



## 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.)

Are you of Hispanic or Latino origin or descent?	
Yes, Hispanic or Latino	<input type="checkbox"/>
No, Not Hispanic or Latino	<input type="checkbox"/>
Declined	<input type="checkbox"/>
What is your race? Mark one or more:	
Black or African American	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
White	<input type="checkbox"/>
Asian	<input type="checkbox"/>
American Indian or Alaska Native	<input type="checkbox"/>
Some other race	<input type="checkbox"/>
Decline	<input type="checkbox"/>

Part A. Telehealth Services During 2024							
1	<p>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?</p> <p>None <b>SKIP TO Part B</b> <input type="checkbox"/></p> <p>1 to 5 Telehealth visits <input type="checkbox"/></p> <p>6 to 10 Telehealth visits <input type="checkbox"/></p> <p>11 to 15 Telehealth visits <input type="checkbox"/></p> <p>More than 15 Telehealth visits <input type="checkbox"/></p>						
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
2	Overall, I was satisfied with my experience using telehealth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	If given the option, I would use telehealth services instead of seeing my provider in person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part B. Access to Mental Health Services During 2024							
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
4	The location of my provider's office was easy to get to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Services were offered at times that worked for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	My provider returned my calls within 24 hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	I was offered my first visit with a therapist within 10 working days. (If you did not receive therapy services, mark Not Applicable.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	I was offered my first visit with a psychiatrist within 15 working days. (If you did not receive medical care services, mark Not Applicable.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	I was able to see a provider within 6 hours when I felt like I was in a behavioral health crisis (this includes urgent care or emergency room visits).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 or emergency room visits).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	I was included in planning my treatment goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	I like the services that I received from my provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	My provider helped me get the information I needed to manage my condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	It is easy to ask my provider questions about my care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	It was easy to ask my provider questions about my medicine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Part D: Overall Experience During 2024	
23	<p>I have received behavioral health services for:</p> <p>1 to 3 months <input type="checkbox"/></p> <p>4 to 6 months <input type="checkbox"/></p> <p>7 to 9 months <input type="checkbox"/></p> <p>9 to 12 months <input type="checkbox"/></p> <p>More than 12 months <input type="checkbox"/></p>
24	<p>Compared to how I was feeling before I started seeing my provider, I feel:</p> <p>Much better <input type="checkbox"/></p> <p>Slightly better <input type="checkbox"/></p> <p>About the same <input type="checkbox"/></p> <p>Slightly worse <input type="checkbox"/></p> <p>Much worse <input type="checkbox"/></p>
25	<p>I would still get services from this provider if I had other choices.</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>

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.