

# Centro Sávila/The Hopkins Center Annual Evaluation Report

2019



ical Services





# Executive Summary

Since 2011, Centro Sávila has been dedicated to serving the population of the South Valley by providing high quality behavioral health care, assistance in navigating the healthcare system, and community support services. The Hopkins Center, formerly known as St. Joseph's, became a program of Centro Sávila in October of 2017 and serves clients in Albuquerque's International District. Both Centro Sávila and The Hopkins Center have one common goal: to provide holistic, affordable and culturally appropriate services to immigrant and underserved populations. The UNM Evaluation Lab worked together with Centro Sávila, The Hopkins Center and its respective staff to evaluate client satisfaction with their clinical mental health services. The evaluation took place between August 2018 and May 2019. Through a collaborative process between the UNM Evaluation Team and Centro Sávila staff and leadership, we arrived at five areas of interest for this evaluation, all of them pertaining to clients in the following areas:

1. Experiences when contacting and receiving services for the first time
2. Perceptions about clinical and administrative staff
3. Comparative experience seeking mental health services elsewhere
4. Barriers to treatment
5. Perceptions about physical space

The UNM Evaluation team and Centro Sávila staff (which included staff from the Hopkins Center program) designed, piloted and implemented a client satisfaction survey. This survey instrument was deployed to collect client responses during February and March, 2019. Data were analyzed on an ongoing basis and presented to Centro Sávila's staff. This was done to guarantee evaluation progress and direction. This report shows results about client experience from when they first heard about Centro Sávila to perceptions of their current treatment.

Briefly, results show that Centro Sávila clientele is mostly Spanish speaking, immigrant, and mostly female, with 35% having completed up to middle school and 25% up to high school. About half of survey respondents initially contacted Centro Sávila in person while the most of the other half contacted them through a telephone call directly to the clinician or the receptionist. About one in 4 clients were on a wait list with wait list time ranging from one week to three months.

An overwhelming majority of Centro Sávila clients are satisfied with the services they receive. Furthermore, they appreciate having someone that speaks Spanish, and that services are offered regardless of their ability to pay. They also appreciate the relationships that they are forming with Centro Sávila staff, relationships that are built on professionalism, trust, and respect.

When asked what they would change about Centro Sávila, most respondents stated that they would not change anything. Potential changes included having more members of their community learn about Centro Sávila's services. Regarding barriers, clients reported being limited to receiving treatment during traditional working hours, competing health appointments, issues with either their physical or mental health, lack of childcare, and issues with transportation.

We recommend that Centro Sávila works towards meeting client requests for additional face time with their counselor or clinician and to build opportunities for participation in support groups or group therapy, especially if these items are scheduled after work hours. We also recommend the development of a mechanism that secures travel to and from Centro Sávila. This might be feasible if tailored to clientele that do not have access to their own vehicle or secure transportation to Centro Sávila, roughly about one out of 4 clients.

When focusing on Centro Sávila's next steps, we recommend they continue to tailor the current customer satisfaction survey into a shorter survey that can be implemented semiannually. This survey would be tailored based on a balance between the measures that worked well during this evaluation and Centro Sávila future aims. Utilizing an online platform such as SurveyMonkey would allow this implementation and provide a platform for immediate data analysis/results for quantitative measures, and an efficient method of organizing qualitative data from open ended questions. This method also has the potential of becoming a mechanism for collection of sensitive information, such as responses to adverse childhood experiences (ACEs).



# Introduction

Centro Sávila is dedicated to serving the population of the South Valley by providing high quality behavioral health care, assistance in navigating the healthcare system, and community support services since 2011. Centro Sávila offers culturally appropriate services regardless of an individual's ability to pay. The Hopkins Center, formerly known as St. Joseph's, became a program of Centro Sávila in October of 2017 and serves clients in Albuquerque's International District. Both Centro Sávila and The Hopkins Center have one common goal: to provide holistic, affordable and culturally appropriate services to immigrant and underserved populations. They also strive to provide a peaceful and respectful healing space that is accessible to all, but more specifically, accessible to those who make up marginalized populations such as impoverished, Spanish-speaking, undocumented individuals.

In addition to behavioral health services, Centro Sávila offers their clients support in many other areas such as a Medicaid enrollment program, with stations around the city, that helps individuals navigate the enrollment process. Their Critical Intervention Program's (CTI) goal is to minimize the long-term impact of adverse childhood events (ACEs) through family counseling and case management. Centro Sávila participates in the Bernalillo County's Pathways program, providing navigators who help fill individuals' unmet needs and, in so doing, help improve health outcomes and reduce health disparities. The programs available through Centro Sávila share a commitment to empowering clients by taking a systemic perspective and engaging community and individual resources to encourage and maintain positive mental and behavioral health. During the 2018-2019 evaluation, the evaluation team focused on Centro Sávila's and the Hopkins Center's clinical programs.

The 2018-2019 Clinical Program Evaluation aimed to assess client satisfaction and experience with mental health services received at Centro Sávila. Specifically, the evaluation will assess clients' perceptions on the following:

1. Experiences when contacting and receiving services for the first time.
2. Comparative experience seeking mental health services elsewhere.
3. Perceptions about clinical, administrative staff and physical space.
4. Barriers to treatment.

The evaluation team members include:

- Claudia Díaz Fuentes, UNM Evaluation Team, Team Lead
- Mario Javier Chavez, UNM Evaluation Team, Lab Fellow
- Martha A. Becerra, UNM Evaluation Team, Lab Fellow
- Bill Wagner, Executive Director, Centro Sávila Evaluation Team
- Guiovanna Aguirre, Director of Operations, Centro Sávila Evaluation Team
- Jackie Perez, Director Hopkins Center, Centro Sávila Evaluation Team



## Work Performed

The 2018-2019 clinical services evaluation followed the suggestions of the 2017-2018 client and staff perspectives evaluation (see the 2017-2018 evaluation report available at [evallab.unm.edu](http://evallab.unm.edu)). Three suggestions of the previous evaluation team were directly implemented in this year's evaluation:

- *Evaluation Lab team members should present the survey to clinical staff and ask for their feedback*
- *After incorporating clinician feedback, the survey will need to be beta tested.*
- *The evaluation team suggests that Centro Sávila consider using this instrument for ongoing evaluation.*

From August through December of 2018, the UNM evaluation team collaborated with Centro Sávila's staff to design a Client Satisfaction Survey. The survey was developed to serve as the means of data collection during our data collection period, February – March 2019. The surveys were only administered to clients who were currently receiving clinical treatments whether at Centro Sávila or at The Hopkins Center.

Drafts of the survey were piloted with current Centro Sávila and Hopkins Center clients, both in English and in Spanish, to gain client feedback, test logistical issues and provide a final survey draft. The pilot groups included: a women's group from The Hopkins Center that included eleven women taking the survey; two of these were administered via an in-person interview, two were self-administered online and the rest were self-administered on paper. All eleven surveys were taken in Spanish. Additionally, we piloted a survey draft with two individuals undergoing Centro Sávila clinical services. One of these was administered via an

in-person interview, the other was self-administered online, and both were taken in Spanish. The feedback received from clients helped the evaluation team complete the survey in a manner that made sense to the client, was linguistically appropriate for the population and was administered in formats that were comfortable for the individuals.

Once the survey and the logistics of methods of administration were complete, the evaluation team, during a four-week period from mid-February to mid-March, collected data via the final copy of the Client Satisfaction survey, reproduced in Appendix A (English) and Appendix B (Spanish). Clients had the option to take the survey either in Spanish or in English- whichever language they were more comfortable with. They could also take the survey through three different methods: 1. via a texted link that would allow them to take the electronic version of the survey 2. a paper survey which they administered to themselves, or 3. a paper survey that was administered via an interviewer. These three options were the ones deemed most appropriate by our pilot groups. The paper interviewer- administered survey helped meeting the needs of individuals who requested assistance.

During the study period, Centro Sávila staff informed clients of the survey prior to their appointments, texted links to the clients who chose the electronic option, handed out surveys and administered interview surveys as needed. Staff helping with survey administration was not involved in the clinical services the answering participant was receiving.

The UNM Evaluation Team entered any paper survey data into the data collection platform Survey Monkey, where online surveys were being taken. This allowed having all data formats on a single database.

The UNM Team drafted several scripts and conducted a training session on how the clients should be recruited and how the interview surveys should be administered.



## Data Analysis

The collaborative efforts of the UNM Evaluation team and Centro Sávila staff resulted in a total of 44 survey responses, 20 of them from Centro Sávila and the remaining from Hopkins Center. All clients were offered the survey but no data were collected on how many turned it down. As per data collection staff, most clients agreed to take the survey. Of all surveys, only 3 were answered in English.

The data collecting platform, Survey Monkey, was utilized as a mechanism to collect and organize survey responses, allowing the UNM Evaluation Team to download a final dataset. Microsoft Excel was used to perform analysis of quantitative measures, and used as a platform to perform coding analysis.

Part of Centro Sávila's mission is to provide mental health services to the underserved immigrant populations in the South Valley and the International District in Albuquerque. This

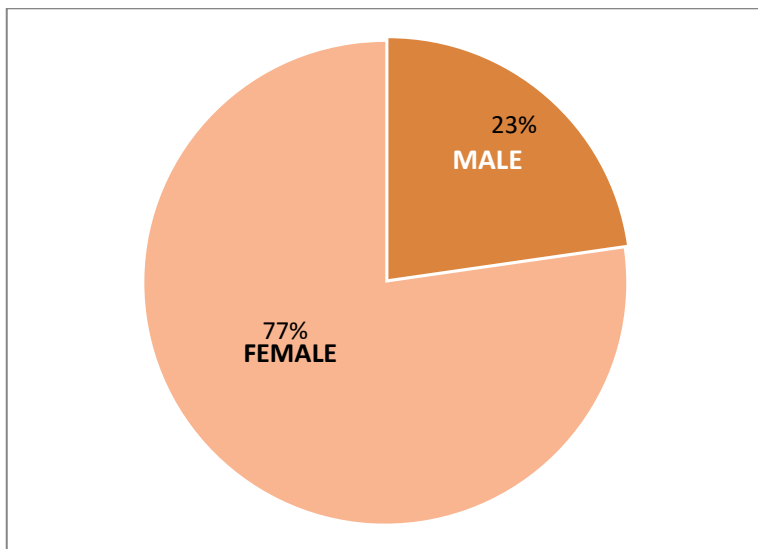
section shows results about the demographic characteristics of the population. This allows assessing whether Centro Sávila and the Hopkins Center are serving the population that they aim to reach. Having demographic characteristics information can better help understanding how the services and processes in place are working for Centro Sávila clients, what the barriers to treatment are and how Centro Sávila can improve services and better serve their mission. Furthermore, knowing the clientele demographics provides detailed information as to how the above-mentioned affects them.

## Demographics

The survey's demographic section asks clients their sex, race and Hispanic status, primary language spoken at home, age, education level, and length of time in the U.S. This last measure allowed us to infer if a survey participant was foreign born and therefore an immigrant in the U.S.

Seventy-seven percent of survey respondents are female (See Figure 1) As briefly mentioned here and described in detail below, one of the main barriers for Centro Sávila clients is a lack of childcare. This is often coupled with working outside of the home and possibly creates confounding barriers.

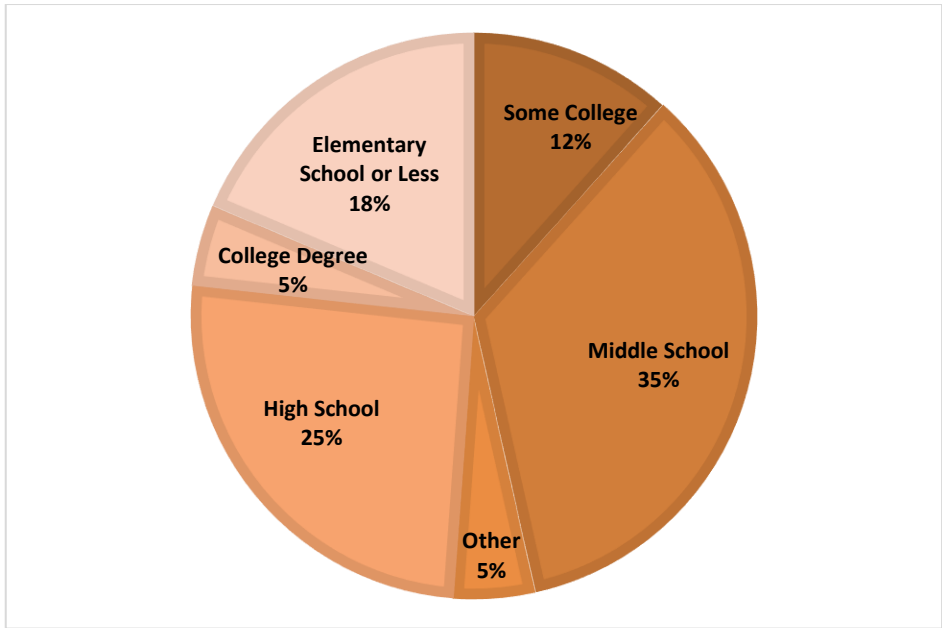
**Figure 1: Respondent's Sex:**



Source: Centro Sávila 2019 Client Satisfaction Survey.

Education levels for clients of Centro Sávila varies. As seen in Figure 2 below, 34% completed middle school, and about 25% has completed some college and an additional 15% of clients reported receiving some or a complete elementary education (See Figure 2)

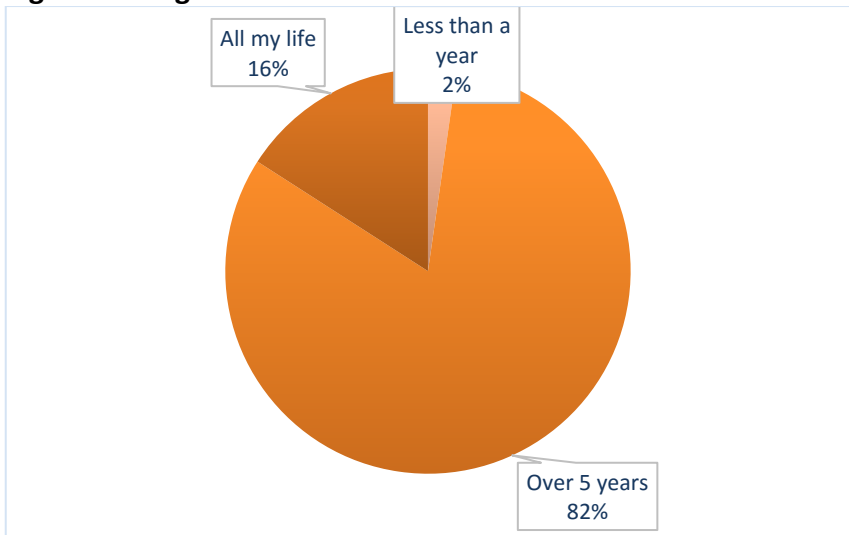
**Figure 2: Respondent's Education Level**



Source: Centro Sávilá 2019 Client Satisfaction Survey.

Most respondents—82%—have been living in the US for more than five years, but not their entire lives, showing that the majority of the population that Centro Sávilá serves is immigrant. (See Figure 3.)

**Figure 3. Length of Time in US**



Source: Centro Sávilá 2019 Client Satisfaction Survey.

**Adverse Childhood Experiences (ACES)**

The Centro Sávilá Evaluation team was interested in knowing the prevalence of Adverse Childhood Experiences (ACEs) in the population they were serving. A separate section was added to the survey to gather ACEs informatio. For client peace of mind, it was explicitly stated before the ACEs section of the survey that the client satisfaction portion of the survey was completed and that it would remain

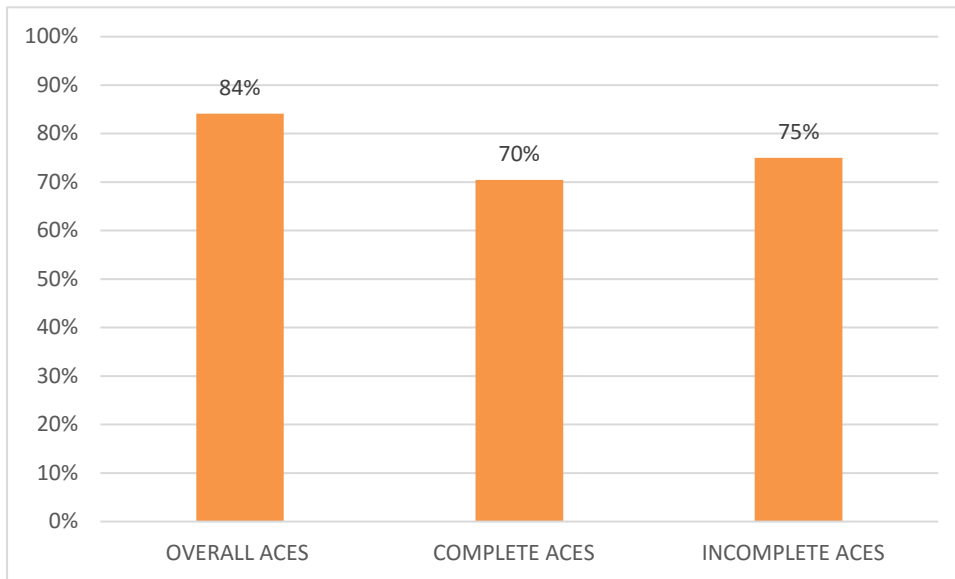


confidential and anonymous. The ACEs section was voluntary and respondents had the choice to stop and not continue. If they chose to continue and answer the ACEs questions, they had the option of giving their name. If the client decided to provide their name to link to the ACEs score, then their answers and score would be shared with their counselor to better understand their experience. They could also continue and answer the ACEs items without giving their name. It was also reiterated that they could skip any question that they did not feel comfortable answering. To see the complete text introducing the ACEs section, please see *Appendix 1: Centro Sávila Client Satisfaction Survey (English)*.

The peace of mind and emotional well-being of the client was of utmost importance to Evaluation Team. Because of the inclusion of the ACEs questions- questions that could possibly trigger harsh and emotional memories- it was decided that the client should take the survey immediately before going into their scheduled session with the counselor, thus, if the ACEs questions did trigger a memory or subject they wanted to talk about with their counselor, they could talk about it right away. None of the clients used this resource. For those that responded online, an emergency contact name and number was provided.

In order to provide a correct and complete ACEs score, the individual has to answer all ten ACEs questions, but since the majority of the clients took the paper version of the Client Satisfaction Survey, there was no way for the UNM Evaluation Team to ensure that all the ACEs questions would be answered. For the individuals who chose to take the survey online, all the ACEs questions required an answer and the survey could not be completed if any of them were left blank. Out of the 44 surveys included in this evaluation, eight of the surveys had partially completed ACEs. In the effort to include all surveys and as much information as possible in the analysis, the UNM Evaluation Team has decided to use three different averages to report the ACEs statistics of the Centro Sávila population concluded with the analysis: an overall ACEs average of all ACEs- includes complete and incomplete ACEs sections (44 surveys) , a completed ACEs average- includes only the completed ACEs sections (36 surveys) and an incomplete ACEs average- includes only the incomplete ACEs sections (8 surveys). A complete summary of the UNM Evaluation Team's analysis and the comparison to Latino populations across the United States can be found in the following figures.

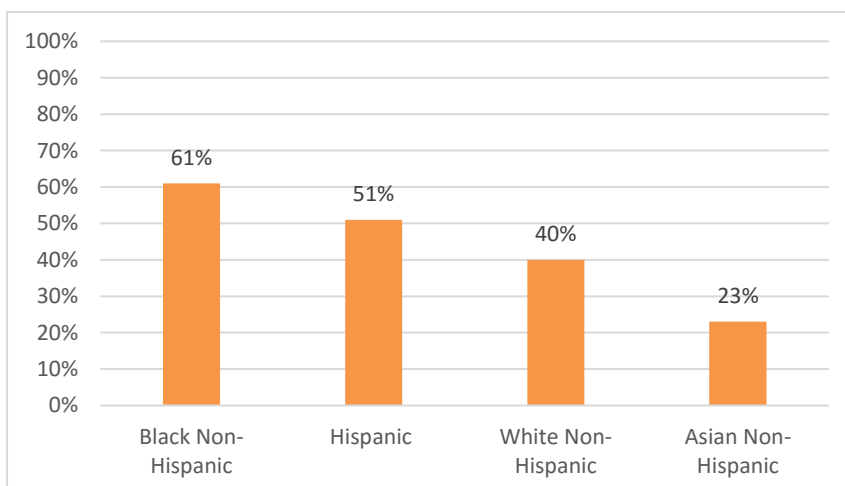
**Figure 4: Percentage of respondents who reported at least one ACE among all respondents, among those who completed all the questions, and only among those who did not complete.**



Source: Centro Sávila Client Satisfaction Survey 2019

Figure 4 describes the prevalence of ACEs in the Centro Sávila population; it represents the percentage of surveyed clients that answered “yes” to at least one of the ten ACEs questions. In the three categories created from the gathered data (overall, complete and incomplete), the overall ACEs prevalence includes all surveys whether or not the ACEs section was complete. In this category, 84% of clients answered yes to at least one of the ten questions. In the 36 surveys with completed ACEs section, 70% did so, and of the remaining surveys with incomplete ACEs sections, there was a prevalence of 75%. Any questions that were missing an answer were simply left blank- no score was given to them.

**Figure 5: National Average of ACEs Prevalence by Race**



Source: Sacks & Murphey 2018

In comparison to the results from Figure 4, the national average of ACEs prevalence by race, according Child Trends in 2018, shows that Hispanics in the United States have a 51% prevalence of at least one adverse childhood experience. Compared to their non-Hispanic

counterparts, the Hispanic population experiences more adverse events than white and Asian non-Hispanics by 11% and 28%, respectively, but less than black non-Hispanics by 10%. This is displayed in Figure 5.

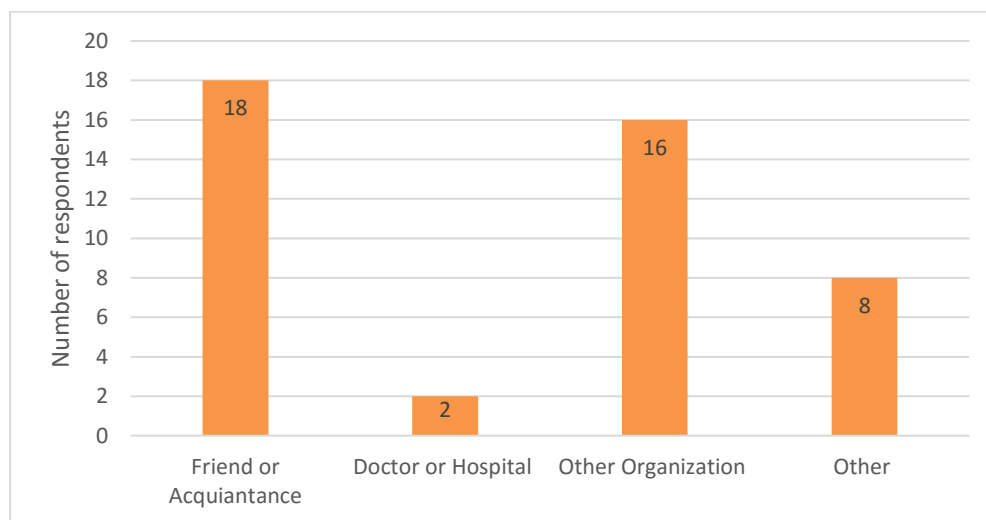
### Evaluation Aim 1: Experiences when contacting and receiving services for the first time

As mentioned above, this evaluation addresses a client’s experience at Centro Sávila. To meet this aim, the survey asked how clients heard about it, how did they contact for the first time, and whether they were waitlisted and for how long.

#### First contact: How did you first hear about Centro Sávila?

This question asked how the individual first heard about Centro Sávila or The Hopkins Center and all respondents answered it. Forty percent were referred to Centro Sávila/The Hopkins Center by a friend or an acquaintance- the largest referral method (n=18). 35% of clients were referred by another organization. The rest of the clients (n=2) were referred either by a primary care doctor, hospital or other. In short, these results show that word of mouth is a large source of referrals for Centro Sávila (see Figure 6).

**Figure 6. Referral Method by Number of Respondents**



Source: Centro Sávila Client Satisfaction Survey 2019

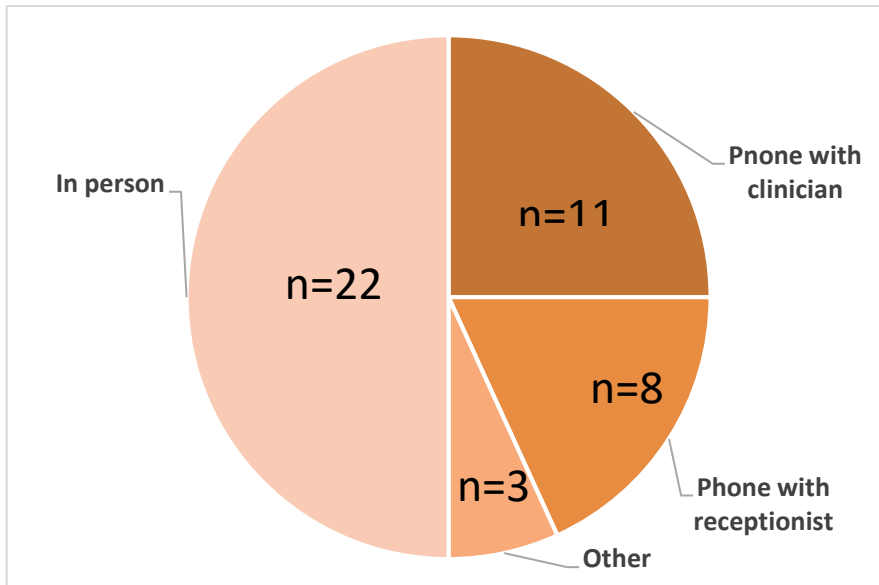
Note: Survey Question 4: How did you initially find out about Centro Sávila?

#### First Contact: How did you initially contact Centro Sávila?

Individuals were asked how they first contacted Centro Sávila/The Hopkins Center, having as answer choices: over the phone with the clinician, over the phone with the receptionist, in person, or other. The “other” response was left as an open-ended response that allowed the respondent to fill in their answer. This question was answered by all survey respondents.

Twenty-two of the surveyed clients had their first official contact with Centro Sávila/The Hopkins Center in person, nearly half of surveyed clients. Over the phone with a clinician was the second most popular method of contact with 24%. Over the phone with the receptionist and other followed with 17% and 9% respectively.

**Figure 7: Centro Sávila Initial Contact Method by Number of Respondents**



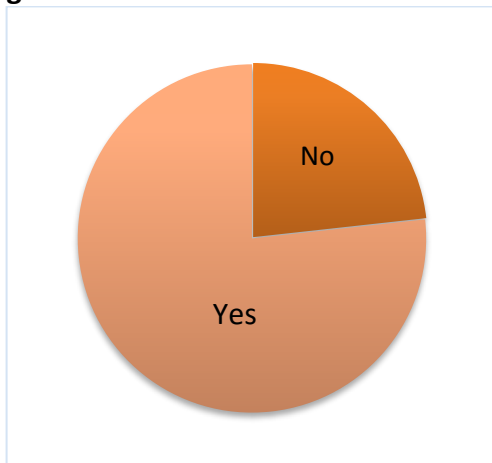
Source: Centro Sávila Client Satisfaction Survey 2019

Note: Survey Question 4: How did you initially find out about Centro Sávila?

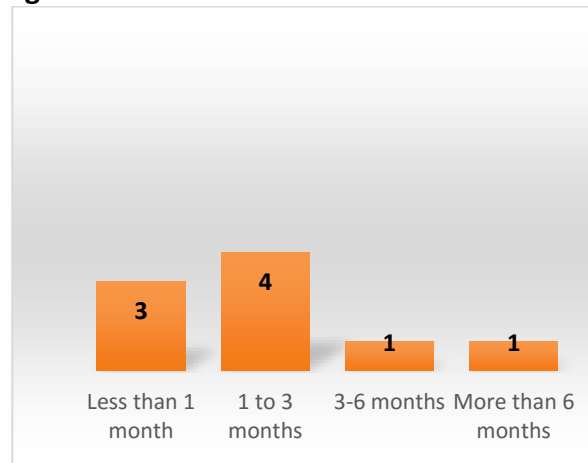
## First contact: Wait list

Due to the demand of mental health services within this specific population, it was priority to Centro Sávila to know if they were meeting the needs in a timely manner. To do so, the surveyed clients were asked if they had ever been on a waitlist and how long they had to wait before receiving services with Centro Sávila/The Hopkins Center. Seventy-five percent of individuals said they did not have to wait to receive services. Most of the 25% that did waited one to three months. (See Figures 8 and 9)

**Figure 8: Placed on waitlist**



**Figure 9: Wait List Time**



Source: Centro Sávila Client Satisfaction Survey 2019

Note: Survey questions: Were you ever on a waitlist to receive clinical services at Centro Sávila/The Hopkins Center? If so, how long were you on the waitlist?

## **Evaluation Aims 2 and 5: Perceptions about clinical, administrative staff and physical space**

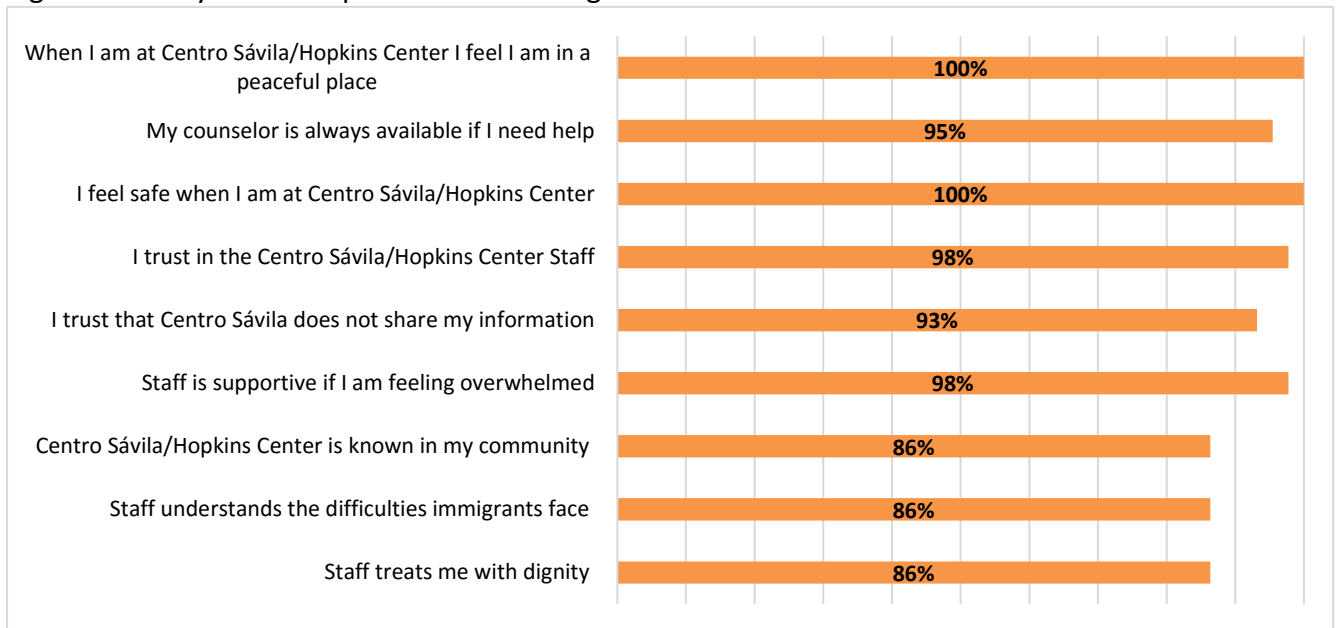
Centro Sávila strives to provide a sense of safety, comfort and trust for its clients, both in the sense of physical space and with staff. A series of trauma informed questions were asked to evaluate clients' perception the environment and staff of the two locations. Some of the statements included:

- The staff here treats me with dignity.
- I trust in the Centro Sávila staff.
- When I am at Centro Sávila, I feel I am in a peaceful place.
- Centro Sávila is known within the people of my community.

These statements, along with others of the same kind, could be rated on a scale of zero to three where zero was *Not True*, one was *A Little True*, two was *Somewhat True*, and three was *Very True*; there was also a *Don't Know* option. A large proportion of clients reported that the

statements were Very True. (See Figure 9.)

Figure 10. “Very True” Responses to Following Statements



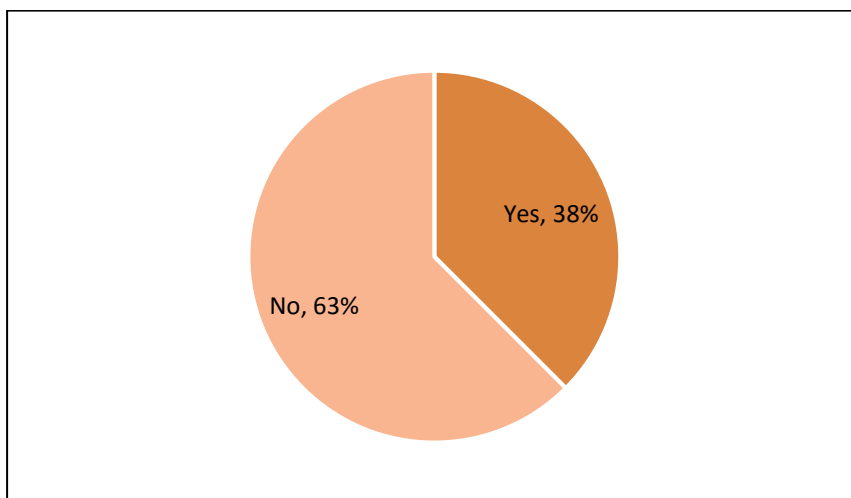
Source: Centro Sávila Client Satisfaction Survey 2019

### Evaluation Aim 3: Comparative Experiences and Suggestions for Centro Sávila

As noted in the introduction, one aim of this evaluation is to gauge Centro Sávila client’s comparative experiences when seeking mental health services elsewhere. The purpose of this section is to arrive at suggestions about how Centro Sávila can better serve their patients, based on the experiences that clients have had in other mental health service providers and at Centro Sávila.

The majority of survey respondents—63%-- shared that Centro Sávila is the only mental health services provider that they visited. (See Figure 11.)

**Figure 11. Have you received mental health services outside of Centro Sávila?**



Source: Centro Sávila Client Satisfaction Survey 2019

The survey also included open-ended questions that focused on Centro Sávila’s clients’ experience with previous mental health care providers and on clients’ feedback about how Centro Sávila can improve its services. To analyze these questions, the team conducted a thematic analysis. The UNM Evaluation team gathered all the clients’ statements in Excel and identified common ideas. From these common ideas or codes, themes emerged.

#### ***Themes regarding Services Outside of Centro Sávila***

##### **Theme 1: Having Someone to Talk To**

A few strong themes emerged when we analyzed what survey respondents liked about their previous mental health providers. The most common response focused on simply having someone to talk to, as being the best part of the mental health services that they previously received. Responses of this type brought forward the notion of being listened to in a sincere manner as important and impactful for survey respondents. This message is captured in one respondent’s answer, *“I had just started, but having someone to talk to was the best part.*

*“I had just started, but having someone to talk to was the best part. They listened to me.” – Female Spanish Speaking Respondent*

*They listened to me.”*

## Theme 2: A General Pleasant Experience

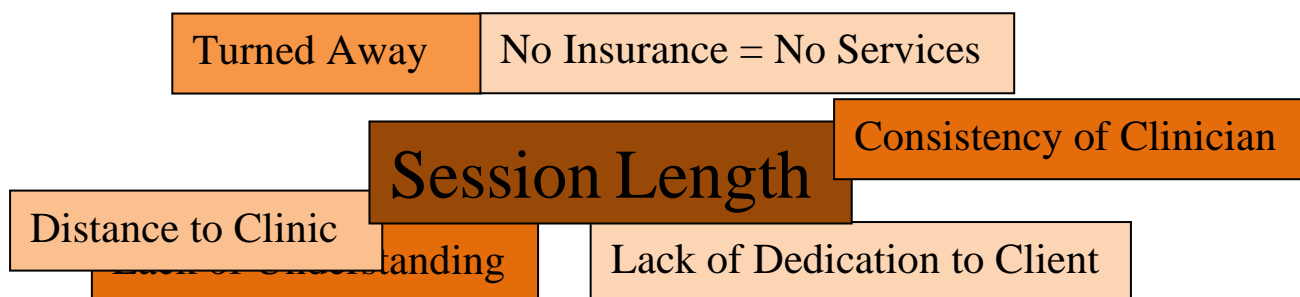
A second commonly shared positive theme focused on messages about a general pleasant experience with previous mental health providers. While a couple of survey respondents provided simple and short responses, such as *“I really like them”*, others provided more detail. Detailed responses focused on several positive aspects of their previous mental health therapies. One respondent shared, *“they were very polite and they listened to me. I was happy with all of the services.”*<sup>1</sup>

*“It was group therapy. They let me cry and they made me feel well. They gave me a lot of attention.” They were very polite, they listened to me. I was happy with all of the services.”*  
- Female Spanish Speaking Respondents

Figure 11 highlights the main issues that arose for current Centro Sávila clients in their experiences with previous mental health providers. They include:

- Short Session Length
- Being turned away when seeking services
- Losing services because of a loss of health insurance
- Consistency of clinician; having to see more than one counselor or clinician
- Having to drive long distances to see a provider
- Feeling like there is a lack of understanding between a provider and a client
- Feeling like there is a lack of dedication towards a client

**Figure 11. Services Outside of Centro Sávila – Room for Growth**



This question had a total of 14 responses, including 6 responses sharing that they did not

<sup>1</sup> Due to the low number of survey respondents that have previously received services elsewhere there are several responses that were shared only once. These responses highlight some of the positive characteristics of mental health services being provided outside of Centro Sávila. These responses focused on good clinicians, good staff, consistency in therapy, and access to group therapy.



dislike any aspect of their previous provider, and 8 responses specifying a specific issue. All of the boxes above symbolize a barrier or block that was mentioned by one client, with the exception of session length, which was mentioned twice. (See Figure 11) Based on our analysis of survey respondents' experiences and our conversations with Centro Sávila we can arrive at a couple of themes.

### Theme 3. Issues with Receiving or Maintaining Treatment due to Costs

As noted in above Centro Sávila served the Spanish speaking community in the South Valley. They provide mental health services regardless of whether a client has the ability to pay, or whether a client has health insurance. This has not been the case with other providers in Albuquerque. As noted in the figure above, clients shared experiencing a loss of services, and being turned away, when they lost insurance coverage. This is captured in the words of a 30 year old Spanish speaking client:

*"Once our insurance was cancelled they cut our services with no referrals or ideas of what to do next."*

### Theme 4. A Lack of Spanish Speaking, Culturally Competent, Clinicians in Albuquerque

The evaluation plan that precedes this evaluation shows that most behavioral health clinics lack Spanish speaking clinicians in Albuquerque's South Valley<sup>2</sup>. Centro Sávila clients experienced a lack of consistency when receiving services elsewhere: they were not able to receive consistent services from one clinician and instead were forced to see various. Similarly, survey respondents shared facing lack of understanding and lack of dedication by a clinician. It is possible that this is also due to an issue in cultural concordance, where community members of Albuquerque's South Valley are being seen by clinicians that do not speak Spanish.

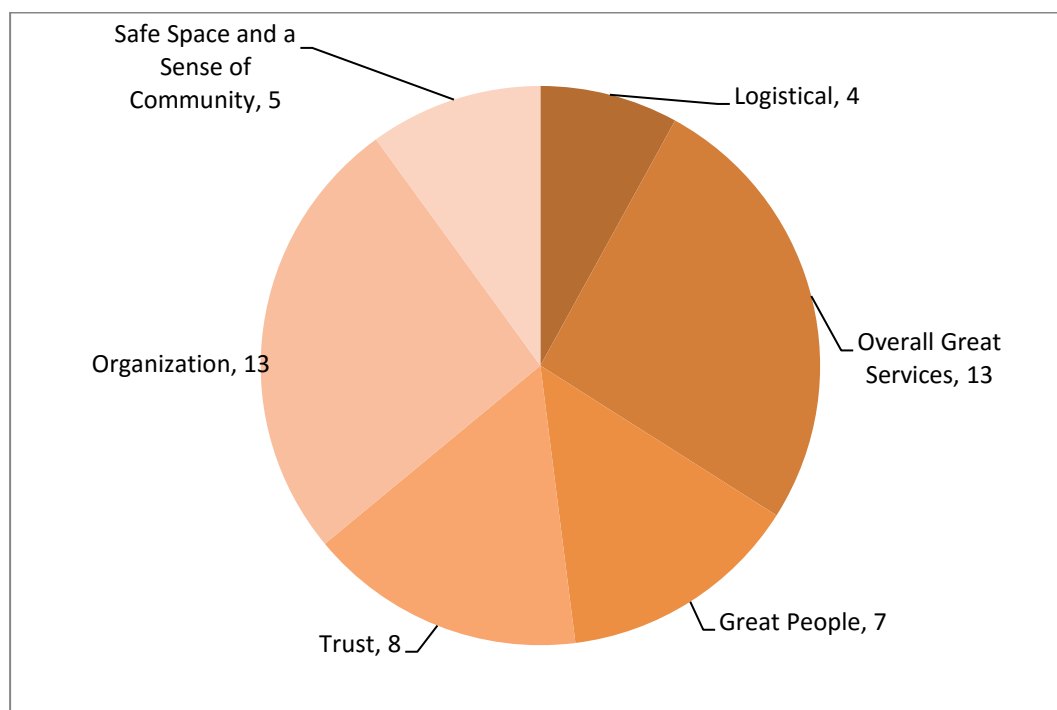
#### ***Themes Regarding Receiving Services at Centro Sávila***

This section focuses on what survey respondents liked the most about Centro Sávila, and how they felt Centro Sávila could improve. The majority of survey respondents provided answers: 39 participants provided a response to the question, what do you like most about the services that you receive at Centro Sávila? These responses were first coded. The first round of coding resulted in over 50 codes. These were then analyzed for thematic or contextual similarity, resulting in a total of 6 themes.

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<sup>2</sup> The Evaluation Plan's data analysis showed that Centro Sávila, First Choice Community Healthcare, and Recovery Services of New Mexico provide services in Spanish. However, only Centro Sávila has more than one clinician or counselor fluent in Spanish on their providers' list. None of the general health clinics housed a bilingual counselor or clinician, except for Presbyterian's Health Clinic in the South Valley.

**Figure 12. Themes from answers to the question “What do you like most about the clinical services that you receive at Centro Sávilá?”**



Source: Centro Sávilá Client Satisfaction Survey 2019

Note: A respondent might be represented in more than one theme,

Theme 1: Overall Great Services

The quote above highlights the type of response that was included in this theme. When asked to share what they like most about Centro Sávilá’s services, many survey respondents either shared that they liked the services overall, or the went on to describe many of the adjectives that they associate with Centro Sávilá. As seen in this quote, this client mentions many of the positive aspects that she likes about Centro Sávilá.

*“It is a center with strong ethics, much respect, comprehension, many values and professionalism.”*

Theme 2: Great People

This category was also commonly shared. It includes the specific reference to the people that work in Centro Sávilá. These responses range from

*“I like the treatment by all of the staff and especially the treatment I receive by my counselor. It gives me confidence and she makes me feel secure.”*

“The people” as one of the best aspects of receiving services at Centro Sávila, to the more specifics of services from staff and clinicians.

### Theme 3: Trust with Clinicians

As noted briefly above, many of the clients surveyed specifically shared that could trust their clinician at Centro Sávila. The two quotes above highlight the strong relationships that clients have with their respective counselor or clinician. They also signal that clients are experiencing personal growth because of the services that they are receiving and because of the support that their counselors are providing.

*“[My counselor] listens to me and understands me. She helps me confront my fears. She is like an angel sent to me by god.”*

*“I like the treatment by all of the staff and especially the treatment I receive by my counselor. It gives me confidence and she makes me feel secure.”*

### Theme 4: Centro Sávila as an Organization Overall

While this category is closely linked to several of the others, it is classified as its own because it includes responses that talk about Centro Sávila as an organization. This includes statements like, “[Centro Sávila] treats me well” or “[Centro Sávila] hears me, they understand me”. What makes this category unique is the notion that clients understand and describe Centro Sávila as an organization and attribute positive emotions, feelings, and descriptions to it as a whole.

### Theme 5: Safe Space and a Sense of Community

Several survey respondents specifically shared that they felt safe at Centro Sávila. They also mentioned that they feel as if they are part of a Centro Sávila community, or a “close-knit group”. This is important because having facilities that have a warm and safe feel is a specific aim or goal by Centro Sávila.

### Theme 6: Logistical Support for better access to care

This category encompasses responses that focus on logistics, such as ease in scheduling consecutive appointments, the location of Centro Sávila, the availability of services in Spanish, and the flexibility by the counselors and staff.

## ***Services at Centro Sávilá – Room for Growth***

### **Theme 1: I Would Not Change Anything**

The last question in this section specifically asked survey respondents for their recommendation on how Centro Sávilá could improve their services. A total of 26 responses or suggestions were provided. However, instead of providing suggestions most respondents to this question to the time to note on how well Centro Sávilá and Hopkins Center is performing. This was the most common response and most salient message.

Clients also utilized this space to note down quick thanks. This is in no way surprising. As discussed above, all client satisfaction survey questions received overwhelmingly positive scores. Centro Sávilá and Hopkins Center are spaces that make people feel welcome, respected, safe, and where people are helped to discover the resources and abilities that are needed by clients.

*“Me personally, I like everything Centro Sávilá does because everyone is very professional.”*

*“They are doing an amazing job.”  
“I don’t see anything they have to change.”*

*“¡Así como lo están haciendo, muy bien! Just the way they are performing, very well!”*

### **Theme 2: Expand the Number of Programs, Group Sessions, and your Staff**

*“Having more therapists and for [Centro Sávilá] to be known more in the community. They should open more support groups, whether they be for families, men, or children.”*

Another common theme that was shared focused on improving how often clients can use Centro Sávilá and Hopkins Center’s services. As the quote above highlights, clients appreciate the services, know of the benefits, and would like more community members

to have access. Recommendations included openings more group sessions and therapy, having additional programs, and bringing more staff on board. These are all suggestions that would improve the number of clients that can be seen, as well as diversifying client diversity.

### **Theme 3: More People Need to Know about Centro Sávilá**

Coupling onto the previous category was the suggestion that Centro Sávilá and Hopkins Center should be known more in the community. The suggestions signaled that their might community members that are not

*“Centro Sávilá has to be known more in the community so that they can help those that do know about their services.”*

aware of the services that are provided at Centro Sávila. This is consistent with the above-mentioned finding that most clients arriving to Centro Sávila do so via word of mouth and through referrals. This means that there are possible large pockets of possible clients that are not being reached and provided with services due to a lack in awareness.

#### **Evaluation Aim 4: Barriers to Treatment**

An aim of our evaluation was to help unpack what barriers Centro Sávila clients are experiences when trying to receiving treatment. The data that we using to answer this question was measured via an open-ended question that asked clients, “What type of problem have you had when you couldn’t make your appointment?”. The answers to this question were analyzed and coded into major themes. Here we present the main barriers to treatment that Centro Sávila clients face.

##### Theme 1: Traditional Working Hours

As the quote illustrates, many survey respondents shared that they could not make their appointments, or cannot be seen in the frequency that they would like to be seen, because they work a traditional work schedule. This barrier was the most salient issue. During the interview process we also noted that clients also scheduled midday appointment and use their lunch break time to attend their appointment.

*“Because of my employment... sometimes I get out late and cannot make my appointments.”*

##### Theme 2: Health Issues and Competing Appointments

*“Several times I could not make my Centro Sávila appointment because I had to attend other [competing] appointments*

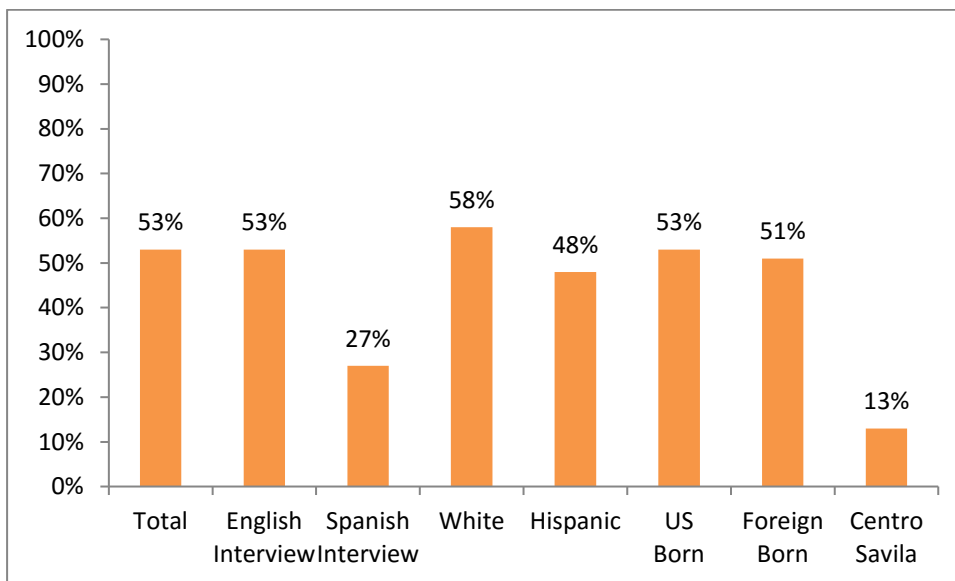
Issues in health, both physical and mental, and balancing competing appointments with health providers, are also prominent issues with Centro Sávila clients. Survey respondents shared that they often cannot make

appointment because of ill health.

In order to compare how Centro Sávila clients are reporting their overall health, we introduced a standardized self-rated health question. This was measured using a survey question that asks respondents to rate their own overall health. Centro Sávila clients that participated in this evaluation overwhelmingly reported having either good or regular health. Only about 13% of survey respondents reported having either excellent or very good health. To get an idea of how this compares against the rest of New Mexico, we report state level estimates on self-rated health (See Figure 13). These estimates reveal that Centro

Sávila clients are less likely to report good or excellent health than the rest of New Mexico. For example, about 53% of New Mexicans reported good or excellent health, compared to 27% for survey respondents that took that survey in Spanish, and 51% who reported being born outside of the U.S. With these figures and this comparison in mind we can begin to contextualize the quote that we shared in the beginning of this section; individuals that frequent Centro Sávila are likely to report health that is not optimal and are balancing health related appointments, leading them to opt for one appointment over another.

**Figure 13: Self Rated Health –Self-Rated Good or Excellent Health in New Mexico and among Centro Savila Clients**



Sources: UNM Center for Social Policy, Social Determinants of Health in New Mexico Survey and Centro Sávila Client Satisfaction Survey 2019

Theme 3: Lack of Childcare

As noted earlier in the evaluation report, Centro Sávila clients are more likely to be women who are employed in and outside of the home. A few respondents described childcare as acting as a barrier when trying to make it to appointments. This was coupled with other barriers, such as issues with transportation and balancing childcare with their employment demands.

*“I don’t have transportation and sometimes I have appointments with my kids... I also have work.”*

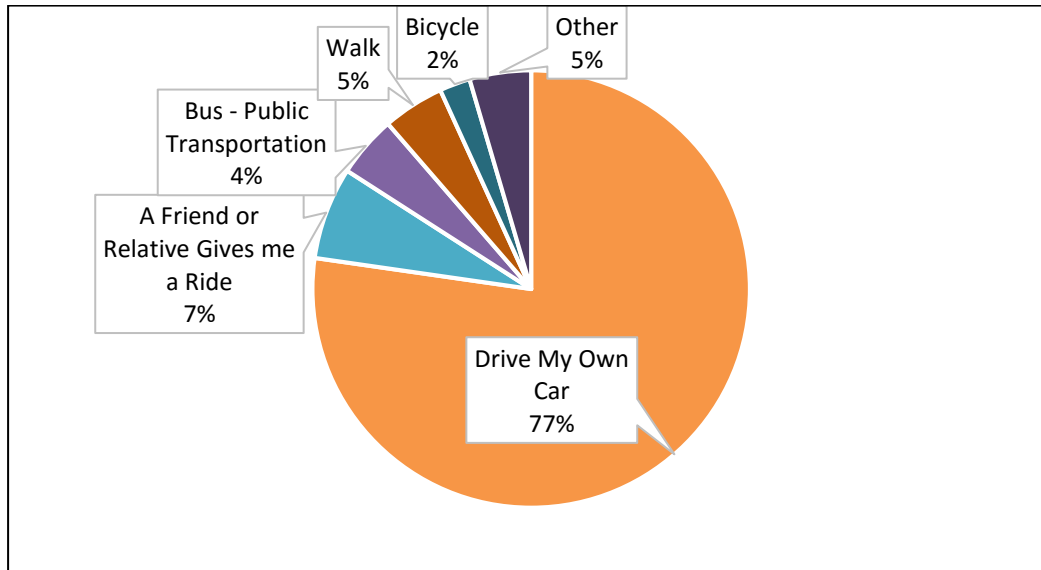
Theme 4: Transportation and Distance to Centro Sávila

*“Because I miss my busses... I use public transportation.”*

As briefly mentioned above, transportation is a significant issue for many Centro Svila clients. This is both evident in our data, but was also

unpacked during our conversations with Centro Svila staff and clients. To get a better idea of this issue we began by asking survey respondents to share their method of transportation when traveling to their appointments.

Figure 14. How are Centro Svila Clients traveling to their Appointments?



Source: Centro Svila Client Satisfaction Survey 2019

About 17% or about every 1 out of 5 survey respondents shared not having their own vehicle when traveling to their appointments (see Figure 14.) This means that many Centro Svila clients are using public transportation, walking, riding their bicycle, or using a combination of these transportation methods, to see their counselor or therapists. While the remaining 77% reported driving their own vehicle and 7% having access to a friend or relative that can provide them with transportation, this does not mean that transportation is not an issue. As shared above, several survey respondents that had access to a vehicle shared that transportation was an issue. One factor that can be associated with this is the number of minutes that it takes to drive to your appointment. We asked respondents to share how many minutes it took them to get to their last appointment, analyzed this data by having access to a vehicle or not having access to a vehicle, and presented in Figure 14 below.

Table 1: Average Minutes to Appointments by Centro Svila Clients

	Average Number of Minutes	Median	Sample size
All	20	15	43

Has Access to a Car or Ride	17	18	37
Does not have Access to a Car or Ride	36	30	6

Source: Centro Sávilá Client Satisfaction Survey 2019

The majority of survey respondents provided an estimate or response. On average it takes about 20 minutes of travel when clients are visiting their counselor or therapists. This average however changes significantly depending on access to a vehicle. For example, having a vehicle or access to a ride reduces this average by about 3 minutes, but not having this privilege increases it by 16 minutes, each way (see Table 1.). It was also noted in both the open-ended questions and in the quantitative measure that persons without access to a car are more vulnerable to time increases given that something like missing a bus sets forward a wave of time increases.



## Recommendations

As noted above, client satisfaction is not an issue at Centro Sávilá. Survey respondents shared extremely positive responses. Here we highlight what we feel are feasible recommendations.

First, we recommend that Centro Sávilá works toward meeting client request for additional face time with their counselor or clinician. Many clients understand the impact that Centro Sávilá is creating, both at the individual-personal level, and at the community level. Suggestions of hiring additional counselors and clinicians were made by clients and should be considered with current Centro Sávilá goals-limitations-plans-constraints, and what is actually feasible.

One suggestion is to build opportunities for participation in support groups or group therapy, especially if these items are scheduled after work hours. While not all survey participants suggested a specific theme for the groups, some did highlight an interest in groups that focus on men, children, or a combination of both. It is our understanding that what is important to Centro Sávilá Clients is the opportunity to improve their wellbeing.

We also recommend the development of a mechanism that secures travel to and from Centro Sávilá. This might be feasible if tailored to clientele that do not have access to their own vehicle or a secure ride to Centro Sávilá, roughly about 1 out of 4 clients.







## Next Steps

When focusing on Centro Sávila's next steps, we recommend they continue to tailor the current customer satisfaction survey into a shorter survey that can be implemented semiannually. This survey would be tailored based on a balance between the measures that worked well during this evaluation and Centro Sávila future aims. Utilizing an online platform such as SurveyMonkey would allow this implementation and provide a platform for immediate data analysis/results for quantitative measures, and an efficient method of organizing qualitative data from open ended questions. This method also has the potential of becoming a mechanism for collection sensitive information, such as responses to ACE(s).



# Appendix B - Surveys

## Cuestionario de satisfacción al cliente

### Centro Sávila y Hopkins Center

Evaluation Lab, University of New Mexico

- Centro Sávila y la Universidad de Nuevo México están trabajando juntos para entender más sobre las experiencias, el aprendizaje, y la satisfacción de sus clientes.
- Su participación es voluntaria, y usted puede decidir no participar o saltarse cualquier pregunta que no quiera contestar.
- El cuestionario tomará entre 10 a 15 minutos y tiene dos partes. La primera parte es sobre sus opiniones y experiencias con Centro Sávila y sus respuestas son completamente anónima. Eso quiere decir que nadie sabrá su nombre. La segunda parte son preguntas sobre su niñez para que su consejero o consejera pueda darle mejores servicios y puede dar su nombre si quiere que su consejero o consejera vea esa parte del cuestionario.
- Los resultados de la evaluación mejorarán nuestro entendimiento sobre las experiencias de los clientes de Centro Sávila, y ayudarán a Centro Sávila en su misión de proveer los mejores servicios posibles.

**Centro Sávila tiene dos programas de consejería, uno en Centro Sávila en Isleta, y otro en Hopkins Center, así que primero queremos saber dónde recibe usted servicios de consejería.**

1. ¿Está recibiendo servicios en Centro Sávila-Isleta o Hopkins Center?
  - Centro Sávila en Isleta
  - Hopkins Center
2. ¿Por cuánto tiempo ha estado recibiendo servicios aquí?
  - Es mi primera visita
  - Menos de un mes
  - 1-5 meses
  - 6 meses a 1 año
  - Más de 1 año. ¿Cuánto tiempo? \_\_\_\_\_
3. ¿Es esta su última cita con su consejero o consejera?  Sí  No
4. ¿Cómo se enteró por primera vez sobre este lugar?
  - Me refirieron de otra organización (por ejemplo Enlace Comunitario, Casa de Salud etc.)
  - Amigo o conocido me contó.
  - Doctor u Hospital
  - Otro. ¿Quién le refirió? \_\_\_\_\_
5. ¿Cómo contactó por primera vez a Centro Sávila?
  - Vine en persona
  - Hablé por teléfono con la recepcionista

- Hablé por teléfono con la consejera o el consejero
- Otro

6. ¿Estuvo alguna vez en lista de espera para ver a su consejera(o) en Centro Sávila por primera vez?

- Sí
- No (Pase a la pregunta 8)

7. **¿Cuánto tiempo** estuvo en la lista de espera antes de recibir servicios en Centro Sávila? \_\_\_\_\_

8. ¿Qué tan seguido ve a su consejera (o)?

- 2 o más veces a la semana
- 1 vez a la semana
- 1 vez cada 2 semanas
- 1 vez al mes
- Otro \_\_\_\_\_

9. Centro Sávila tiene varios servicios para sus clientes. Por favor díganos si ha oído de los siguientes servicios:

	Sí	No
Jardín/huerta	<input type="radio"/>	<input type="radio"/>
Ayuda para obtener su seguro médico o aseguranza. (Medicaid, Blue Cross, Molina, etc.)	<input type="radio"/>	<input type="radio"/>
Ayuda para ser referida(o) a otros servicios como vivienda o referencias para servicios de salud o empleo	<input type="radio"/>	<input type="radio"/>
Ayuda para ser referida(o) a un abogado	<input type="radio"/>	<input type="radio"/>
Grupo de Mujeres u otro grupo de apoyo	<input type="radio"/>	<input type="radio"/>
Tratamiento por el uso de alcohol o drogas	<input type="radio"/>	<input type="radio"/>

10. Ha usado alguno de estos servicios?

- No
- Sí. ¿Cuáles? \_\_\_\_\_

11. Le gustaría recibir alguno de estos servicios?

- No
- Sí. ¿Cuáles? \_\_\_\_\_

12. Comparado a su primera visita, ¿cómo se siente ahora? ¿Diría que se siente peor, Igual, un poco mejor, algo mejor o mucho mejor?

- Mucho peor
- Algo peor
- Igual
- Algo mejor
- Mucho Mejor

No Aplica

13. ¿Qué tan de acuerdo está con la siguiente frase: **En Centro Sávila he aprendido a manejar mis síntomas en mi vida diaria**

- Nada de Acuerdo
- Algo de Acuerdo
- Muy de Acuerdo
- Completamente de Acuerdo
- No Aplica

14. ¿Qué ha aprendido a hacer para lidiar con sus síntomas?





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**Ahora vamos a preguntarle sobre el personal y sobre su experiencia en general.**

15. Por favor díganos qué tan ciertas son estas frases para usted en una escala de 0 a 3, donde 0 significa nada cierto y 3 muy cierto

	<u>No es cierto</u>  0	<u>Poco cierto</u>  1	<u>Algo cierto</u>  2	<u>Muy cierto</u>  3	<u>No sé</u>
El personal aquí me trata con dignidad.	0	1	2	3	<input type="radio"/>
El personal comprende las dificultades de los inmigrantes.	0	1	2	3	<input type="radio"/>
Centro Sávila es conocido entre la gente que habla español en mi comunidad	0	1	2	3	<input type="radio"/>
El personal me apoya si me siento agobiada (o) o que ya no aguanto más	0	1	2	3	<input type="radio"/>
Confío en que Centro Sávila/ Hopkins Center no comparte la información que les doy.	0	1	2	3	<input type="radio"/>
Confío en el personal de Centro Sávila/ Hopkins Center.	0	1	2	3	<input type="radio"/>
Cuando estoy en Centro Sávila/ Hopkins Center siento que estoy en un lugar seguro.	0	1	2	3	<input type="radio"/>
Mi consejera o consejero siempre está disponible para ayudarme.	0	1	2	3	<input type="radio"/>
Cuando estoy en Centro Sávila/ Hopkins Center siento que estoy en un lugar tranquilo.	0	1	2	3	<input type="radio"/>

16. ¿Qué tan satisfecha(o) está con los servicios de Centro Sávila? Puede dar una calificación del 0 al 4, donde 0 es nada satisfecha(o) y 4 es muy satisfecha(o)

0

1

2

3

4

Nada Satisfecha(o)

Muy Satisfecha(o)

17. Ha recibido servicios de salud mental fuera de Centro Svila?

- S
- No (Pase a la pregunta 17)

18. Si respondi S, qu es lo que ms le gust de los servicios de consejera que recib en ese otro lugar?

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19. Qu es lo que menos le gust de los servicios de consejera que recib en ese otro lugar?

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20. Qu es lo que ms le gusta de los servicios de consejera que recibe en Centro Svila?

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21. Cmo puede Centro Svilas mejorar sus servicios?

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**Gracias por contestar nuestras preguntas. Ya casi terminamos con la encuesta. Ahora le vamos a hacer algunas preguntas sobre usted.**

22. ¿Cómo se identifica?
- Hombre
  - Mujer
  - Otro. Me identifico como \_\_\_\_\_
23. ¿Cuál es su fecha de nacimiento? (Día/mes/año)\_\_\_\_\_
24. Usted se identifica como:
- Blanco
  - Negro o Africano Americano
  - Nativo de Hawaii o Otra Isla Pacifica
  - Nativo de Alaska, India Asiatica o Nativo Americano
25. ¿Usted se identifica como hispano o latino?
- Sí
  - No
26. ¿Cual idioma se habla en su casa?
- Ingles
  - Español
27. Diría usted que su salud es:
- Excelente
  - Muy Buena
  - Buena
  - Regular
  - Mala
28. ¿Cuál es el último grado o nivel educativo que usted terminó?
- Algunos grados pero no terminó la primaria
  - Terminó la escuela primaria
  - Escuela secundaria
  - Preparatoria / bachillerato
  - Algunos años de Universidad, pero no se graduó
  - Se graduó de la Universidad o más
  - Otro \_\_\_\_\_
29. ¿Cuántos años ha vivido en los Estados Unidos?
- Toda mi vida
  - Más de 5 años
  - 1-5 años
  - Menos de 1 año

30. A algunos clientes se les hace difícil ver a su consejera(o) porque no pueden ir a las citas. ¿Qué tipo de problema ha tenido usted cuando no ha podido ir a su cita?

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31. ¿Cuál es su método de transporte principal cuando visita a Centro Sávila o Hopkins Center?

- Manejo o conduzco mi automóvil
- Un familiar o amigo me trae a en su automóvil
- Autobús/transporte público
- Camina
- Bicicleta
- Taxi (Uber, Lyft)
- Otro \_\_\_\_\_

32. Para mejor entender cuánta distancia existe entre su hogar y su consejero, le pedimos que comparta con nosotros la intersección de las dos calles principales más cercanas a su hogar. Por ejemplo, mi hogar este por la intersección de la Ave. Girard NE y Indian School NE. ¿Cuál es la intersección más cercas a su hogar?

- Calle 1: \_\_\_\_\_ Calle 2: \_\_\_\_\_

33. ¿En una visita típica con su consejera(o), cuantos minutos le toma llegar desde su hogar a Centro Sávila o Hopkins Center (el lugar donde ve a su consejera(o))? \_\_\_\_\_ minutos

34. ¿Cuál es su código postal (zip code)? \_\_\_\_\_

35. ¿Tiene seguro médico o aseguranza?

(por ejemplo, Medicare, Medicaid, Presbyterian, Molina, Tricare, Blue Cross)

- Sí
- No
- No sé

36. Tomé esta encuesta...

- Solo (a)
- Con la ayuda de alguien



ACES

**Gracias por contestar nuestras preguntas, ya terminamos la primera parte de la encuesta. Todo lo que nos ha contestado hasta ahora será confidencial y anónimo.**

**La siguiente parte incluye 10 preguntas sobre su niñez. Esta sección es voluntaria y puede decidir saltarse cualquier pregunta.**

**Las respuestas que nos dé son confidenciales, pero puede decidir si desea dar su nombre. Si nos da su nombre lo compartiremos con su consejero o consejera porque utilizará sus respuestas para mejor entender su experiencia y su caso como cliente de Centro Sávila.**

**Si no nos da su nombre, sus respuestas nos ayudarán a mejor entender la comunidad de clientes que utiliza a Centro Sávila para consejería, pero su consejera(o) no podrá usar sus respuestas.**

**Si desea compartir su nombre y apellido, por favor escríbalo aquí \_\_\_\_\_.**

**Pase a la siguiente página.**

**Muchos niños tienen experiencias estresantes que pueden afectar su salud y su bienestar. Los resultados de este cuestionario ayudarán a su consejera(o) a evaluar su salud y a determinar las medidas a tomar. Lee las afirmaciones siguientes y conteste si alguna de las dos cosas le han pasado.**

37. Antes de sus 18 años...

Alguno de sus padres o algún otro adulto en su casa **con frecuencia o con mucha frecuencia**... Le grito, insultó, hizo sentir menos, o humillo?

Se comportó de alguna manera que hizo que sintiera miedo o que se sintiera físicamente herido?

Sí

No

38. Antes de sus 18 años...

Alguno de sus padres o algún otro adulto en su casa **con frecuencia o con mucha frecuencia**...

Lo empujaban, lo jalaban, lo cacheteaban, o le aventaban cosas?

Alguna vez lo golpearon con tanta fuerza que le dejaron marcas o lo lastimaron?

Sí

No

39. Antes de sus 18 años...

Algún adulto o alguna otra persona cuando menos 5 años mayor que usted **alguna vez**... Lo tocó o acarició indebidamente o le pidió que usted lo tocara de alguna forma sexual?

Intentó tener relaciones sexuales orales, anales o vaginales con usted?

Sí

No

40. Antes de sus 18 años, se sentía usted **con frecuencia o con mucha frecuencia** que...

Nadie en su familia lo quería o pensaba que usted era especial o importante?

En su familia no se cuidaban unos a los otros, no sentían que tenían una relación cercana, o no se apoyaban unos a los otros?

Sí

No

41. Antes de sus 18 años...

Se sentía usted **frecuencia o con mucha frecuencia** que...

No tenía suficiente comida, tenía que usar ropa sucia, o no tenía nadie que lo protegiera?

Sus padres estaban demasiado borrachos o drogados para cuidarlo o llevarlo al médico si es que lo necesitaba?

Sí

No

42. Antes de sus 18 años...

Alguna vez perdió un padre o una madre biológico(a) debido a divorcio, abandono, o alguna otra razón?

- Sí
- No

43. Antes de sus 18 años... A su madre o madrastra:

Con **frecuencia o con mucha frecuencia** la empujaban, jalaban, golpeaban, o le aventaban cosas?

**A veces, con frecuencia, o con mucha frecuencia** le pegaban, la mordían, la daban puñetazos, o la golpeaban con algún objeto duro?

Alguna vez la golpearon durante varios minutos seguidos o la amenazaron con una pistola o un cuchillo?

- Sí
- No

44. . Antes de sus 18 años...

Vivió usted con alguien que era borracho o alcohólico, o que usaba drogas?

- Sí
- No

45. Antes de sus 18 años...

Algún miembro de su familia sufría de depresión o enfermedad mental, o alguien en su familia trató de suicidarse?

- Sí
- No

46. Antes de sus 18 años...

Algún miembro de su familia fue a la cárcel?

- Sí
- No

Gracias por contestar el cuestionario. Si quiere hablar con alguien en Centro Sávila o en Hopkins Center sobre estas preguntas, puede llamar a Bill Wagner al 505-604-1640 o a Jackie Perez al 505-907-7871.

**Client Satisfaction Survey**  
**Centro Sávila and the Hopkins Center**  
**Evaluation Lab, University of New Mexico**

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- **Centro Sávila and the University of New Mexico are working together to better understand their clients' experiences, learning, and satisfaction with their services.**
- **Your participation is voluntary, and you can decide to not participate or skip any question that you do not want to answer.**
- **The survey will take about 10 to 15 minutes to complete and has two parts. The first part is about your opinions and experiences with Centro Sávila and your responses are completely anonymous. This means that no one will know your name. The second part focuses on your childhood, and will be seen by your provider. This is so that they may provide better services. You have the option of telling us your name if you would like your counselor to see this part of the survey.**
- **The results of the evaluation will improve our understanding about the experiences of Centro Sávila clients, and will help Centro Sávila in its mission to provide the best services possible.**

Centro Sávila has two counseling programs, one in Centro Sávila located on Isleta, and another in the Hopkins Center. We would like to start by knowing where you receive services.

- 1) Are you receiving services at Centro-Sávila Isleta or the Hopkins Center?
  - Centro Sávila – Isleta
  - Hopkins Center
  
- 2) How long have you been receiving services here?
  - This is my first visit
  - Less than a month
  - 1-5 months
  - 6 months to a year
  - More than a year. How long? \_\_\_\_\_
  
- 3) Is this your last appointment with your counselor?  Yes  No
  
- 4) How did you initially find out about Centro Sávila?
  - I was referred by another organization For example Enlace Comunitario, Casa de Salud etc.)
  - A friend or acquaintance told me
  - A doctor or hospital
  - Other. Who referred you? \_\_\_\_\_
  
- 5) How did you initially contact Centro Sávila?
  - Walk-in – I visited in person
  - I called, spoke with a receptionist
  - I called, spoke with a counselor
  - Other
  
- 6) Were you placed on a wait list before seeing your counselor before your first session?
  - Yes
  - No (Skip to question 8)
  
- 7) How long were you on the wait list prior to receiving services at Centro Sávila? \_\_\_\_\_

8) How often do you see your counselor?

- Twice a week or more
- Once a week
- Once every 2 weeks
- Once a month
- Other \_\_\_\_\_

9) Centro Sávila have several services available to clients. Please tell us if you have Heard about the following services:

	Sí	No
Community garden	<input type="radio"/>	<input type="radio"/>
Help obtaining health insurance (Medicaid, Blue Cross, Molina, etc.)	<input type="radio"/>	<input type="radio"/>
Referrals for services such as housing, health services and employment referrals	<input type="radio"/>	<input type="radio"/>
Referrals to a lawyer	<input type="radio"/>	<input type="radio"/>
Women's group or other Support groups	<input type="radio"/>	<input type="radio"/>
Treatment for alcohol or drug use	<input type="radio"/>	<input type="radio"/>

10) Have you used any of these services?

- No
- Yes. Which ones \_\_\_\_\_

11) Would you like to receive any of these services?

- No
- Yes. Which ones \_\_\_\_\_

12) Compared to your first visit, how do you feel now? Would you say you feel:

- Much Better
- Better
- The Same
- Worse
- Much Worse
- Does not Apply – This is my first visit





13) How much do you agree with the following statement? At Centro Sávila I have learned to manage my symptoms in my daily life.

- Not at all
- Somewhat Agree
- Much Agree
- Completely Agree
- Does not Apply – This is my first visit

14) What have you learned to do to manage your symptoms?

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15) Please tell us how true each phrase is to you on a scale of 0 to 3, where 0 means not true at all and 3 means very true.

	<u>Not at all True</u>	<u>A little True</u>	<u>Somewhat True</u>	<u>Very True</u>	<u>I don't know</u>
					
Staff members here treat me with dignity.	0	1	2	3	<input type="radio"/>
Staff members understand the difficulties of immigrants.	0	1	2	3	<input type="radio"/>
Centro Sávila is known by people who speak Spanish in my community	0	1	2	3	<input type="radio"/>
The staff encourages me when I feel overwhelmed or when I can't take it anymore	0	1	2	3	<input type="radio"/>
I trust that Centro Sávila will not share the information that I give them	0	1	2	3	<input type="radio"/>
I trust the staff at Centro Sávila	0	1	2	3	<input type="radio"/>
When I am at Centro Sávila I feel that I am in a safe place	0	1	2	3	<input type="radio"/>
My counselor is always available to help me.	0	1	2	3	<input type="radio"/>
When I am at Centro Sávila I feel that I am in a calm space.	0	1	2	3	<input type="radio"/>

16) How satisfied are you with the services that you have received at Centro Sávila? Can you provide a score where 0 is not satisfied and 4 is very satisfied.

0 Not Satisfied
  1
  2
  3 Very Satisfied

17) Have you received mental health services outside of Centro Sávila?

- Yes
- No (Skip to question 20)

18) If you responded yes, what did you like most about the mental health services that you received with your previous provider?

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19) What did you like least about the mental health services that you received with your previous provider?

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20) What do you like most about the services that you receive at Centro Svila?

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21) How can Centro Svila improve their services?

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**Thanks for answering our questions. We are almost done with the survey.  
We are now going to ask some questions about yourself.**

22) How do you identify?

- Male
- Female
- Other. I identify as \_\_\_\_\_

23) You identify as:

- White
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Alaskan, Indian or Native American

24) Do you identify as Hispanic or Latino?

- Yes
- No

25) What language do you speak at home?

- English
- Spanish

26) What is your date of birth? (Day/Month/Year) \_\_\_\_\_

27) How would you rate your overall health?

- Excellent
- Very Good
- Good
- Fair
- Poor

28) What is the last grade or level of education that you finished?

- Finished some grades but I did not finish elementary school
- I finished elementary school
- Middle School
- High School
- Some years of university, but I did not finish
- I graduated from a University, or more
- Other \_\_\_\_\_

29) How long have you lived in the US?

- All of my life
- More than 5 years
- 1-5 Years
- Less than a year



30) For some clients it is difficult to see their counselor because they cannot make it to their appointments. What type of problem have you had when you haven't made it to an appointment?

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31) What is your main form of transportation when visiting Centro Svila?

- I drive myself
- I get a ride with a friend or relative
- Bus/Public Transportation
- Walking
- Bicycle
- Taxi (Uber, Lyft)
- Other \_\_\_\_\_

32) To better understand how much distance you have to cover when traveling to Centro Svila, we ask that you share the name of the 2 main roads that make the closest intersection to your home. For example, my home is near the intersection of Girard Ave. NE and Indian School NE. What is the nearest intersection to your home?

- Street 1 \_\_\_\_\_
- Street 2 \_\_\_\_\_

33) How many minutes does it take to get to your appointments when you visit Centro Svila during a typical visit (where you see your counselor)?

- Minutes \_\_\_\_\_

34) What is your zip code?

- \_\_\_\_\_

35) Do you have health insurance? (for example Medicare, Medicaid, Molina, Tricare, Blue Cross)

- Yes
- No
- I do not know

36) I took this survey ...

- Alone
- With someone's help

### ACES

Thanks for answering our questions; we are done with the first part of the survey. Everything that you have answered up to this point is confidential and anonymous.

The next part includes 10 questions that focus on your childhood. This section is voluntary and you can skip any question. The answers that you provide can be confidential, and you can decide to provide your name. If you share your name we will share counselor so that they may better understand your experience and your case as a client at Centro Sávila.

If you do not provide your name, you will help us to better understand the client community that utilizes services at Centro Sávila for counseling, but your counselor will not be able to use your or see your responses.

You may discuss any of these questions with your counselor if you wish to do so.

If you wish to share your name, please provide it here:

Name and Last name \_\_\_\_\_

Please continue on the next page.

Many children have stressful experiences that may affect their health and wellbeing. The results from this questionnaire will help your counselor assess your health and work on a treatment plan. Please read the following statements and answer whether one of the two options has happened to you.

37) While you were growing up, during your first 18 years of life:  
Did a parent or other adult in the household often ... Swear at you, insult you, put you down, or humiliate you?  
or  
Act in a way that made you afraid that you might be physically hurt?

- Yes
- No

38) While you were growing up, during your first 18 years of life:  
Push, grab, slap, or throw something at you?  
Or  
Ever hit you so hard that you had marks or were injured?

- Yes
- No

39) While you were growing up, during your first 18 years of life:  
Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way?  
or  
Try to or actually have oral, anal, or vaginal sex with you?

- Yes
- No

40) While you were growing up, during your first 18 years of life:  
No one in your family loved you or thought you were important or special?  
Or  
Your family didn't look out for each other, feel close to each other, or support each other?

- Yes
- No

41) While you were growing up, during your first 18 years of life:  
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?  
Or  
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

- Yes
- No

42) While you were growing up, during your first 18 years of life:  
Were your parents ever separated or divorced?

- Yes
- No

43) While you were growing up, during your first 18 years of life:  
Your mother or stepmother: Often pushed, grabbed, slapped,  
Or

had something thrown at her?

Or

Sometimes or often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

- Yes
- No

44) While you were growing up, during your first 18 years of life:

Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

- Yes
- No

45) While you were growing up, during your first 18 years of life:

Was a household member depressed or mentally ill or did a household member attempt suicide?

- Yes
- No

46) While you were growing up, during your first 18 years of life:

Did a household member go to prison?

- Yes
- No

**Thank you for answering this survey. If you want to talk to someone about this survey, feel free to discuss it with your counselor or you may call Bill Wagner at 505-604-1640 or Jackie Perez at 505-835-5563**