination of care: yes or no {Q24}
- Receipt of coordination of care from doctor’s office: yes or no {Q25}
- Receipt of coordination of care from someone else: yes or no {Q26}
- Who else helps with coordination of care: parent; guardian; other family member; friend; nurse; therapist; social worker; hospital discharge planner; health plan case manager; someone at child’s school; someone else {Q27}

Sub-domain – Satisfaction:

- Satisfaction with how child’s care was coordinated: Very satisfied; somewhat satisfied; somewhat dissatisfied; very dissatisfied {Q28}

Sub-domain – Interventions Received:

- Child sees multiple health care providers or uses more than one type of health care services: yes or no {Q23}