

**Experience of Care and Health Outcomes Survey
ECHO™**

Recommended Sampling and Administration Methodology

March 16, 2003

This document describes the recommended sampling and administration protocols for the Experience of Care and Health Outcomes Survey (ECHO™). Versions of the survey are available for adult enrollees of health insurance plans and managed behavioral healthcare organizations (MBHO) and can be downloaded from this website.

Sampling & Administration Protocol: 2 Options

There are two options recommended for administering the ECHO™ Survey:

Option 1: Sample & administer survey only to members who have received behavioral health services.

Option 2: Sample & administer survey to members who have received behavioral health services (80%) and members who have not received behavioral health services (20%).

We recommend survey sponsors use a vendor to administer the ECHO™ survey. Many survey vendors have a wealth of experience with the ECHO™ or similar surveys and populations. Survey vendors have the advantage of having experienced professionals on staff with the potential for producing a better product at a lower cost than could be accomplished in-house. In addition, hiring an outside vendor enhances the likelihood of obtaining unbiased, credible results. However, hiring an outside vendor means releasing names, addresses and phone numbers to an external organization. Many organizations are not allowed to release identifying information for individuals who have used mental health services or who have a psychiatric or substance abuse diagnosis or are precluded from doing so by state law.

Administration and sampling protocol Option 2 (mixing a sample of member who have received behavioral healthcare services with those who have not received behavioral healthcare services) was developed to help protect the confidentiality of behavioral health user information and minimize concern receiving a survey may cause. To implement this protocol, a stratified, disproportionate probability sample of plan members, with disproportionate sampling of those who have received behavioral health care services, is drawn. We recommend that 20% of the sample consist of members of the health plan who have not received behavioral health services and 80% members who have received behavioral health services. Information about service use or sample identifiers should be separated from the file that contains the member's contact information before it is sent to the survey vendor and maintained in a separate file. The vendor will receive a file that contains names, addresses and telephone numbers, but does not contain information about service use. The vendor will not be able to identify who has and who has not received services in the data file. A unique identifier should be maintained in the data sets so that the sponsor may later link the information for analytic purposes. Access to this information should be limited to few individuals.

When the survey is conducted for those in the 'mixed' sample, written contact materials and telephone interviewers can indicate that the member is part of a probability sample of general plan members. This may reduce or eliminate member concern about the release of sensitive information and prevent a potential breach of confidentiality by allowing members to choose whether or not they would like to identify themselves as having used behavioral services and provide feedback about those services. The

survey does not make any assumptions about service utilization and uses screener questions to allow respondents to indicate whether or not they received services.

We realize that some sponsors may not have access to the information to sample from the general plan membership. Additionally, we realize that sampling and surveying extra members will create additional costs. Therefore, a sponsor may choose to only sample and administer the survey to a group of members who have received behavioral health care services (Option 1). This may be a more cost-effective option for some sponsors that are not precluded from doing so by state laws.

The technical components of the sampling and administration protocols for both options are discussed below.

A. Technical Sampling Specifications: Sample Size

Tables 1 and 2 outline the recommended sample sizes for each protocol option: 1) members who have received services only and 2) combination of members who have and have not received services. The target number of completed surveys refers to those who have received services. If an organization has fewer members who received services than the recommended sample size, we recommend surveying all members who received services.

Option 1: Recommended sample sizes for selecting members who have received services only.

Table 1. Sample sizes by product line for the ECHO survey.

| Product Line | Sample Size for members who received behavioral health care services ^a | Total Sample Size | Expected number of completed surveys from members who received behavioral health care services ^b |
|--------------|---|-------------------|---|
| Commercial | 946 | 946 | 411 |
| Medicare | 946 | 946 | 411 |
| Medicaid | 1,183 | 1,183 | 411 |

a. Based upon an estimated 40% response rate for Medicaid members and a 50% response rate for commercial and Medicare members and an adjustment for 15% of members who received services during the past year according to administrative information, but report that they did not on the survey.

b. Computed based upon a detectable difference for most measures of 10%. The calculation assumes a two-tailed test of significance between two proportions using a significance level of 5% and 80% power. A normal approximation to the binomial with continuity correction was used in the calculation.

Option 2: Recommended sample sizes for selecting members a combination of members who have and have not received services.

Table 2. Sample sizes by product line for the ECHO survey.

| Product Line | Sample Size for members who received behavioral health care services (80%) ^a | Sample Size for members who <u>did not</u> receive behavioral health care services (20%) | Total Sample Size | Expected number of completed surveys from members who received behavioral health care services ^b |
|--------------|---|--|-------------------|---|
| Commercial | 946 | 237 | 1,183 | 411 |
| Medicare | 946 | 237 | 1,183 | 411 |
| Medicaid | 1,183 | 296 | 1,479 | 411 |

a. Based upon an estimated 40% response rate for Medicaid members and a 50% response rate for commercial and Medicare members and an adjustment for 15% of members who received services during the past year according to administrative information, but report that they did not on the survey.

b. Computed based upon a detectable difference for most measures of 10%. The calculation assumes a two-tailed test of significance between two proportions using a significance level of 5% and 80% power. A normal approximation to the binomial with continuity correction was used in the calculation.

B. Technical Sampling Specifications: Creating the Database:

Sponsors that utilize Option 2 (combination of members who have and have not received behavioral care services) will draw two samples and create two data files from their samples. Samples will need to be drawn for members who have received behavioral health care services and members who have not received services. The two samples will be combined and two databases created from the combined sample:

Database 1: Samples for survey administration:

This database combines the samples of members who have and have not received behavioral health care, including the member's name and contact information needed to administer the survey. This data file should not contain any information about behavioral health care service use. The data fields for Database 1 are:

1. Unique ID created (field must be maintained throughout the study)
2. Product line (commercial, Medicare, public assistance)
3. Product Type (HMO, POS, PPO, purchaser carve-out)
4. MBHO or health plan identification number
5. First Name
6. Middle Initial
7. Last Name
8. Home address
9. City
10. State
11. Zip code
12. Home telephone number
13. Gender
14. Date of Birth
15. Randnum – random sampling number generated during sampling step
16. Months of continuous enrollment

Database 2: Behavioral health service status:

This database should only include a unique case identifier, which corresponds to the identifier in Database 1, and a field identifying whether or not the member has received behavioral healthcare services. This data file should not be transmitted with Database 1 to the vendor. This file may be linked with the survey results once the identifying information has been removed. This information should not be linked by the sponsoring organization to prevent the possibility of linking the member's identifying information and their survey responses.

Sponsors that utilize Option 1 (members who have received behavioral health services only) will need to draw one sample and create only Database 1 to provide to the survey vendor.

Sponsors should create a unique identification number for each case in Database 1 and Database 2. The identification number should not match any identification numbers that are used internally by the members health plan or MBHO to identify the member's records or that could be used to identify the member, such as a social security or driver's license number.

C. Technical Sampling Specifications: Drawing the Sample:

Recommended criteria for selecting samples of members who have and members who have not received behavioral health care services are listed below. Sponsors using option 2 will need to draw a sample of members who have received behavioral care services and a sample of members who have not received behavioral care services. Sponsors using option 1 will only need to sample members who have used behavioral health care services.

Recommended criteria may be applied to develop sampling frames for each group to be surveyed. A sampling frame is the list of all unique individuals that are eligible to be in the sample. Each organization will draw a sample from each frame.

Options 1 and 2: Criteria to identify members who are eligible for inclusion in the sampling frame of members who received behavioral health care services:

To select individuals that are eligible for inclusion in the sampling frame, we recommend the following inclusion criteria be applied:

1. Enrollee must be 18 years old or older on January 1 of the current year.
2. A current enrollee of the organization when the sample was drawn.
3. The current enrollee must have been enrolled for the previous year. This criterion may be applied by including only members enrolled in the plan for the past year with no more than one gap in enrollment during the year. The one permitted gap in enrollment cannot exceed 45 days. Members switching products should be considered to be enrolled as long as there is no more than a single gap in enrollment that is longer than 45 days. A member must also enroll before March 15 with the time prior to their enrollment considered as the permitted gap, as long as no other gap exists the rest of the year.
4. Enrollee received ambulatory or outpatient and day/night behavioral health care services during the evaluation period. For our purposes, behavioral health services will be broadly defined to include mental health and chemical dependency services. Services for selection can include outpatient visits or treatment sessions, medications, partial or day/night treatment. The following administrative codes have been developed to identify patients who have received services:

Table 3. Administrative codes to identify individuals who have received ambulatory and day/night behavioral care services. (Reference: NCQA; HEDIS 2003, Volume 7).

| CPT codes | | ICD-9-CM Diagnosis Code | UB-92 Revenue Codes | | UB-92 Type of Bill Codes | HCFA 1500 Site of Service Codes | Type of service |
|---|-----|-------------------------|---------------------|-----|--------------------------|---------------------------------|--------------------------------------|
| 90801, 90802, 90804-90824, 90826-90829, 90845-90847, 90849, 90853, 90857, 90862, 90870-90871 99201-99205, 99211-99215, 99220, 99241-99245, 99347-99350, 99383-99387, 99393-99397, 99401-99404, 99420 | And | 290-316 | | | | | Day/Night Care & Ambulatory Services |
| | | | 912 or 913 | And | 13X or 43X | | Day/Night |

| CPT codes | | ICD-9- CM Diagnosis Code | UB-92 Revenue Codes | And | UB-92 Type of Bill Codes | HCFA 1500 Site of Service Codes | Type of service |
|-----------|--|-----------------------------------|---|-----|--------------------------------|------------------------------------|-----------------|
| | | | 450-452, 456, 459, 762, 900- 903, 909- 911, 914- 916, 918, 919, 944, 945 | | 13X or 43X | | Ambulatory |
| | | | | | | 11, 22, 23, 53, 71 or 72 | Ambulatory |

Sponsors may decide to limit the eligible members to those who received services from network providers or to those who received services from a specialty behavioral health care provider.

Option 2 only: Criteria to identify members who are eligible for inclusion in the sampling frame of members who did not receive behavioral health care services:

1. Exclude members and household members of those who received specialty behavioral health care services (see above).
2. Enrollee must be 18 years old or older on January 1 of the current year.
3. A current enrollee of the organization when the sample was drawn.
4. The current enrollee must have been enrolled for the previous year. This criterion may be applied by including only members enrolled in the plan for the past year with no more than one gap in enrollment during the year. The one permitted gap in enrollment cannot exceed 45 days. Members switching products should be considered to be enrolled as long as there is no more than a single gap in enrollment that is longer than 45 days. A member must also enroll before March 15 with the time prior to their enrollment considered as the permitted gap, as long as no other gap exists the rest of the year.

We recommend surveying only one member from each household. If more than one member was selected from the same household, randomly select one member for inclusion in the sampling frame. Members from the same household can usually be identified by the subscriber identification number that plans carry to identify subscribers and their dependents. If a subscriber number is not available, searches may also be conducted using telephone number and/or home address.

Option 1 and 2: Drawing the sample from each sampling frame:

For each sampling frame that was created in previous steps:

1. Sort the file by last name, first names and date of birth
2. Create a random number variable (Randnum) for each record in the sampling frame. The random number should be between 0 and 1 with 20 decimal places. This created variable must be randomly generated (most software packages provide this option).
3. Sort the file from the smallest random number to the largest. The Randnum variable should be submitted with the Database 1.

4. Select the number of cases needed for the administration option selected (See tables 1 and 2 above)

D. Minimizing the time lag between sampling and administration:

It is important that the time lag between the completion of the sampling procedure and beginning of the administration protocol is minimal. Respondents were sampled based upon services they received according to administrative records and are asked to report about services received in the past 12 months. If there is a significant lag between the completion of the sampling and the beginning of the administration of the survey, a high proportion of respondents who received services according to administrative data may indicate that they did not receive services. The result may be a significant reduction in the number of surveys that are eligible for analysis.

E. Administration protocol:

The recommended administration protocol for the ECHO Survey is a mixed mode approach. Both mail and telephone modes of data collection are used to maximize response rates. A single mailing of the survey and telephone follow-up of non-respondents to the mailing to attempt to complete the survey is recommended. Since only a single survey mailing is utilized, the field period is also much shorter (8 weeks). Sponsors may choose to increase the number of survey mailings to improve the mail response.

The recommended administration strategy, is similar for both administration options. However, surveying a combined sample of members who have received behavioral care services and members who have not received behavioral care services (Option 2) or only a sample of members who have received behavioral care services (Option 1) will affect the contact materials (letters & postcards) and telephone interviewer scripts. Examples of these materials are listed on the following pages. The administration protocol is described below.

| Recommended Survey Tasks: | Timeframe: |
|---|-------------------|
| Send questionnaire with cover letter & fact sheet to the respondent | 0 days |
| Send a postcard reminder to all respondents | 7 days |
| Initiate computer-assisted telephone interviewing for non-respondents, such that at least 8 telephone calls are attempted at different times of the day and on different days of the week | 15 days |
| Telephone follow-up is completed (complete interviews obtained or maximum call numbers reached for all non-respondents) | 56 days |

Telephone interviewers should be trained to on leaving confidential messages for the respondent. Survey vendors should also have a protocol for crisis referrals to the provider organization if the interviewer encounters a member who needs immediate counseling. The need for crisis referrals is very rare, however, interviewers should not attempt to diagnose or counsel the member and interviewers must ask for the member’s permission to contact someone to get help for the member.

A single page of six items about the member's general health care has been developed for organizations that are planning to use Option 2 and survey a blended sample of members who received and did not receive behavioral health care services. It may be confusing and perhaps raise concern among members, especially those who did not receive services, if they were sent a survey that was not at all applicable to them. A set of 6 items has been developed for the first page of the survey that may be used to transition these members into the behavioral health care specific items.

Examples of Contact Materials

Option 1:

Members who received behavioral care services only

Name
Address
City, State ZIP

Date

Dear <<firstname>> <<lastname>>:

IF MBHO SPONSOR, PARAGRAPH 1: <<MBHO>> is sponsoring a study of the quality of health care services provided to its members. Your health insurance plan works with <<MBHO>> to insure that you get the counseling or treatment that you may need. To help us serve you better, we would like to hear about your experiences with our services.

IF HEALTH PLAN SPONSOR, PARAGRAPH 1: <<health plan name>>, is sponsoring a study of the quality of health care services provided to its members to insure that they get the counseling or treatment that they may need. To help us serve you better, we would like to hear about your experiences with our services.

Enclosed is a questionnaire that asks you about your counseling or treatment and <<organization=MBHO or health plan name>>. We would appreciate it if you would take the time to fill out the survey and return it in the envelope provided. Your participation is the only way we can learn how we are doing. You were randomly selected as part of a study of members who received services through <<organization>>. **Your participation is, of course, voluntary, and your benefits and services will not be affected in any way, whether or not you choose to participate.**

The responses you provide will go to <<VENDOR>>, an independent research organization, and will be combined with the information we get from others. Your individual answers will never be disclosed. All information about you will be strictly **confidential**.

If we do not receive a response within the next few weeks, an interviewer from <<VENDOR>> will attempt to contact you by telephone to complete the survey. **If at any time you decide that you would prefer not to participate**, simply return the blank survey in the envelope provided. We will make no further attempts to contact you.

We hope you will take this opportunity to tell us about the quality of your health care services. If you would like to know more about the survey, please contact <<organization representative>> at 1-800-xxx-xxxx, or, if you have specific questions about filling out the survey, please contact <vendor representative>> <<Vendor>> at 1-888-xxx-xxxx.

Sincerely,

<<Organization Representative>>

Experience of Care and Health Outcomes Survey



Dear Member,

About a week ago, we mailed you an *Experience of Care and Health Outcomes Survey*.

If you have already completed and returned the survey, thank you very much for participating.

If you have already told us that you do not want to participate, you will not be contacted again.

If you have not completed the survey, please do so today. It is extremely important that we hear from you so the results can accurately represent all plan members.

If you did not receive the survey, or if you need another copy, please call 1-888-xxx-xxxx and we will mail another survey to you today.

VENDOR REPRESENTATIVE

Fact Sheet

EXPERIENCE OF CARE AND HEALTH OUTCOMES SURVEY

Who is doing the study? IF MBHO SPONSOR: <<MBHO>> is sponsoring a study of health care services provided to its members. Your health plan works with <<MBHO>> to ensure that you get the counseling or treatment that you may need. <<MBHO>> has asked <<VENDOR>> to collect data from members about their experiences with their counseling or treatment.

IF HEALTH PLAN SPONSOR: : <<Health plan name>>, is sponsoring a study of health care services provided to its members to ensure that they get the counseling or treatment that they may need. <<Health plan name>> has asked <<VENDOR>> to collect data from members about their experiences with their counseling or treatment.

What is the purpose? To learn about the experiences members have with the people from whom they have received counseling or treatment. The results of this survey will be used to give feedback to the plan to help improve the quality of care.

How was I selected? You are part of a scientific sample of adults who received services through <<organization= MBHO or health plan name>>. You were chosen by chance, but your experiences will be combined with those of other members to give us an accurate picture of how your health plan is performing for people who need counseling or treatment.

What kinds of questions will be asked? We will ask about any experiences you have had with getting the counseling or treatment you needed and how you rate the counseling or treatment you did receive. There are no right or wrong answers.

How long will it take? The survey should take 10-15 minutes to complete.

Are my answers confidential? Absolutely. Your answers will never be used in any way that could be linked to you or your individual household. They will be combined with answers from other surveys to make a statistical report.

Do I have to answer? No. Your help is completely voluntary. Your decision to participate will not affect your coverage in any way.

If you would like to know more about the survey, please contact <<organization REPRESENTATIVE>> or, if you have specific questions about filling out the survey, please contact <<VENDOR REPRESENTATIVE>>.

Sample Script for Locating Respondent in Household

>conf< Hello, my name is _____. I'm calling from <<VENDOR>>.
I'd like to speak with Firstname Lastname. Is that you?

<1> YES [goto expl]
<5> NO [goto getR]

>getR< May I speak with Firstname Lastname?

<1> R AVAILABLE [goto expl]
 <5> R NOT AVAILABLE

>cb< I'm calling as part of a study to find out how satisfied members are
with the care and services they receive. When would be a better time to
reach Firstname Lastname?

SET UP CALLBACK FOR BETTER TIME AND EXIT

>expl< REINTRODUCE SELF IF NECESSARY
I'm calling about a study we are conducting with <<organization=MBHO or
health plan name>> about the counseling and treatment you have received
through <<organization>>.

We recently sent you a questionnaire in the mail. Because many people find
it easier to do things like this over the phone, we're calling to see if we
could ask you the questions now.

<1> PROCEED WITH INTERVIEW [goto int1]
<5> R HAS COMPLETED MAIL SURVEY ALREADY [goto mail]

>mail< Thank you very much. We'll hope to receive your questionnaire in the
next week or so. We may call you in a couple of weeks if it still
hasn't arrived.

THANK R AND EXIT

Introduction to Telephone Interview and Informed Consent

>int1< Before we begin the interview, there are a couple of important things I need to tell you.

IF MBHO SPONSOR: We are working on this study with <<MBHO>>, a group who provides members of your health plan with counseling and treatment services.

IF HEALTH PLAN SPONSOR: We are working on this study with your health insurance plan, <<health plan name>>.

Your answers are very important to our study. This interview is about the quality of services you receive.

>int2< Your participation in this survey is completely voluntary and your responses will be kept strictly confidential. Your name and phone number are not included as part of the survey, so you will not be identified in any way in the results.

Your decision to participate will not affect any benefits you now receive or expect to receive in the future.

It is important that your answers be accurate. Take your time and be sure to ask me if you are not sure what a question means or what kind of answer is wanted. If there is any question you would prefer not to answer, just tell me and I will go on to the next question.

>int3< The questions should take about 10 to 15 minutes to answer, but some people have more to say than others.

I also need to inform you that my supervisor may monitor some portion of the interview to ensure all the interviews are being done in exactly the same way. That is part of our quality control system.

Do you have any questions before I start?

PROCEED TO FIRST QUESTION

Examples of Contact Materials

Option 2:

Combined sample of members who received behavioral care services and members who did not receive behavioral health care services

Name
Address
City, State ZIP

Date

Dear <<firstname>> <<lastname>>:

IF MBHO SPONSOR: <<MBHO>> is sponsoring a study of the quality of health care services provided to its members. Your health insurance plan works with <<MBHO>> to insure that you get any counseling or treatment that you may need. We would like to hear about your experiences with our services.

IF HEALTH PLAN SPONSOR: <<Health plan name>> is sponsoring a study of the quality of health care services provided to its members to insure that they get any counseling or treatment that they may need. We would like to hear about your experiences with our services.

Enclosed is a questionnaire that asks you about your health care and counseling or treatment and <<Organization=MBHO or health plan name>>. We would appreciate it if you would take the time to fill out the survey and return it in the envelope provided. Your participation is the only way we can learn how we are doing. You were randomly selected as part of a study of <<Organization>> members. **Your participation is, of course, voluntary, and your benefits and services will not be affected in any way, whether or not you choose to participate.**

The responses you provide will go to <<VENDOR>>, an independent research organization, and will be combined with the information we get from others. Your individual answers will never be disclosed. All information about you will be strictly **confidential**.

If we do not receive a response within the next few weeks, an interviewer from <<VENDOR>> will attempt to contact you by telephone to complete the survey. **If at any time you decide that you would prefer not to participate**, simply return the blank survey in the envelope provided. We will make no further attempts to contact you.

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What is the purpose? To learn about the experiences members have with the people from whom they have received health care and counseling or treatment. The results of this survey will be used to give feedback to the plan to help improve the quality of care.

How was I selected? You are part of a scientific sample of adults who are members of <<Organization>>. You were chosen by chance, but your experiences will be combined with those of other members to give us an accurate picture of how <<Organization=health plan or MBHO name>> is performing for people who need counseling or treatment.

What kinds of questions will be asked? We will ask about experiences you have had with getting the counseling or treatment you may have needed or received. There are no right or wrong answers.

How long will it take? The survey should take 10-15 minutes to complete.

Are my answers confidential? Absolutely. Your answers will never be used in any way that could be linked to you or your individual household. They will be combined with answers from other surveys to make a statistical report.

Do I have to answer? No. Your help is completely voluntary. Your decision to participate will not affect your coverage in any way.

If you would like to know more about the survey, please contact <<Organization REPRESENTATIVE>> or, if you have specific questions about filling out the survey, please contact <<VENDOR REPRESENTATIVE>>.

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We recently sent you a questionnaire in the mail. Because many people find
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Your answers are very important to our study. This interview is about the quality of services you receive.

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Your decision to participate will not affect any benefits you now receive or expect to receive in the future.

It is important that your answers be accurate. Take your time and be sure to ask me if you are not sure what a question means or what kind of answer is wanted. If there is any question you would prefer not to answer, just tell me and I will go on to the next question.

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I also need to inform you that my supervisor may monitor some portion of the interview to ensure all the interviews are being done in exactly the same way. That is part of our quality control system.

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