



2014 Oregon Youth Services Survey for Families and Youth Services Survey Report

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

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Presented by

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Presented to the Oregon Health Authority,
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EXECUTIVE SUMMARY

In mid-2014, the Addictions and Mental Health Division (AMH) of the Oregon Health Authority (OHA) 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 2013. AMH also surveyed young people ages 14 to 17 years about their perceptions of services they received during the same period.

The State of Oregon is transitioning its health care delivery system by adopting the triple aim of health care transformation: improving the overall health of Oregonians, improving the quality of health care for individuals, and reducing costs. In an effort to bring the triple aim to fruition, OHA has established an integrated and coordinated system of care through community-based coordinated care organizations (CCOs) throughout the state. The CCOs manage physical, behavioral, and dental health services for OHP enrollees. As in 2013, analysis of the data was conducted by region.

The Youth Services Survey for Families (YSS-F) instrument asked questions about caregivers' perception of services delivered in seven performance domains:

- **Access to Services:** service location, frequency and availability of appointments, and responsiveness of staff
- **Appropriateness of Services:** general satisfaction, someone for child to talk to, family had providers that stuck with them, received the right services, and received the right quantity of services
- **Cultural Sensitivity:** staff respect of client, family, cultural/ethnic background, and religious/spiritual beliefs
- **Daily Functioning:** ability to take care of needs, reduction in symptoms, and participation in meaningful activities
- **Family Participation in Treatment:** family's participation in determining treatment goals and comfort asking questions
- **Social Connectedness:** friendships, belonging, and social supports
- **Treatment Outcomes:** client's ability to deal with problems and crisis, control life, relationships with family, functioning in social situations and school or work, housing, and reduction in symptoms

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

The 2014 YSS-F replicated previous surveys by asking caregivers to report their perceptions of the coordination of services among different mental health care providers; between mental and physical health care providers; and between mental health care providers and state government agencies that provide other services for children, including child welfare, the Oregon Youth Authority, local juvenile justice, education, developmental disabilities services, and substance abuse treatment services. The survey also included questions about children’s school attendance, arrest history, alcohol and drug abuse, primary health care providers, psychotropic medications, and history of trauma.

The Youth Services Survey (YSS), like the YSS-F, included 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 young people about where they had lived in the past six months, school absences, utilization of health care services, medication for emotional/behavioral problems, and arrest history.

OHA/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.

Survey Results

The YSS-F had an overall response rate of 24%, with 2,285 responses from 9,506 caregivers with valid addresses. The YSS received 727 responses from 3,224 young people with valid addresses, for a response rate of 23%, up from the 20.6% response rate in 2013. Survey respondents had the option of filling out a paper questionnaire or completing an online survey form.

Online responses increased in 2014: 67% of YSS-F respondents completed the survey online, a significant increase from 25% in 2013 and 4% in 2012. Similarly, 61% of YSS respondents completed the survey online, consistent with the web response in 2013 and an increase from 10% in 2012.

Highlights of survey results

Overall, domain scores have remained relatively stable over the past five years. Cultural sensitivity and social connectedness received the highest positive responses, consistent with previous years’ findings.

YSS-F Results

- The proportion of caregivers with positive scores increased significantly in the social connectedness and participation domains in 2014. The proportion also increased in the outcomes and functioning domains, although the increases were not statistically significant.
- The proportion of caregivers in rural areas reporting positive scores increased in 2014, although positive scores remain lower than scores reported by caregivers in urban areas.
- A significantly higher proportion of caregivers of Hispanic youth reported positive scores in all domains except social connectedness.
- More caregivers reported that their children’s mental health services were being coordinated with other social services than ever before, but satisfaction with the willingness and ability of their child’s current (or most recent) mental health services provider to work together with other social service providers decreased for the second year in a row.
- Ninety-five percent of caregivers reported that their child had a primary care provider.
- The proportion of caregivers reporting that their child was prescribed psychotropic medications (35%) decreased for the second year in a row.

YSS Results

- Significantly fewer youth than caregivers reported positive scores in the cultural sensitivity, access to services, and treatment participation domains. Historically, more youth have reported positive scores with their treatment outcomes, but that was not the case this year.
- Significantly more youth in urban areas, and in the Portland Metro Area, reported positive scores in the appropriateness of services domain.
- Seventy-three percent of youth saw a doctor in an outpatient setting in the last year.
- Forty-four percent of youth were taking medications, and 90% of these were advised of the risks and potential side effects.

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, and treatment outcomes.

The YSS-F has been validated by MHSIP, and has been used annually since 2002 by AMH 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 health care 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.

The YSS is a MHSIP tool designed for adolescents ages 14–17 who receive mental health services. Acumentra Health conducted the YSS in 2011 for the first time.

Clinicians and researchers consider coordination of services for children who need mental health care a best practice for improving mental health outcomes. For the past several years, AMH has 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.

² The YSS-F is endorsed by the National Association of State Mental Health Program Directors.

METHODOLOGY

The YSS-F is designed to assess responses from caregivers of children who received state-funded mental health services during July–December 2013, as identified by claims and encounter data from OHA’s Medical Assistance Programs (MAP) division. The YSS is intended to collect responses directly from adolescent service recipients identified in the same manner.

The YSS-F instrument presents questions designed to measure respondent 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). There are no reverse scored items.

The 2014 YSS-F and YSS questionnaires were fielded in English and Spanish, according to the client’s primary language identified in Oregon’s Medicaid Management Information System (MMIS). The English and Spanish versions of the survey are presented in Appendix B.

Survey Methods

The 2014 survey population included a random sample of caregivers of 16,401 children ages 1–18 who received OHP mental health services between July and December 2013. Within this sample, 5,465 young people ages 14–17 who received services during that period were identified to receive the YSS.

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. This group comprised 1% of the surveys distributed.
- 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 settings. This group comprised 2% of the surveys distributed.
- The **Outpatient Treatment** group consisted of children who received only outpatient mental health services. This group comprised 97% of the surveys distributed.

Acumentra Health mailed letters to caregivers and young people in April 2014 informing them about survey objectives. The letters instructed recipients 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 caregivers and young people offered them a \$10 gift card as an incentive for completing the online survey.

This was the first year that an incentive was also offered to caregivers in an effort to increase the response rate among this group; historically the online incentive was only offered to youth. The letters were written in English or Spanish, depending on the family's language preference identified in the MAP enrollment data.

In May 2014, Acumentra Health mailed the first follow-up letter to caregivers and young people, again offering recipients the incentive for completing the survey online.

After filtering out incorrect addresses and respondents who had returned the survey, Acumentra Health mailed a second survey form to non-responding caregivers in June and to young people in July.

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 coordinator, 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 authorized 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 (e.g. treatment start date prior to client's date of birth).

Data Analysis

Acumentra Health calculated scores of the respondents' 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 respondent by averaging the scores on all answered items for a domain (as long as at least two thirds of the items were answered). 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 respondent's score for this domain was calculated if the respondent reported a score for at least two of the three items in the domain. If a respondent 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 respondent would be considered as positively perceiving within the participation domain.³

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.

³ The number of responses reported in each data table may be lower than the total number of survey respondents, as some respondents may not have answered all items needed to calculate a particular domain score.

Health Care Transformation

Oregon's Medicaid delivery system has changed substantially with the advent of the CCOs and shifts in the provision and administrative organization of mental health, physical health, and dental health care services. For example, mental health services are now provided in more settings, including medical offices and specialty mental health clinics. Member ID cards do not specify a mental health benefit as they did in the past, instead referring only to health care benefits.

While some effects of these transformation activities have been studied and are understood, other impacts may be unintended or simply unknown. AMH/OHA and Acumentra Health are working to identify emerging trends in the health care environment and to adjust survey sampling methodology, survey administration, and analysis to maintain the integrity of this survey.

2014 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 results appear on pages 52–63.

Survey Response

From the 9,506 YSS-F surveys mailed to valid addresses, 2,285 respondents returned a survey form or completed the survey online by the completion deadline, for an overall response rate of 24%. Acumentra Health’s survey analysis excluded data from surveys received after the September 15, 2014 deadline.

Sixty-seven percent of the YSS-F surveys were completed online, a significant increase from 25% in 2013 and 4% in 2012. In 2014 for the first time, YSS-F respondents were offered a \$10 gift card as an incentive to complete the survey online.

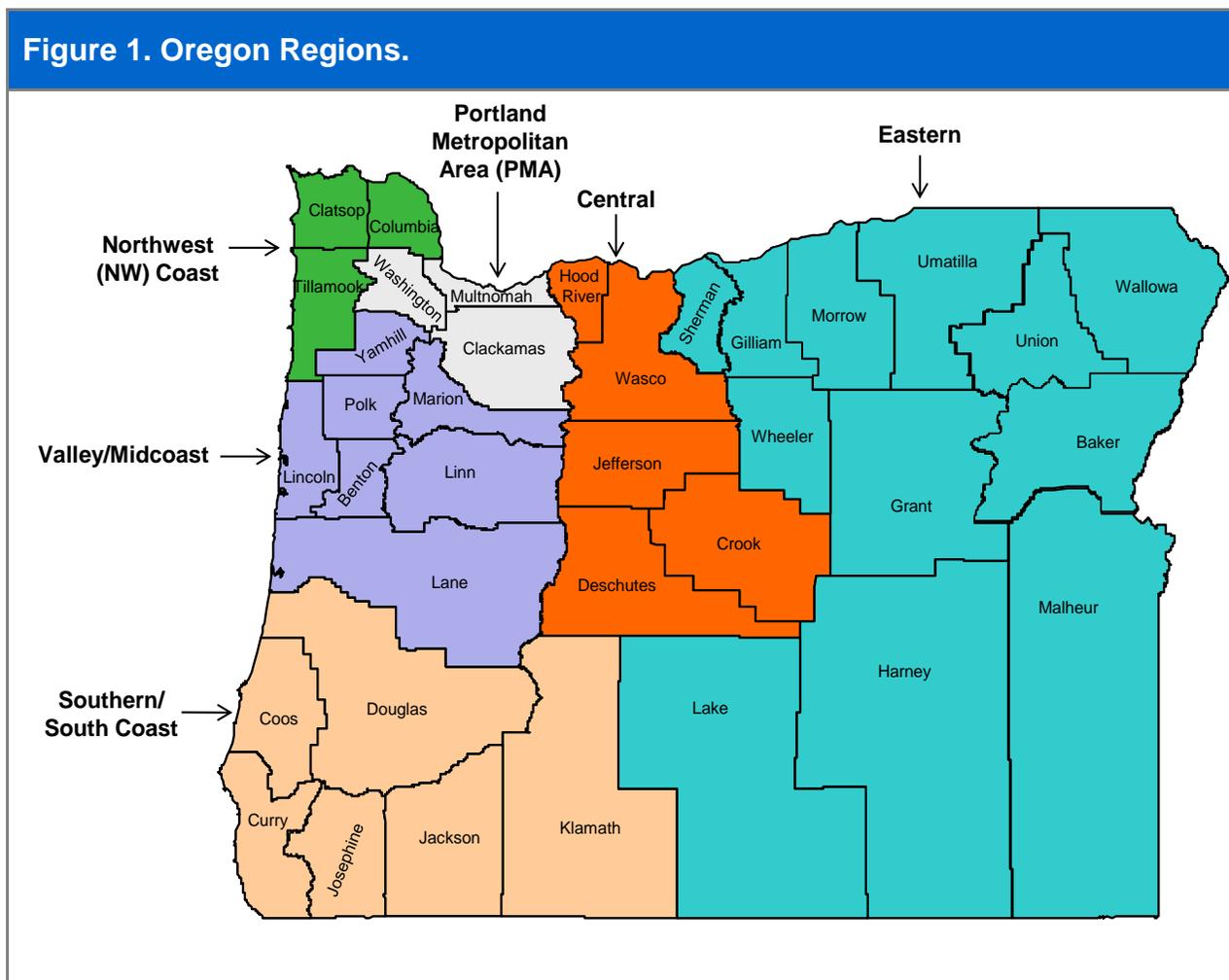
At the time of the survey, OHA contracted with 16 CCOs to manage OHP mental health services during the survey period:

- AllCare Health Plan
- Cascade Health Alliance
- Columbia Pacific Coordinated Care Organization
- Eastern Oregon Coordinated Care Organization
- FamilyCare, Inc.
- Health Share of Oregon
- InterCommunity Health Network CCO
- Jackson Care Connect
- PacificSource Community Solutions, Inc. - Central Oregon
- PacificSource Community Solutions, Inc. - Columbia Gorge
- PrimaryHealth of Josephine County
- Trillium Community Health Plan
- Umpqua Health Alliance

- Western Oregon Advanced Health
- Willamette Valley Community Health
- Yamhill Community Care Organization

In addition to the CCOs, OHA also contracts with Greater Oregon Behavioral Health, Inc., a managed mental health organization, to serve OHP members.

The sampling methodology used in 2014 did not allow for breakout of results according to CCO since the number of returned surveys was too small for some CCOs. Instead, analysis was conducted according to the assigned region of each county. AMH provided a crosswalk that placed every county in one of six regions. This crosswalk was used to identify the region in which each survey respondent resided when he or she received the most recent service prior to the questionnaire. Figure 1 shows a map of Oregon divided into the six regions.



Source: Oregon Health Authority.

Table 1 displays the YSS-F responses from caregivers whose children received outpatient, psychiatric residential, and psychiatric day treatment services by each county and region. There were 11 survey recipients missing county and region information and 7 with out-of-state addresses who are not displayed in the table below. Returned surveys from these respondents were retained in the analysis dataset since they received services in Oregon during the survey time frame.

Table 1. YSS-F Response Rate by Region and County.				
Region	County	Number of responses	Number of surveys sent	Response rate (%)
Northwest (NW) Coast	Clatsop	43	134	32
	Columbia	35	200	18
	Tillamook	18	89	20
	NW Coast Total	96	423	23
Valley/Midcoast	Benton	50	182	27
	Lane	246	988	25
	Lincoln	18	70	26
	Linn	107	392	27
	Marion	188	842	22
	Polk	38	161	24
	Yamhill	137	511	27
	Valley/Midcoast Total	784	3146	25
Portland Metropolitan Area (PMA)	Clackamas	130	471	28
	Multnomah	259	1105	23
	Washington	138	609	23
	PMA Total	527	2185	24
Central	Crook	6	31	19
	Deschutes	82	372	22
	Hood River	16	69	23
	Wasco	23	107	21
	Jefferson	26	121	21
	Central Total	153	700	22

Table 1. YSS-F Response Rate by Region and County.				
Region	County	Number of responses	Number of surveys sent	Response rate (%)
Eastern	Baker	14	51	27
	Gilliam	0	4	0
	Grant	4	11	36
	Harney	3	21	14
	Lake	4	18	22
	Malheur	22	96	23
	Morrow	4	37	11
	Sherman	1	3	33
	Umatilla	59	244	24
	Union	17	100	17
	Wallowa	2	19	11
	Wheeler	0	1	0
		Eastern Total	130	605
Southern/South Coast	Coos	108	410	26
	Curry	10	65	15
	Douglas	119	406	29
	Jackson	161	699	23
	Josephine	103	374	28
	Klamath	91	475	19
		Southern/South Coast Total	592	2429

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

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

Setting	Number of surveys sent	Number of responses	Response rate (%)
Outpatient	9126	2206	24
Psychiatric Day	234	46	20
Psychiatric Residential	146	33	23
Total	9506	2285	24

There were no statistically significant differences.

Table 3 shows response rates by certain demographic variables of members. Response rates were similar for children in most demographic categories, ranging from 22% to 26%. Race information was missing for 1,981 individuals, and 7 individuals returned a survey from out of state, although they may have lived within Oregon while receiving mental health services.

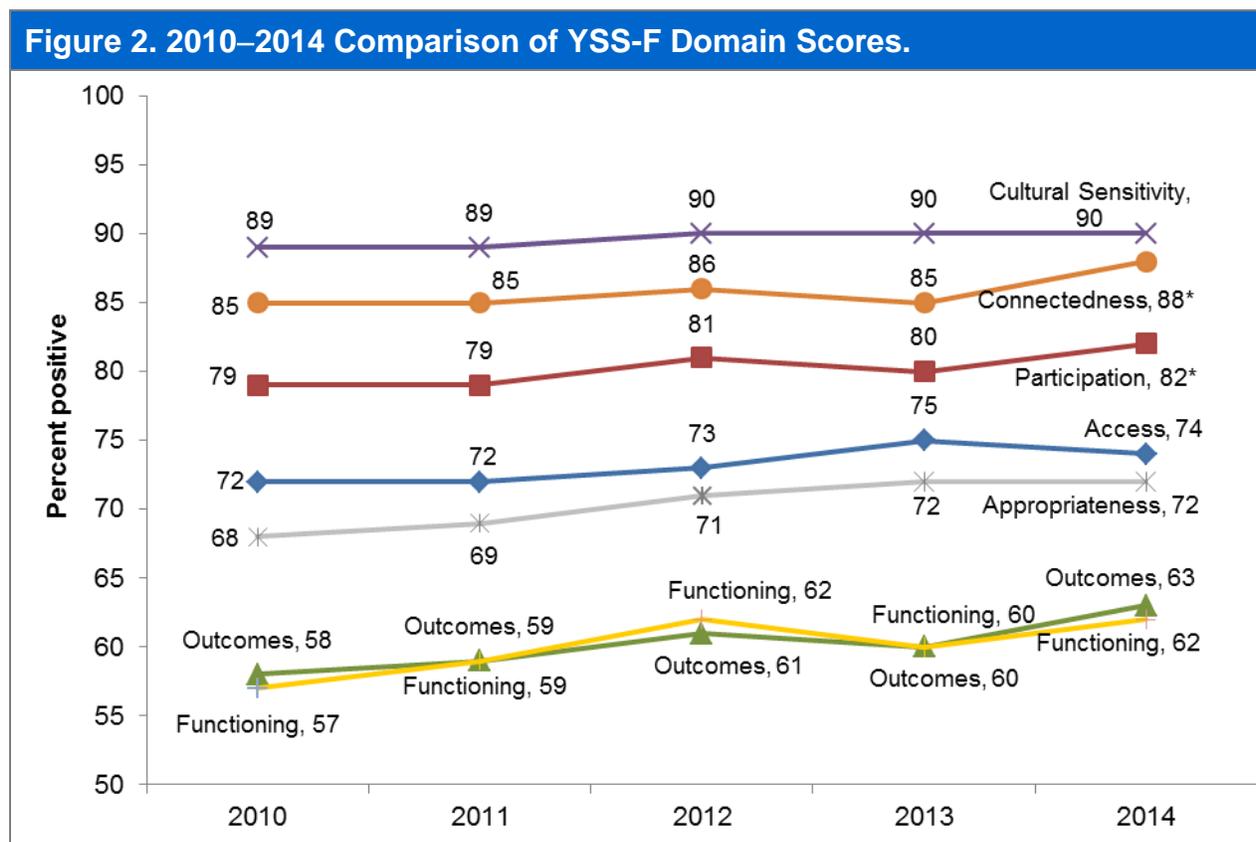
Table 3. YSS-F Response Rate by Demographic Characteristics.

Characteristic		Number of responses	Number of surveys sent	Response rate (%)
Gender	Female	1102	4420	25
	Male	1183	5086	23
Age group	0–5	204	784	26
	6–12	1107	4601	24
	13–15	534	2201	24
	16–18	440	1920	23
Race	Non-White	295	1221	24
	White (Caucasian)	1563	6304	25
	Unknown	427	1981	22
Location of residence	Rural	1190	4884	24
	Urban	1090	4593	24
	Out of state	5	29	17

There were no statistically significant differences.

Domain Scores

Figure 2 shows that in 2014, a large proportion of caregivers reported positive perceptions in most of the domains. Compared to 2013, scores in the participation, outcomes, social connectedness, and functioning domains increased in 2014, with cultural sensitivity and connectedness receiving the highest positive responses. Overall, domain scores have remained relatively stable over the past five years. Satisfaction with participation in services and social connectedness increased significantly between 2013 and 2014; no other domains showed significant change. Table A-1 in Appendix A presents these data in tabular form.



*Indicates a statistically significant difference ($p < .05$) in scores between 2013 and 2014.

Domain scores by treatment setting

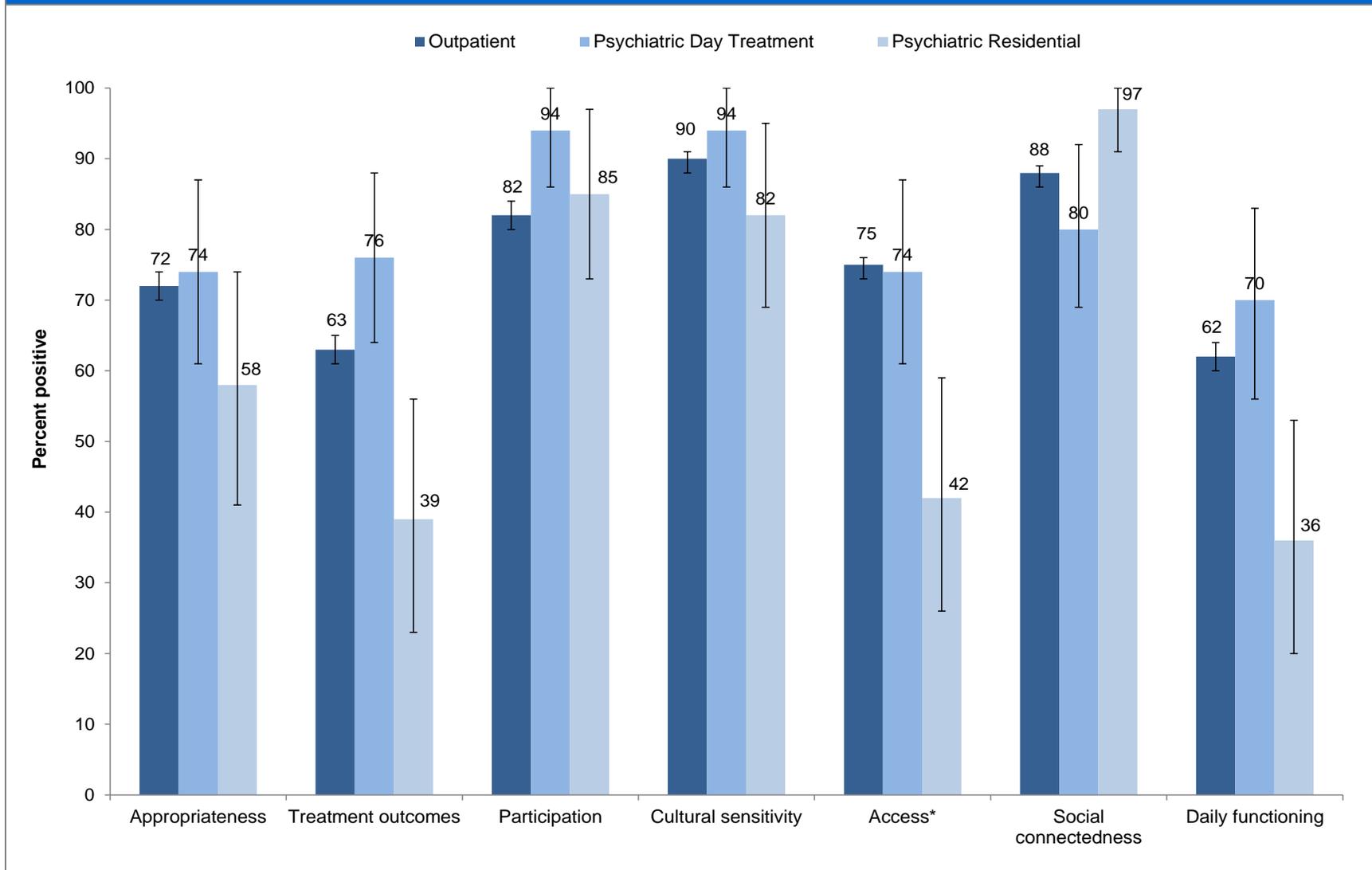
Table A-2 in Appendix A shows the scores for caregivers of children who received treatment in outpatient settings, within each domain, from 2010 to 2014.

Figure 3 shows the 2014 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.

Responses for caregivers of children in psychiatric day treatment were more positive than responses for caregivers of children in outpatient or psychiatric residential in five of the seven domains. To test for statistical significance, the psychiatric residential and psychiatric day treatment groups were combined and compared against the outpatient group. Caregivers of children in outpatient services were significantly more satisfied in the access domain than were caregivers of children in psychiatric residential and psychiatric day treatment combined. No other differences were statistically significant. Psychiatric residential respondents had notably less positive responses in the treatment outcomes, access, and daily functioning domains.

Table 4 compares 2013 and 2014 domain scores reported by caregivers of children in each treatment setting. In 2014, scores for the outpatient group increased in four domains from last year, with lower scores in the access domain, although none of these changes were statistically significant. For the psychiatric day treatment group, domain scores increased in six of the seven domains. The increase in treatment outcomes scores was statistically significant. The psychiatric residential treatment group domain scores increased in four domains, with statistically significant increases in the participation and social connectedness domains. Scores in the remaining three domains dropped, though these changes were not significant.

Figure 3. Domain Scores by Treatment Setting with 95% Confidence Intervals.



*Indicates a statistically significant difference ($p < .05$) in scores between the outpatient compared to psychiatric residential and psychiatric day treatment settings combined.

Table 4. YSS-F Domain Scores by Treatment Setting, 2013–2014.

Setting	Appropriateness		Treatment outcomes		Participation		Cultural sensitivity		Access		Social connectedness		Daily functioning	
	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
Outpatient	72	72	61	63	80	82	90	90	77	75	86	88	61	62
Psychiatric Day Treatment	67	74	53	76*	82	94	90	94	56	74	82	80	53	70
Psychiatric Residential	50	58	46	39	56	85*	80	82	51	42	74	97*	44	36
Aggregate	72	72	60	63	80	82*	90	90	75	74	85	88*	60	62

*Indicates a statistically significant difference ($p < .05$) between 2013 and 2014 scores.

Domain scores by region

Figures 4–10 show the 2014 scores for each domain by region, with the 95% confidence interval displayed (see Table A-3 in Appendix A for these data in tabular form). Statistically significant differences were found among the regions' domain scores, as shown; each region's score was tested against the combined score of all other regions. The Central region had significantly lower scores in the participation domain when compared to all other regions. The Eastern region had significantly lower satisfaction in the social connectedness domain when compared to all other regions.

Note that these scores rate respondents' perceptions of services delivered by contracted service providers. Also, because each region's confidence interval generally overlaps those of other regions, the table may not reflect actual differences among regions.

Figure 4. Appropriateness Domain by Region - Scores with 95% CI.

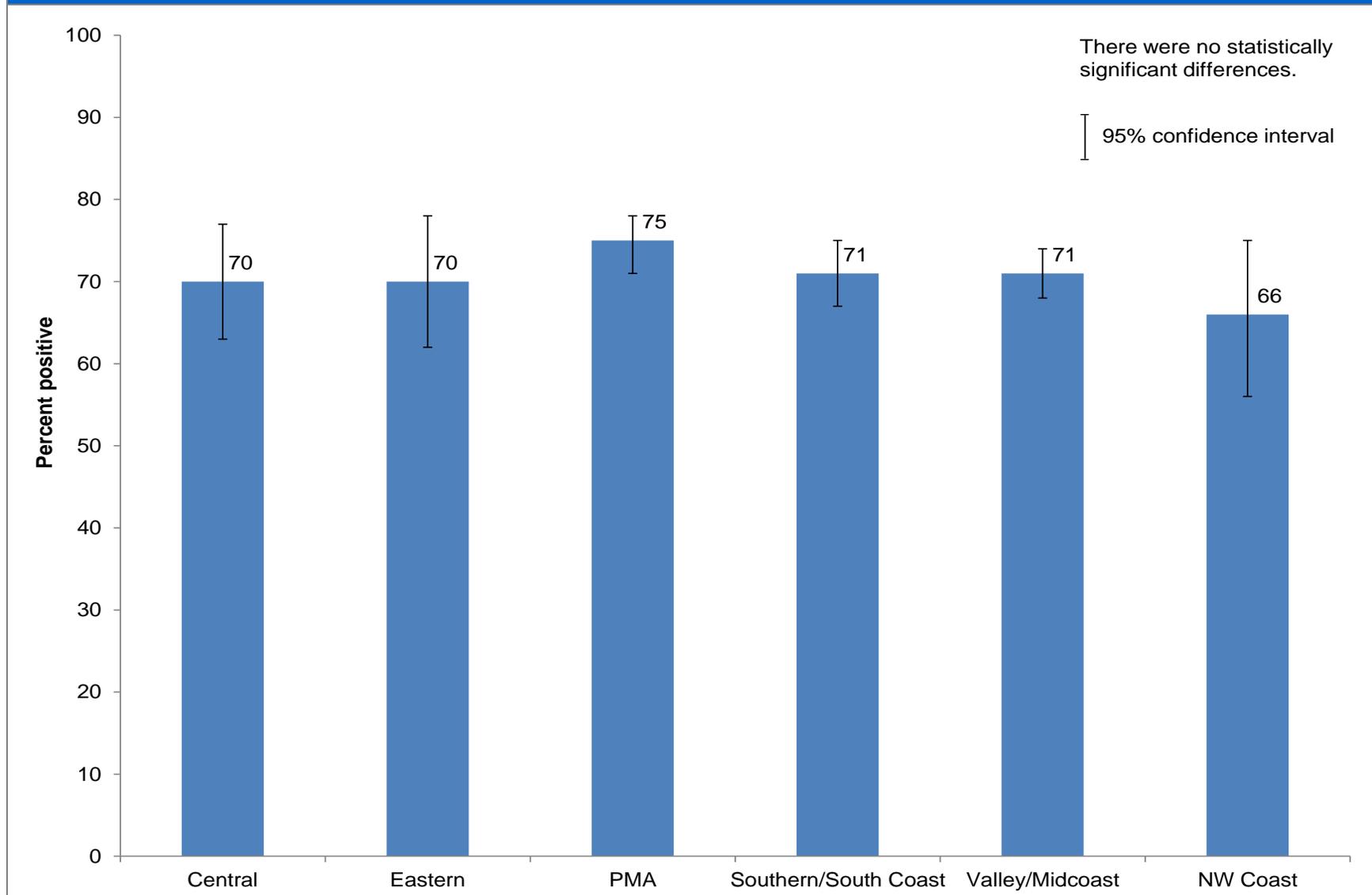


Figure 5. Outcomes Domain by Region - Scores with 95% CI.

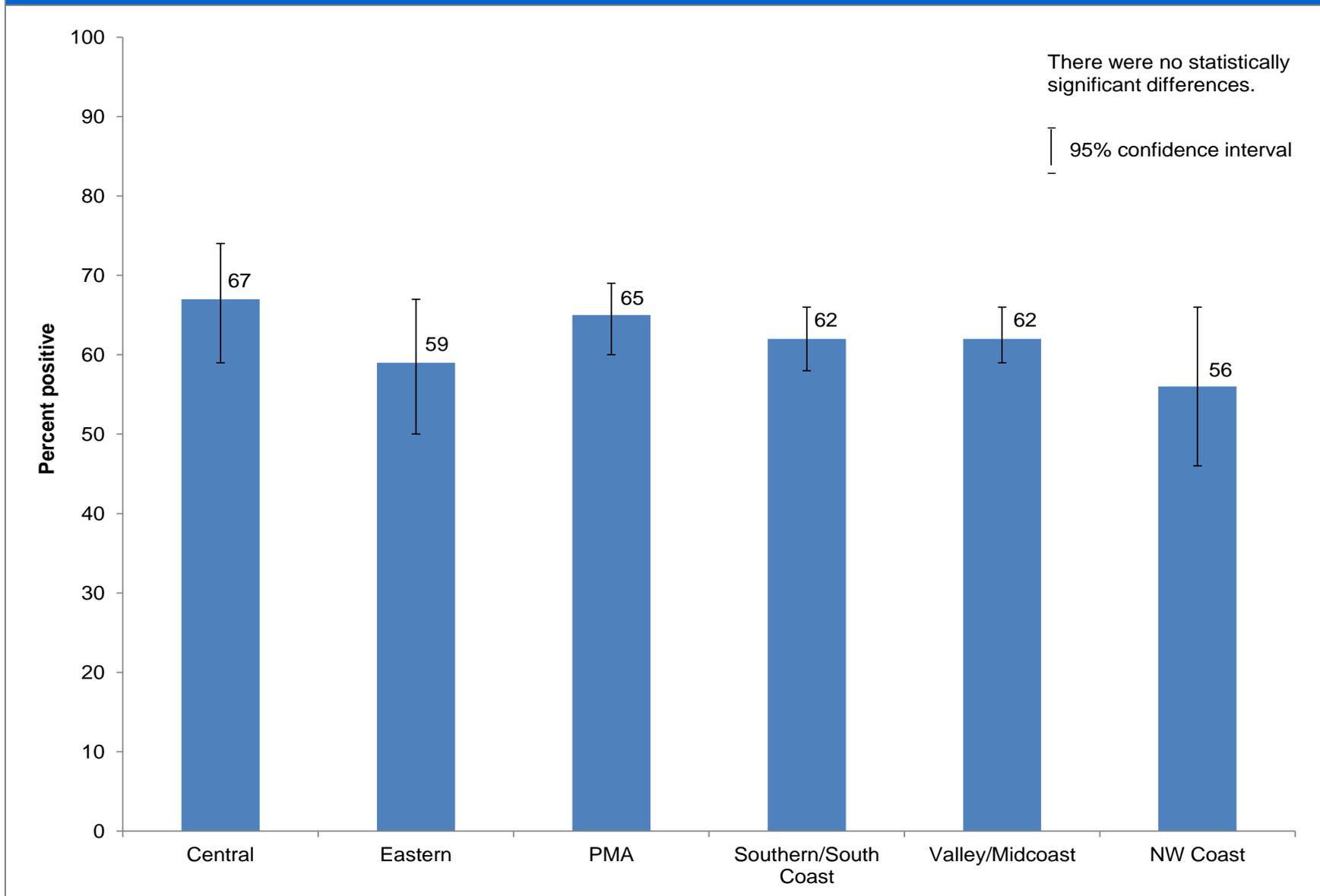


Figure 6. Participation Domain by Region - Scores with 95% CI.

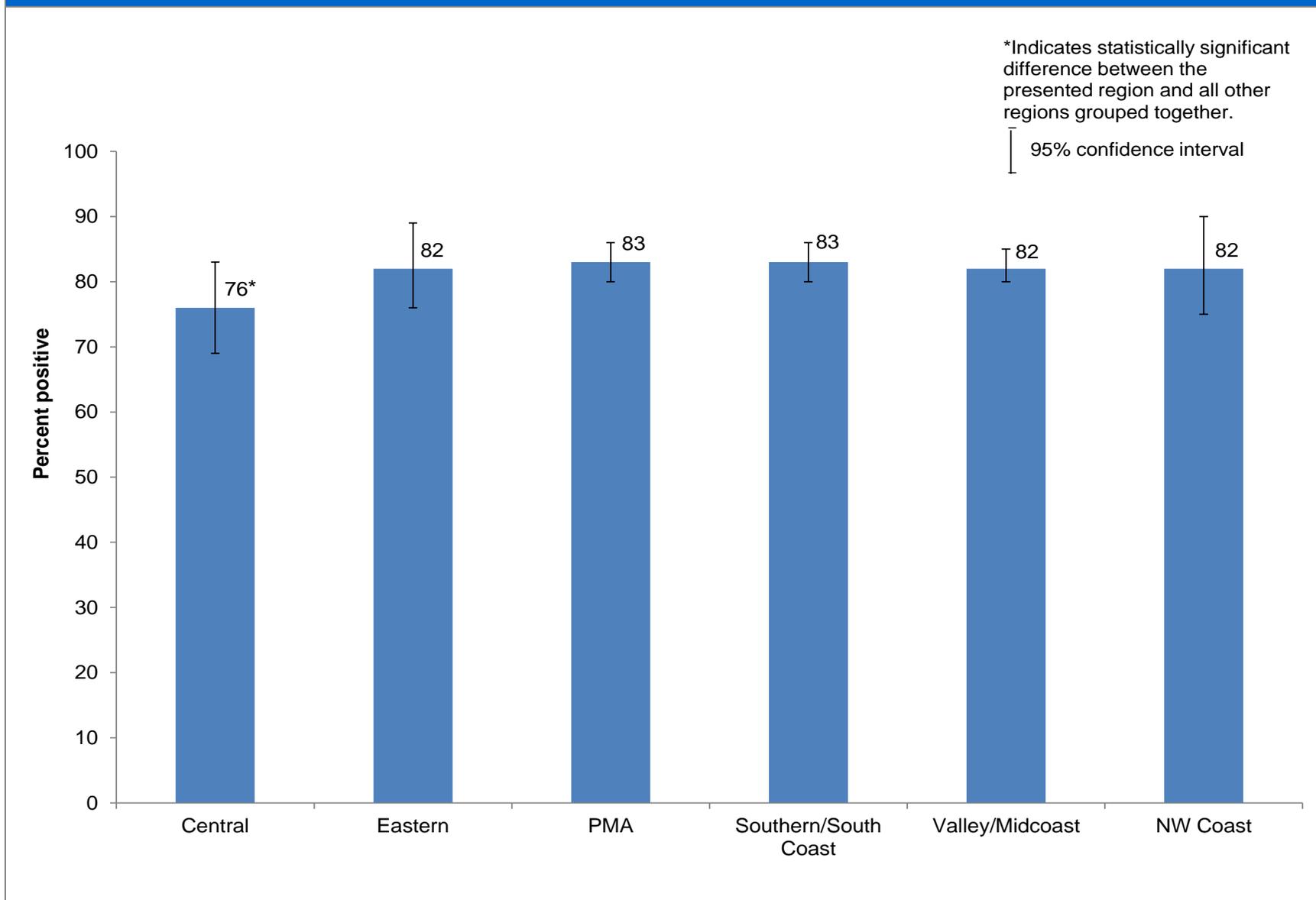


Figure 7. Cultural Sensitivity Domain by Region - Scores with 95% CI.

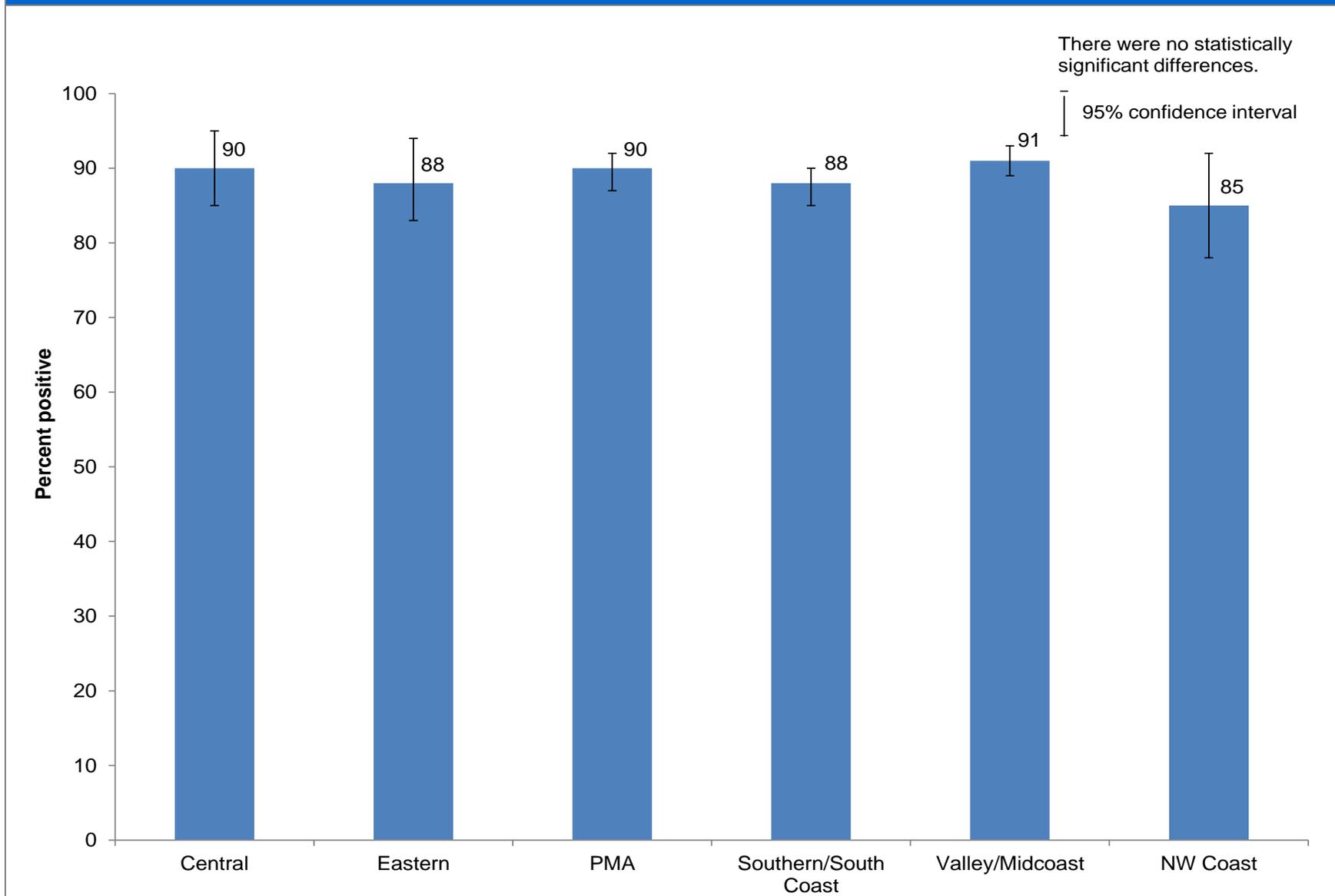


Figure 8. Access to Services Domain by Region - Scores with 95% CI.

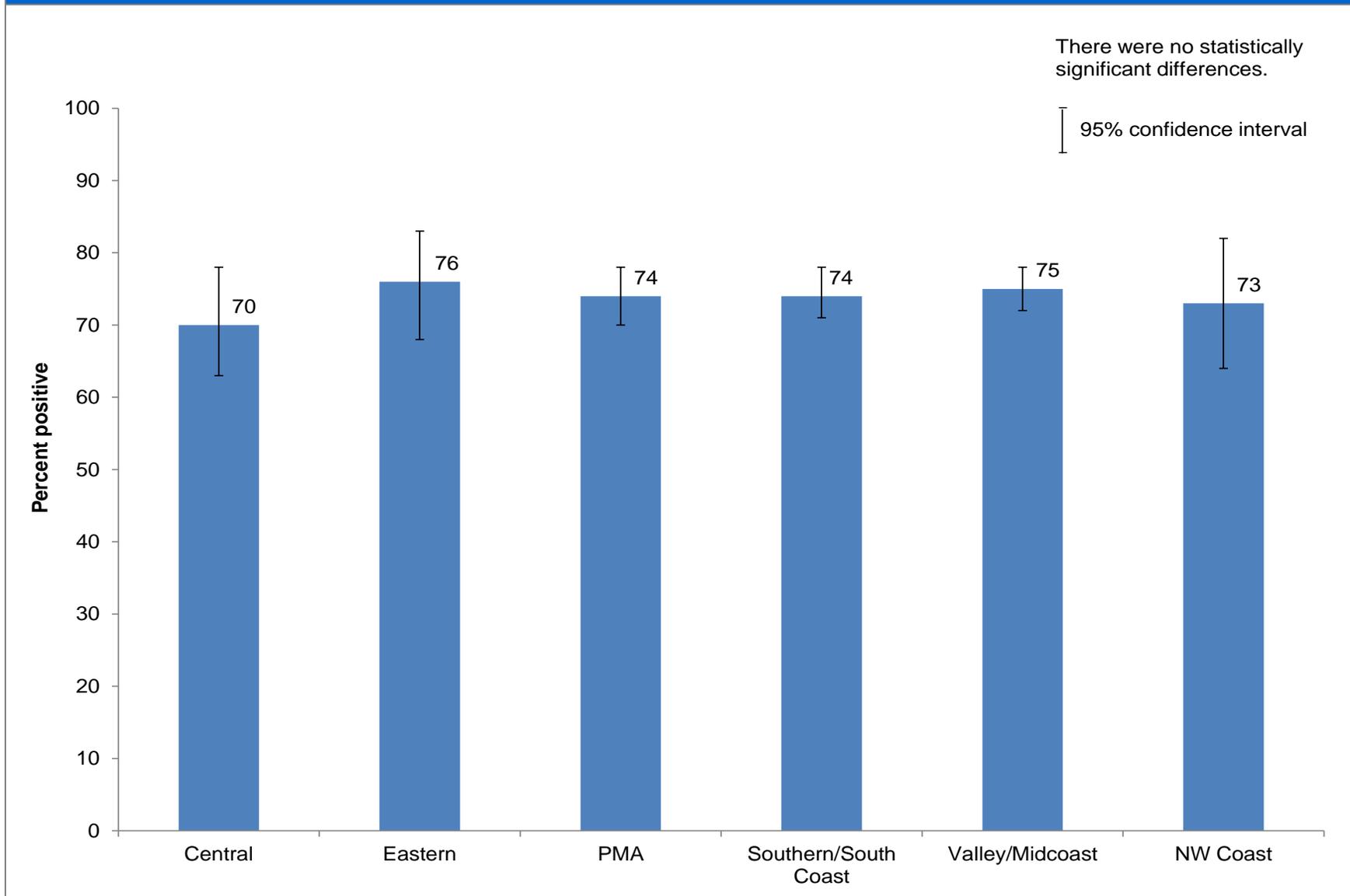


Figure 9. Social Connectedness Domain by Region - Scores with 95% CI.

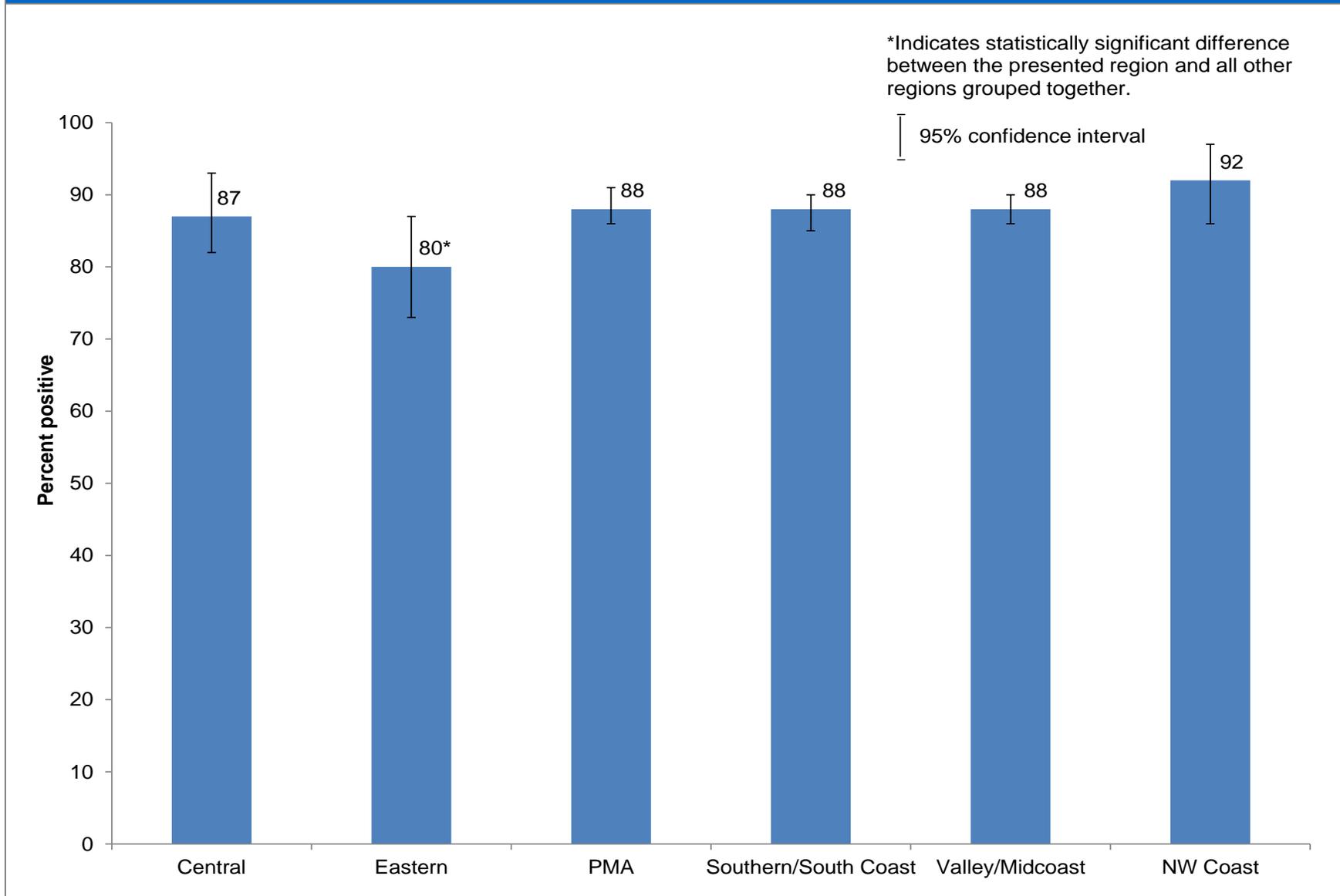


Figure 10. Daily Functioning Domain by Region - Scores with 95% CI.

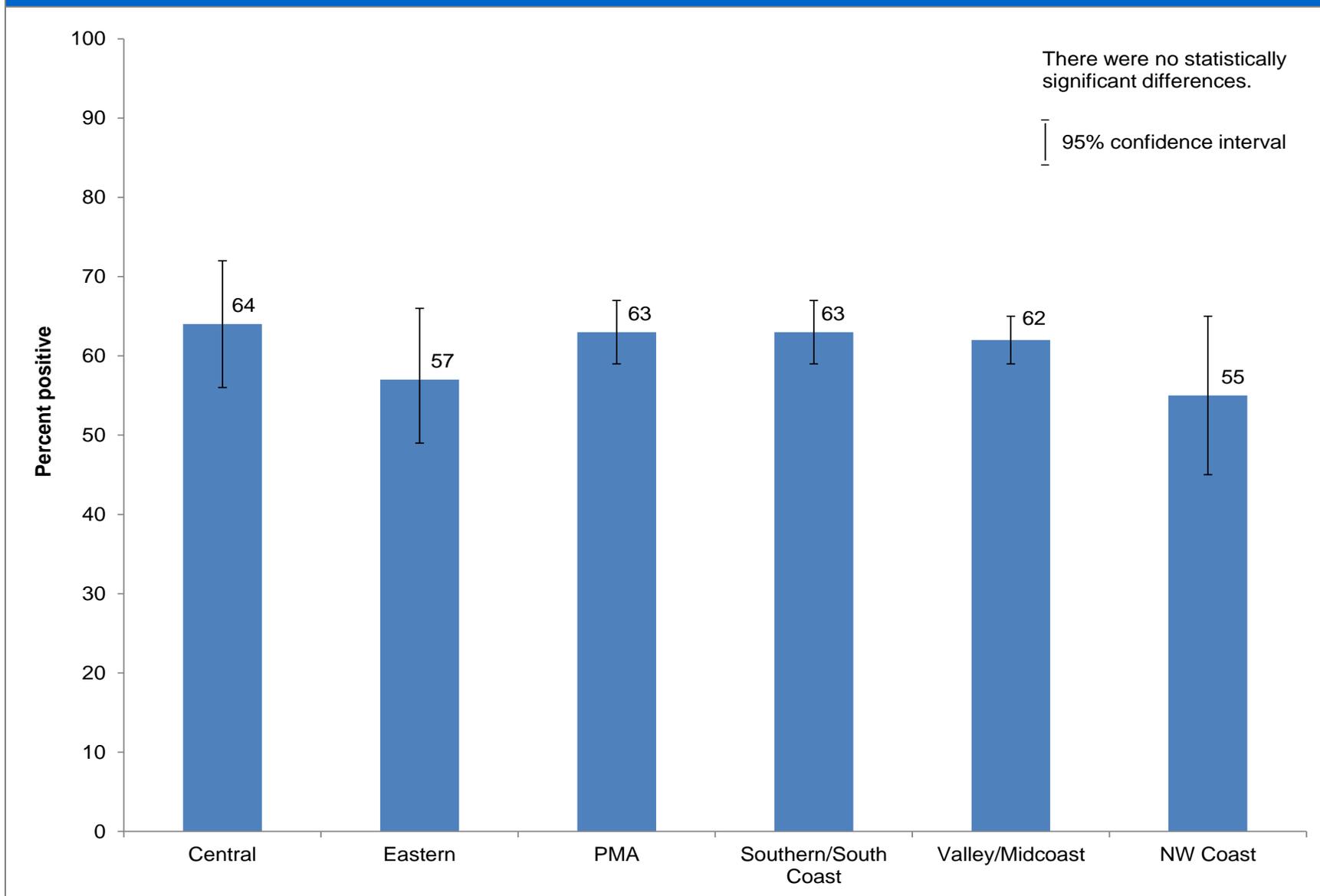


Table A-4 shows 2013 and 2014 responses to YSS-F domain questions by region. Table A-5 in Appendix A shows the percentage of positive responses for each survey item from 2010 through 2014 (for outpatient services only). Comparing an individual domain score with the aggregate scores for individual items 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 respondent provides responses to less 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 respondent as having a positive perception of services in that domain. A domain score *greater than 3.5* is necessary to qualify a respondent 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 respondent as positively perceiving services in that domain.

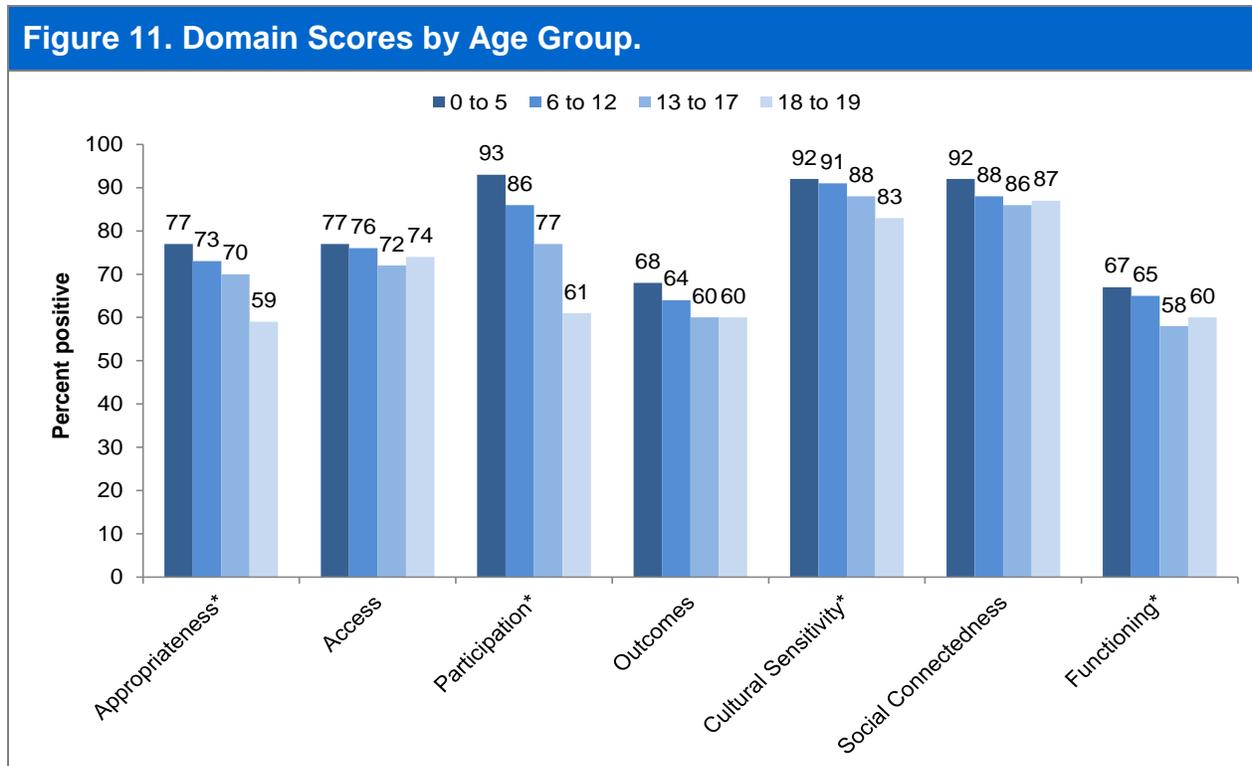
Demographic Comparisons

Domain scores by child's age

Caregivers' satisfaction scores were clustered in groups based on the current age of the child who had received 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 11 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 2014. 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 appropriateness, participation, cultural sensitivity, and functioning domains, with parents of older children generally less satisfied than parents of younger children.

Satisfaction increased in 2014 among parents of children ages 13 and older in the access, outcomes, and social connectedness domains, because parents of older children were significantly less satisfied in these areas last year. Table 5 shows the scores by age group from 2011 to 2014.



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

Table 5. Domain Scores by Child’s Age, 2011–2014.

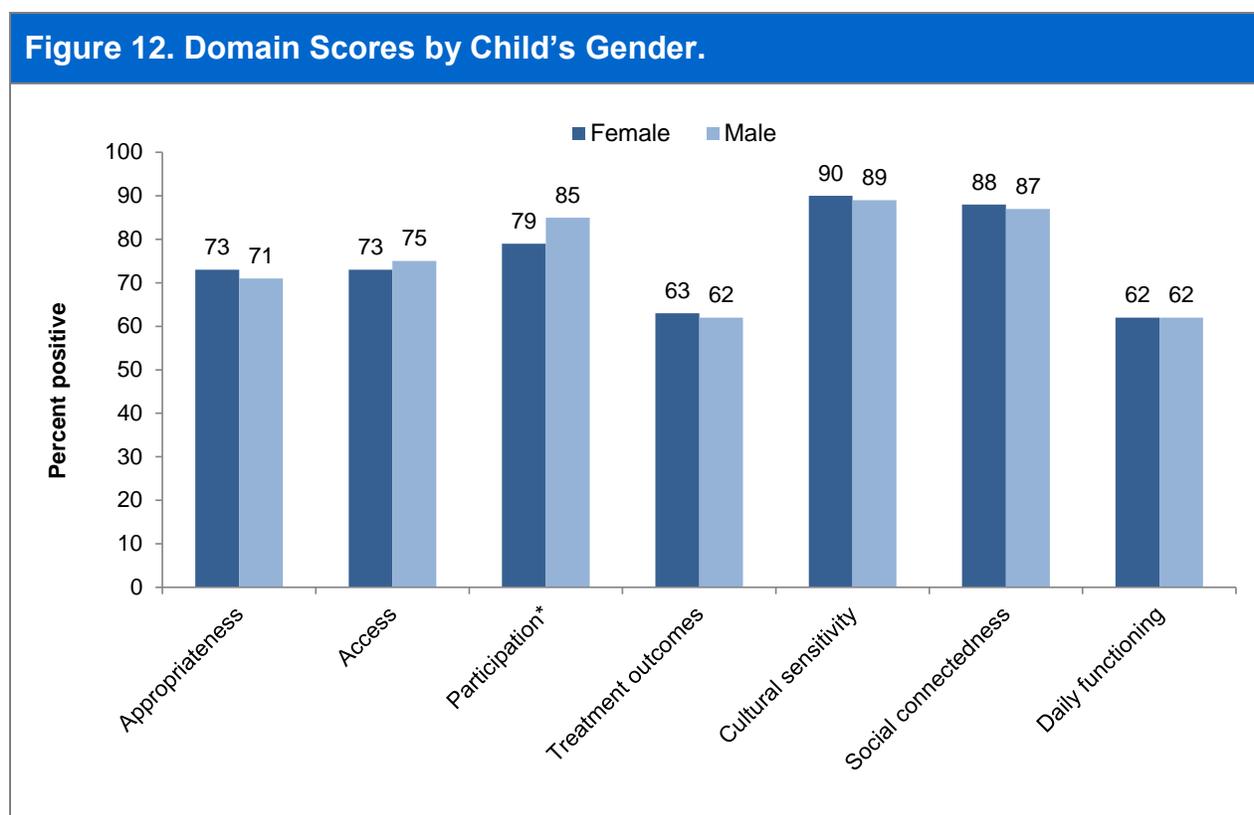
Domain	Age range															
	0–5				6–12				13–17				18–19			
	2011	2012	2013	2014	2011	2012	2013	2014	2011	2012	2013	2014	2011	2012	2013	2014
Appropriateness*	65	70	71	77	72	73	75	73	67	69	69	70	67	63	61	59
Access	75	72	69	77	72	73	79	76	71	72	73	72	73	69	73	74
Participation*	79	77	84	93	84	86	85	86	75	77	75	77	68	60	57	61
Treatment outcomes	57	69	60	68	61	62	65	64	57	59	56	60	62	63	53	60
Cultural sensitivity*	85	87	93	92	90	93	93	91	88	87	87	88	84	78	83	83
Social connectedness	87	89	86	92	87	87	87	88	82	85	84	86	89	81	76	87
Daily functioning*	58	69	57	67	61	63	65	65	57	60	56	58	63	62	52	60

*Indicates statistically significant (p<0.05) difference in 2014 among age groups.

Domain scores by child's gender

Figure 12 shows satisfaction scores by the child's gender in 2014. Caregivers of male children responded more positively to survey items in the access domain, and were significantly more satisfied in the participation domain. Caregivers of female children responded more positively in the appropriateness, treatment outcomes, cultural sensitivity, and social connectedness domain, although none of these differences were significant.

Table 6 shows domain scores by gender for 2011–2014. Scores in most domains increased slightly for caregivers of girls, while satisfaction among caregivers of boys remained stable.



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

Table 6. Domain Scores by Child's Gender, 2011–2014.

Domain	Female				Male			
	2011	2012	2013	2014	2011	2012	2013	2014
Appropriateness	69	71	72	73	70	71	72	71
Access	73	70	73	73	70	75	77	75
Participation	76	78	75	79*	82	84	83	85
Treatment outcomes	59	63	60	63	59	60	61	62
Cultural sensitivity	88	90	89	90	90	90	90	89
Social connectedness	86	87	87	88	84	86	84	87
Daily functioning	59	63	60	62	59	61	60	62

*Indicates a statistically significant difference ($p < .05$) between 2013 and 2014 scores.

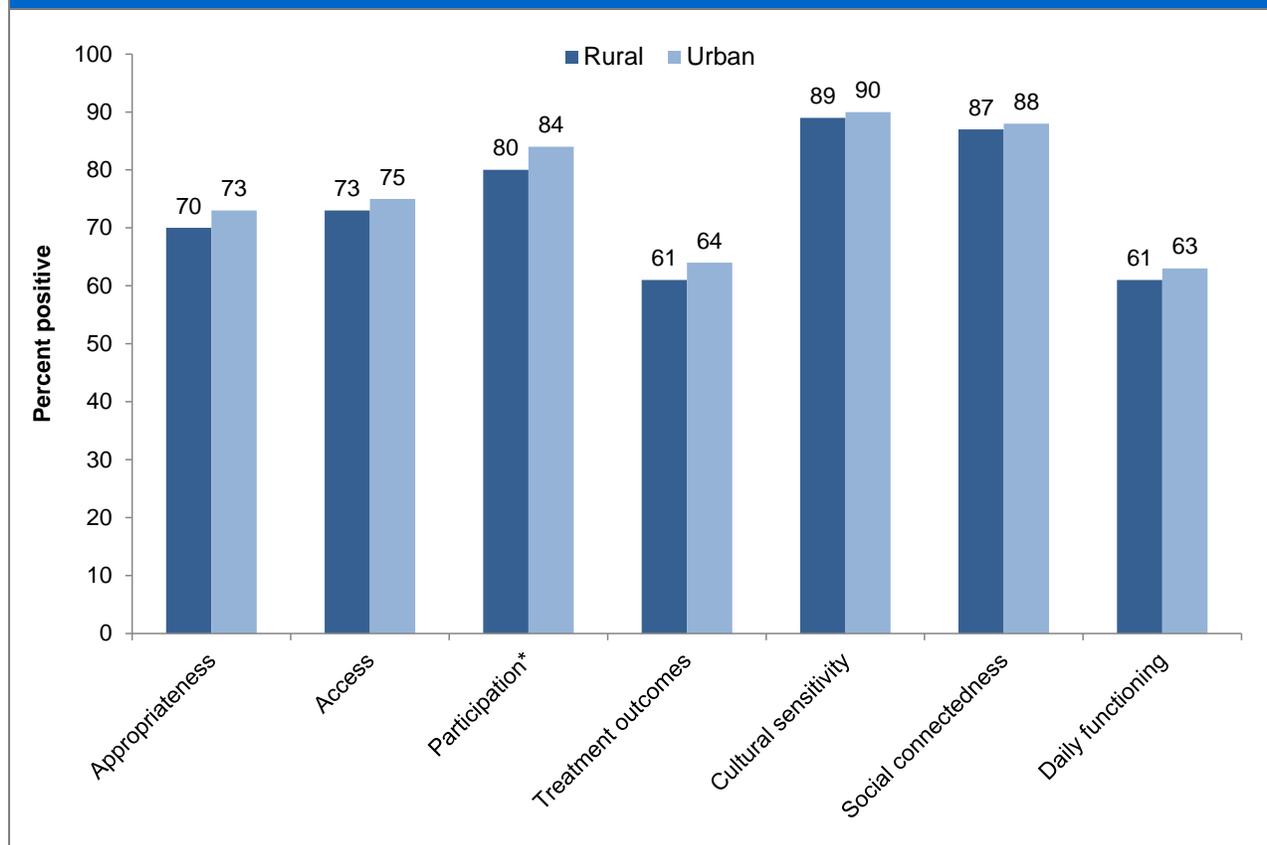
Domain scores by rural/urban residence

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 13 shows the 2014 satisfaction scores by residence. In 2014, as in previous years, caregivers in urban areas responded more positively in every domain than did caregivers in rural areas. Participation was the only domain with a statistically significant difference. Satisfaction scores between the urban and rural areas were closer in 2014 than in previous years, when urban respondents were significantly more satisfied in most domains.

Table 7 displays the 2011–2014 domain scores by respondents' place of residence. From 2013 to 2014, scores increased in six domains for rural respondents, with significant increases in the appropriateness, participation, and social connectedness domains. For urban respondents, scores increased slightly in four domains.

Figure 13. Domain Scores by Child’s Residence.



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

Table 7. Domain Scores by Rural/Urban Residence, 2011–2014.

Domain	Rural				Urban			
	2011	2012	2013	2014	2011	2012	2013	2014
Appropriateness	67	70	65	70*	72	72	75	73
Access	71	71	74	73	72	73	76	75
Participation	77	79	74	80*	82	82	83	84
Treatment outcomes	55	61	57	61	62	62	62	64
Cultural sensitivity	87	87	87	89	90	91	91	90
Social connectedness	85	87	83	88*	85	86	87	88
Daily functioning	55	61	57	61	62	62	62	63

*Indicates a statistically significant difference ($p < .05$) between 2013 and 2014 scores.

Domain scores by child's race

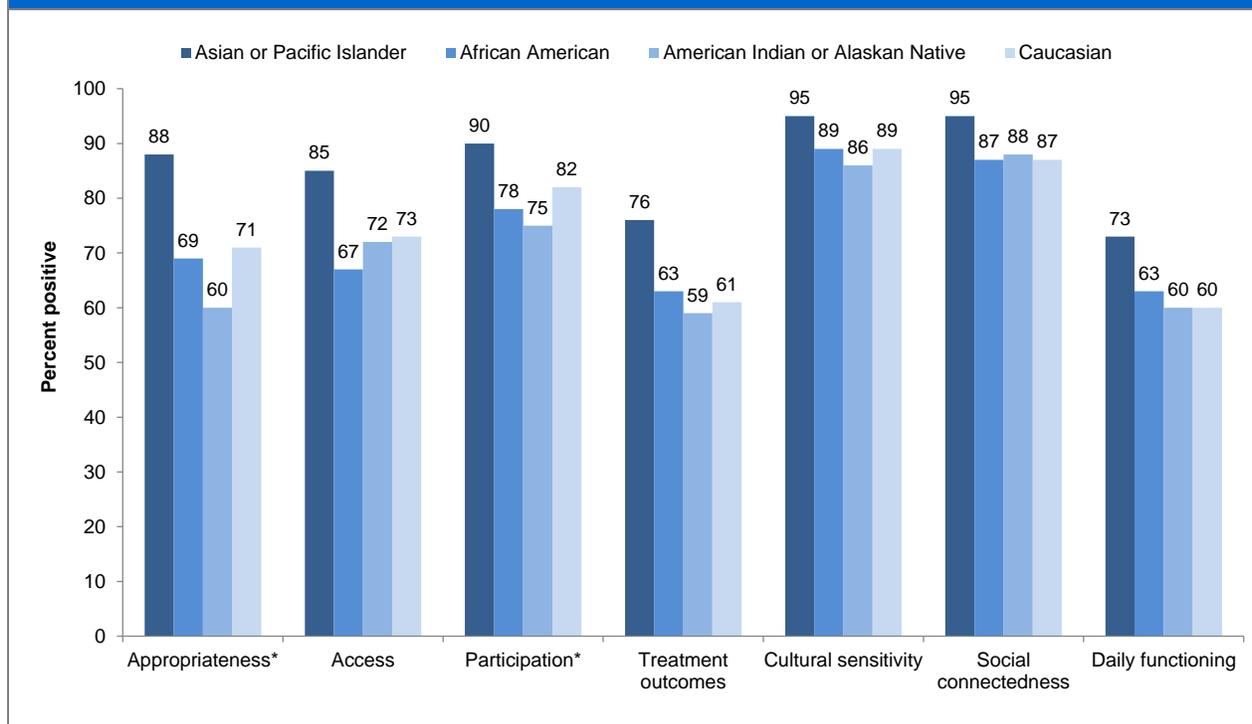
Figure 14 displays the 2014 domain scores by the race of the child receiving mental health services. Race information is not self-reported; rather, it is pulled from the state MMIS dataset.

Caregivers of Asian or Pacific Islander children reported significantly more satisfaction than other groups in the appropriateness and participation domains, and more satisfaction in all five remaining domains. Caregivers of American Indian or Alaska Native children reported the lowest satisfaction in the appropriateness, participation, treatment outcomes, and cultural sensitivity domains.

Table 8 displays the 2013–2014 domain scores by child's race. From 2013 to 2014, satisfaction among caregivers of African American children increased in the appropriateness, access, outcomes, social connectedness, and daily functioning domains. Satisfaction among caregivers of American Indian or Alaska Native children decreased in the appropriateness, treatment outcomes, social connectedness, and daily functioning domains. Significantly more caregivers of Caucasian children reported satisfaction in 2014 in the participation, treatment outcomes, and daily functioning domains when compared to 2013.

More caregivers of Asian/Pacific Islander youth reported positive scores in all domains when compared to other racial groups. This finding is consistent with previous years' surveys, and with Asian/Pacific Islanders' response patterns to surveys in general.

Figure 14. Domain Scores by Child’s Race.



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

Table 8. Domain Score by Child’s Race, 2013–2014.

Domain	African American		American Indian or Alaskan Native		Caucasian		Asian/Pacific Islander	
	2013	2014	2013	2014	2013	2014	2013	2014
Appropriateness	68	69	70	60	68	71	.	88
Access	66	67	72	72	73	73	.	85
Participation	79	78	66	75	78	82*	.	90
Treatment outcomes	60	63	63	59	56	61*	.	76
Cultural sensitivity	92	89	83	86	89	89	.	95
Social connectedness	86	87	91	88	86	87	.	95
Daily functioning	59	63	61	60	56	60*	.	73

*Indicates a statistically significant difference ($p < .05$) between 2013 and 2014 scores.

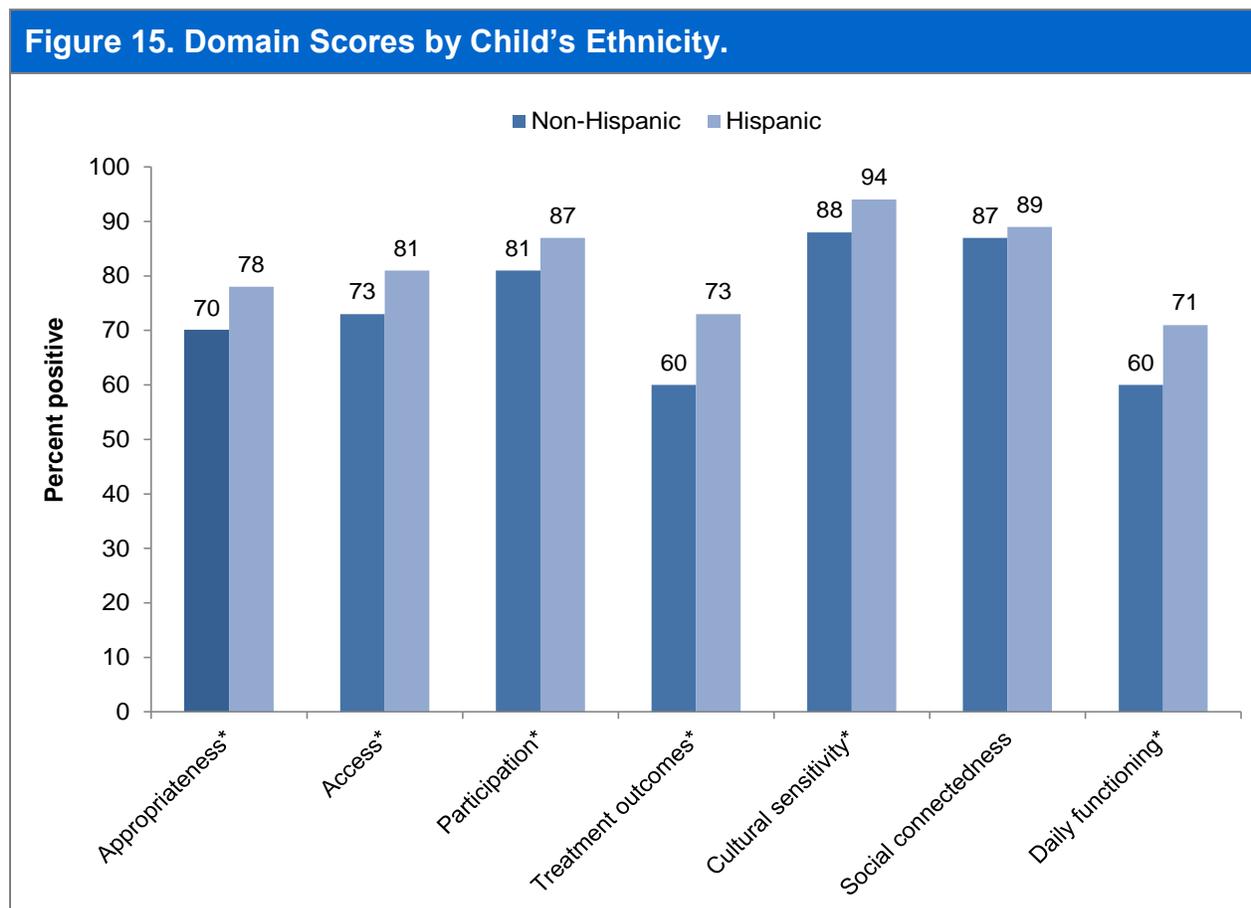
•The sample size in 2013 was too small to present results for the Asian/Pacific Islander group.

Domain scores by ethnicity

Ethnicity information (Hispanic or not Hispanic) was also pulled from MMIS. Figure 15 displays the percentage of positive responses from caregivers of Hispanic children and caregivers of non-Hispanic children.

Caregivers with Hispanic or Latino(a) children reported significantly more positive perceptions in six of the domains when compared to respondents of non-Hispanic or Latino(a) children (also more positive in social connectedness, though not significantly). This finding is consistent with previous years.

Table 9 displays domain satisfaction according to ethnicity between 2013 and 2014. Satisfaction among caregivers of Hispanic children decreased from 2013 in three domains, and increased in three domains, although none of these changes were statistically significant. Among caregivers of Non-Hispanic children, satisfaction increased significantly in the participation, treatment outcomes, and daily functioning domains.



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

Table 9. Domain Scores by Child's Ethnicity, 2013–2014.

Domain	Non-Hispanic		Hispanic	
	2013	2014	2013	2014
Appropriateness	67	70	83	78
Access	72	73	85	81
Participation	78	81*	85	87
Treatment outcomes	56	60*	72	73
Cultural sensitivity	89	88	94	94
Social connectedness	85	87	85	89
Daily functioning	56	60*	72	71

*Indicates a statistically significant difference ($p < .05$) between 2013 and 2014 scores.

Domain Scores by Child's Service Status

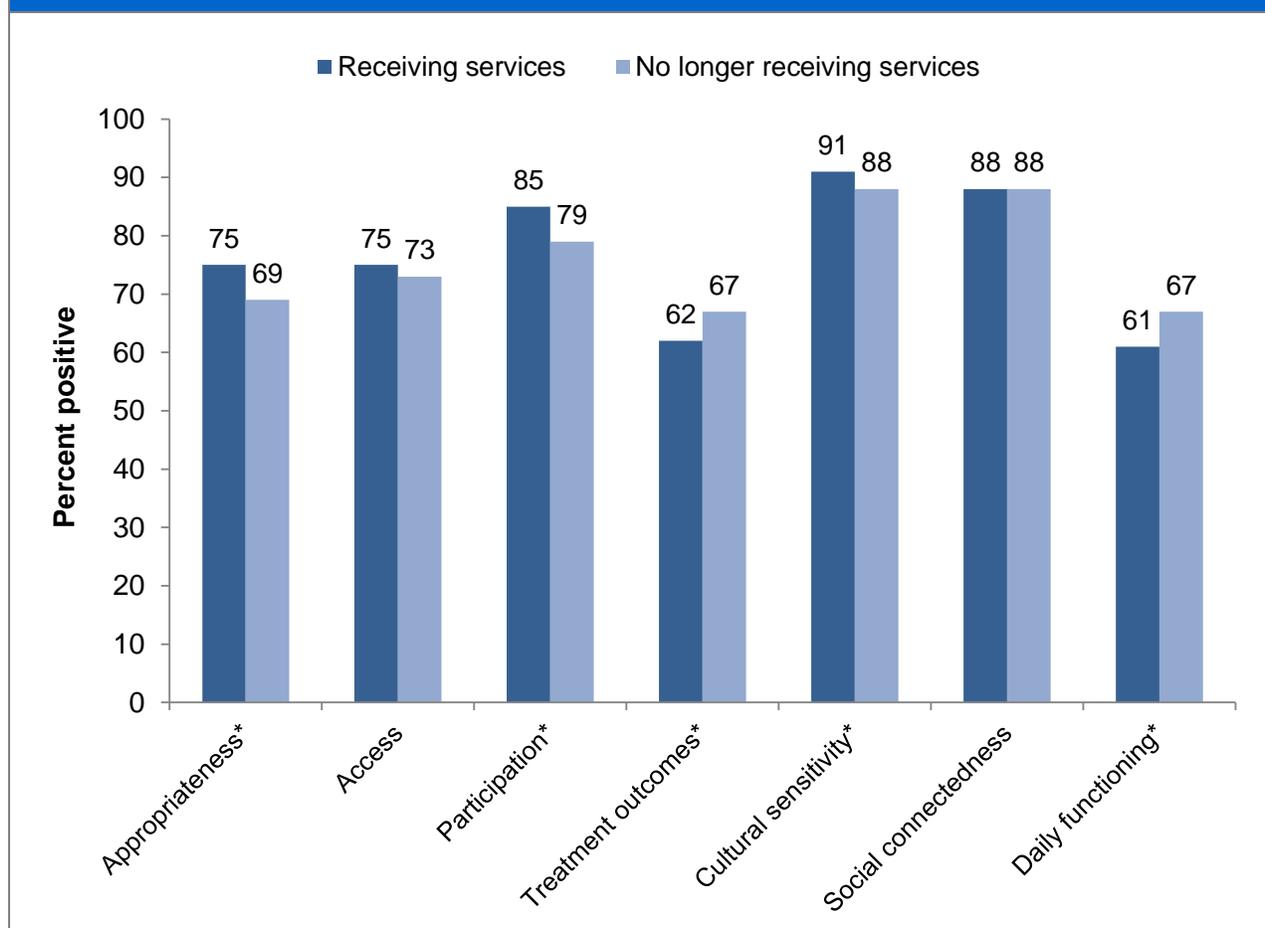
About 58% of YSS-F respondents said their children were receiving OHP mental health services at the time of the survey, 38% said their children no longer received services, and 4% did not know whether their children were receiving services.

YSS-F respondents 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 16 shows the domain scores computed for each group.

In the appropriateness, participation, and cultural sensitivity domains, significantly higher percentages of caregivers whose children still received OHP mental health services reported positive perceptions of those services, compared with respondents whose children were no longer receiving OHP mental health services. In the treatment outcomes and daily functioning domains, however, caregivers whose children no longer received services reported significantly higher satisfaction than caregivers whose children were still receiving services.

Compared to 2013, the daily functioning scores increased for both groups in 2014: from 59% to 61% for those receiving services, and from 62% to 67% for those no longer receiving services.

Figure 16. Domain Scores by Child's Service Status, 2014.

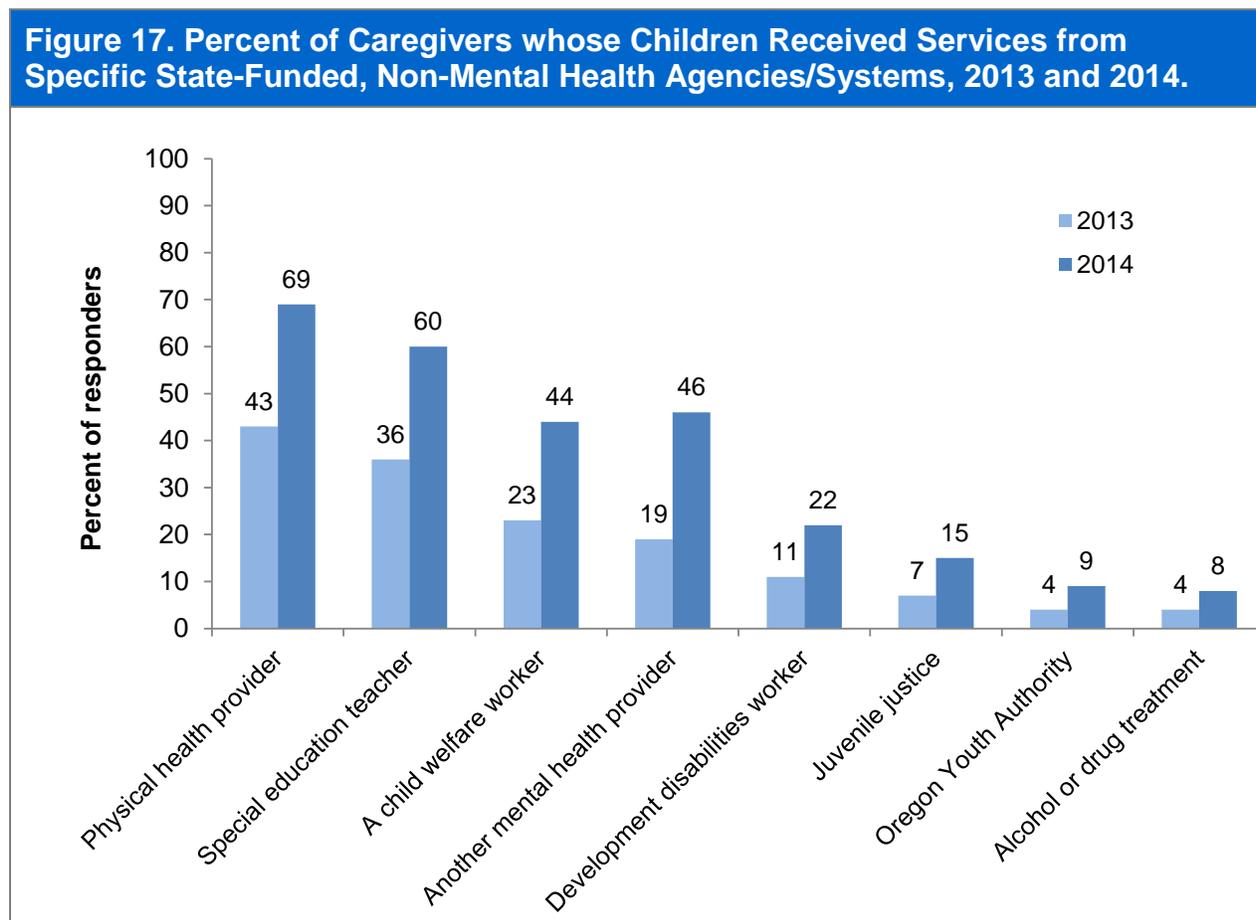


*Indicates a statistically significant difference ($p < .05$) between group scores.

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 Oregon Youth Authority, juvenile justice, special education, services to persons with developmental disabilities, substance abuse treatment, and the child's physical health care provider. Respondents were also asked to indicate their satisfaction with the willingness and ability of their child's current (or most recent) mental health services provider to work together with another mental health provider.

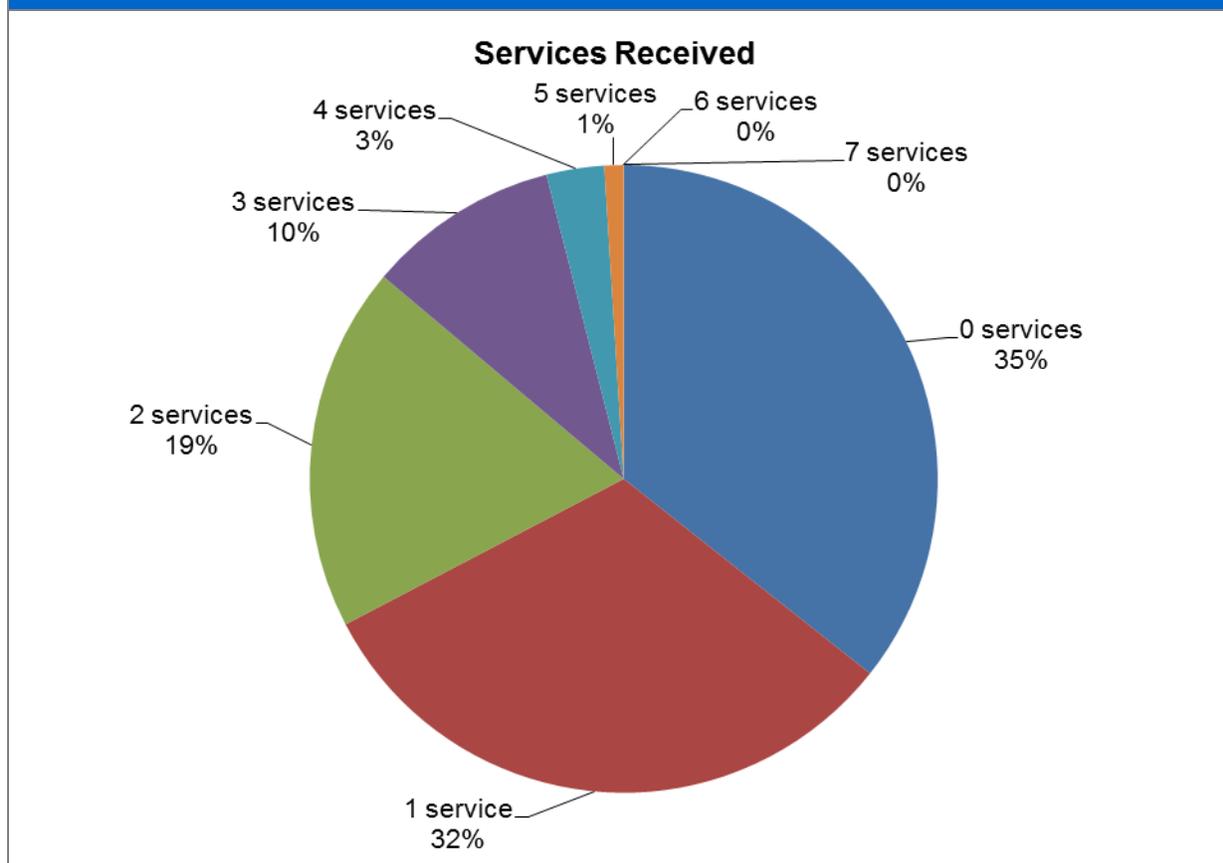
Figure 17 displays the percentages of caregivers who identified their children as receiving one or more of these services in 2014 as compared to the percentages of caregivers identifying the same in 2013.



Notably a greater number of caregivers reported that their children were receiving more services with non-mental health providers in 2014 when compared to 2013. Physical health providers remained the most utilized with 69% of responders receiving services, followed by special education teachers and child welfare workers.

As shown in Figure 18, 35% of family members in 2014 reported that their children received *no* state-funded, non-mental health services, similar to 2013. Thirty-two percent reported one service, 19% reported two services, and 14% reported requiring care coordination with three or more service systems.

Figure 18. Numbers of Non-Mental Health Agencies/Systems for which Caregivers' Children Required Coordination, 2014.



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 health care providers and external systems.

Table 10 shows the percentages of caregivers in 2011–2014 who were either “strongly satisfied,” “satisfied,” or “somewhat satisfied” with the willingness and ability of their child's mental health services provider to work together with other specified programs. Satisfaction decreased slightly in five of eight categories from 2013 to 2014; satisfaction in the remaining categories did not change. This is the second year of decreasing satisfaction with care coordination. More respondents than ever are receiving services from multiple providers, but fewer respondents are satisfied with their care coordination, suggesting that perhaps these multiple services are not being adequately coordinated. Satisfaction was highest with

coordination with physical health care providers, followed closely by coordination among other mental health care providers.

Table 10. Percent (n) Satisfied with Coordination of Agency-Specific Services for Children, 2011–2014.

Service	2011	2012	2013	2014
Among different mental health care providers	90 (1008)	93 (715)	92 (633)	91 (834)
Child welfare	87 (872)	89 (480)	89 (466)	89 (541)
Oregon Youth Authority	82 (214)	85 (157)	80 (121)	76 (139)
Juvenile justice	81 (278)	86 (184)	87 (171)	80 (180)
Special education	88 (955)	90 (655)	88 (609)	88 (690)
Developmental disabilities	86 (487)	88 (316)	87 (282)	83 (303)
Substance abuse treatment	77 (166)	90 (132)	83 (127)	79 (138)
Physical health care provider	93 (1143)	95 (745)	93 (699)	93 (930)

Table 11 presents satisfaction with coordination of services by region in 2014. Satisfaction with coordination tended to be highest in the Portland Metro Area (PMA).

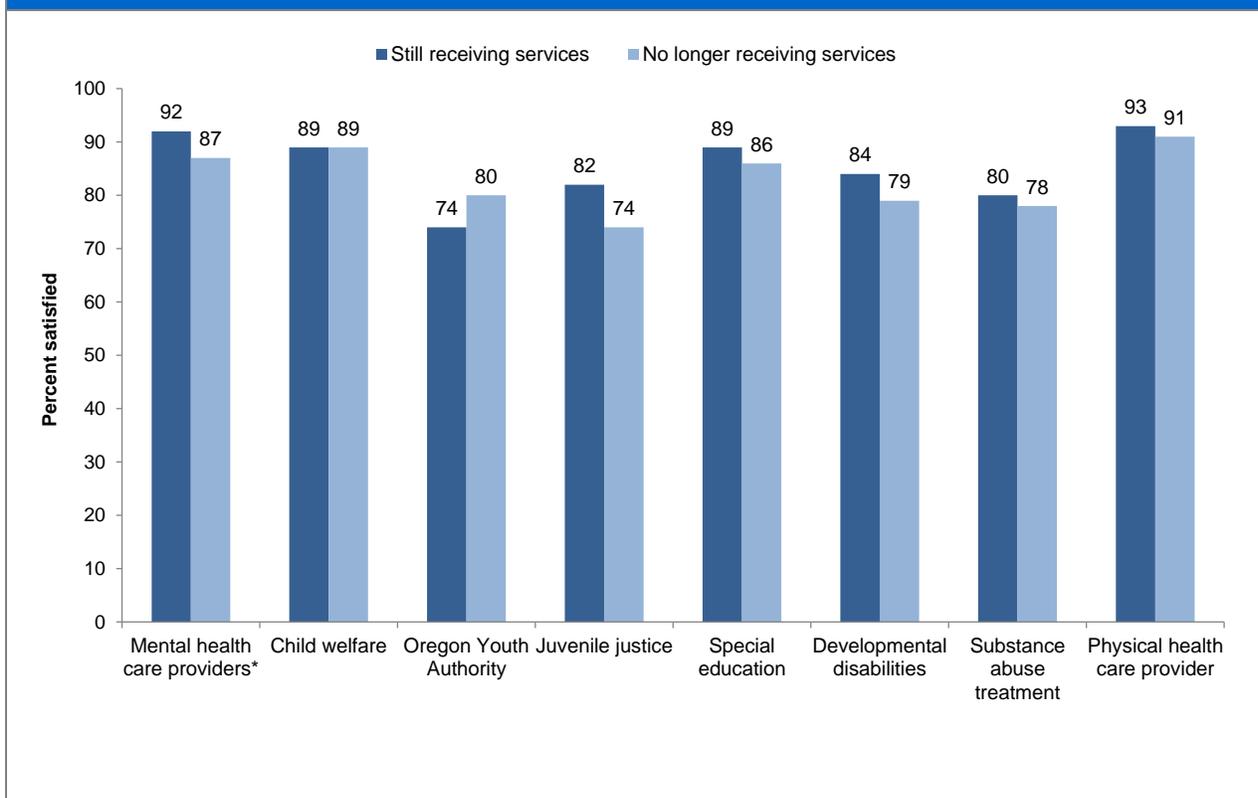
Table 11. Percent (n) of Respondents Satisfied with Coordination of Agency-Specific Services, by Region, 2014.						
Service	Central	Eastern	NW Coast	PMA	Southern/ South Coast	Valley/ Midcoast
Among different mental health care providers	92 (56)	84 (43)	95 (35)	94 (203)	87 (205)	90 (290)
Child welfare	n/a	n/a	n/a	92 (136)	89 (143)	89 (189)
Oregon Youth Authority	n/a	n/a	n/a	79 (33)	76 (31)	77 (52)
Juvenile justice	n/a	n/a	n/a	86 (47)	81 (46)	74 (51)
Special education	87 (41)	84 (36)	84 (38)	93 (171)	89 (166)	86 (237)
Developmental disabilities	n/a	n/a	n/a	83 (73)	80 (66)	83 (114)
Substance abuse treatment	n/a	n/a	n/a	83 (39)	77 (30)	73 (37)
Physical health care provider	96 (63)	92 (55)	90 (47)	94 (212)	91 (230)	93 (322)

There were no statistically significant differences.

n/a: The number of respondents in the cell (e.g., receiving substance abuse treatment in the Eastern region) is less than 30.

Caregivers whose children were still receiving mental health services at the time of the survey reported more satisfaction with the care coordination with all specific services than did caregivers whose children no longer received mental health services, except for Child Welfare, which was the same between the groups, and Oregon Youth Authority, where more caregivers whose children were no longer receiving services reported satisfaction (Figure 19). As shown below, these differences were statistically significant only with regard to coordination with mental health care providers’ services.

Figure 19. Percent Satisfied with the Coordination of Specific Services, by Child’s Service Status.



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

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

The 2014 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 12 shows, the most frequent expectations were that the child would feel better about himself or herself (77%) and would get along better with family (73%). These results are consistent with previous years' results.

Table 13 shows the number of respondents citing each expectation who said the child's treatment yielded the expected result. For example, of the respondents who expected their child to feel better about himself or herself, 63% reported that the treatment achieved that result. Of the respondents who expected that their child would stop or reduce use of alcohol or drugs, 56% said their child had stopped or reduced the use of alcohol or drugs, an increase from 46% in 2013. The lowest percentage of caregivers reported that their child was happier (44%) or had stopped hurting others (40%), when these were identified as expectations or hopes of treatment.

Expectation	Number "Yes"	% of responses
Expected child would feel better about himself/herself	1752	77
Expected child would get along better with family	1666	73
Expected child would be happier	1016	45
Expected child would be more respectful	1478	65
Expected child would do better in school	1564	69
Expected child would be less anxious and fearful	1498	66
Expected child would get along better with other children	1270	56
Expected child would stop hurting himself or herself	518	23
Expected child would stop hurting others	452	20
Expected child would start or continue a program of recovery	260	11
Expected child would stop or reduce use of alcohol or drugs	124	5

Table 13. 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	1095	63
Child is getting along better with family	1027	62
Child is happier	449	44
Child is being more respectful	766	52
Child is doing better in school	942	60
Child is less anxious or fearful	946	63
Child is getting along better with other children	741	58
Child has stopped hurting himself/herself	280	54
Child has stopped hurting others	181	40
Child has started or continued a program of recovery	140	54
Child has stopped or reduced use of alcohol or drugs	69	56

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, use of alcohol or illegal drugs, service plans (treatment plans), primary health care providers and routine appointments, psychotropic medications, and history of trauma. The following tables and charts summarize the results of frequency analysis of those data.

Child’s service plan

One question asked whether the child’s treatment plan supported the child’s and caregiver’s culture and language; as Table 14 shows, a majority that responded to the question agreed that the plans did.

Table 14. Child’s Service Plan Supports the Following:

	Yes	No	Don’t know
My child’s culture (n=1990)	72%	3%	26%
My culture (n=1957)	71%	3%	26%
My child’s language (n=2008)	82%	2%	16%
My language (n=1992)	82%	3%	16%

Primary health care provider

An additional question asked if the caregiver’s child had a primary health care provider (doctor, nurse, or other health professional) who provided checkups, routine medical care, and advice. Of the 2,227 individuals who responded to this question, 95% reported that their child did have a primary health care provider, 3% responded no, and 2% were not sure.

Psychotropic medications

An additional question asked whether psychotropic medications were prescribed for children while they were receiving treatment from their current (or most recent) mental health services provider. Of the 2,184 individuals who responded to this question, 35% reported that their child had been prescribed psychotropic medications while receiving treatment, a slight decrease from 36% in 2013 and 38% in 2012. Of those whose child had been prescribed psychotropic medications while receiving treatment, 96% answered “Yes” to the question, “Do you understand the benefits and side effects of these medications?” and 74% reported that the medications had helped their child.

School attendance

YSS-F respondents were asked several questions about suspensions and expulsions from school. The first asked whether the child had been suspended from school during the 12 months before he or she began seeing their mental health provider. Of the 2,007 individuals who responded, 16% said “Yes” and 84% said “No.” When asked, “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?” 13% said “Yes” and 87% said “No.” Of those who responded

that their child had been suspended *before* receiving services, 47% reported no suspensions *after* receiving services.

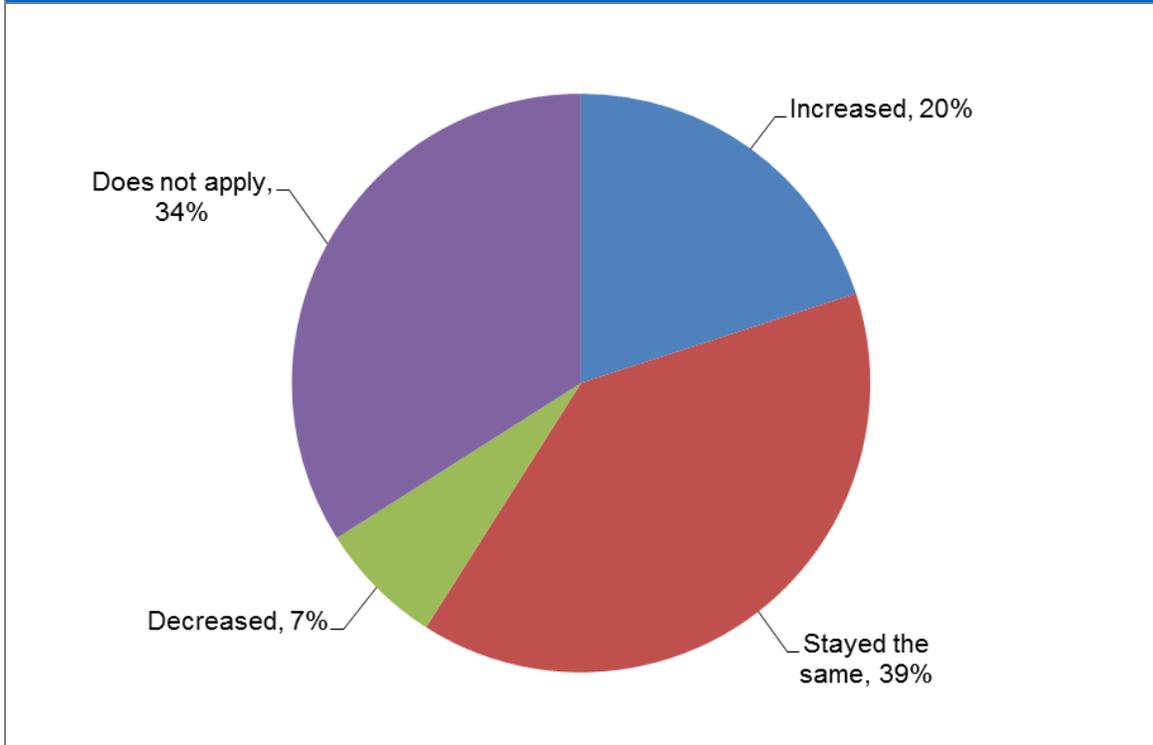
An additional question asked whether the child had been expelled from school during the 12 months before he or she began seeing their mental health provider. Of the 1,992 individuals who responded, 3% said “Yes” and 97% said “No.” When asked “Was your child expelled from school in the first 12 months (or less) after s/he began seeing his or her current (or most recent) mental health services provider?” 3% said “Yes” and 97% said “No.” Of those who responded that their child had been expelled *before* receiving services, 63% reported no expulsions *after* receiving 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 2,141 survey respondents 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 home-schooled, (4) the child dropped out of school, or (5) the child was expelled from school (Table 15).

Table 15. Reasons Attendance Question Does Not Apply.		
Reason	N	%
My child had no problem with attendance before starting services	541	77
My child is too young to be in school	43	6
My child is home schooled	39	6
My child dropped out of school	10	1
My child was expelled from school	4	1
Other	62	9

Of the 2,141 respondents, 20% said the child’s attendance had increased, while 7% said the child’s attendance had declined (Figure 20). The question did not apply to 731 (34%) of respondents. This is consistent with 2013 results.

Figure 20. School Attendance Since Receiving Mental Health Services (n=2141). “Since my child started to receive mental health services from this provider, the number of days my child has been in school is...”

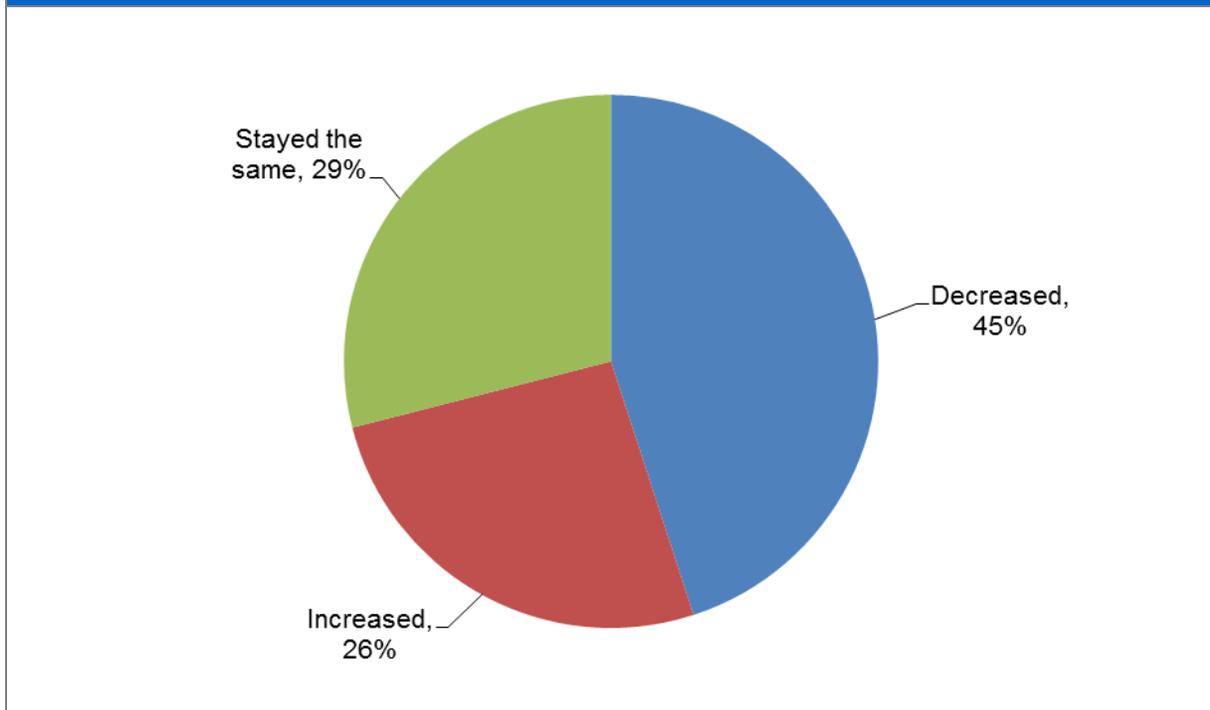


Child’s arrest history

YSS-F respondents were asked about their children’s arrest history before and since seeing the child’s current or most recent mental health care provider. Two percent of respondents reported that their child had been arrested after starting treatment with their provider, compared with 3% who reported their child had been arrested during the 12 months prior to starting treatment.

An additional question asked whether the child’s encounters with police had changed since the child began receiving mental health services from the current or most recent provider. Encounters were defined as times the police harassed or arrested the child, or times the child was taken to a shelter or crisis program. Among 2,184 respondents, 87% said the question did not apply because the child had had no such encounters since receiving mental health services. Of the 283 respondents for whom the question applied, 45% said the encounters had decreased (Figure 21).

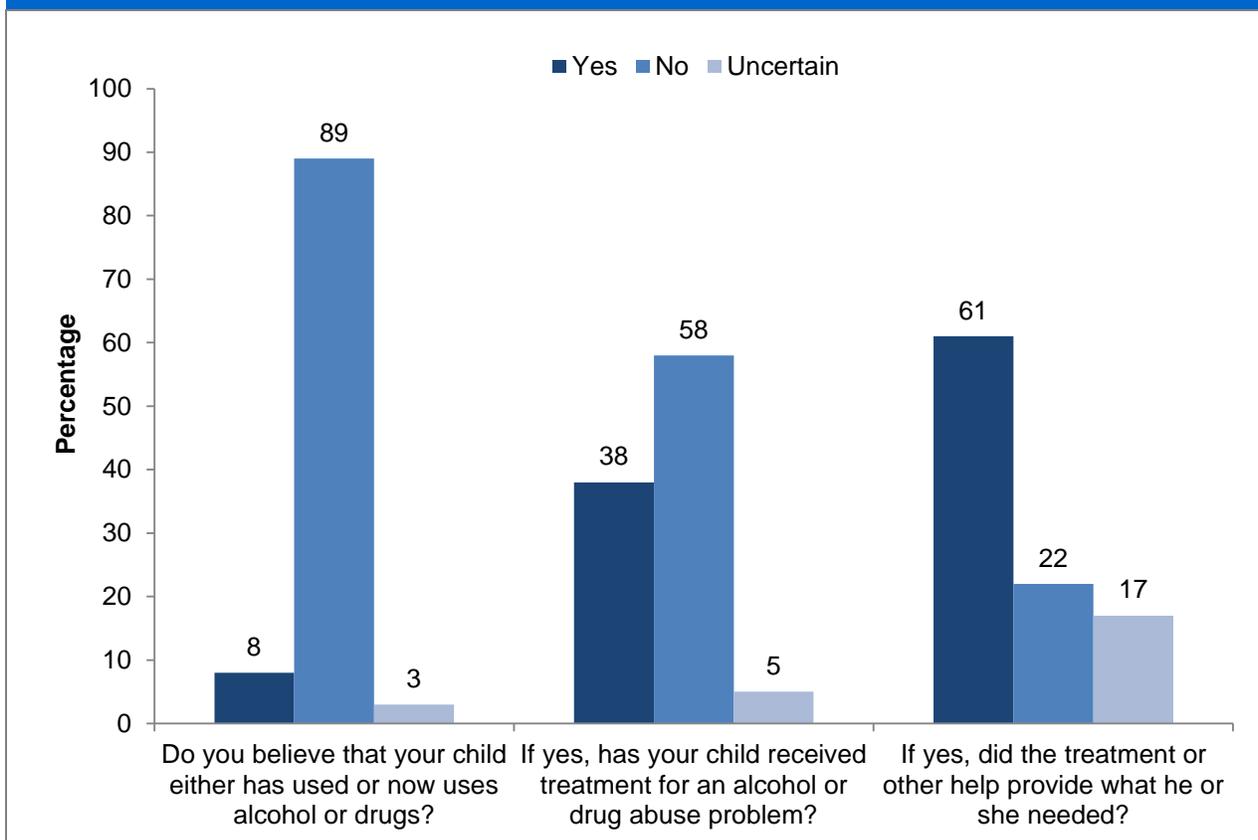
Figure 21. Child’s Encounters with Police since Receiving Mental Health Treatment (n=283). “Since your child began to receive mental health services from this provider, have his or her encounters with the police...”



Alcohol and drug use

Of the 767 YSS-F responding caregivers of youth ages 14–19, 21% stated that they thought or knew that their children were using alcohol or illegal substances (Figure 22). One percent of caregivers of children ages 0–13 said the same. Of these, 40% reported that their child received treatment for an alcohol or drug abuse problem. Among this group, 61% thought that the treatment or other help provided their child with what he or she needed. The survey did not allow respondents to elaborate on what other help their child may have received.

Figure 22. Status of Child’s Substance Abuse Treatment.



History of trauma

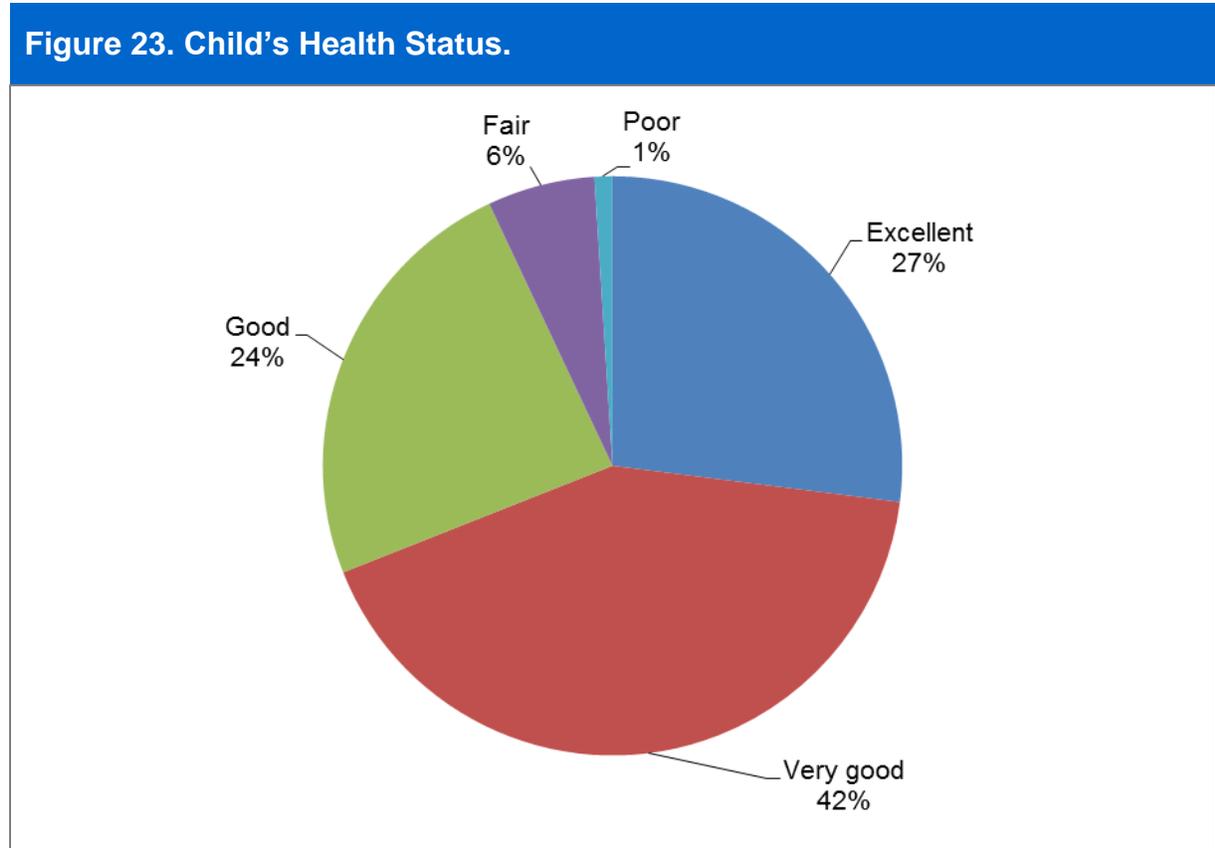
An additional question asked when the child first began seeing the mental health services provider and whether the provider had asked about the child’s history of trauma (“severely stressful events like car wrecks, loss of loved ones, natural disasters, poverty, bullying, crime, physical or sexual abuse, or neglect”). Of the

1,783 respondents who answered this question, 76% reported that the provider had asked about the child’s trauma history, a slight increase from 74% in 2013.

Among children who had experienced serious trauma, the survey asked whether problems related to this trauma were adequately addressed during the child’s treatment. Of the 1,679 individuals whose children had trauma problems and who responded to this question, 56% reported that the trauma was adequately addressed during treatment, 18% answered no, and 26% were uncertain. These rates are similar to the 2013 responses.

Health status

One question asked the respondent to rate the child’s general health on a scale from poor to excellent. Overall, 93% of caregivers said their child’s health was good, very good, or excellent. Figure 23 shows that 6% thought their child’s health was fair, and 1% thought it was poor. These findings are consistent with health status in 2013.



Mental health crisis

An additional question asked whether the child needed assistance as the result of a mental health crisis during the time they were seeing their mental health service provider. Twenty-seven percent of caregivers reported their child needed assistance, 67% said no, and 6% did not know. There was no change in these findings from 2013. A follow-up question asked if the child did need assistance, whether the mental health service provider assisted with the crisis in a satisfactory manner. Sixty-nine percent were satisfied, and 11% said they received assistance from another source.

2014 YOUTH SERVICES SURVEY RESULTS

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

- **Access to Services:** service location, frequency and availability of appointments, and responsiveness of staff
- **Appropriateness of Services:** general satisfaction, someone for child to talk to, had providers that stuck with them, received the right services, and received the right quantity of services
- **Cultural Sensitivity:** staff respect of client, family, cultural/ethnic background, and religious/spiritual beliefs
- **Participation in Treatment:** client's participation in determining treatment goals and comfort asking questions
- **Treatment Outcomes:** client's ability to deal with problems and crisis, control life, relationships with family, functioning in social situations and school or work, housing, and reduction in symptoms

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 evaluate 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 respondents with those of their caregivers, both for individual questions and for overall domain scores.

In order to gain more insight into the population's satisfaction with mental health services, AMH added survey items. The YSS includes additional questions about:

- current and past living arrangements
- utilization of physical health care services
- school absenteeism
- what has been helpful about the services the young person responding 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 respondent’s Medicaid status. This question was not necessary because 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 to 18. In 2014 as in previous years, AMH asked young people age 14 and older to complete the YSS. Using the sample provided for the YSS-F, AMH identified young people who were at least 14 years of age during the period they were in treatment, and assigned these respondents to the same categories (outpatient, psychiatric residential, and psychiatric day treatment) as used in the YSS-F.

The YSS questionnaire was fielded in English and Spanish, according to the young person’s primary language on file in MMIS. Both survey versions are presented in Appendix B.

Survey Response

Acumentra Health mailed an introductory letter to 3,799 young people on April 11, 2014. Sixty-one percent of the YSS surveys were completed online in 2014, consistent with the web response rate in 2013. Respondents were incentivized with a \$10 gift card for completing the survey online. As of September 15, 2014, the day when data entry ended, 727 surveys had been received from among 3,224 sent to valid addresses, for an overall response rate of 23%.

Table 16 shows the response rate by treatment setting. The response rate for the outpatient group (23%) was higher than psychiatric residential (18%) but lower than psychiatric day treatment (26%). Due to low population numbers in the psychiatric day treatment 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	700	3,095	23%
Psychiatric Day Treatment	12	46	26%
Psychiatric Residential	15	83	18%

No statistically significant different between facility type proportions.

As shown in Table 17, response rates were significantly higher for female than for male respondents, and significantly higher for Caucasian vs. non-Caucasian respondents. Those ages 16–18 were significantly less likely than younger survey recipients to return a survey. Demographic groups displayed below exclude individuals for whom certain characteristics (e.g., race) were missing from the state data.

Table 17. YSS Response Rate by Demographic Characteristics.				
Characteristic		Number of responses	Number of surveys sent	Response rate
Gender*	Female	455	1,855	25%
	Male	272	1,369	20%
Age group*	13–15	317	1,267	25%
	16–18	410	1,957	21%
Race*	Non-Caucasian	84	444	19%
	Caucasian	496	2,121	23%
	Unknown	147	659	22%
Location of residence	Rural	358	1,595	23%
	Urban	368	1,623	23%
	Out of state	1	6	17%

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

Table 18 shows the response rate by the young person's region. As in 2013, the Southern region had the highest response rate at 24%, while the Eastern and NW Coast regions had the lowest response rates at 19%. The NW Coast region did not have enough respondents to stratify results in this region.

Table 18. YSS Response Rate by Region.

Region	Number of responses	Number of surveys sent	Response rate
Central	47	227	21%
Eastern	36	191	19%
NW Coast	26	139	19%
PMA	174	796	22%
Southern/South Coast	194	796	24%
Valley/Midcoast	250	1070	23%

No statistically significant differences were found.

Domain Scores

Table 19 shows the average scores reported by the YSS and YSS-F participants for the five domains that are assessed on both survey instruments. As in years past, the YSS results show a spread of domain scores resembling the YSS-F data.

Analysts tested for differences in the percentages of young YSS respondents, compared with YSS-F caregivers, who responded positively in each domain. As in 2012 and 2013, significantly lower percentages of YSS respondents were satisfied with cultural sensitivity, access to services, and treatment participation, compared with caregivers. In 2013, a significantly higher percentage of young people responded positively in the treatment outcomes domain, but that was not the case in 2014. In fact, fewer young people than caregivers reported satisfaction with treatment outcomes this year, although the difference was not significant.

Table 19. YSS and YSS-F Domain Scores, 2014.

Domain	YSS	YSS-F
Access*	67	74
Participation*	77	82
Cultural sensitivity*	85	90
Appropriateness	70	72
Treatment outcomes	60	63

*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 20 shows YSS domain scores by region, 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 region. Because each region's CI generally overlaps those of other regions, the table may not reflect actual differences among regions.

Region	Appropriateness (CI)	Treatment outcomes (CI)	Participation (CI)	Cultural sensitivity (CI)	Access (CI)
Central	65 (51 - 79)	44 (30 - 59)*	79 (67 - 91)	83 (71 - 94)	61 (46 - 75)
Eastern	69 (54 - 85)	51 (35 - 68)	78 (64 - 91)	86 (75 - 97)	67 (51 - 82)
NW Coast	73 (56 - 90)	62 (43 - 80)	73 (56 - 90)	83 (68 - 98)	77 (61 - 93)
PMA	78 (72 - 84)*	63 (56 - 70)	79 (73 - 85)	87 (82 - 92)	70 (63 - 77)
Southern	66 (60 - 73)	63 (56 - 70)	75 (69 - 81)	83 (78 - 89)	61 (54 - 68)
Valley	67 (61 - 73)	59 (53 - 65)	76 (70 - 81)	86 (82 - 91)	69 (63 - 75)

*Indicates statistically significant difference ($p < .05$) between this region and other regions grouped together.

Table 21 compares YSS and YSS-F domain scores by region. The proportion of youth respondents satisfied in the PMA region increased in 2014, so that there were no significant differences between YSS and YSS-F domain scores this year.

In 2013, YSS respondents were significantly less satisfied in every domain except treatment outcomes. In the Southern/South Coast region, significantly more YSS-F respondents were satisfied with participation and access than YSS respondents. In the Valley region, YSS-F respondents were significantly more satisfied with participation in and cultural sensitivity of services.

Table 21. YSS and YSS-F Domain Scores by Region, 2014.

Region	Appropriateness		Treatment outcomes		Participation		Cultural sensitivity		Access	
	YSS	YSS-F	YSS	YSS-F	YSS	YSS-F	YSS	YSS-F	YSS	YSS-F
Central	65	70	44*	67*	79	76	83	90	61	70
Eastern	69	70	51	59	78	82	86	88	67	76
NW Coast	73	66	62	56	73	82	83	85	77	73
PMA	78	75	63	65	79	83	87	90	70	74
Southern	66	71	63	62	75	83*	83	88	61	74*
Valley	67	71	59	62	76	82*	86	91*	69	75

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

Table 22 shows YSS domain scores by demographic characteristics. Women were significantly more satisfied than men in the participation domain. As in 2013, rural respondents reported less satisfaction in all five domains. In 2014, respondents in rural areas reported significantly less satisfaction in the appropriateness of services domain.

Table 22. YSS Domain Scores by Demographic Characteristics, 2014.

Characteristic	Appropriateness	Treatment outcomes	Participation	Cultural sensitivity	Access	
Gender*	Female	70	61	79*	87	67
	Male	70	58	72*	83	67
Age group	14–15	67	59	74	87	65
	16–18	72	61	79	84	68
Race	Non-White	69	64	72	88	64
	White (Caucasian)	69	57	76	84	65
	Unknown	74	67	81	89	74
Location of residence**	Rural	66*	59	75	83	63
	Urban	73*	61	78	88	70

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

**Out-of-state domain scores are not presented because the sample size ($n=1$) was too small.

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 329 cases, both the young person and his or her caregiver had responded. Looking at the first 21 questions in 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 23 shows the result of this analysis.

Overall, the scores reported by the two groups were relatively close on most questions. Caregivers were significantly more satisfied with the location of services and helping to choose services.

Table 23. Youth and Caregiver Perceptions of Treatment Services (Percent who Strongly Agree/Agree with Each Statement), 2014 (YSS, N=329; YSS-F, N=329).

Domain Questions		
Access to services		
		YSS (%) YSS-F (%)
8	The location of services was convenient.*	76 83
9	Services were available at times that were convenient.	73 78
Treatment outcomes		
16	I am better at handling daily life.	70 71
17	I get along better with family members.	66 73
18	I get along better with friends and other people.	70 70
19	I am doing better in school and/or work.	58 59
20	I am better able to cope when things go wrong.	65 62
21	I am satisfied with my family life right now.	62 65
Participation in treatment		
2	I helped to choose my services.*	72 81
3	I helped to choose my treatment goals.	81 75
6	I participated in my own treatment.	85 87
Cultural sensitivity		
12	Staff treated me with respect.	88 92
13	Staff respected my family's religious/spiritual beliefs.	86 88
14	Staff spoke with me in a way that I understood.	89 93
15	Staff was sensitive to my cultural/ethnic background.	84 88
Appropriateness of services		
1	I am satisfied with the services I received.	77 78
4	The people helping me stuck with me no matter what.	75 81
5	I felt I had someone to talk to when I was troubled.	76 81
7	I received services that were right for me.	75 76
10	I got the help I wanted.	72 72
11	I got as much help as I needed.	67 66

*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 health care 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 727 young people who answered that question, 541 or 74% said “Yes.”

Another question asked about different places the young respondent might have lived in the previous six months. The respondent could choose more than one place. Table 24 shows the number and percentage of young respondents who said they had lived in each living situation. These results are similar to the 2013 results. As shown, a majority (74%) reported living with one or both parents. Seventeen percent reported living with another family member, and 11% reported living in a foster home. Seventeen (2%) reported running away/being homeless/living on the streets during the past six months, with another 1% reporting they had lived in a homeless shelter.

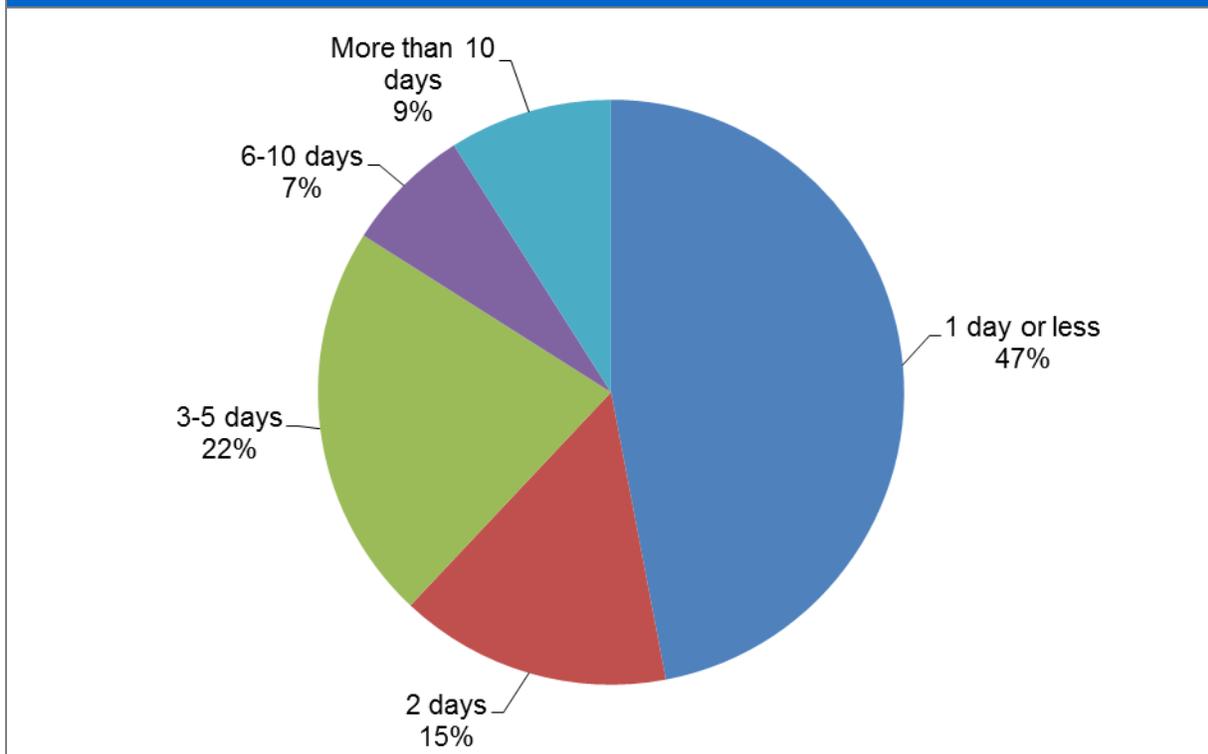
Living situation	Number	% of respondents*
With one or both parents	541	74
With another family member	122	17
Foster home	79	11
Psychiatric residential treatment center	38	5
Other	34	5
Local jail or detention facility	24	3
Hospital	20	3
Runaway/homeless/on the streets	17	2
Therapeutic foster home	13	2
Group home	12	2
Homeless shelter	8	1
Crisis shelter	4	1
State correctional facility	0	0

*Percentages may not add to 100 because respondents 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 24. Forty-seven percent of the young respondents who answered the question reported that they had been absent one day or less during the previous month, showing no change from 2013. Nine percent reported that they were absent from school more than 10 days during the previous month.

Figure 24. Responses to Question, “How often were you absent from school during the last month?” (N=504)



Utilization of physical health care services

This question asked whether the young people had seen a medical doctor for a checkup or because they were sick in the past year. Table 25 shows that of the 708 young people who answered the question, 114 (16%) said they had not seen a physical health care provider, similar to results last year. Twenty-eight (4%) said they had seen a doctor but only in a hospital emergency room, down from 6% in 2013.

Table 25. Utilization of Physical Health Care Services in the Past Year (N=708).		
“In the last year, did you see a medical doctor (nurse) for a health checkup or because you were sick?”	Number	% of respondents
Yes, in a clinic or office	514	73
Yes, but only in a hospital emergency room	28	4
No	114	16
Do not remember	52	7

Medication

A question was asked about taking medication for emotional/behavioral problems. Table 26 shows that 44% of the young respondents reported being on medication. Of these, 272 (90%) responded that the doctor or nurse had told them about benefits and side effects.

Table 26. Current Use of Medications for Emotional/Behavioral Problems (N=709).		
“Are you on medication for emotional/behavioral problems?”	Number	% of respondents
Yes	312	44
No	397	56

Arrest history

The arrest history question asked whether the young person had been arrested by police in the past month. Of the 713 respondents who answered the question, 3% said they had been arrested in the previous month.

DISCUSSION AND RECOMMENDATIONS

Overall Survey Results

In 2014, a total of 2,285 caregivers returned a survey form or completed the survey online by the completion deadline, for an overall response rate of 24%. A total of 727 young people completed a survey, for an overall response rate of 23%.

Web responses increased notably among the YSS-F population in 2014 with the introduction of incentives for web completion: 67% of YSS-F respondents completed the survey online, an increase from 25% in 2013 and 4% in 2012. The proportion of YSS web respondents remained stable at 61%.

Caregivers who answered the 2014 YSS-F survey reported similar positive perceptions of their children’s mental health care in all domains, compared with caregivers responding to the prior surveys (Table 27). Satisfaction scores reported by youth in the YSS declined significantly from 2013 in the treatment outcomes domain.

Young people were less satisfied in all domains when compared to their caregivers. This is consistent with previous years’ results, except that in 2013 young people were significantly more satisfied than their caregivers with treatment outcomes.

Table 27. YSS-F and YSS Domain Scores, 2012–2014.

Domain	YSS-F			YSS		
	2012	2013	2014	2012	2013	2014
Access	73	75	74	68	66	67
Participation	81	80	82*	75	73	77
Cultural sensitivity	90	90	90	87	86	85
Appropriateness	71	72	72	72	69	70
Treatment outcomes	61	60	63	65	65	60*
Social connectedness	86	85	88*	n/a	n/a	n/a
Daily functioning	62	60	62	n/a	n/a	n/a

*Indicates a statistically significant difference ($p < .05$) between 2013 and 2014 scores.

n/a: Domain is calculated from additional questions in the YSS-F survey that are not included in the YSS.

Survey Limitations

While a client survey has many benefits (e.g. ease of administration, first-hand experience reports, and client involvement), there are limitations as well. As in any survey, social desirability may bias some results. This is especially true in questions on sensitive topics such as alcohol and drug use. These surveys also rely on a respondent's memory of events that occurred sometime in the past year.

While the MHSIP domain portions of the survey have remained untouched, additional questions are added and/or removed each year by AMH. Some of these questions have not been validated, and it is unknown what effect, if any, they have on the validity of the preceding MHSIP items.

The length of the survey may deter some potential respondents. Totalling seven printed pages with 49 questions, the YSS-F may take significant time to complete. Caregivers may have different perceptions of their child's treatment than the child has for a number of reasons. If the caregiver has different treatment expectations, different opinions on presenting issues, or limited information (e.g., caregivers may not know about the child's school attendance or alcohol or substance use), their report about their child's treatment may not reflect the episode of care the way the therapist or child would report. The YSS is only two pages with 34 questions, but could still be daunting. Mental or cognitive challenges may have impacted the respondents' ability to understand and respond accurately to some questions. Youth may view services through a different lens than adults, but this is an attribute rather than a detriment to the survey. It is important to hear and consider the young client's voice.

Finally, survey results are a combination of surveys completed on paper and returned by mail, and surveys completed online. There are potential differences in the way respondents answer the same questions in the two modes. There was a significantly higher percentage of web-based respondents in 2014, which was the first year that Y-SSF participants were offered an incentive for completing the survey online. Due to these factors, comparisons between years should be made with caution. Also, there may be differences in age, disability, treatment setting, or living situation between web and paper respondents that would impact the way they answered the questions. Web respondents may feel more anonymous, and therefore likely to answer more honestly than paper survey respondents. These differences were not the focus of this survey or analysis, but may be interesting to study in the future.

Recommendations

YSS-F

The response rate increased, as did the proportion of web respondents, with the introduction of a monetary incentive for web responses this year. While we do not know how this change in response methodology may have affected the survey results, the increased participation should be celebrated.

- **OHA/AMH should maintain efforts to ensure high levels of participation.**

Race and ethnicity data included in this report were not self-reported, but pulled from the state dataset. Of the 9,506 total surveys sent, race information was missing for 1,981 individuals.

- **OHA/AMH is encouraged to develop methods to gather more complete race and ethnicity data.**

In 2014, caregivers reported significantly increased satisfaction in the social connectedness and participation domains.

- **OHA/AMH should continue to work with the CCOs to maintain high levels of satisfaction in these areas.**

As in previous years, caregivers of older children, especially those ages 18 to 19, were less satisfied than caregivers of younger children.

- **OHA/AMH should examine differences in satisfaction according to age in greater detail. A modified survey targeted to youth age 18–26, known as “transitional age youth,” and their caregivers might provide additional clarity on these issues.**

Caregivers in rural areas continued to report less satisfaction than caregivers in urban areas, although the spread of satisfaction scores was narrower this year.

- **OHA/AMH should continue to work with the CCOs to improve service availability and quality care in rural areas.**

Caregivers of Hispanic youth, the largest minority population in Oregon, were significantly more satisfied in all survey domains except social connectedness.

- **OHA/AMH should continue efforts to increase the availability of culturally competent services and bilingual providers to Oregon’s youth.**

More caregivers than ever before reported that their child was receiving coordinated services from multiple social service agencies, but for the second year in a row satisfaction with this coordination decreased.

- **OHA/AMH should continue to work with their partners to improve the quality of service coordination, while continuing to coordinate services across social service agencies.**

Ninety-five percent of caregivers reported that their child had a primary care provider (doctor, nurse, or other health professional who provided checkups, routine medical care, and advice).

- **OHA/AMH should continue efforts to connect all children with a primary care provider.**

The proportion of caregivers reporting that their child was prescribed psychotropic medications decreased for the second year in a row, to 35%, down from 38%.

- **OHA/AMH is continuing efforts to encourage appropriate prescribing practices and ongoing medication follow-up for children.**

In 2014, there was a slight decrease in reported suspensions and expulsions from school, and 20% of caregivers reported that their child's school attendance had improved after starting mental health treatment. Caregivers also reported fewer arrests and encounters with police after starting mental health treatment.

- **OHA/AMH should encourage care coordination between mental health providers, schools, and juvenile justice.**

Additional assistance is needed for youth who use alcohol or drugs. Among caregivers of adolescent youth ages 14–19, 21% thought their child was using alcohol or drugs; of these, only 40% reported that their child received treatment for an alcohol or drug abuse problem. Among this group, 61% thought that the treatment or other help provided their child with what he or she needed.

- **OHA/AMH should consider additional education and expanded screening related to substance abuse for this population.**

In 2014, the proportion of caregivers who reported that their child was asked about their history of trauma increased from 74% to 76%. More than half of those whose child had a history of trauma (56%) said it was adequately addressed.

- **OHA/AMH should continue efforts to increase trauma screening and provision of trauma-informed care for Oregon's youth.**

YSS

For the fourth year in a row, a significantly larger proportion of young women returned a survey than young men, and a significantly larger proportion of white respondents returned a survey than non-Caucasian respondents.

- **OHA/AMH should examine ways to increase participation by young men and non-Caucasian adolescents.**

As in previous years, when compared to caregivers, youth respondents reported significantly less satisfaction in the access, participation, and cultural sensitivity domains. Historically, more youth reported satisfaction with their treatment outcomes than caregivers, but not in 2014.

- **OHA/AMH should further investigate adolescents' lower satisfaction in the access, participation, and cultural sensitivity domains, and determine steps to increase participant satisfaction in these areas.**

Fewer youth reported seeing a doctor in only an emergency department setting (4%) in 2014 than in previous years. Seventy-three percent of youth reported seeing a doctor in a clinic or office, a slight decrease from 2013.

- **OHA/AMH should continue working with the CCOs to increase regular adolescent wellness visits.**

APPENDIX A: DETAILED DATA TABLES

Tables A-1 and A-2 display YSS-F performance domain scores since 2010. Table A-3 shows 2014 domain scores by region with confidence intervals, Table A-4 shows responses to YSS-F domain questions by region for 2013 and 2014, and Table A-5 shows results for domain questions since 2010.

Note: Table A-2 and Table A-5 report data 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, 2010–2014.					
Domain	2010	2011	2012	2013	2014
Access	72	72	73	75	74
Participation	79	79	81	80	82*
Cultural sensitivity	89	89	90	90	90
Appropriateness	68	69	71	72	72
Treatment outcomes	58	59	61	60	63
Social connectedness	85	85	86	85	88*
Daily functioning	57	59	62	60	62

*Indicates a statistically significant difference ($p < .05$) between 2013 and 2014 scores.

Table A-2. Domain Scores: Outpatient Setting Only, 2010–2014.					
Domain	2010	2011	2012	2013	2014
Access	73	72	73	77	75
Participation	79	79	81	80	82
Cultural sensitivity	89	89	90	90	90
Appropriateness	68	69	71	72	72
Treatment outcomes	58	59	62	61	63
Social connectedness	86	85	87	86	88
Daily functioning	57	59	62	61	62

There were no statistically significant differences between 2013 and 2014.

Table A-3. Domain Scores by Region, with 95% CI, 2014.

Region	Access (CI)	Participation (CI)	Appropriateness (CI)	Cultural Sensitivity (CI)	Outcomes (CI)	Social Connectedness (CI)	Daily Functioning (CI)
Central	70 (63-78)	76 (69-83)*	70 (63-77)	90 (86-95)	67 (59-74)	87 (82-93)	64 (56-72)
Eastern	76 (68-83)	82 (76-89)	70 (62-78)	88 (83-94)	59 (50-67)	80 (73-87)*	57 (49-66)
NW Coast	73 (64-82)	82 (75-90)	66 (56-75)	85 (78-92)	56 (46-66)	92 (86-97)	55 (45-65)
PMA	74 (70-78)	83 (80-86)	75 (71-78)	90 (87-92)	65 (60-69)	88 (86-91)	63 (59-67)
Southern/ South Coast	74 (71-78)	83 (80-86)	71 (67-75)	88 (85-90)	62 (58-66)	88 (85-90)	63 (59-67)
Valley/ Midcoast	75 (72-78)	82 (80-85)	71 (68-74)	91 (89-93)	62 (59-66)	88 (86-90)	62 (59-65)

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

Table A-4. Percent of Survey Respondents who “Agree” or “Strongly Agree” with Survey Item, by Region, 2013–2014.

Item	Central		Eastern		NW Coast		PMA		Southern/ South Coast		Valley/ Midcoast		Aggregate		
	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	
Access to Services															
8	The location of services was convenient.	84	81	92	91	82	85	82	81	81	84	81	83	82	83
9	Services were available at convenient time.	79	76	85	77	77	75	81	78	79	79	82	80	81	79
Participation in Treatment															
2	I helped to choose my child’s services.	69	78	77	80	74	83	79	86*	73	78	78	80	77	81
3	I helped to choose my child’s treatment goals.	68	76	81	80	82	81	82	82	74	81*	77	80	78	81
6	I participated in my child’s treatment.	80	85	88	85	93	87	91	90	90	89	88	90	89	89
Cultural Sensitivity															
12	Staff treated me with respect.	90	90	88	91	93	90	94	92	90	91	92	92	92	91
13	Staff respected my family’s religious/spiritual beliefs.	85	90	86	85	85	84	89	89	83	87	88	90	87	88
14	Staff spoke with me in a way I understood.	90	96*	89	95	93	89	95	94	91	94	94	95	93	94
15	Staff were sensitive to my cultural/ethnic background.	85	90	85	87	81	85	90	88	82	85	87	89	87	87

Table A-4. Percent of Survey Respondents who “Agree” or “Strongly Agree” with Survey Item, by Region, 2013–2014.

Item	Central		Eastern		NW Coast		PMA		Southern/ South Coast		Valley/ Midcoast		Aggregate		
	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	
Appropriateness of Services															
1	I have been satisfied with the services my child receives	71	73	72	74	74	68	82	82	75	77	77	79	78	78
4	The people helping my child stuck with us no matter what.	72	74	67	78	78	73	84	81	73	77	77	78	78	78
5	I felt my child had someone to talk to when he or she was troubled.	67	73	73	72	78	78	81	75*	72	77	78	79	77	77
7	The services my child and/or family received were right for us.	71	69	61	74	74	69	78	76	72	73	73	75	74	74
10	My family got the help we wanted for my child.	64	68	63	69	70	64	73	73	66	70	71	71	70	70
11	My family got as much help as we needed for my child.	52	66*	55	63	59	52	67	66	59	62	63	64	63	64
Treatment Outcomes/Functioning**															
16	My child is better at handling daily life.	60	69	59	63	74	65	67	70	61	68*	65	69	65	69
17	My child gets along better with family members.	65	72	67	70	74	57	68	71	61	66	65	68	66	68

Table A-4. Percent of Survey Respondents who “Agree” or “Strongly Agree” with Survey Item, by Region, 2013–2014.

	Item	Central		Eastern		NW Coast		PMA		Southern/ South Coast		Valley/ Midcoast		Aggregate	
		2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
18	My child gets along better with friends and other people.	62	69	67	65	63	58	68	68	62	70*	64	70*	65	69
19	My child is doing better in school and/or at work.	54	64	63	62	85	57*	63	65	58	63	59	65*	61	64
20	My child is better able to cope when things go wrong.	54	61	49	51	70	55	59	61	53	59	54	60*	56	59
21	My child is better able to do the things he or she wants to do.	58	65	58	62	78	58	65	68	57	66*	63	66	63	66
22	I am more satisfied with our family life.	59	68	64	64	74	58	66	67	60	65	62	65	63	65
Social Connectedness															
23	I know people who will listen and understand me when I need to talk.	79	85	76	79	81	84	84	88	79	85*	83	87	82	86
24	I have people that I am comfortable talking to about private things.	76	84	72	77	96	85	86	86	78	84*	85	87	83	85
25	I have people that I am comfortable talking with about my child's problems.	79	86	78	83	96	84	87	87	83	88	86	87	86	87

Table A-4. Percent of Survey Respondents who “Agree” or “Strongly Agree” with Survey Item, by Region, 2013–2014.

	Item	Central		Eastern		NW Coast		PMA		Southern/ South Coast		Valley/ Midcoast		Aggregate	
		2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
26	I have people with whom I can do enjoyable things.	79	83	77	82	93	91	87	88	84	87	86	88	86	87
27	In a crisis, I would have the support I need from family or friends.	77	85	78	83	89	91	83	82	84	86	83	84	82	85
28	I have more than one friend.	80	85	88	79	93	88	88	87	86	88	83	86	86	86
29	I am happy with the friendships I have.	79	87	84	81	82	90	87	86	84	89	83	87	85	87

*Indicates a statistically significant difference (p<.05) in satisfaction between 2013 and 2014 scores.

** 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-5. Percent of Survey Responders who “Agree” or “Strongly Agree” with Item: Outpatient Setting Only.

	2010	2011	2012	2013	2014
Access to Services					
8 The location of services was convenient.	82	79	82	83	84
9 Services were available at convenient time.	78	79	80	82	79
Participation in Treatment					
2 I helped to choose my child’s services.	76	77	80	78	80
3 I helped to choose my child’s treatment goals.	77	78	80	78	80
6 I participated in my child’s treatment.	88	88	90	89	89
Cultural Sensitivity					
12 Staff treated me with respect.	92	92	92	92	92
13 Staff respected my family’s religious/spiritual beliefs.	87	85	88	88	88
14 Staff spoke with me in a way I understood.	93	94	93	94	94
15 Staff were sensitive to my cultural/ethnic background.	87	86	87	87	87
Appropriateness of Services					
1 I have been satisfied with the services my child receives	74	76	77	79	78
4 The people helping my child stuck with us no matter what.	76	76	76	79	78

Table A-5. Percent of Survey Responders who “Agree” or “Strongly Agree” with Item: Outpatient Setting Only.

		2010	2011	2012	2013	2014
5	I felt my child had someone to talk to when he or she was troubled.	75	75	76	77	77
7	The services my child and/or family received were right for us.	69	71	73	75	74
10	My family got the help we wanted for my child.	66	66	71	71	70
11	My family got as much help as we needed for my child.	58	59	64	64	64
Treatment Outcomes/Functioning*						
16	My child is better at handling daily life.	63	64	67	66	69
17	My child gets along better with family members.	63	64	67	66	68
18	My child gets along better with friends and other people.	65	65	67	66	69
19	My child is doing better in school and/or at work.	58	61	63	61	64
20	My child is better able to cope when things go wrong.	54	56	58	56	60
21	My child is better able to do the things he or she wants to do.	60	63	65	64	66
22	I am more satisfied with our family life.	61	62	66	64	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-5. Percent of Survey Responders who “Agree” or “Strongly Agree” with Item: Outpatient Setting Only.

		2010	2011	2012	2013	2014
Social Connectedness						
23	I know people who will listen and understand me when I need to talk.	82	83	86	83	86
24	I have people that I am comfortable talking to about private things.	82	83	85	84	85
25	I have people that I am comfortable talking with about my child's problems.	85	86	88	86	87
26	I have people with whom I can do enjoyable things.	84	85	86	86	87
27	In a crisis, I would have the support I need from family or friends.	83	83	82	83	85
28	I have more than one friend.	85	85	86	86	86
29	I am happy with the friendships I have.	87	84	85	85	87

APPENDIX B: SURVEY FORMS IN ENGLISH AND SPANISH



**ADDICTIONS AND MENTAL HEALTH DIVISION
YOUTH SERVICES SURVEY FOR FAMILIES**

John A. Kitzhaber, MD, Governor



Study ID: [Survey_ID]

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

Please tell us about the mental health services that your child [FIRST NAME] received between July 1, 2013 and now.

- 1) If your child has not had any publicly funded mental health services since July 1, 2013, or if you believe you have been contacted by mistake, you do not need to complete any part of this survey. To be removed from the mailing list for this year’s survey, please contact us by:
 - Phone: 503-432-2091 in the Portland area, toll-free 1-866-432-8403 outside the Portland area, or
 - Email: amhsurvey@acumentra.org (please include Study ID number from the top of this page), or
 - U.S. Mail: Check the box below and return the survey to us in the enclosed envelope.

My child has not received publicly funded mental health services since July, 2013
- 2) If your child received services from more than one provider since July 1, 2013, 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.

Dear parent or caregiver: 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, 2013. 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; they 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.

YOUTH SERVICES SURVEY FOR FAMILIES

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

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
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
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

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

30. Is your child still receiving mental health services? (If yes, skip to question 32)

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

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
... a Child Welfare worker?	5	4	3	2	1	9	8
... 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"/> g. ...get along better with other children.”
<input type="checkbox"/> b. ...become less anxious or fearful.”	<input type="checkbox"/> h. ...stop or reduce use of drugs or alcohol.”
<input type="checkbox"/> c. ...become more respectful or responsible.”	<input type="checkbox"/> i. ...stop hurting others.”
<input type="checkbox"/> d. ...feel better about himself/herself.”	<input type="checkbox"/> j. ...stop hurting himself or herself.”
<input type="checkbox"/> e. ...do better in school or work.”	<input type="checkbox"/> k. ...start or continue a program of recovery.”
<input type="checkbox"/> f. ...get along better with family.”	

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

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. Would you say that your child's general health is:

- a. Excellent b. Very good c. Good d. Fair e. Poor

38. Does your child have a primary health care provider or other practitioner who provides check-ups, routine medical care and advice?

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

Psychotropic Medications	Yes	No	Don't know
39. Were psychotropic medications prescribed for your child while receiving treatment from his or her current (or most recent) mental health services provider? <i>(If "No," skip to question 40.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39a. If so, do you understand the benefits and side effects of these medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39b. Overall, have these medications helped your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40. 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?

- a. Yes b. No *(If "No," skip to question 43)* c. Uncertain

School Suspensions/Expulsions	Yes	No	Don't know
41a. Was your child suspended from school during the 12 months BEFORE he or she began seeing this provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41b. 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42a. Was your child expelled from school during the 12 months BEFORE he or she began seeing this provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42b. 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

43. 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

44. During the time your child was seeing his or her current (or most recent) mental health service provider did you or your child need assistance as the result of a mental health crisis?

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

44a. If so, did your child's mental health provider assist you with this crisis in a satisfactory manner?

- a. Yes
- b. No
- c. Don't know
- d. Received assistance from another source

45. 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)

Arrests	Yes	No	Don't know
46a. Was your child <i>arrested</i> in the 12 months <i>BEFORE</i> starting treatment with this provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46b. Was your child <i>arrested</i> in the first 12 months (or less) <i>AFTER</i> starting treatment with this provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Alcohol/Drugs	Yes	No	Uncertain
47a. Do you believe that your child either has used or now uses alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47b. If yes, has your child received treatment or other help for an alcohol or drug use problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47c. If yes, did the treatment or other help provide what he or she needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

48a. 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

48b. If your child has experienced serious trauma, were problems related to this trauma adequately addressed during treatment?

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

49. 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

50. What is your child’s ethnicity? (Please check one)

<input type="checkbox"/> a. Hispanic or Latino	<input type="checkbox"/> c. Declined to Answer
<input type="checkbox"/> b. Not Hispanic or Latino	<input type="checkbox"/> d. Unknown

51. What is your child’s race? (Please check all that apply)

<input type="checkbox"/> a. American Indian or Alaskan Native	<input type="checkbox"/> e. White
<input type="checkbox"/> b. Asian	<input type="checkbox"/> f. Declined to Answer
<input type="checkbox"/> c. Black or African American	<input type="checkbox"/> g. Unknown
<input type="checkbox"/> d. Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> h. Other

52. If you checked more than one race above, which one of the following is your child’s primary race identity? (Please check one)

<input type="checkbox"/> a. American Indian or Alaskan Native	<input type="checkbox"/> f. No primary race identity
<input type="checkbox"/> b. Asian	<input type="checkbox"/> g. Declined to Answer
<input type="checkbox"/> c. Black or African American	<input type="checkbox"/> h. Unknown
<input type="checkbox"/> d. Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> i. Other
<input type="checkbox"/> e. White	

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



Study ID: [Survey ID]

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

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, 2013. 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, 2013 and now. If you received mental health services from more than one provider since July 2013, 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 1-12 list various service satisfaction statements.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
13. Staff respected my family's religious/spiritual beliefs.	5	4	3	2	1	9
14. Staff spoke with me in a way that I understood.	5	4	3	2	1	9
15. Staff was sensitive to my cultural/ethnic background.	5	4	3	2	1	9
AS A DIRECT RESULT OF SERVICES I RECEIVED:						
16. I am better at handling daily life.	5	4	3	2	1	9
17. I get along better with family members.	5	4	3	2	1	9
18. I get along better with friends and other people.	5	4	3	2	1	9
19. I am doing better in school and/or work.	5	4	3	2	1	9
20. I am better able to cope when things go wrong.	5	4	3	2	1	9
21. I am satisfied with my family life right now.	5	4	3	2	1	9

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 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 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. **What is your ethnicity?** (*Please check one*)

<input type="checkbox"/> a. Hispanic or Latino	<input type="checkbox"/> c. Declined to Answer
<input type="checkbox"/> b. Not Hispanic or Latino	<input type="checkbox"/> d. Unknown

34. **What is your race?** (*Please check all that apply*)

<input type="checkbox"/> a. American Indian or Alaskan Native	<input type="checkbox"/> e. White
<input type="checkbox"/> b. Asian	<input type="checkbox"/> f. Declined to Answer
<input type="checkbox"/> c. Black or African American	<input type="checkbox"/> g. Unknown
<input type="checkbox"/> d. Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> h. Other

35. **If you checked more than one race above, which one of the following is your primary race identity?** (*Please check one*)

<input type="checkbox"/> a. American Indian or Alaskan Native	<input type="checkbox"/> f. No primary race identity
<input type="checkbox"/> b. Asian	<input type="checkbox"/> g. Declined to Answer
<input type="checkbox"/> c. Black or African American	<input type="checkbox"/> h. Unknown
<input type="checkbox"/> d. Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> i. Other
<input type="checkbox"/> e. White	

36. **Gender:** Male Female

37. **Birth Date:** _____

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



N° de identificación del estudio: [Survey_ID]

Para completar esta encuesta en Internet, vaya a: <https://info.acumentra.org/YSpanish/>
Ingresar contraseña: [password]

Háblenos sobre los servicios de salud mental que su hijo, [FIRST NAME], recibió desde el 1° de julio de 2013 hasta la fecha.

- 1) Si su hijo no recibió ningún servicio de salud mental financiado con fondos públicos desde el 1° de julio de 2013, o si cree que nos pusimos en contacto con usted por error, no tiene que completar esta encuesta. Para que lo borremos de la lista para la encuesta de este año, comuníquese con nosotros de la siguiente manera:
- Por teléfono: llámenos al 503-432-2091 en el área de Portland, sin cargo al 1-866-432-8403 desde fuera del área de Portland, o
 - Por correo electrónico: escríbanos a amhsurvey@acumentra.org (por favor incluya el número de identificación del Estudio que aparece en la página siguiente).
 - Por correo: marque la casilla siguiente y envíenos la encuesta en el sobre adjunto con franqueo pagado.
- Mi hijo no recibió servicios de salud mental financiados con fondos públicos desde julio de 2013.**

- 2) Si su hijo recibió servicios de más de un proveedor desde julio de 2013, califique solamente al proveedor **actual** de **servicios de salud mental** de su hijo. Si su hijo ya no recibe servicios, califique solamente al **último** proveedor de **servicios de salud mental** de su hijo.

Estimado padre o tutor: Estamos enviando esta encuesta a los padres o cuidadores de los miles de niños que recibieron servicios de salud mental financiados con fondos públicos en Oregón el 1° de julio de 2013 o después. Como enviamos la misma encuesta a todos, algunas preguntas pueden no ser aplicables para la situación de su hijo. Algunas preguntas mencionan el uso de drogas o alcohol, problemas educativos o problemas legales. Estos temas se incluyen porque muchas familias piden ayuda para este tipo de problemas, y queremos determinar si estamos haciendo lo necesario para satisfacer las necesidades de las familias. Si alguna pregunta no le parece apropiada, no tiene que responderla.

ENCUESTA PARA FAMILIAS SOBRE SERVICIOS JUVENILES

Indique si está completamente de acuerdo, de acuerdo, no sabe, está en desacuerdo o completamente en desacuerdo con cada una de las siguientes afirmaciones, 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, incluso las decisiones sobre el 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

	Completamente de acuerdo	De acuerdo	No sabe	En desacuerdo	Completamente en desacuerdo
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 ayuda a mi hijo estuvo siempre a nuestro lado, sin excepciones.	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
6. Participé en el tratamiento de mi hijo.	5	4	3	2	1
7. Los servicios que recibió mi hijo o mi familia fueron adecuados.	5	4	3	2	1
8. El lugar donde recibíamos los servicios era conveniente.	5	4	3	2	1
9. Los servicios estaban disponibles en horarios convenientes.	5	4	3	2	1
10. Mi familia recibió la ayuda que queríamos para mi hijo.	5	4	3	2	1
11. Mi familia recibió toda la ayuda que necesitábamos para mi hijo.	5	4	3	2	1
12. El personal me trató con respeto.	5	4	3	2	1
13. El personal respetó las creencias religiosas y espirituales de mi familia.	5	4	3	2	1
14. El personal habló conmigo en una manera que pude entender.	5	4	3	2	1
15. El personal respetó mis antecedentes culturales y étnicos.	5	4	3	2	1
COMO RESULTADO DIRECTO DE LOS SERVICIOS DE SALUD MENTAL QUE RECIBÍ MI HIJO:					
16. Mi hijo maneja 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 puede reaccionar mejor cuando las cosas salen mal.	5	4	3	2	1
21. Mi hijo es más capaz de hacer las cosas que quiere hacer.	5	4	3	2	1
22. Estoy más satisfecho con nuestra vida familiar.	5	4	3	2	1

	Completamente de acuerdo	De acuerdo	No sabe	En desacuerdo	Completamente en desacuerdo
ADEMÁS DE LOS PROVEEDORES DE SERVICIOS DE SALUD MENTAL DE MI HIJO...					
	Completamente de acuerdo	De acuerdo	No sabe	En desacuerdo	Completamente en desacuerdo
23. Conozco personas que pueden escucharme y comprenderme cuando necesito platicar.	5	4	3	2	1
24. Conozco personas con quienes puedo platicar sobre cosas personales.	5	4	3	2	1
25. Conozco personas con quienes puedo platicar sobre los problemas de mi hijo.	5	4	3	2	1
26. Conozco personas con quienes puedo hacer cosas agradables.	5	4	3	2	1
27. En una crisis, tendría el apoyo que necesito de 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. ¿Sigue su hijo recibiendo servicios de salud mental?

(Si respondió sí, pase a la pregunta 32) a. Sí b. No c. No sé

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 de transporte, de falta de dinero para pagarlo, de falta de tiempo para realizarlo u otras cuestiones <i>no relacionadas con la efectividad del tratamiento.</i>
<input type="checkbox"/> b. Mi hijo dejó de tratarse con este proveedor porque los resultados del tratamiento no eran tan buenos como esperábamos.	<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 sé
a. ...otro proveedor de servicios de salud mental?	1	0	9
b. ...un trabajador(a) de Bienestar de Niños?	1	0	9
c. ...un oficial de libertad condicional de la Autoridad Juvenil de Oregón (OYA)?	1	0	9
d. ...el Departamento de Justicia de Menores local?	1	0	9
e. ...un maestro de educación especial?	1	0	9
f. ...un trabajador de Discapacidades del Desarrollo?	1	0	9
g. ...un proveedor de tratamiento 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, indique su grado de satisfacción con la *buena predisposición y capacidad* del proveedor actual (o último) de servicios de salud mental de su hijo para trabajar *junto con ...*

	Muy satisfecho	Satisfecho	Algo satisfecho	Insatisfecho	Muy insatisfecho	Mi hijo <u>no</u> <u>necesitó o no</u> <u>recibió</u> estos servicios	Mi hijo <u>necesitaba</u> <u>pero no recibió</u> estos servicios
... otro proveedor de servicios de salud mental?	5	4	3	2	1	9	8
... Bienestar de Niños?	5	4	3	2	1	9	8
... la Autoridad Juvenil de Oregón?	5	4	3	2	1	9	8
... la Justicia de Menores?	5	4	3	2	1	9	8
... educación especial?	5	4	3	2	1	9	8
... Discapacidades del Desarrollo?	5	4	3	2	1	9	8
... un proveedor de tratamiento 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 ocurriera 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"/> g. ...se llevara mejor con otros niños”
<input type="checkbox"/> b. ...tuviera menos ansiedad o temor”	<input type="checkbox"/> h. ...dejara de usar o usara menos drogas o alcohol”
<input type="checkbox"/> c. ...fuera más respetuoso o responsable”	<input type="checkbox"/> i. ...dejara de lastimar a otros”
<input type="checkbox"/> d. ...se sintiera mejor consigo mismo”	<input type="checkbox"/> j. ...dejara de lastimarse a sí mismo”
<input type="checkbox"/> e. ... anduviera mejor en la escuela o el trabajo”	<input type="checkbox"/> k. ...comenzara o siguiera participando en un programa de recuperación”
<input type="checkbox"/> f. ...se llevara mejor con la familia”	

35. ¿Qué *ha ocurrido 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"/> g. ...se lleva mejor con otros niños”
<input type="checkbox"/> b. ...tiene menos ansiedad o temor”	<input type="checkbox"/> h. ...dejó de usar o usa menos drogas o alcohol”
<input type="checkbox"/> c. ...es más respetuoso o responsable”	<input type="checkbox"/> i. ...dejó de lastimar a otros”
<input type="checkbox"/> d. ...se siente mejor consigo mismo”	<input type="checkbox"/> j. ...dejó de lastimarse a sí mismo”

<input type="checkbox"/> e. ...anda mejor en la escuela o el trabajo”	<input type="checkbox"/> k. ...comenzó o sigue participando en un programa de recuperación”
<input type="checkbox"/> f. ...se lleva mejor con la familia”	

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. Diría usted que la salud general de su hijo es:

- a. Excelente b. Muy buena c. Buena d. Regular e. Mala

38. ¿Tiene su hijo un proveedor primario de atención de la salud u otro profesional de la salud que se ocupe de sus chequeos, atención médica de rutina y asesoramiento?

- a. Sí b. No c. No sé

Medicamentos psicotrópicos	Sí	No	No sé
39. ¿Le recetaron medicamentos psicotrópicos a su hijo mientras recibía tratamiento de su actual (o último) proveedor de servicios de salud mental? (Si contesta “No”, pase a la pregunta 40.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39a. De ser así, ¿entiende usted los beneficios y efectos secundarios de estos medicamentos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39b. En general, ¿ayudaron estos medicamentos a su hijo?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40. Mientras su hijo recibía servicios de su actual (o último) proveedor de servicios de salud mental ¿asistió a una escuela pública o privada?

- a. Sí b. No (si contesta “No,” pase a la pregunta 43) c. No estoy seguro

Suspensiones / expulsiones de la escuela	Sí	No	No sé
41a. ¿ <u>Suspendieron</u> a su hijo de la escuela durante los 12 meses <i>ANTERIORES</i> a que empezara a ver a este proveedor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41b. ¿ <u>Suspendieron</u> a su hijo de la escuela durante los primeros 12 meses (o menos) <i>DESPUÉS</i> de que comenzara a ver a su actual (o último) proveedor de servicios de salud mental?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42a. ¿ <u>Expulsaron</u> a su hijo de la escuela durante los 12 meses <i>ANTERIORES</i> a que empezara a ver a este proveedor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42b. ¿ <u>Expulsaron</u> a su hijo de la escuela durante los primeros 12 meses (o menos) <i>DESPUÉS</i> de que comenzara a ver a su actual (o último) proveedor de servicios de salud mental?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

43. Desde que mi hijo comenzó a recibir servicios de salud mental de este proveedor, el número de días que mi hijo estuvo en la escuela es... (marque una)

- a. Mayor que antes
- b. Aproximadamente igual que antes
- c. Menor que antes
- d. No corresponde (*marque por qué la pregunta no corresponde*)
 - i. Mi hijo no tenía problemas de asistencia antes de comenzar a recibir servicios.
 - ii. Mi hijo aún no tiene edad para ir a la escuela.
 - iii. Mi hijo fue expulsado de la escuela.
 - iv. Mi hijo recibe educación en casa.
 - v. Mi hijo dejó la escuela.
 - vi. Otra.

44. Durante el tiempo que su hijo estaba viendo a su actual (o último) proveedor de servicios de salud mental, usted o su hijo ¿necesitaron ayuda debido a una crisis de salud mental?

- a. Sí
- b. No
- c. No sé

44a. Si respondió que sí, el proveedor de salud mental de su hijo ¿los ayudó con la crisis en forma satisfactoria?

- a. Sí
- b. No
- c. No sé
- d. Recibió ayuda de otra fuente

45. 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 para crisis. Desde que su hijo comenzó a recibir servicios de salud mental de este proveedor, el número de sus encuentros con la policía:

- a. Disminuyó (tuvo menos)
- b. Aumentó (tuvo más)
- c. Se mantuvo igual
- d. No corresponde (no tuvo encuentros con la policía)

Arrestos	Sí	No	No sé
46a. ¿ <u>Arrestaron</u> a su hijo en los 12 meses <i>ANTERIORES</i> a comenzar el tratamiento con este proveedor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46b. ¿ <u>Arrestaron</u> a su hijo en los 12 meses (o menos) <i>DESPUÉS</i> de comenzar el tratamiento con este proveedor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Alcohol / Drogas	Sí	No	No sé
47a. ¿Cree usted que su hijo ha usado alcohol o drogas o los usa en la actualidad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47b. Si respondió sí, ¿recibió su hijo tratamiento u otra ayuda por un problema de uso de alcohol o drogas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47c. Si respondió sí, el tratamiento o la otra ayuda, ¿cubrió sus necesidades?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

48a. Cuando su hijo comenzó a ver a su actual (o último) proveedor de servicios de salud mental, ¿le preguntó el proveedor sobre posibles antecedentes traumáticos de su hijo (situaciones gravemente estresantes 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 estoy seguro

48b. ¿Si su hijo ha experimentado traumas graves, ¿se trataron adecuadamente los problemas relacionados con este trauma durante su tratamiento?

- a. Sí b. No c. No estoy seguro d. No tuvo traumas

49. 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)?

- Número de veces: _____ o No sé

50. ¿Cuál es la etnia de su hijo? (marque una)

<input type="checkbox"/> a. Hispano o latino	<input type="checkbox"/> c. Se negó a responder
<input type="checkbox"/> b. Ni hispano ni latino	<input type="checkbox"/> d. No sabe

51. ¿Cuál es la raza de su hijo? (marque todas las que correspondan)

<input type="checkbox"/> a. Indígena americano o nativo de Alaska	<input type="checkbox"/> e. Blanco
<input type="checkbox"/> b. Asiático	<input type="checkbox"/> f. Se negó a responder
<input type="checkbox"/> c. Negro o afroamericano	<input type="checkbox"/> g. No sabe
<input type="checkbox"/> d. Nativo de Hawái o de otra isla del Pacífico	<input type="checkbox"/> h. Otra

52. Si marcó más de una raza arriba, ¿cuál de las siguientes es la identidad racial primaria de su hijo? (marque una)

<input type="checkbox"/> a. Indígena americano o nativo de Alaska	<input type="checkbox"/> f. Sin identidad racial primaria
<input type="checkbox"/> b. Asiático	<input type="checkbox"/> g. Se negó a responder
<input type="checkbox"/> c. Negro o afroamericano	<input type="checkbox"/> h. No sabe
<input type="checkbox"/> d. Nativo de Hawái o de otra isla del Pacífico	<input type="checkbox"/> i. Otra
<input type="checkbox"/> e. Blanco	

Muchas gracias por su tiempo y su ayuda para llenar este cuestionario.



Para llenar esta encuesta en línea, visita: <https://info.acumentra.org/YSSSpanish/>

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 2013. *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 2013 y el presente**. Si recibiste servicios de salud mental de parte de más de un proveedor desde julio de 2013, **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

	Totalmente de acuerdo	De acuerdo	Neutral	En desacuerdo	Totalmente en desacuerdo	No corresponde
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 (describa):
<input type="checkbox"/> g. Hogar comunitario	

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

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

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

- a. Sí b. No

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

- a. Sí b. No

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

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

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

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

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

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

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

33. **¿Cuál es su etnia? (marque una)**

<input type="checkbox"/> a. Hispano o latino	<input type="checkbox"/> c. Se negó a responder
<input type="checkbox"/> b. Ni hispano ni latino	<input type="checkbox"/> d. No sabe

34. **¿Cuál es su raza? (marque todas los que correspondan)**

<input type="checkbox"/> a. Indígena americano o nativo de Alaska	<input type="checkbox"/> e. Blanco
<input type="checkbox"/> b. Asiático	<input type="checkbox"/> f. Se negó a responder
<input type="checkbox"/> c. Negro o afroamericano	<input type="checkbox"/> g. No sabe
<input type="checkbox"/> d. Nativo de Hawái o de otra isla del Pacífico	<input type="checkbox"/> h. Otra

35. **Si marcó más de una raza arriba, ¿cuál de las siguientes considera usted que es su identidad racial primaria? (marque una)**

<input type="checkbox"/> a. Indígena americano o nativo de Alaska	<input type="checkbox"/> f. Sin identidad racial primaria
<input type="checkbox"/> b. Asiático	<input type="checkbox"/> g. Se negó a responder
<input type="checkbox"/> c. Negro o afroamericano	<input type="checkbox"/> h. No sabe
<input type="checkbox"/> d. Nativo de Hawái o de otra isla del Pacífico	<input type="checkbox"/> i. Otra:
<input type="checkbox"/> e. Blanco	

36. **Género:** ___ Hombre ___ Mujer

37. **Fecha de nacimiento:** _____

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