

Member Experience – Annual Assessment of Behavioral Healthcare and Services survey.

Quality Improvement Process

Quality Management Annual Report
2017 Behavioral Health Member Survey
Review Cycle: September, 2017
Date of Assessment: January 2018

Mercy Care Plan

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Executive Summary

This survey is designed to document member experiences and satisfaction with the behavioral health care that that Mercy Care Plan Dual/SNP members and LTSS members receive. Results will be used to evaluate staff performance, identify gaps in service and key items that are causing dissatisfaction so that action can be taken to improve member experiences. Below is a summary of the findings.

- 79% are satisfied with the services they receive.
- 84% would tell others to use the health plan

Background

Quality and continuous improvement are essential components of the Mercy Care Plan operational strategy. Members are encouraged to provide feedback regarding their health care and services. In an effort to enhance this activity Mercy Care Plan participated with a project led by National Medicaid Quality Management Team, which was approved by AHCCCS, to implement a member survey specific to behavioral healthcare and services. The cross-functional national team represented nine Health Plans, including clinical expertise from both behavioral and physical health care services.

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

Purpose

The purpose of this exercise is to solicit member feedback about their experience with behavioral health care services. The survey assesses the following areas.

- 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).
- The trend from 2016 to 2017. (The survey questions were revised for this survey year and AHCCCS was notified of the changes. For all questions, “doctor” was replaced with Behavioral Health Care Provider, BHCP.)
- Comparisons between Adults vs. Children and lines of business (LTSS vs. Duals Demo vs. DD).

Methodology

Member Survey

Decision Support Systems (DSS) was selected by Mercy Care Plan to conduct its Behavioral Health Dual/SNP and LTSS Member Satisfaction Survey. Both adults and children were included in survey outreach. Adults were defined as members aged 18 and older. Children were defined as aged 13 and younger. Children age 14-17 were mailed a survey but no telephone follow up call was conducted to ensure the right to privacy of this age group.

Data collection was conducted by mail and telephone. First, a mailed survey was 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. Surveys for children were sent to the parent/guardian. If a member expressed a desire to complete the survey in another language, Mercy Care Plan provided the survey in that language via phone or mail to that member.

DSS interviewers then conducted live telephone outreach to those who did not respond to the mailed survey. All data were collected via computer-aided telephone interviews (CATI) by DSS in Fort Worth, Texas. CATI is a telephone surveying technique in which the interviewer follows a script provided by a software application. The survey duration was approximately seven minutes. Telephone survey outreach for child members was conducted with the parent/guardian. Participants had the option to complete the phone survey in English or Spanish. If a member requested another language, Mercy Care Plan arranged for a language translator to complete the telephone survey in the language as requested by the member.

The data collection schedule was as follows:

- Survey mailed: September 7, 2017.
- Telephone follow-up conducted: October 5 – November 17, 2017.
- Data collection cut-off: November 17, 2017.

DSS securely received a file of members for outreach from the Mercy Care Project Manager.

Eligible plan members were defined as:

- Currently enrolled Dual/SNP members and LTSS members.
- Had at least three visits from a BH specialist.
- Adult: 18 years old or older as of the date of survey outreach.
- Child: 13 years old or younger as of the date of survey outreach.

Member addresses were run through the National Change of Address database to ensure that DSS had the most current addresses available.

DSS also attempted to obtain a valid phone number for records that were missing a phone number or had an invalid phone number. DSS used a 3rd party service called Relevate to do

this. Numbers are not always able to be located/updated. Only unique telephone numbers were called.

We received 213 (208 adult, 5 child) returned undeliverable mail pieces. (NOTE: As long as the member had a useable telephone number, he or she was contacted by telephone.)

Response Rate

Response Rate: 19.6%; $Response Rate = \text{Number of Completed Surveys} / (\text{Members sampled for outreach} - \text{Ineligibles})$

- Eligible sample received: 4,149
- Members sampled for outreach: 2,000
- Sampled members determined ineligible: 11
- Eligible members sampled: 1,989
- Completed surveys: 389 total (373 adult / 16 child)
 - 218 phone (203 adult / 15 child)
 - 171 mail (170 adult / 1 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, +/- 3.2% MOE, p=0.8, using a finite population correction factor based on the sample received, 14,941).

All calculations in this report use the “base” (shown as n=XX) 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.

Percentages lower than five percent are not labeled in charts or graphs where space does not permit.

Indicators/ Goals

Member Survey

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: Comparison 2016-2017

Audit Population

Member Survey

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. Paid and denied claims are included. A combination of diagnosis code, procedure code and provider specialty is 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.

DSS receives a secure a file of members for outreach from the Mercy Care Project Manager in cooperation with the Mercy Care Plan staff. Eligible plan members were defined as:

- Currently enrolled
- Primary coverage through Medicaid/Medicare
- Adult: 14 years old or older or 18 years or older as of the date of survey outreach
- Child: 13 years old or younger as of the date of survey outreach
- Had at least 3 visits with the BH provider/ practitioner at least once within the past 12 months.

Results

Member Survey

Objectives. This research assesses the following areas:

- 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 provider.

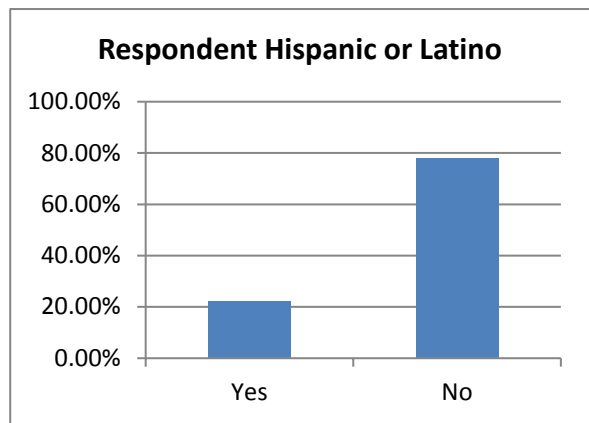
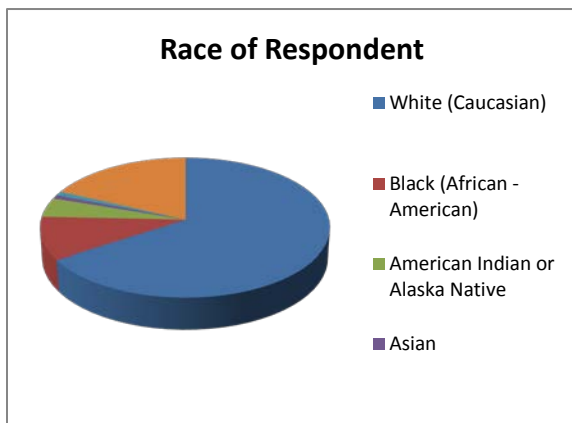
Table 1 Adult Member Survey Responses

Question	Numerator	Denominator	Rate 2017	Rate 2016	Baseline from 2015	
1. I have a doctor in a location that is good for me.	278	366	83%	82%	80.7%	
2. I am able to get an appointment as soon as I need it.	232	338	69%	70%	71.1%	*
3. My doctor listens to me and understands what I say.	275	337	82%	82%	81.1%	
4. My doctor explains things in a way that I understand.	296	339	87%	81%	82.4%	
5. My doctor treats me with respect.	315	340	93%	88%	89.8%	
6. My doctor is sensitive to who I am. This includes my race, religion, ethnicity, gender identification, language, disability, etc.	305	341	89%	87%	88.4%	
7. My doctor and my primary care provider (PCP) work as a team. (Change to question this year, I see my BHCP and PCP at the same location. Question is yes/no. Numerator is yes responses.)	127	335	38%			Unable to compare, new question.
8. My BHCP and PCP share info about my health and treatment plan.	189	303	62%	79%		*

Question	Numerator	Denominator	Rate 2017	Rate 2016	Baseline from 2015	
9. My BHCP helps me with othr self-help support and community services.	201	303	66%			Unable to compare, new question.
10. The office staff is polite and helpful.	290	329	88%	88%	86.0%	
11. I work with my doctor on my treatment options and goals. (added My BHCP works on my treatment plan with my family, my care team and me)	202	301	67%	82%	83.8%	*
12. I understand my medicines and the risks they may have.	241	317	76%	84%	85.1%	*
13. Because of the help from my doctor, I get along better with my family and friends.	214	305	70%	75%	76.1%	*
14. Because of the help from my doctor, I do better in school and/or work.	184	279	66%	64%	69.2%	*
15. I feel better because I see this doctor.	263	328	80%	86%	81.0%	*
16. I would send my friends or family to this doctor.	241	322	75%	79%	82.5%	*
17. I am pleased with the services I receive.	260	332	78%	83%	84.2%	*
18. My health plan staff is friendly and helpful.	292	330	88%	85%	86.8%	
19. My health plan helps me with the information I need to get care.	291	329	88%	83%	85.4%	
20. I would tell others to use my health plan.	275	330	83%	82%	85.4%	

Figure 1 Adult Demographics

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



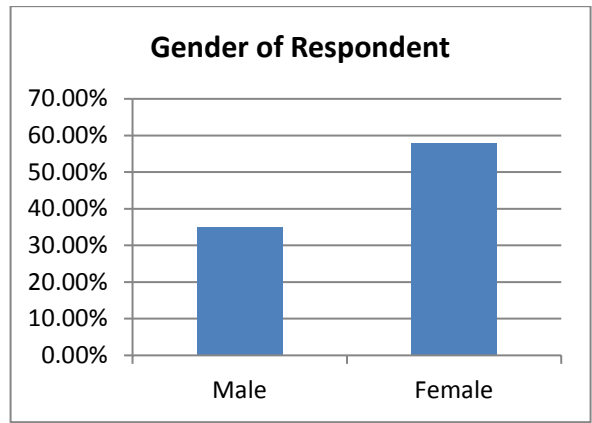
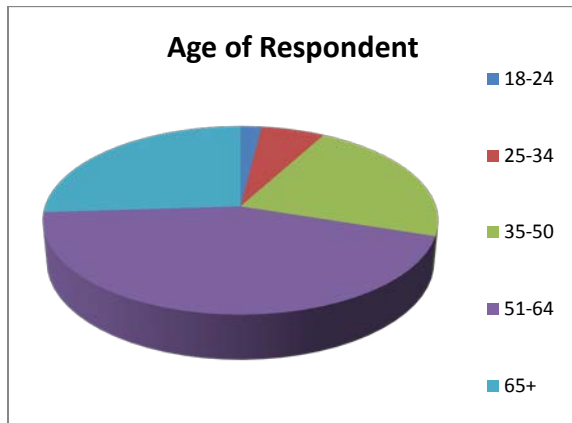


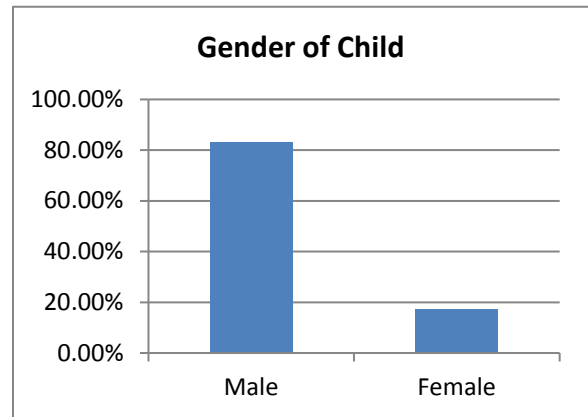
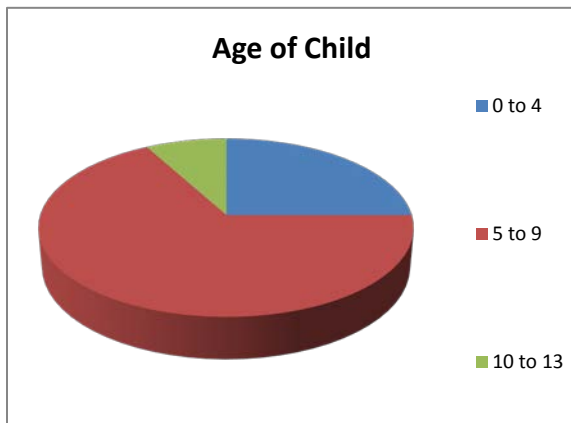
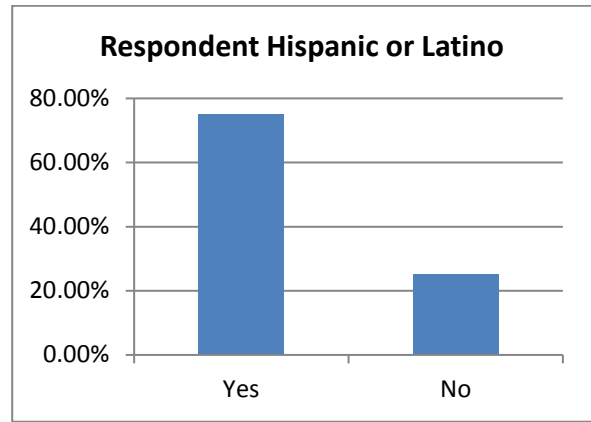
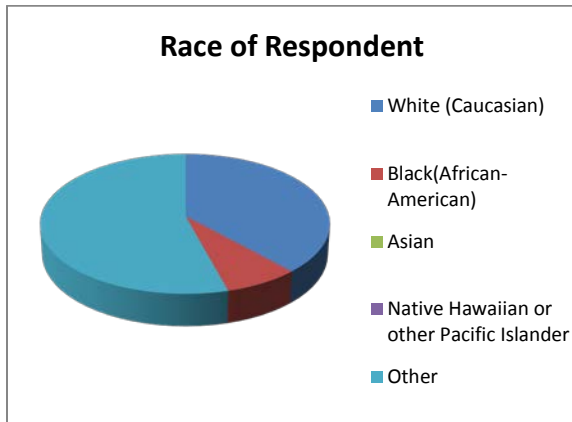
Table 2 Child Member Survey Responses

Question	Numerator	Denominator	Rate 2017	Rate 2016	Baseline from 2015	
1. The doctor is in a location that is good for me.	13	14	93%	85%	81.8%	
2. We are able to get an appointment as soon as my child needs it	12	16	75%	85%	72.7%	*
3. The doctor listens and understands what I say.	10	13	77%	92%	100%	*
4. The doctor explains things in a way that I understand.	10	13	77%	83%	100%	*
5. The doctor treats me with respect.	14	14	100%	92%	90.9%	
6. The doctor is sensitive to who I am. This includes his/ her race, religion, ethnicity, gender identification, language, disability, etc.	12	13	92%	92%	90.9%	
7. I see my BHCP and PCP at the same location. (Question is yes/no. Numerator is yes responses.)	127	335	38%			Unable to compare, new question.

Question		Numerator	Denominator	Rate 2017	Rate 2016	Baseline from 2015	
8.	This BHCP and the (PCP) share info about my health and treatment plan.	9	12	75%	77%	100%	*
9.	My BHCP helps me with other self-help support and community services	7	9	78%			Unable to compare, new question.
10.	The office staff is polite and helpful.	12	13	92%	85%	100%	
11.	My BHCP works on my treatment plan with my family, my care team and me.	12	13	92%	80%	100%	
12.	I understand the medicines and the risks they may have.	10	10	90%	83%	71.4%	
13.	Because of the help from my doctor, I get along better with family and friends	12	13	92%	80%	42.9%	
14.	Because of the help from my doctor, I do better in school and/or work.	12	13	92%	80%	57.1%	
15.	My BCHP helps me feel better.	11	13	85%	82%	100%	
16.	I would send my friends or family to this doctor.	9	13	69%	85%	90.9%	*
17.	I am pleased with the services I receive.	11	12	92%	92%	90.9%	
18.	My child's health plan staff is friendly and helpful.	11	10	91%	92%	90.9%	
19.	My health plan helps me get care.	10	11	91%	92%	91.7%	
20.	I would tell others to use my health plan.	10	11	91%	85%	90.9%	

Figure 2: 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.

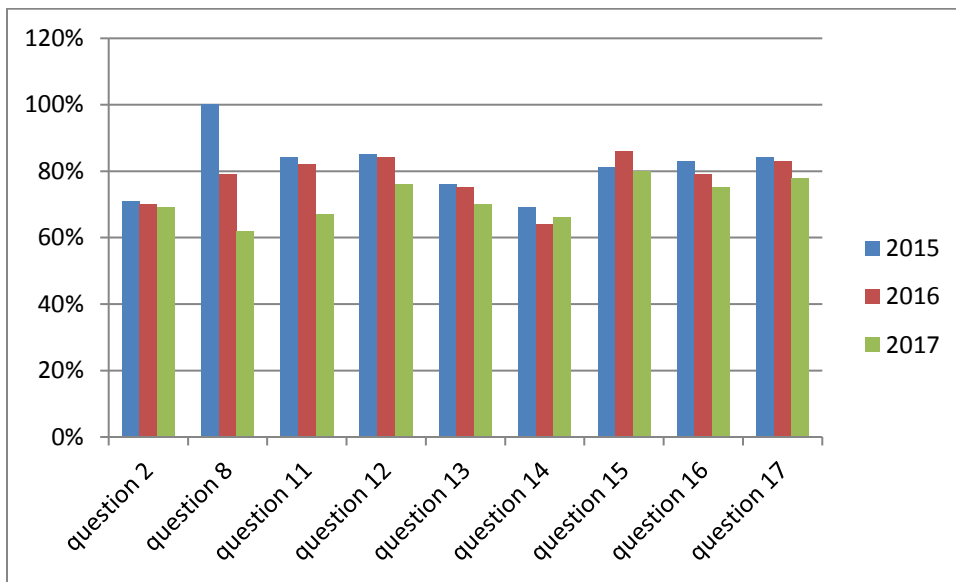


Quantitative Analysis

MCP conducted a comparative review of the 2016 and 2017 **Adult Survey** and determined that overall, the results, in some areas, are declining. The table below represents overall declines that have been noted.

	Question	Numerator	Denominator	Rate 2017	Rate 2016	Baseline from 2015
2.	I am able to get an appointment as soon as I need it.	232	338	69%	70%	71.1%
8.	My BHCP and PCP share info about my health and treatment plan.	189	303	62%	79%	100%
11.	I work with my doctor on my treatment options and goals. (added My BHCP works on my treatment plan with my family, my care team and me)	202	301	67%	82%	83.8%
12.	I understand my medicines and the risks they may have.	241	317	76%	84%	85.1%
13.	Because of the help from my doctor, I get along better with my family and friends.	214	305	70	75%	76.1%
14.	Because of the help from my doctor, I do better in school and/or work.	184	279	66%	64%	69.2%

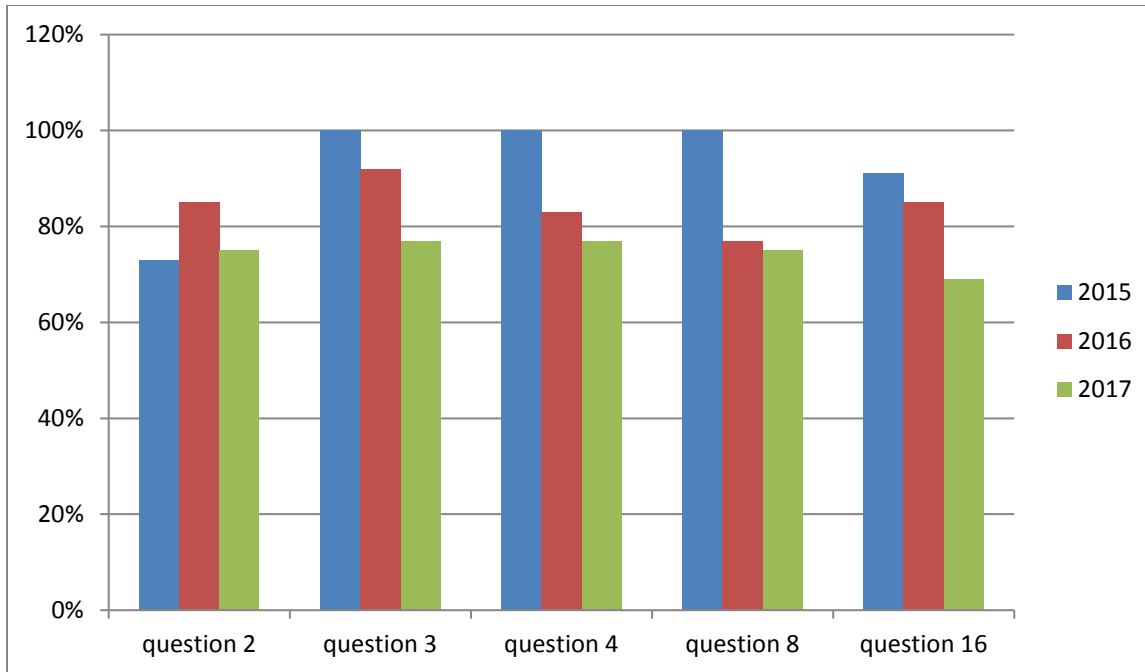
15	I feel better because I see this doctor.	263	328	80%	86%	81.0%
16.	I would send my friends or family to this doctor.	241	322	75%	79%	82.5%
17.	I am pleased with the services I receive.	260	332	78%	83%	84.2%



As noted in the table above, MCP has noted declines in the Adult member satisfaction for nine questions from 2015 through 2017. The MCP internal goal for member satisfaction is 80%.

- Strengths:
 - My BHCP treats me with respect.
 - My BHCP explains things in a way that I understand.
 - My BHCP is sensitive to who I am.
 - My BHCP helps me feel better.
 - My BHCP listens to me and understands what I say.
- Opportunities:
 - Helping members do better in school, work or other daily activities.
 - Helping members get along better with family and friends.
 - Agreement that members would send their friends or family to their BHCP.

	Question	Numerator	Denominator	Rate 2017	Rate 2016	Baseline from 2015
2.	We are able to get an appointment as soon as my child needs it	12	16	75%	85%	72.7%
3.	The doctor listens and understands what I say.	10	13	77%	92%	100%
4.	The doctor explains things in a way that I understand.	10	13	77%	83%	100%
8.	This BHCP and the (PCP) share info about my health and treatment plan.	9	12	75%	77%	100%
16.	I would send my friends or family to this doctor.	9	13	69%	85%	90.9%



MCP also reviewed **the Child Survey** and determined that while the denominator of respondents was significantly smaller, overall, the results also appeared to be positive.

The MCP internal goal for member satisfaction is 80%.

- Strengths:
 - My BHCP treats me with respect.
 - My BHCP explains things in a way that I understand.
 - My BHCP is sensitive to who I am.
 - My BHCP helps me feel better.
 - My BHCP listens to me and understands what I say.
- Opportunities:
 - Helping members do better in school, work or other daily activities.
 - Helping members get along better with family and friends.
 - Agreement that members would send their friends or family to their BHCP.

Qualitative Analysis

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

- Perception by members that their provider should be more available/that wait times are excessive (even if they are within the AHCCCS required timelines)
- Members may not realize that the BHCP and PCP communicate and do not discuss their BH issues with their PCP.

- In general people do not respond to surveys

Barriers

Potential barriers include:

- Members do not understand the appointment time requirements for BH and are therefore dissatisfied with appointment availability/scheduling.
- Behavioral Health doctors have requirements to coordinate with PCPs and this is audited through the AMRR process. PCPs are not as compliant with sharing information with other providers.
- Low number of children receiving BH treatment in this population and low response rate for Childrens survey (16 respondents, 15 completed via phone follow up.)

Opportunities for Improvement

Brainstorming or analysis does occur in collaboration with specific departments, BH managers and staff for both ALTCS and Medicare, Marketing and Member Communications, Office of Internal and Family Affairs (OIFA), Adult and Childrens Systems of Care, Provider Relations. Opportunities for improvement are identified for those areas that can be directly impacted by case management or BH staff, member outreach and peer supports. Other interventions are applied to areas that cannot be directly impacted related to the identified barriers. Recommendations for interventions and plans for implementation are included.

This year, MCP will utilize a multitude of methods to share information and education with both members and providers.

Table 3 Opportunities for Improvement (Both Adult and Child Survey)

Opportunities for Improvement	Action Plan/Responsible Person	Status Update
Alert all members that BH survey will be sent. Language to include potential for any member receiving BH services to receive survey, stress importance of member voice regarding BH services.	Corporate activity with DSS: As with CAHPS survey send postcards to members indicating BH survey will be sent and importance of responding to this survey. Persons involved: <ul style="list-style-type: none"> • All healthplans participating in survey will have input into member postcard message. • Corporate AETNA will develop and mail after 	Ongoing discussion and pricing regarding postcards. Language will be sent for regulatory approval after development.

Opportunities for Improvement	Action Plan/Responsible Person	Status Update
	regulatory approvals are obtained	
Post survey results to member and provider website	Leah Holiman and Lynn Kruk	Will be posted after 2/26
Member education	<p>Offer members information regarding BH appointment standards, remind members MCP is here to assist (ie: how the case manager can assist, member services, and questions to address with providers re: medications and treatment plans. Persons responsible: BH managers (ALTCS and MCA) OIFA Member marketing and materials AHCCCS for approval of member newsletter</p>	Member draft newsletter to be completed by May 2018 and will be sent to AHCCCS for approval no later than June 1 st .
Provider education	<p>Provider notification of BH survey results:</p> <ul style="list-style-type: none"> • Emphasize appt. and wait times. • Medication reviews • Treatment planning • Discuss treatment plans and medications in a way members can understand. <p>Persons responsible: BH managers (ALTCS and MCA) OIFA Provider relations Communications, marketing Systems of Care</p>	Provider notification to be completed by May 2018. Will be posted to website and sent in provider newsletter.
Member and Provider education	Develop talking points that will be shared at Community	Talking points will be completed after AHCCCS

Opportunities for Improvement	Action Plan/Responsible Person	Status Update
	<p>meetings, by peer champions, in Kiosks at FQHC’s and integrated clinics, during provider forums, as a webinar, during provider onsite visits, within committees, during “Welcome to Mercy meetings and with member advisory councils.</p> <p>Persons responsible:</p> <p>BH managers (ALTCS and MCA), Systems of Care both Child and Adult, OIFA, peer champions, provider relations, case managers, care managers, member services.</p>	<p>approval of member newsletter. Anticipate end of June or beginning of July 2018.</p>

- MCP understands that given the launch date of the 2018 survey (anticipated August or September of 2018) the initiatives that will be implemented above may not affect the 2018 survey results however should show impact on the 2019 survey. Our approach is comprehensive and will take time, careful consideration, and member/family voice to implement.

Re-Measurement

The survey will be conducted annually with re-measurement and comparison to previous survey findings occurring in late 2018/early 2019.

New Survey question:

One new question was added related to “other self-help support and community services”. The outcome of this questions was:

66% of Adults surveyed agreed that other self-help support and community services were provided.

78% of Children/Parents agreed that other self-help support and community services were provided.

These services include:

- Other groups/support/meetings
- Food bank
- Assistance in job training/finding employment
- Home health/home assistance/in home care
- Receiving services at school

Another question added related to “I see my BCHP and PCP at the same location”

- **Since PCP's may treat ADHD, Anxiety and Depression this may be a difficult question for members to answer or understand. Additionally with expansion of integrated health homes, members may again be confused by this question.**

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.

Action / Interventions

As noted above

References

N/A

Study Contacts (as appropriate)

Quality Management, Sandra Verheijde, Vice President, 602-453-8337, verheijdes@mercyareplan.com
Behavioral Health, David Erlich, Manager, 602-659-1910, ErlichD@MercyCarePlan.com
ALTCS Case Management, Pamela Moreno, Behavioral Health Manager, 602-453-6071, morenop@mercyareplan.com

- Appendix I: Member Survey Tool

Adult and Child survey tools

HEALTH CARE SERVICES SURVEY

We want to hear from you about the **behavioral health care** you received last year. 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.

You may also see a Primary Care Doctor or Provider (PCP). A Primary Care Provider is a provider you see for physical health care. This includes health check-ups or routine care.

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

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, or disability.	<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"/>
9a. Please tell us about these other services:	<hr/> <hr/>					
	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	N/A
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 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"/>
12. 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"/>

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	N/A
13. 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"/>
14. 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"/>
15. My BHCP helps me 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 BHCP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I am pleased with my behavioral services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. 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
19. 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"/>
20. 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"/>
21. 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

22. What is your Race?
- American Indian or Alaska Native
 - Native Hawaiian or Other Pacific Islander
 - Asian
 - White (Caucasian)
 - Black (African - American)
 - Other, (optional) specify _____
23. Are you Hispanic or Latino?
- Yes No
24. What is your age?
- Under 18 18-24 25-34 35-50 51-64 65+
25. What is your gender?
- Male Female

Thank you for taking our survey. Please send it back to us. Just use the prepaid return envelope.
 DSS Research • P.O. Box 985009 • Ft. Worth, TX 76185-9976

HEALTH CARE SERVICES SURVEY

We want to hear from you about the behavioral health care your child received last year. 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.

Your child may also see a Primary Care Doctor or Provider (PCP). A Primary Care Provider is a provider your child sees for physical health care. This includes health check-ups or routine care.

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, or disability.	<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 (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 child's BHCP and regular doctor (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"/>
9a. Please tell us about these other services:						

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	N/A
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"/>
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"/>

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	N/A
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. 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
19. 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"/>
20. 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"/>
21. 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

22. What is your child's Race?

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> White (Caucasian)
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Black (African - American)
<input type="checkbox"/> Asian	<input type="checkbox"/> Other, (optional) specify _____

23. Is your child Hispanic or Latino?

Yes No

24. What is your child's age?

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

25. What is your child's gender?

Male Female

**Thank you for taking our survey. Please send it back to us. Just use the prepaid return envelope.
DSS Research • P.O. Box 985009 • Ft. Worth, TX 76185-9976**



Mercy Care Plan
4350 E. Cotton Center Blvd., Bldg D
Phoenix, Arizona 85040



<<First>> <<Last>>
<<Address>> <<Suite>>
<<City>>, <<State>> <<Zip>>-<<Plus4>>

Notice Date
<<Date>>

Let us know what's important to you so we can make your care better

Dear Member,

At Mercy Care Plan, we design our benefits and programs to match what's important to our members. After all, you and your family are at the center of everything we do. So today, we want to hear from you.

Take our survey and tell us about your experience with our behavioral health services. This is care for mental or emotional concerns. Your answers will let us know if your needs are being met. And we'll use your input to improve care for the future.

We hired DSS Research to do this survey. Along with questions about your care, DSS will ask you about your behavioral health doctor. This kind of doctor can be a:

- Counselor
- Therapist
- Psychologist
- Psychiatrist

Your doctors and health care providers will never see your answers. And your answers will not change your health plan benefits and services in any way. This includes your behavioral health care plan.

This survey should take less than 15 minutes. Simply complete the form and mail it back to DSS by <<Date>>. Use the return envelope provided by DSS. It doesn't need a stamp.

Have questions?

We can help. Just call us toll-free at 1-800-824-3879. If you are deaf or have difficulty hearing, call 7-1-1. Also keep in mind that you don't have to respond to the survey.

Thank you for helping to make health care better for everyone!

Sincerely,

Member Services
Mercy Care Plan

1900X-1
12345678



Mercy Care Plan
4350 E. Cotton Center Blvd., Bldg D
Phoenix, Arizona 85040

Fecha del Aviso
<<Date>>

Díganos lo que es importante para usted, para que nosotros podamos mejorar su atención

Estimado/a Miembro,

En Mercy Care Plan, diseñamos nuestros beneficios y programas para satisfacer lo que es importante para nuestros miembros. Después de todo, usted y su familia se encuentran en el centro de todo lo que hacemos. Así que el día de hoy deseamos escuchar de usted.

Conteste nuestra encuesta, y díganos sobre su experiencia con nuestros servicios para la salud del comportamiento. Esto es, atención para problemas mentales o emocionales. Sus respuestas nos dejarán saber si sus necesidades están siendo satisfechas. Y nosotros usaremos sus opiniones para mejorar la atención para el futuro.

Nosotros contratamos a la empresa DSS Research para hacer esta encuesta. Además de las preguntas sobre su atención, DSS le preguntará sobre su doctor de la salud del comportamiento. Este tipo de doctor puede ser:

- Asesor/a
- Terapeuta
- Psicólogo/a
- Psiquiatra

Sus doctores y proveedores del cuidado de la salud nunca verán sus respuestas. Y sus respuestas no cambiarán sus beneficios y los servicios del plan de salud en forma alguna. Esto incluye a su plan del cuidado de la salud del comportamiento.

Esta encuesta le debe llevar menos de 15 minutos. Sencillamente llene la forma y envíela por correo de regreso a DSS antes de <<Date>>. Use el sobre de retorno provisto por DSS. No necesita estampilla.

¿Tiene preguntas?

Nosotros podemos ayudar. Sólo llámenos al número de larga distancia gratuita 1-800-624-3870. Si usted está sordo/a ó tiene problemas auditivos, llame al 7-1-1. También tenga en mente que usted no tiene qué contestar la encuesta.

¡Muchas gracias por ayudarnos a mejorar el cuidado de la salud para todos!

Atentamente,

Servicios al Miembro
Mercy Care Plan

1900X-1
12345678
338

- Appendix III: Telephone Survey Tool

Aetna Medicaid

Behavioral Health Member Satisfaction Survey – Adult Phone Survey

- Aetna Better Health of Illinois
- Aetna Better Health of Michigan
- Aetna Better Health of Texas
- Aetna Better Health of Virginia
- Aetna Better Health of West Virginia
- Mercy Care Plan (Arizona)
- Aetna Better Health of Ohio
- Aetna Better Health of Kentucky
- Aetna Better Health of Pennsylvania
- Aetna Better Health of New Jersey

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

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

When connected say:

Hello, I'm _____ from DSS Research, a national survey opinion research company. I'm calling on behalf of <<INSERT HEALTH PLAN NAME>>. We are calling to ask you about the behavioral health care you received last year.

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

You may also see a Primary Care Doctor or Provider (PCP). A Primary Care Provider is a provider you see for physical health care. This includes health check-ups or routine care.

Hola, soy _____ de DSS Research, una compañía nacional de encuestas de opiniones. Estoy llamando a nombre de <<INSERT HEALTH PLAN NAME>>. Nosotros deseamos que usted reciba la mejor atención para la salud del comportamiento.

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

Usted también puede ver a un Doctor o Proveedor de Cuidado Primario (PCP). Un Proveedor de Cuidado Primario es aquél proveedor a quien usted ve para el cuidado de su salud física. Esto incluye revisiones de salud o atención de rutina.

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?

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

- 1 English
- 2 Spanish

English questions

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)

YOUR HEALTH CARE

- Strongly Agree
- Agree
- I am Neutral
- Disagree
- Strongly Disagree

Not Applicable (N/A)

1. I have a Behavioral Health Care Provider (BHCP) in a good location for me.
2. I can get an appointment as soon as I need it.
3. My BHCP listens to me and understands what I say.
4. My BHCP explains things in a way that I understand.
5. My BHCP treats me with respect.
6. My BHCP is sensitive to who I am – including my race, religion, ethnicity, gender identification, language, or disability.
7. I see my BHCP and Primary Care Provider (PCP) at the same location.

Yes No

8. My BHCP and PCP share info about my health and treatment plan.
9. My BHCP helps me with other self-help support and community services.

Please tell us about these other services:

10. The office staff is polite and helpful.
11. My BHCP works on my treatment plan with my family, my care team and me.
12. My BHCP talks to me about medicines, and the risks they might have.
13. My BHCP helps me get along better with family and friends.
14. My BHCP helps me do better in school, work or other daily activities.
15. My BHCP helps me feel better.
16. I would send my friends or family to my BHCP.
17. I am pleased with my behavioral services.
18. 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?

YOUR HEALTH PLAN

19. My health plan staff is friendly and helpful.
20. My health plan helps me get care.
21. I would tell others to use my health plan.

My last few questions are about you.

DEMOGRAPHICS

22. What is your Race?
 - American Indian or Alaska Native
 - Native Hawaiian or Other Pacific Islander

Asian
White (Caucasian)
Black (African - American)
Other, (optional) specify

23. Are you Hispanic or Latino?

Yes
No

24. What is your age?

Under 18
18-24
25-34
35-50
51-6
65+

25. What is your gender?

Male
Female

Thank you for taking our survey. Have a good day.

Spanish Questions

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

Muy de acuerdo
De acuerdo
Estoy neutral
En desacuerdo
Totalmente en desacuerdo
No aplica (N/A)

EL CUIDADO DE SU SALUD

1. Yo tengo a un Proveedor del Cuidado para la Salud del Comportamiento (BHCP por sus siglas en inglés) en una buena ubicación.
2. Yo puedo obtener una cita tan pronto que la necesito.
3. Mi BHCP me escucha y entiende lo que le digo.

- 4. Mi BHCP me explica las cosas en forma tal, que yo las pueda entender.
- 5. Mi BHCP me trata con respeto.
- 6. Mi BHCP es sensible con respecto a quién soy yo, incluyendo mi raza, religión, origen étnico, identificación de género/sexo, idioma, o discapacidad.
- 7. Yo veo a mi BHCP y a mi doctor regular en el mismo lugar.
Sí No
- 8. Mi BHCP y mi doctor regular comparten información sobre mi plan de salud y tratamiento.
- 9. Mi BHCP me ayuda con otros servicios de apoyo de autoayuda y comunitarios.
Por favor platíquenos sobre estos otros servicios:

-
-
- 10. El personal de la oficina es amable y de gran ayuda.
 - 11. Mi BHCP trabaja en mi plan de tratamiento conmigo, con mi familia y con mi equipo de atención.
 - 12. Mi BHCP habla conmigo sobre mis medicamentos y los riesgos que éstos puedan presentar.
 - 13. Mi BHCP me ayuda a llevarme mejor con mi familia y amigos/as.
 - 14. Mi BHCP me ayuda a desempeñarme mejor en la escuela, el trabajo u otras actividades cotidianas.
 - 15. Mi BHCP me ayuda a sentirme mejor.
 - 16. Yo enviaría a mi familia y amigos a ver a mi BHCP.
 - 17. Yo estoy contento/a con mis servicios para la salud del comportamiento.
 - 18. 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?
-
-
-

SU PLAN DE SALUD

- 19. El personal de mi plan de salud es amable y servicial.
- 20. Mi plan de salud me ayuda a obtener atención.
- 21. Yo les diría a otros que usaran mi plan de salud.

Mis últimas preguntas son sobre usted.

DEMOGRAFÍA

- 22. ¿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

- 23. ¿Es usted hispano/a o latino/a?
Sí
No

24. ¿Cuántos años tiene?

- Menos de 18
- 18-24
- 25-34
- 35-50
- 51-6
- 65 ó más

25. ¿Cuál es su género/sexo?

- Masculino
- Femenino

Muchas gracias por contestar nuestra encuesta. Tenga un buen día.

Aetna Medicaid

Behavioral Health Member Satisfaction Survey – Child Phone Survey

- Aetna Better Health of Illinois
- Aetna Better Health of Michigan
- Aetna Better Health of Texas
- Aetna Better Health of Virginia
- Aetna Better Health of West Virginia
- Mercy Care Plan (Arizona)
- Aetna Better Health of Ohio
- Aetna Better Health of Kentucky
- Aetna Better Health of Pennsylvania
- Aetna Better Health of New Jersey

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>>?

When connected say:

Hello, I'm _____ from DSS Research, a national survey opinion research company. I'm calling on behalf of <<INSERT HEALTH PLAN NAME>>. We are calling to ask you about the behavioral health care your child received last year.

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

Your child may also see a Primary Care Doctor or Provider (PCP). A Primary Care Provider is a provider your child sees for physical health care. This includes health check-ups or routine care.

Hola, soy _____ de DSS Research, una compañía nacional de encuestas de opiniones. Estoy llamando a nombre de <<INSERT HEALTH PLAN NAME>>. Estamos llamando para preguntarle acerca de la atención de salud conductual que su hijo recibió el año pasado.

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

Su niño/a también puede ver a un Doctor o Proveedor de Cuidado Primario (PCP). Un Proveedor de Cuidado Primario es aquél proveedor a quien su niño/a ve para el cuidado de su salud física. Esto incluye revisiones de salud o atención de rutina.

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 volvámos a llamar?

SELECT LANGUAGE FOR INTERVIEW. ASK WHICH IS PREFERRED IF NOT CLEAR.

- 1 English
- 2 Spanish

English questions

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 your child, please tell me. (Interviewer: repeat scale as needed)

YOUR CHILD’S HEALTH CARE

- Strongly Agree
- Agree
- I am Neutral
- Disagree
- Strongly Disagree
- Not Applicable (N/A)

1. My child’s Behavioral Health Care Provider (BHCP) is in a good location for us.
2. I can get an appointment as soon as my child needs it.
3. My child’s BHCP listens to and understands what my child says.
4. My child’s BHCP explains things in a way that my child understands.
5. My child’s BHCP treats my child with respect.
6. My child’s BHCP is sensitive to who my child is – including race, religion, ethnicity, gender identification, language, or disability.
7. My child sees his or her BHCP and regular doctor (PCP) at the same location.
Yes No
8. My child’s BHCP and regular doctor (PCP) share info about my child’s health and treatment plan.
9. My child’s BHCP helps my child with other self-help support and community services.

Please tell us about these other services:

10. The office staff is polite and helpful.
11. My child’s BHCP works with my child, our family and me on a treatment plan.
12. My child’s BHCP talks to my child and me about medicines, and the risks they might have.
13. The services my child gets helps him or her get along better with family and friends.
14. The services my child gets helps him or her do better in school, work or other daily activities.
15. The services my child gets helps him or her feel better.
16. I would send my friends or family to my child’s BHCP.
17. I am pleased with the behavioral health care services my child receives.

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

- 18. My child’s health plan staff is friendly and helpful.
- 19. My child’s health plan helps me with the information I need to get my child’s care.
- 20. I would tell others to use my child’s health plan.

DEMOGRAPHICS

- 21. 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

- 22. Is your child Hispanic or Latino?
 - Yes
 - No

- 23. What is your child’s age?
 - 0-4
 - 5-9
 - 10-13
 - 14-17
 - 18+

- 24. What is your child’s gender?
 - Male
 - Female

Thank you for taking our survey. Have a good day.

Spanish Questions

Para cada pregunta por favor dígame qué tan fuertemente está de acuerdo o en desacuerdo respondiendo usando las siguientes selecciones: Muy de acuerdo, De acuerdo, Estoy neutral, En desacuerdo, Totalmente en desacuerdo. Si la pregunta no le aplica a su niño/a, marque N/A. (Entrevistador/a: repita la escala si es necesario.)

- Muy de acuerdo
- De acuerdo
- Estoy neutral
- En desacuerdo
- Totalmente en desacuerdo
- No aplica (N/A)

EL CUIDADO DE LA SALUD DE SU NIÑO/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.
2. Yo puedo obtener una cita tan pronto que la necesita mi niño/a.
3. El BHCP de mi niño/a le escucha y entiende lo que él/ella le dice.
4. El BHCP de mi niño/a explica las cosas en forma tal, que mi niño/a las pueda entender.
5. El BHCP de mi niño/a trata a mi niño/a con respeto.
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.
7. El BHCP de mi niño/a y el doctor regular de mi niño/a le ven en el mismo lugar.
SÍ No
8. El BHCP de mi niño/a y el doctor regular de mi niño/a comparten información sobre el plan de salud y tratamiento de mi niño/a.
9. El BHCP de mi niño/a ayuda a mi niño/a con otros servicios de apoyo de autoayuda y comunitarios. Por favor platíquenos sobre estos otros servicios:

10. El personal de la oficina es amable y de gran ayuda.
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.
12. El BHCP de mi niño/a habla con mi niño/a sobre los medicamentos y los riesgos que éstos puedan presentar.
13. Los servicios que recibe mi niño/a le ayudan a llevarse mejor con la familia y sus amigos/as.
14. Los servicios que recibe mi niño/a le ayudan a desempeñarme mejor en la escuela, el trabajo u otras actividades cotidianas.
15. Los servicios que recibe mi niño/a le ayudan a sentirse mejor.
16. Yo enviaría a mi familia y amigos a ver al BHCP de mi niño/a.
17. Yo estoy contento/a con los servicios para la salud del comportamiento que recibe mi niño/a.
18. 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

19. El personal del plan de salud de mi niño/a es amable y servicial.

20. El plan de salud de mi niño/a me ayuda con la información que necesito para obtener atención para mi niño/a.

21. Yo les diría a otros que usaran el plan de salud de mi niño/a.

DEMOGRAFÍA

22. ¿Cuál es la raza de su niño/a?

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

23. ¿Su niño/a es hispano/a o latino/a?

Sí

No

24. ¿Cuántos años tiene su niño/a?

0-4

5-9

10-13

14-17

18 ó más

25. ¿Cuál es el género/sexo de su niño/a?

Masculino

Femenino

Muchas gracias por contestar nuestra encuesta. Tenga un buen día.