



Member Experience – Annual Assessment of Behavioral Healthcare and Services

Quality Improvement Process

Quality Management Annual Report
2020 Behavioral Health Member Survey
Date of Assessment: January 2021

Table of Contents

- Executive Summary 4
- Background..... 4
- Purpose 4
- Methodology 4
- Response Rate 5
- Indicators/ Goals 6
- Audit Population..... 6
- Results..... 7
- Qualitative Analysis 12
- Opportunities for Improvement..... 12
- Conclusion 13
- Study Contacts..... 13

Tables and Figures

Table 1 Mercy Care Adult Member Survey Responses 7

Figure 1 Mercy Care Adult Demographics..... 8

Table 2 Mercy Care Children Member Survey Responses 9

Figure 2 Mercy Care Child Demographics 11

Table 3: Opportunities for Improvement (Both adult and children) 12

Adult Survey Tool..... 14

Adult Spanish Survey Tool..... 16

Child Survey Tool 19

Child Spanish Survey Tool 21

Adult Survey Cover Letters (English and Spanish) 24

Child Survey Cover Letters (English and Spanish)..... 25

Adult Telephone Survey Tool 26

Child Telephone Survey Tool..... 31

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 has 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.

- 80% are satisfied with the services they receive.
- 86% 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. In an effort to promote continuous quality improvement, Mercy Care participated with a project led by the National Medical Management Integrated Behavioral Health Care 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

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

available 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 provided the survey in that language via phone or mail to that member.

Symphony Performance Health (SPH) interviewers then conducted live telephone outreach to those who did not respond to the mailed survey. A Total of 3 telephone attempts were made to the member. SPH also attempted to obtain a valid phone number for records that were missing a phone number or had an invalid phone number. SPH 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. All data was collected via computer-aided telephone interviews (CATI) by SPH 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 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: August 5, 2020.
- Telephone follow-up conducted: September 9 – October 21, 2020
- Data collection cut-off: October 21, 2020.

A total of 52,853 records were received for Mercy Maricopa Integrated Care, of which 44,826 were eligible for surveying. A stratified random sample of 2,000 members was selected for survey mail/phone outreach. Distribution of adult vs. child mail and phone outreach surveys include.

- Adult surveys: 1,708
 - Mental Health Services 18 + years of age
 - Substance use disorder services 12+ years of age
- Child surveys: 292
 - Mental Health Services 0-17 years of age
 - Substance use disorder services 0 - 11 years of age

We received 242 (229 adult / 13 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

12.1%; Response Rate = Number of Completed Surveys / (Members sampled for outreach – Ineligibles)

- Eligible sample received: 44,826
- Members sampled for outreach: 2,000
- Sampled members determined ineligible: 0
- Eligible members sampled: 2,000

- Completed surveys: 242 total (181 adult / 61 child)
 - 182 phone (130 adult / 52 child)
 - 60 mail (51 adult / 9 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, + / - 4.2% MOE, p = 0.8, using a finite population correction factor based on the sample received, 52,853).

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.

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

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: Report 2020 data

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, 2019 through May 31, 2020. 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. Currently enrolled members include the following rate groups SMI, GMH/SU, ABD, DD, DSNP MCR, Dual Int DD, Duals Demo, Duals LTSS, EXP, LTSS and TANF
- 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

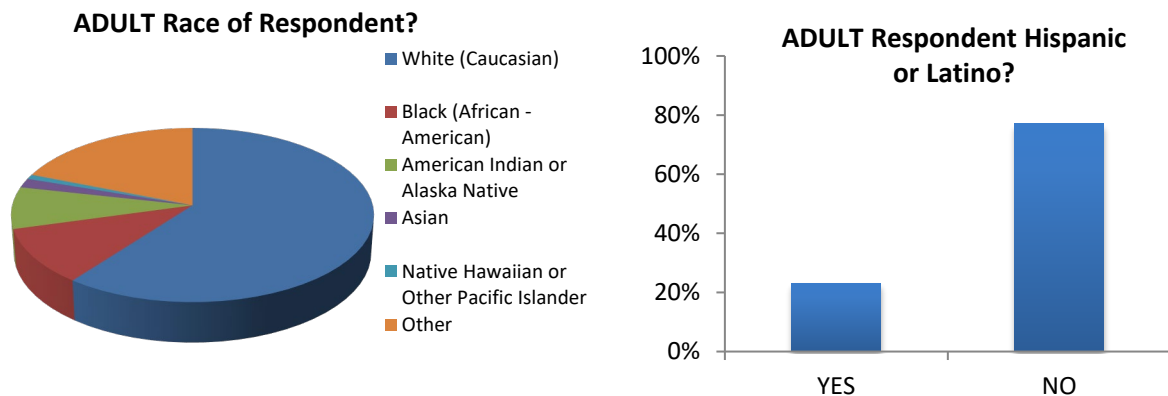
Table 1 Mercy Care Adult Member Survey Responses

2020 Mercy Care Adult Measure	Denominator (Base)	Numerator (Top Two Boxes)	Neutral	2020 Rate
Access and timeliness of behavioral health care				
I have a Behavioral Health Care Provider (BHCP) in a good location for me.	173	141	17	82%
I can get an appointment as soon as I need it.	174	131	15	75%
Perceived outcome of behavioral health care				
My BHCP helps me get along better with family and friends.	158	117	24	74%
My BHCP helps me do better in school, work or other daily activities.	148	103	27	70%
My BHCP helps me feel better.	161	135	13	84%
Communication with clinicians				
My BHCP listens to me and understands what I say.	164	144	9	88%
My BHCP explains things in a way that I understand.	164	151	5	92%
My BHCP works on my treatment plan with my family, my care team and me.	164	122	21	74%
My BHCP talks to me about medicines, and the risks they might have.	159	123	14	77%
I see my BHCP and Primary Care Provider (PCP) at the same location. (Question is yes/no. Numerator is yes responses and No Response is Neutral.)	154	67	27	44%
My BHCP and PCP share info about my health and treatment plan.	142	93	25	65%
My BHCP helps me with other self-help support and community services.	160	119	15	74%
My BHCP and care team include supportive roles, such as peer support services, in my treatment options and goals.	162	123	20	76%

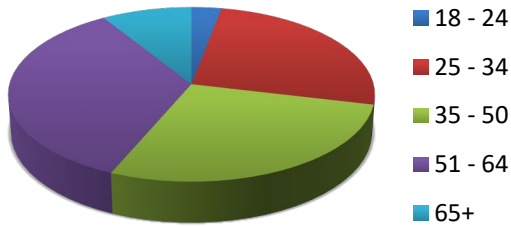
2020 Mercy Care Adult Measure	Denominator (Base)	Numerator (Top Two Boxes)	Neutral	2020 Rate
My provider and my care team help me get health care prevention screenings that I need.	157	126	15	80%
My provider and my care team teach me how to take care of my health.	161	129	17	80%
My provider and my care team have my health history to make the best decisions about my treatment plan.	160	138	12	86%
Patient rights				
My BHCP treats me with respect.	168	154	8	92%
My BHCP is sensitive to who I am – including my race, religion, ethnicity, gender identification, language, and/or disability.	163	147	10	90%
Member services and assistance				
My health plan staff is friendly and helpful.	160	140	17	88%
My health plan helps me get care.	160	146	12	91%
I would tell others to use my health plan.	156	131	19	84%
Overall rating of behavioral health care provider				
I would send my friends or family to my BHCP.	160	132	11	83%
The office staff is polite and helpful.	166	146	13	88%
I am pleased with my behavioral health services.	163	131	19	80%

Figure 1 Mercy Care Adult Demographics

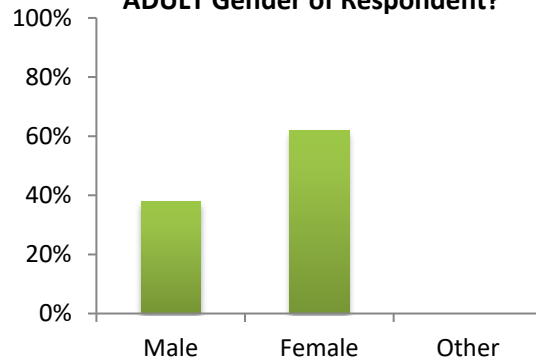
Analysis of respondent profile provides insights into the utilization of healthcare services provided. The following figures provide an overview of the eligible adult members who responded to the survey.



ADULT Age of Respondent?



ADULT Gender of Respondent?



Mercy Care Adult Survey responses are as follows:

- Strengths:
 - I have a Behavioral Health Care Provider (BHCP) in a good location for me.
 - My BHCP helps me feel better.
 - My BHCP listens to me and understands what I say.
 - My BHCP explains things in a way that I understand.
 - My provider and my care team help me get health care prevention screenings that I need.
 - My provider and my care team teach me how to take care of my health.
 - My provider and my care team have my health history to make the best decisions about my treatment plan.
 - My BHCP treats me with respect.
 - My BHCP is sensitive to who I am – including my race, religion, ethnicity, gender identification, language, and/or disability.
 - My health plan staff is friendly and helpful.
 - My health plan helps me get care.
 - I would tell others to use my health plan.
 - I would send my friends or family to my BHCP.
 - The office staff is polite and helpful.
 - I am pleased with my behavioral health services.
- Opportunities:
 - I see my BHCP and Primary Care Provider (PCP) at the same location.
 - My BHCP and PCP share info about my health and treatment plan.

Table 2 Mercy Care Children Member Survey Responses

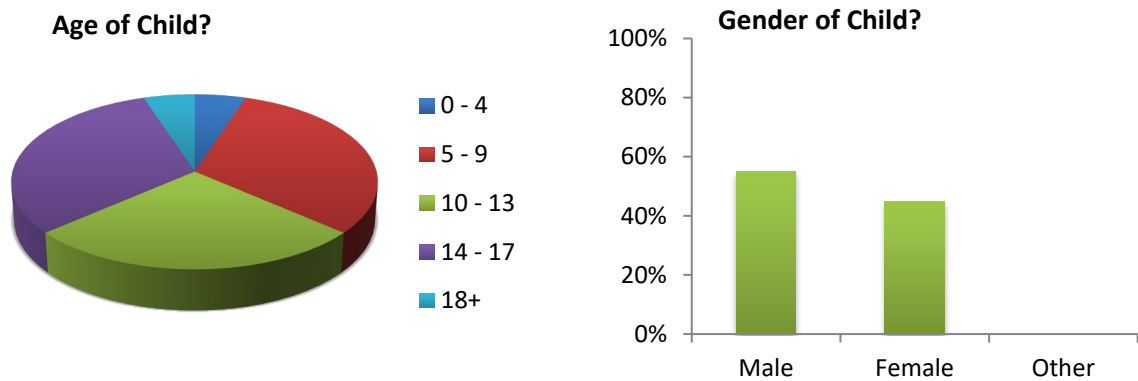
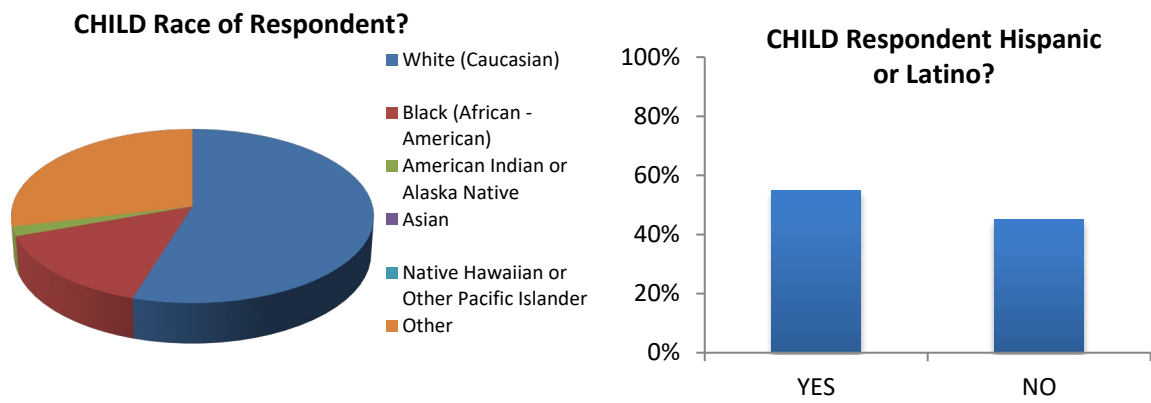
2020 Mercy Care Children Measure	Denominator (Base)	Numerator (Top Two Boxes)	Neutral	2020 Rate
Access and timeliness of behavioral health care				
My child’s Behavioral Health Care Provider (BHCP) is in a good location for us.	57	50	5	88%
I can get an appointment as soon as my child needs it.	59	44	4	75%
Perceived outcome of behavioral health care				

2020 Mercy Care Children Measure	Denominator (Base)	Numerator (Top Two Boxes)	Neutral	2020 Rate
The services my child gets helps him or her get along better with family and friends.	53	42	9	79%
The services my child gets helps him or her do better in school, work or other daily activities.	53	43	8	81%
The services my child gets helps him or her feel better.	54	46	6	85%
Communication with clinicians				
My child's BHCP listens to and understands what my child says.	59	50	6	85%
My child's BHCP explains things in a way that my child understands.	54	48	3	89%
My child's BHCP works with my child, our family and me on a treatment plan.	52	46	4	88%
My child's BHCP talks to my child and me about medicines, and the risks they might have.	45	36	3	80%
My child sees his or her BHCP and regular doctor at the same location. (Question is yes/no. Numerator is yes responses and No Response is Neutral.)	54	18	7	33%
My child's BHCP and PCP share info about my child's health and treatment plan.	43	25	9	58%
My child's BHCP helps my child with other self-help support and community services.	45	37	5	82%
My child's provider and care team help my child get health care prevention screenings.	37	29	6	78%
My child's provider and care team teach my child to take care of his or her health.	41	32	5	78%
My child's provider and care team have my child's health history to make the best decisions about my child's treatment plan.	46	39	6	85%
Patient rights				
My child's BHCP treats my child with respect.	56	53	3	95%
My child's BHCP is sensitive to who my child is – including race, religion, ethnicity, gender identification, language, and/or disability.	54	50	3	93%
Member services and assistance				
My child's health plan staff is friendly and helpful.	51	49	2	96%
My child's health plan helps me with the information I need to get my child's care.	53	50	2	94%
I would tell others to use my child's health plan.	53	49	3	92%
Overall rating of behavioral health care provider				
I would send my friends or family to my child's BHCP.	54	44	4	81%

2020 Mercy Care Children Measure	Denominator (Base)	Numerator (Top Two Boxes)	Neutral	2020 Rate
The office staff is polite and helpful.	52	47	4	90%
I am pleased with the behavioral health care services my child receives.	55	44	6	80%

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.



Mercy Care Child Survey responses are as follows:

- Strengths:
 - My child’s Behavioral Health Care Provider (BHCP) is in a good location for us.
 - The services my child gets helps him or her do better in school, work or other daily activities.
 - The services my child gets helps him or her feel better.
 - My child’s BHCP listens to and understands what my child says.
 - My child’s BHCP explains things in a way that my child understands.

- My child’s BHCP works with my child, our family and me on a treatment plan.
- My child’s BHCP talks to my child and me about medicines, and the risks they might have.
- My child’s BHCP helps my child with other self-help support and community services.
- My child’s provider and care team have my child’s health history to make the best decisions about my child’s treatment plan.
- My child’s BHCP treats my child with respect.
- My child’s BHCP is sensitive to who my child is – including race, religion, ethnicity, gender identification, language, and/or disability.
- My child’s health plan staff is friendly and helpful.
- My child’s health plan helps me with the information I need to get my child’s care.
- I would tell others to use my child’s health plan.
- I would send my friends or family to my child’s BHCP.
- The office staff is polite and helpful.
- I am pleased with the behavioral health care services my child receives.
- Opportunities:
 - My child sees his or her BHCP and regular doctor at the same location.
 - My child’s BHCP and PCP share info about my child’s health and treatment plan.

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 PH issues with their BHCP.
- In general people do not respond to surveys as noted by survey response rate of 12.1%
- Accurate phone numbers are not always able to be located/updated despite attempts to obtain valid phone numbers.
- Addresses are not updated therefore 242 surveys were returned (229 adult/13 child)

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 Childrens Systems of Care, Provider Relations. Recommendations for interventions and plans for implementation are included.

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

Opportunities for Improvement	Action Plan/Responsible Person
Share member experience data with the Member Advocacy Council	Gather feedback from the committee
QM and OIFA will discuss strategies on obtaining member feedback in various forums.	QM and OIFA will meet to discuss opportunities
Alert members of the survey results	Post survey results to member website

Opportunities for Improvement	Action Plan/Responsible Person
Alert Providers of the survey results	Post survey results to provider website

Re-Measurement

The survey will be conducted annually with re-measurement and comparison to previous survey findings occurring in 2021.

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

Quality Management, Sandra Wendt, Vice President, 602-453-8007, wendts@mercycareaz.org

Quality Management, Amy Hadley, Provider Monitoring Manager, 602-453-8044,
Hadleya@mercycareaz.org

Quality Management, Jennifer Kanihan, Quality Management Consultant, 602-291-8734,
KanihanJ@mercycareaz.org

Appendix I: Member Survey Tool

Adult Survey Tool

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.

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, and/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"/>
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"/>
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"/>

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	N/A
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. SPH Analytics • P.O. Box 985009 • Ft. Worth, TX 76185-9976

IS24849 - 28087



Adult Spanish Survey Tool

ENCUESTA DE LOS SERVICIOS DEL CUIDADO DE LA SALUD

Nosotros queremos oír de usted con respecto a la atención para la salud del comportamiento que recibió el año pasado. 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"/>
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"/>
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"/>

	Totalmente de acuerdo	De acuerdo	Soy neutral	Discrepar	Totalmente en Desacuerdo	N/A
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. SPH Analytics • P.O. Box 985009 • Ft. Worth, TX 76185-9976

Child Survey Tool

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.

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"/>
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"/>
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"/>

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	N/A
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.
 SPH Analytics • P.O. Box 985009 • Ft. Worth, TX 76185-9976

IS24934 - 28088



ENCUESTA DE LOS SERVICIOS DEL CUIDADO DE LA SALUD

Nosotros queremos oír de usted con respecto a la atención para la salud del comportamiento que recibió su niño/a el año pasado. 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"/>
7. El BHCP de mi niño/a y el doctor regular de mi niño/a le ven 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. 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"/>

	Totalmente de acuerdo	De acuerdo	Soy neutral	Discrepar	Totalmente en desacuerdo	N/A
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"/>
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"/>

DEMOGRAFÍA

24. ¿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 _____

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

- Sí No

26. ¿Cuántos años tiene su niño/a?

- 0-4 5-9 10-13 14-17 18 ó más



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

- Masculino Femenino Otro

Muchas gracias por contestar nuestra encuesta. Por favor envíenosla de regreso. Sólo use el sobre con el franqueo pre pagado. SPH Analytics • P.O. Box 985009 • Ft. Worth, TX 76185-9976

Appendix II-Member Survey Cover Letter


Adult Survey Cover Letters (English and Spanish)

<p>Mercy Care 4755 S 44th Place Phoenix, AZ 85040</p>	 <p>mercy care</p>
<p><<Name>> <<Address>> <<Suite>> <<City>>, <<ST>> <<Zip>></p>	<p>Notice Date <<Date>></p>
<p>Tell us what matters to you.</p> <p>Dear <<Name>>,</p> <p>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.</p> <p>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:</p> <ul style="list-style-type: none">• Counselor• Therapist• Psychologist• Psychiatrist• Nurse Practitioner <p>We want to hear from you Simply mail your completed survey to SPH Analytics in the prepaid return envelope. It doesn't need a stamp. SPH Analytics is an independent company managing the survey.</p> <p>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.</p> <p>Have questions? Just call SPH Analytics 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.</p> <p>Sincerely, Mercy Care</p>	
<p>Place 85040</p> <p><<id_dao>> 01-XXXX</p>	 <p>mercy care</p> <p>Fecha del Aviso <<Date>></p>
<p>Díganos lo que es importante para usted.</p> <p>Estimado/a <<Name>>,</p> <p>¿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.</p> <p>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:</p> <ul style="list-style-type: none">• Consejero• Terapeuta• Psicólogo• Psiquiatra• Enfermero Practicante Médico <p>Nosotros queremos oír de usted Sólo envíe su encuesta llena por correo postal a SPH Analytics en el sobre de retorno con porte pre pagado. No necesita estampillas. SPH Analytics es una compañía independiente administrando la encuesta.</p> <p>Sus respuestas son privadas. Sus doctores nunca verán sus respuestas. Usted no tiene que llenar esta encuesta. Si lo hace, sus respuestas no cambiarán sus beneficios o servicios.</p> <p>¿Tiene preguntas? Sólo llame a la empresa SPH Analytics 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.</p> <p>Atentamente, Mercy Care</p>	

Y

Child Survey Cover Letters (English and Spanish)

Mercy Care
4755 S 44th Place
Phoenix, AZ 85040



Notice Date
<<Date>>

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

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 SPH Analytics in the prepaid return envelope. It doesn't need a stamp. SPH Analytics 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 SPH Analytics 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

<<cid_dms>>
01-XXXX



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 SPH Analytics en el sobre de retorno con porte pre pagado. No necesita estampillas. SPH Analytics es una compañía independiente administrando la encuesta.

Sus respuestas son privadas. Los doctores de su niño/a nunca verán sus respuestas. Usted no tiene que 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 SPH Analytics 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?

When connected say:

Hello, I'm _____ from SPH Analytics, a national survey opinion research company. I'm calling on behalf of Mercy Care. We are calling to ask you about the behavioral health care our health plan offers to you.

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 SPH Analytics, 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.

English

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.
10. My BHCP and care team include supportive roles, such as peer support services, in my treatment options and goals.
11. The office staff is polite and helpful.
12. My BHCP works on my treatment plan with my family, my care team and me.
13. My BHCP talks to me about medicines, and the risks they might have.
14. My BHCP helps me get along better with family and friends.
15. My BHCP helps me do better in school, work or other daily activities.
16. My BHCP helps me feel better.
17. I would send my friends or family to my BHCP.
18. I am pleased with my behavioral services.
19. My provider and my care team help me get health care prevention screenings that I need.

20. My provider and my care team teach me how to take care of my health.
 21. My provider and my care team have my health history to make the best decisions about my treatment plan.
 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?
-
-

YOUR HEALTH PLAN

23. My health plan staff is friendly and helpful.
24. My health plan helps me get care.
25. I would tell others to use my health plan.

My last few questions are about you.

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

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.
 10. Mi BHCP y equipo de atención incluyen papeles de apoyo, como servicios de apoyo por compañeros, en mis opciones y metas de tratamiento.
 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.
 13. Mi BHCP habla conmigo sobre mis medicamentos y los riesgos que éstos puedan presentar.
 14. Mi BHCP me ayuda a llevarme mejor con mi familia y amigos/as.
 15. Mi BHCP me ayuda a desempeñarme mejor en la escuela, el trabajo u otras actividades cotidianas.
 16. Mi BHCP me ayuda a sentirme mejor.
 17. Yo enviaría a mi familia y amigos a ver a mi BHCP.
 18. Yo estoy contento/a con mis servicios para la salud del comportamiento.
 19. Mi BHCP me ayuda a obtener las revisiones de prevención del cuidado de la salud que yo necesito.
 20. Mi BHCP y equipo de atención me enseñan cómo hacerme cargo de mi salud.
 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.
 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?
-
-

SU PLAN DE SALUD

23. El personal de mi plan de salud es amable y servicial.

- 24. Mi plan de salud me ayuda a obtener atención.
- 25. Yo les diría a otros que usaran mi plan de salud.

Mis últimas preguntas son sobre usted.

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. 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?

When connected say:

Hello, I'm _____ from SPH Analytics, a national survey opinion research company. I'm calling on behalf of Mercy Care. We are calling to ask you about the behavioral health care our health plan offers to your child.

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

Hola, soy _____ de SPH Analytics, una compañía nacional de encuestas de opiniones. Estoy llamando a nombre de Mercy Care. Le llamamos para preguntarle sobre la atención de salud del comportamiento que nuestro plan de salud le ofrece a su hijo.

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

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?

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

- English
- 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.
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.
18. My child’s provider and care team help my child get health care prevention screenings.
19. My child’s provider and care team teach my child to take care of his or her health.
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.

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

21. My child’s health plan staff is friendly and helpful.

- 22. My child's health plan helps me with the information I need to get my child's care.
- 23. I would tell others to use my child's health plan.

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. 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.
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. El BHCP de mi hijo/a le ayuda a obtener las revisiones de prevención del cuidado de su salud.
19. El BHCP y el equipo de atención de mi hijo/a le enseñan a hacerse cargo de su salud.
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.

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

21. El personal del plan de salud de mi niño/a es amable y servicial.
22. El plan de salud de mi niño/a me ayuda con la información que necesito para obtener atención para mi niño/a.
23. Yo les diría a otros que usaran el plan de salud de mi niño/a.

DEMOGRAFÍA

24. ¿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

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

Sí
No

26. ¿Cuántos años tiene su niño/a?

0-4
5-9
10-13
14-17
18 ó más

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

Masculino
Femenino
Otro

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