



Member Experience – Annual Assessment of Behavioral Healthcare and Services

Quality Improvement Process

Quality Management Annual Report
2024 Behavioral Health Member Survey
Date of Assessment: December 2024

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Executive Summary

This survey is designed to document member experiences and satisfaction with the behavioral health care received by Mercy Care members. The behavioral health member survey was sent to a random sample of adult and children who had or have received services from Mercy Care. The purpose of the Adult and Child Behavioral Healthcare Surveys is to document member experiences and satisfaction with the behavioral health care they received across the following areas of care: Below is a summary of the findings.

- 82% are satisfied with the services they receive.
- 85% would tell others to use the health plan.

Background

Quality and continuous improvement are essential components of Mercy Care operational strategy. Members are encouraged to provide feedback regarding their health care and services. To promote continuous quality improvement, Mercy Care participated with a project led by the Aetna National Quality Team, which was approved by AHCCCS, to implement a member survey specific to behavioral healthcare and services. The cross-functional team represented fourteen health plans, including clinical expertise from both behavioral and physical health care services.

The resulting survey is designed to help Mercy Care better understand the experience and challenges members have in using their behavioral healthcare services. By engaging members, Mercy Care can work toward making the member behavioral healthcare experience more productive and satisfying resulting in better outcomes.

Purpose

The purpose of this survey is to solicit member feedback about their experience with behavioral health care services. The information is used to evaluate practitioner/provider performance, to identify gaps in service and other areas that are causing dissatisfaction so that action can be taken to improve the member experience with behavioral health care.

- Access to and timeliness of behavioral health care.
- Perceived outcome of behavioral health care.
- Communication with clinicians.
- Patient rights.
- Member services and assistance.
- Overall rating of the behavioral health care provider (BHCP).
- Comparisons between Adults vs. Children

Methodology

Press Ganey (PG) was selected by Mercy Care / Mercy Care Advantage to conduct its Behavioral Health Member Satisfaction Survey. Both adults and children were included in the survey outreach. Surveys were mailed and phone outreach was conducted per state privacy regulations and statutes. Data collection was conducted by mail and telephone. Mailed surveys were sent with a postage-paid reply

envelope and cover letter explaining the purpose of the survey. Survey materials were sent to all members in both English and Spanish.

PG interviewers then conducted live telephone outreach to members who did not respond to the mailed survey. All phone surveys were conducted by live interviewers. The phone survey duration was approximately eight to ten minutes. Members had the option to complete the phone survey in English or Spanish. If a member expressed a desire to complete the survey in another language, PG used Language Line to complete the interview in the member's requested language.

The data collection schedule was as follows:

- Survey mailed: August 5, 2024.
- Telephone follow-up conducted: August 26 – October 14, 2024.
- Data collection cut-off: October 14, 2024.

A total of 49,055 records were received for Mercy Care, of which 39,198 were eligible for surveying. A stratified random sample of 3,000 members was selected for survey mail/phone outreach. Distribution of adult vs. child mail and phone outreach surveys include.

- Adult surveys: 2,537
 - Mental Health Services 18 + years of age
 - Substance use disorder services 18+ years of age
- Child surveys: 463
 - Mental Health Services 0-17 years of age
 - Substance use disorder services 0 - 17 years of age

Response Rate

5.1%; Response Rate = Number of Completed Surveys / (Members sampled for outreach – Ineligibles)

- Eligible sample received: 39,198
- Members sampled for outreach: 3,000
- Sampled members determined ineligible: 2
- Eligible members sampled: 2,998
- Completed surveys: 152 total (111 adult / 41 child)
 - 77 phone (46 adult / 31 child)
 - 75 mail (65 adult / 10 child)

Response rate is defined as the total number of completed surveys divided by all eligible members of the sample. To be considered “complete” and included in the analysis, the member had to respond to the mail survey (answering at least one question) or answer at least one question in the telephone survey.

Eligible members include members available for outreach minus ineligible members. Ineligible members met at least one of the following criteria: were mentally or physically incapacitated or were deceased.

The number of completed surveys represents a statistically valid sample (90% confidence, $\pm 5.3\%$ MOE, $p = 0.8$, using a finite population correction factor based on the sample received, 49,055).

All calculations in this report use the “base” (shown as n = ##) as the denominator. Responses such as “Do not know” and “Prefer not to answer” are excluded from the base.

Totals reported on graphs may not be equal to the sum of the individual components due to the rounding of all figures to whole numbers.

Indicators/ Goals

The numerator and denominator for all survey questions, both Adult and Child surveys, are described below:

- Numerator: Member's ratings are measured using a 5 point scale using Strongly Disagree, Disagree, Neutral, Agree and Strongly Agree. The numerator represents the number of eligible members who responded as either Strongly Agree or Agree.
- Denominator: The denominator represents the number of valid responses collected for the measure.
- Goal: 80%

Audit Population

The survey is administered to those members who received behavioral health services as identified through three or more administrative claims for behavioral health services in the past 12 months. The 12-month time frame was June 1, 2023 through May 31, 2024. Paid and denied claims are included. A combination of diagnosis code, procedure code and provider specialty are used to identify the population. Qualifying claims have a provider which is behavioral health related, defined by using key words/terms from the provider specialty description in QNXT an integrated information management system. This includes both the primary and secondary specialties for a provider. The population is limited to members who are active at the time the report is generated. The population is further divided into age groups adults, ages eighteen and older, and children under fourteen years of age.

Eligible plan members were defined as:

- Currently enrolled adult and children members excluding children in foster care
- Members had at least three MH and / or SUD treatments / services from a BH specialist
- All ages of eligible members were included in survey

Results and Analysis

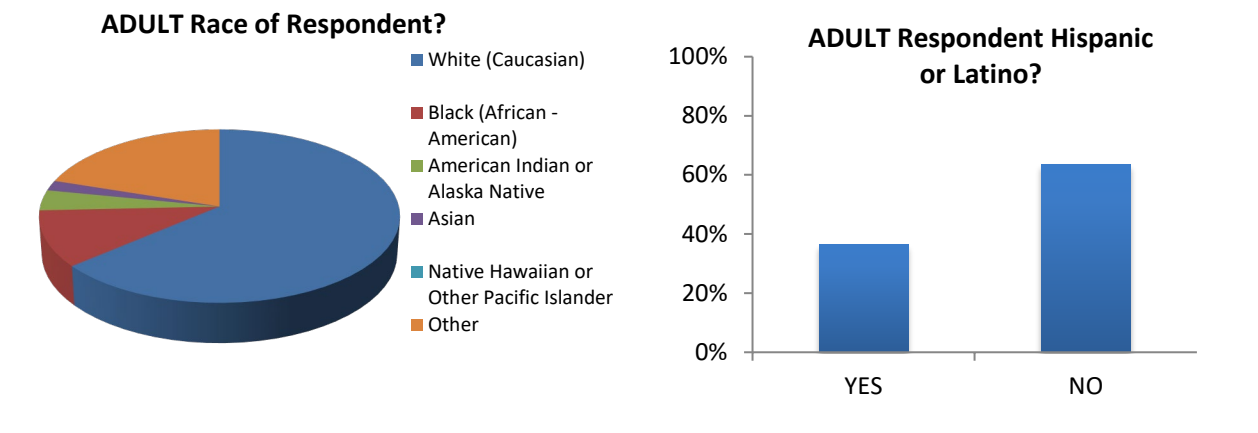
Table 1. Member Experience with BH Services Survey: Results

Survey Measure	2022			2023			2024 YOY Change: ↑ / → / ↓			2024 Goal: 80% Met? (Y/N)
	ADULT	CHILD	TOTAL	ADULT	CHILD	TOTAL	ADULT	CHILD	TOTAL	
<i>Access & timeliness of behavioral health care</i>										
I have a Behavioral Health Care Provider (BHCP) in a good location for me.	84%	77%	82%	85%	63%	82%	↓ 84%	↑ 85%	↑ 84%	YES
I can get an appointment as soon as I need it.	83%	70%	80%	78%	61%	76%	↑ 84%	↑ 79%	↑ 83%	YES
<i>Perceived outcome of behavioral health care</i>										
My BHCP helps me get along better with family and friends.	73%	83%	76%	66%	70%	66%	↑ 73%	↑ 79%	↑ 75%	NO
My BHCP helps me do better in school, work or other daily activities.	74%	82%	76%	67%	79%	69%	↑ 70%	↑ 90%	↑ 76%	NO
My BHCP helps me feel better.	85%	79%	83%	76%	75%	76%	↑ 82%	↑ 84%	↑ 83%	YES
<i>Communication with clinicians</i>										
My BHCP listens to me and understands what I say.	85%	82%	84%	84%	85%	84%	↑ 85%	↑ 92%	↑ 87%	YES
My BHCP explains things in a way that I understand.	89%	76%	86%	88%	81%	87%	↑ 90%	↑ 97%	↑ 92%	YES
My BHCP works on my treatment plan with my family, my care team and me.	66%	76%	69%	69%	85%	71%	↓ 60%	↑ 87%	↓ 67%	NO
My BHCP talks to me about medicines, and the risks they might have.	83%	75%	81%	76%	79%	77%	↓ 72%	↑ 89%	→ 77%	NO
I see my BHCP and Primary Care Provider (PCP) at the same location.	38%	38%	38%	40%	19%	37%	↓ 33%	↑ 39%	↓ 35%	NO
My BHCP and PCP share info about my health and treatment plan.	63%	63%	63%	65%	41%	62%	↓ 54%	↑ 51%	↓ 53%	NO
My BHCP helps me with other self-help support and community services.	71%	66%	70%	71%	65%	70%	↓ 68%	↓ 57%	↓ 65%	NO
My BHCP and care team include supportive roles, such as peer support services, in my treatment options and goals.	72%	NA	72%	70%	NA	70%	↓ 68%	NA	↓ 68%	NO
My provider and my care team help me get health care prevention screenings that I need.	77%	80%	78%	73%	69%	72%	→ 73%	↑ 80%	↑ 75%	NO
My provider and my care team teach me how to take care of my health.	79%	78%	79%	71%	65%	70%	↑ 76%	↑ 76%	↑ 76%	NO
My provider and my care team have my health history to make the best decisions about my treatment plan.	81%	90%	83%	81%	78%	81%	↑ 83%	↑ 87%	↑ 84%	YES
<i>Patient rights</i>										
My BHCP treats me with respect.	93%	97%	94%	91%	93%	92%	↑ 92%	↑ 97%	↑ 94%	YES
My BHCP is sensitive to who I am – including my race, religion, ethnicity, gender identification, language, and/or disability.	86%	86%	86%	88%	89%	88%	↑ 90%	↑ 95%	↑ 92%	YES

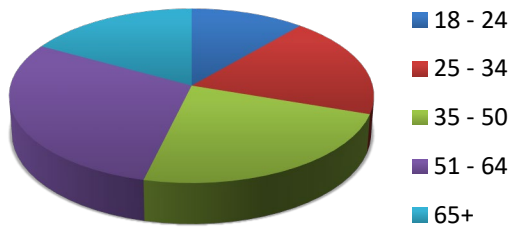
Survey Measure	2022			2023			2024 YOY Change: ↑ / → / ↓			2024 Goal: 80% Met? (Y/N)
	ADULT	CHILD	TOTAL	ADULT	CHILD	TOTAL	ADULT	CHILD	TOTAL	
My BHCP cares about how my culture affects my health	82%	86%	83%	75%	77%	76%	↑ 82%	↑ 86%	↑ 83%	YES
My BHCP makes sure I get my health care in a language that works for me	96%	90%	94%	92%	89%	91%	↓ 90%	↑ 92%	↓ 90%	YES
Member services and assistance										
My health plan staff is friendly and helpful.	85%	75%	83%	83%	86%	83%	↑ 86%	↓ 84%	↑ 86%	YES
My health plan helps me get care.	84%	86%	85%	81%	74%	80%	↑ 84%	↑ 92%	↑ 86%	YES
I would tell others to use my health plan.	81%	90%	83%	76%	68%	75%	↑ 84%	↑ 87%	↑ 85%	YES
Overall rating of behavioral health provider										
I would send my friends or family to my BHCP.	81%	83%	82%	75%	73%	75%	↑ 79%	↑ 87%	↑ 81%	YES
The office staff is polite and helpful.	81%	76%	80%	88%	92%	89%	↑ 94%	↑ 95%	↑ 94%	YES
I am pleased with my behavioral health services.	83%	79%	82%	75%	68%	74%	↑ 81%	↑ 84%	↑ 82%	YES

Figure 1 Mercy Care Adult Demographics

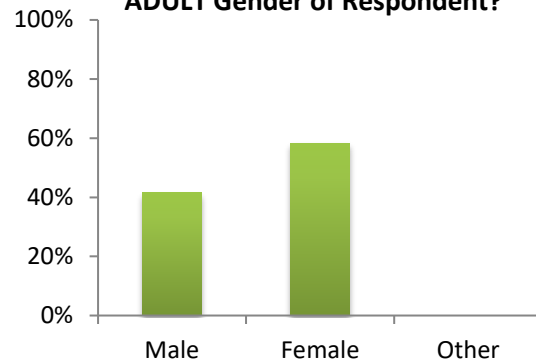
Analysis of respondent profile provides insights into the utilization of healthcare services provided. The following figures provide an overview of the eligible adult members who responded to the survey.



ADULT Age of Respondent?



ADULT Gender of Respondent?



Quantitative Analysis

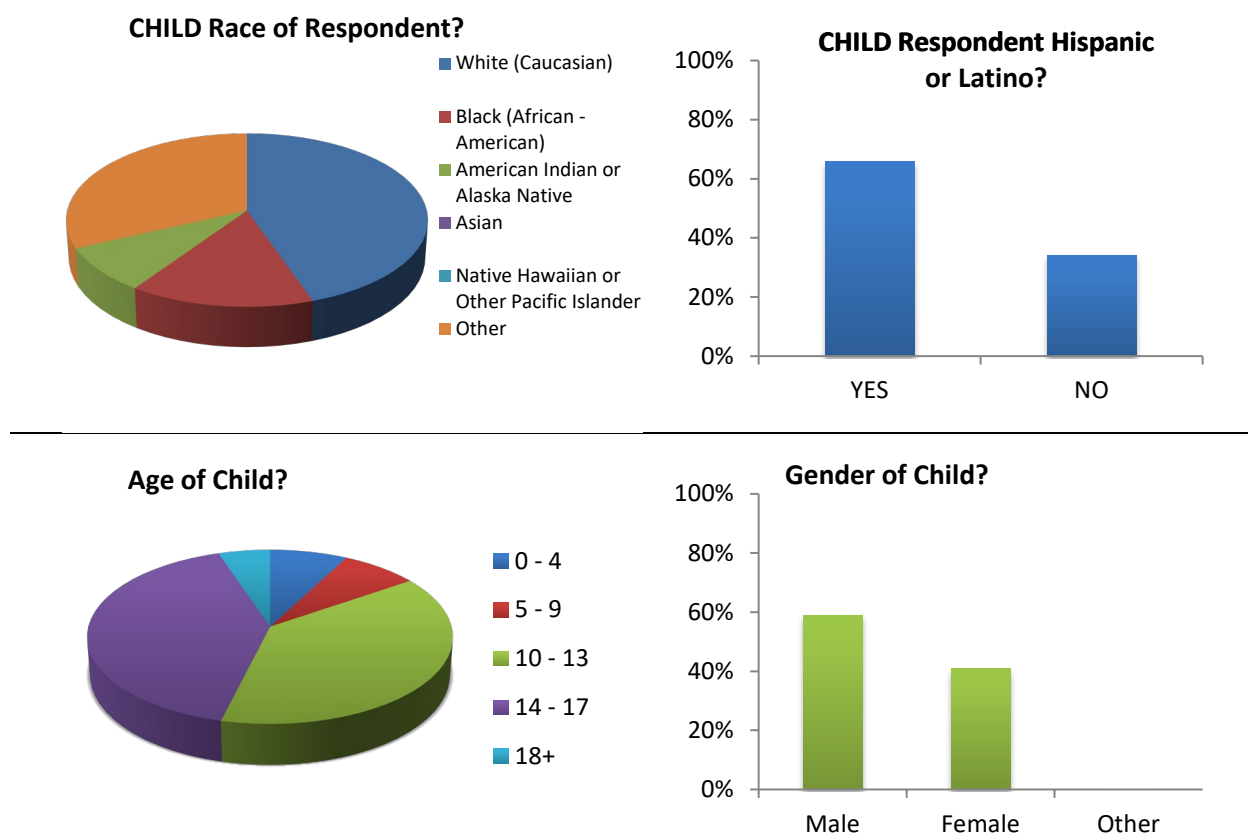
Overall adult members have a positive experience with their BHCP, feeling that they are easily accessible and that they are sensitive to their feelings, their understanding and their person and well-being.

- Measures demonstrating strengths are:
 - I have a Behavioral Health Care Provider (BHCP) in a good location for me (84%). This is slightly higher than 2023 (85%) but shows no trend from 2022 (84%).
 - I can get an appointment as soon as I need it (84%). This is an increase from 2023 (78%) but no trend from 2022 (83%).
 - My BHCP listens to me and understands what I say (85%). There is no trend from 2022 (85%) or 2023 (84%);
 - My BHCP explains things in a way that I understand (90%). There is a slight upward trend from 2022 (89%) and 2023 (88%);
 - My BHCP treats me with respect (92%). This is an increase of 1% over 2023 (91%) but down a percent from 2022 (93%), showing no trend.
 - My BHCP is sensitive to who I am – including my race, religion, ethnicity, gender identification, language, and/or disability (90%). This measure is on an upward trend (2022 86%; 2023 88%);
 - My BHCP makes sure I get my health care in a language that works for me (90%). This is on a slight downward trend from 2022 (96%) and 2023 (92%) but still above the goal.
 - The office staff is polite and helpful (94%). This is an upward trend from 2023 (88%) and 2023 (81%).
 - My health plan staff is friendly and helpful (2024 score: 86%). There is no trend in this measure (2022: 85%; 2023: 83%);
 - My health plan helps me get care (84%). There is no trend in this measure (2022 score: 84%; 2023 score: 81%);
- Measures identifying areas of opportunity are:
 - I see my BHCP and Primary Care Provider (PCP) at the same location (33%). There was a decrease in this score from 40% in 2023 and 38% in 2022.
 - My BHCP and PCP share info about my health and treatment plan (54%). There is a downward trend seen in the results of this measure (2022 score: 63%; 2023 score: 65%);
 - My BHCP works on my treatment plan with my family, my care team and me (60%). There is a decrease in this score from 2023 (69%) and 2022 (66%).

Adult members have a positive experience when it comes to their behavioral healthcare needs. There are a couple of opportunities around coordination of care and educating BHCPs on information sharing and making sure that everyone who needs to be is involved in the treatment plan's development.

Figure 2 Mercy Care Child Demographics

Analysis of respondent profile provides insights into the utilization of healthcare services provided. The following figures provide an overview of the parents or who responded for the child and the age and gender of the child.



Overall, child members have a positive experience with their BHCP, feeling that they are easily accessible and that they are sensitive to their feelings, their person and well-being, as well as ensuring that the family is knowledgeable and involved in the treatment plan.

- Measures demonstrating strengths are
 - My child's BHCP listens to and understands what my child says (92%). There is an upward trend in this measure (2022: 82%; 2023: 85%);
 - My child's BHCP explains things in a way that my child understands (97%). There is an upward trend in their measure (2022: 76%; 2023: 81%);
 - My child's BHCP treats my child with respect (97%). There is an increase of 4% over 2023 but no trend since 2022 (97%);

- My child's BHCP makes sure my child gets health care in a language that works for my child (92%). There is no trend in this measure (2022: 90%; 2023: 89%);
- The office staff is polite and helpful (95%). There is an upward trend in this measure (2022: 76%; 2023: 92%);
- My child's BHCP works with my child, our family and me on a treatment plan (87%). There is an upward trend in this measure (2022: 76%; 2023: 85%);
- My child's BHCP is sensitive to who my child is – including race, religion, ethnicity, gender identification, language, and/or disability (95%). There is an upward trend in this measure (2022: 86%; 2023: 89%);
- The services my child gets helps him or her do better in school, work or other daily activities (90%). There is an upward trend in this measure (2022: 82%; 2023: 79%);
- My child's health plan helps me with the information I need to get my child's care (92%). There is an upward trend in this measure (2022: 86%; 2023: 74%);
- My child's BHCP talks to my child and me about medicines, and the risks they might have (89%). There is an upward trend in this measure (2022: 75%; 2023: 79%);
- Measures identifying areas of opportunity:
 - My child's BHCP helps my child with other self-help support and community services (57%). There is a downward trend in this measure (2022: 66%; 2023: 65%);
 - My child's BHCP and PCP share info about my child's health and treatment plan (51%). There is improvement in this measure from 2023 (41%) but it is a decrease since 2022 (63%).

Child members have a positive experience when it comes to their behavioral healthcare needs. There are a couple of opportunities around coordination of care and educating BHCPs on information sharing and making sure that everyone who needs to be is involved in the treatment plan's development.

Qualitative Analysis

Through Mercy Care's analysis of the results, potential factors contributing to the results may include:

- Members may not realize that the BHCP and PCP communicate and do not discuss their physical health issues with their BHCP.
- In general people do not respond to surveys as noted by a survey response rate of 5.1%.
- Members lack knowledge of the survey and how the plan uses their feedback.
- Child members may not be connected with family support services for self-help support and community services when it is an identified need in the assessment.
- Members see their BHCP and Primary Care Provider (PCP) at the same location scored 33%. There is no requirement for members to have their BHCP and PCP at the same location. It is based on member voice and choice of where they would like to receive services.

Barriers and Opportunities for Improvement

Brainstorming or analysis does occur in collaboration with specific departments, BH managers and staff, Marketing and Member Communications, Office of Internal and Family Affairs (OIFA), Adult and

Children's Systems of Care, Provider Relation and the CLAS committee. The following barriers and opportunities for improvement were Identified. Recommendations for interventions and plans for implementation are included.

Table 3: Barriers and Opportunities for Improvement (Both adult and children)

Barrier	Opportunities for Improvement	Action Plan	Timeframe
Member's do not have access to technology	Alert members of the survey results	Post survey results to member website Share results at the Member Advisory committee	April 2025
None	Alert Providers of the survey results	Post survey results to provider website Send out Provider Notice	April 2025
Child members may not be connected with family support services for self-help support and community services if it is an identified need in the assessment	My child's BHCP helps my child with other self-help support and community services (2024 score: 57%).	Educate providers on the importance of ensuring members are connected to the support they need. The Provider Monitoring (PM) Team audits this area in the Behavioral Health Clinical Chart Audit. Upon completion of the audit, the PM team meets with the provider to review audit results. During this meeting, the PM team will provide education and training.	September 2025
Peer support services are not being offered to members	My BHCP and care team include supportive roles, such as peer support services, in my treatment	Educate providers on the importance of ensuring members are	September 2025

Barrier	Opportunities for Improvement	Action Plan	Timeframe
	options and goals (2024 score: 68%)	connected to the support they need. The PM Team audits this area in the Behavioral Health Clinical Chart Audit. Upon completion of the audit, the PM team meets with the provider to review scores. During this meeting, the PM team will provide education and training.	
Members may not realize that the BHCP and PCP communicate and do not discuss their PH issues with their BHCP.	My child's BHCP and PCP share info about my child's health and treatment plan (2024 score: 51%). My BHCP and PCP share info about my health and treatment plan (2024 score: 54%).	Educate members on the importance of sharing information with both providers. The PM Team audits this area in the Behavioral Health Clinical Chart Audit. Upon completion of the audit, the PM team meets with the provider to review scores. During this meeting, the PM team will provide education and training.	September 2025
Assessment and treatment plans are not completed with input from all involved in the member's care.	My BHCP works on my treatment plan with my family, my care team and me (2024 score: 60%).	Educate the BHCP on including all necessary caregivers and family in the treatment plan's development.	September 2025

Barrier	Opportunities for Improvement	Action Plan	Timeframe
		The PM Team audits this area in the Behavioral Health Clinical Chart Audit. Upon completion of the audit, the PM team meets with the provider to review scores. During this meeting, the PM team will provide education and training.	

Re-Measurement

The survey will be conducted annually with re-measurement and comparison to previous survey findings occurring in 2025.

Conclusion

The objective of conducting and analyzing this survey was to obtain information regarding member experiences with utilization of behavioral health services and identify opportunities for improvement, and this objective has been met.

Study Contacts

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Appendix I: Member Survey Tool

Adult Survey Tool

HEALTH CARE SERVICES SURVEY						
<p>We want to hear from you about the behavioral health care services we offer to you. Behavioral health care includes therapy and treatment for mental and emotional health. This also includes therapy and treatment for drug or alcohol use.</p> <p>A Behavioral Health Care Doctor or Provider (BHCP) can be a Counselor, Therapist, Psychologist, Psychiatrist, or Nurse Practitioner.</p> <p>Please mark an answer for each question. If the question doesn't apply to you, mark it N/A.</p>						
YOUR HEALTH CARE						
	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	N/A
1. I have a Behavioral Health Care Provider (BHCP) in a good location for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I can get an appointment as soon as I need it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My BHCP listens to me and understands what I say.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My BHCP explains things in a way that I understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My BHCP treats me with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My BHCP is sensitive to who I am – including my race, religion, ethnicity, gender identification, language, and/or disability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6a. My BHCP cares about how my culture affects my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6b. My BHCP makes sure I get my health care in a language that works for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I see my BHCP and Primary Care Provider (PCP) at the same location.						
<input type="checkbox"/> Yes			<input type="checkbox"/> No			
	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	N/A
8. My BHCP and PCP share info about my health and treatment plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. My BHCP helps me with other self-help support and community services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My BHCP and care team include supportive roles, such as peer support services, in my treatment options and goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The office staff is polite and helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. My BHCP works on my treatment plan with my family, my care team and me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	N/A
13. My BHCP talks to me about medicines, and the risks they might have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. My BHCP helps me get along better with family and friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. My BHCP helps me do better in school, work or other daily activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. My BHCP helps me feel better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I would send my friends or family to my BHCP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I am pleased with my behavioral health services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. My provider and my care team help me get health care prevention screenings that I need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. My provider and my care team teach me how to take care of my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. My provider and my care team have my health history to make the best decisions about my treatment plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Please use this space to add comments about any of your answers. What do you like about the services you are receiving? What don't you like? What else do you need to improve your health?						

YOUR HEALTH PLAN

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	N/A
23. My health plan staff is friendly and helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. My health plan helps me get care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I would tell others to use my health plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DEMOGRAPHICS

26. What is your Race?

- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Asian
- ☐ White (Caucasian)
- ☐ Black (African - American)
- ☐ Other, (optional) specify _____

27. Are you Hispanic or Latino?

- ☐ Yes
- ☐ No

28. What is your age?

- ☐ Under 18
- ☐ 18-24
- ☐ 25-34
- ☐ 35-50
- ☐ 51-64
- ☐ 65+

29. What is your gender?

- ☐ Male
- ☐ Female
- ☐ Other

Thank you for taking our survey. Please send it back to us. Just use the prepaid return envelope.
Press Ganey • P.O. Box 7313 • South Bend, IN 46699-0457

ENCUESTA DE LOS SERVICIOS DEL CUIDADO DE LA SALUD

Queremos saber de usted acerca de los servicios de cuidado de la salud del comportamiento que le ofrecemos. La atención para la salud del comportamiento incluye terapia y tratamiento para la salud mental y emocional. Esto también incluye terapia y tratamiento para el uso de drogas o alcohol.

Un Doctor o Proveedor del Cuidado para la Salud del Comportamiento (BHCP por sus siglas en inglés) puede ser un Consejero, Terapeuta, Psicólogo, Psiquiatra, o Enfermero Practicante Médico.

Por favor marque una respuesta para cada pregunta. Si la pregunta no le aplica a usted, marque N/A.

EL CUIDADO DE SU SALUD

	Totalmente de acuerdo	De acuerdo	Soy neutral	Discrepar	Totalmente en Desacuerdo	N/A
1. Yo tengo a un Proveedor del Cuidado para la Salud del Comportamiento (BHCP por sus siglas en inglés) en una buena ubicación.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Yo puedo obtener una cita tan pronto que la necesito.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Mi BHCP me escucha y entiende lo que le digo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Mi BHCP me explica las cosas en forma tal, que yo las pueda entender.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Mi BHCP me trata con respeto.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Mi BHCP es sensible con respecto a quién soy yo, incluyendo mi raza, religión, origen étnico, identificación de género/sexo, idioma, o discapacidad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6a. A mi proveedor BHCP le importa cómo afecta mi cultura a mi salud.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6b. Mi proveedor BHCP se asegura de que yo reciba el cuidado para mi salud en un idioma que funcione para mí.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Yo veo a mi BHCP y a mi doctor regular en el mismo lugar.						
<input type="checkbox"/> Sí						<input type="checkbox"/> No
	Totalmente de acuerdo	De acuerdo	Soy neutral	Discrepar	Totalmente en Desacuerdo	N/A
8. Mi BHCP y mi doctor regular comparten información sobre mi plan de salud y tratamiento.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	Totalmente de acuerdo	De acuerdo	Soy neutral	Discrepar	Totalmente en Desacuerdo	N/A
9. Mi BHCP me ayuda con otros servicios de apoyo de autoayuda y comunitarios.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Mi BHCP y equipo de atención incluyen papeles de apoyo, como servicios de apoyo por compañeros, en mis opciones y metas de tratamiento.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. El personal de la oficina es amable y de gran ayuda.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Mi BHCP trabaja en mi plan de tratamiento conmigo, con mi familia y con mi equipo de atención.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Mi BHCP habla conmigo sobre mis medicamentos y los riesgos que éstos puedan presentar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Mi BHCP me ayuda a llevarme mejor con mi familia y amigos/as.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Mi BHCP me ayuda a desempeñarme mejor en la escuela, el trabajo u otras actividades cotidianas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Mi BHCP me ayuda a sentirme mejor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Yo enviaría a mi familia y amigos a ver a mi BHCP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Yo estoy contento/a con mis servicios para la salud del comportamiento.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Mi BHCP me ayuda a obtener las revisiones de prevención del cuidado de la salud que yo necesito.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Mi BHCP y equipo de atención me enseñan cómo hacerme cargo de mi salud.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Mi BHCP y equipo de atención cuentan con el historial de mi salud para poder tomar las mejores decisiones con respecto a mi plan de tratamiento.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Por favor use este espacio para agregar comentarios sobre cualquiera de sus respuestas. ¿Qué le gusta sobre los servicios que está recibiendo? ¿Qué no le gusta? ¿Qué más necesita para mejorar su salud?

SU PLAN DE SALUD

	Totalmente de acuerdo	De acuerdo	Soy neutral	Discrepar	Totalmente en Desacuerdo	N/A
23. El personal de mi plan de salud es amable y servicial.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Mi plan de salud me ayuda a obtener atención.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Yo les diría a otros que usaran mi plan de salud.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DEMOGRAFÍA

26. ¿Cuál es su raza?

- ☐ Indio/a americano/a o nativo/a de Alaska
☐ Nativo/a de Hawái o de otras islas del Pacífico
☐ Asiático/a
☐ Blanco/a (caucásico/a)
☐ Negro/a (afro americano/a)
☐ Otro (opcional), especifique _____

27. ¿Es usted hispano/a o latino/a?

- ☐ Sí ☐ No

28. ¿Cuántos años tiene?

- ☐ Menos de 18 ☐ 18-24 ☐ 25-34 ☐ 35-50 ☐ 51-64 ☐ 65 ó más

29. ¿Cuál es su género/sexo?

- ☐ Masculino ☐ Femenino ☐ Otro

Muchas gracias por contestar nuestra encuesta. Por favor envíenosla de regreso. Sólo use el sobre con el franqueo pre pagado. Press Ganey • P.O. Box 7313 • South Bend, IN 46699-0457

Child Survey Tool

HEALTH CARE SERVICES SURVEY

We want to hear from you about the behavioral health care services we offer to your child. Behavioral health care includes therapy and treatment for mental and emotional health. This also includes therapy and treatment for drug or alcohol use.

A Behavioral Health Care Doctor or Provider (BHCP) can be a Counselor, Therapist, Psychologist, Psychiatrist, or Nurse Practitioner.

Please mark one answer for each question. If the question doesn't apply to you, mark it N/A.

YOUR CHILD'S HEALTH CARE

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	N/A
1. My child's Behavioral Health Care Provider (BHCP) is in a good location for us.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I can get an appointment as soon as my child needs it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My child's BHCP listens to and understands what my child says.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My child's BHCP explains things in a way that my child understands.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My child's BHCP treats my child with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My child's BHCP is sensitive to who my child is – including race, religion, ethnicity, gender identification, language, and/or disability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6a. My child's BHCP cares about how my child's culture affects my child's health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6b. My child's BHCP makes sure that my child and I get health care in a language that works for my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My child sees his or her BHCP and regular doctor at the same location.						
<input type="checkbox"/> Yes			<input type="checkbox"/> No			
	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	N/A
8. My child's BHCP and PCP share info about my child's health and treatment plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. My child's BHCP helps my child with other self-help support and community services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The office staff is polite and helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. My child's BHCP works with my child, our family and me on a treatment plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	N/A
12. My child's BHCP talks to my child and me about medicines, and the risks they might have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The services my child gets helps him or her get along better with family and friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The services my child gets helps him or her do better in school, work or other daily activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. The services my child gets helps him or her feel better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I would send my friends or family to my child's BHCP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I am pleased with the behavioral health care services my child receives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. My child's provider and care team help my child get health care prevention screenings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. My child's provider and care team teach my child to take care of his or her health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. My child's provider and care team have my child's health history to make the best decisions about my child's treatment plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20a. Please use this space to add comments about any of your answers. What do you like about the services your child receives? What don't you like? What else do you need to improve your child's health?						

YOUR CHILD'S HEALTH PLAN

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	N/A
21. My child's health plan staff is friendly and helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. My child's health plan helps me with the information I need to get my child's care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I would tell others to use my child's health plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DEMOGRAPHICS

24. What is your child's Race?

- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Asian
- ☐ White (Caucasian)
- ☐ Black (African - American)
- ☐ Other, (optional) specify _____

25. Is your child Hispanic or Latino?

- ☐ Yes
- ☐ No

26. What is your child's age?

- ☐ 0-4
- ☐ 5-9
- ☐ 10-13
- ☐ 14-17
- ☐ 18+

27. What is your child's gender?

- ☐ Male
- ☐ Female
- ☐ Other

Thank you for taking our survey. Please send it back to us. Just use the prepaid return envelope.
Press Ganey • P.O. Box 7313 • South Bend, IN 46699-0457

ENCUESTA DE LOS SERVICIOS DEL CUIDADO DE LA SALUD

Queremos saber de usted acerca de los servicios de cuidado de la salud del comportamiento que ofrecemos a su hijo. La atención para la salud del comportamiento incluye terapia y tratamiento para la salud mental y emocional. Esto también incluye terapia y tratamiento para el uso de drogas o alcohol.

Un Doctor o Proveedor del Cuidado para la Salud del Comportamiento (BHCP por sus siglas en inglés) puede ser un Consejero, Terapeuta, Psicólogo, Psiquiatra, o Enfermero Practicante Médico.

Por favor marque una respuesta para cada pregunta. Si la pregunta no le aplica a usted, marque N/A.

EL CUIDADO DE LA SALUD DE SU NIÑO/A

	Totalmente de acuerdo	De acuerdo	Soy neutral	Discrepar	Totalmente en Desacuerdo	N/A
1. Mi niño/a tiene a un Proveedor del Cuidado para la Salud del Comportamiento (BHCP por sus siglas en inglés) que está en una buena ubicación para nosotros.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Yo puedo obtener una cita tan pronto que la necesita mi niño/a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. El BHCP de mi niño/a le escucha y entiende lo que él/ella le dice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. El BHCP de mi niño/a explica las cosas en forma tal, que mi niño/a las pueda entender.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. El BHCP de mi niño/a trata a mi niño/a con respeto.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. El BHCP de mi niño/a es sensible con respecto a quién es él/ella, incluyendo raza, religión, origen étnico, identificación de género/sexo, idioma, o discapacidad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6a. Al proveedor BHCP de mi hijo/a le importa cómo afecta la cultura de mi hijo/a a su salud.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6b. El proveedor BHCP de mi hijo/a se asegura de que mi hijo/a y yo recibamos cuidado de la salud usando un lenguaje que funcione para mi hijo/a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



7. El BHCP de mi niño/a y el doctor regular de mi niño/a le ven en el mismo lugar.

☐ Sí

☐ No

	Totalmente de acuerdo	De acuerdo	Soy neutral	Discrepar	Totalmente en Desacuerdo	N/A
8. El BHCP de mi niño/a y su PCP comparten información sobre el plan de salud y tratamiento de mi niño/a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. El BHCP de mi niño/a ayuda a mi niño/a con otros servicios de apoyo de autoayuda y comunitarios.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. El personal de la oficina es amable y de gran ayuda.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. El BHCP de mi niño/a trabaja en el plan de tratamiento de mi niño/a con él/ella, conmigo y con nuestra familia.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. El BHCP de mi niño/a habla con mi niño/a y conmigo sobre los medicamentos y los riesgos que éstos puedan presentar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Los servicios que recibe mi niño/a le ayudan a llevarse mejor con la familia y sus amigos/as.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Los servicios que recibe mi niño/a le ayudan a desempeñarme mejor en la escuela, el trabajo u otras actividades cotidianas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Los servicios que recibe mi niño/a le ayudan a sentirse mejor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Yo enviaría a mi familia y amigos a ver al BHCP de mi niño/a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Yo estoy contento/a con los servicios para la salud del comportamiento que recibe mi niño/a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Totalmente de acuerdo	De acuerdo	Soy neutral	Discrepar	Totalmente en Desacuerdo	N/A
18. El BHCP de mi hijo/a le ayuda a obtener las revisiones de prevención del cuidado de su salud.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. El BHCP y el equipo de atención de mi hijo/a le enseñan a hacerse cargo de su salud.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. El BHCP y el equipo de atención de mi hijo/a cuentan con su historial de salud para poder tomar las mejores decisiones con respecto al plan de tratamiento de mi hijo/a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20a. Por favor use este espacio para agregar comentarios sobre cualquiera de sus respuestas. ¿Qué le gusta sobre los servicios que está recibiendo su niño/a? ¿Qué no le gusta? ¿Qué más necesita para mejorar la salud de su niño/a?

EL PLAN DE SALUD DE SU NIÑO/A

	Totalmente de acuerdo	De acuerdo	Soy neutral	Discrepar	Totalmente en Desacuerdo	N/A
21. El personal del plan de salud de mi niño/a es amable y servicial.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. El plan de salud de mi niño/a me ayuda con la información que necesito para obtener atención para mi niño/a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Yo les diría a otros que usaran el plan de salud de mi niño/a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix II-Member Survey Cover Letter

Adult Survey Cover Letters (English and Spanish)

Mercy Care
4500 W. Cotton Center Blvd.
Phoenix, AZ 85040



Notice Date
<<Date>>

<<Name>>
<<Address>> <<Suite>>
<<City>>, <<ST>> <<Zip>>

Tell us what matters to you.

Dear <<Name>>,

Do we offer services that are helpful to you? Let us know by filling out the brief survey. It's about the behavioral health care services we offer to you. Your answers will let us know if your needs are being met. We'll use your answers to improve your care.

Behavioral health care services include therapy and treatment for mental and emotional health. This also includes therapy or treatment for drug or alcohol use. These services come from a Behavioral Health Care Doctor or Provider (BHCP). A BHCP can be a:

- Counselor
- Therapist
- Psychologist
- Psychiatrist
- Nurse Practitioner

We want to hear from you

Simply mail your completed survey to Press Ganey in the prepaid return envelope. It doesn't need a stamp. Press Ganey is an independent company managing the survey.

Your answers are private. Your doctors will never see your answers. The survey is voluntary, and your answers will not change your benefits or services.

Have questions?

Just call Press Ganey at 1-800-588-1659 or TTY/TDD 711 from 9 a.m. to 9 p.m. CDT. They're happy to help. Thank you for taking the time to fill out the survey.

Sincerely,

Mercy Care

4500 W. Cotton Center Blvd.
Phoenix, AZ 85040



Fecha del Aviso
<<Date>>

Díganos lo que es importante para usted.

Estimado/a <<Name>>,

¿Nosotros le ofrecemos servicios que son útiles para usted? Háganoslo saber llenando la breve encuesta. Se trata de los servicios de cuidado de la salud conductual que ofrecemos a usted. Sus respuestas nos dejan saber si sus necesidades están siendo satisfechas. Nosotros usaremos sus respuestas para mejorar su atención.

Los servicios para el cuidado de la salud del comportamiento incluyen terapia y tratamiento para la salud mental y emocional. Esto también incluye terapia o tratamiento para el uso de drogas o alcohol. Estos servicios los provee un Doctor o Proveedor de Cuidado para la Salud del Comportamiento (BHCP por sus siglas en inglés). Un BHCP puede ser un:

- Consejero
- Terapeuta
- Psicólogo
- Psiquiatra
- Enfermero Practicante Médico

Nosotros queremos oír de usted

Sólo envíe su encuesta llena por correo postal a Press Ganey en el sobre de retorno con porte pre pagado. No necesita estampillas. Press Ganey es una compañía independiente administrando la encuesta.

Sus respuestas son privadas. Sus doctores nunca verán sus respuestas. Usted no tiene qué llenar esta encuesta. Si lo hace, sus respuestas no cambiarán sus beneficios o servicios.

¿Tiene preguntas?


Sólo llame a la empresa Press Ganey al 1-800-588-1659 ó TTY/TDD al 711 de 9 a.m. a 9 p.m. CDT. Ellos con gusto le ayudarán. Muchas gracias por tomarse el tiempo para llenar la encuesta.

Atentamente,

Mercy Care

Child Survey Cover Letters (English and Spanish)

Mercy Care
4500 W. Cotton Center Blvd.
Phoenix, AZ 85040


mercy care

To the Parent/Guardian of
<<Child Name>>
<<Address>> <<Suite>>
<<City>>, <<ST>> <<Zip>>

Notice Date
<<Date>>

Tell us what matters to your child.

Dear Parent/Guardian,

Do we offer services that are helpful to your child? **Let us know by filling out the brief survey.** It's about the behavioral health care services we offer to your child. Your answers will let us know if your child's needs are being met. We'll use your answers to improve your child's care.

Behavioral health care services include therapy and treatment for mental and emotional health. This also includes therapy and treatment for drug or alcohol use. These services come from a Behavioral Health Care Doctor or Provider (BHCP). A BHCP can be a:


- Counselor
- Therapist
- Psychologist
- Psychiatrist
- Nurse Practitioner

We want to hear from you
Simply mail your completed survey to Press Ganey in the prepaid return envelope. It doesn't need a stamp. Press Ganey is an independent company managing the survey.

Your answers are private. Your child's doctors will never see your answers. The survey is voluntary, and your answers will not change your child's benefits or services.

Have questions?
Just call Press Ganey at 1-800-588-1659 or TTY/TDD 711 from 9 a.m. to 9 p.m. CDT. They're happy to help. Thank you for taking the time to fill out the survey.

Sincerely,
Mercy Care


mercy care

Fecha del Aviso
<<Date>>

Díganos lo que es importante para su niño/a.

Estimado/a (Padre/Madre/Custodio):

¿Nosotros le ofrecemos servicios que son útiles para su niño/a? **Háganoslo saber llenando la breve encuesta.** Se trata de los servicios de cuidado de la salud conductual que ofrecemos a usted. Sus respuestas nos dejan saber si las necesidades de su niño/a están siendo satisfechas. Nosotros usaremos sus respuestas para mejorar la atención de su niño/a.

Los servicios para el cuidado de la salud del comportamiento incluyen terapia y tratamiento para la salud mental y emocional. Esto también incluye terapia y tratamiento para el uso de drogas o alcohol. Estos servicios los provee un Doctor o Proveedor de Cuidado para la Salud del Comportamiento (BHCP por sus siglas en inglés). Un BHCP puede ser un:

- Consejero
- Terapeuta
- Psicólogo
- Psiquiatra
- Enfermero Practicante Médico

Nosotros queremos oír de usted
Sólo envíe su encuesta llena por correo postal a Press Ganey en el sobre de retorno con porte pre pagado. No necesita estampillas. Press Ganey es una compañía independiente administrando la encuesta.

Sus respuestas son privadas. Los doctores de su niño/a nunca verán sus respuestas. Usted no tiene qué llenar esta encuesta. Si lo hace, sus respuestas no cambiarán los beneficios o servicios de su niño/a.

¿Tiene preguntas?
Sólo llame a la empresa Press Ganey al 1-800-588-1659 ó TTY/TDD al 711 de 9 a.m. a 9 p.m. CDT. Ellos con gusto le ayudarán. Muchas gracias por tomarse el tiempo para llenar la encuesta.

Atentamente,
Mercy Care

Appendix III: Telephone Survey Tool

Adult Telephone Survey Tool

Hello, may I please speak to <<NAME IN SAMPLE>>?

Hola. ¿Me permite por favor hablar con <<NAME IN SAMPLE>>?

INTERVIEWER NOTE: WE MUST SPEAK WITH THE PERSON FROM THE SAMPLE. NO PROXIES. IF ASKED WHAT THE CALL IS IN REFERENCE TO, SAY: “Aetna is conducting a brief survey.” “[Aetna esta conduciendo una breve encuesta](#)” DO NOT TELL THEM WHAT THE TOPIC IS OR PROVIDE ANY OTHER INFORMATION.

When connected say:

Hello, I’m _____ from Press Ganey, a national survey opinion research company. I’m calling on behalf of <<INSERT HEALTH PLAN NAME>>. We want to hear from you about the behavioral health care we offer to you.

Behavioral health care includes therapy and treatment for mental and emotional health.

This also includes therapy and treatment for drug or alcohol use.

A Behavioral Health Care Doctor or Provider (BHCP) can be a Counselor, Therapist, Psychologist, Psychiatrist, or Nurse Practitioner.

This call may be monitored or recorded for quality and training purposes.

Hola, soy _____ de Press Ganey, una compañía nacional de encuestas de opiniones. Estoy llamando a nombre de <<INSERT HEALTH PLAN NAME>>. Queremos saber de usted acerca de los servicios de cuidado de la salud del comportamiento que le ofrecemos. La atención para la salud del comportamiento incluye terapia y tratamiento para la salud mental y emocional. Esto también incluye terapia y tratamiento para el uso de drogas o alcohol.

Un Doctor o Proveedor del Cuidado para la Salud del Comportamiento (BHCP por sus siglas en inglés) puede ser un Consejero, Terapeuta, Psicólogo, Psiquiatra, o Enfermero Practicante Médico.

Para efectos de calidad en el servicio, su llamada puede ser grabada y monitoreada.

IF CALLBACK, SAY :

We spoke before. You said this is a good time to take this survey.

[Nosotros hablamos antes. Usted dijo que éste sería un buen momento para contestar esta encuesta.](#)

(IF NOT A GOOD TIME, SAY):

When would be a good time for us to call you back?

[¿Cuándo sería un buen momento para que le volvamos a llamar?](#)

Qintro: [INTERVIEWER SELECT BELOW]

1 Begin survey (GO TO QLANG)

- 2 Does not remember getting behavioral health services (DISPOSITION AS CUSTOM DISPOSITION DIDN'T GET BH SERVICES)
- 3 Callback (GO TO CALLBACK SCHEDULING PAGE)
- 4 Refusal (GO TO DISPOSITION PAGE, AUTO SELECT REFUSAL, BUT LET THEM CHANGE IT)
- 5 Language Line needed for a language other than English or Spanish. (GO TO TO QLL)

QLL. [Follow the procedure for contacting Language Line for translation assistance. Call 1-866-874-3972.

Be prepared to provide the following info:

Client ID: 713976

Select 2 for not Spanish.

Indicate language needed: speak language

Organization's name: SPH Analytics

Project number: <id_project>

DSS ID (Subject ID number): <id_dss>

Agent ID number: <interviewer ID>

Member name: <Member Name>

Member Phone number: <phone number>

- 1 Proceed with survey using Language Line
- 2 Member disconnects (TERMINATE)
- 3 Unable to identify member language (TERMINATE)
- 4 Unable to connect to language line (TERMINATE)
- 5 Member refuses (TERMINATE)

Qlang. **INTERVIEWER: SELECT LANGUAGE FOR INTERVIEW. ASK WHICH IS PREFERRED IF NOT CLEAR.**

- 1 English
- 2 Spanish

For each question please tell me how strongly you Agree or Disagree by answering using the following selections: Strongly Agree, Agree, I am Neutral, Disagree, Strongly Disagree. If the question does not apply to you, please tell me. (Interviewer: repeat scale as needed)

Para cada pregunta por favor dígame qué tan fuertemente está de acuerdo o en desacuerdo respondiendo usando las siguientes selecciones: Totalmente de Acuerdo, De acuerdo, soy neutral, Discrepar, Totalmente en desacuerdo. Si la pregunta no es aplicable a usted, por favor dígame. (Entrevistador/a: repita la escala si es necesario.)

YOUR HEALTH CARE

EL CUIDADO DE LA SALUD

1. I have a Behavioral Health Care Provider, BHCP, in a good location for me. Would you say... (READ LIST)
2. I can get an appointment as soon as I need it. (READ LIST AS NEEDED)
3. My BHCP listens to me and understands what I say. (READ LIST AS NEEDED)
4. My BHCP explains things in a way that I understand. (READ LIST AS NEEDED)
5. My BHCP treats me with respect. (READ LIST AS NEEDED)
6. My BHCP is sensitive to who I am – including my race, religion, ethnicity, gender identification, language, or disability. (READ LIST AS NEEDED)
- 6a. My BHCP cares about how my culture affects my health. (READ LIST AS NEEDED)
- 6b. My BHCP makes sure I get my health care in a language that works for me. (READ LIST AS NEEDED)

1. Yo tengo a un Proveedor del Cuidado para la Salud del Comportamiento (BHCP por sus siglas en inglés) en una buena ubicación. Diría... (READ LIST)
2. Yo puedo obtener una cita tan pronto que la necesito. (READ LIST AS NEEDED)
3. Mi BHCP me escucha y entiende lo que le digo. (READ LIST AS NEEDED)
4. Mi BHCP me explica las cosas en forma tal, que yo las pueda entender. (READ LIST AS NEEDED)
5. Mi BHCP me trata con respeto. (READ LIST AS NEEDED)
6. Mi BHCP es sensible con respecto a quién soy yo, incluyendo mi raza, religión, origen étnico, identificación de género/sexo, idioma, o discapacidad. (READ LIST AS NEEDED)
- 6a. A mi proveedor BHCP le importa cómo afecta mi cultura a mi salud. (READ LIST AS NEEDED)
- 6b. Mi proveedor BHCP se asegura de que yo reciba el cuidado para mi salud en un idioma que funcione para mí. (READ LIST AS NEEDED)

- 1 Strongly Agree
- 2 Agree
- 3 I am neutral
- 4 Disagree
- 5 Strongly Disagree
- 6 N/A

- 1 Totalmente de Acuerdo
- 2 De acuerdo
- 3 Soy neutral
- 4 Discrepar
- 5 Totalmente en Desacuerdo
- 6 N/A

7. I see my BHCP and Primary Care Provider (PCP) at the same location.
7. Yo veo a mi BHCP y a mi doctor regular en el mismo lugar.

- 1 Yes
- 2 No
- 9 Don't know

- 1 Si
- 2 No
- 9 Don't know

- 8. My BHCP and PCP share info about my health and treatment plan. Would you say... (READ LIST)
- 9. My BHCP helps me with other self-help support and community services. (READ LIST AS NEEDED)

- 8. Mi BHCP y mi doctor regular comparten información sobre mi plan de salud y tratamiento. Diría... (READ LIST)
- 9. Mi BHCP me ayuda con otros servicios de apoyo de autoayuda y comunitarios. (READ LIST AS NEEDED)

- 1 Strongly Agree
- 2 Agree
- 3 I am neutral
- 4 Disagree
- 5 Strongly Disagree
- 6 N/A

- 1 Totalmente de Acuerdo
- 2 Deacuerdo
- 3 Soy neutral
- 4 Discrepar
- 5 Totalmente en Desacuerdo
- 6 N/A

(PROGRAMMER: SHOW Q9-11 ON THE SAME PAGE)

- 10. My BHCP and care team include supportive roles, such as peer support services, in my treatment options and goals. Would you say... (READ LIST)
- 11. The office staff is polite and helpful. (READ LIST AS NEEDED)
- 12. My BHCP works on my treatment plan with my family, my care team and me. (READ LIST AS NEEDED)
- 13. My BHCP talks to me about medicines, and the risks they might have. (READ LIST AS NEEDED)
- 14. My BHCP helps me get along better with family and friends. (READ LIST AS NEEDED)
- 15. My BHCP helps me do better in school, work or other daily activities. (READ LIST AS NEEDED)
- 16. My BHCP helps me feel better. (READ LIST AS NEEDED)
- 17. I would send my friends or family to my BHCP. (READ LIST AS NEEDED)

18. I am pleased with my behavioral services. (READ LIST AS NEEDED)
 19. My provider and my care team help me get health care prevention screenings that I need. (READ LIST AS NEEDED)
 20. My provider and my care team teach me how to take care of my health. (READ LIST AS NEEDED)
 21. My provider and my care team have my health history to make the best decisions about my treatment plan. (READ LIST AS NEEDED)
-
10. Mi BHCP y equipo de atención incluyen papeles de apoyo, como servicios de apoyo por compañeros, en mis opciones y metas de tratamiento. Diría... (READ LIST)
 11. El personal de la oficina es amable y de gran ayuda.
 12. Mi BHCP trabaja en mi plan de tratamiento conmigo, con mi familia y con mi equipo de atención. (READ LIST AS NEEDED)
 13. Mi BHCP habla conmigo sobre mis medicamentos y los riesgos que éstos puedan presentar. (READ LIST AS NEEDED)
 14. Mi BHCP me ayuda a llevarme mejor con mi familia y amigos/as. (READ LIST AS NEEDED)
 15. Mi BHCP me ayuda a desempeñarme mejor en la escuela, el trabajo u otras actividades cotidianas. (READ LIST AS NEEDED)
 16. Mi BHCP me ayuda a sentirme mejor. (READ LIST AS NEEDED)
 17. Yo enviaría a mi familia y amigos a ver a mi BHCP. (READ LIST AS NEEDED)
 18. Yo estoy contento/a con mis servicios para la salud del comportamiento. (READ LIST AS NEEDED)
 19. Mi BHCP me ayuda a obtener las revisiones de prevención del cuidado de la salud que yo necesito. (READ LIST AS NEEDED)
 20. Mi BHCP y equipo de atención me enseñan cómo hacerme cargo de mi salud. (READ LIST AS NEEDED)
 21. Mi BHCP y equipo de atención cuentan con el historial de mi salud para poder tomar las mejores decisiones con respecto a mi plan de tratamiento. (READ LIST AS NEEDED)

- 1 Strongly Agree
- 2 Agree
- 3 I am neutral
- 4 Disagree
- 5 Strongly Disagree
- 6 N/A

- 1 Totalmente de Acuerdo
- 2 De acuerdo
- 3 Soy neutral
- 4 Discrepar
- 5 Totalmente en Desacuerdo
- 6 N/A

22. Please tell us more about any of your answers. : What do you like about the services you are receiving? What don't you like? What else do you need to improve your health?

22. Por favor, díganos más sobre cualquiera de sus respuestas. ¿Qué le gusta sobre los servicios que está recibiendo? ¿Qué no le gusta? ¿Qué más necesita para mejorar su salud?

(OPEN END ALLOW 3000 CHARACTERS)

9 No comment

YOUR HEALTH PLAN

SU PLAN DE SALUD

(PROGRAMMER: SHOW Q17-19 ON THE SAME PAGE)

My next few questions are about your health plan, <<INSERT HEALTH PLAN NAME>>.

Mis siguientes preguntas son sobre su plan de salud, <<INSERT HEALTH PLAN NAME>>.

23. My health plan staff is friendly and helpful. Would you say... (READ LIST)

24. My health plan helps me get care. (READ LIST AS NEEDED)

25. I would tell others to use my health plan. (READ LIST AS NEEDED)

23. El personal de mi plan de salud es amigable y servicial. Diría... (READ LIST)

24. Mi plan de salud me ayuda a obtener atención. (READ LIST AS NEEDED)

25. Yo les recomendaría a otros que usen a mi plan de salud. (READ LIST AS NEEDED)

1 Strongly Agree

2 Agree

3 I am neutral

4 Disagree

5 Strongly Disagree

6 N/A

1 Totalmente de Acuerdo

2 De acuerdo

3 Soy neutral

4 Discrepar

5 Totalmente en Desacuerdo

6 N/A

DEMOGRAPHICS

DATOS DEMOGRÁFICOS

My last few questions are about you.

Mis últimas preguntas son sobre.

26. What is your Race? (Please tell me yes to one or more races to indicate what you consider yourself to be)

¿Cuál es su raza? (Por favor dígame sí a una o más razas para indicar lo que usted considera que usted es)

- a American Indian or Alaska Native
- b Native Hawaiian or Other Pacific Islander
- c Asian
- d White (Caucasian)
- e Black (African - American)
- f Other, specify: _____
- g Refused

- a. Indio/a americano/a o nativo/a de Alaska
- b. Nativo/a de Hawái o de otras islas del Pacífico
- c. Asiático/a
- d. Blanco/a (caucásico/a)
- e. Negro/a (afro americano/a)
- f. Otra, especifique
- g. Se rehusó

27. Are you Hispanic or Latino?
¿Es usted hispano/a o latino/a?

- 1 Yes
- 2 No
- 3 Refused

- 1 Sí
- 2 No
- 3 Se rehusó

28. What is your age?
¿Cuántos años tiene?

- 1 Under 18
- 2 18-24
- 3 25-34
- 4 35-50
- 5 51-64
- 6 65+
- 7 Refused

- 1 Menos de 18
- 2 18-24
- 3 25-34

- 4 35-50
- 5 51-64
- 6 65+
- 6 Se rehusó

29. Interviewer record gender by voice:

Entrevistador registre el género/sexo de acuerdo a la voz.

- 1 Male
- 2 Female
- 3 Other

- 1 Masculino
- 2 Femenino
- 3 Otro

Thank you. Have a good day/night.

Muchas gracias. Tenga un buen día.

Child Telephone Survey Tool

Hello, may I please speak to the parent/guardian of <<NAME IN SAMPLE>>?

Hola. ¿Me permite por favor hablar con el padre, la madre o el custodio de <<NAME IN SAMPLE>>?

INTERVIEWER NOTE: WE MUST SPEAK WITH THE PERSON FROM THE SAMPLE. NO PROXIES. IF ASKED WHAT THE CALL IS IN REFERENCE TO, SAY: "Aetna is conducting a brief survey." "Aetna esta conduciendo una breve encuesta" DO NOT TELL THEM WHAT THE TOPIC IS OR PROVIDE ANY OTHER INFORMATION.

When connected say:

Hello, I'm _____ from SPH Analytics, a national survey opinion research company. I'm calling on behalf of <<INSERT HEALTH PLAN NAME>>. We want to hear from you about the behavioral health care services we offer to your child. Behavioral health care includes therapy and treatment for mental and emotional health. This also includes therapy and treatment for drug or alcohol use.

A Behavioral Health Care Doctor or Provider (BHCP) can be a Counselor, Therapist, Psychologist Psychiatrist, or Nurse Practitioner.

This call may be monitored or recorded for quality and training purposes.

Cuando le conecten diga:

Hola, soy _____ de SPH Analytics, una compañía nacional de encuestas de opiniones. Estoy llamando a nombre de <<INSERT HEALTH PLAN NAME>>. Queremos saber de usted acerca de los servicios de cuidado de la salud del comportamiento que ofrecemos a su hijo. La atención para la salud del comportamiento incluye terapia y tratamiento para la salud mental y emocional. Esto también incluye terapia y tratamiento para el uso de drogas o alcohol.

Un Doctor o Proveedor del Cuidado para la Salud del Comportamiento (BHCP por sus siglas en inglés) puede ser un Consejero, Terapeuta, Psicólogo, Psiquiatra, o Enfermero Practicante Médico. Para efectos de calidad en el servicio, su llamada puede ser grabada y monitoreada.

IF CALLBACK, SAY:

We spoke before. You said this is a good time to take this survey.

Nosotros hablamos antes. Usted dijo que éste sería un buen momento para contestar esta encuesta.

(IF NOT A GOOD TIME, SAY):

When would be a good time for us to call you back?

¿Cuándo sería un buen momento para que le volvamos a llamar?

Qintro: [INTERVIEWER SELECT BELOW]

- 1 Begin survey (GO TO QLANG)
- 2 Does not remember getting behavioral health services (DISPOSITION AS CUSTOM DISPOSITION DIDN'T GET BH SERVICES)
- 3 Callback (GO TO CALLBACK SCHEDULING PAGE)
- 4 Refusal (GO TO DISPOSITION PAGE, AUTO SELECT REFUSAL, BUT LET THEM CHANGE IT)

- 5 Language Line needed for a language other than English or Spanish. (GO TO TO QLL)

QLL. [Follow the procedure for contacting Language Line for translation assistance. Call 1-866-874-3972.

Be prepared to provide the following info:

Client ID: 713976

Select 2 for not Spanish.

Indicate language needed: speak language

Organization's name: SPH Analytics

Project number: <id_project>

DSS ID (Subject ID number): <id_dss>

Agent ID number: <interviewer ID>

Member name: <Member Name>

Member Phone number: <phone number>

- 6 Proceed with survey using Language Line
- 7 Member disconnects (TERMINATE)
- 8 Unable to identify member language (TERMINATE)
- 9 Unable to connect to language line (TERMINATE)
- 10 Member refuses (TERMINATE)

Qlang. **INTERVIEWER: SELECT LANGUAGE FOR INTERVIEW. ASK WHICH IS PREFERRED IF NOT CLEAR.**

- 1 English
- 2 Spanish

For each question please tell me how strongly you Agree or Disagree by answering using the following selections: Strongly Agree, Agree, I am Neutral, Disagree, Strongly Disagree. If the question does not apply to you, please tell me. (Interviewer: repeat scale as needed)

Para cada pregunta por favor dígame qué tan fuertemente está de acuerdo o en desacuerdo respondiendo usando las siguientes selecciones: Totalmente de Acuerdo, De acuerdo, soy neutral, Discrepar, Totalmente en desacuerdo. Si la pregunta no es aplicable a usted, por favor dígamelo. (Entrevistador/a: repita la escala si es necesario.)

YOUR CHILD'S HEALTH CARE

EL CUIDADO DE LA SALUD DE SU NIÑO/A

- 1. My child's Behavioral Health Care Provider (BHCP) is in a good location for us. Would you say... (READ LIST)
- 2. I can get an appointment as soon as my child needs it. (READ LIST AS NEEDED)
- 3. My child's BHCP listens to and understands what my child says. (READ LIST AS NEEDED)

4. My child's BHCP explains things in a way that my child understands. (READ LIST AS NEEDED)
5. My child's BHCP treats my child with respect. (READ LIST AS NEEDED)
6. My child's BHCP is sensitive to who my child is – including race, religion, ethnicity, gender identification, language, or disability. (READ LIST AS NEEDED)
- 6a. My child's BHCP cares about how my child's culture affects my child's health. (READ LIST AS NEEDED)
- 6b. My child's BHCP makes sure my child gets health care in a language that works for my child. (READ LIST AS NEEDED)

1. Mi niño/a tiene a un Proveedor del Cuidado para la Salud del Comportamiento (BHCP por sus siglas en inglés) que está en una buena ubicación para nosotros.. Diría... (READ LIST)
2. Yo puedo obtener una cita tan pronto que la necesita mi niño/a. (READ LIST AS NEEDED)
3. El BHCP de mi niño/a le escucha y entiende lo que él/ella le dice. (READ LIST AS NEEDED)
4. El BHCP de mi niño/a explica las cosas en forma tal, que mi niño/a las pueda entender. (READ LIST AS NEEDED)
5. El BHCP de mi niño/a trata a mi niño/a con respeto. (READ LIST AS NEEDED)
6. El BHCP de mi niño/a es sensible con respecto a quién es él/ella, incluyendo raza, religión, origen étnico, identificación de género/ sexo, idioma, o discapacidad. (READ LIST AS NEEDED)
- 6a. Al proveedor BHCP de mi hijo/a le importa cómo afecta la cultura de mi hijo/a a su salud. (READ LIST AS NEEDED)
- 6b. El proveedor BHCP de mi hijo/a se asegura de que mi hijo/a reciba el cuidado para la salud en un idioma que funcione para mi hijo/a. (READ LIST AS NEEDED)

- 1 Strongly Agree
- 2 Agree
- 3 I am neutral
- 4 Disagree
- 5 Strongly Disagree
- 6 N/A

- 1 Totalmente de Acuerdo
- 2 Deacuerdo
- 3 Soy neutral
- 4 Discrepar
- 5 Totalmente en Desacuerdo
- 6 N/A

7. My child sees his or her BHCP and regular doctor (PCP) at the same location.
7. El BHCP de mi niño/a y el doctor regular de mi niño/a le ven en el mismo lugar.

- 1 Yes
- 2 No

9 Don't know

1 Si

2 No

9 Don't know

8. My child's BHCP and PCP share info about my child's health and treatment plan. Would you say... (READ LIST)

9. My child's BHCP helps my child with other self-help support and community services. (READ LIST AS NEEDED)

8. El BHCP de mi niño/a y su PCP comparten información sobre el plan de salud y tratamiento de mi niño/a.. Diría... (READ LIST)

9. El BHCP de mi niño/a ayuda a mi niño/a con otros servicios de apoyo de autoayuda y comunitarios. (READ LIST AS NEEDED)

1 Strongly Agree

2 Agree

3 I am neutral

4 Disagree

5 Strongly Disagree

6 N/A

1 Totalmente de Acuerdo

2 Deacuerdo

3 Soy neutral

4 Discrepar

5 Totalmente en Desacuerdo

6 N/A

(PROGRAMMER: SHOW Q9-11 ON THE SAME PAGE)

10. The office staff is polite and helpful. Would you say... (READ LIST)

11. My child's BHCP works with my child, our family and me on a treatment plan. (READ LIST AS NEEDED)

12. My child's BHCP talks to my child and me about medicines, and the risks they might have. (READ LIST AS NEEDED)

13. The services my child gets helps him or her get along better with family and friends. (READ LIST AS NEEDED)

14. The services my child gets helps him or her do better in school, work or other daily activities. (READ LIST AS NEEDED)

15. The services my child gets helps him or her feel better. (READ LIST AS NEEDED)

16. I would send my friends or family to my child's BHCP. (READ LIST AS NEEDED)
 17. I am pleased with the behavioral health care services my child receives. (READ LIST AS NEEDED)
 18. My child's provider and care team help my child get health care prevention screenings. (READ LIST AS NEEDED)
 19. My child's provider and care team teach my child to take care of his or her health. (READ LIST AS NEEDED)
 20. My child's provider and care team have my child's health history to make the best decisions about my child's treatment plan. (READ LIST AS NEEDED)
-
10. El personal de la oficina es amable y de gran ayuda. Diría... (READ LIST)
 11. El BHCP de mi niño/a trabaja en el plan de tratamiento de mi niño/a con él/ella, conmigo y con nuestra familia. (READ LIST AS NEEDED)
 12. El BHCP de mi niño/a habla con mi niño/a y conmigo sobre los medicamentos y los riesgos que éstos puedan presentar. (READ LIST AS NEEDED)
 13. Los servicios que recibe mi niño/a le ayudan a llevarse mejor con la familia y sus amigos/as. (READ LIST AS NEEDED)
 14. Los servicios que recibe mi niño/a le ayudan a desempeñarme mejor en la escuela, el trabajo u otras actividades cotidianas. (READ LIST AS NEEDED)
 15. Los servicios que recibe mi niño/a le ayudan a sentirse mejor. (READ LIST AS NEEDED)
 16. Yo enviaría a mi familia y amigos a ver al BHCP de mi niño/a. (READ LIST AS NEEDED)
 17. Yo estoy contento/a con los servicios para la salud del comportamiento que recibe mi niño/a. (READ LIST AS NEEDED)
 18. El BHCP de mi hijo/a le ayuda a obtener las revisiones de prevención del cuidado de su salud. (READ LIST AS NEEDED)
 19. El BHCP y el equipo de atención de mi hijo/a le enseñan a hacerse cargo de su salud. (READ LIST AS NEEDED)
 20. El BHCP y el equipo de atención de mi hijo/a cuentan con su historial de salud para poder tomar las mejores decisiones con respecto al plan de tratamiento de mi hijo/a. (READ LIST AS NEEDED)

- 1 Strongly Agree
- 2 Agree
- 3 I am neutral
- 4 Disagree
- 5 Strongly Disagree
- 6 N/A

- 1 Totalmente de Acuerdo
- 2 De acuerdo
- 3 Soy neutral
- 4 Discrepar
- 5 Totalmente en Desacuerdo
- 6 N/A

- 20a. Please tell us more about any of your answers. What do you like about the services your child receives? What don't you like? What else do you need to improve your child's health?
- 20a. Por favor, díganos más sobre cualquiera de sus respuestas. ¿Qué le gusta sobre los servicios que está recibiendo su niño/a? ¿Qué no le gusta? ¿Qué más necesita para mejorar la salud de su niño/a?

(OPEN END ALLOW 3000 CHARACTERS)

9 No comment

YOUR CHILD'S HEALTH PLAN

EL PLAN DE SALUD DE SU NIÑO/A

My next few questions are about your health plan, <<INSERT HEALTH PLAN NAME>>.

Mis siguientes preguntas son sobre su plan de salud, <<INSERT HEALTH PLAN NAME>>.

21. My child's health plan staff is friendly and helpful. Would you say... (READ LIST)
22. My child's health plan helps me with the information I need to get my child's care. (READ LIST AS NEEDED)
23. I would tell others to use my child's health plan. (READ LIST AS NEEDED)
21. El personal del plan de salud de mi niño/a es amable y servicial. Diría... (READ LIST)
22. El plan de salud de mi niño/a me ayuda con la información que necesito para obtener atención para mi niño/a. (READ LIST AS NEEDED)
23. Yo les diría a otros que usaran el plan de salud de mi niño/a. (READ LIST AS NEEDED)

- 1 Strongly Agree
- 2 Agree
- 3 I am neutral
- 4 Disagree
- 5 Strongly Disagree
- 6 N/A

- 1 Totalmente de Acuerdo
- 2 De acuerdo
- 3 Soy neutral
- 4 Discrepar
- 5 Totalmente en Desacuerdo
- 6 N/A

DEMOGRAPHICS

DATOS DEMOGRÁFICOS

24. What is your child's Race? (Please tell me yes to one or more races)

¿Cuál es la raza de su niño/a? (Por favor dígame sí a una o más razas)

- a American Indian or Alaska Native
- b Native Hawaiian or Other Pacific Islander
- c Asian
- d White (Caucasian)
- e Black (African - American)
- f Other, specify: _____
- g Refused

- h. Indio/a americano/a o nativo/a de Alaska
- i. Nativo/a de Hawái o de otras islas del Pacífico
- j. Asiático/a
- k. Blanco/a (caucásico/a)
- l. Negro/a (afro americano/a)
- m. Otra, especifique
- n. Se rehusó

25. Is your child Hispanic or Latino?
¿Su niño/a es hispano/a o latino/a?

- 1 Yes
- 2 No
- 3 Refused

- 1 Sí
- 2 No
- 3 Se rehusó

26. What is your child's age?
¿Cuántos años tiene su niño/a?

- 1 0-4
- 2 5-9
- 3 10-13
- 4 14-17
- 5 18+
- 6 Refused

- 1 0-4
- 2 5-9
- 3 10-13
- 4 14-17

- 5 18+
- 6 Se rehusó

27. What is your child's gender?
¿Cuál es el género/sexo de su niño/a?

- 1 Male
 - 2 Female
 - 3 Other
-
- 1 Masculino
 - 2 Femenino
 - 3 Otro

Thank you. Have a good day/night.
Muchas gracias. Tenga un buen día.