

2026 ECHO Provider Education

ECHO: The Basics

ECHO

What it is?	A survey designed to measure the experience of care from the perspective of individuals receiving behavioral health or substance use services.
Developed By	AHRQ
Key Point	Tailored to the unique aspects of behavioral and mental health care.
Who Responds?	<ul style="list-style-type: none">• Mental health services• Substance use disorder treatment• Behavioral health care
What is Measured?	<p>In addition to experience of care, ECHO focuses more on:</p> <ul style="list-style-type: none">• Therapeutic relationship• Involvement in treatment decisions• Perceived improvement and recovery• Cultural competence• Access to behavioral health services

ECHO

Where is it Used?

- Behavioral health organizations
- Community mental health centers
- Substance use treatment programs
- Medicaid and state behavioral health programs

What Market?

DC only

Why Matters?

- Quality monitoring in behavioral health
- Program evaluation
- Accountability to funders and regulators
- Improving patient-centered behavioral health care

Sample Selection

A random sample of **1,500 members** from a universe of all eligible adult plan members who were eligible to receive Behavioral Health services provided by the health plan.

No more than one member per household was selected to receive the survey. To be eligible for sampling, members were:

- 18 years of age or older as of January 1st of that calendar year;
- Continuously enrolled with no more than one gap that does not exceed 45 days for at least 12 months;
- Who had a mailing address of sufficiently high quality as determined by USPS National Change of Address (NCOA) service.

ECHO

Timeline

The first survey package will be mailed ~ February 1th, and an additional package was mailed ~ March 31st to non-respondents.

Members who did not respond to either mail package and had valid phone numbers were contacted via telephone starting March 25th. Data collection closed ~ April 16th

Data Capture

Questionnaires returned by mail were recorded using optical scanning. If the scanning technology was unable to identify the specific response option selected with a pre-defined degree of certainty, then those responses were keyed manually by data entry operators.

Due to the multiple contact attempts, multiple surveys could be received from the same sample member. In those cases, the most complete response was kept, or, in the event of a tie, the earliest survey received.

Computer Assisted Telephone Interviewing (CATI) technology was used to electronically capture survey responses obtained during telephone interviews. Members were able to complete the survey in either English or Spanish. CATI supervisors maintained quality control by monitoring the telephone interviews and response capture by interviewers in real time and auditing recorded interviews. At least 10 percent of the interviews were monitored by supervisors.

Survey Composite Measures

Survey Composite Measures

Getting Treatment Quickly

Informed about Medication Side Effects

Rating of Counseling or Treatment

Office Wait Time

Access to Treatment and Information from Health Plan

Informed about Treatment Options

Received Information about Managing Condition

Informed about Patient Rights

How Well Clinicians Communicate

Ability to Refuse Medication and Treatment

Timeliness of Treatment

Getting Treatment Quickly & Office Wait Times

Questions are structured to evaluate how often the patient:

- Received professional counseling over the phone or telehealth
- Received an appointment or treatment for both urgent and non-urgent mental health concerns

The Office Wait time question evaluates the patient's satisfaction with being seen within 15 minutes of their appointment times.

Ways to Impact Timeliness of Treatment

Providers should:

- Offer same day appointments
- Offer extended hours, virtual, telehealth, and phone options
- Call patients back and assist with Referrals
- Waitlist options
- Train all staff to practice empathy when addressing delays, managing scheduling and accommodating walk-in appointments.

Benefits of Telehealth

- Telehealth is defined as “technology-enabled health and care management and delivery systems that extend capacity and access”
- Increased access to care
- Increased convenience
- Cost efficient
- Broader provider availability
- Decreased perceived stigma of therapy appointments

Express Empathy and Validate

The ability to acknowledge and express that you understand the emotion from the other person's perspective.

- Patient: I am so mad that this appointment is taking up my entire day.
- Staff: I am sorry for the delay and understand why you would be upset. I know your time is important, let me see what I can do to help.

Express Empathy and Validate

- Express empathy during all patient interactions
 - Demonstrate patience and be careful not to appear rushed
 - Address patient by name, actively listen to their concerns, ensure you've answered their questions fully, applaud positive behaviors, and show support for positive actions
 - Establish the patient's preferred method of contact (e.g., text or calls)
 - Make eye contact and speak directly to patient ✓ If a tense situation arises, calmly seek to resolve – be creative in working through resolutions

Express Empathy and Validate

- Exercise cultural sensitivity
 - Be mindful that patients' cultural norms may influence their perceptions and communication styles
 - Arrange for interpreter or other services as needed
- Seek and review patient satisfaction feedback to develop improvement strategies
 - Consider having a drop box available for patients to anonymously submit comments and suggestions
 - Ask the patient about how their experience was before they leave and if there is anything that they'd like to see improve

Access to Treatment & Information from the Health Plan

Express Empathy and Validate

The questions evaluate the patient's perception of problems or delays experienced during the approval process or encounters with customer service:

- Did the patient perceive any problems or delays while waiting for approval to begin treatment?
- Did the patient experience any issues when trying to get help from customer service?

Strategies to Improve Access to Treatment

Help members understand the approval process

- Submit authorization requests timely
- Use online portal and resources

Authorization Requirement Comprehension

- Engage members in the process of helping them have realistic expectations

Utilize the MedStar's website and resources

- Be familiar with and use available resources

Strategies to Improve Access to Treatment

What do patients expect from providers?

- Friendly
- Knowledgeable
- Respect
- Empathy
- Courtesy
- Equitable Treatment
- Culturally Competent Care

De-Escalation Tips

Assist in identifying what the real issue or concern is

I'm sorry you're upset, let's figure this out together

Self-guided reflection

Can you tell me what you have already tried?

Assess progress/successes

Great, it sounds like that really worked for you?

Provide alternatives

What else can I assist you with?

Informing the Patient: Treatment Options, Medication Side Effects, & Ways to Manage Condition

Treatment Options, Medication Side-Effects, and Managing Condition

Was the patient provided information and satisfied with:

- self-help or support groups
- different kinds of counseling or treatment options
- side effects of prescribed medication(s)

And did they receive as much information as they wanted about ways to manage condition.

Tips to improve Information Sharing

Case
Management

Health Literacy &
Readability

Accurate Provider
Directory

Address social
determinants of
health

Local and national
resources

Exceptional
customer service

Respect patient's
Choice

Language &
translation
services

Use Open-Ended Questions

Open-Ended Questions...

- Are the key to encouraging the other person to do most of the talking
- Cannot be answered with a brief response or a yes or no answer
- Invite a two-way conversation
- Begin with words such as “how”, “what” or phrases such as “tell me...”

Ways to Ask...

- What are you interested in learning more about...?
- How familiar are you with your medication and side effects?
- What type of treatment is most important to you?

Patient Rights



MedStar Family Choice

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Informed about Patient Rights & Ability to Refuse Medication and Treatment

The composites are designed to evaluate the patient's satisfaction with:

- Receiving information about their rights as patients
- And if they felt that they could refuse a specific type of treatment or medication

Honor Patient Rights & Self-Determination



Dignity and Respect

- Listen and honor the patient/family's perspective and choices

Information Sharing

- Ask permission and obtain consent before sharing information

Collaboration

- Limit frustration and duplication through integrated coordinated care

Participation

- Invite the patient to actively participate at whatever level they are comfortable

Clinician Communication Skills & Overall Counseling and Treatment Experience

How Well Clinicians Communicate & Rating of Counseling/Treatment

Questions are structured to evaluate how well clinicians:

- listen carefully to the patient,
- explain things in a way the patient can understand,
- show respect for what the patient and family have to say,
- and spend enough time with their patients.

Additionally, patients are asked if they were involved as much as they wanted in their counseling or treatment, and to rate all the counseling or treatment that they have received over the last 12 months.

Clinicians can use Motivational Interviewing (MI) to Impact Communication

- Person-centered style
- Collaborative conversation
- Strengthens an individual's own desire, ability, reasons, need and commitment to change
- Addresses and explores ambivalence about change

Superheroes always remember their C.A.P.E.

- Compassion

- “I feel your pain.”
- “I want to help”

- Acceptance

- I see you; I hear you.”
- I accept your perspective

- Partnership

- “How do we work together to come up with options...”

- Evocation

- “Tell me more...”
- “What would you like to work on?”

Appendix



MedStar Family Choice

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ECHO Adult Survey 3.0

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 56 on

Page 7

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 29 on Page 4
 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

ECHO Adult Survey 3.0

14. In the last 12 months, how often did the people you went to for counseling or treatment spend enough time with you?

1 Never
 2 Sometimes
 3 Usually
 4 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?

1 Never
 2 Sometimes
 3 Usually
 4 Always

16. In the last 12 months, did you take any prescription medicines as part of your treatment?

1 Yes
 2 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?

1 Yes
 2 No

18. In the last 12 months, how often were you involved as much as you wanted in your counseling or treatment?

1 Never
 2 Sometimes
 3 Usually
 4 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?

1 Yes
 2 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?

1 Yes
 2 No

21. In the last 12 months, were you given information about different kinds of counseling or treatment that are available?

1 Yes
 2 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?

1 Yes
 2 No

23. In the last 12 months, were you given information about your rights as a patient?

1 Yes
 2 No

24. In the last 12 months, did you feel you could refuse a specific type of medicine or treatment?

1 Yes
 2 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?

1 Yes
 2 No

26. Does your language, race, religion, ethnic background or culture make any difference in the kind of counseling or treatment you need?

1 Yes
 2 No → If No, Go to Question 28

27. In the last 12 months, was the care you received responsive to those needs?

1 Yes
 2 No

28. 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 0 Worst counseling or treatment possible
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 10 Best counseling or treatment possible

29. In the last 12 months, how much were you helped by the counseling or treatment you got?

1 Not at all
 2 A little
 3 Somewhat
 4 A lot

30. In general, how would you rate your overall mental health now?

1 Excellent
 2 Very good
 3 Good
 4 Fair
 5 Poor

31. Compared to 12 months ago, how would you rate your ability to deal with daily problems now?

1 Much better
 2 A little better
 3 About the same
 4 A little worse
 5 Much worse

32. Compared to 12 months ago, how would you rate your ability to deal with social situations now?

1 Much better
 2 A little better
 3 About the same
 4 A little worse
 5 Much worse

ECHO Adult Survey 3.0

33. Compared to 12 months ago, how would you rate your ability to accomplish the things you want to do now?

1 Much better
 2 A little better
 3 About the same
 4 A little worse
 5 Much worse

34. Compared to 12 months ago, how would you rate your problems or symptoms now?

1 Much better
 2 A little better
 3 About the same
 4 A little worse
 5 Much worse

Your Health Plan for Counseling or Treatment

The next questions ask about your experience with your health plan for counseling or treatment.

35. Our records show that you are now in [Health Plan Name]. Is that right?

1 Yes → If Yes, Go to Question 37
 2 No

36. What is the name of your health plan? (Please print)
-

37. How many months or years in a row have you been in this health plan?

1 Less than 1 year
 2 At least 1 year but less than 2 years
 3 At least 2 years but less than 5 years
 4 5 or more years

38. How much of the counseling or treatment you got in the last 12 months was paid for by your health plan?

1 All of it was paid for
 2 Most of it was paid for
 3 Some of it was paid for
 4 None of it was paid for

39. In the last 12 months, did you use up all your benefits for counseling or treatment?

1 Yes
 2 No → If No, Go to Question 42

40. At the time benefits were used up, did you think you still needed counseling or treatment?

1 Yes
 2 No → If No, Go to Question 42

41. Were you told about other ways to get counseling, treatment, or medicine?

1 Yes
 2 No

42. When you joined your health plan or at any time since then, did you get someone new for counseling or treatment?

1 Yes
 2 No → If No, Go to Question 44

43. Since you joined your health plan, how much of a problem, if any, was it to get someone you are happy with?

1 A big problem
 2 A small problem
 3 Not a problem

44. In the last 12 months, did you need approval for any counseling or treatment?

1 Yes
 2 No → If No, Go to Question 46

45. 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?

1 A big problem
 2 A small problem
 3 Not a problem

46. In the last 12 months, how much of a problem, if any, was it to get the counseling or treatment you thought you needed?

1 A big problem
 2 A small problem
 3 Not a problem

47. 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?

1 Yes
 2 No → If No, Go to Question 49

48. In the last 12 months, how much of a problem, if any, was it to find or understand this information?

1 A big problem
 2 A small problem
 3 Not a problem

49. In the last 12 months, did you call your health plan's customer service to get information or help about counseling or treatment?

1 Yes
 2 No → If No, Go to Question 51

50. 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?

1 A big problem
 2 A small problem
 3 Not a problem

ECHO Adult Survey 3.0

51. 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 53

52. 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

53. 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 Worst health plan possible
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 Best health plan possible

Reasons for Counseling or Treatment

54. In the last 12 months, was any of your counseling or treatment for personal problems, family problems, emotional illness, or mental illness?

- Yes
 No

55. In the last 12 months, was any of your counseling or treatment for help with alcohol use or drug use?

- Yes
 No

About You

56. In general, how would you rate your overall health now?

- Excellent
 Very good
 Good
 Fair
 Poor

57. 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

58. Are you male or female?

- Male
 Female

59. 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

60. Are you of Hispanic or Latino origin or descent?

- Yes, Hispanic or Latino
 No, not Hispanic or Latino

61. What is your race? Please mark one or more.

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

62. Did someone help you complete this survey?

- Yes → If Yes, Go to Question 63
 No → Thank You. Please return the completed survey in the postage-paid-envelope.

63. 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 (Please print)
-

THANK YOU!

Please return this survey in the postage-paid envelope.

ECHO Child Survey 3.0

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 59
on Page 8

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 30
on Page 5
 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

ECHO Child Survey 3.0

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?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 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?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

15. In the last 12 months, how often did the people your child saw for counseling or treatment spend enough time with you?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

16. In the last 12 months, did your child take any prescription medicines as part of his or her treatment?

- 1 Yes
- 2 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?

- 1 Yes
- 2 No

18. In the last 12 months, how often were you involved as much as you wanted in your child's counseling or treatment?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

19. In the last 12 months, were the goals of your child's counseling or treatment discussed completely with you?

- 1 Yes
- 2 No

20. In the last 12 months, how often did your family get the professional help you wanted for your child?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 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?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

ECHO Child Survey 3.0

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. 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 Worst counseling or treatment possible
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 Best counseling or treatment possible
30. 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
31. In general, how would you rate your child's overall mental health now?
- Excellent
 Very good
 Good
 Fair
 Poor
32. 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
33. 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
34. 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
35. 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.

36. Our records show that your child is now in [Health Plan Name]. Is that right?
- Yes → If Yes, Go to Question 38
 No
37. What is the name of your child's health plan? (Please print)

ECHO Child Survey 3.0

38. How many months or years in a row has your child been in this health plan?
- 1 Less than 1 year
 - 2 At least 1 year but less than 2 years
 - 3 At least 2 years but less than 5 years
 - 4 5 or more years
39. How much of the counseling or treatment your child got in the last 12 months was paid for by his or her health plan?
- 1 All of it was paid for
 - 2 Most of it was paid for
 - 3 Some of it was paid for
 - 4 None of it was paid for
40. In the last 12 months, did your child use up all his or her benefits for counseling or treatment?
- 1 Yes
 - 2 No → If No, Go to Question 43
41. At the time benefits were used up, did you think your child still needed counseling or treatment?
- 1 Yes
 - 2 No → If No, Go to Question 43
42. Were you told about other ways to get counseling, treatment, or medicine for your child?
- 1 Yes
 - 2 No
43. When your child joined this health plan or at any time since then, did your child get someone new for counseling or treatment?
- 1 Yes
 - 2 No → If No, Go to Question 45
44. 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?
- 1 A big problem
 - 2 A small problem
 - 3 Not a problem
45. In the last 12 months, did you need approval from your child's health plan for any counseling or treatment?
- 1 Yes
 - 2 No → If No, Go to Question 47
46. 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?
- 1 A big problem
 - 2 A small problem
 - 3 Not a problem
47. 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?
- 1 A big problem
 - 2 A small problem
 - 3 Not a problem
48. 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?
- 1 Yes
 - 2 No → If No, Go to Question 50
49. In the last 12 months, how much of a problem, if any, was it to find or understand this information?
- 1 A big problem
 - 2 A small problem
 - 3 Not a problem
50. 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?
- 1 Yes
 - 2 No → If No, Go to Question 52
51. 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?
- 1 A big problem
 - 2 A small problem
 - 3 Not a problem
52. In the last 12 months, did you have to fill out any paperwork about counseling or treatment for your child's health plan?
- 1 Yes
 - 2 No → If No, Go to Question 54
53. In the last 12 months, how much of a problem, if any, did you have with paperwork for your child's health plan?
- 1 A big problem
 - 2 A small problem
 - 3 Not a problem
54. 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 Worst health plan possible
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10 Best health plan possible