

# 2025 ECHO SURVEY SUMMARY REPORT

April 2026

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# COMMONLY USED ABBREVIATIONS AND ACRONYMS

Following is a list of abbreviations and acronyms used throughout this report.

- » **AHRQ**—Agency for Healthcare Research and Quality
- » **BH-CONNECT**—Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment
- » **CAHPS**<sup>®</sup>—Consumer Assessment of Healthcare Providers and Systems<sup>1</sup>
- » **DDG**—Data De-Identification Guidelines
- » **DHCS**—California Department of Health Care Services
- » **ECHO**<sup>™</sup>—Experience of Care and Health Outcomes<sup>2</sup>
- » **HSAG**—Health Services Advisory Group, Inc.
- » **MCO**—Managed Care Organization
- » **MCP**—Medi-Cal managed care health plan
- » **NSMHS**—non-specialty mental health services
- » **SB**—Senate Bill
- » **SMHS**—specialty mental health services
- » **SPD**—Seniors and Persons with Disabilities

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<sup>1</sup> CAHPS<sup>®</sup> is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

<sup>2</sup> Experience of Care and Health Outcomes (ECHO<sup>™</sup>) is a trademark of the Agency for Healthcare Research and Quality (AHRQ).

# EXECUTIVE SUMMARY



## Survey Overview

Per Senate Bill (SB) 1019—Managed Care Plan Mental Health Services Outreach and Education, the California Department of Health Care Services (DHCS) is required to administer a survey every three years that assesses members’ experiences with mental health benefits. DHCS contracted with Health Services Advisory Group, Inc. (HSAG), an external quality review organization, to administer and report the results of a modified version of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Experience of Care and Health Outcomes (ECHO) Survey 3.0 for Managed Care Organizations (MCOs) (i.e., ECHO Survey). The goal of the ECHO Survey is to provide performance feedback that is actionable and will aid in improving members’ overall experiences. DHCS required that the ECHO Survey be administered to both adult members and parents/caretakers of child members who received non-specialty mental health services (NSMHS) during the measurement year. If a member switched to using specialty mental health services (SMHS) during the measurement year, they were included in the eligible population since they still received NSMHS. If a member received SMHS only during the measurement year, they were excluded from the eligible population since they did not receive NSMHS.

This report presents a summary of the 2025 ECHO Survey results from adult members and parents/caretakers of child members enrolled in an MCP (Medi-Cal managed care health plan), who completed surveys from June to September 2025, which represent members’ experiences with care and services from February 1, 2024, to January 31, 2025. Table 1 provides a list of the 22 MCPs that participated in the survey.

Table 1—Participating MCPs

MCP Names	
Alameda Alliance for Health (AAH)	Health Net Community Solutions, Inc. (Health Net)
Blue Cross of California Partnership Plan, Inc. DBA Anthem Blue Cross Partnership Plan (Anthem Blue Cross)	Health Plan of San Joaquin (HPSJ)
Blue Shield of California Promise Health Plan (Blue Shield Promise)	Health Plan of San Mateo (HPSM)
CalOptima	Inland Empire Health Plan (IEHP)
CalViva Health (CalViva)	Kaiser Permanente (Kaiser)

MCP Names	
CenCal Health (CenCal)	Kern Health Systems, DBA Kern Family Health Care (KHS)
Central California Alliance for Health (CCAH)	L.A. Care Health Plan (L.A. Care)
Community Health Group Partnership Plan (CHG)	Molina Healthcare of California (Molina)
Community Health Plan of Imperial Valley (CHPIV)	Partnership HealthPlan of California (Partnership)
Contra Costa Health Plan (CCHP)	San Francisco Health Plan (SFHP)
Gold Coast Health Plan (GCHP)	Santa Clara Family Health Plan (SCFHP)

## Performance Highlights

For the following performance highlights, results with statistically significantly higher scores show the greatest level of performance while results with statistically significantly lower scores show the greatest opportunity for improvement.

For the program comparisons, HSAG calculated State weighted scores for the adult and child Medi-Cal populations. HSAG compared the MCP-level scores to the State weighted scores for each measure. Additionally, HSAG calculated the 95 percent confidence intervals for each score and compared these intervals to the State weighted scores.

A comparison of the MCP-level scores to the State weighted scores revealed the following **statistically significantly higher** findings for the **adult population**:

- » CHPIV—*Development of Treatment Plan*
- » HPSM—*Development of Treatment Plan*
- » IEHP—*Rating of Health Plan*
- » KHS—*Filling Out Paperwork*
- » Partnership—*Filling Out Paperwork*

A comparison of the MCP-level scores to the State weighted scores revealed the following **statistically significantly higher** findings for the **child population**:

- » Anthem Blue Cross—*Patient Feels He or She Could Refuse Treatment*

- » AAH—*Ability to Deal With Social Situations Compared to 1 Year Ago and Development of Treatment Plan*
- » CHPIV—*Amount Helped*
- » L.A. Care—*Rating of Health Plan and Development of Treatment Plan*
- » Molina—*Rating of Health Plan*
- » SCFHP—*Development of Treatment Plan*
- » SFHP—*Amount Helped*

A comparison of the MCP-level scores to the State weighted scores revealed the following **statistically significantly lower** findings for the **adult population**:

- » Anthem Blue Cross—*Rating of Health Plan*
- » AAH—*Filling out Paperwork*

A comparison of the MCP-level scores to the State weighted scores revealed Partnership scored **statistically significantly lower** for *Amount Helped* for the **child population**.

For the mental health services comparisons, HSAG stratified unweighted State-level scores for each measure by those who received SMHS and NSMHS versus those who received NSMHS only. If the score for one mental health services subgroup is statistically significantly higher, then the score of the other mental health services subgroup must be statistically significantly lower.

- » Members who received NSMHS only did not have any **statistically significantly higher** scores compared to members who received SMHS and NSMHS for any reportable measures for the adult and child populations.
- » Members who received SMHS and NSMHS scored **statistically significantly higher** compared to members who received NSMHS only for 14 and nine measures for the adult and child populations, respectively.

For the demographic analysis, HSAG stratified unweighted State-level scores for each measure for the following demographic categories: language, race/ethnicity, disability status, sexual orientation (adult population only), and gender identity (adult population only).

- » **Adult members** within the following demographic sub-categories scored **statistically significantly higher** than members of the other demographic sub-category/sub-categories combined for the most measures:

- Reported language was Spanish (12 measures)
- Reported race/ethnicity was Hispanic/Latino (nine measures)
- Identified as having a disability (six measures)
- Reported sexual orientation was not straight or heterosexual (three measures)
- Reported gender identity was male (four measures)
- » **Child members** within the following demographic sub-categories scored **statistically significantly higher** than members of the other demographic sub-category/sub-categories combined for the most measures:
  - Reported language was Spanish (eight measures)
  - Reported race/ethnicity was Asian or Hispanic/Latino (five measures)
  - Not identified as having a disability (five measures)
- » **Adult members** within the following demographic sub-categories scored **statistically significantly lower** than members of the other demographic sub-category/sub-categories combined for the most measures:
  - Reported language was English (12 measures)
  - Reported race/ethnicity was multiracial/multiethnic (five measures)
  - Not identified as having a disability (six measures)
  - Reported sexual orientation was straight or heterosexual (three measures)
  - Reported gender identity was Female (four measures)
- » **Child members** within the following demographic sub-categories scored **statistically significantly lower** than members of the other demographic sub-category/sub-categories combined for the most measures:
  - Reported language of the parent/caretaker was English (eight measures)
  - Reported race/ethnicity was multiracial/multiethnic (two measures)
  - Identified as having a disability (five measures)

The ECHO Survey plays an important role as a quality improvement tool. The standardized data and results can be used to identify relative strengths and weaknesses in performance, identify areas for improvement, and trend progress over time.

Based on ECHO Survey performance, the MCPs have opportunities to improve members' experience with care and services. The *Rating of Health Plan* measure for Anthem Blue Cross and *Filling out Paperwork* measure for AAH show the greatest opportunities for improvement for the adult population, and the *Amount Helped* measure for Partnership

shows the greatest opportunity for improvement for the child population, since these MCPs scored **statistically significantly lower** than the State weighted scores for these measures. Low performance in these areas may point to issues with quality of care for these MCPs. Additionally, the mental health services comparisons and demographic analysis revealed possible areas of inequality of care for the adult population as members were more likely to score **statistically significantly lower** for the following sub-categories than the other sub-categories for the most measures:

- » Received NSHMS only
- » Spoke English
- » Multiracial/multiethnic
- » Did not identify as having a disability
- » Straight or heterosexual sexual orientation
- » Female gender identity

The mental health services comparisons and demographic analysis revealed possible areas of inequality of care for the child population as members were more likely to score **statistically significantly lower** for the following sub-categories than the other sub-categories for the most measures:

- » Received NSHMS only
- » Parent/caretaker spoke English
- » Multiracial/multiethnic
- » Identified as having a disability

## Recommendations

HSAG recommends DHCS:

- » Consider efforts to increase response rates to be able to present MCP-level results for the mental health services comparisons, demographic analysis categories, and all measures. Examples include:
  - Increasing the sample sizes
  - Encouraging members to respond by:
    - Sending pre-notification letters to members that include the reasons behind conducting the survey for legitimacy

- Publicizing the results and any effects of the survey so members can see how their voice has an impact
- » Perform a regional disparity analysis to determine if members in a certain area are lacking the resources needed to get the care they need, such as an interpreter, to target improvements to reduce inequality, since HSAG found disparities across nine of the 10 domains.

# METHODOLOGY



## ECHO Survey Performance Measures

The ECHO Survey performance measures are derived from individual questions, such as asking for a general rating, as well as groups of questions that form composite measures.

Table 2 and Table 3 present the survey language, response options, and SB 1019 domain for each measure for the adult and child surveys, respectively. The ECHO Survey includes gate items, also known as screening items, that instruct respondents to skip specific questions if they are not receiving certain services, which results in fewer responses for the measures. The measures that are affected by these gate items are noted within footnotes in each table.

Table 2—Adult ECHO Survey Language, Response Options, and Domain

Question Language	Response Options	SB 1019 Domains
<b>Global Ratings</b>		
<b>Rating of All Counseling or Treatment<sup>3</sup></b>		
30. Using <u>any number from 0 to 10</u> , where 0 is the worst counseling or treatment possible and 10 is the best counseling or treatment possible, what number would you use to rate all your <u>counseling or treatment</u> in the last 12 months?	0-10 Scale	Overall Rating of Counseling and Other Treatment

<sup>3</sup> For *Rating of All Counseling or Treatment*, the gate question asks respondents how many times they got counseling, treatment or medicine at an office, clinic, or other treatment program, not counting emergency rooms or crisis centers. If respondents answer “None”, they are directed to skip the question that comprises the *Rating of All Counseling or Treatment* global rating.

Question Language	Response Options	SB 1019 Domains
<b>Rating of Health Plan</b>		
55. Using <u>any number from 0 to 10</u> , where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate <u>your health plan for counseling or treatment</u> ?	0-10 Scale	Overall Rating of the Plan
<b>Composite Measures and Corresponding Individual Items</b>		
<b>Getting Treatment Quickly</b>		
<b>Got Help by Telephone<sup>4</sup></b>		
3. In the last 12 months, how often did you <u>get</u> the professional counseling you needed <u>on the phone</u> ?	Never, Sometimes, Usually, Always	Receipt of Treatment Quickly
<b>Got Urgent Treatment as Soon as Needed<sup>5</sup></b>		
5. In the last 12 months, when you needed counseling or treatment <u>right away</u> , how often did you see someone as soon as you wanted?	Never, Sometimes, Usually, Always	Receipt of Treatment Quickly

<sup>4</sup> For *Got Help by Telephone*, the gate question asks respondents if they called someone to get professional counseling on the phone. If respondents answer “No” to this question, they are directed to skip the question that comprises the *Got Help by Telephone* composite measure item.

<sup>5</sup> For *Got Urgent Treatment as Soon as Needed*, the gate question asks respondents if they needed counseling or treatment right away. If respondents answer “No” to this question, they are directed to skip the question that comprises the *Got Urgent Care as Soon as Needed* composite measure item.

Question Language	Response Options	SB 1019 Domains
<b>Got Appointment as Soon as Wanted<sup>6</sup></b>		
7. In the last 12 months, not counting times you needed counseling or treatment right away, how often did you get an appointment for counseling or treatment as soon as you wanted?	Never, Sometimes, Usually, Always	Receipt of Treatment Quickly
<b>How Well Clinicians Communicate<sup>7</sup></b>		
<b>Clinicians Listen Carefully</b>		
11. In the last 12 months, how often did the people you went to for counseling or treatment <u>listen carefully to you</u> ?	Never, Sometimes, Usually, Always	How Well Clinicians Communicate
<b>Clinicians Explain Things</b>		
12. In the last 12 months, how often did the people you went to for counseling or treatment <u>explain things</u> in a way you could understand?	Never, Sometimes, Usually, Always	How Well Clinicians Communicate

<sup>6</sup> For *Got Appointment as Soon as Wanted*, the gate question asks respondents if they made any appointments for counseling or treatment, not counting times they needed counseling or treatment right away. If respondents answer “No” to this question, they are directed to skip the question that comprises the *Got Appointment as Soon as Wanted* composite measure item.

<sup>7</sup> For *How Well Clinicians Communicate* and all corresponding individual items, the gate question asks respondents how many times they got counseling, treatment or medicine at an office, clinic, or other treatment program, not counting emergency rooms or crisis centers. If respondents answer “None”, they are directed to skip the questions that collectively comprise the *How Well Clinicians Communicate* composite measure.

Question Language	Response Options	SB 1019 Domains
<b>Clinicians Show Respect</b>		
13. In the last 12 months, how often did the people you went to for counseling or treatment <u>show respect for what you had to say</u> ?	Never, Sometimes, Usually, Always	How Well Clinicians Communicate
<b>Clinicians Spend Enough Time</b>		
14. In the last 12 months, how often did the people you went to for counseling or treatment <u>spend enough time</u> with you?	Never, Sometimes, Usually, Always	How Well Clinicians Communicate
<b>Feel Safe With Clinicians</b>		
15. In the last 12 months, how often did you feel safe when you were with the people you went to for counseling or treatment?	Never, Sometimes, Usually, Always	How Well Clinicians Communicate
<b>Involved as Much as You Wanted in Treatment</b>		
18. In the last 12 months, how often were you <u>involved as much as you wanted</u> in your counseling or treatment?	Never, Sometimes, Usually, Always	How Well Clinicians Communicate
<b>Getting Treatment and Information from Plan</b>		
<b>Getting Clinician Happy With<sup>8</sup></b>		
45. Since you joined your health plan, how much of a problem, if any, was it to get someone you are happy with?	A big problem, A small problem, Not a problem	Communication with the Plan and Provider

<sup>8</sup> For *Getting Clinician Happy With*, the gate question asks respondents if they got someone new for counseling or treatment since they joined their health plan. If respondents answer "No" to this question, they are directed to skip the question that comprises the *Getting Clinician Happy With* composite measure item.

Question Language	Response Options	SB 1019 Domains
<b>Delays in Treatment While Wait for Plan Approval<sup>9</sup></b>		
47. In the last 12 months, how much of a problem, if any, were <u>delays</u> in counseling or treatment while you waited for approval from your health plan?	A big problem, A small problem, Not a problem	Communication with the Plan and Provider
<b>Problem Getting Necessary Treatment</b>		
48. In the last 12 months, how much of a problem, if any, was it to get the counseling or treatment you thought you needed?	A big problem, A small problem, Not a problem	Communication with the Plan and Provider
<b>Understanding Information About Treatment in Materials/Internet<sup>10</sup></b>		
50. In the last 12 months, how much of a problem, if any, was it to find or understand this information?	A big problem, A small problem, Not a problem	Communication with the Plan and Provider

<sup>9</sup> For *Delays in Treatment While Wait for Plan Approval*, the gate question asks respondents if they needed approval for any counseling or treatment. If respondents answer “No” to this question, they are directed to skip the question that comprises the *Delays in Treatment While Wait for Plan Approval* composite measure item.

<sup>10</sup> For *Understanding Information About Treatment in Materials/Internet*, the gate question asks respondents if they looked for any information about counseling or treatment from their health plan in written materials or on the Internet. If respondents answer “No” to this question, they are directed to skip the question that comprises the *Understanding Information About Treatment in Materials/Internet* composite measure item.

Question Language	Response Options	SB 1019 Domains
<b>Helpfulness of Customer Service<sup>11</sup></b>		
52. In the last 12 months, how much of a problem, if any, was it to <u>get the help you needed</u> when you called your health plan's customer service?	A big problem, A small problem, Not a problem	Communication with the Plan and Provider
<b>Filling out Paperwork<sup>12</sup></b>		
54. In the last 12 months, how much of a problem, if any, did you have with paperwork for your health plan?	A big problem, A small problem, Not a problem	Communication with the Plan and Provider
<b>Perceived Improvement</b>		
<b>Ability to Deal With Daily Problems Compared to 1 Year Ago</b>		
33. <u>Compared to 12 months ago</u> , how would you rate your ability to deal with <u>daily problems now</u> ?	Much better, A little better, About the same, A little worse, Much worse	Perceived Improvement
<b>Ability to Deal With Social Situations Compared to 1 Year Ago</b>		
34. <u>Compared to 12 months ago</u> , how would you rate your ability to deal with <u>social situations now</u> ?	Much better, A little better, About the same, A little worse, Much worse	Perceived Improvement

<sup>11</sup> For *Helpfulness of Customer Service*, the gate question asks respondents if they called their health plan's customer service to get information or help about counseling or treatment. If respondents answer "No" to this question, they are directed to skip the question that comprises the *Helpfulness of Customer Service* composite measure item.

<sup>12</sup> For *Filling out Paperwork*, the gate question asks respondents if they had to fill out any paperwork about counseling or treatment for their health plan. If respondents answer "No" to this question, they are directed to skip the question that comprises the *Filling out Paperwork* composite measure item.

Question Language	Response Options	SB 1019 Domains
<b>Ability to Accomplish Things Compared to 1 Year Ago</b>		
35. <u>Compared to 12 months ago</u> , how would you rate your ability to <u>accomplish the things you want to do now</u> ?	Much better, A little better, About the same, A little worse, Much worse	Perceived Improvement
<b>Ability to Deal With Symptoms or Problems Compared to 1 Year Ago</b>		
36. <u>Compared to 12 months ago</u> , how would you rate your <u>problems or symptoms now</u> ?	Much better, A little better, About the same, A little worse, Much worse	Perceived Improvement
<b>Information About Treatment Options<sup>13</sup></b>		
<b>Information About Self-Help or Support Groups</b>		
20. In the last 12 months, were you told about <u>self-help or support groups</u> , such as consumer-run groups or 12-step programs?	Yes, No	Receipt of Treatment and Information from the Plan, Including Information Related to Patients' Rights

<sup>13</sup> For *Information About Treatment Options* and all corresponding individual items, the gate question asks respondents how many times they went to an office, clinic, or other treatment program to get counseling, treatment or medicine, not counting emergency rooms or crisis centers. If respondents answer "None", they are directed to skip the questions that collectively comprise the *Information About Treatment Options* composite measure and corresponding individual items.

Question Language	Response Options	SB 1019 Domains
<b>Information About Available Treatments</b>		
21. In the last 12 months, were you given information about <u>different kinds</u> of counseling or treatment that are available?	Yes, No	N/A
<b>Individual Item Measures</b>		
<b>Office Wait<sup>14</sup></b>		
10. In the last 12 months, how often were you seen <u>within 15 minutes</u> of your appointment?	Never, Sometimes, Usually, Always	N/A
<b>Told About Medication Side Effects<sup>15</sup></b>		
17. In the last 12 months, were you told what <u>side effects</u> of those medicines to watch for?	Yes, No	Side Effects of Medication

<sup>14</sup> For *Office Wait*, the gate question asks respondents how many times they got counseling, treatment or medicine at an office, clinic, or other treatment program, not counting emergency rooms or crisis centers. If respondents answer "None", they are directed to skip the question that comprises the *Office Wait* individual item measure.

<sup>15</sup> For *Told About Medication Side Effects*, the gate questions ask respondents how many times they got counseling, treatment, or medicine at an office, clinic, or other treatment program not counting emergency rooms or crisis centers and if they take any prescription medicines as part of their treatment. If respondents answer "None" and "No", respectively, they are directed to skip the question that comprises the *Told About Medication Side Effects* individual item measure.

Question Language	Response Options	SB 1019 Domains
<b>Including Family and Friends<sup>16</sup></b>		
19. In the last 12 months, did anyone talk to you about <u>whether to include</u> your family or friends in your counseling or treatment?	Yes, No	N/A
<b>Information to Manage Condition<sup>17</sup></b>		
22. In the last 12 months, were you given as much information as you wanted about what you could do to <u>manage</u> your condition?	Yes, No	Receipt of Treatment and Information from the Plan, Including Information Related to Patients' Rights

<sup>16</sup> For *Including Family and Friends*, the gate question asks respondents how many times they got counseling, treatment or medicine at an office, clinic, or other treatment program, not counting emergency rooms or crisis centers. If respondents answer "None", they are directed to skip the question that comprises the *Including Family and Friends* individual item measure.

<sup>17</sup> For *Information to Manage Condition*, the gate question asks respondents how many times they got counseling, treatment or medicine at an office, clinic, or other treatment program, not counting emergency rooms or crisis centers. If respondents answer "None", they are directed to skip the question that comprises the *Information to Manage Condition* individual item measure.

Question Language	Response Options	SB 1019 Domains
<b>Patient Rights Information<sup>18</sup></b>		
23. In the last 12 months, were you given information about your <u>rights as a patient</u> ?	Yes, No	Receipt of Treatment and Information from the Plan, Including Information Related to Patients' Rights
<b>Patient Feels He or She Could Refuse Treatment<sup>19</sup></b>		
24. In the last 12 months, did you feel you could refuse a specific type of medicine or treatment?	Yes, No	N/A

<sup>18</sup> For *Patient Rights Information*, the gate question asks respondents how many times they got counseling, treatment or medicine at an office, clinic, or other treatment program, not counting emergency rooms or crisis centers. If respondents answer "None", they are directed to skip the question that comprises the *Patient Rights Information* individual item measure.

<sup>19</sup> For *Patient Feels He or She Could Refuse Treatment*, the gate question asks respondents how many times they got counseling, treatment or medicine at an office, clinic, or other treatment program, not counting emergency rooms or crisis centers. If respondents answer "None", they are directed to skip the question that comprises the *Patient Feels He or She Could Refuse Treatment* individual item measure.

Question Language	Response Options	SB 1019 Domains
<b>Confident About Privacy of Treatment Information<sup>20</sup></b>		
25. In the last 12 months, as far as you know did anyone you went to for counseling or treatment <u>share information</u> with others that should have been kept private?	Yes, No	N/A
<b>Cultural Competency<sup>21</sup></b>		
27. In the last 12 months, was the care you received responsive to those needs [language, race, religion, ethnic background, culture]?	Yes, No	Cultural Competency of Providers
<b>Amount Helped</b>		
31. In the last 12 months, how much were you helped by the counseling or treatment you got?	Not at all, A little, Somewhat, A lot	N/A

<sup>20</sup> For *Confident About Privacy of Treatment Information*, the gate question asks respondents how many times they got counseling, treatment or medicine at an office, clinic, or other treatment program, not counting emergency rooms or crisis centers. If respondents answer "None", they are directed to skip the question that comprises the *Confident About Privacy of Treatment Information* individual item measure.

<sup>21</sup> For *Cultural Competency*, the gate question asks respondents how many times they got counseling, treatment or medicine at an office, clinic, or other treatment program, not counting emergency rooms or crisis centers and if their language, race, religion, ethnic background or culture makes any difference in the kind of counseling or treatment needed. If respondents answer "None" and "No", respectively, they are directed to skip the question that comprises the *Cultural Competency* individual item measure.

Question Language	Response Options	SB 1019 Domains
<b>Treatment After Benefits are Used Up<sup>22</sup></b>		
43. Were you told about <u>other ways</u> to get counseling, treatment, or medicine?	Yes, No	N/A
<b>Supplemental Items</b>		
<b>Development of Treatment Plan<sup>23</sup></b>		
28. A treatment plan lists your treatment goals and how those goals will be met. In the last 12 months, did you work with the people you went to for counseling or treatment to develop a treatment plan?	Yes, No	Treatment Plan and Options

<sup>22</sup> For *Treatment After Benefits are Used Up*, the gate question asks respondents if they used up all benefits for counseling or treatment and if they still needed counseling or treatment after their benefits were used up. If respondents answer “No” to either question, they are directed to skip the question that comprises the *Treatment After Benefits are Used Up* individual item measure.

<sup>23</sup> For *Development of Treatment Plan*, the gate question asks respondents how many times they got counseling, treatment or medicine at an office, clinic, or other treatment program, not counting emergency rooms or crisis centers. If respondents answer “None”, they are directed to skip the question that comprises the *Development of Treatment Plan* supplemental item.

Question Language	Response Options	SB 1019 Domains
<b>Inclusion of Important Things in Treatment Plan<sup>24</sup></b>		
29. Does your treatment plan include:	None of the things that are important to you, Some of the things that are important to you, Most of the things that are important to you, All of the things that are important to you	Treatment Plan and Options

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<sup>24</sup> For *Inclusion of Important Things in Treatment Plan*, the gate questions ask respondents how many times they got counseling, treatment, or medicine at an office, clinic, or other treatment program, not counting emergency rooms or crisis centers, and if they worked with the person they went to for counseling or treatment to develop a treatment plan. If respondents answer “None” or “No”, respectively, they are directed to skip the question that comprises the *Inclusion of Important Things in Treatment Plan* supplemental item.

Table 3—Child ECHO Survey Language, Response Options, and Domains

Question Language	Response Options	SB 1019 Domains
<b>Global Ratings</b>		
<b>Rating of All Counseling or Treatment<sup>25</sup></b>		
31. Using <u>any number from 0 to 10</u> , where 0 is the worst counseling or treatment possible and 10 is the best counseling or treatment possible, what number would you use to rate all your child's <u>counseling or treatment</u> in the last 12 months?	0-10 Scale	Overall Rating of Counseling and Other Treatment
<b>Rating of Health Plan</b>		
56. Using <u>any number from 0 to 10</u> , where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate <u>your child's health plan for counseling or treatment</u> ?	0-10 Scale	Overall Rating of the Plan

<sup>25</sup> For *Rating of All Counseling or Treatment*, the gate question asks respondents how many times their child got counseling, treatment or medicine at an office, clinic, or other treatment program, not counting emergency rooms or crisis centers. If respondents answer "None", they are directed to skip the question that comprises the *Rating of All Counseling or Treatment* global rating.

Question Language	Response Options	SB 1019 Domains
<b>Composite Measures and Corresponding Individual Items</b>		
<b>Getting Treatment Quickly</b>		
<b>Got Help by Telephone<sup>26</sup></b>		
3. In the last 12 months, how often did you <u>get</u> the professional counseling your child needed <u>on the phone</u> ?	Never, Sometimes, Usually, Always	Receipt of Treatment Quickly
<b>Got Urgent Treatment as Soon as Needed<sup>27</sup></b>		
5. In the last 12 months, when your child needed counseling or treatment <u>right away</u> , how often did you see someone as soon as you wanted?	Never, Sometimes, Usually, Always	Receipt of Treatment Quickly

<sup>26</sup> For *Got Help by Telephone*, the gate question asks respondents if they called someone to get professional counseling for their child on the phone. If respondents answer “No” to this question, they are directed to skip the question that comprises the *Got Help by Telephone* composite measure item.

<sup>27</sup> For *Got Urgent Treatment as Soon as Needed*, the gate questions asks if the respondent’s child needed counseling or treatment right away. If respondents answer “No” to this question, they are directed to skip the question that comprises the *Got Urgent Care as Soon as Needed* composite measure item.

Question Language	Response Options	SB 1019 Domains
<b>Got Appointment as Soon as Wanted<sup>28</sup></b>		
7. In the last 12 months, not counting times your child needed counseling or treatment right away, how often did your child get an appointment for counseling or treatment as soon as you wanted?	Never, Sometimes, Usually, Always	Receipt of Treatment Quickly
<b>How Well Clinicians Communicate<sup>29</sup></b>		
<b>Clinicians Listen Carefully</b>		
12. In the last 12 months, how often did the people your child saw for counseling or treatment <u>listen carefully to you</u> ?	Never, Sometimes, Usually, Always	How Well Clinicians Communicate
<b>Clinicians Explain Things</b>		
13. In the last 12 months, how often did the people your child saw for counseling or treatment <u>explain things</u> in a way you could understand?	Never, Sometimes, Usually, Always	How Well Clinicians Communicate

<sup>28</sup> For *Got Appointment as Soon as Wanted*, the gate question asks respondents if they made any appointments for counseling or treatment for their child, not counting times their child needed counseling or treatment right away. If respondents answer “No” to this question, they are directed to skip the question that comprises the *Got Appointment as Soon as Wanted* composite measure item.

<sup>29</sup> For *How Well Clinicians Communicate* and all corresponding individual items, the gate question asks respondents how many times their child got counseling, treatment or medicine at an office, clinic, or other treatment program, not counting emergency rooms or crisis centers. If respondents answer “None”, they are directed to skip the question that collectively comprise the *How Well Clinicians Communicate* composite measure and corresponding individual items.

Question Language	Response Options	SB 1019 Domains
<b>Clinicians Show Respect</b>		
14. In the last 12 months, how often did the people your child saw for counseling or treatment <u>show respect for what you had to say</u> ?	Never, Sometimes, Usually, Always	How Well Clinicians Communicate
<b>Clinicians Spend Enough Time</b>		
15. In the last 12 months, how often did the people your child saw for counseling or treatment <u>spend enough time</u> with you?	Never, Sometimes, Usually, Always	How Well Clinicians Communicate
<b>Involved as Much as You Wanted in Treatment</b>		
18. In the last 12 months, how often were you <u>involved as much as you wanted</u> in your child's counseling or treatment?	Never, Sometimes, Usually, Always	How Well Clinicians Communicate
<b>Getting Treatment and Information from Plan</b>		
<b>Getting Clinician Happy With<sup>30</sup></b>		
46. Since you joined your health plan, how much of a problem, if any, was it to get someone for your child you are happy with?	A big problem, A small problem, Not a problem	Communication with the Plan and Provider

<sup>30</sup> For *Getting Clinician Happy With*, the gate question asks respondents if their child got someone new for counseling or treatment since their child joined the health plan. If respondents answer "No" to this question, they are directed to skip the question that comprises the *Getting Clinician Happy With* composite measure item.

Question Language	Response Options	SB 1019 Domains
<b>Delays in Treatment While Wait for Plan Approval<sup>31</sup></b>		
48. In the last 12 months, how much of a problem, if any, were <u>delays</u> in counseling or treatment while you waited for approval from your child's health plan?	A big problem, A small problem, Not a problem	Communication with the Plan and Provider
<b>Problem Getting Necessary Treatment</b>		
49. In the last 12 months, how much of a problem, if any, was it to get the counseling or treatment you thought your child needed?	A big problem, A small problem, Not a problem	Communication with the Plan and Provider
<b>Understanding Information About Treatment in Materials/Internet<sup>32</sup></b>		
51. In the last 12 months, how much of a problem, if any, was it to find or understand this information?	A big problem, A small problem, Not a problem	Communication with the Plan and Provider

<sup>31</sup> For *Delays in Treatment While Wait for Plan Approval*, the gate question asks respondents if they needed approval from their child's health plan for any counseling or treatment. If respondents answer "No" to this question, they are directed to skip the question that comprises the *Delays in Treatment While Wait for Plan Approval* composite measure item.

<sup>32</sup> For *Understanding Information About Treatment in Materials/Internet*, the gate question asks respondents if they looked for any information about counseling or treatment from their child's health plan in written materials or on the Internet. If respondents answer "No" to this question, they are directed to skip the question that comprises the *Understanding Information About Treatment in Materials/Internet* composite measure item.

Question Language	Response Options	SB 1019 Domains
<b>Helpfulness of Customer Service<sup>33</sup></b>		
53. In the last 12 months, how much of a problem, if any, was it to <u>get the help you needed for your child</u> when you called the health plan's customer service?	A big problem, A small problem, Not a problem	Communication with the Plan and Provider
<b>Filling out Paperwork<sup>34</sup></b>		
55. In the last 12 months, how much of a problem, if any, did you have with paperwork for your child's health plan?	A big problem, A small problem, Not a problem	Communication with the Plan and Provider
<b>Perceived Improvement</b>		
<b>Ability to Deal With Daily Problems Compared to 1 Year Ago</b>		
34. <u>Compared to 12 months ago</u> , how would you rate your child's ability to deal with <u>daily problems now</u> ?	Much better, A little better, About the same, A little worse, Much worse	Perceived Improvement

<sup>33</sup> For *Helpfulness of Customer Service*, the gate question asks respondents if they called their child's health plan's customer service to get information or help about counseling or treatment for their child. If respondents answer "No" to this question, they are directed to skip the question that comprises the *Helpfulness of Customer Service* composite measure item.

<sup>34</sup> For *Filling out Paperwork*, the gate question asks respondents if they had to fill out any paperwork about counseling or treatment for their child's health plan. If respondents answer "No" to this question, they are directed to skip the question that comprises the *Filling out Paperwork* composite measure item.

Question Language	Response Options	SB 1019 Domains
<b>Ability to Deal With Social Situations Compared to 1 Year Ago</b>		
35. <u>Compared to 12 months ago</u> , how would you rate your child's ability to deal with <u>social situations now</u> ?	Much better, A little better, About the same, A little worse, Much worse	Perceived Improvement
<b>Ability to Accomplish Things Compared to 1 Year Ago</b>		
36. <u>Compared to 12 months ago</u> , how would you rate your child's ability to <u>accomplish the things he or she wants to do now</u> ?	Much better, A little better, About the same, A little worse, Much worse	Perceived Improvement
<b>Ability to Deal With Symptoms or Problems Compared to 1 Year Ago</b>		
37. <u>Compared to 12 months ago</u> , how would you rate your child's <u>problems or symptoms now</u> ?	Much better, A little better, About the same, A little worse, Much worse	Perceived Improvement
<b>Individual Item Measures</b>		
<b>Office Wait<sup>35</sup></b>		
11. In the last 12 months, how often was your child seen <u>within 15 minutes</u> of his or her appointment?	Never, Sometimes, Usually, Always	N/A

<sup>35</sup> For *Office Wait*, the gate question asks respondents how many times their child got counseling, treatment or medicine at an office, clinic, or other treatment program, not counting emergency rooms or crisis centers. If respondents answer "None", they are directed to skip the question that comprises the *Office Wait* individual item measure.

Question Language	Response Options	SB 1019 Domains
<b>Told About Medication Side Effects<sup>36</sup></b>		
17. In the last 12 months, were you told what <u>side effects</u> of those medicines to watch for?	Yes, No	Side Effects of Medication
<b>Information to Manage Condition<sup>37</sup></b>		
23. In the last 12 months, were you given as much information as you wanted about what you could do to <u>manage</u> your child's condition?	Yes, No	Receipt of Treatment and Information from the Plan, Including Information Related to Patients' Rights

<sup>36</sup> For *Told About Medication Side Effects*, the gate question asks respondents how many times their child got counseling, treatment or medicine at an office, clinic, or other treatment program, not counting emergency rooms or crisis centers and if their child takes any prescription medicines as part of their treatment. If respondents answer "None" or "No", respectively, they are directed to skip the question that comprises the *Told About Medication Side Effects* individual item measure.

<sup>37</sup> For *Information to Manage Condition*, the gate question asks respondents how many times their child got counseling, treatment or medicine at an office, clinic, or other treatment program, not counting emergency rooms or crisis centers. If respondents answer "None", they are directed to skip the question that comprises the *Information to Manage Condition* individual item measure.

Question Language	Response Options	SB 1019 Domains
<b>Patient Rights Information<sup>38</sup></b>		
24. In the last 12 months, were you given information about your child's <u>rights as a patient</u> ?	Yes, No	Receipt of Treatment and Information from the Plan, Including Information Related to Patients' Rights
<b>Patient Feels He or She Could Refuse Treatment<sup>39</sup></b>		
25. In the last 12 months, did you feel you could refuse a specific type of medicine or treatment for your child?	Yes, No	N/A

<sup>38</sup> For *Patient Rights Information*, the gate question asks respondents how many times their child got counseling, treatment or medicine at an office, clinic, or other treatment program, not counting emergency rooms or crisis centers. If respondents answer "None", they are directed to skip the question that comprises the *Patient Rights Information* individual item measure.

<sup>39</sup> For *Patient Feels He or She Could Refuse Treatment*, the gate question asks respondents how many times their child got counseling, treatment or medicine at an office, clinic, or other treatment program, not counting emergency rooms or crisis centers. If respondents answer "None", they are directed to skip the question that comprises the *Patient Feels He or She Could Refuse Treatment* individual item measure.

Question Language	Response Options	SB 1019 Domains
<b>Confident About Privacy of Treatment Information<sup>40</sup></b>		
26. In the last 12 months, as far as you know did anyone your child saw for counseling or treatment <u>share information</u> with others that should have been kept private?	Yes, No	N/A
<b>Cultural Competency<sup>41</sup></b>		
28. In the last 12 months, was the care your child received responsive to those needs [language, race, religion, ethnic background, culture]?	Yes, No	Cultural Competency of Providers
<b>Amount Helped</b>		
32. In the last 12 months, how much was your child helped by the counseling or treatment he or she got?	Not at all, A little, Somewhat, A lot	N/A

<sup>40</sup> For *Confident About Privacy of Treatment Information*, the gate question asks respondents how many times their child got counseling, treatment or medicine at an office, clinic, or other treatment program, not counting emergency rooms or crisis centers. If respondents answer "None", they are directed to skip the question that comprises the *Confident About Privacy of Treatment Information* individual item measure.

<sup>41</sup> For *Cultural Competency*, the gate question asks respondents how many times their child got counseling, treatment or medicine at an office, clinic, or other treatment program, not counting emergency rooms or crisis centers and if their child's language, race, religion, ethnic background or culture makes any difference in the kind of counseling or treatment he or she needed. If respondents answer "None" or "No", respectively, they are directed to skip the question that comprises the *Cultural Competency* individual item measure.

Question Language	Response Options	SB 1019 Domains
<b>Treatment After Benefits are Used Up<sup>42,43</sup></b>		
44. Were you told about <u>other ways</u> to get counseling, treatment, or medicine for your child?	Yes, No	N/A
<b>Information About Available Treatments<sup>44,45</sup></b>		
22. In the last 12 months, were you given information about <u>different kinds</u> of counseling or treatment that are available for your child?	Yes, No	N/A

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<sup>42</sup> For *Treatment After Benefits are Used Up*, the gate question asks respondents if their child used up all of their benefits for counseling or treatment. If respondents answer “No”, they are directed to skip the question that comprises the *Treatment After Benefits are Used Up* individual item measure.

<sup>43</sup> For *Treatment After Benefits are Used Up*, the gate question asks respondents if their child still needed counseling or treatment after their child’s benefits were used up. If respondents answer “No”, they are directed to skip the question that comprises the *Treatment After Benefits are Used Up* individual item measure.

<sup>44</sup> The question that comprises the *Information About Self-Help or Support Groups* measure is not included in the child survey; therefore, the composite measure is treated as an individual item measure for the child population.

<sup>45</sup> For *Information About Available Treatments*, the gate question asks respondents how many times their child got counseling, treatment or medicine at an office, clinic, or other treatment program, not counting emergency rooms or crisis centers. If respondents answer “None”, they are directed to skip the question that comprises the *Information About Available Treatments* individual item measure.

Question Language	Response Options	SB 1019 Domains
<b>Supplemental Items</b>		
<b>Development of Treatment Plan<sup>46</sup></b>		
29. A treatment plan lists your child’s treatment goals and how those goals will be met. In the last 12 months, did you work with the people your child went to for counseling or treatment to develop a treatment plan?	Yes, No	Treatment Plan and Options
<b>Inclusion of Important Things in Treatment Plan<sup>47</sup></b>		
30. Does your child’s treatment plan include:	None of the things that are important to you, Some of the things that are important to you, Most of the things that are important to you, All of the things that are important to you	Treatment Plan and Options

<sup>46</sup> For *Development of Treatment Plan*, the gate question asks respondents how many times their child got counseling, treatment or medicine at an office, clinic, or other treatment program, not counting emergency rooms or crisis centers. If respondents answer “None”, they are directed to skip the question that comprises the *Development of Treatment Plan* supplemental item.

<sup>47</sup> For *Inclusion of Important Things in Treatment Plan*, the gate question asks respondents how many times their child got counseling, treatment or medicine at an office, clinic, or other treatment program, not counting emergency rooms or crisis centers and if they worked with the person their child went to counseling or treatment to develop a treatment plan. If respondents answer “None” or “No”, respectively, they are directed to skip the question that comprises the *Inclusion of Important Things in Treatment Plan* supplemental item.

## How ECHO Survey Results Were Collected

### Sampling Procedures

DHCS provided HSAG a list of all eligible members for the sampling frame. HSAG reviewed the file records to check for any apparent problems, such as missing address elements. HSAG sampled members who met the following criteria:

- » Adult members who were 18 years of age or older as of February 28, 2025.
- » Child members who were 17 years of age or younger as of February 28, 2025.
- » Were currently enrolled in the MCP.
- » Were continuously enrolled in the MCP during the measurement year (March 2024 to February 2025) with no more than a 45-day gap in enrollment.
- » Had utilized mental health services through an MCP.

HSAG selected a sample of 1,950 adult and child members from each MCP for a total of 85,800 adult and child members. After the sample was selected, records were passed through the United States Postal Service's National Change of Address system to obtain new addresses for members who had moved (if they had given the Postal Service a new address).

### Sampling Protocol

The survey administration process allowed two methods by which a survey could be completed in English or Spanish: (1) complete the paper-based survey and return it using the pre-addressed, postage-paid return envelope, or (2) complete the web-based survey via a URL or Quick Response code and designated username. Members who were identified as Spanish speaking through administrative data were mailed a Spanish version of the cover letter, with an English backside, and survey. Members who were not identified as Spanish speaking received an English version of the cover letter, with a Spanish backside, and survey. The English and Spanish versions of the survey included a toll-free number that members could call to request a survey in another language (i.e., English or Spanish). A second survey mailing, followed by a third survey mailing was sent to all non-respondents. The MCP name was included in the questionnaires and letters; the letter bore the signature of a high-ranking state official; and the questionnaire packages included a postage-paid reply envelope addressed to the organization conducting the surveys.

The survey administration started in June 2025, and the survey field remained open until closing in September 2025. Table 4 shows the timeline used in the survey administration.

Table 4—ECHO Survey Timeline

Task	Timeline
Send a first survey with cover letter to the adult member or parent/caretaker of the child member. Make the website available to complete the survey online.	0 days
Send a second survey (and letter) to non-respondents 28 days after mailing the first survey.	28 days
Send a third survey (and letter) to non-respondents 28 days after mailing the second survey.	56 days
Close the survey field.	81 days

## How ECHO Survey Results Were Calculated and Displayed

Several analyses were performed to comprehensively assess member experience. This section provides an overview of each analysis.

### Response Rates

The response rate is defined as the total number of completed surveys divided by all eligible members of the sample. A survey was assigned a disposition code of “completed” if adult members or parents/caretakers of child members answered at least one question within the survey. Eligible members included the entire sample (including any oversample) minus ineligible members. Ineligible members of the sample met one or more of the following criteria: were deceased, were invalid (did not meet criteria described on page 34), were mentally or physically incapacitated (adult population only), or had a language barrier (the survey was made available in English and Spanish).

$$\text{Response Rate} = \frac{\text{Number of Completed Surveys}}{\text{Sample} - \text{Ineligibles}}$$

## Scoring Calculations

HSAG calculated top-box scores for each measure. HSAG suppressed scores for measures that had fewer than 11 respondents. For purposes of calculating top-box results, top-box responses were assigned a score value of one, and all other responses were assigned a score value of zero. A "top-box" response was defined as follows:

- » "8," "9," and "10" for the *Rating of All Counseling or Treatment* and *Rating of Health Plan* global ratings.
- » "Usually" or "Always" for the *Getting Treatment Quickly* and *How Well Clinicians Communicate* composite measures and corresponding individual items and *Office Wait* individual item measure.
- » "Not a problem" for the *Getting Treatment and Information from Plan* composite measure and corresponding individual items.
- » "A little better" or "Much better" for the *Perceived Improvement* composite measure and corresponding individual items.
- » "Somewhat" or "A lot" for the *Amount Helped* individual item measure.
- » "Most of the things that are important to you" or "All of the things that are important to you" for the *Inclusion of Important Things in Treatment Plan* supplemental item.
- » "Yes" for the *Information About Treatment Options* composite measure and corresponding individual items; the *Told About Medication Side Effects, Including Family and Friends, Information to Manage Condition, Patient Rights Information, Patient Feels He or She Could Refuse Treatment, Cultural Competency, and Treatment After Benefits are Used Up* individual item measures; and *Development of Treatment Plan* supplemental item.
- » "No" for the *Confident About Privacy of Treatment Information* individual item measure.

After applying this scoring methodology, the proportion (i.e., percentage) of top-box responses was calculated to determine the top-box scores. For the global rating, individual item measures, and supplemental items, top-box scores were defined as the proportion of responses with a score value of one over all responses. For the composite measures, first a separate top-box score was calculated for each question within the composite measure. The final composite measure score was determined by calculating

the average score across all questions within the composite measure (i.e., mean of the composite items' top-box scores).

### Global Ratings, Individual Item Measures, and Supplemental Items

The top-box score was the sum of the score values (0 or 1) divided by the total number of responses to the question.

$$\text{Top-Box (TB) Score} = \sum_{i=1}^n \frac{x_i}{n}$$

*i = 1, ..., n members responding to question*  
*x<sub>i</sub> = score of member on question (either 0 or 1)*

HSAG calculated a variance for each top-box score using a standard variance formula where *x* was the score value (0 or 1).

$$\text{Top-Box Variance (TBV)} = \sum_{i=1}^n \frac{(x_i - u)^2}{n - 1}$$

*i = 1, ..., n members responding to question*  
*x<sub>i</sub> = score of member on question (either 0 or 1)*  
*u = average score of member on question*

HSAG used the mean and variance to calculate a 95 percent confidence interval for each top-box score. HSAG used the following formula to calculate the 95 percent confidence interval for each top-box score:

$$\text{TB 95\% Confidence Interval} = (TB) \pm 1.96 \sqrt{\frac{TBV}{n}}$$

### Composite Measures

HSAG calculated top-box scores and their corresponding variances and 95 percent confidence intervals for each composite measure. HSAG calculated the composite top-box score by first determining the top-box score for each question (i.e., proportion responding with a score of 1 for each question). HSAG repeated this step for each question in the composite. Finally, HSAG determined the average proportion responding with a score of 1 across all the questions in the composite. This average was the composite top-box score. That is, each question contributed equally to the average regardless of the number of respondents for the question.

$$\text{Composite TB Score} = \frac{1}{m} \sum_{i=1}^m \left( \sum_{j=1}^{n_i} \frac{x_{ij}}{n_i} \right)$$

$i = 1, \dots, m$  questions in a composite  
 $j = 1, \dots, n_i$  members responding to question  $i$   
 $x_{ij}$  = score of member  $j$  on question  $i$  (either 0 or 1)

HSAG calculated a variance for each composite measure. HSAG used the following formula to calculate the composite measure variance:

$$\text{Composite TBV} = \frac{N}{N-1} \sum_{i=1}^m \left( \sum_{j=1}^{n_i} \frac{1}{m} \frac{x_{ij} - \bar{x}_i}{n_i} \right)^2$$

$i = 1, \dots, m$  questions in a composite  
 $j = 1, \dots, n_i$  members responding to question  $i$   
 $x_{ij}$  = score of member  $j$  on question  $i$  (either 0 or 1)

HSAG used the mean and variance to calculate a 95 percent confidence interval for each composite score. HSAG used the following formula to calculate the 95 percent confidence interval for each composite top-box score:

$$\text{Composite TB 95\% Confidence Interval} = (TB) \pm 1.96\sqrt{TBV}$$

## State-Level Scores

For the program comparisons, HSAG presents the State weighted (i.e., MCPs combined) scores for each measure evaluated through the ECHO Survey. HSAG used the sample frame files to determine the eligible population size for each MCP, as applicable. HSAG calculated a general sample (including the oversample) probability and then calculated a weight for each general sample respondent using the formulas below.

$$GP_r = \frac{GSS_p}{EP_p}$$

$$w_{gstr} = \frac{1}{GP_r}$$

Where:

$GP_r$  = probability for respondent  $r$  from the general sample

$GSS_p$  = general sample size for MCP  $p$

$EP_p$  = eligible population size for MCP  $p$

$w_{gsr}$  = weight for general sample respondent  $r$

HSAG presents the results for the adult and child populations separately.

## Program Comparisons

For purposes of the Program Comparisons analyses, HSAG presents the adult and child population results separately for each measure, where applicable. HSAG compared the MCP-level scores to the State weighted scores for each measure and statistically significant differences are noted with colored bars. HSAG calculated the 95 percent confidence intervals for each score and compared these intervals to the State weighted score. If the State weighted score was below the lower bound of the 95 percent confidence interval, the measure was statistically significantly higher than the State weighted score. If the State weighted score was above the upper bound of the 95 percent confidence interval, the measure was statistically significantly lower than the State weighted score. If the State weighted score encompassed the 95 percent confidence interval, there was no statistically significant difference between the MCP-level score and the State weighted score for the measure.

## Mental Health Services Comparisons

HSAG stratified unweighted State-level scores for each measure by those who received SMHS and NSMHS versus those who received NSMHS only based on information from the sample frame file. HSAG performed statistical significance testing to determine if the scores for respondents who received SMHS and NSMHS were statistically significantly higher or lower than the scores for respondents who received NSMHS only. Scores that were statistically significantly higher than the other mental health services subgroup are denoted with black upward arrows (↑). Scores that were statistically significantly lower than the other mental health services subgroup are denoted with black downward arrows (↓). Scores that were not significantly higher or lower than the other mental health services subgroup are not denoted with arrows.

## Demographic Analysis

HSAG stratified unweighted State-level scores for each measure for the following demographic categories: language (English and Spanish), race/ethnicity (White, Asian, Hispanic/Latino, multiracial/multiethnic, and other), disability status (Seniors and Persons with Disabilities [SPD] and Non-SPD), sexual orientation (straight or

heterosexual and not straight or heterosexual) (adult population only), and gender identity (female and male) (adult population only). Table 5 shows the data sources associated with the respective demographic categories that were analyzed.

Table 5—Demographic Categories Analyzed

Demographic Category	Data Source
Language	Survey language variable in final data that indicated which language the survey was completed
Race/Ethnicity	Question 64 from the adult and child survey instruments
Disability Status	Sample frame file
Sexual Orientation (adult population only)	Question 62 from the adult survey instrument
Gender Identity (adult population only)	Question 61 from the adult survey instrument

For each demographic category, HSAG performed a *t* test to determine if the score for each demographic sub-category was statistically significantly higher or lower than the score for the other demographic sub-category for language, disability status, sexual orientation, and gender identity or the average score of the other demographic sub-categories combined for race/ethnicity. Scores that were statistically significantly higher than the other demographic sub-category/sub-categories combined are denoted with an upward arrow (↑). Scores that were statistically significantly lower than the other demographic sub-category/sub-categories combined are denoted with a downward arrow (↓). Scores that were not significantly higher or lower than the other demographic sub-sub-category/sub-categories combined are not denoted with arrows.

## Respondent Analysis

HSAG evaluated the demographic characteristics (i.e., age, gender, race/ethnicity) of adult and child members as part of the respondent analysis. HSAG performed a *t* test to determine whether the demographic characteristics of members who responded to the survey (i.e., respondent percentages) were statistically significantly different from the demographic characteristics of all members in the sample frame (i.e., sample frame

percentages). Please note that variables from the sample frame were used as the data source for this analysis; therefore, these results will differ from those presented in the demographics section, which uses responses from the survey as the data source. HSAG used the 95 percent confidence interval of the respondent percentage to determine whether demographic characteristics of survey respondents were statistically significantly different from demographic characteristics of all members in the sample frame. If the sample frame percentage was below the lower bound of the 95 percent confidence interval of the respondent percentage, the respondent percentage was statistically significantly higher than the sample frame percentage for the demographic sub-category. If the sample frame percentage was above the upper bound of the 95 percent confidence interval of the respondent percentage, the respondent percentage was statistically significantly lower than the sample frame percentage for the demographic sub-category. If the sample frame percentage encompassed the 95 percent confidence interval of the respondent percentage, there was no statistically significant difference between the respondent percentage and the sample frame percentage for the demographic sub-category.

Respondent percentages within a particular demographic sub-category that were statistically significantly higher than the sample frame percentages are denoted with an upward arrow (↑) and gold shading in the tables. Respondent percentages within a particular demographic sub-category that were statistically significantly lower than the sample frame percentages are denoted with a downward arrow (↓) and blue shading in the tables. Respondent percentages that were not statistically significantly higher or lower are not denoted with arrows. Caution should be exercised when extrapolating the survey results to the entire population if the average characteristics of respondents differ significantly from the MCP.

## **Limitations and Cautions**

The findings presented in this report are subject to some limitations in the survey design, analysis, and interpretation. These limitations should be considered carefully when interpreting or generalizing the findings. If a measure had fewer than 11 respondents, the measure is not reportable; therefore, HSAG does not present the results for measures with fewer than 11 respondents.

## Baseline Results

It is important to note that in 2025, the MCPs were surveyed for the first time using the ECHO Survey; therefore, the MCP survey results presented in this report represent a baseline assessment of respondents' experiences of the mental health services received for adult and child members through the MCPs.

## Causal Inferences

Although this report examines whether respondents report different experiences with various aspects of mental health services, these differences may not be completely attributable to the MCP. The analyses performed identify whether respondents give different ratings of experience with the MCP. The survey by itself does not necessarily reveal the exact cause of these differences; therefore, caution should be exercised when interpreting these results.

## Customized Supplemental Items

The supplemental items included in the survey instruments were developed by DHCS, and not all the supplemental items were field tested.

## Non-Response Bias

The experiences of the survey respondent population may be different than that of non-respondents with respect to their mental health services and may vary by MCP. Late respondents (i.e., respondents who submitted a survey later than the first mailing/round) could potentially be non-respondents if the survey had ended earlier. To identify potential non-response bias at the state-level, HSAG compared the scores from late respondents to early respondents (i.e., respondents who submitted a survey during the first mailing/round) for each measure. The 2025 results indicate that early respondents of the adult population were statistically significantly more likely to provide a higher response than late respondents for *Inclusion of Important Things in Treatment Plan*, and early respondents of the child population were statistically significantly more likely to provide a lower response than late respondents for *Clinicians Explain Things*. DHCS should consider that potential non-response bias may exist when interpreting the ECHO Survey results.

## **Social Desirability Bias**

Social desirability bias is a form of survey response bias that occurs when respondents answer more favorably to a question based on what they consider to be acceptable. This survey is anonymous, confidential, and respondents self-report answers through mail or web, which decreases the likelihood that respondents feel pressure to answer a certain way (i.e., telephone interviewing, which can increase unreliable responses, is not used). However, as with all surveys, social desirability bias could be present in the survey results.

## **Survey Instrument Modification**

For the 2025 survey administration, the standardized ECHO CAHPS Survey 3.0 for MCOs was modified, such that additional questions were added, core questions were removed, and standard survey question language was changed. Given the modifications to the standardized ECHO Survey, caution should be exercised when interpreting the results presented in this report.

# RESULTS



## Survey Respondents

The ECHO Survey response rate is the total number of completed surveys divided by all eligible members in the sample. If a sampled adult member or parent/caretaker of a sampled child member appropriately answered at least one question within the survey, HSAG counted the survey as complete.

Table 6 and Table 7 present the total number of members sampled, the number of ineligible and eligible members, the number of surveys completed, and the response rate for the adult and child members selected for surveying for the MCPs. For more information on the calculation of the response rates, please refer to the “Response Rates” heading in the Methodology section of this report on page 35.

**Table 6—Total Number of Respondents and Response Rate: Adult**

Response rate is calculated as Number of Completed Surveys/Eligible Members.

	Sample Size	Ineligible Members	Eligible Members	Number of Surveys Completed	Response Rate
<b>Statewide</b>	<b>42,900</b>	<b>23</b>	<b>42,877</b>	<b>4,120</b>	<b>9.61%</b>
AAH	1,950	2	1,948	171	8.78%
Anthem Blue Cross	1,950	0	1,950	144	7.38%
Blue Shield Promise	1,950	0	1,950	177	9.08%
CalOptima	1,950	0	1,950	219	11.23%
CalViva	1,950	1	1,949	144	7.39%
CenCal	1,950	3	1,947	187	9.60%
CCAH	1,950	0	1,950	162	8.31%
CHG	1,950	2	1,948	204	10.47%
CHPIV	1,950	0	1,950	206	10.56%
CCHP	1,950	1	1,949	185	9.49%
GCHP	1,950	1	1,949	178	9.13%

	Sample Size	Ineligible Members	Eligible Members	Number of Surveys Completed	Response Rate
Health Net	1,950	1	1,949	130	6.67%
HPSJ	1,950	0	1,950	161	8.26%
HPSM	1,950	1	1,949	263	13.49%
IEHP	1,950	1	1,949	193	9.90%
Kaiser	1,950	2	1,948	236	12.11%
KHS	1,950	1	1,949	133	6.82%
L.A. Care	1,950	2	1,948	192	9.86%
Molina	1,950	0	1,950	168	8.62%
Partnership	1,950	2	1,948	173	8.88%
SFHP	1,950	2	1,948	227	11.65%
SCFHP	1,950	1	1,949	267	13.70%

Table 7—Total Number of Respondents and Response Rate: Child

Response rate is calculated as Number of Completed Surveys/Eligible Members.

	Sample Size	Ineligible Members	Eligible Members	Number of Surveys Completed	Response Rate
<b>Statewide</b>	<b>42,900</b>	<b>14</b>	<b>42,886</b>	<b>3,388</b>	<b>7.90%</b>
AAH	1,950	1	1,949	161	8.26%
Anthem Blue Cross	1,950	0	1,950	122	6.26%
Blue Shield Promise	1,950	0	1,950	110	5.64%
CalOptima	1,950	1	1,949	174	8.93%
CalViva	1,950	0	1,950	126	6.46%
CenCal	1,950	1	1,949	196	10.06%

	Sample Size	Ineligible Members	Eligible Members	Number of Surveys Completed	Response Rate
CCAH	1,950	1	1,949	167	8.57%
CHG	1,950	0	1,950	141	7.23%
CHPIV	1,950	1	1,949	151	7.75%
CCHP	1,950	1	1,949	153	7.85%
GCHP	1,950	2	1,948	159	8.16%
Health Net	1,950	1	1,949	125	6.41%
HPSJ	1,950	0	1,950	153	7.85%
HPSM	1,950	1	1,949	181	9.29%
IEHP	1,950	0	1,950	133	6.82%
Kaiser	1,950	0	1,950	145	7.44%
KHS	1,950	0	1,950	131	6.72%
L.A. Care	1,950	0	1,950	152	7.79%
Molina	1,950	0	1,950	133	6.82%
Partnership	1,950	0	1,950	117	6.00%
SFHP	1,950	2	1,948	222	11.40%
SCFHP	1,950	2	1,948	236	12.11%

## Respondent Analysis

HSAG compared the demographic characteristics of survey respondents to the demographic characteristics of all adult and child members in the sample frame for statistically significant differences. The demographic characteristics evaluated as part of the respondent analysis included age, gender, and race/ethnicity. For this analysis, the adult and child populations' results are presented separately. Please note that variables from the sample frame were used as the data source for this analysis. Please refer to Appendix A: Respondent Analysis Results for the detailed results of the respondent analysis.

## Program Comparisons

HSAG compared the MCP-level scores to the State weighted scores to determine whether there were statistically significant differences. For more information on the calculation of the scores and program comparisons, please refer to the “Scoring Calculations” and “Program Comparisons” headings in the Methodology section of this report on pages 36 and 39, respectively.

## Global Ratings

### Rating of All Counseling or Treatment

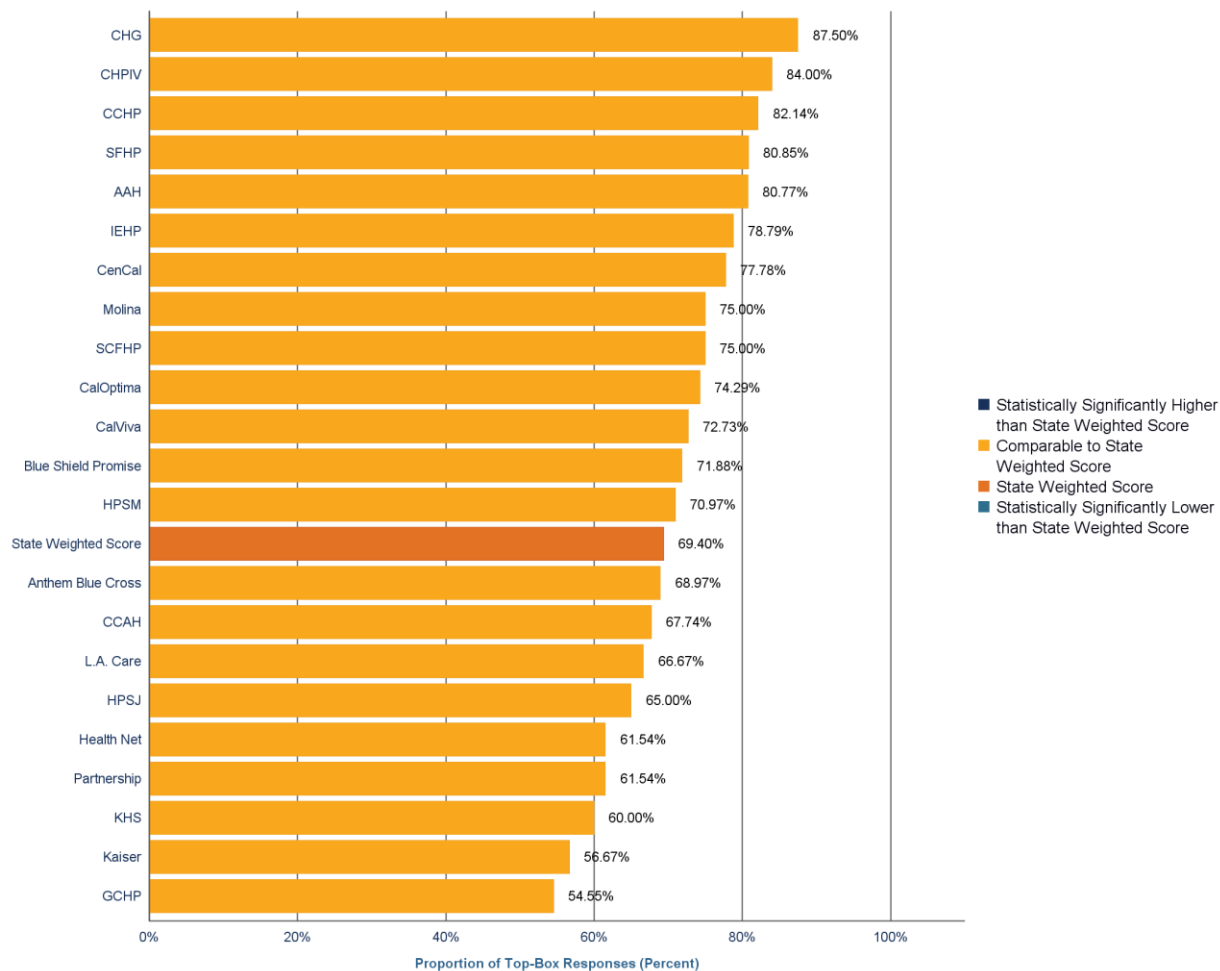
#### *Measure Definition*

Adult members and parents/caretakers of child members were asked to rate their/their child’s counseling or treatment on a scale of 0 to 10, with 0 being the “worst counseling or treatment possible” and 10 being the “best counseling or treatment possible.”

#### **Adult Results**

Figure 1 shows the adult MCP and State weighted top-box scores, including the program comparisons, for the *Rating of All Counseling or Treatment* global rating.

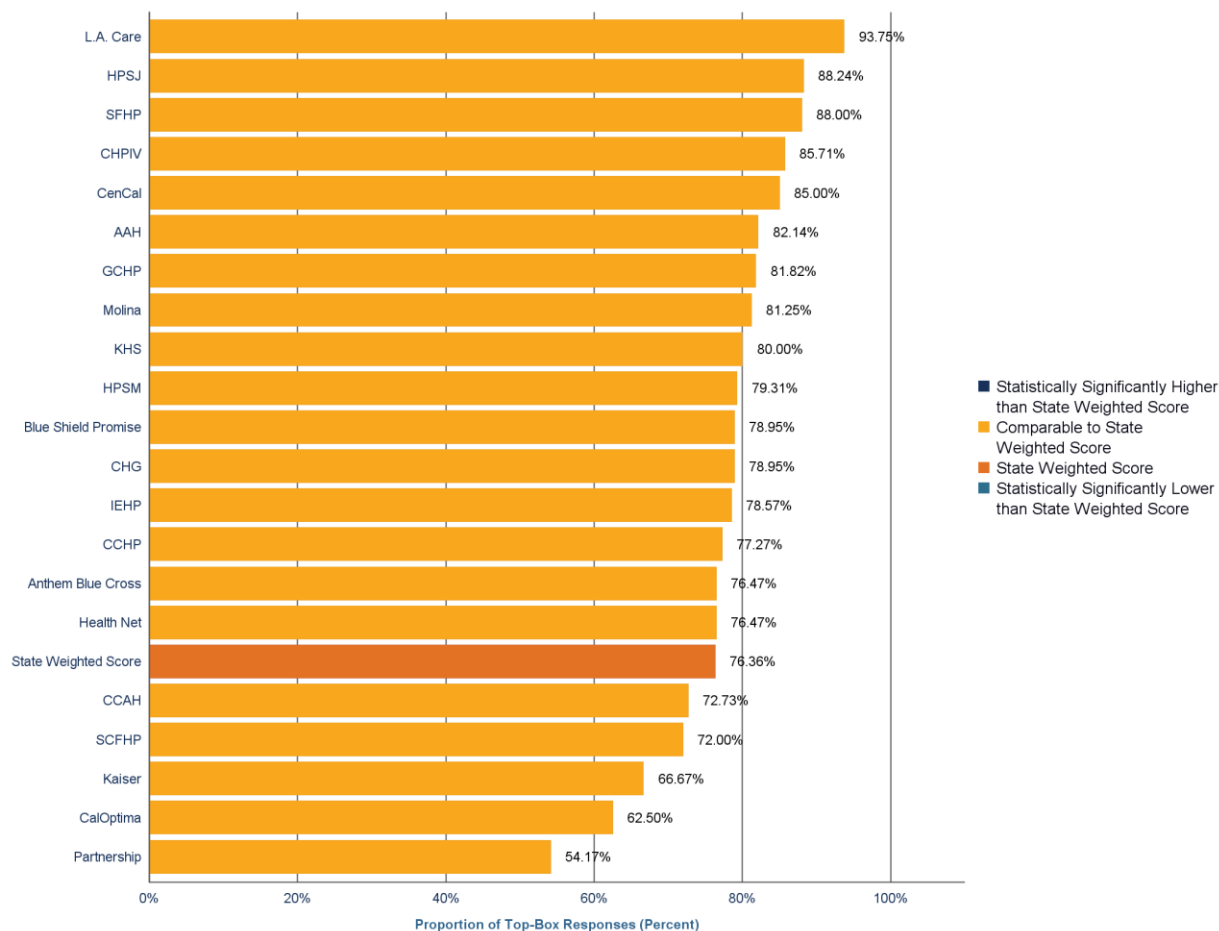
Figure 1—Adult Program Comparisons: *Rating of All Counseling or Treatment*



### Child Results

Figure 2 shows the child MCP and State weighted top-box scores, including the program comparisons, for the *Rating of All Counseling or Treatment* global rating.

Figure 2—Child Program Comparisons: *Rating of All Counseling or Treatment*



The score for CalViva is not displayed in Figure 2 since the MCP had fewer than 11 respondents for this measure.

## Summary of Results—*Rating of All Counseling or Treatment*

### Adult

- » No MCP scored statistically significantly higher or lower than the State weighted score.

### Child

- » No MCP scored statistically significantly higher or lower than the State weighted score.

## Rating of Health Plan

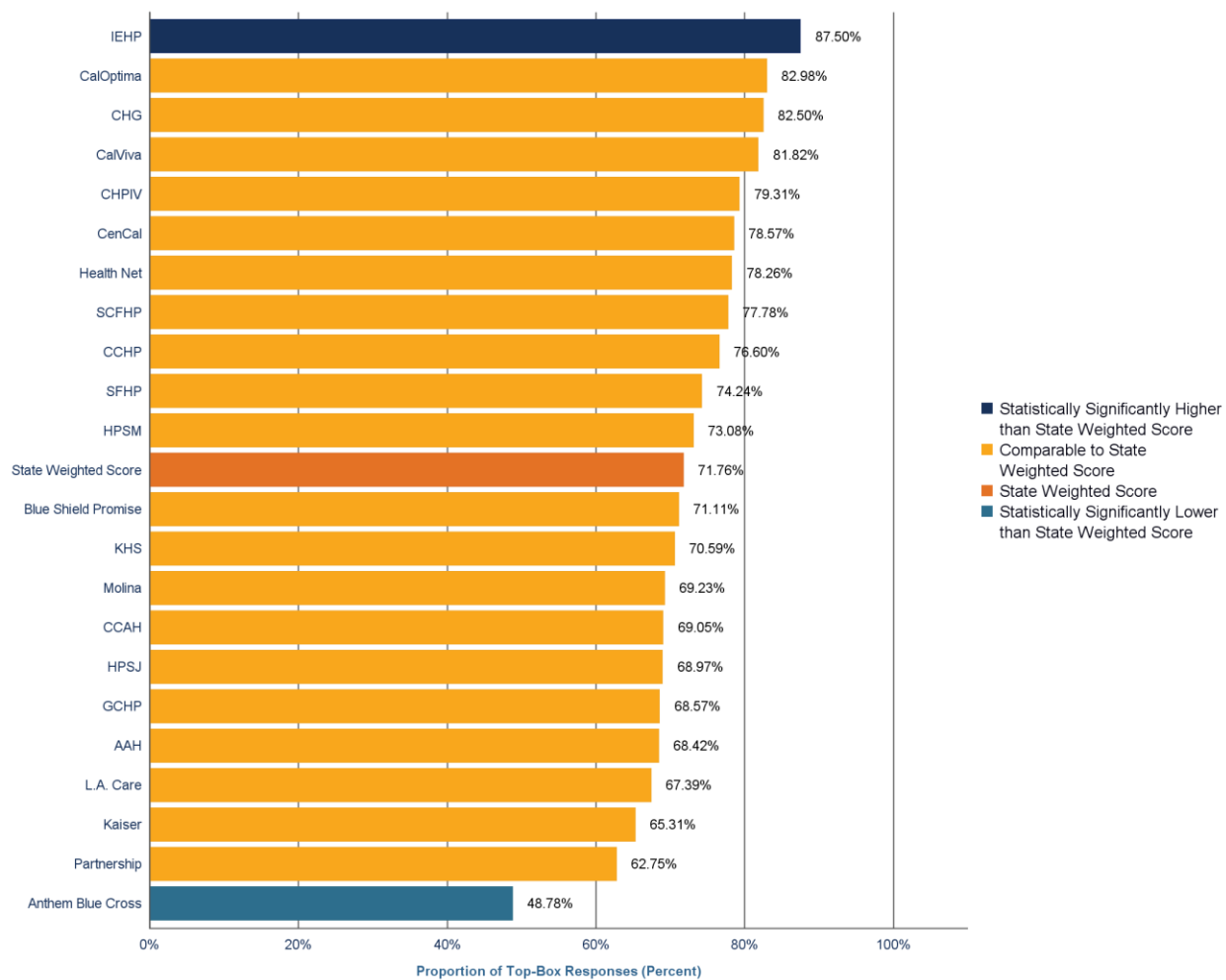
### *Measure Definition*

Adult members and parents/caretakers of child members were asked to rate their/their child's health plan for counseling or treatment on a scale of 0 to 10, with 0 being the "worst health plan possible" and 10 being the "best health plan possible."

### Adult Results

Figure 3 shows the adult MCP and State weighted top-box scores, including the program comparisons, for the *Rating of Health Plan* global rating.

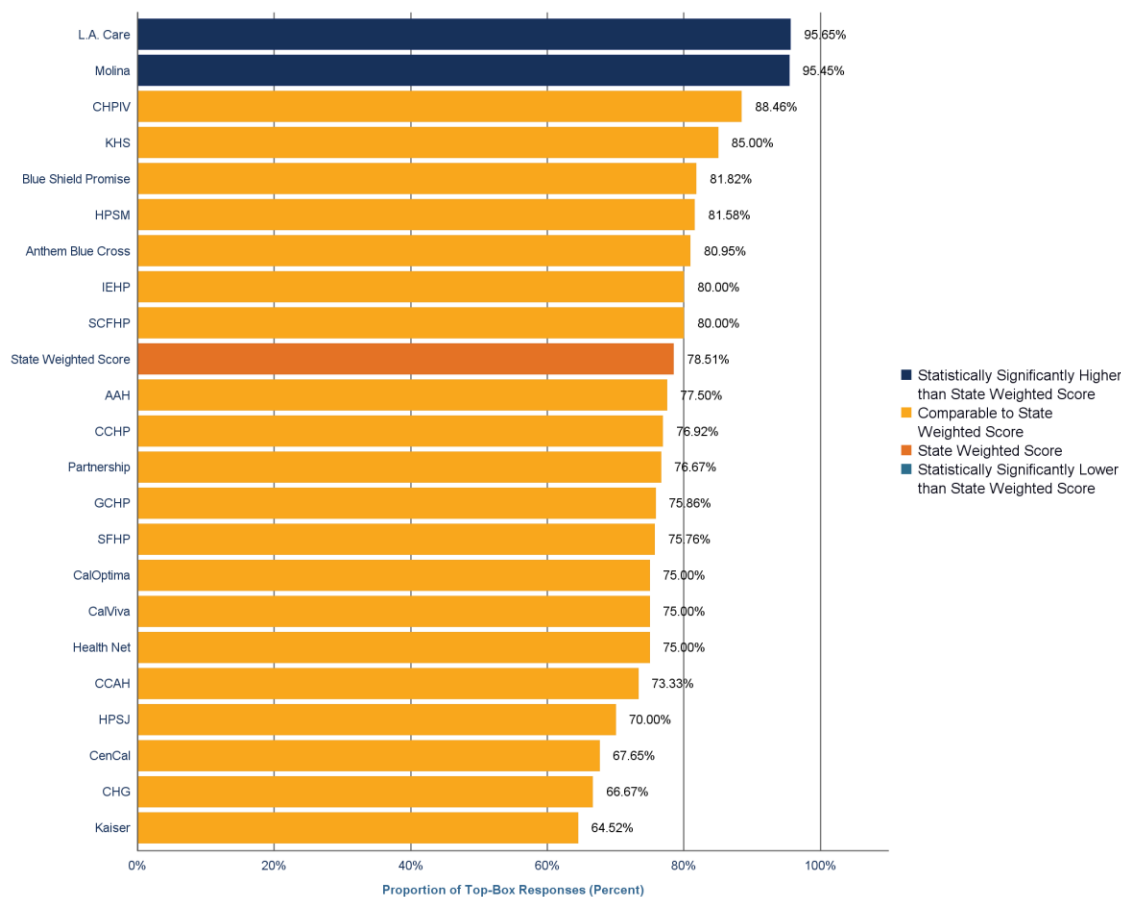
Figure 3—Adult Program Comparisons: *Rating of Health Plan*



### Child Results

Figure 4 shows the child MCP and State weighted top-box scores, including the program comparisons, for the *Rating of Health Plan* global rating.

Figure 4—Child Program Comparisons: *Rating of Health Plan*



### Summary of Results—*Rating of Health Plan*

#### Adult

- » IEHP scored statistically significantly higher than the State weighted score.
- » Anthem Blue Cross scored statistically significantly lower than the State weighted score.

#### Child

- » L.A. Care and Molina scored statistically significantly higher than the State weighted score.

## Composite Measures and Corresponding Individual Items

### Getting Treatment Quickly

#### *Measure Definition*

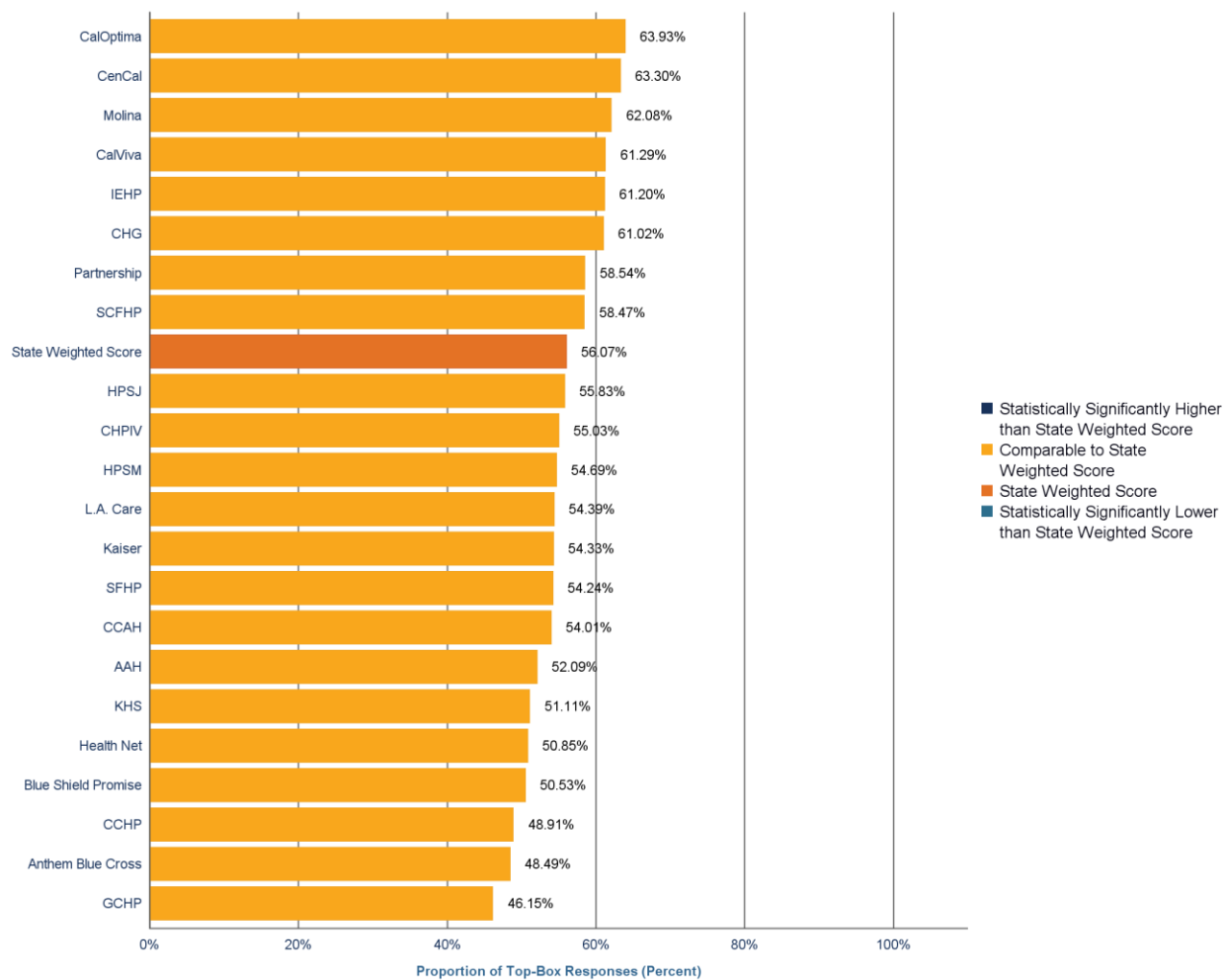
This measure assesses how often it was easy for members to get counseling treatment quickly including:

- » Getting help by telephone
- » Getting urgent treatment as soon as needed
- » Getting an appointment as soon as wanted

#### **Adult Results**

Figure 5 shows the adult MCP and State weighted top-box scores, including the program comparisons, for the *Getting Treatment Quickly* composite measure.

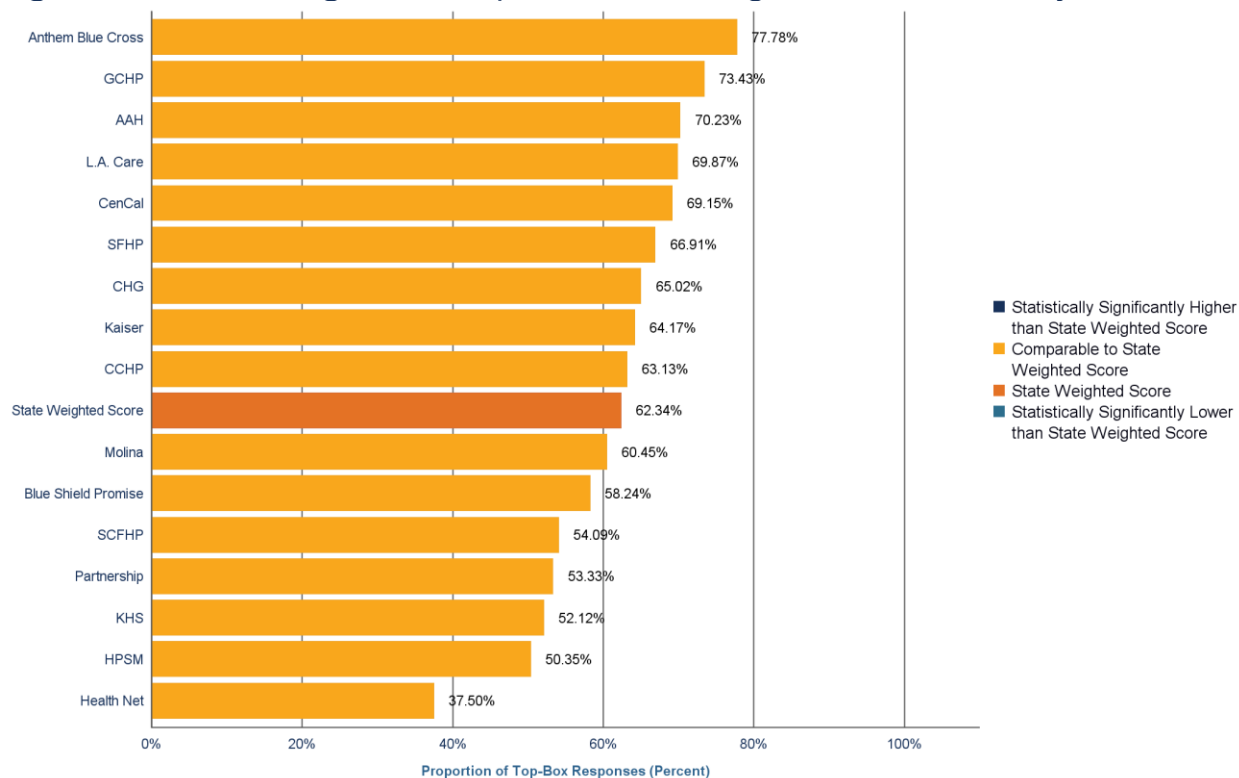
Figure 5—Adult Program Comparisons: *Getting Treatment Quickly*



### Child Results

Figure 6 shows the child MCP and State weighted top-box scores, including the program comparisons, for the *Getting Treatment Quickly* composite measure.

Figure 6—Child Program Comparisons: *Getting Treatment Quickly*



Scores for the following MCPs are not displayed in Figure 6 since the MCPs had fewer than 11 respondents for this measure:

- » Caloptima
- » CCAH
- » HPSJ
- » CalViva
- » CHPIV
- » IEHP

### Summary of Results—*Getting Treatment Quickly*

#### Adult

- » No MCP scored statistically significantly higher or lower than the State weighted score.

#### Child

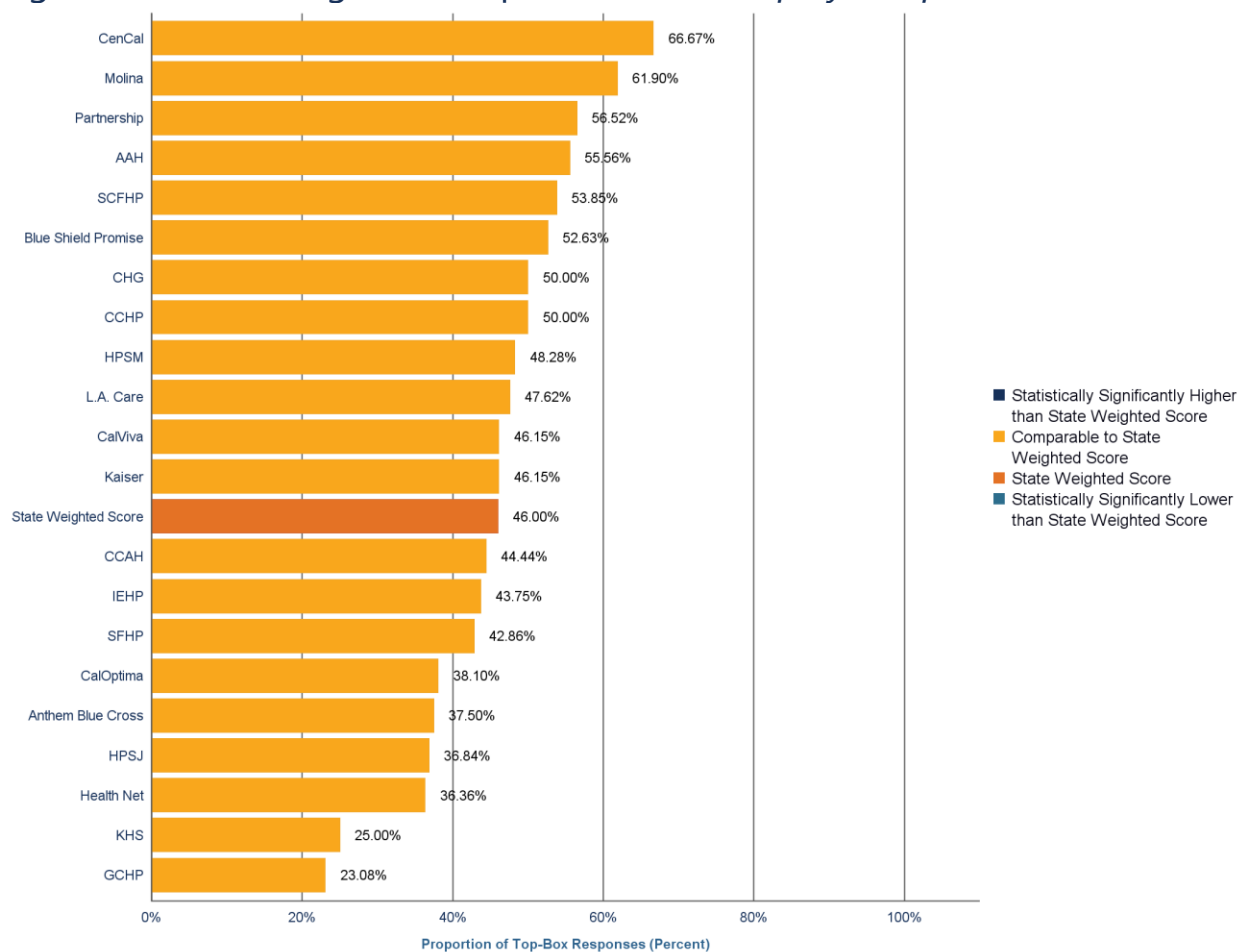
- » No MCP scored statistically significantly higher or lower than the State weighted score.

## Got Help by Telephone

### Adult Results

Figure 7 shows the adult MCP and State weighted top-box scores, including the program comparisons, for *Got Help by Telephone* composite measure item.

Figure 7—Adult Program Comparisons: *Got Help by Telephone*

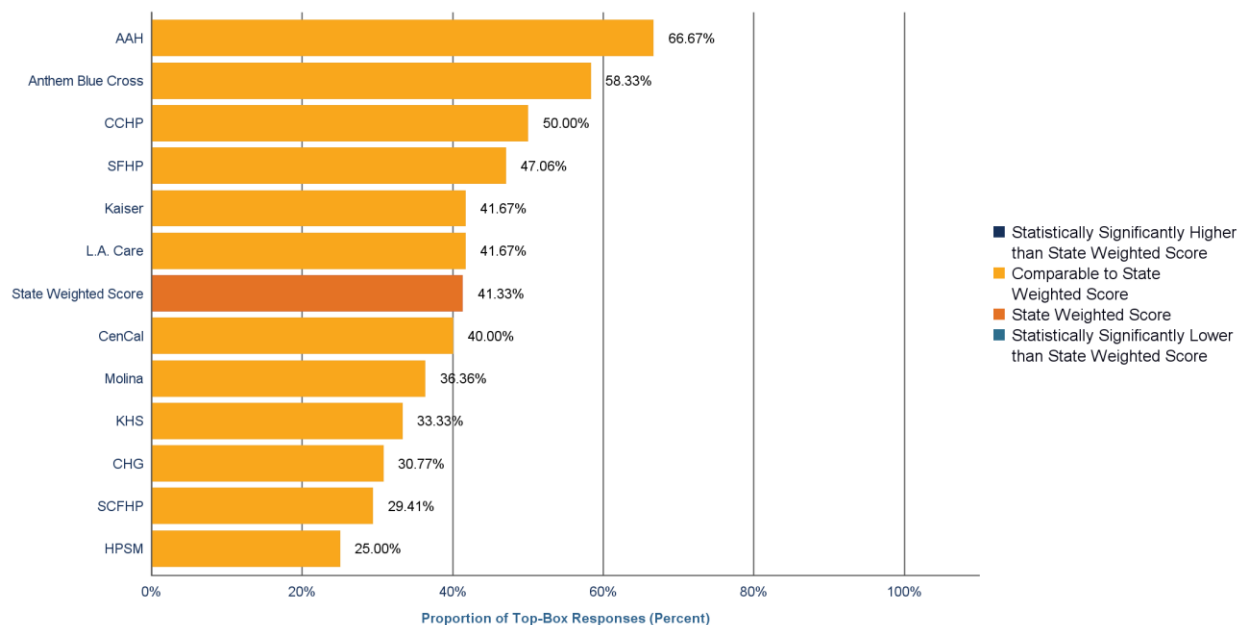


The score for CHPIV is not displayed in Figure 7 since the MCP had fewer than 11 respondents for this measure.

## Child Results

Figure 8 shows the child MCP and State weighted top-box scores, including the program comparisons, for *Got Help by Telephone* composite measure item.

Figure 8—Child Program Comparisons: *Got Help by Telephone*



Scores for the following MCPs are not displayed in Figure 8 since the MCPs had fewer than 11 respondents for this measure:

- » Blue Shield Promise
- » CalOptima
- » CalViva
- » CCAH
- » CHPIV
- » GCHP
- » Health Net
- » HPSJ
- » IEHP
- » Partnership

## Summary of Results—*Got Help by Telephone*

### Adult

- » No MCP scored statistically significantly higher or lower than the State weighted score.

### Child

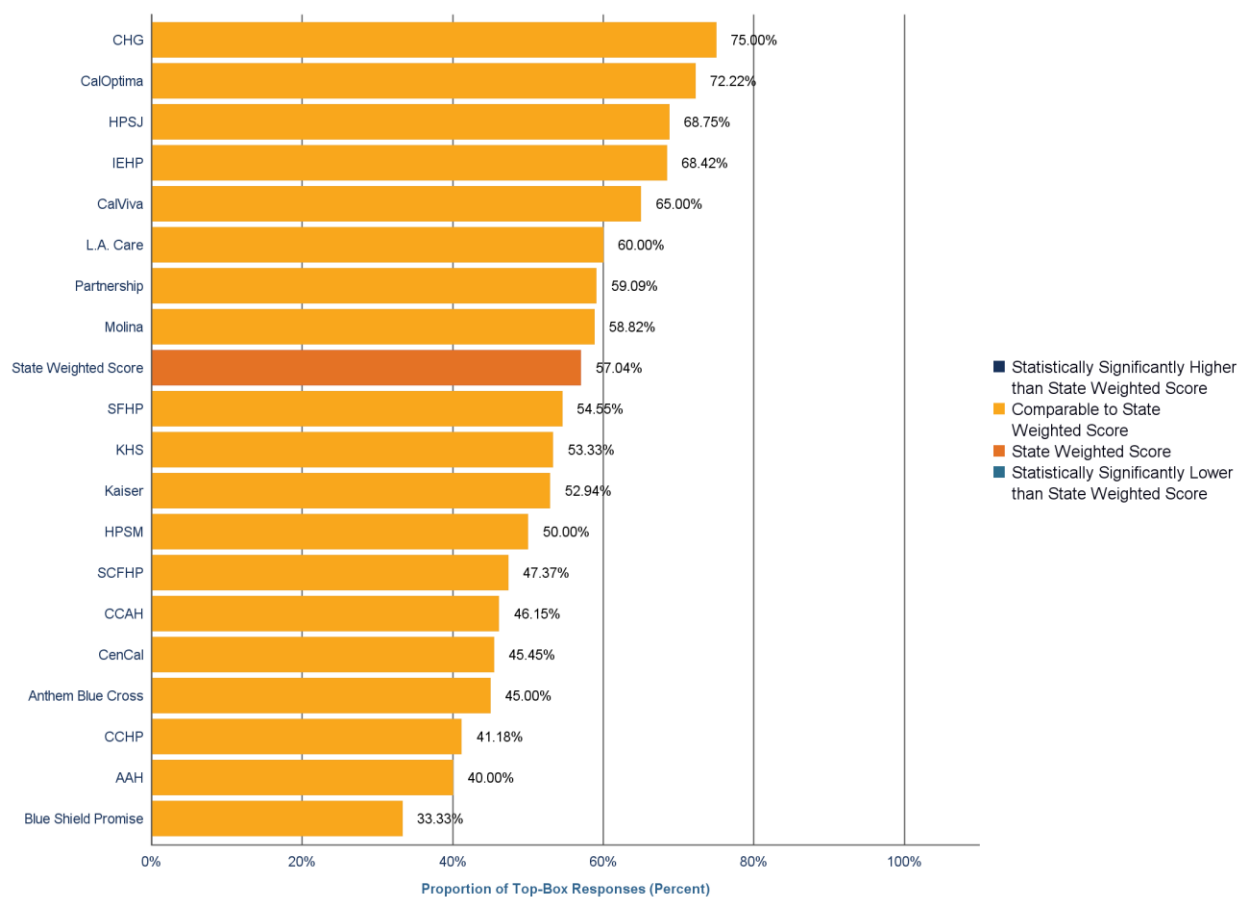
- » No MCP scored statistically significantly higher or lower than the State weighted score.

## Got Urgent Treatment as Soon as Needed

### Adult Results

Figure 9 shows the adult MCP and State weighted top-box scores, including the program comparisons, for *Got Urgent Treatment as Soon as Needed* composite measure item.

Figure 9—Adult Program Comparisons: *Got Urgent Treatment as Soon as Needed*



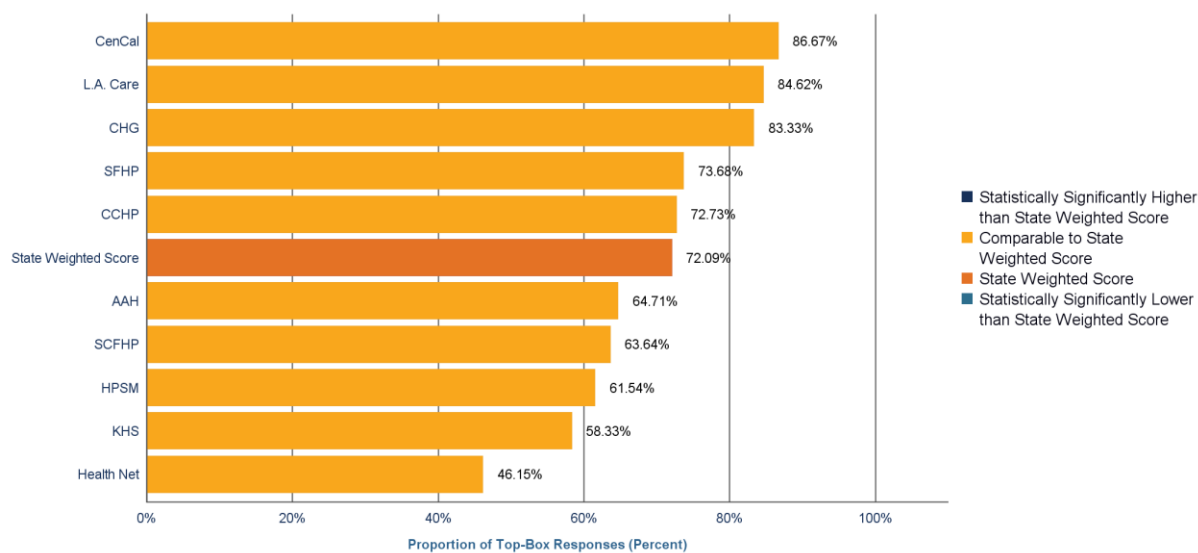
Scores for the following MCPs are not displayed in Figure 9 since the MCPs had fewer than 11 respondents for this measure:

- » CHPIV
- » GCHP
- » Health Net

## Child Results

Figure 10 shows the child MCP and State weighted top-box scores, including the program comparisons, for *Got Urgent Treatment as Soon as Needed* composite measure item.

Figure 10—Child Program Comparisons: *Got Urgent Treatment as Soon as Needed*



Scores for the following MCPs are not displayed in Figure 10 since the MCPs had fewer than 11 respondents for this measure:

- » Anthem Blue Cross
- » Blue Shield Promise
- » CalOptima
- » CalViva
- » CCAH
- » CHPIV
- » GCHP
- » HPSJ
- » IEHP
- » Kaiser
- » Molina
- » Partnership

## Summary of Results—*Got Urgent Treatment as Soon as Needed*

### Adult

- » No MCP scored statistically significantly higher or lower than the State weighted score.

### Child

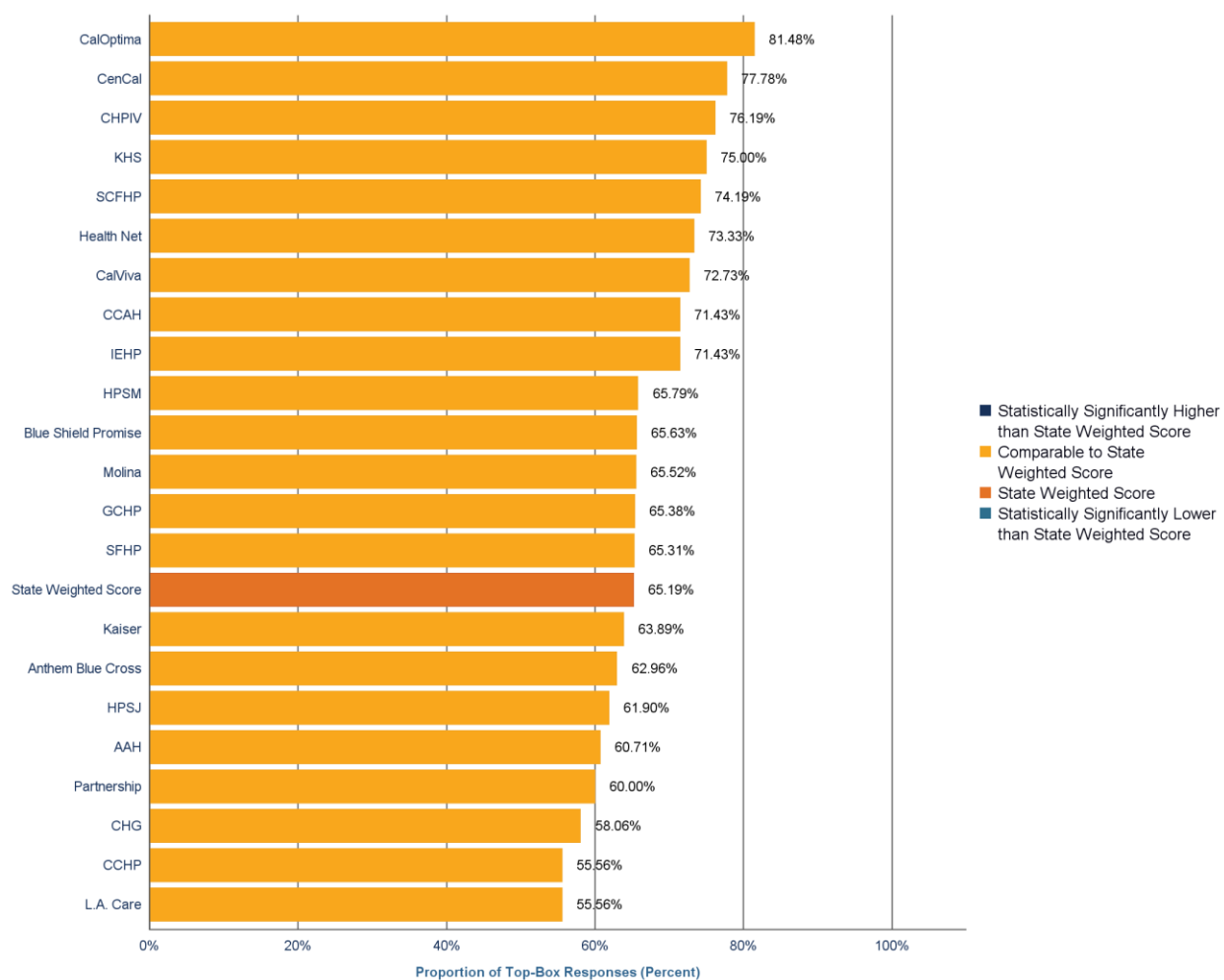
- » No MCP scored statistically significantly higher or lower than the State weighted score.

## Got Appointment as Soon as Wanted

### Adult Results

Figure 11 shows the adult MCP and State weighted top-box scores, including the program comparisons, for *Got Appointment as Soon as Wanted* composite measure item.

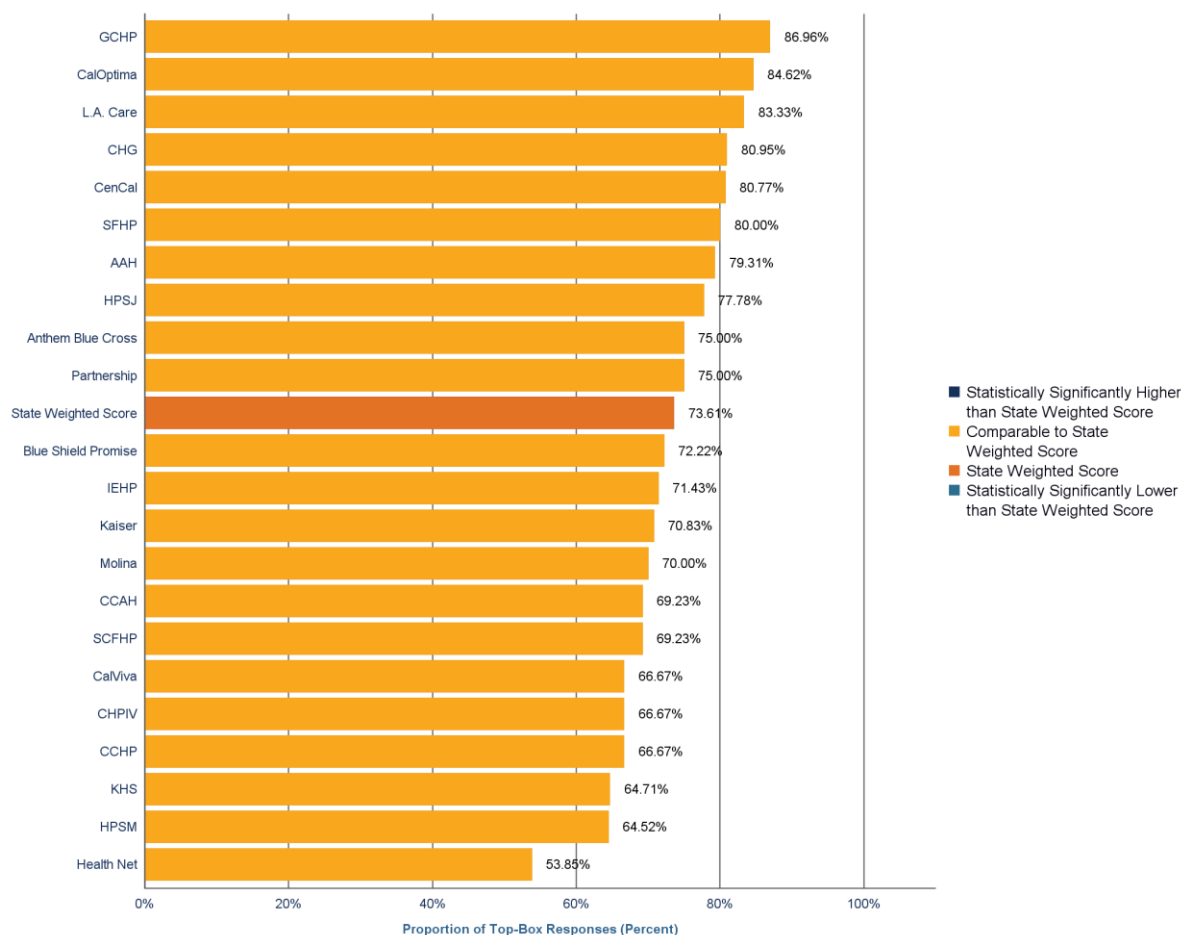
Figure 11—Adult Program Comparisons: *Got Appointment as Soon as Wanted*



## Child Results

Figure 12 shows the child MCP and State weighted top-box scores, including the program comparisons, for *Got Appointment as Soon as Wanted* composite measure item.

Figure 12—Child Program Comparisons: *Got Appointment as Soon as Wanted*



## Summary of Results—*Got Appointment as Soon as Wanted*

### Adult

- » No MCP scored statistically significantly higher or lower than the State weighted score.

### Child

- » No MCP scored statistically significantly higher or lower than the State weighted score.

## How Well Clinicians Communicate

### *Measure Definition*

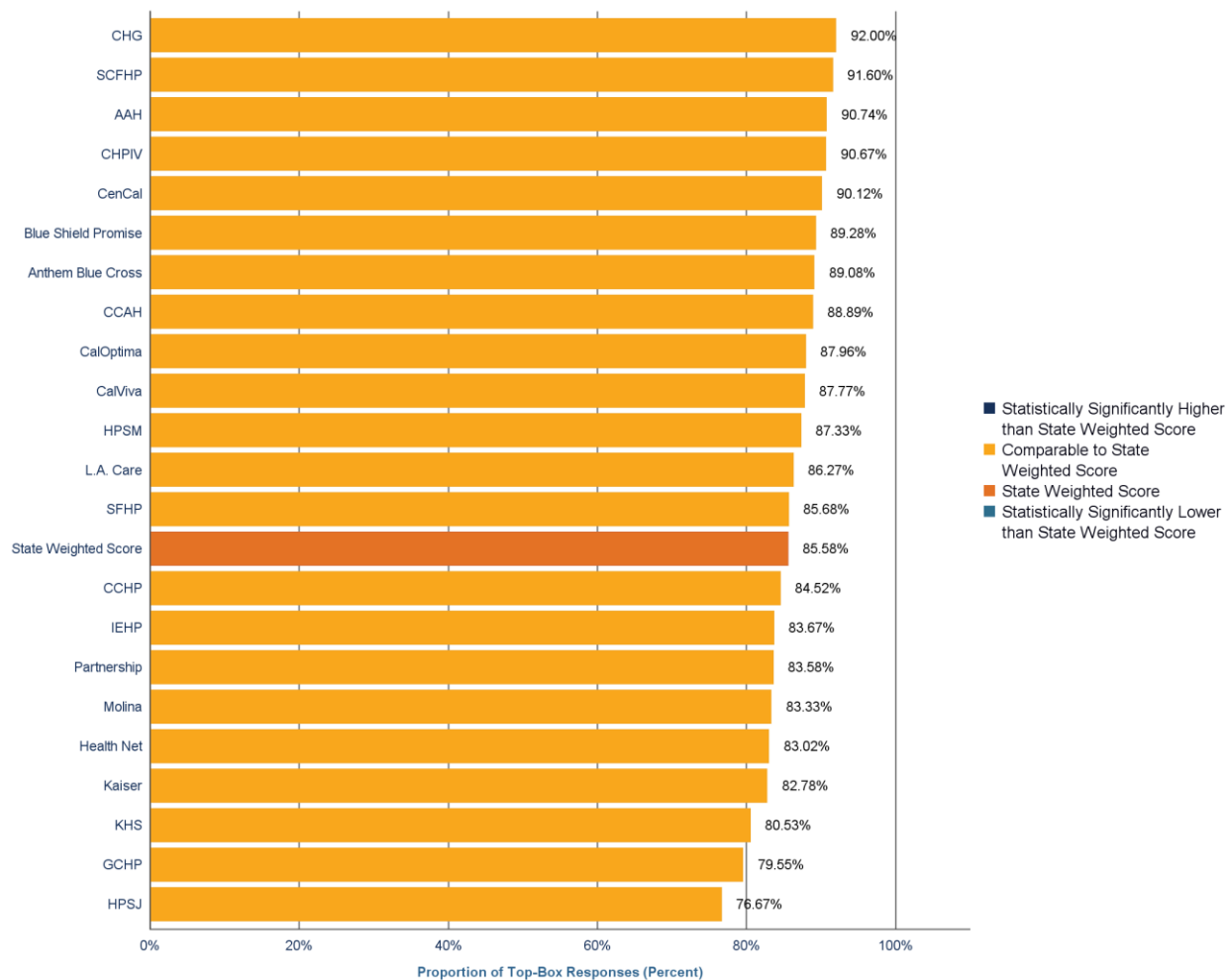
This measure assesses how often members' clinicians communicated well including:

- » Listening carefully to adult members or parents/caretakers of child members
- » Explaining things in a way that was easy to understand
- » Showing respect for what adult members or parents/caretakers of child members had to say
- » Spending enough time with members
- » Providing members with a sense of safety (adult population only)
- » Involving adult members or parents/caretakers of child members as much as they wanted in their/their children's treatment

## Adult Results

Figure 13 shows the adult MCP and State weighted top-box scores, including the program comparisons, for the *How Well Clinicians Communicate* composite measure.

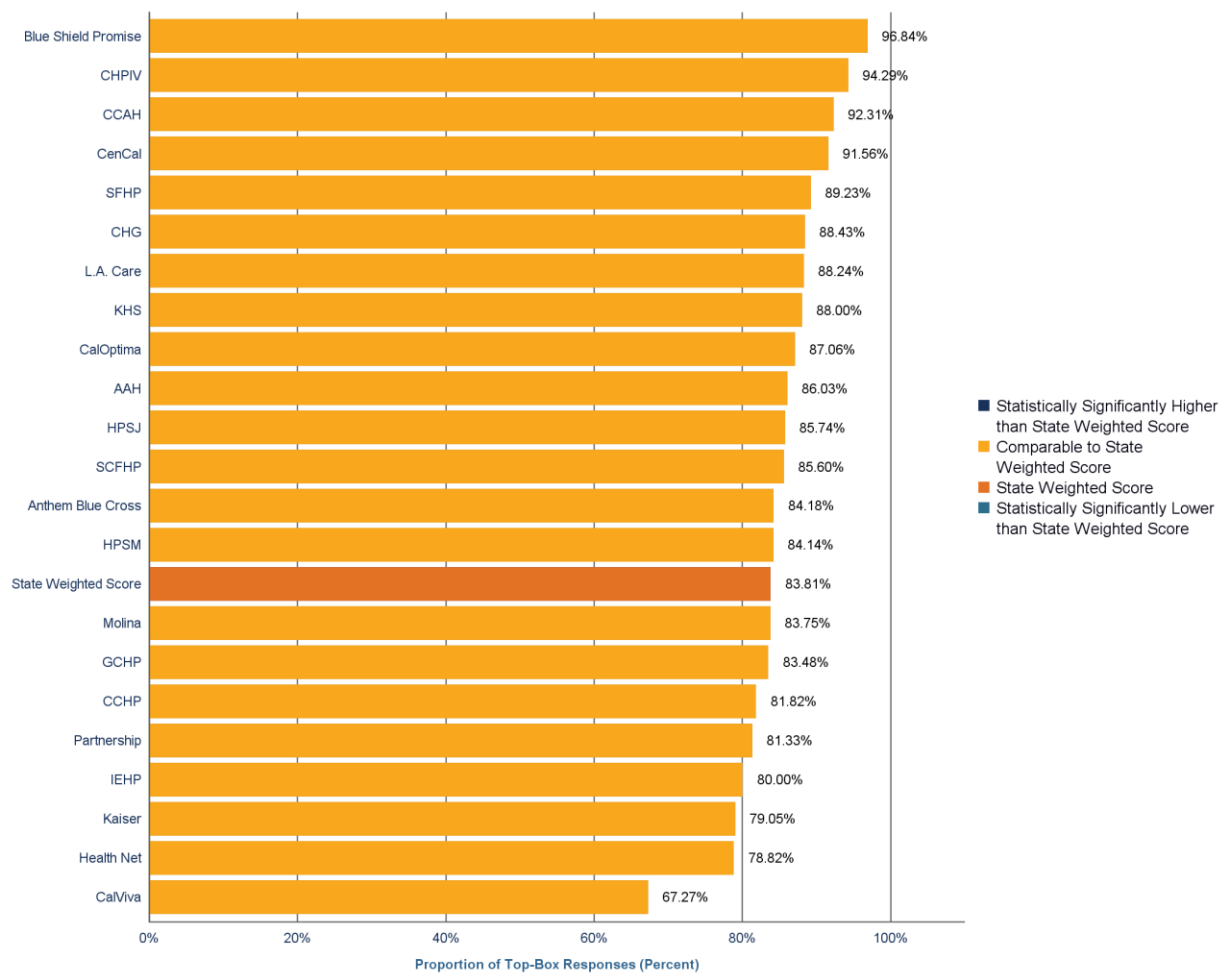
Figure 13—Adult Program Comparisons: *How Well Clinicians Communicate*



## Child Results

Figure 14 shows the child MCP and State weighted top-box scores, including the program comparisons, for the *How Well Clinicians Communicate* composite measure.

Figure 14—Child Program Comparisons: *How Well Clinicians Communicate*



## Summary of Results—*How Well Clinicians Communicate*

### Adult

- » No MCP scored statistically significantly higher or lower than the State weighted score.

### Child

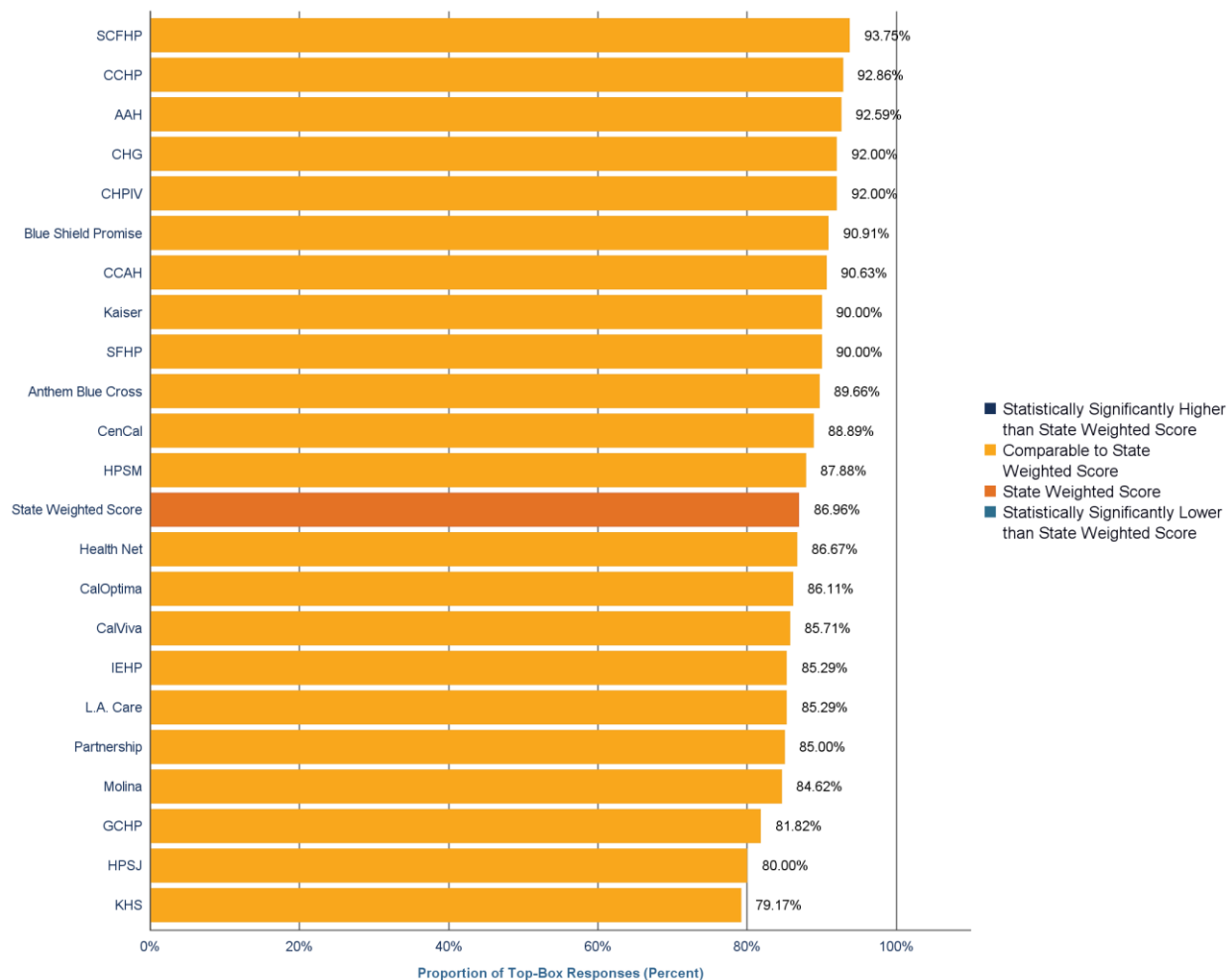
- » No MCP scored statistically significantly higher or lower than the State weighted score.

## Clinicians Listen Carefully

### Adult Results

Figure 15 shows the adult MCP and State weighted top-box scores, including the program comparisons, for *Clinicians Listen Carefully* composite measure item.

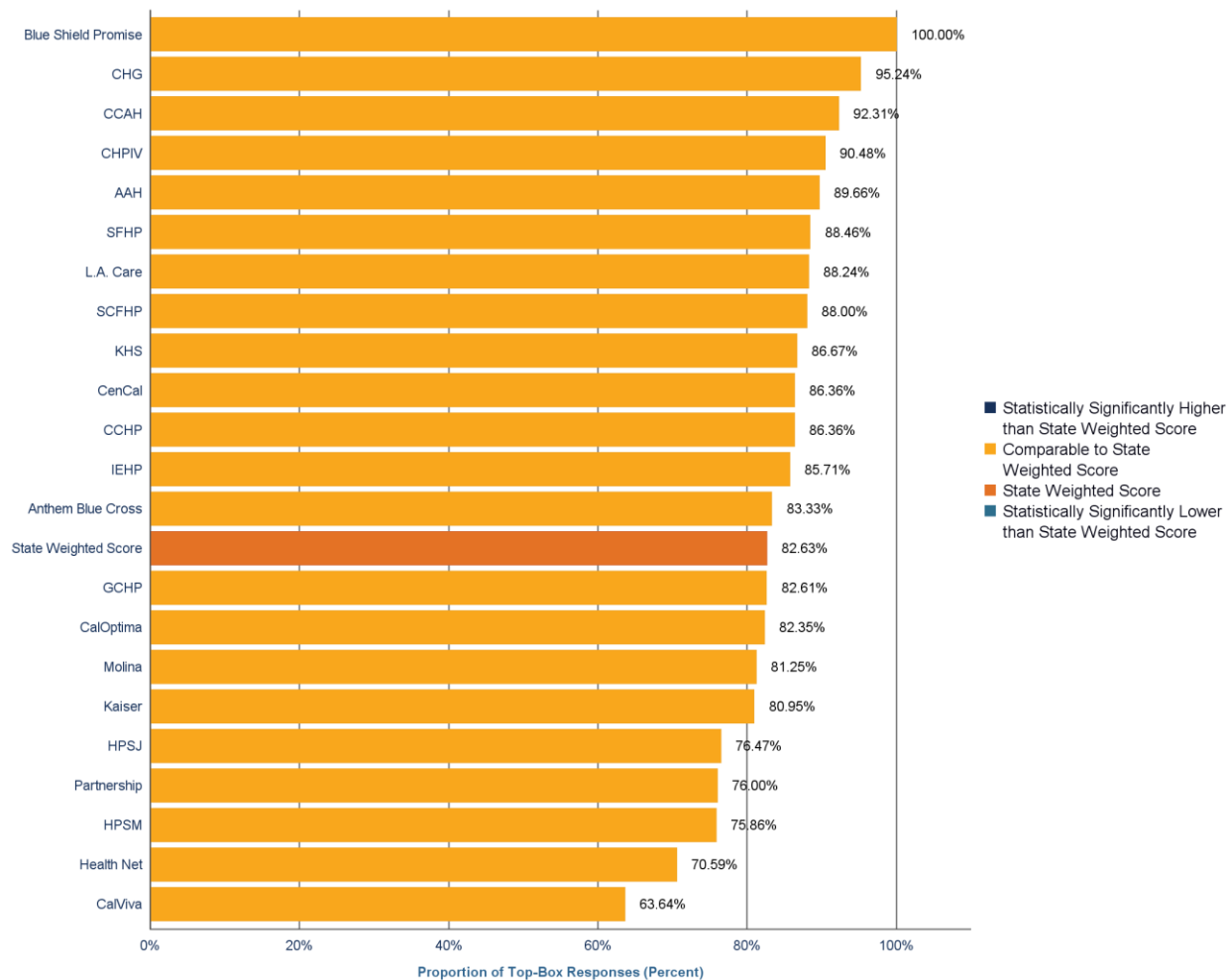
Figure 15—Adult Program Comparisons: *Clinicians Listen Carefully*



## Child Results

Figure 16 shows the child MCP and State weighted top-box scores, including the program comparisons, for *Clinicians Listen Carefully* composite measure item.

Figure 16—Child Program Comparisons: *Clinicians Listen Carefully*



## Summary of Results—*Clinicians Listen Carefully*

### Adult

- » No MCP scored statistically significantly higher or lower than the State weighted score.

### Child

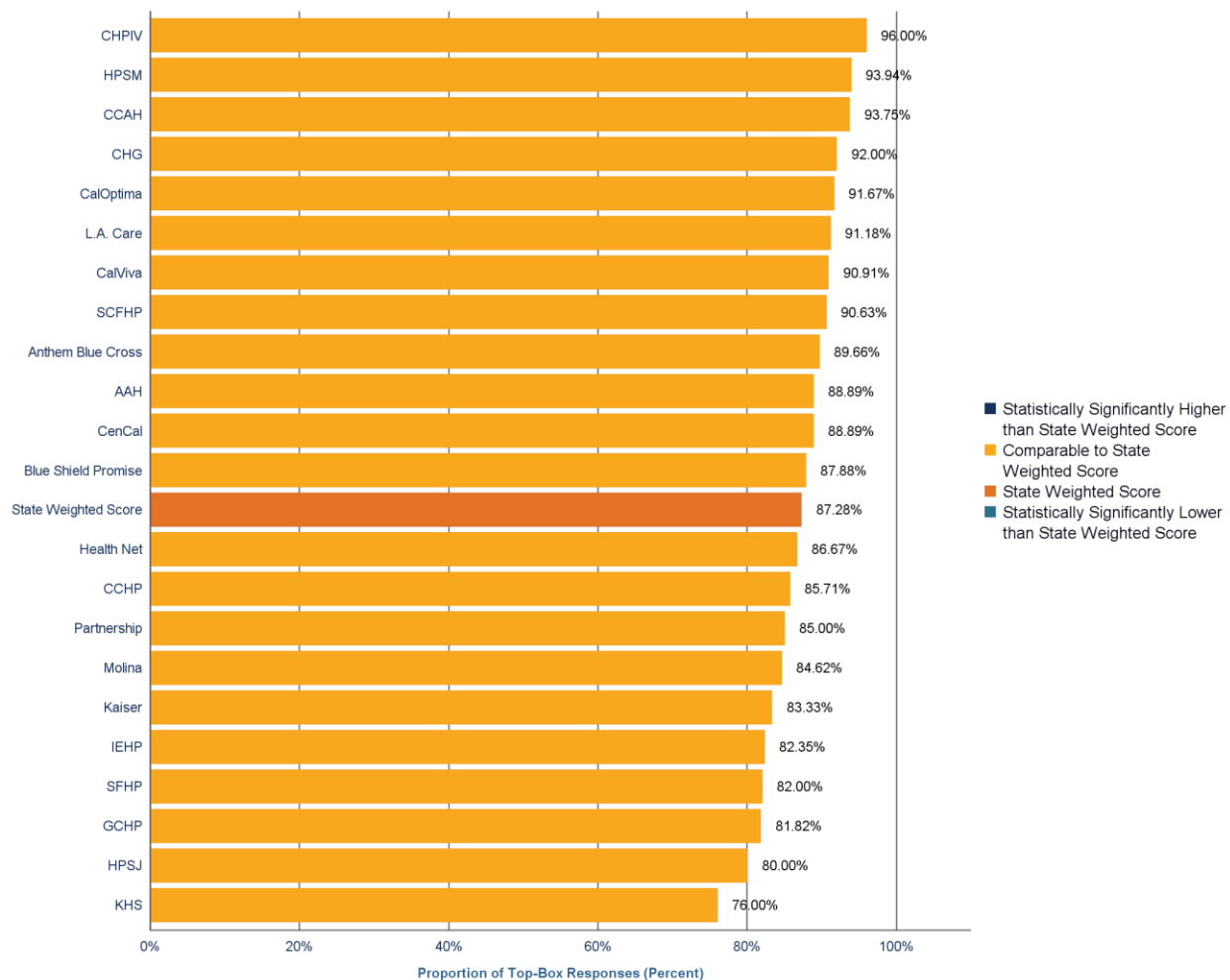
- » No MCP scored statistically significantly higher or lower than the State weighted score.

## Clinicians Explain Things

### Adult Results

Figure 17 shows the adult MCP and State weighted top-box scores, including the program comparisons, for *Clinicians Explain Things* composite measure item.

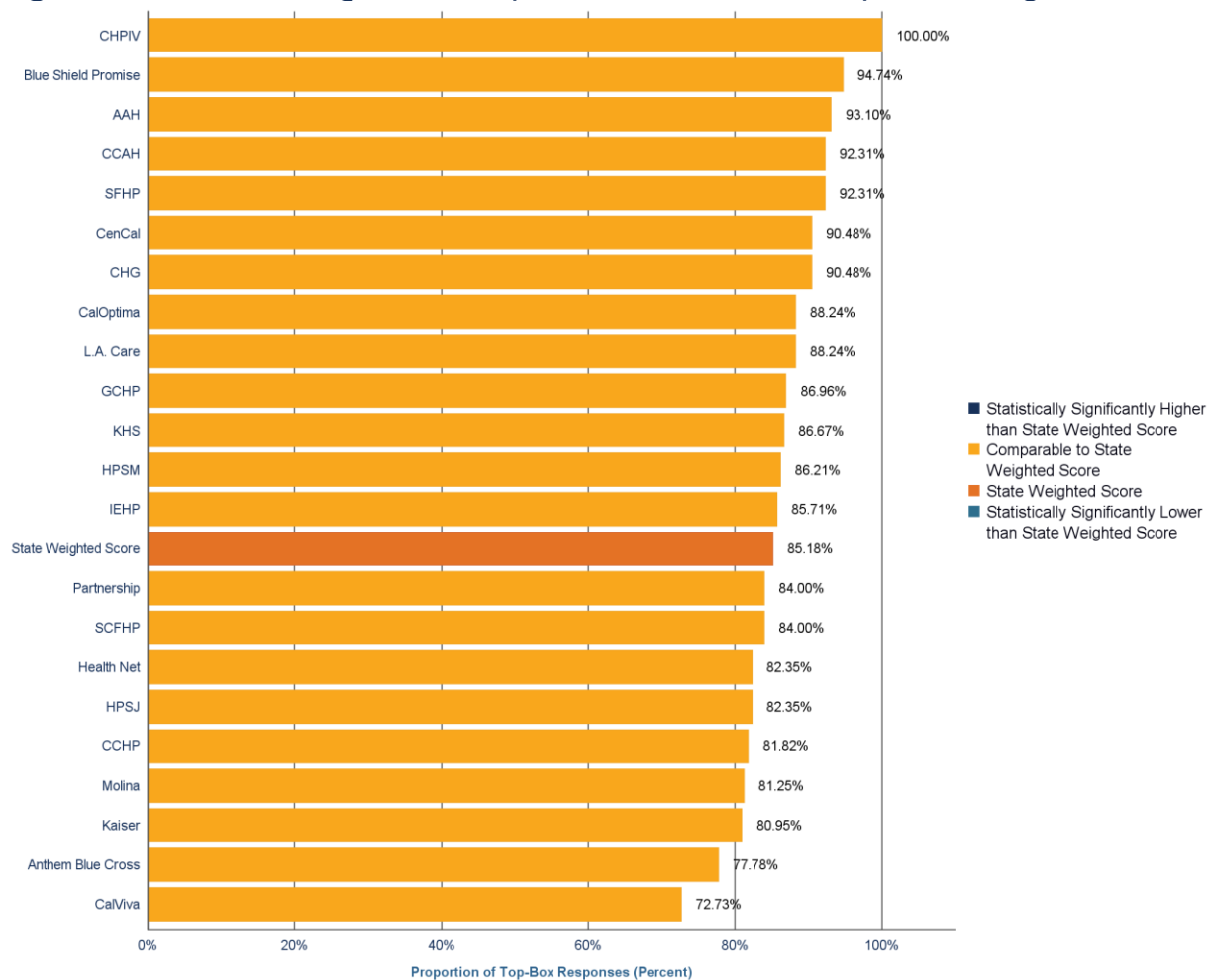
Figure 17—Adult Program Comparisons: *Clinicians Explain Things*



## Child Results

Figure 18 shows the child MCP and State weighted top-box scores, including the program comparisons, for *Clinicians Explain Things* composite measure item.

Figure 18—Child Program Comparisons: *Clinicians Explain Things*



## Summary of Results—*Clinicians Explain Things*

### Adult

- » No MCP scored statistically significantly higher or lower than the State weighted score.

### Child

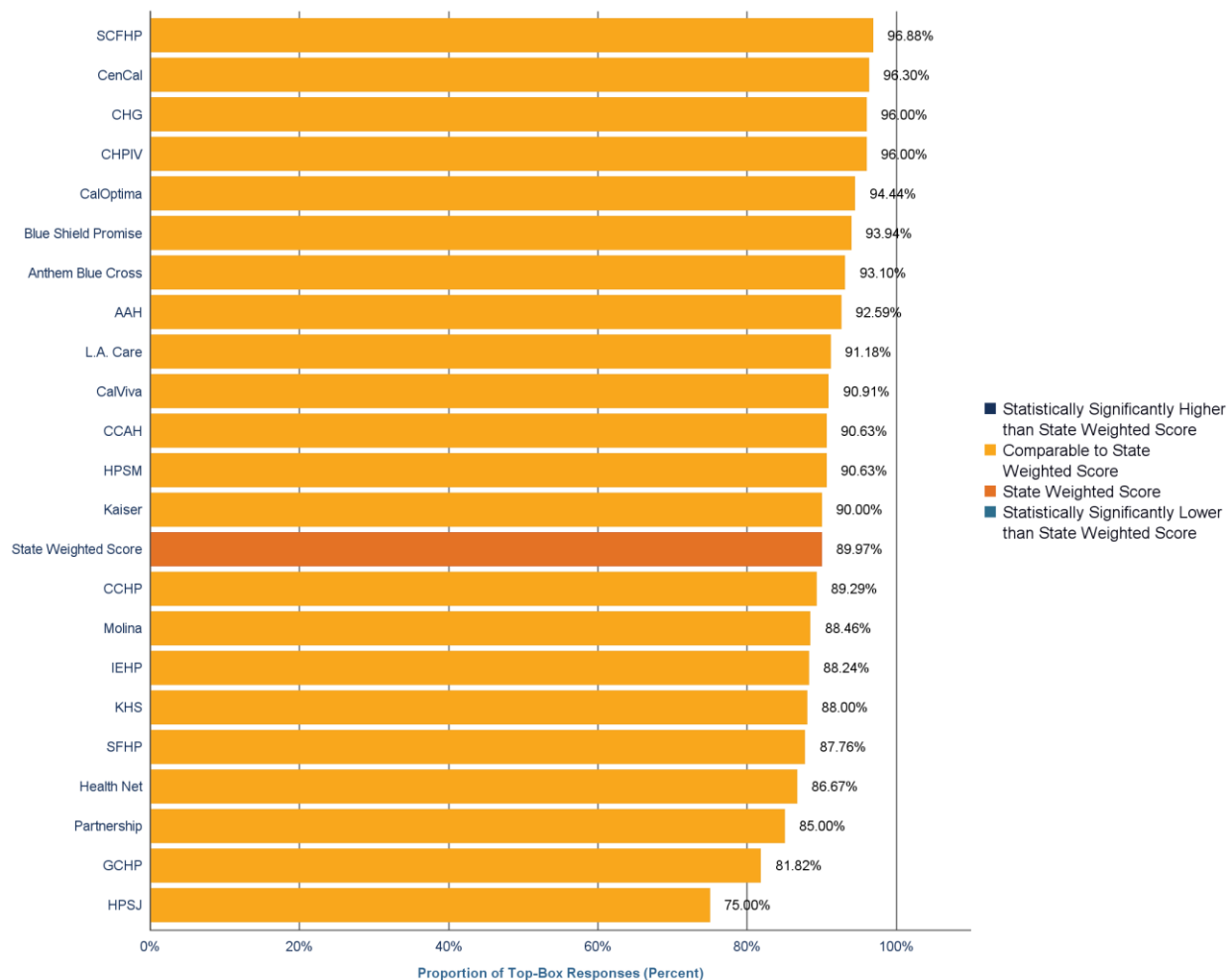
- » No MCP scored statistically significantly higher or lower than the State weighted score.

## Clinicians Show Respect

### Adult Results

Figure 19 shows the adult MCP and State weighted top-box scores, including the program comparisons, for *Clinicians Show Respect* composite measure item.

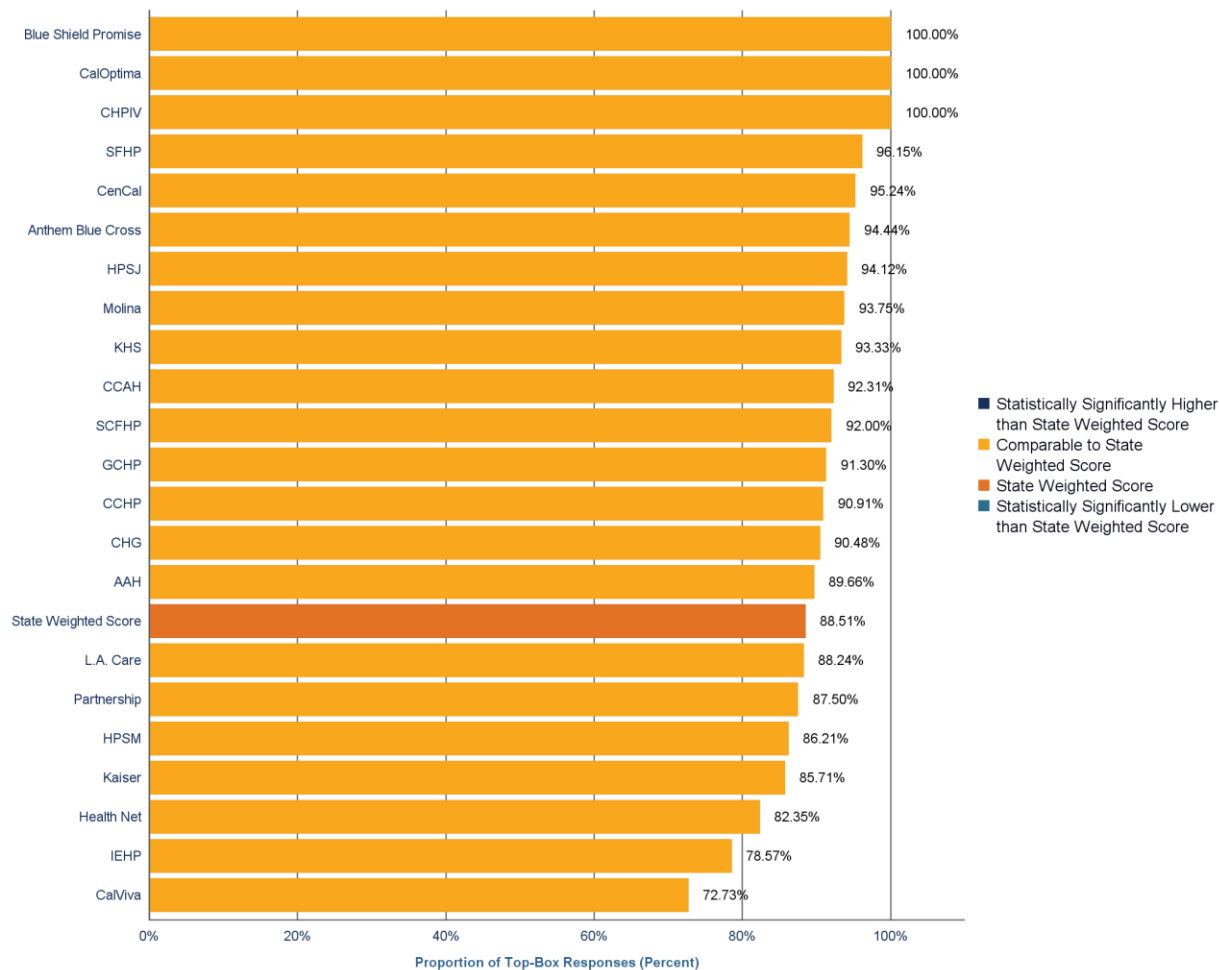
Figure 19—Adult Program Comparisons: *Clinicians Show Respect*



## Child Results

Figure 20 shows the child MCP and State weighted top-box scores, including the program comparisons, for *Clinicians Show Respect* composite measure item.

Figure 20—Child Program Comparisons: *Clinicians Show Respect*



## Summary of Results—*Clinicians Show Respect*

### Adult

- » No MCP scored statistically significantly higher or lower than the State weighted score.

### Child

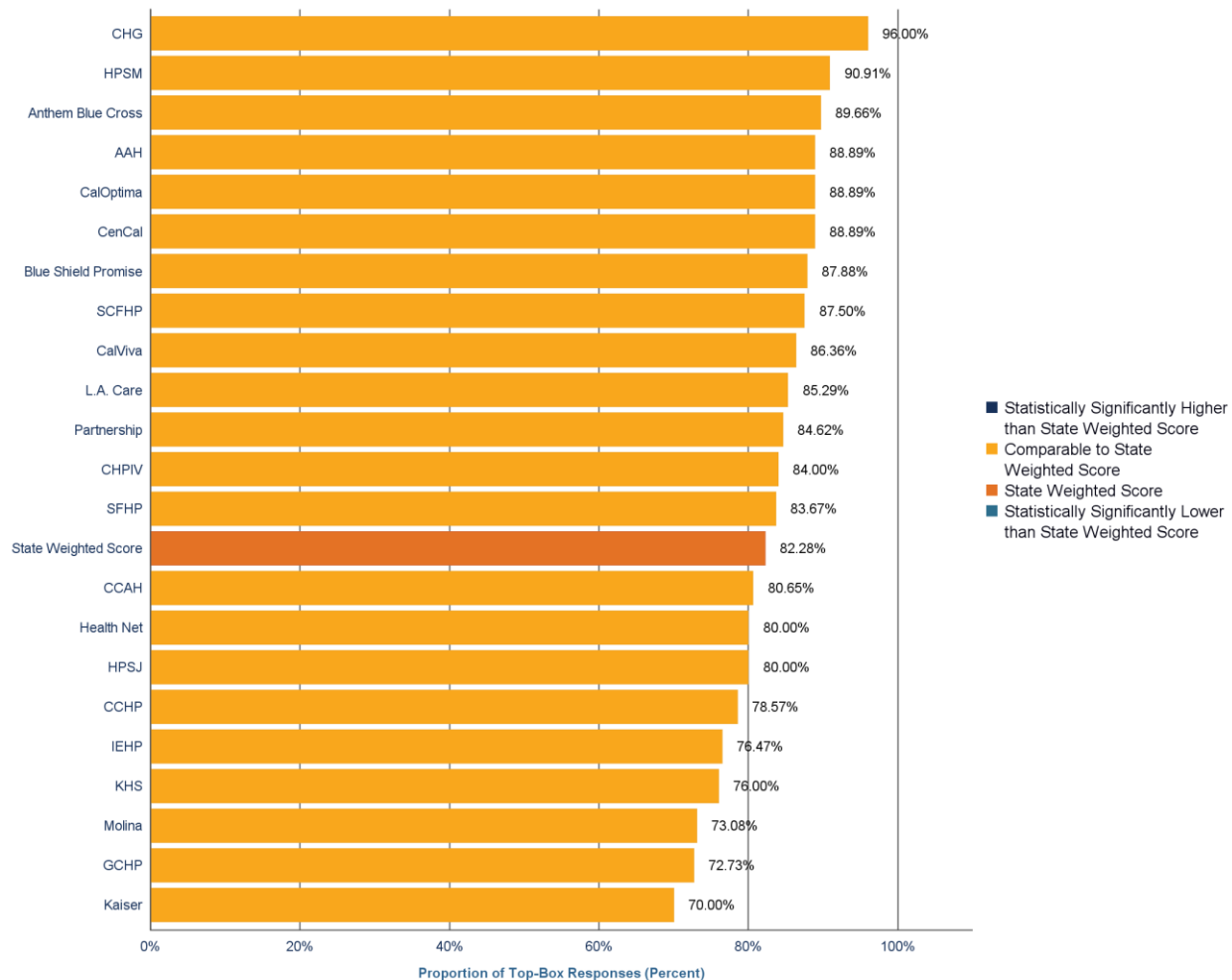
- » No MCP scored statistically significantly higher or lower than the State weighted score.

## Clinicians Spend Enough Time

### Adult Results

Figure 21 shows the adult MCP and State weighted top-box scores, including the program comparisons, for *Clinicians Spend Enough Time* composite measure item.

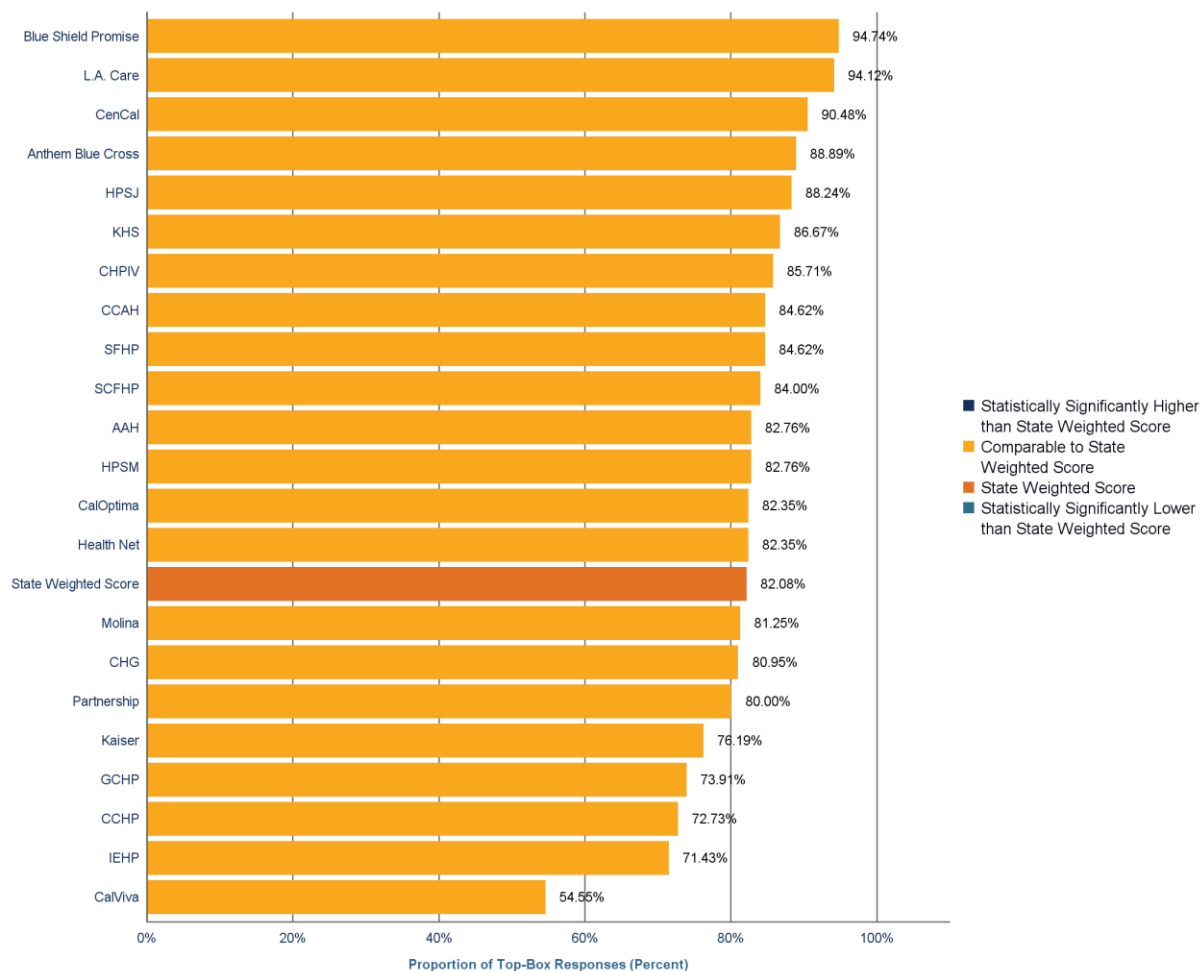
Figure 21—Adult Program Comparisons: *Clinicians Spend Enough Time*



## Child Results

Figure 22 shows the child MCP and State weighted top-box scores, including the program comparisons, for *Clinicians Spend Enough Time* composite measure item.

Figure 22—Child Program Comparisons: *Clinicians Spend Enough Time*



## Summary of Results—*Clinicians Spend Enough Time*

### Adult

- » No MCP scored statistically significantly higher or lower than the State weighted score.

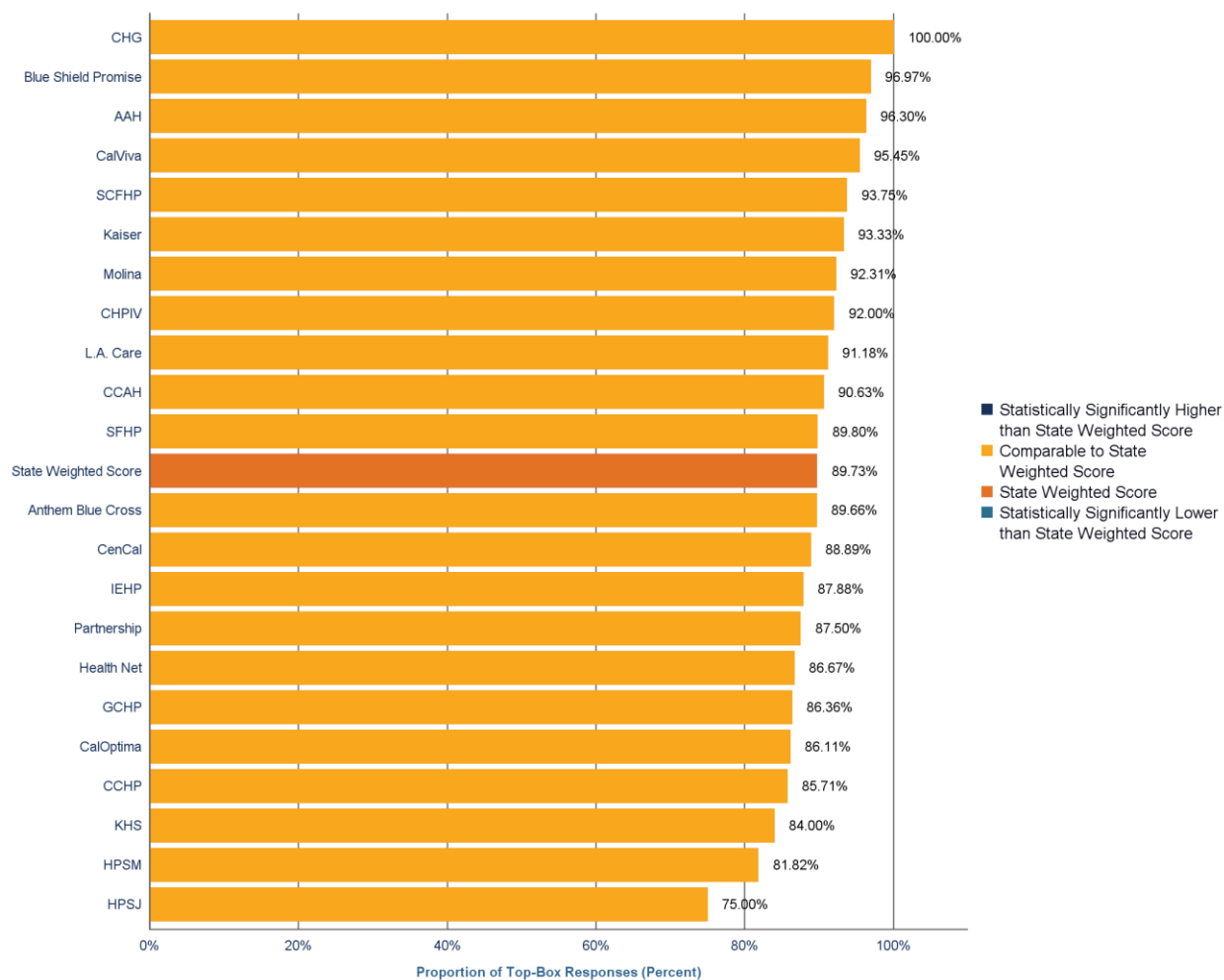
### Child

- » No MCP scored statistically significantly higher or lower than the State weighted score.

### Feel Safe With Clinicians (Adult Only)

Figure 23 shows the adult MCP and State weighted top-box scores, including the program comparisons, for *Feel Safe With Clinicians* composite measure item.

Figure 23—Adult Program Comparisons: *Feel Safe With Clinicians*



### Summary of Results—*Feel Safe With Clinicians*

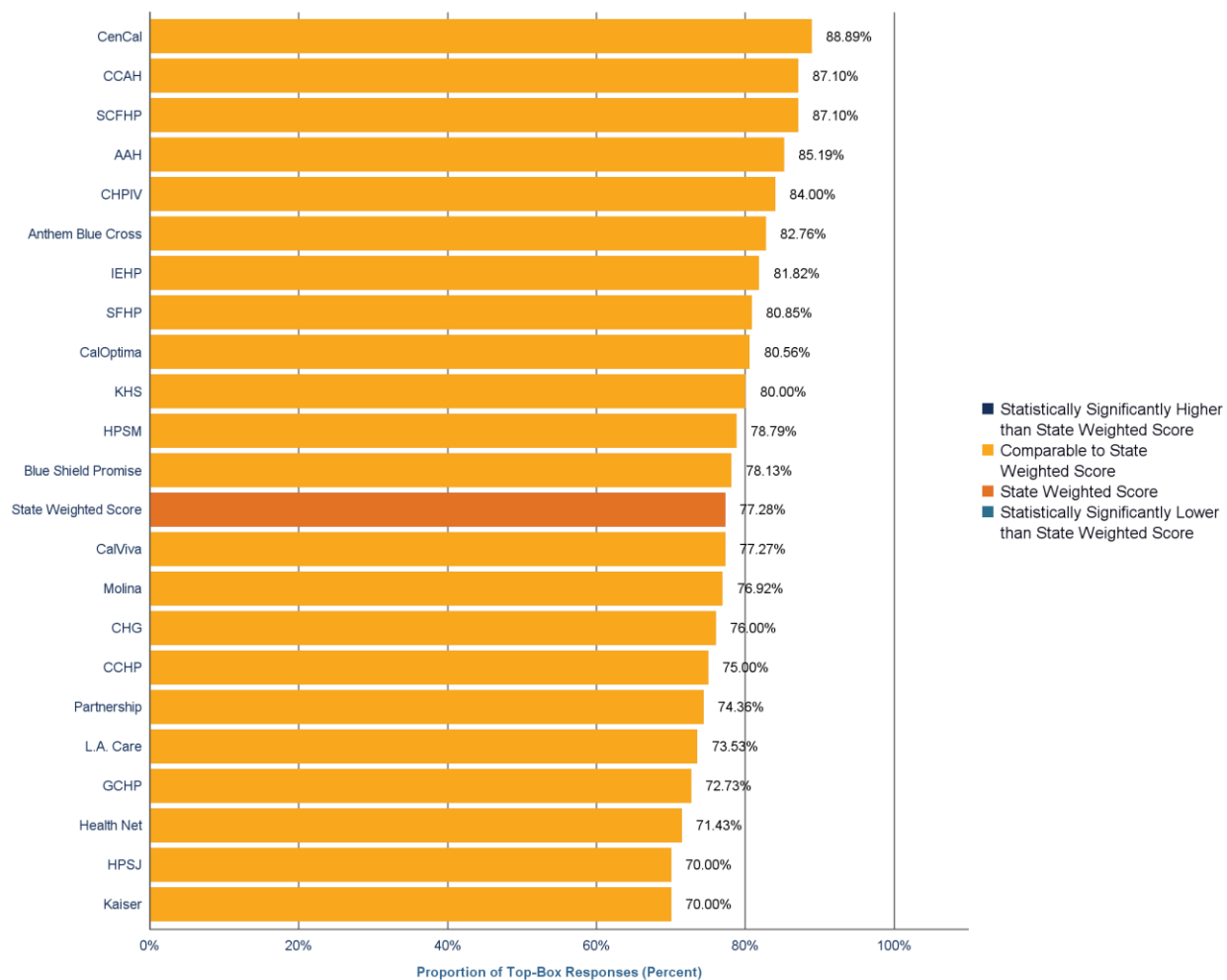
- » No MCP scored statistically significantly higher or lower than the State weighted score.

## Involved as Much as You Wanted in Treatment

### Adult Results

Figure 24 shows the adult MCP and State weighted top-box scores, including the program comparisons, for *Involved as Much as You Wanted in Treatment* composite measure item.

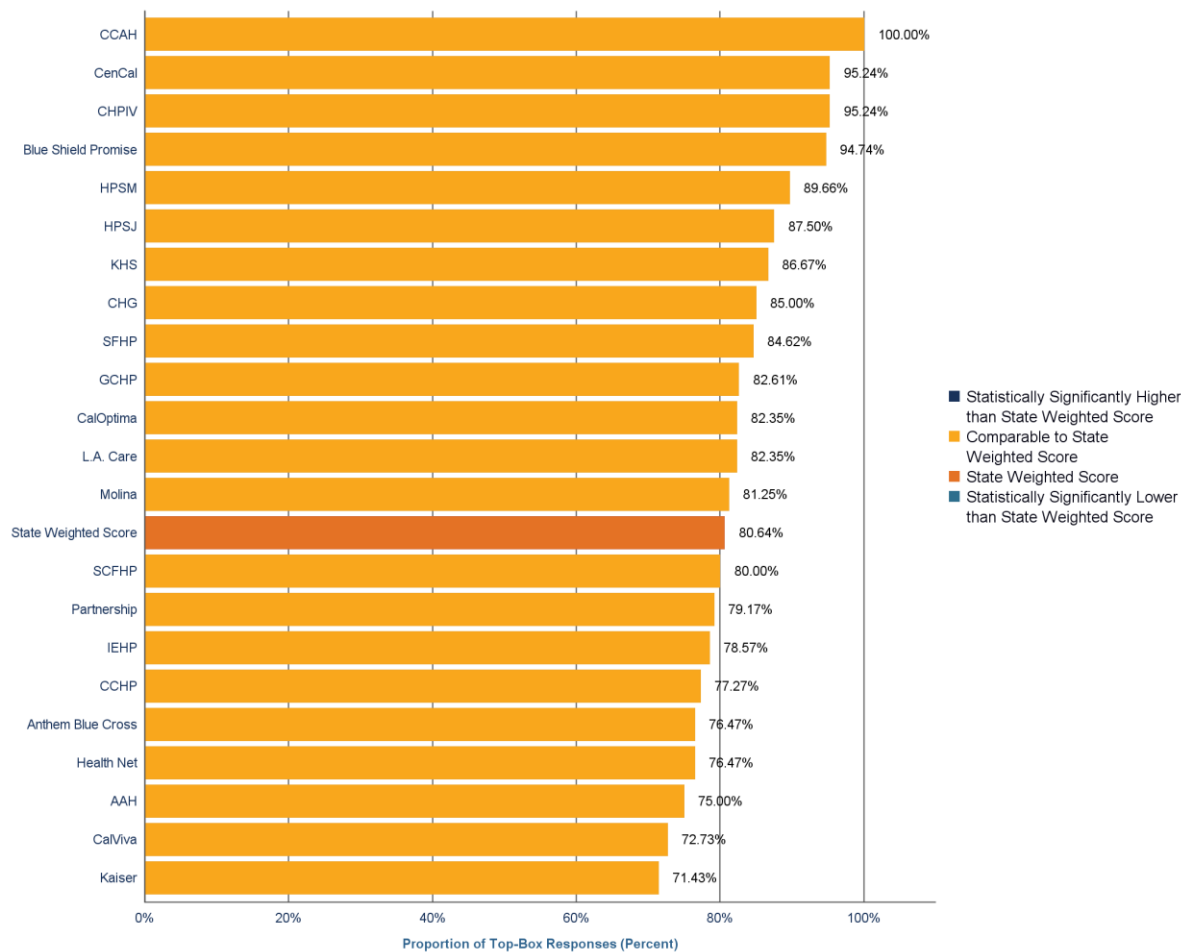
Figure 24—Adult Program Comparisons: *Involved as Much as You Wanted in Treatment*



### Child Results

Figure 25 shows the child MCP and State weighted top-box scores, including the program comparisons, for *Involved as Much as You Wanted in Treatment* composite measure item.

Figure 25—Child Program Comparisons: *Involved as Much as You Wanted in Treatment*



### Summary of Results—*Involved as Much as You Wanted in Treatment*

#### Adult

- » No MCP scored statistically significantly higher or lower than the State weighted score.

#### Child

- » No MCP scored statistically significantly higher or lower than the State weighted score.

## Getting Treatment and Information from Plan

### *Measure Definition*

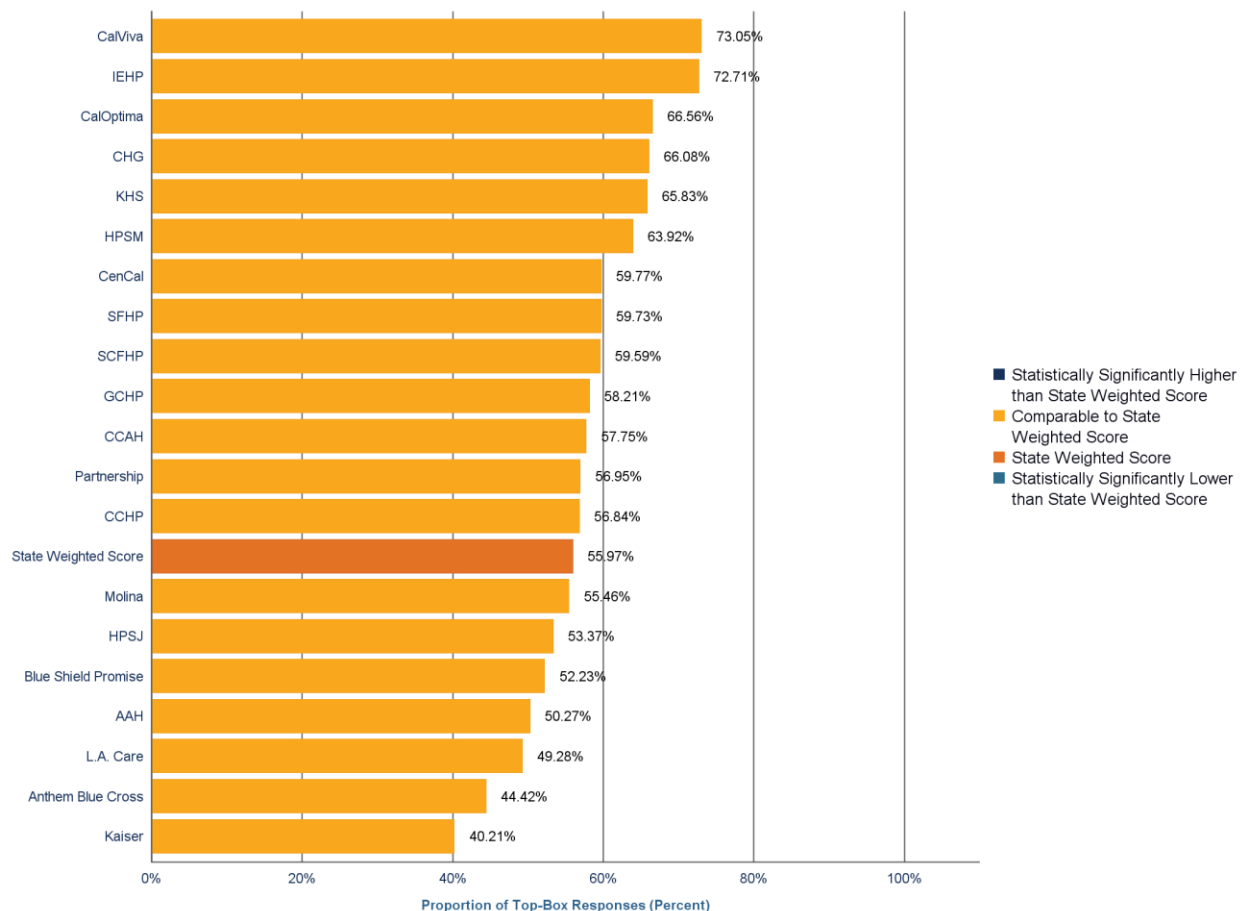
This measure assesses how often adult members and parents/caretakers of child members had problems getting the treatment and information they/their child needed from their/their child's health plan including:

- » Getting a clinician they were happy with
- » Not having a problem with getting counseling or treatment while waiting for approval from the health plan
- » Not having a problem getting necessary counseling or treatment
- » Not having a problem understanding information about counseling or treatment from the health plan in written materials or on the Internet
- » Not having a problem getting the help they needed when calling the health plan's customer service
- » Not having a problem filling out paperwork for the health plan

### Adult Results

Figure 26 shows the adult MCP and State weighted top-box scores, including the program comparisons, for the *Getting Treatment and Information from Plan* composite measure.

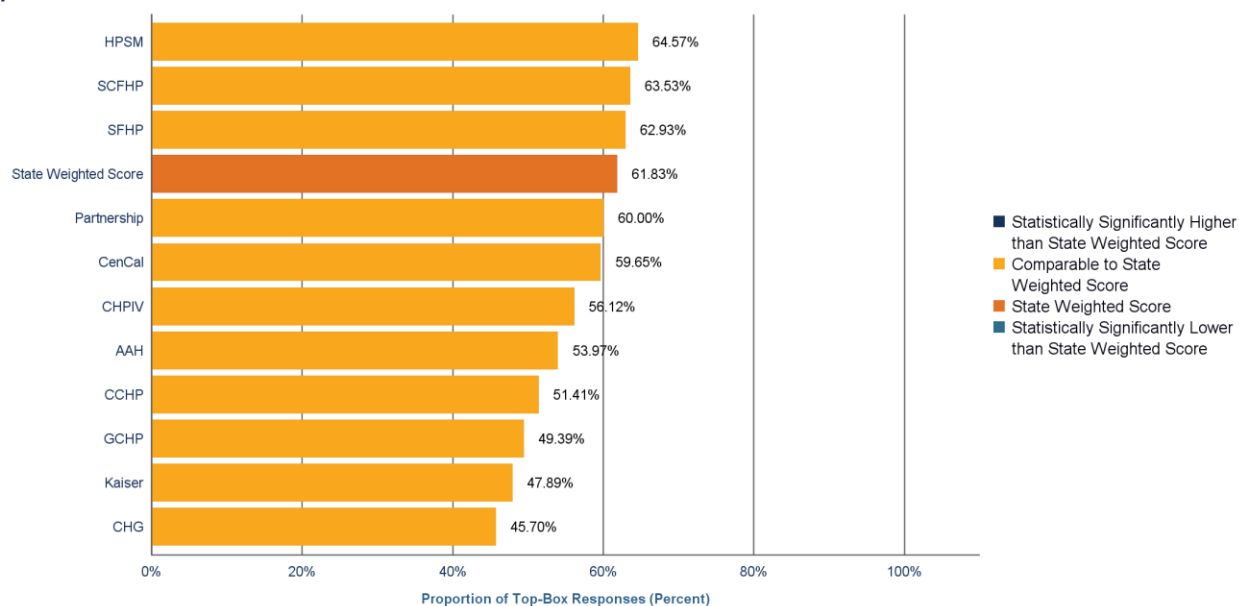
Figure 26—Adult Program Comparisons: *Getting Treatment and Information from Plan*



### Child Results

Figure 27 shows the child MCP and State weighted top-box scores, including the program comparisons, for the *Getting Treatment and Information from Plan* composite measure.

Figure 27—Child Program Comparisons: *Getting Treatment and Information from Plan*



Scores for the following MCPs are not displayed in Figure 27 since the MCPs had fewer than 11 respondents for this measure:

- » Anthem Blue Cross
- » Blue Shield Promise
- » CalOptima
- » CalViva
- » CCAH
- » Health Net
- » HPSJ
- » IEHP
- » KHS
- » L.A. Care
- » Molina

### Summary of Results—*Getting Treatment and Information from Plan*

#### Adult

- » No MCP scored statistically significantly higher or lower than the State weighted score.

**Child**

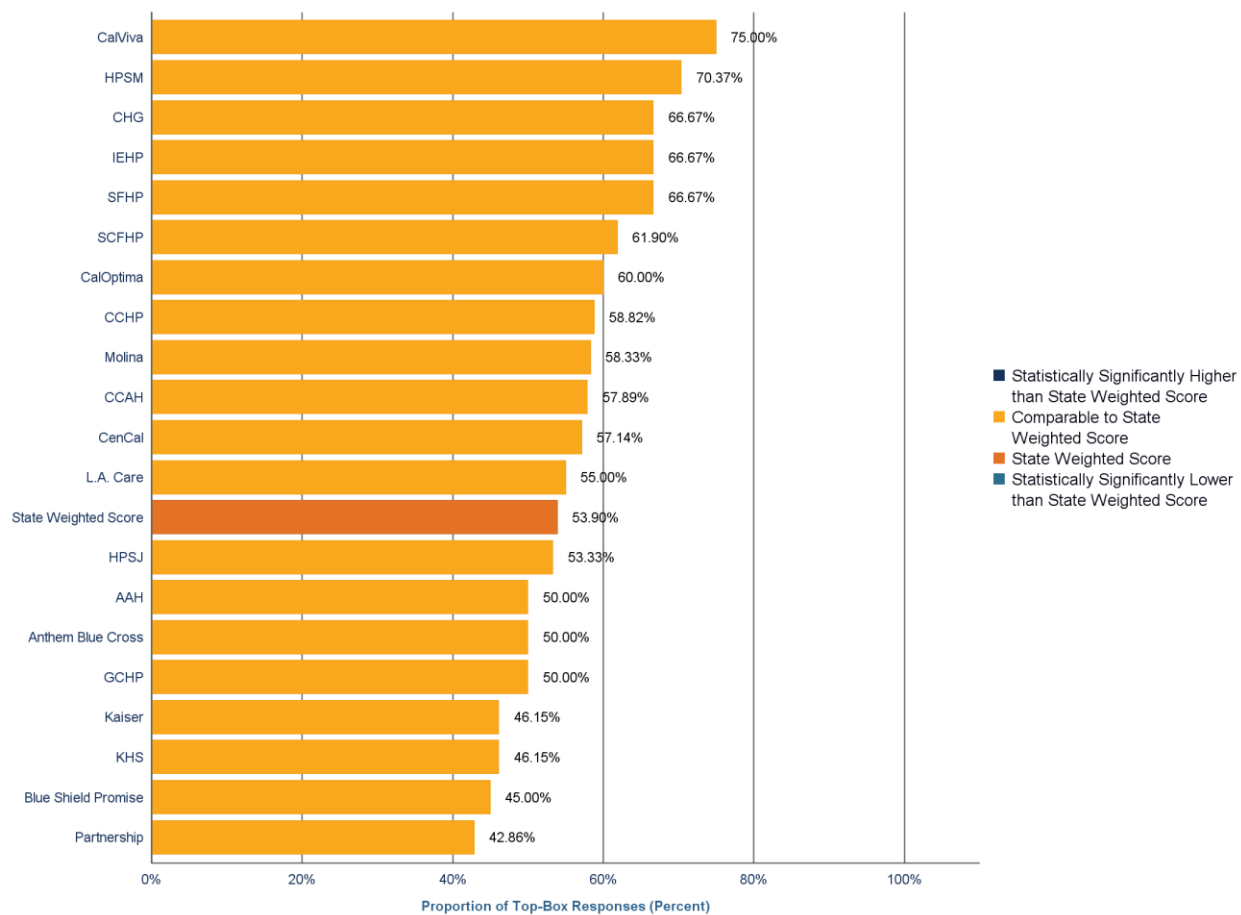
- » No MCP scored statistically significantly higher or lower than the State weighted score.

**Getting Clinician Happy With**

**Adult Results**

Figure 28 shows the adult MCP and State weighted top-box scores, including the program comparisons, for *Getting Clinician Happy With* composite measure item.

Figure 28—Adult Program Comparisons: *Getting Clinician Happy With*

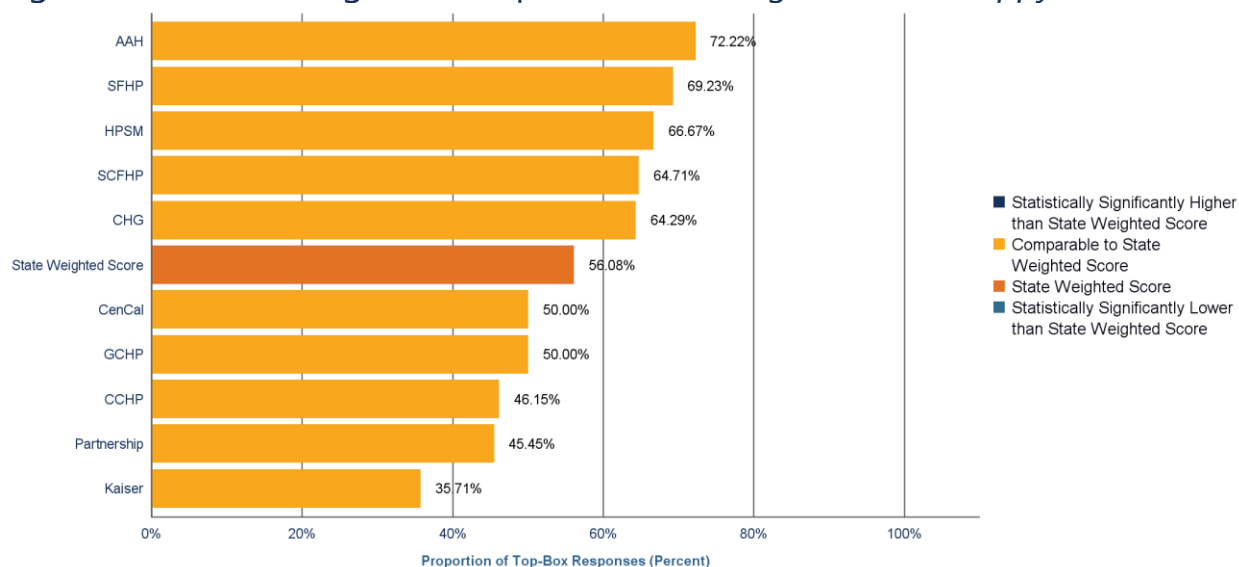


The scores for CHPIV and Health Net are not displayed in Figure 28 since the MCPs had fewer than 11 respondents for this measure.

## Child Results

Figure 29 shows the child MCP and State weighted top-box scores, including the program comparisons, for *Getting Clinician Happy With* composite measure item.

Figure 29—Child Program Comparisons: *Getting Clinician Happy With*



Scores for the following MCPs are not displayed in Figure 29 since the MCPs had fewer than 11 respondents for this measure:

- » Anthem Blue Cross
- » Blue Shield Promise
- » CalOptima
- » CalViva
- » CCAH
- » CHPIV
- » Health Net
- » HPSJ
- » IEHP
- » KHS
- » L.A. Care
- » Molina

## Summary of Results—*Getting Clinician Happy With*

### Adult

- » No MCP scored statistically significantly higher or lower than the State weighted score.

### Child

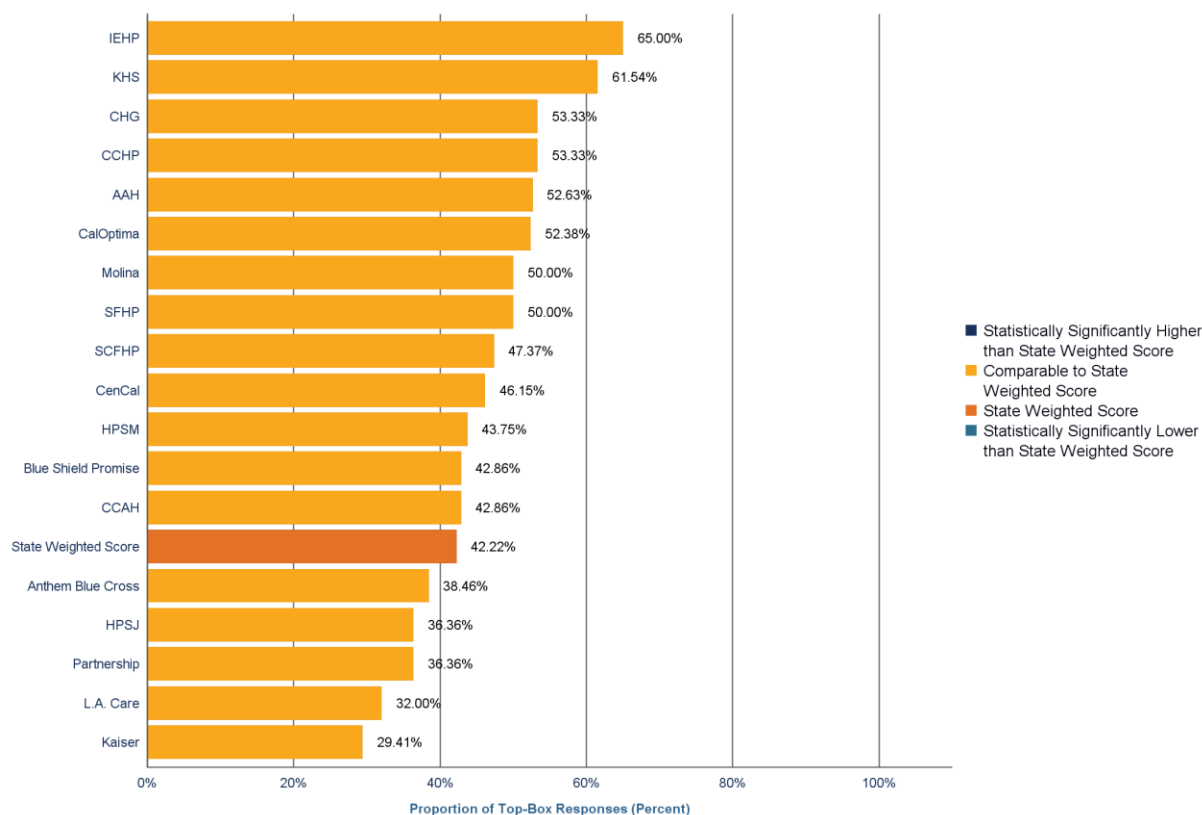
- » No MCP scored statistically significantly higher or lower than the State weighted score.

## Delays in Treatment While Wait for Plan Approval

### Adult Results

Figure 30 shows the adult MCP and State weighted top-box scores, including the program comparisons, for *Delays in Treatment While Wait for Plan Approval* composite measure item.

Figure 30—Adult Program Comparisons: *Delays in Treatment While Wait for Plan Approval*



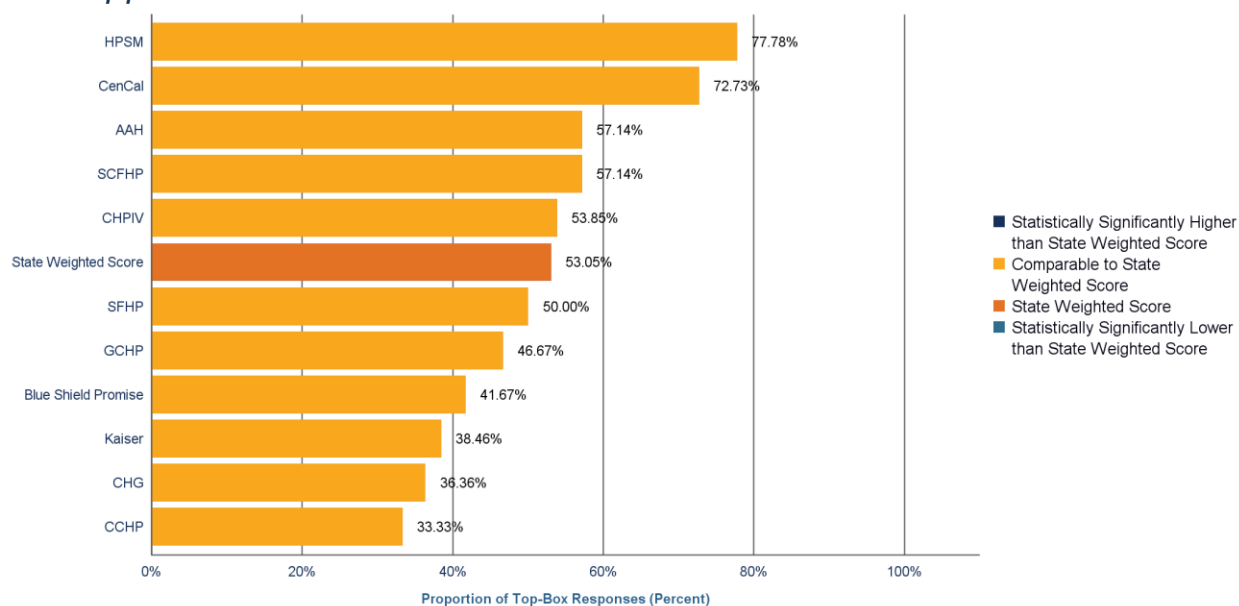
Scores for the following MCPs are not displayed in Figure 30 since the MCPs had fewer than 11 respondents for this measure:

- » CalViva
- » CHPIV
- » GCHP
- » Health Net

### Child Results

Figure 31 shows the child MCP and State weighted top-box scores, including the program comparisons, for *Delays in Treatment While Wait for Plan Approval* composite measure item.

Figure 31—Child Program Comparisons: *Delays in Treatment While Wait for Plan Approval*



Scores for the following MCPs are not displayed in Figure 31 since the MCPs had fewer than 11 respondents for this measure:

- » Anthem Blue Cross
- » CalOptima
- » CalViva
- » CCAH
- » Health Net
- » HPSJ
- » IEHP
- » KHS
- » L.A. Care
- » Molina
- » Partnership

### Summary of Results—*Delays in Treatment While Wait for Plan Approval*

#### Adult

- » No MCP scored statistically significantly higher or lower than the State weighted score.

#### Child

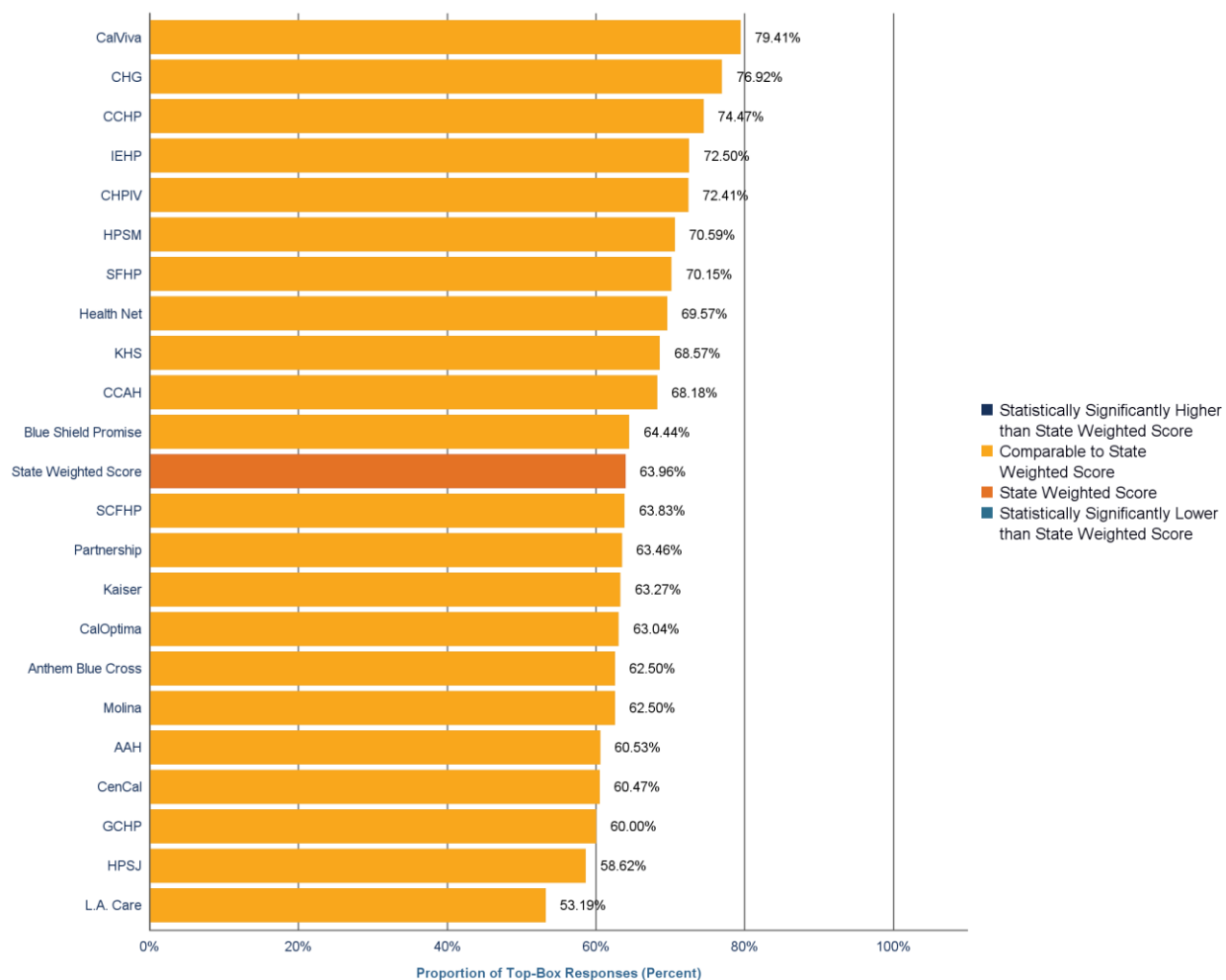
- » No MCP scored statistically significantly higher or lower than the State weighted score.

## Problem Getting Necessary Treatment

### Adult Results

Figure 32 shows the adult MCP and State weighted top-box scores, including the program comparisons, for *Problem Getting Necessary Treatment* composite measure item.

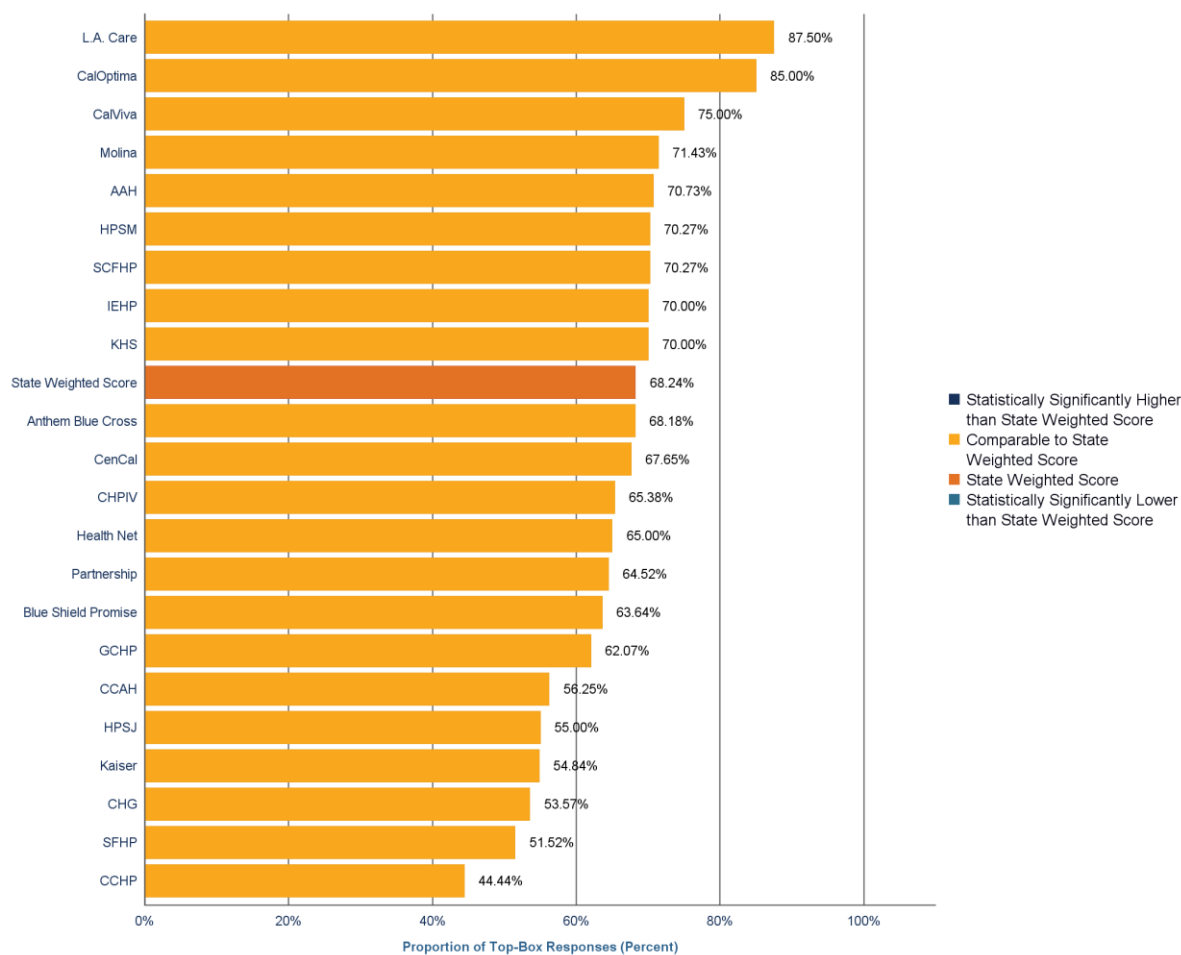
Figure 32—Adult Program Comparisons: *Problem Getting Necessary Treatment*



### Child Results

Figure 33 shows the child MCP and State weighted top-box scores, including the program comparisons, for *Problem Getting Necessary Treatment* composite measure item.

Figure 33—Child Program Comparisons: *Problem Getting Necessary Treatment*



### Summary of Results—*Problem Getting Necessary Treatment*

#### Adult

- » No MCP scored statistically significantly higher or lower than the State weighted score.

#### Child

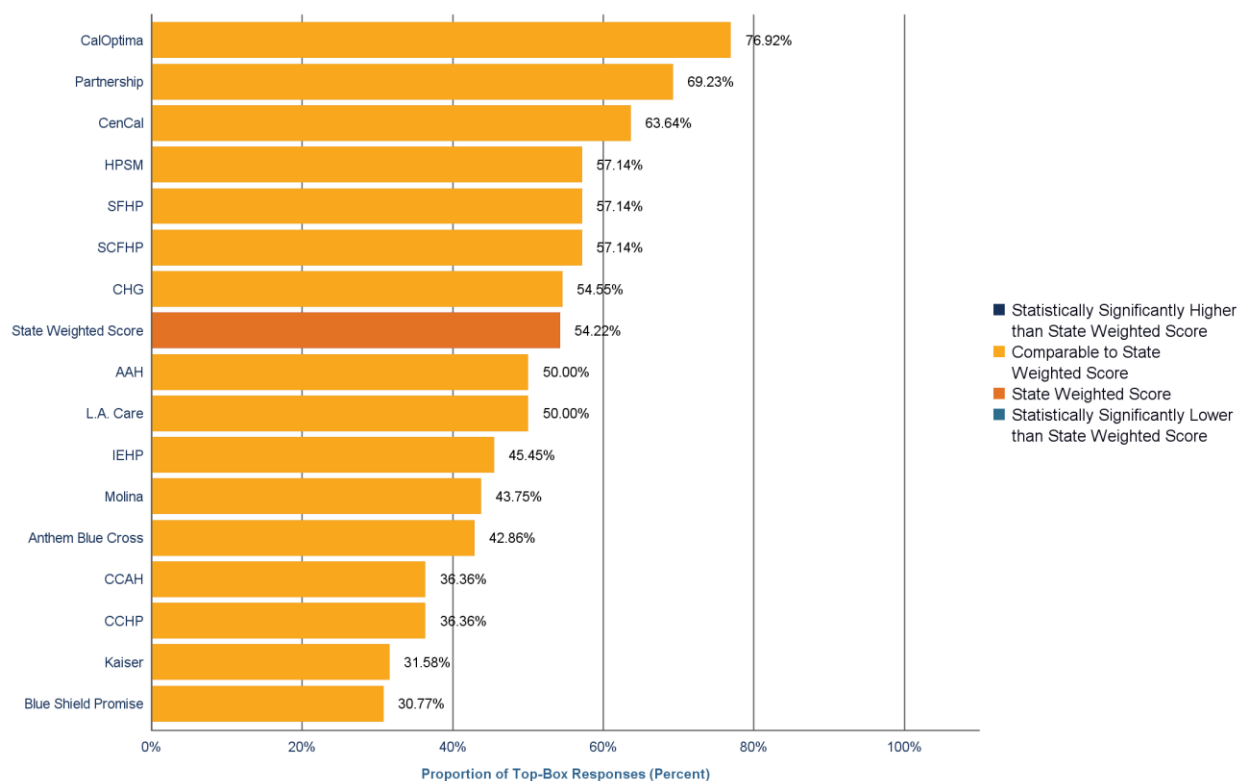
- » No MCP scored statistically significantly higher or lower than the State weighted score.

## Understanding Information About Treatment in Materials/Internet

### Adult Results

Figure 34 shows the adult MCP and State weighted top-box scores, including the program comparisons, for *Understanding Information About Treatment in Materials/Internet* composite measure item.

Figure 34—Adult Program Comparisons: *Understanding Information About Treatment in Materials/Internet*



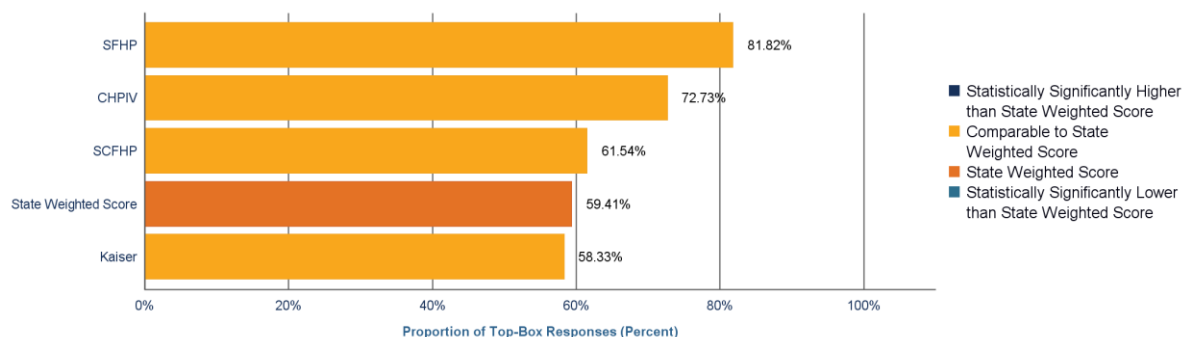
Scores for the following MCPs are not displayed in Figure 34 since the MCPs had fewer than 11 respondents for this measure:

- » CalViva
- » CHPIV
- » GCHP
- » Health Net
- » HPSJ
- » KHS

## Child Results

Figure 35 shows the child MCP and State weighted top-box scores, including the program comparisons, for *Understanding Information About Treatment in Materials/Internet* composite measure item.

Figure 35—Child Program Comparisons: *Understanding Information About Treatment in Materials/Internet*



Scores for the following MCPs are not displayed in Figure 35 since the MCPs had fewer than 11 respondents for this measure:

- » AAH
- » Anthem Blue Cross
- » Blue Shield Promise
- » CalOptima
- » CalViva
- » CenCal
- » CCAH
- » CHG
- » CCHP
- » GCHP
- » Health Net
- » HPSJ
- » HPSM
- » IEHP
- » KHS
- » L.A. Care
- » Molina
- » Partnership

## Summary of Results—*Understanding Information About Treatment in Materials/Internet*

### Adult

- » No MCP scored statistically significantly higher or lower than the State weighted score.

### Child

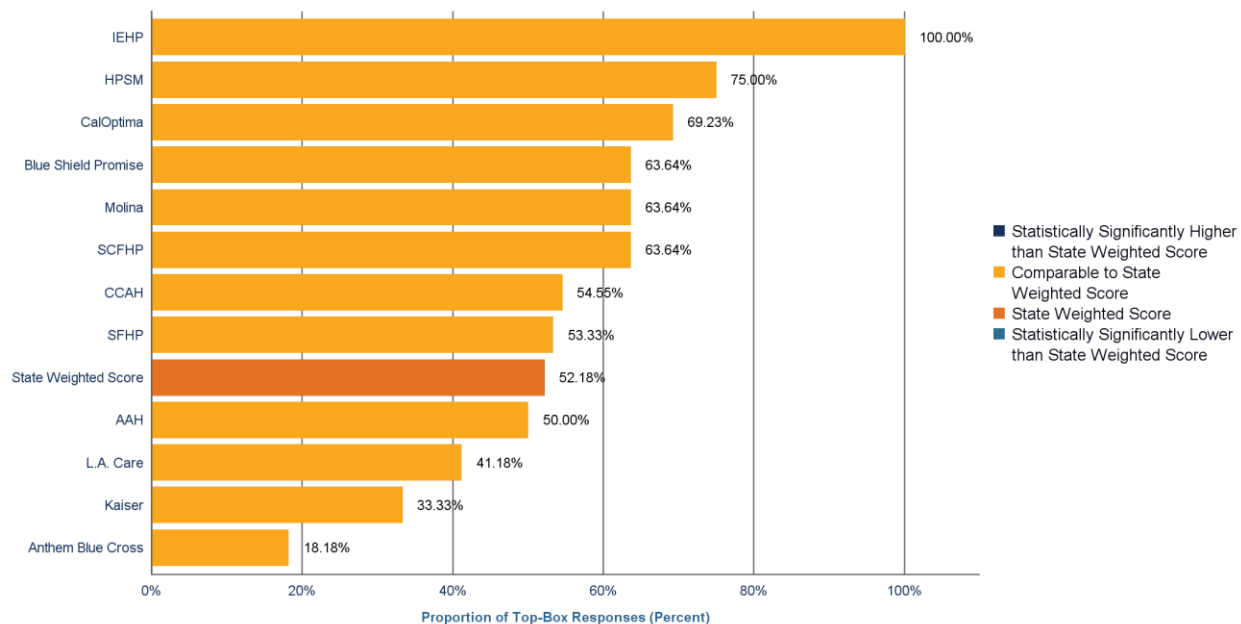
- » No MCP scored statistically significantly higher or lower than the State weighted score.

## Helpfulness of Customer Service

### Adult Results

Figure 36 shows the adult MCP and State weighted top-box scores, including the program comparisons, for *Helpfulness of Customer Service* composite measure item.

Figure 36—Adult Program Comparisons: *Helpfulness of Customer Service*



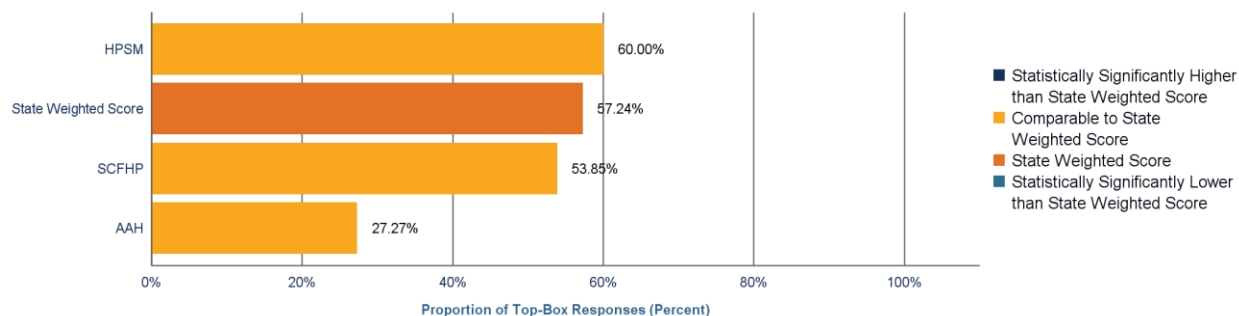
Scores for the following MCPs are not displayed in Figure 36 since the MCPs had fewer than 11 respondents for this measure:

- » CalViva
- » CenCal
- » CHG
- » CHPIV
- » CCHP
- » GCHP
- » Health Net
- » HPSJ
- » KHS
- » Partnership

## Child Results

Figure 37 shows the child MCP and State weighted top-box scores, including the program comparisons, for *Helpfulness of Customer Service* composite measure item.

Figure 37—Child Program Comparisons: *Helpfulness of Customer Service*



Scores for the following MCPs are not displayed in Figure 37 since the MCPs had fewer than 11 respondents for this measure:

- » Anthem Blue Cross
- » Blue Shield Promise
- » CalOptima
- » CalViva
- » CenCal
- » CCAH
- » CHG
- » CHPIV
- » CCHP
- » GCHP
- » Health Net
- » HPSJ
- » IEHP
- » Kaiser
- » KHS
- » L.A. Care
- » Molina
- » Partnership
- » SFHP

## Summary of Results—*Helpfulness of Customer Service*

### Adult

- » No MCP scored statistically significantly higher or lower than the State weighted score.

### Child

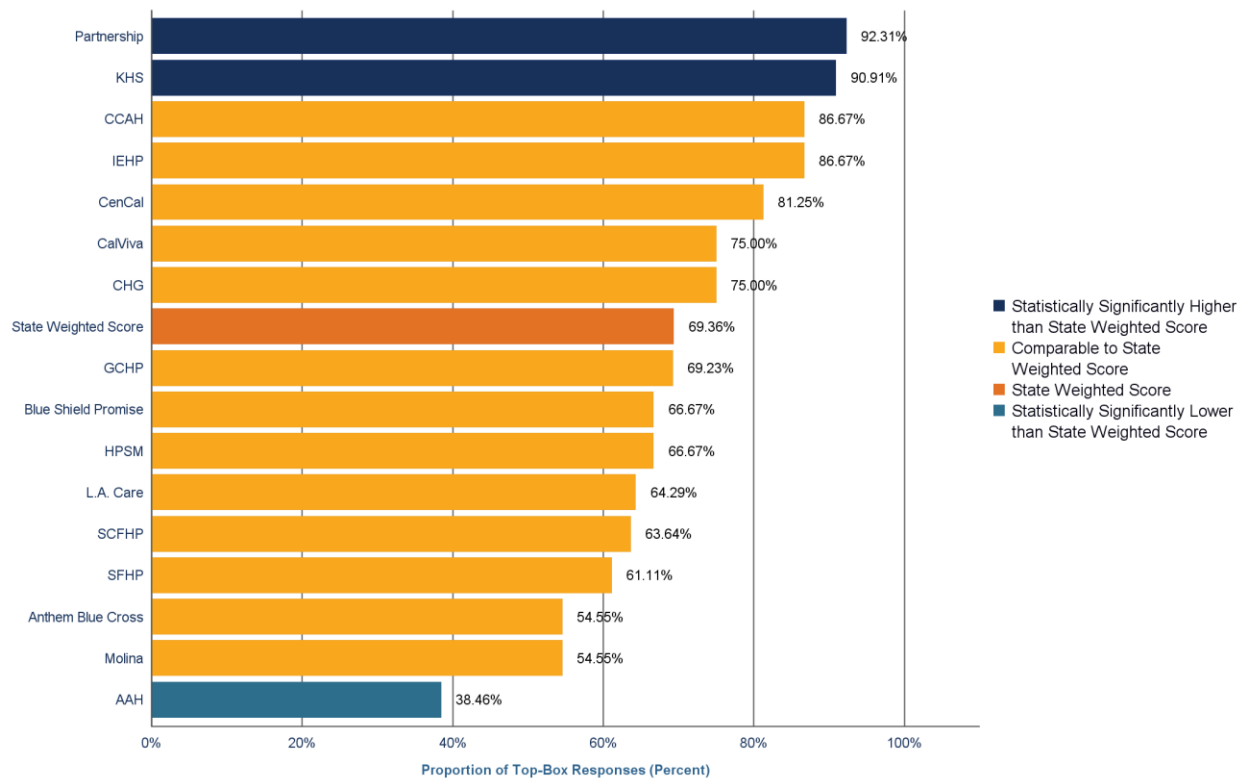
- » No MCP scored statistically significantly higher or lower than the State weighted score.

## Filling out Paperwork

### Adult Results

Figure 38 shows the adult MCP and State weighted top-box scores, including the program comparisons, for *Filling out Paperwork* composite measure item.

Figure 38—Adult Program Comparisons: *Filling out Paperwork*



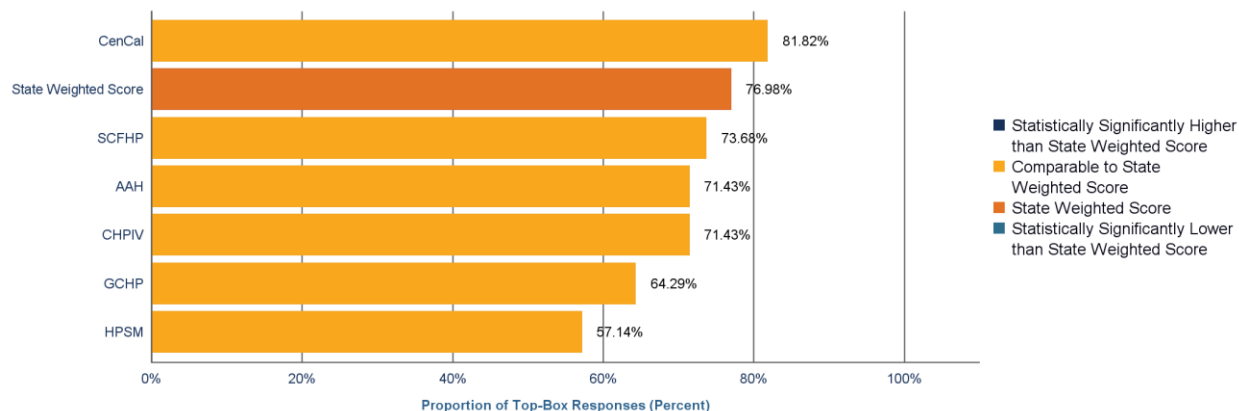
Scores for the following MCPs are not displayed in Figure 38 since the MCPs had fewer than 11 respondents for this measure:

- » CalOptima
- » Health Net
- » CHPIV
- » HPSJ
- » CCHP
- » Kaiser

## Child Results

Figure 39 shows the child MCP and State weighted top-box scores, including the program comparisons, for *Filling out Paperwork* composite measure item.

Figure 39—Child Program Comparisons: *Filling out Paperwork*



Scores for the following MCPs are not displayed in Figure 39 since the MCPs had fewer than 11 respondents for this measure:

- » Anthem Blue Cross
- » Blue Shield Promise
- » CalOptima
- » CalViva
- » CCAH
- » CHG
- » CCHP
- » Health Net
- » HPSJ
- » IEHP
- » Kaiser
- » KHS
- » L.A. Care
- » Molina
- » Partnership
- » SFHP

## Summary of Results—*Filling out Paperwork*

### Adult

- » KHS and Partnership scored statistically significantly higher than the State weighted score.
- » AAH scored statistically significantly lower than the State weighted score.

### Child

- » No MCP scored statistically significantly higher or lower than the State weighted score.

## Perceived Improvement

### *Measure Definition*

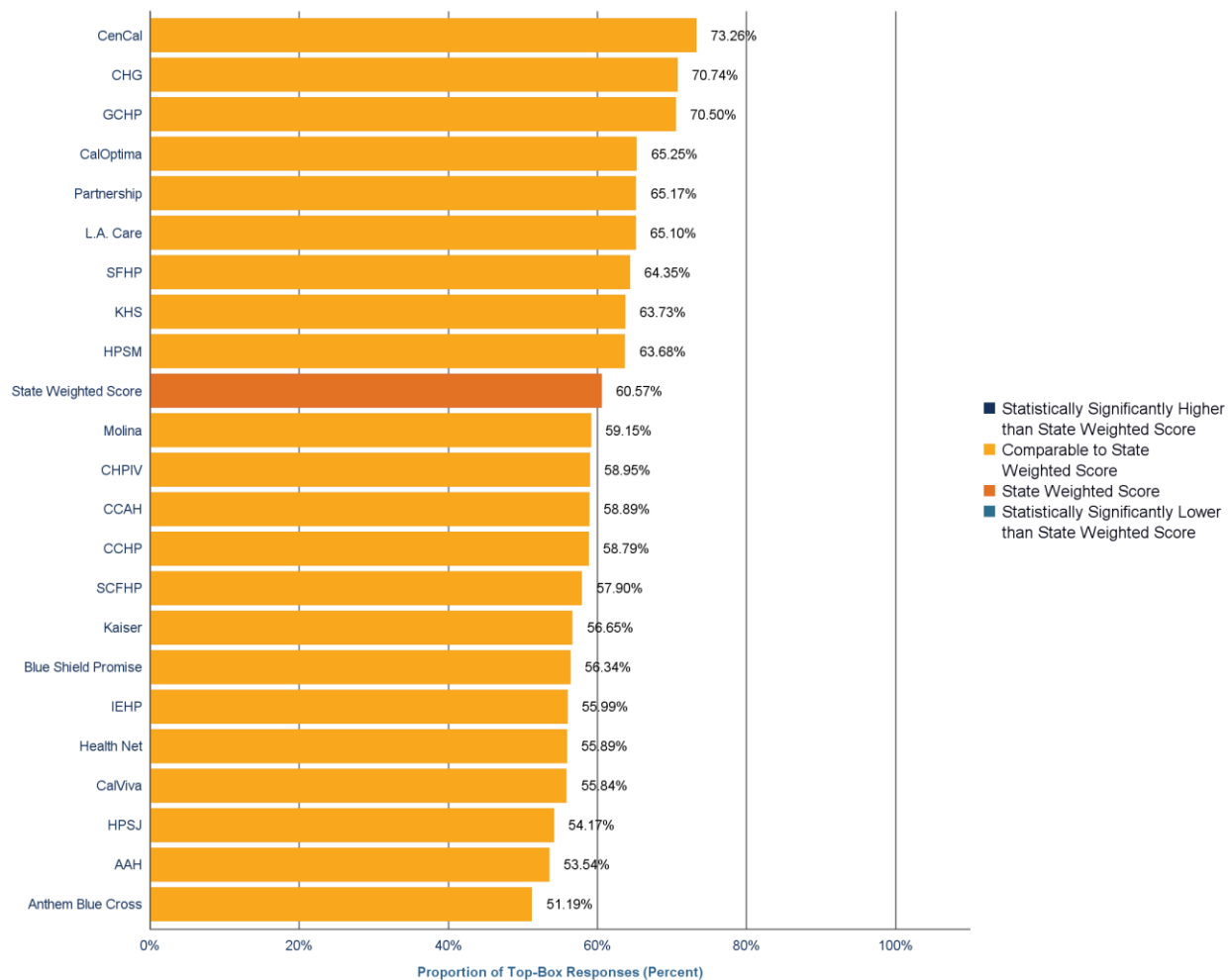
This measure assesses the degree to which adult members and parents/caretakers of child members perceived improvements in their/their child's mental health including:

- » Their/their child's ability to deal with daily problems
- » Their/their child's ability to deal with social situations
- » Their/their child's ability to accomplish the things they/their child want(s) to do now
- » Their/their child's improvement in symptoms or problems

### Adult Results

Figure 40 shows the adult MCP and State weighted top-box scores, including the program comparisons, for the *Perceived Improvement* composite measure.

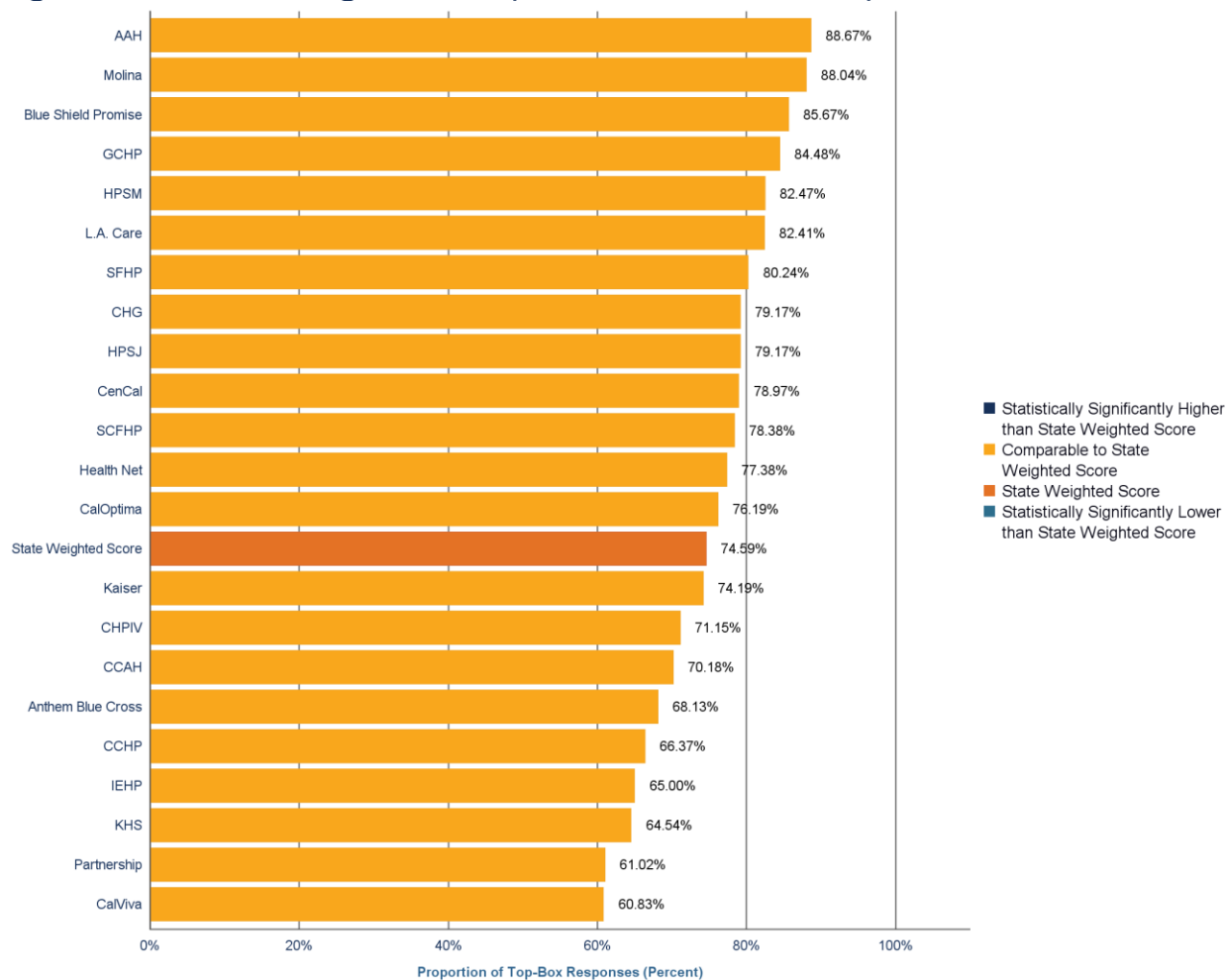
Figure 40—Adult Program Comparisons: *Perceived Improvement*



### Child Results

Figure 41 shows the child MCP and State weighted top-box scores, including the program comparisons, for the *Perceived Improvement* composite measure.

Figure 41—Child Program Comparisons: *Perceived Improvement*



### Summary of Results—*Perceived Improvement*

#### Adult

- » No MCP scored statistically significantly higher or lower than the State weighted score.

#### Child

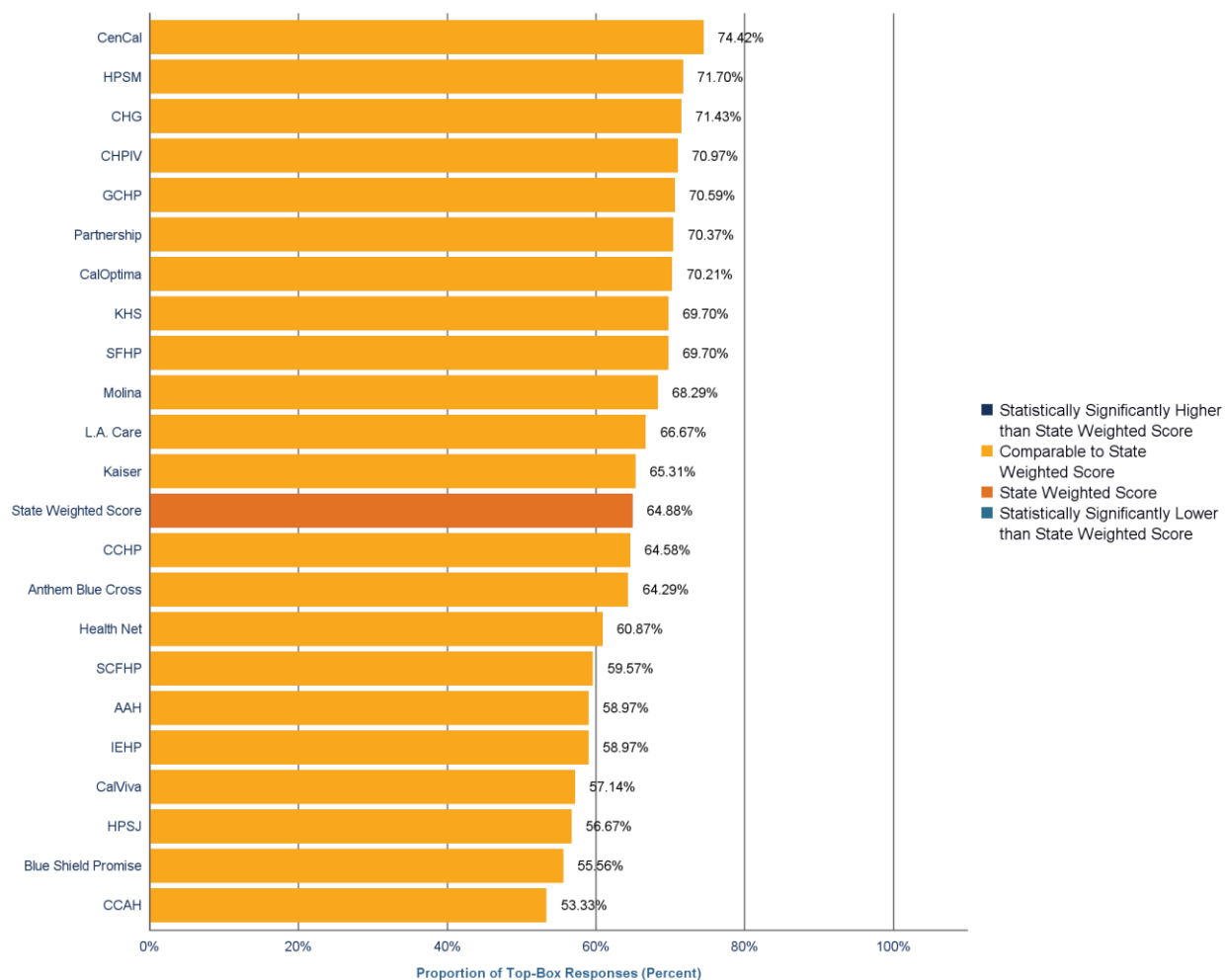
- » No MCP scored statistically significantly higher or lower than the State weighted score.

## Ability to Deal With Daily Problems Compared to 1 Year Ago

### Adult Results

Figure 42 shows the adult MCP and State weighted top-box scores, including the program comparisons, for *Ability to Deal With Daily Problems Compared to 1 Year Ago* composite measure item.

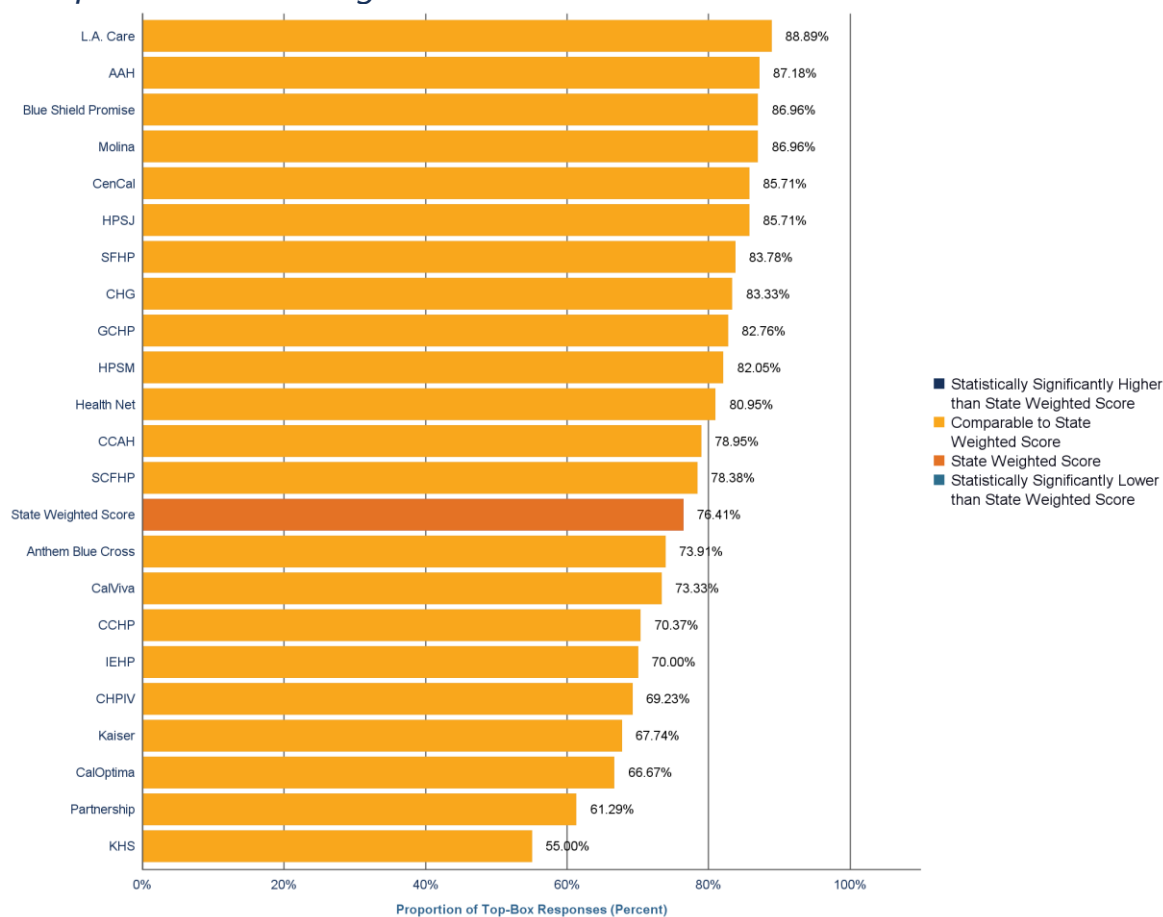
Figure 42—Adult Program Comparisons: *Ability to Deal With Daily Problems Compared to 1 Year Ago*



### Child Results

Figure 43 shows the child MCP and State weighted top-box scores, including the program comparisons, for *Ability to Deal With Daily Problems Compared to 1 Year Ago* composite measure item.

Figure 43—Child Program Comparisons: *Ability to Deal With Daily Problems Compared to 1 Year Ago*



### Summary of Results—*Ability to Deal With Daily Problems Compared to 1 Year Ago*

#### Adult

- » No MCP scored statistically significantly higher or lower than the State weighted score.

#### Child

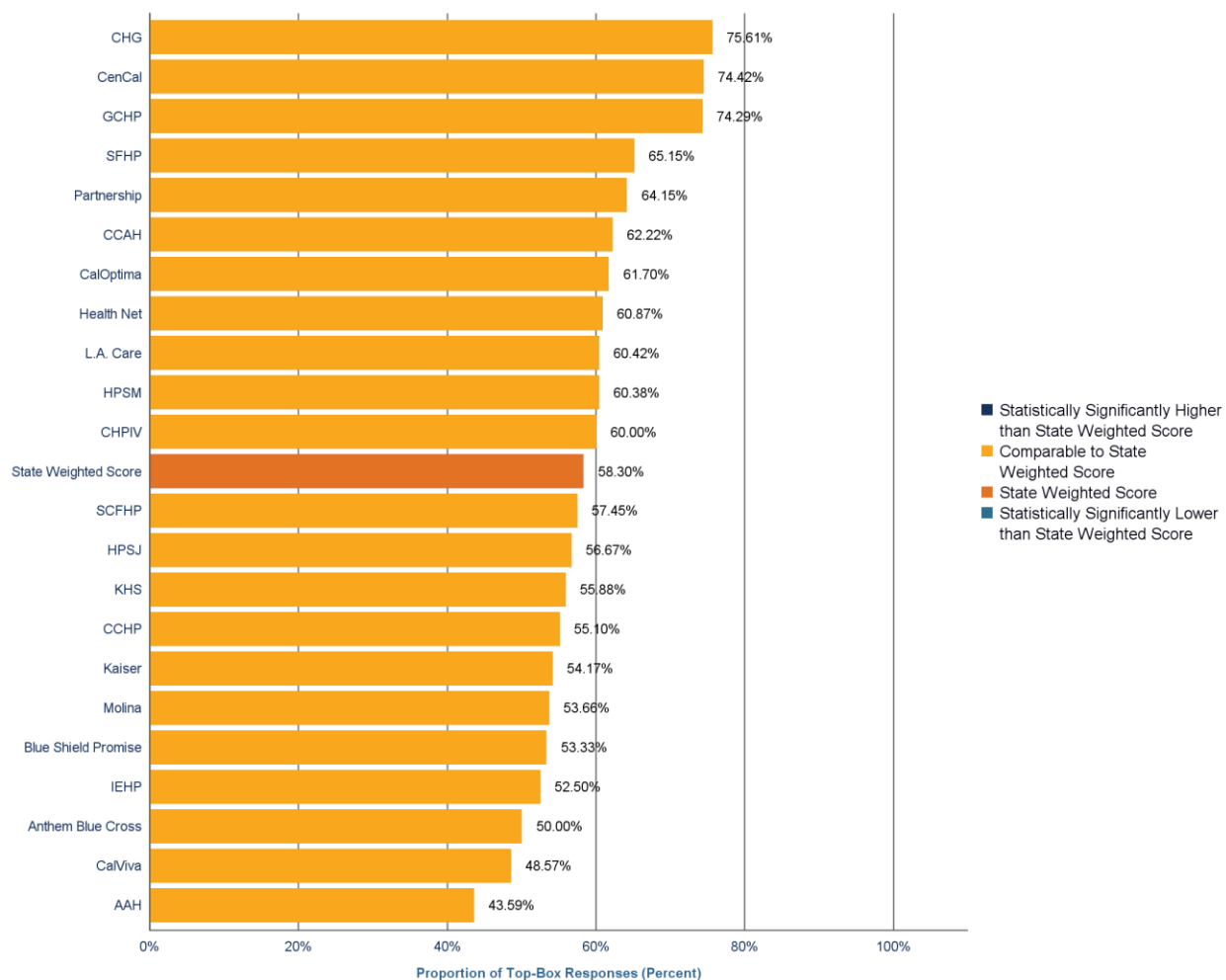
- » No MCP scored statistically significantly higher or lower than the State weighted score.

## Ability to Deal With Social Situations Compared to 1 Year Ago

### Adult Results

Figure 44 shows the adult MCP and State weighted top-box scores, including the program comparisons, for *Ability to Deal With Social Situations Compared to 1 Year Ago* composite measure item.

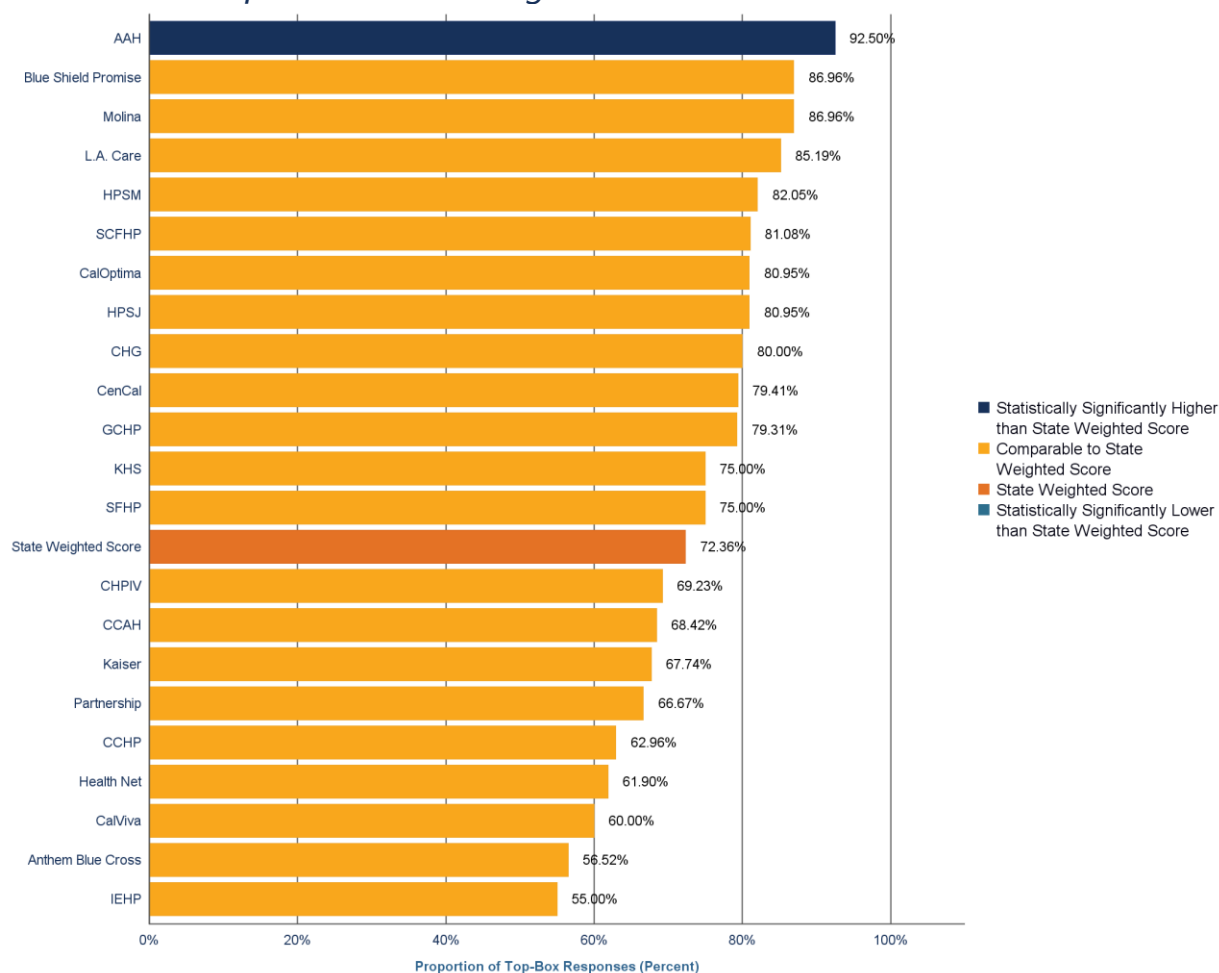
Figure 44—Adult Program Comparisons: *Ability to Deal With Social Situations Compared to 1 Year Ago*



### Child Results

Figure 45 shows the child MCP and State weighted top-box scores, including the program comparisons, for *Ability to Deal With Social Situations Compared to 1 Year Ago* composite measure item.

Figure 45—Child Program Comparisons: *Ability to Deal With Social Situations Compared to 1 Year Ago*



### Summary of Results—Ability to Deal With Social Situations Compared to 1 Year Ago

#### Adult

- » No MCP scored statistically significantly higher or lower than the State weighted score.

#### Child

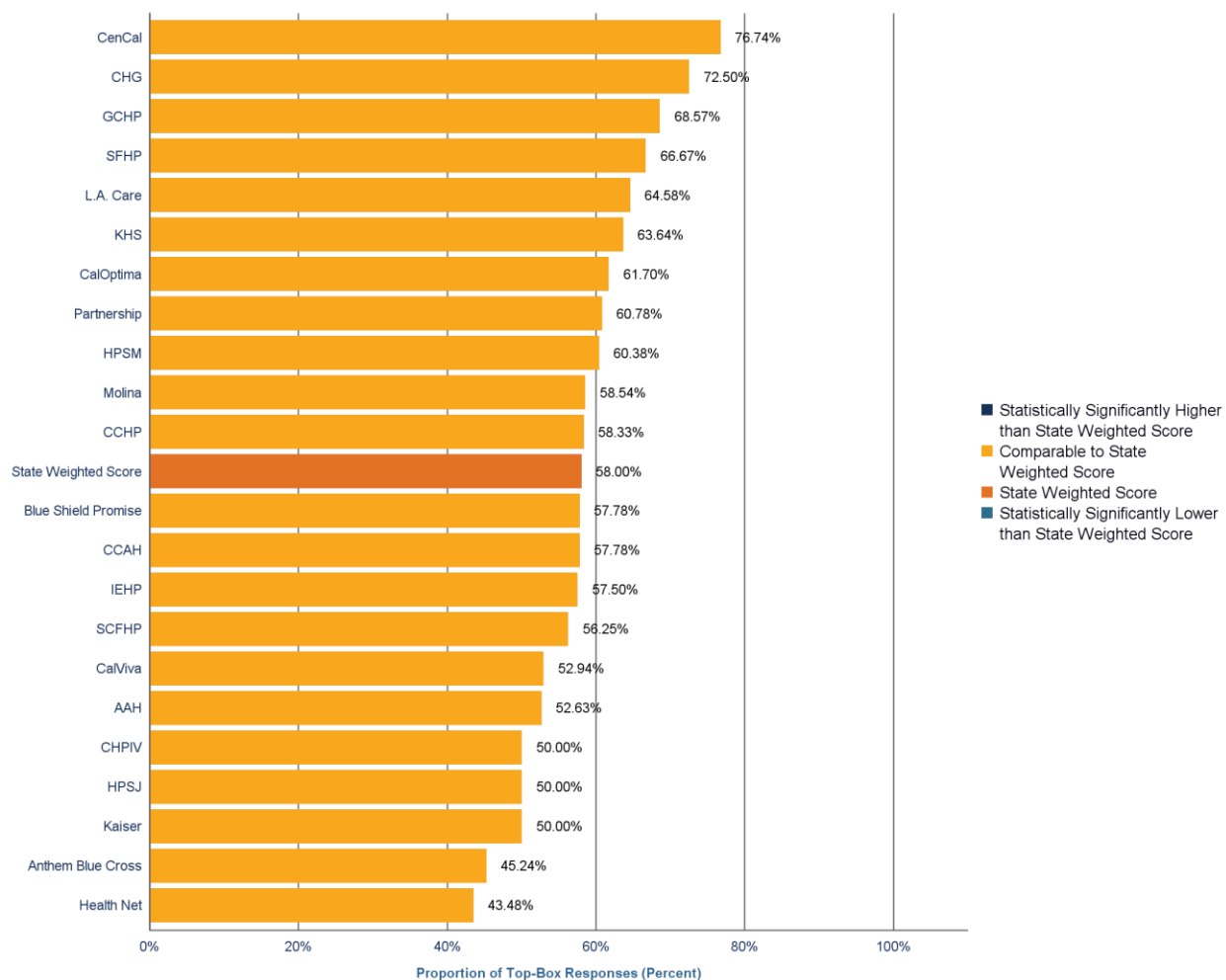
- » AAH scored statistically significantly higher than the State weighted score.

## Ability to Accomplish Things Compared to 1 Year Ago

### Adult Results

Figure 46 shows the adult MCP and State weighted top-box scores, including the program comparisons, for *Ability to Accomplish Things Compared to 1 Year Ago* composite measure item.

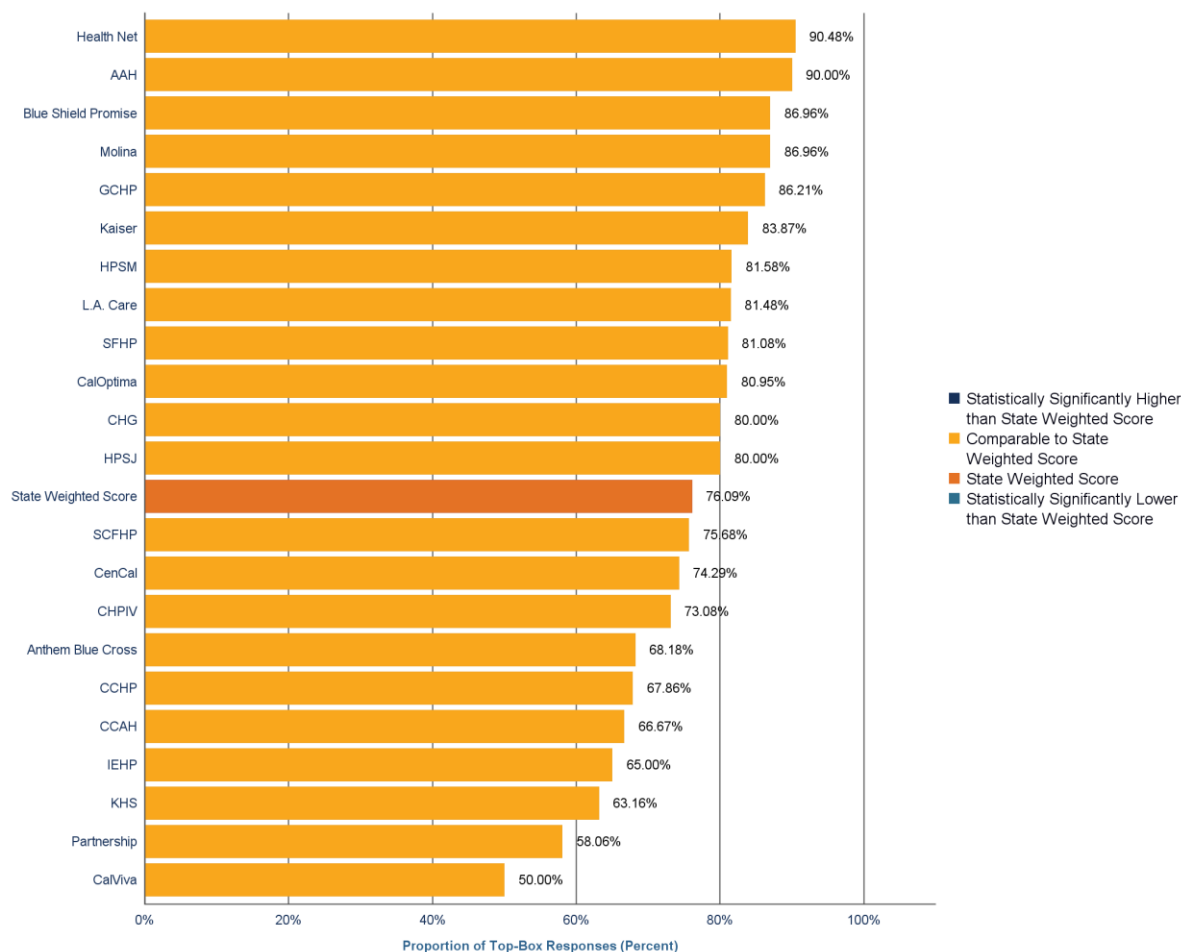
Figure 46—Adult Program Comparisons: *Ability to Accomplish Things Compared to 1 Year Ago*



### Child Results

Figure 47 shows the child MCP and State weighted top-box scores, including the program comparisons, for *Ability to Accomplish Things Compared to 1 Year Ago* composite measure item.

Figure 47—Child Program Comparisons: *Ability to Accomplish Things Compared to 1 Year Ago*



### Summary of Results—*Ability to Accomplish Things Compared to 1 Year Ago*

#### Adult

- » No MCP scored statistically significantly higher or lower than the State weighted score.

#### Child

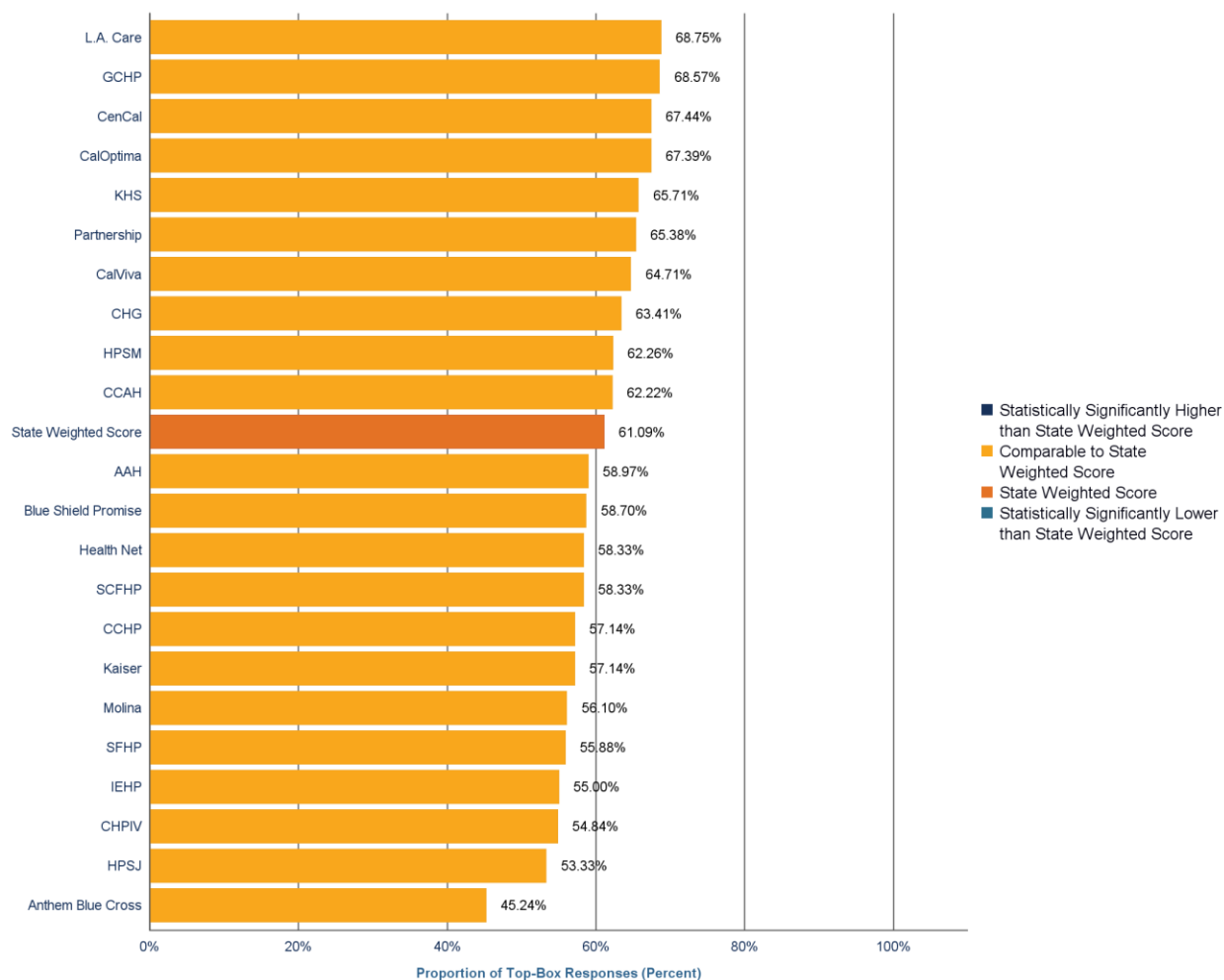
- » No MCP scored statistically significantly higher or lower than the State weighted score.

## Ability to Deal With Symptoms or Problems Compared to 1 Year Ago

### Adult Results

Figure 48 shows the adult MCP and State weighted top-box scores, including the program comparisons, for *Ability to Deal With Symptoms or Problems Compared to 1 Year Ago* composite measure item.

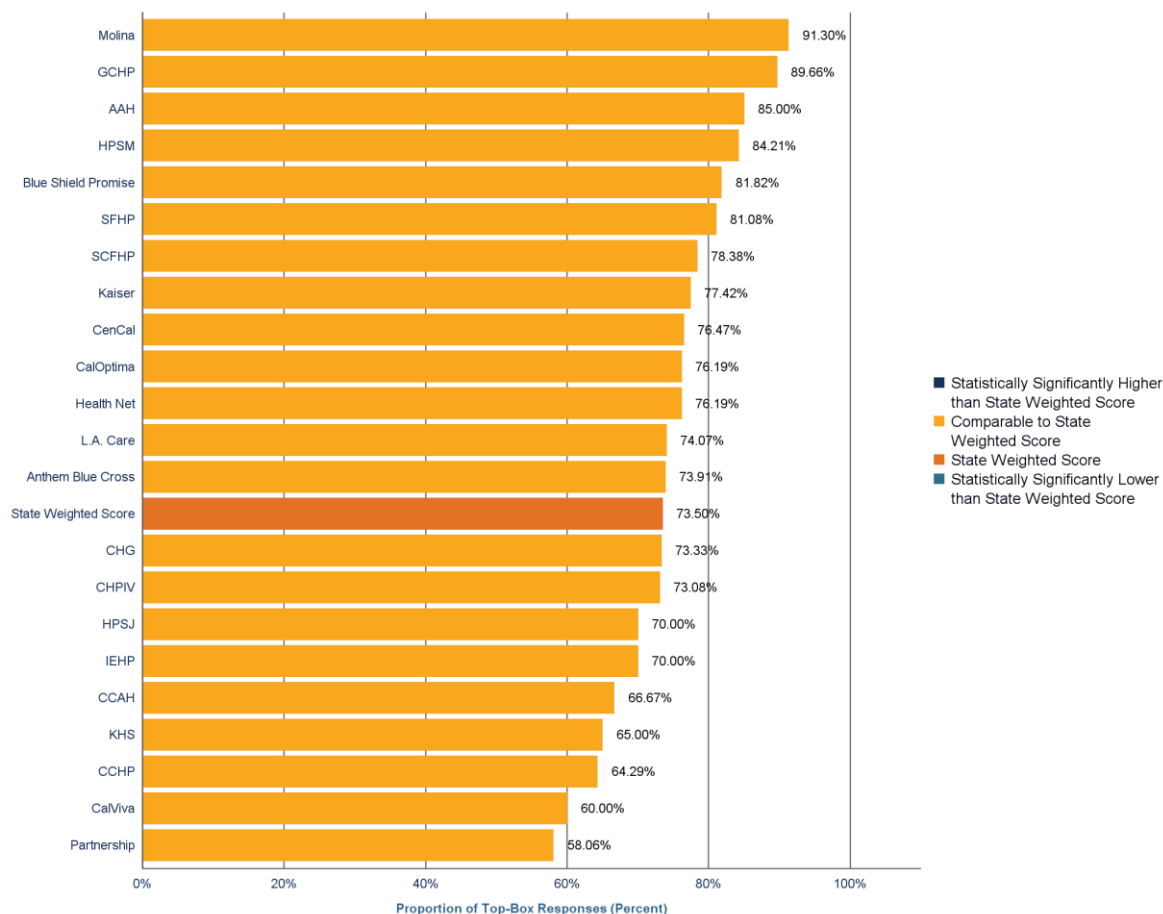
Figure 48—Adult Program Comparisons: *Ability to Deal With Symptoms or Problems Compared to 1 Year Ago*



### Child Results

Figure 49 shows the child MCP and State weighted top-box scores, including the program comparisons, for *Ability to Deal With Symptoms or Problems Compared to 1 Year Ago* composite measure item.

Figure 49—Child Program Comparisons: *Ability to Deal With Symptoms or Problems Compared to 1 Year Ago*



### Summary of Results—*Ability to Deal With Symptoms or Problems Compared to 1 Year Ago*

#### Adult

- » No MCP scored statistically significantly higher or lower than the State weighted score.

#### Child

- » No MCP scored statistically significantly higher or lower than the State weighted score.

## Information About Treatment Options (Adult Only)

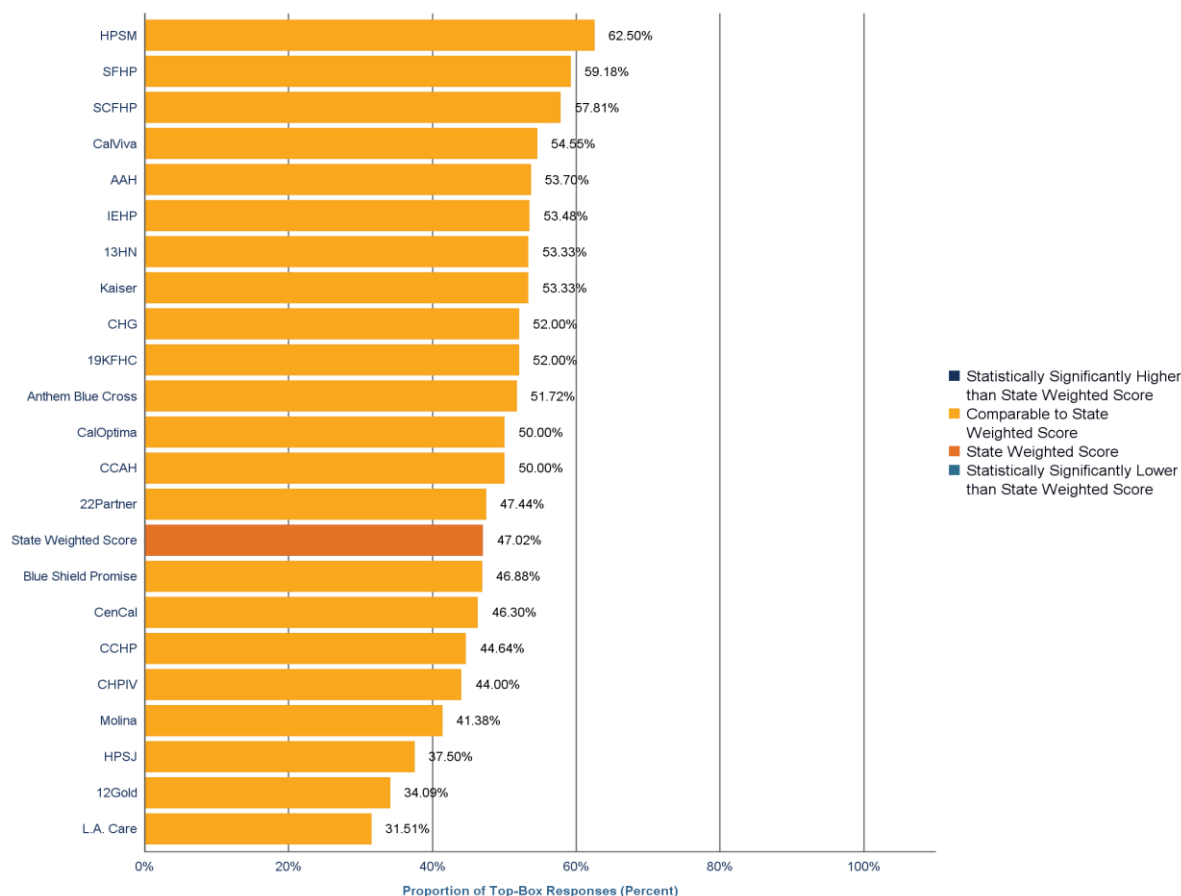
### Measure Definition

This measure assesses whether adult members were able to get information about their treatment options including:

- » Getting information about self-help or support groups
- » Getting information about available treatments

Figure 50 shows the adult MCP and State weighted top-box scores, including the program comparisons, for the *Information About Treatment Options* composite measure.

Figure 50—Adult Program Comparisons: *Information About Treatment Options*



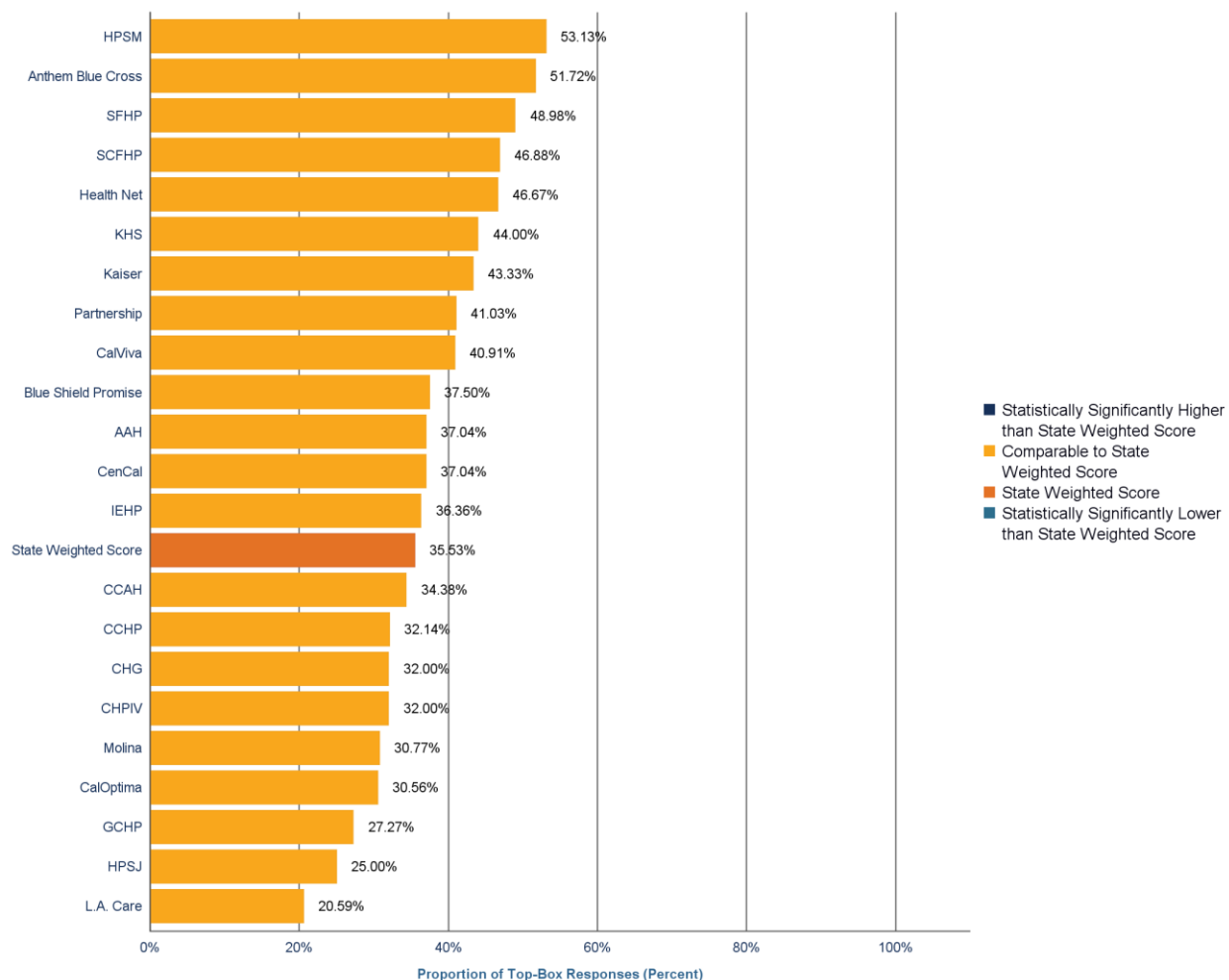
### Summary of Results—*Information About Treatment Options*

- » No MCP scored statistically significantly higher or lower than the State weighted score.

### Information About Self-Help or Support Groups (Adult Only)

Figure 51 shows the adult MCP and State weighted top-box scores, including the program comparisons, for *Information About Self-Help or Support Groups* composite measure item.

Figure 51—Adult Program Comparisons: *Information About Self-Help or Support Groups*



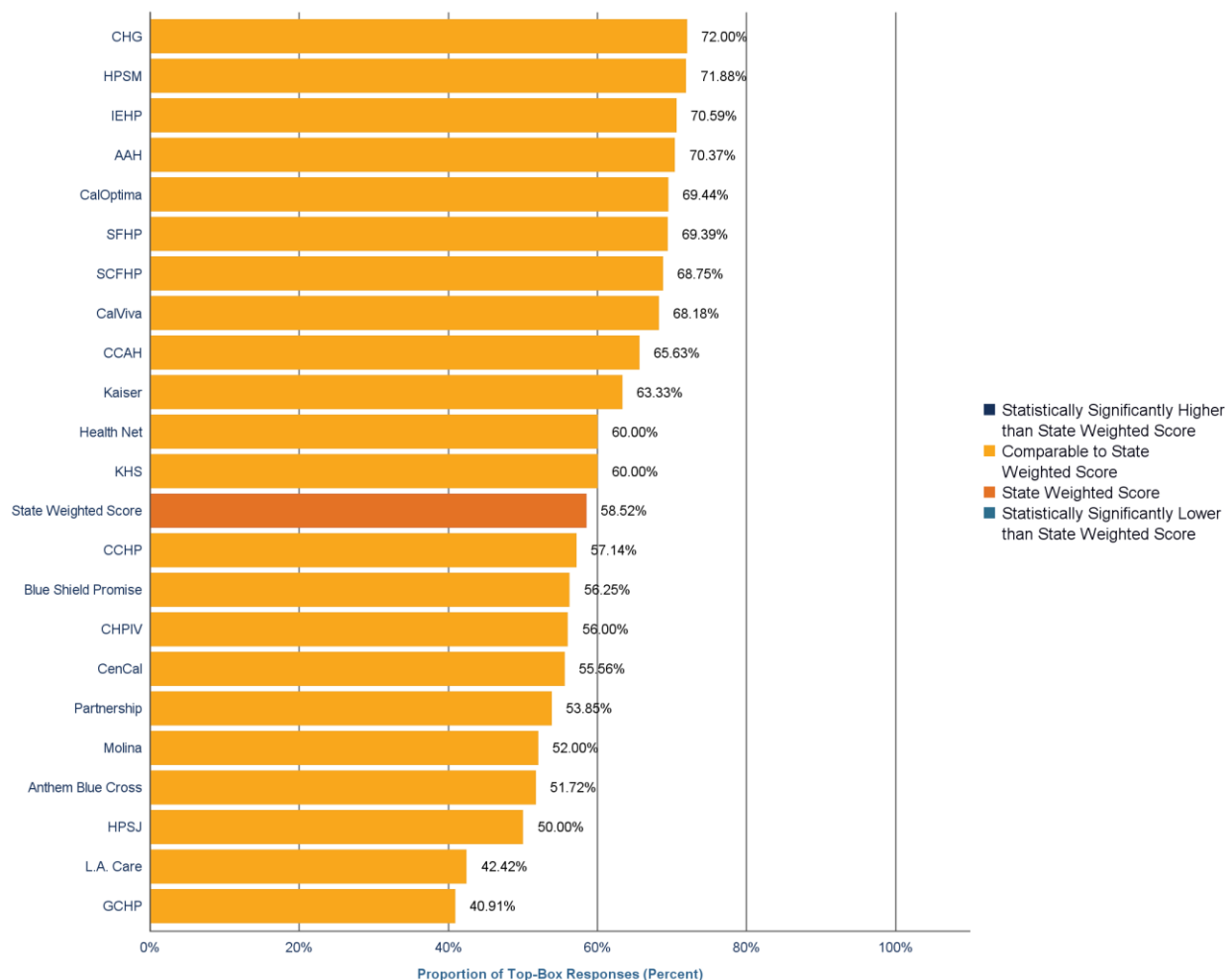
### Summary of Results—*Information About Self-Help or Support Groups*

- » No MCP scored statistically significantly higher or lower than the State weighted score.

### Information About Available Treatments (Adult Only)

Figure 52 shows the adult MCP and State weighted top-box scores, including the program comparisons, for *Information About Available Treatments* composite measure item.

Figure 52—Adult Program Comparisons: *Information About Available Treatments*



### Summary of Results—*Information About Available Treatments*

- » No MCP scored statistically significantly higher or lower than the State weighted score.

## Individual Item Measures

### Office Wait

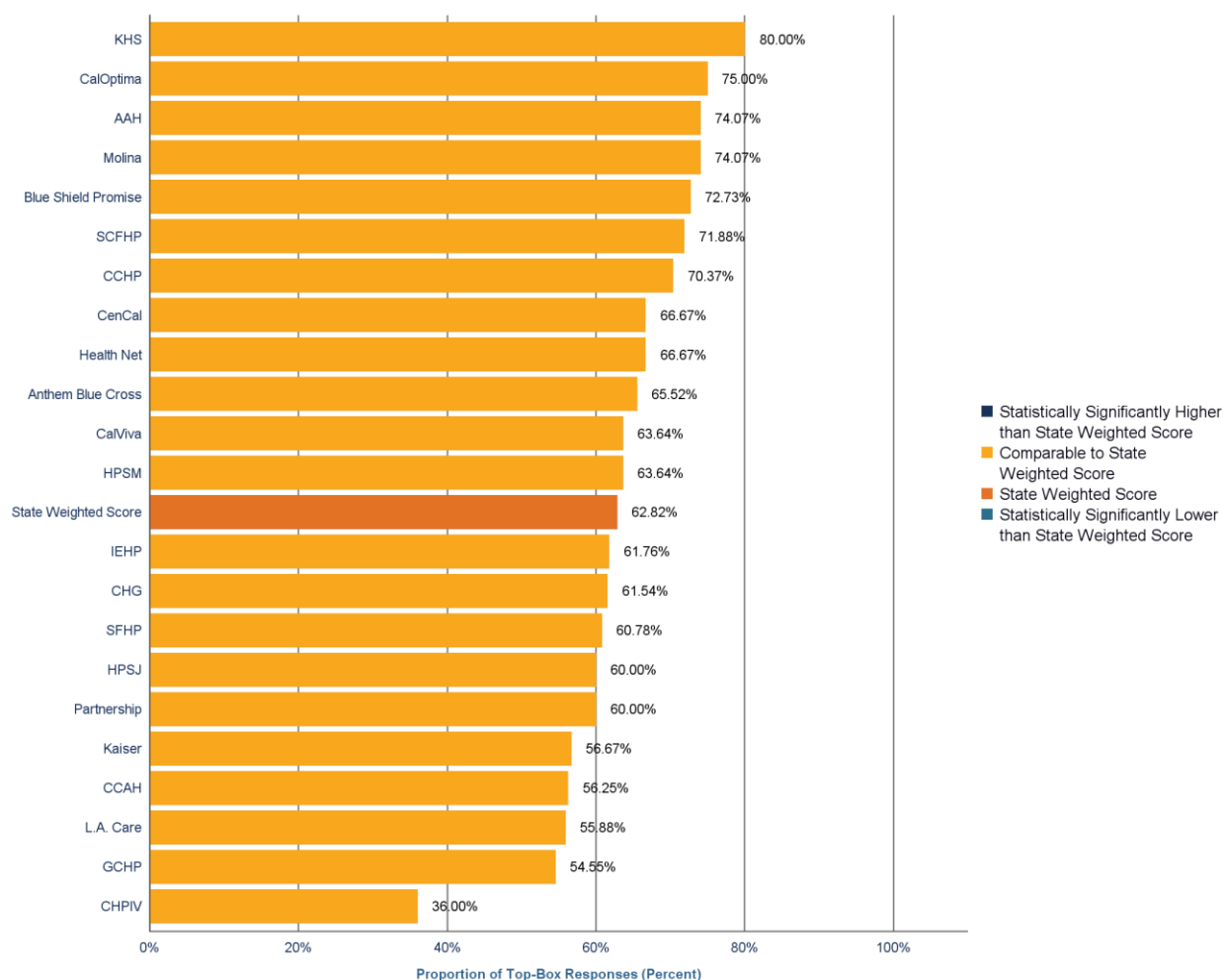
#### Measure Definition

This measure assesses how often adult members and child members were seen within 15 minutes of their appointment.

#### Adult Results

Figure 53 shows the adult MCP and State weighted top-box scores, including the program comparisons, for the *Office Wait* individual item measure.

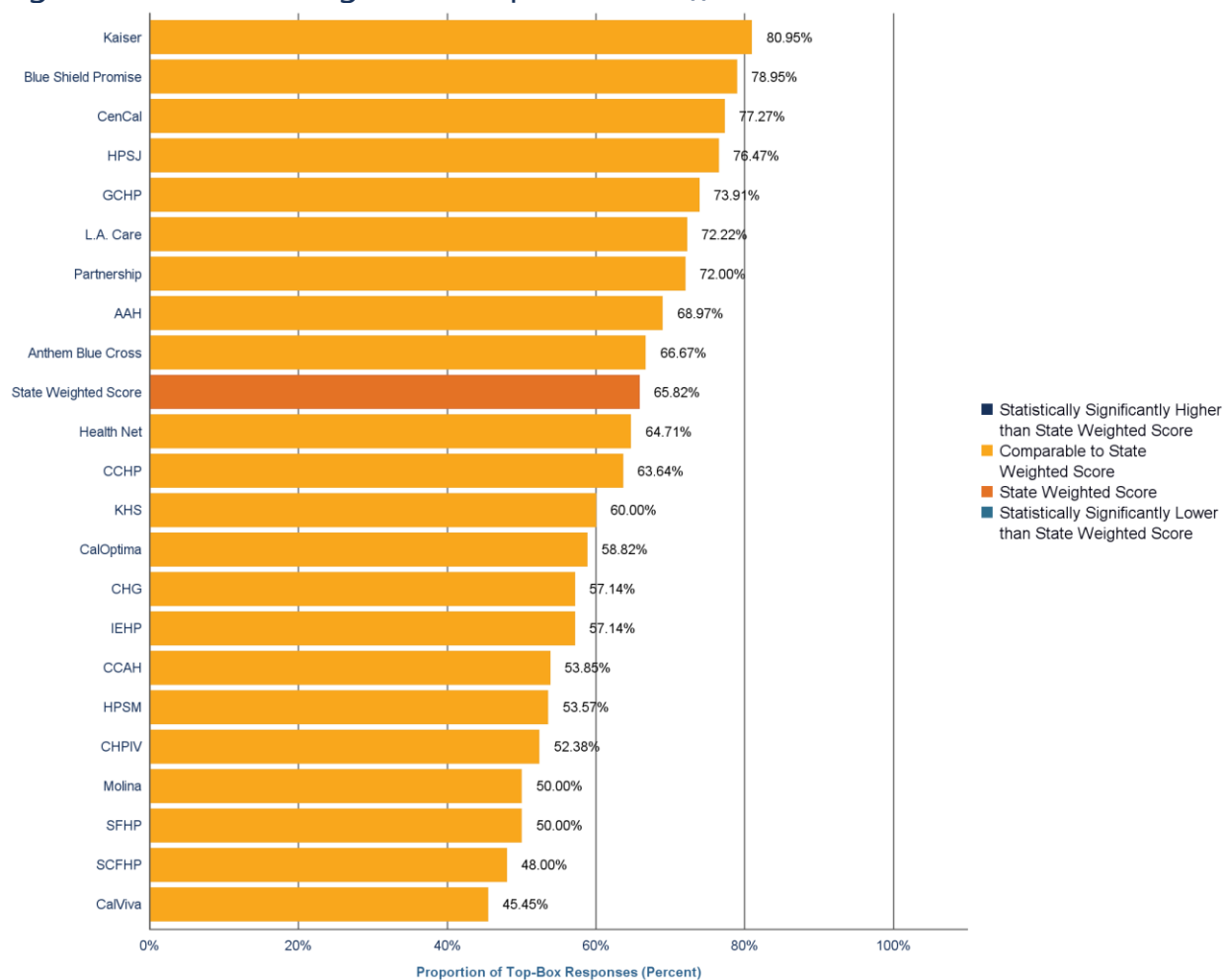
Figure 53—Adult Program Comparisons: *Office Wait*



## Child Results

Figure 54 shows the child MCP and State weighted top-box scores, including the program comparisons, for the *Office Wait* individual item measure.

Figure 54—Child Program Comparisons: *Office Wait*



## Summary of Results—*Office Wait*

### Adult

- » No MCP scored statistically significantly higher or lower than the State weighted score.

### Child

- » No MCP scored statistically significantly higher or lower than the State weighted score.

## Told About Medication Side Effects

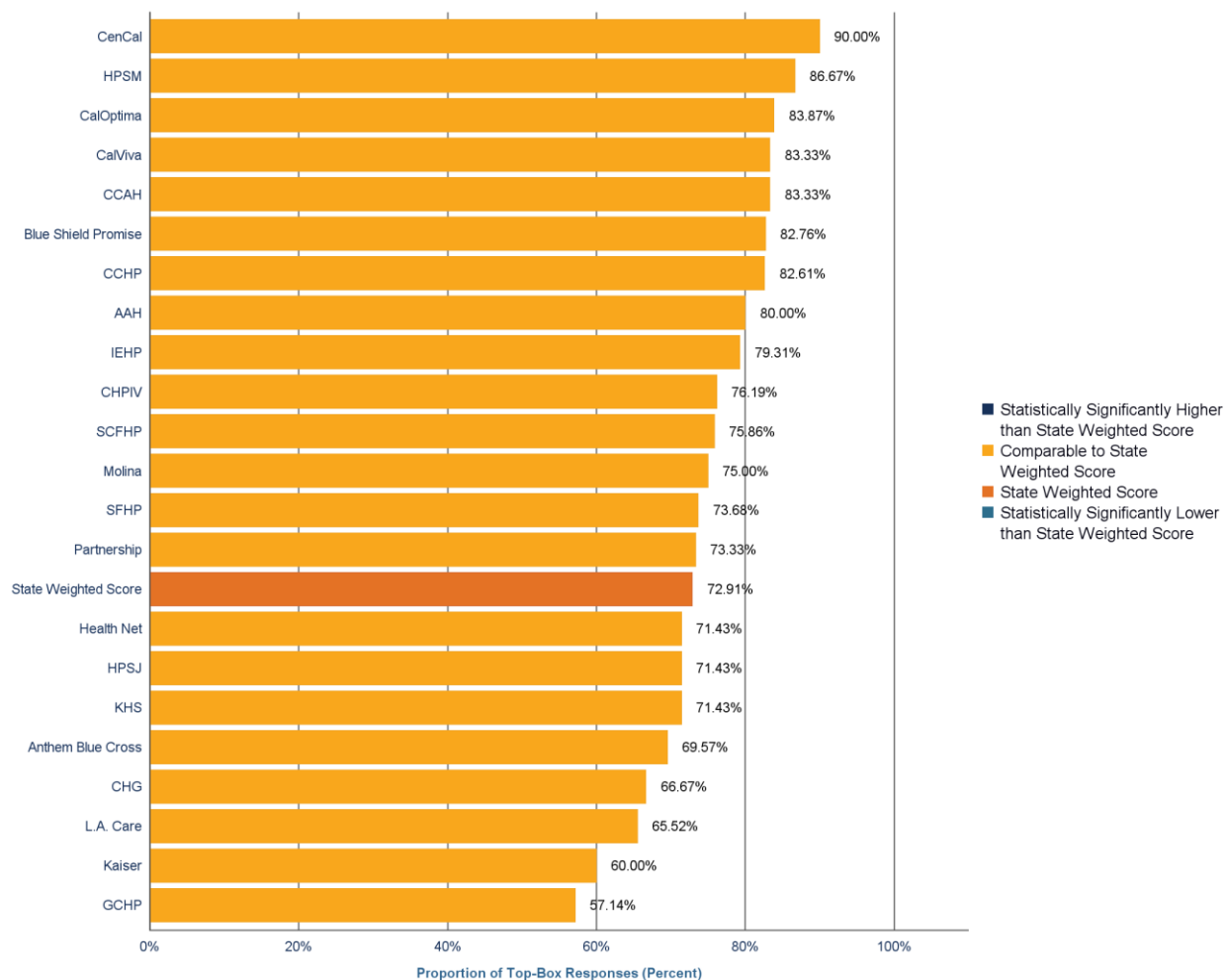
### Measure Definition

This measure assesses whether adult members and parents/caretakers of child members were told what potential side effects from their/their child’s medicine to watch for.

### Adult Results

Figure 55 shows the adult MCP and State weighted top-box scores, including the program comparisons, for the *Told About Medication Side Effects* individual item measure.

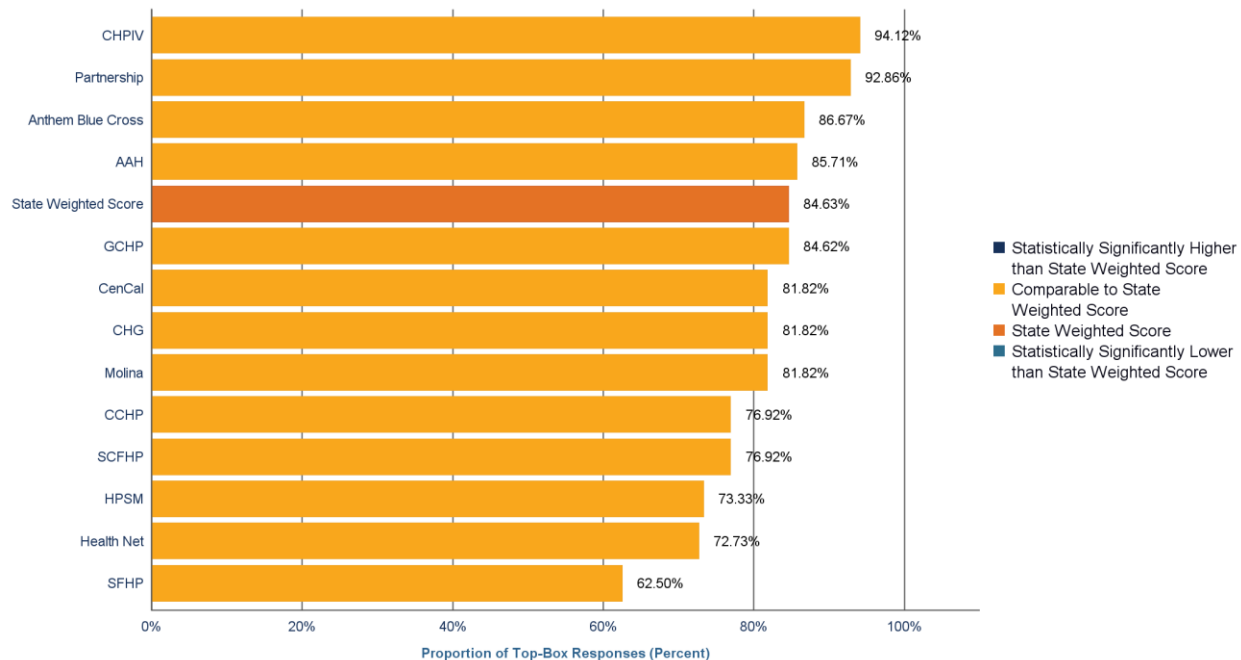
Figure 55—Adult Program Comparisons: *Told About Medication Side Effects*



### Child Results

Figure 56 shows the child MCP and State weighted top-box scores, including the program comparisons, for the *Told About Medication Side Effects* individual item measure.

Figure 56—Child Program Comparisons: *Told About Medication Side Effects*



Scores for the following MCPs are not displayed in Figure 56 since the MCPs had fewer than 11 respondents for this measure:

- » Blue Shield Promise
- » CalOptima
- » CalViva
- » CCAH
- » HPSJ
- » IEHP
- » Kaiser
- » KHS
- » L.A. Care

### Summary of Results—*Told About Medication Side Effects*

#### Adult

- » No MCP scored statistically significantly higher or lower than the State weighted score.

#### Child

- » No MCP scored statistically significantly higher or lower than the State weighted score.

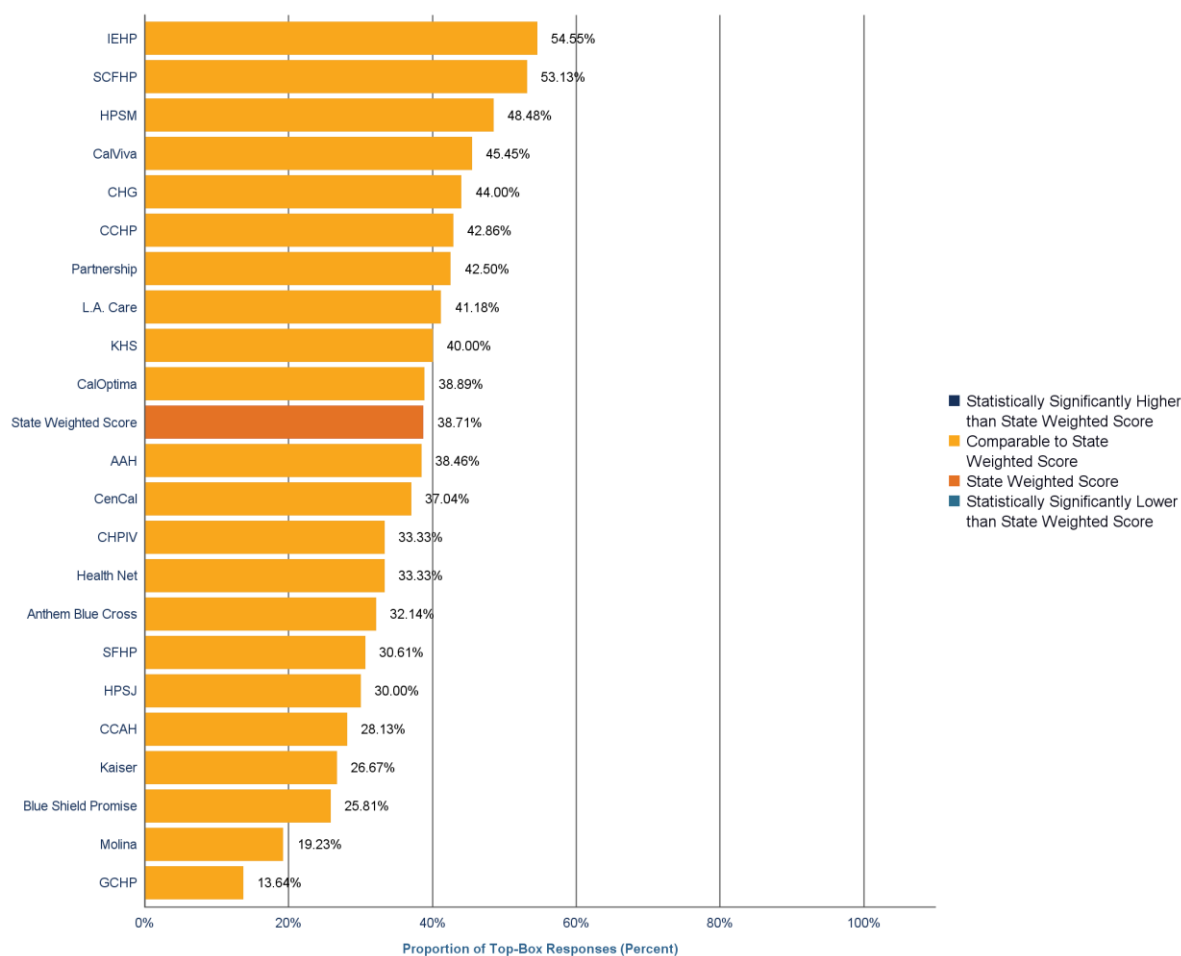
## Including Family and Friends (Adult Only)

### Measure Definition

This measure assesses whether anyone talked to adult members about whether to include their family or friends in their counseling or treatment.

Figure 57 shows the adult MCP and State weighted top-box scores, including the program comparisons, for the *Including Family and Friends* individual item measure.

Figure 57—Adult Program Comparisons: *Including Family and Friends*



### Summary of Results—*Including Family and Friends*

- » No MCP scored statistically significantly higher or lower than the State weighted score.

## Information to Manage Condition

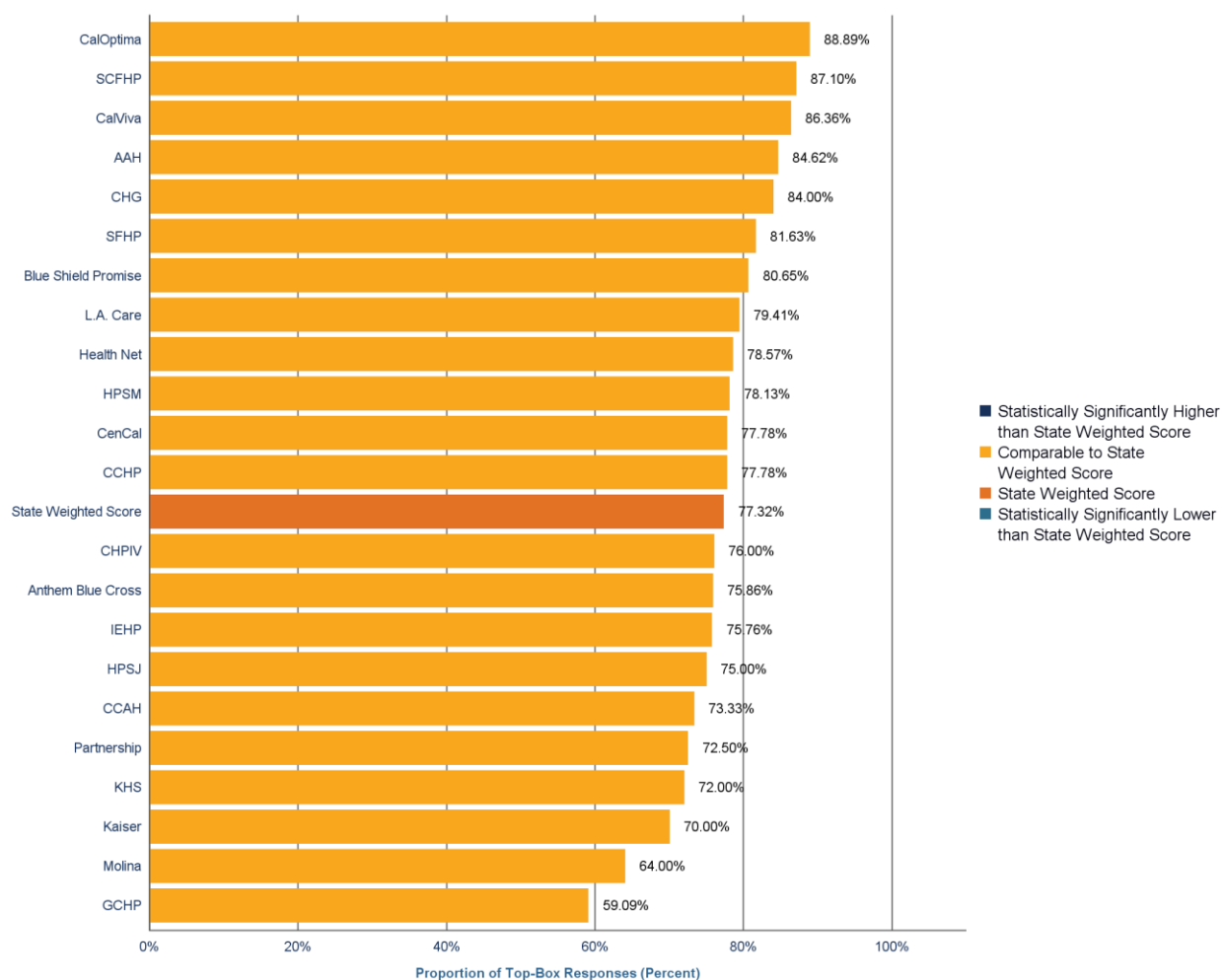
### Measure Definition

This measure assesses whether adult members and parents/caretakers of child members were given as much information as they wanted about what they could do to manage their/their child's condition.

### Adult Results

Figure 58 shows the adult MCP and State weighted top-box scores, including the program comparisons, for the *Information to Manage Condition* individual item measure.

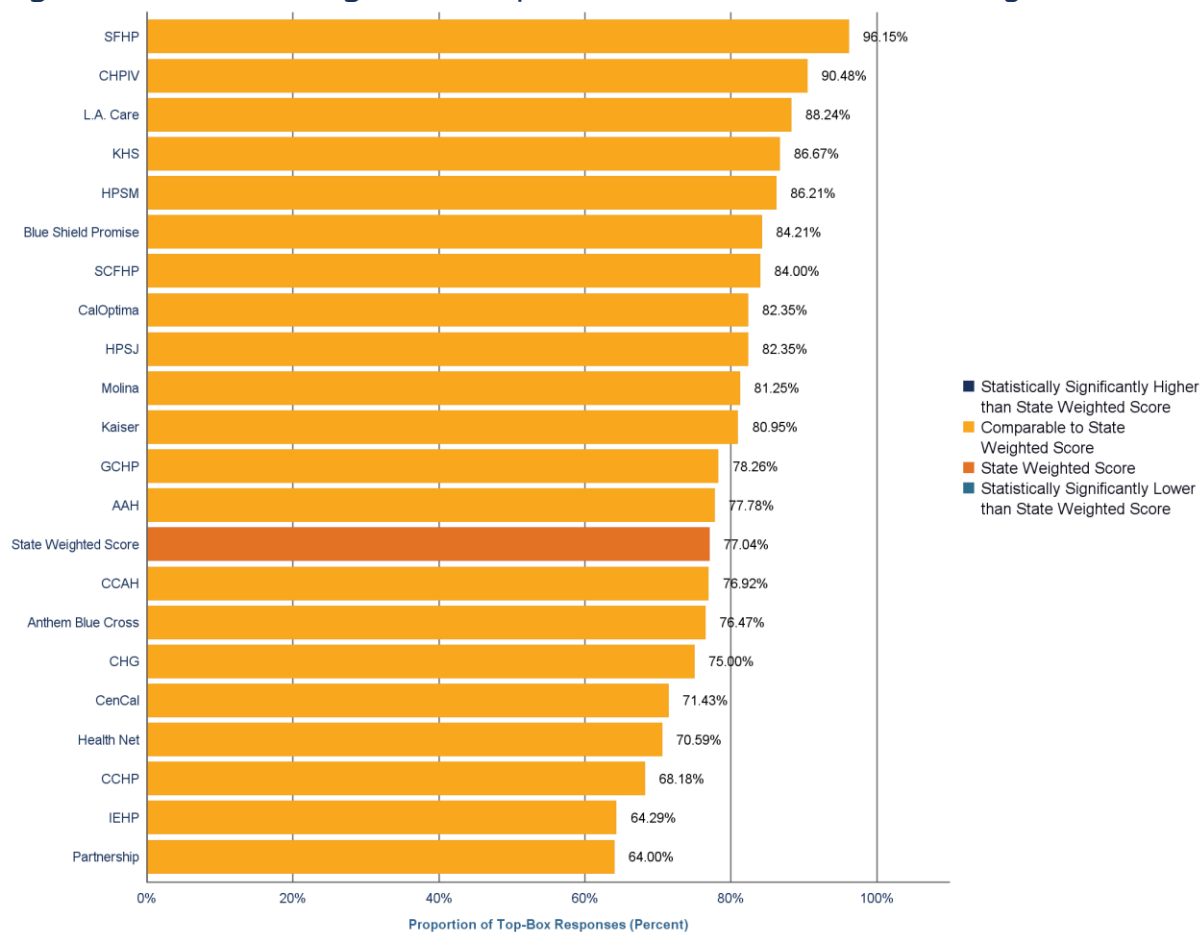
Figure 58—Adult Program Comparisons: *Information to Manage Condition*



## Child Results

Figure 59 shows the child MCP and State weighted top-box scores, including the program comparisons, for the *Information to Manage Condition* individual item measure.

Figure 59—Child Program Comparisons: *Information to Manage Condition*



The score for CalViva is not displayed in Figure 59 since the MCP had fewer than 11 respondents for this measure.

## Summary of Results—*Information to Manage Condition*

### Adult

- » No MCP scored statistically significantly higher or lower than the State weighted score.

### Child

- » No MCP scored statistically significantly higher or lower than the State weighted score.

## Patient Rights Information

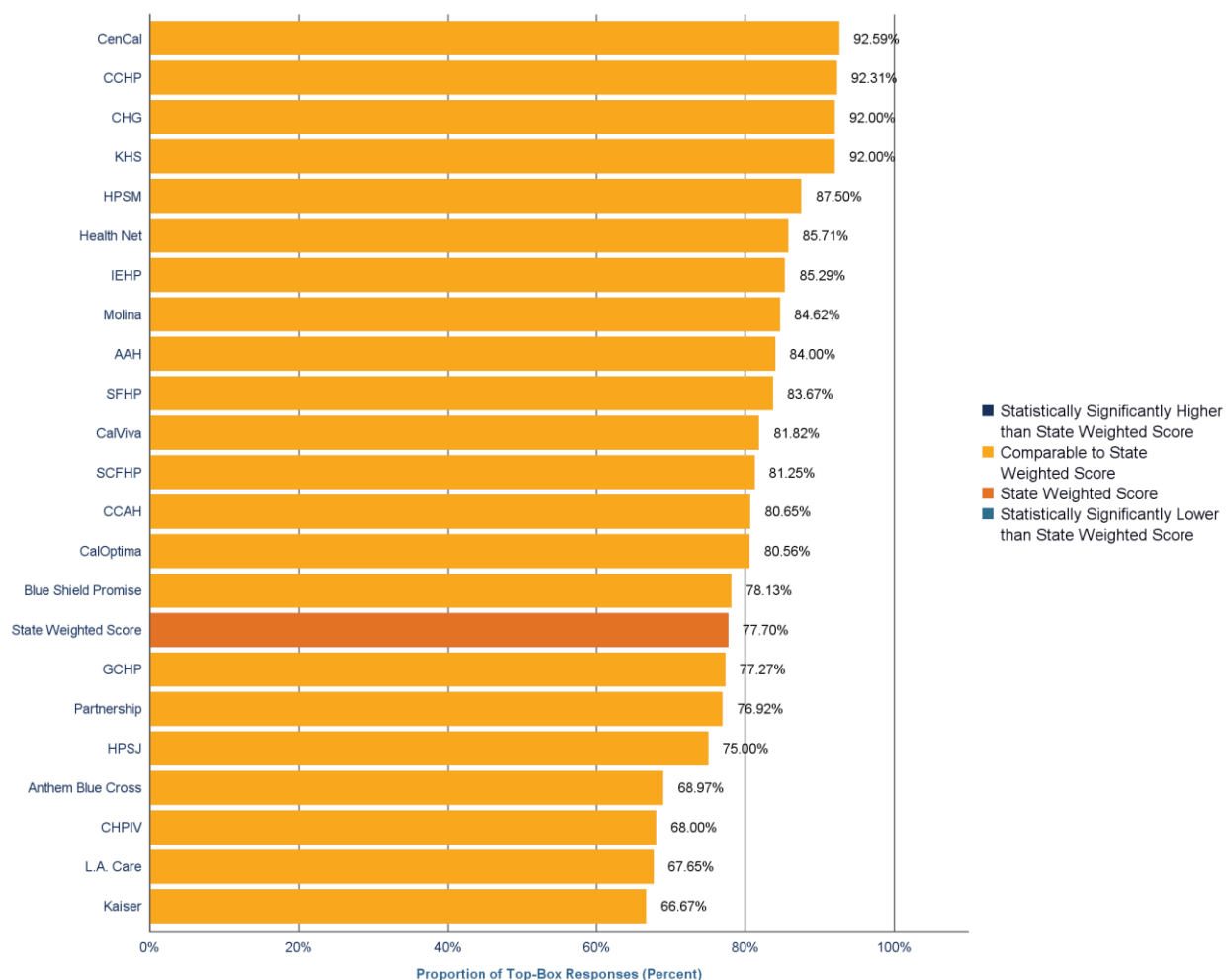
### Measure Definition

This measure assesses whether adult members and parents/caretakers of child members were given information about their/their child’s rights as a patient.

### Adult Results

Figure 60 shows the adult MCP and State weighted top-box scores, including the program comparisons, for the *Patient Rights Information* individual item measure.

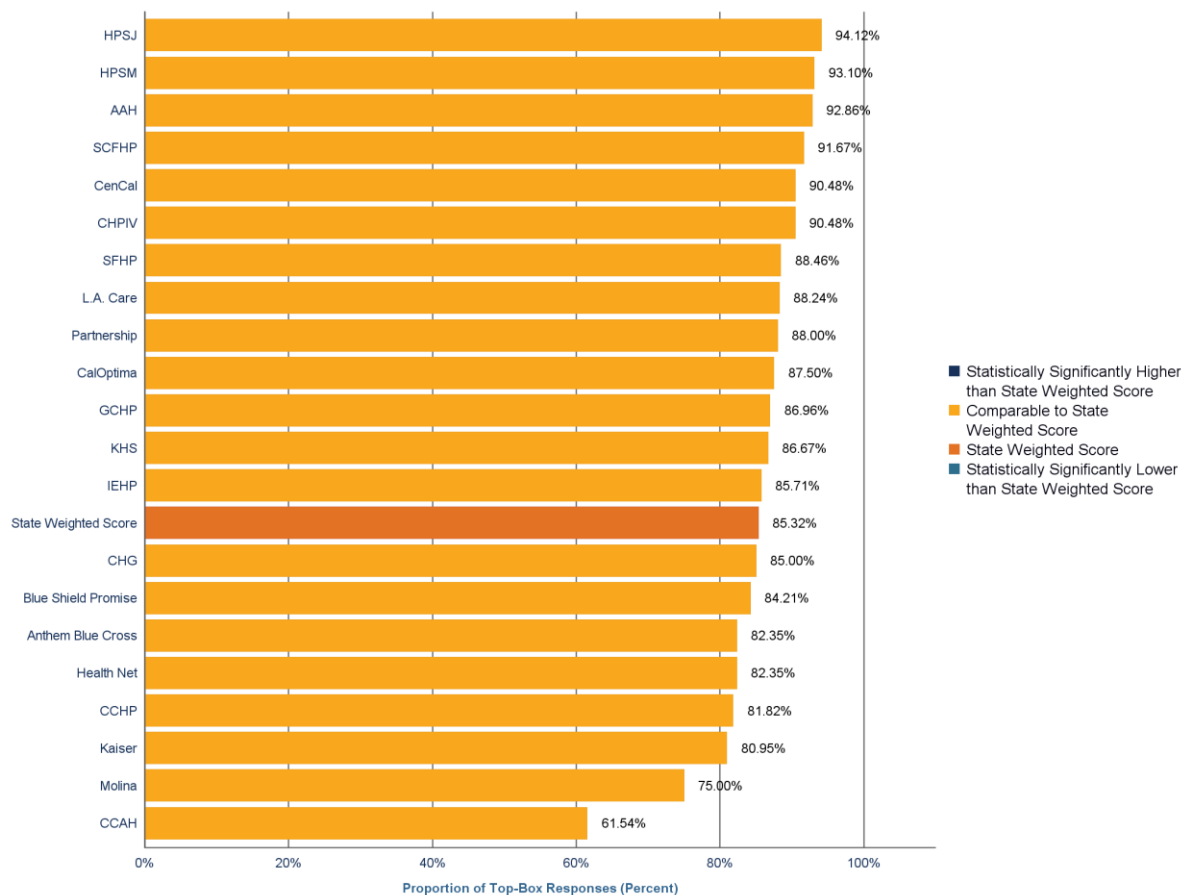
Figure 60—Adult Program Comparisons: *Patient Rights Information*



### Child Results

Figure 61 shows the child MCP and State weighted top-box scores, including the program comparisons, for the *Patient Rights Information* individual item measure.

Figure 61—Child Program Comparisons: *Patient Rights Information*



The score for CalViva is not displayed in Figure 61 since the MCP had fewer than 11 respondents for this measure.

### Summary of Results—*Patient Rights Information*

#### Adult

- » No MCP scored statistically significantly higher or lower than the State weighted score.

#### Child

- » No MCP scored statistically significantly higher or lower than the State weighted score.

## Patient Feels He or She Could Refuse Treatment

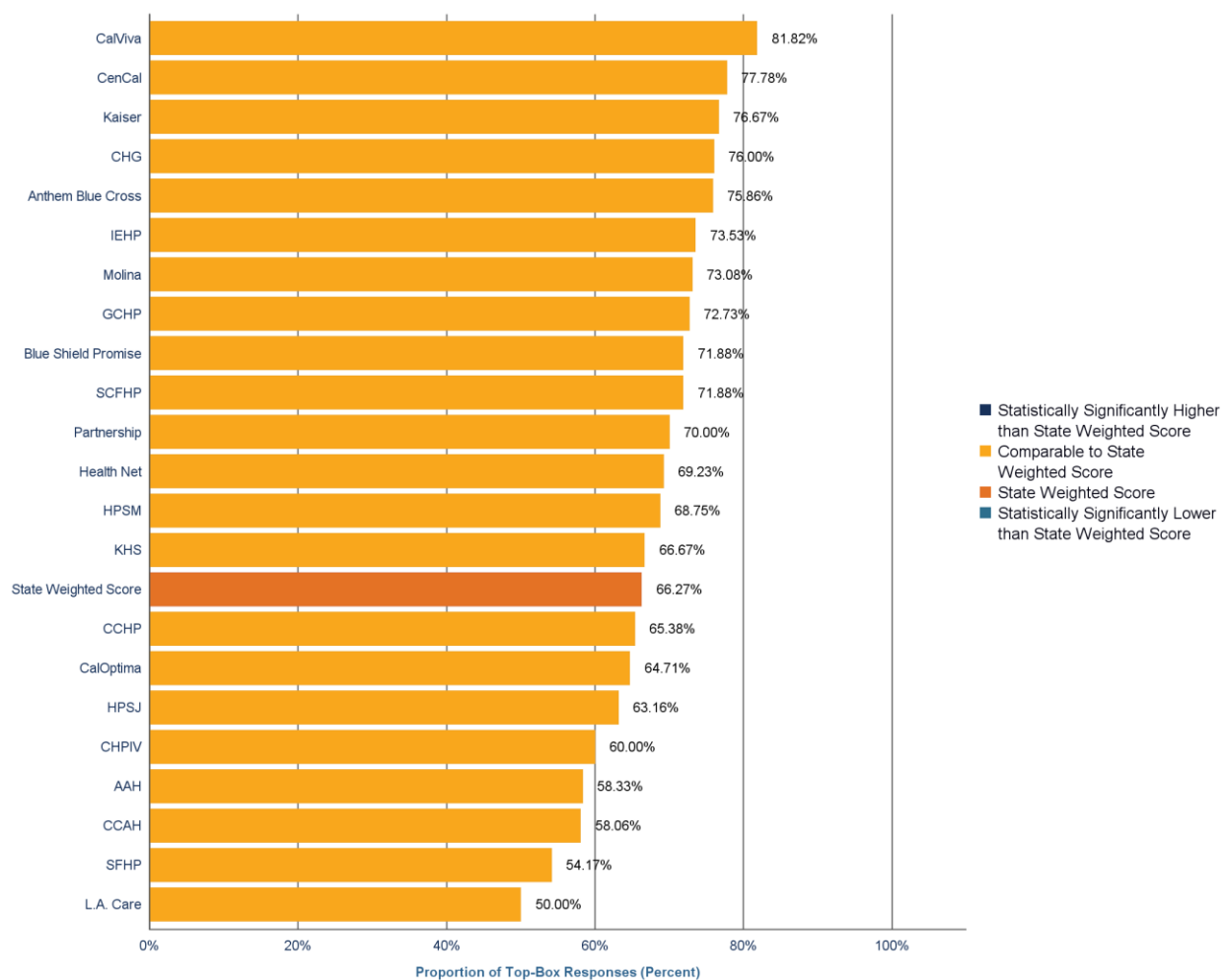
### Measure Definition

This measure assesses whether adult members and parents/caretakers of child members felt that they could refuse a specific type of medicine or treatment.

### Adult Results

Figure 62 shows the adult MCP and State weighted top-box scores, including the program comparisons, for the *Patient Feels He or She Could Refuse Treatment* individual item measure.

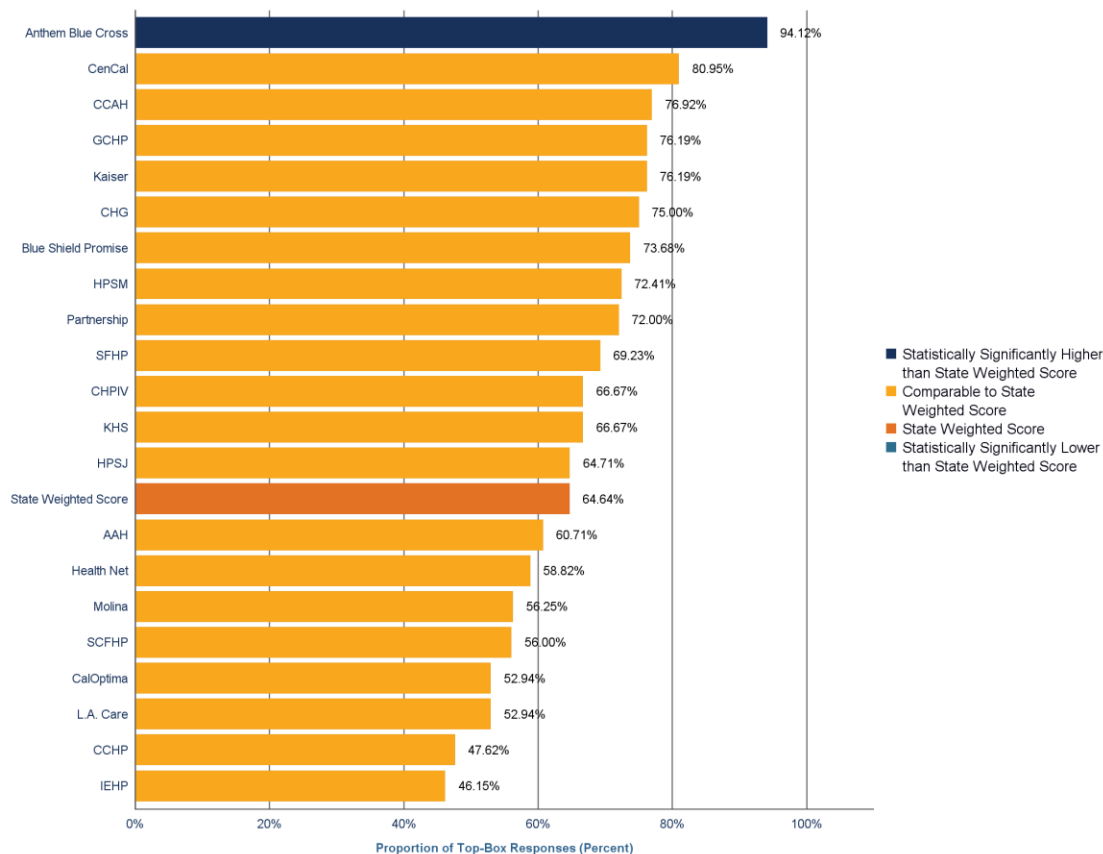
Figure 62—Adult Program Comparisons: *Patient Feels He or She Could Refuse Treatment*



### Child Results

Figure 63 shows the child MCP and State weighted top-box scores, including the program comparisons, for the *Patient Feels He or She Could Refuse Treatment* individual item measure.

Figure 63—Child Program Comparisons: *Patient Feels He or She Could Refuse Treatment*



The score for CalViva is not displayed in Figure 63 since the MCP had fewer than 11 respondents for this measure.

### Summary of Results—*Patient Feels He or She Could Refuse Treatment*

#### Adult

- » No MCP scored statistically significantly higher or lower than the State weighted score.

#### Child

- » Anthem Blue Cross scored statistically significantly higher than the State weighted score.

## Confident About Privacy of Treatment Information

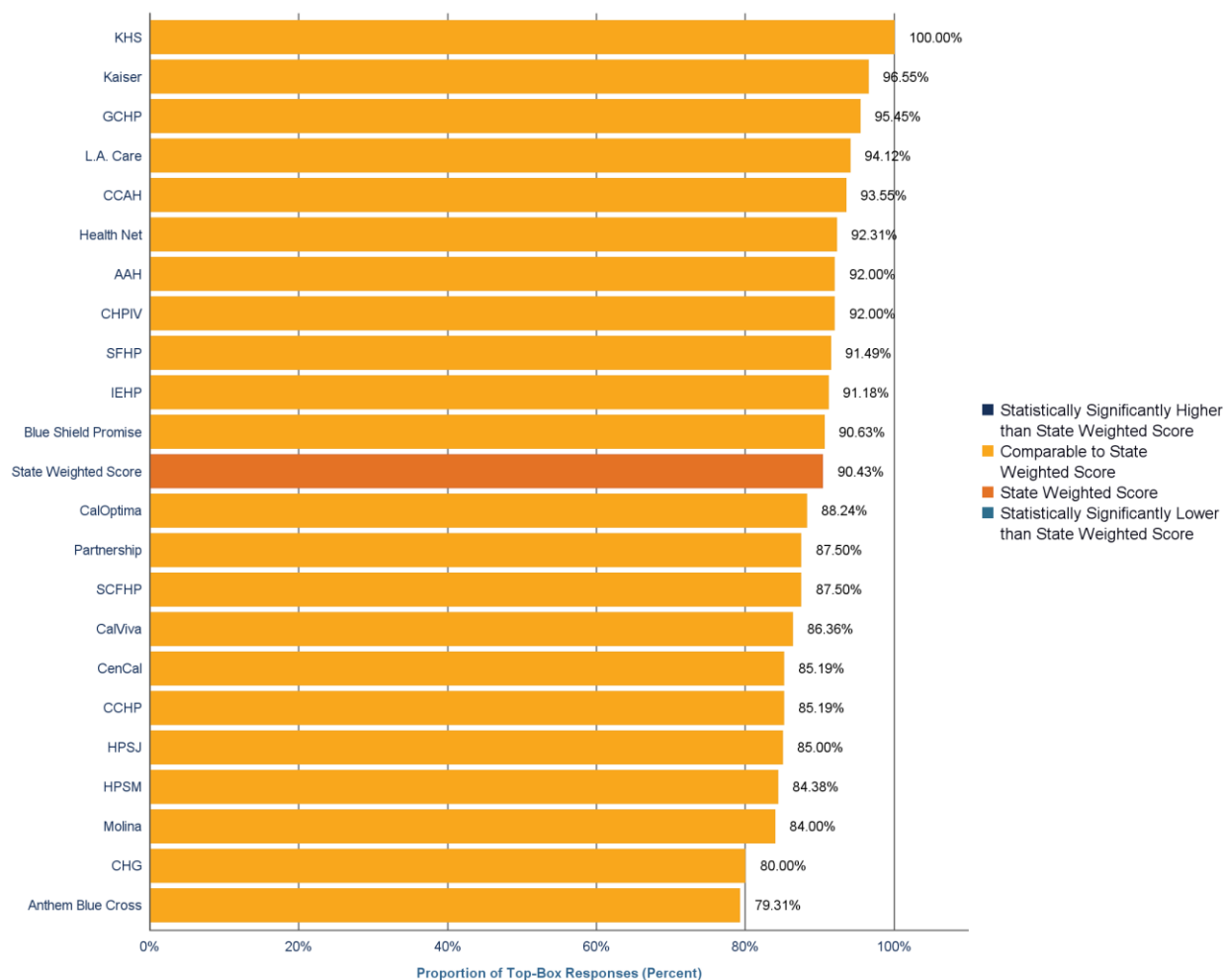
### Measure Definition

This measure assesses whether adult members and parents/caretakers of child members knew if anyone they/their child went to for counseling or treatment shared information with others that should have been kept private.

### Adult Results

Figure 64 shows the adult MCP and State weighted top-box scores, including the program comparisons, for the *Confident About Privacy of Treatment Information* individual item measure.

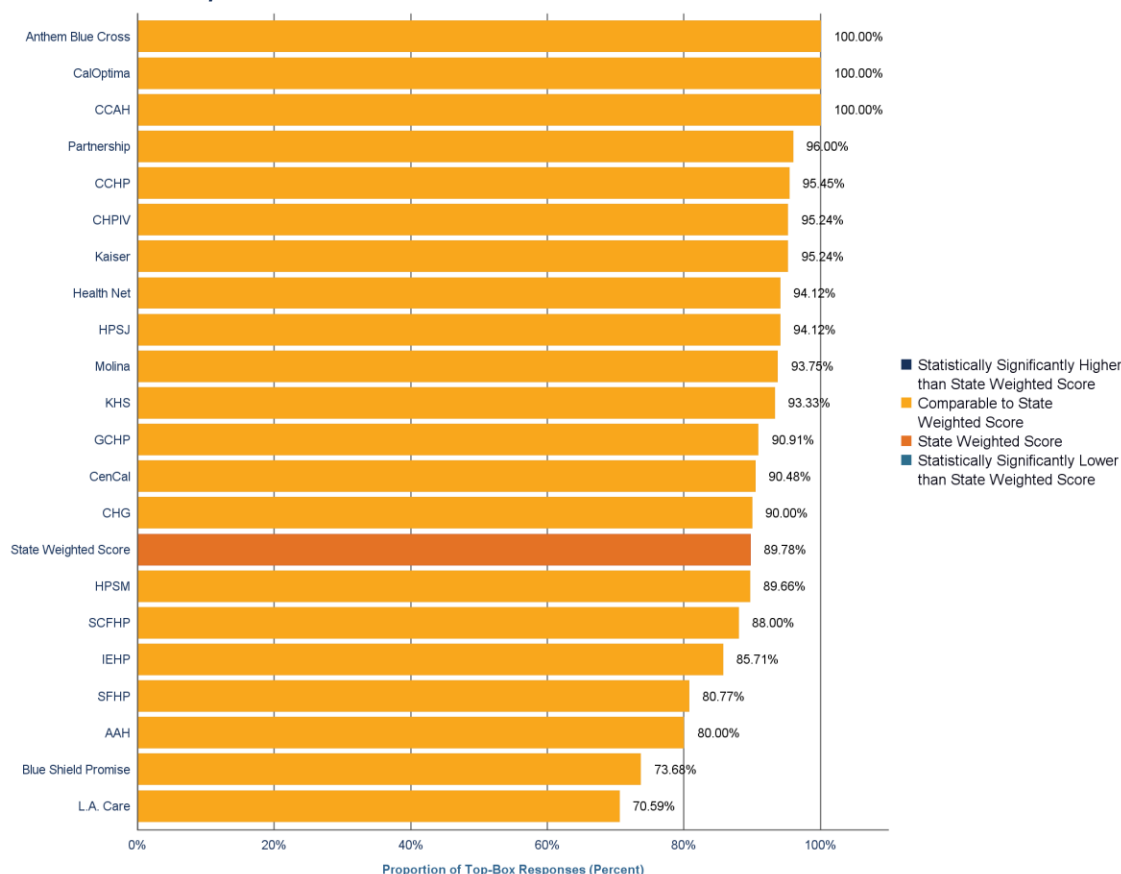
Figure 64—Adult Program Comparisons: *Confident About Privacy of Treatment Information*



### Child Results

Figure 65 shows the child MCP and State weighted top-box scores, including the program comparisons, for the *Confident About Privacy of Treatment Information* individual item measure.

Figure 65—Child Program Comparisons: *Confident About Privacy of Treatment Information*



The score for CalViva is not displayed in Figure 65 since the MCP had fewer than 11 respondents for this measure.

### Summary of Results—*Confident About Privacy of Treatment Information*

#### Adult

- » No MCP scored statistically significantly higher or lower than the State weighted score.

#### Child

- » No MCP scored statistically significantly higher or lower than the State weighted score.

## Cultural Competency

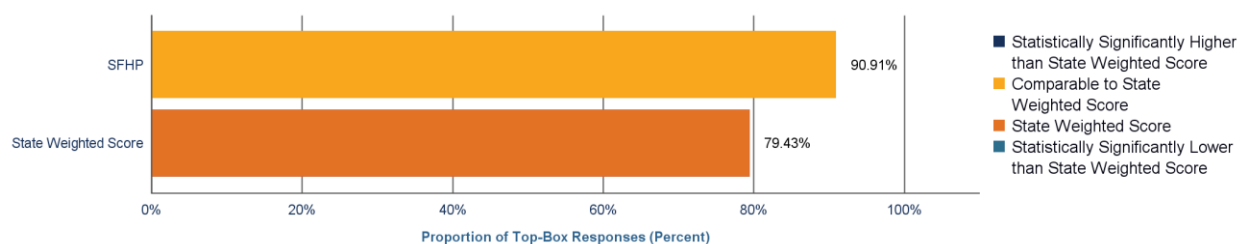
### Measure Definition

This measure assesses whether adult members and parents/caretakers of child members felt the care they/their child received was responsive to their/their child's needs relating to language, race, religion, ethnic background, or culture.

### Adult Results

Figure 66 shows the adult MCP and State weighted top-box scores, including the program comparisons, for the *Cultural Competency* individual item measure.

Figure 66—Adult Program Comparisons: *Cultural Competency*

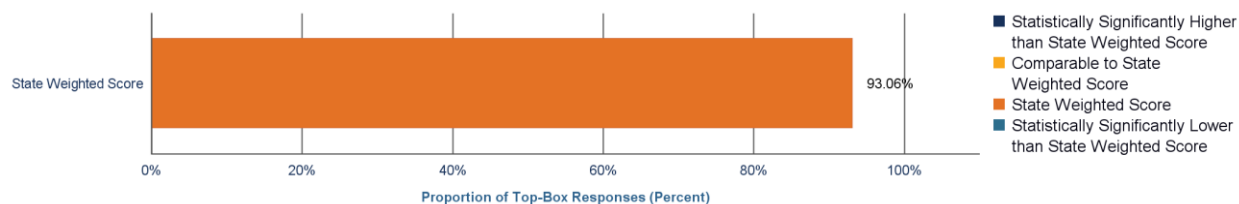


Scores for all MCPs except SFHP are not displayed in Figure 66 since the MCPs had fewer than 11 respondents for this measure.

## Child Results

Figure 67 shows the child State weighted top-box scores, including the program comparisons, for the *Cultural Competency* individual item measure.

Figure 67—Child Program Comparisons: *Cultural Competency*



Scores for all MCPs are not displayed in Figure 67 since the MCPs had fewer than 11 respondents for this measure.

## Summary of Results—*Cultural Competency*

### Adult

- » SFHP did not score statistically significantly higher or lower than the State weighted score.

### Child

- » MCP-level results could not be presented for this measure.

## Amount Helped

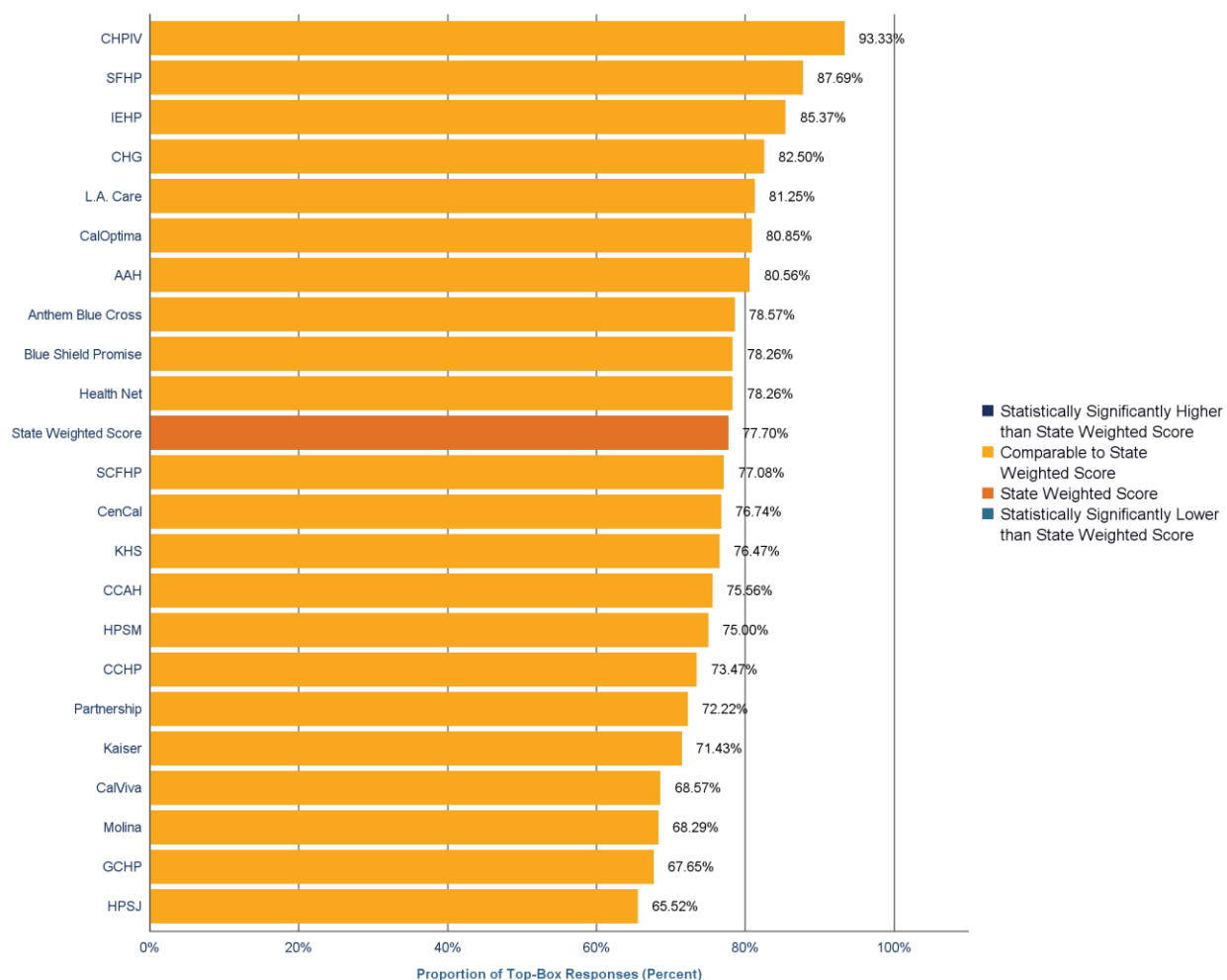
### Measure Definition

This measure assesses the degree to which adult and child members were helped by the counseling or treatment they received.

### Adult Results

Figure 68 shows the adult MCP and State weighted top-box scores, including the program comparisons, for the *Amount Helped* individual item measure.

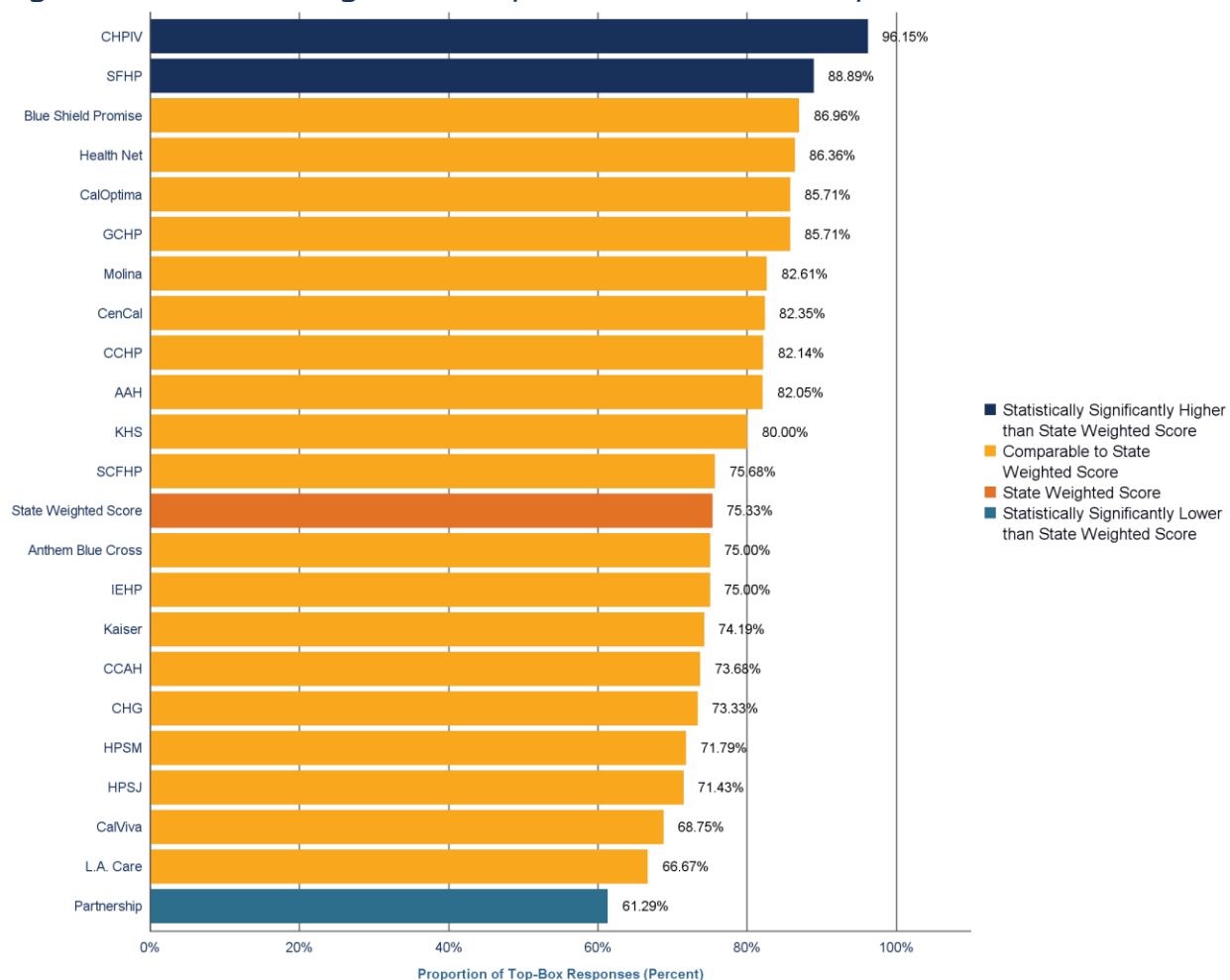
Figure 68—Adult Program Comparisons: *Amount Helped*



## Child Results

Figure 69 shows the child MCP and State weighted top-box scores, including the program comparisons, for the *Amount Helped* individual item measure.

Figure 69—Child Program Comparisons: *Amount Helped*



## Summary of Results—*Amount Helped*

### Adult

- » No MCP scored statistically significantly higher or lower than the State weighted score.

### Child

- » CHPIV and SFHP scored statistically significantly higher than the State weighted score.
- » Partnership scored statistically significantly lower than the State weighted score.

## Treatment After Benefits are Used Up

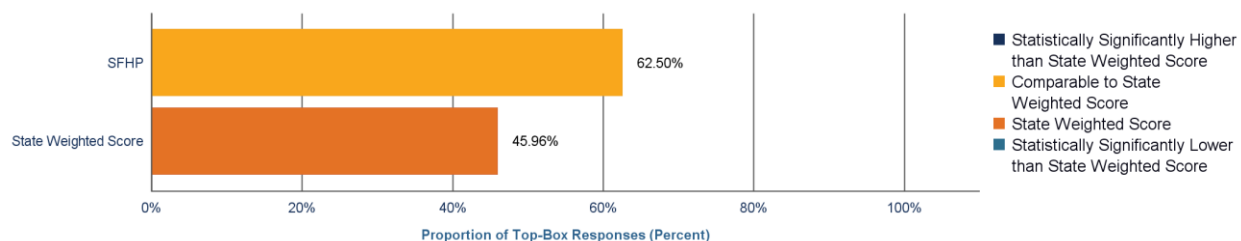
### Measure Definition

This measure assesses whether adult members and parents/caretakers of child members were told about other ways to get the counseling, treatment, or medicine they/their child needed after they/their child used up their benefits.

### Adult Results

Figure 70 shows the adult MCP and State weighted top-box scores, including the program comparisons, for the *Treatment After Benefits are Used Up* individual item measure.

Figure 70—Adult Program Comparisons: *Treatment After Benefits are Used Up*

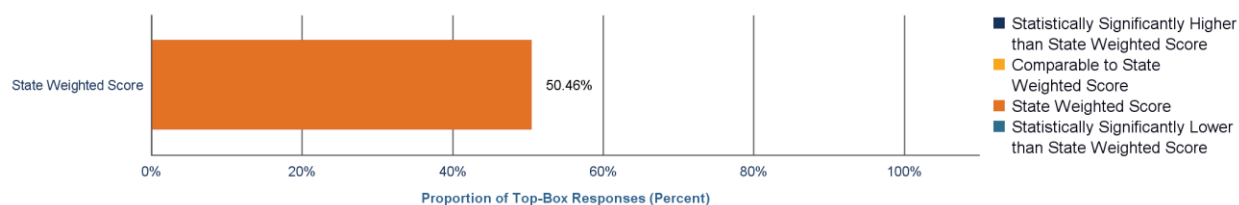


Scores for all MCPs except SFHP are not displayed in Figure 70 since the MCPs had fewer than 11 respondents for this measure.

## Child Results

Figure 71 shows the child State weighted top-box scores, including the program comparisons, for the *Treatment After Benefits are Used Up* individual item measure.

Figure 71—Child Program Comparisons: *Treatment After Benefits are Used Up*



Scores for all MCPs are not displayed in Figure 71 since the MCPs had fewer than 11 respondents for this measure.

## Summary of Results—*Treatment After Benefits are Used Up*

### Adult

- » SFHP did not score statistically significantly higher or lower than the State weighted score.

### Child

- » MCP-level results could not be presented for this measure.

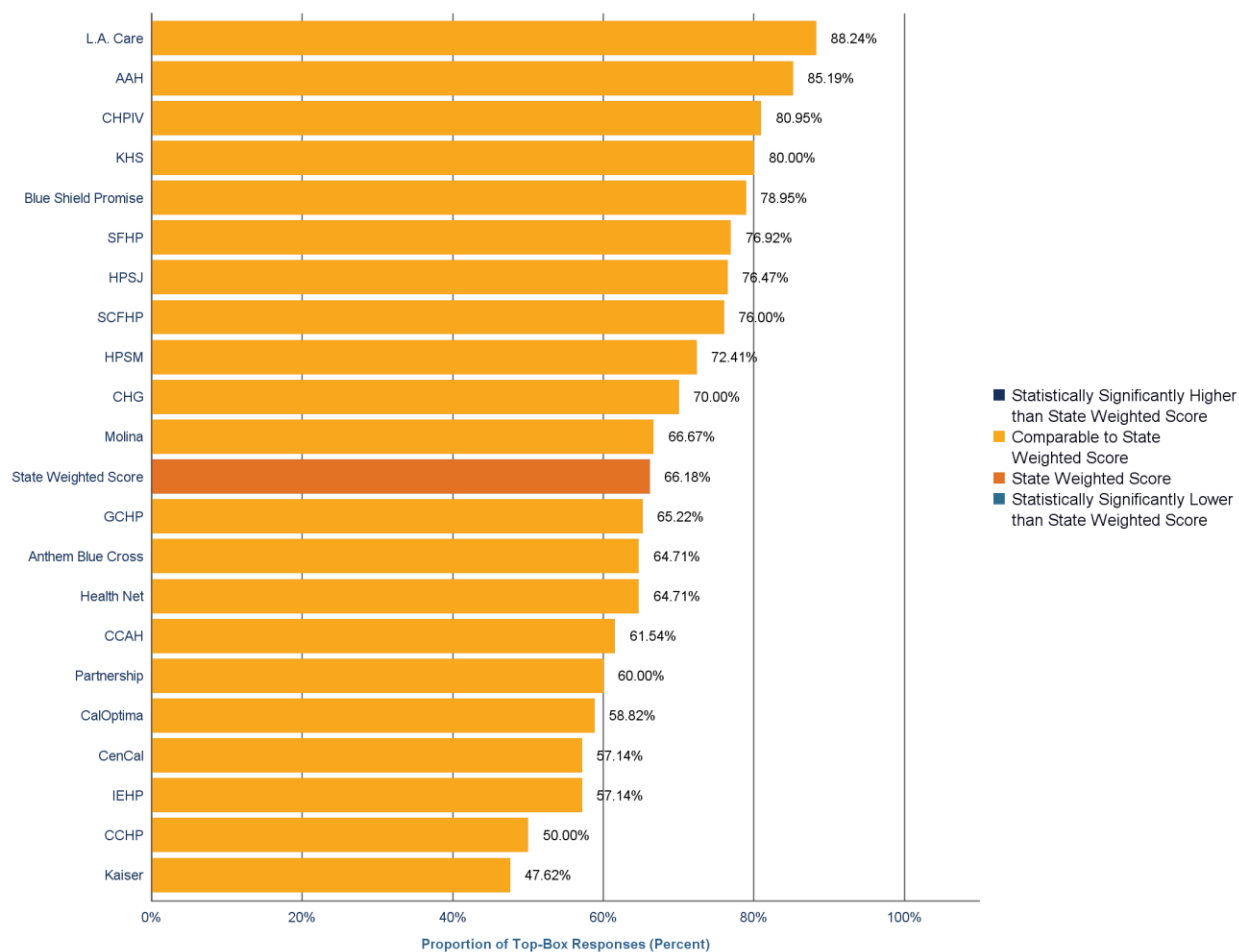
## Information About Available Treatments (Child Only)

### Measure Definition

This measure assesses whether parents/caretakers of child members were able to get information about their child’s available treatments.

Figure 72 shows the child MCP and State weighted top-box scores, including the program comparisons, for *Information About Available Treatments* individual item measure.

Figure 72—Child Program Comparisons: *Information About Available Treatments*



The score for CalViva is not displayed in Figure 72 since the MCP had fewer than 11 respondents for this measure.

### Summary of Results—*Information About Available Treatments*

- » No MCP scored statistically significantly higher or lower than the State weighted score.

## Supplemental Items

### Development of Treatment Plan

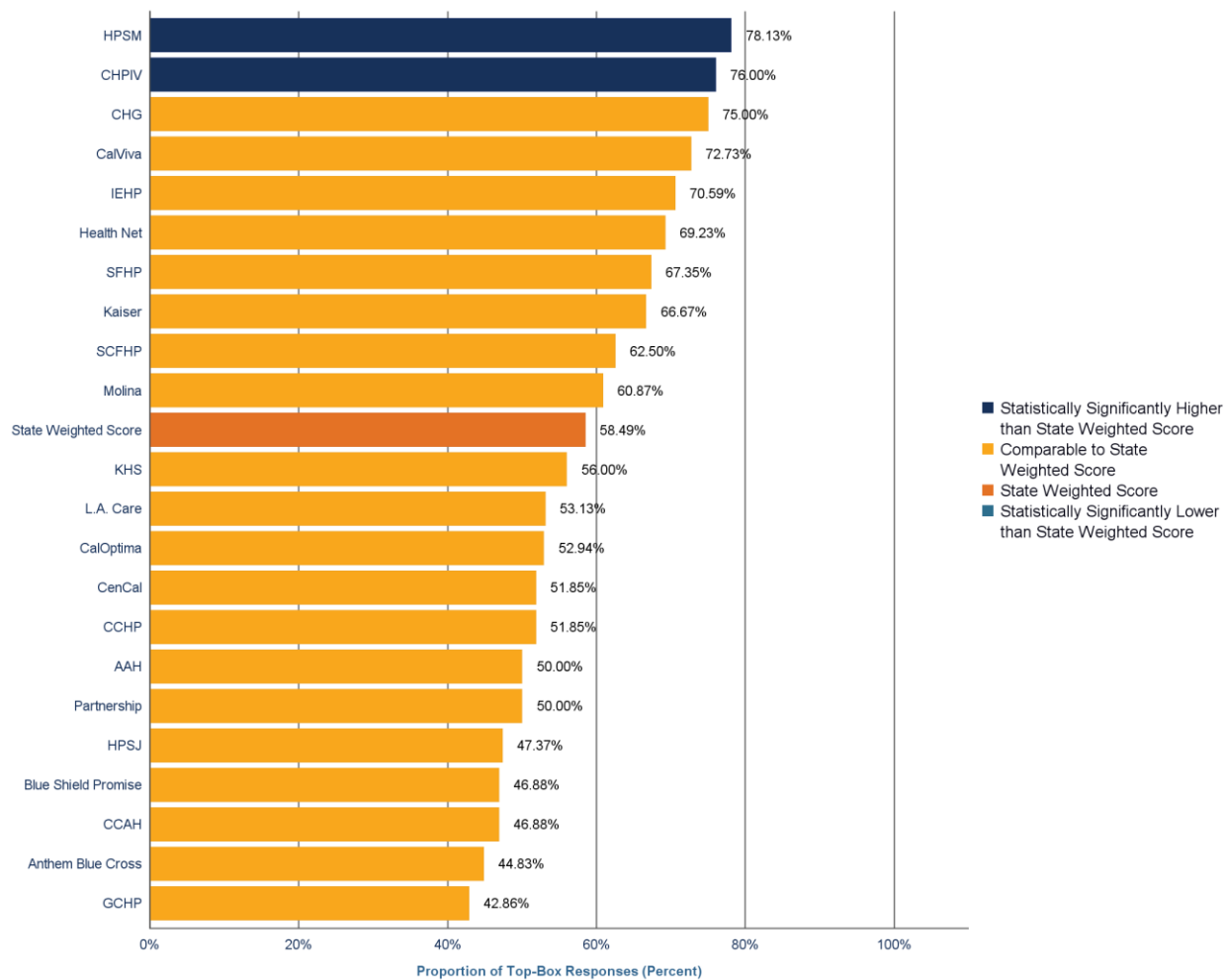
#### Measure Definition

This measure assesses whether adult members and parents/caretakers of child members worked with the people they/their child went to for counseling or treatment to develop a treatment plan.

#### Adult Results

Figure 73 shows the adult MCP and State weighted top-box scores, including the program comparisons, for the *Development of Treatment Plan* supplemental item.

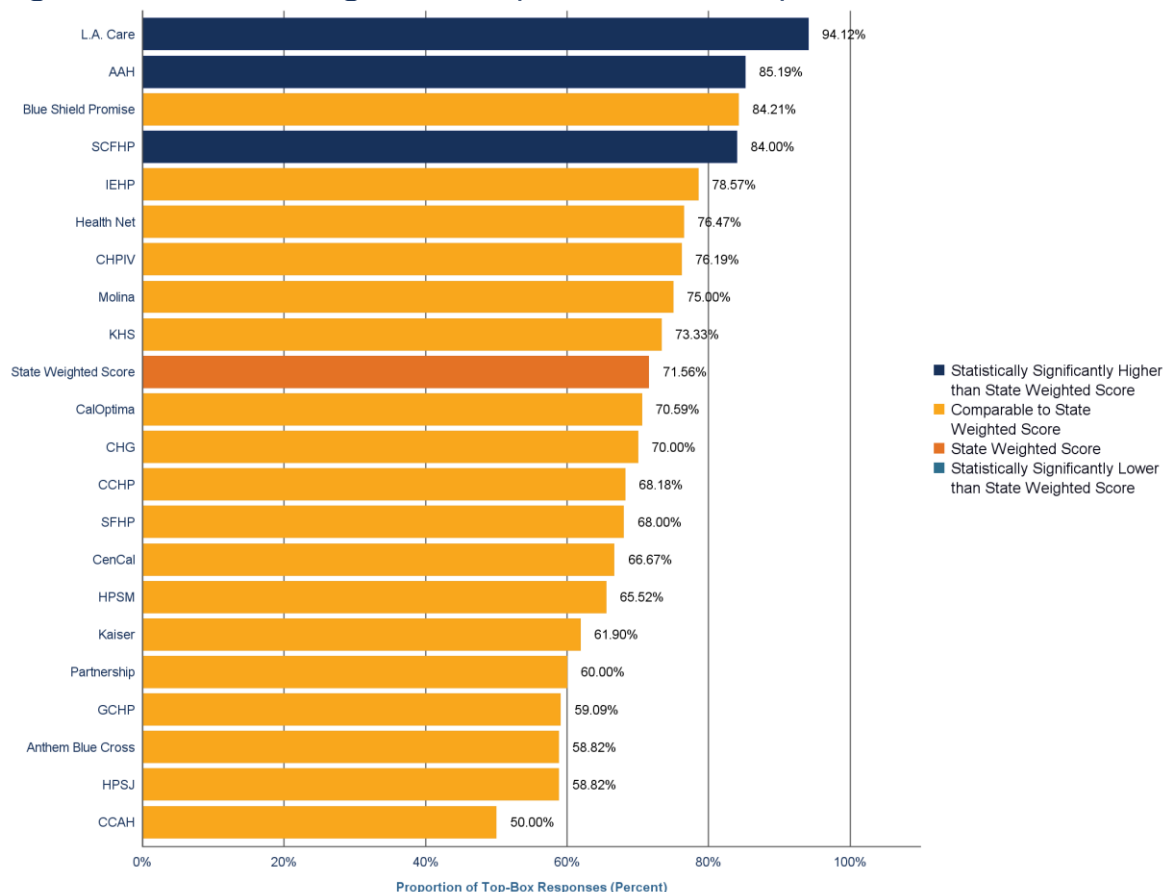
Figure 73—Adult Program Comparisons: *Development of Treatment Plan*



### Child Results

Figure 74 shows the child MCP and State weighted top-box scores, including the program comparisons, for the *Development of Treatment Plan* supplemental item.

Figure 74—Child Program Comparisons: *Development of Treatment Plan*



The score for CalViva is not displayed in Figure 74 since the MCP had fewer than 11 respondents for this measure.

### Summary of Results—*Development of Treatment Plan*

#### Adult

- » CHPIV and HPSM scored statistically significantly higher than the State weighted score.

#### Child

- » The following three MCPs scored statistically significantly higher than the State weighted score:

- AAH
- L.A. Care
- SCFHP

## Inclusion of Important Things in Treatment Plan

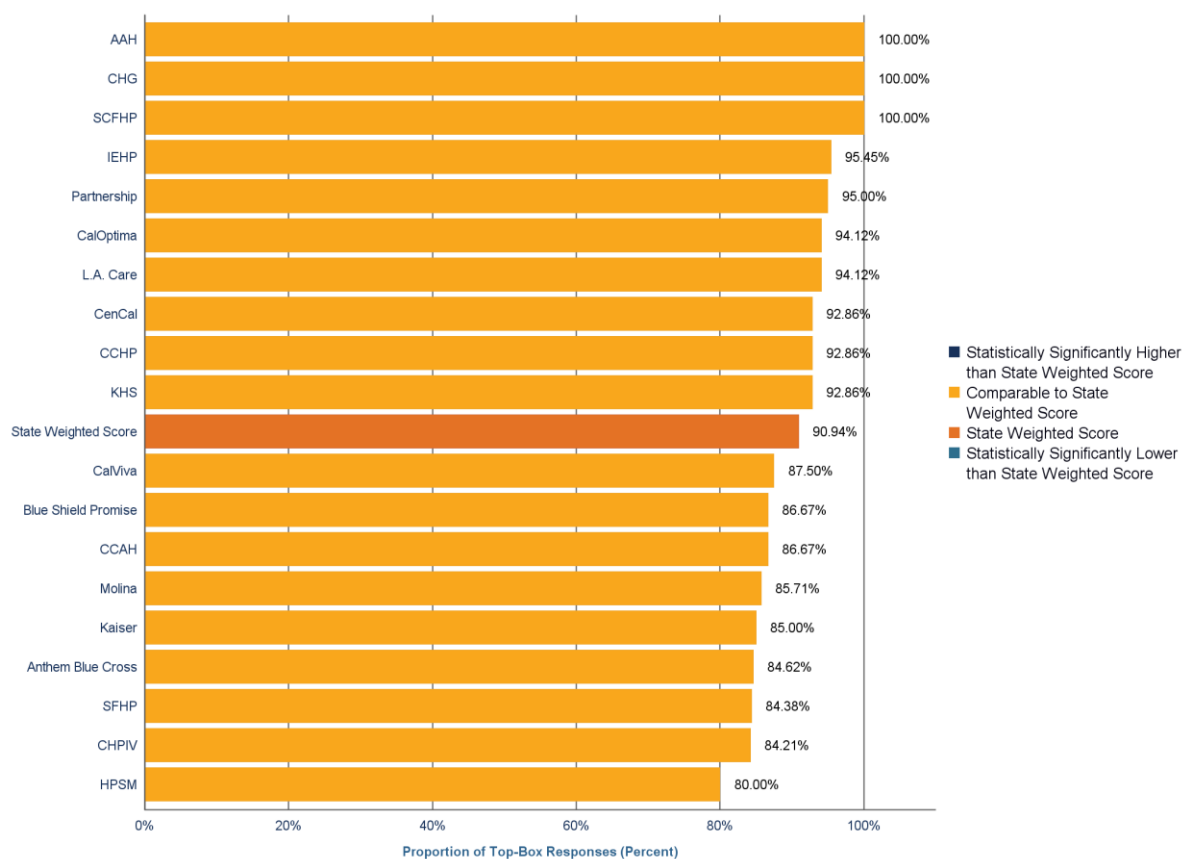
### Measure Definition

This measure assesses how many things were included in the treatment plan of adult and child members that were important to them/the parent/caretaker.

### Adult Results

Figure 75 shows the adult MCP and State weighted top-box scores, including the program comparisons, for the *Inclusion of Important Things in Treatment Plan* supplemental item.

Figure 75—Adult Program Comparisons: *Inclusion of Important Things in Treatment Plan*



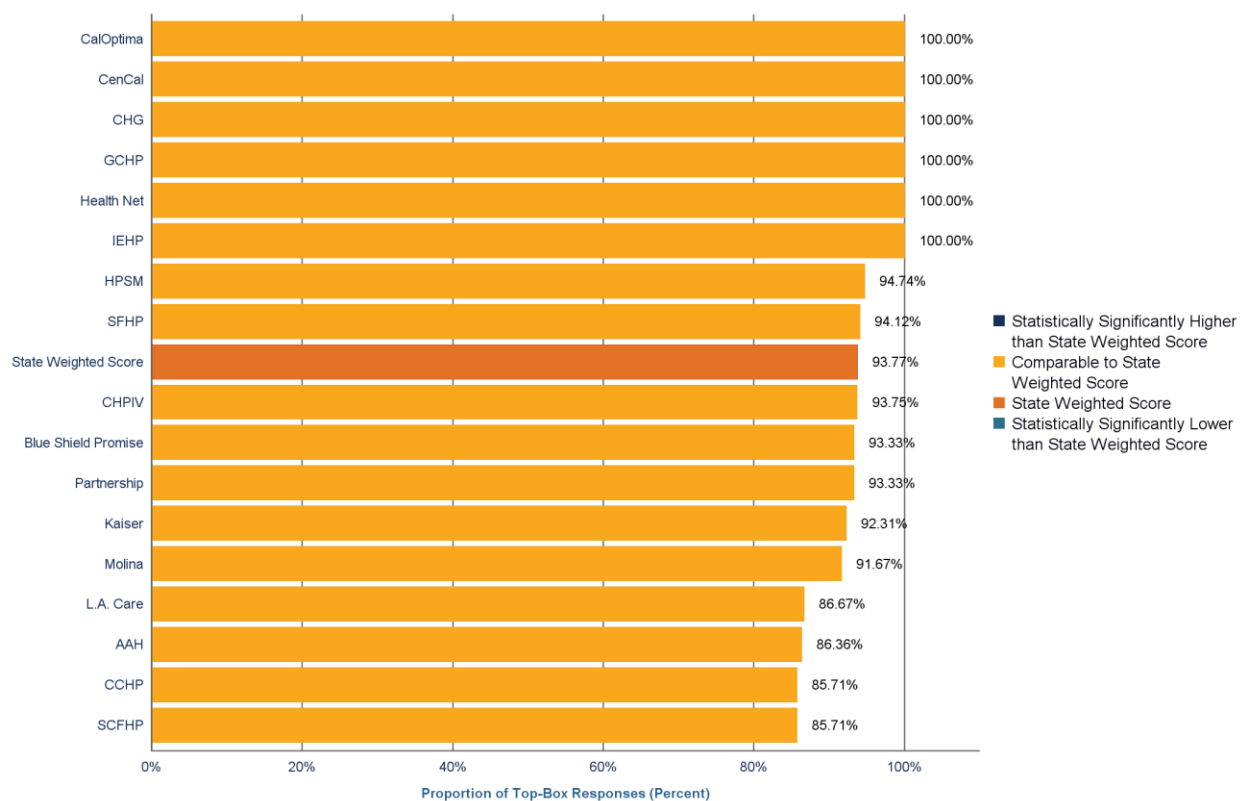
Scores for the following MCPs are not displayed in Figure 75 since the MCPs had fewer than 11 respondents for this measure:

- » GCHP
- » HPSJ
- » Health Net

## Child Results

Figure 76 shows the child MCP and State weighted top-box scores, including the program comparisons, for the *Inclusion of Important Things in Treatment Plan* supplemental item.

Figure 76—Child Program Comparisons: *Inclusion of Important Things in Treatment Plan*



Scores for the following MCPs are not displayed in Figure 76 since the MCPs had fewer than 11 respondents for this measure:

- » Anthem Blue Cross
- » CalViva
- » CCAH
- » HPSJ
- » KHS

## **Summary of Results—*Inclusion of Important Things in Treatment Plan***

### **Adult**

- » No MCP scored statistically significantly higher or lower than the State weighted score.

### **Child**

- » No MCP scored statistically significantly higher or lower than the State weighted score.

## Mental Health Services Comparisons

HSAG compared the scores for respondents who received SMHS and NSMHS to the scores for respondents who received NSMHS only to determine whether there were statistically significant differences. For more information on the calculation of the state-level scores and mental health services comparisons, please refer to the “Scoring Calculations” and “Mental Health Services Comparisons” headings in the Methodology section of this report on pages 36 and 39, respectively. If the score for one mental health services subgroup is statistically significantly higher, then the score of the other mental health services subgroup must be statistically significantly lower. The SMHS subgroup is inclusive of members who received both NSMHS and SMHS while the NSMHS subgroup is inclusive of members who received NSMHS only.

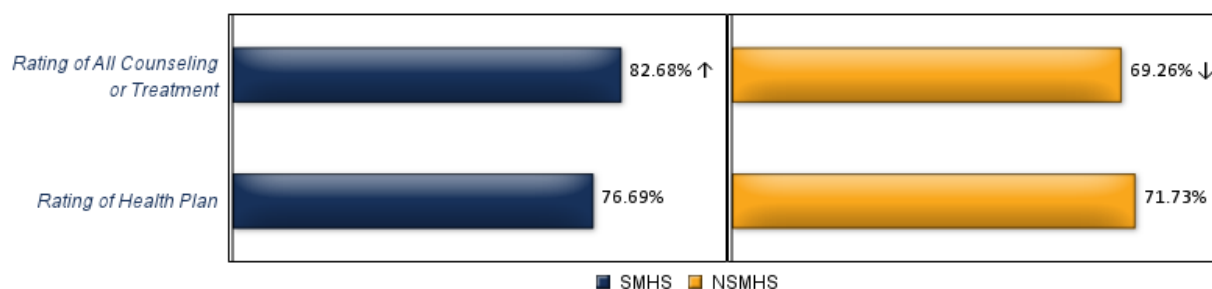
### Global Ratings

#### Adult Results

Figure 77 shows the adult State unweighted top-box scores, including the mental health services comparisons, for the two global ratings.

Figure 77—Adult Mental Health Services Comparisons: Global Ratings

- ↑ Indicates the score for the mental health services subgroup is statistically significantly higher than the score of the other mental health services subgroup.
- ↓ Indicates the score for the mental health services subgroup is statistically significantly lower than the score of the other mental health services subgroup.

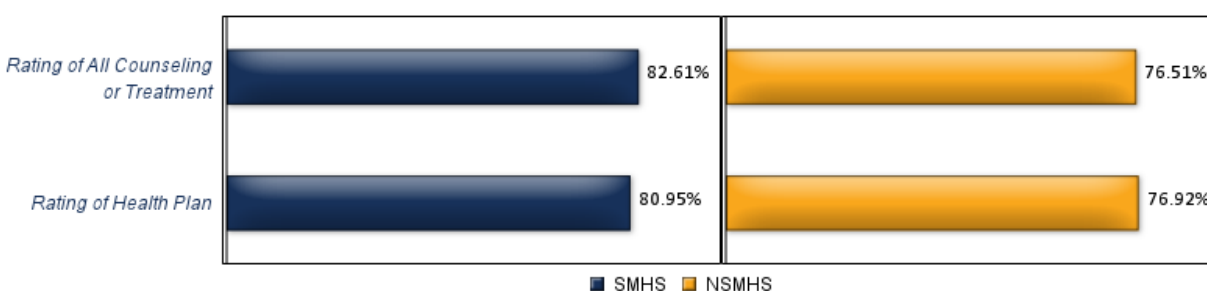


## Child Results

Figure 78 shows the child State unweighted top-box scores, including the mental health services comparisons, for the two global ratings.

### Figure 78—Child Mental Health Services Comparisons: Global Ratings

- ↑ Indicates the score for the mental health services subgroup is statistically significantly higher than the score of the other mental health services subgroup.
- ↓ Indicates the score for the mental health services subgroup is statistically significantly lower than the score of the other mental health services subgroup.



## Summary of Results—Global Ratings

### Adult

- » Adult members who received SMHS and NSMHS had a statistically significantly higher score compared to adult members who received NSMHS only for *Rating of All Counseling or Treatment*.

### Child

- » There were no statistical differences in scores for child members who received SMHS and NSMHS when compared to child members who received NSMHS only for the two global ratings.

## Composite Measures and Corresponding Individual Items

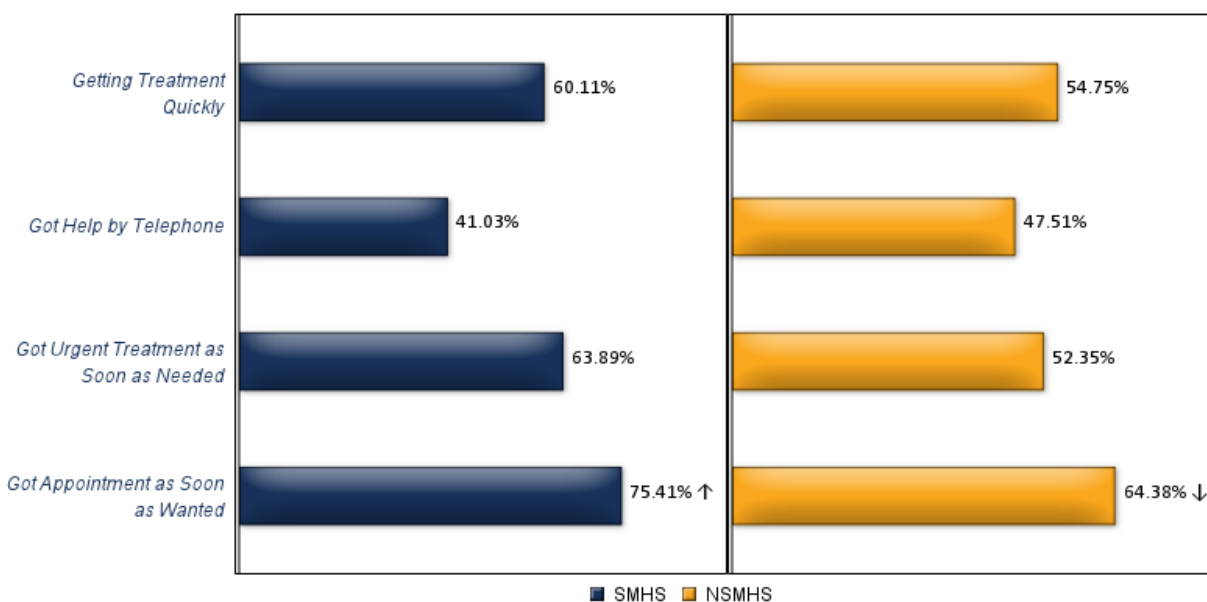
### Getting Treatment Quickly

#### Adult Results

Figure 79 shows the adult State unweighted top-box scores, including the mental health services comparisons, for the *Getting Treatment Quickly* composite measure and corresponding individual items.

Figure 79—Adult Mental Health Services Comparisons: *Getting Treatment Quickly*

- ↑ Indicates the score for the mental health services subgroup is statistically significantly higher than the score of the other mental health services subgroup.
- ↓ Indicates the score for the mental health services subgroup is statistically significantly lower than the score of the other mental health services subgroup.

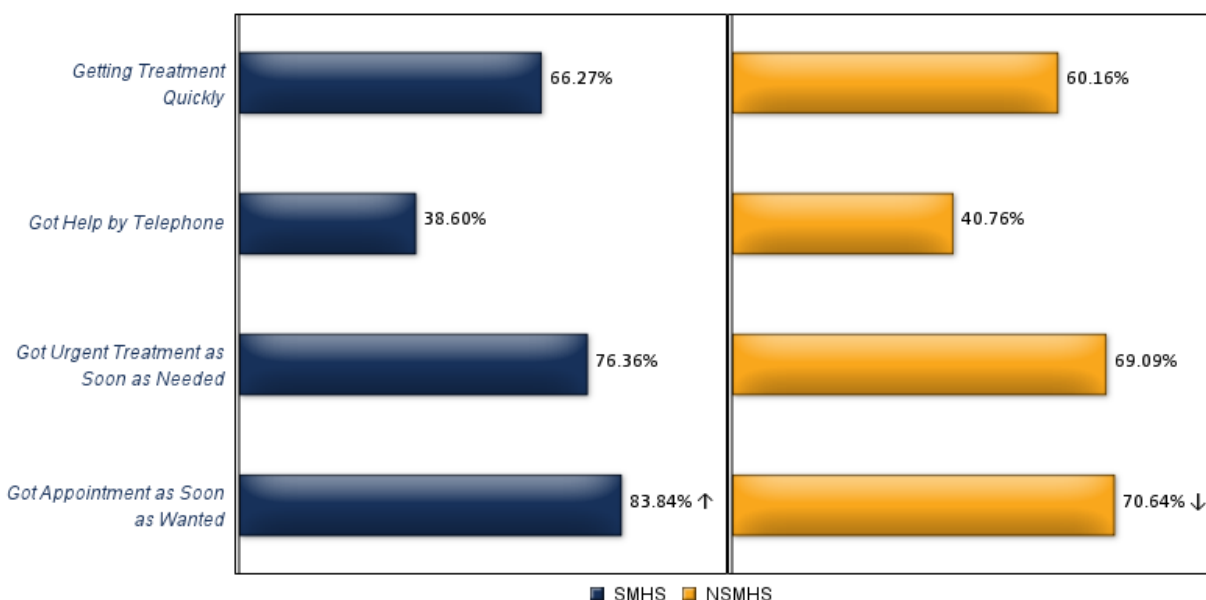


## Child Results

Figure 80 shows the child State unweighted top-box scores, including the mental health services comparisons, for the *Getting Treatment Quickly* composite measure and corresponding individual items.

### Figure 80—Child Mental Health Services Comparisons: *Getting Treatment Quickly*

- ↑ Indicates the score for the mental health services subgroup is statistically significantly higher than the score of the other mental health services subgroup.
- ↓ Indicates the score for the mental health services subgroup is statistically significantly lower than the score of the other mental health services subgroup.



## Summary of Results—*Getting Treatment Quickly*

### Adult

- » Adult members who received SMHS and NSMHS had a statistically significantly higher score compared to adult members who received NSMHS only for *Got Appointment as Soon as Wanted*.

### Child

- » Child members who received SMHS and NSMHS had a statistically significantly higher score compared to child members who received NSMHS only for *Got Appointment as Soon as Wanted*.

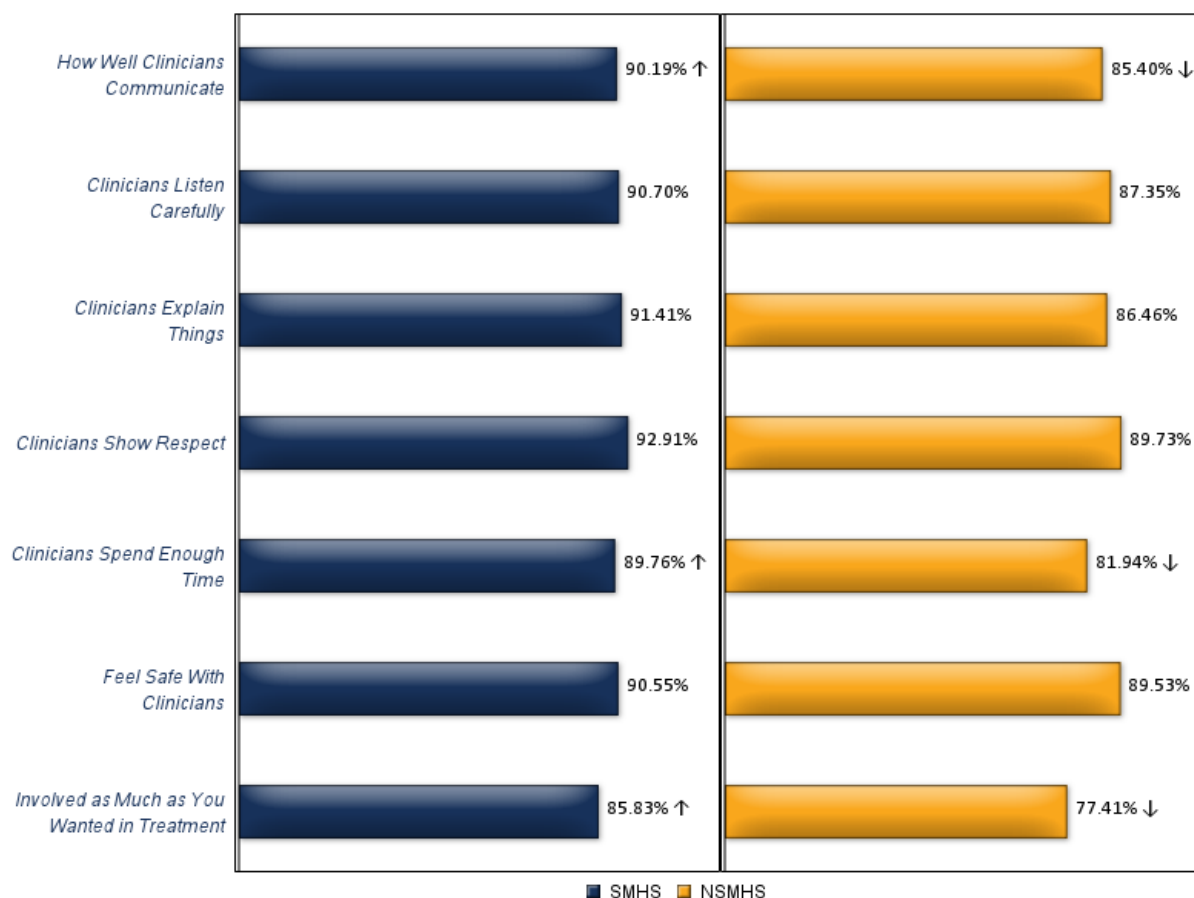
## How Well Clinicians Communicate

### Adult Results

Figure 81 shows the adult State unweighted top-box scores, including the mental health services comparisons, for the *How Well Clinicians Communicate* composite measure and corresponding individual items.

Figure 81—Adult Mental Health Services Comparisons: *How Well Clinicians Communicate*

- ↑ Indicates the score for the mental health services subgroup is statistically significantly higher than the score of the other mental health services subgroup.
- ↓ Indicates the score for the mental health services subgroup is statistically significantly lower than the score of the other mental health services subgroup.

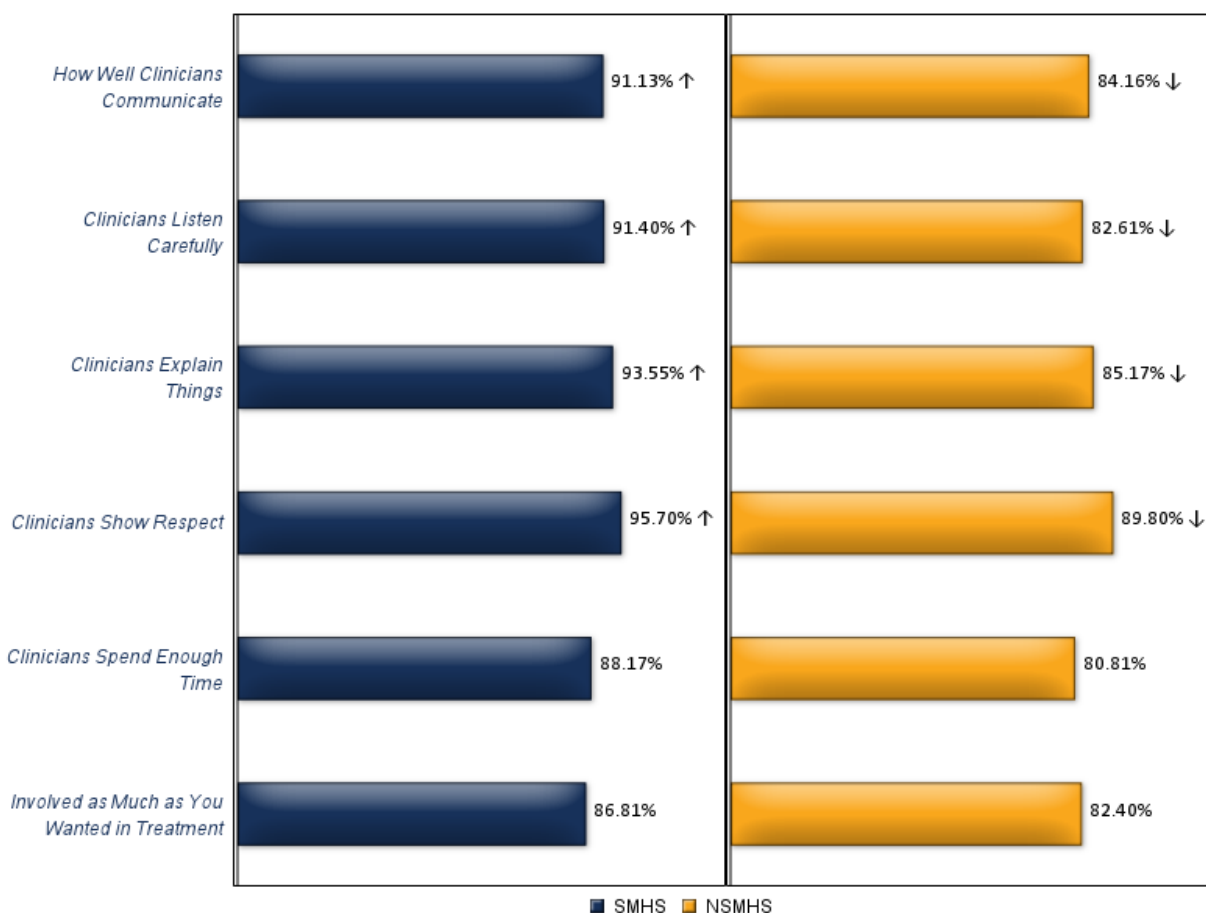


### Child Results

Figure 82 shows the child State unweighted top-box scores, including the mental health services comparisons, for the *How Well Clinicians Communicate* composite measure and corresponding individual items.

Figure 82—Child Mental Health Services Comparisons: *How Well Clinicians Communicate*

- ↑ Indicates the score for the mental health services subgroup is statistically significantly higher than the score of the other mental health services subgroup.
- ↓ Indicates the score for the mental health services subgroup is statistically significantly lower than the score of the other mental health services subgroup.



## Summary of Results—*How Well Clinicians Communicate*

### Adult

- » Adult members who received SMHS and NSMHS had a statistically significantly higher score compared to adult members who received NSMHS only for the following measures:
  - *How Well Clinicians Communicate*
  - *Clinicians Spend Enough Time*
  - *Involved as Much as You Wanted in Treatment*

### Child

- » Child members who received SMHS and NSMHS had a statistically significantly higher score compared to child members who received NSMHS only for the following measures:
  - *How Well Clinicians Communicate*
  - *Clinicians Listen Carefully*
  - *Clinicians Explain Things*
  - *Clinicians Show Respect*

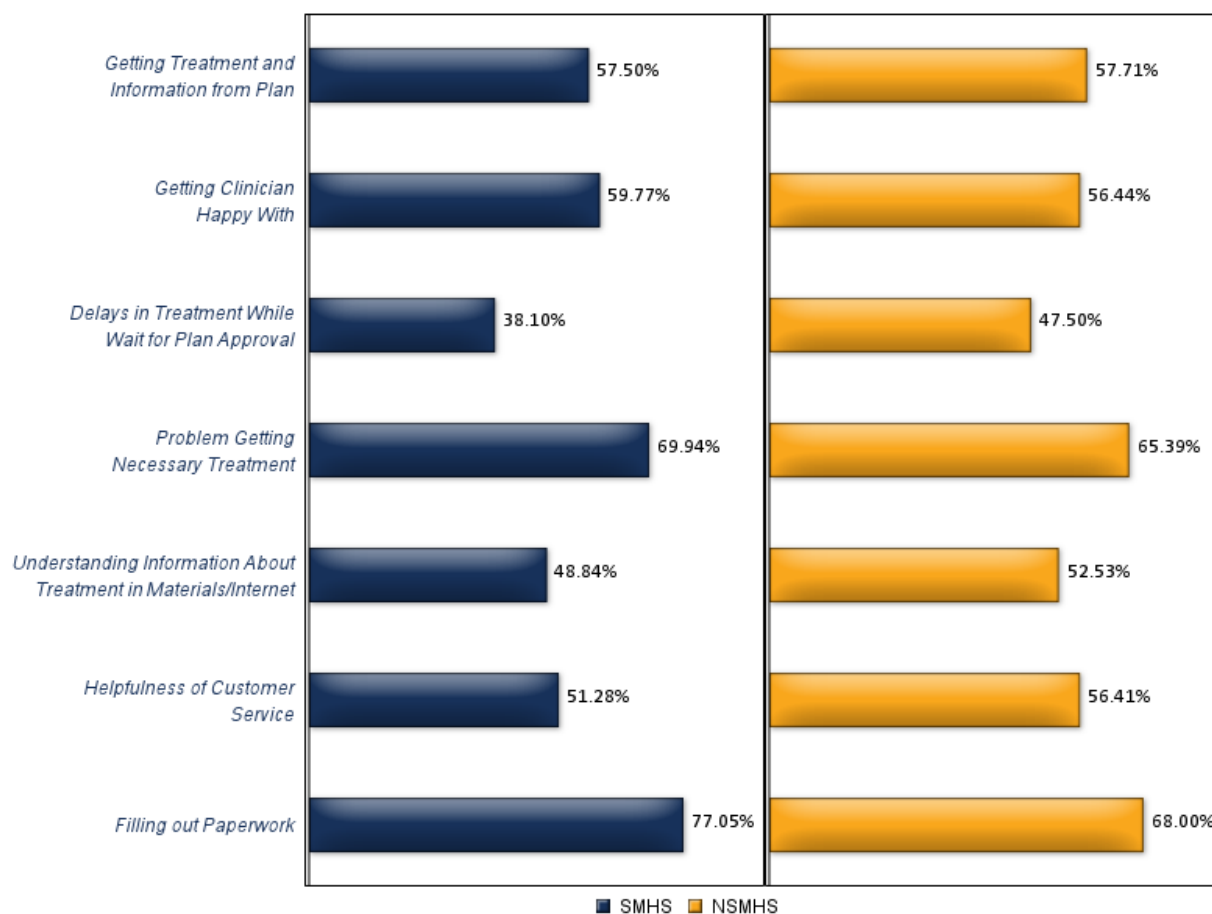
## Getting Treatment and Information from Plan

### Adult Results

Figure 83 shows the adult State unweighted top-box scores, including the mental health services comparisons, for the *Getting Treatment and Information from Plan* composite measure and corresponding individual items.

Figure 83—Adult Mental Health Services Comparisons: *Getting Treatment and Information from Plan*

- ↑ Indicates the score for the mental health services subgroup is statistically significantly higher than the score of the other mental health services subgroup.
- ↓ Indicates the score for the mental health services subgroup is statistically significantly lower than the score of the other mental health services subgroup.

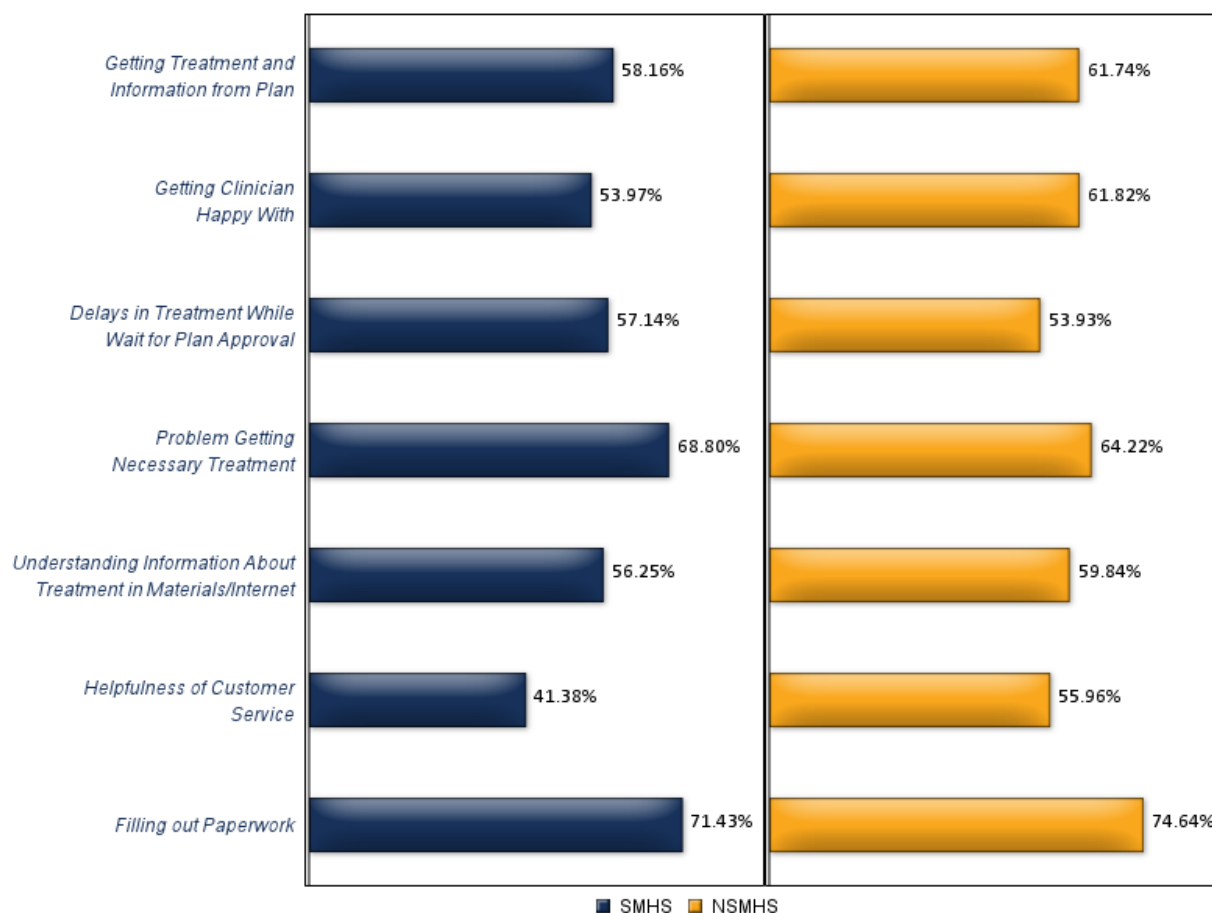


### Child Results

Figure 84 shows the child State unweighted top-box scores, including the mental health services comparisons, for the *Getting Treatment and Information from Plan* composite measure and corresponding individual items.

Figure 84—Child Mental Health Services Comparisons: *Getting Treatment and Information from Plan*

- ↑ Indicates the score for the mental health services subgroup is statistically significantly higher than the score of the other mental health services subgroup.
- ↓ Indicates the score for the mental health services subgroup is statistically significantly lower than the score of the other mental health services subgroup.



## Summary of Results—*Getting Treatment and Information from Plan*

### Adult

- » There were no statistical differences in scores for adult members who received SMHS and NSMHS when compared to adult members who received NSMHS only for the *Getting Treatment and Information from Plan* composite measure and corresponding individual items.

### Child

- » There were no statistical differences in scores for child members who received SMHS and NSMHS when compared to child members who received NSMHS only for the *Getting Treatment and Information from Plan* composite measure and corresponding individual items.

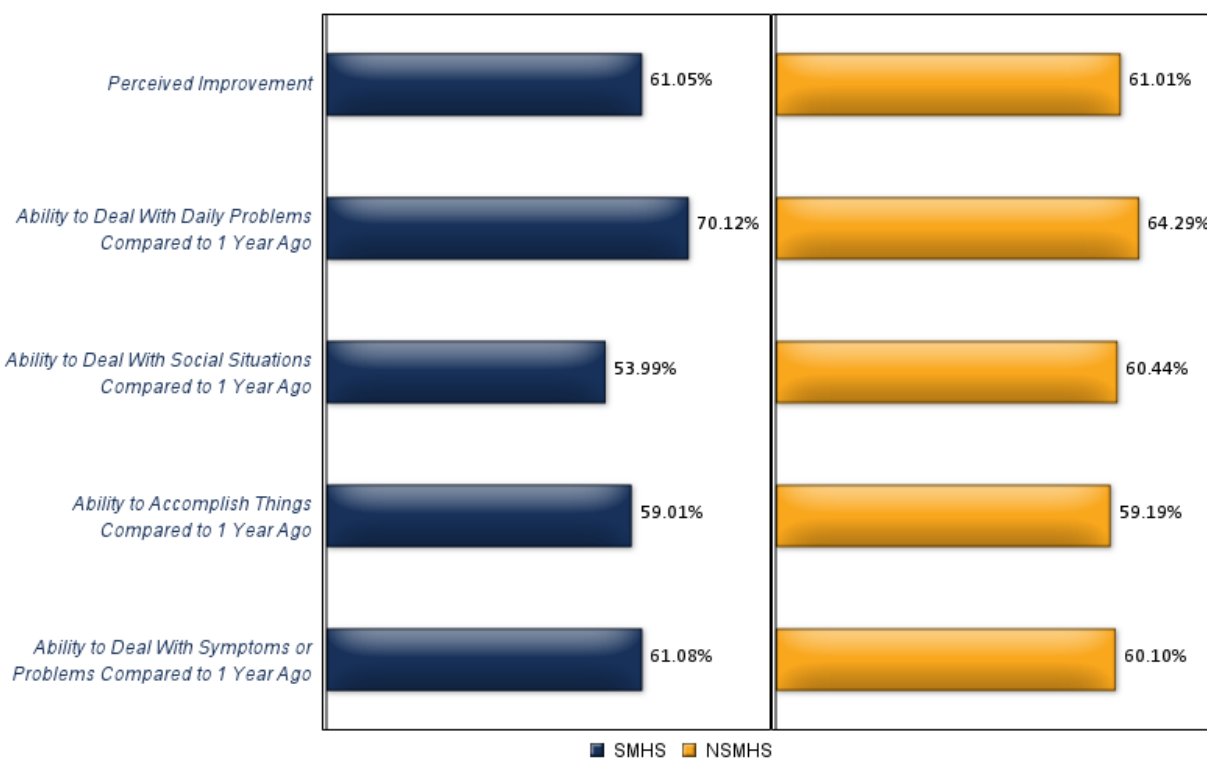
## Perceived Improvement

### Adult Results

Figure 85 shows the adult State unweighted top-box scores, including the mental health services comparisons, for the *Perceived Improvement* composite measure and corresponding individual items.

Figure 85—Adult Mental Health Services Comparisons: *Perceived Improvement*

- ↑ Indicates the score for the mental health services subgroup is statistically significantly higher than the score of the other mental health services subgroup.
- ↓ Indicates the score for the mental health services subgroup is statistically significantly lower than the score of the other mental health services subgroup.

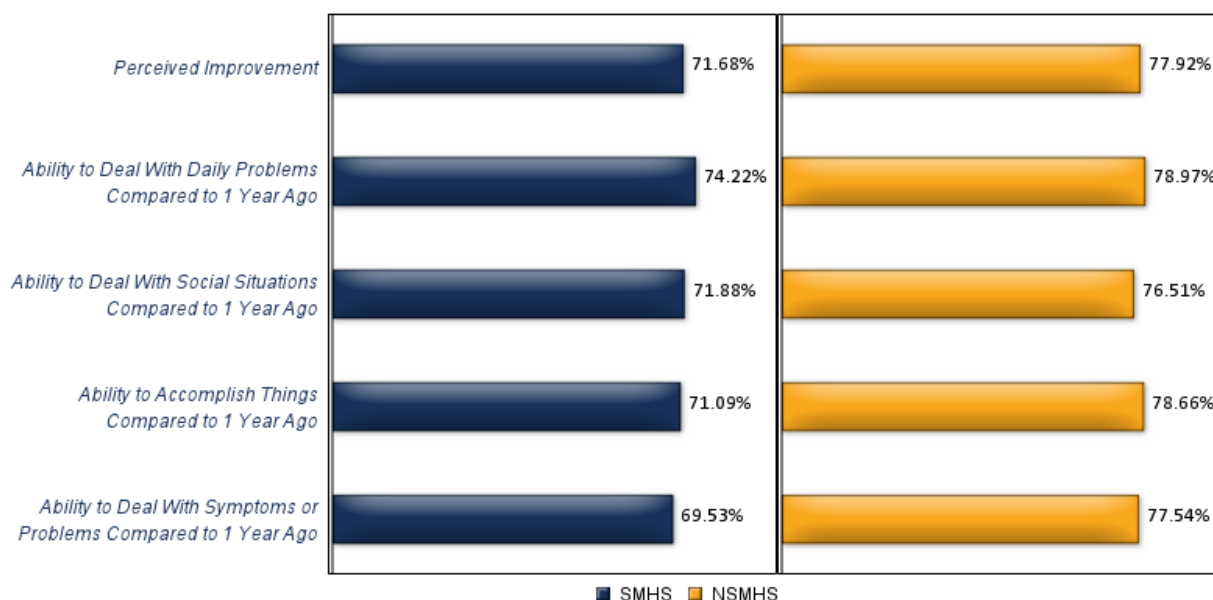


### Child Results

Figure 86 shows the child State unweighted top-box scores, including the mental health services comparisons, for the *Perceived Improvement* composite measure and corresponding individual items.

Figure 86—Child Mental Health Services Comparisons: *Perceived Improvement*

- ↑ Indicates the score for the mental health services subgroup is statistically significantly higher than the score of the other mental health services subgroup.
- ↓ Indicates the score for the mental health services subgroup is statistically significantly lower than the score of the other mental health services subgroup.



## Summary of Results—*Perceived Improvement*

### Adult

- » There were no statistical differences in scores for adult members who received SMHS and NSMHS when compared to adult members who received NSMHS only for the *Perceived Improvement* composite measure and corresponding individual items.

### Child

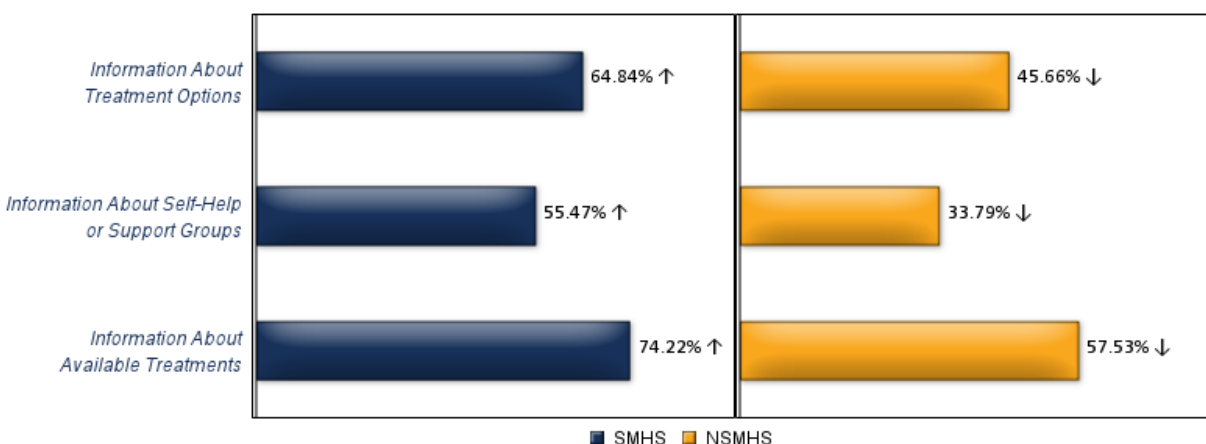
- » There were no statistical differences in scores for child members who received SMHS and NSMHS when compared to child members who received NSMHS only for the *Perceived Improvement* composite measure and corresponding individual items.

## Information About Treatment Options (Adult Only)

Figure 87 shows the adult State unweighted top-box scores, including the mental health services comparisons, for the *Information About Treatment Options* composite measure and corresponding individual items.

### Figure 87—Adult Mental Health Services Comparisons: *Information About Treatment Options*

- ↑ Indicates the score for the mental health services subgroup is statistically significantly higher than the score of the other mental health services subgroup.
- ↓ Indicates the score for the mental health services subgroup is statistically significantly lower than the score of the other mental health services subgroup.



### Summary of Results—*Information About Treatment Options*

- » Adult members who received SMHS and NSMHS had a statistically significantly higher score compared to adult members who received NSMHS only for the following measures:
  - *Information About Treatment Options*
  - *Information About Self-Help or Support Groups*
  - *Information About Available Treatments*

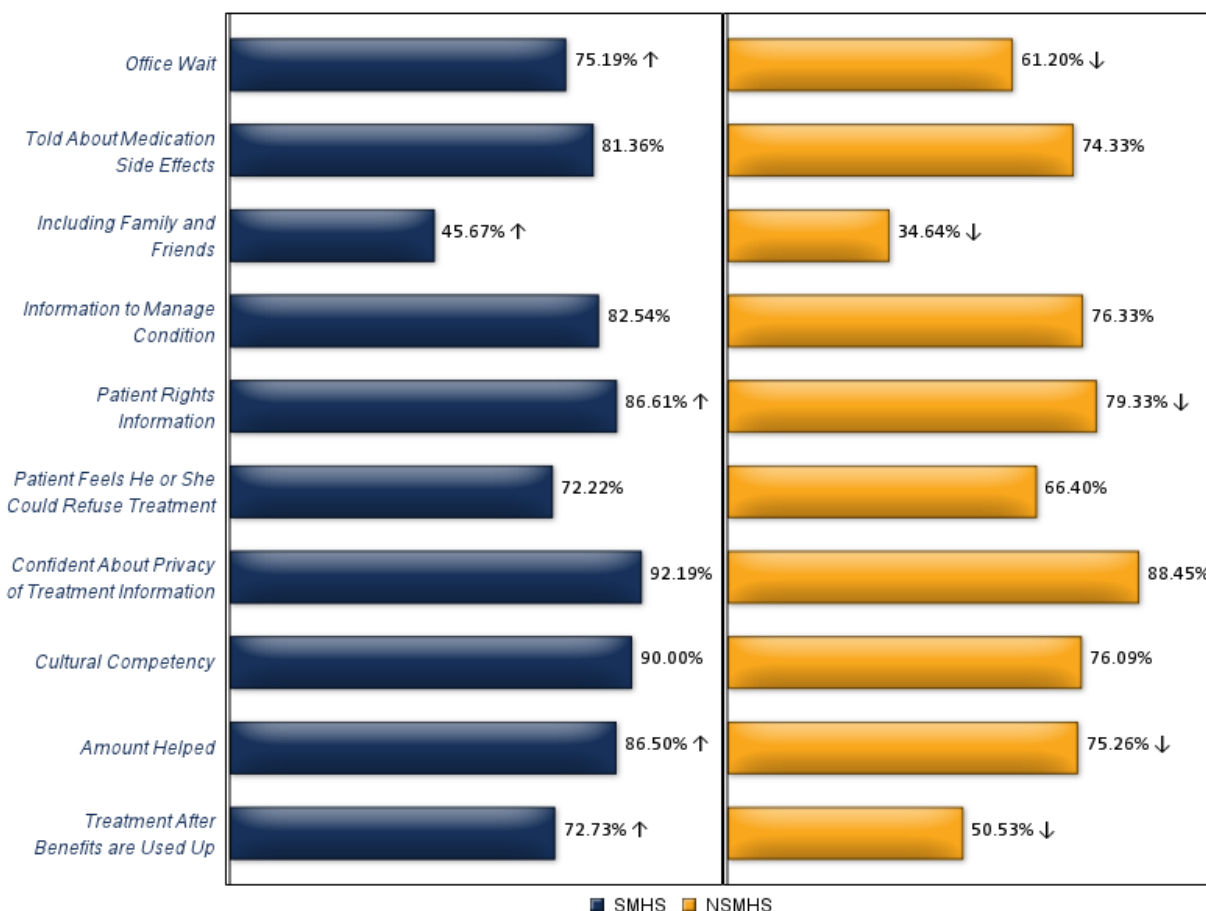
## Individual Item Measures

### Adult Results

Figure 88 shows the adult State unweighted top-box scores, including the mental health services comparisons, for the 10 individual item measures.

Figure 88—Adult Mental Health Services Comparisons: Individual Item Measures

- ↑ Indicates the score for the mental health services subgroup is statistically significantly higher than the score of the other mental health services subgroup.
- ↓ Indicates the score for the mental health services subgroup is statistically significantly lower than the score of the other mental health services subgroup.

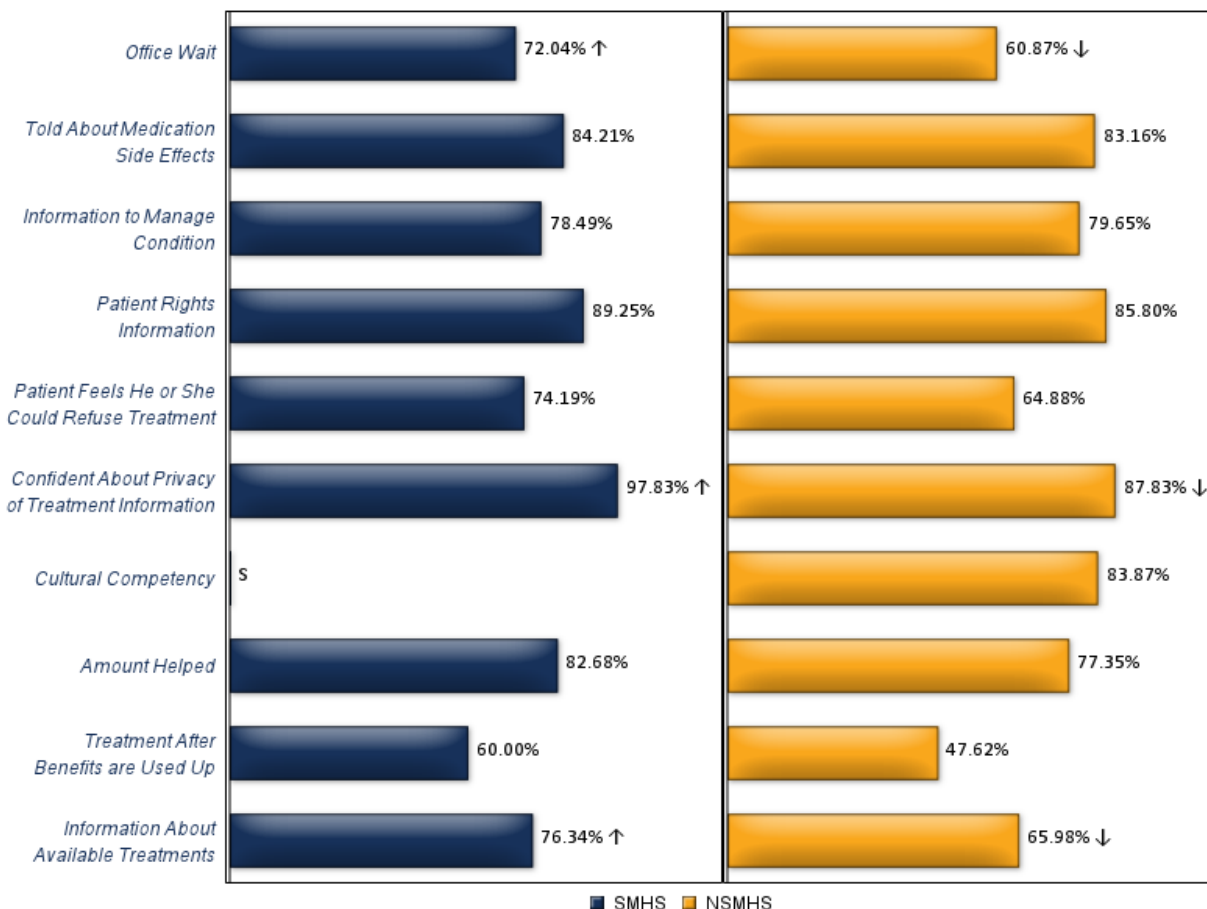


### Child Results

Figure 89 shows the child State unweighted top-box scores, including the mental health services comparisons, for the 10 individual item measures.

Figure 89—Child Mental Health Services Comparisons: Individual Item Measures

- ↑ Indicates the score for the mental health services subgroup is statistically significantly higher than the score of the other mental health services subgroup.
- ↓ Indicates the score for the mental health services services subgroup is statistically significantly lower than the score of the other mental health services subgroup.
- S Indicates the mental health services subgroup had fewer than 11 respondents for the measure.



## Summary of Results—Individual Item Measures

### Adult

- » Adult members who received SMHS and NSMHS had a statistically significantly higher score compared to adult members who received NSMHS only for the following measures:
  - *Office Wait*
  - *Including Family and Friends*
  - *Patient Rights Information*
  - *Amount Helped*
  - *Treatment After Benefits are Used Up*

### Child

- » Child members who received SMHS and NSMHS had a statistically significantly higher score compared to child members who received NSMHS only for the following measures:
  - *Office Wait*
  - *Confident About Privacy of Treatment Information*
  - *Information About Available Treatments*

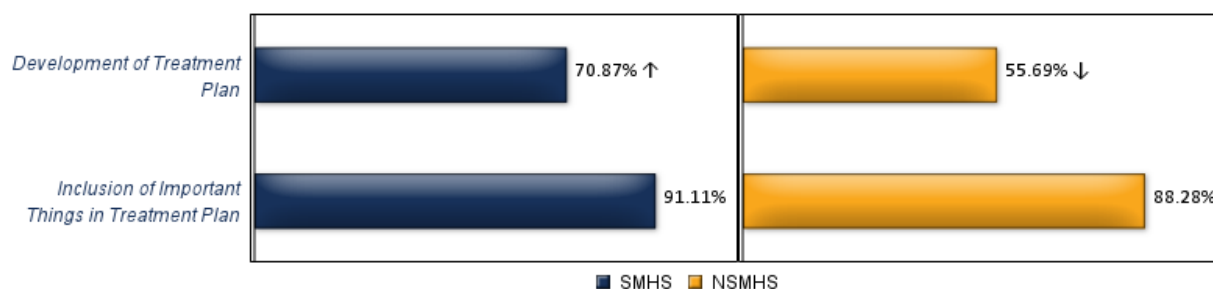
## Supplemental Items

### Adult Results

Figure 90 shows the adult State unweighted top-box scores, including the mental health services comparisons, for the two supplemental items.

Figure 90—Adult Mental Health Services Comparisons: Supplemental Items

- ↑ Indicates the score for the mental health services subgroup is statistically significantly higher than the score of the other mental health services subgroup.
- ↓ Indicates the score for the mental health services services subgroup is statistically significantly lower than the score of the other mental health services subgroup.

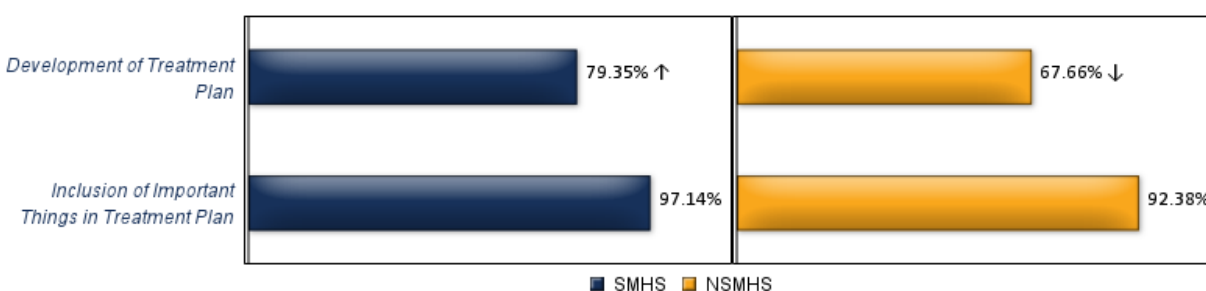


## Child Results

Figure 91 shows the child State unweighted top-box scores, including the mental health services comparisons, for the two supplemental items.

### Figure 91—Child Mental Health Services Comparisons: Supplemental Items

- ↑ Indicates the score for the mental health services subgroup is statistically significantly higher than the score of the other mental health services subgroup.
- ↓ Indicates the score for the mental health services subgroup is statistically significantly lower than the score of the other mental health services subgroup.



## Summary of Results—Supplemental Items

### Adult

- » Adult members who received SMHS and NSMHS had a statistically significantly higher score compared to adult members who received NSMHS only for *Development of Treatment Plan*.

### Child

- » Child members who received SMHS and NSMHS had a statistically significantly higher score compared to child members who received NSMHS only for *Development of Treatment Plan*.

## Demographic Analysis

For each demographic category, HSAG compared the score for each demographic sub-category to the score for the other demographic sub-category for language, disability status, sexual orientation, and gender identity or the average score of the other demographic sub-categories combined for race/ethnicity. For more information on the calculation of the state-level scores and demographic analysis, please refer to the “Scoring Calculations” and “Demographic Analysis” headings in the Methodology section of this report on page 36 and 39, respectively. For language, disability status, sexual orientation, and gender identity, if the score for one sub-category is statistically significantly higher, then the score of the other sub-category must be statistically significantly lower.

### Language

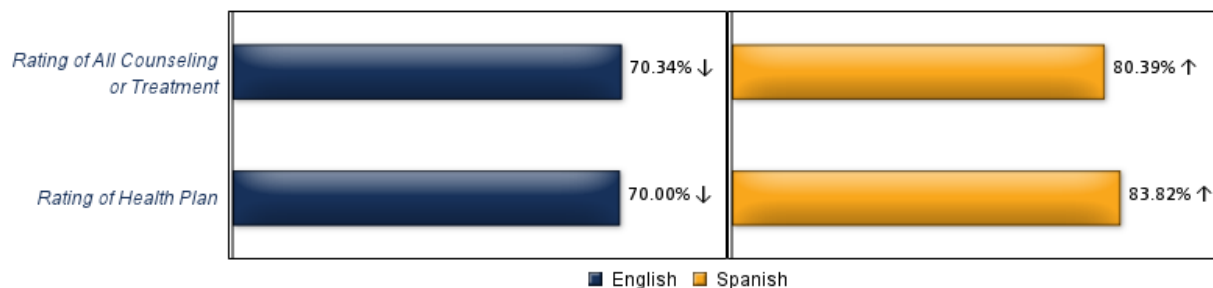
#### Global Ratings

##### Adult Results

Figure 92 shows the adult State unweighted top-box scores, including the demographic analysis for language, for the two global ratings.

Figure 92—Adult Demographic Analysis: Language—Global Ratings

- ↑ Indicates the score for the language sub-category is statistically significantly higher than the score of the other language sub-category.
- ↓ Indicates the score for the language sub-category is statistically significantly lower than the score of the other language sub-category.

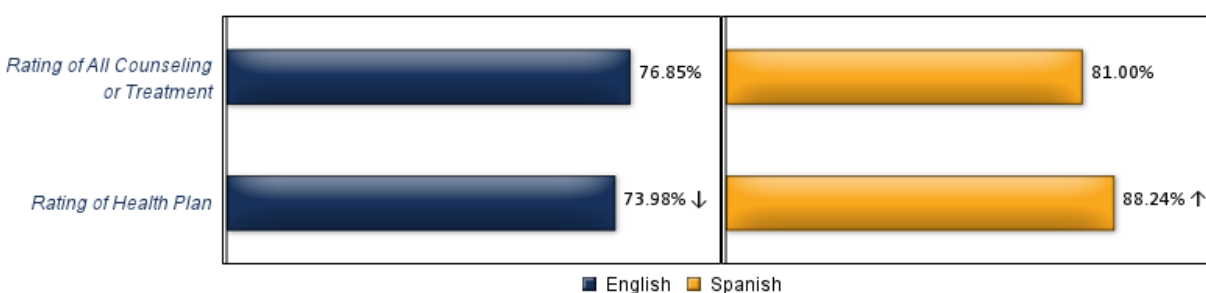


## Child Results

Figure 93 shows the child State unweighted top-box scores, including the demographic analysis for language, for the two global ratings.

### Figure 93—Child Demographic Analysis: Language—Global Ratings

- ↑ Indicates the score for the language sub-category is statistically significantly higher than the score of the other language sub-category.
- ↓ Indicates the score for the language sub-category is statistically significantly lower than the score of the other language sub-category.



## Summary of Results—Language: Global Ratings

### Adult

- » Adult members whose reported language was English had a statistically significantly lower score compared to adult members whose reported language was Spanish for *Rating of All Counseling or Treatment* and *Rating of Health Plan*.

### Child

- » Parents/caretakers of child members whose reported language was English had a statistically significantly lower score compared to parents/caretakers of child members whose reported language was Spanish for *Rating of Health Plan*.

## Composite Measures and Corresponding Individual Items

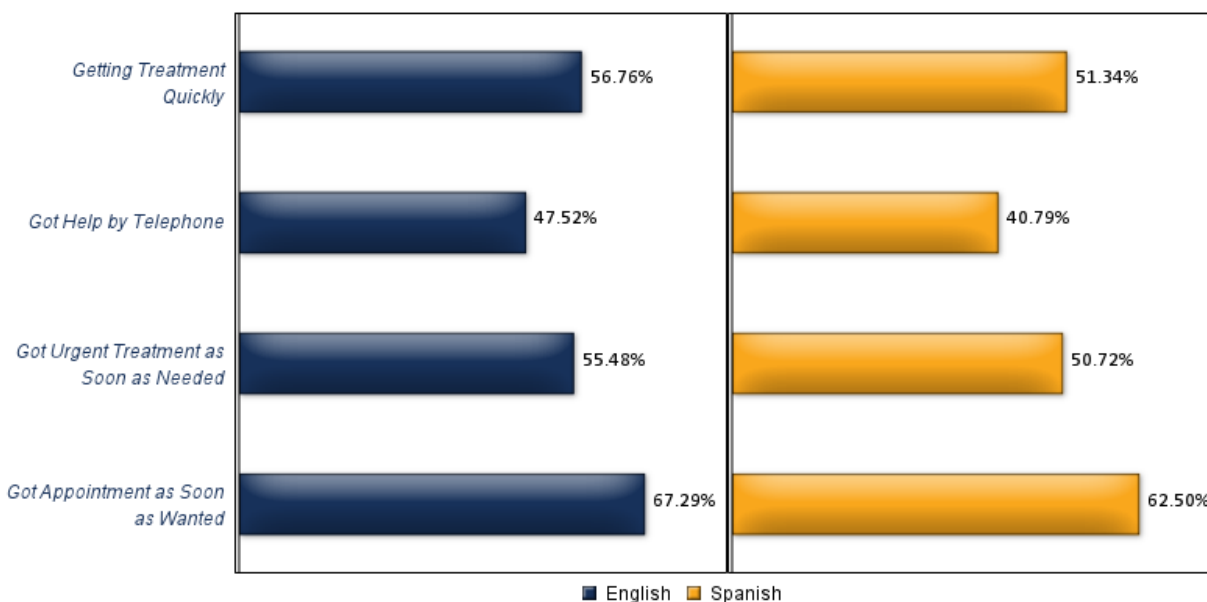
### Getting Treatment Quickly

#### Adult Results

Figure 94 shows the adult State unweighted top-box scores, including the demographic analysis for language, for the *Getting Treatment Quickly* composite measure and corresponding individual items.

Figure 94—Adult Demographic Analysis: Language—*Getting Treatment Quickly*

- ↑ Indicates the score for the language sub-category is statistically significantly higher than the score of the other language sub-category.
- ↓ Indicates the score for the language sub-category is statistically significantly lower than the score of the other language sub-category.

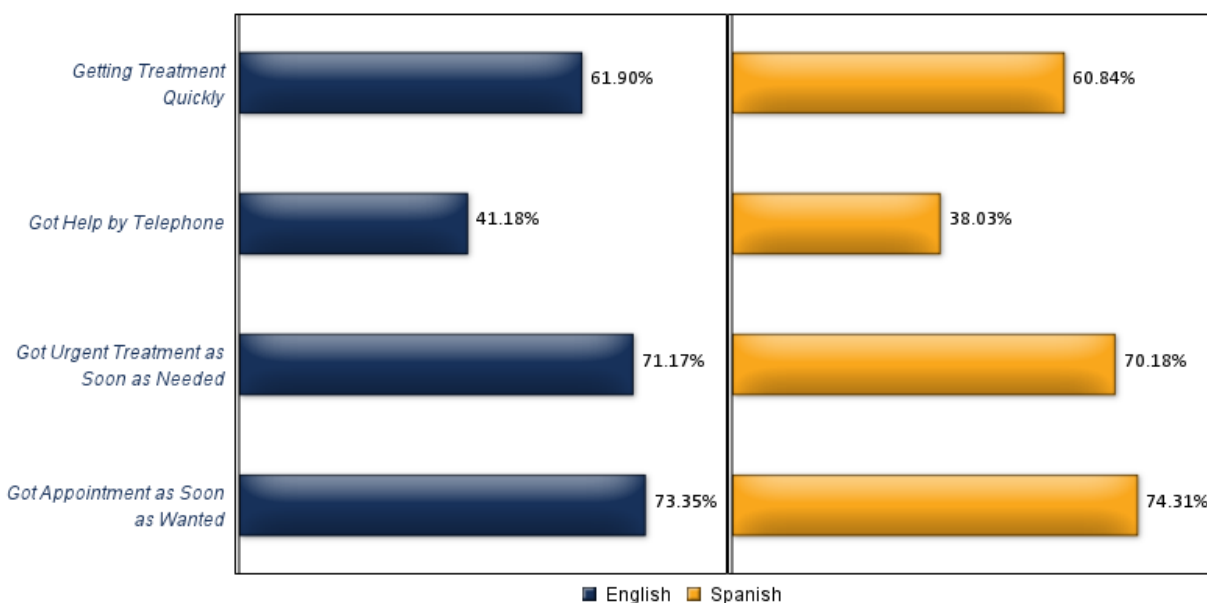


**Child Results**

Figure 95 shows the child State unweighted top-box scores, including the demographic analysis for language, for the *Getting Treatment Quickly* composite measure and corresponding individual items.

Figure 95—Child Demographic Analysis: Language—*Getting Treatment Quickly*

- ↑ Indicates the score for the language sub-category is statistically significantly higher than the score of the other language sub-category.
- ↓ Indicates the score for the language sub-category is statistically significantly lower than the score of the other language sub-category.



## Summary of Results—Language: *Getting Treatment Quickly*

### **Adult**

- » There were no statistical differences in scores for adult members whose reported language was English when compared to adult members whose reported language was Spanish for the *Getting Treatment Quickly* composite measure and corresponding individual items.

### **Child**

- » There were no statistical differences in scores for parents/caretakers of child members whose reported language was English when compared to parents/caretakers of child members whose reported language was Spanish for the *Getting Treatment Quickly* composite measure and corresponding individual items.

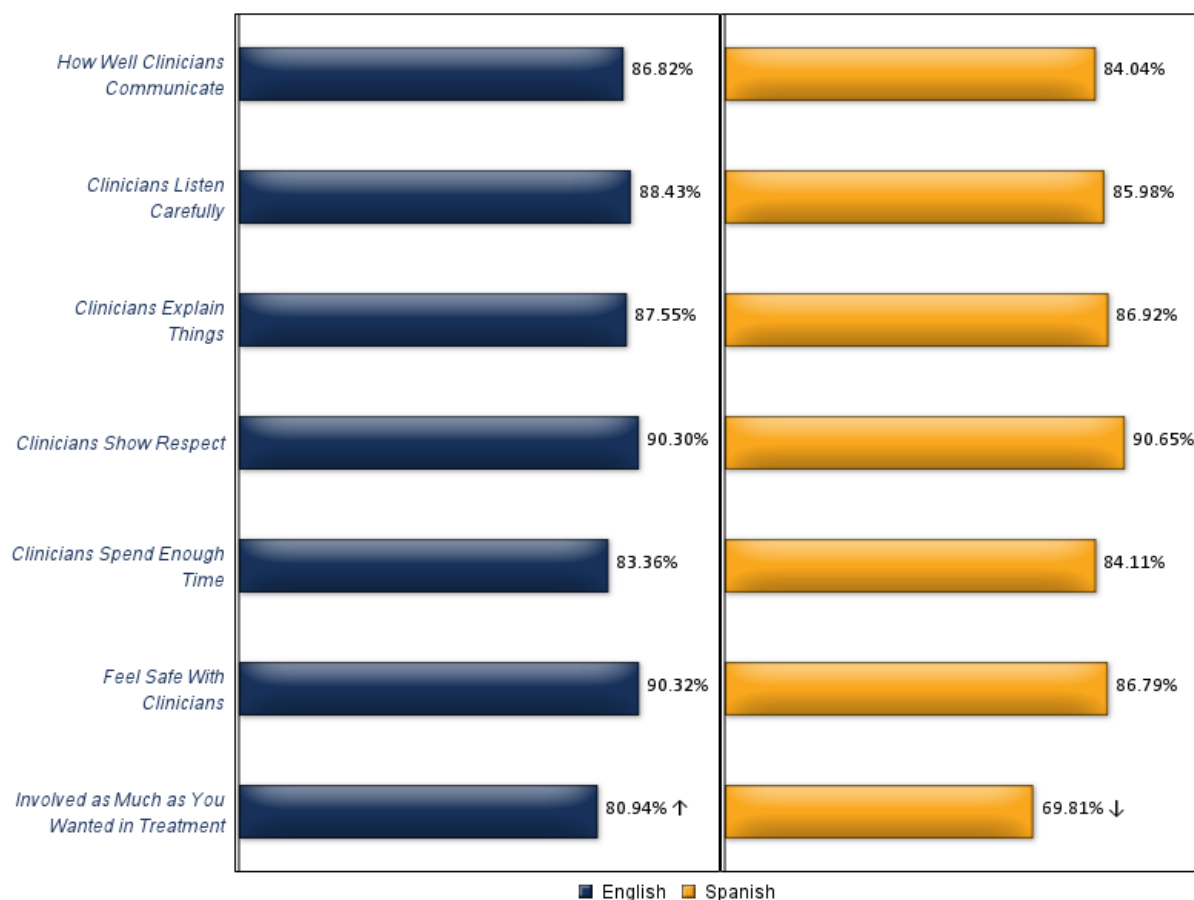
## How Well Clinicians Communicate

### Adult Results

Figure 96 shows the adult State unweighted top-box scores, including the demographic analysis for language, for the *How Well Clinicians Communicate* composite measure and corresponding individual items.

Figure 96—Adult Demographic Analysis: Language—*How Well Clinicians Communicate*

- ↑ Indicates the score for the language sub-category is statistically significantly higher than the score of the other language sub-category.
- ↓ Indicates the score for the language sub-category is statistically significantly lower than the score of the other language sub-category.

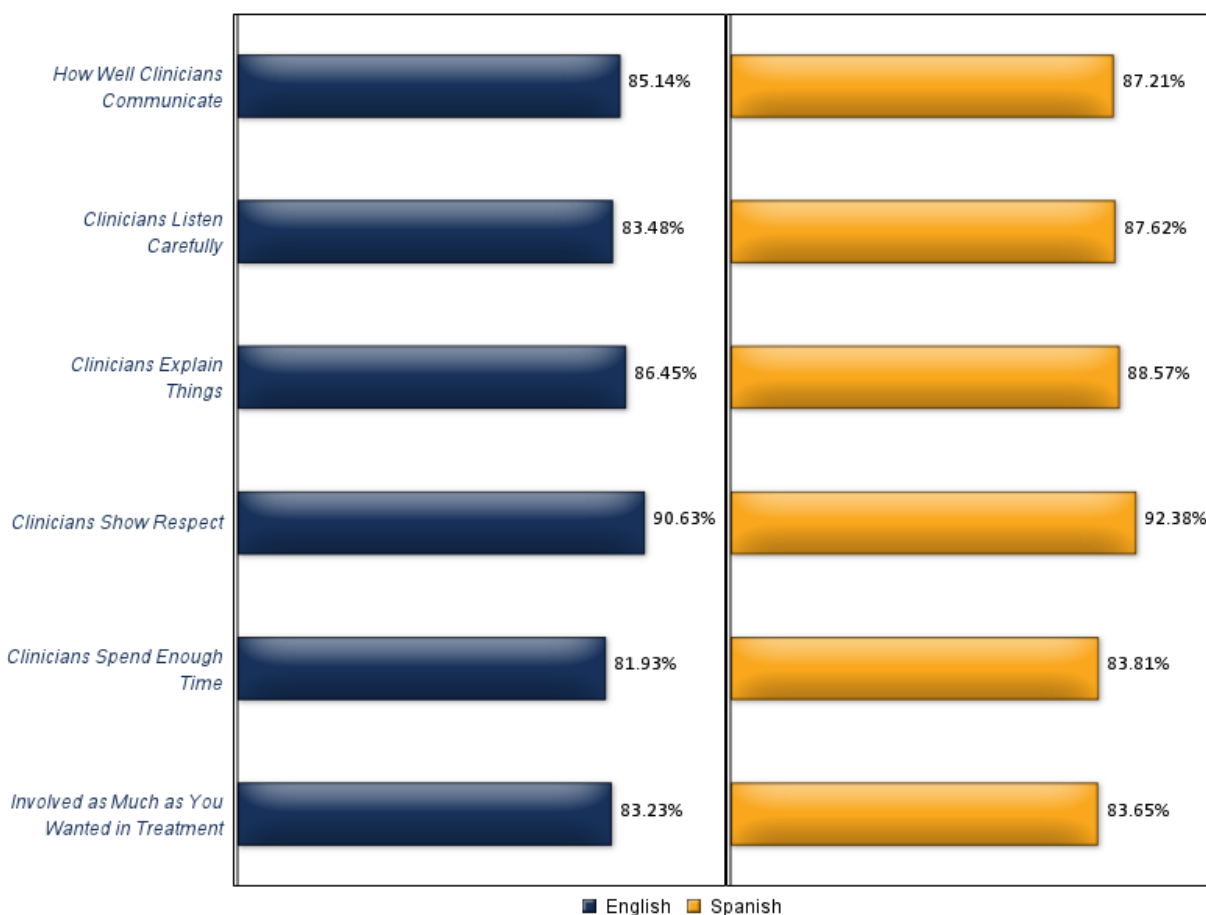


**Child Results**

Figure 97 shows the child State unweighted top-box scores, including the demographic analysis for language, for the *How Well Clinicians Communicate* composite measure and corresponding individual items.

Figure 97—Child Demographic Analysis: Language—*How Well Clinicians Communicate*

- ↑ Indicates the score for the language sub-category is statistically significantly higher than the score of the other language sub-category.
- ↓ Indicates the score for the language sub-category is statistically significantly lower than the score of the other language sub-category.



## Summary of Results—Language: How Well Clinicians Communicate

### **Adult**

- » Adult members whose reported language was English had a statistically significantly higher score compared to adult members whose reported language was Spanish for *Involved as Much as You Wanted in Treatment*.

### **Child**

- » There were no statistical differences in scores for parents/caretakers of child members whose reported language was English when compared to parents/caretakers of child members whose reported language was Spanish for the *How Well Clinicians Communicate* composite measure and corresponding individual items.

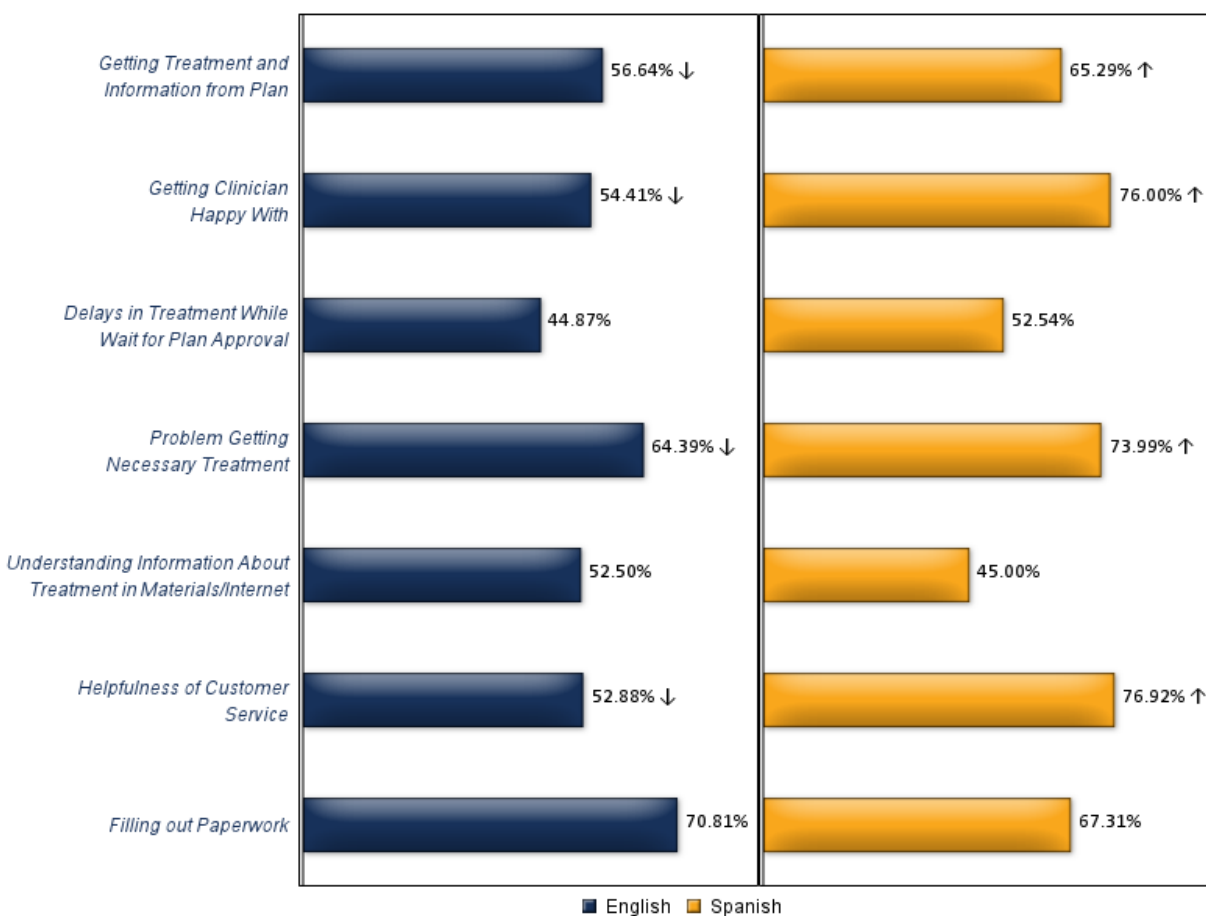
## Getting Treatment and Information from Plan

### Adult Results

Figure 98 shows the adult State unweighted top-box scores, including the demographic analysis for language, for the *Getting Treatment and Information from Plan* composite measure and corresponding individual items.

Figure 98—Adult Demographic Analysis: Language—*Getting Treatment and Information from Plan*

- ↑ Indicates the score for the language sub-category is statistically significantly higher than the score of the other language sub-category.
- ↓ Indicates the score for the language sub-category is statistically significantly lower than the score of the other language sub-category.

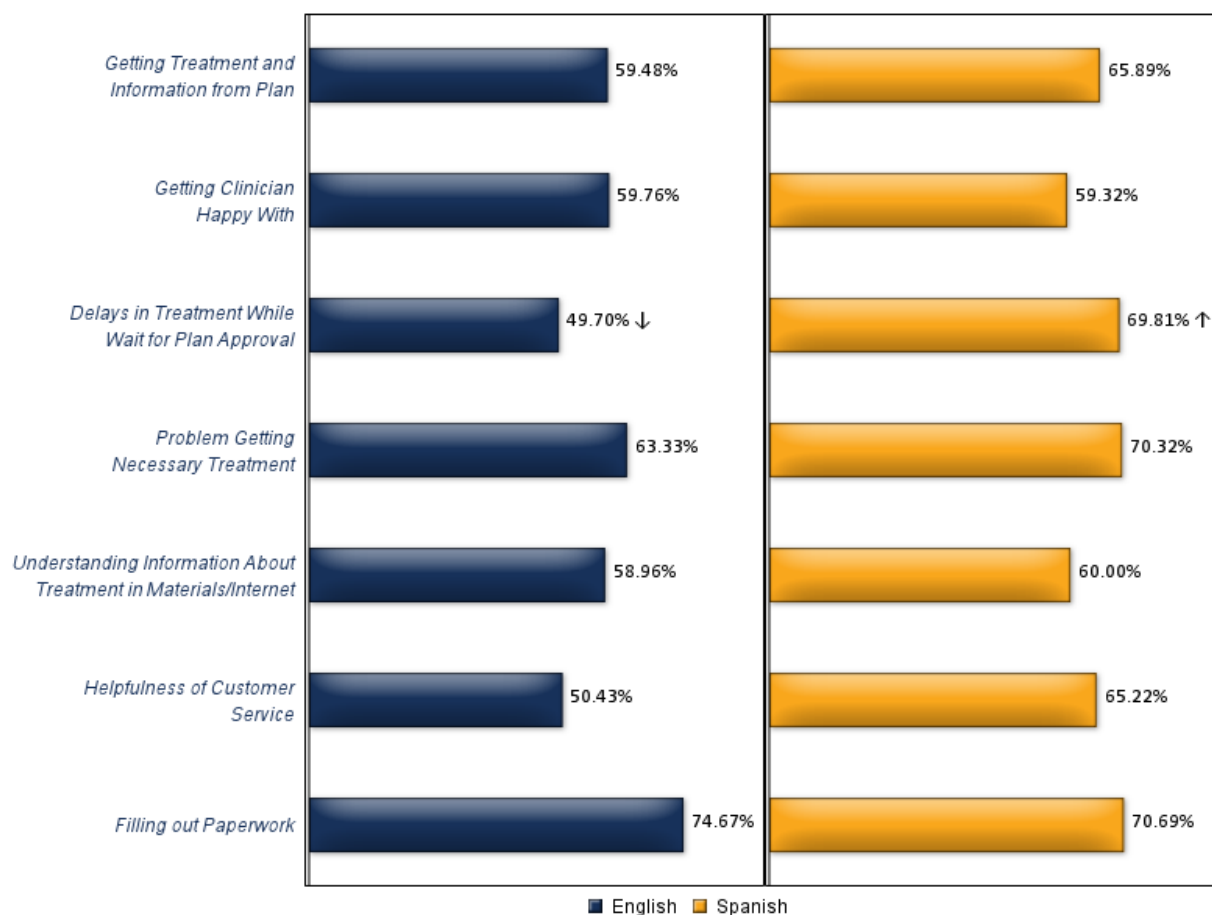


### Child Results

Figure 99 shows the child State unweighted top-box scores, including the demographic analysis for language, for the *Getting Treatment and Information from Plan* composite measure and corresponding individual items.

Figure 99—Child Demographic Analysis: Language—*Getting Treatment and Information from Plan*

- ↑ Indicates the score for the language sub-category is statistically significantly higher than the score of the other language sub-category.
- ↓ Indicates the score for the language sub-category is statistically significantly lower than the score of the other language sub-category.



## Summary of Results—Language: Getting Treatment and Information from Plan

### Adult

- » Adult members whose reported language was English had a statistically significantly lower score compared to adult members whose reported language was Spanish for the following measures:
  - *Getting Treatment and Information from Plan*
  - *Getting Clinician Happy With*
  - *Problem Getting Necessary Treatment*
  - *Helpfulness of Customer Service*

### Child

- » Parents/caretakers of child members whose reported language was English had a statistically significantly lower score compared to parents/caretakers of child members whose reported language was Spanish for *Delays in Treatment While Wait for Plan Approval*.

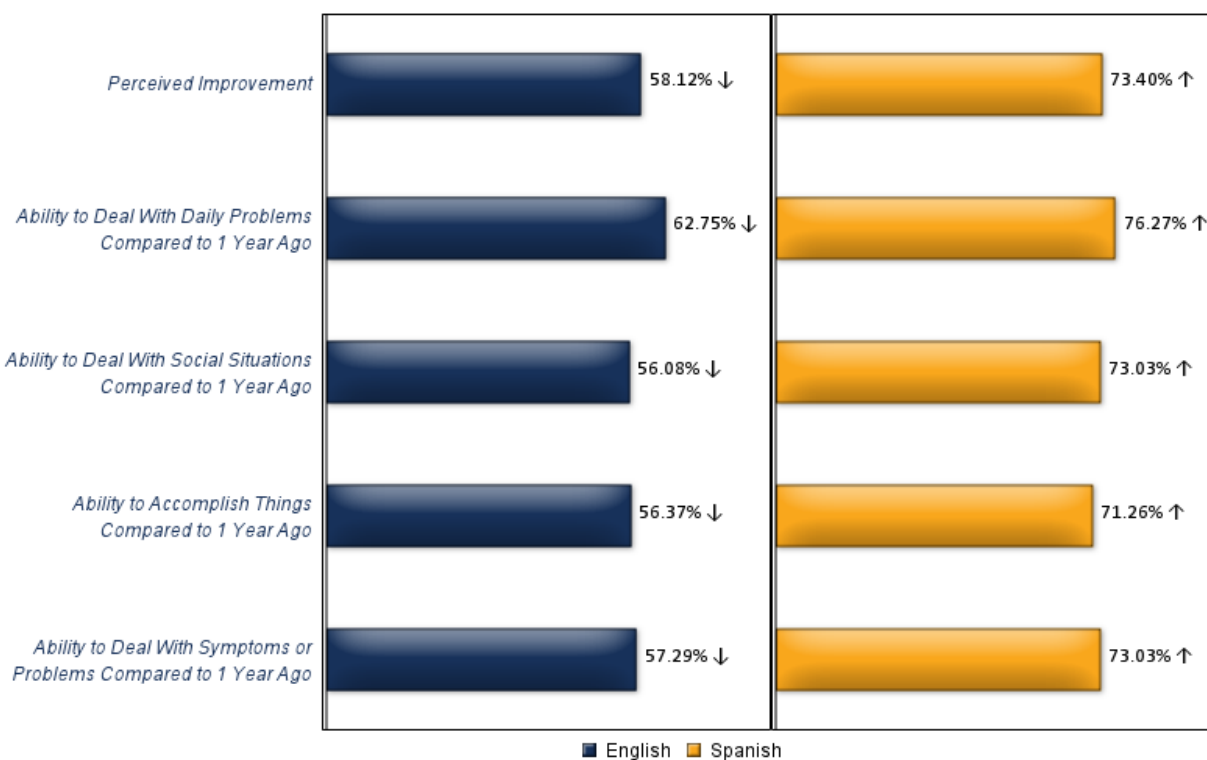
## Perceived Improvement

### Adult Results

Figure 100 shows the adult State unweighted top-box scores, including the demographic analysis for language, for the *Perceived Improvement* composite measure and corresponding individual items.

Figure 100—Adult Demographic Analysis: Language—*Perceived Improvement*

- ↑ Indicates the score for the language sub-category is statistically significantly higher than the score of the other language sub-category.
- ↓ Indicates the score for the language sub-category is statistically significantly lower than the score of the other language sub-category.

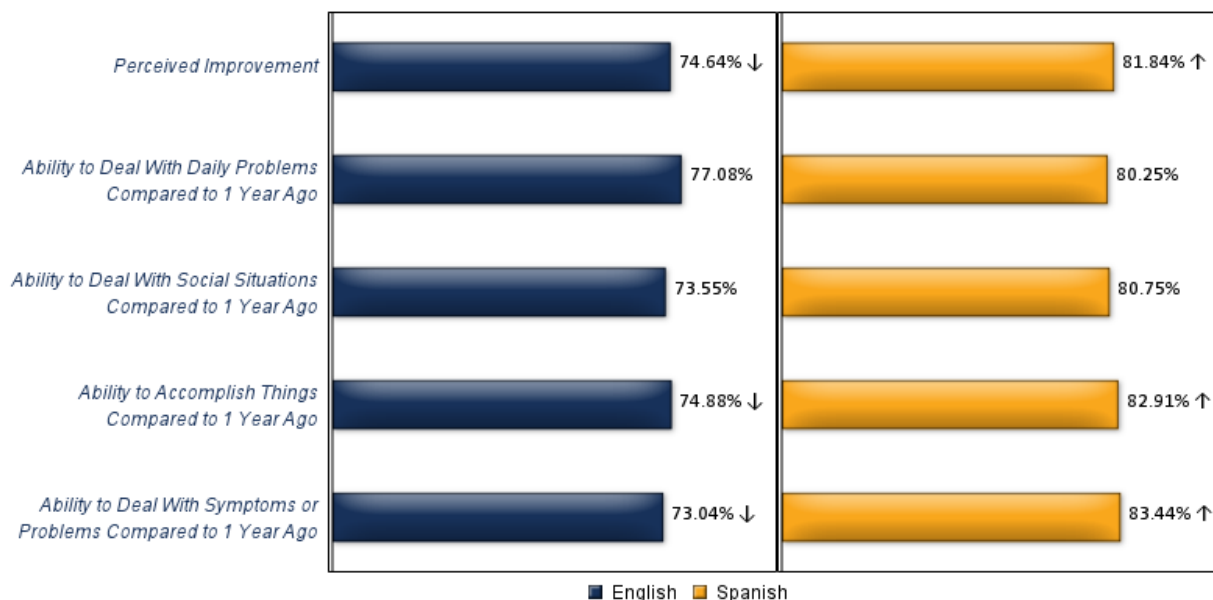


### Child Results

Figure 101 shows the child State unweighted top-box scores, including the demographic analysis for language, for the *Perceived Improvement* composite measure and corresponding individual items.

Figure 101—Child Demographic Analysis: Language—*Perceived Improvement*

- ↑ Indicates the score for the language sub-category is statistically significantly higher than the score of the other language sub-category.
- ↓ Indicates the score for the language sub-category is statistically significantly lower than the score of the other language sub-category.



## Summary of Results—Language: *Perceived Improvement*

### **Adult**

- » Adult members whose reported language was English had a statistically significantly lower score compared to adult members whose reported language was Spanish for the following measures:
  - *Perceived Improvement*
  - *Ability to Deal With Daily Problems Compared to 1 Year Ago*
  - *Ability to Deal With Social Situations Compared to 1 Year Ago*
  - *Ability to Accomplish Things Compared to 1 Year Ago*
  - *Ability to Deal With Symptoms or Problems Compared to 1 Year Ago*

### **Child**

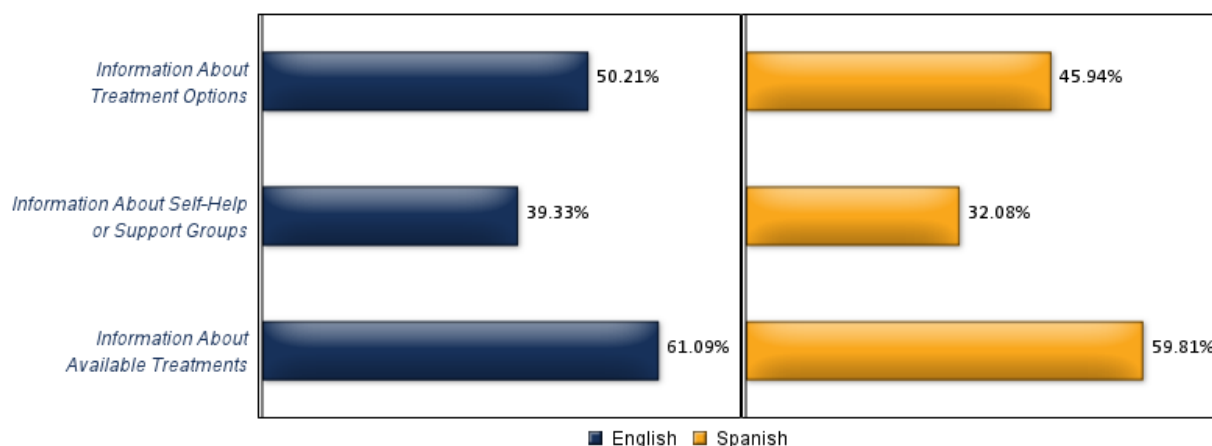
- » Parents/caretakers of child members whose reported language was English had a statistically significantly lower score compared to parents/caretakers of child members whose reported language was Spanish for the following measures:
  - *Perceived Improvement*
  - *Ability to Accomplish Things Compared to 1 Year Ago*
  - *Ability to Deal With Symptoms or Problems Compared to 1 Year Ago*

### Information About Treatment Options (Adult Only)

Figure 102 shows the adult State unweighted top-box scores, including the demographic analysis for language, for the *Information About Treatment Options* composite measure and corresponding individual items.

Figure 102—Adult Demographic Analysis: Language—*Information About Treatment Options*

- ↑ Indicates the score for the language sub-category is statistically significantly higher than the score of the other language sub-category.
- ↓ Indicates the score for the language sub-category is statistically significantly lower than the score of the other language sub-category.



### Summary of Results—Language: Information About Treatment Options

- » There were no statistical differences in scores for adult members whose reported language was English when compared to adult members whose reported language was Spanish for the *Information About Treatment Options* composite measure and corresponding individual items.

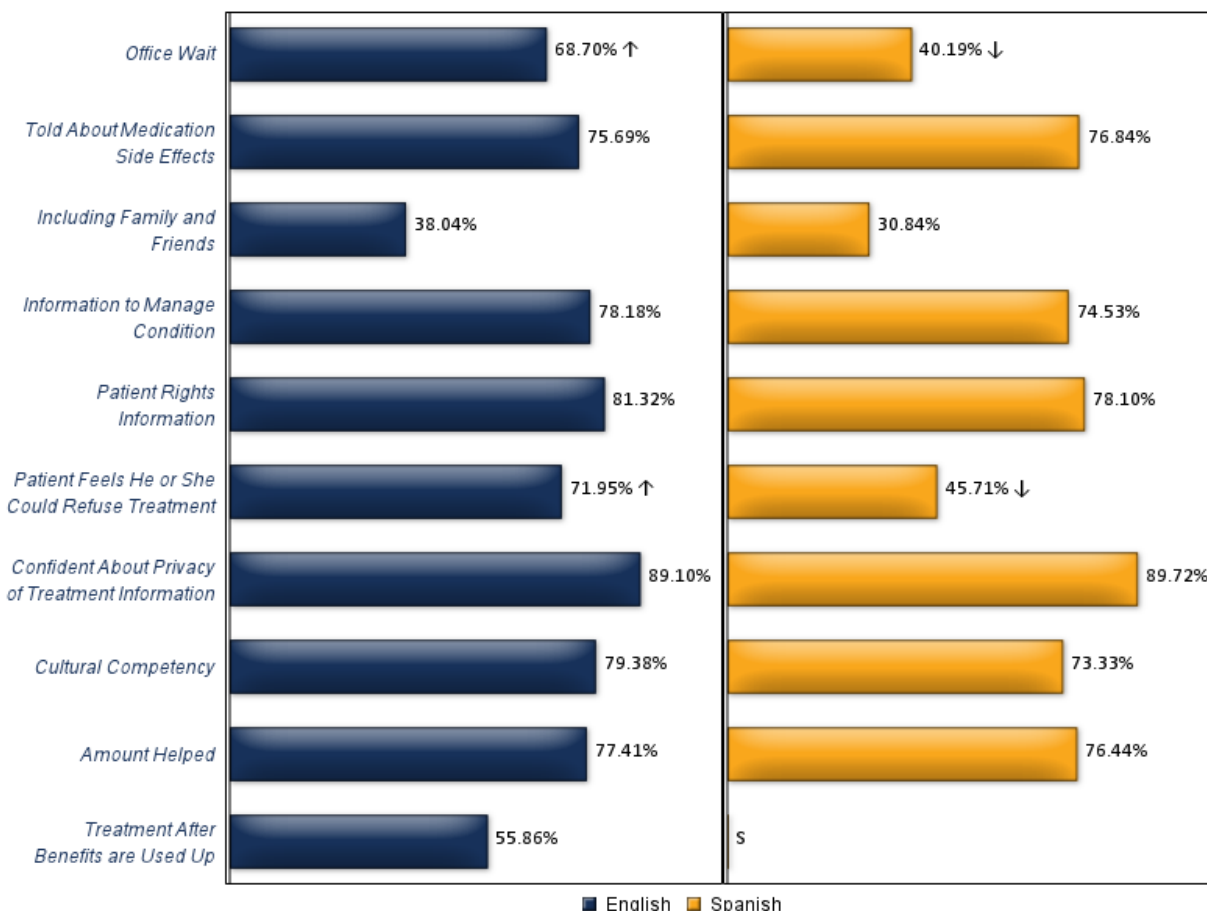
## Individual Item Measures

### Adult Results

Figure 103 shows the adult State unweighted top-box scores, including the demographic analysis for language, for the 10 individual item measures.

Figure 103—Adult Demographic Analysis: Language—Individual Item Measures

- ↑ Indicates the score for the language sub-category is statistically significantly higher than the score of the other language sub-category.
- ↓ Indicates the score for the language sub-category is statistically significantly lower than the score of the other language sub-category.
- S Indicates the language sub-category had fewer than 11 respondents for the measure.

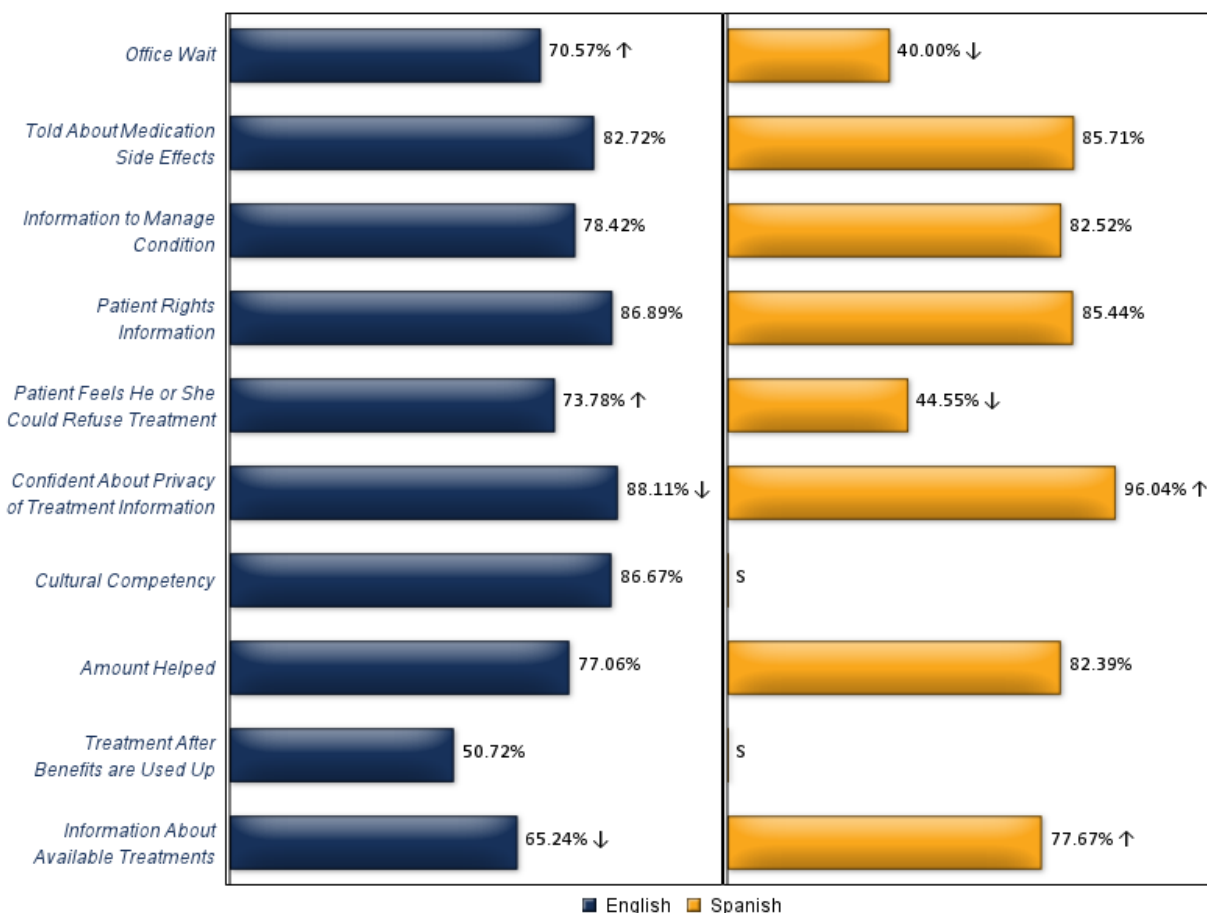


### Child Results

Figure 104 shows the child State unweighted top-box scores, including the demographic analysis for language, for the 10 individual item measures.

Figure 104—Child Demographic Analysis: Language—Individual Item Measures

- ↑ Indicates the score for the language sub-category is statistically significantly higher than the score of the other language sub-category.
- ↓ Indicates the score for the language sub-category is statistically significantly lower than the score of the other language sub-category.
- S Indicates the language sub-category had fewer than 11 respondents for the measure.



## Summary of Results—Language: Individual Item Measures

### Adult

- » Adult members whose reported language was English had a statistically significantly higher score compared to adult members whose reported language was Spanish for *Office Wait* and *Patient Feels He or She Could Refuse Treatment*.

### Child

- » Parents/caretakers of child members whose reported language was English had a statistically significantly higher score compared to parents/caretakers of child members whose reported language was Spanish for *Office Wait* and *Patient Feels He or She Could Refuse Treatment*.
- » Parents/caretakers of child members whose reported language was English had a statistically significantly lower score compared to parents/caretakers of child members whose reported language was Spanish for *Confident About Privacy of Treatment Information* and *Information About Available Treatments*.

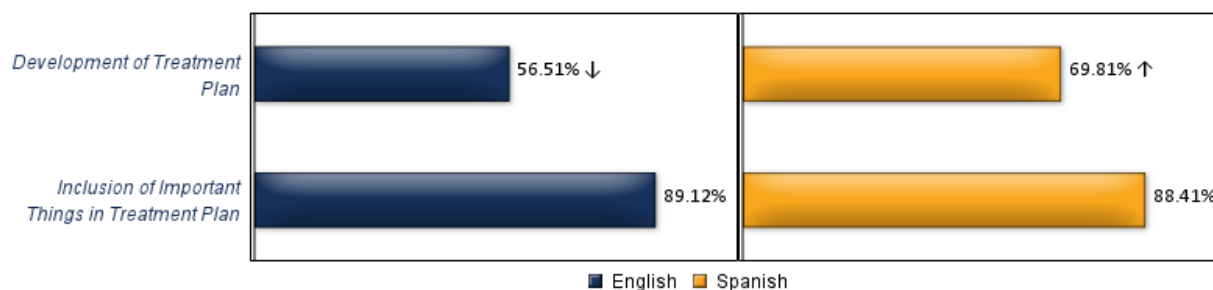
## Supplemental Items

### Adult Results

Figure 105 shows the adult State unweighted top-box scores, including the demographic analysis for language, for the two supplemental items.

Figure 105—Adult Demographic Analysis: Language—Supplemental Items

- ↑ Indicates the score for the language sub-category is statistically significantly higher than the score of the other language sub-category.
- ↓ Indicates the score for the language sub-category is statistically significantly lower than the score of the other language sub-category.

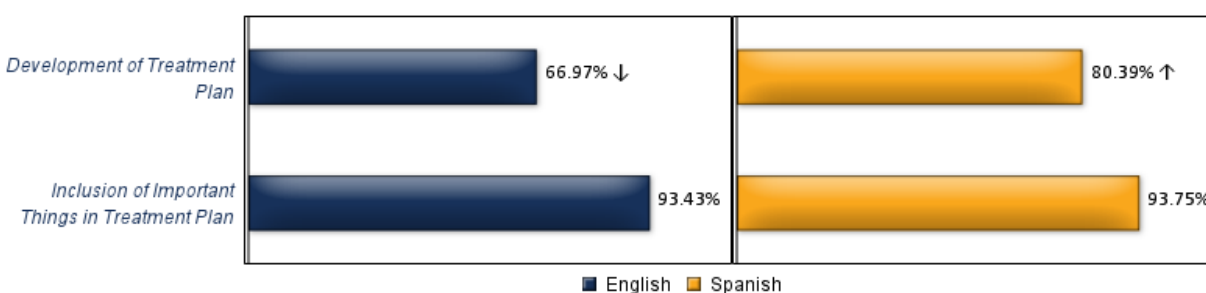


## Child Results

Figure 106 shows the child State unweighted top-box scores, including the demographic analysis for language, for the two supplemental items.

### Figure 106—Child Demographic Analysis: Language—Supplemental Items

- ↑ Indicates the score for the language sub-category is statistically significantly higher than the score of the other language sub-category.
- ↓ Indicates the score for the language sub-category is statistically significantly lower than the score of the other language sub-category.



## Summary of Results—Language: Supplemental Items

### Adult

- » Adult members whose reported language was English had a statistically significantly lower score compared to adult members whose reported language was Spanish for *Development of Treatment Plan*.

### Child

- » Parents/caretakers of child members whose reported language was English had a statistically significantly lower score compared to parents/caretakers of child members whose reported language was Spanish for *Development of Treatment Plan*.

## Race/Ethnicity

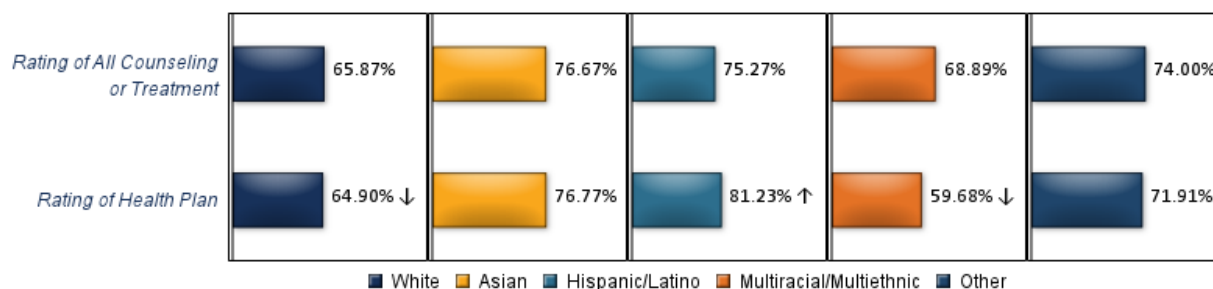
### Global Ratings

#### Adult Results

Figure 107 shows the adult State unweighted top-box scores, including the demographic analysis for race/ethnicity, for the two global ratings.

Figure 107—Adult Demographic Analysis: Race/Ethnicity—Global Ratings

- ↑ Indicates the score for the race/ethnicity sub-category is statistically significantly higher than the average score of the other race/ethnicity sub-categories combined.
- ↓ Indicates the score for the race/ethnicity sub-category is statistically significantly lower than the average score of the other race/ethnicity sub-categories combined.

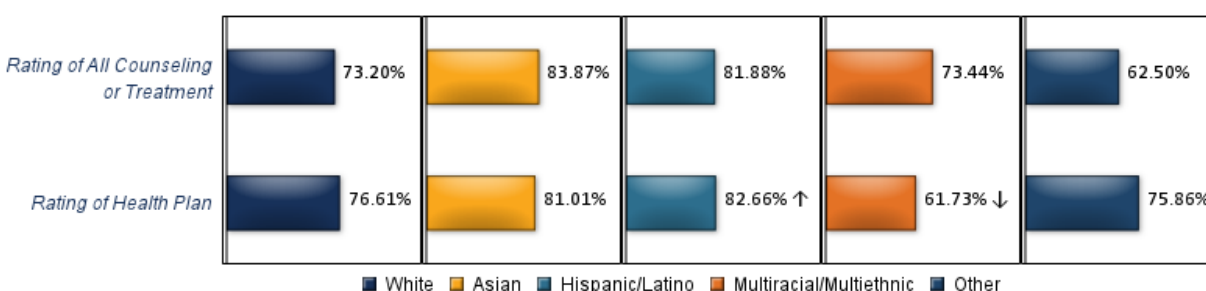


## Child Results

Figure 108 shows the child State unweighted top-box scores, including the demographic analysis for race/ethnicity, for the two global ratings.

### Figure 108—Child Demographic Analysis: Race/Ethnicity–Global Ratings

- ↑ Indicates the score for the race/ethnicity sub-category is statistically significantly higher than the average score of the other race/ethnicity sub-categories combined.
- ↓ Indicates the score for the race/ethnicity sub-category is statistically significantly lower than the average score of the other race/ethnicity sub-categories combined.



## Summary of Results—Race/Ethnicity: Global Ratings

### Adult

- » Adult members whose reported race/ethnicity was Hispanic/Latino had a statistically significantly higher score compared to the average score of the other race/ethnicity sub-categories combined for *Rating of Health Plan*.
- » Adult members whose reported race/ethnicity was White and Multiracial/Multiethnic had a statistically significantly lower score compared to the average score of the other race/ethnicity sub-categories combined for *Rating of Health Plan*.

### Child

- » Child members whose reported race/ethnicity was Hispanic/Latino had a statistically significantly higher score compared to the average score of the other race/ethnicity sub-categories combined for *Rating of Health Plan*.
- » Child members whose reported race/ethnicity was Multiracial/Multiethnic had a statistically significantly lower score compared to the average score of the other race/ethnicity sub-categories combined for *Rating of Health Plan*.

## Composite Measures and Corresponding Individual Items

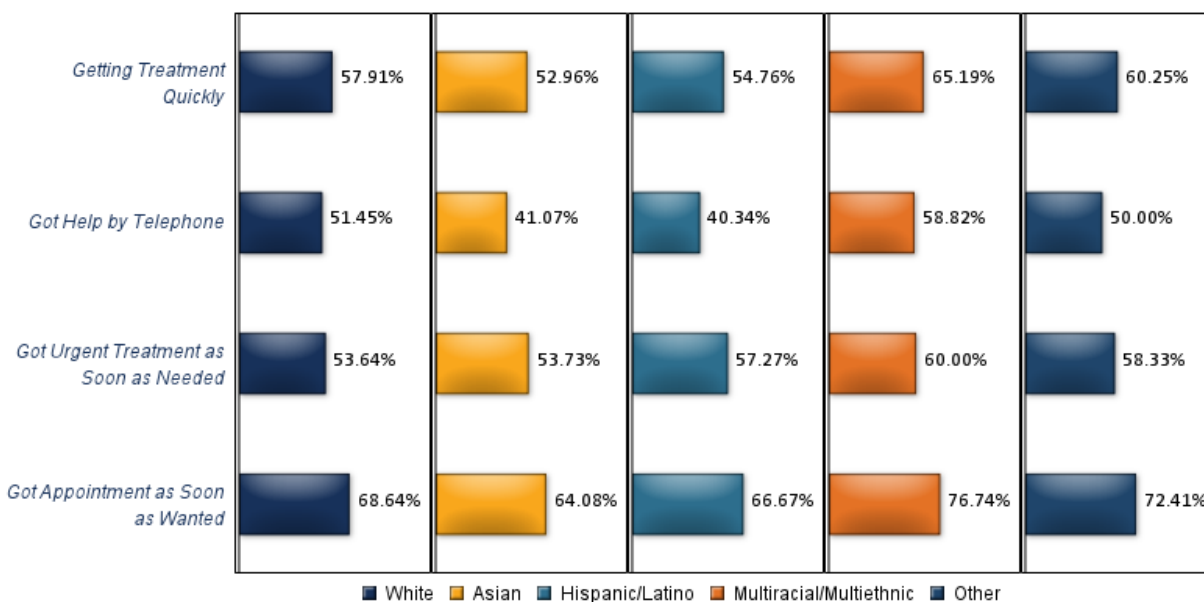
### Getting Treatment Quickly

#### Adult Results

Figure 109 shows the adult State unweighted top-box scores, including the demographic analysis for race/ethnicity, for the *Getting Treatment Quickly* composite measure and corresponding individual items.

Figure 109—Adult Demographic Analysis: Race/Ethnicity—*Getting Treatment Quickly*

- ↑ Indicates the score for the race/ethnicity sub-category is statistically significantly higher than the average score of the other race/ethnicity sub-categories combined.
- ↓ Indicates the score for the race/ethnicity sub-category is statistically significantly lower than the average score of the other race/ethnicity sub-categories combined.

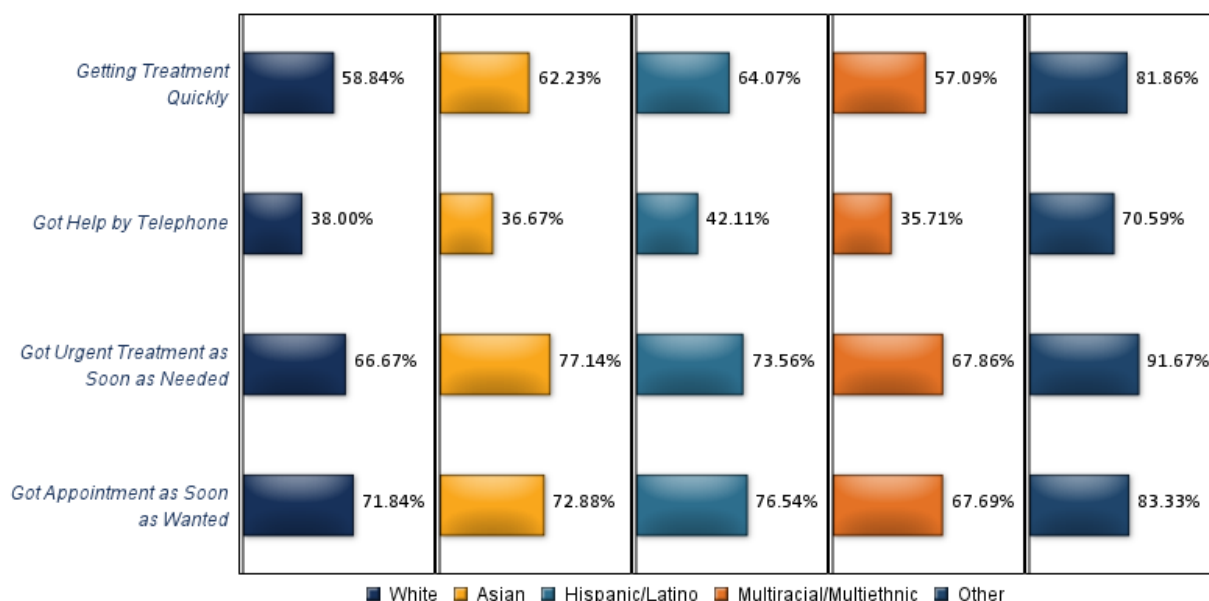


## Child Results

Figure 110 shows the child State unweighted top-box scores, including the demographic analysis for race/ethnicity, for the *Getting Treatment Quickly* composite measure and corresponding individual items.

### Figure 110—Child Demographic Analysis: Race/Ethnicity—*Getting Treatment Quickly*

- ↑ Indicates the score for the race/ethnicity sub-category is statistically significantly higher than the average score of the other race/ethnicity sub-categories combined.
- ↓ Indicates the score for the race/ethnicity sub-category is statistically significantly lower than the average score of the other race/ethnicity sub-categories combined.



## Summary of Results—Race/Ethnicity: *Getting Treatment Quickly*

### Adult

- » There were no statistical differences when comparing each adult race/ethnicity sub-category's score to the average score of the other race/ethnicity sub-categories combined for the *Getting Treatment Quickly* composite measure and corresponding individual items.

### Child

- » There were no statistical differences when comparing each child race/ethnicity sub-category's score to the average score of the other race/ethnicity sub-categories combined for the *Getting Treatment Quickly* composite measure and corresponding individual items.

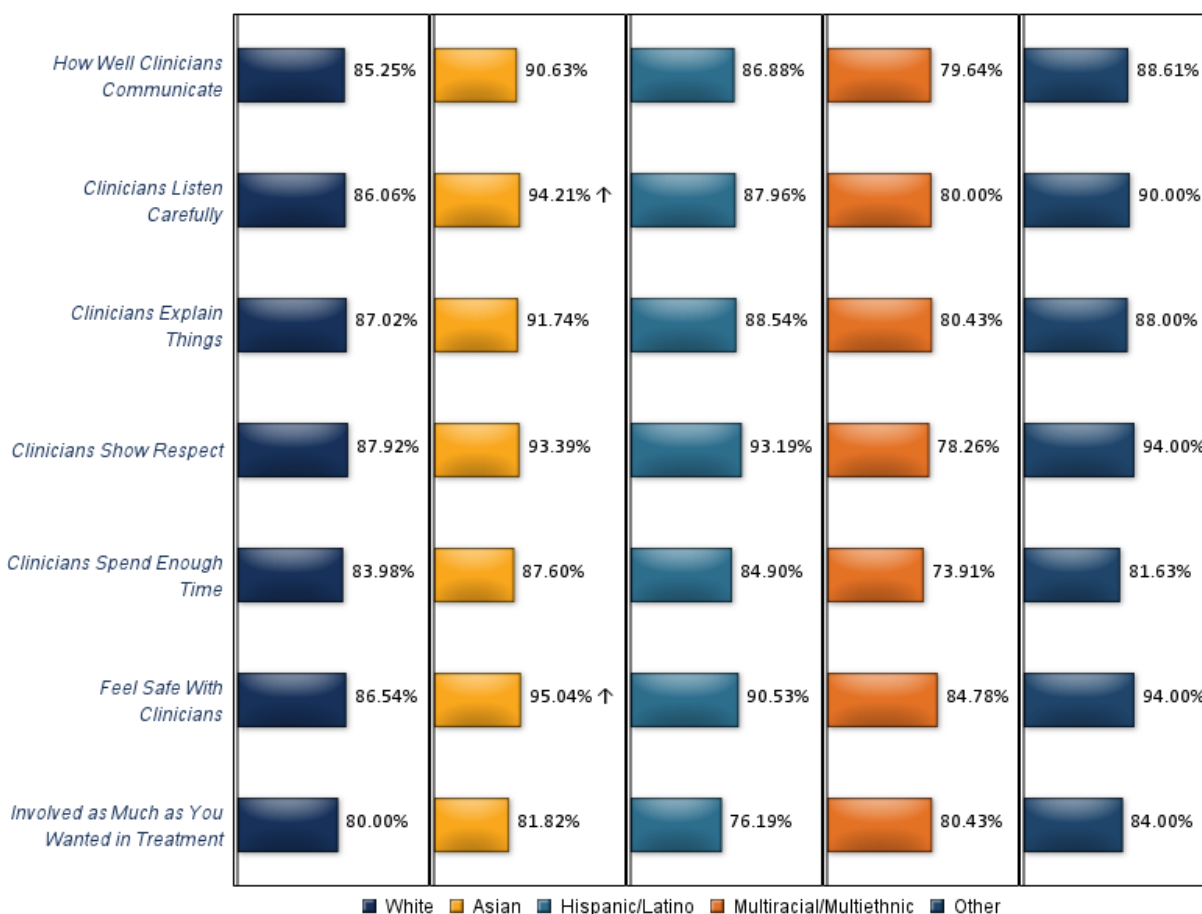
## How Well Clinicians Communicate

### Adult Results

Figure 111 shows the adult State unweighted top-box scores, including the demographic analysis for race/ethnicity, for the *How Well Clinicians Communicate* composite measure and corresponding individual items.

Figure 111—Adult Demographic Analysis: Race/Ethnicity—*How Well Clinicians Communicate*

- ↑ Indicates the score for the race/ethnicity sub-category is statistically significantly higher than the average score of the other race/ethnicity sub-categories combined.
- ↓ Indicates the score for the race/ethnicity sub-category is statistically significantly lower than the average score of the other race/ethnicity sub-categories combined.

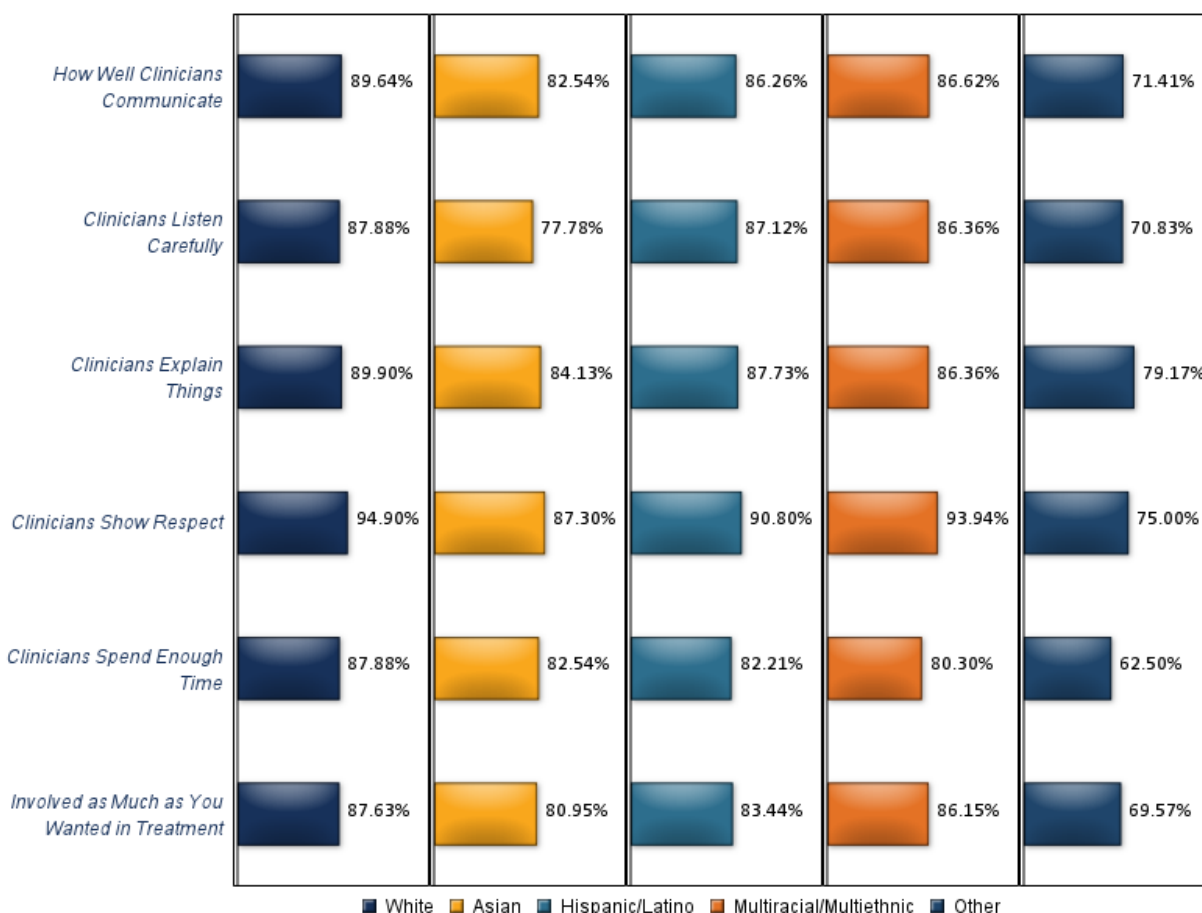


**Child Results**

Figure 112 shows the child State unweighted top-box scores, including the demographic analysis for race/ethnicity, for the *How Well Clinicians Communicate* composite measure and corresponding individual items.

Figure 112—Child Demographic Analysis: Race/Ethnicity—*How Well Clinicians Communicate*

- ↑ Indicates the score for the race/ethnicity sub-category is statistically significantly higher than the average score of the other race/ethnicity sub-categories combined.
- ↓ Indicates the score for the race/ethnicity sub-category is statistically significantly lower than the average score of the other race/ethnicity sub-categories combined.



## Summary of Results—Race/Ethnicity: *How Well Clinicians Communicate*

### **Adult**

- » Adult members whose reported race/ethnicity was Asian had a statistically significantly higher score compared to the average score of the other race/ethnicity sub-categories combined for *Clinicians Listen Carefully* and *Feel Safe With Clinicians*.

### **Child**

- » There were no statistical differences when comparing each child race/ethnicity sub-category's score to the average score of the other race/ethnicity sub-categories combined for the *How Well Clinicians Communicate* composite measure and corresponding individual items.

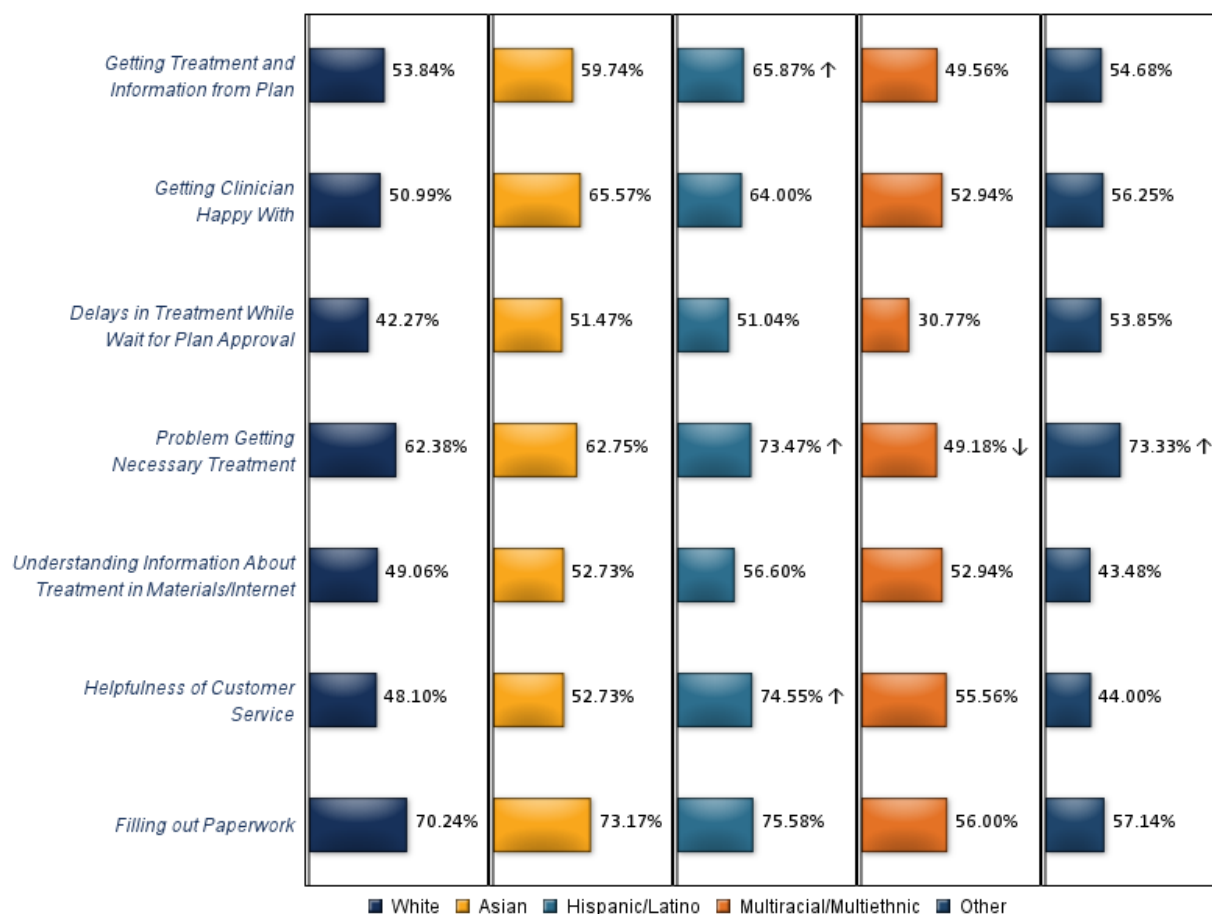
## Getting Treatment and Information from Plan

### Adult Results

Figure 113 shows the adult State unweighted top-box scores, including the demographic analysis for race/ethnicity, for the *Getting Treatment and Information from Plan* composite measure and corresponding individual items.

Figure 113—Adult Demographic Analysis: Race/Ethnicity—*Getting Treatment and Information from Plan*

- ↑ Indicates the score for the race/ethnicity sub-category is statistically significantly higher than the average score of the other race/ethnicity sub-categories combined.
- ↓ Indicates the score for the race/ethnicity sub-category is statistically significantly lower than the score of the other race/ethnicity sub-categories combined.

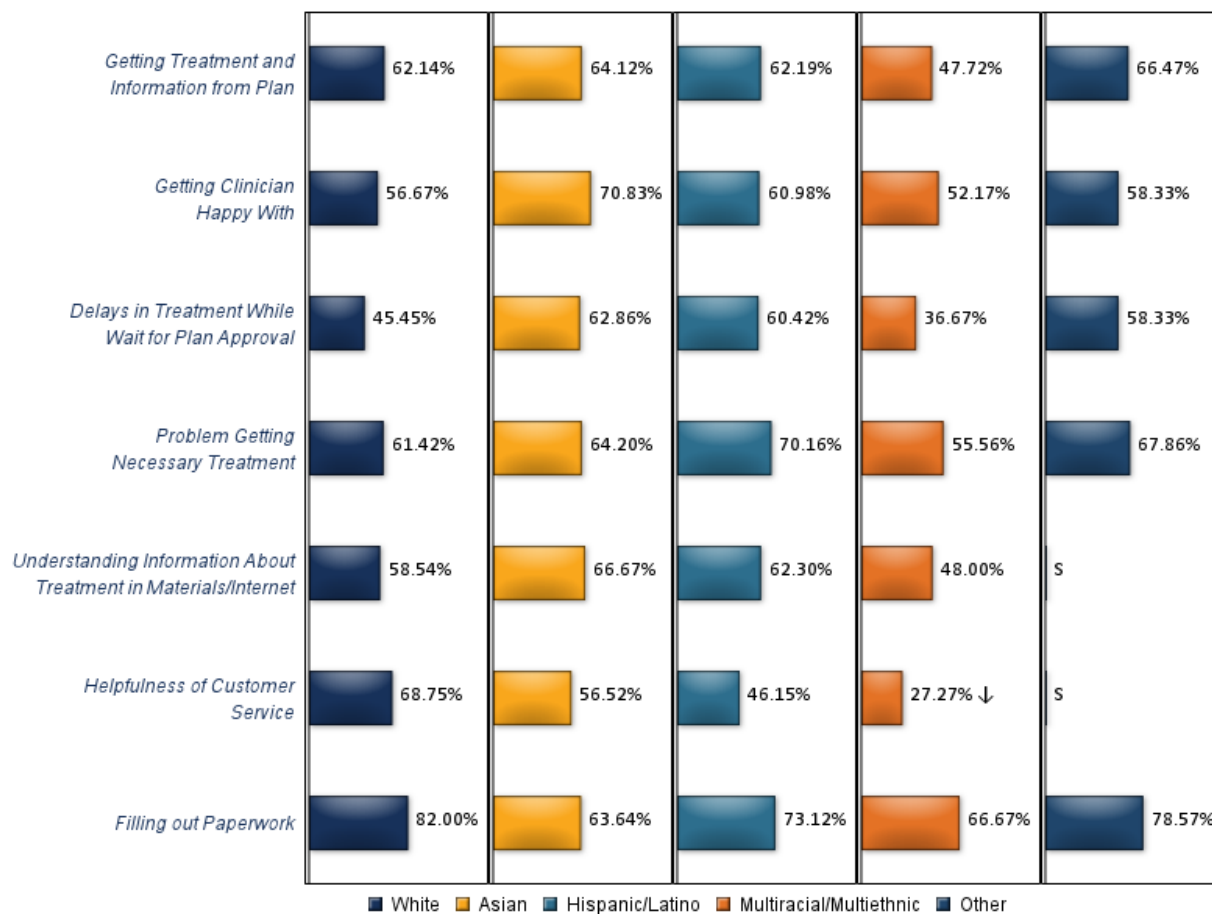


**Child Results**

Figure 114 shows the child State unweighted top-box scores, including the demographic analysis for race/ethnicity, for the *Getting Treatment and Information from Plan* composite measure and corresponding individual items.

Figure 114—Child Demographic Analysis: Race/Ethnicity—*Getting Treatment and Information from Plan*

- ↑ Indicates the score for the race/ethnicity sub-category is statistically significantly higher than the average score of the other race/ethnicity sub-categories combined.
- ↓ Indicates the score for the race/ethnicity sub-category is statistically significantly lower than the average score of the other race/ethnicity sub-categories combined.
- S Indicates the race/ethnicity sub-category had fewer than 11 respondents for the measure.



## Summary of Results—Race/Ethnicity: Getting Treatment and Information from Plan

### Adult

- » Adult members whose reported race/ethnicity was Hispanic/Latino had a statistically significantly higher score compared to the average score of the other race/ethnicity sub-categories combined for the following measures:
  - *Getting Treatment and Information from Plan*
  - *Problem Getting Necessary Treatment*
  - *Helpfulness of Customer Service*
- » Adult members whose reported race/ethnicity was Other had a statistically significantly higher score compared to the average score of the other race/ethnicity sub-categories combined for *Problem Getting Necessary Treatment*.
- » Adult members whose reported race/ethnicity was Multiracial/Multiethnic had a statistically significantly lower score compared to the average score of the other race/ethnicity sub-categories combined for *Problem Getting Necessary Treatment*.

### Child

- » Child members whose reported race/ethnicity was Multiracial/Multiethnic had a statistically significantly lower score compared to the average score of the other race/ethnicity sub-categories combined for *Helpfulness of Customer Service*.

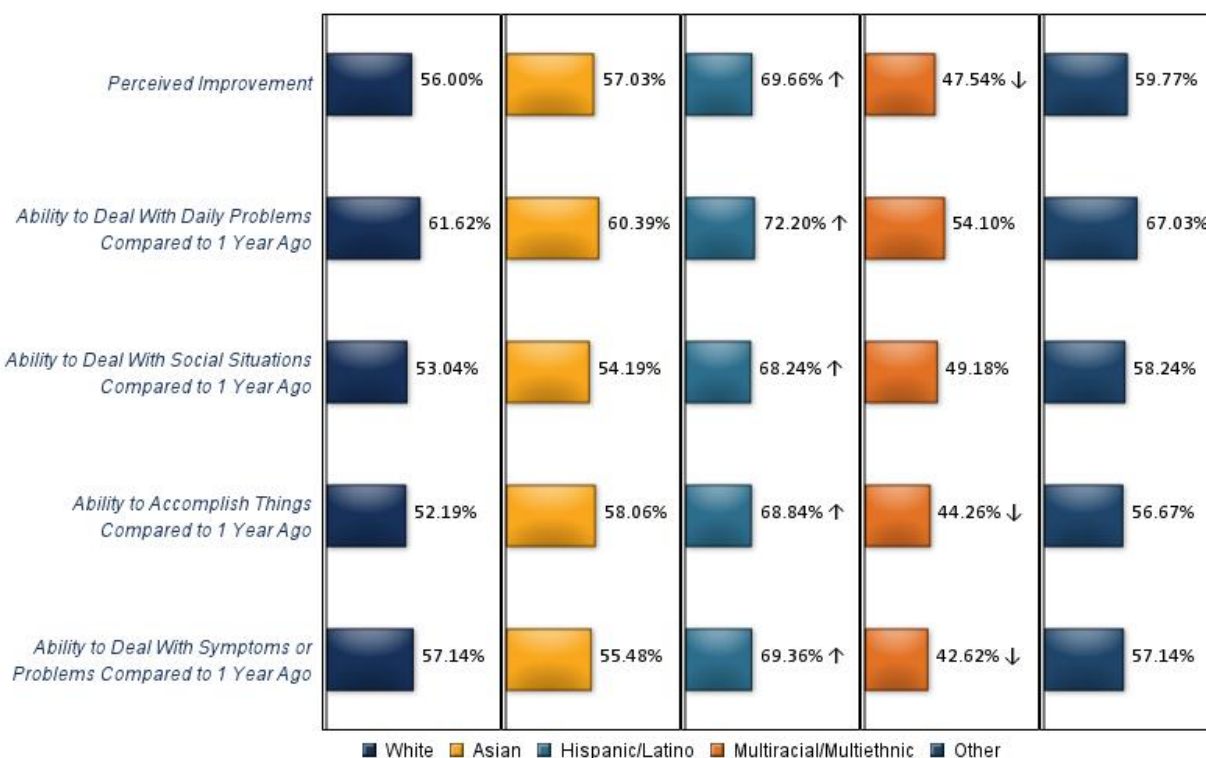
## Perceived Improvement

### Adult Results

Figure 115 shows the adult State unweighted top-box scores, including the demographic analysis for race/ethnicity, for the *Perceived Improvement* composite measure and corresponding individual items.

Figure 115—Adult Demographic Analysis: Race/Ethnicity—*Perceived Improvement*

- ↑ Indicates the score for the race/ethnicity sub-category is statistically significantly higher than the average score of the other race/ethnicity sub-categories combined.
- ↓ Indicates the score for the race/ethnicity sub-category is statistically significantly lower than the average score of the other race/ethnicity sub-categories combined.

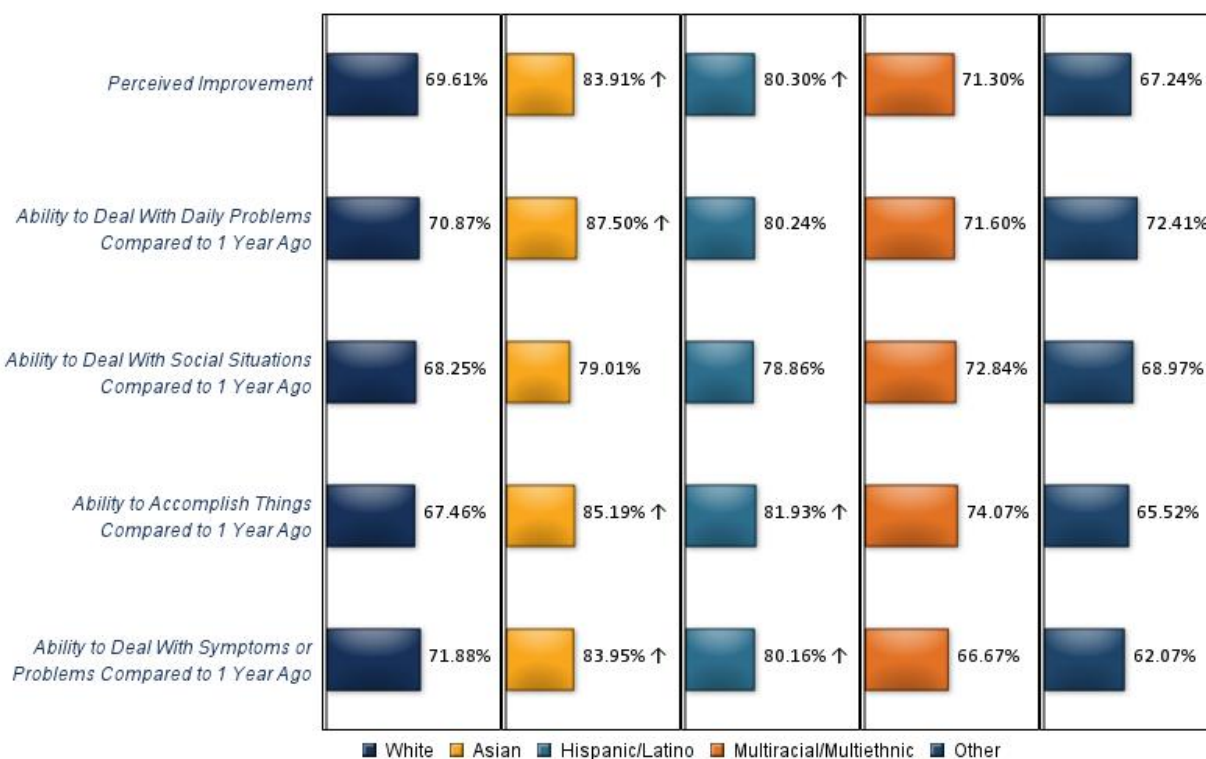


**Child Results**

Figure 116 shows the child State unweighted top-box scores, including the demographic analysis for race/ethnicity, for the *Perceived Improvement* composite measure and corresponding individual items.

Figure 116—Child Demographic Analysis: Race/Ethnicity—*Perceived Improvement*

- ↑ Indicates the score for the race/ethnicity sub-category is statistically significantly higher than the average score of the other race/ethnicity sub-categories combined.
- ↓ Indicates the score for the race/ethnicity sub-category is statistically significantly lower than the average score of the other race/ethnicity sub-categories combined.



## Summary of Results—Race/Ethnicity: *Perceived Improvement*

### Adult

- » Adult members whose reported race/ethnicity was Hispanic/Latino had a statistically significantly higher score compared to the average score of the other race/ethnicity sub-categories combined for the following measures:
  - *Perceived Improvement*
  - *Ability to Deal With Daily Problems Compared to 1 Year Ago*
  - *Ability to Deal With Social Situations Compared to 1 Year Ago*
  - *Ability to Accomplish Things Compared to 1 Year Ago*
  - *Ability to Deal With Symptoms or Problems Compared to 1 Year Ago*
- » Adult members whose reported race/ethnicity was Multiracial/Multiethnic had a statistically significantly lower score compared to the average score of the other race/ethnicity sub-categories combined for the following measures:
  - *Perceived Improvement*
  - *Ability to Accomplish Things Compared to 1 Year Ago*
  - *Ability to Deal With Symptoms or Problems Compared to 1 Year Ago*

### Child

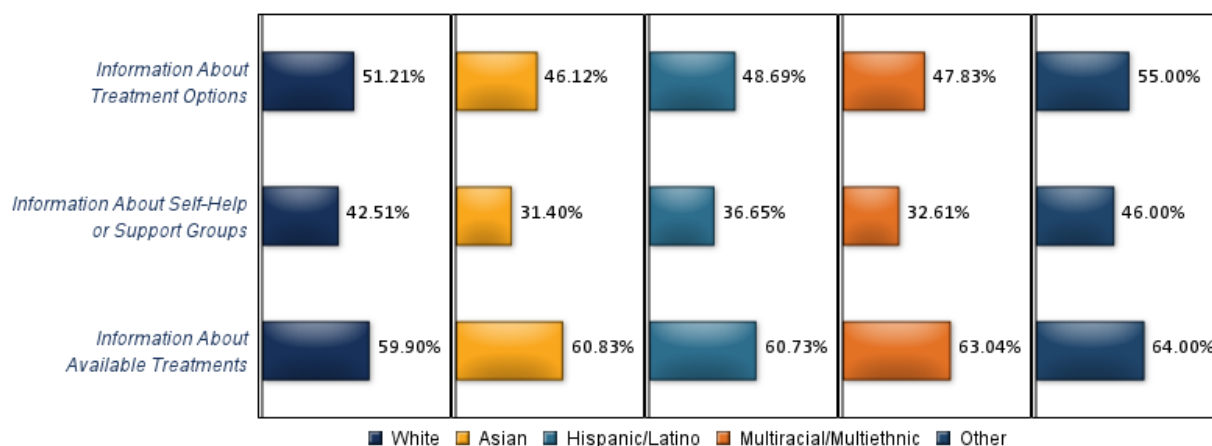
- » Child members whose reported race/ethnicity was Asian had a statistically significantly higher score compared to the average score of the other race/ethnicity sub-categories combined for the following measures:
  - *Perceived Improvement*
  - *Ability to Deal With Daily Problems Compared to 1 Year Ago*
  - *Ability to Accomplish Things Compared to 1 Year Ago*
  - *Ability to Deal With Symptoms or Problems Compared to 1 Year Ago*
- » Child members whose reported race/ethnicity was Hispanic/Latino had a statistically significantly higher score compared to the average score of the other race/ethnicity sub-categories combined for the following measures:
  - *Perceived Improvement*
  - *Ability to Accomplish Things Compared to 1 Year Ago*
  - *Ability to Deal With Symptoms or Problems Compared to 1 Year Ago*

### Information About Treatment Options (Adult Only)

Figure 117 shows the adult State unweighted top-box scores, including the demographic analysis for race/ethnicity, for the *Information About Treatment Options* composite measure and corresponding individual items.

Figure 117—Adult Demographic Analysis: Race/Ethnicity—*Information About Treatment Options*

- ↑ Indicates the score for the race/ethnicity sub-category is statistically significantly higher than the average score of the other race/ethnicity sub-categories combined.
- ↓ Indicates the score for the race/ethnicity sub-category is statistically significantly lower than the average score of the other race/ethnicity sub-categories combined.



### Summary of Results—Race/Ethnicity: *Information About Treatment Options*

- » There were no statistical differences when comparing each adult race/ethnicity sub-category’s score to the average score of the other race/ethnicity sub-categories combined for the *Information About Treatment Options* composite measure and corresponding individual items.

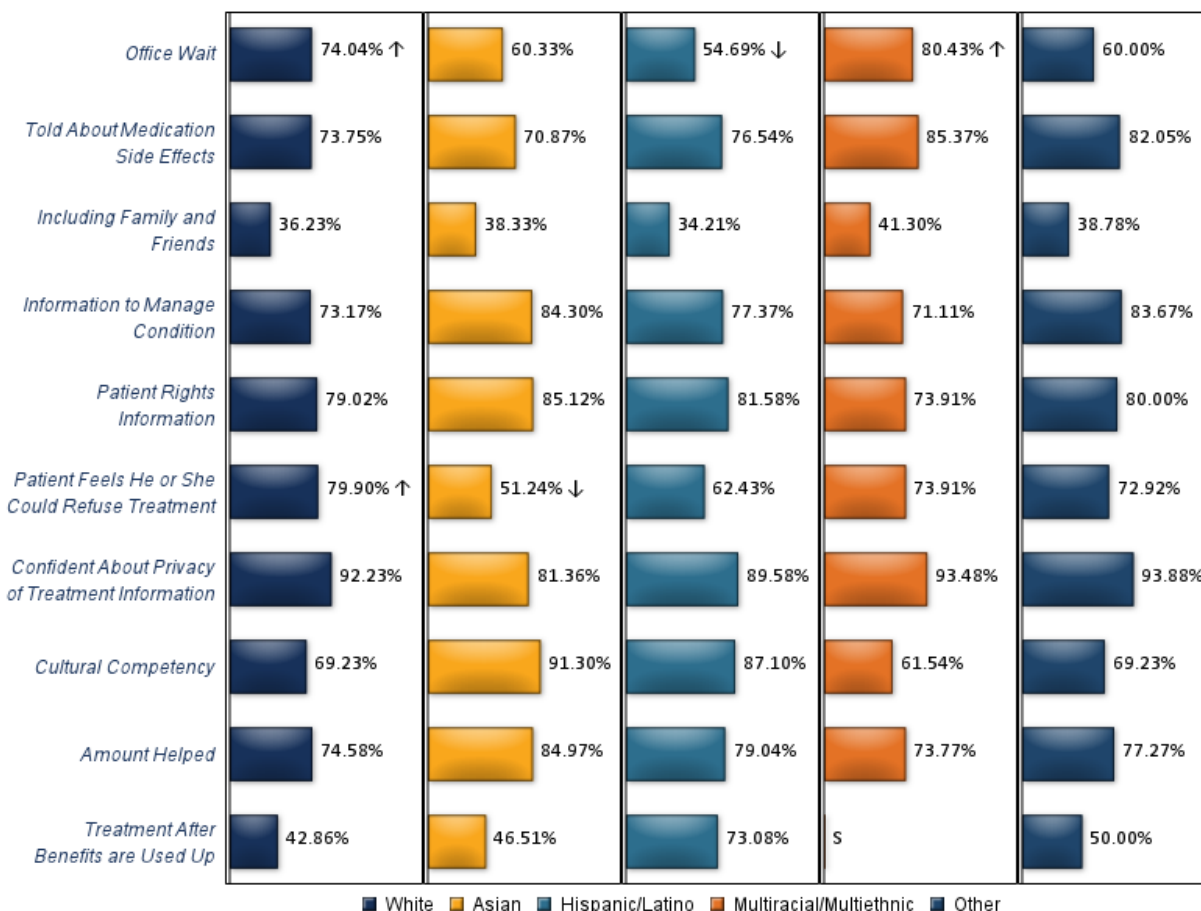
## Individual Item Measures

### Adult Results

Figure 118 shows the adult State unweighted top-box scores, including the demographic analysis for race/ethnicity, for the 10 individual item measures.

Figure 118—Adult Demographic Analysis: Race/Ethnicity—Individual Item Measures

- ↑ Indicates the score for the race/ethnicity sub-category is statistically significantly higher than the average score of the other race/ethnicity sub-categories combined.
- ↓ Indicates the score for the race/ethnicity sub-category is statistically significantly lower than the average score of the other race/ethnicity sub-categories combined.
- S Indicates the race/ethnicity sub-category had fewer than 11 respondents for the measure.

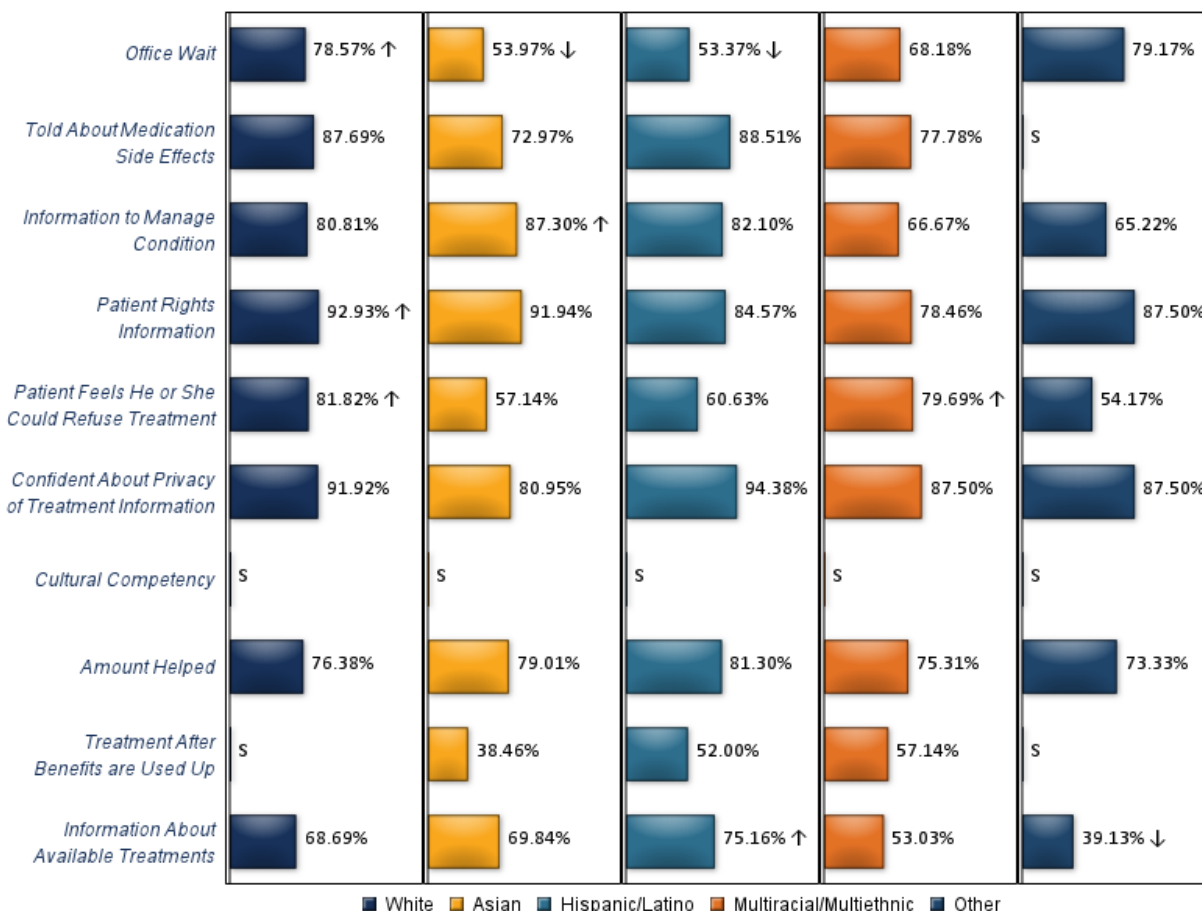


### Child Results

Figure 119 shows the child State unweighted top-box scores, including the demographic analysis for race/ethnicity, for the 10 individual item measures.

Figure 119—Child Demographic Analysis: Race/Ethnicity—Individual Item Measures

- ↑ Indicates the score for the race/ethnicity sub-category is statistically significantly higher than the average score of the other race/ethnicity sub-categories combined.
- ↓ Indicates the score for the race/ethnicity sub-category is statistically significantly lower than the average score of the other race/ethnicity sub-categories combined.
- S Indicates the race/ethnicity sub-category had fewer than 11 respondents for the measure.



## Summary of Results—Race/Ethnicity: Individual Item Measures

### Adult

- » Adult members whose reported race/ethnicity was White and Multiracial/Multiethnic had a statistically significantly higher score while adult members whose reported race/ethnicity was Hispanic/Latino had a statistically significantly lower score compared to the average score of the other race/ethnicity sub-categories combined for *Office Wait*.
- » Adult members whose reported race/ethnicity was White had a statistically significantly higher score while adult members whose reported race/ethnicity was Asian had a statistically significantly lower score compared to the average score of the other race/ethnicity sub-categories combined for *Patient Feels He or She Could Refuse Treatment*.

### Child

- » Child members whose reported race/ethnicity was White had a statistically significantly higher score compared to the average score of the other race/ethnicity sub-categories combined for the following measures:
  - *Office Wait*
  - *Patient Rights Information*
  - *Patient Feels He or She Could Refuse Treatment*
- » Child members whose reported race/ethnicity was Asian had a statistically significantly higher score compared to the average score of the other race/ethnicity sub-categories combined for *Information to Manage Condition*.
- » Child members whose reported race/ethnicity was Hispanic/Latino had a statistically significantly higher score compared to the average score of the other race/ethnicity sub-categories combined for *Information About Available Treatments*.
- » Child members whose reported race/ethnicity was Multiracial/Multiethnic had a statistically significantly higher score compared to the average score of the other race/ethnicity sub-categories combined for *Patient Feels He or She Could Refuse Treatment*.

- » Child members whose reported race/ethnicity was Asian or Hispanic/Latino had a statistically significantly lower score compared to the average score of the other race/ethnicity sub-categories combined for *Office Wait*.
- » Child members whose reported race/ethnicity was Other had a statistically significantly lower score compared to the average score of the other race/ethnicity sub-categories combined for *Information About Available Treatments*.

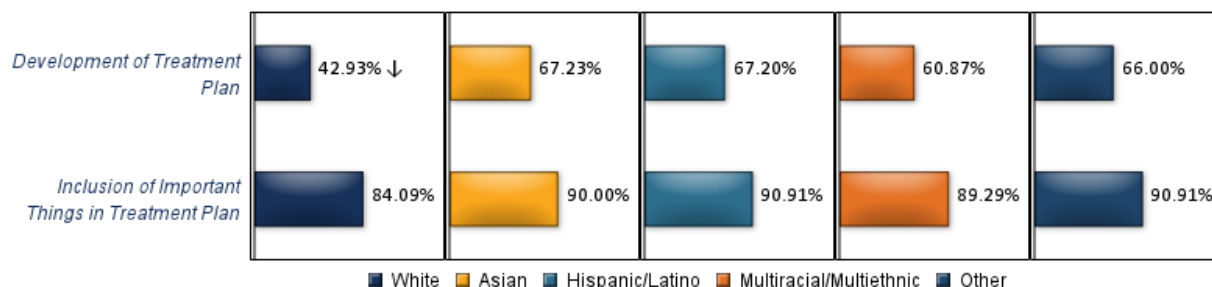
## Supplemental Items

### Adult Results

Figure 120 shows the adult State unweighted top-box scores, including the demographic analysis for race/ethnicity, for the two supplemental items.

Figure 120—Adult Demographic Analysis: Race/Ethnicity—Supplemental Items

- ↑ Indicates the score for the race/ethnicity sub-category is statistically significantly higher than the average score of the other race/ethnicity sub-categories combined.
- ↓ Indicates the score for the race/ethnicity sub-category is statistically significantly lower than the average score of the other race/ethnicity sub-categories combined.

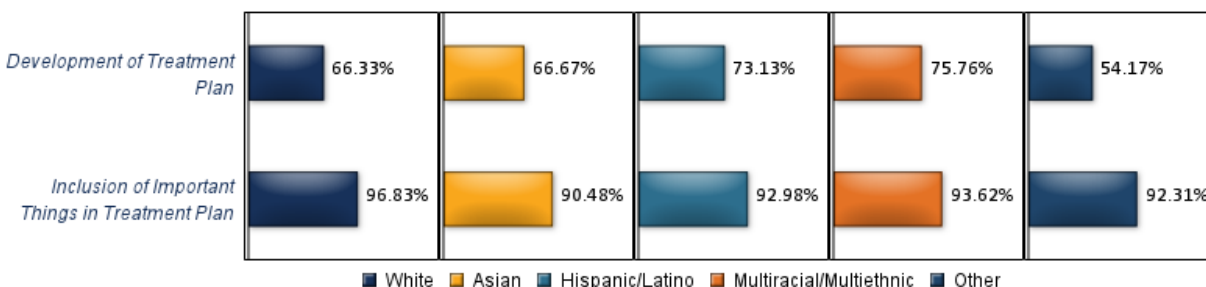


### Child Results

Figure 121 shows the child State unweighted top-box scores, including the demographic analysis for race/ethnicity, for the two supplemental items.

Figure 121—Child Demographic Analysis: Race/Ethnicity—Supplemental Items

- ↑ Indicates the score for the race/ethnicity sub-category is statistically significantly higher than the average score of the other race/ethnicity sub-categories combined.
- ↓ Indicates the score for the race/ethnicity sub-category is statistically significantly lower than the average score of the other race/ethnicity sub-categories combined.



## Summary of Results—Race/Ethnicity: Supplemental Items

### Adult

- » Adult members whose reported race/ethnicity was White had a statistically significantly lower score compared to the average score of the other race/ethnicity sub-categories combined for *Development of Treatment Plan*.

### Child

- » There were no statistical differences when comparing each child race/ethnicity sub-category's score to the average score of the other race/ethnicity sub-categories for the two supplemental items.

## Disability Status

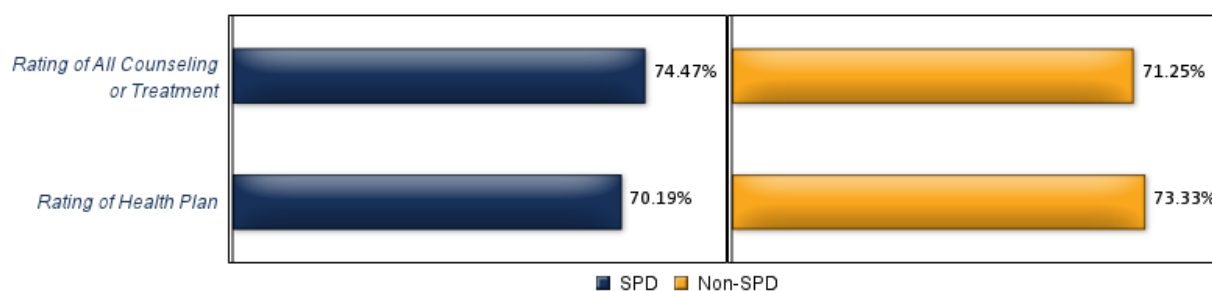
### Global Ratings

#### Adult Results

Figure 122 shows the adult State unweighted top-box scores, including the demographic analysis for disability status, for the two global ratings.

Figure 122—Adult Demographic Analysis: Disability Status–Global Ratings

- ↑ Indicates the score for the disability status sub-category is statistically significantly higher than the score of the other disability status sub-category.
- ↓ Indicates the score for the disability status sub-category is statistically significantly lower than the score of the other disability status sub-category.

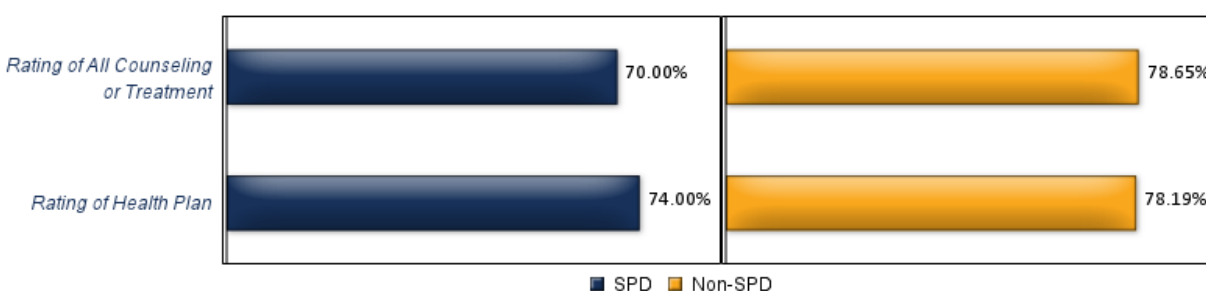


## Child Results

Figure 123 shows the child State unweighted top-box scores, including the demographic analysis for disability status, for the two global ratings.

### Figure 123—Child Demographic Analysis: Disability Status—Global Ratings

- ↑ Indicates the score for the disability status sub-category is statistically significantly higher than the score of the other disability status sub-category.
- ↓ Indicates the score for the disability status sub-category is statistically significantly lower than the score of the other disability status sub-category.



## Summary of Results—Disability Status: Global Ratings

### Adult

- » There were no statistical differences in scores for adult members who were identified as having a disability when compared to adult members who were not identified as having a disability for the two global ratings.

### Child

- » There were no statistical differences in scores for child members who were identified as having a disability when compared to child members who were not identified as having a disability for the two global ratings.

## Composite Measures and Corresponding Individual Items

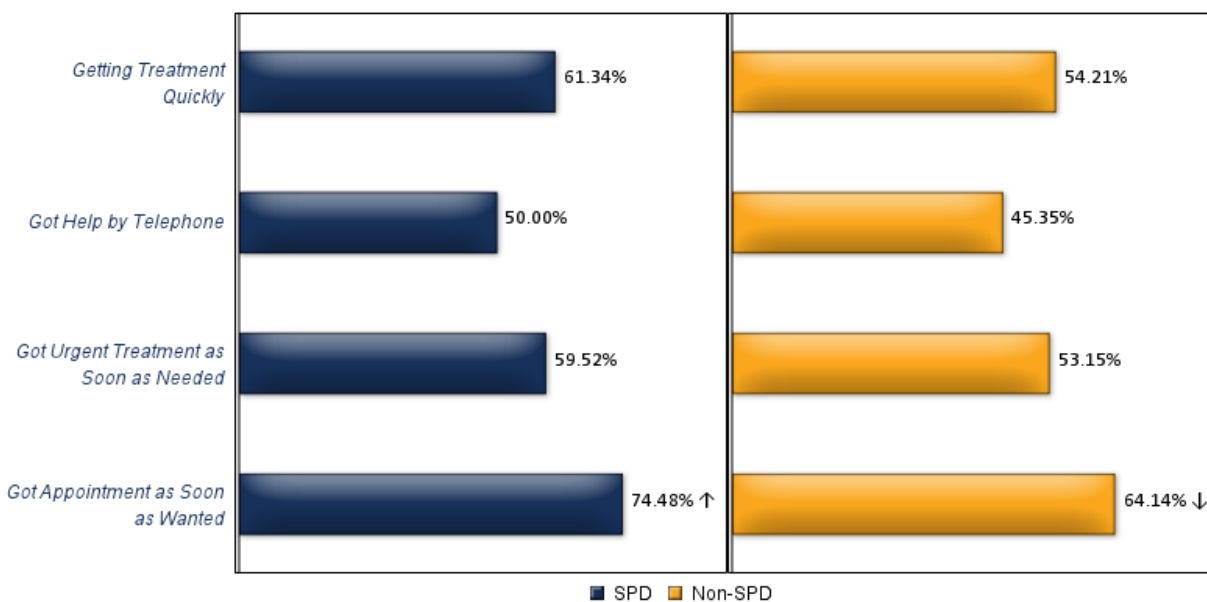
### Getting Treatment Quickly

#### Adult Results

Figure 124 shows the adult State unweighted top-box scores, including the demographic analysis for disability status, for the *Getting Treatment Quickly* composite measure and corresponding individual items.

Figure 124—Adult Demographic Analysis: Disability Status—*Getting Treatment Quickly*

- ↑ Indicates the score for the disability status sub-category is statistically significantly higher than the score of the other disability status sub-category.
- ↓ Indicates the score for the disability status sub-category is statistically significantly lower than the score of the other disability status sub-category.

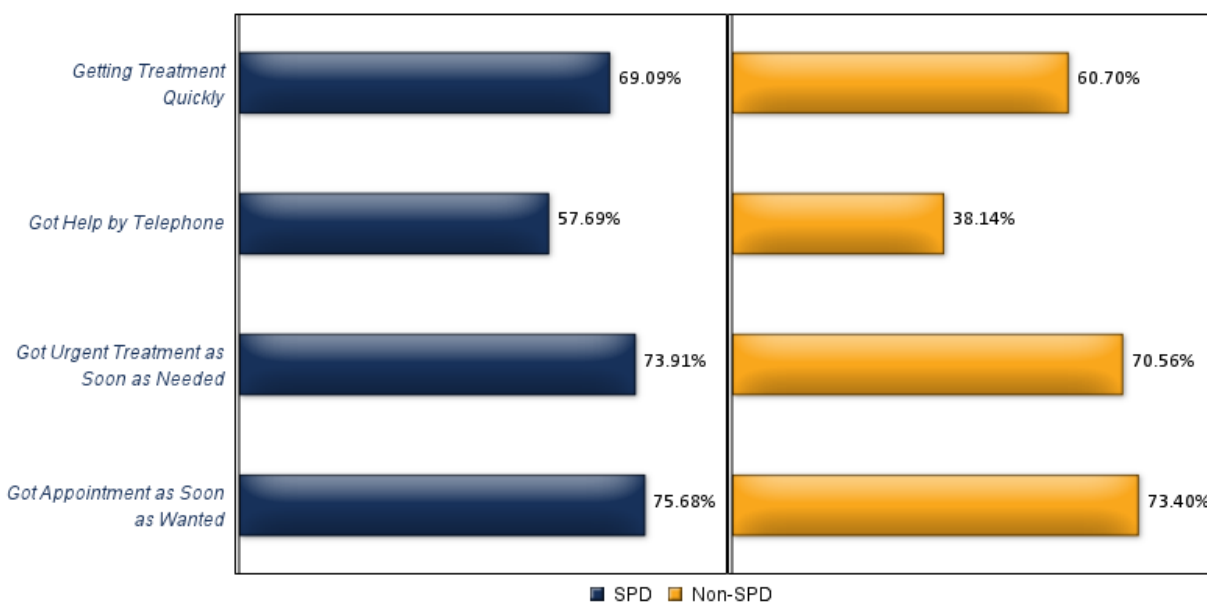


**Child Results**

Figure 125 shows the child State unweighted top-box scores, including the demographic analysis for disability status, for the *Getting Treatment Quickly* composite measure and corresponding individual items.

Figure 125—Child Demographic Analysis: Disability Status—*Getting Treatment Quickly*

- ↑ Indicates the score for the disability status sub-category is statistically significantly higher than the score of the other disability status sub-category.
- ↓ Indicates the score for the disability status sub-category is statistically significantly lower than the score of the other disability status sub-category.



## Summary of Results—Disability Status: *Getting Treatment Quickly*

### **Adult**

- » Adult members who were identified as having a disability had a statistically significantly higher score compared to adult members who were not identified as having a disability for *Got Appointment as Soon as Wanted*.

### **Child**

- » There were no statistical differences in scores for child members who were identified as having a disability when compared to child members who were not identified as having a disability for the *Getting Treatment Quickly* composite measure and corresponding individual items.

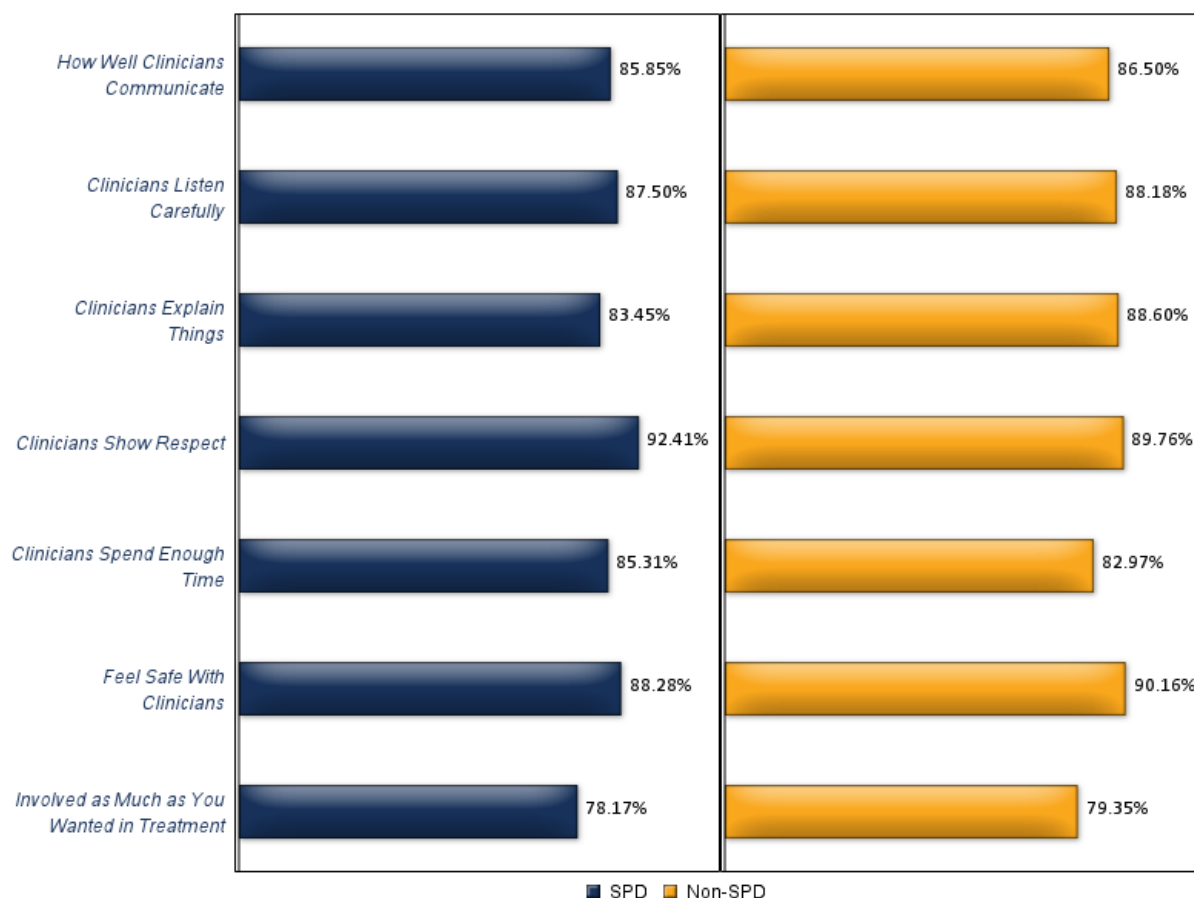
## How Well Clinicians Communicate

### Adult Results

Figure 126 shows the adult State unweighted top-box scores, including the demographic analysis for disability status, for the *How Well Clinicians Communicate* composite measure and corresponding individual items.

Figure 126—Adult Demographic Analysis: Disability Status—*How Well Clinicians Communicate*

- ↑ Indicates the score for the disability status sub-category is statistically significantly higher than the score of the other disability status sub-category.
- ↓ Indicates the score for the disability status sub-category is statistically significantly lower than the score of the other disability status sub-category.

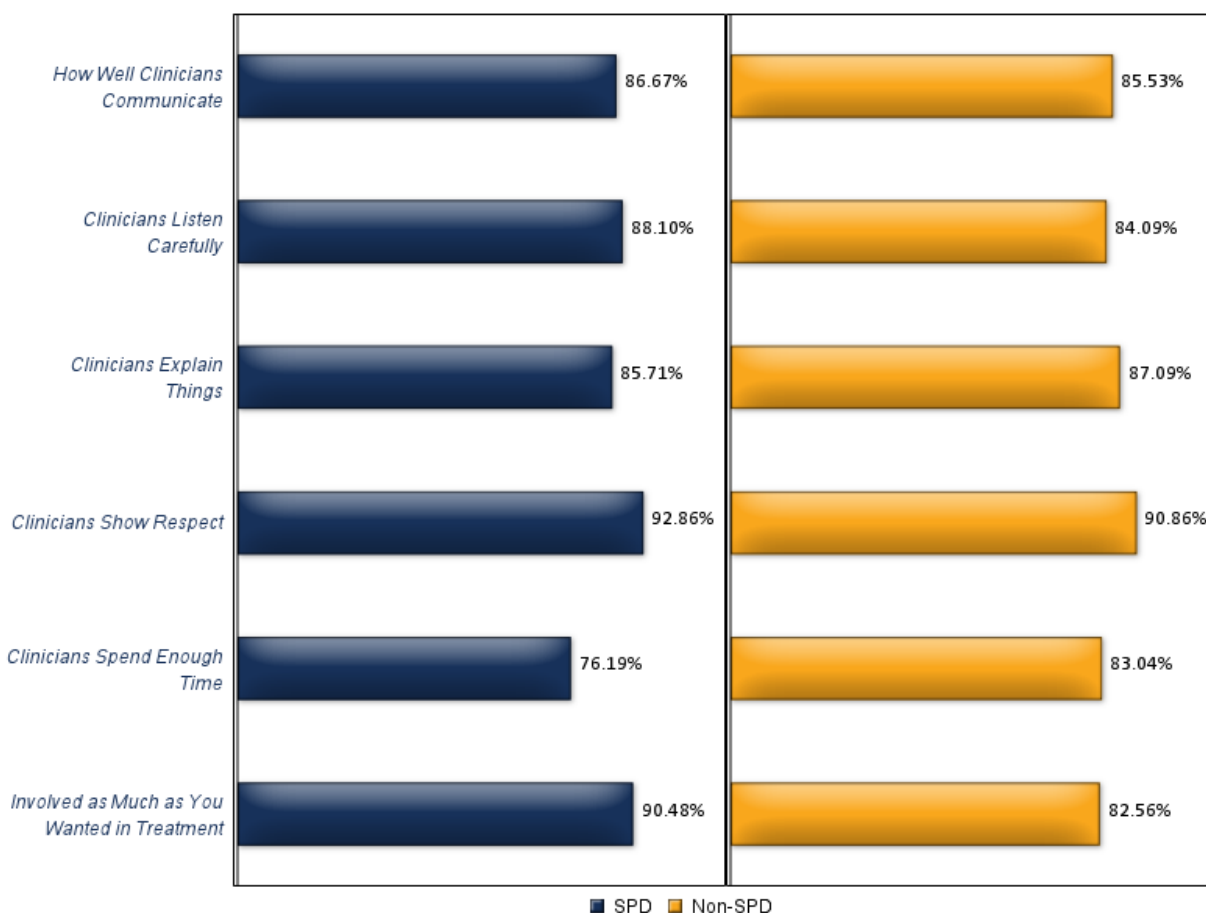


**Child Results**

Figure 127 shows the child State unweighted top-box scores, including the demographic analysis for disability status, for the *How Well Clinicians Communicate* composite measure and corresponding individual items.

Figure 127—Child Demographic Analysis: Disability Status—*How Well Clinicians Communicate*

- ↑ Indicates the score for the disability status sub-category is statistically significantly higher than the score of the other disability status sub-category.
- ↓ Indicates the score for the disability status sub-category is statistically significantly lower than the score of the other disability status sub-category.



## Summary of Results—Disability Status: *How Well Clinicians Communicate*

### **Adult**

- » There were no statistical differences in scores for adult members who were identified as having a disability when compared to adult members who were not identified as having a disability for the *How Well Clinicians Communicate* composite measure and corresponding individual items.

### **Child**

- » There were no statistical differences in scores for child members who were identified as having a disability when compared to child members who were not identified as having a disability for the *How Well Clinicians Communicate* composite measure and corresponding individual items.

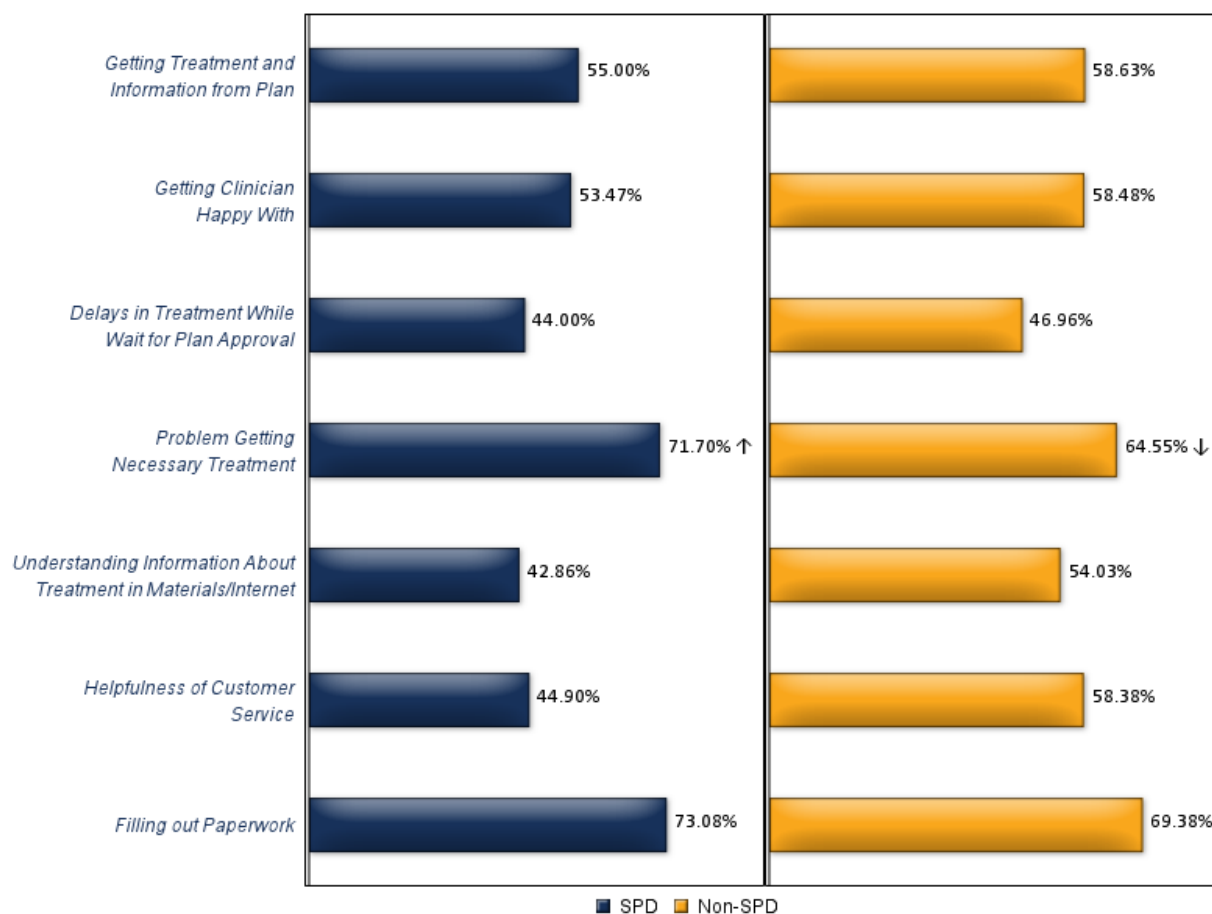
## Getting Treatment and Information from Plan

### Adult Results

Figure 128 shows the adult State unweighted top-box scores, including the demographic analysis for disability status, for the *Getting Treatment and Information from Plan* composite measure and corresponding individual items.

Figure 128—Adult Demographic Analysis: Disability Status—*Getting Treatment and Information from Plan*

- ↑ Indicates the score for the disability status sub-category is statistically significantly higher than the score of the other disability status sub-category.
- ↓ Indicates the score for the disability status sub-category is statistically significantly lower than the score of the other disability status sub-category.

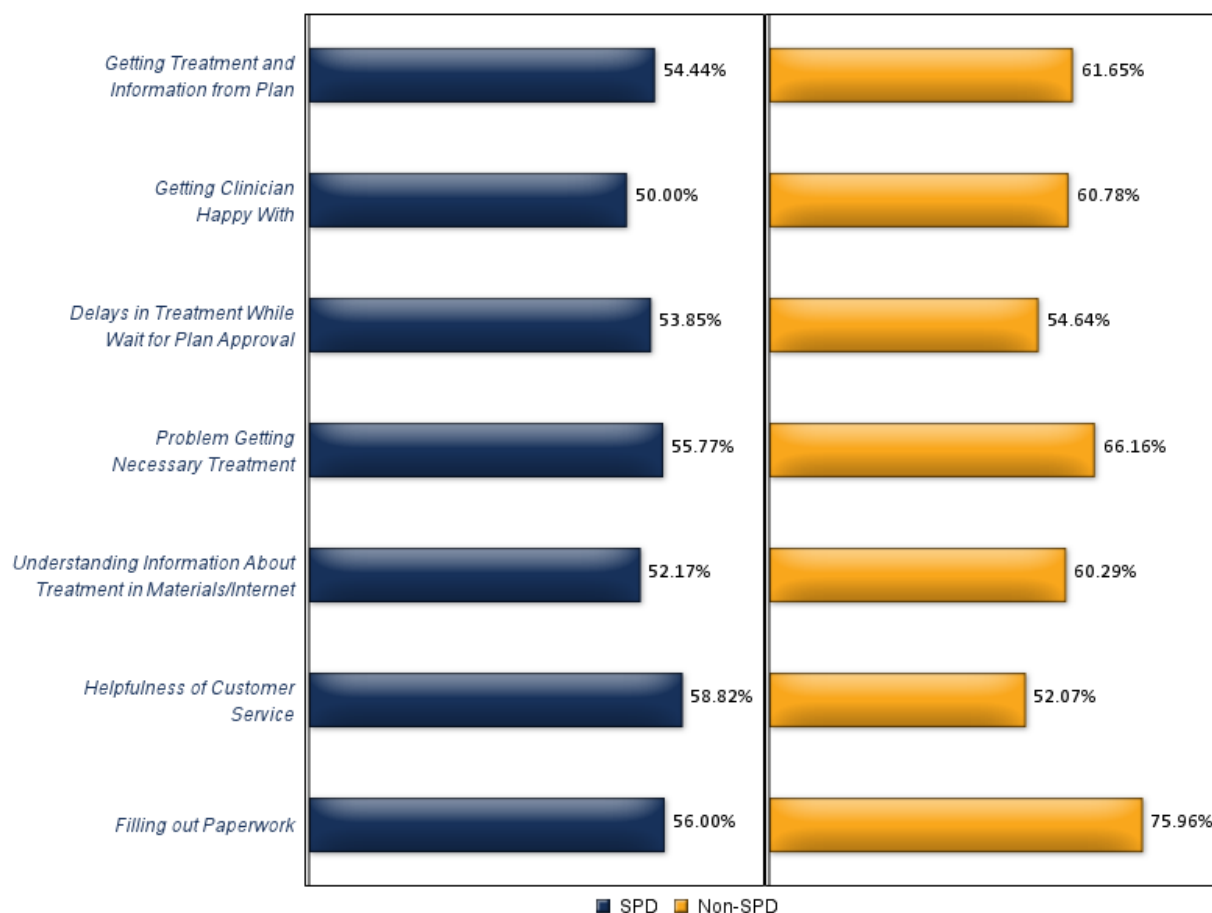


**Child Results**

Figure 129 shows the child State unweighted top-box scores, including the demographic analysis for disability status, for the *Getting Treatment and Information from Plan* composite measure and corresponding individual items.

Figure 129—Child Demographic Analysis: Disability Status—*Getting Treatment and Information from Plan*

- ↑ Indicates the score for the disability status sub-category is statistically significantly higher than the score of the other disability status sub-category.
- ↓ Indicates the score for the disability status sub-category is statistically significantly lower than the score of the other disability status sub-category.



## Summary of Results—Disability Status: Getting Treatment and Information from Plan

### **Adult**

- » Adult members who were identified as having a disability had a statistically significantly higher score compared to adult members who were not identified as having a disability for *Problem Getting Necessary Treatment*.

### **Child**

- » There were no statistical differences in scores for child members who were identified as having a disability when compared to child members who were not identified as having a disability for the *Getting Treatment and Information from Plan* composite measure and corresponding individual items.

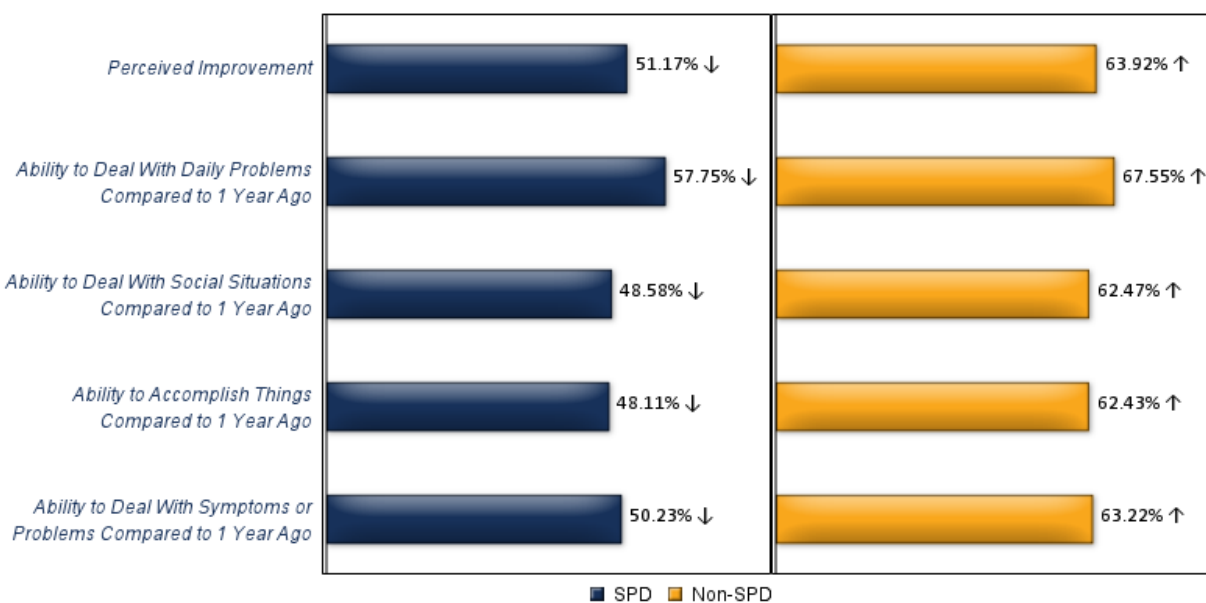
## Perceived Improvement

### Adult Results

Figure 130 shows the adult State unweighted top-box scores, including the demographic analysis for disability status, for the *Perceived Improvement* composite measure and corresponding individual items.

Figure 130—Adult Demographic Analysis: Disability Status—*Perceived Improvement*

- ↑ Indicates the score for the disability status sub-category is statistically significantly higher than the score of the other disability status sub-category.
- ↓ Indicates the score for the disability status sub-category is statistically significantly lower than the score of the other disability status sub-category.

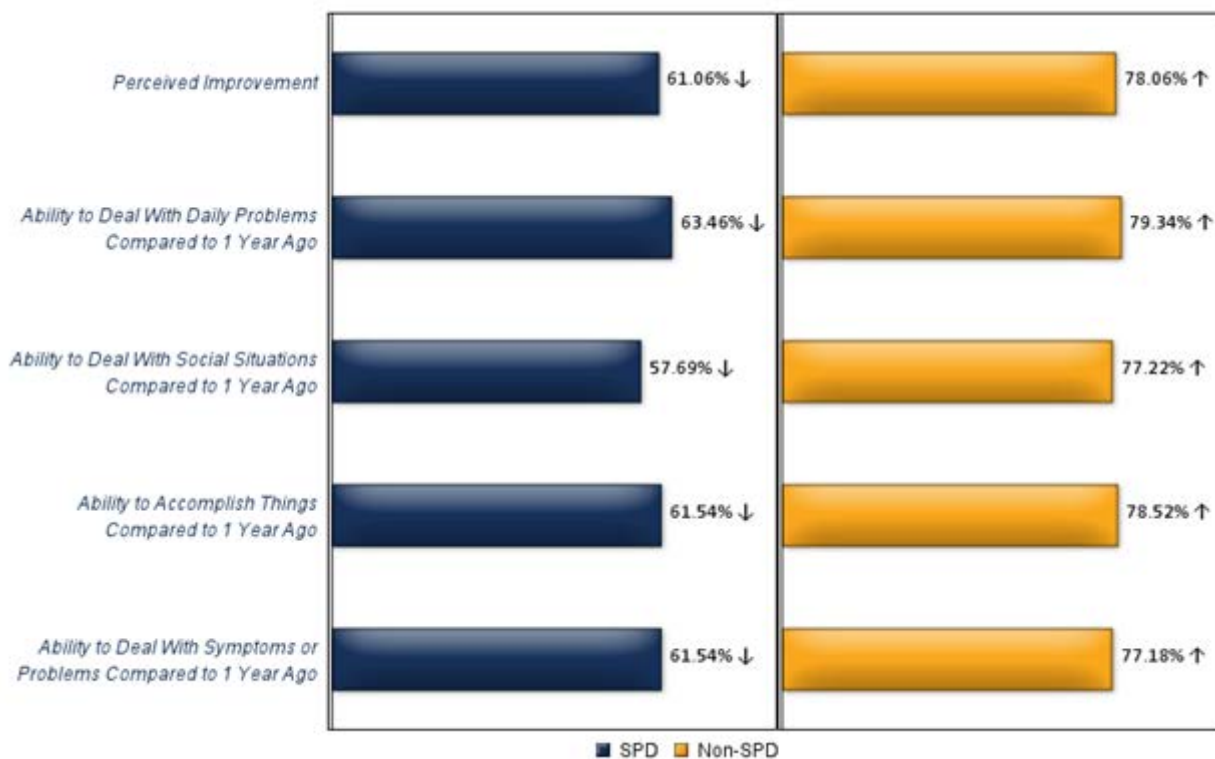


**Child Results**

Figure 131 shows the child State unweighted top-box scores, including the demographic analysis for disability status, for the *Perceived Improvement* composite measure and corresponding individual items.

Figure 131—Child Demographic Analysis: Disability Status—*Perceived Improvement*

- ↑ Indicates the score for the disability status sub-category is statistically significantly higher than the score of the other disability status sub-category.
- ↓ Indicates the score for the disability status sub-category is statistically significantly lower than the score of the other disability status sub-category.



## Summary of Results—Disability Status: *Perceived Improvement*

### **Adult**

- » Adult members who were identified as having a disability had a statistically significantly lower score compared to adult members who were not identified as having a disability for the *Perceived Improvement* composite measure and all corresponding individual items.

### **Child**

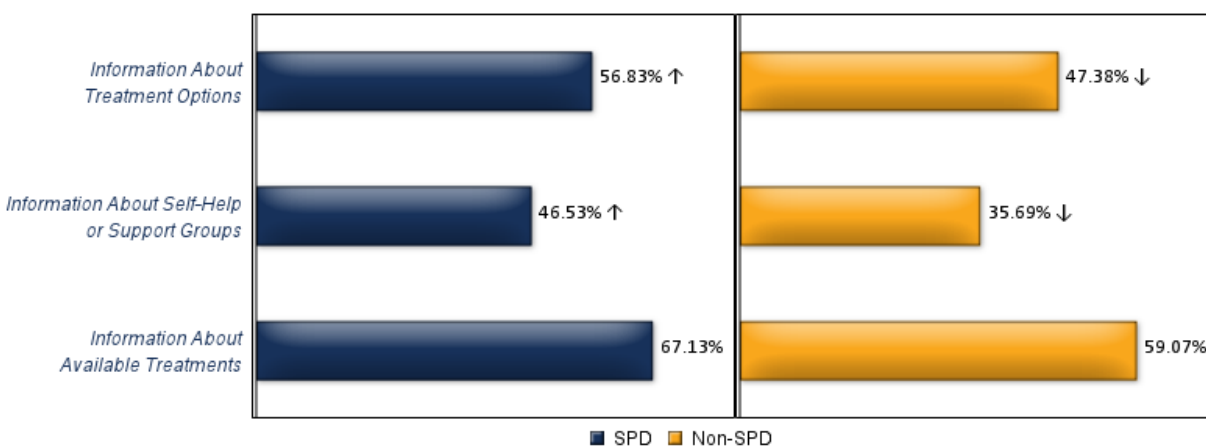
- » Child members who were identified as having a disability had a statistically significantly lower score compared to child members who were not identified as having a disability for the *Perceived Improvement* composite measure and all corresponding individual items.

### Information About Treatment Options (Adult Only)

Figure 132 shows the adult State unweighted top-box scores, including the demographic analysis for disability status, for the *Information About Treatment Options* composite measure and corresponding individual items.

#### Figure 132—Adult Demographic Analysis: Disability Status—*Information About Treatment Options*

- ↑ Indicates the score for the disability status sub-category is statistically significantly higher than the score of the other disability status sub-category.
- ↓ Indicates the score for the disability status sub-category is statistically significantly lower than the score of the other disability status sub-category.



#### Summary of Results—Disability Status: *Information About Treatment Options*

- » Adult members who were identified as having a disability had a statistically significantly higher score compared to adult members who were not identified as having a disability for *Information About Treatment Options* and *Information About Self-Health or Support Groups*.

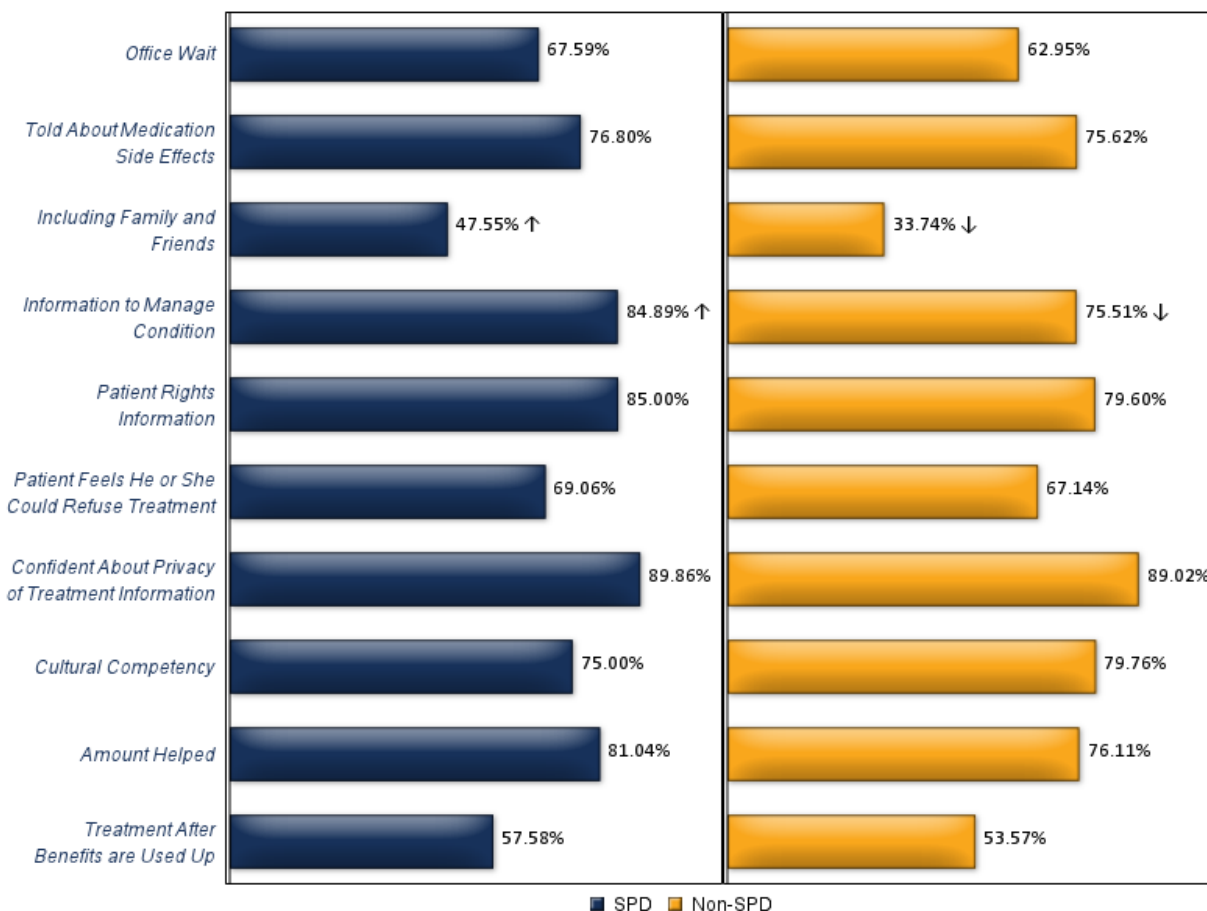
## Individual Item Measures

### Adult Results

Figure 133 shows the adult State unweighted top-box scores, including the demographic analysis for disability status, for the 10 individual item measures.

Figure 133—Adult Demographic Analysis: Disability Status—Individual Item Measures

- ↑ Indicates the score for the disability status sub-category is statistically significantly higher than the score of the other disability status sub-category.
- ↓ Indicates the score for the disability status sub-category is statistically significantly lower than the score of the other disability status sub-category.

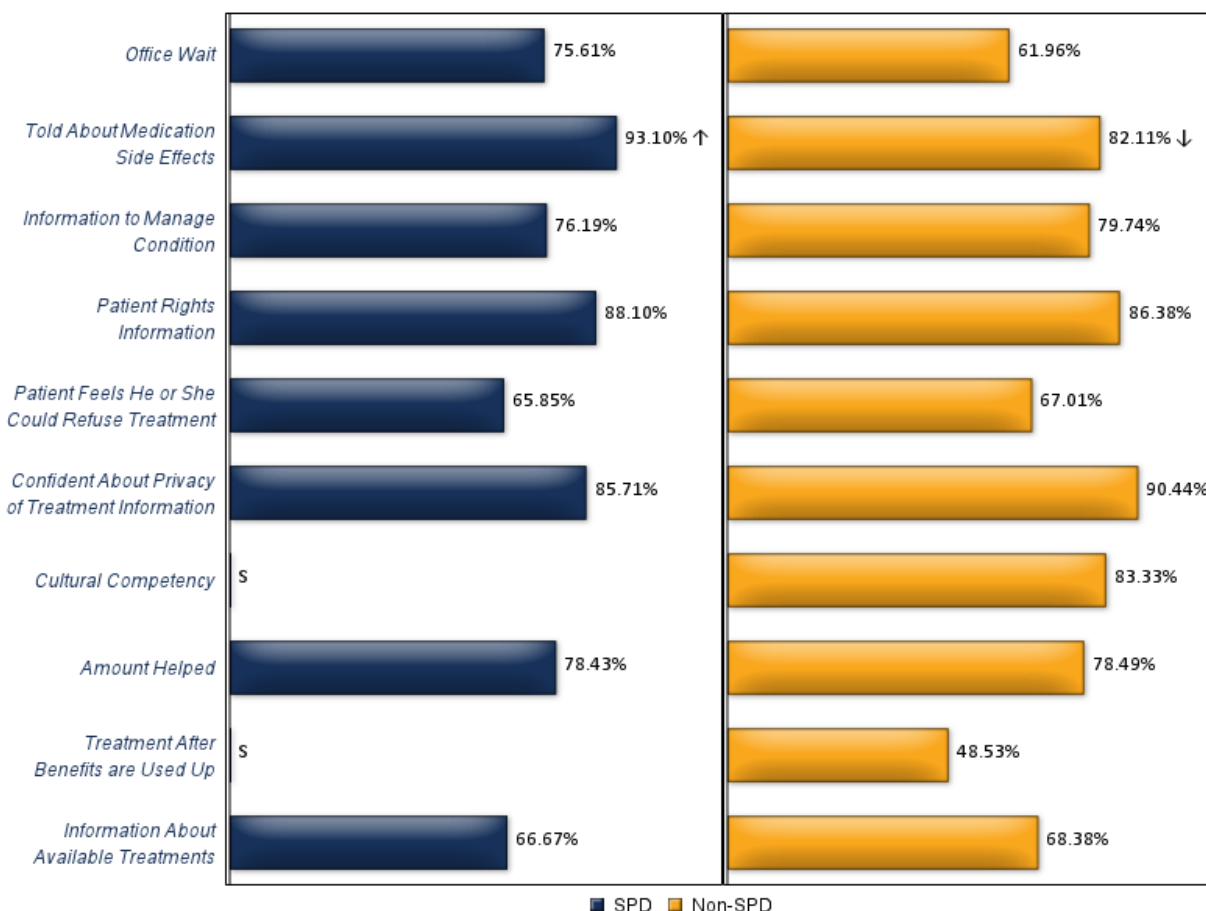


### Child Results

Figure 134 shows the child State unweighted top-box scores, including the demographic analysis for disability status, for the 10 individual item measures.

Figure 134—Child Demographic Analysis: Disability Status—Individual Item Measures

- ↑ Indicates the score for the disability status sub-category is statistically significantly higher than the score of the other disability status sub-category.
- ↓ Indicates the score for the disability status sub-category is statistically significantly lower than the score of the other disability status sub-category.
- S Indicates the disability status sub-category had fewer than 11 respondents for the measure.



## Summary of Results—Disability Status: Individual Item Measures

### Adult

- » Adult members who were identified as having a disability had a statistically significantly higher score compared to adult members who were not identified as having a disability for *Including Family and Friends* and *Information to Manage Condition*.

### Child

- » Child members who were identified as having a disability had a statistically significantly higher score compared to child members who were not identified as having a disability for *Told About Medication Side Effects*.

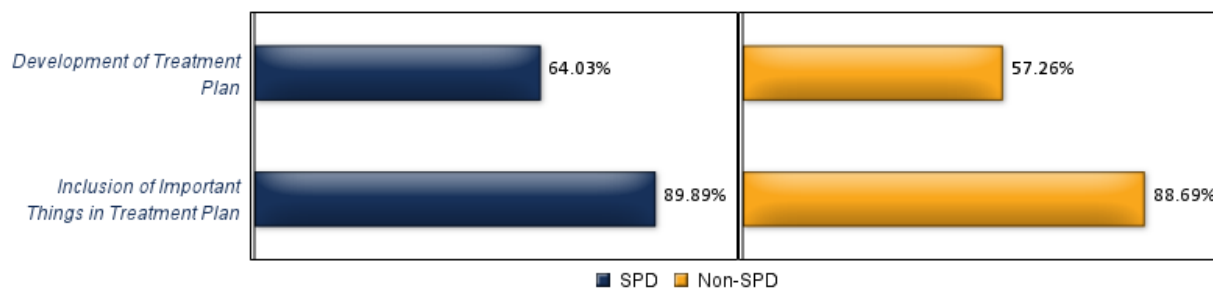
## Supplemental Items

### Adult Results

Figure 135 shows the adult State unweighted top-box scores, including the demographic analysis for disability status, for the two supplemental items.

Figure 135—Adult Demographic Analysis: Disability Status—Supplemental Items

- ↑ Indicates the score for the disability status sub-category is statistically significantly higher than the score of the other disability status sub-category.
- ↓ Indicates the score for the disability status sub-category is statistically significantly lower than the score of the other disability status sub-category.

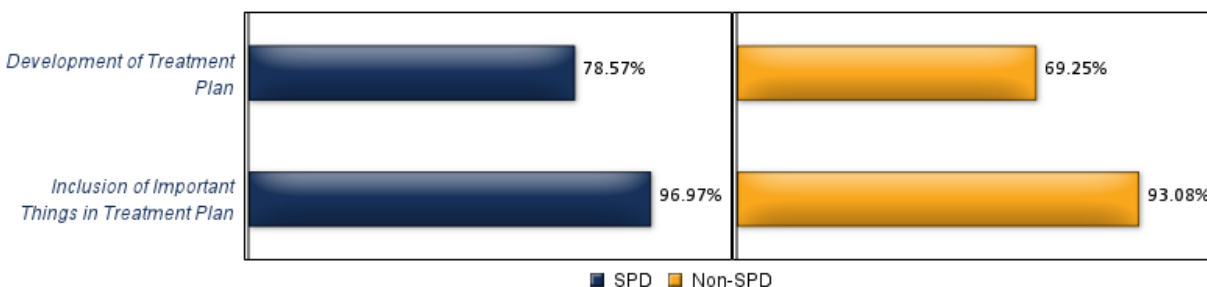


## Child Results

Figure 136 shows the child State unweighted top-box scores, including the demographic analysis for disability status, for the two supplemental items.

### Figure 136—Child Demographic Analysis: Disability Status—Supplemental Items

- ↑ Indicates the score for the disability status sub-category is statistically significantly higher than the score of the other disability status sub-category.
- ↓ Indicates the score for the disability status sub-category is statistically significantly lower than the score of the other disability status sub-category.



## Summary of Results—Disability Status: Supplemental Items

### Adult

- » There were no statistical differences in scores for adult members who were identified as having a disability when compared to adult members who were not identified as having a disability for the two supplemental items.

### Child

- » There were no statistical differences in scores for child members who were identified as having a disability when compared to child members who were not identified as having a disability for the two supplemental items.

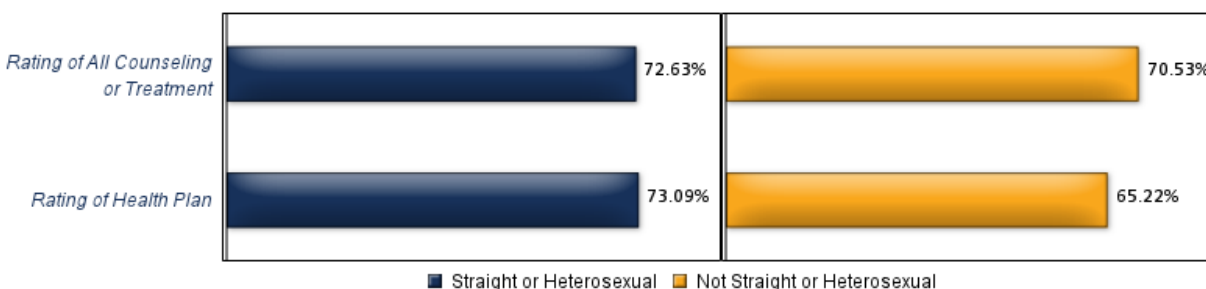
## Sexual Orientation (Adult Only)

### Global Ratings

Figure 137 shows the adult State unweighted top-box scores, including the demographic analysis for sexual orientation, for the two global ratings.

#### Figure 137—Adult Demographic Analysis: Sexual Orientation—Global Ratings

- ↑ Indicates the score for the sexual orientation sub-category is statistically significantly higher than the score of the other sexual orientation sub-category.
- ↓ Indicates the score for the sexual orientation sub-category is statistically significantly lower than the score of the other sexual orientation sub-category.



### Summary of Results—Sexual Orientation: Global Ratings

- » There were no statistical differences in scores for adult members whose reported sexual orientation was straight or heterosexual when compared to adult members whose reported sexual orientation was not straight or heterosexual for the two global ratings.

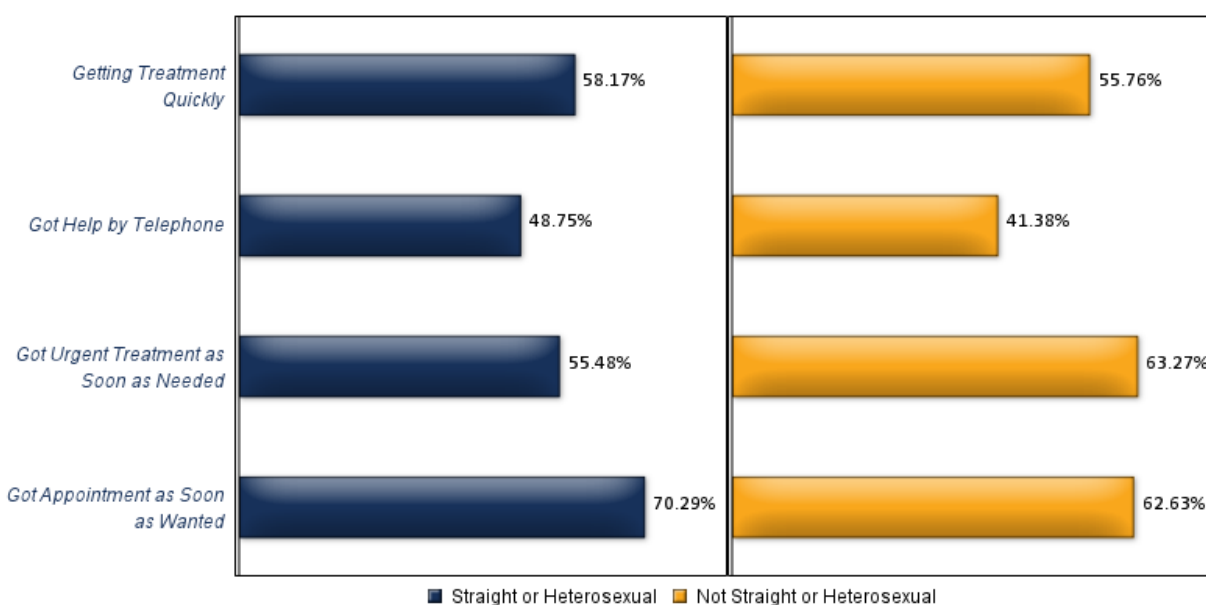
## Composite Measures and Corresponding Individual Items

### Getting Treatment Quickly

Figure 138 shows the adult State unweighted top-box scores, including the demographic analysis for sexual orientation, for the *Getting Treatment Quickly* composite measure and corresponding individual items.

#### Figure 138—Adult Demographic Analysis: Sexual Orientation—*Getting Treatment Quickly*

- ↑ Indicates the score for the sexual orientation sub-category is statistically significantly higher than the score of the other sexual orientation sub-category.
- ↓ Indicates the score for the sexual orientation sub-category is statistically significantly lower than the score of the other sexual orientation sub-category.



#### Summary of Results—Sexual Orientation: *Getting Treatment Quickly*

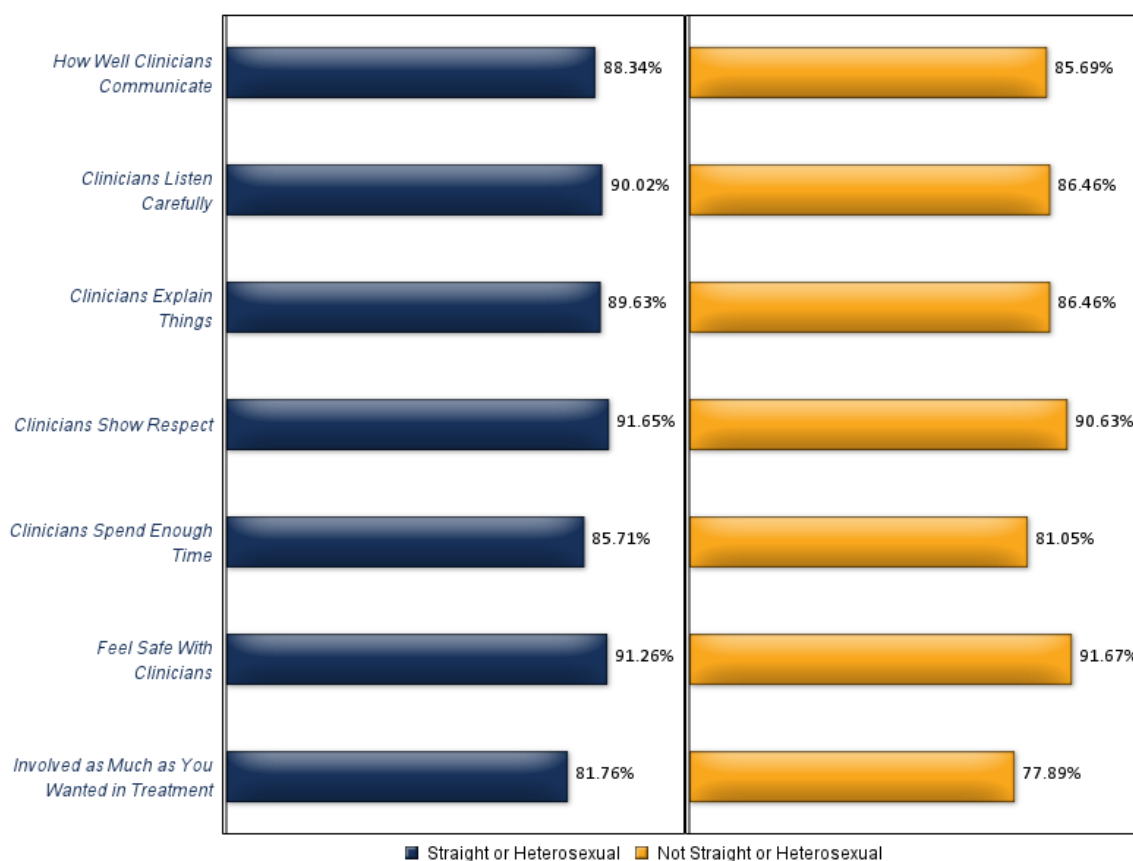
- » There were no statistical differences in scores for adult members whose reported sexual orientation was straight or heterosexual when compared to adult members whose reported sexual orientation was not straight or heterosexual for the *Getting Treatment Quickly* composite measure and corresponding individual items.

## How Well Clinicians Communicate

Figure 139 shows the adult State unweighted top-box scores, including the demographic analysis for sexual orientation, for the *How Well Clinicians Communicate* composite measure and corresponding individual items.

### Figure 139—Adult Demographic Analysis: Sexual Orientation—*How Well Clinicians Communicate*

- ↑ Indicates the score for the sexual orientation sub-category is statistically significantly higher than the score of the other sexual orientation sub-category.
- ↓ Indicates the score for the sexual orientation sub-category is statistically significantly lower than the score of the other sexual orientation sub-category.



### Summary of Results—Sexual Orientation: *How Well Clinicians Communicate*

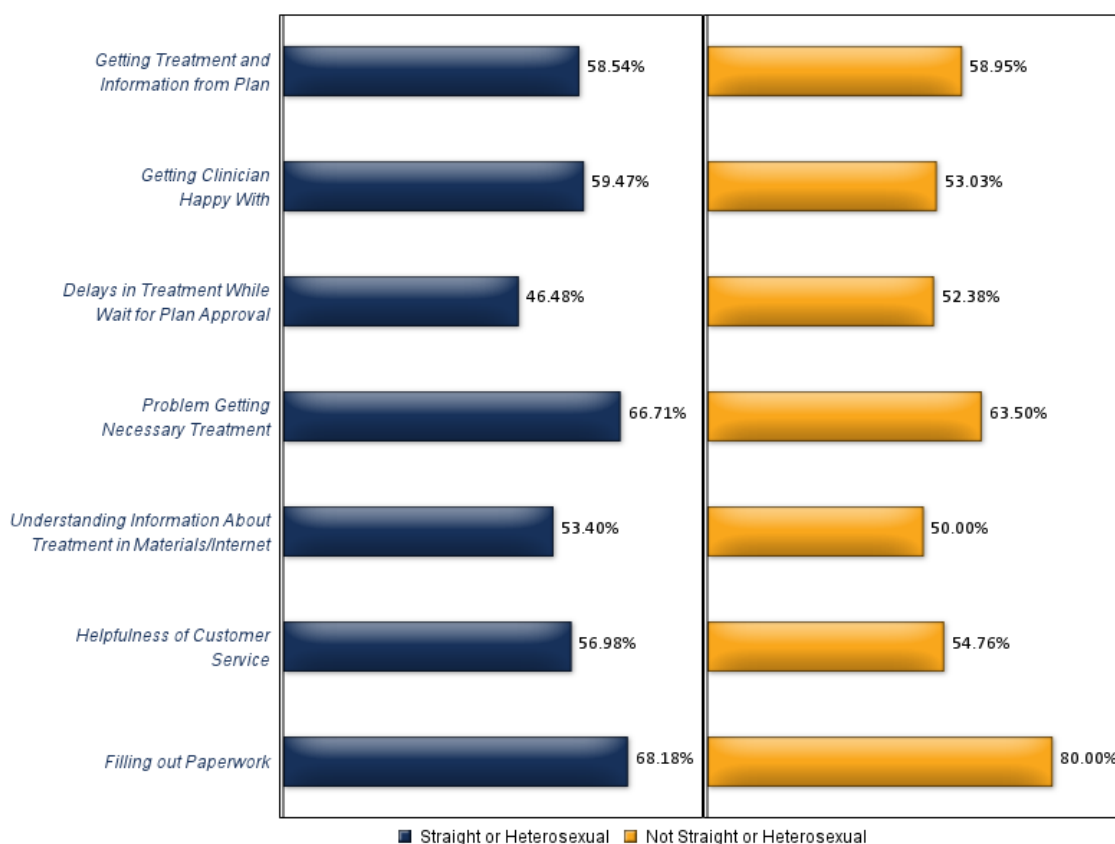
- » There were no statistical differences in scores for adult members whose reported sexual orientation was straight or heterosexual when compared to adult members whose reported sexual orientation was not straight or heterosexual for the *How Well Clinicians Communicate* composite measure and corresponding individual items.

## Getting Treatment and Information from Plan

Figure 140 shows the adult State unweighted top-box scores, including the demographic analysis for sexual orientation, for the *Getting Treatment and Information from Plan* composite measure and corresponding individual items.

### Figure 140—Adult Demographic Analysis: Sexual Orientation—*Getting Treatment and Information from Plan*

- ↑ Indicates the score for the sexual orientation sub-category is statistically significantly higher than the score of the other sexual orientation sub-category.
- ↓ Indicates the score for the sexual orientation sub-category is statistically significantly lower than the score of the other sexual orientation sub-category.



### Summary of Results—Sexual Orientation: *Getting Treatment and Information from Plan*

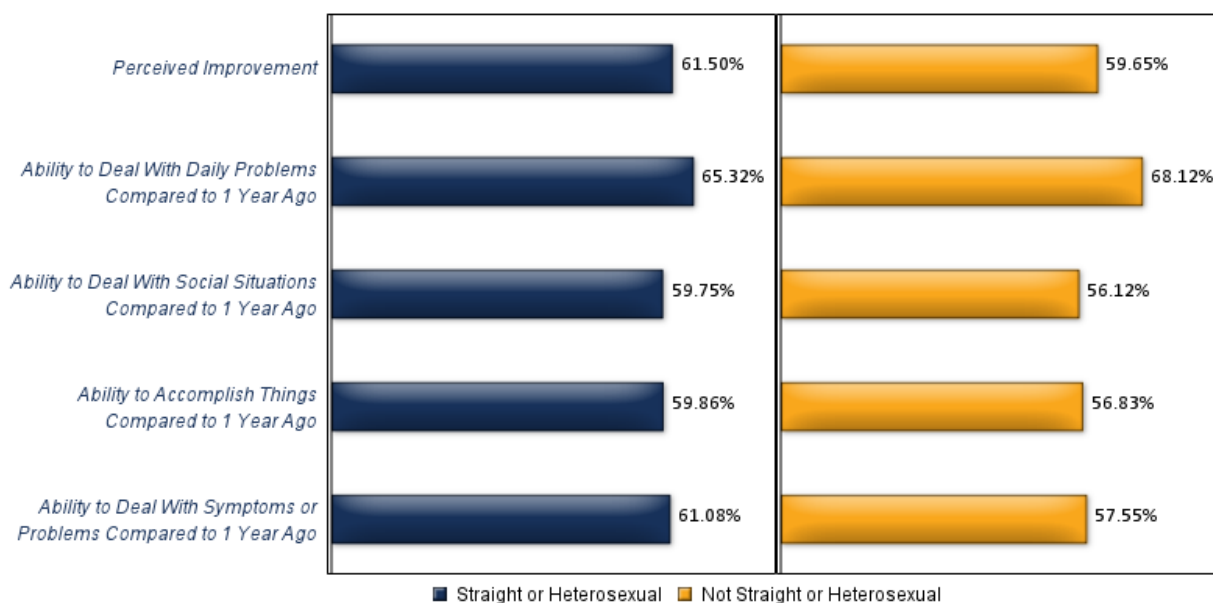
- » There were no statistical differences in scores for adult members whose reported sexual orientation was straight or heterosexual when compared to adult members whose reported sexual orientation was not straight or heterosexual for the *Getting Treatment and Information from Plan* composite measure and corresponding individual items.

## Perceived Improvement

Figure 141 shows the adult State unweighted top-box scores, including the demographic analysis for sexual orientation, for the *Perceived Improvement* composite measure and corresponding individual items.

### Figure 141—Adult Demographic Analysis: Sexual Orientation—*Perceived Improvement*

- ↑ Indicates the score for the sexual orientation sub-category is statistically significantly higher than the score of the other sexual orientation sub-category.
- ↓ Indicates the score for the sexual orientation sub-category is statistically significantly lower than the score of the other sexual orientation sub-category.



### Summary of Results—Sexual Orientation: *Perceived Improvement*

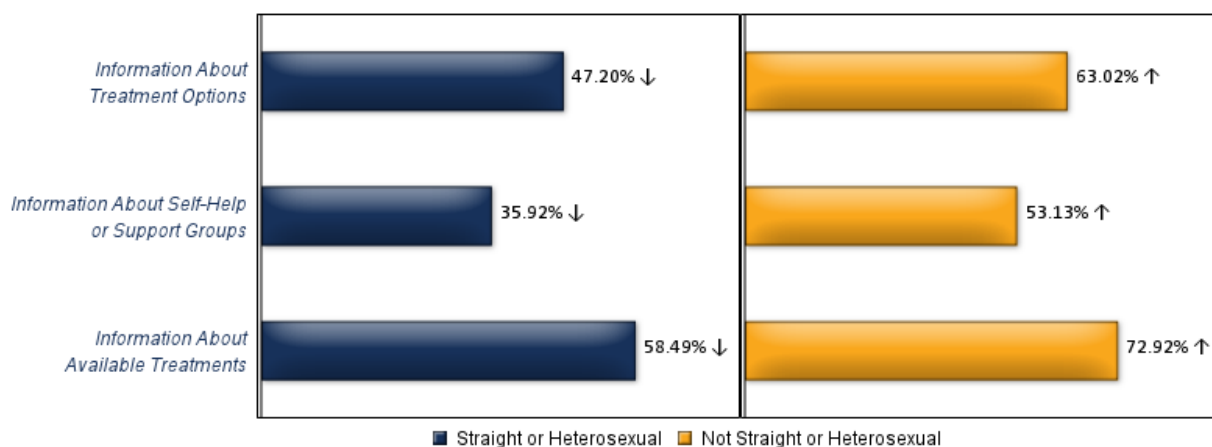
- » There were no statistical differences in scores for adult members whose reported sexual orientation was straight or heterosexual when compared to adult members whose reported sexual orientation was not straight or heterosexual for the *Perceived Improvement* composite measure and corresponding individual items.

## Information About Treatment Options

Figure 142 shows the adult State unweighted top-box scores, including the demographic analysis for sexual orientation, for the *Information About Treatment Options* composite measure and corresponding individual items.

### Figure 142—Adult Demographic Analysis: Sexual Orientation—*Information About Treatment Options*

- ↑ Indicates the score for the sexual orientation sub-category is statistically significantly higher than the score of the other sexual orientation sub-category.
- ↓ Indicates the score for the sexual orientation sub-category is statistically significantly lower than the score of the other sexual orientation sub-category.



### Summary of Results—Sexual Orientation: *Information About Treatment Options*

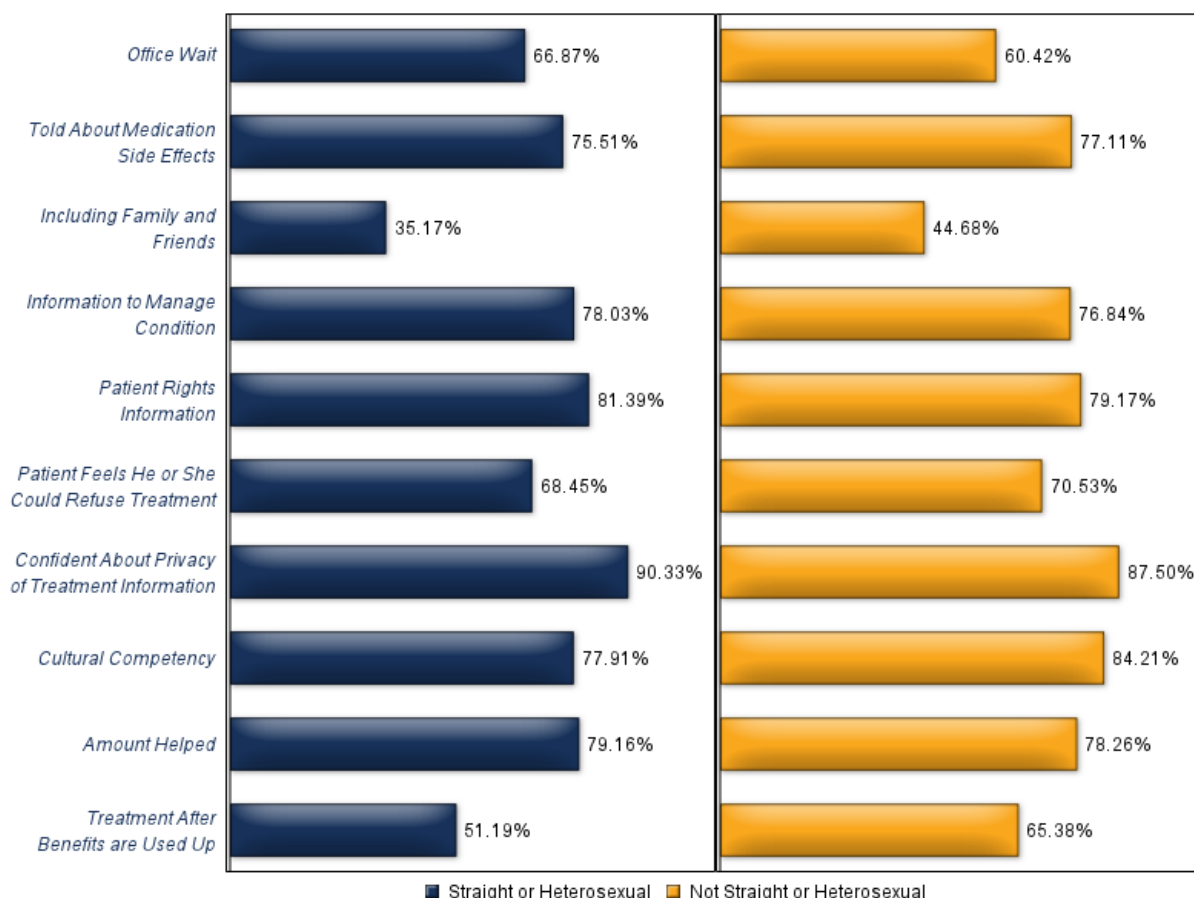
- » Adult members whose reported sexual orientation was straight or heterosexual had a statistically significantly lower score when compared to adult members whose reported sexual orientation was not straight or heterosexual combined for the *Information About Treatment Options* composite measure and all corresponding individual items.

### Individual Item Measures

Figure 143 shows the adult State unweighted top-box scores, including the demographic analysis for sexual orientation for the 10 individual item measures.

Figure 143—Adult Demographic Analysis: Sexual Orientation—Individual Item Measures

- ↑ Indicates the score for the sexual orientation sub-category is statistically significantly higher than the score of the other sexual orientation sub-category.
- ↓ Indicates the score for the sexual orientation sub-category is statistically significantly lower than the score of the other sexual orientation sub-category.



### Summary of Results—Sexual Orientation: Individual Item Measures

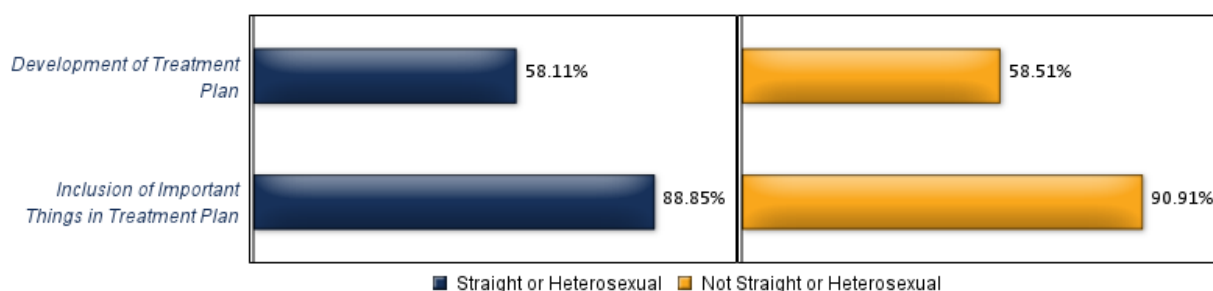
- » There were no statistical differences in scores for adult members whose reported sexual orientation was straight or heterosexual when compared to adult members whose reported sexual orientation was not straight or heterosexual for the 10 individual item measures.

## Supplemental Items

Figure 144 shows the adult State unweighted top-box scores, including the demographic analysis for sexual orientation, for the two supplemental items.

### Figure 144—Adult Demographic Analysis: Sexual Orientation—Supplemental Items

- ↑ Indicates the score for the sexual orientation sub-category is statistically significantly higher than the score of the other sexual orientation sub-category.
- ↓ Indicates the score for the sexual orientation sub-category is statistically significantly lower than the score of the other sexual orientation sub-category.



### Summary of Results—Sexual Orientation: Supplemental Items

- » There were no statistical differences in scores for adult members whose reported sexual orientation was straight or heterosexual when compared to adult members whose reported sexual orientation was not straight or heterosexual for the two supplemental items.

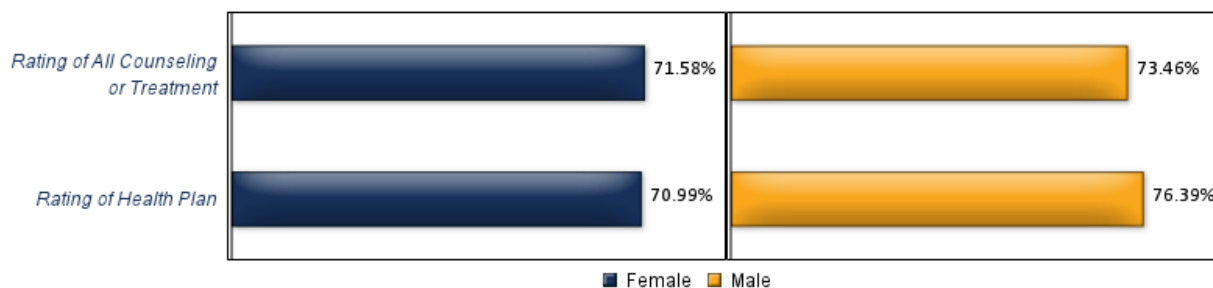
## Gender Identity (Adult Only)

### Global Ratings

Figure 145 shows the adult State unweighted top-box scores, including the demographic analysis for gender identity, for the two global ratings.

#### Figure 145—Adult Demographic Analysis: Gender Identity—Global Ratings

- ↑ Indicates the score for the gender identity sub-category is statistically significantly higher than the score of the other gender identity sub-category.
- ↓ Indicates the score for the gender identity sub-category is statistically significantly lower than the score of the other gender identity sub-category.



### Summary of Results—Gender Identity: Global Ratings

- » There were no statistical differences in scores for adult members whose reported gender identity was Female when compared to adult members whose reported gender identity was Male for the two global ratings.

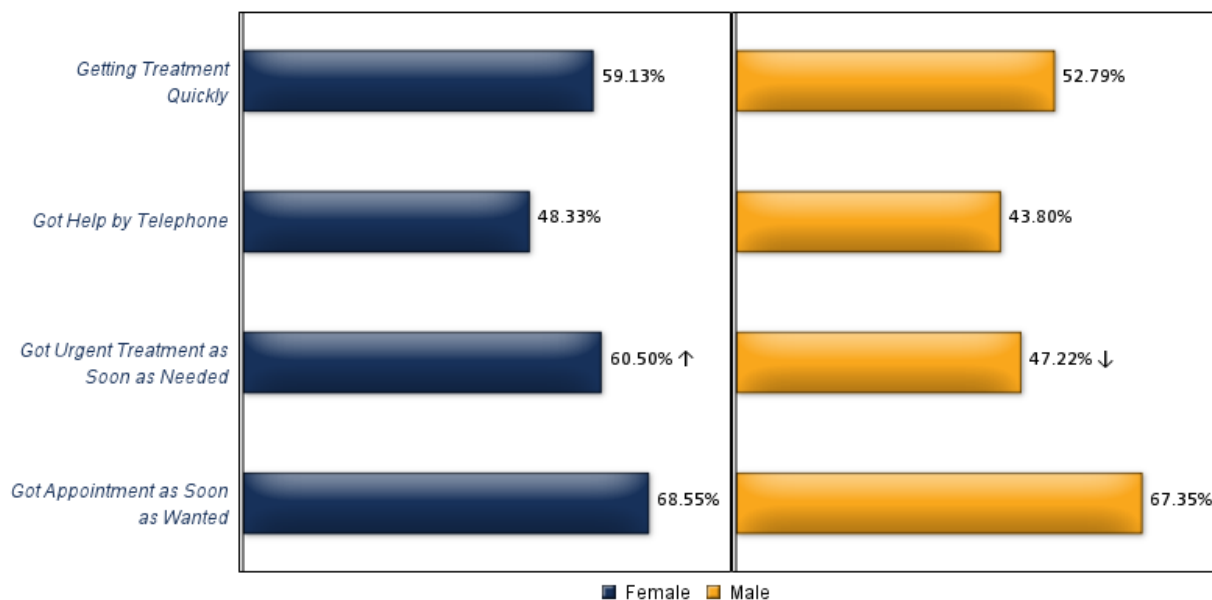
## Composite Measures and Corresponding Individual Items

### Getting Treatment Quickly

Figure 146 shows the adult State unweighted top-box scores, including the demographic analysis for gender identity, for the *Getting Treatment Quickly* composite measure and corresponding individual items.

Figure 146—Adult Demographic Analysis: Gender Identity—*Getting Treatment Quickly*

- ↑ Indicates the score for the gender identity sub-category is statistically significantly higher than the score of the other gender identity sub-category.
- ↓ Indicates the score for the gender identity sub-category is statistically significantly lower than the score of the other gender identity sub-category.



### Summary of Results—Gender Identity: *Getting Treatment Quickly*

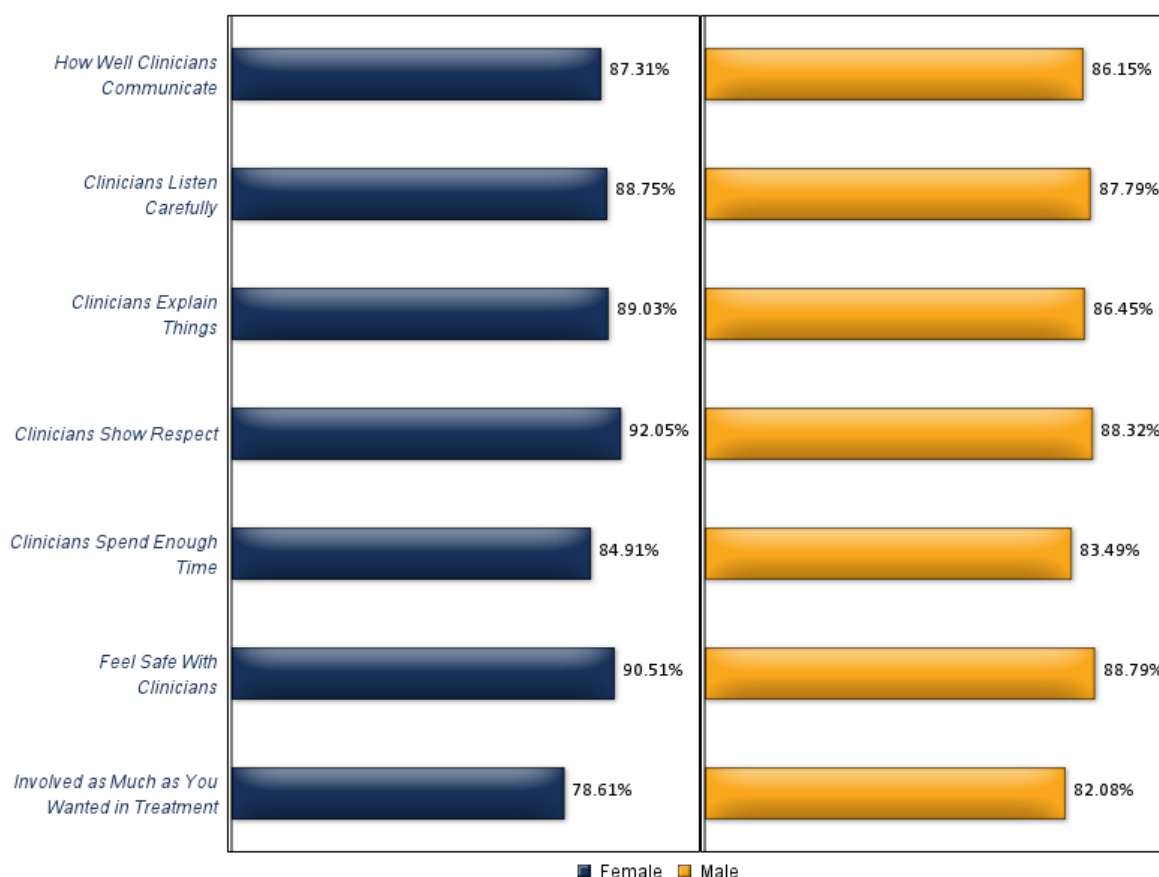
- » Adult members whose reported gender identity was Female had a statistically significantly higher score compared to the average score of the adult members whose reported gender identity was Male for *Got Urgent Treatment as Soon as Needed*.

## How Well Clinicians Communicate

Figure 147 shows the adult State unweighted top-box scores, including the demographic analysis for gender identity, for the *How Well Clinicians Communicate* composite measure and corresponding individual items.

### Figure 147—Adult Demographic Analysis: Gender Identity—*How Well Clinicians Communicate*

- ↑ Indicates the score for the gender identity sub-category is statistically significantly higher than the score of the other gender identity sub-category.
- ↓ Indicates the score for the gender identity sub-category is statistically significantly lower than the score of the other gender identity sub-category.



### Summary of Results—Gender Identity: *How Well Clinicians Communicate*

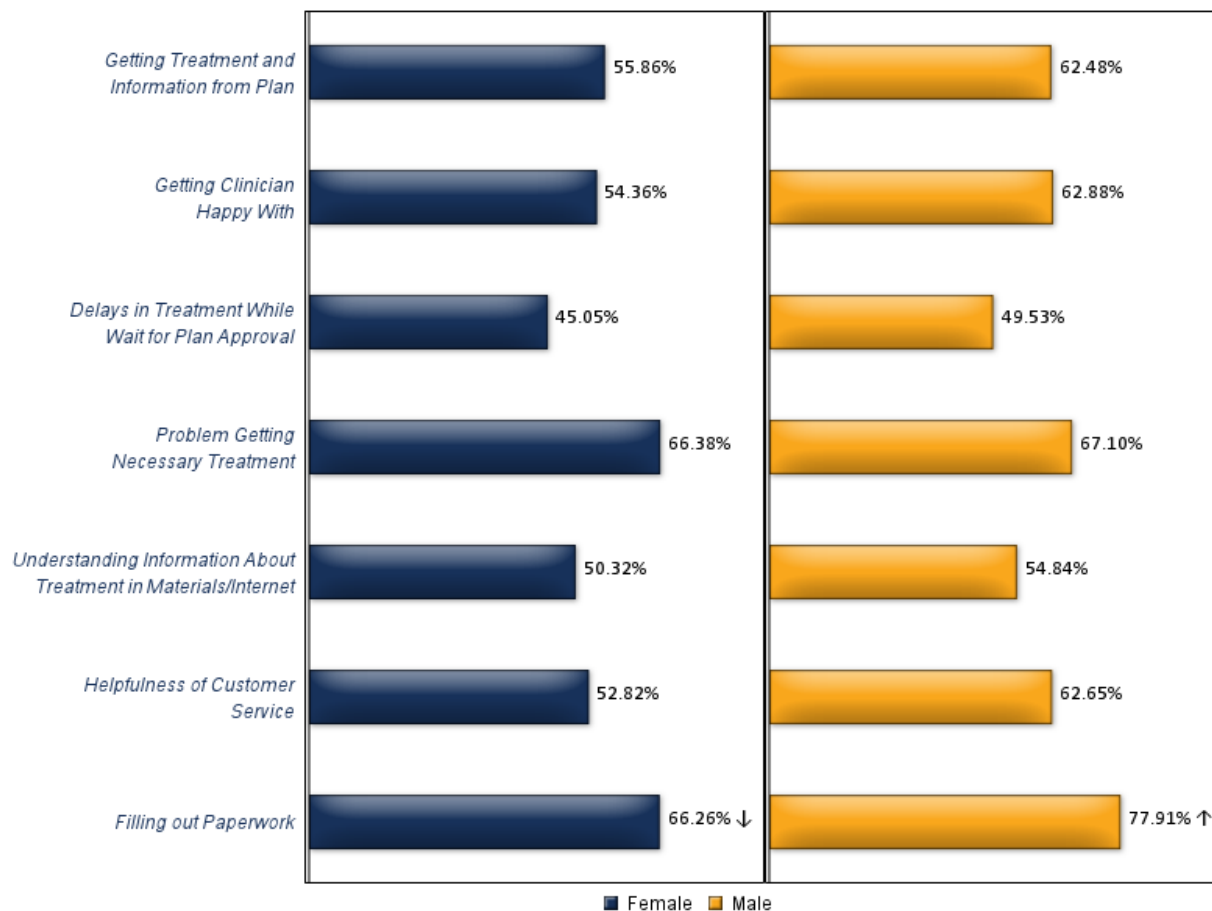
- » There were no statistical differences in scores for adult members whose reported gender identity was Female when compared to adult members whose reported gender identity was Male for the *How Well Clinicians Communicate* composite measure and corresponding individual items.

### Getting Treatment and Information from Plan

Figure 148 shows the adult State unweighted top-box scores, including the demographic analysis for gender identity, for the *Getting Treatment and Information from Plan* composite measure and corresponding individual items.

Figure 148—Adult Demographic Analysis: Gender Identity—*Getting Treatment and Information from Plan*

- ↑ Indicates the score for the gender identity sub-category is statistically significantly higher than the score of the other gender identity sub-category.
- ↓ Indicates the score for the gender identity sub-category is statistically significantly lower than the score of the other gender identity sub-category.



### Summary of Results—Gender Identity: *Getting Treatment and Information from Plan*

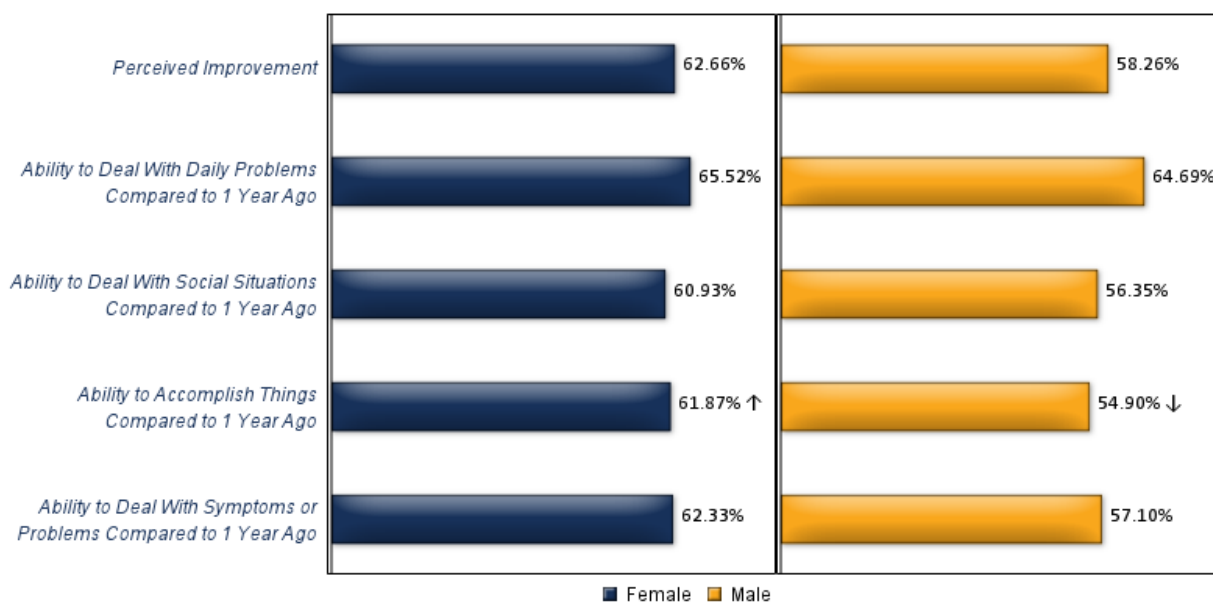
- » Adult members whose reported gender identity was Female had a statistically significantly lower score compared to the average score of the adult members whose reported gender identity was Male for *Filling out Paperwork*.

## Perceived Improvement

Figure 149 shows the adult State unweighted top-box scores, including the demographic analysis for gender identity, for the *Perceived Improvement* composite measure and corresponding individual items.

Figure 149—Adult Demographic Analysis: Gender Identity—*Perceived Improvement*

- ↑ Indicates the score for the gender identity sub-category is statistically significantly higher than the score of the other gender identity sub-category.
- ↓ Indicates the score for the gender identity sub-category is statistically significantly lower than the score of the other gender identity sub-category.



### Summary of Results—Gender Identity: *Perceived Improvement*

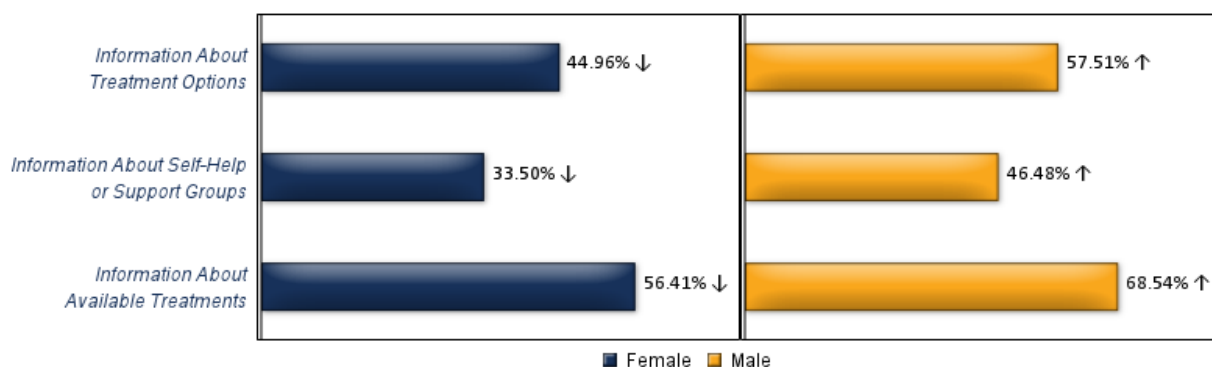
- » Adult members whose reported gender identity was Female had a statistically significantly higher score compared to the average score of the adult members whose reported gender identity was Male for *Ability to Accomplish Things Compared to 1 Year Ago*.

## Information About Treatment Options

Figure 150 shows the adult State unweighted top-box scores, including the demographic analysis for gender identity, for the *Information About Treatment Options* composite measure and corresponding individual items.

### Figure 150—Adult Demographic Analysis: Gender Identity—*Information About Treatment Options*

- ↑ Indicates the score for the gender identity sub-category is statistically significantly higher than the score of the other gender identity sub-category.
- ↓ Indicates the score for the gender identity sub-category is statistically significantly lower than the score of the other gender identity sub-category.



### Summary of Results—Gender Identity: *Information About Treatment Options*

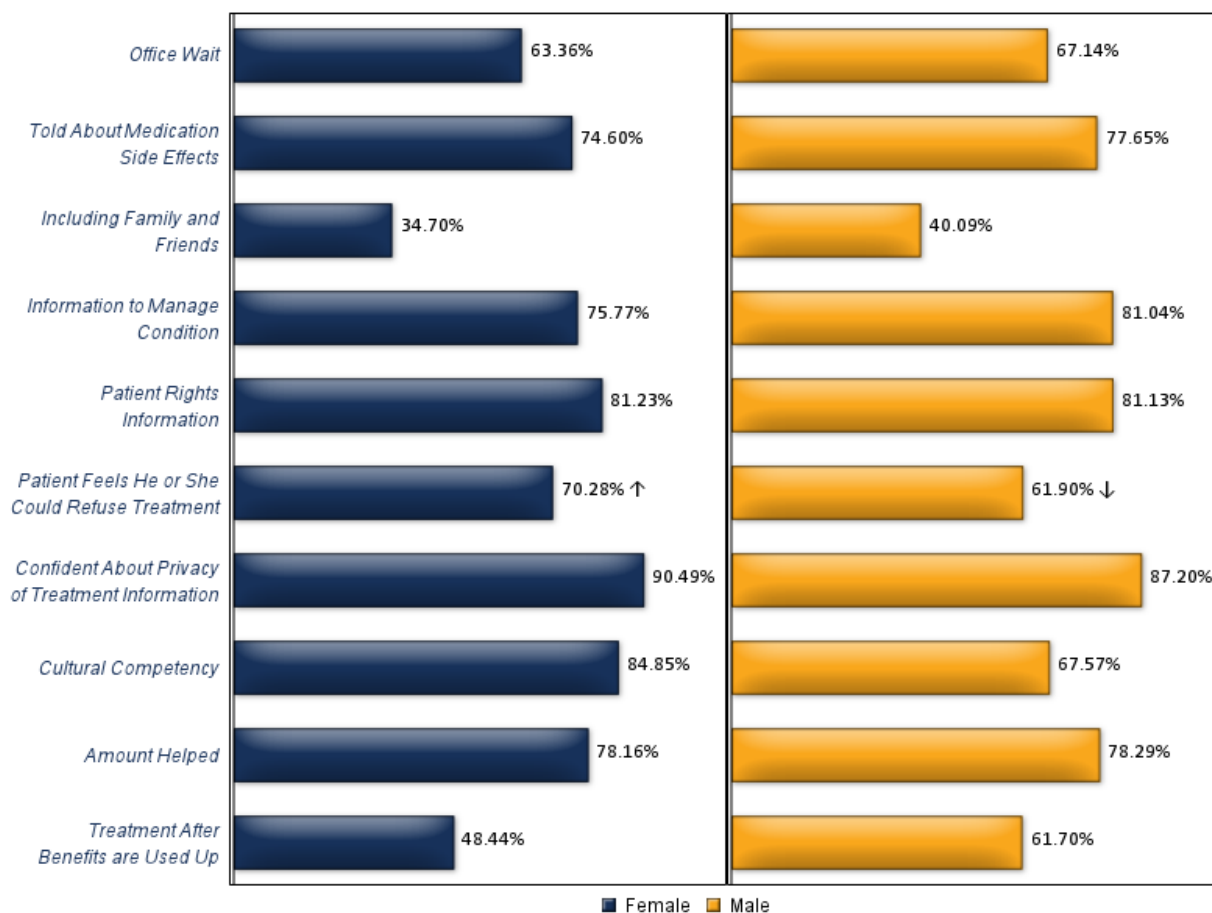
- » Adult members whose reported gender identity was Female had a statistically significantly lower score compared to the average score of the adult members whose reported gender identity was Male for the *Information About Treatment Options* composite measure and all corresponding individual items.

### Individual Item Measures

Figure 151 shows the adult State unweighted top-box scores, including the demographic analysis for gender identity, for the 10 individual item measures.

Figure 151—Adult Demographic Analysis: Gender Identity—Individual Item Measures

- ↑ Indicates the score for the gender identity sub-category is statistically significantly higher than the score of the other gender identity sub-category.
- ↓ Indicates the score for the gender identity sub-category is statistically significantly lower than the score of the other gender identity sub-category.



### Summary of Results—Gender Identity: Individual Item Measures

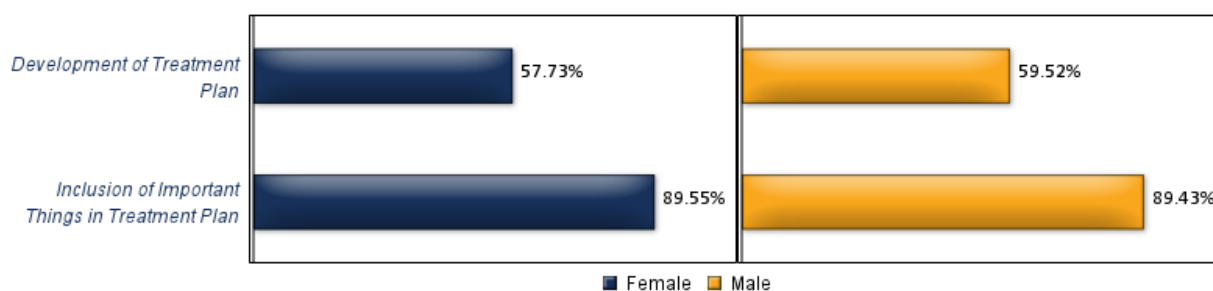
- » Adult members whose reported gender identity was Female had a statistically significantly higher score compared to the average score of the adult members whose reported gender identity was Male for *Patient Feels He or She Could Refuse Treatment*.

## Supplemental Items

Figure 152 shows the adult State unweighted top-box scores, including the demographic analysis for gender identity, for the two supplemental items.

### Figure 152—Adult Demographic Analysis: Gender Identity—Supplemental Items

- ↑ Indicates the score for the gender identity sub-category is statistically significantly higher than the score of the other gender identity sub-category.
- ↓ Indicates the score for the gender identity sub-category is statistically significantly lower than the score of the other gender identity sub-category.



### Summary of Results—Gender Identity: Supplemental Items

- » There were no statistical differences in scores for adult members whose reported gender identity was Female when compared to adult members whose reported gender identity was Male for the two supplemental items.

# CONCLUSIONS AND RECOMMENDATIONS



## Conclusions

### Program Comparisons

Table 8 shows the notable results and Table 9 shows the opportunities for improvement for the program comparisons for the adult and child populations.

Table 8—Adult and Child Program Comparisons: Notable Results

— Indicates the MCP did not score statistically significantly higher than the State weighted score.

Measure	MCP(s) that Scored Statistically Significantly Higher than State Weighted Score(s)	
	Adult	Child
<i>Rating of Health Plan</i>	IEHP	L.A. Care Molina
<i>Ability to Deal With Social Situations Compared to 1 Year Ago</i>	—	AAH
<i>Development of Treatment Plan</i>	CHPIV HPSM	AAH L.A. Care SCFHP
<i>Patient Feels He or She Could Refuse Treatment</i>	—	Anthem Blue Cross
<i>Amount Helped</i>	—	CHPIV SFHP
<i>Filling out Paperwork</i>	KHS Partnership	—

Table 9—Adult and Child Program Comparisons: Opportunities for Improvement

— Indicates the MCP did not score statistically significantly lower than the State weighted score.

Measure	MCPs that Scored Statistically Significantly Lower than State Weighted Scores	
	Adult	Child
<i>Rating of Health Plan</i>	Anthem Blue Cross	—
<i>Filling out Paperwork</i>	AAH	—
<i>Amount Helped</i>	—	Partnership

### Mental Health Services Comparisons

Table 10 shows the notable results for the mental health services comparisons for the adult and child populations. If the score for one mental health services subgroup is statistically significantly higher, then the score of the other mental health services subgroup must be statistically significantly lower. Members who received NSMHS only did not have any statistically significantly higher scores compared to members who received SMHS and NSMHS for any reportable measures.

Table 10—Adult and Child Mental Health Services Comparisons: Notable Results

Reportable Measure	Population(s) who Received SMHS and NSMHS that Scored Statistically Significantly Higher than NSMHS Only
<i>Rating of All Counseling or Treatment</i>	Adult
<i>Got Appointment as Soon as Wanted</i>	Adult and Child
<i>How Well Clinicians Communicate</i>	Adult and Child
<i>Clinicians Listen Carefully</i>	Child
<i>Clinicians Explain Things</i>	Child

<b>Reportable Measure</b>	<b>Population(s) who Received SMHS and NSMHS that Scored Statistically Significantly Higher than NSMHS Only</b>
<i>Clinicians Show Respect</i>	Child
<i>Clinicians Spend Enough Time</i>	Adult
<i>Involved as Much as You Wanted in Treatment</i>	Adult
<i>Information About Treatment Options</i>	Adult
<i>Information About Self-Help or Support Groups</i>	Adult
<i>Information About Available Treatments</i>	Adult
<i>Office Wait</i>	Adult and Child
<i>Including Family and Friends</i>	Adult
<i>Patient Rights Information</i>	Adult
<i>Confident About Privacy of Treatment Information</i>	Child
<i>Amount Helped</i>	Adult
<i>Treatment After Benefits are Used Up</i>	Adult
<i>Information About Available Treatments</i>	Child
<i>Development of Treatment Plan</i>	Adult and Child

### Demographic Analysis

Table 11 and Table 12 show the demographic sub-categories that scored statistically significantly higher than the other sub-category/average score of the other sub-categories combined, and Table 13 and Table 14 show the demographic sub-categories that scored statistically significantly lower than the score of the other sub-category/average score of the other sub-categories combined for the adult and child populations.

Table 11—Adult Demographic Analysis: Language, Race/Ethnicity, Disability Status, Sexual Orientation, and Gender Identity—Statistically Significantly Higher Results

— Indicates the score for the demographic sub-category is not statistically significantly higher than the score of the other sub-category/average score of the other sub-categories combined.

	Language	Race/ Ethnicity	Disability Status	Sexual Orientation	Gender Identity
<i>Rating of All Counseling or Treatment</i>	Spanish	—	—	—	—
<i>Rating of Health Plan</i>	Spanish	Hispanic/ Latino	—	—	—
<i>Got Urgent Treatment as Soon as Needed</i>	—	—	—	—	Female
<i>Got Appointment as Soon as Wanted</i>	—	—	SPD	—	—
<i>Clinicians Listen Carefully</i>	—	Asian	—	—	—
<i>Feel Safe With Clinicians</i>	—	Asian	—	—	—
<i>Involved as Much as You Wanted in Treatment</i>	English	—	—	—	—
<i>Getting Treatment and Information from Plan</i>	Spanish	Hispanic/ Latino	—	—	—

	Language	Race/ Ethnicity	Disability Status	Sexual Orientation	Gender Identity
<i>Getting Clinician Happy With</i>	Spanish	—	—	—	—
<i>Problem Getting Necessary Treatment</i>	Spanish	Hispanic/ Latino Other	SPD	—	—
<i>Helpfulness of Customer Service</i>	Spanish	Hispanic/ Latino	—	—	—
<i>Filling Out Paperwork</i>	—	—	—	—	Male
<i>Perceived Improvement</i>	Spanish	Hispanic/ Latino	Non-SPD	—	—
<i>Ability to Deal With Daily Problems Compared to 1 Year Ago</i>	Spanish	Hispanic/ Latino	Non-SPD	—	—
<i>Ability to Deal With Social Situations Compared to 1 Year Ago</i>	Spanish	Hispanic/ Latino	Non-SPD	—	—
<i>Ability to Accomplish Things Compared to 1 Year Ago</i>	Spanish	Hispanic/ Latino	Non-SPD	—	Female

	Language	Race/ Ethnicity	Disability Status	Sexual Orientation	Gender Identity
<i>Ability to Deal With Symptoms or Problems Compared to 1 Year Ago</i>	Spanish	Hispanic/ Latino	Non-SPD	—	—
<i>Information About Treatment Options</i>	—	—	SPD	Not Straight or Heterosexual	Male
<i>Information About Self-Help or Support Groups</i>	—	—	SPD	Not Straight or Heterosexual	Male
<i>Information About Available Treatments</i>	—	—	—	Not Straight or Heterosexual	Male
<i>Office Wait</i>	English	White Multiracial/ Multiethnic	—	—	—
<i>Including Family and Friends</i>	—	—	SPD	—	—
<i>Information to Manage Condition</i>	—	—	SPD	—	—
<i>Patient Feels He or She Could Refuse Treatment</i>	English	White	—	—	Female

	Language	Race/ Ethnicity	Disability Status	Sexual Orientation	Gender Identity
<i>Development of Treatment Plan</i>	Spanish	—	—	—	—

Table 12—Child Demographic Analysis: Language, Race/Ethnicity, and Disability Status—Statistically Significantly Higher Results

— Indicates the score for the demographic sub-category is not statistically significantly higher than the score of the other sub-category/average score of the other sub-categories combined.

	Language	Race/ Ethnicity	Disability Status
<i>Rating of Health Plan</i>	Spanish	Hispanic/ Latino	—
<i>Delays in Treatment While Wait for Plan Approval</i>	Spanish	—	—
<i>Perceived Improvement</i>	Spanish	Asian Hispanic/ Latino	Non-SPD
<i>Ability to Deal With Daily Problems Compared to 1 Year Ago</i>	—	Asian	Non-SPD
<i>Ability to Deal With Social Situations Compared to 1 Year Ago</i>	—	—	Non-SPD
<i>Ability to Accomplish Things Compared to 1 Year Ago</i>	Spanish	Asian Hispanic/ Latino	Non-SPD
<i>Ability to Deal With Symptoms or Problems Compared to 1 Year Ago</i>	Spanish	Asian Hispanic/ Latino	Non-SPD
<i>Information About Available Treatments</i>	Spanish	Hispanic/ Latino	—

	Language	Race/ Ethnicity	Disability Status
<i>Office Wait</i>	English	White	—
<i>Told About Medication Side Effects</i>	—	—	SPD
<i>Information to Manage Condition</i>	—	Asian	—
<i>Patient Rights Information</i>	—	White	—
<i>Patient Feels He or She Could Refuse Treatment</i>	English	White Multiracial/ Multiethnic	—
<i>Confident About Privacy of Treatment Information</i>	Spanish	—	—
<i>Development of Treatment Plan</i>	Spanish	—	—

Table 13—Adult Demographic Analysis: Language, Race/Ethnicity, Disability Status, Sexual Orientation, and Gender Identity—Statistically Significantly Lower Results

— Indicates the score for the demographic sub-category is not statistically significantly lower than the score of the other sub-category/average score of the other sub-categories combined.

	Language	Race/ Ethnicity	Disability Status	Sexual Orientation	Gender Identity
<i>Rating of All Counseling or Treatment</i>	English	—	—	—	—
<i>Rating of Health Plan</i>	English	White Multiracial/ Multiethnic	—	—	—
<i>Got Urgent Treatment as Soon as Needed</i>	—	—	—	—	Male

	Language	Race/ Ethnicity	Disability Status	Sexual Orientation	Gender Identity
<i>Got Appointment as Soon as Wanted</i>	—	—	Non-SPD	—	—
<i>Involved as Much as You Wanted in Treatment</i>	Spanish	—	—	—	—
<i>Getting Treatment and Information from Plan</i>	English	—	—	—	—
<i>Getting Clinician Happy With</i>	English	—	—	—	—
<i>Problem Getting Necessary Treatment</i>	English	Multiracial/ Multiethnic	Non-SPD	—	—
<i>Helpfulness of Customer Service</i>	English	—	—	—	—
<i>Filling Out Paperwork</i>	—	—	—	—	Female
<i>Perceived Improvement</i>	English	Multiracial/ Multiethnic	SPD	—	—
<i>Ability to Deal With Daily Problems Compared to 1 Year Ago</i>	English	—	SPD	—	—

	Language	Race/ Ethnicity	Disability Status	Sexual Orientation	Gender Identity
<i>Ability to Deal With Social Situations Compared to 1 Year Ago</i>	English	—	SPD	—	—
<i>Ability to Accomplish Things Compared to 1 Year Ago</i>	English	Multiracial/ Multiethnic	SPD	—	Male
<i>Ability to Deal With Symptoms or Problems Compared to 1 Year Ago</i>	English	Multiracial/ Multiethnic	SPD	—	—
<i>Information About Treatment Options</i>	—	—	Non-SPD	Straight or Heterosexual	Female
<i>Information About Self-Help or Support Groups</i>	—	—	Non-SPD	Straight or Heterosexual	Female
<i>Information About Available Treatments</i>	—	—	—	Straight or Heterosexual	Female
<i>Office Wait</i>	Spanish	Hispanic/ Latino	—	—	—
<i>Including Family and Friends</i>	—	—	Non-SPD	—	—

	Language	Race/ Ethnicity	Disability Status	Sexual Orientation	Gender Identity
<i>Information to Manage Condition</i>	—	—	Non-SPD	—	—
<i>Patient Feels He or She Could Refuse Treatment</i>	Spanish	Asian	—	—	Male
<i>Development of Treatment Plan</i>	English	White	—	—	—

Table 14—Child Demographic Analysis: Language, Race/Ethnicity, and Disability Status—Statistically Significantly Lower Results

— Indicates the score for the demographic sub-category is not statistically significantly lower than the score of the other sub-category/average score of the other sub-categories combined.

	Language	Race/ Ethnicity	Disability Status
<i>Rating of Health Plan</i>	English	Multiracial/ Multiethnic	—
<i>Delays in Treatment While Wait for Plan Approval</i>	English	—	—
<i>Helpfulness of Customer Service</i>	—	Multiracial/ Multiethnic	—
<i>Perceived Improvement</i>	English	—	SPD
<i>Ability to Deal With Daily Problems Compared to 1 Year Ago</i>	—	—	SPD
<i>Ability to Deal With Social Situations Compared to 1 Year Ago</i>	—	—	SPD
<i>Ability to Accomplish Things Compared to 1 Year Ago</i>	English	—	SPD

	Language	Race/ Ethnicity	Disability Status
<i>Ability to Deal With Symptoms or Problems Compared to 1 Year Ago</i>	English	—	SPD
<i>Information About Available Treatments</i>	English	Other	—
<i>Office Wait</i>	Spanish	Asian Hispanic/ Latino	—
<i>Told About Medication Side Effects</i>	—	—	Non-SPD
<i>Patient Feels He or She Could Refuse Treatment</i>	Spanish	—	—
<i>Confident About Privacy of Treatment Information</i>	English	—	—
<i>Development of Treatment Plan</i>	English	—	—

## Quality Improvement Efforts

DHCS is currently working with the MCPs to implement the following quality improvement and health management efforts that are expected to deliver a person-centered, equity-focused, and data-driven Medi-Cal program:

- » Section APL 24-012 of SB1019 requires that MCPs conduct annual member and primary care provider outreach and education on covered NSMHS to better understand how to access these services.<sup>48</sup>
- » The BH-CONNECT initiative seeks to transform California’s behavioral health delivery system by expanding access to highly effective community-based services, strengthening the behavioral health workforce, and ensuring Medi-Cal

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<sup>48</sup> California Department of Health Care Services. *Senate Bill (SB) 1019 – Managed Care Plan Mental Health Services Outreach and Education*. Available at: <https://www.dhcs.ca.gov/Pages/SB1019.aspx>. Accessed on: Feb 6, 2026.

members living with significant behavioral health needs receive high-quality care.<sup>49</sup>

- » DHCS is enacting changes resulting from Proposition 1 to modernize the behavioral health delivery system, improve accountability and increase transparency, and expand the capacity of behavioral health care facilities through the Behavioral Health Transformation project.<sup>50</sup>
- » The Behavioral Health Administrative Integration is a multi-phase project that requires counties to combine the administration of SMHS and substance use disorder treatment services through one integrated Behavioral Health Plans contract by January 1, 2027.<sup>51</sup>
- » DHCS is working with its federal, state, and local partners, its broad network of health partners, and the people it serves, including Medi-Cal members, to transform its behavioral health system by scaling evidence-based and community-defined evidence practices, investing in infrastructure, and improving quality, accountability, and access while focusing on prevention, early intervention, and resiliency.<sup>52</sup>

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<sup>49</sup> California Department of Health Care Services. *Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Initiative*. Available at: [California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment Waiver](#). Accessed on: Feb 6, 2026.

<sup>50</sup> California Department of Health Care Services. *Behavioral Health Transformation*. Available at: [Behavioral Health Transformation](#). Accessed on Feb 6, 2026.

<sup>51</sup> California Department of Health Care Services. *Comprehensive Quality Strategy*. 2025. Available at: <https://www.dhcs.ca.gov/services/Documents/2025-Comprehensive-Quality-Strategy.pdf>. Accessed on: Feb 6, 2026.

<sup>52</sup> California Department of Health Care Services. *Strategic Plan*. 2023-2027. Available at: [DHCS 2023-2027 Strategic Plan](#). Accessed on: Feb 6, 2026.

## Recommendations

HSAG recommends DHCS:

- » Consider efforts to increase response rates to be able to present MCP-level results for the mental health services comparisons, demographic analysis categories, and all measures. Examples include:
  - Increasing the sample sizes
  - Encouraging members to respond by:
    - Sending pre-notification letters to members that include the reasons behind conducting the survey for legitimacy
    - Publicizing the results and any effects of the survey so members can see how their voice has an impact
- » Perform a regional disparity analysis to determine if members in a certain area are lacking the resources needed to get the care they need, such as an interpreter, to target improvements to reduce inequality, since HSAG found disparities across nine of the 10 domains.

# APPENDIX A. RESPONDENT ANALYSIS RESULTS



Table 15 through Table 17 present the results of the respondent analysis for the adult population and Table 18 through Table 20 present the results of the respondent analysis for the child population. Please note that variables from the sample frames were used for this analysis; therefore, the respondent percentage results differ from the response rates presented in the survey respondents subsection, which uses responses from the survey as the data source. For more information on the respondent analysis, please refer to the "Respondent Analysis" heading in the Methodology section of this report on page 40.

**Table 15—Adult Respondent Analysis: Age**

Percentages shaded in gold and denoted with an upward arrow (↑) indicate the respondent percentage is statistically significantly higher than the sample frame percentage.

Percentages shaded in blue and denoted with a downward arrow (↓) indicate the respondent percentage is statistically significantly lower than the sample frame percentage.

S Indicates fewer than 11 respondents exist in the numerator of this demographic sub-category. HSAG suppressed displaying the number in this report to satisfy the DHCS Data De-Identification Guidelines (DDG) V2.2 de-identification standard.

Some percentages may not total 100 percent due to rounding.

Comparisons are based on the 95 percent confidence interval of the respondent percentage.

MCP	Adult Respondents			Adult Sample Frame		
	18-34	35-44	45-54	18-34	35-44	45-54
AAH	17.54% ↓	18.71%	16.37%	34.93%	20.51%	17.42%
Anthem Blue Cross	15.97% ↓	18.06%	16.67%	39.78%	21.45%	16.80%
Blue Shield Promise	14.12% ↓	10.17% ↓	20.90%	36.44%	20.43%	16.43%
CalOptima	16.89% ↓	12.79% ↓	23.29%	36.97%	17.71%	18.42%
CalViva	18.06% ↓	16.67%	25.00% ↑	42.12%	22.23%	17.27%
CenCal	22.99% ↓	S	21.93%	44.78%	21.99%	16.11%

	Adult Respondents			Adult Sample Frame		
MCP	18-34	35-44	45-54	18-34	35-44	45-54
CCAH	20.99% ↓	S	20.99%	43.24%	22.60%	17.30%
CHG	14.22% ↓	10.29% ↓	24.02% ↑	37.71%	18.35%	16.81%
CHPIV	13.11% ↓	16.02%	12.62%	39.85%	19.83%	14.74%
CCHP	14.59% ↓	19.46%	21.62%	36.96%	22.16%	17.88%
GCHP	17.98% ↓	12.92% ↓	16.85%	41.24%	20.22%	16.79%
Health Net	15.38% ↓	15.38%	23.85%	36.18%	20.45%	18.89%
HPSJ	21.12% ↓	18.63%	11.18% ↓	39.57%	21.64%	16.56%
HPSM	15.21% ↓	11.79% ↓	12.55%	31.30%	18.14%	16.58%
IEHP	14.51% ↓	12.95% ↓	13.47%	40.98%	20.02%	16.18%
Kaiser	11.86% ↓	8.05% ↓	11.02%	38.05%	17.38%	13.76%
KHS	23.31% ↓	15.79%	18.80%	43.96%	21.15%	16.60%
L.A. Care	16.67% ↓	10.42% ↓	21.88%	36.10%	19.40%	18.13%
Molina	14.88% ↓	8.33% ↓	16.07%	37.85%	20.17%	16.46%
Partnership	19.65% ↓	20.23%	S	38.36%	23.48%	17.77%
SFHP	15.86% ↓	11.45% ↓	18.50%	27.37%	19.81%	18.67%
SCFHP	15.73% ↓	9.74% ↓	15.36%	30.97%	17.23%	16.76%

	Adult Respondents		Adult Sample Frame	
MCP	55-64	65 or older	55-64	65 or older
AAH	29.82% ↑	17.54% ↑	18.40%	8.74%
Anthem Blue Cross	33.33% ↑	15.97% ↑	15.84%	6.13%
Blue Shield Promise	35.03% ↑	19.77% ↑	18.58%	8.12%
CalOptima	33.33% ↑	13.70% ↑	20.48%	6.42%
CalViva	27.78% ↑	12.50% ↑	14.76%	3.62%

MCP	Adult Respondents		Adult Sample Frame	
	55-64	65 or older	55-64	65 or older
CenCal	30.48% ↑	S	14.62%	2.51%
CCAH	36.42% ↑	S	14.17%	2.68%
CHG	25.49% ↑	25.98% ↑	18.50%	8.63%
CHPIV	29.61% ↑	28.64% ↑	17.13%	8.45%
CCHP	31.89% ↑	12.43% ↑	16.49%	6.52%
GCHP	31.46% ↑	20.79% ↑	16.59%	5.16%
Health Net	35.38% ↑	10.00%	18.73%	5.75%
HPSJ	29.81% ↑	19.25% ↑	16.03%	6.20%
HPSM	20.15%	40.30% ↑	16.27%	17.71%
IEHP	37.31% ↑	21.76% ↑	16.48%	6.35%
Kaiser	22.03% ↑	47.03% ↑	13.74%	17.07%
KHS	30.08% ↑	12.03% ↑	15.10%	3.18%
L.A. Care	33.85% ↑	17.19% ↑	19.10%	7.27%
Molina	31.55% ↑	29.17% ↑	17.26%	8.26%
Partnership	40.46% ↑	S	17.26%	3.13%
SFHP	31.72% ↑	22.47% ↑	22.25%	11.91%
SCFHP	25.09% ↑	34.08% ↑	18.50%	16.54%

Table 16—Adult Respondent Analysis: Gender

Percentages shaded in gold and denoted with an upward arrow (↑) indicate the respondent percentage is statistically significantly higher than the sample frame percentage.

Percentages shaded in blue and denoted with a downward arrow (↓) indicate the respondent percentage is statistically significantly lower than the sample frame percentage.

Some percentages may not total 100 percent due to rounding.

Comparisons are based on the 95 percent confidence interval of the respondent percentage.

MCP	Adult Respondents		Adult Sample Frame	
	Male	Female	Male	Female
AAH	42.11%	57.89%	40.86%	59.14%
Anthem Blue Cross	37.50%	62.50%	40.68%	59.32%
Blue Shield Promise	36.72%	63.28%	43.15%	56.85%
CalOptima	31.96% ↓	68.04% ↑	39.08%	60.92%
CalViva	38.19%	61.81%	36.17%	63.83%
CenCal	39.04%	60.96%	37.54%	62.46%
CCAH	35.80%	64.20%	36.90%	63.10%
CHG	32.84%	67.16%	37.89%	62.11%
CHPIV	35.44%	64.56%	34.98%	65.02%
CCHP	32.43% ↓	67.57% ↑	39.45%	60.55%
GCHP	38.20%	61.80%	37.07%	62.93%
Health Net	42.31%	57.69%	39.98%	60.02%
HPSJ	32.92%	67.08%	36.44%	63.56%
HPSM	35.36%	64.64%	40.14%	59.86%
IEHP	36.79%	63.21%	37.16%	62.84%
Kaiser	34.32%	65.68%	34.70%	65.30%
KHS	28.57% ↓	71.43% ↑	36.78%	63.22%

MCP	Adult Respondents		Adult Sample Frame	
	Male	Female	Male	Female
L.A. Care	36.46%	63.54%	39.92%	60.08%
Molina	33.93% ↓	66.07% ↑	41.50%	58.50%
Partnership	35.84%	64.16%	40.11%	59.89%
SFHP	43.61%	56.39%	45.33%	54.67%
SCFHP	35.58%	64.42%	39.32%	60.68%

Table 17—Adult Respondent Analysis: Race/Ethnicity

Percentages shaded in gold and denoted with an upward arrow (↑) indicate the respondent percentage is statistically significantly higher than the sample frame percentage.

Percentages shaded in blue and denoted with a downward arrow (↓) indicate the respondent percentage is statistically significantly lower than the sample frame percentage.

S Indicates fewer than 11 respondents exist in the numerator of this demographic subcategory. HSAG suppressed displaying the number in this report to satisfy the DHCS DDG V2.2 de-identification standard.

Some percentages may not total 100 percent due to rounding.

Comparisons are based on the 95 percent confidence interval of the respondent percentage.

MCP	Adult Respondents			Adult Sample Frame		
	White	Asian	Hispanic/Latino	White	Asian	Hispanic/Latino
AAH	S	25.36%	37.68%	8.48%	22.08%	38.97%
Anthem Blue Cross	23.39%	S	44.35%	21.74%	10.61%	46.07%
Blue Shield Promise	30.00%	S	35.71%	28.76%	8.50%	42.46%
CalOptima	26.77% ↑	21.21%	46.46%	17.07%	21.09%	52.32%
CalViva	15.97%	S	57.98%	13.11%	7.85%	64.59%

	Adult Respondents			Adult Sample Frame		
MCP	White	Asian	Hispanic/Latino	White	Asian	Hispanic/Latino
CenCal	55.28%	S	29.81% ↓	47.52%	1.95%	40.77%
CCAH	22.93%	S	54.78%	17.02%	3.57%	62.17%
CHG	21.39%	16.18% ↑	45.09%	17.72%	10.05%	52.53%
CHPIV	S	0.00%	58.00%	13.68%	0.46%	53.36%
CCHP	20.81%	S	48.99%	14.89%	11.38%	48.61%
GCHP	29.61% ↑	7.89%	53.95% ↓	19.43%	3.78%	66.15%
Health Net	14.75%	11.48%	59.84%	17.68%	8.27%	52.39%
HPSJ	33.56% ↑	15.75%	32.19% ↓	22.23%	13.68%	41.29%
HPSM	16.30%	32.60% ↑	39.65% ↓	11.92%	18.50%	56.86%
IEHP	25.41%	S	47.03%	22.40%	4.64%	49.34%
Kaiser	29.72% ↑	22.17% ↑	28.30% ↓	21.45%	12.88%	38.76%
KHS	20.93%	S	55.04%	25.67%	4.27%	50.68%
L.A. Care	15.34%	13.23% ↑	51.85%	12.92%	8.23%	55.82%
Molina	18.49%	S	39.73%	20.14%	7.16%	47.12%
Partnership	42.50%	10.00%	34.38%	44.32%	6.26%	30.76%
SFHP	S	34.50%	28.65%	10.04%	39.94%	29.60%
SCFHP	13.01%	41.06% ↑	34.96% ↓	9.70%	27.92%	48.99%

	Adult Respondents		Adult Sample Frame	
MCP	Multiracial/Multiethnic	Other	Multiracial/Multiethnic	Other
AAH	S	23.19%	1.98%	28.49%
Anthem Blue Cross	S	20.16%	4.41%	17.17%
Blue Shield Promise	S	17.14%	4.55%	15.72%
CalOptima	S	S	1.43%	8.10%

MCP	Adult Respondents		Adult Sample Frame	
	Multiracial/ Multiethnic	Other	Multiracial/ Multiethnic	Other
CalViva	S	12.61%	5.21%	9.24%
CenCal	S	S	4.69%	5.07%
CCAH	12.10%	S	13.33%	3.91%
CHG	S	S	3.83%	15.88%
CHPIV	29.50%	S	30.87%	1.64%
CCHP	S	13.42% ↓	3.25%	21.87%
GCHP	S	S	4.19%	6.45%
Health Net	S	S	8.92%	12.74%
HPSJ	10.27%	8.22%	13.93%	8.86%
HPSM	0.00%	11.45%	2.26%	10.46%
IEHP	S	11.89%	12.93%	10.69%
Kaiser	5.19%	14.62%	7.66%	19.25%
KHS	11.63%	S	11.77%	7.62%
L.A. Care	7.41%	12.17%	10.38%	12.66%
Molina	S	20.55%	6.47%	19.10%
Partnership	S	S	8.68%	9.98%
SFHP	S	26.90% ↑	1.12%	19.30%
SCFHP	S	S	2.51%	10.88%

Table 18—Child Respondent Analysis: Age

Percentages shaded in gold and denoted with an upward arrow (↑) indicate the respondent percentage is statistically significantly higher than the sample frame percentage.

Percentages shaded in blue and denoted with a downward arrow (↓) indicate the respondent percentage is statistically significantly lower than the sample frame percentage.

S Indicates fewer than 11 respondents exist in the numerator of this demographic sub-category. HSAG suppressed displaying the number in this report to satisfy the DHCS DDG V2.2 de-identification standard.

NA Indicates there are no data for this demographic sub-category.

Some percentages may not total 100 percent due to rounding.

Comparisons are based on the 95 percent confidence interval of the respondent percentage.

MCP	Child Respondents			Child Sample Frame		
	Less than 1	1-3	4-7	Less than 1	1-3	4-7
AAH	0.00%	9.94% ↓	16.77% ↓	S	S	22.78%
Anthem Blue Cross	0.00%	12.30%	20.49%	S	S	23.88%
Blue Shield Promise	0.00%	14.55%	19.09%	NA	20.57%	23.99%
CalOptima	0.00%	11.49%	20.69%	0.02%	15.37%	21.22%
CalViva	0.00%	16.67%	20.63%	0.01%	16.22%	23.64%
CenCal	0.00%	16.84%	18.37%	S	S	22.82%
CCAH	0.00%	14.97%	17.96%	0.01%	16.98%	22.90%
CHG	0.00%	14.18%	14.89% ↓	S	S	21.58%
CHPIV	0.00%	15.89%	19.87%	S	S	22.58%
CCHP	0.00%	8.50% ↓	20.26%	S	S	23.01%
GCHP	0.00%	10.06% ↓	22.01%	S	S	22.18%

MCP	Child Respondents			Child Sample Frame		
	Less than 1	1-3	4-7	Less than 1	1-3	4-7
Health Net	0.00%	16.80%	18.40%	0.01%	15.33%	21.61%
HPSJ	0.00%	13.07%	25.49%	0.01%	16.48%	23.97%
HPSM	0.00%	17.13%	14.36% ↓	S	S	22.20%
IEHP	0.00%	10.53% ↓	21.05%	0.01%	15.91%	23.54%
Kaiser	0.00%	18.62%	20.69%	0.01%	18.56%	24.19%
KHS	0.00%	15.27%	22.14%	S	S	23.40%
L.A. Care	0.00%	11.84%	19.74%	0.01%	15.55%	22.89%
Molina	0.00%	15.04%	18.05%	S	S	22.70%
Partnership	0.00%	19.66%	18.80%	0.01%	16.47%	23.09%
SFHP	0.00%	13.06%	21.62%	NA	14.75%	22.48%
SCFHP	0.00%	12.29%	18.64%	S	S	22.15%

MCP	Child Respondents		Child Sample Frame	
	8-12	13-17	8-12	13-17
AAH	36.65%	36.65%	29.67%	31.46%
Anthem Blue Cross	29.51%	37.70%	29.34%	29.64%
Blue Shield Promise	24.55%	41.82% ↑	26.59%	28.85%
CalOptima	26.44%	41.38%	29.07%	34.32%
CalViva	25.40%	37.30%	30.01%	30.13%
CenCal	26.02%	38.78% ↑	28.44%	29.88%
CCAHA	24.55%	42.51% ↑	29.62%	30.49%
CHG	30.50%	40.43%	29.81%	32.73%
CHPIV	29.14%	35.10%	29.39%	30.49%

MCP	Child Respondents		Child Sample Frame	
	8-12	13-17	8-12	13-17
CCHP	32.68%	38.56% ↑	29.74%	30.63%
GCHP	25.16%	42.77% ↑	29.54%	31.95%
Health Net	24.80%	40.00%	30.16%	32.89%
HPSJ	31.37%	30.07%	29.87%	29.67%
HPSM	28.73%	39.78% ↑	29.72%	32.02%
IEHP	30.08%	38.35%	29.97%	30.57%
Kaiser	23.45%	37.24% ↑	28.92%	28.32%
KHS	29.01%	33.59%	29.73%	30.24%
L.A. Care	26.97%	41.45% ↑	29.43%	32.12%
Molina	25.56%	41.35% ↑	30.21%	32.22%
Partnership	23.93%	37.61%	30.01%	30.42%
SFHP	24.77% ↓	40.54% ↑	30.76%	32.02%
SCFHP	31.36%	37.71%	29.52%	32.14%

Table 19—Child Respondent Analysis: Gender

Percentages shaded in gold and denoted with an upward arrow (↑) indicate the respondent percentage is statistically significantly higher than the sample frame percentage.

Percentages shaded in blue and denoted with a downward arrow (↓) indicate the respondent percentage is statistically significantly lower than the sample frame percentage.

Some percentages may not total 100 percent due to rounding.

Comparisons are based on the 95 percent confidence interval of the respondent percentage.

MCP	Child Respondents		Child Sample Frame	
	Male	Female	Male	Female
AAH	60.25% ↑	39.75% ↓	51.36%	48.64%
Anthem Blue Cross	55.74%	44.26%	51.13%	48.87%
Blue Shield Promise	49.09%	50.91%	52.21%	47.79%
CalOptima	56.32%	43.68%	51.92%	48.08%
CalViva	47.62%	52.38%	51.03%	48.97%
CenCal	55.61%	44.39%	51.19%	48.81%
CCAH	55.09%	44.91%	51.08%	48.92%
CHG	54.61%	45.39%	51.53%	48.47%
CHPIV	53.64%	46.36%	51.55%	48.45%
CCHP	58.82%	41.18%	51.22%	48.78%
GCHP	55.35%	44.65%	51.01%	48.99%
Health Net	50.40%	49.60%	51.37%	48.63%
HPSJ	47.71%	52.29%	51.29%	48.71%
HPSM	54.14%	45.86%	51.60%	48.40%
IEHP	53.38%	46.62%	51.57%	48.43%
Kaiser	54.48%	45.52%	52.13%	47.87%
KHS	53.44%	46.56%	50.96%	49.04%

MCP	Child Respondents		Child Sample Frame	
	Male	Female	Male	Female
L.A. Care	49.34%	50.66%	51.48%	48.52%
Molina	51.13%	48.87%	51.85%	48.15%
Partnership	47.01%	52.99%	51.19%	48.81%
SFHP	49.10%	50.90%	51.89%	48.11%
SCFHP	47.03%	52.97%	52.06%	47.94%

Table 20—Child Respondent Analysis: Race/Ethnicity

Percentages shaded in gold and denoted with an upward arrow (↑) indicate the respondent percentage is statistically significantly higher than the sample frame percentage.

Percentages shaded in blue and denoted with a downward arrow (↓) indicate the respondent percentage is statistically significantly lower than the sample frame percentage.

S Indicates fewer than 11 respondents exist in the numerator of this demographic subcategory. HSAG suppressed displaying the number in this report to satisfy the DHCS DDG V2.2 de-identification standard.

Some percentages may not total 100 percent due to rounding.

Comparisons are based on the 95 percent confidence interval of the respondent percentage.

MCP	Child Respondents			Child Sample Frame		
	White	Asian	Hispanic/Latino	White	Asian	Hispanic/Latino
AAH	S	S	50.68%	3.65%	14.12%	54.42%
Anthem Blue Cross	15.65%	S	58.26%	14.91%	7.52%	55.29%
Blue Shield Promise	23.16%	S	54.74%	17.80%	4.73%	57.96%
CalOptima	9.82%	20.25% ↑	62.58%	10.28%	12.65%	68.86%
CalViva	S	9.65%	66.67%	8.61%	7.67%	71.29%

MCP	Child Respondents			Child Sample Frame		
	White	Asian	Hispanic/Latino	White	Asian	Hispanic/Latino
CenCal	41.76% ↓	S	46.47%	51.36%	0.90%	41.32%
CCAH	S	S	63.82% ↓	9.18%	2.20%	74.28%
CHG	S	12.31% ↑	69.23%	10.92%	4.74%	67.08%
CHPIV	S	0.00%	64.14%	8.57%	0.19%	64.52%
CCHP	S	13.87% ↑	64.23%	8.35%	6.77%	59.99%
GCHP	15.54%	S	67.57% ↓	10.05%	1.62%	78.03%
Health Net	9.57%	10.43%	66.96%	9.65%	6.24%	64.77%
HPSJ	11.02%	14.17%	57.48%	14.48%	8.86%	53.80%
HPSM	S	12.82%	62.82% ↓	5.13%	9.13%	73.84%
IEHP	17.59%	S	61.11%	14.66%	3.33%	58.57%
Kaiser	17.05%	13.18%	52.71%	15.67%	7.68%	48.67%
KHS	19.13%	S	60.87%	18.24%	2.47%	61.67%
L.A. Care	S	8.33%	65.97%	7.46%	5.71%	68.07%
Molina	S	S	71.43% ↑	12.48%	5.04%	57.75%
Partnership	34.02%	S	49.48%	32.85%	4.95%	41.98%
SFHP	S	46.49% ↑	35.14% ↓	3.03%	34.27%	44.85%
SCFHP	S	27.68% ↑	62.95% ↓	4.31%	15.64%	69.36%

MCP	Child Respondents		Child Sample Frame	
	Multiracial/Multiethnic	Other	Multiracial/Multiethnic	Other
AAH	S	23.97%	1.41%	26.41%
Anthem Blue Cross	S	12.17% ↓	3.92%	18.36%
Blue Shield Promise	S	S	4.10%	15.41%
CalOptima	S	S	1.15%	7.06%

MCP	Child Respondents		Child Sample Frame	
	Multiracial/ Multiethnic	Other	Multiracial/ Multiethnic	Other
CalViva	S	9.65%	4.29%	8.13%
CenCal	S	S	3.01%	3.41%
CCAH	19.08% ↑	S	11.86%	2.48%
CHG	S	9.23% ↓	2.77%	14.48%
CHPIV	S	S	25.61%	1.12%
CCHP	S	10.22% ↓	2.04%	22.84%
GCHP	S	S	2.25%	8.05%
Health Net	S	S	8.11%	11.23%
HPSJ	S	S	15.14%	7.72%
HPSM	S	14.74%	1.44%	10.45%
IEHP	S	10.19%	14.13%	9.31%
Kaiser	S	S	8.88%	19.11%
KHS	S	S	10.88%	6.74%
L.A. Care	11.81%	S	9.39%	9.35%
Molina	S	10.71% ↓	5.65%	19.07%
Partnership	S	S	11.42%	8.80%
SFHP	S	S	1.04%	16.81%
SCFHP	S	S	1.70%	8.99%

HSAG identified statistically significant results for age, gender, and race/ethnicity for the adult population. Table 21 shows the number of MCPs within each reportable demographic sub-category that had a statistically significantly higher or lower respondent percentage compared to the sample frame percentage.

Table 21—Adult Respondent Analysis: Summary of Results

	Number of MCPs with a Reportable Demographic Sub-Category	
	Significantly Higher Respondent Percentage	Significantly Lower Respondent Percentage
<b>Age</b>		
18 to 34	0 (Out of 22)	22 (Out of 22)
35 to 44	0 (Out of 20)	11 (Out of 20)
45 to 54	2 (Out of 21)	1 (Out of 21)
55 to 64	21 (Out of 22)	0 (Out of 22)
65 or older	18 (Out of 19)	0 (Out of 19)
<b>Gender</b>		
Male	0 (Out of 22)	4 (Out of 22)
Female	4 (Out of 22)	0 (Out of 22)
<b>Race/Ethnicity</b>		
White	4 (Out of 19)	0 (Out of 19)
Asian	5 (Out of 13)	0 (Out of 13)
Hispanic/Latino	0 (Out of 22)	6 (Out of 22)
Multiracial/Multiethnic	0 (Out of 7)	0 (Out of 7)
Other	1 (Out of 12)	1 (Out of 12)

HSAG identified statistically significant results for age, gender, and race/ethnicity for the child population. Table 22 shows the number of MCPs within each reportable demographic sub-category that had a statistically significantly higher or lower respondent percentage compared to the sample frame percentage.

Table 22—Child Respondent Analysis: Summary of Results

	Number of MCPs with a Reportable Demographic Sub-Category	
	Significantly Higher Respondent Percentage	Significantly Lower Respondent Percentage
<b>Age</b>		
Less than 1	0 (Out of 9)	0 (Out of 9)
1 to 3	0 (Out of 11)	4 (Out of 11)
4 to 7	0 (Out of 22)	3 (Out of 22)
8 to 12	0 (Out of 22)	1 (Out of 22)
13 to 17	10 (Out of 22)	0 (Out of 22)
<b>Gender</b>		
Male	1 (Out of 22)	0 (Out of 22)
Female	0 (Out of 22)	1 (Out of 22)
<b>Race/Ethnicity</b>		
White	0 (Out of 11)	1 (Out of 11)
Asian	5 (Out of 12)	0 (Out of 12)
Hispanic/Latino	1 (Out of 22)	5 (Out of 22)
Multiracial/Multiethnic	1 (Out of 2)	0 (Out of 2)
Other	0 (Out of 8)	4 (Out of 8)

## APPENDIX B. SURVEY INSTRUMENTS



The survey instruments administered in 2025 were modified versions of the Adult and Child CAHPS ECHO Survey 3.0 for MCOs. This section provides copies of the survey instruments.

All information that would identify you or your family will be kept private. The research staff will not share personally identifiable information with anyone without your permission. You may choose whether to answer this survey or not. If you choose not to, this will not affect your benefits.

The barcode on the front of this survey is used ONLY to let us know the survey was returned, so we do not send you reminders.

If you want to know more about this study, please call 1-800-643-2516.

## SURVEY INSTRUCTIONS

- Please be sure to fill in the response circle completely. Use only black or blue ink or dark pencil to complete the survey.

Correct  
Mark 

Incorrect  
Marks



- You are sometimes told to skip over some questions in the survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- Yes → *If Yes, Go to Question 1*  
 No



**START HERE**



### Personal or Family Counseling

People can get counseling, treatment or medicine for many different reasons, such as:

- For feeling depressed, anxious, or “stressed out”
- Personal problems (like when a loved one dies or when there are problems at work)
- Family problems (like marriage problems or when parents and children have trouble getting along)
- Needing help with drug or alcohol use
- For mental or emotional illness

1. In the last 12 months, did you get counseling, treatment or medicine for any of these reasons?

- Yes → *If Yes, Go to Question 2*  
 No → *If No, Go to Question 58*



## Your Counseling and Treatment in the Last 12 Months

The next questions ask about your counseling or treatment. **Do not** include counseling or treatment during an overnight stay or from a self-help group.

2. In the last 12 months, did you call someone to get professional counseling on the phone for yourself?
  - Yes
  - No → *If No, Go to Question 4*
3. In the last 12 months, how often did you get the professional counseling you needed on the phone?
  - Never
  - Sometimes
  - Usually
  - Always
4. In the last 12 months, did you need counseling or treatment right away?
  - Yes
  - No → *If No, Go to Question 6*
5. In the last 12 months, when you needed counseling or treatment right away, how often did you see someone as soon as you wanted?
  - Never
  - Sometimes
  - Usually
  - Always
6. In the last 12 months, not counting times you needed counseling or treatment right away, did you make any appointments for counseling or treatment?
  - Yes
  - No → *If No, Go to Question 8*

7. In the last 12 months, not counting times you needed counseling or treatment right away, how often did you get an appointment for counseling or treatment as soon as you wanted?
  - Never
  - Sometimes
  - Usually
  - Always
8. In the last 12 months, how many times did you go to an emergency room or crisis center to get counseling or treatment for yourself?
  - None
  - 1
  - 2
  - 3 or more
9. In the last 12 months (not counting emergency rooms or crisis centers), how many times did you go to an office, clinic, or other treatment program to get counseling, treatment or medicine for yourself?
  - None → *If None, Go to Question 31*
  - 1 to 10
  - 11 to 20
  - 21 or more
10. In the last 12 months, how often were you seen within 15 minutes of your appointment?
  - Never
  - Sometimes
  - Usually
  - Always



The next questions are about all the counseling or treatment you got in the last 12 months during office, clinic, and emergency room visits as well as over the phone. Please do the best you can to include all the different people you went to for counseling or treatment in your answers.

11. In the last 12 months, how often did the people you went to for counseling or treatment listen carefully to you?
  - Never
  - Sometimes
  - Usually
  - Always
12. In the last 12 months, how often did the people you went to for counseling or treatment explain things in a way you could understand?
  - Never
  - Sometimes
  - Usually
  - Always
13. In the last 12 months, how often did the people you went to for counseling or treatment show respect for what you had to say?
  - Never
  - Sometimes
  - Usually
  - Always
14. In the last 12 months, how often did the people you went to for counseling or treatment spend enough time with you?
  - Never
  - Sometimes
  - Usually
  - Always
15. In the last 12 months, how often did you feel safe when you were with the people you went to for counseling or treatment?
  - Never
  - Sometimes
  - Usually
  - Always

16. In the last 12 months, did you take any prescription medicines as part of your treatment?
  - Yes
  - No → *If No, Go to Question 18*
17. In the last 12 months, were you told what side effects of those medicines to watch for?
  - Yes
  - No
18. In the last 12 months, how often were you involved as much as you wanted in your counseling or treatment?
  - Never
  - Sometimes
  - Usually
  - Always
19. In the last 12 months, did anyone talk to you about whether to include your family or friends in your counseling or treatment?
  - Yes
  - No
20. In the last 12 months, were you told about self-help or support groups, such as consumer-run groups or 12-step programs?
  - Yes
  - No
21. In the last 12 months, were you given information about different kinds of counseling or treatment that are available?
  - Yes
  - No
22. In the last 12 months, were you given as much information as you wanted about what you could do to manage your condition?
  - Yes
  - No
23. In the last 12 months, were you given information about your rights as a patient?
  - Yes
  - No



24. In the last 12 months, did you feel you could refuse a specific type of medicine or treatment?

- Yes
- No

25. In the last 12 months, as far as you know did anyone you went to for counseling or treatment share information with others that should have been kept private?

- Yes
- No

26. Does your language, race, religion, ethnic background or culture make any difference in the kind of counseling or treatment you need?

- Yes
- No → *If No, Go to Question 28*

27. In the last 12 months, was the care you received responsive to those needs?

- Yes
- No

28. A treatment plan lists your treatment goals and how those goals will be met. In the last 12 months, did you work with the people you went to for counseling or treatment to develop a treatment plan?

- Yes
- No → *If No, Go to Question 30*

29. Does your treatment plan include:

- None of the things that are important to you
- Some of the things that are important to you
- Most of the things that are important to you
- All of the things that are important to you

30. Using any number from 0 to 10, where 0 is the worst counseling or treatment possible and 10 is the best counseling or treatment possible, what number would you use to rate all your counseling or treatment in the last 12 months?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Worst counseling or treatment possible

Best counseling or treatment possible

31. In the last 12 months, how much were you helped by the counseling or treatment you got?

- Not at all
- A little
- Somewhat
- A lot

32. In general, how would you rate your overall mental health now?

- Excellent
- Very Good
- Good
- Fair
- Poor

33. Compared to 12 months ago, how would you rate your ability to deal with daily problems now?

- Much better
- A little better
- About the same
- A little worse
- Much worse

34. Compared to 12 months ago, how would you rate your ability to deal with social situations now?

- Much better
- A little better
- About the same
- A little worse
- Much worse

35. Compared to 12 months ago, how would you rate your ability to accomplish the things you want to do now?

- Much better
- A little better
- About the same
- A little worse
- Much worse



36. **Compared to 12 months ago, how would you rate your problems or symptoms now?**

- Much better
- A little better
- About the same
- A little worse
- Much worse

**Your Health Plan for Counseling  
or Treatment**

The next questions ask about your experience with your health plan for counseling or treatment.

37. Our records show that you are now in **[Health Plan Name, testing for 45 characters]**. Is that right?

- Yes → *If Yes, Go to Question 39*
- No

38. What is the name of your health plan?

Please print:

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39. How many months or years in a row have you been in this health plan?

- Less than 1 year
- At least 1 year but less than 2 years
- At least 2 years but less than 5 years
- 5 or more years

40. How much of the counseling or treatment you got in the last 12 months was paid for by your health plan?

- All of it was paid for
- Most of it was paid for
- Some of it was paid for
- None of it was paid for

41. In the last 12 months, did you use up all your benefits for counseling or treatment?

- Yes
- No → *If No, Go to Question 44*

42. At the time benefits were used up, did you think you still needed counseling or treatment?

- Yes
- No → *If No, Go to Question 44*

43. Were you told about other ways to get counseling, treatment, or medicine?

- Yes
- No

44. When you joined your health plan or at any time since then, did you get someone new for counseling or treatment?

- Yes
- No → *If No, Go to Question 46*

45. Since you joined your health plan, how much of a problem, if any, was it to get someone you are happy with?

- A big problem
- A small problem
- Not a problem

46. In the last 12 months, did you need approval for any counseling or treatment?

- Yes
- No → *If No, Go to Question 48*

47. In the last 12 months, how much of a problem, if any, were delays in counseling or treatment while you waited for approval from your health plan?

- A big problem
- A small problem
- Not a problem

48. In the last 12 months, how much of a problem, if any, was it to get the counseling or treatment you thought you needed?

- A big problem
- A small problem
- Not a problem



49. In the last 12 months, did you look for any information about counseling or treatment from your health plan in written materials or on the Internet?

- Yes
- No → *If No, Go to Question 51*

50. In the last 12 months, how much of a problem, if any, was it to find or understand this information?

- A big problem
- A small problem
- Not a problem

51. In the last 12 months, did you call your health plan's customer service to get information or help about counseling or treatment?

- Yes
- No → *If No, Go to Question 53*

52. In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?

- A big problem
- A small problem
- Not a problem

53. In the last 12 months, did you have to fill out any paperwork about counseling or treatment for your health plan?

- Yes
- No → *If No, Go to Question 55*

54. In the last 12 months, how much of a problem, if any, did you have with paperwork for your health plan?

- A big problem
- A small problem
- Not a problem

55. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan for counseling or treatment?

- 
- 0 1 2 3 4 5 6 7 8 9 10

Worst health plan possible

Best health plan possible

## Reasons for Counseling or Treatment

56. In the last 12 months, was any of your counseling or treatment for personal problems, family problems, emotional illness, or mental illness?

- Yes
- No

57. In the last 12 months, was any of your counseling or treatment for help with alcohol use or drug use?

- Yes
- No

## About You

58. In general, how would you rate your overall health now?

- Excellent
- Very Good
- Good
- Fair
- Poor

59. What is your age now?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

60. What sex was listed on your original birth certificate?

- Female
- Male

61. What is your gender? (Select the option that best describes your current gender identity.)

- Female
- Male
- Non-binary (Neither male nor female)
- Transgender: male to female
- Transgender: female to male
- Another gender identity



**62. Do you think of yourself as:**

- Straight or heterosexual
- Gay or lesbian
- Bisexual
- Queer
- Another sexual orientation
- Unknown

**63. What is the highest grade or level of school that you have completed?**

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college degree
- More than 4-year college degree

**64. What is your race and/or ethnicity? Please mark one or more.**

- White
- Black or African-American
- Asian
- Native Hawaiian or Pacific Islander
- American Indian or Alaska Native
- Hispanic or Latino

**65. Did someone help you complete this survey?**

- Yes → *If Yes, Go to Question 66*
- No → *If No, Thank you. Please return the completed survey in the postage-paid envelope.*

**66. How did that person help you? Check all that apply.**

- Read the questions to me
- Wrote down the answers I gave
- Answered the questions for me
- Translated the questions into my language
- Helped in some other way

**Thank you.**

**Please return the completed survey in the postage-paid envelope.**



All information that would identify you or your family will be kept private. The research staff will not share personally identifiable information with anyone without your permission. You may choose whether to answer this survey or not. If you choose not to, this will not affect your child's benefits.

The barcode on the front of this survey is used **ONLY** to let us know the survey was returned, so we do not send you reminders.

If you want to know more about this study, please call 1-800-643-2516.

## SURVEY INSTRUCTIONS

- Please be sure to fill in the response circle completely. Use only black or blue ink or dark pencil to complete the survey.

Correct  
Mark 

Incorrect  
Marks



- You are sometimes told to skip over some questions in the survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

Yes → *If Yes, Go to Question 1*

No



**START HERE**



### Personal or Family Counseling

Please answer the questions for the child listed on the envelope. Please do not answer for any other children.

Children can get counseling, treatment or medicine for many different reasons, such as:

- For problems related to attention deficit hyperactivity disorder (ADHD) or other behavior problems
- Family problems (like when parents and children have trouble getting along)
- For mental or emotional illness
- For autism or other developmental conditions
- Needing help with drug or alcohol use

**1. In the last 12 months, did your child get counseling, treatment or medicine for any of these reasons?**

Yes → *If Yes, Go to Question 2*

No → *If No, Go to Question 61*



## Your Child's Counseling and Treatment in the Last 12 Months

The next questions ask about your child's counseling or treatment. **Do not** include counseling or treatment during an overnight stay or from a self-help group.

2. In the last 12 months, did you call someone to get professional counseling on the phone for your child?

Yes  
 No → *If No, Go to Question 4*

3. In the last 12 months, how often did you get the professional counseling your child needed on the phone?

Never  
 Sometimes  
 Usually  
 Always

4. In the last 12 months, did your child need counseling or treatment right away?

Yes  
 No → *If No, Go to Question 6*

5. In the last 12 months, when your child needed counseling or treatment right away, how often did he or she see someone as soon as you wanted?

Never  
 Sometimes  
 Usually  
 Always

6. In the last 12 months, not counting times your child needed counseling or treatment right away, did you make any appointments for your child for counseling or treatment?

Yes  
 No → *If No, Go to Question 8*

7. In the last 12 months, not counting times your child needed counseling or treatment right away, how often did your child get an appointment for counseling or treatment as soon as you wanted?

Never  
 Sometimes  
 Usually  
 Always

8. In the last 12 months, how many times did your child go to an emergency room or crisis center to get counseling or treatment?

None  
 1  
 2  
 3 or more

9. In the last 12 months (not counting emergency rooms or crisis centers), how many times did your child get counseling, treatment or medicine in your home or at an office, clinic, or other treatment program?

None → *If None, Go to Question 32*  
 1 to 10  
 11 to 20  
 21 or more

10. In the last 12 months, how many times did your child get counseling or treatment in your home?

None  
 1 to 10  
 11 to 20  
 21 or more

11. In the last 12 months, how often was your child seen within 15 minutes of his or her appointment?

Never  
 Sometimes  
 Usually  
 Always



The next questions are about all the counseling or treatment your child got in the last 12 months in your home, during office, clinic, and emergency room visits as well as over the phone. Please do the best you can to include all the different people your child saw for counseling or treatment in your answers.

12. In the last 12 months, how often did the people your child saw for counseling or treatment listen carefully to you?
- Never
  - Sometimes
  - Usually
  - Always
13. In the last 12 months, how often did the people your child saw for counseling or treatment explain things in a way you could understand?
- Never
  - Sometimes
  - Usually
  - Always
14. In the last 12 months, how often did the people your child saw for counseling or treatment show respect for what you had to say?
- Never
  - Sometimes
  - Usually
  - Always
15. In the last 12 months, how often did the people your child saw for counseling or treatment spend enough time with you?
- Never
  - Sometimes
  - Usually
  - Always
16. In the last 12 months, did your child take any prescription medicines as part of his or her treatment?
- Yes
  - No → *If No, Go to Question 18*

17. In the last 12 months, were you told what side effects of those medicines to watch for?
- Yes
  - No
18. In the last 12 months, how often were you involved as much as you wanted in your child's counseling or treatment?
- Never
  - Sometimes
  - Usually
  - Always
19. In the last 12 months, were the goals of your child's counseling or treatment discussed completely with you?
- Yes
  - No
20. In the last 12 months, how often did your family get the professional help you wanted for your child?
- Never
  - Sometimes
  - Usually
  - Always
21. In the last 12 months, how often did you feel your child had someone to talk to for counseling or treatment when he or she was troubled?
- Never
  - Sometimes
  - Usually
  - Always
22. In the last 12 months, were you given information about different kinds of counseling or treatment that are available for your child?
- Yes
  - No
23. In the last 12 months, were you given as much information as you wanted about what you could do to manage your child's condition?
- Yes
  - No



24. In the last 12 months, were you given information about your child's rights as a patient?
- Yes  
 No
25. In the last 12 months, did you feel you could refuse a specific type of medicine or treatment for your child?
- Yes  
 No
26. In the last 12 months, as far as you know did anyone your child saw for counseling or treatment share information with others that should have been kept private?
- Yes  
 No
27. Does your child's language, race, religion, ethnic background or culture make any difference in the kind of counseling or treatment he or she needs?
- Yes  
 No → *If No, Go to Question 29*
28. In the last 12 months, was the care your child received responsive to those needs?
- Yes  
 No
29. A treatment plan lists your child's treatment goals and how those goals will be met. In the last 12 months, did you work with the people your child went to for counseling or treatment to develop a treatment plan?
- Yes  
 No → *If No, Go to Question 31*
30. Does your child's treatment plan include:
- None of the things that are important to you  
 Some of the things that are important to you  
 Most of the things that are important to you  
 All of the things that are important to you

31. Using any number from 0 to 10, where 0 is the worst counseling or treatment possible and 10 is the best counseling or treatment possible, what number would you use to rate all your child's counseling or treatment in the last 12 months?
- 0    1    2    3    4    5    6    7    8    9    10
- Worst counseling or treatment possible                      Best counseling or treatment possible
32. In the last 12 months, how much was your child helped by the counseling or treatment he or she got?
- Not at all  
 A little  
 Somewhat  
 A lot
33. In general, how would you rate your child's overall mental health now?
- Excellent  
 Very Good  
 Good  
 Fair  
 Poor
34. Compared to 12 months ago, how would you rate your child's ability to deal with daily problems now?
- Much better  
 A little better  
 About the same  
 A little worse  
 Much worse
35. Compared to 12 months ago, how would you rate your child's ability to deal with social situations now?
- Much better  
 A little better  
 About the same  
 A little worse  
 Much worse



36. **Compared to 12 months ago, how would you rate your child's ability to accomplish the things he or she wants to do now?**

- Much better
- A little better
- About the same
- A little worse
- Much worse

37. **Compared to 12 months ago, how would you rate your child's problems or symptoms now?**

- Much better
- A little better
- About the same
- A little worse
- Much worse

**Your Child's Health Plan for Counseling or Treatment**

The next questions ask about your experience with your child's health plan for **counseling or treatment**.

38. Our records show that your child is now in **[Health Plan Name, testing for 45 characters]**. Is that right?

- Yes → *If Yes, Go to Question 40*
- No

39. What is the name of your child's health plan?

Please print:

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40. How many months or years **in a row** has your child been in this health plan?

- Less than 1 year
- At least 1 year but less than 2 years
- At least 2 years but less than 5 years
- 5 or more years

41. How much of the counseling or treatment your child got in the last 12 months was **paid for** by his or her health plan?

- All of it was paid for
- Most of it was paid for
- Some of it was paid for
- None of it was paid for

42. In the last 12 months, did your child **use up all his or her benefits** for counseling or treatment?

- Yes
- No → *If No, Go to Question 45*

43. At the time benefits were used up, did you think your child **still needed** counseling or treatment?

- Yes
- No → *If No, Go to Question 45*

44. Were you told about **other ways** to get counseling, treatment, or medicine for your child?

- Yes
- No

45. When your child joined this health plan or at any time since then, did your child get someone **new** for counseling or treatment?

- Yes
- No → *If No, Go to Question 47*

46. Since your child joined this health plan, how much of a problem, if any, was it to get someone for your child you are happy with?

- A big problem
- A small problem
- Not a problem

47. In the last 12 months, did you need approval from your child's health plan for any counseling or treatment?

- Yes
- No → *If No, Go to Question 49*



48. In the last 12 months, how much of a problem, if any, were delays in counseling or treatment while you waited for approval from your child's health plan?

- A big problem
- A small problem
- Not a problem

49. In the last 12 months, how much of a problem, if any, was it to get the counseling or treatment you thought your child needed?

- A big problem
- A small problem
- Not a problem

50. In the last 12 months, did you look for any information about counseling or treatment from your child's health plan in written materials or on the Internet?

- Yes
- No → *If No, Go to Question 52*

51. In the last 12 months, how much of a problem, if any, was it to find or understand this information?

- A big problem
- A small problem
- Not a problem

52. In the last 12 months, did you call the health plan's customer service to get information or help about counseling or treatment for your child?

- Yes
- No → *If No, Go to Question 54*

53. In the last 12 months, how much of a problem, if any, was it to get the help you needed for your child when you called the health plan's customer service?

- A big problem
- A small problem
- Not a problem

54. In the last 12 months, did you have to fill out any paperwork about counseling or treatment for your child's health plan?

- Yes
- No → *If No, Go to Question 56*

55. In the last 12 months, how much of a problem, if any, did you have with paperwork for your child's health plan?

- A big problem
- A small problem
- Not a problem

56. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan for counseling or treatment?

- 
- 0 1 2 3 4 5 6 7 8 9 10

Worst  
health plan  
possible

Best  
health plan  
possible

### Reasons for Counseling or Treatment

57. In the last 12 months, was any of your child's counseling or treatment for problems related to ADHD or other behavior problems?

- Yes
- No

58. In the last 12 months, was any of your child's counseling or treatment for family problems or mental or emotional illness?

- Yes
- No

59. In the last 12 months, was any of your child's counseling or treatment for autism or other developmental problems?

- Yes
- No

60. In the last 12 months, was any of your child's counseling or treatment for help with alcohol use or drug use?

- Yes
- No



## About You and Your Child

61. In general, how would you rate your child's overall health now?

- Excellent
- Very Good
- Good
- Fair
- Poor

62. What is your child's age now?

- Less than 1 year old

--	--

YEARS OLD (write in)

63. Is your child male or female?

- Male
- Female

64. What is your child's race and/or ethnicity?  
Please mark one or more.

- White
- Black or African-American
- Asian
- Native Hawaiian or Pacific Islander
- American Indian or Alaska Native
- Hispanic or Latino

65. What is your age now?

- Under 18
- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

66. Are you male or female?

- Male
- Female

67. What is the highest grade or level of school that you have completed?

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college degree
- More than 4-year college degree

68. How are you related to the child?

- Mother or father
- Grandparent
- Aunt or uncle
- Older sibling
- Other relative
- Legal guardian

69. Did someone help you complete this survey?

- Yes → *If Yes, Go to Question 70*
- No → *Thank you. Please return the completed survey in the postage-paid envelope.*

70. How did that person help you? Check all that apply.

- Read the questions to me
- Wrote down the answers I gave
- Answered the questions for me
- Translated the questions into my language
- Helped in some other way

Thank you.

Please return the completed survey in the postage-paid envelope.

