



2012 Oregon Youth Services Survey for Families, and Youth Services Survey

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

Final Report

January 2013

Contract #120923-8

Presented by

Acumentra Health

2020 SW Fourth Avenue, Suite 520

Portland, Oregon 97201-4960

Phone 503-279-0100

Fax 503-279-0190

2012 Oregon Youth Services Survey for Families and Youth Services Survey

Final Report

January 2013

Presented to the Oregon Health Authority,
Addictions and Mental Health Division

Acumentra Health prepared this report under contract with the Oregon Health Authority, Addictions and Mental Health Division (Contract No. 120923-8).

Director, State and Private Services..... Michael Cooper, RN, MN

Account Manager Jody Carson, RN, MSW, CPHQ

Project Coordinator Ellen Gehringer

Research Analyst..... Clifton Hindmarsh, MS

Writer/Editor Erica Steele Adams

TABLE OF CONTENTS

TABLE OF CONTENTS.....	i
INDEX OF TABLES AND FIGURES	ii
EXECUTIVE SUMMARY	1
INTRODUCTION	5
METHODOLOGY.....	7
Survey Data Security and Quality Assurance Procedures	7
Survey Methods.....	8
Data Analysis.....	9
2012 YSS-F RESULTS	10
Survey Response.....	10
Domain Scores.....	12
Demographic Comparisons	29
Domain Scores by Child’s Service Status.....	36
Coordination of Services	37
Satisfaction with Coordination between Systems	39
Caregivers’ Expectations about the Results of their Children’s Mental Health Treatment.....	42
Additional Analyses	44
2012 YOUTH SERVICES SURVEY RESULTS	49
Survey Response.....	50
Domain Scores.....	52
Comparison of Youth and Caregiver Responses.....	55
Additional Analyses	56
DISCUSSION AND RECOMMENDATIONS.....	60
Domain Scores.....	60
Coordination of Systems	61
YSS Response.....	61
Next Steps and Recommendations	62
APPENDIX A: DETAILED DATA TABLES.....	A-1
APPENDIX B: SURVEY FORMS IN ENGLISH AND SPANISH	B-1

INDEX OF TABLES AND FIGURES

Table 1. YSS-F Response Rate by MHO.	11
Table 2. YSS-F Response Rate by Treatment Setting.....	11
Table 3. YSS-F Response Rate by Demographic Characteristics.	12
Table 4. Domain Scores by Treatment Setting, with 95% CI, 2012.	14
Table 5. Domain Scores by Treatment Setting, 2011–2012.....	14
Table 6. 2012 PacificSource Domain Scores.....	28
Table 7. Domain Scores by Child’s Age, 2010–2012.	30
Table 8. Domain Scores by Child’s Gender, 2010–2012.	31
Table 9. Domain Scores by Rural/Urban Residence, 2010–2012.	33
Table 10. Percent (n) Satisfied with Coordination of Agency-Specific Services for Children 2012.....	39
Table 11. Percent (n) of Responders Satisfied with Coordination of Agency-Specific Services, by MHO, 2012.....	40
Table 12. Percent (n) Satisfied with Coordination of All Services to their Children, by MHO, 2010–2012.	42
Table 13. Expectations for the Child’s Mental Health Treatment (N=1984)......	43
Table 14. Results of the Child’s Mental Health Treatment	43
Table 15. Child’s Individual Services and Supports Plan Supports the Following:	44
Table 16. Reasons Attendance Question Does Not Apply.	46
Table 17. YSS Response Rate by Treatment Setting.	50
Table 18. YSS Response Rate by Demographic Characteristics.....	51
Table 19. YSS Response Rate by MHO.	51
Table 20. YSS and YSS-F Domain Scores, 2012.....	52
Table 21. YSS Domain Scores by MHO, with 95% CI, 2012.	53
Table 22. YSS and YSS-F Domain Scores by MHO, 2012.	54
Table 23. YSS Domain Scores by Demographic Characteristics, 2012.....	55
Table 24. Youth and Caregiver Perceptions of Treatment Services, 2012 (Percent who Strongly Agree/Agree with Each Statement).....	56

Table 25. Living Arrangements in the Previous Six Months (n=635).	57
Table 26. Utilization of Physical Healthcare Services in the Past Year.	59
Table 27. Current Use of Medications for Emotional/Behavioral Problems.	59
Table 28. YSS-F and YSS Domain Scores, 2011–2012.....	60
Table A-1. Domain Scores: All Treatment Settings, 2008–2012.....	A-1
Table A-2. Domain Scores: Outpatient Setting Only, 2005–2012.....	A-1
Table A-3. Domain Scores by MHO, with 95% CI, 2012.....	A-2
Table A-4. Domain Scores by MHO, 2011–2012.....	A-3
Table A-5. Percent of Survey Responders who “Agree” or “Strongly Agree” with Item about their MHO: Outpatient Setting Only.	A-4
Table A-6. Percent of Survey Responders who “Agree” or “Strongly Agree” with Survey Item, by MHO, 2012.....	A-6
Figure 1. 2008–2012 Comparison of YSS-F Domain Scores.	13
Figure 2. MHO Appropriateness Scores with 95% CI.	16
Figure 3. MHO Outcomes Scores with 95% CI.	17
Figure 4. MHO Participation Scores with 95% CI.	18
Figure 5. MHO Cultural Sensitivity Scores with 95% CI	19
Figure 6. MHO Access to Services Scores with 95% CI.	20
Figure 7. MHO Social Connectedness Scores with 95% CI.	21
Figure 8. MHO Daily Functioning Scores with 95% CI.	22
Figure 9. 2008–2012 Comparison of Domain Scores by MHO: ABHA.	23
Figure 10. 2008–2012 Comparison of Domain Scores by MHO: CMHO.....	24
Figure 11. 2008–2012 Comparison of Domain Scores by MHO: FamilyCare.....	24
Figure 12. 2008–2012 Comparison of Domain Scores by MHO: GOBHI.	25
Figure 13. 2008–2012 Comparison of Domain Scores by MHO: JBH.....	25
Figure 14. 2008–2012 Comparison of Domain Scores by MHO: LaneCare.	26
Figure 15. 2008–2012 Comparison of Domain Scores by MHO: MVBCN.	26
Figure 16. 2008–2012 Comparison of Domain Scores by MHO: VIBHS.....	27

Figure 17. 2008–2012 Comparison of Domain Scores by MHO: WCHHS.27

Figure 18. 2012 Domain Scores by Age Group.....29

Figure 19. Domain Scores by Child’s Gender.....31

Figure 20. Domain Scores by Child’s Residence.32

Figure 21. Domain Scores by Child’s Race.....34

Figure 22. Domain Scores by Child’s Ethnicity.35

Figure 23. Domain Scores by Child’s Service Status, 2012.....36

Figure 24. Percent of Caregivers whose Children Received Services from Specific State-Funded, Non-Mental Health Agencies/Systems, 2012.37

Figure 25. Numbers of Non-Mental Health Agencies/Systems for which Caregivers’ Children Required Coordination, 2012.38

Figure 26. Percent Satisfied with the Coordination of Specific Services, by Child’s Service Status.....41

Figure 27. School Attendance Since Receiving Mental Health Services (n=1,064). “Since my child started to receive mental health services from this provider, the number of days my child has been in school is...”46

Figure 28. Child’s Encounters with Police since Receiving Mental Health Treatment (n=231). “Since your child began to receive mental health services from this provider, have his or her encounters with the police...”47

Figure 29. Status of Child’s Substance Abuse Treatment. “Has your child received treatment for an alcohol or drug problem?”48

Figure 30. Responses to Question, “How often were you absent from school during the last month?”58

EXECUTIVE SUMMARY

In mid-2012, the Addictions and Mental Health Division (AMH) surveyed family members/caregivers¹ 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 2011. AMH also surveyed young people aged 14 to 17 years about their perceptions of services they received during 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 1,984 responses from caregivers, for an overall response rate of 18.5%. The Youth Services Survey (YSS) received 635 responses from among 3,530 young people contacted, for a response rate of 17.9%, up from the 10% response in 2011.

The YSS-F instrument asked questions related to caregivers' perception of services managed by the contracted mental health organizations (MHOs) in seven performance domains:

- Access to services
- Appropriateness of services
- Cultural sensitivity
- Daily functioning
- Family participation in treatment
- Social connectedness
- Treatment outcomes

The 2012 YSS-F built on previous surveys by asking caregivers 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 juvenile justice, education, developmental disabilities services, and substance abuse treatment. The survey also included questions about children's school attendance, arrest history, and alcohol and drug abuse. The 2012 survey also included a few new questions related to topics including primary healthcare providers, psychoactive medications, and history of trauma.

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.

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. The YSS also asked youth about where they had lived in the past six months, school absences, utilization of healthcare services, medication for emotional/behavioral problems, and arrest history.

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

YSS-F Results

- From 2011 to 2012, positive responses increased in all domains for the outpatient group, which comprises the majority of the survey population, with a significant increase in the daily functioning domain.
- From 2011 to 2012, the MHOs’ aggregate scores improved slightly in all domains except cultural sensitivity, which remained unchanged.
- In 2012, positive responses in the treatment outcomes, appropriateness, and daily functioning domains increased slightly, with cultural sensitivity and social connectedness receiving the highest positive responses.
- Caregivers of male children reported significantly more positive responses in the access and participation domains than did caregivers for female children. Caregivers of female children responded more positively in the outcomes, social connectedness, and functioning domains.
- Caregivers in urban areas responded more positively in six of the seven domains than did caregivers in rural areas. Positive responses to survey items regarding cultural sensitivity were significantly higher for family members in urban areas.
- In five domains, caregivers of American Indian/Alaska Native children reported more positive responses than the African American and White (Caucasian) groups. Caregivers of white children had the most positive responses in the other two domains (access and cultural sensitivity). Caregivers of African American children reported the least positive responses in five domains, and caregivers of Caucasian children reported the least positive responses in two domains.

- Caregivers of Hispanic or Latino(a) children reported more positive perceptions in all domains than did other responders. In all domains except social connectedness, the differences between responders of different ethnicities were statistically significant.
- Overall, at least 85% of caregivers in 2012 were satisfied with the coordination of care between their mental healthcare providers and each other system. Satisfaction increased slightly in all categories in 2012, with a notable increase in percent satisfied with coordination with substance abuse treatment.
- Caregivers whose children were still receiving mental health services at the time of the survey reported more satisfaction with care coordination of specific non-mental health services than did caregivers whose children no longer received mental health services. This has been a trend over the past three surveys, with the exception of one service category in 2011.
- The 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. The most frequent expectations were that the child would feel better about himself or herself (76%) and would get along better with family (72%).
- When asked about the results of the treatment, 62% of those who expected their child to feel better about themselves reported that the treatment achieved that result. Of those who expected the child to get along better with family, 62% reported that they did. The responses ranged from 38% to 63% for treatment results matching specific expectations.

YSS Results

- Response rates were significantly higher for female than for male responders and significantly higher for those living in urban vs. rural areas. White responders and those ages 16–18 also responded at higher rates.

- The YSS asked the responders where they might have lived in the previous six months (with options of more than one response). A majority (70%) reported living with one or both parents, while 13% reported living with another family member and 13% reported living in foster care. Five percent lived in a residential treatment center and 4% reported being homeless/living on the streets during the past six months.
- A significantly lower percentage of YSS responders were satisfied with access to services and with treatment participation, compared with caregivers who responded to the YSS-F. However, a higher percentage of YSS responders were satisfied with treatment outcomes and appropriateness of care.

INTRODUCTION

The Mental Health Statistical Improvement Project (MHSIP) designed the YSS-F to measure the perceptions of caregivers 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 caregivers' 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 added questions about children's school attendance, arrest history, and use of alcohol or illegal drugs. Beginning in 2010, AMH asked Acumentra Health to analyze and report responses about the daily functioning domain.

In 2011, Acumentra Health conducted the YSS for the first time and also fielded an online version of both surveys. In 2012, survey participants were again given the option of completing the survey online or by mail.

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).

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.

The Statewide Children’s Wraparound Initiative,³ begun 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 January 3, 2013.

⁴ OAR 309-032-1500. Available at www.oregon.gov/oha/amh/rule/issr-rule.pdf. Accessed January 3, 2013.

METHODOLOGY

The YSS-F sought responses from caregivers of children who received state-funded mental health services during June–December 2011, as identified by claims and encounter data from the Division of Medical Assistance Programs (DMAP). The YSS sought responses directly from young service recipients identified in the same manner.

The YSS-F 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 YSS presents similar questions in the above domains, excluding social connectedness and daily functioning. Both surveys use a 5-point Likert scale, with responses ranging from “Strongly Agree” (5) to “Strongly Disagree” (1).

Appendix B presents the English and Spanish versions of the 2012 YSS-F and YSS questionnaires.

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 tenth 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 2012 survey population included a sample of caregivers of 12,541 children who received OHP mental health services between July and December 2011, plus 3,998 young people ages 14 to 17 who received services during that period.

AMH classified the children by 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 fee-for-service (FFS).

Acumentra Health mailed letters to caregivers in May 2012 and to young people in June 2012 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 \$10 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.

In July 2012, Acumentra Health mailed the first follow-up letter to caregivers, 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 caregivers in August.

In early August, Acumentra Health mailed the first follow-up letter to young people with a YSS survey form. After filtering out incorrect addresses and responders who had returned the survey, Acumentra Health mailed a second follow-up letter and survey form in late August.

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 caregivers 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.

2012 YSS-F RESULTS

This section presents results of the YSS-F, including responses about satisfaction with coordination of various services and about expectations for treatment and results of treatment. The Additional Analyses section, beginning on page 44, contains responses to questions about children’s alcohol or drug use and treatment, as well as questions about children’s school attendance and arrest history before and after receiving services.

Details of the YSS response appear on pages 49–59.

Survey Response

From the 10,698 YSS-F surveys mailed to valid addresses, 1,984 responders returned a survey form or completed the survey online by the completion deadline, for an overall response rate of 18.5%. Acumentra Health’s survey analysis excluded data from surveys received after the September 30, 2012 deadline.

Four percent of the YSS-F surveys were completed online, a slight decrease from the 5% in 2011.

In 2012, AMH contracted with 10 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)
- PacificSource
- Washington County Health and Human Services (WCHHS)

Table 1 displays the YSS-F responses from caregivers whose children received outpatient, psychiatric residential, and psychiatric day treatment services through assigned MHOs. Note: This table excludes responses from the caregivers of 132 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 surveys sent	Number of responses	Response rate
ABHA	248	40	16%
CMHO	546	98	18%
FamilyCare	992	206	21%
GOBHI	920	162	18%
JBH	964	177	18%
LaneCare	1,174	242	21%
MVBCN	2,110	398	19%
PacificSource	408	71	17%
VIBHS	1,733	296	17%
WCHHS	962	162	17%

Table 2 presents the YSS-F survey response rate by the type of facility in which the responder's child received treatment.

Due to low population numbers in the psychiatric day and psychiatric residential groups, domain scores are not broken down by treatment setting except where noted.

Table 2. YSS-F Response Rate by Treatment Setting.

Setting	Number of surveys sent	Number of responses	Response rate
Outpatient	10,270	1,908	18.6%
Psychiatric Day	263	49	18.6%
Psychiatric Residential	165	27	16.4%
Total	10,698	1,984	18.5%

Table 3 shows response rates by certain demographic variables of the enrollee. Response rates were similar for children in most demographic categories, ranging from 17% to 19%, except for children under age 6, which was lowest at 15%.

Table 3. YSS-F Response Rate by Demographic Characteristics.				
Characteristic		Number of responses	Number of surveys sent	Response rate
Gender	Female	873	4,849	18%
	Male	1,111	5,849	19%
Age group*	0–5	154	1,008	15%
	6–12	997	5,213	19%
	13–15	468	2,513	19%
	16–18	365	1,964	19%
Race	Non-White	249	1,479	17%
	White (Caucasian)	1,048	5,616	19%
Location of residence	Rural	760	4,012	19%
	Urban	1,206	6,606	18%

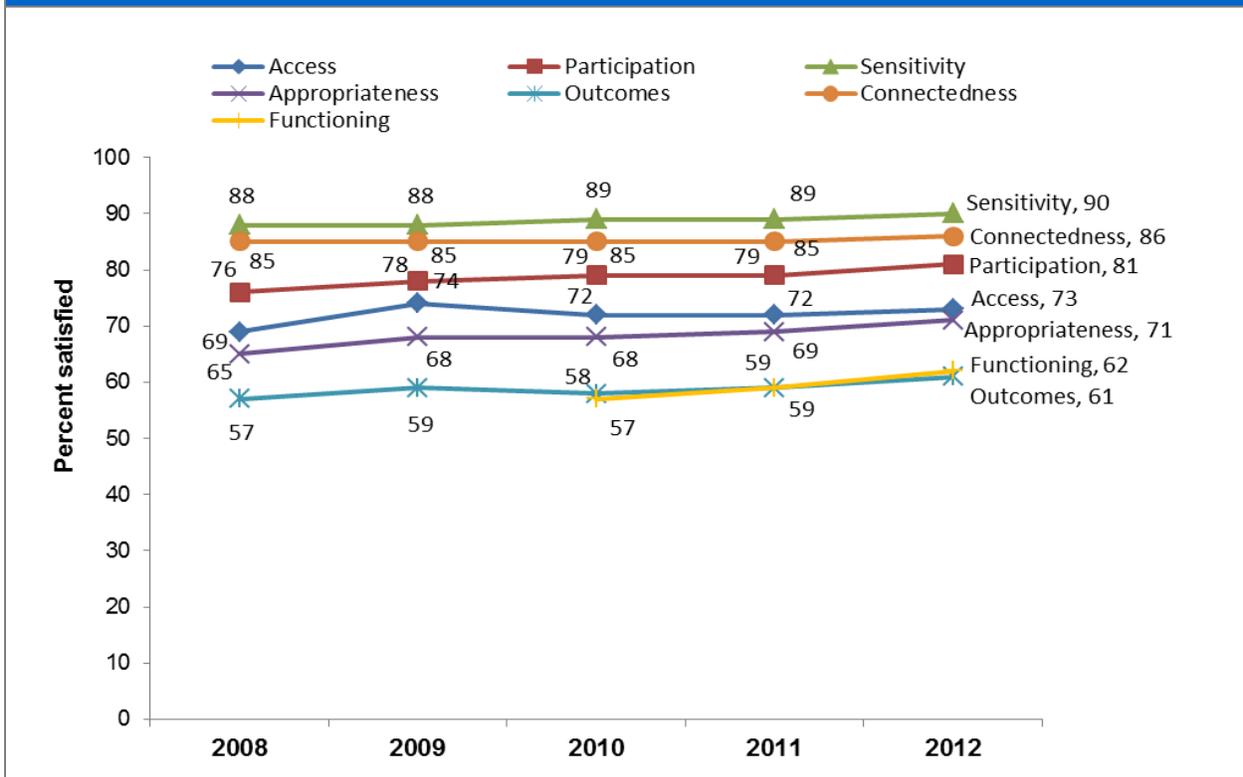
*Indicates a statistically significant difference within group proportions.

Domain Scores

Figure 1 shows that in 2012, a large proportion of caregivers reported positive perceptions in most domains.

Compared to 2011, scores in the treatment outcomes, appropriateness, and daily functioning domains increased slightly in 2012, with cultural sensitivity and social connectedness receiving the highest positive responses. Overall, domain scores have remained relatively stable over the past five years. Table A-1 in Appendix A presents these data in tabular form.

Figure 1. 2008–2012 Comparison of YSS-F Domain Scores.



Note: Daily functioning domain scores were reported first in 2010.

Domain scores by treatment setting

Table A-2 in Appendix A shows the satisfaction scores for children who received treatment in outpatient settings, within each domain, from 2005 to 2012.

Table 4 shows the 2012 domain scores, with 95% 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 2012 as in 2011, the sample for the residential group was too small to calculate domain scores for that group. Responses for children in outpatient treatment were more positive than those for children in day treatment in five of the seven domains. Statistical significance testing found that scores for outcomes, access, social connectedness, and daily functioning were significantly different between the outpatient and day treatment groups.

Table 5 compares 2011 and 2012 domain scores for children in each treatment setting. In 2012, scores increased in all domains for the outpatient group, with a significant increase in the daily functioning domain. For the day treatment group, domain scores rose in only two domains, stayed the same in one, and fell in four, including a significant decrease in the social connectedness domain.

Table 4. YSS-F Domain Scores by Treatment Setting, with 95% CI, 2012.

Setting	Appropriateness (CI)	Treatment outcomes (CI)	Participation (CI)	Cultural sensitivity (CI)	Access (CI)	Social connectedness (CI)	Daily functioning (CI)
Outpatient	71 (69-73)	62 (60-64)*	81 (79-83)	90 (88-91)	73 (71-75)*	87 (85-88)*	62 (60-65)*
Psychiatric Residential**	NA	NA	NA	NA	NA	NA	NA
Day Treatment	69 (56-82)	53 (39-67)	86 (76-96)	94 (87-100)	67 (53-80)	78 (66-89)	55 (41-69)
Aggregate	71 (69-73)	61 (59-64)	81 (79-83)	90 (88-91)	73 (71-75)	86 (85-88)	62 (60-64)

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

**Sample size for the 2012 residential population was too small to calculate domain scores.

Table 5. YSS-F Domain Scores by Treatment Setting, 2011–2012.

Setting	Appropriateness		Treatment outcomes		Participation		Cultural sensitivity		Access		Social connectedness		Daily functioning	
	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012
Outpatient	69	71	59	62	79	81	89	90	72	73	85	87	59	62*
Psychiatric Residential**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Day Treatment	73	69	56	53	85	86	94	94	63	67	94	78*	56	55
Aggregate	69	71	59	61	79	81	89	90	72	73	85	86	59	62

*Indicates a statistically significant difference ($p < .05$) between 2011 and 2012 scores.

**Sample sizes for 2011 and 2012 residential population were too small to calculate domain scores.

Domain scores by MHO

Figures 2–8 show the 2012 scores for each domain by MHO, with the 95% CI (see Table A-3 in Appendix A for these data in tabular form). 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 caregivers 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. Also, because each MHO's CI generally overlaps those of other MHOs, the table may not reflect actual differences among MHOs.

In 2012, ABHA received the highest proportion of positive responses for treatment participation, access to services, and social connectedness. CMHO, FamilyCare, and LaneCare received the highest positive responses for cultural sensitivity, and CMHO and MVBCN ranked highest for daily functioning. PacificSource received the lowest scores for treatment outcomes, treatment participation, and daily functioning, and tied with JBH for the lowest scores for social connectedness.

Figure 2. MHO Appropriateness Scores with 95% CI.

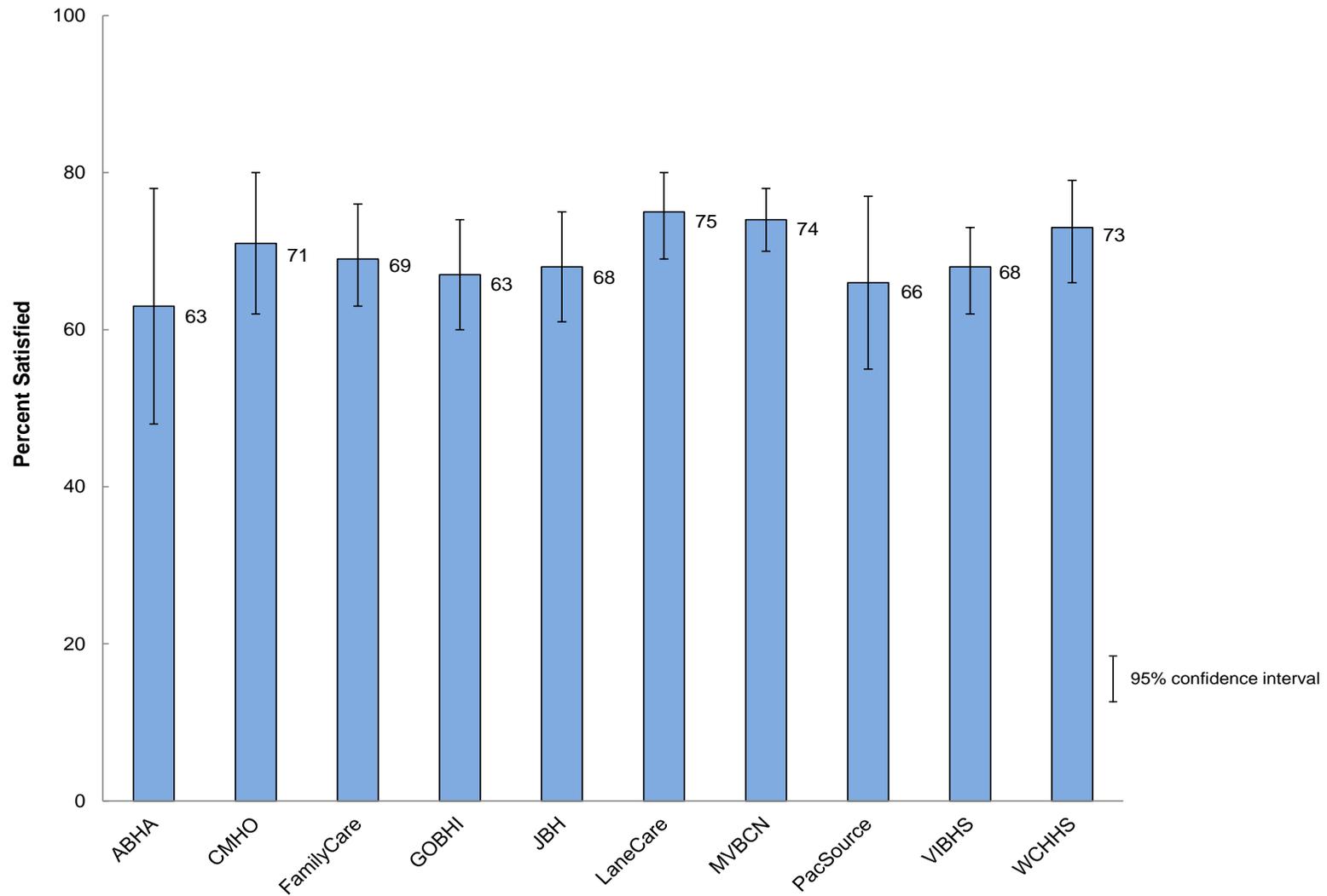


Figure 3. MHO Outcomes Scores with 95% CI.

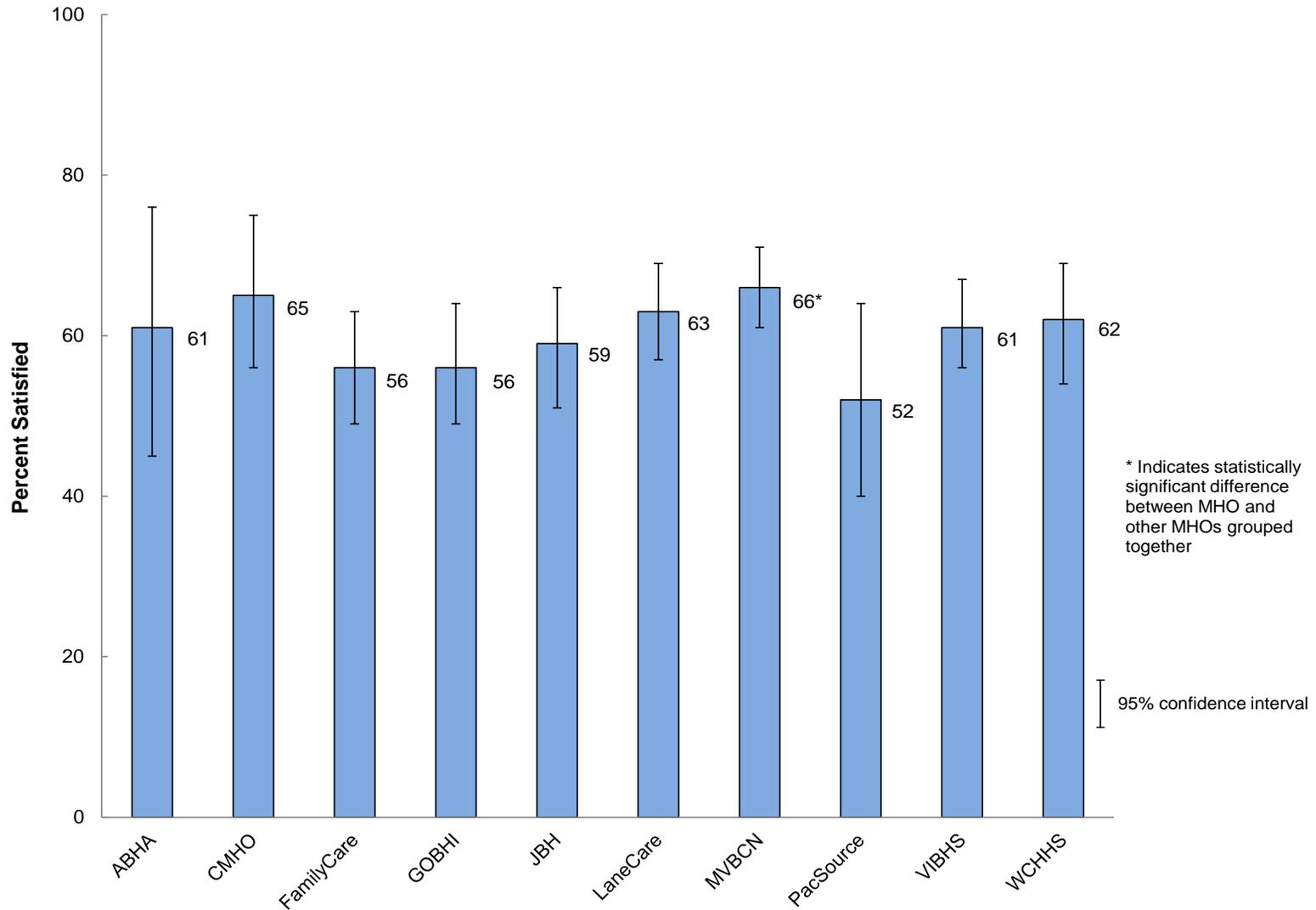


Figure 4. MHO Participation Scores with 95% CI.

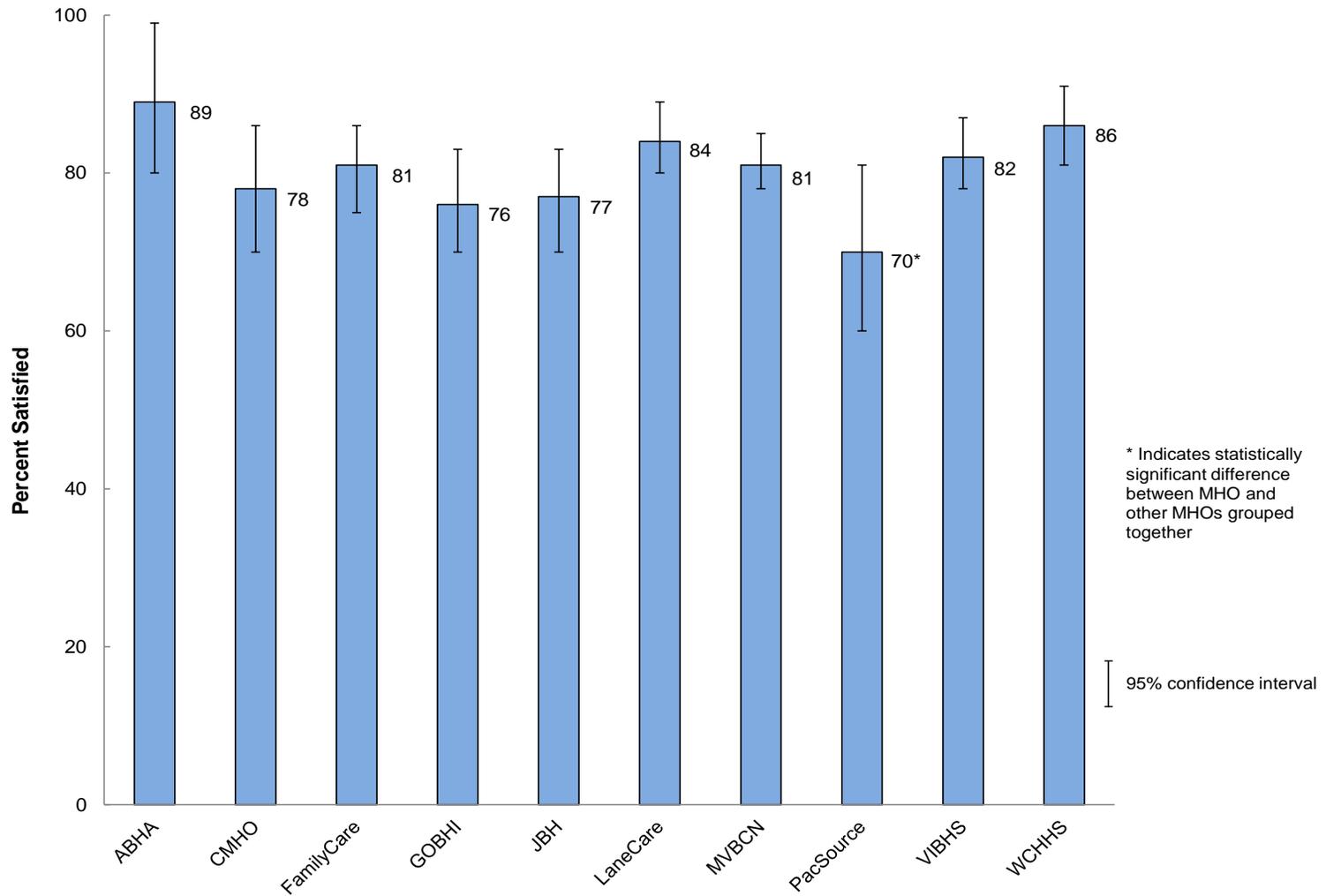


Figure 5. MHO Cultural Sensitivity Scores with 95% CI.

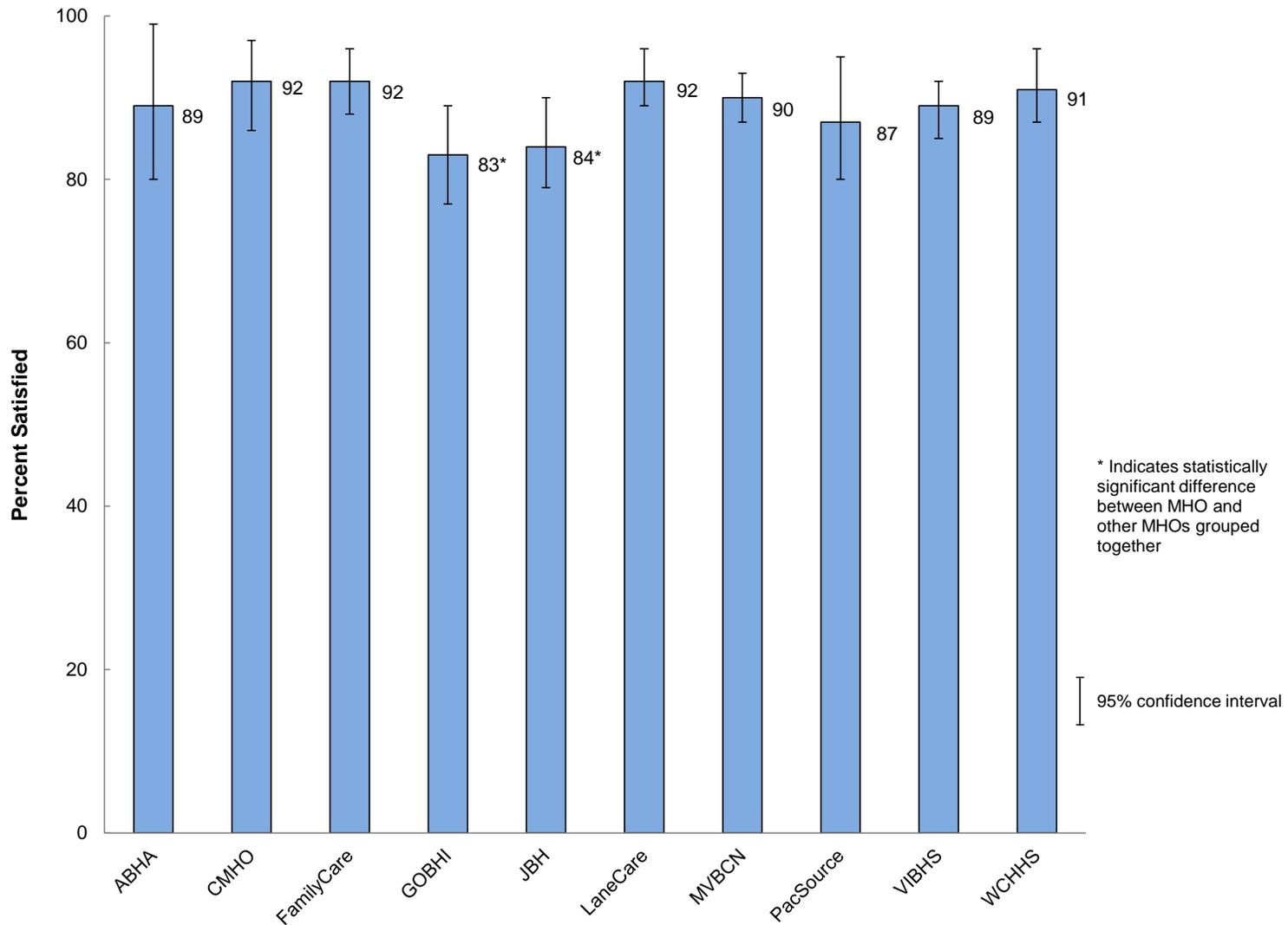


Figure 6. MHO Access to Services Scores with 95% CI.

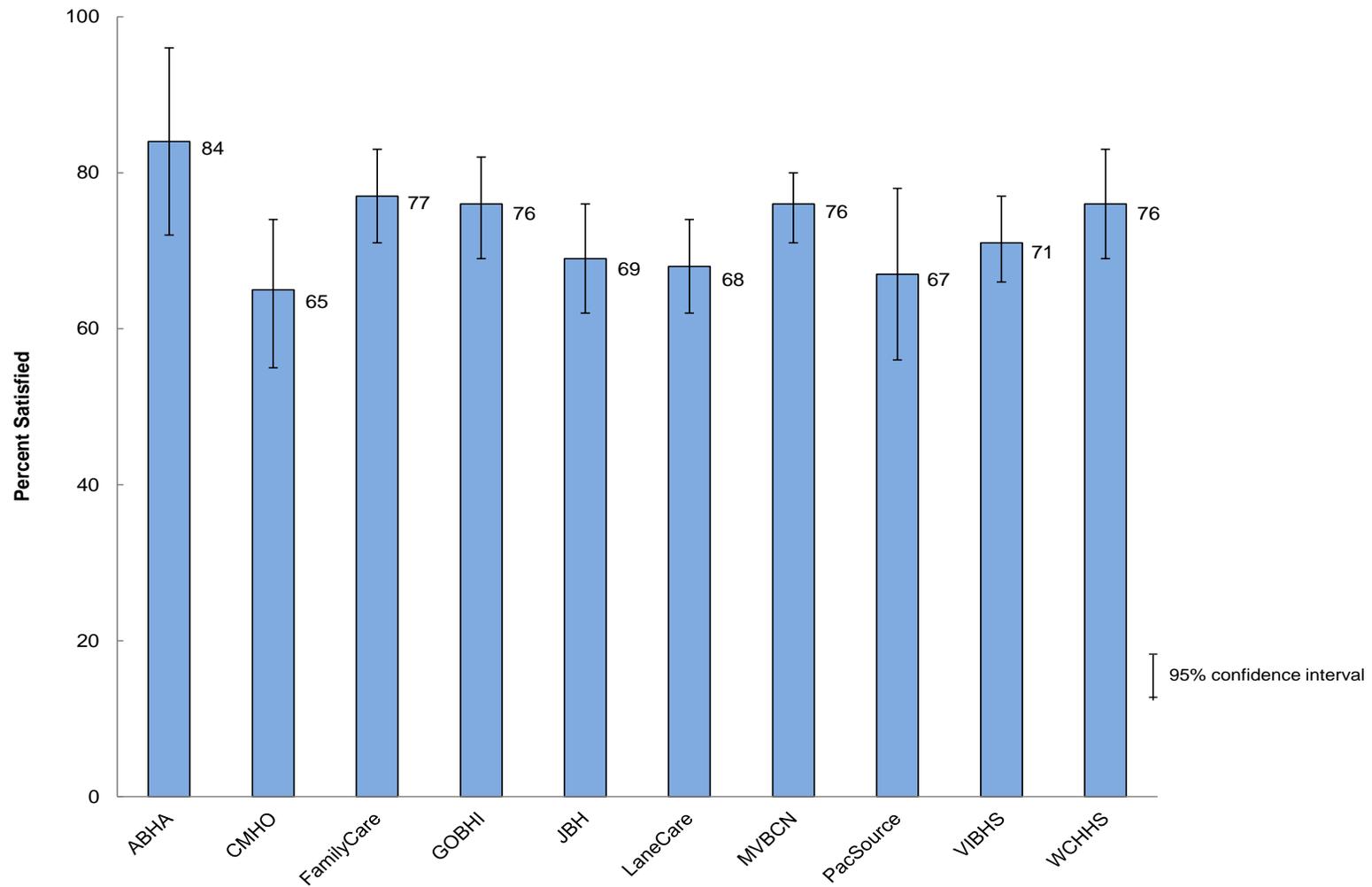


Figure 7. MHO Social Connectedness Scores with 95% CI.

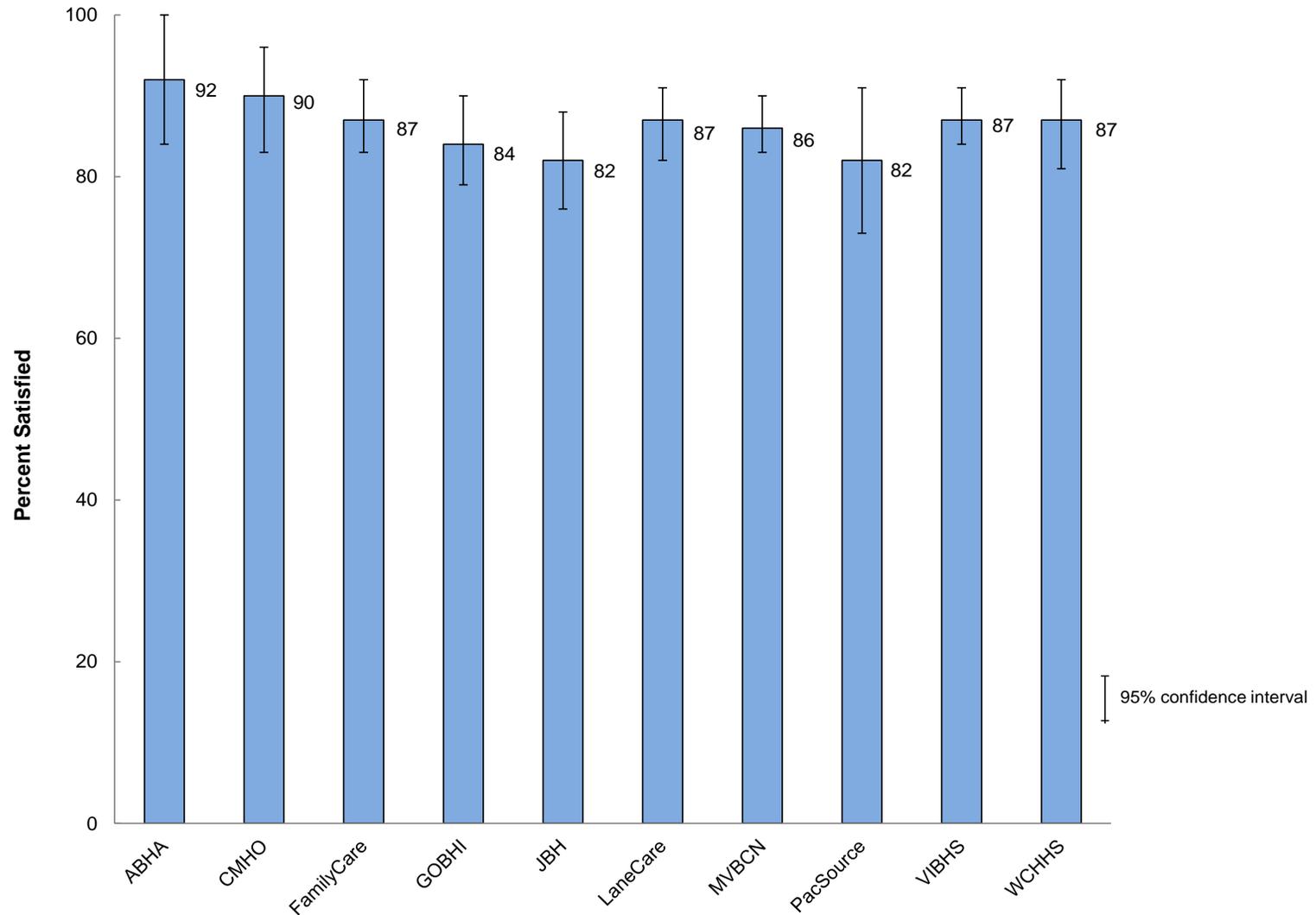
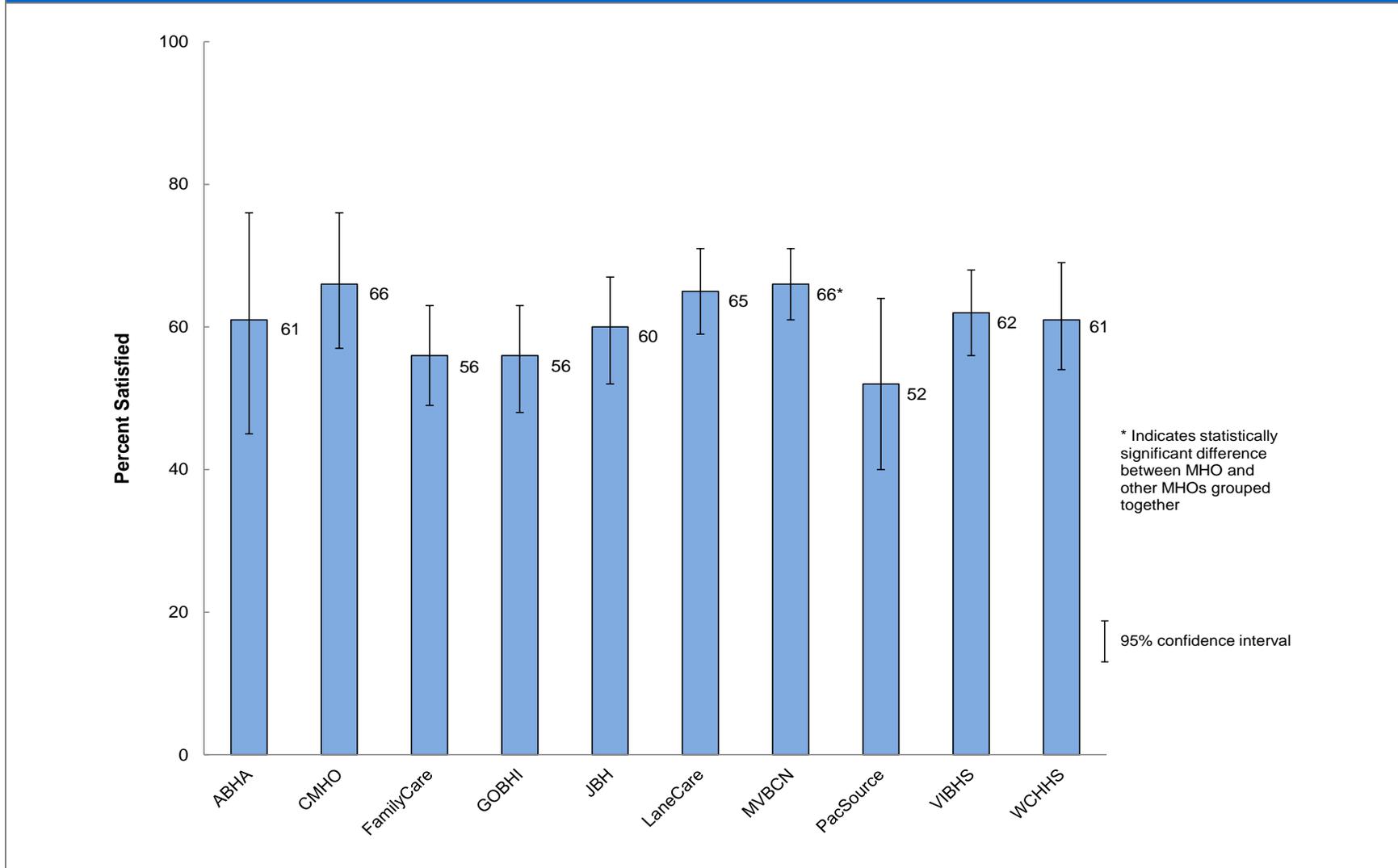


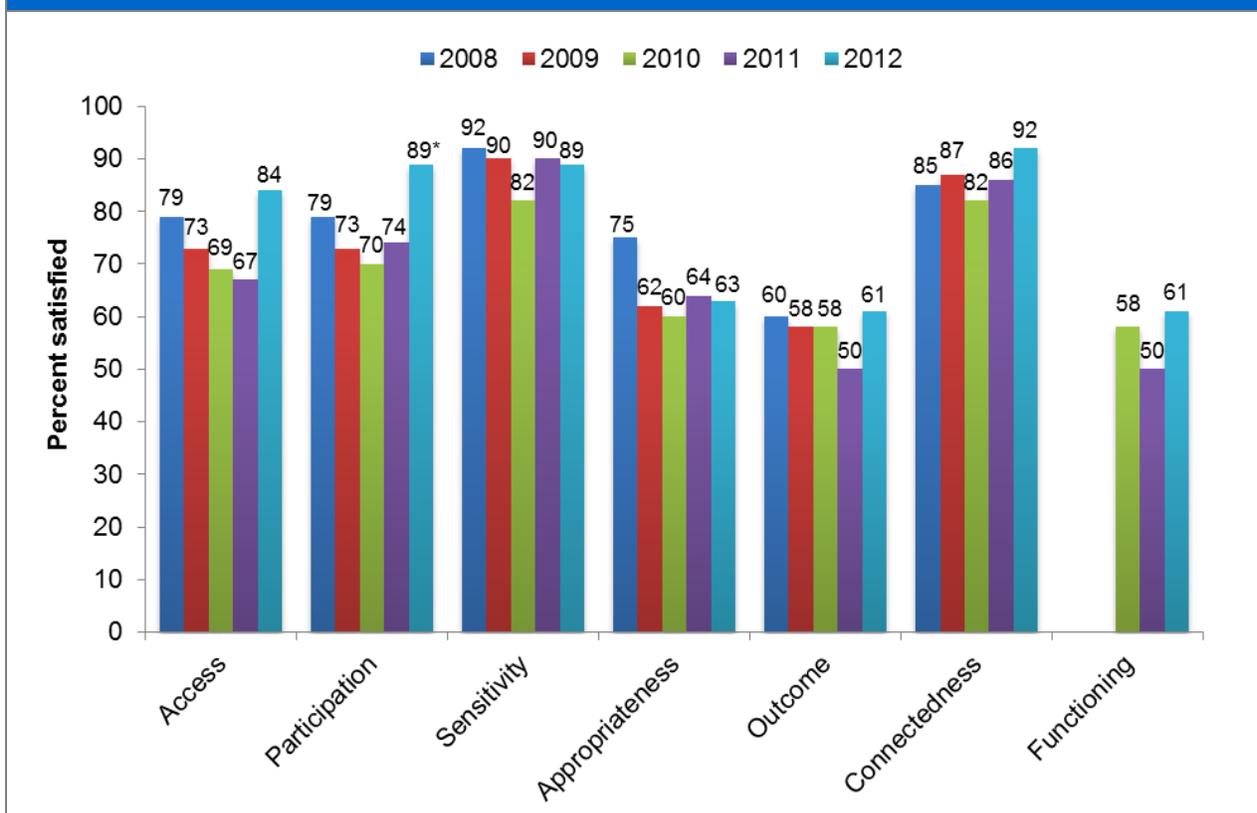
Figure 8. MHO Daily Functioning Scores with 95% CI.



Figures 9–17 show the past five years’ domain scores for each MHO except PacificSource (see Table 6, page 28). Table A-4 in Appendix A presents the 2011–2012 data in tabular form.

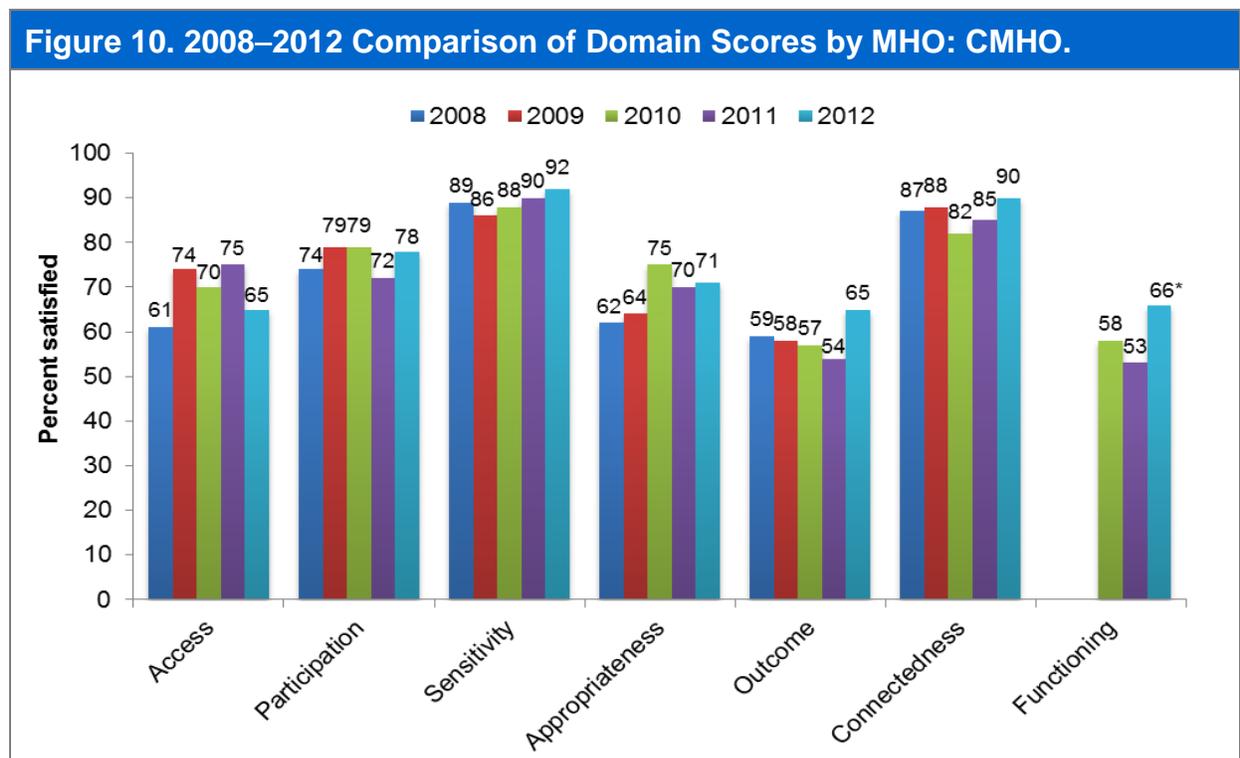
From 2011 to 2012, the MHOs’ aggregate scores improved slightly in all domains except cultural sensitivity, which remained unchanged. CMHO had score increases in the largest number of domains (six), including a significant increase in the daily functioning domain. ABHA’s gain in the treatment participation domain was also statistically significant. Scores for JBH declined in four domains from 2011 to 2012.

Figure 9. 2008–2012 Comparison of Domain Scores by MHO: ABHA.

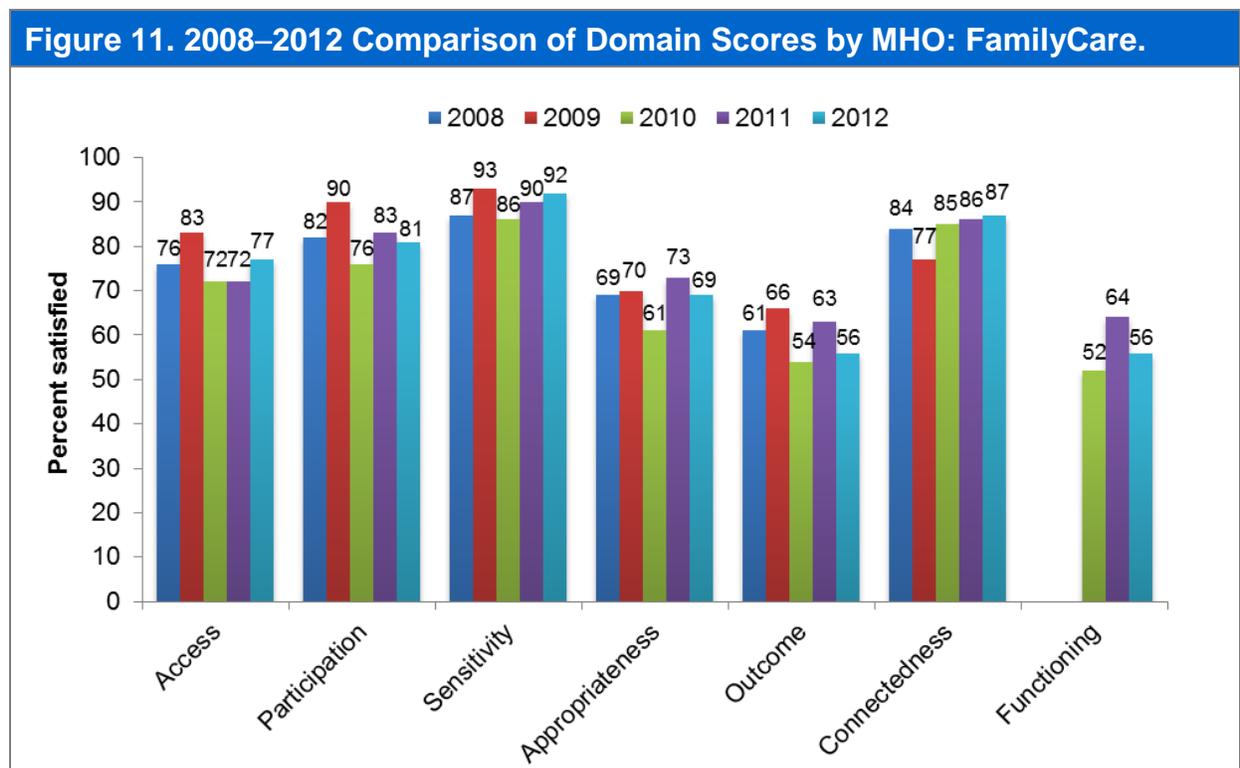


*Indicates statistically significant difference ($p < .05$) between scores for this MHO for 2011 and 2012.

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

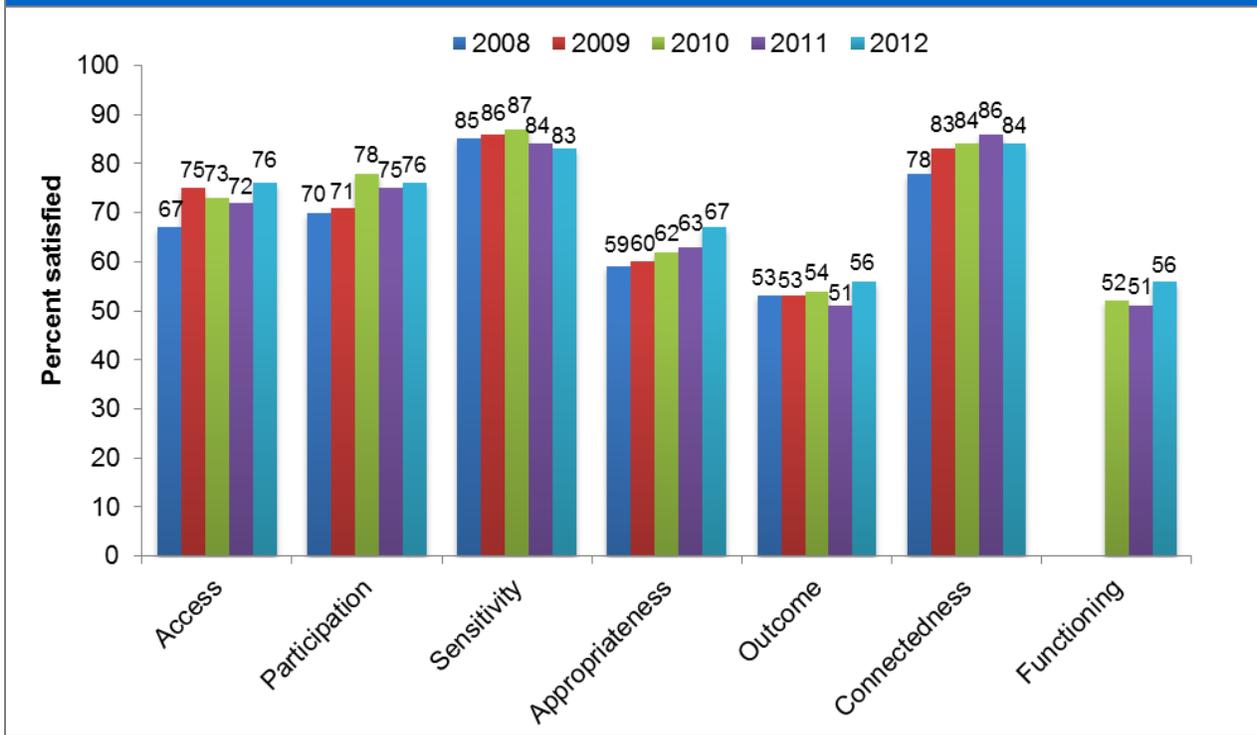


*Indicates statistically significant difference ($p < .05$) between scores for this MHO for 2011 and 2012. Note: The daily functioning domain was not included in the survey until 2010.



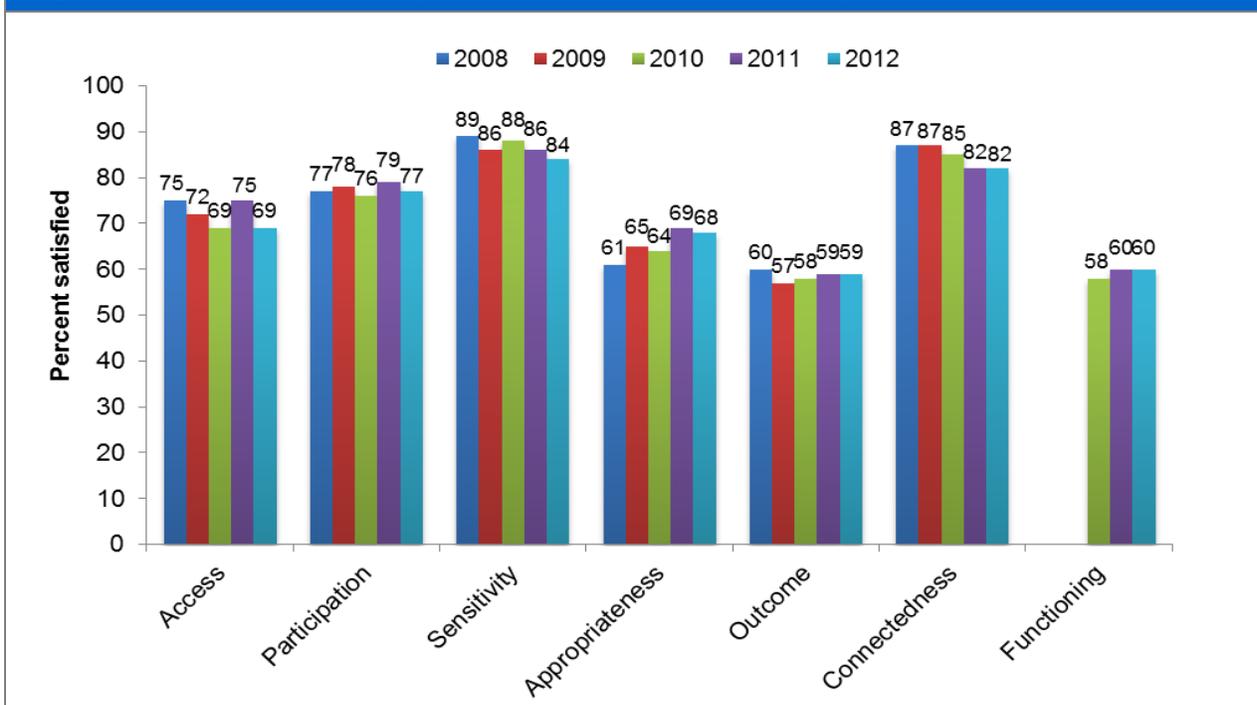
Note: The daily functioning domain was not included in the survey until 2010.

Figure 12. 2008–2012 Comparison of Domain Scores by MHO: GOBHI.



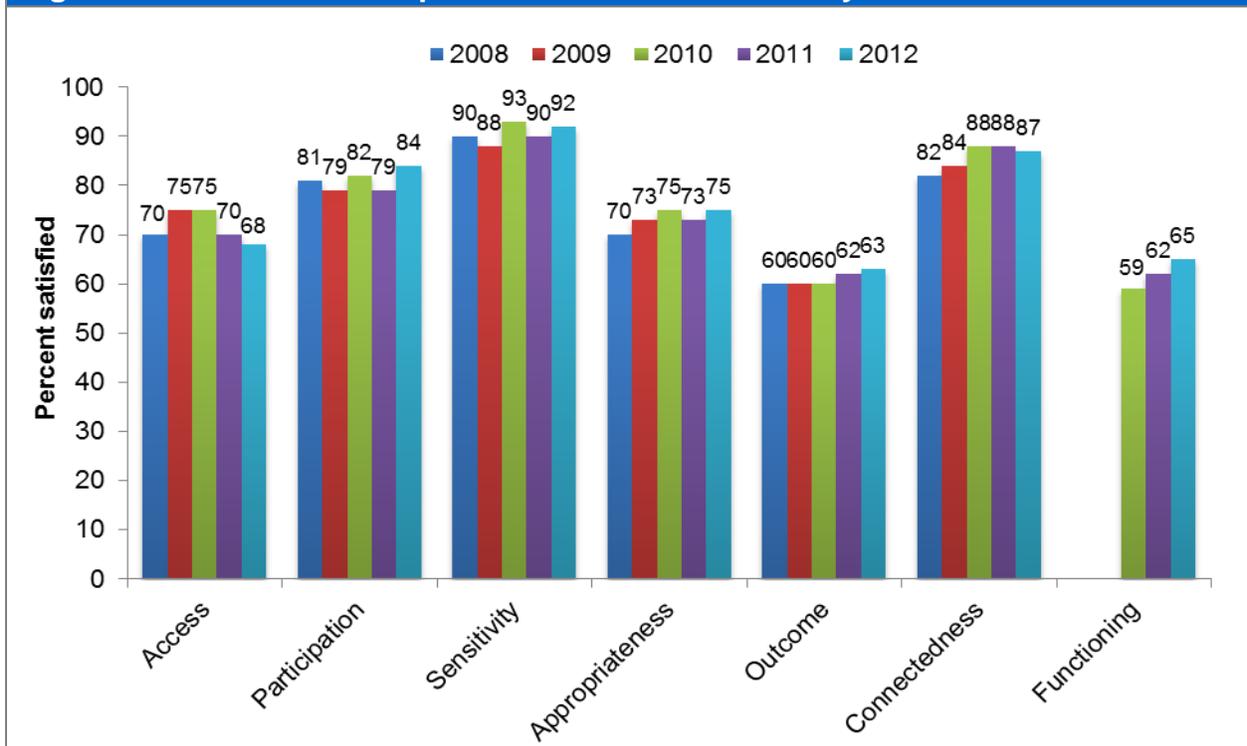
Note: The daily functioning domain was not included in the survey until 2010.

Figure 13. 2008–2012 Comparison of Domain Scores by MHO: JBH.



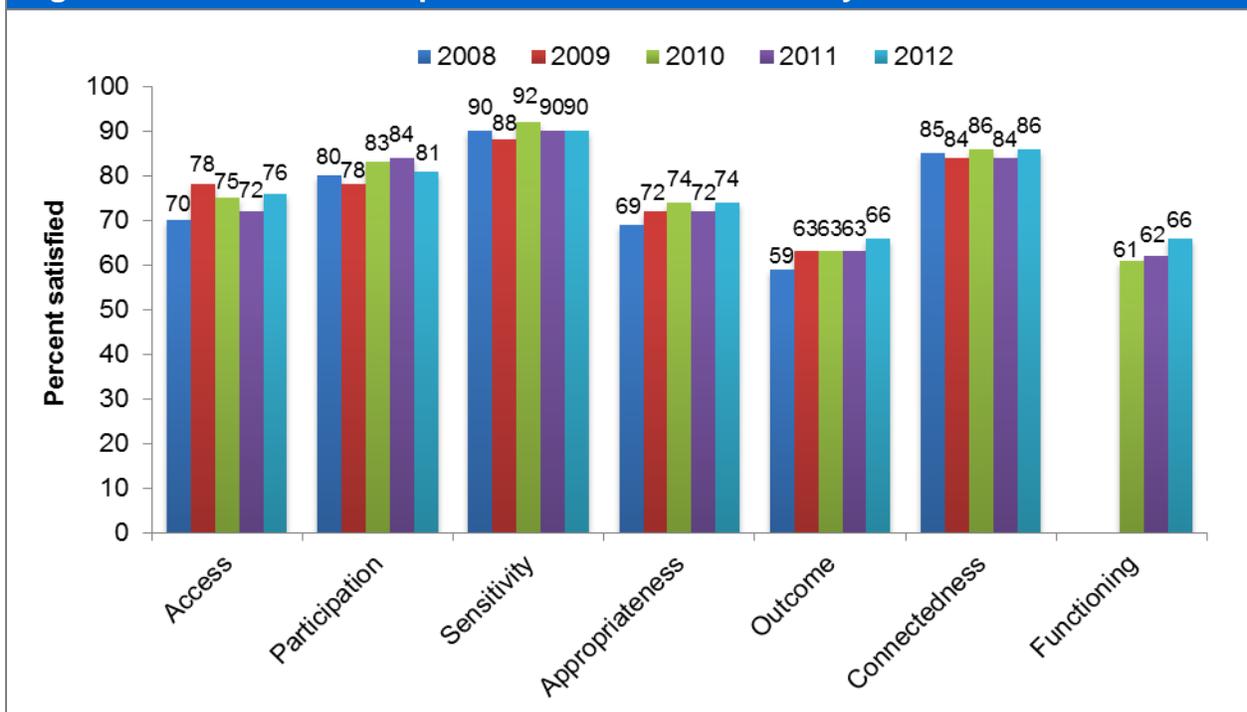
Note: The daily functioning domain was not included in the survey until 2010.

Figure 14. 2008–2012 Comparison of Domain Scores by MHO: LaneCare.



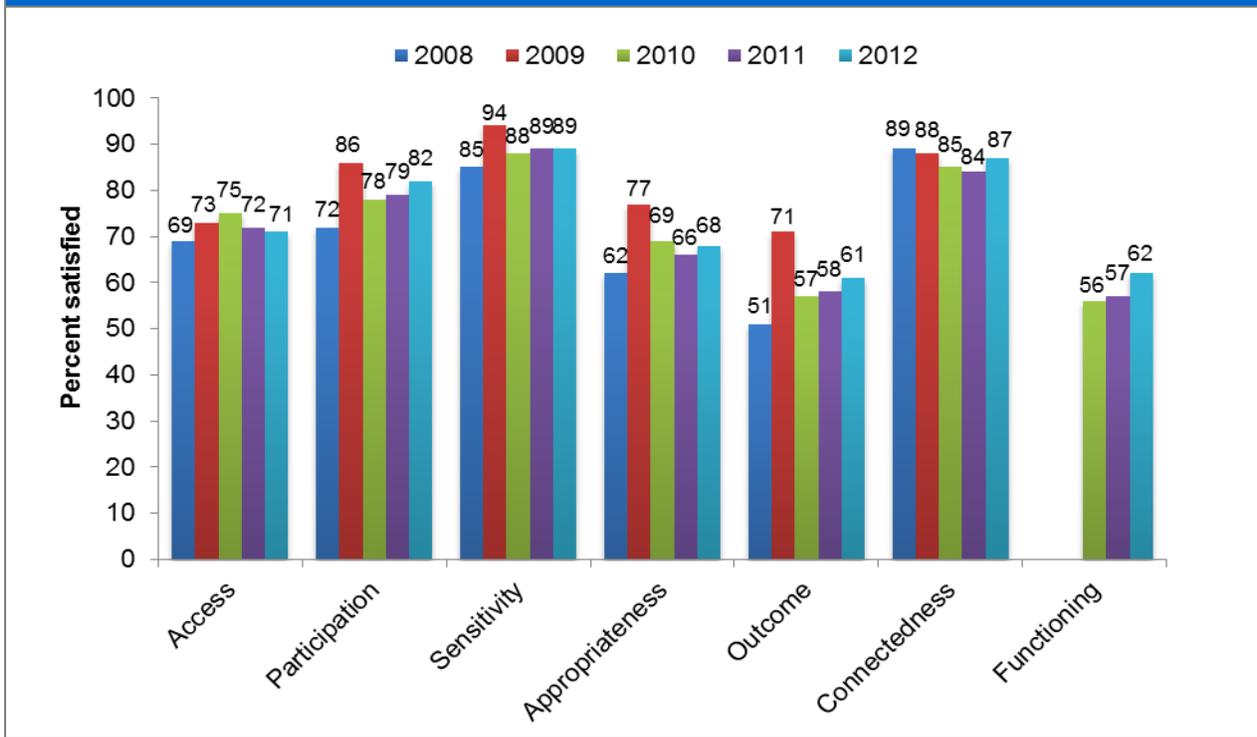
Note: The daily functioning domain was not included in the survey until 2010.

Figure 15. 2008–2012 Comparison of Domain Scores by MHO: MVBCN.



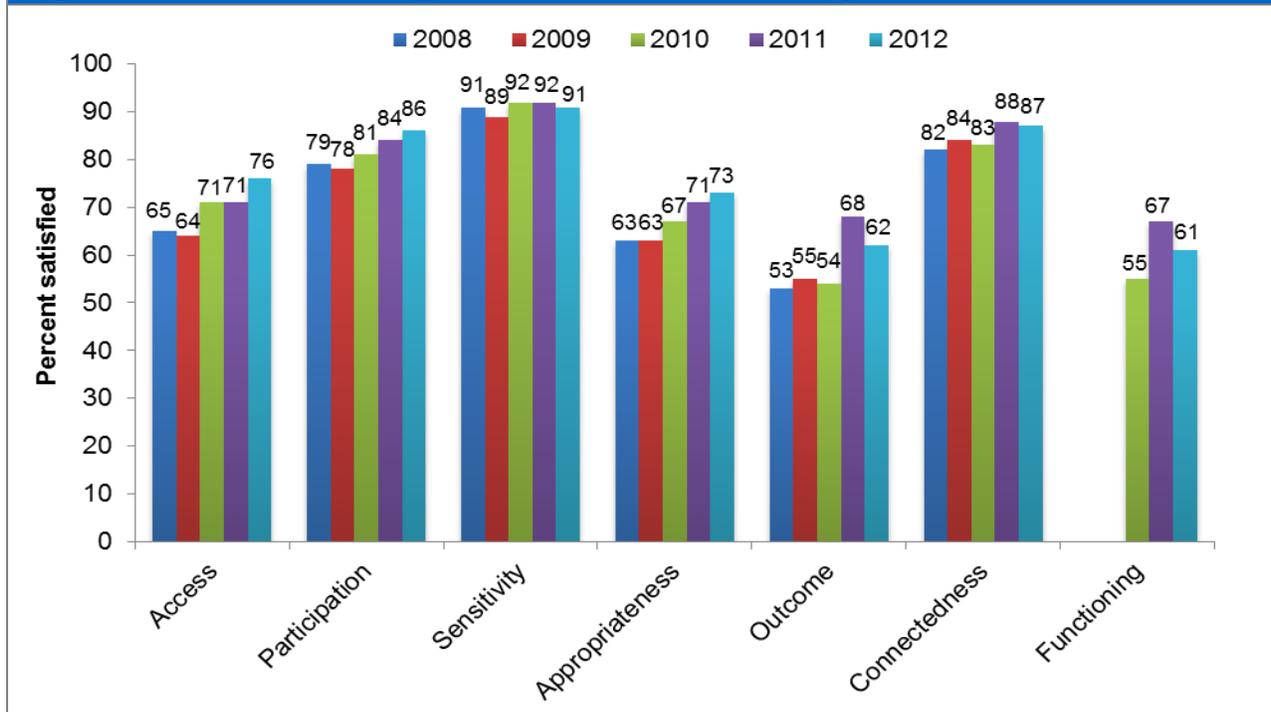
Note: The daily functioning domain was not included in the survey until 2010.

Figure 16. 2008–2012 Comparison of Domain Scores by MHO: VIBHS.



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

Figure 17. 2008–2012 Comparison of Domain Scores by MHO: WCHHS.



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

Scores for PacificSource were calculated for the first time in 2012 (Table 6).

Table 6. 2012 PacificSource Domain Scores.	
Domain	Score
Appropriateness	66
Access	67
Participation	70
Treatment outcomes	52
Cultural sensitivity	87
Social connectedness	82
Daily functioning	52

Table A-5 in Appendix A shows the percentage of positive responses for each survey item from 2007 through 2012 (for outpatient services only). Table A-6 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.

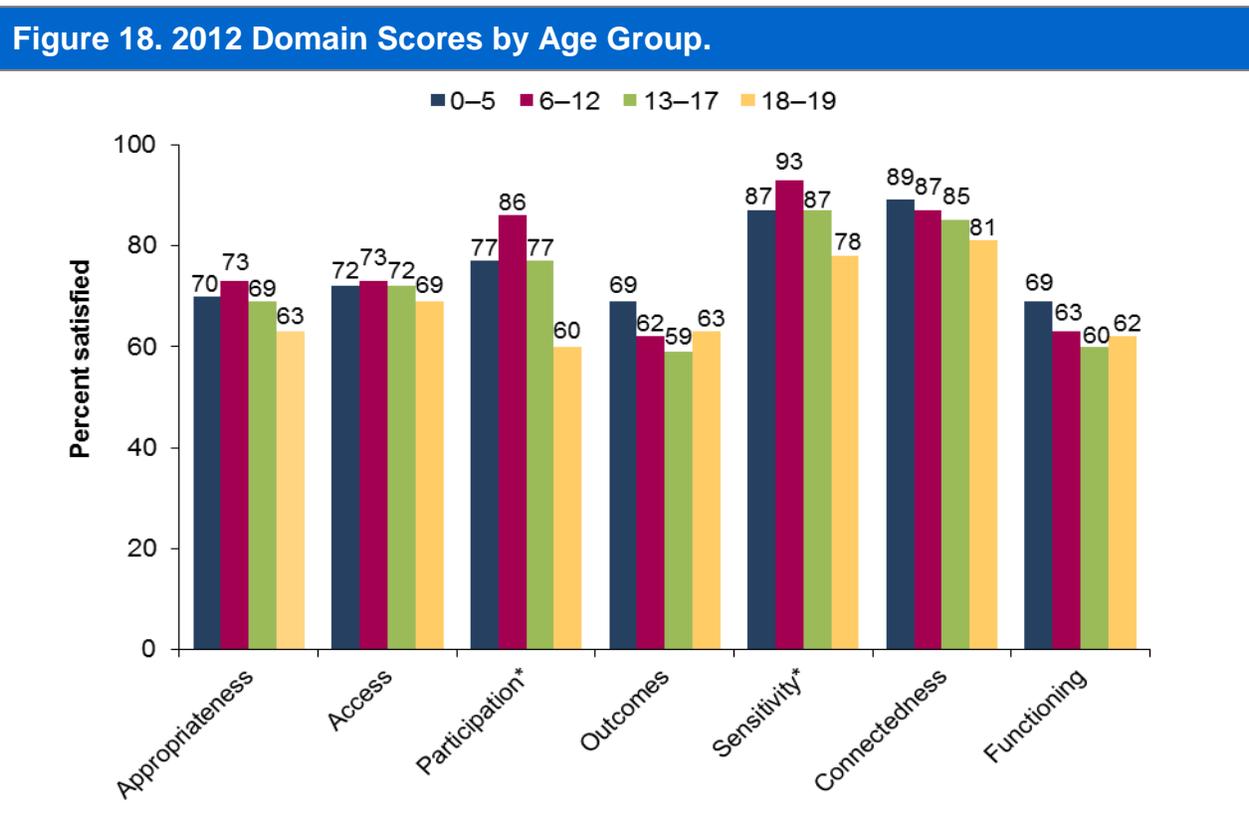
Demographic Comparisons

Domain scores by child's age

Caregivers' satisfaction scores were clustered in groups based on the age of the child receiving services: 0–5, 6–12, 13–17, and 18–19. (Note: young people in the survey were 18 or younger when they received services, but some had turned 19 by the time their caregivers filled out and returned the survey.)

Figure 18 shows the proportion of caregivers who responded positively to survey items about their children's mental health services in each domain, by age group, in 2012. The social connectedness and cultural sensitivity domains had the most positive responses across age groups, while the outcomes and functioning domains had the least positive responses. Variations in domain scores by age group were statistically significant in the treatment participation and cultural sensitivity domains. Positive perceptions of treatment participation ranged from 60% for the 18–19 year-old group, to 86% for the 6–12 year-old group.

Table 7 shows the scores by age group from 2010 to 2012.



*Indicates a statistically significant difference ($p < .05$) among age group proportions for that domain.

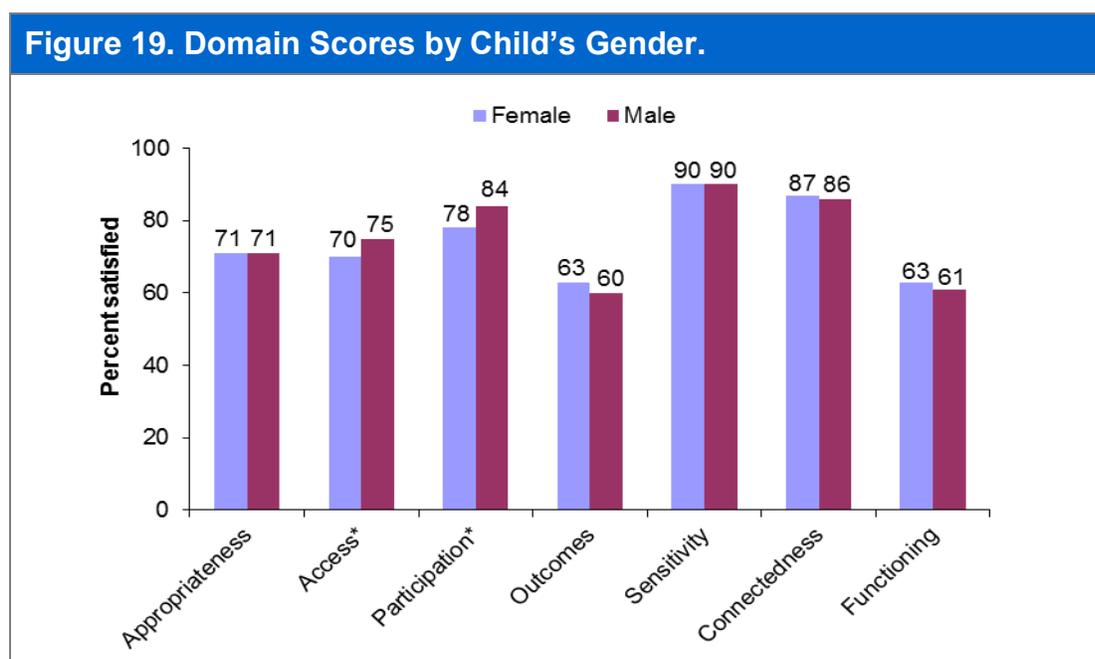
Table 7. Domain Scores by Child’s Age, 2010–2012.

Domain	Age range											
	0–5			6–12			13–17			18–19		
	2010	2011	2012	2010	2011	2012	2010	2011	2012	2010	2011	2012
Appropriateness	66	65	70	71	72	73	67	67	69	60	67	63
Access	68	75	72	72	72	73	74	71	72	71	73	69
Participation	82	79	77	83	84	86	75	75	77	59	68	60
Treatment outcomes	57	57	69	61	61	62	55	57	59	49	62	63
Cultural sensitivity	89	85	87	89	90	93	90	88	87	86	84	78
Social connectedness	90	87	89	86	87	87	83	82	85	90	89	81
Daily functioning	56	58	69	61	61	63	54	57	60	50	63	62

Domain scores by child’s gender

Figure 19 shows satisfaction scores by the child’s gender in 2012. Caregivers of male children responded more positively to survey items in two domains: access and participation. Caregivers of female children responded more positively in the outcomes, social connectedness, and functioning domains.

Table 8 shows domain scores by gender for 2010–2012. Scores in most domains increased slightly for both genders from 2011 to 2012.



*Indicates a statistically significant difference ($p < .05$) between genders for that domain.

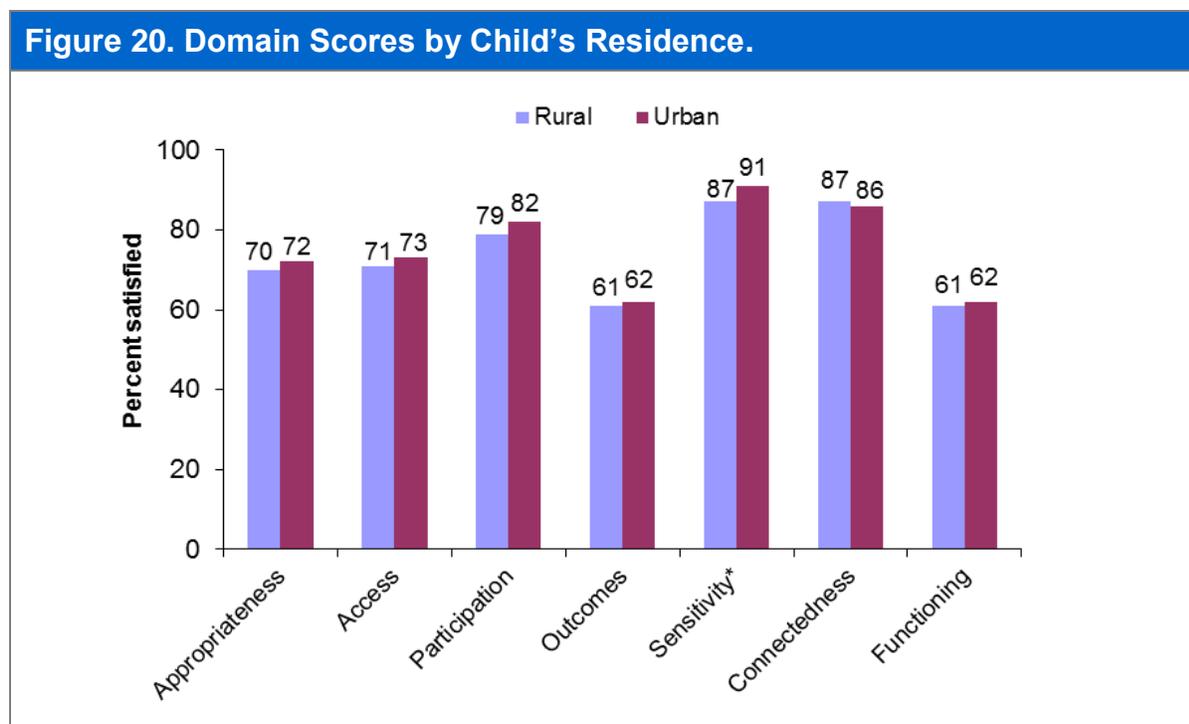
Domain	Female			Male		
	2010	2011	2012	2010	2011	2012
Appropriateness	69	69	71	67	70	71
Access	72	73	70	73	70	75
Participation	75	76	78	81	82	84
Treatment outcomes	57	59	63	58	59	60
Cultural sensitivity	88	88	90	90	90	90
Social connectedness	85	86	87	86	84	86
Daily functioning	56	59	63	58	59	61

Domain scores by rural/urban residence

Caregivers 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.”

Figure 20 shows the 2012 satisfaction scores by residence. In 2012 as in 2011, caregivers in urban areas responded more positively in six of the seven domains than did caregivers in rural areas. Positive responses to survey items regarding cultural sensitivity were significantly higher for family members in urban areas.

Table 9 displays the 2010–2012 domain scores by responders’ place of residence. From 2011 to 2012, scores rose in five domains for rural responders. For urban responders, scores increased slightly in three domains.



*Indicates a statistically significant difference ($p < .05$) between urban/rural proportions for that domain.

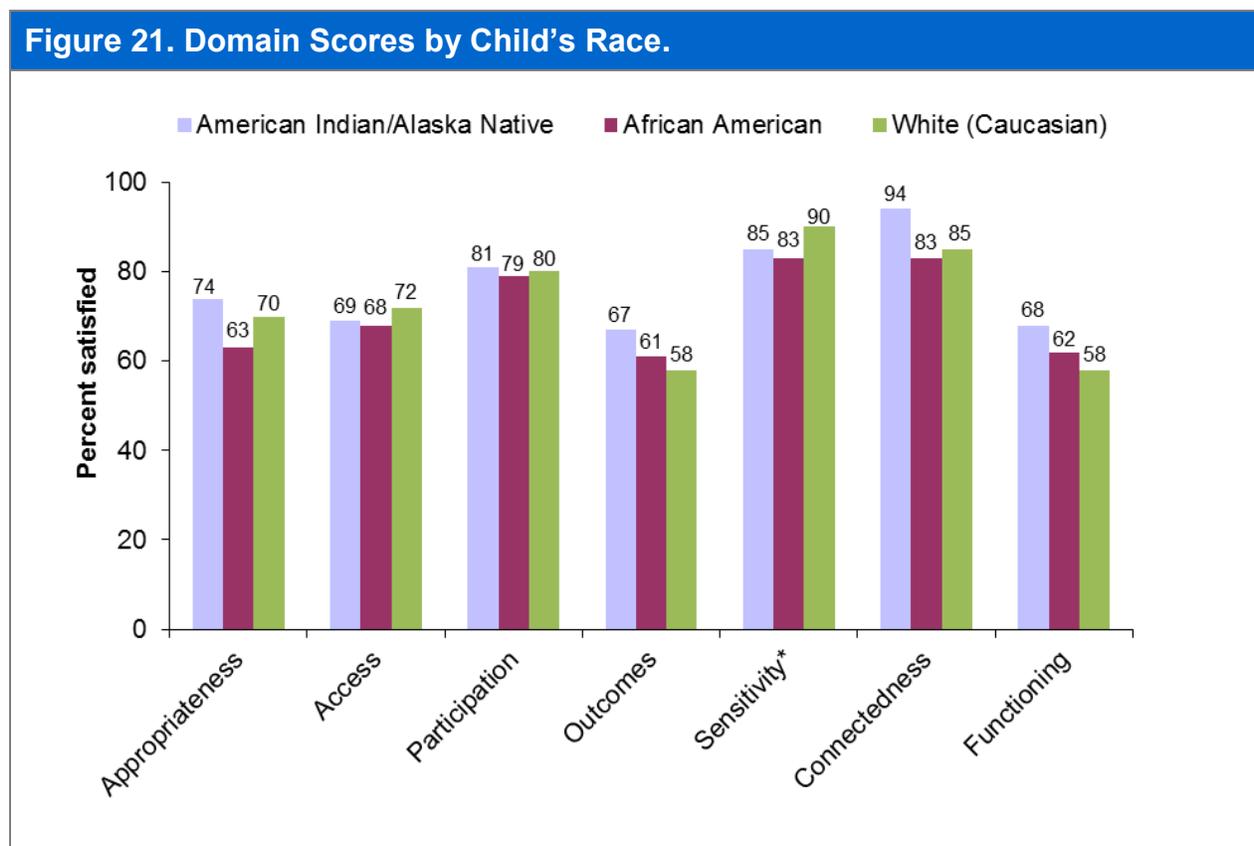
Table 9. Domain Scores by Rural/Urban Residence, 2010–2012.

Domain	Rural			Urban		
	2010	2011	2012	2010	2011	2012
Appropriateness	65	67	70	70	72	72
Access	67	71	71	76	72	73
Participation	76	77	79	80	82	82
Treatment outcomes	56	55	61	59	62	62
Cultural sensitivity	87	87	87	90	90	91
Social connectedness	85	85	87	86	85	86
Daily functioning	56	55	61	58	62	62

Domain scores by child's race

Figure 21 displays the 2012 domain scores by the race of the child receiving mental health services. Caregivers of American Indian/Alaska Native children reported more positive responses than other groups in five domains: appropriateness, participation, outcomes, social connectedness, and functioning. Caregivers of White (Caucasian) children had the most positive responses in the access and cultural sensitivity domains. Caregivers of African American children reported the least positive responses in five domains: appropriateness, access, participation, cultural sensitivity, and social connectedness. Families of White (Caucasian) children reported the least positive responses in two domains: outcomes and functioning.

Unlike in previous years, racial data were not self-reported by 2012 survey responders, but were obtained from state data sets. Therefore, the 2012 data are not comparable to data from previous years.



*Indicates a statistically significant difference ($p < .05$) among racial group proportions for that domain.

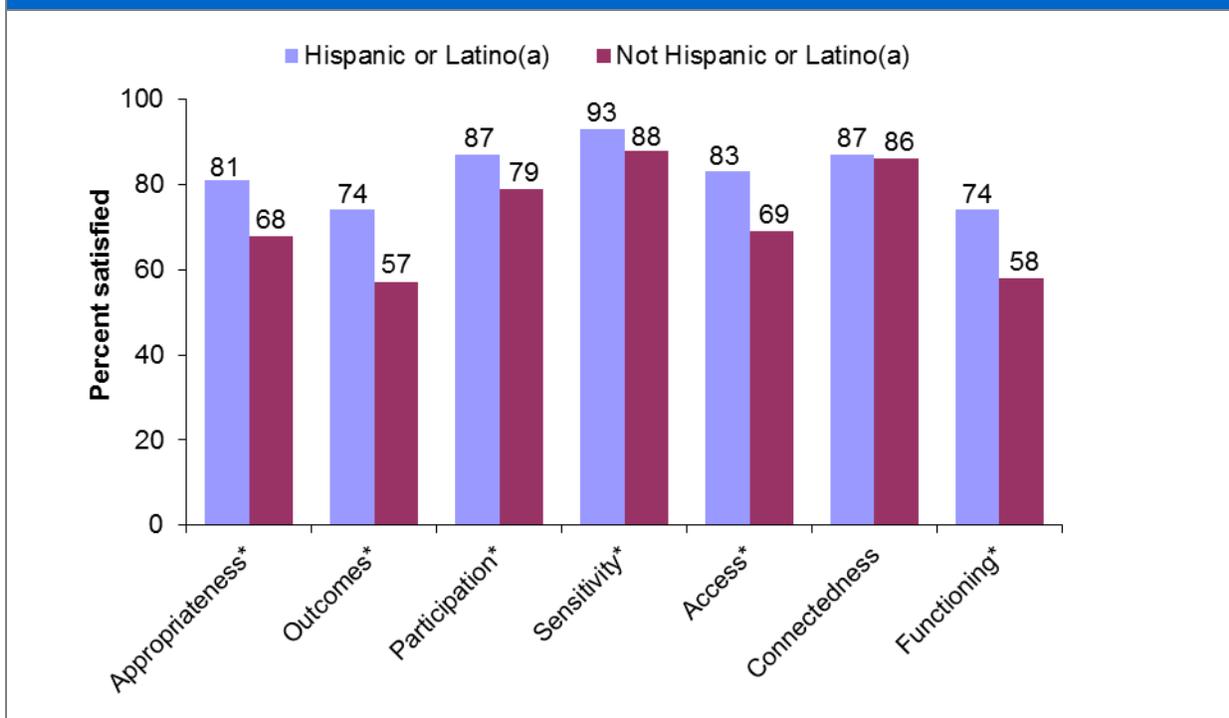
Domain scores by ethnicity

A separate question asked caregivers whether the child was of Hispanic or Latino(a) origin. Figure 22 compares the percentage of positive responses reported by those caregivers with responses reported by all other responders.

Caregivers with Hispanic or Latino(a) children reported more positive perceptions in all domains than did other responders. In all domains except social connectedness, the differences between responders of different ethnicities were statistically significant.

Unlike in previous years, the data regarding ethnicity were not self-reported by 2012 survey responders, but were obtained from state data sets. Therefore, the 2012 data are not comparable to data from previous years.

Figure 22. Domain Scores by Child's Ethnicity.



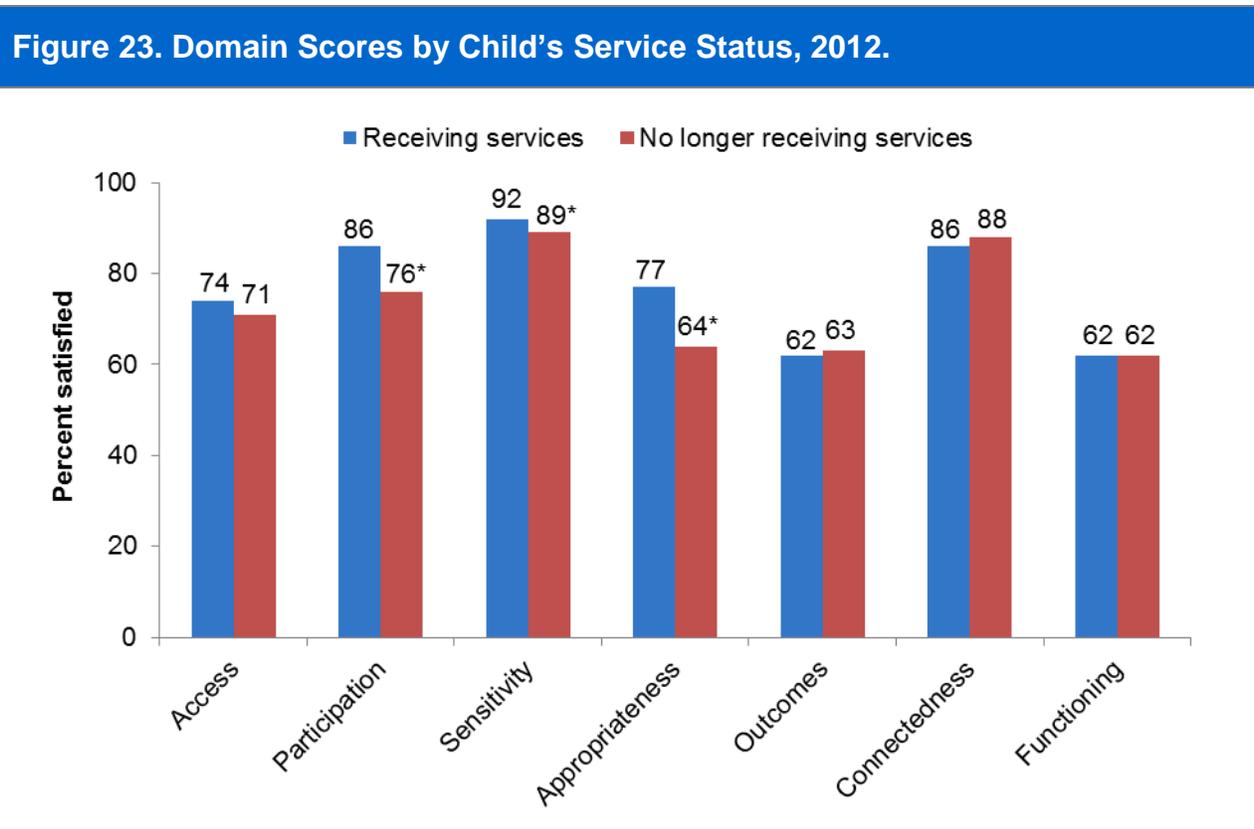
*Indicates a statistically significant difference ($p < .05$) between ethnicity group proportions.

Domain Scores by Child’s Service Status

About 56% of YSS-F responders said their children were receiving OHP mental health services at the time of the survey; 41% said their children no longer received services; and 3% 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 for caregivers who did not know their children’s service status were excluded from this analysis. Figure 23 shows the domain scores computed for each group.

In three domains (treatment participation, cultural sensitivity, and appropriateness), significantly higher percentages of caregivers whose children still received OHP mental health services reported positive perceptions of those services, compared with responders whose children were no longer receiving OHP mental health services.



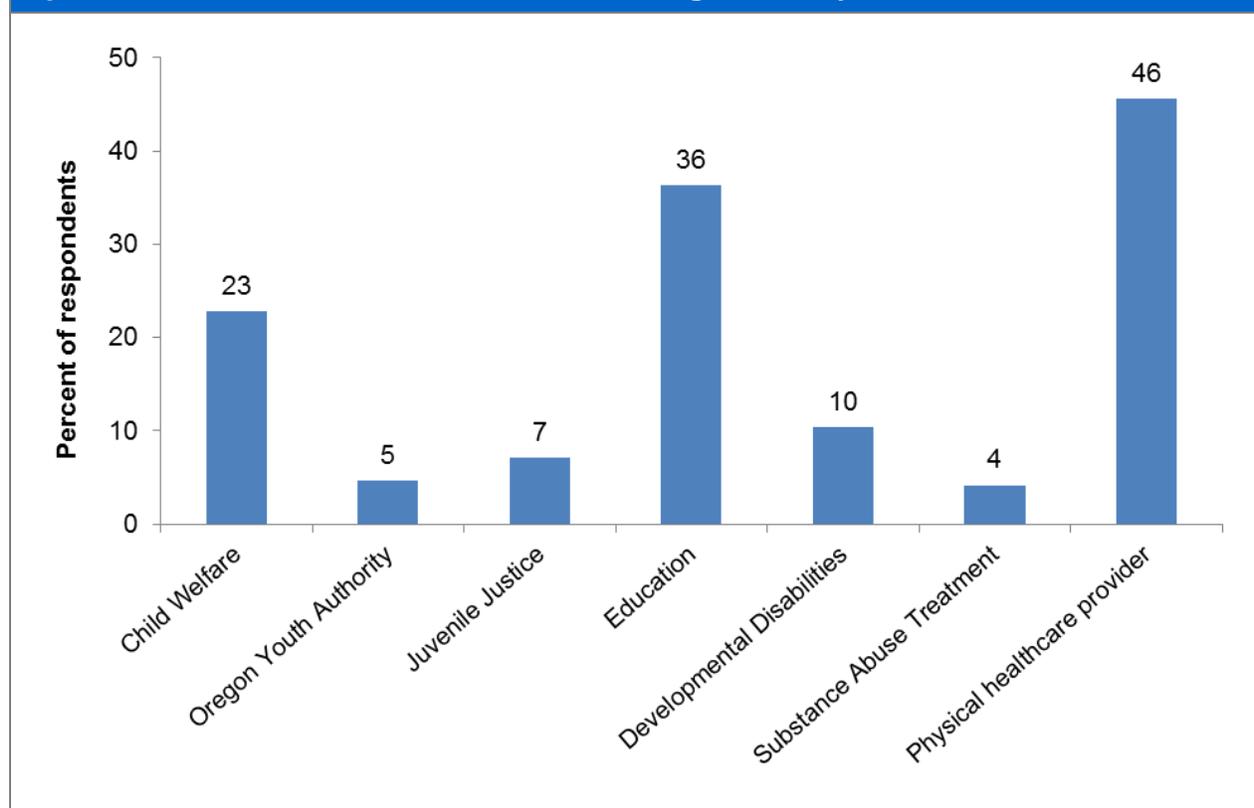
*Indicates a statistically significant difference ($p < .05$) between group scores.

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 caregivers 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 24 displays the percentages of caregivers who identified their children as receiving one or more of these services in 2012. On average, responders reported that their children received services from one of these seven agencies/systems, about the same average as reported in previous surveys.

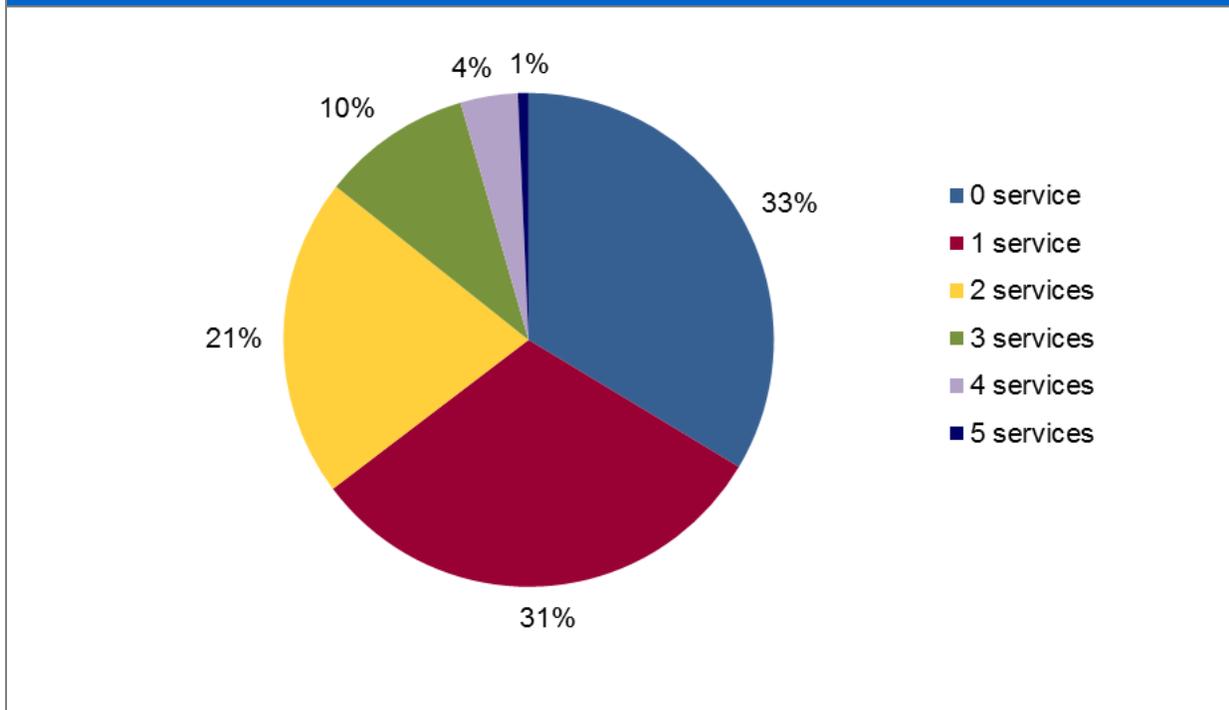
Figure 24. Percent of Caregivers whose Children Received Services from Specific State-Funded, Non-Mental Health Agencies/Systems, 2012.



Nearly half of YSS-F responders (46%) reported mental healthcare providers coordinating services for their children with physical healthcare providers, just under the 48% in 2011. The percentage of responders reporting provider coordination with child welfare dropped from 29% in 2011 to 23% in 2012, and slight decreases were reported in other areas of care coordination as well.

As shown in Figure 25, 33% of family members in 2012 reported that their children received *no* state-funded, non-mental health services; 31% reported one service; and 15% reported requiring care coordination with three or more service systems.

Figure 25. Numbers of Non-Mental Health Agencies/Systems for which Caregivers' Children Required Coordination, 2012.



Satisfaction with Coordination between Systems

Caregivers 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 10 shows the percentages of caregivers in 2010–2012 who were either “strongly satisfied,” “satisfied,” or “somewhat satisfied” with the coordination of their children’s care among the specified programs. Overall, at least 85% of caregivers in 2012 were satisfied with the coordination of care between their mental healthcare providers and each other system. Satisfaction increased slightly in all categories in 2012, with a notable increase in percent satisfied with coordination with substance abuse treatment. Satisfaction was highest with coordination with physical healthcare providers, followed closely by coordination among other mental healthcare providers.

Table 11 breaks down satisfaction with coordination of services by MHO in 2012.

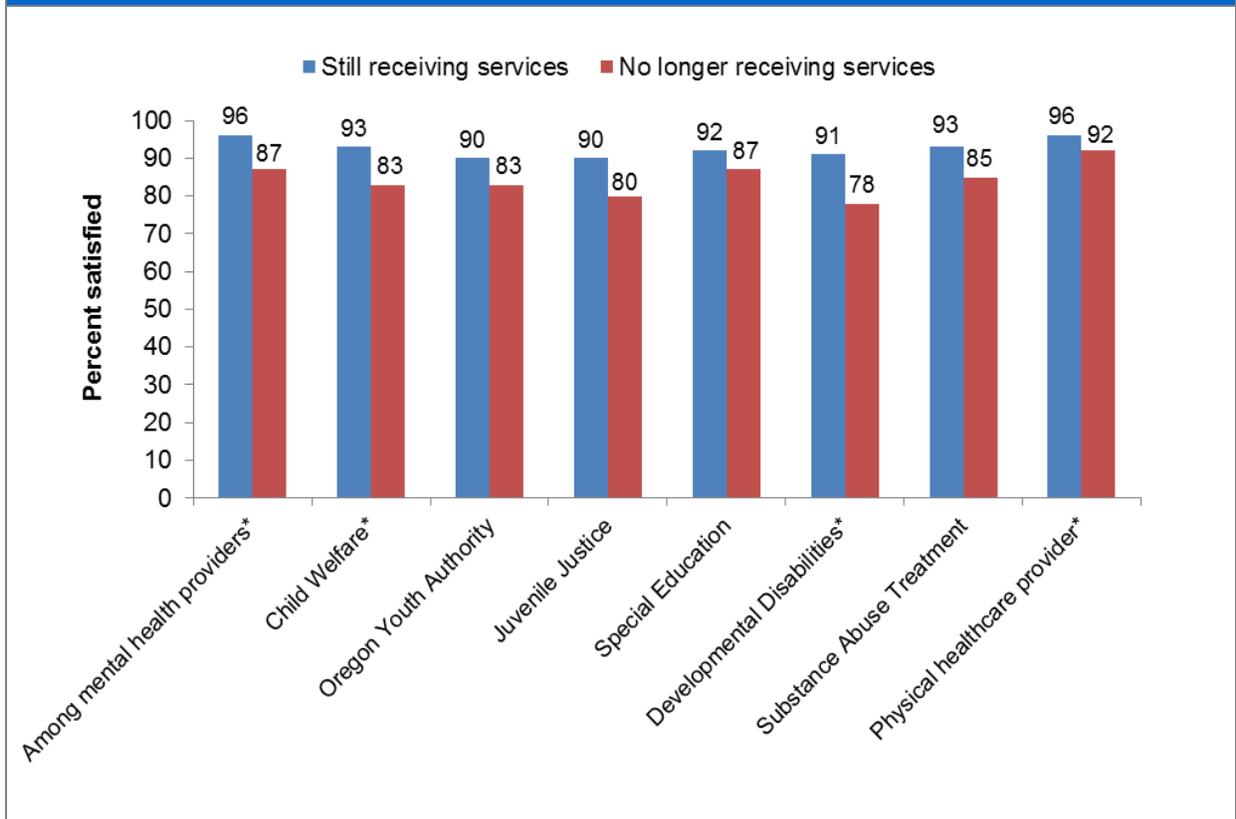
Table 10. Percent (n) Satisfied with Coordination of Agency-Specific Services for Children 2012.			
Service	2010	2011	2012
Among different mental healthcare providers	89 (855)	90 (1008)	93 (715)
Child Welfare	88 (761)	87 (872)	89 (480)
Oregon Youth Authority	79 (189)	82 (214)	85 (157)
Juvenile justice	82 (261)	81 (278)	86 (184)
Special education	86 (828)	88 (955)	90 (655)
Developmental disabilities	82 (405)	86 (487)	88 (316)
Substance abuse treatment	78 (180)	77 (166)	90 (132)
Physical healthcare provider	94 (916)	93 (1143)	95 (745)

Table 11. Percent (n) of Responders Satisfied with Coordination of Agency-Specific Services, by MHO, 2012.

Service	ABHA	CMHO	Family Care	GOBHI	JBH	Lane Care	MVBCN	VIBHS	Pacific Source	WCHHS
Among different mental healthcare providers	94 (16)	98 (40)	88 (81)	94 (69)	94 (66)	94 (93)	94 (157)	91 (98)	93 (27)	94 (72)
Child welfare	88 (8)	95 (21)	91 (45)	86 (57)	93 (44)	86 (78)	94 (103)	83 (89)	94 (17)	81 (43)
Oregon Youth Authority	100 (1)	100 (4)	82 (11)	90 (21)	87 (15)	65 (20)	92 (38)	82 (28)	100 (8)	76 (25)
Juvenile justice	100 (1)	100 (6)	85 (13)	87 (23)	88 (16)	68 (28)	92 (39)	78 (27)	93 (15)	80 (25)
Special education	87 (15)	89 (38)	95 (81)	88 (65)	91 (64)	88 (90)	92 (135)	88 (101)	100 (21)	90 (61)
Developmental disabilities	80 (10)	94 (16)	95 (40)	83 (40)	79 (38)	84 (43)	89 (63)	89 (45)	89 (9)	89 (37)
Substance abuse treatment	100 (3)	83 (6)	90 (10)	94 (16)	100 (8)	81 (16)	89 (27)	86 (22)	100 (5)	88 (16)
Physical health care provider	94 (16)	100 (40)	94 (85)	97 (72)	93 (71)	91 (105)	96 (142)	93 (104)	100 (29)	91 (57)

Caregivers 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 caregivers whose children no longer received mental health services (Figure 26). As shown below, these differences were statistically significant in four of the service categories.

Figure 26. Percent Satisfied with the Coordination of Specific Services, by Child's Service Status.



*Indicates a statistically significant difference ($p < .05$) in the 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 12 shows caregivers' satisfaction with coordination of all state-funded services their children received, by MHO for 2010–2012. PacificSource and ABHA had the highest satisfaction scores in 2012. Satisfaction with coordination by most MHOs increased from 2011 to 2012.

Table 12. Percent (n) Satisfied with Coordination of All Services to their Children, by MHO, 2010–2012.

MHO	2010	2011	2012
ABHA	85 (113)	80 (136)	96 (24)
CMHO	83 (81)	84 (106)	94 (68)
FamilyCare	80 (41)	89 (148)	92 (132)
GOBHI	79 (135)	82 (155)	91 (117)
JBH	82 (164)	87 (240)	90 (108)
LaneCare	86 (173)	86 (250)	90 (167)
MVBCN	83 (248)	84 (332)	92 (263)
PacificSource*	–	–	98 (56)
VIBHS	83 (218)	81 (241)	89 (171)
WCHHS	83 (115)	85 (117)	85 (102)

*Note: PacificSource scores were not calculated for the survey until 2012.

Caregivers' Expectations about the Results of their Children's Mental Health Treatment

The 2012 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 13 shows, the most frequent expectations were that the child would feel better about himself or herself (76%) and would get along better with family (72%).

Table 14 shows the number of responders citing each expectation who said the child's treatment yielded the expected result. For example, of the responders who expected their child to feel better about himself or herself, 62% reported that the treatment achieved that result. Of the responders who expected that their children would stop or reduce use of alcohol or drugs, 60% said their children had stopped or reduced the use of alcohol or drugs.

Table 13. Expectations for the Child's Mental Health Treatment (N=1984).

Expectation	Number "Yes"	% of Responses
Expected child would feel better about himself/herself	1,516	76%
Expected child would get along better with family	1,427	72%
Expected child would be happier	1,360	69%
Expected child would be more respectful	1,336	67%
Expected child would do better in school	1,334	67%
Expected child would be less anxious and fearful	1,239	62%
Expected child would get along better with other children	1,136	57%
Expected child would stop hurting others	440	22%
Expected child would stop hurting himself or herself	427	22%
Expected child would stop or reduce use of alcohol or drugs	136	7%

Table 14. Results of the Child's Mental Health Treatment.

Result	Of those with expectation, number with result	% of Responses
Child felt better about himself or herself	933	62%
Child is getting along better with family	889	62%
Child is happier	829	61%
Child is being more respectful	679	51%
Child is doing better in school	761	57%
Child is less anxious or fearful	779	63%
Child is getting along better with other children	655	58%
Child has stopped hurting others	168	38%
Child has stopped hurting himself/herself	250	59%
Child has stopped or reduced use of alcohol or drugs	81	60%

Additional Analyses

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 2012 survey also included new questions about children’s Individual Services and Supports Plans (treatment plans), primary healthcare providers and routine appointments, psychoactive medications, and history of trauma.

The following tables and charts summarize the results of frequency analysis of those data.

Child’s Individual Services and Supports Plan

One question asked whether the child’s treatment plan supported the child’s and caregiver’s culture and language; as Table 15 shows, a majority that responded to the question agreed that the plans did.

Table 15. Child’s Individual Services and Supports Plan Supports the Following.			
	Yes	No	Don’t know
My child’s culture (n=1744)	68%	7%	25%
My culture (n=1722)	67%	8%	25%
My child’s language (n=1758)	79%	5%	16%
My language (1734)	79%	5%	16%

Primary healthcare provider

Another question asked if the caregiver’s child had a primary healthcare provider (doctor, nurse, or other health professional) that provided checkups, routine medical care, and advice. Of the 1,947 individuals who responded to this question, 93% reported that their child did have a primary healthcare provider, 5% responded no, and 2% were not sure.

Psychoactive medications

Another new question asked whether psychoactive medications were prescribed for children while they were receiving treatment from their current (or most recent) mental health services provider. Of the 1,893 individuals who responded to this question, 38% reported that their child had been prescribed psychoactive medications while receiving treatment. Of those whose child had been prescribed psychoactive medications while receiving treatment, 94% answered “Yes” to the question, “Do you understand the benefits and side effects of these medications?” and 77% reported that the medications had helped their child.

School attendance

A total of 1,550 YSS-F responders answered both questions about their children’s history of suspensions from school. Of those responders, 86% replied “No” and 14% replied “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?”

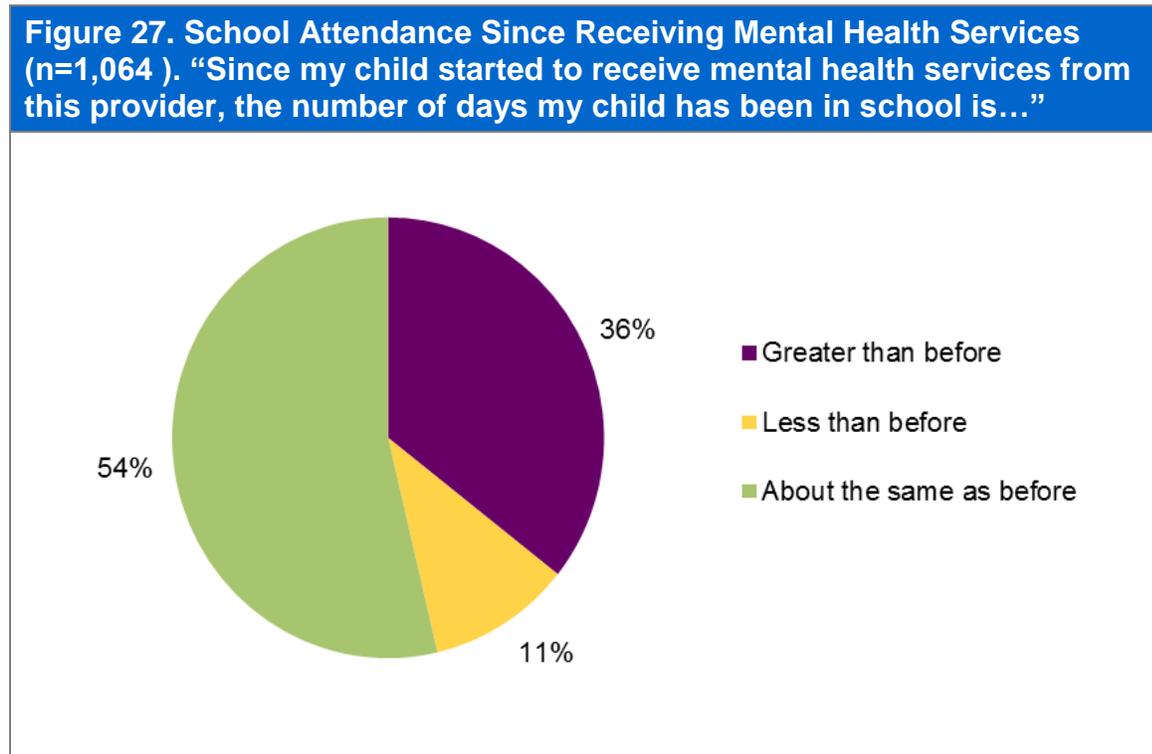
In response to the question, “Was your child suspended during the 12 months *before* he or she began seeing his or her current (or most recent) provider?” 84% replied “No” and 16% “Yes.” These percentages are the same as they were in 2011. Of those who responded that their child had been suspended *before* receiving services, 38% reported no suspensions *after* receiving services.

Unlike in previous years, the 2012 survey did not ask about the length of time children received services.

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 1,734 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 (Table 16).

Table 16. Reasons Attendance Question Does Not Apply.	
Reason	Number
My child had no problem with attendance before starting services.	454
My child is too young to be in school.	45
My child is home schooled.	22
My child dropped out of school.	9
My child was expelled from school.	5

Of the 1,064 responders to whom the question applied, 36% said the child’s attendance had increased, while 11% said the child’s attendance had declined (Figure 27).

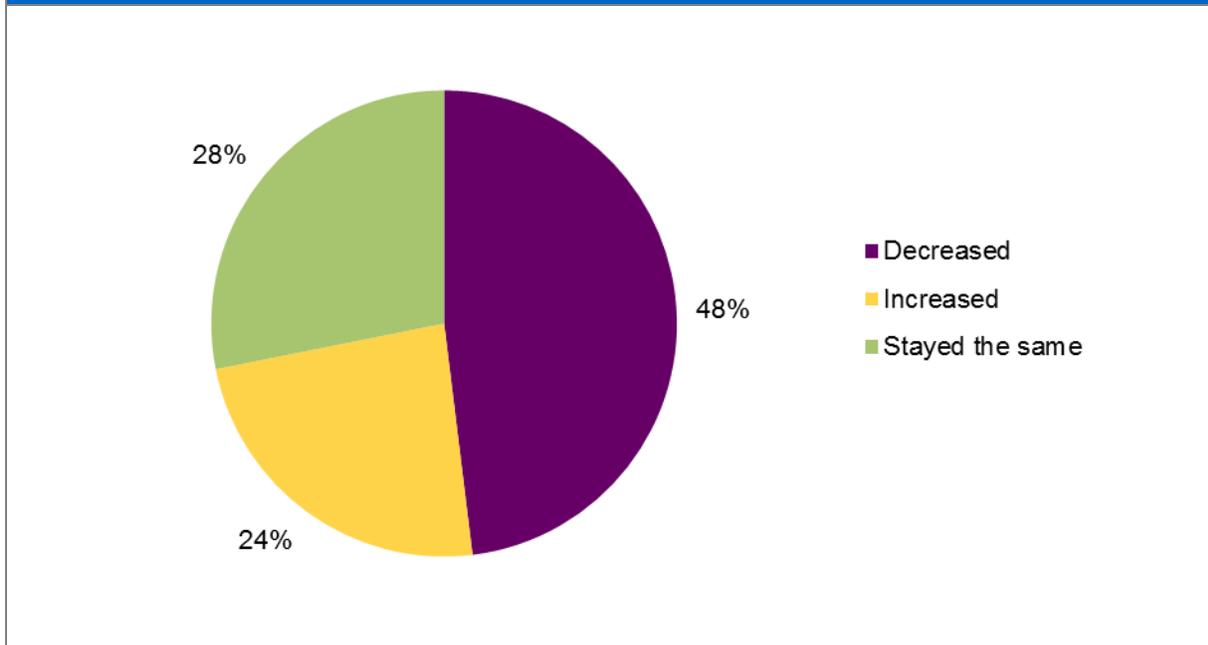


Child's arrest history

A total of 1,784 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, 1% replied "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-four percent responded "No/Not applicable" to both questions. Unlike in previous years, the survey did not ask about the length of time children received services during the survey period.

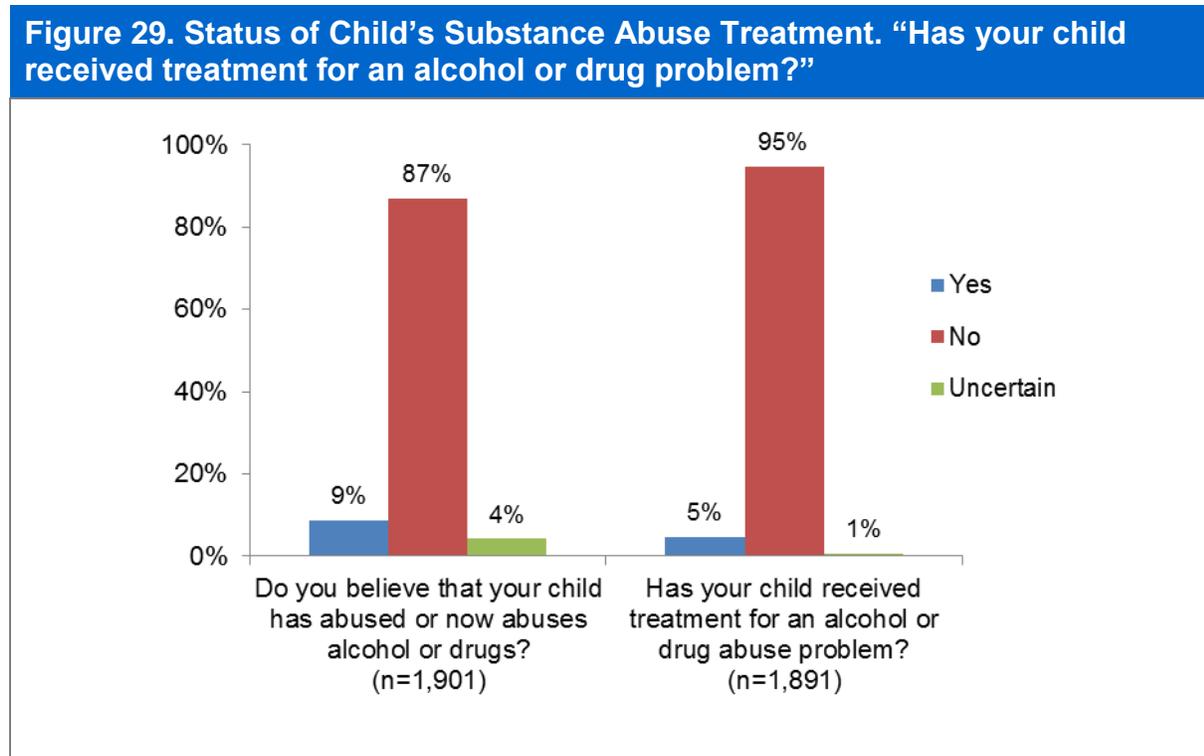
Another question asked whether the child's encounters with police had changed since the child began receiving mental health services from the current or most recent provider. Encounters were defined as times the police harassed or arrested the child, or times the child was taken to a shelter or crisis program. Among 1,856 responders, 88% said the question did not apply because the child had had no such encounters since receiving mental health services. Of the 231 responders for whom the question applied, 48% said the encounters had decreased (Figure 28).

Figure 28. Child's Encounters with Police since Receiving Mental Health Treatment (n=231). "Since your child began to receive mental health services from this provider, have his or her encounters with the police..."



Alcohol and drug use

Of the 1,901 YSS-F responders who responded to the question, 9% stated that they thought or knew that their children were using alcohol or illegal substances (Figure 29). Of the 1,891 who responded to the question about treatment, 5% reported that their children were receiving treatment for alcohol or illegal drug abuse at the time of the survey.



History of trauma

A new question asked when the child first began seeing the mental health services provider, whether the provider had asked about the child’s history of trauma (“severely stressful events like car wrecks, loss of loved ones, natural disasters, poverty, bullying, crime, physical or sexual abuse, or neglect”). Of the 1,901 respondents who answered this question, 76% reported that the provider had asked about the child’s trauma history.

The survey also asked that if a child had experienced serious trauma, were problems related to this trauma adequately addressed during the child’s treatment. Of the 1,878 individuals who responded to this question, 43% reported that the trauma was adequately addressed during treatment, 38% answered no or were uncertain, and 19% reported that their child had no history of trauma.

2012 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). Domain scores are calculated with the same methodology as used for the YSS-F. The comparable approach of the two surveys makes it possible to compare the responses of young responders with those of their caregivers, both for individual questions and for overall domain scores.

The YSS includes additional questions about:

- 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 2012 as in 2011, AMH asked young people age 14 and older to complete the YSS. Using the sample provided for the YSS-F, Acumentra Health selected young people who were at least 14 years old during the period they were in treatment, and assigned these responders to the same categories (outpatient, psychiatric residential, and psychiatric day treatment) as used in the YSS-F.

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

Survey Response

Acumentra Health mailed the introductory letter to 3,998 young people on June 28, 2012. After removing those with invalid addresses, those who opted out of survey participation, and those who completed the survey online, Acumentra Health mailed paper surveys to 3,587 young people.

Ten percent of the YSS surveys were completed online in 2012, an increase from 6% in 2011. As of September 30, 2012, the day when data entry ended, 635 surveys had been received, for an overall response rate of 17.9%.

Table 17 shows the response rate by treatment setting. Response rates for the outpatient and day treatment groups were close (18% and 17%, respectively), while the residential group had the lowest response rate (7%). Due to low population numbers in the psychiatric day and psychiatric residential groups, domain scores are not broken down by treatment setting except where noted.

Setting	Number of responses	Number of surveys sent	Response rate*
Outpatient	621	3,403	18%
Psychiatric Day	8	46	17%
Psychiatric Residential	6	81	7%

*Indicates a statistically significant difference ($p < .05$) between facility type proportions.

As shown in Table 18, response rates were significantly higher for female than for male responders, and significantly higher for those living in urban vs. rural areas. White responders and those aged 16–18 also responded at higher rates.

Table 18. YSS Response Rate by Demographic Characteristics.

Characteristic		Number of responses	Number of surveys sent	Response rate
Gender*	Female	360	1,851	19%
	Male	275	1,679	16%
Age group	13–15	243	1,473	17%
	16–18	392	2,057	19%
Race	Non-white	89	543	16%
	White (Caucasian)	337	1,838	18%
Location of residence*	Rural	218	1,360	16%
	Urban	416	2,152	19%

*Indicates a statistically significant difference ($p < .05$) within group proportions.

Table 19 shows the response rate by the young person's MHO. LaneCare enrollees responded at the highest rate (24%) and GOBHI enrollees at the lowest rate (13%).

Table 19. YSS Response Rate by MHO.

MHO	Number of responses	Number of surveys sent	Response rate*
ABHA	14	80	18%
CMHO	41	190	22%
FamilyCare	59	303	19%
GOBHI	40	297	13%
JBH	43	285	15%
LaneCare	91	386	24%
MVBCN	123	623	20%
PacificSource	24	161	15%
VIBHS	98	588	17%
WCHHS	47	322	15%

*Indicates a statistically significant difference ($p < .05$) among MHO proportions.

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 responded positively in each domain. As in 2011, a significantly lower percentage of YSS responders were satisfied with access to services and with treatment participation, compared with caregivers. A higher percentage of youths responded positively in the treatment outcomes and appropriateness domains, though the differences were not statistically significant.

Domain	YSS	YSS-F
Access*	68	73
Participation*	75	81
Cultural sensitivity	87	90
Appropriateness	72	71
Treatment outcomes	65	61

*Indicates a statistically significant difference ($p < .05$) between YSS and YSS-F scores.

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% CIs. The scores apply only to outpatient services. Readers should interpret these results with caution, as the confidence intervals are relatively large because of small numbers of responses associated with each MHO. Because each MHO's CI generally overlaps those of other MHOs, the table may not reflect actual differences among MHOs.

Table 21. YSS Domain Scores by MHO, with 95% CI, 2012.

MHO	Appropriateness (CI)	Treatment outcomes (CI)	Participation (CI)	Cultural sensitivity (CI)	Access (CI)
ABHA**	NA	NA	NA	NA	NA
CMHO	80 (68-92)	68 (54-83)	82 (70-94)	92 (84-100)	65 (50-80)
FamilyCare	74 (63-85)	61 (48-74)	74 (63-85)	83 (73-93)	73 (62-85)
GOBHI	54 (38-69)*	61 (45-76)	68 (54-83)	81 (68-93)	69 (54-84)
JBH	69 (55-83)	71 (58-85)	76 (62-89)	81 (69-93)	50 (35-65)*
LaneCare	79 (70-87)	75 (66-84)*	71 (61-80)	88 (81-95)	75 (66-84)
MVBCN	75 (67-82)	61 (52-69)	76 (68-83)	91 (85-96)	70 (62-78)
PacificSource**	NA	NA	NA	NA	NA
VIBHS	64 (54-74)	58 (48-68)	74 (65-83)	88 (81-95)	63 (53-73)
WCHHS	77 (65-90)	75 (62-88)	73 (60-86)	93 (84-100)	70 (57-84)

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

Table 22. YSS and YSS-F Domain Scores by MHO, 2012.										
MHO	Appropriateness		Treatment outcomes		Participation		Cultural sensitivity		Access	
	YSS	YSS-F	YSS	YSS-F	YSS	YSS-F	YSS	YSS-F	YSS	YSS-F
ABHA**	NA	63	NA	61	NA	89	NA	89	NA	84
CMHO	80	71	68	65	82	78	92	92	65	65
FamilyCare	74	69	61	56	74	81	83	92	73	77
GOBHI	54	67	61	56	68	76	81	83	69	76
JBH	69	68	71	59	76	77	81	84	50*	69*
LaneCare	79	75	75*	63*	71*	84*	88	92	75	68
MVBCN	75	74	61	66	76	81	91	90	70	76
PacificSource**	NA	66	NA	52	NA	70	NA	87	NA	67
VIBHS	64	68	58	61	74	82	88	89	63	71
WCHHS	77	73	75	62	73	86	93	91	70	76

*Indicates statistically significant difference ($p < .05$) between the same MHO's YSS and YSS-F domain scores.

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

Table 23 shows YSS domain scores by demographic characteristics.

Table 23. YSS Domain Scores by Demographic Characteristics, 2012.						
Characteristic		Appropriateness	Treatment outcomes	Participation	Cultural sensitivity	Access
Gender	Female	72	66	75	86	65
	Male	72	65	75	89	71
Age group	14–15	73	61	73	89	70
	16–18	71	68	76	86	66
Race	Non-White	69	62	80	84	65
	White (Caucasian)	69	65	72	87	64
Location of residence	Rural	69	67	73	86	66
	Urban	73	65	75	88	69

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 252 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.

Overall, the scores reported by the two groups were relatively close on most questions. In most domains, positive responses varied by question, with caregivers having slightly higher scores for some questions and young responders having higher scores for others.

Table 24. Youth and Caregiver Perceptions of Treatment Services, 2012 (Percent who Strongly Agree/Agree with Each Statement).

Domain	Question	YSS	YSS-F
Access	The location of services was convenient.	73	80
	Services were available at times that were convenient.	78	79
Outcomes	I am better at handling daily life.	68	70
	I get along better with family members.	70	72
	I get along better with friend and other people.	70	69
	I am doing better in school and/or work.	61	63
	I am better able to cope when things go wrong.*	69	60
	I am satisfied with my family life right now.	64	66
Participation	I helped to choose my services.*	69	79
	I helped to choose my treatment goals.*	82	71
	I participated in my own treatment.	84	83
Appropriateness	I am satisfied with the services I received.	79	80
	The people helping me stuck with me no matter what.	78	74
	I felt I had someone to talk to when I was troubled.	74	79
	I received services that were right for me.	79	76
	I got the help I wanted.	72	72
	I got as much help as I needed.	69	63
Cultural sensitivity	Staff treated me with respect.	88	89
	Staff respected my family's religious/spiritual beliefs.	89	87
	Staff spoke with me in a way that I understood.	91	93
	Staff was sensitive to my cultural/ethnic background.	84	83

*Indicates a statistically significant difference ($p < .05$) between YSS and YSS-F scores.

Additional Analyses

The survey also asked youth about where they had lived in the past six months, school absences, utilization of healthcare services, medication for emotional/behavioral problems, and arrest history.

Living situation during past six months

One question asked, “Are you currently living with one or both parents?” Of the 611 young people who answered that question, 451 or 74% said “Yes.”

Another question asked about different places the young responder might have lived in the previous six 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, a majority (70%) reported living with one or both parents. Thirteen percent reported living in foster care and 13% reported living with another family member. Twenty-seven (4%) reported being homeless/living on the streets during the past six months, which is an increase from the 2% in 2011.

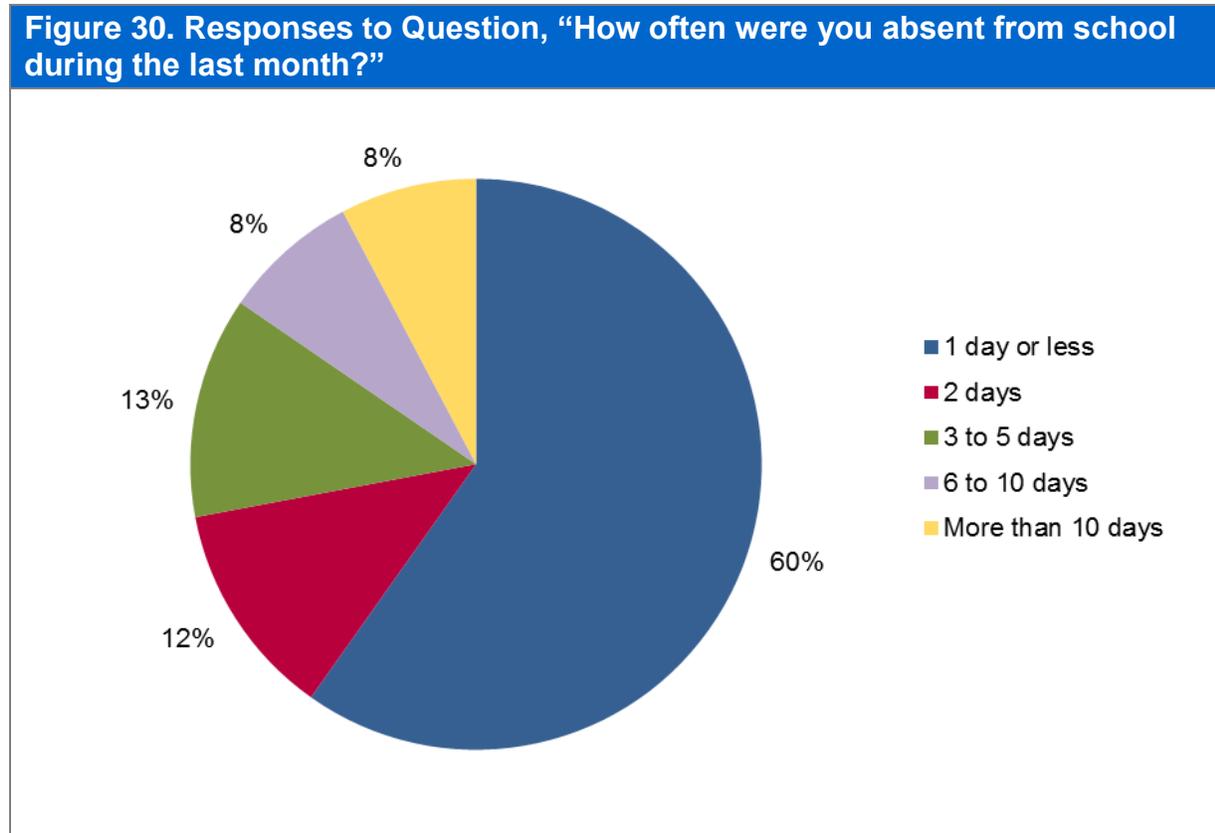
Table 25. Living Arrangements in the Previous Six Months (n=635).

Living situation	Number	% of responders*
With one or both parents	445	70%
With another family member	82	13%
Foster home	80	13%
Therapeutic foster home	16	3%
Crisis shelter	9	1%
Homeless shelter	6	1%
Group home	11	2%
Residential treatment center	33	5%
Hospital	11	2%
Local jail or detention facility	17	3%
State correctional facility	1	0%
Runaway/homeless/on the streets	27	4%
Other	40	6%

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

School absences

This question asked about absence from school during the previous month; results are shown below in Figure 30. The majority (60%) of the young responders who answered the question reported that they had been absent one day or less during the previous month, while 8% reported that they were absent from school more than 10 days during the previous month.



Utilization of physical healthcare services

This question 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 612 young people who answered the question, 108 (18%) said they had not seen a physical healthcare provider and 41 (7%) said they had seen a doctor during an emergency department visit, which is an increase from the 4% in 2011.

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	430	70%
Yes, but only in a hospital emergency room	41	7%
No	108	18%
Do not remember	33	5%

Medication

The medication question asked about taking medication for emotional/behavioral problems. Table 27 shows that 44% of the young responders reported being on medication. Of these, 242 (89%) responded that the doctor/nurse had told them about side effects.

Table 27. Current Use of Medications for Emotional/Behavioral Problems.		
“Are you on medication for emotional/behavioral problems?”	Number	% of responders
Yes	273	44%
No	350	56%

Arrest history

The arrest history question asked whether the young person had been arrested by police in the past month. Of the 619 responders who answered the question, 2% said they had been arrested in the previous month.

DISCUSSION AND RECOMMENDATIONS

Domain Scores

In the aggregate, caregivers who answered the 2012 YSS-F survey reported slightly more positive perceptions of their children’s mental health care in all domains except treatment outcomes, compared with caregivers responding to the 2011 survey (Table 28). Satisfaction scores reported by young responders in the YSS were identical to those reported in 2011, except for a slightly more positive response in the access domain.

Domain	YSS-F		YSS	
	2011	2012	2011	2012
Access	72	73	65	68
Participation	79	81	75	75
Cultural sensitivity	89	90	87	87
Appropriateness	69	71	72	72
Treatment outcomes	59	61	65	65
Social connectedness	85	86	NA	NA
Daily functioning	59	62	NA	NA

Over the past several years of conducting the survey, several trends have been apparent (see data tables in Appendix A).

- Providers consistently have received high marks for cultural sensitivity, with 90% of caregivers in 2012 responding positively to questions in that area. Satisfaction with social connectedness also has remained relatively high, in the mid-80% range.
- Positive perceptions of appropriateness of treatment rose to 71% in 2012, the highest positive response in any year so far.
- Satisfaction with treatment outcomes has lagged behind the other domains, with fewer than two-thirds of responders reporting positive perceptions.

- From 2011 to 2012, positive responses increased in all domains for the outpatient group, which comprises the majority of the survey population, with a significant increase in the daily functioning domain.

Coordination of Systems

In 2012, 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 (46%) reported mental healthcare providers coordinating services for their children with physical healthcare providers, just under the 48% in 2011. The percentage of responders reporting provider coordination with child welfare dropped from 29% in 2011 to 23% in 2012, and slight decreases were reported in other areas of care coordination as well.

Overall, at least 85% of caregivers in 2012 were satisfied with the coordination of care between their mental healthcare providers and each other system. Satisfaction increased slightly in all categories in 2012, with a notable increase in percent satisfied with coordination with substance abuse treatment.

Satisfaction was highest with coordination with physical healthcare providers, followed closely by coordination among other mental health providers.

YSS Response

For the second year, service recipients aged 14–18 were surveyed separately. Response rates were significantly higher for female than for male responders, and significantly higher for those living in urban vs. rural areas. White responders and those aged 16–18 also responded at higher rates.

Acumentra Health compared the young people's responses with the responses of caregivers to explore differences in perceptions about the services received. Overall, the two groups' responses were relatively close. However, a significantly lower percentage of YSS responders were satisfied with access to services and with treatment participation, compared with caregivers who responded to the YSS-F. However, a higher percentage of YSS responders were satisfied with treatment outcomes and appropriateness of care.

The YSS also asked young responders where they might have lived in the previous six months (could select more than one response). A majority (70%) reported living with one or both parents, while 13% reported living with another family member and 13% reported living in foster care. Five percent lived in a residential

treatment center and 4% reported being homeless/living on the streets during the past six months.

Next Steps and Recommendations

The surveys of caregivers' and youths' perceptions of OHP mental health services and of coordination with other state-funded services have provided valuable feedback about the state's progress toward a more family-focused and individualized model of mental health care.

YSS-F results by performance domain appear relatively stable over the past five years, suggesting a gradual improvement in caregivers' satisfaction in all domains. AMH/OHA and the coordinated care organizations (CCOs) need to continue efforts to improve performance across all domains, especially regarding treatment outcomes and daily functioning, for which the overall scores remain lowest.

The YSS results suggest that young people receiving OHP mental health services perceive their treatment outcomes and the appropriateness of services more favorably than their caregivers do, whereas caregivers have more positive perceptions of the children's access to services, cultural sensitivity, 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%) with overall coordination of services for children served in all treatment settings, compared with previous years, when satisfaction ranged from 50 to 70%. The efforts that have achieved these positive results need to continue.

Acumentra Health believes the following additional recommendations would enable AMH/OHA, the CCOs, and their contractors and subcontractors to continue improving mental health care for young Oregonians.

1. Identify and implement best practices.

AMH/OHA, in collaboration with the CCOs, 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. **With the transition to CCOs, efforts to ensure continued efforts to coordinate care need to be continued and enhanced.**
3. **Study experiences of families whose children no longer receive OHP mental health services to learn more about their perceptions of the system.**

Surveys have found that family members whose children no longer receive services tend to have less positive perceptions than families whose children still receive services. AMH/OHA 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. This is especially important with the move to CCOs since there should be no decrease in services provided.

4. **Use the youth survey results to inform development of the System of Care (using the SCWI model) and to evaluate the impact of the ISSR.**

AMH/OHA needs to incorporate lessons learned from the youth surveys about young responder and family experience with mental health services and supports as the state expands the System of Care from the current SCWI demonstration sites. AMH/OHA 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: DETAILED DATA TABLES

Tables A-1 and A-2 display YSS-F performance domain scores since 2008. Table A-2 reports data for outpatient services only, because no comparable data exist for psychiatric residential and psychiatric day treatment enrollees before 2005. Similarly, Table A-5 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 A-1. Domain Scores: All Treatment Settings, 2008–2012.					
Domain	2008	2009	2010	2011	2012
Access	69	74	73	72	73
Participation	76	78	79	79	81
Cultural sensitivity	88	88	89	89	90
Appropriateness	65	68	68	69	71
Treatment outcomes	57	59	58	59	61
Social connectedness	85	85	85	85	86
Daily functioning	NA	NA	57	59	62

Table A-2. Domain Scores: Outpatient Setting Only, 2005–2012.								
Domain	2005	2006	2007	2008	2009	2010	2011	2012
Access	67	71	72	70	75	73	72	73
Participation	73	74	76	76	77	79	79	81
Cultural sensitivity	86	88	88	88	88	89	89	90
Appropriateness	61	63	67	65	68	68	69	71
Treatment outcomes	56	56	58	58	59	58	59	62
Social connectedness	NA	84	84	85	85	86	85	87
Daily functioning	NA	NA	NA	NA	NA	57	59	62*

*Indicates a statistically significant difference between rate for facility type between 2011 and 2012.

Table A-3. Domain Scores by MHO, with 95% CI, 2012.

MHO	Appropriateness (CI)	Outcome (CI)	Participation (CI)	Cultural Sensitivity (CI)	Access (CI)	Social Connectedness (CI)	Daily Functioning (CI)
ABHA	63 (48-78)	61(45-76)	89 (80-99)	89 (80-99)	84 (72-96)	92 (84-100)	61 (45-76)
CMHO	71 (62-80)	65 (56-75)	78 (70-86)	92 (86-97)	65 (55-74)	90 (83-96)	66 (57-76)
FamilyCare	69 (63-76)	56 (49-63)	81 (75-86)	92 (88-96)	77 (71-83)	87 (83-92)	56 (49-63)
GOBHI	67 (60-74)	56 (49-64)	76 (70-83)	83 (77-89)*	76 (69-82)	84 (79-90)	56 (48-63)
JBH	68 (61-75)	59 (51-66)	77 (70-83)	84 (79-90)*	69 (62-76)	82 (76-88)	60 (52-67)
LaneCare	75 (69-80)	63 (57-69)	84 (80-89)	92 (89-96)	68 (62-74)	87 (82-91)	65 (59-71)
MVBCN	74 (70-78)	66 (61-71)*	81 (78-85)	90 (87-93)	76 (71-80)	86 (83-90)	66 (61-71)*
PacificSource	66 (55-77)	52 (40-64)	70 (60-81)*	87 (80-95)	67 (56-78)	82 (73-91)	52 (40-64)
VIBHS	68 (62-73)	61 (56-67)	82 (78-87)	89 (85-92)	71 (66-77)	87 (84-91)	62 (56-68)
WCHHS	73 (66-79)	62 (54-69)	86 (81-91)	91 (87-96)	76 (69-83)	87(81-92)	61(54-69)

*Indicates statistically significant difference ($p<.05$) between MHO and other MHOs grouped together.

Table A-4. Domain Scores by MHO, 2011–2012.

MHO	Appropriateness		Treatment outcomes		Participation		Cultural sensitivity		Access		Social connectedness		Daily functioning	
	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012
ABHA	64	63	50	61	74	89*	90	89	67	84	86	92	50	61
CMHO	70	71	54	65	72	78	90	92	75	65	85	90	53	66*
FamilyCare	73	69	63	56	83	81	90	92	72	77	86	87	64	56
GOBHI	63	67	51	56	75	76	84	83	72	76	86	84	51	56
JBH	69	68	59	59	79	77	86	84	75	69	82	82	60	60
LaneCare	73	75	62	63	79	84	90	92	70	68	88	87	62	65
MVBCN	72	74	63	66	84	81	90	90	72	76	84	86	62	66
PacificSource**	NA	66	NA	52	NA	70	NA	87	NA	67	NA	82	NA	52
VIBHS	66	68	58	61	79	82	89	89	72	71	84	87	57	62
WCHHS	71	73	68	62	84	86	92	91	71	76	88	87	67	61
Aggregate	69	71	59	61	79	81	89	89	72	73	85	86	59	61

*Indicates a statistically significant difference between 2011 and 2012 rate.

**Scores for PacificSource were calculated for the first time in 2012.

Table A-5. Percent of Survey Responders who “Agree” or “Strongly Agree” with Item about their MHO: Outpatient Setting Only.		2007	2008	2009	2010	2011	2012
Access to services							
1	The location of services was convenient.	80	78	82	82	79	81
2	Services were available at convenient time.	78	78	81	78	79	80
Participation in treatment							
3	I helped to choose my child’s services.	74	74	75	76	77	80
4	I helped to choose my child’s treatment goals.	76	75	77	77	78	80
5	I participated in my child’s treatment.	87	86	87	88	88	90
Cultural sensitivity							
6	Staff treated me with respect.	91	90	91	92	92	92
7	Staff respected my family’s religious beliefs.	86	85	84	87	85	88
8	Staff spoke with me in a way I can understand.	93	94	94	93	94	93
9	Staff were sensitive to my cultural background.	84	85	85	87	86	87
Appropriateness of services							
10	Overall, I am satisfied with the services.	74	74	74	74	76	77
11	The people helping my child stuck with us.	74	73	76	76	76	76

Table A-5. Percent of Survey Responders who “Agree” or “Strongly Agree” with Item about their MHO: Outpatient Setting Only (cont.).

		2007	2008	2009	2010	2011	2012
Appropriateness of services (cont.)							
12	I felt my child had someone to talk to.	73	72	75	75	75	76
13	The services my child received were right.	68	66	68	69	71	73
14	My family got the help we wanted for my child.	64	64	65	66	66	70
15	My family got as much help as needed.	55	55	58	58	59	63
Treatment outcomes/Daily functioning*							
16	My child is better at handling daily life.	63	63	65	63	64	66
17	My child gets along better with family	64	63	63	63	64	66
18	My child gets along better with friends.	64	63	64	65	65	67
19	My child is doing better in school or at work.	61	58	60	58	61	62
20	My child is better able to cope when things go wrong.	54	53	55	54	56	58
21	My child is better able to do the things he/she wants to do.	62	59	63	60	63	65
22	I am satisfied with our family life right now.	62	60	62	61	62	65

* 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 A-6. Percent of Survey Responders who “Agree” or “Strongly Agree” with Survey Item, by MHO, 2012.

Item	ABHA	CMHO	Family Care	GOBHI	JBH	Lane Care	MVBCN	VIBHS	Pacific Source	WCHHS	Aggregate
1 The location of services was convenient.	90	71	85	86	79	77	83	81	80	84	81
2 Services were available at convenient time.	89	79	84	77	75	79	83	76	73	80	80
3 I helped to choose my child’s services.	89	78	81	71	75	83	81	81	77	76	79
4 I helped to choose my child’s treatment goals.	87	74	78	77	76	82	79	81	72	83	79
5 I participated in my child’s treatment.	92	83	91	89	91	92	88	90	84	92	89
6 Staff treated me with respect.	92	95	95	86	88	93	92	92	89	92	92
7 Staff respected my family’s religious beliefs.	92	90	88	84	81	91	90	87	86	90	88

Table A-6. Percent of Survey Responders who “Agree” or “Strongly Agree” with Survey Item by MHO, 2012 (cont.).

Item	ABHA	CMHO	Family Care	GOBHI	JBH	Lane Care	MVBCN	VIBHS	Pacific Source	WCHHS	Aggregate
8 Staff spoke with me in a way I can understand.	90	94	95	91	88	95	94	94	93	94	93
9 Staff were sensitive to my cultural background.	89	88	85	87	80	90	86	85	82	92	86
10 Overall, I am satisfied with the services.	76	77	76	74	73	78	80	77	69	78	77
11 The people helping my child stuck with us.	74	74	75	72	73	80	77	75	73	76	76
12 I felt my child had someone to talk to.	76	74	75	69	74	78	76	74	74	77	75
13 The services my child received were right.	74	74	72	69	74	77	75	70	64	76	73

Table A-6. Percent of Survey Responders who “Agree” or “Strongly Agree” with Survey Item by MHO, 2012 (cont.).

Item	ABHA	CMHO	Family Care	GOBHI	JBH	Lane Care	MVBCN	VIBHS	Pacific Source	WCHHS	Aggregate
14 My family got the help we wanted for my child.	70	67	72	69	69	72	73	65	68	72	70
15 My family got as much help as needed.	55	56	65	61	59	65	67	59	55	68	63
16 My child is better at handling daily life.	61	68	66	61	64	67	69	65	63	68	66
17 My child is getting along better with family.	61	71	61	63	65	64	70	65	59	70	66
18 My child gets along better with friends.	68	69	60	61	64	68	72	67	61	69	67
19 My child is doing better in school or at work.	58	56	58	63	59	65	67	61	55	61	62

Table A-6. Percent of Survey Responders who “Agree” or “Strongly Agree” with Survey Item by MHO, 2012 (cont.).

Item	ABHA	CMHO	Family Care	GOBHI	JBH	Lane Care	MVBCN	VIBHS	Pacific Source	WCHHS	Aggregate
20 My child is better able to cope when things go wrong.	45	60	56	54	59	59	58	56	51	58	57
21 My child is better able to do the things he/she wants to do.	68	65	62	56	61	67	69	67	58	65	65
22 I am satisfied with our family life right now.	66	67	61	64	59	66	68	65	63	71	65
23 I know people who will listen and understand me when I need to talk.	92	86	84	82	82	88	87	85	79	86	85
24 I have people that I am comfortable talking to about private things.	89	91	85	81	83	87	84	84	76	83	84
25 I have people that I am comfortable talking with about child's problems.	92	91	85	86	86	87	89	88	80	89	88

Table A-6. Percent of Survey Responders who “Agree” or “Strongly Agree” with Survey Item by MHO, 2012 (cont.).

Item	ABHA	CMHO	Family Care	GOBHI	JBH	Lane Care	MVBCN	VIBHS	Pacific Source	WCHHS	Aggregate
26 I have people with whom I can do enjoyable things.	92	83	83	84	82	87	86	86	86	83	85
27 In a crisis, I would have the support I need from family or friends.	87	83	81	83	82	85	81	83	77	79	82
28 I have more than one friend.	92	88	83	84	81	86	86	87	81	82	85
29 I am happy with the friendships I have.	92	86	81	84	81	85	85	86	83	80	84

APPENDIX B: SURVEY FORMS IN ENGLISH AND SPANISH



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, 2011. *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 mental health services that your child [FIRST NAME] received between July 1, 2011 and now. If your child has received services from more than one provider since July 2011, then please rate only your child's **current mental health services** provider. If your child is no longer receiving services, then please rate only your child's **most recent mental health services** 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...

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
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. Is your child still receiving mental health services?

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

31. If your child is no longer receiving mental health services, 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):

32. During the time your child was served by his or her current (or most recent) mental health services 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) mental health services provider to work *together* with...

	Strongly Satisfied	Satisfied	Somewhat Satisfied	Dissatisfied	Strongly Dissatisfied	Child <u>did not need or receive</u> these services	Child <u>needed but did not receive</u> these services
... 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) mental health services 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 or work.”	<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 or work.”	<input type="checkbox"/> j. “...stopped hurting himself or herself.”

36. My child's Individual Services and Supports Plan (treatment plan) supports:

	Yes	No	Don't Know
a. My child's culture	1	0	9
b. My culture	1	0	9
c. My child's language	1	0	9
d. My language	1	0	9

37. Does your child have a primary health care provider (a doctor, nurse, or other health professional who provides check-ups routine medical care and advice)?

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

38. Were psychoactive medications prescribed for your child while receiving treatment from his or her current (or most recent) mental health services provider? (If "No," skip to question 39.) a. Yes b. No c. Don't know / Don't remember

38a. Do you understand the benefits and side effects of these medications?

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

38b. Overall, have these medications helped your child?

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

39. During the time your child was served by his or her current (or most recent) mental health services provider, did your child attend a public or private school? (If "No," skip to question 42.) a. Yes b. No c. Uncertain

40a. 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

40b. 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) mental health services provider? (Please check one.)

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

41a. 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

41b. 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) mental health services provider? (Please check one.)

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

42. “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

43. 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)
- b. Increased (gone up)
- c. Stayed the same
- d. Doesn't apply (no encounters with police)

43a. Was your child arrested in the 12 months *BEFORE* starting treatment with this provider?

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

43b. Was your child arrested in the first 12 months (or less) *AFTER* starting treatment with this provider? (*Please check one.*)

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

44a. Do you believe that your child either has used or now uses alcohol or drugs?

- a. Yes
- b. No
- c. Uncertain

44b. Has your child received treatment for an alcohol or drug use problem?

- a. Yes
- b. No
- c. Uncertain

45. When your child first began seeing his or her current (or most recent) mental health services provider, did the provider ask about your child's history of trauma (severely stressful events like car wrecks, loss of loved ones, natural disasters, poverty, bullying, crime, physical or sexual abuse, or neglect)?

- a. Yes
- b. No
- c. Uncertain

46. If your child has experienced serious trauma, were problems related to this trauma adequately addressed during your child's treatment?

- a. Yes
- b. No
- c. Uncertain
- d. No trauma problems

47. 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)?

- Number of times: _____ *or* Don't know / Don't remember

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



Nº de identificación del estudio: [Survey_ID]

Para completar esta encuesta en Internet, vaya a: <https://info.acumentra.org/Y-Spanish/>
Ingrese contraseña: [password]

Nota: Estamos enviando esta encuesta por correo a los padres o cuidadores de miles de niños que recibieron algún servicio de salud mental con fondos públicos en Oregon desde el 1º de julio de 2011. Debido a que estamos enviando la misma encuesta a todos los cuidadores, es posible que algunas de las preguntas no correspondan a su hijo. Algunas preguntas se refieren al uso de drogas y alcohol, desafíos educativos o cuestiones legales. Incluimos estas preguntas porque muchas familias solicitan ayuda por estos problemas y queremos ver si se están supliendo las necesidades de las familias. Saltee las preguntas que no correspondan a su caso.

Sus respuestas a esta encuesta son completamente confidenciales (privadas). Sus respuestas no se darán a conocer a los proveedores de atención de la salud de su hijo ni a las autoridades. Sus respuestas no afectarán los beneficios que usted o su hijo estén recibiendo o vayan a recibir en el futuro.

Díganos los servicios de salud mental que su hijo, [FIRST NAME], recibió desde el 1º de julio de 2011 hasta la fecha. Si su hijo recibió servicios de más de un proveedor desde julio de 2011, califique solamente al proveedor de servicios de salud mental **actual** de su hijo. Si su hijo ya no recibe servicios, califique solamente al **último** proveedor de servicios de salud mental que tuvo su hijo.

Nº de identificación del estudio: [Survey_ID]

Indique si está completamente de acuerdo, de acuerdo, no sabe, en desacuerdo o completamente en desacuerdo con cada una de las afirmaciones que aparecen a continuación, marcando con un círculo SOLAMENTE el número que corresponda.

	Completamente de acuerdo	De acuerdo	No sabe	En desacuerdo	Completamente en desacuerdo
A. El padre, madre o cuidador del niño tomó la mayoría de las decisiones sobre el tratamiento, tales como decisiones acerca del plan y las metas 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 escoger los servicios para mi hijo.	5	4	3	2	1
3. Ayudé a escoger las metas de tratamiento para mi hijo.	5	4	3	2	1
4. La gente que nos ayuda con mi hijo siempre está disponible, no importa lo que pase.	5	4	3	2	1
5. Me pareció que mi hijo siempre tenía alguien con quien hablar cuando tenía problemas.	5	4	3	2	1

	Completamente de acuerdo	De acuerdo	No sabe	En desacuerdo	Completamente en desacuerdo
6. Participé en el tratamiento de mi hijo.	5	4	3	2	1
7. Los servicios que recibió mi hijo o mi familia fueron los adecuados para nosotros.	5	4	3	2	1
8. El lugar donde recibíamos los servicios era conveniente para nosotros.	5	4	3	2	1
9. Los servicios estaban disponibles en horarios que eran convenientes para nosotros.	5	4	3	2	1
10. Mi familia obtuvo la ayuda que queríamos para nuestro hijo.	5	4	3	2	1
11. Mi familia obtuvo 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 y espirituales de mi familia.	5	4	3	2	1
14. El personal habló conmigo de manera que lo entendiera.	5	4	3	2	1
15. El personal respetó mis antecedentes culturales y étnicos.	5	4	3	2	1

Identificación del estudio: [Survey_ID]

COMO RESULTADO DIRECTO DE LOS SERVICIOS DE SALUD MENTAL QUE RECIBÍ MI HIJO:

16. Mi hijo lleva mejor su vida diaria.	5	4	3	2	1
17. Mi hijo se lleva mejor con los miembros de la familia.	5	4	3	2	1
18. Mi hijo se lleva mejor con sus amigos y otras personas.	5	4	3	2	1
19. A mi hijo le va mejor en la escuela o el trabajo.	5	4	3	2	1
20. Mi hijo enfrenta mejor las situaciones cuando algo no sale bien.	5	4	3	2	1
21. Mi hijo es más capaz de hacer las cosas que le gustan.	5	4	3	2	1
22. Estoy más satisfecho con nuestra vida familiar.	5	4	3	2	1

	Completamente de acuerdo	De acuerdo	No sabe	En desacuerdo	Completamente en desacuerdo
ADEMÁS DE LOS PROVEEDORES DE SERVICIOS DE SALUD MENTAL DE MI HIJO...					
23. Conozco personas que pueden escucharme y comprenderme cuando necesito hablar.	5	4	3	2	1
24. Conozco personas con las que me siento cómodo hablando sobre cosas personales.	5	4	3	2	1
25. Conozco personas con las que me siento cómodo hablando sobre los problemas de mi hijo.	5	4	3	2	1
26. Conozco personas con las que puedo pasar un buen rato.	5	4	3	2	1
27. En una crisis, puedo tener el apoyo que necesito de mis familiares o amigos.	5	4	3	2	1
28. Tengo más de un amigo.	5	4	3	2	1
29. Estoy feliz con las amistades que tengo.	5	4	3	2	1

30. ¿Su hijo todavía recibe servicios de salud mental? N° de identificación del estudio: [Survey_ID]

- a. Sí b. No c. No sé / No me acuerdo

31. Si su hijo ya no recibe servicios de salud mental, ¿cuál es la razón? (marque SOLAMENTE la razón principal por la que se terminó el tratamiento)

<input type="checkbox"/> a. Mi hijo ya no necesitaba tratamiento porque el problema que lo llevó a tratarse se resolvió.	<input type="checkbox"/> c. Mi hijo no pudo continuar el tratamiento debido a problemas con el transporte, el pago del tratamiento, el horario del tratamiento u otras cuestiones <i>no relacionadas con la efectividad del tratamiento.</i>
<input type="checkbox"/> b. El tratamiento no funcionó como se esperaba, por lo que terminamos el tratamiento con este proveedor.	<input type="checkbox"/> d. Otra (explicar):

32. Mientras su hijo recibía servicios de su actual (o último) proveedor de servicios de salud mental, ¿lo atendió además...

	Sí	No	No sabe
a. ...otro proveedor de servicios de salud mental?	1	0	9
b. ...un trabajador de la División de Bienestar de Niños?	1	0	9
c. ...un oficial de libertad condicional 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

N° de identificación del estudio: [Survey_ID]

	Sí	No	No sabe
f. ...un trabajador de la División de Discapacidades del Desarrollo?	1	0	9
g. ...un proveedor de tratamiento contra drogas o alcohol?	1	0	9
h. ...un proveedor de atención de la salud física?	1	0	9

33. Es posible que varios proveedores de servicios estén trabajando juntos para ayudar a su hijo. De ser así, ¿hasta qué punto usted está satisfecho con la *disposición y capacidad* del actual (o último) proveedor de servicios de salud mental de su hijo para trabajar *junto con...*

	Completamente satisfecho	Satisfecho	Algo satisfecho	Insatisfecho	Completamente insatisfecho	Mi hijo <u>no necesitaba o no recibía</u> estos servicios	Mi hijo <u>necesitaba pero no recibía</u> estos servicios
...otro proveedor de servicios de salud mental?	5	4	3	2	1	9	8
...la División de Bienestar de Niños?	5	4	3	2	1	9	8
...la Autoridad de Menores de Oregón?	5	4	3	2	1	9	8
...la Justicia de Menores?	5	4	3	2	1	9	8
...el sistema de educación especial?	5	4	3	2	1	9	8
N° de identificación del estudio: [Survey_ID]							
...la División de Discapacidades del Desarrollo?	5	4	3	2	1	9	8
...un proveedor de tratamiento contra drogas o alcohol?	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 como resultado de los servicios de salud mental que su hijo recibió de su actual (o último) proveedor de servicios de salud mental? “Esperaba que mi hijo... (*marque todas las que correspondan*)

<input type="checkbox"/> a. ...fuera más feliz”	<input type="checkbox"/> f. ...se llevara mejor con la familia”
<input type="checkbox"/> b. ...tuviera menos ansiedad o temor”	<input type="checkbox"/> g. ...se llevara mejor con otros niños”
<input type="checkbox"/> c. ...fuera más respetuoso o responsable”	<input type="checkbox"/> h. ...dejara de consumir drogas o alcohol o consumiera menos”
<input type="checkbox"/> d. ...se sintiera mejor consigo mismo”	<input type="checkbox"/> i. ...dejara de lastimar a otros”
<input type="checkbox"/> e. ...tuviera más éxito en la escuela o en el trabajo”	<input type="checkbox"/> j. ...dejara de lastimarse a sí mismo”

35. ¿Qué ocurrió en realidad como resultado de los servicios de salud mental que su hijo recibió de este proveedor? “Mi hijo... (marque todas las que correspondan)

<input type="checkbox"/> a. ...está más feliz”	<input type="checkbox"/> f. ...se lleva mejor con la familia”
<input type="checkbox"/> b. ...tiene menos ansiedad o temor”	<input type="checkbox"/> g. ...se lleva mejor con otros niños”
<input type="checkbox"/> c. ...es más respetuoso o responsable”	<input type="checkbox"/> h. ...dejó de consumir drogas o alcohol o consume menos”
<input type="checkbox"/> d. ...se siente mejor consigo mismo”	<input type="checkbox"/> i. ...dejó de lastimar a otros”
<input type="checkbox"/> e. ...tiene más éxito en la escuela o en el trabajo”	<input type="checkbox"/> j. ...dejó de lastimarse a sí mismo”

36. El Plan Individual de Servicios y Ayuda (plan de tratamiento) de mi hijo apoya:

	Sí	No	No sé
a. La cultura de mi hijo	1	0	9
b. Mi cultura	1	0	9
c. El idioma de mi hijo	1	0	9
d. Mi idioma	1	0	9

37. ¿Su hijo tiene algún proveedor de atención de la salud principal (un médico, una enfermera u otro profesional de la salud que le haga exámenes médicos de rutina, lo atienda y le dé asesoramiento)?

- a. Sí b. No c. No sé / No me acuerdo

38. ¿Le recetaron medicamentos psicoactivos a su hijo mientras recibía tratamiento de su actual (o último) proveedor de servicios de salud mental? (si contesta “No”, pase a la pregunta 39)

- a. Sí b. No c. No sé / No me acuerdo
- N° de identificación del estudio: [Survey_ID]

38a. ¿Comprende usted los beneficios y efectos secundarios de estos medicamentos?

- a. Sí b. No c. No sé / No me acuerdo

38b. En general, ¿estos medicamentos ayudaron a su hijo?

- a. Sí b. No c. No sé / No me acuerdo

39. Mientras su hijo recibía servicios de su actual (o último) proveedor de servicios de salud mental ¿asistió a una escuela pública o privada? (si contesta “No”, pase a la pregunta 40)

- a. Sí b. No c. No sé

40a. ¿Lo suspendieron a su hijo de la escuela en los 12 meses ANTERIORES a que lo trate este proveedor? (marque una)

- a. Sí b. No / No corresponde c. No sé / No me acuerdo

40b. ¿Lo suspendieron a su hijo de la escuela en los primeros 12 meses (o menos) DESPUÉS de que comenzara a tratarse con su actual (o último) proveedor de servicios de salud mental? (marque una)

- a. Sí b. No / No corresponde c. No sé / No me acuerdo

41a. ¿Lo expulsaron a su hijo de la escuela en los 12 meses ANTERIORES a que lo trate este proveedor? (marque una)

- a. Sí b. No / No corresponde c. No sé / No me acuerdo

41b. ¿Lo **expulsaron** a su hijo de la escuela en los primeros 12 meses (o menos) **DESPUÉS** de que comenzara a tratarse con su actual (o último) proveedor de servicios de salud mental? (*marque una*) a. Sí b. No / No corresponde c. No sé / No me acuerdo

42. “Desde que mi hijo comenzó a recibir servicios de salud mental de este proveedor, la cantidad de días que mi hijo ha estado en la escuela es... (*marque una*)

- 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 comenzar los servicios. | <input type="checkbox"/> iii. A mi hijo lo expulsaron de la escuela. |
| <input type="checkbox"/> ii. Mi hijo es muy pequeño para ir a la escuela. | <input type="checkbox"/> iv. Mi hijo recibe educación en casa. |
| | <input type="checkbox"/> v. Mi hijo abandonó la escuela. |
| | <input type="checkbox"/> vi. Otra. |

43. El término “encuentros con la policía” se refiere a que una persona sea arrestada, tenga problemas con la policía o la policía la lleve a un refugio o programa de atención de crisis. Desde que su hijo comenzó a recibir servicios de salud mental de este proveedor, sus encuentros con la policía:

- a. Disminuyeron (son menos) c. Son los mismos
 b. Aumentaron (son más) d. No corresponde (sin encuentros con la policía)

43a. ¿Lo **arrestaron** a su hijo en los 12 meses **ANTERIORES** a comenzar el tratamiento con este proveedor?

- a. Sí b. No / No corresponde c. No sé / No me acuerdo
- Nº de identificación del estudio: [Survey_ID]

43b. ¿Lo **arrestaron** a su hijo en los 12 meses (o menos) **DESPUÉS** de comenzar el tratamiento con este proveedor? (*marque una*)

- a. Sí b. No / No corresponde c. No sé / No me acuerdo

44a. ¿Cree usted que su hijo consumía o consume en la actualidad alcohol o drogas?

- a. Sí b. No c. No sé

44b. ¿Recibió su hijo tratamiento por un problema de consumo de alcohol o drogas?

- a. Sí b. No c. No sé

45. Cuando su hijo comenzó a ver a su actual (o último) proveedor de servicios de salud mental, ¿el proveedor le preguntó cuáles eran los antecedentes traumáticos de su hijo (situaciones gravemente estresantes, tales como accidentes de automóvil, pérdida de seres queridos, catástrofes naturales, pobreza, acoso, delitos, abuso físico o sexual o abandono)?

- a. Sí b. No c. No sé

46. Si su hijo experimentó traumas graves, ¿se trataron adecuadamente los problemas relacionados con el trauma en el tratamiento de su hijo?

- a. Sí b. No c. No sé d. Sin traumas

47. En los últimos 3 años, ¿cuántas veces cambió su hijo de residencia (por ejemplo, se mudó de una casa a otra, o se mudó de su casa a una institución de tratamiento residencial)?

- Cantidad de veces: _____ ó No sé / No me acuerdo

Muchas gracias por su tiempo y su ayuda para llenar 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, 2011. 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 mental health services you received between July 1, 2011 and now. If you received mental health services from more than one provider since July 2011, 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) mental health service provider.

Table with 7 columns: Statement, Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, Not Applicable. Rows include statements like 'I am satisfied with the services I received' and 'AS A DIRECT RESULT OF SERVICES I RECEIVED: I am better at handling daily life'.

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 d. 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 2011. *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 salud mental que recibiste entre el **1 de julio de 2011 y el presente**. Si recibiste servicios de salud mental de parte de más de un proveedor desde julio de 2011, **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 salud mental 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 situación cuando las cosas salen mal.	5	4	3	2	1	9
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 (describe):
<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!