



2011 Oregon Youth Services Survey for Families and Youth Services Survey

**Oregon Health Authority, Addictions and
Mental Health Division**

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Presented to the Oregon Health Authority,
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EXECUTIVE SUMMARY

In mid-2011, the Addictions and Mental Health Division (AMH) surveyed family members¹ of children enrolled in the Oregon Health Plan (OHP) about their perceptions of the mental health services delivered to their children between July and December 2010. For the first time, AMH also surveyed young people ages 14 to 17 years about their perceptions of services they received in the same period.

Survey responders had the option of filling out a paper questionnaire or completing an online survey form. The Youth Services Survey for Families (YSS-F) received 2,691 responses from family members, for an overall response rate of 19 percent. The Youth Services Survey (YSS) received 584 responses from among the 4,753 young people contacted, for a response rate of 12 percent.

This report focuses primarily on the results of the YSS-F survey. A special section describing the YSS results begins on page 53.

AMH identified each child in the survey group as being enrolled in a Mental Health Organization (MHO) through which he or she most recently received services (July to December 2010), except when AMH did not identify an MHO for the child, or when a child was classified as fee-for-service (FFS).

The YSS-F instrument asked questions related to family members' perception of services managed by the MHOs in seven performance domains:

- access to services
- appropriateness of services
- cultural sensitivity
- daily functioning
- family participation in treatment
- social connectedness
- treatment outcomes

The 2011 survey built on previous surveys by asking family members to report their perceptions of the *coordination of services* among different mental healthcare providers; between mental and physical healthcare providers; and between mental healthcare providers and state government agencies that provide other services for children, including child welfare, the Oregon Youth Authority (OYA), local

¹ The survey was mailed to parents and guardians, as well as to residential treatment centers. This report refers to survey responders as “family members” or “caregivers” throughout.

juvenile justice, education, developmental disabilities services, and substance abuse treatment.

The YSS, like the YSS-F, includes a cluster of questions designed to assess the young people's perceptions of various aspects of access, appropriateness, cultural sensitivity, participation, and outcomes.

AMH will use the survey findings to help guide its ongoing efforts to improve the quality of state-funded mental health services and supports for children and their families.

Highlights of the survey results

- In 2011, YSS-F domain scores rose in three domains: appropriateness of services, treatment outcomes, and daily functioning. Scores stayed the same in three domains: cultural sensitivity, treatment participation, and social connectedness. Scores fell slightly in the access to services domain.
- YSS scores were calculated for the first time in 2011. Two domains—appropriateness of services and treatment outcomes—were scored higher by youths completing the YSS than by caregivers completing the YSS-F.
- For children in outpatient treatment, YSS-F domain scores were below those of the psychiatric day treatment group for appropriateness of services, treatment participation, cultural sensitivity, and social connectedness. As in 2010, the residential group sample was too small to calculate domain scores.
- Among MHOs, Washington County Health and Human Services received the highest YSS-F domain scores in 2011 for treatment outcomes, cultural sensitivity, and daily functioning. FamilyCare had score increases in the largest number of domains (six) from 2010 to 2011.
- Families of male children responded more positively to survey items in three of the YSS-F domains—appropriateness of services, treatment participation, and cultural sensitivity—than did families of female children.
- For the YSS, FamilyCare had the highest scores among MHOs in three domains: appropriateness of services, treatment participation, and cultural sensitivity. In general, the scores reported by the young responders for each MHO differed little from the scores given to the MHO by the caregivers responding to the YSS-F.
- Among YSS-F responders, 48 percent reported coordination of care between their mental and physical healthcare service providers, and 36 percent

reported coordination between their children’s mental health services and special education providers.

- In 2011, 93 percent of YSS-F responders whose children were treated in outpatient settings were satisfied with the coordination of care between their children’s mental and physical healthcare providers, and 76 percent were satisfied with coordination between mental health and substance abuse treatment providers.
- Among youths responding to the YSS, 54 percent reported being on medication for emotional/behavioral problems, and 2 percent reported being homeless at some time during the previous six months.

INTRODUCTION

The Mental Health Statistical Improvement Project (MHSIP) designed the YSS-F survey to measure the perceptions of family members of children who receive mental health services.² The survey assesses performance in seven domains:

- access to services
- appropriateness of services
- cultural sensitivity
- daily functioning
- family participation in treatment
- social connectedness
- treatment outcomes

AMH has used the YSS-F since 2002 to measure family members' perceptions of outpatient mental health services received by their children. In 2005, AMH widened the scope of the YSS-F by

- including in the survey population the families of children who received services in psychiatric residential and psychiatric day treatment facilities
- adding questions about the coordination of services for children, both within the mental health system and between mental healthcare providers and other state-funded agencies

In 2007, AMH again expanded the scope of the YSS-F by adding questions about social connectedness, a new domain recommended by the National Association of State Mental Health Program Directors. AMH also added questions about each child's school attendance, arrest history, and use of alcohol or illegal drugs. (For analysis of responses to these additional questions, see Appendix A.) Beginning in 2010, AMH asked Acumentra Health to analyze and report responses about the daily functioning domain.

For 2011, AMH made no changes to the survey questions or the method of calculating domain scores. However, for the first time, Acumentra Health fielded an online version of the survey. Availability of this online version did not significantly affect response rates; the overall percentage of those contacted who completed the survey was the same as in 2010, 19 percent.

² The YSS-F is endorsed by the National Association of State Mental Health Program Directors. For more information, see the MHSIP website at www.mhsip.org.

Clinicians and researchers consider coordination of services for children who need mental health care a best practice for improving mental health outcomes. AMH focused on care coordination as part of the Children’s System Change Initiative and continues to do so under the Statewide Children’s Wraparound Initiative and the Integrated Services and Supports Rule (ISSR).

The Statewide Children’s Wraparound Initiative,³ enacted into law in 2009, aims to establish an integrated, community-based system of coordinated services for children with complex mental health needs. The initiative was implemented in three project demonstration sites focusing on children in Oregon’s foster care system.

The ISSR was established to “(a) Promote recovery, resiliency, wellness, independence and safety for individuals receiving addictions and mental health services and supports; (b) Specify standards for services and supports that are person-directed, youth guided, family-driven, culturally competent, trauma-informed and wellness-informed; and (c) Promote functional and rehabilitative outcomes for individuals throughout a continuum of care that is developmentally appropriate.”⁴

³ See www.oregon.gov/OHA/mentalhealth/wraparound/main.shtml. Accessed December 29, 2011.

⁴ OAR 309-032-1500. Available at www.oregon.gov/OHA/addiction/rule/issr-rule.pdf. Accessed December 29, 2011.

METHODOLOGY

As part of its ongoing monitoring of the quality of mental health services provided for young people through the OHP, AMH contracted with Acumentra Health to survey family members of children who received mental health services between June and December 2010, as identified by claims and encounter data from the Division of Medical Assistance Programs (DMAP).

The YSS-F survey instrument presents questions designed to measure responder perception of the performance and services of mental health treatment providers in the domains of access to services, family participation in treatment, cultural sensitivity, appropriateness of services, social connectedness, treatment outcomes, and daily functioning. The survey uses a 5-point Likert scale, with responses ranging from “Strongly Agree” (5) to “Strongly Disagree” (1).

Appendix C presents the English and Spanish versions of the 2011 YSS-F questionnaire.

Survey data security and quality assurance procedures

Acumentra Health stored the electronic data for this survey in an Access database on a secure server. Only authorized staff, including the project manager, data analyst, and data entry staff had access to the database. Acumentra Health kept the original paper copies of the surveys in a secure location.

Data entry staff members were trained on entering the survey data, and other staff checked every 10th survey to ensure consistent and correct data entry. Acumentra Health maintained data quality on two tiers. First, built-in data checks in the database and online survey software ensured that only valid field values could be entered, and enforced the use of custom codes to note missing or out-of-range data. For example, the application checked to make sure that the field corresponding to Question 1 was coded with 1–5 (Strongly Disagree to Strongly Agree), or 9 for NA, or 0 for missing or invalid response on the paper copy.

Second, SAS recheck programs written by the data analyst scanned each field of each survey response and checked for missing and out-of-range data or logic check problems.

Survey methods

The 2011 survey population included family members of 14,212 children who received OHP mental health services between July and December 2010, plus 5,210 young people aged 14 to 17 who received services during that period.

AMH classified the children according to the setting in which they received mental health services:

- The *Psychiatric Residential Treatment* group consisted of children who received at least one day of psychiatric residential treatment services.
- The *Psychiatric Day Treatment* group consisted of children who received at least one day of psychiatric day treatment services, but who did not receive psychiatric treatment in residential services.
- The *Outpatient Treatment* group consisted of children who received only outpatient mental health services.

AMH also identified each child in the survey group as being enrolled in a given MHO when he or she received the most recent service (prior to the questionnaire), except when AMH did not identify the MHO, or when a child was classified as FFS.

In June 2011, Acumentra Health mailed letters to family members and young people informing them about survey objectives. The letters instructed recipients about how to access the online survey using a unique password, and informed recipients that if they did not complete the online survey within three weeks, they would receive a paper questionnaire by mail. Letters sent to the young people offered them a \$5 gift card as an incentive for completing the online survey. The letters were written in English or Spanish, depending on the family's language preference identified in the DMAP enrollment data. A list of children served in residential settings was sent to each facility to obtain the current address of the parent or guardian.

In July 2011, Acumentra Health mailed the first follow-up letter to family members, including a YSS-F survey form, again offering recipients the online option. After filtering out incorrect addresses and responders who had returned the survey, Acumentra Health mailed a second survey form to non-responding family members in August. Young people received a single follow-up letter with a YSS survey form in mid-September.

Survey response

From the 14,212 YSS-F surveys mailed to valid addresses, 2,691 responders returned a survey form or completed the survey online by the completion deadline, for an overall response rate of 19 percent. Acumentra Health’s survey analysis excluded data from surveys received after the October 7 deadline. The response rate was highest for children in the 13- to 15-year-old age group (20 percent) and lowest for those aged 5 or younger (16 percent).

Details of the YSS survey response appear on pages 54–55.

In 2010, AMH contracted with nine MHOs to manage the delivery of mental health services through the OHP:

- Accountable Behavioral Health Alliance (ABHA)
- Clackamas Mental Health Organization (CMHO)
- FamilyCare, Inc.
- Greater Oregon Behavioral Health, Inc. (GOBHI)
- Jefferson Behavioral Health (JBH)
- LaneCare
- Mid-Valley Behavioral Care Network (MVBCN)
- Multnomah Verity Integrated Behavioral Healthcare Systems (VIBHS)
- Washington County Health and Human Services (WCHHS)

Table 1 displays the YSS-F survey responses from family members whose children received outpatient, psychiatric residential, and psychiatric day treatment services through assigned MHOs. Note: This table excludes responses from the family members of 63 children for whom AMH did not identify an MHO, or whom AMH classified as FFS. However, those responses are included in the analysis of statewide data.

Table 1. YSS-F response rate by MHO.

MHO	Number of responses	Number of surveys sent	Response rate
ABHA	213	1088	20%
CMHO	146	842	17%
FamilyCare	262	1160	23%
GOBHI	246	1336	18%
JBH	340	1721	20%
LaneCare	385	1858	21%
MVBCN	519	2788	19%
VIBHS	370	2125	17%
WCHHS	200	1231	16%

Table 2 presents the YSS-F survey response rate by the type of facility in which the responder's child received treatment. Table 3 shows response rates by certain demographic variables of the enrollee.

Table 2. YSS-F response rate by treatment setting.

Setting	Number of responses	Number of surveys mailed	Response rate
Outpatient	2621	13,867	19%
Psychiatric Day	52	262	20%
Psychiatric Residential	18	83	22%

Table 3. YSS-F response rate by demographic characteristics.

Characteristic		Number of responses	Number of surveys mailed	Response rate
Gender	Female	1231	6389	19%
	Male	1460	7823	19%
Age group	0–5	204	1257	16%
	6–12	1351	6995	19%
	13–15	646	3302	20%
	16–18	490	2658	18%
Race	Racial minorities	223	1296	17%
	White (Caucasian)	1960	10,124	19%
Location of residence*	Rural	1096	5563	20%
	Urban	1567	8545	18%

* Indicates a statistically significant difference ($p < .05$) in response rates among demographic groups.

Data analysis

Acumentra Health calculated scores of the responders' perception of the services provided for each performance domain, with higher Likert scores representing higher levels of positive perception (e.g., 4 = "Agree" and 5 = "Strongly Agree"). Data from surveys lacking responses for more than one-third of the items for a domain were excluded from the analysis of a domain.

Domain scores were calculated for a particular responder by averaging the scores on all answered items for a domain (as long as fewer than one-third of the items lacked responses). An average score greater than 3.5 represented positive perception of mental health services provided for the child in that domain. That is, the domain score is the percentage of family members who reported an average positive value (>3.5) for that domain.

For example, the treatment participation domain contains three items:

- “I helped to choose my child’s services.”
- “I helped to choose my child’s treatment goals.”
- “I participated in my child’s treatment.”

A responder’s score for this domain was calculated if the responder reported a score for at least two of the three items in the domain. If a responder answered all three and reported the scores 3, 4, and 5, respectively, the average of those scores would be $(3+4+5)/3 = 4$. Since 4 is greater than 3.5, this responder would be considered as positively perceiving within the participation domain.⁵

Acumentra Health used univariate analysis to examine demographic variables and other frequencies; cross-tabulations to examine the relationship between and among different variables; and chi-square analyses to identify statistically significant differences.

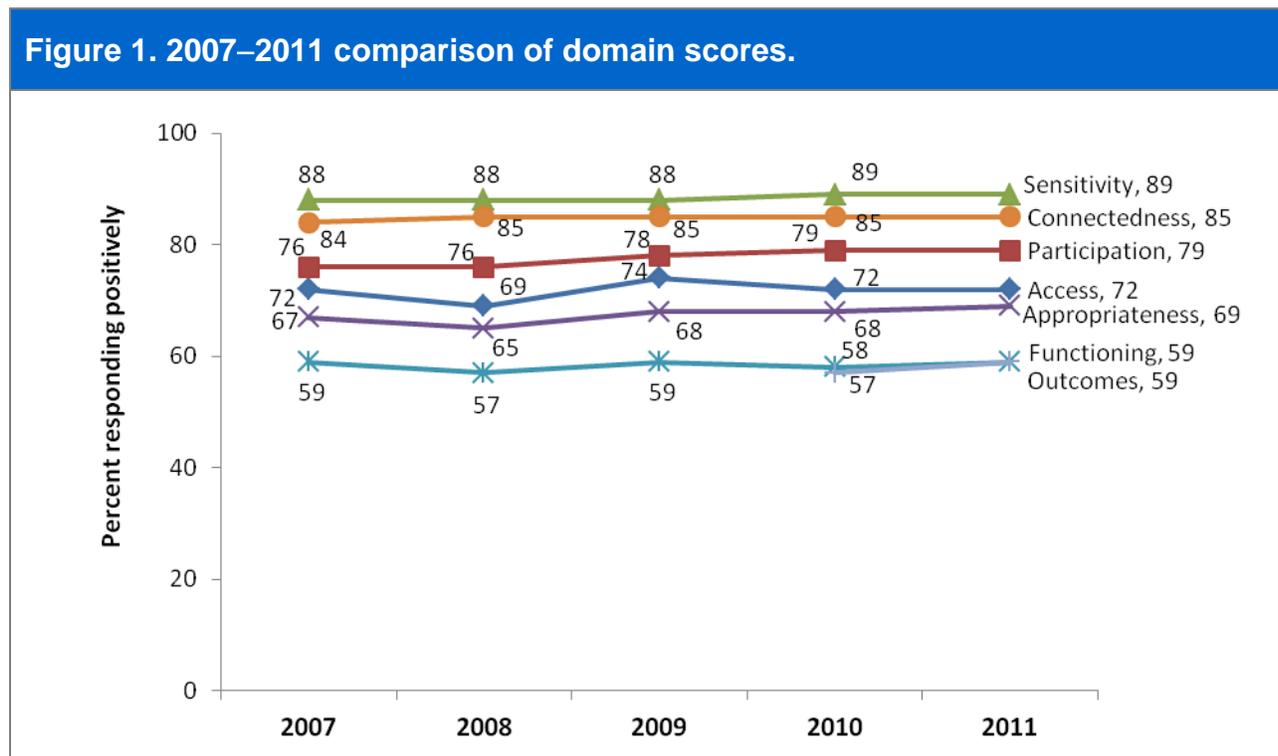
NOTE: The domain scores reported here are sample scores, not the true population scores. Changes or differences in domain scores can merely represent sample score differences, without any actual change in the true domain score of the population of interest. To detect changes in the population score or differences in different populations’ domain scores, Acumentra Health performed statistical tests, usually chi-square tests of proportions. Any significant results are noted in each table.

⁵ The number of responses reported in each data table may be lower than the total number of survey responders, as some responders may not have answered all items needed to calculate a particular domain score.

2011 YSS-F RESULTS

Domain scores

Figure 1 shows that in 2011, a large proportion of family members reported positive perceptions of treatment in all domains. Compared to 2010, scores in the treatment outcomes, appropriateness, and daily functioning domains increased slightly. Overall, domain scores have remained relatively stable over the past five years. Table B-1 in Appendix B presents these data in tabular form.



Note: Functioning domain scores were reported first in 2010.

Domain scores by treatment setting

Table B-2 in Appendix B shows the domain scores of survey responders whose children received treatment in outpatient settings, within each performance domain, from 2004 to 2011. No comparable data are available before 2005 from family members whose children received treatment in psychiatric residential and psychiatric day treatment settings.

Table 4 on page 14 shows the 2011 domain scores, with the 95 percent confidence intervals (CIs), by treatment setting. The CI indicates the upper and lower limits

within which the score would be expected to fall 95 times if 100 identical surveys were conducted.

For 2011 as in 2010, the small sample for the residential group prevented the calculation of domain scores. Outpatient children's group scores were not strikingly different from scores for the children in the psychiatric day treatment group. Statistical significance testing found that the social connectedness score for the outpatient children's group was significantly below the scores for the children in psychiatric day treatment and children in psychiatric residential treatment combined.

Table 5 compares 2010 and 2011 domain scores for family members whose children received treatment in each treatment setting. In 2011, the largest increase occurred in the social connectedness score for children in the psychiatric day treatment group, which rose by 13 percent. This also represented the only statistically significant increase for any domain in any treatment setting. For the outpatient children's group, scores rose in three of the seven domains: treatment outcomes, appropriateness of services, and daily functioning.

Table 4. Domain scores by treatment setting, with 95 percent CI, 2011.

Setting	Appropriateness (CI)	Treatment outcomes (CI)	Participation (CI)	Cultural sensitivity (CI)	Access (CI)	Social connectedness (CI)	Daily functioning (CI)
Outpatient	69 (68-71)	59 (57-61)	79 (78-81)	89 (88-90)	72 (70-74)	85 (84-86)*	59 (57-61)
Psychiatric Residential**	NA	NA	NA	NA	NA	NA	NA
Psychiatric Day	73 (61-85)	56 (42-69)	85 (75-94)	94 (87-100)	63 (50-77)	94 (88-100)	56 (42-69)
Aggregate	69 (68-71)	59 (57-61)	79 (78-81)	89 (88-90)	72 (70-73)	85 (84-87)	59 (57-61)

* Indicates a statistically significant difference ($p < .05$) in responders' scores for this treatment setting compared to the other treatment settings as a group.

** Sample size for the 2011 residential population was too small to calculate domain scores.

Table 5. Domain scores by treatment setting, 2010–2011.

Setting	Appropriateness		Treatment outcomes		Participation		Cultural sensitivity		Access		Social connectedness		Daily functioning	
	2010	2011	2010	2011	2010	2011	2010	2011	2010	2011	2010	2011	2010	2011
Outpatient	68	69	58	59	79	79	89	89	73	72	86	85	57	59
Psychiatric Residential**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Psychiatric Day	64	73	61	56	79	85	87	94	74	63	81	94*	61	56
Aggregate	68	69	58	59	79	79	89	89	73	72	85	85	57	59

* Indicates a statistically significant difference ($p < .05$) in responders' scores for this treatment setting for 2011 compared to 2010.

** Sample size for 2011 residential population was too small to calculate domain scores.

MHO domain scores

Figures 2–8 show the 2011 scores for each domain by MHO, with the 95 percent CI. Statistically significant differences were found among the MHOs' domain scores, as shown. Analysts used three testing approaches. First, chi-square tests for each domain compared each MHO's score with every other MHO's score individually. Second, overall chi-square tests measured differences among the MHOs in the percentages of family members who responded positively. Third, each MHO's score was tested against the combined score of all other MHOs. The third approach was thought best to show which MHOs might stand out from the others within a domain, and the data tables show results based on that approach. Note that these scores probably rate responders' perceptions of services delivered by the MHO's contracted service providers rather than perceptions of the MHO itself.

In 2011, WCHHS received the highest scores for treatment outcomes, cultural sensitivity, and daily functioning. WCHHS tied with MVBCN for the highest scores in the treatment participation domain, and tied with LaneCare for the highest score in social connectedness. ABHA received the lowest scores in the treatment outcomes, access to services, and daily functioning domains.

Figures 9–17 (pages 23–37) show the past five years' domain scores for each MHO. From 2010 to 2011, the MHOs' aggregate scores improved slightly in two domains, treatment outcomes and daily functioning. FamilyCare had score increases in the largest number of domains (six) from 2010 to 2011. Scores for GOBHI decreased in five domains from 2010 to 2011. Trend testing revealed that the changes in WCHHS's scores for treatment outcomes and for daily functioning from 2010 to 2011 were statistically significant, as was the change in ABHA's score for cultural sensitivity.

Figure 2. MHO domain scores: Appropriateness.

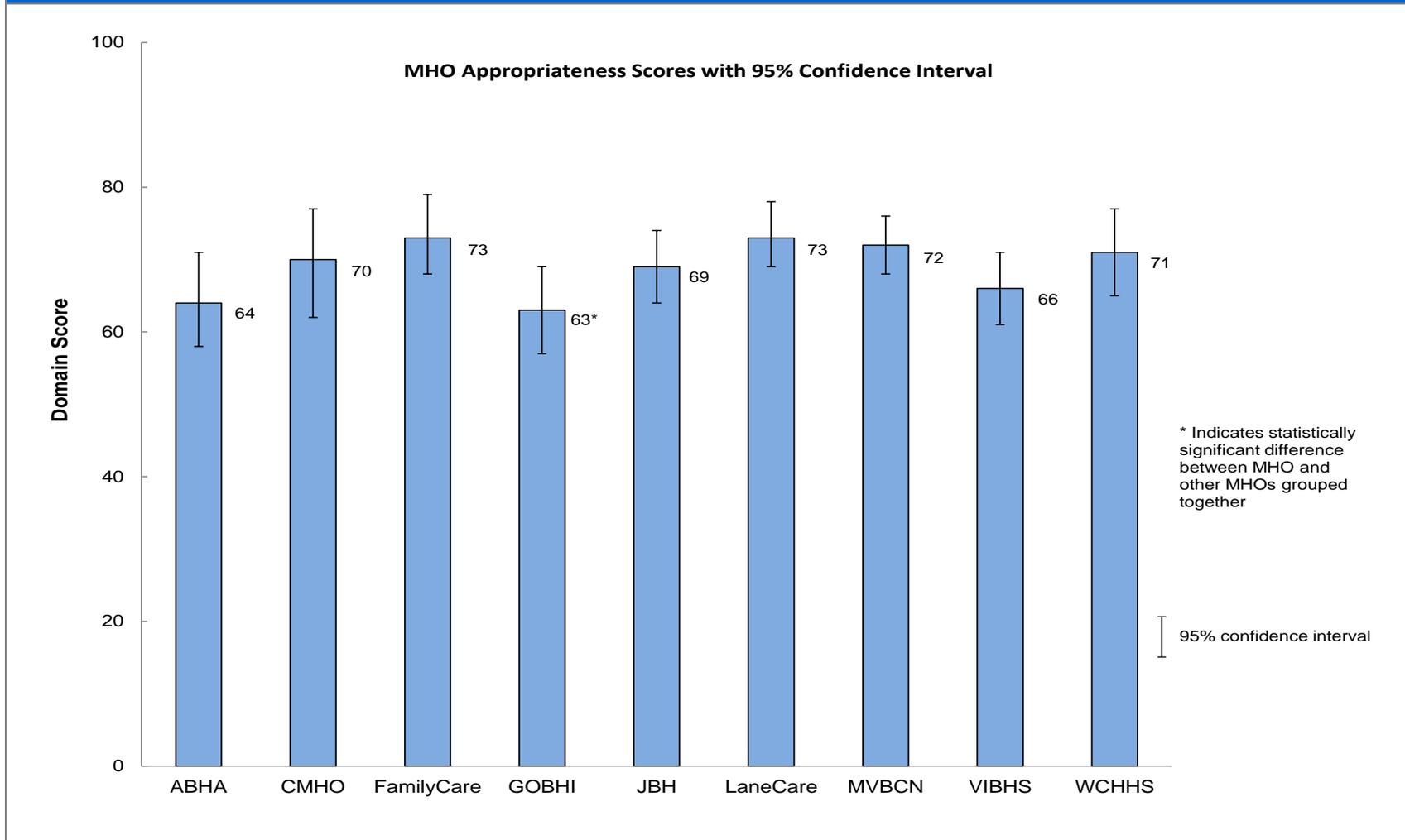


Figure 3. MHO domain scores: Outcomes.

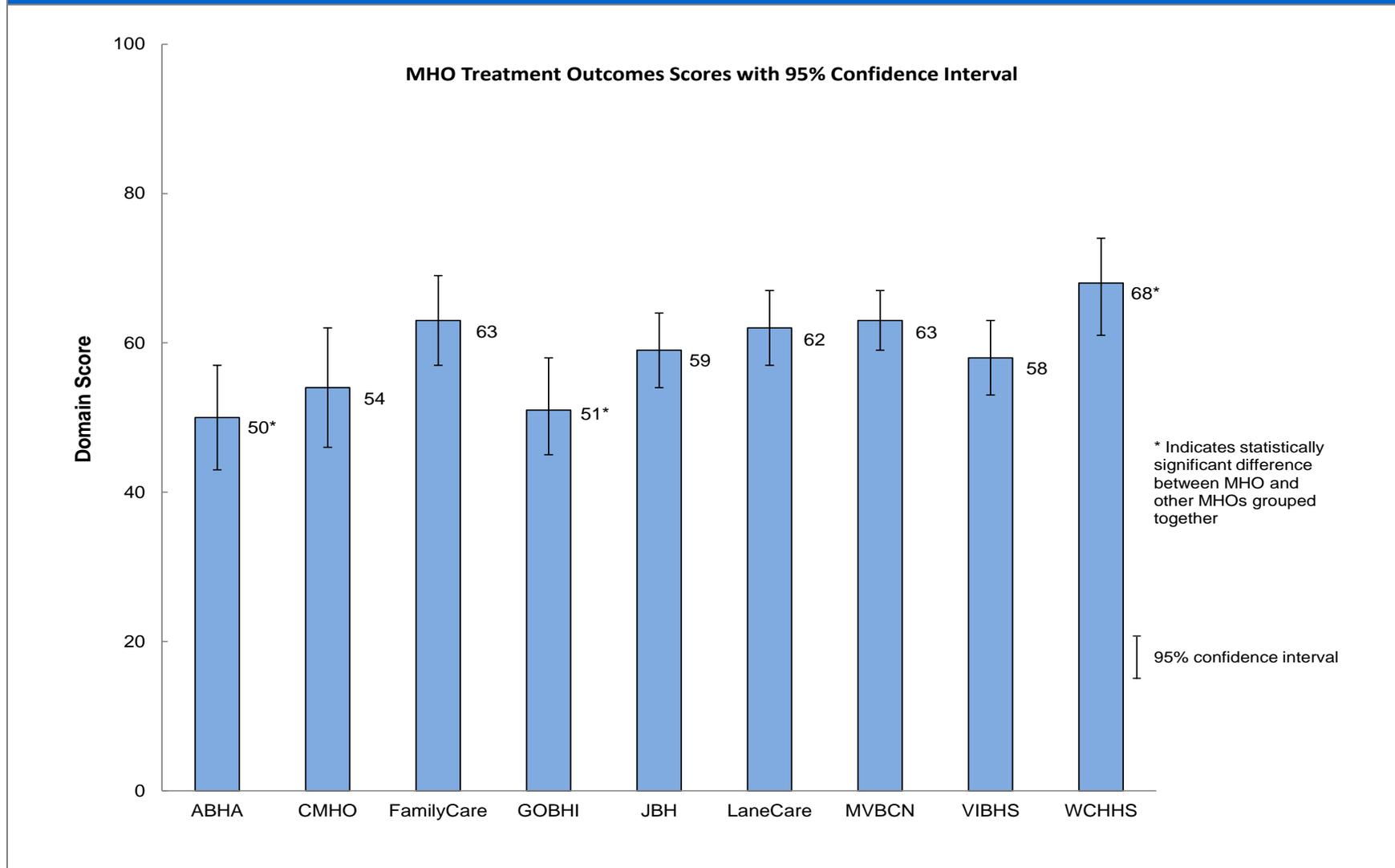


Figure 4. MHO domain scores: Participation.

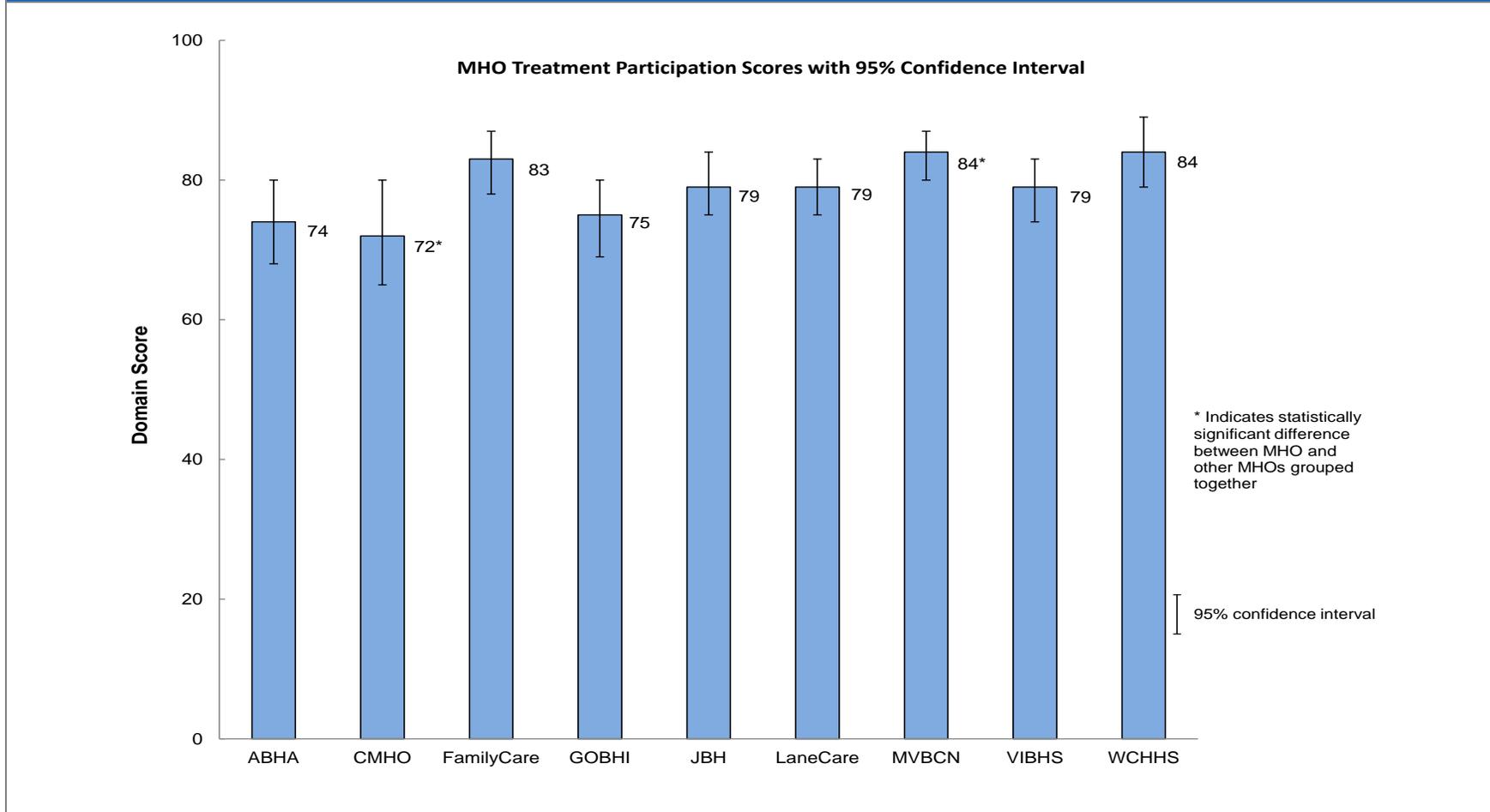


Figure 5. MHO domain scores: Cultural Sensitivity.

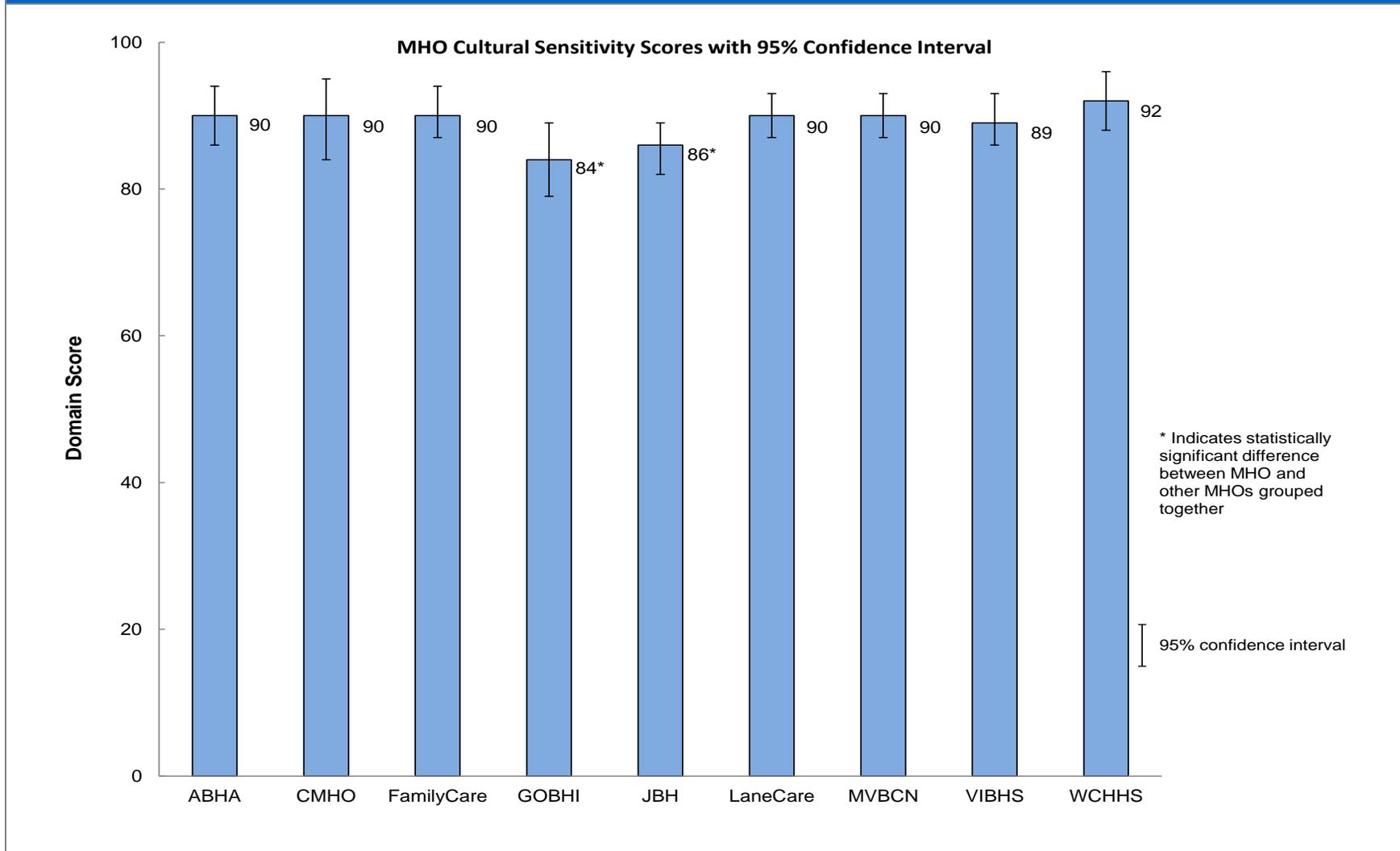


Figure 6. MHO domain scores: Access.

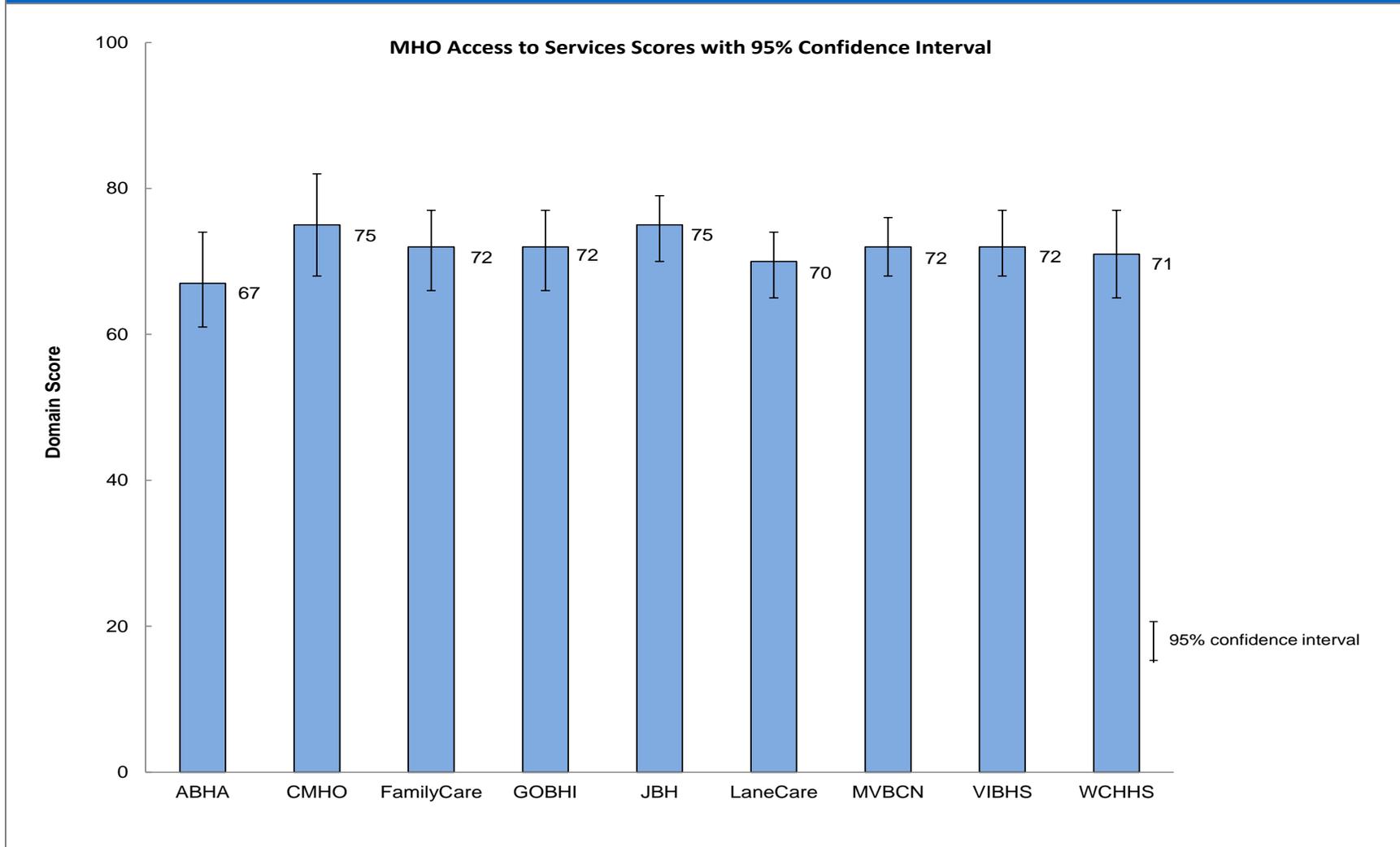


Figure 7. MHO domain scores: Social connectedness.

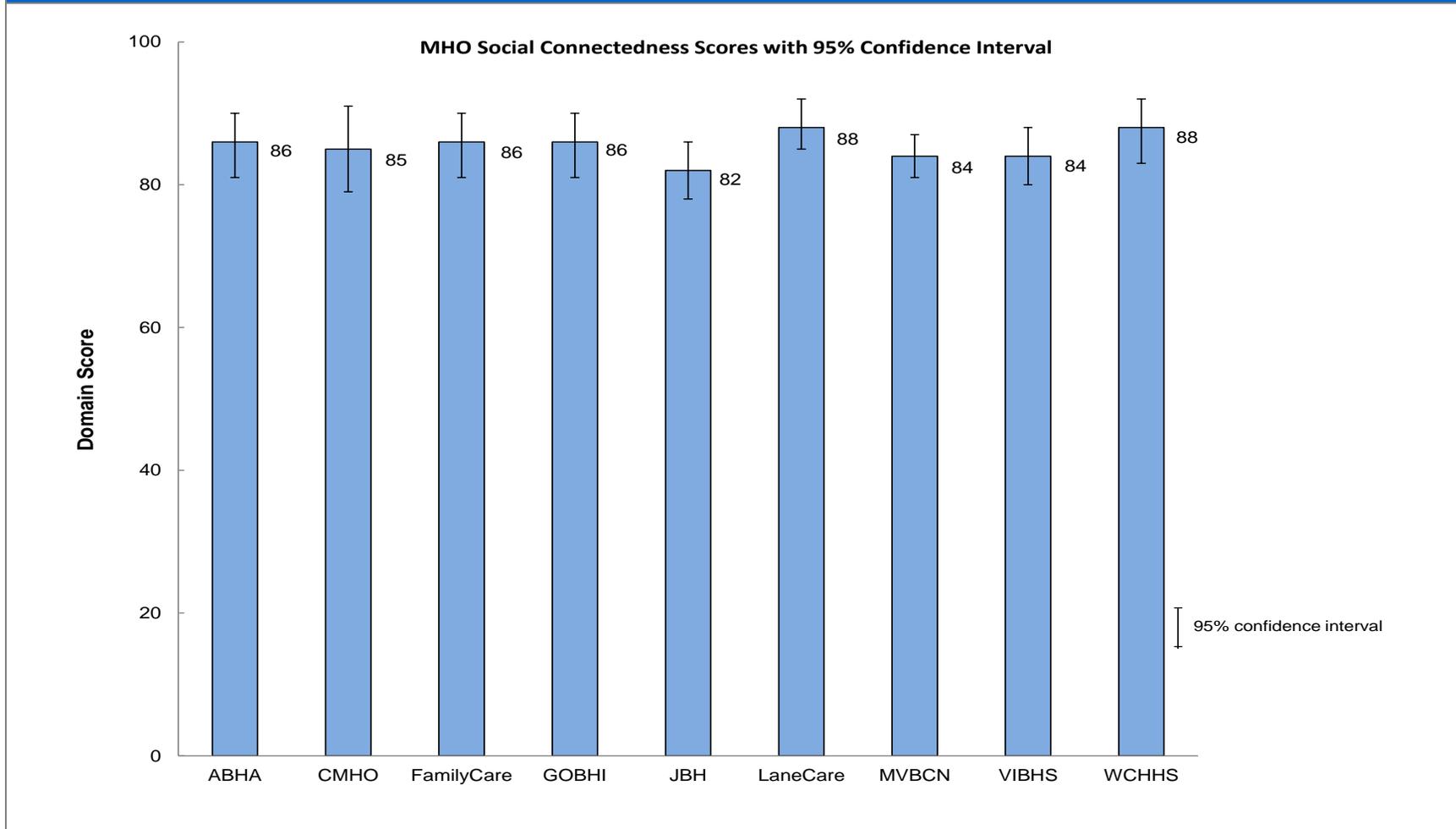


Figure 8. MHO domain scores: Daily Functioning.

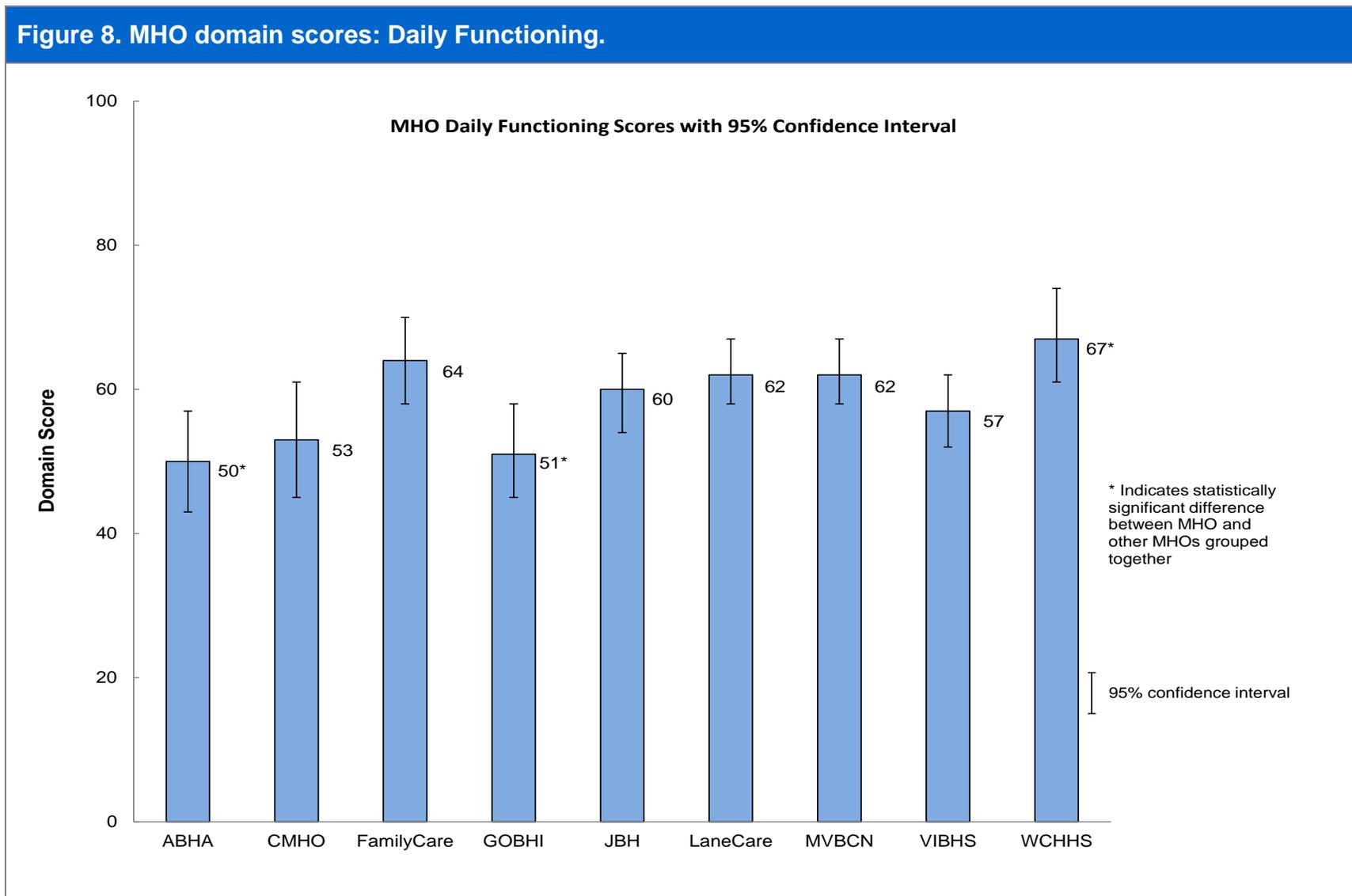
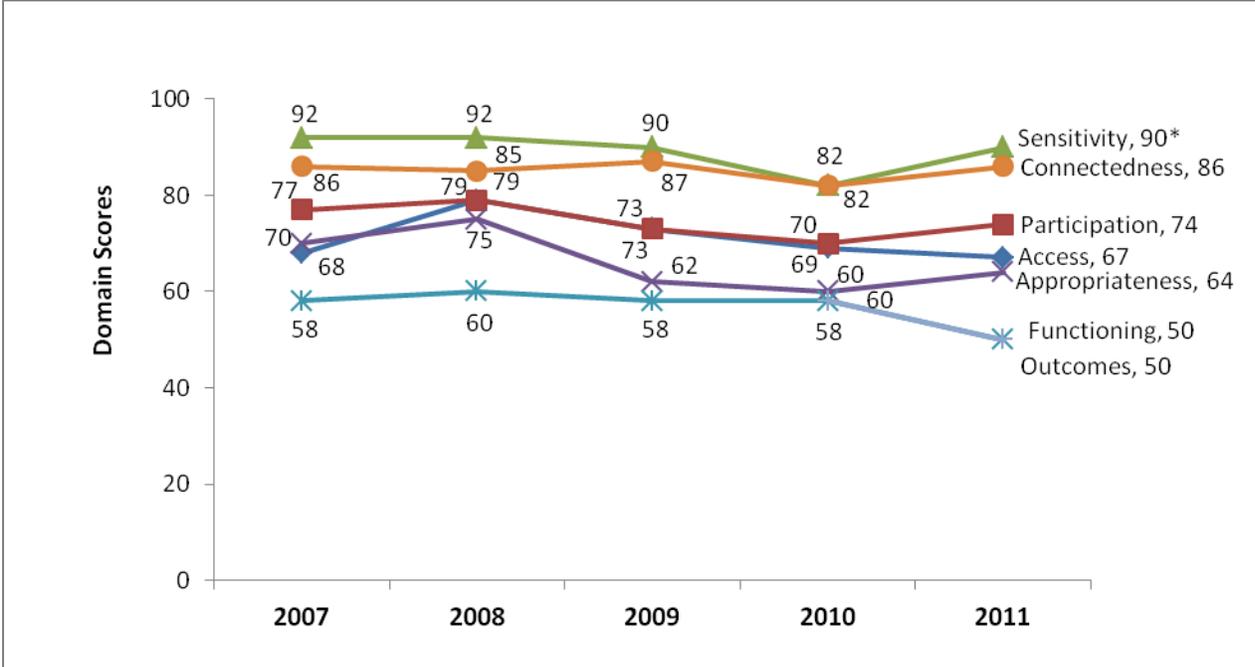


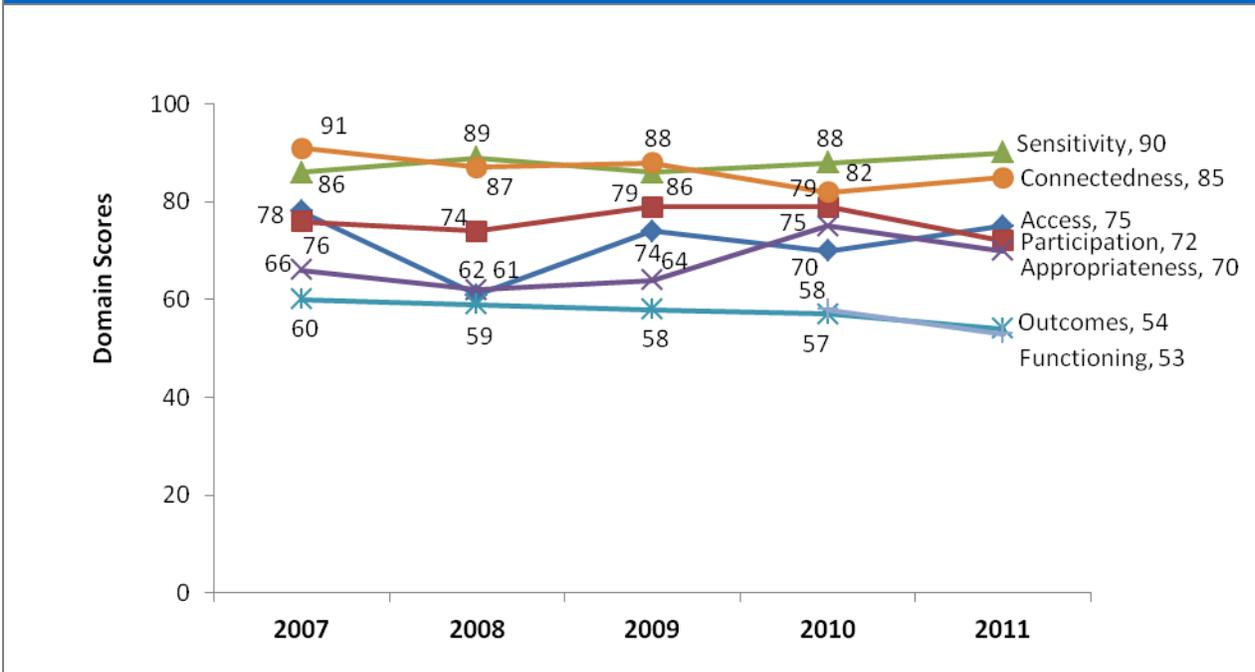
Figure 9. 2007–2011 comparison of domain scores by MHO: ABHA.



*Indicates a statistically significant difference ($p < .05$) between scores for this MHO in 2010 and 2011 only.

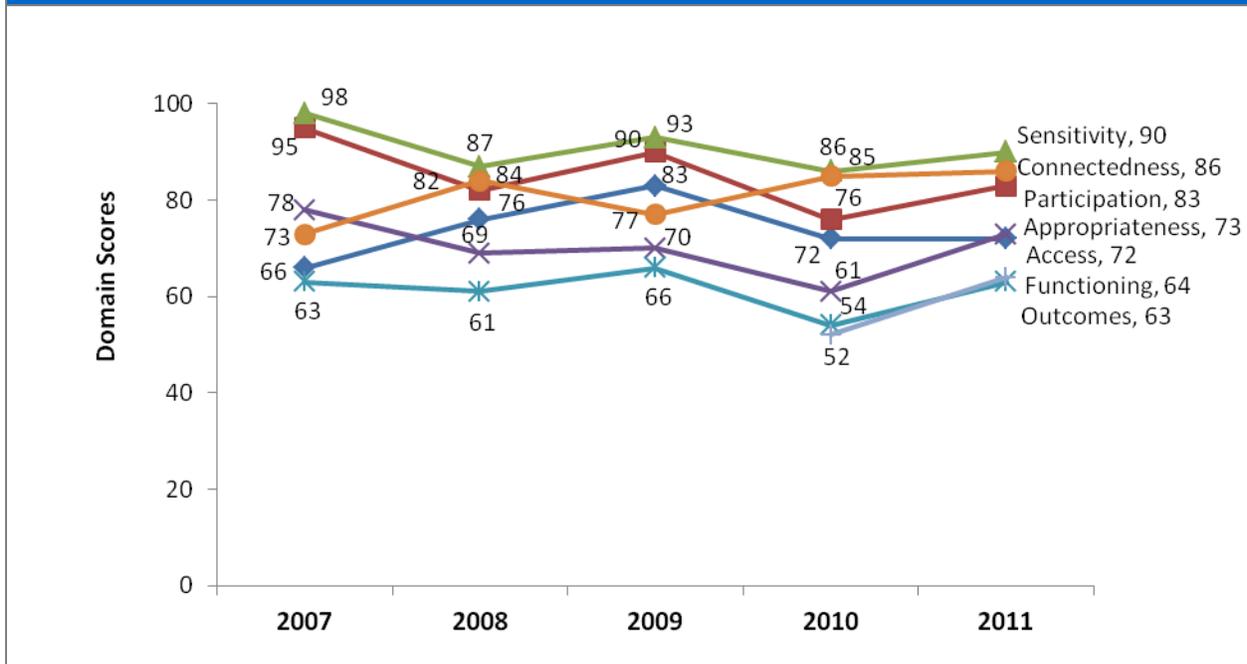
Note: The daily functioning domain was not included in the survey until 2010.

Figure 10. 2007–2011 comparison of domain scores by MHO: CMHO.



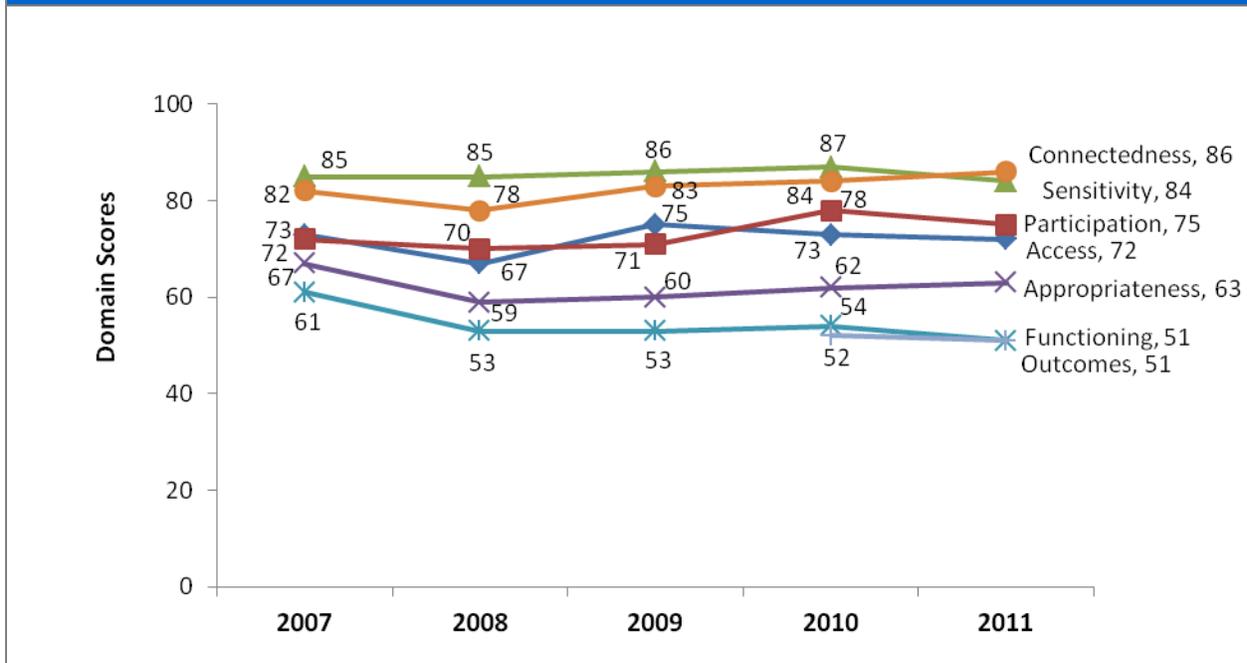
Note: The daily functioning domain was not included in the survey until 2010.

Figure 11. 2007–2011 comparison of domain scores by MHO: FamilyCare.



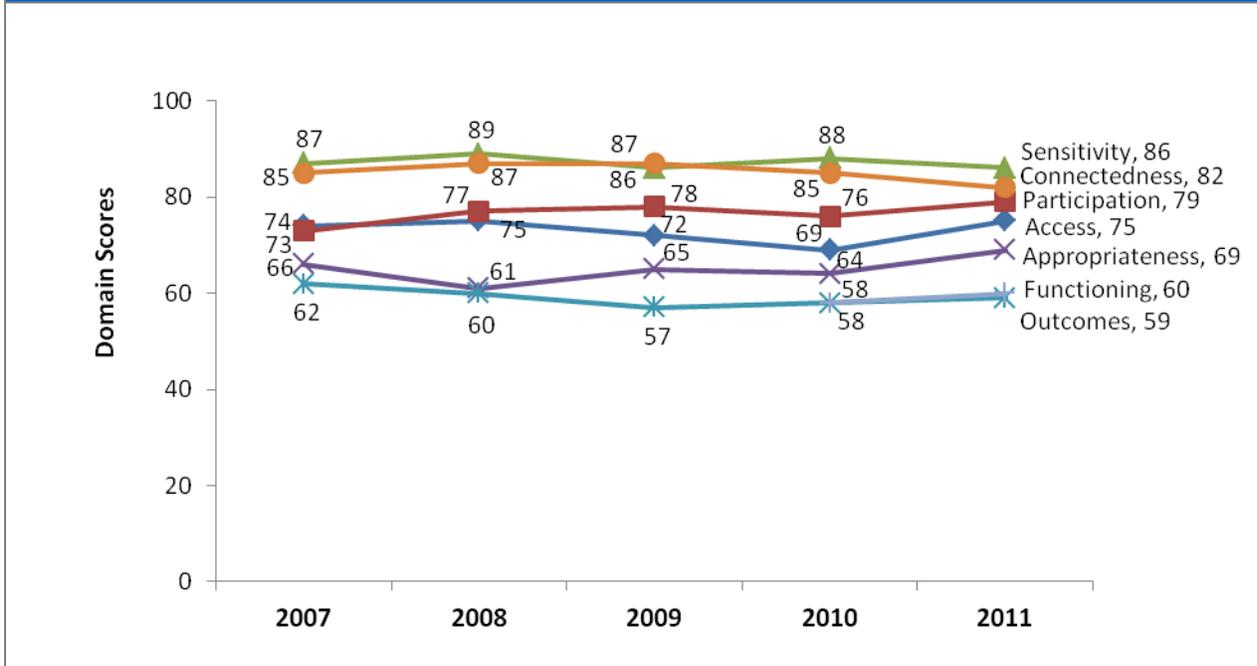
Note: The daily functioning domain was not included in the survey until 2010.

Figure 12. 2007–2011 comparison of domain scores by MHO: GOBHI.



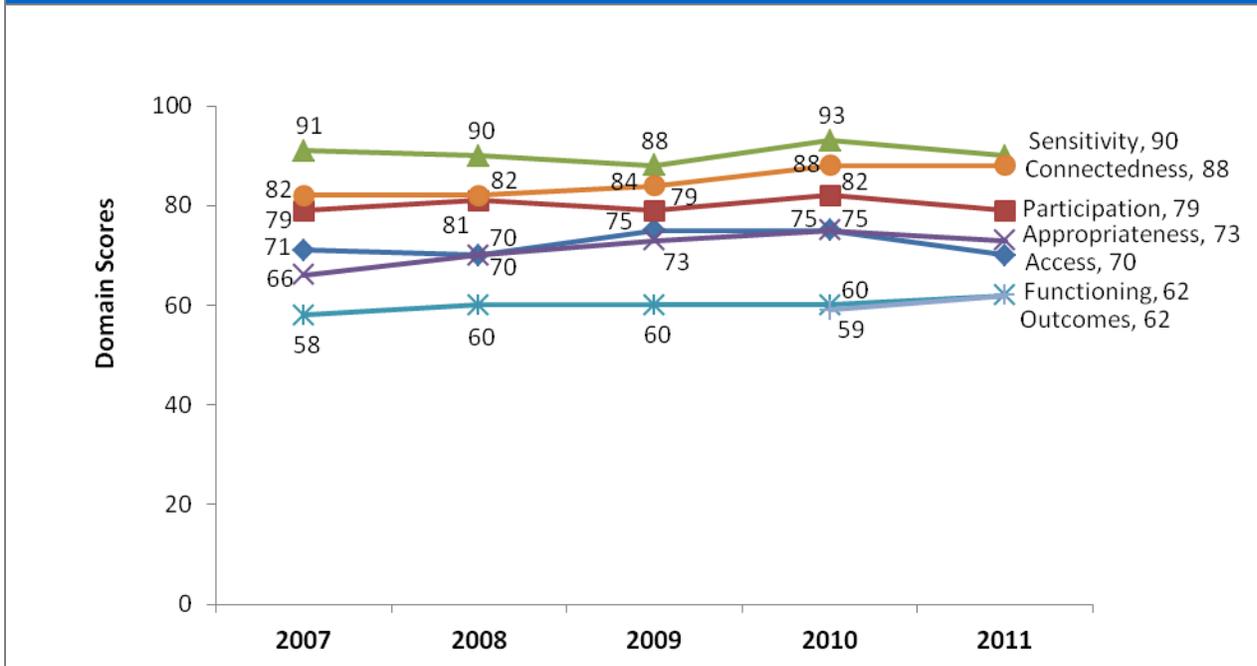
Note: The daily functioning domain was not included in the survey until 2010.

Figure 13. 2007–2011 comparison of domain scores by MHO: JBH.



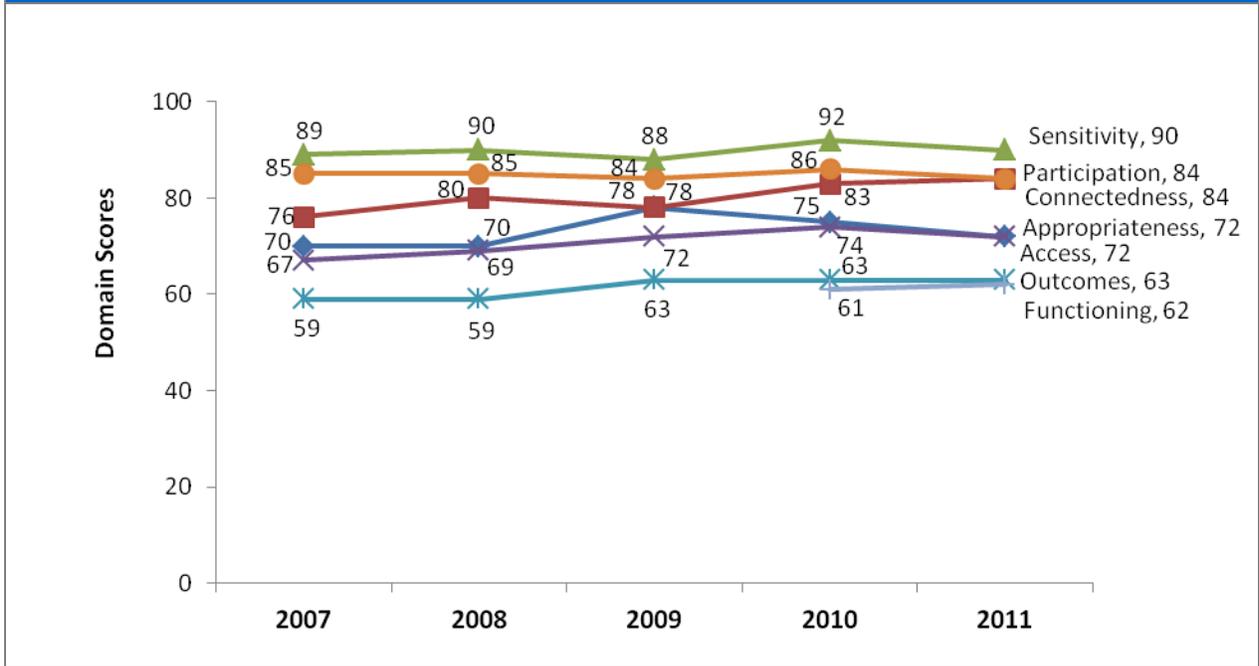
Note: The daily functioning domain was not included in the survey until 2010.

Figure 14. 2007–2011 comparison of domain scores by MHO: LaneCare.



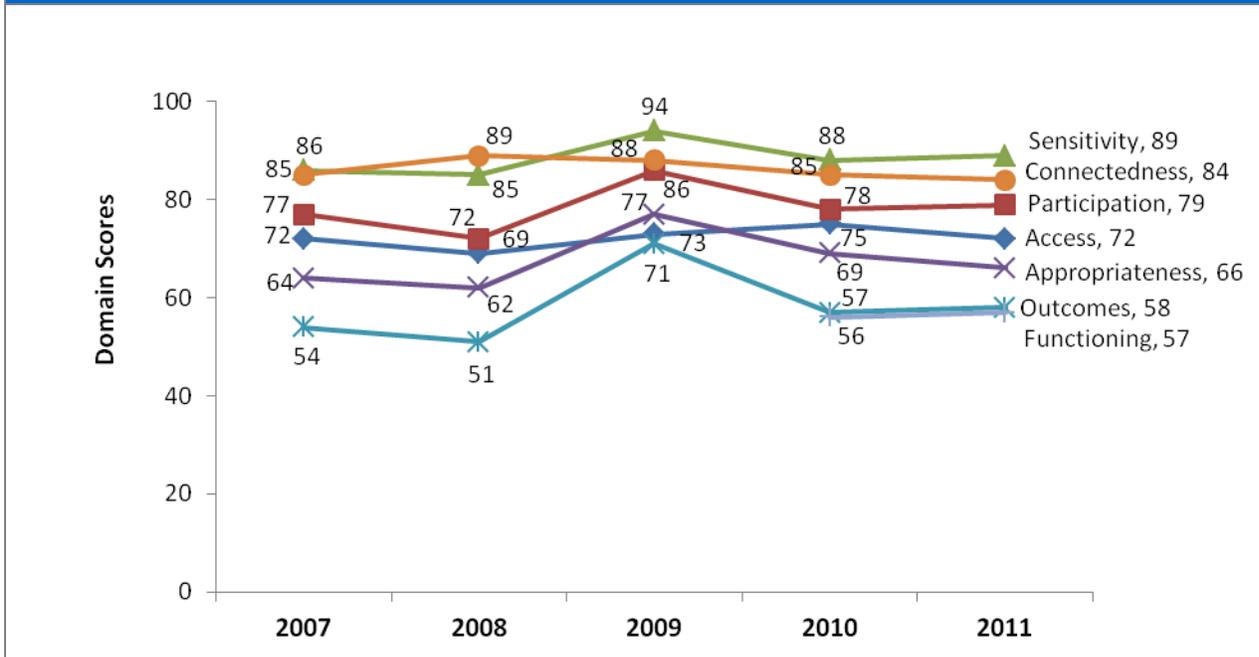
Note: The daily functioning domain was not included in the survey until 2010.

Figure 15. 2007–2011 comparison of domain scores by MHO: MVBCN.



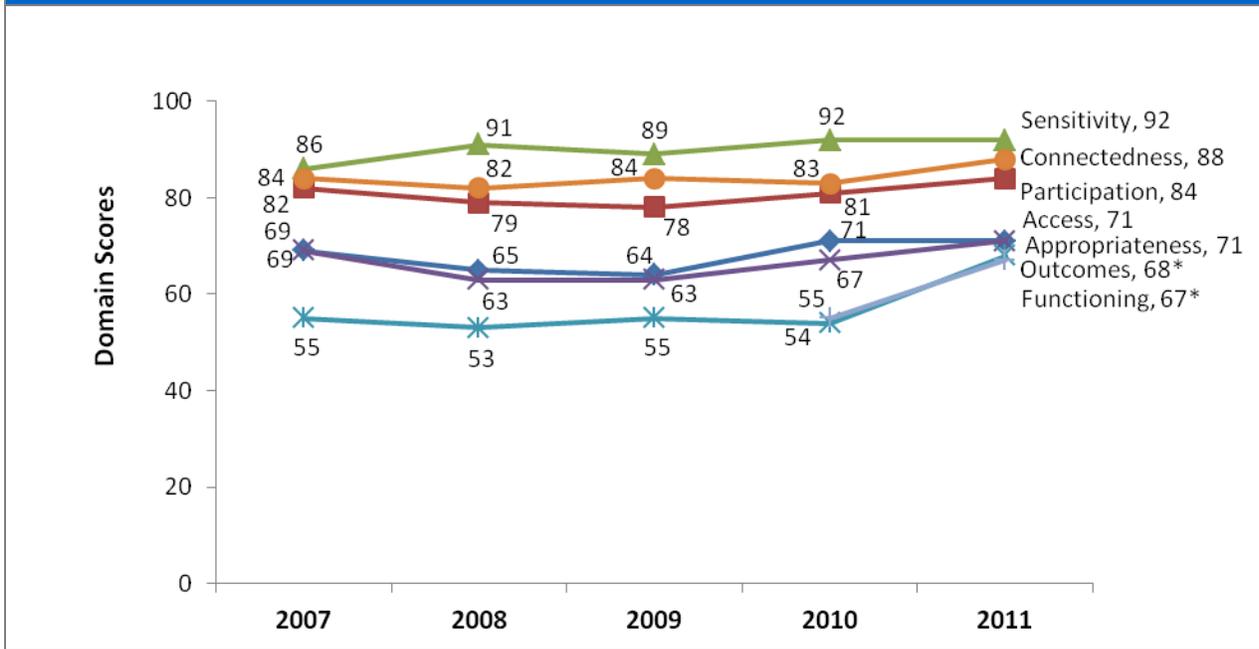
Note: The daily functioning domain was not included in the survey until 2010.

Figure 16. 2007–2011 comparison of domain scores by MHO: VIBHS.



Note: The daily functioning domain was not included in the survey until 2010.

Figure 17. 2007–2011 comparison of domain scores by MHO: WCHHS.



*Indicates a statistically significant difference ($p < .05$) between scores for this MHO in 2010 and 2011 only.

Note: The daily functioning domain was not included in the survey until 2010.

Table B-3 in Appendix B shows the percentage of family members who agreed with each survey item from 2006 through 2011 (for outpatient services only). Table B-4 shows the aggregate percentages of positive responses to individual survey items by treatment setting in 2011. Table B-5 shows the percentages of positive responses to each item by MHO.

Comparing an individual domain score with the aggregate scores for individual items within that domain can be misleading, for reasons related to the method for calculating the domain score, as established for the national YSS-F.

1. The domain score calculation excludes some responses to individual items if a responder provides responses to fewer than two-thirds of the items in that domain. However, these responses are included in the analysis of individual items within a domain.
2. The domain score calculation is designed such that a consistently positive response to the individual items within a domain is necessary to characterize a responder as having a positive perception of services in that domain. A domain score *greater than 3.5* is necessary to qualify a responder as positively perceiving (where “4” = Agree and “5” = Strongly Agree). A single negative response (“1” or “2”) to an item within a domain can pull down the domain score to 3.5 or less.

The Access domain, for example, contains two items. A response of “5” to one and “2” to the other would result in a domain score of $7/2$, or 3.5, which is not adequate to qualify a responder as positively perceiving services in that domain.

Demographic comparisons

Domain scores by age group

Family members' satisfaction scores were clustered in groups based on the age of the child receiving services: 0–5, 6–12, 13–17, and 18–19 years of age. (Note: young people in the survey were 18 or younger when they received services, but some had turned 19 by the time their family members filled out and returned the survey.) Table 6 shows the proportion of family members who responded positively to survey items about their children's mental health services in each performance domain, by age group, in the past three surveys.

In 2011, variations in domain scores by age group were statistically significant in the treatment participation, appropriateness of services, and social connectedness domains. Positive perceptions of treatment participation ranged from 68 percent for the 18–19 year-old group, to 84 percent for the 6–12 year-old group.

Table 6. Domain scores by child's age, 2009–2011.

Domain	Age range											
	0–5			6–12			13–17			18–19		
	2009	2010	2011	2009	2010	2011	2009	2010	2011	2009	2010	2011
Appropriateness*	70	66	65	72	71	72	64	67	67	66	60	67
Access	74	68	75	78	72	72	71	74	71	71	71	73
Participation*	78	82	79	82	83	84	75	75	75	63	59	68
Treatment outcomes	63	57	57	63	61	61	56	55	57	56	49	62
Cultural sensitivity	89	89	85	89	89	90	87	90	88	84	86	84
Social connectedness*	83	90	87	87	86	87	83	83	82	80	90	89
Daily functioning**	—	56	58	—	61	61	—	54	57	—	50	63

* Indicates a statistically significant difference ($p < .05$) in the responses among age groups, shown for 2011 only.

** Scores for the daily functioning domain were not calculated until 2010.

Domain scores by gender

Table 7 shows domain scores by the child’s gender for the past three surveys. In 2011, family members of male children responded more positively to survey items in three domains—appropriateness of services, treatment participation, and cultural sensitivity—than did family members of female children. The difference in the participation domain scores was statistically significant.

Table 7. Domain scores by child’s gender, 2009–2011.						
Domain	Female			Male		
	2009	2010	2011	2009	2010	2011
Appropriateness	69	69	69	67	67	70
Access	76	72	73	73	73	70
Participation*	76	75	76	79	81	82
Treatment outcomes	62	57	59	58	58	59
Cultural sensitivity	87	88	88	88	90	90
Social connectedness	84	85	86	85	86	84
Daily functioning**	—	56	59	—	58	59

* Indicates a statistically significant difference ($p < .05$) in responses between genders, shown for 2011 only.

** Scores for the daily functioning domain were not calculated until 2010.

Domain scores by rural/urban residence

Family members were classified as rural or urban based on the ZIP code of their current residence, even though their children may have received mental health services in another ZIP code. As defined by the Office of Rural Health at Oregon Health & Science University, rural areas are “all geographic areas 10 or more miles from the centroid of a population center of 40,000 or more.” Table 8 displays the 2009–2011 domain scores by responders’ place of residence.

In 2011, family members in urban areas responded more positively in six of seven domains than did family members in rural areas. Positive responses to survey items regarding appropriateness of services, treatment outcomes, treatment participation, daily functioning, and cultural sensitivity were significantly higher for family members in urban areas compared with those in rural zones.

Positive responses to questions in the appropriateness and social connectedness domains increased for rural responders from 2009 to 2011. In the same period, the cultural sensitivity score increased for family members in urban areas but remained the same in rural areas.

Table 8. Domain scores by rural/urban residence, 2009–2011.

Domain	Rural			Urban		
	2009	2010	2011	2009	2010	2011
Appropriateness*	64	65	67	72	70	72
Access	72	67	71	76	76	72
Participation*	77	76	77	78	80	82
Treatment outcomes*	56	56	55	63	59	62
Cultural sensitivity*	87	87	87	88	90	90
Social connectedness	84	85	85	85	86	85
Daily functioning* ^a	—	56	55	—	58	62

* Indicates a statistically significant difference ($p < .05$) in scores based on location of responder’s residence, shown for 2011 only.

^a Scores for the daily functioning domain were not calculated until 2010.

Domain scores by race

Table 9 displays 2010 and 2011 domain scores by the race of the child receiving mental health services. The table excludes the Asian and Native Hawaiian/Pacific Islander categories because of small sample sizes.

Family members responded most positively to questions regarding cultural sensitivity and social connectedness. They responded least positively to questions regarding treatment outcomes and daily functioning, which had the lowest scores compared with other domains for each racial group.

Overall, in 2011, family members of children in the “Other race” category reported more positive responses than did other racial groups in a majority of domains. The same pattern was evident in 2010.

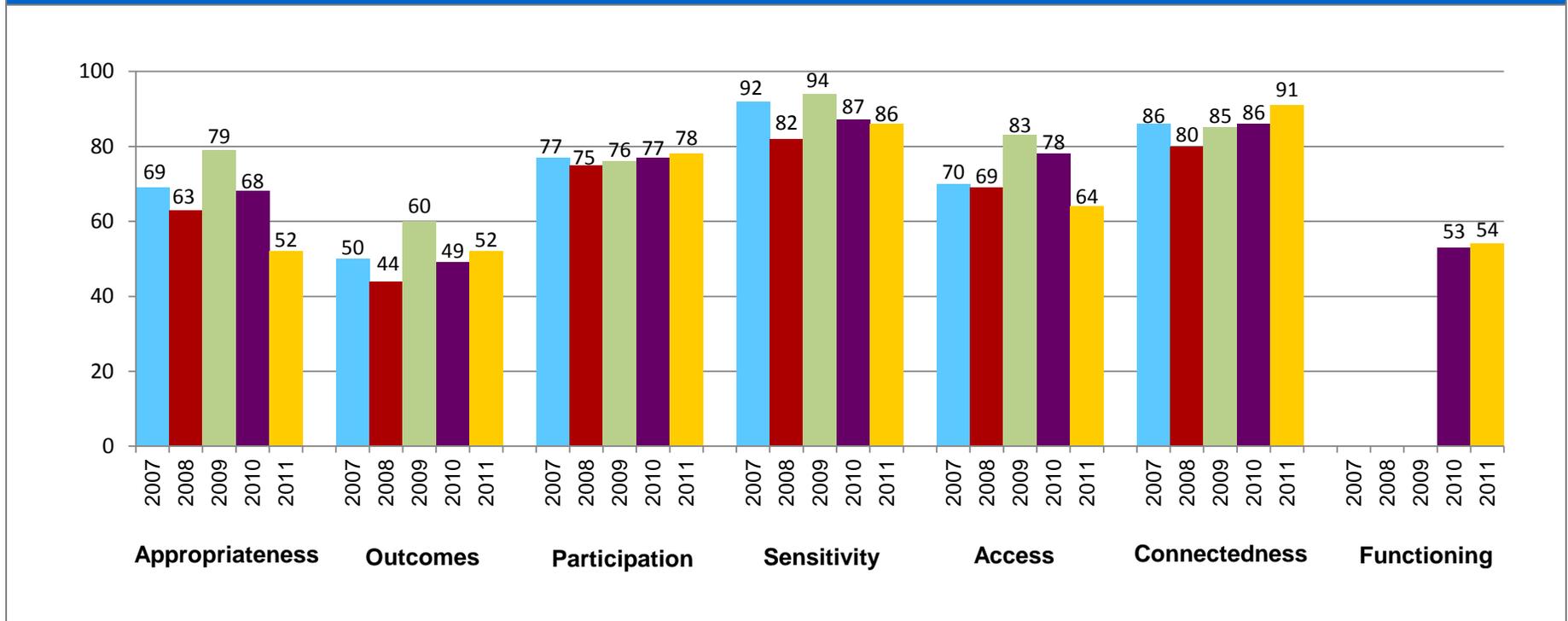
From 2010 to 2011, scores in five of the seven domains increased for two racial groups: American Indian/Alaska Native and the multiracial group. Scores increased in four of the domains for the African American group.

Figures 18–22 on pages 35–39 show the 2007–2011 domain scores by race. For the White (Caucasian) group, which represents the majority of the sample population, scores have fluctuated slightly up and down, or stayed the same in some domains, over the years. For the other racial groups, which have much smaller sample sizes, the scores have fluctuated up and down between years, varying among domains and racial groups.

Table 9. Domain scores by child’s race, 2010–2011.

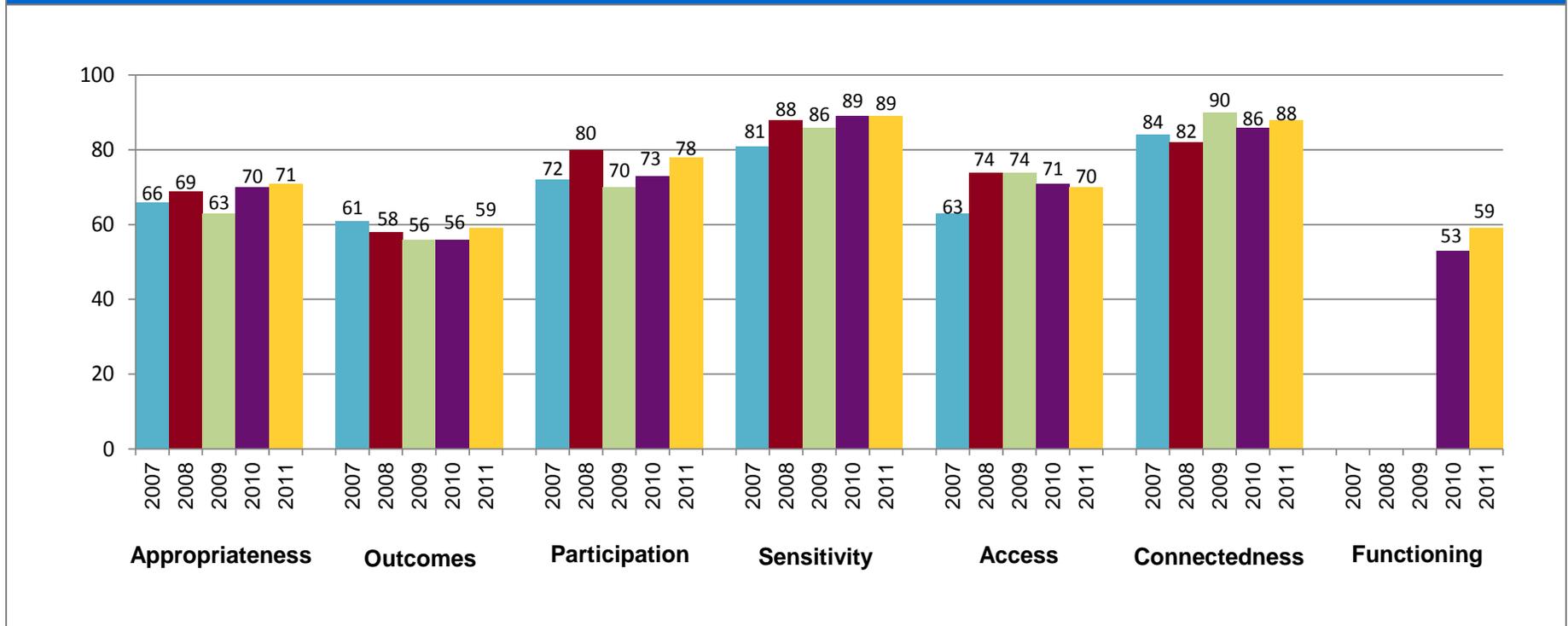
Domain	Black (African American)		American Indian/ Alaska Native		White (Caucasian)		Other		Multiracial	
	2010	2011	2010	2011	2010	2011	2010	2011	2010	2011
Appropriateness	68	52	70	71	68	69	74	70	64	71
Access	78	64	71	70	72	72	85	78	68	69
Participation	77	78	73	78	78	79	87	85	78	77
Treatment outcomes	49	52	56	59	58	59	63	63	56	58
Cultural sensitivity	87	86	89	89	89	89	96	93	87	90
Social connectedness	86	91	86	88	86	86	84	87	85	82
Daily functioning	53	54	53	59	57	59	67	62	53	57

Figure 18. Domain scores, 2007–2011: African American.



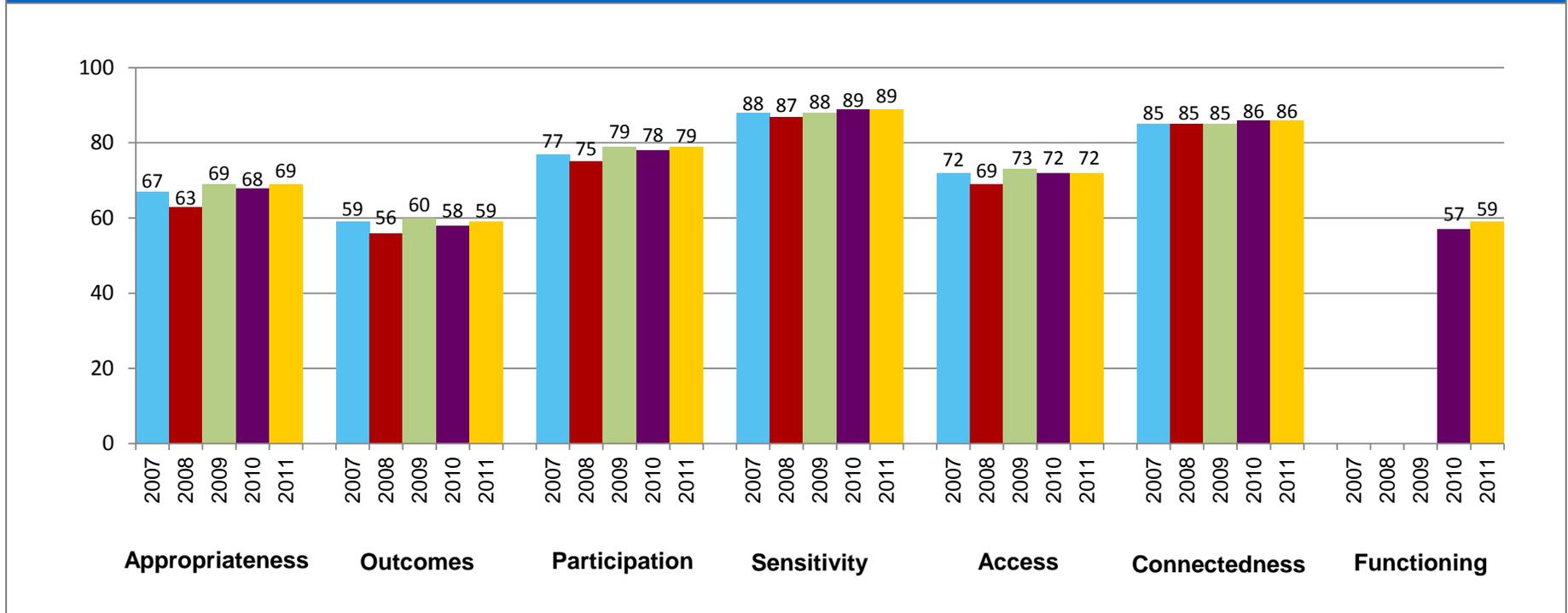
Note: Scores for the daily functioning domain were not calculated until 2010.

Figure 19. Domain scores, 2007–2011: American Indian/Alaska Native.



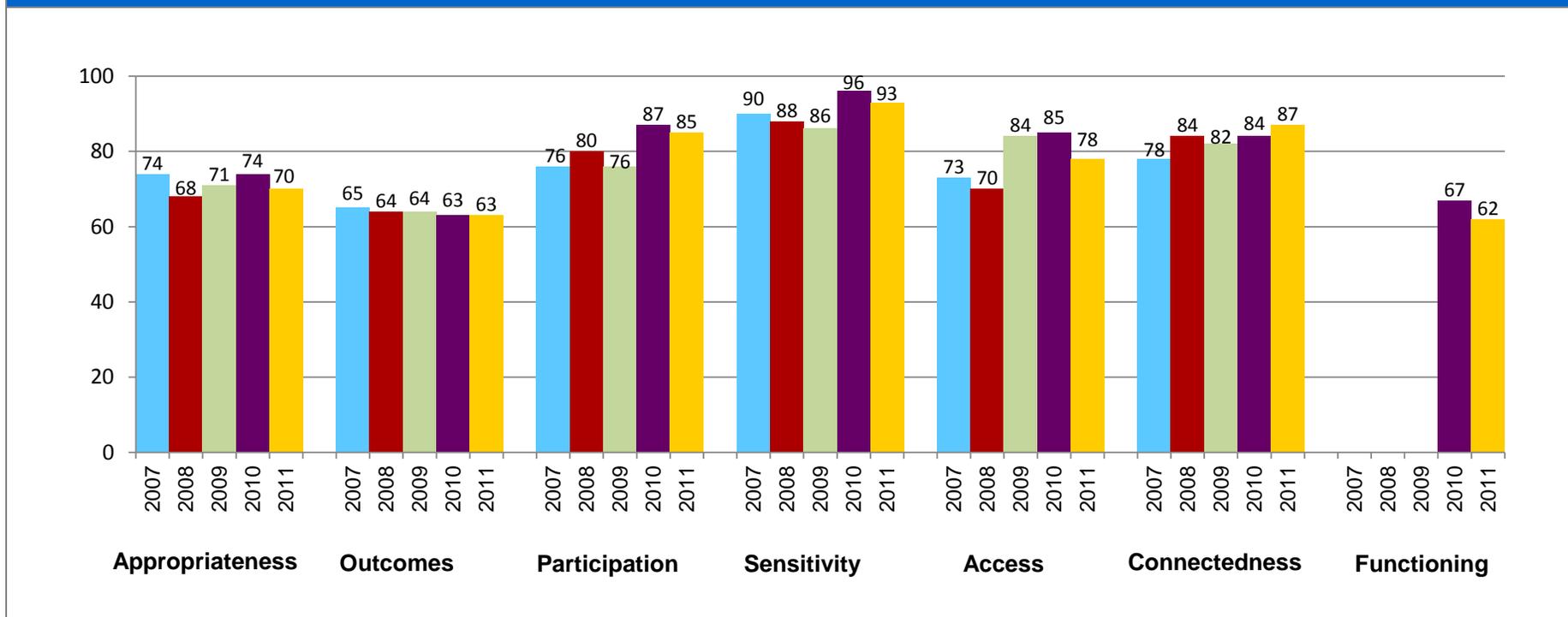
Note: Scores for the daily functioning domain were not calculated until 2010.

Figure 20. Domain scores, 2007–2011: White (Caucasian).



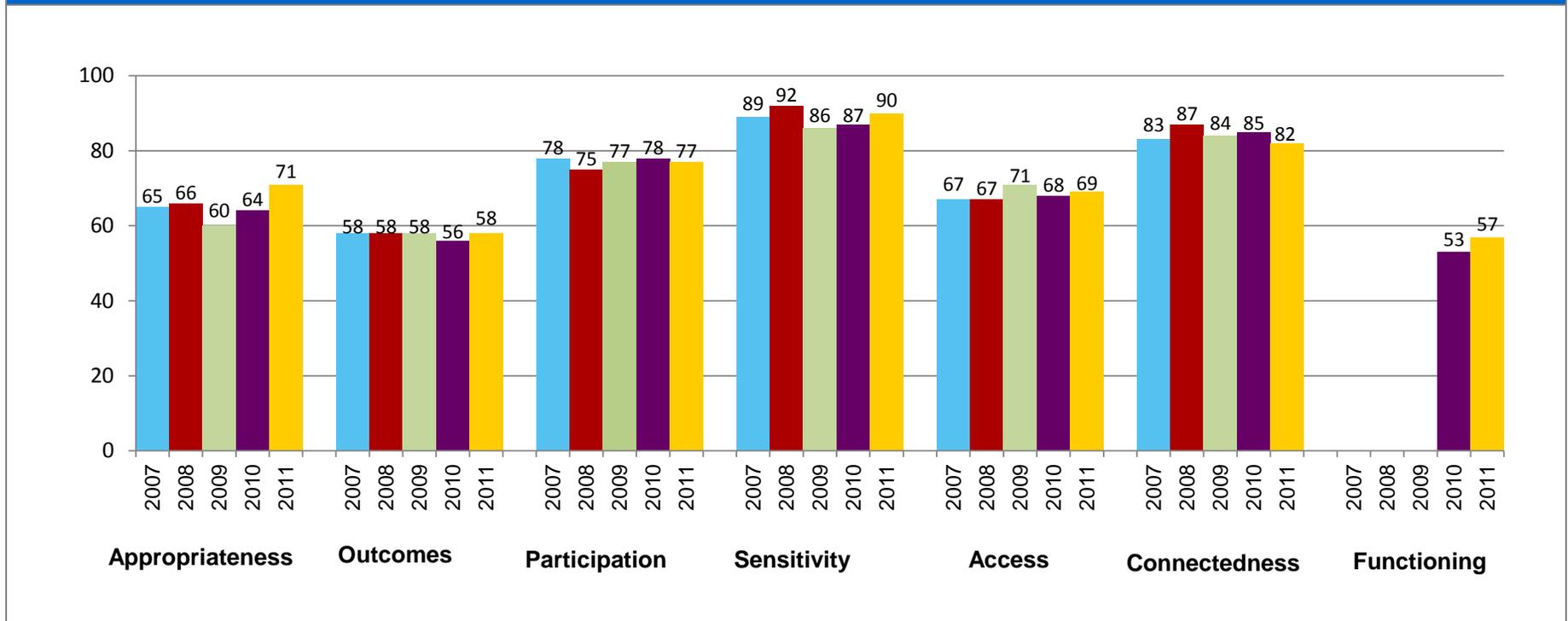
Note: Scores for the daily functioning domain were not calculated until 2010.

Figure 21. Domain scores, 2007–2011: Other race.



Note: Scores for the daily functioning domain were not calculated until 2010.

Figure 22. Domain scores, 2007–2011: Multiracial.



Note: Scores for the daily functioning domain were not calculated until 2010.

Domain scores by ethnicity

A separate question asked family members whether the child was of Hispanic or Latino(a) origin. Out of 2,499 responders, 22 percent reported the child's ethnicity as Hispanic or Latino(a). Table 10 compares the domain scores reported by those family members with scores reported by all other responders.

In 2011, family members with Hispanic or Latino(a) children reported more positive perceptions in all domains except social connectedness than did other responders. In the appropriateness of services, access to services, treatment participation, and social connectedness domains, the differences between responders of different ethnicities were statistically significant.

For family members of Hispanic or Latino(a) children, scores increased from 2010 to 2011 in four domains. For non-Hispanic families, scores rose from 2010 to 2011 in five domains.

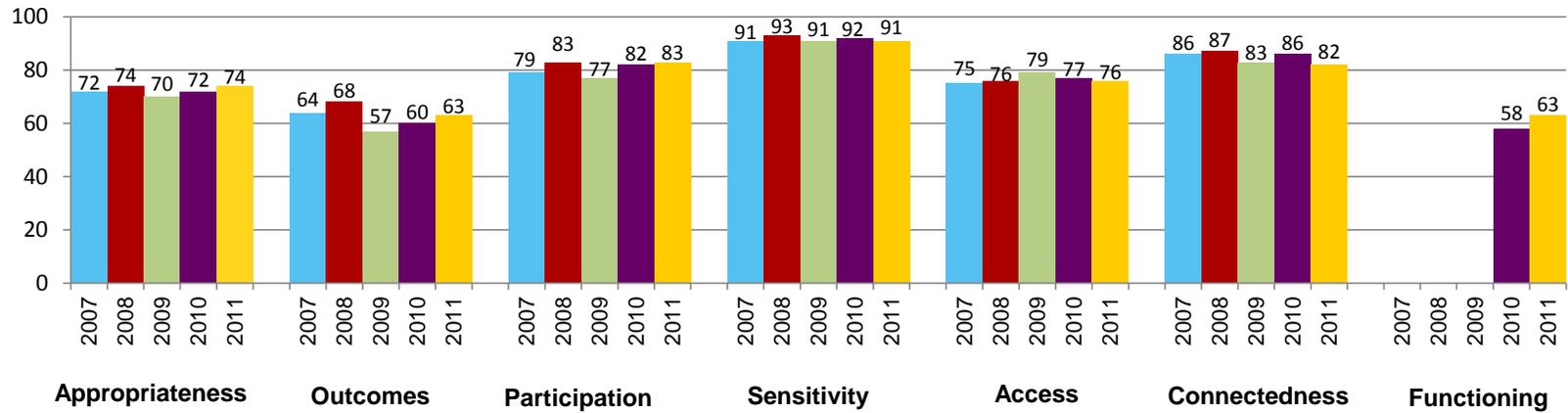
Figures 23 and 24 show domain scores by the child's ethnicity from 2007 to 2011. In all domains, the scores for both Hispanic and non-Hispanic families fluctuated slightly from year to year.

Table 10. Domain scores by child's ethnicity, 2010–2011.

Domain	Hispanic or Latino(a)		Not Hispanic or Latino(a)	
	2010	2011	2010	2011
Appropriateness*	72	74	68	68
Access*	77	76	71	70
Participation*	82	83	78	79
Treatment outcomes	60	63	57	58
Cultural sensitivity	92	91	88	89
Social connectedness*	86	82	86	87
Daily functioning	58	63	56	58

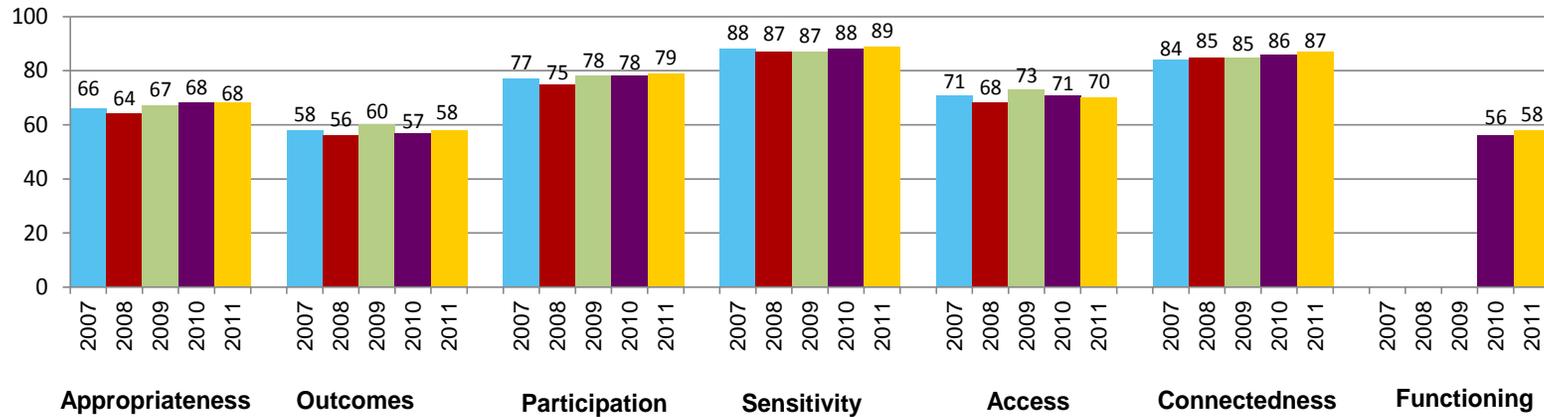
* Indicates a statistically significant difference ($p < .05$) in scores based on child's ethnicity, shown for 2011 only.

Figure 23. Domain scores, 2007–2011: Hispanic or Latino(a).



Note: Scores for the daily functioning domain were not calculated until 2010.

Figure 24. Domain scores, 2007–2011: Not Hispanic or Latino(a).



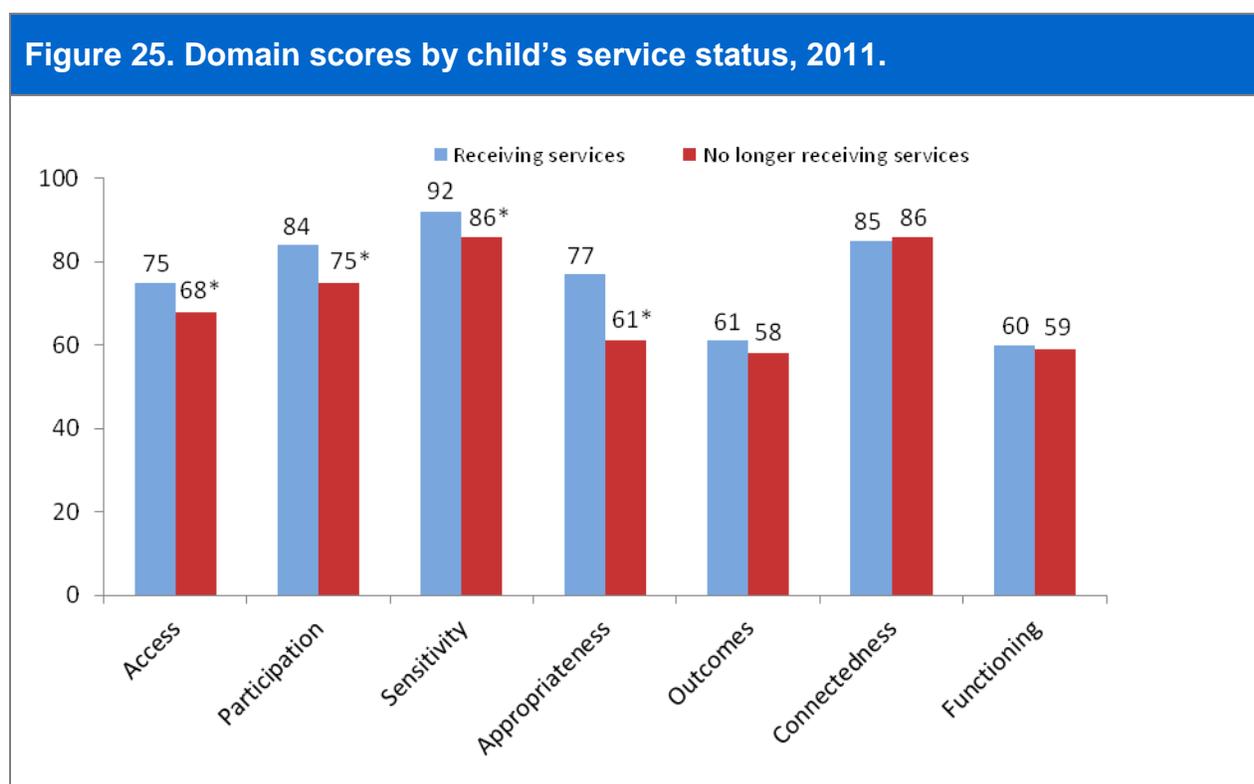
Note: Scores for the daily functioning domain were not calculated until 2010.

Domain scores by child's service status

About 55 percent of the YSS-F responders said their children were receiving OHP mental health services at the time of the survey; 42 percent said their children no longer received services; and 3 percent did not know whether their children were receiving services.

YSS-F responders were assigned to two groups based on their response to the question, “Is your child still receiving mental health services?” Data from family members who did not know their children’s service status were excluded from this analysis. Domain scores were computed for each group, as shown in Figure 25. Table B-6 in Appendix B presents these data in tabular form.

In a majority of domains, significantly higher percentages of family members whose children still received OHP mental health services reported more positive perceptions of those services, compared with responders whose children were no longer receiving OHP mental health services.

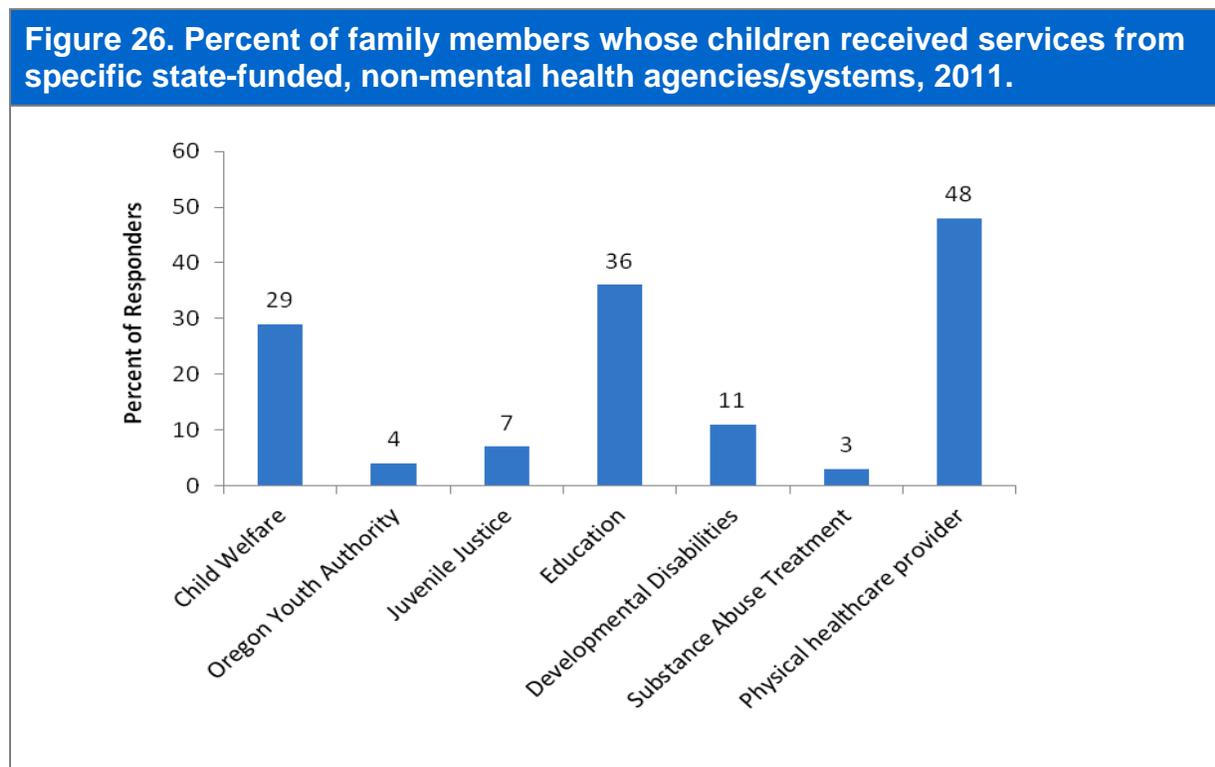


* Indicates a statistically significant difference ($p < .05$) between group scores.

Coordination of services

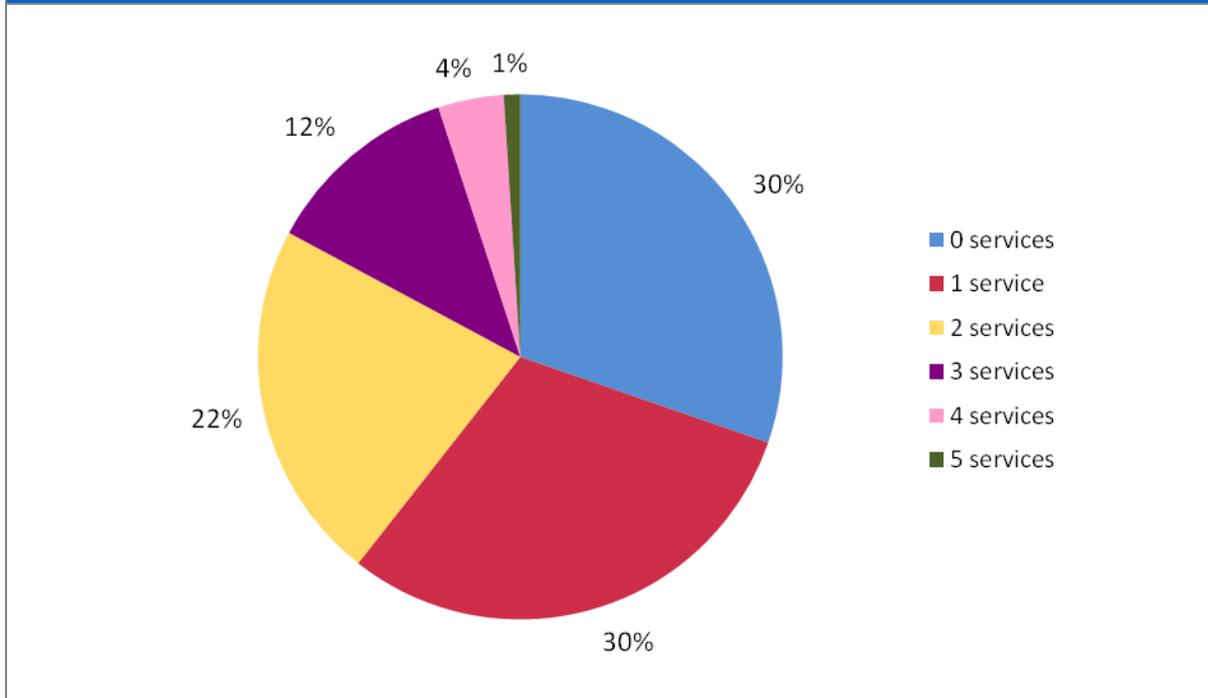
Many children receiving state-funded mental health services and supports also receive services and supports from other state-funded agencies. The survey asked family members to indicate their satisfaction with the coordination of their children’s mental health treatment with services provided by seven non-mental health services or agencies: child welfare, the OYA, juvenile justice, special education, services to persons with developmental disabilities, substance abuse treatment, and the child’s physical healthcare provider.

Figure 26 displays the percentages of family members who identified their children as receiving one or more of these services in 2011. On average, responders reported that their children received services from one of these seven agencies/systems, about the same average as reported in the 2010 survey.



As shown in Figure 27, 30 percent of family members in 2011 reported that their children received *no* state-funded, non-mental health services; 30 percent reported one service; and 17 percent reported requiring care coordination with three or more service systems.

Figure 27. Numbers of non-mental health agencies/systems for which family members' children required coordination, 2011.



Satisfaction with coordination between systems

Family members reported their levels of satisfaction with the coordination of their children’s services within the mental health system and between mental healthcare providers and external systems.

Table 11 shows the percentages of family members in 2011 who were either “strongly satisfied,” “satisfied,” or “somewhat satisfied” with the coordination of their children’s care among the specified programs, by treatment setting. Overall, at least 75 percent of family members were satisfied with the coordination of care between their mental healthcare providers and each other system. For the outpatient group, satisfaction ranged from 76 percent for coordination by their child’s mental healthcare provider with substance abuse treatment, to 93 percent for coordination with their child’s physical healthcare provider. For those whose children were served in psychiatric residential and psychiatric day treatment settings, the small numbers of responses make it hard to draw definitive conclusions concerning coordination of care.

Survey data suggest that the proportion of responders satisfied with coordination of care between mental healthcare providers and other systems has not changed substantially since 2009. However, responders with children in outpatient care reported slight increases from 2010 to 2011 in four areas of coordination.

Table 12 breaks down satisfaction with coordination of services by MHO in 2011.

Table 11. Percent (n) satisfied with coordination of agency-specific services for children, by child's treatment setting, 2011.

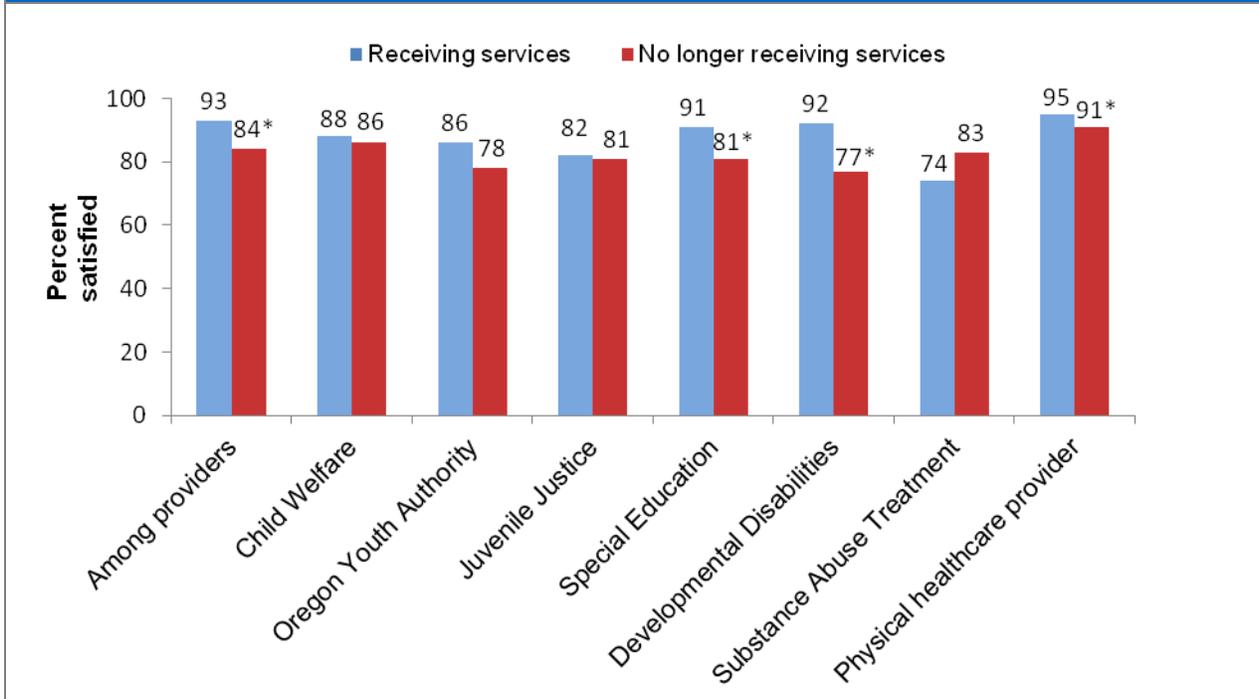
Service	Outpatient			Psychiatric Day			Psychiatric Residential		
	2009	2010	2011	2009	2010	2011	2009	2010	2011
Among different mental health providers	87 (581)	89 (807)	90 (965)	93 (28)	92 (37)	93 (30)	87 (31)	91 (11)	92 (13)
Child welfare	89 (480)	88 (725)	87 (839)	93 (15)	88 (25)	86 (21)	91 (22)	91 (11)	92 (12)
Oregon Youth Authority	82 (134)	80 (181)	82 (208)	100 (5)	86 (7)	75 (4)	67 (6)	0 (1)	100 (2)
Juvenile justice	81 (179)	82 (249)	81 (272)	100 (6)	88 (8)	75 (4)	71 (7)	75 (4)	100 (2)
Special education	87 (547)	86 (777)	88 (907)	94 (34)	92 (39)	89 (37)	96 (24)	75 (12)	91 (11)
Developmental disabilities	82 (272)	83 (383)	85 (470)	100 (19)	73 (15)	91 (11)	100 (14)	86 (7)	100 (6)
Substance abuse treatment	81 (108)	79 (172)	76 (161)	100 (2)	80 (5)	75 (4)	25 (4)	33 (3)	100 (1)
Physical healthcare provider	93 (626)	94 (869)	93 (1103)	100 (22)	94 (33)	97 (30)	96 (23)	93 (14)	80 (10)

Table 12. Percent (n) of responders satisfied with coordination of agency-specific services, by MHO, 2011.

Service	ABHA	CMHO	Family Care	GOBHI	JBH	Lane Care	MVBCN	VIBHS	WCHHS
Among different mental healthcare providers	91 (78)	91 (65)	89 (95)	85 (92)	92 (144)	89 (126)	89 (181)	88 (135)	97 (73)
Child welfare	88 (59)	88 (60)	94 (67)	81 (84)	87 (124)	87 (132)	89 (148)	82 (137)	84 (56)
Oregon Youth Authority	85 (20)	88 (17)	63 (8)	80 (20)	79 (33)	84 (31)	90 (39)	68 (25)	89 (18)
Juvenile justice	83 (36)	83 (18)	83 (12)	75 (24)	73 (44)	86 (36)	88 (49)	69 (36)	85 (20)
Special education	82 (71)	87 (55)	94 (83)	82 (85)	93 (132)	88 (142)	87 (175)	89 (132)	88 (73)
Developmental disabilities	69 (36)	93 (29)	93 (41)	88 (42)	91 (66)	77 (74)	90 (90)	81 (74)	91 (33)
Substance abuse treatment	80 (15)	89 (9)	86 (7)	80 (20)	83 (29)	90 (20)	73 (26)	46 (24)	80 (15)
Physical healthcare provider	91 (92)	90 (77)	91 (106)	96 (95)	94 (168)	94 (159)	94 (213)	90 (156)	99 (73)

Family members whose children were still receiving mental health services at the time of the survey reported more satisfaction with the care coordination with specific non-mental health services than did family members whose children no longer received mental health services, in all areas of coordination except substance abuse treatment (see Figure 28 and Table B-7, Appendix B).

Figure 28. Percent satisfied with the coordination of specific services, by child's service status.



* Indicates statistically significant difference ($p < .05$) in percentage of responders in each group satisfied with the coordination of services for their children.

Analysts examined the percentage of responders who were satisfied with the coordination of their children’s mental health services with *all* other state-funded system services the child received. Table 13 groups family members’ satisfaction scores by the setting in which their children received mental health treatment.

In 2011, a higher percentage of responders whose children received services in outpatient settings reported being satisfied with the coordination of all state-funded system services for their children, compared with responders whose children were treated in psychiatric residential and day treatment facilities. In previous annual surveys, satisfaction scores for the outpatient group have typically been lower than those for the other treatment settings.

Table 13. Percent (n) satisfied with MHO coordination of all services, by child’s treatment setting, 2009–2011.			
Setting	2009	2010	2011
Psychiatric Day	92 (38)	84 (49)	83 (46)
Psychiatric Residential	88 (40)	85 (20)	81 (16)
Outpatient	83 (996)	83 (1384)	84 (1672)

Table 14 reports family members’ satisfaction with coordination of all state-funded services their children received, by MHO.

Table 14. Percent (n) satisfied with coordination of all services to their children, by MHO, 2009–2011.			
MHO	2009	2010	2011
ABHA	88 (57)	85 (113)	80 (136)
CMHO	83 (82)	83 (81)	84 (106)
FamilyCare	75 (12)	80 (41)	89 (148)
GOBHI	79 (115)	79 (135)	82 (155)
JBH	83 (199)	82 (164)	87 (240)
LaneCare	87 (184)	86 (173)	86 (250)
MVBCN	83 (307)	83 (248)	84 (332)
VIBHS	96 (47)	83 (218)	81 (241)
WCHHS	81 (47)	83 (115)	85 (117)

Family members' expectations about the results of their children's mental health treatment

The 2011 survey asked family members about the expectations and hopes they held when their children began mental health treatment, and whether the treatment results met those expectations. As Table 15 shows, the most frequent expectations were that the child would feel better about himself or herself (77 percent) and would get along better with family (74 percent).

Table 15. Expectations for the child's mental health treatment (n=2691).		
Expectation	Number "Yes"	% of responses
Expected child would feel better about himself/herself	2061	77
Expected child would get along better with family	1981	74
Expected child would be happier	1879	70
Expected child would be more respectful	1852	69
Expected child would do better in school	1737	65
Expected child would be less anxious and fearful	1738	65
Expected child would get along better with other children	1625	60
Expected child would stop hurting others	632	23
Expected child would stop hurting himself or herself	613	23
Expected child would stop or reduce use of alcohol or drugs	159	6

Table 16 shows the number of responders citing each of the expectations listed in Table 15, who said the child’s treatment yielded the expected result. For example, of the 2,061 responders who expected their child to feel better about himself or herself, 1,244 (60 percent) reported that their child felt better about himself or herself as a result of treatment. Of the 159 responders who expected that their children would stop or reduce use of alcohol or drugs, 84 (53 percent) said their children had stopped or reduced the use of alcohol or drugs.

Table 16. Results of the child’s mental health treatment.		
Result	Of those with expectation, number with result	% of those with expectation
Child felt better about himself or herself	1244	60
Child is getting along better with family	1218	61
Child is happier	1179	63
Child is being more respectful	994	54
Child is doing better in school	1075	62
Child is less anxious or fearful	1113	64
Child is getting along better with other children	920	57
Child has stopped hurting others	255	40
Child has stopped hurting himself/herself	333	54
Child has stopped or reduced use of alcohol or drugs	84	53

2011 YOUTH SERVICES SURVEY RESULTS

The YSS measures young peoples' perceptions of the mental health services they receive in five performance domains:

- access to services
- appropriateness of services
- cultural sensitivity
- participation in treatment
- treatment outcomes

Like the YSS-F, the YSS includes a cluster of questions designed to assess young peoples' perceptions of different aspects of access, appropriateness, cultural sensitivity, participation, and outcomes. For example, responses to two statements measure the perception of access to services:

- “The location of services was convenient.”
- “Services were available at times that were convenient for me.”

These questions are similar to those used in the YSS-F to assess access to services.

Each question uses a 5-point Likert scale, with responses ranging from “Strongly Agree” (5) to “Strongly Disagree” (1). The responses are used to calculate domain scores with the same methodology used to calculate domain scores with the YSS-F questions. The comparable approach of the two surveys makes it possible to compare the responses of young responders with those of their family members, both for individual questions and for overall domain scores.

The YSS includes additional questions used to measure perceptions regarding:

- current and past living arrangements
- utilization of physical healthcare services
- school absenteeism
- what has been helpful about the services the young responder has received and what would improve services

As designed by the MHSIP, the YSS instrument contains 38 questions. AMH modified the YSS instrument slightly, removing questions about the responder's date of birth and Medicaid status. Those questions were not necessary because AMH already had the participant's date of birth and the survey was sent only to

Medicaid enrollees. AMH also modified the YSS to include a “Not applicable” option for the first 21 questions.

According to the MHSIP, the YSS is appropriate for young people age 13 and older. In 2011, AMH decided to ask young people age 14 and older to complete the YSS. Using the sample provided by AMH for the YSS-F survey, Acumentra Health analysts selected young people who were at least 14 years old during the period they were in treatment. Acumentra Health used the same categories (outpatient, psychiatric residential, and psychiatric day treatment) assigned by AMH to each youth.

Appendix C presents the English and Spanish versions of the YSS questionnaire.

Survey response

Acumentra Health mailed the introductory letter to 5,210 young people on June 22, 2011. After removing those with bad addresses, those who opted out of survey participation, and those who completed the survey online, Acumentra Health mailed a paper survey to 4,956 young people. As of October 7, the day when data entry was cut off, 584 surveys had been completed, for an overall response rate of 12 percent.

Table 17 shows the response rate by the young person’s MHO. Most MHOs had response rates close to the overall response rate of 12 percent, although only 7 percent of those enrolled with CMHO returned surveys.

MHO	Number of responses	Number of surveys sent	Response rate*
ABHA	46	372	12%
CMHO	21	315	7%
FamilyCare	39	306	13%
GOBHI	58	482	12%
JBH	71	523	14%
LaneCare	89	587	15%
MVBCN	123	927	13%
VIBHS	82	757	11%
WCHHS	51	451	11%

* Indicates a statistically significant difference ($p < .05$) in response rates among MHOs.

Table 18 shows the response rate by treatment setting, and Table 19 shows the response rate by certain demographic characteristics. As shown in Table 19, female young people responded at a higher rate than did males, and White young people responded at a higher rate than did non-White young people.

Table 18. YSS response rate by treatment setting.

Setting	Number of responses	Number of surveys mailed	Response rate
Outpatient	573	4653	12%
Psychiatric Day	7	53	13%
Psychiatric Residential	4	47	9%

Table 19. YSS response rate by demographic characteristics.

Characteristic		Number of responses	Number of surveys mailed	Response rate
Gender*	Female	342	2482	14%
	Male	242	2271	11%
Age group	14–15	258	1992	13%
	16–18	326	2761	12%
Race*	Racial minorities	40	490	8%
	White (Caucasian)	438	3458	13%
Location of residence	Rural	238	1882	13%
	Urban	340	2851	12%

* Indicates a statistically significant difference ($p < .05$) in response rates among demographic groups.

Domain scores

Table 20 shows the average scores reported by the YSS and YSS-F participants for the five domains that are assessed on both survey instruments. The YSS results show a spread of domain scores resembling the YSS-F data.

Analysts tested for differences in the percentages of young YSS responders, compared with YSS-F caregivers, who were satisfied in each domain. A significantly lower percentage of YSS responders were satisfied with access to services and with treatment participation, compared with the caregivers, whereas a higher percentage of youths were satisfied in the treatment outcomes domain.

Table 20. YSS and YSS-F domain scores, 2011.		
Domain	YSS	YSS-F
Access*	65	72
Participation*	75	79
Cultural sensitivity	87	89
Appropriateness	72	69
Treatment outcomes*	65	59

* Indicates a statistically significant difference ($p < .05$) in percentage of youths satisfied in domain compared to caregivers.

Breakdown of domain scores by treatment setting was not possible because of the small numbers of responses from young people receiving services in psychiatric residential and psychiatric day treatment settings.

Table 21 shows YSS domain scores by MHO, with the 95 percent CIs. FamilyCare had the highest scores in three domains: appropriateness of services, participation in treatment, and cultural sensitivity. ABHA had the highest score in the access domain. However, the confidence intervals are relatively large because of the small numbers of responders associated with each MHO. As each MHO's CI generally overlaps those of other MHOs, the table may not reflect actual differences among MHOs. Therefore, the reader should interpret these results with caution.

Table 21. YSS domain scores by MHO, with 95 percent CI, 2011.

MHO	Appropriateness (CI)	Treatment outcomes (CI)	Participation (CI)	Cultural sensitivity (CI)	Access (CI)
ABHA	74 (61-87)	64 (50-78)	80 (68-92)	88 (79-98)	76 (63-88)
CMHO**	NA	NA	NA	NA	NA
FamilyCare	85 (73-96)	66 (51-81)	89 (80-99)*	92 (83-100)	59 (44-74)
GOBHI	70 (58-82)	60 (47-72)	74 (62-85)	80 (69-90)	54 (40-67)
JBH	63 (52-75)	65 (54-77)	70 (59-81)	80 (70-90)	63 (52-75)
LaneCare	75 (66-84)	67 (58-77)	75 (66-84)	90 (83-97)	70 (60-79)
MVBCN	72 (64-80)	64 (55-72)	74 (66-82)	89 (84-95)	67 (59-75)
VIBHS	74 (64-83)	63 (52-74)	69 (59-79)	88 (81-95)	67 (57-77)
WCHHS	67 (54-80)	67 (54-80)	78 (66-89)	85 (75-95)	55 (41-70)

* Indicates statistically significant difference ($p < 0.05$) between this MHO and other MHOs grouped together.

** Domain scores were not available because of small sample size.

Table 22 compares YSS and YSS-F domain scores by MHO. Generally, the scores reported by YSS responders were neither above nor below the scores reported by caregivers on the YSS-F. Young people served through ABHA and FamilyCare generally gave higher scores compared with their caregivers, whereas young people served through JBH gave lower scores in most domains compared with their caregivers.

Table 22. YSS and YSS-F domain scores by MHO, 2011.

MHO	Appropriateness		Treatment outcomes		Participation		Cultural sensitivity		Access	
	YSS	YSS-F	YSS	YSS-F	YSS	YSS-F	YSS	YSS-F	YSS	YSS-F
ABHA	74	64	64	50	80	74	88	90	76	67
CMHO*	NA	70	NA	54	NA	72	NA	90	NA	75
FamilyCare	85	73	66	63	89	83	92	90	59	72
GOBHI	70	63	60	51	74	75	80	84	54	72
JBH	63	69	65	59	70	79	80	86	63	75
LaneCare	75	73	67	62	75	79	90	90	70	70
MVBCN	72	72	64	63	74	84	89	90	67	72
VIBHS	74	66	63	58	69	79	88	89	67	72
WCHHS	67	71	67	68	78	84	85	92	55	71

* YSS domain scores were not available because of small sample size.

Table 23 shows YSS domain scores by demographic characteristic. Females tended to report higher domain scores, along with responders living in urban areas.

Table 23. YSS domain scores by demographic characteristics, 2011.

Characteristic		Appropriateness	Treatment outcomes	Participation	Cultural sensitivity	Access
Gender*	Female	75	63	77	88	66
	Male	68	67	72	85	63
Age group	14–15	72	63	75	86	66
	16–18	72	66	75	87	64
Race*	Racial minorities	79	71	68	86	74
	White (Caucasian)	71	62	75	86	64
Location of residence	Rural	69	60	75	86	62
	Urban	75	68	76	88	68

Comparison of youth and caregiver responses

Acumentra Health analysts matched the responses of the young people who completed the YSS with the responses of their caregivers who completed the YSS-F, to explore differences in perceptions about the services received. In 249 cases, both the young person and his or her caregiver had responded. Looking at the first 21 questions on the YSS that make up the performance domains, analysts compared the percentages of young people who reported positive perceptions with the percentages of their caregivers who responded positively to each item. Table 24 shows the result of this analysis.

In domains such as appropriateness and outcomes, the young responders tended to report more positive perceptions. For example, 75 percent of young people agreed or strongly agreed with the statement, “I got the help I wanted,” compared with the 65 percent of caregivers who agreed or strongly agreed with the statement, “We got the help we wanted for our child.” In other domains (cultural sensitivity, treatment participation), caregivers generally reported more positive perceptions. Overall, however, the scores reported by the two groups are relatively close on each question.

Table 24. Youth and caregiver perceptions of treatment services, 2011 (percent who Strongly Agree/Agree with each statement).

Domain	Question	YSS	YSS-F
Access	The location of services was convenient.	75	79
	Services were available at times that were convenient.	73	74
Outcomes	I am better at handling daily life.	72	64
	I get along better with family members.	66	67
	I get along better with friend and other people.	72	65
	I am doing better in school and/or work.	65	62
	I am better able to cope when things go wrong.	67	61
	I am satisfied with my family life right now.	64	66
Participation	I helped to choose my services.	63	75
	I helped to choose my treatment goals.	77	69
	I participated in my own treatment.	83	77
Appropriateness	I am satisfied with the services I received.	80	78
	The people helping me stuck with me no matter what.	78	77
	I felt I had someone to talk to when I was troubled.	74	81
	I received services that were right for me.	78	71
	I got the help I wanted.	75	65
	I got as much help as I needed.	70	58
Cultural sensitivity	Staff treated me with respect.	87	94
	Staff respected my family's religious/spiritual beliefs.	85	85
	Staff spoke with me in a way that I understood.	87	92
	Staff was sensitive to my cultural/ethnic background.	84	82

Additional analyses

The YSS survey contained many additional questions pertaining to recent living arrangements, school absenteeism, utilization of physical healthcare services, and arrest history. This section presents summary results on several of those questions.

Question 27 asked about different places the young responder might have lived in the previous 6 months. The responder could choose more than one place. Table 25 shows the number and percentage of young responders who said they had lived in each living situation. As shown, 14 young people (2 percent of responders) reported being homeless at some time in the previous 6 months, and 84 young people (14 percent) reported living in a foster home during that period.

Table 25. Living arrangements in the previous 6 months (n=584).

Living situation	Number	% of responders*
A. With one or both parents	378	65
B. With another family member	122	21
C. Foster home	84	14
D. Therapeutic foster home	14	2
E. Crisis shelter	5	1
F. Homeless shelter	5	1
G. Group home	13	2
H. Residential treatment center	32	5
I. Hospital	15	3
J. Local jail or detention facility	15	3
K. State correctional facility	3	1
L. Runaway/homeless/on the streets	14	2
M. Other	33	6

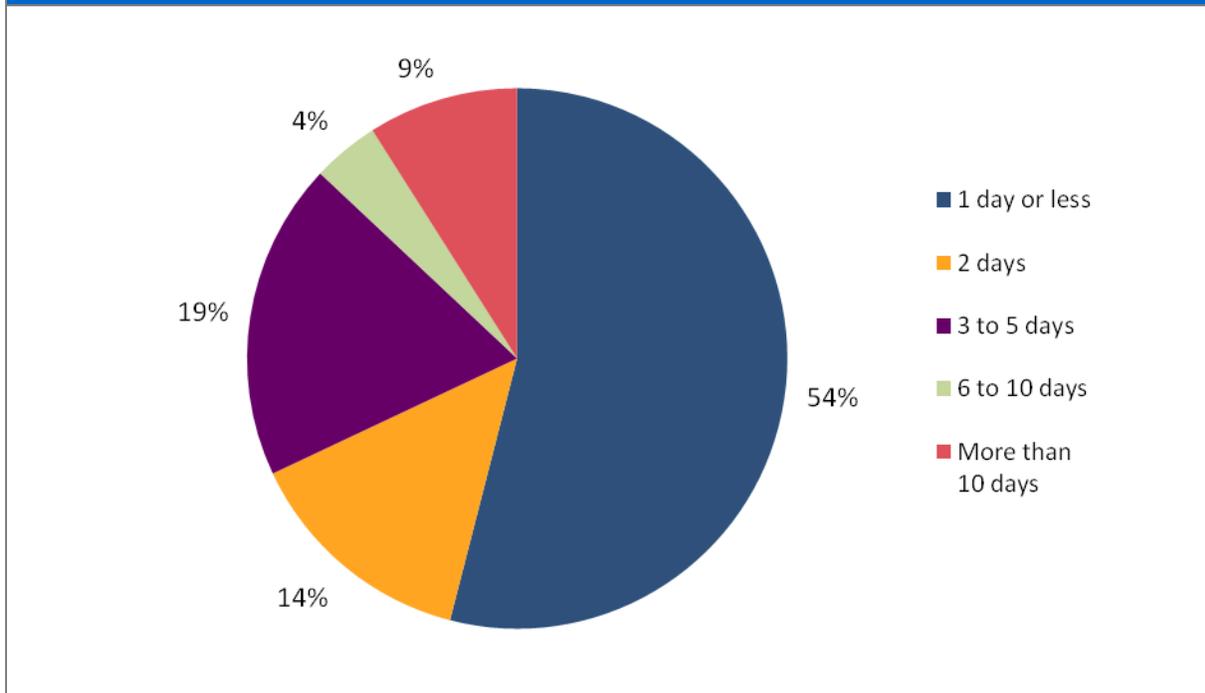
* Percentages may not add to 100 because responders could choose more than one living arrangement.

Question 26 asked, “Are you currently living with one or both parents?” Of the 567 young people who answered that question, 398 or 70 percent said “Yes.”

Question 32 asked about absence from school during the previous month. As Figure 29 shows, 9 percent of the young responders who answered the question

reported that they were absent from school more than 10 days during the previous month. The majority (54 percent) said they had been only absent 1 day or less.

Figure 29. Responses to question, “How often were you absent from school during the last month?”



Question 28 asked whether in the past year, the young person had seen a medical doctor for a checkup or because the youth was sick. Table 26 shows that of the 568 young people who answered the question, 89 (16 percent) said they had not seen a physical healthcare provider, and 20 (4 percent) said they had seen a doctor during an emergency department visit.

Table 26. Utilization of physical healthcare services in the past year.		
“In the last year, did you see a medical doctor (nurse) for a health checkup or because you were sick?”	Number	% of responders
Yes, in a clinic or office	423	74
Yes, but only in a hospital emergency room	20	4
No	89	16
Do not remember	36	6

Question 29 asked about being on medication for emotional/behavioral problems. Table 27 shows that more than half of the young responders reported being on medication.

Table 27. Current use of medications for emotional/behavioral problems.		
“Are you on medication for emotional/behavioral problems?”	Number	% of responders
Yes	303	54
No	259	46

Question 30 asked whether in the past month, the young person had been arrested by police. Of the 572 responders who answered the question, 2 percent said they had been arrested in the previous month.

DISCUSSION AND RECOMMENDATIONS

Domain scores

In the aggregate, family members who answered the 2011 YSS-F survey reported slightly more positive perceptions of their children’s mental health care in the appropriateness, treatment outcomes, and daily functioning domains compared with family members responding to the 2010 survey. The percentage of positive responses in the cultural sensitivity, treatment participation, and social connectedness domains remained the same.

Domain	2010	2011
Access	73	72
Participation	79	79
Cultural sensitivity	89	89
Appropriateness	68	69
Treatment outcomes	58	59
Social connectedness	85	85
Daily functioning	57	59

Looking back to 2003, the year AMH began surveying family members whose children received outpatient mental health services through the OHP, several trends are apparent (see data tables in Appendix B).

- Providers consistently have received high marks for cultural sensitivity, with 89 percent of family members in 2011 responding positively to questions in that area.
- Positive perceptions of appropriateness of treatment rose in 2011 to the highest score so far, 69 percent.

Coordination of systems

In 2011, as in previous years, many family members whose children received OHP mental health services reported that their children also received services from other state-funded programs or agencies. Nearly half of YSS-F responders (48 percent) reported mental healthcare providers coordinating services for their children with physical healthcare providers, compared with 49 percent in 2010. The percentage of responders reporting provider coordination with child welfare dropped from 31 percent in 2010 to 29 percent in 2011, and slight decreases were reported in other areas of care coordination as well.

Overall, at least 75 percent of family members were satisfied with the coordination of care between their children’s mental healthcare providers and each other system. Responder satisfaction was highest for care coordination with physical healthcare providers (93 percent of the outpatient children’s group, 97 percent of the group receiving psychiatric day treatment, and 80 percent of the group receiving psychiatric residential treatment).

As in 2010, more than 80 percent of responders in 2011 were satisfied with the coordination between their children’s mental health services and *all* other state-funded services. Satisfaction with coordination of services for children in outpatient care rose to 84 percent, slightly higher than the scores reported for children in the two other treatment settings—a “first” for the YSS-F survey since 2005.

Next steps and recommendations

Surveys of family members’ perceptions of OHP mental health services for children, and of coordination with other state-funded services for children, have provided valuable feedback about the state’s progress toward a more family-focused and individualized model of mental health care. Moving forward, AMH’s program evaluation would benefit from ongoing direct feedback from the young recipients themselves.

YSS-F results by performance domain appear relatively stable over the past five years, suggesting a gradual improvement in family members’ satisfaction in all domains. AMH and the MHOs need to continue efforts to improve performance across all domains, especially regarding children’s treatment outcomes and daily functioning, for which the overall scores remain below 60 percent.

Results of the first YSS survey suggest that young people receiving OHP perceive their treatment outcomes and the appropriateness of services more favorably than their family members do, whereas family members have more positive perceptions of the children’s access to services and participation in treatment.

AMH's continuing focus on improving the *coordination* of OHP mental health services with other state-funded services for children is crucial for the success of the Statewide Children's Wraparound Initiative (SCWI). Since 2009, the annual YSS-F surveys have revealed much greater satisfaction (exceeding 80 percent) with overall coordination of services for children served in all treatment settings, compared with previous years, when satisfaction ranged from 50 to 70 percent. The efforts that have achieved these positive results need to continue.

Acumentra Health believes the following additional recommendations will benefit AMH, the MHOs, and their contractors and subcontractors in further improving mental health care for children.

1. Identify and implement best practices.

AMH, in collaboration with the MHOs, should share best practices that have improved coordination of children's mental health care with physical health care and child welfare, and examine whether those (or similar) practices may help improve coordination with other systems, such as juvenile justice, the OYA, and substance abuse treatment.

2. Study experiences of families whose children no longer receive OHP mental health services to learn more about perceptions of the system.

Past surveys have revealed less positive perceptions among family members whose children no longer receive OHP mental health services, compared with families whose children still do. AMH may wish to study the experiences of families whose children no longer receive mental health treatment through OHP to determine the reasons why services were terminated and the effects that termination may have had on the family members' overall perception of the children's mental health system.

3. Use the youth survey results to inform development of the SCWI and to evaluate the impact of the Integrated Services and Supports Rule (ISSR).

As the state expands the SCWI from the current demonstration sites, AMH needs to incorporate lessons learned from the youth surveys about young responder and family experience with mental health services and supports. AMH can also use the survey results to evaluate the effects of the ISSR on consumers; for example, to determine whether services and supports are culturally competent and whether care is considered appropriate (OAR 309-032-1500 (1)(b)-(c)), and to measure the effectiveness of the care coordination rules (OAR 309-032-1530).

APPENDIX A: ADDITIONAL ANALYSIS

In addition to analyzing the data on YSS-F performance domains and coordination of services, Acumentra Health analyzed responses to the survey questions related to children’s school attendance, arrest history, and use of alcohol or illegal drugs. The following tables and charts summarize the results of frequency analysis of those data.

Children’s alcohol and drug use

Of 2,559 YSS-F responders, 3 percent reported that their children were receiving treatment for alcohol or illegal drug abuse at the time of the survey (Figure A-1). Family members also stated that they thought or knew that their children were using various legal and illegal substances, as shown in Table A-1.

Figure A-1. Status of child’s substance abuse treatment (n=2559). “Has your child received treatment for an alcohol or drug problem?”

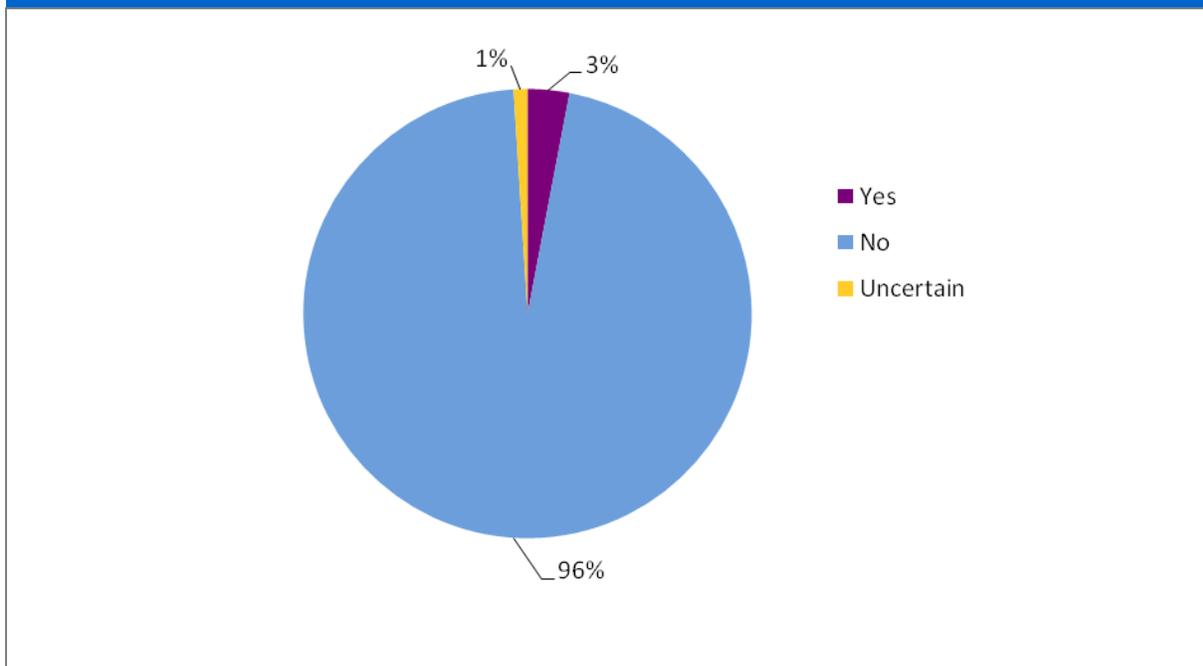


Table A-1. Responders' knowledge or suspicion of children's use of certain legal and illegal substances.

Substance	Number "Yes"	% of responses
Alcohol	291	11
Tobacco	282	10
Marijuana	296	11
Prescription drugs not prescribed to child	76	3
Other drugs	38	1
Methamphetamine	25	1
Inhalants	30	1
Cocaine or crack	22	1
Heroin	14	1

School attendance

A total of 1,184 YSS-F responders answered both questions about their children's history of suspensions from school. Of those responders, 86 percent responded "No" and 14 percent responded "Yes" to the question, "Was your child suspended in the first 12 months (or less) *after* he or she began seeing his or her current (or most recent) provider?"

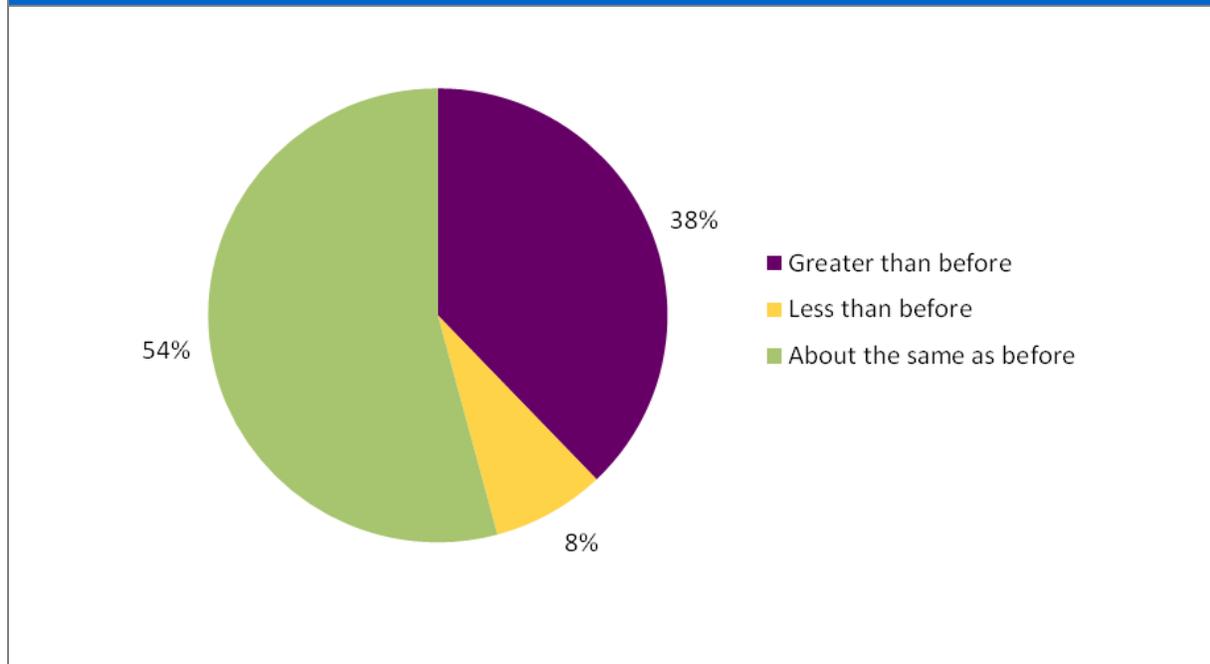
In response to the question "Was your child suspended during the 12 months *before* he or she began seeing his or her current (or most recent) provider?" 84 percent replied "No" and 16 percent "Yes."

Another question asked whether the child's school attendance had changed since he or she began to receive mental health services from the current or most recent provider. About one-third of the 2,418 survey responders said the question did not apply to them because: (1) the child had no problem with attendance before starting services, (2) the child was too young to be in school, (3) the child was expelled from school, (4) the child was home-schooled, or (5) the child dropped out of school (see Table A-2).

Table A-2. Reasons attendance question does not apply.

Reason	Number
My child had no problem with attendance before starting services.	722
My child is too young to be in school.	49
My child is home schooled.	23
My child dropped out of school.	9
My child was expelled from school.	4

Of the 1,447 responders to whom the question applied, 38 percent said the child’s attendance had increased, while 8 percent said the child’s attendance had declined (Figure A-2).

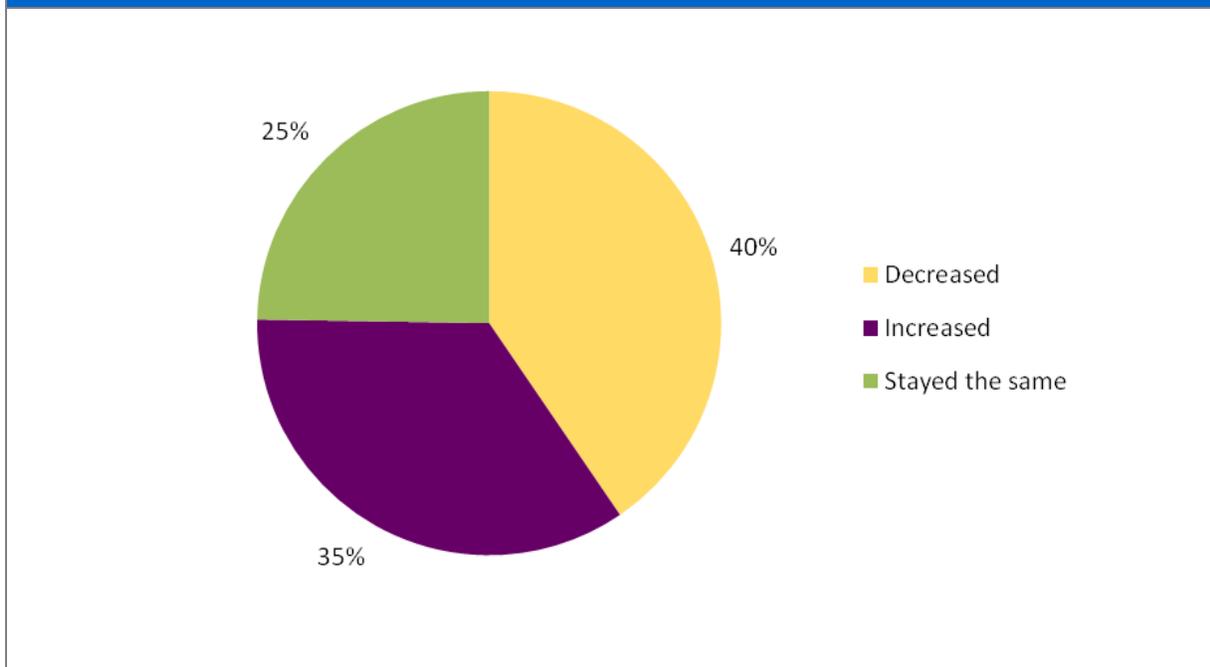
Figure A-2. School attendance since receiving mental health services (n=1447). “Since my child started to receive mental health services from this provider, the number of days my child has been in school is...”

Child’s arrest history

A total of 1,305 responders answered both survey questions about their children’s arrest history before and since seeing the child’s current or most recent mental healthcare provider. Of those responders, 3 percent responded “Yes” to both questions about whether their child was arrested: within 12 months (or less) *after* he or she began seeing the provider and in the 12 months *before*. Ninety-seven percent responded “No/Not applicable” to both questions.

Another question asked whether the child’s encounters with police had changed since the child began receiving mental health services from the current or most recent provider. Encounters were defined as times the police harassed or arrested the child, or times the child was taken to a shelter or crisis program. Among 2,564 responders, 85 percent said the question did not apply because the child had had no such encounters since receiving mental health services. Of the 388 responders for whom the question applied, 40 percent said the encounters had decreased (see Figure A-3).

Figure A-3. Child’s encounters with police since receiving mental health treatment (n=388). “Since your child began to receive mental health services from this provider, have his or her encounters with the police...”



APPENDIX B: DETAILED DATA TABLES

Tables B-1 and B-2 display YSS-F performance domain scores since 2007. Table B-2 reports data for outpatient services only, because no comparable data exist for psychiatric residential and psychiatric day treatment for years before 2005. Similarly, Table B-3 reports agreement with survey items by MHO for outpatient services only, because of the relatively low numbers of responses on behalf of children served in psychiatric residential or psychiatric day treatment facilities.

Table B-1. Domain scores: All treatment settings, 2007–2011.

Domain	2007	2008	2009	2010	2011
Access	72	69	74	73	72
Participation	76	76	78	79	79
Cultural sensitivity	88	88	88	89	89
Appropriateness	67	65	68	68	69
Treatment outcomes	58	57	59	58	59
Social connectedness	84	85	85	85	85
Daily functioning	NA	NA	NA	57	59

Table B-2. Domain scores: Outpatient setting only, 2004–2011.

Domain	2004	2005	2006	2007	2008	2009	2010	2011
Access	64	67	71	72	70	75	73	72
Participation	76	73	74	76	76	77	79	79
Cultural sensitivity	87	86	88	88	88	88	89	89
Appropriateness	67	61	63	67	65	68	68	69
Treatment outcomes	63	56	56	58	58	59	58	59
Social connectedness	NA	NA	84	84	85	85	86	85
Daily functioning	NA	NA	NA	NA	NA	NA	57	59

Table B-3. Percent of survey responders who “Agree” or “Strongly Agree” with item about their MHO: Outpatient setting only.

		2006	2007	2008	2009	2010	2011
Access to services							
1	The location of services was convenient.	79	80	78	82	82	79
2	Services were available at convenient time.	79	78	78	81	78	79
Participation in treatment							
3	I helped to choose my child’s services.	71	74	74	75	76	77
4	I helped to choose my child’s treatment goals.	75	76	75	77	77	78
5	I participated in my child’s treatment.	86	87	86	87	88	88
Cultural sensitivity							
6	Staff treated me with respect.	90	91	90	91	92	92
7	Staff respected my family’s religious beliefs.	85	86	85	84	87	85
8	Staff spoke with me in a way I can understand.	93	93	94	94	93	94
9	Staff were sensitive to my cultural background.	84	84	85	85	87	86
Appropriateness of services							
10	Overall, I am satisfied with the services.	72	74	74	74	74	76
11	The people helping my child stuck with us.	72	74	73	76	76	76

Table B-3. Percent of survey responders who “Agree” or “Strongly Agree” with item about their MHO: Outpatient setting only (cont.).

		2006	2007	2008	2009	2010	2011
Appropriateness of services (cont.)							
12	I felt my child had someone to talk to.	70	73	72	75	75	75
13	The services my child received were right.	66	68	66	68	69	71
14	My family got the help we wanted for my child.	62	64	64	65	66	66
15	My family got as much help as needed.	54	55	55	58	58	59
Treatment outcomes/Daily functioning*							
16	My child is better at handling daily life.	62	63	63	65	63	64
17	My child gets along better with family	62	64	63	63	63	64
18	My child gets along better with friends.	62	64	63	64	65	65
19	My child is doing better in school or at work.	60	61	58	60	58	61
20	My child is better able to cope when things go wrong.	53	54	53	55	54	56
21	My child is better able to do the things he/she wants to do.	59	62	59	63	60	63
22	I am satisfied with our family life right now.	62	62	60	62	61	62

* The treatment outcomes domain consists of items 16, 17, 18, 19, 20, and 22. Daily functioning consists of items 16, 17, 18, 19, 20, and 21.

Table B-4. Percent of survey responders who “Agree” or “Strongly Agree” with survey item, by treatment setting, 2011.

		Out-patient	Psychiatric Day	Psychiatric Residential
Access to services				
1	The location of services was convenient.	79	69	71
2	Services were available at convenient time.	79	71	88
Participation in treatment				
3	I helped to choose my child’s services.	77	81	88
4	I helped to choose my child’s treatment goals.	78	83	59
5	I participated in my child’s treatment.	88	100	82
Cultural sensitivity				
6	Staff treated me with respect.	92	94	94
7	Staff respected my family’s religious beliefs.	85	90	75
8	Staff spoke with me in a way I can understand.	94	100	100
9	Staff were sensitive to my cultural background.	86	90	94
Appropriateness of services				
10	Overall, I am satisfied with the services.	76	84	76
11	The people helping my child stuck with us.	76	87	76
12	I felt my child had someone to talk to.	75	88	76
13	The services my child received were right.	71	71	76
14	My family got the help we wanted for my child.	66	69	76
15	My family got as much help as needed.	59	50	69

Table B-4. Percent of survey responders who “Agree” or “Strongly Agree” with survey item, by treatment setting, 2011 (cont.).

		Out-patient	Psychiatric Day	Psychiatric Residential
Treatment outcomes/Daily functioning*				
16	My child is better at handling daily life.	64	71	71
17	My child gets along better with family.	64	65	69
18	My child gets along better with friends.	65	60	65
19	My child is doing better in school or at work.	61	65	65
20	My child is better able to cope when things go wrong.	56	55	53
21	My child is better able to do the things he/she wants to do.	63	61	65
22	I am satisfied with our family life right now.	62	63	69
Social connectedness				
23	I know people who will listen and understand me when I need to talk.	83	92	100
24	I have people that I am comfortable talking to about private things.	83	84	100
25	I have people that I am comfortable talking with about my child's problems.	86	88	94
26	I have people with whom I can do enjoyable things.	85	90	100
27	In a crisis, I would have the support I need from family or friends.	83	87	94
28	I have more than one friend.	85	88	94
29	I am happy with the friendships I have.	84	92	94

* The treatment outcomes domain consists of items 16, 17, 18, 19, 20, and 22. Daily functioning consists of items 16, 17, 18, 19, 20, and 21.

Table B-5. Percent of survey responders who “Agree” or “Strongly Agree” with survey item, by MHO, 2011.

Item	ABHA	CMHO	Family Care	GOBHI	JBH	Lane Care	MVBCN	VIBHS	WCHHS	Aggregate
1 The location of services was convenient.	79	79	81	82	81	73	78	80	77	79
2 Services were available at convenient time.	75	78	76	77	82	78	80	78	79	78
3 I helped to choose my child’s services.	72	69	84	73	76	77	81	76	80	77
4 I helped to choose my child’s treatment goals.	76	69	82	76	78	77	84	76	84	78
5 I participated in my child’s treatment.	81	87	90	86	88	88	90	86	92	88
6 Staff treated me with respect.	92	92	95	87	92	93	92	93	91	92
7 Staff respected my family’s religious beliefs.	82	82	87	81	85	86	88	85	88	85

Table B-5. Percent of survey responders who “Agree” or “Strongly Agree” with survey item, by MHO, 2011 (cont.).

Item	ABHA	CMHO	Family Care	GOBHI	JBH	Lane Care	MVBCN	VIBHS	WCHHS	Aggregate
8 Staff spoke with me in a way I can understand.	96	94	97	92	92	95	96	95	93	94
9 Staff were sensitive to my cultural background.	83	85	85	84	84	85	88	86	89	86
10 Overall, I am satisfied with the services.	71	76	82	70	77	76	79	74	78	76
11 The people helping my child stuck with us.	72	72	81	71	74	79	79	75	78	76
12 I felt my child had someone to talk to.	71	75	79	68	76	77	76	74	79	75
13 The services my child received were right.	66	71	74	63	71	74	74	67	74	71

Table B-5. Percent of survey responders who “Agree” or “Strongly Agree” with survey item, by MHO, 2011 (cont.).

Item	ABHA	CMHO	Family Care	GOBHI	JBH	Lane Care	MVBCN	VIBHS	WCHHS	Aggregate
14 My family got the help we wanted for my child.	60	64	67	60	66	69	70	65	71	66
15 My family got as much help as needed.	52	54	62	52	59	61	63	58	65	59
16 My child is better at handling daily life.	54	62	67	56	65	69	68	60	70	64
17 My child is getting along better with family.	54	60	65	58	63	66	66	65	70	64
18 My child gets along better with friends.	56	59	67	57	63	67	69	64	71	64

Table B-5. Percent of survey responders who “Agree” or “Strongly Agree” with survey item, by MHO, 2011 (cont.).

Item	ABHA	CMHO	Family Care	GOBHI	JBH	Lane Care	MVBCN	VIBHS	WCHHS	Aggregate
19 My child is doing better in school or at work.	56	62	60	56	58	62	65	56	69	61
20 My child is better able to cope when things go wrong.	43	59	60	51	54	59	58	54	63	56
21 My child is better able to do the things he/she wants to do.	52	60	67	57	63	67	64	61	70	63
22 I am satisfied with our family life right now.	50	58	65	56	62	67	64	60	70	62
23 I know people who will listen and understand me when I need to talk.	84	85	82	82	81	85	82	81	88	83

Table B-5. Percent of survey responders who “Agree” or “Strongly Agree” with survey item, by MHO, 2011 (cont.).

Item	ABHA	CMHO	Family Care	GOBHI	JBH	Lane Care	MVBCN	VIBHS	WCHHS	Aggregate
24 I have people that I am comfortable talking to about private things.	83	88	86	82	81	85	83	82	85	83
25 I have people that I am comfortable talking with about child’s problems.	87	90	89	88	85	88	84	83	89	86
26 I have people with whom I can do enjoyable things.	85	89	85	85	83	89	82	82	88	85
27 In a crisis, I would have the support I need from family or friends.	83	80	83	87	82	87	83	82	82	83
28 I have more than one friend.	84	88	86	88	81	87	85	82	89	85
29 I am happy with the friendships I have.	83	85	86	87	83	85	83	81	87	84

Table B-6. Domain scores by child's service status, 2011.

Domain	Still receiving services	Not receiving services
Access*	75	68
Participation*	84	75
Cultural sensitivity*	92	86
Appropriateness*	77	61
Treatment outcomes	61	58
Social connectedness	85	86
Daily functioning	60	59

* Indicates statistically significant difference ($p < .05$) in scores.

Table B-7. Percent satisfied with coordination of specific services, by child's service status, 2011.

Service	Still receiving services	Not receiving services
Among different providers*	93	84
Child Welfare	88	86
Oregon Youth Authority	86	78
Juvenile Justice	82	81
Special Education*	91	81
Services for Persons with Developmental Disabilities*	92	77
Substance Abuse Treatment	74	83
Physical healthcare provider	95	91

* Indicates statistically significant difference ($p < .05$) in scores.

APPENDIX C: SURVEY FORMS IN ENGLISH AND SPANISH



Study ID: [Survey_ID]

To complete this survey online, go to: <https://info.acumentra.org/Y-English/>
 Enter Passcode: [password]

Note: This survey is being mailed to the parents or caregivers of thousands of children who received a publicly funded mental health service in Oregon on or after July 1, 2010. *As the same survey is mailed to all caregivers, some questions may not apply to your child.* A few questions mention drug/alcohol use, educational challenges, or legal concerns; these questions are included because many families ask for assistance with these issues, and we wish to determine if families' needs are being met. Please skip any questions that seem inappropriate to you.

Your answers to this survey are completely confidential (private). Your answers will not be shared with your child's health care providers or with any authorities. Your answers will not affect any benefits that you or your child are receiving or might receive.

Please tell us about the [Survey type] services that your child [FIRST NAME] received between July 1, 2010 and now. If your child has received services from more than one provider since July 2010, then please rate only your child's *current* [Survey type] provider. If your child is no longer receiving [Survey type] services, then please rate only your child's *most recent* [Survey type] provider.

Please tell us if you Strongly Agree, Agree, are Undecided, Disagree, or Strongly Disagree with each statement below by circling ONE appropriate number for each statement.

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
A. The child's parent or caregiver made most of the treatment decisions, including decisions about the treatment plan and goals.	5	4	3	2	1
1. I have been satisfied with the services my child receives.	5	4	3	2	1
2. I helped to choose my child's services.	5	4	3	2	1
3. I helped to choose my child's treatment goals.	5	4	3	2	1
4. The people helping my child stuck with us no matter what.	5	4	3	2	1
5. I felt my child had someone to talk to when he or she was troubled.	5	4	3	2	1

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
6. I participated in my child's treatment.	5	4	3	2	1
7. The services my child and/or family received were right for us.	5	4	3	2	1
8. The location of services was convenient for us.	5	4	3	2	1
9. Services were available at times that were convenient for us.	5	4	3	2	1
10. My family got the help we wanted for my child.	5	4	3	2	1
11. My family got as much help as we needed for my child.	5	4	3	2	1
12. Staff treated me with respect.	5	4	3	2	1
13. Staff respected my family's religious/spiritual beliefs.	5	4	3	2	1
14. Staff spoke with me in a way that I understood.	5	4	3	2	1
15. Staff were sensitive to my cultural/ethnic background.	5	4	3	2	1
<i>AS A DIRECT RESULT OF THE MENTAL HEALTH SERVICES MY CHILD RECEIVED:</i>					
16. My child is handling daily life better.	5	4	3	2	1
17. My child is getting along better with family members.	5	4	3	2	1
18. My child is getting along better with friends and other people.	5	4	3	2	1
19. My child is doing better in school and/or at work.	5	4	3	2	1
20. My child is better able to cope when things go wrong.	5	4	3	2	1
21. My child is better able to do the things he or she wants to do.	5	4	3	2	1
22. I am more satisfied with our family life.	5	4	3	2	1

OTHER THAN MY CHILD'S MENTAL HEALTH SERVICE PROVIDERS...

23. I know people who will listen and understand me when I need to talk.	5	4	3	2	1
24. I have people that I am comfortable talking to about private things.	5	4	3	2	1
25. I have people that I am comfortable talking with about my child's problems.	5	4	3	2	1
26. I have people with whom I can do enjoyable things.	5	4	3	2	1
27. In a crisis, I would have the support I need from family or friends.	5	4	3	2	1
28. I have more than one friend.	5	4	3	2	1
29. I am happy with the friendships I have.	5	4	3	2	1

30. When did your child start receiving mental health services from his or her current (or most recent) [Survey type] provider? (Your best guess is fine.)

Month: _____ Year: _____

31a. Is your child still receiving mental health services from this provider?

- a. Yes b. No c. Don't know / Don't remember

31b. If your child is no longer receiving mental health services from this provider, about when (month and year) did your child last see this provider?

Month: _____ Year: _____

32. During the time your child was served by his or her current (or most recent) [Survey type] provider, was your child also served by:

	Yes	No	Uncertain
a. ...another mental health provider?	1	0	9
b. ...a Child Welfare worker?	1	0	9
c. ...a parole officer of the Oregon Youth Authority?	1	0	9
d. ...the local Juvenile Justice department?	1	0	9
e. ...a special education teacher?	1	0	9
f. ...a Developmental Disabilities worker?	1	0	9
g. ...an alcohol or drug treatment provider?	1	0	9
h. ...a physical health care provider?	1	0	9

33. Different service providers might be working together to help your child. If so, to what extent have you been satisfied with the *willingness and ability* of your child's current (or most recent) [Survey type] provider to work together with...

	Strongly Satisfied	Satisfied	Somewhat Satisfied	Dissatisfied	Strongly Dissatisfied	Doesn't Apply: Child <u>didn't</u> need or receive services from this provider or agency	Doesn't Apply: Child <u>did</u> need but <u>didn't</u> receive services from this provider or agency
... another mental health provider?	5	4	3	2	1	9	8
... Child Welfare?	5	4	3	2	1	9	8
...the Oregon Youth Authority?	5	4	3	2	1	9	8
... Juvenile Justice?	5	4	3	2	1	9	8
...Special Education?	5	4	3	2	1	9	8
... Developmental Disabilities?	5	4	3	2	1	9	8
...an alcohol or drug treatment provider?	5	4	3	2	1	9	8
... a physical health care provider?	5	4	3	2	1	9	8

34. What did you *expect* to happen as a result of your child receiving mental health services from his/her current (or most recent) [Survey type] provider? "I expected that my child would..." (Check all that apply.)

<input type="checkbox"/> a. "...become happier."	<input type="checkbox"/> f. "...get along better with family."
<input type="checkbox"/> b. "...become less anxious or fearful."	<input type="checkbox"/> g. "...get along better with other children."
<input type="checkbox"/> c. "...become more respectful or responsible."	<input type="checkbox"/> h. "...stop or reduce use of drugs or alcohol."
<input type="checkbox"/> d. "...feel better about himself/herself."	<input type="checkbox"/> i. "...stop hurting others."
<input type="checkbox"/> e. "...do better in school."	<input type="checkbox"/> j. "...stop hurting himself or herself."

35. What has *actually happened* as a result of your child receiving mental health services from this provider? "My child has..." (Please check all that apply.)

<input type="checkbox"/> a. "...become happier."	<input type="checkbox"/> f. "...been getting along better with family."
<input type="checkbox"/> b. "...become less anxious or fearful."	<input type="checkbox"/> g. "...been getting along better with other children."
<input type="checkbox"/> c. "...become more respectful or responsible."	<input type="checkbox"/> h. "...stopped or reduced use of drugs or alcohol."
<input type="checkbox"/> d. "...been feeling better about him/herself."	<input type="checkbox"/> i. "...stopped hurting others."
<input type="checkbox"/> e. "...done better in school."	<input type="checkbox"/> j. "...stopped hurting himself or herself."

36. If your child is no longer receiving services from this mental health service provider, then why? (Please check the ONE major reason why treatment ended)

<input type="checkbox"/> a. My child no longer needed treatment, because the problem that led to treatment was solved	<input type="checkbox"/> c. Treatment was no longer possible due to problems with transportation, paying for treatment, finding time for treatment, or other concerns <i>unrelated to treatment effectiveness</i>
<input type="checkbox"/> b. Treatment was not working as well as expected, so we stopped treatment with this provider	<input type="checkbox"/> d. Other (please explain):

37. During the time your child was served by his or her current (or most recent) **Survey type provider, did your child attend a public or private school? (If “No,” skip to question 40.)**

- a. Yes b. No c. Uncertain

38a. Was your child suspended from school during the 12 months *BEFORE* he or she began seeing this provider? (Please check one.)

- a. Yes b. No / Not Applicable c. Don’t know / Don’t remember

38b. Was your child suspended from school in the first 12 months (or less) *AFTER* s/he began seeing his or her current (or most recent) **Survey type provider? (Please check one.)** a. Yes b. No / Not Applicable c. Don’t know / Don’t remember

39a. Was your child expelled from school during the 12 months *BEFORE* he or she began seeing this provider? (Please check one.)

- a. Yes b. No / Not Applicable c. Don’t know / Don’t remember

39b. Was your child expelled from school in the first 12 months (or less) *AFTER* s/he began seeing his or her current (or most recent) **Survey type provider? (Please check one.)**

- a. Yes b. No / Not Applicable c. Don’t know / Don’t remember

40. “Since my child started to receive mental health services from this provider, the number of days my child has been in school is...” (check one)

- a. “Greater than before.”
- b. “About the same as before.”
- c. “Less than before.”
- d. Does not apply (Please select why the question does not apply:)
 - i. My child had no problem with attendance before starting services
 - ii. My child is too young to be in school
 - iii. My child was expelled from school
 - iv. My child is home schooled
 - v. My child dropped out of school
 - vi. Other

41. Encounters with police include being arrested, hassled by police, or taken by the police to a shelter or crisis program. *Since your child began to receive mental health services from this provider, have his or her encounters with the police...*

- a. Decreased (gone down) c. Stayed the same
 b. Increased (gone up) d. Doesn't apply (no encounters with police)

42a. Was your child arrested in the 12 months *BEFORE* he or she started treatment with this provider? a. Yes b. No / Not Applicable c. Don't know / Don't remember

42b. Was your child arrested in the first 12 months (or less) *AFTER* s/he began seeing his or her current (or most recent) provider? (Please check one.)

- a. Yes b. No / Not Applicable c. Don't know / Don't remember

43. Many children and teens use alcohol or drugs. Which of the following substances do you suspect or know that your child has used? (Check all that apply)

A. Alcohol	<input type="checkbox"/>
B. Tobacco (e.g., cigarettes)	<input type="checkbox"/>
C. Marijuana	<input type="checkbox"/>
D. Cocaine or Crack	<input type="checkbox"/>
E. Methamphetamine	<input type="checkbox"/>
F. Inhalants (e.g., breathing glue or paint to get high)	<input type="checkbox"/>
G. Heroin	<input type="checkbox"/>
H. Prescription drugs not prescribed to child (e.g., pain killers such as oxycontin, antianxiety such as xanax, stimulants such as ritalin)	<input type="checkbox"/>
I. Other drugs <u>not</u> sold in stores and <u>not</u> prescribed for your child by a doctor such as Ecstasy, LSD	<input type="checkbox"/>

44. Do you believe that your child either has abused or now abuses alcohol or drugs?

- a. Yes b. No c. Uncertain

45. Has your child received treatment for an alcohol or drug abuse problem?

- a. Yes b. No c. Uncertain

46. In the past 3 years, how many times has your child changed residence (for example, moved from one house to another house, or moved from home to residential treatment)?

_____ time(s) *or* Don't know / Don't remember

Federal authorities require us to ask you the following questions. Your response is appreciated but optional:

47. Is your child of Spanish/Hispanic/Latino Origin?

- a. Hispanic or Latino/a b. Not Hispanic or Latino/a

48. What is your child's race? (Check all races that you consider your child to be.)

- a. American Indian/Alaska Native c. Black (African American) f. Other
 b. Native Hawaiian/Other Pacific Islander d. Asian e. White (Caucasian)

Thank you for your time and cooperation in completing this questionnaire!



Para acceder a la encuesta en línea, visite: <https://info.acumentra.org/Y-Spanish/>

Ingrese su contraseña: [password]

Nota: Esta encuesta se envía a los proveedores de cuidado de miles de niños que recibieron servicios de salud mental financiados con fondos públicos en Oregon desde el 1º de julio de 2010 y hoy. *Como todos los proveedores de cuidado reciben la misma encuesta, es posible que algunas preguntas no se apliquen a su hijo.* Algunas de las preguntas mencionan el uso de drogas/alcohol, dificultades educativas o preocupaciones legales. Estas preguntas se incluyen porque muchas familias solicitan asistencia para estos temas y deseamos determinar si se están cubriendo las necesidades de las familias. Por favor saltee cualquier pregunta que le parezca inapropiada.

Sus respuestas a esta encuesta serán completamente confidenciales (privadas). Sus respuestas no se compartirán con los proveedores de cuidado de la salud de su hijo ni con ninguna otra autoridad. Tampoco afectarán los beneficios que usted o su hijo están recibiendo o podrían recibir.

Por favor hablemos sobre los servicios de [Survey_type] que su hijo [FIRST NAME] recibió entre el 1º de julio de 2010 y hoy. Si su hijo recibió servicios de más de un proveedor desde julio de 2010, por favor evalúe sólo al proveedor *actual* de [Survey_type] de su hijo. Si su hijo ya no recibe servicios de [Survey_type], por favor evalúe sólo al proveedor *más reciente* de [Survey_type].

Por favor díganos si usted está Totalmente de acuerdo, De acuerdo, Indeciso, En desacuerdo o Totalmente en desacuerdo con cada uno de los siguientes enunciados marcando con un círculo UN número apropiado para cada enunciado.

	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo
A. El padre o proveedor de cuidado del niño tomó la mayoría de las decisiones sobre el tratamiento, incluyendo decisiones referentes al plan y a los objetivos del tratamiento.	5	4	3	2	1
1. Estoy satisfecho con los servicios que recibe mi hijo.	5	4	3	2	1
2. Ayudé a elegir los servicios para mi hijo.	5	4	3	2	1
3. Ayudé a elegir los objetivos del tratamiento de mi hijo.	5	4	3	2	1

	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo
4. Las personas que ayudaban a mi hijo permanecieron firmes con nosotros en todo momento.	5	4	3	2	1
5. Sentí que mi hijo siempre tuvo a alguien con quién hablar cuando tenía problemas.	5	4	3	2	1
6. Participé en el tratamiento de mi hijo.	5	4	3	2	1
7. Los servicios que recibió mi hijo y/o mi familia fueron los correctos.	5	4	3	2	1
8. La ubicación de los servicios era conveniente para nosotros.	5	4	3	2	1
9. Los servicios estaban disponibles en horarios que nos convenían.	5	4	3	2	1
10. Mi familia obtuvo la ayuda que deseábamos para mi hijo.	5	4	3	2	1
11. Mi familia obtuvo toda la ayuda que necesitábamos para mi hijo.	5	4	3	2	1
12. El personal me trató con respeto.	5	4	3	2	1
13. El personal respetó las creencias religiosas / espirituales de mi familia.	5	4	3	2	1
14. El personal me habló de tal manera que los pude entender.	5	4	3	2	1
15. El personal respetó mi entorno cultural / étnico.	5	4	3	2	1
COMO RESULTADO DIRECTO DE LOS SERVICIOS DE SALUD MENTAL QUE RECIBÍ MI HIJO:					
16. Mi hijo está manejando mejor su vida diaria.	5	4	3	2	1
17. Mi hijo se está llevando mejor con los miembros de la familia.	5	4	3	2	1
18. Mi hijo se está llevando mejor con sus amigos y otras personas.	5	4	3	2	1
19. A mi hijo le está yendo mejor en la escuela y/o el trabajo.	5	4	3	2	1
20. Mi hijo enfrenta mejor las cosas que salen mal.	5	4	3	2	1
21. Mi hijo es capaz de hacer las cosas que quiere hacer.	5	4	3	2	1
22. Estoy más satisfecho con nuestra vida familiar.	5	4	3	2	1
OTRAS PERSONAS QUE NO SEAN LOS PROVEEDORES DE SERVICIOS DE MI HIJO:					
23. Conozco personas que me escuchan y entienden cuando necesito hablar.	5	4	3	2	1

	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo
24. Tengo personas con las cuales tengo confianza para hablar de cosas privadas.	5	4	3	2	1
25. Tengo personas con las cuales tengo confianza para hablar acerca de los problemas de mi hijo.	5	4	3	2	1
26. Tengo personas con las que puedo hacer cosas agradables.	5	4	3	2	1
27. En una crisis, tengo el apoyo que necesito de mi familia o amigos.	5	4	3	2	1
28. Tengo más de un amigo.	5	4	3	2	1
29. Estoy feliz con los amigos que tengo.	5	4	3	2	1

30. ¿Cuándo comenzó su hijo a recibir servicios de su proveedor actual (o más reciente) de [Survey_type]? (una fecha aproximada está bien)

Mes: _____ Año: _____

31a. ¿Su hijo todavía recibe servicios de salud mental de este proveedor?

Sí No No sé / No recuerdo

31b. Si su hijo ya no recibe servicios de salud mental de este proveedor ¿cuándo vio su hijo por última vez a este proveedor (mes y año aproximados)?

Mes: _____ Año: _____

32. Durante el tiempo en que su hijo recibía servicios de su proveedor actual (o más reciente) de [Survey_type], ¿atendía también a su hijo:

	Sí	No	Indeciso
a. ...otro proveedor de salud mental?	1	0	9
b. ...un trabajador de Bienestar de niños?	1	0	9
c. ...un supervisor de libertad bajo palabra de la Autoridad de menores de Oregón?	1	0	9
d. ...el departamento de Justicia de menores local?	1	0	9
e. ...un maestro de educación especial?	1	0	9
f. ...un trabajador de Discapacidades del desarrollo?	1	0	9
g. ...un proveedor de tratamiento de alcohol o drogas?	1	0	9
h. ...un proveedor de atención de la salud física?	1	0	9

33. Puede haber distintos proveedores de servicios trabajando juntos para ayudar a su hijo. Si es así, ¿en qué medida estuvo usted satisfecho con la voluntad y capacidad del proveedor actual de [Survey_type] de su hijo para trabajar con ...

	Muy satisfecho	Satisfecho	Algo satisfecho	Insatisfecho	Muy insatisfecho	No corresponde (el niño no necesitó o no recibió servicios de este proveedor o agencia)	No corresponde (el niño necesitó pero no recibió servicios de este proveedor o agencia)
...otro proveedor de salud mental?	5	4	3	2	1	9	8
...Bienestar de niños?	5	4	3	2	1	9	8
...la Autoridad de menores de Oregón?	5	4	3	2	1	9	8
...Justicia de menores?	5	4	3	2	1	9	8
...Educación especial?	5	4	3	2	1	9	8
...Discapacidades del desarrollo?	5	4	3	2	1	9	8
...un proveedor de tratamiento de alcohol o drogas?	5	4	3	2	1	9	8
...un proveedor de atención de la salud física?	5	4	3	2	1	9	8

34. ¿Qué esperaba usted que sucediera gracias a los servicios de salud mental [Survey_type] que su hijo recibió de su proveedor actual (o más reciente)? “Esperaba que mi hijo...” (Marque todo lo que corresponda.)

<input type="checkbox"/> a. “...se sintiera más feliz.”	<input type="checkbox"/> f. “...se llevara mejor con la familia.”
<input type="checkbox"/> b. “...se volviera menos ansioso o temeroso.”	<input type="checkbox"/> g. “...se llevara mejor con otros niños.”
<input type="checkbox"/> c. “...se volviera más respetuoso o responsable.”	<input type="checkbox"/> h. “...detuviera o redujera el uso de drogas o alcohol.”
<input type="checkbox"/> d. “...tuviera una mejor imagen de sí mismo.”	<input type="checkbox"/> i. “...dejara de lastimar a otros.”
<input type="checkbox"/> e. “...le fuera mejor en la escuela.”	<input type="checkbox"/> j. “...dejara de lastimarse a sí mismo.”

35. ¿Qué sucedió en realidad gracias a los servicios de salud mental que su hijo recibió de este proveedor? “Mi hijo ...” (Por favor marque todo lo que corresponda.)

<input type="checkbox"/> a. “...se siente más feliz.”	<input type="checkbox"/> f. “...se lleva mejor con la familia.”
<input type="checkbox"/> b. “...se ha vuelto menos ansioso o temeroso.”	<input type="checkbox"/> g. “...se lleva mejor con otros niños.”
<input type="checkbox"/> c. “...se ha hecho más respetuoso o responsable.”	<input type="checkbox"/> h. “...dejó de usar o redujo el uso de drogas o alcohol.”
<input type="checkbox"/> d. “...tiene una mejor imagen de sí mismo.”	<input type="checkbox"/> i. “...dejó de lastimar a otros.”
<input type="checkbox"/> e. “...le va mejor en la escuela.”	<input type="checkbox"/> j. “...dejó de lastimarse a sí mismo.”

36. Si su hijo ya no recibe servicios de este proveedor de salud mental, ¿por qué razón? (Por favor marque la principal razón (sólo UNA) por la que terminó el tratamiento.)

<input type="checkbox"/> a. Mi hijo ya no necesitó tratamiento porque el problema que condujo al tratamiento fue solucionado.	<input type="checkbox"/> c. El tratamiento ya no era posible debido a problemas de transporte, pago del tratamiento, falta de tiempo para el tratamiento u otras inquietudes <i>no relacionadas con la efectividad del tratamiento.</i>
<input type="checkbox"/> b. El tratamiento no estaba dando los resultados esperados, entonces detuvimos el tratamiento con este proveedor.	<input type="checkbox"/> d. Otro (por favor explique):

37. Durante el tiempo en que su hijo recibía atención de su proveedor actual (o más reciente) de [Survey_type], ¿asistió su hijo a una escuela pública o privada? (Si la respuesta es “No,” pase a la pregunta 40.)

- a. Sí b. No c. No estoy seguro

38a. ¿Suspendieron a su hijo de la escuela en los primeros 12 meses (o menos) DESPUÉS de comenzar a ver a su proveedor actual (o más reciente) de [Survey_type]? (Por favor marque uno.)

- a. Sí b. No / No corresponde c. No sé / No recuerdo

38b. ¿Suspendieron a su hijo de la escuela durante los 12 meses ANTES de que comenzara a ver a este proveedor? (Por favor marque uno.)

- a. Sí b. No / No corresponde c. No sé / No recuerdo

39a. ¿Expulsaron a su hijo de la escuela durante los primeros 12 meses (o menos) DESPUÉS de que comenzara a ver a su proveedor actual (o más reciente) de [Survey_type]? (Por favor marque uno.)

- a. Sí b. No / No corresponde c. No sé / No recuerdo

39b. ¿Expulsaron a su hijo de la escuela durante los 12 meses ANTERIORES a que comenzara a ver a este proveedor? (Por favor marque uno.)

- a. Sí b. No / No corresponde c. No sé / No recuerdo

40. Desde que mi hijo comenzó a recibir servicios de salud mental de este proveedor, la cantidad de días que mi hijo ha pasado en la escuela es:

- a. Mayor que antes.
 b. Aproximadamente la misma que antes.
 c. Menor que antes.
 d. No corresponde (*seleccione por qué la pregunta no corresponde:*)
- | | |
|--|--|
| <input type="checkbox"/> i. Mi hijo no tenía problemas con la asistencia antes de iniciar los servicios. | <input type="checkbox"/> iv. Mi hijo recibe educación en el hogar. |
| <input type="checkbox"/> ii. Mi hijo es muy pequeño para asistir a la escuela. | <input type="checkbox"/> v. Mi hijo abandonó la escuela. |
| <input type="checkbox"/> iii. Mi hijo fue expulsado de la escuela. | <input type="checkbox"/> vi. Otro. |

41. Los problemas con la policía incluyen arrestos, inconvenientes con la policía, o que la policía lleve al niño a un refugio o programa para adolescentes en crisis. Desde que su hijo comenzó a

recibir servicios de salud mental de este proveedor, ¿cómo evolucionaron sus problemas con la policía?

- a. Se redujeron (menos problemas) b. Siguieron siendo los mismos
 c. Aumentaron (más problemas) d. No corresponde (nunca tuvo problemas con la policía)

42a. ¿Fue su hijo arrestado durante los primeros 12 meses (o menos) *DESPUÉS* de comenzar a ver a su proveedor actual (o más reciente)? *(Por favor marque uno.)*

- a. Sí b. No / No corresponde c. No sé / No recuerdo

42b. ¿Fue su hijo arrestado durante los 12 meses *ANTERIORES* a comenzar el tratamiento con este proveedor?

- Sí No / No corresponde No sé / No recuerdo

43. Muchos niños y adolescentes consumen alcohol o drogas. ¿Cuáles de las siguientes sustancias piensa usted que el niño ha consumido?

A. Alcohol	<input type="checkbox"/>
B. Tabaco (por ej., cigarrillos)	<input type="checkbox"/>
C. Marihuana	<input type="checkbox"/>
D. Cocaína o crack	<input type="checkbox"/>
E. Metanfetaminas	<input type="checkbox"/>
F. Sustancias para inhalar (por ej., inhalar pegamento o pintura para subir el ánimo)	<input type="checkbox"/>
G. Heroína	<input type="checkbox"/>
H. Drogas de prescripción no prescritas al niño o a la niña (e.g., drogas para el dolor tales como oxycontin, para la ansiedad tales como xanax, estimulantes tales como ritalin)	<input type="checkbox"/>
I. Otras drogas que <u>no</u> se venden en negocios y que <u>ningún</u> médico recetó al niño	<input type="checkbox"/>

44. ¿Cree usted que su hijo ha abusado o ahora abusa de alcohol o drogas?

- a. Sí b. No c. No estoy seguro

45. ¿Ha recibido su hijo tratamiento por un problema de abuso de alcohol o drogas?

- a. Sí b. No c. No estoy seguro

46. En los últimos 3 años, ¿cuántas veces cambió su hijo de domicilio (por ejemplo, se mudó de un hogar a otro o se mudó del hogar a un tratamiento hospitalario)?

_____ vez(ces) o No sé / No recuerdo

Las autoridades federales requieren que hagamos las siguientes preguntas. Su respuesta será apreciada pero es opcional:

47. ¿El origen del niño es español / hispano / latino?

- Hispano o latino No hispano o latino

48. ¿Cuál es la raza del niño? *(marque todas las razas que correspondan)*

- a. Indígena americano o nativo de Alaska d. Asiático
 b. Nativo de Hawai o de otras islas del Pacífico e. Blanco (caucásico)
 c. Negro (afroamericano) f. Otro

¡Gracias por su tiempo y cooperación para responder este cuestionario!



To complete this survey online, go to: <https://info.acumentra.org/YSS-English/>

Enter Passcode: [password]

Note: This survey is being mailed to thousands of youth who received mental health services under the Oregon Health Plan on or after July 1, 2010. The same survey is mailed to all youth, so some questions may not apply to you, such as foster care or encounters with the law; we include them because it is important for DHS to understand how youth in Oregon might benefit from supports and services other than, or in addition to, mental health services. Please skip any questions that seem inappropriate to you. Your answers are completely confidential (private) and will not be shared with your health care providers or with any authorities. Your answers will not affect any benefits that you are receiving or might receive.

We would like to know what you think about the [Survey-Type] services you received between July 1, 2010 and now. If you received [Survey-Type] services from more than one provider since July 2010, then please rate only your current provider (if you have one) or your most recent provider.

Please tell us how much you agree or disagree with each statement below by circling ONE number after each statement. If the statement is about something you haven't experienced, circle the 9 to indicate it doesn't apply to you. AGAIN, these statements refer ONLY to your CURRENT (or MOST RECENT) [Survey-Type] service provider.

Table with 7 columns: Statement, Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, Not Applicable. Rows 1-21 include statements about service satisfaction and outcomes, with a section header 'AS A DIRECT RESULT OF SERVICES I RECEIVED:' before rows 16-21.

22. What has been the most helpful thing about the services you received over the last 6 months? _____

23. What would improve services here? _____

Please answer the following questions to let us know how you are doing.

24. How long did you receive services from this provider?

<input type="checkbox"/> a. Less than 1 month	<input type="checkbox"/> c. 3-5 months	<input type="checkbox"/> e. More than 1 year
<input type="checkbox"/> b. 1-2 months	<input type="checkbox"/> d. 6 months to 1 year	

25. Are you still getting services from this provider? a. Yes b. No

26. Are you currently living with one or both parents? a. Yes b. No

27. Have you lived in any of the following places in the last 6 months? (CHECK ALL THAT APPLY)

<input type="checkbox"/> a. With one or both parents	<input type="checkbox"/> h. Residential treatment center
<input type="checkbox"/> b. With another family member	<input type="checkbox"/> i. Hospital
<input type="checkbox"/> c. Foster home	<input type="checkbox"/> j. Local jail or detention facility
<input type="checkbox"/> d. Therapeutic foster home	<input type="checkbox"/> k. State correctional facility
<input type="checkbox"/> e. Crisis shelter	<input type="checkbox"/> l. Runaway/homeless/on the streets
<input type="checkbox"/> f. Homeless shelter	<input type="checkbox"/> m. Other (describe):
<input type="checkbox"/> g. Group home	

28. **In the last year**, did you see a medical doctor (nurse) for a health check up or because you were sick? (Check one)

- a. Yes, in a clinic or office b. Yes, but only in a hospital emergency room
 c. No c. Don't know / Don't remember

29. **Are you on medication for emotional/behavioral problems?** a. Yes b. No

29a. **If yes, did the doctor/ nurse tell you what side effects to watch for?** a. Yes b. No

30. **In the last month, have you been arrested by the police?**

- a. Yes b. No / Not Applicable c. Don't know / Don't remember

31. **In the last month, did you go to court for something you did?**

- a. Yes b. No / Not Applicable c. Don't know / Don't remember

32. How often were you absent from school during the last month?

<input type="checkbox"/> a. 1 day or less	<input type="checkbox"/> e. More than 10 days
<input type="checkbox"/> b. 2 days	<input type="checkbox"/> f. Not applicable/not in school
<input type="checkbox"/> c. 3 to 5 days	<input type="checkbox"/> g. Do not remember
<input type="checkbox"/> d. 6 to 10 days	

Please answer the following questions to let us know a little about you.

33. **Are you of Spanish/Hispanic/Latino Origin?** a. Yes b. No

34. **What is your race? (Check all the races that you consider yourself to be)**

- a. American Indian or Alaska Native d. Asian
 b. Black (African American) e. White (Caucasian)
 c. Native Hawaiian or Other Pacific Islander f. Other

Gender: ___Male ___Female

Birth Date: _____

Thank you for your time and cooperation in completing this questionnaire!



Para llenar esta encuesta en línea, visita: <https://info.acumentra.org/YSS-Spanish/>
Escribe la contraseña: [password]

Nota: Esta encuesta se enviará a miles de jóvenes que recibieron servicios de salud mental a través del Plan de Salud de Oregon el o después del 1 de julio de 2010. *A todos los jóvenes se les envía la misma encuesta, así que algunas preguntas tal vez no correspondan a tu caso*, tales como cuidado de crianza o encuentros con la ley; los incluimos porque para DHS es importante entender la forma en que los jóvenes de Oregon podrían beneficiarse con otros apoyos y servicios además de los servicios de salud mental. Omite cualquier pregunta que te parezca inapropiada para tu caso. Las respuestas son **totalmente confidenciales** (privadas) y **no** las compartiremos con tus proveedores del cuidado de la salud ni con ninguna autoridad. Las respuestas que des **no** afectarán ningún beneficio que recibas o pudieras recibir.

Nos gustaría saber qué piensas sobre los servicios de [Survey Type] que recibiste entre el **1 de julio de 2010 y el presente**. Si recibiste servicios de [Survey Type] de parte de más de un proveedor desde julio de 2010, **por favor califica sólo a tu proveedor actual (si tienes uno) o a tu proveedor más reciente**.

Cuéntanos en qué grado estás de acuerdo o en desacuerdo con cada una de las declaraciones que presentamos a continuación haciendo un círculo en UN número de los que aparece después de cada declaración. Si se trata de algo que no has experimentado, selecciona el 9 para indicar que no se aplica a tu caso. **UNA VEZ MÁS, estas declaraciones SÓLO se refieren a tu proveedor de servicios de [Survey Type] ACTUAL (o MÁS RECIENTE).**

	Totalmente de acuerdo	De acuerdo	Neutral	En desacuerdo	Totalmente en desacuerdo	No corresponde
1. Estoy conforme con los servicios que recibí.	5	4	3	2	1	9
2. Ayudé a elegir mis servicios.	5	4	3	2	1	9
3. Ayudé a elegir las metas de mi tratamiento.	5	4	3	2	1	9
4. Las personas que me ayudaron se quedaron conmigo sin importar lo que pasara.	5	4	3	2	1	9
5. Sentí que tenía a alguien con quien hablar cuando estaba preocupado.	5	4	3	2	1	9
6. Participé en mi propio tratamiento.	5	4	3	2	1	9
7. Recibí servicios adecuados para mí.	5	4	3	2	1	9
8. La ubicación de los servicios fue conveniente.	5	4	3	2	1	9
9. Los servicios estaban disponibles en horarios que eran convenientes para mí.	5	4	3	2	1	9
10. Conseguí la ayuda que quería.	5	4	3	2	1	9
11. Recibí toda la ayuda que necesitaba.	5	4	3	2	1	9
12. El personal me trató con respeto.	5	4	3	2	1	9
13. El personal respetó las creencias religiosas/espirituales de mi familia.	5	4	3	2	1	9
14. El personal me habló de una forma que entendí.	5	4	3	2	1	9
15. El personal era consciente de mi contexto cultural/étnico.	5	4	3	2	1	9
COMO RESULTADO DIRECTO DE LOS SERVICIOS QUE RECIBÍ:						
16. Puedo manejar mejor la vida diaria.	5	4	3	2	1	9
17. Me llevo mejor con mis parientes.	5	4	3	2	1	9
18. Me llevo mejor con amigos y otras personas.	5	4	3	2	1	9
19. Me va mejor en la escuela y/o trabajo.	5	4	3	2	1	9
20. Puedo sobrellevar mejor la	5	4	3	2	1	9

situación cuando las cosas salen mal.						
21. En la actualidad estoy conforme con mi vida familiar.	5	4	3	2	1	9

22. ¿Qué ha sido lo más útil respecto de los servicios que recibiste en los últimos 6 meses?

23. ¿Cómo se podrían mejorar los servicios aquí? _____

Responde las siguientes preguntas para que sepamos cómo estás.

24. ¿Durante cuánto tiempo recibiste servicios en este Centro?

<input type="checkbox"/> a. Menos de 1 mes	<input type="checkbox"/> c. 3-5 meses	<input type="checkbox"/> e. Más de 1 año
<input type="checkbox"/> b. 1-2 meses	<input type="checkbox"/> d. 6 meses a 1 año	

25. ¿Todavía recibes servicios en este Centro? a. Sí b. No

26. ¿En la actualidad vives con uno de tus padres o ambos? a. Sí b. No

27. ¿Has vivido en alguno de los siguientes lugares en los últimos 6 meses? (MARCA TODOS LOS QUE CORRESPONDAN)

<input type="checkbox"/> a. Con uno o ambos padres	<input type="checkbox"/> h. Centro de tratamiento residencial
<input type="checkbox"/> b. Con otro pariente	<input type="checkbox"/> i. Hospital
<input type="checkbox"/> c. Hogar de crianza	<input type="checkbox"/> j. Prisión local o centro de detención
<input type="checkbox"/> d. Hogar de crianza terapéutico	<input type="checkbox"/> k. Centro correccional estatal
<input type="checkbox"/> e. Refugio para crisis	<input type="checkbox"/> l. Fugitivo/sin hogar/en las calles
<input type="checkbox"/> f. Refugio para personas sin hogar	<input type="checkbox"/> m. Otro (describa):
<input type="checkbox"/> g. Hogar comunitario	

28. Durante el último año, ¿visitaste a un médico (enfermera) para hacerte un examen médico o porque estuviste enfermo? (Marca una)

- a. Sí, en una clínica o consultorio c. No
- b. Sí, pero sólo en la sala de emergencia de un hospital d. No sé / No recuerdo

29. ¿Estás tomando medicamentos por problemas emocionales/del comportamiento?

- a. Sí b. No

29a. Si contestaste sí, ¿te dijo el médico/enfermera qué efectos secundarios podrías presentar?

- a. Sí b. No

30. ¿Fuiste arrestado por la policía en el último mes?

- a. Sí b. No / No corresponde c. No sé / No recuerdo

31. ¿Te presentaste ante un tribunal por algo que hiciste en el último mes?

- a. Sí b. No / No corresponde c. No sé / No recuerdo

32. ¿Cuántos días faltaste a la escuela en el último mes?

<input type="checkbox"/> a. 1 día o menos	<input type="checkbox"/> e. Más de 10 días
<input type="checkbox"/> b. 2 días	<input type="checkbox"/> f. No corresponde/no voy a la escuela
<input type="checkbox"/> c. 3 a 5 días	<input type="checkbox"/> g. No recuerdo
<input type="checkbox"/> d. 6 a 10 días	

Responde las siguientes preguntas para que podamos saber un poco sobre ti.

33. ¿Eres de origen español/hispano/latino? a. Sí b. No

34. ¿Cuál es tu raza? (Marca todas las razas que consideras parte de ti)

- a. Indígena americano o nativo de Alaska d. Asiático
- b. Negro (afroamericano) e. Blanco (Caucásico)
- c. Nativo de Hawái u otra isla del Pacífico f. Otra

Género: ___ Hombre ___ Mujer Fecha de nacimiento: _____

¡Gracias por tu tiempo y cooperación para llenar este cuestionario!