

# 2024 Behavioral Health Member Experience Survey

## Mental Health Services

Answer all questions below about the mental health services you received during 2024.

(If your child received mental health services during 2024, please answer on behalf of your child.)

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Are you of Hispanic or Latino origin or descent?

- Yes, Hispanic or Latino
- No, Not Hispanic or Latino
- Declined

What is your race? Mark one or more:

- Black or African-American
- Native Hawaiian or Other Pacific Islander
- White
- Asian
- American Indian or Alaska Native
- Some other race
- Declined

### Part A. Telehealth Services During 2024

1 Telehealth visits are medical care services where the health care provider meets with you virtually using a website, telephone or an application that allows you to hear and sometimes see each other. How many telehealth visits have you had in the last 12 months?

- None **SKIP TO Part B**
  - 1 to 5 Telehealth visits
  - 6 to 10 Telehealth visits
  - 11 to 15 Telehealth visits
  - More than 15 Telehealth visits
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|    |   |                          |                          |                          |                          |                          |                          |
|----|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 10 | I was able to see a provider within 48 hours when I felt I needed help to prevent a behavioral health crisis (this includes urgent care/emergency room visits). | <input type="checkbox"/> |
|----|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

**Part C. Treatment Experience During 2024**

|    |   | Strongly Disagree        | Disagree                 | Neutral                  | Agree                    | Strongly Agree           | Not Applicable           |
|----|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 11 | I was able to get all the services I felt I needed.   | <input type="checkbox"/> |
| 12 | I was included in planning my treatment goals.  | <input type="checkbox"/> |
| 13 | I like the services that I received from my provider.   | <input type="checkbox"/> |
| 14 | My provider helped me get the information I needed to manage my condition.  | <input type="checkbox"/> |
| 15 | It is easy to ask my provider questions about my care.  | <input type="checkbox"/> |
| 16 | It was easy to ask my provider questions about my medicine. (If you did not receive medicine services, mark "Not Applicable")     | <input type="checkbox"/> |
| 17 | My provider told me what medicine side effects to look out for. (If you did not receive medicine services, mark "Not Applicable") | <input type="checkbox"/> |

|    |  |                          |                          |                          |                          |                          |                          |
|----|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 18 | I was able to get a visit with my provider to get my medicine refills on time. (If you did not receive medicine services, mark "Not Applicable") | <input type="checkbox"/> |
| 19 | My provider(s) honored my wishes about who receives information about my treatment.  | <input type="checkbox"/> |
| 20 | I was satisfied with the communication between my mental health provider(s) and my primary care provider (PCP).                                  | <input type="checkbox"/> |
| 21 | My provider offered written information in my preferred language.  | <input type="checkbox"/> |
| 22 | My provider took my cultural background (race, religion, language) into consideration during my treatment.                                       | <input type="checkbox"/> |

**Part D: Overall Experience During 2024**

23 I have received behavioral health services for,

- 1 to 3 months
- 4 to 6 months
- 7 to 9 months
- 9 to 12 months
- More than 12 months

24 Compared to how I was feeling before I started seeing my provider, I feel...

- Much better
- Slightly better

- About the same
- Slightly worse
- Much worse

25. I would still get services from this provider if I had other choices.

- Yes
- No

If you have any questions, call the Behavioral Health Line toll-free at **1-855-877-3885** (TTY **711**) 24 hours a day, 7 days a week. We have staff who speak your language.