



**2015 Oregon Mental Health  
Statistics Improvement Program  
Survey for Adults – Outpatient and  
Residential**

**Oregon Health Authority, Health Systems  
Division**

**January 2016**

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**Presented by**

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# **2015 Oregon Mental Health Statistics Improvement Program Survey for Adults – Outpatient and Residential**

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Presented to the Oregon Health Authority,  
Health Systems Division

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## EXECUTIVE SUMMARY

The Health Systems Division (HSD) of the Oregon Health Authority (OHA) annually surveys adults enrolled in the Oregon Health Plan (OHP) who have received mental health services. Aumentra Health contracted with OHA to distribute, process, and analyze the two surveys: one for adults who had received outpatient services through OHP managed care, and the other for adults in residential treatment or foster care with Medicaid fee-for-service (FFS).

The surveys are based on the national Mental Health Statistics Improvement Program (MHSIP) survey instrument. While both surveys preserved basic MHSIP questions about enrollee satisfaction, HSD added questions to both surveys to ascertain the living circumstances of each group. The separate surveys gathered important information about consumer satisfaction and the provision of services, and compared those across different settings in the community.

The survey results provide HSD with data to assess enrollees' perceptions of mental health services delivered in outpatient, residential, and adult foster care settings and the impact of those services on their lives. The survey can be a tool for quality improvement. Survey questions probed issues related to services within seven domains as defined by the MHSIP:

- **General Satisfaction:** whether the client would get services at the provider agency again or recommend the agency to a friend or family member
- **Access to Services:** service location, frequency and availability of appointments, and responsiveness of staff
- **Service Quality:** staff sensitivity to client culture, empowerment, consumer-run programs, belief in client's recovery, and client education about rights and medications
- **Daily Functioning:** ability to take care of needs, reduction in symptoms, and participation in meaningful activities
- **Social Connectedness:** friendships, belonging, and social supports
- **Treatment Participation:** client's participation in determining treatment goals and comfort in asking questions
- **Treatment Outcomes:** client's ability to deal with problems and crises, control life, relationships with family, functioning in social situations and school or work, housing, and reduction in symptoms

Both surveys contained additional questions about employment status and income sources, primary care and overall health, problems with alcohol and drugs, trauma history, and respondents' expectations for treatment and the actual results of treatment. The outpatient survey also included items about current residence; arrest history; provider coordination efforts; and provider assistance with housing, job search, and mental health crises. The residential survey contained questions about services received and progress made while in residential treatment, and about respondents' perception of their readiness for more independent living.

Importantly, results presented here reflect the survey sample rather than the whole population. Changes or differences in survey scores can merely represent changes or differences in the sample, rather than in the population of interest. To detect changes in population results or differences in different populations' results, Acentra Health performed statistical tests, usually chi-square tests of proportions. If significant results were found, they are noted in each table.

### **Coordinated Care Organizations (CCOs)**

Oregon's 16 CCOs manage physical, behavioral, and dental health services for OHP members. Per Oregon's Medicaid demonstration waiver, Oregon must conduct statewide standardized surveys of patients' experience of care (satisfaction) and allow for plan-to-plan comparisons.

OHA will use the outpatient and residential survey findings to help guide its ongoing efforts to improve the quality of state-funded mental health services and supports for members. For the first time this year, Acentra Health analyzed survey results by CCO. CCOs should use information from all satisfaction surveys (these surveys, as well as Consumer Assessment of Healthcare Providers and Systems [CAHPS], etc.) when assessing the quality and appropriateness of care provided, and incorporate this information into their ongoing care integration efforts.

### **Survey Results**

Acentra Health mailed the surveys to 10,891 adults who had received mental health services during January–December 2014, including 9,231 adults receiving outpatient services and 1,660 adults in either residential or foster care.

A total of 2,039 adults returned surveys, for a response rate of 18.7%. This is lower than the 2014 response rate of 24.1%. The response rates for both the outpatient and residential surveys decreased this year.

The majority of respondents (84.5%) received outpatient services, while 7.8% were in residential treatment, and 7.7% were in foster care.

### Highlights of combined survey results

- From 2014 to 2015, percentages of satisfied respondents decreased in most domains, but these changes were not statistically significant.
- Similar to previous years, outpatient respondents were less satisfied in all but one domain compared to residential respondents. Differences were especially notable in treatment outcomes, daily functioning, and social connectedness. A greater percentage of outpatient respondents were satisfied in participation.
- Respondents in foster care had the highest percentages of satisfied respondents in five of the seven domains, while psychiatric residential respondents had the highest percentages satisfied in the other two domains (treatment outcomes and daily functioning).

### Outpatient survey results

#### *Responses by demographics*

- Unlike in previous years, respondents ages 65 and older did not have the highest percentage of satisfaction in the majority of domains. This group did have the highest response rate (27%) when compared to other groups, which is similar to previous years.
- The 18–25 age group had the lowest response rate (12%). This group, which previously had the lowest proportions of satisfaction in most domains, had slightly higher percentages of satisfied respondents in participation compared to the 26–64 and 65-and-over groups.
- As in previous years, urban respondents were more satisfied than rural residents in six domains. However, differences were statistically significant only in participation in treatment.
- Female respondents had a significantly higher response rate than males. In comparing percentages satisfied in each domain, more female respondents were satisfied in most domains; however, these differences were not statistically significant.
- For the first time in 2015, race and ethnicity information were self-reported.

- Compared to other racial groups, white respondents had the greatest proportion of satisfaction in all domains.
- As in previous years, a greater percentage of Hispanic respondents were satisfied in all domains, with significant differences in six domains.

### ***Responses by survey language***

- For the first time this year, results were analyzed by survey language (English and Spanish). Spanish-language survey respondents had greater proportions of satisfaction across domains, with significantly more in access.

### ***Treatment expectations compared to actual results***

- The most frequently reported expectations for mental health services were “feel better about myself” (75%) and “become less anxious or fearful” (75%). Sixty-two percent of respondents reported they had actually met these expectations.
- Only 14% of respondents expected to stop or reduce the use of drugs or alcohol, but 72% reported they had done so as a result of mental health services. This is a slight decrease from the 74% who reported reducing or stopping drug or alcohol use in 2014.
- Doing better in work or school had the lowest percentage of individuals reporting they achieved that result (53%).

### ***Benefits/side effects of psychiatric medication***

- The percentage of respondents whose mental health provider talked to them about the benefits/side effects of psychiatric medications decreased from 51% in 2014 to 43% in 2015.

### ***Coordination between mental health provider and other service providers***

- As in 2014, respondents were most satisfied with the mental health provider’s collaboration with physical health providers (81%), hospitals (79%), and other mental health providers (77%).

- Respondents were least satisfied with collaboration between the mental health provider and employment services (62%), the same area where the most respondents (23%) said they needed but did not receive this service.

### *Housing*

- The percentage of respondents reporting a need for housing or better housing decreased from 40% to 30% this year.
- There was a notable decrease in those receiving assistance from their service provider or other community mental health program for housing: from 39% in 2014 to 14% in 2015.
- Among those who were offered assistance, 49% found housing or better housing, which was also a notable decrease from the 70% in 2014.

### *Employment and income sources*

- Twenty-nine percent of respondents in 2015 wanted/needed a job or a better job, which was a notable decrease from the 46% in 2014.
- The earned employment category had a marked increase from last year: 396 respondents in 2015 (23%) vs. 141 in 2014 (12%).
- As in 2014, the number of respondents receiving Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) decreased. SSI especially had a large decrease: from 42% in 2014 to 27% in 2015.

### *Alcohol and drug use*

- Of the individuals who responded that they had a problem with alcohol or drugs, 84% reported they had received the help they wanted/needed, which was an increase from 79% in 2014.
- Physical health providers asked about alcohol or other drug use more often in 2015 (48%) than in 2014 (44%). The increase in physical health providers asking about the use of substances and the required referral to treatment (noted above) may be attributable to an increased focus on the CCO incentive measure of screening for alcohol or other substance misuse (Screening, Brief Intervention, Referral to Treatment [SBIRT]).

## Residential and foster care survey results

The adult residential and foster care survey maintains the basic MHSIP questions presented on the adult outpatient survey and includes additional questions related to both the services received in residential treatment and the individuals' readiness to transition to more independent settings.

### *Response rate*

Acumentra Health mailed 1,660 residential surveys to valid addresses and received 316 responses for a response rate of 19.0%, which is lower than the 2014 response rate of 28.6%.

- The majority of individuals responded by mail. The proportion of online respondents has decreased since 2013 when it was first offered online.
- Greater proportions of online respondents were satisfied in most domains compared to those who responded by mail this year.

### *Treatment expectations*

- The most commonly reported expectations for treatment were to “feel better about myself” (68%), followed by “become happier” (64%) and “become less anxious or fearful” (64%). These findings are consistent with treatment expectations in previous years.
- Of those who expected to feel better about themselves, 77% said they did feel better about themselves as a result of receiving services. The highest percentages for results were 84% for “stop hurting myself,” and the lowest was 56% for “doing better in work and school,” a decrease from 2014.

### *Areas of progress in residential treatment*

- The percentage of respondents indicating that they had made progress in mental health increased from 58% in 2014 to 68% in 2015. Increases were seen across most other categories as well, including physical health and activities of daily living.

### *Service coordination*

- Most respondents were satisfied with collaboration between mental health and physical health providers (91%), other mental health providers (89%), and with drug/alcohol treatment (80%).
- Satisfaction was lowest for collaboration between the mental health provider and employment services (74%), but still notably higher than the level of satisfaction reported in 2014 (65%). Fifteen percent of respondents again reported that they needed but did not receive employment services.

### *Alcohol and drug use*

- Of those who responded that they had a problem with drugs, 23 (85%) said they had received help for the problem.
- Physical health providers asked about alcohol or other drug use more often in 2015 (31%) than in 2014 (29%). The increase in physical health providers asking about the use of substances and the required referral to treatment (noted above) may be attributed to an increased focus on the SBIRT incentive measure for CCOs.

### *Encounters with police*

- The percentage of residential respondents who had encounters with the police decreased: 77% reported they had no encounters with police in 2015, vs. 71% in 2014.

### *Trauma treatment*

- There was a slight increase in the percentage of residential respondents whose providers asked them about trauma history (50% in 2015 vs. 48% in 2014), and an increase in those who thought it was adequately addressed in treatment (73% in 2015 vs. 68% in 2014).

## METHODOLOGY

The 2015 surveys collected data concerning enrollees' perception of their experiences with mental health services delivered in outpatient, residential, and adult foster care settings and the impact of those services on their lives.

### Survey Respondent Population

HSD classified adults in the survey population according to the setting in which the respondent received mental health services.

- The **Outpatient Treatment** group includes respondents who received mental health services only in an outpatient setting, including primary care settings.
- The **Residential Treatment** group consisted of respondents who received at least one day of treatment services in a residential setting.
- The **Adult Foster Care Treatment** group consisted of respondents who received at least one day of mental health services in an adult foster care facility, but who received no residential treatment services. This population received the same survey as the residential treatment group, and was combined with the residential treatment group for analysis purposes.

HSD provided Acentra Health with a random sample of 9,231 adult Medicaid enrollees who had received mental health outpatient services during the previous year, January–December 2014. Note: this is a change from previous years in which the survey timeframe was July–December (six months) of the previous year.

The outpatient group included a random sample of enrollees receiving outpatient care, including care provided in a primary care setting, plus a supplemental group of enrollees whose race was indicated as non-white, and enrollees whose ethnicity was indicated as Hispanic.

The residential survey population included 1,660 FFS adults receiving services in foster care (701) or residential treatment facilities (959).

HSD identified all enrollees in the survey population using claims and encounter data from the Medical Assistance Programs (MAP). Enrollees who were 18 years of age or older when they received a mental health service were eligible for inclusion in the survey sample.

## Survey Questionnaire

Acumentra Health used the MHSIP Consumer Survey with supplemental questions added by the HSD for the outpatient and residential surveys.<sup>1</sup> The National Association of State Mental Health Program Directors has endorsed Version 1.2 (the version HSD adapted) of the survey. The survey presents 37 questions with possible responses arrayed on a five-point Likert scale that ranges from “Strongly Agree” (5) to “Strongly Disagree” (1).

This survey is one of the performance measurement tools comprising the MHSIP Quality Report, used to assess and report on the quality and efficiency of mental health services.<sup>2</sup> The main purpose of the survey is to understand enrollees’ perception of their experiences with mental health services. The information is used to improve the quality of that care. HSD surveyed OHP enrollees on topics in seven performance domains: General Satisfaction, Access to Services, Service Quality, Daily Functioning, Social Connectedness, Treatment Participation, and Treatment Outcomes.

As shown in Appendix A, each domain has corresponding survey items that collectively gauge respondents’ perceptions in that domain.

HSD expanded the outpatient survey by adding questions on:

- treatment status
- assistance by mental health providers with obtaining housing and employment
- assistance by mental health providers during mental health crises
- treatment expectations and actual outcomes
- current and recent residence
- arrest histories before and after treatment
- current employment status
- current income sources
- whether the members had primary care providers
- whether their doctors or mental health care providers discussed certain health topics with them, including weight loss and smoking

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<sup>1</sup> MHSIP is supported by the Center for Mental Health Services, an agency within the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services.

<sup>2</sup> Ganju V, Smith ME, Adams N, et al. *The MHSIP Quality Report: The Next Generation of Mental Health Performance Measures*. Rockville, MD: Center for Mental Health Services, Mental Health Statistics Improvement Program, 2005.

- general health
- alcohol and recreational drug use
- trauma screening
- service coordination

HSD included similar additional questions in the residential survey:

- treatment expectations and actual results
- current employment status
- current income source
- whether the respondents had primary care providers
- whether their doctors or mental health care providers discussed certain health topics with them, including weight loss and smoking
- general health
- reasons for living in a residential facility
- types of services received
- progress made while living there
- readiness for more independent living
- service coordination (communication between different service providers who have a shared client)
- problems with alcohol or drugs
- arrest history
- trauma screening

Appendix C presents English and Spanish versions of the surveys.

## Survey Mailings

On April 20, 2015, Acumentra Health mailed introductory letters to the potential participants in outpatient treatment, informing them of the upcoming survey. These letters also contained instructions for members to complete the survey online, including the web address and individual password. On April 30, 2015, Acumentra Health mailed similar introductory letters to the potential participants in residential

treatment and foster care; subsequent letters also included instructions for completing the survey online.

Each enrollee received a letter and the subsequent survey in English or Spanish, depending on the language preference identified in the MAP enrollment data file. Some enrollees opted out of the survey or did not have identifiable addresses, and some opted to complete the survey online. Acumentra Health removed enrollees from the subsequent mailing lists who opted out of the survey, had incorrect or outdated addresses, or completed the survey online.

The first outpatient survey was mailed on June 10, 2015. After Acumentra Health filtered out incorrect addresses and respondents who had returned the survey, a second mailing went out to non-respondents July 20, 2015. The first residential survey was mailed on May 27, 2015; a second survey was sent to non-respondents on July 6, 2015.

All survey responses are confidential. See Appendix B for a description of Acumentra Health’s data security and quality assurance procedures.

## Domain Scoring Analysis

Computation of domain scores followed a methodology established for the MHSIP Consumer Survey, with higher scores representing more positive perceptions (e.g., 4 = “Agree” and 5 = “Strongly Agree”). There were no reverse-scored items in the survey. In this report, the term “domain score” is used in two different ways. First, the domain score represents the average score on a set of questions. Second, the domain score represents the percentage of respondents who reported an average positive value for that domain.

A domain score greater than 3.5 indicated that the respondent positively perceived the services offered in that domain. For example, the General Satisfaction domain contains three items:

- “I like the services that I received here.”
- “If I had other choices, I would still get services from this agency.”
- “I would recommend this agency to a friend or family member.”

If a respondent scored these items 3, 4, and 5, respectively, the average score would be  $(3+4+5)/3 = 4$ . Since 4 is greater than 3.5, this respondent would be considered as positively perceiving the services in that domain. **Therefore, the domain score is the percentage of respondents who reported an average positive value (>3.5) for that domain.**

The domain score calculation sets a relatively high threshold for characterizing positivity of enrollee responses. A respondent scoring just one domain item with a “1” (Strongly Disagree) or a “2” (“Disagree”) can reduce the domain score to 3.5 or less. For example, in the Access domain, which contains two questions, a response of 4 (positive) to one question and of 2 (negative) to the other question results in a domain score of  $6/2$ , or 3. A domain score of 3 is less than 3.5, so would be considered negatively perceiving the services in this domain.

Acumentra Health excluded from the analysis of a domain any survey responses lacking scores for more than one-third of the items for that domain. For example, a respondent would have to provide responses to at least two of the three items in the General Satisfaction domain to have his or her responses included in the data for that domain.<sup>3</sup> Acumentra Health’s analyst used univariate analyses to describe demographic variables and other frequencies; cross-tabulations to examine the relationship between different variables; and chi-square analyses to compute statistical differences.<sup>4</sup>

NOTE: It is important to remember that the domain scores reported here are sample scores and not the true population score. Changes or differences in domain scores can merely represent sample score differences, without any actual change in the true domain score for 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. If significant results were found, they are noted in each table.

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<sup>3</sup> Because of the method used to calculate the domain score, comparing a domain score with the aggregate scores for individual items within a domain can be misleading. As noted above, the domain score calculation excludes individual items to which the responder did not respond. However, responses to individual items in each domain are counted in the aggregate score for the individual item (but not in the domain score).

<sup>4</sup> In each data table, the number of reported responses may be lower than the total number of respondents to the survey, because different respondents may or may not have answered all the questions needed to calculate a particular domain score.

## SURVEY RESPONSES

Acumentra Health mailed the surveys to a total of 10,891 adults who had received mental health services during January–December 2014, including 9,231 adults receiving outpatient services and 1,660 adults in either residential or foster care. In all, 2,039 adults returned surveys, for a response rate of 18.7%, which is lower than the 2014 response rate (24.1%). Acumentra Health excluded from the survey analysis data from surveys received after the deadline of September 15, 2015. The denominator of 10,891 excludes bad addresses and opt-outs. The reason most often given for opting out of the survey was “do not wish to participate,” followed by “deceased.”

Table 1 shows the response rates for the outpatient survey and for the residential survey (which included the adult foster care group). Response was highest for the foster care group (22.4%) and lowest for the residential group (16.6%). Note: in 2014, the outpatient group had the lowest response rate.

Setting	Number of surveys sent	Number of responses	Response rate (%)
<b>Outpatient</b>	<b>9,231</b>	<b>1,723</b>	<b>18.7%</b>
<b>Residential total</b>	<b>1,660</b>	<b>316</b>	<b>19.0%</b>
Residential	959	159	16.6%
Adult Foster Care	701	157	22.4%
<b>Total</b>	<b>10,891</b>	<b>2,039</b>	<b>18.7%</b>

Note: Surveys sent exclude opt-outs and bad addresses.

### Outpatient Survey

Acumentra Health mailed 9,231 outpatient surveys to valid addresses (excluding bad addresses and opt-outs)—this is the denominator for the response rate calculation. A total of 1,723 enrollees returned their surveys by the deadline for an overall response rate of 19%, which is lower than the 2014 rate of 23%.

A majority of respondents, 1,474 (85.5%), completed the survey by mail, while 249 (14.5%) completed it online, which was a slight decrease from 2014.

Table 2 shows response rates by demographic characteristics of those served in outpatient settings. Differences were statistically significant by race, age group, and gender. Female respondents had a significantly higher response rate than

males, while respondents ages 18–25 had the lowest response rate by age group at 12%. For the first time this year, results were analyzed by survey language.

<b>Table 2. Outpatient Survey Response Rate by Gender, Age, Race, and Rural/Urban Residence.</b>				
<b>Characteristic</b>		<b>Number of responses</b>	<b>Number of surveys sent</b>	<b>Response rate (%)</b>
Gender*	Female	1150	5929	19
	Male	573	3302	17
Age group*	18–25	196	1685	12
	26–64	1465	7318	20
	65+	62	228	27
Race*	Non-White	260	1216	21
	White	1341	7122	19
	Unknown	122	893	14
Ethnicity	Non-Hispanic	1352	7132	19
	Hispanic	346	2001	17
	Unknown	25	98	26
Rural/Urban	Rural	1121	5937	19
	Urban	599	3275	18
	Unknown	3	19	16
Language	English	1412	7444	19
	Spanish	34	232	15
	Other	277	1555	18

Note: Surveys sent exclude opt-outs and bad addresses.

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

At the time of the survey, OHA contracted with 16 CCOs to manage OHP mental health services during the survey period. Table 3 displays the survey responses from enrollees who received services from each CCO. Most CCOs had response rates between 18% and 23%, with a few as low as 14% and 15%.

**Table 3. Survey Response Rate by CCO (Outpatient Respondents).**

<b>CCO</b>	<b>Number of responses</b>	<b>Number of surveys sent</b>	<b>Response rate (%)</b>
AllCare	119	549	22
Cascade Health Alliance (CHA)	68	439	15
Columbia Pacific CCO (CPCCO)	86	478	18
Eastern Oregon CCO (EOCCO)	87	493	18
FamilyCare	94	593	16
HealthShare of Oregon	96	438	22
Intercommunity Health Network (IHN)	100	510	20
Jackson Care Connect (JCC)	109	464	23
PacificSource Community Solutions– Central Oregon (PCS-CO)	93	665	14
PacificSource Community Solutions– Columbia Gorge (PCS-CG)	49	266	18
Primary Health of Josephine County (PHJC)	81	423	19
Trillium Community Health Plan (TCHP)	106	534	20
Umpqua Health Alliance (UHA)	159	784	20
Western Oregon Advanced Health (WOAH)	208	933	22
Willamette Valley Community Health (WVCH)	91	567	16
Yamhill Community Care Organization (YCCO)	84	494	17
Non-CCO	74	517	14
<b>Total</b>	<b>1704</b>	<b>549</b>	<b>19</b>

Note: Surveys sent exclude opt-outs and bad addresses.

## Residential Survey

Acumentra Health mailed 1,660 residential surveys to valid addresses and received 316 responses for a response rate of 19.0%. This is lower than the response rate of 28.6% in 2014. Most respondents, 294 (93%), completed the survey by mail, while 22 (7%) completed the survey online. This is a decrease from the 8.3% online response rate in 2014 and the 16.3% rate in 2013.

Table 4 shows response rates by demographic characteristics of respondents served in residential settings. Response rates were lower across all categories this year.

<b>Table 4. Residential Survey Response Rate by Gender, Age, Race, and Rural/Urban Residence.</b>				
<b>Characteristic</b>		<b>Number of responses</b>	<b>Number of surveys sent</b>	<b>Response rate (%)</b>
Gender	Female	128	650	19.7
	Male	188	1010	18.6
Age group	18–25	10	100	10.0
	26–64	276	1390	19.9
	65+	30	169	17.8
Race/Ethnicity	Non-White	30	166	18.1
	White	277	1416	19.6
	Unknown	9	78	11.5
Rural/Urban	Rural	94	532	17.7
	Urban	218	1119	19.5
	Unknown	4	9	44.4

Note: Surveys sent exclude opt-outs and bad addresses.

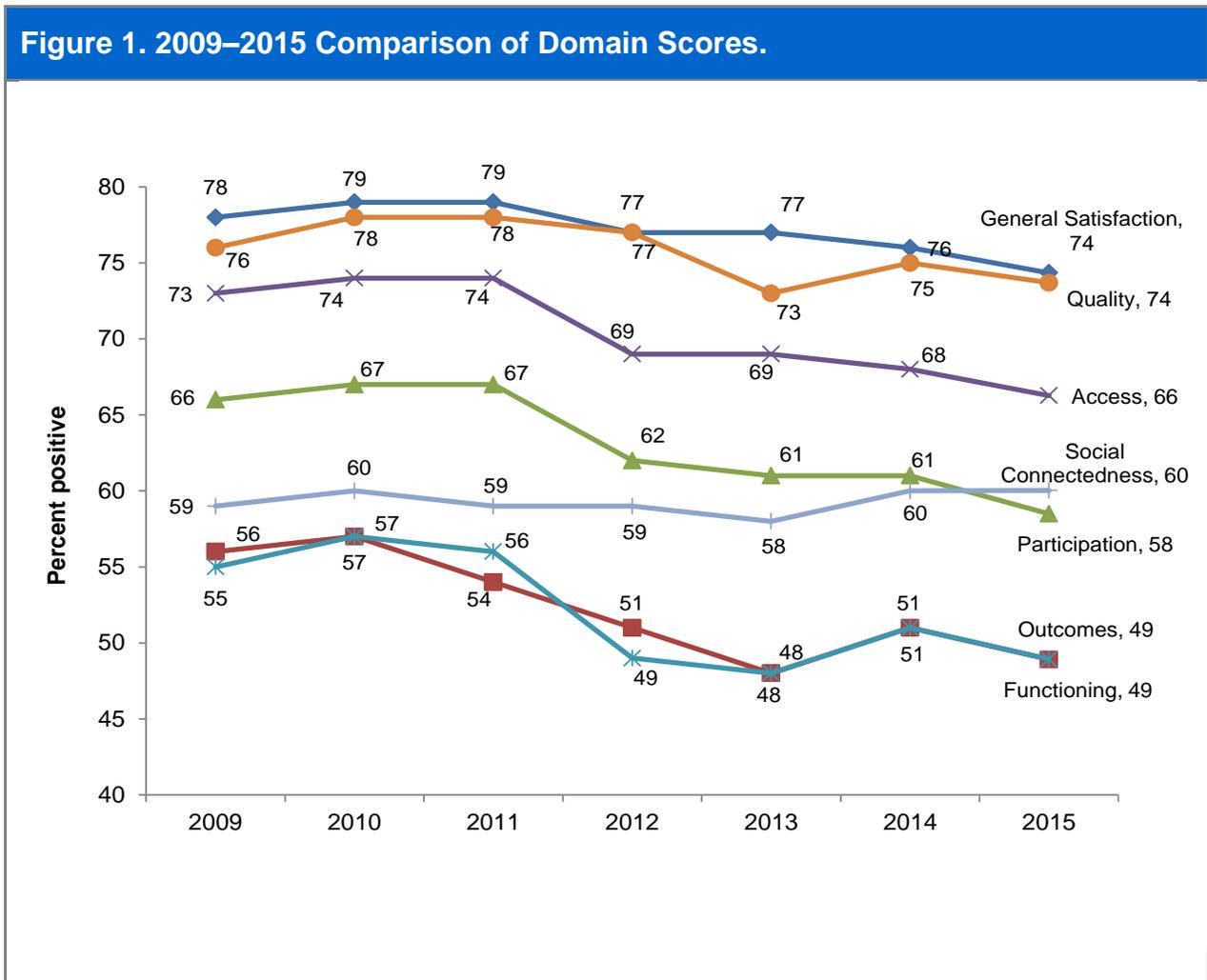
## OVERALL SURVEY RESULTS

This section conveys the results of the 2015 outpatient and residential surveys combined. Detailed results for each survey follow in separate sections.

### Overall Domain Score Changes

Figure 1 shows overall domain scores (combining outpatient and residential scores) in the adult survey over the past six years. Percentages of respondent satisfaction in most domains were relatively consistent from 2009 to 2011, followed by a decrease in 2012 and 2013, and an increase in most domains in 2014. In 2015, satisfaction decreased slightly in all but social connectedness.

Analysts tested trends for 2014 to 2015 for all domains and found no statistically significant changes.



## Domain Scores by Treatment Setting

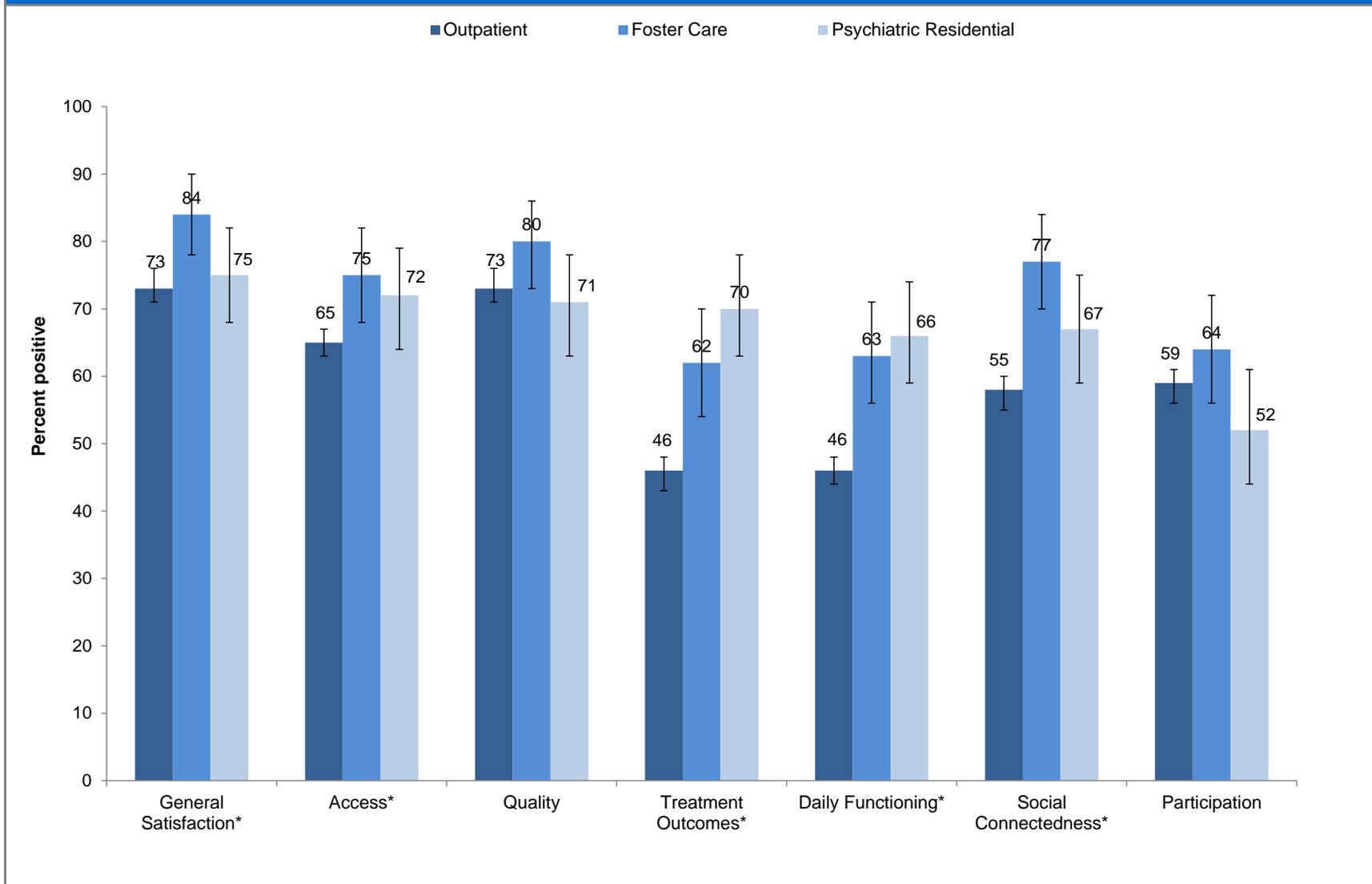
Figure 2 displays the 2015 domain scores according to the treatment setting in which the enrollee received services. Foster care had the greatest percentages of satisfied respondents in five of the seven domains. Slightly fewer psychiatric residential respondents were satisfied in the same five domains, but they were more satisfied in outcomes and daily functioning.

The outpatient group had the least satisfaction in six domains, with significant differences in general satisfaction, access, treatment outcomes, daily functioning, and social connectedness when compared to the foster care and residential respondent groups.

Figure 2 also presents the 95% confidence interval (CI) for each score. The CI indicates the upper and lower limits within which the score would be expected to fall 95 times if Acumentra Health conducted 100 identical surveys. A smaller CI indicates greater precision, usually due to larger sample sizes.

Table A-1 in Appendix A shows the percentage of positive responses to individual survey items by the respondent's treatment setting.

Figure 2. Domain Scores by Treatment Setting, with 95% Confidence Intervals.



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

## OUTPATIENT SURVEY RESULTS

This section contains the results of the outpatient survey. Table 5 shows the overall response to questions in each domain by enrollees served in outpatient settings in 2014 and 2015. Percentages satisfied increased slightly in the general satisfaction, access, and participation domains, while decreasing in social connectedness.

<b>Domain</b>	<b>2014</b>	<b>2015</b>
General Satisfaction	73	75
Access	65	66
Quality	73	73
Outcomes	46	46
Daily Functioning	46	46
Social Connectedness	58	55
Participation	59	61

There were no statistically significant differences between 2014 and 2015 scores.

### Domain scores by response method

Table 6 compares the domain scores of those who responded by Internet vs. mail. Differences were significant only in the participation domain, with more positive online responses.

<b>Domain</b>	<b>Internet</b>	<b>Mail</b>
General Satisfaction	71	74
Access	61	66
Quality	74	73
Outcomes	48	45
Daily Functioning	47	46
Social Connectedness	56	58
Participation*	65	57

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

### Domain scores by CCO

Table 7 shows domain scores by CCO. Note that these scores may rate respondent perception of the region’s contracted service providers rather than of the CCO.

Percentages of those satisfied in general satisfaction ranged from 64% (UHA) to 85% (CHA); most CCOs had percentages in the seventies. Quality had the next highest percentages of satisfaction compared to other domains: from 60% (EOCCO) to 83% (YCCO). Access to services had percentages of satisfied respondents ranging from 58% (PCS-CG, UHA) to 75% (YCCO).

Treatment outcomes and daily functioning had the lowest rates of satisfaction overall; percentages of satisfied respondents were in the forties and fifties for most CCOs.

- Outcomes: the lowest was 36% (UHA) and the highest was 55% (YCCO, PHJC, FamilyCare)
- Daily functioning: ranged from 39% (CHA) to 56% (FamilyCare)

Social connectedness and participation had slightly higher rates of satisfaction with percentages from the upper fifties to low sixties for most CCOs.

- Social connectedness: from 51% (Health Share) to 64% (FamilyCare, JCC, PCS-CO)
- Participation: from 49% (PCS-CG ) to 73% (FamilyCare)

**Table 7. Outpatient Domain Scores by CCO, with 95% Confidence Intervals.**

Region	General satisfaction (CI)	Access (CI)	Quality (CI)	Outcomes (CI)	Daily Functioning (CI)	Social connectedness (CI)	Participation (CI)
AllCare	74 (66-82)	66 (57-75)	74 (66-81)	49.5 (40-60)	47 (38-58)	61 (51-70)	58 (48-68)
CHA	85 (76-94)	61 (49-73)	71 (59-82)	41 (28-53)	39 (26-51)	58 (45-70)	53 (41- 66)
CPCCO	75 (65-85)	69 (59-79)	71 (60-81)	43 (32-55)	49 (37-60)	57 (46-68)	53 (42-65)
EOCCO	64 (54-74)	61 (50-71)	60 (50-71)	46 (35-57)	42 (32-53)	59 (48-70)	54 (43-65)
FamilyCare	78 (69-87)	69 (60-79)	82 (73-90)	55 (45-66)	56 (46-67)	64 (54-74)	73 (64-83)
Health Share	71 (61-80)	63 (53-73)	75 (66-84)	47 (37-58)	45 (34-55)	51 (40-61)	55 (44-66)
IHN	74 (65-83)	63 (53-73)	72 (62-81)	51 (40-61)	50 (40-60)	60 (50-70)	55 (45-66)
JCC	72 (63-81)	62 (53-72)	76 (68-84)	47 (37-57)	48 (38-58)	64 (55-73)	64 (54-74)
PCS-CO	78 (70-87)	67 (57-78)	75 (66-85)	47 (36-57)	48 (37-58)	64 (53-74)	68 (58-78)
PCS-CG	70 (57-84)	58 (44-73)	71 (58-84)	44 (29-58)	43 (28-57)	54 (39-69)	49 (34-64)
PHJC	74 (64-84)	71 (60-81)	78 (68-88)	55 (43-67)	52 (40-64)	61 (50-73)	53 (41-65)
TCHP	74 (66-83)	71 (63-80)	77 (68-85)	48 (38-57)	48 (38-57)	57 (47-66)	62 (52-71)
UHA	64 (56-72)	58 (50-66)	66 (58-74)	36 (28- 44)	40 (32-48)	55 (47-63)	52 (44-61)
WOAH	70 (64-77)	60 (53-67)	69 (63-76)	41 (33-48)	41 (34-48)	53 (46-60)	60 (53-67)
WVCH	73 (64-83)	71 (61-80)	78 (69-87)	44 (34-55)	47 (36-58)	58 (47-69)	54 (43-65)
YCCO	84 (76-92)	75 (66-85)	83 (74-91)	55 (44-66)	52 (41-63)	57 (46-68)	62 (51-73)
Unknown	81 (72-91)	64 (52-75)	77 (66-87)	39 (27-52)	40 (28-52)	40 (28-69)	68 (56-80)

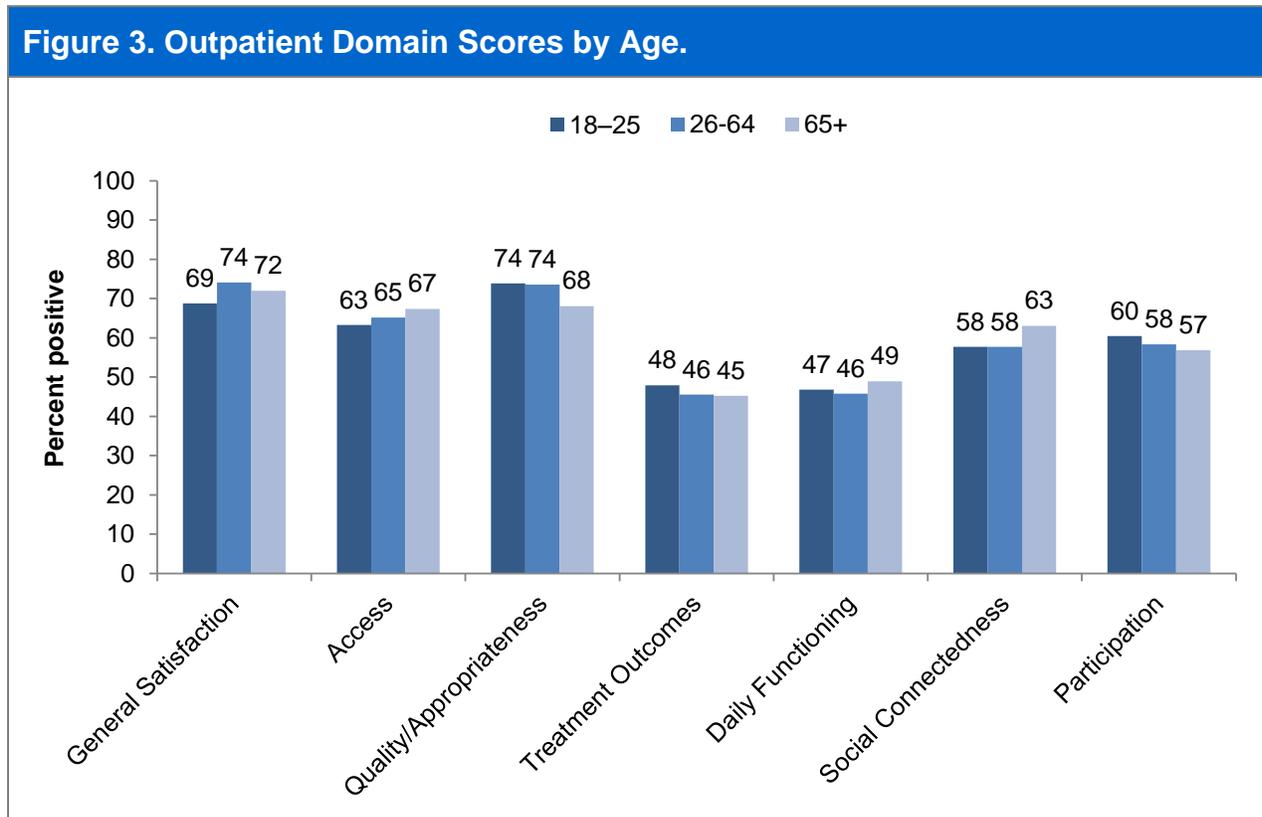
## Demographic Comparisons

Examining satisfaction according to client characteristics, such as age, gender, rural or urban location, and race can be useful to program managers and staff in determining strategies to improve client satisfaction. Acumentra Health analysts used chi-square tests to identify where scores in each domain were significantly different, according to demographic characteristics.

### Domain scores by age group

Respondents were split into three groups for analysis, based on age at the time of the survey: 18–25 years (transition-age youth), 26–64 years, and 65 years or older. Figure 3 shows domain scores by age group in 2015. Table A-2 in Appendix A presents these data, along with the 2014 data, in tabular form.

Results were similar by age group, with no statistically significant differences. Unlike in previous years, respondents age 65 and older did not have the highest percentage of satisfaction in the majority of domains, while the 18–25 group had higher percentages of satisfaction in two domains.

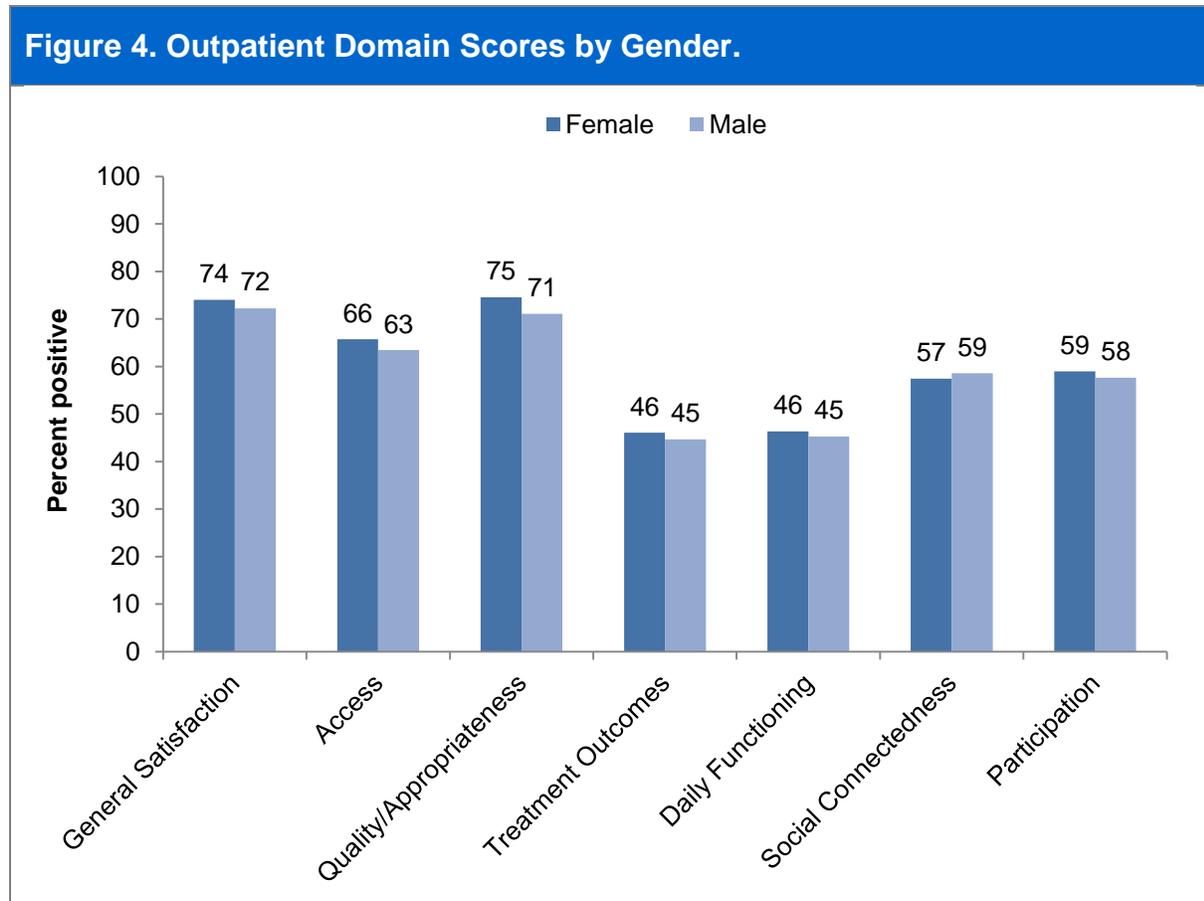


There were no statistically significant differences between age groups.

**Domain scores by gender**

Figure 4 shows domain scores by gender in 2015. Table A-3 in Appendix A presents these data, along with the 2014 data, in tabular form.

Results for female and male respondents varied by just a few percentage points in most domains, with more female respondents satisfied in most domains. None of the differences were statistically significant.

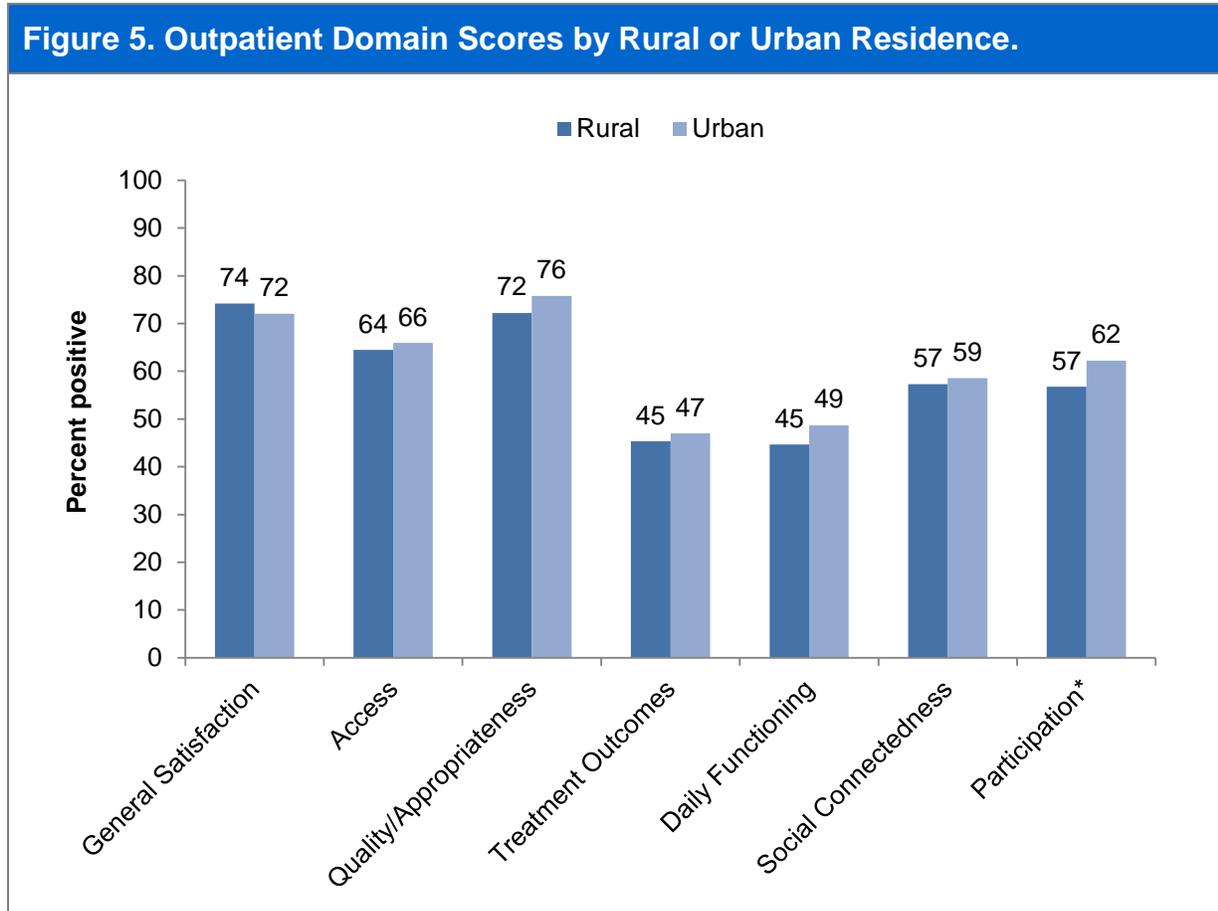


There were no statistically significant differences between genders.

**Domain scores by rural/urban residence**

Respondents were classified as rural or urban based on the ZIP code of their current residence, even though they may have received mental health care in another area. 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.”<sup>5</sup>

Figure 5 displays domain scores by place of residence in 2015. Table A-4 in Appendix A presents these data, along with the 2014 data, in tabular form. Urban residents had greater proportions of respondents satisfied than rural residents in six domains; differences were statistically significant only in participation. A greater percentage of rural respondents was satisfied in the general satisfaction domain.



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

<sup>5</sup> Oregon Office of Rural Health. “Rural Definitions.” <http://www.ohsu.edu/xd/outreach/oregon-rural-health/data/rural-definitions>.

### Domain scores by race

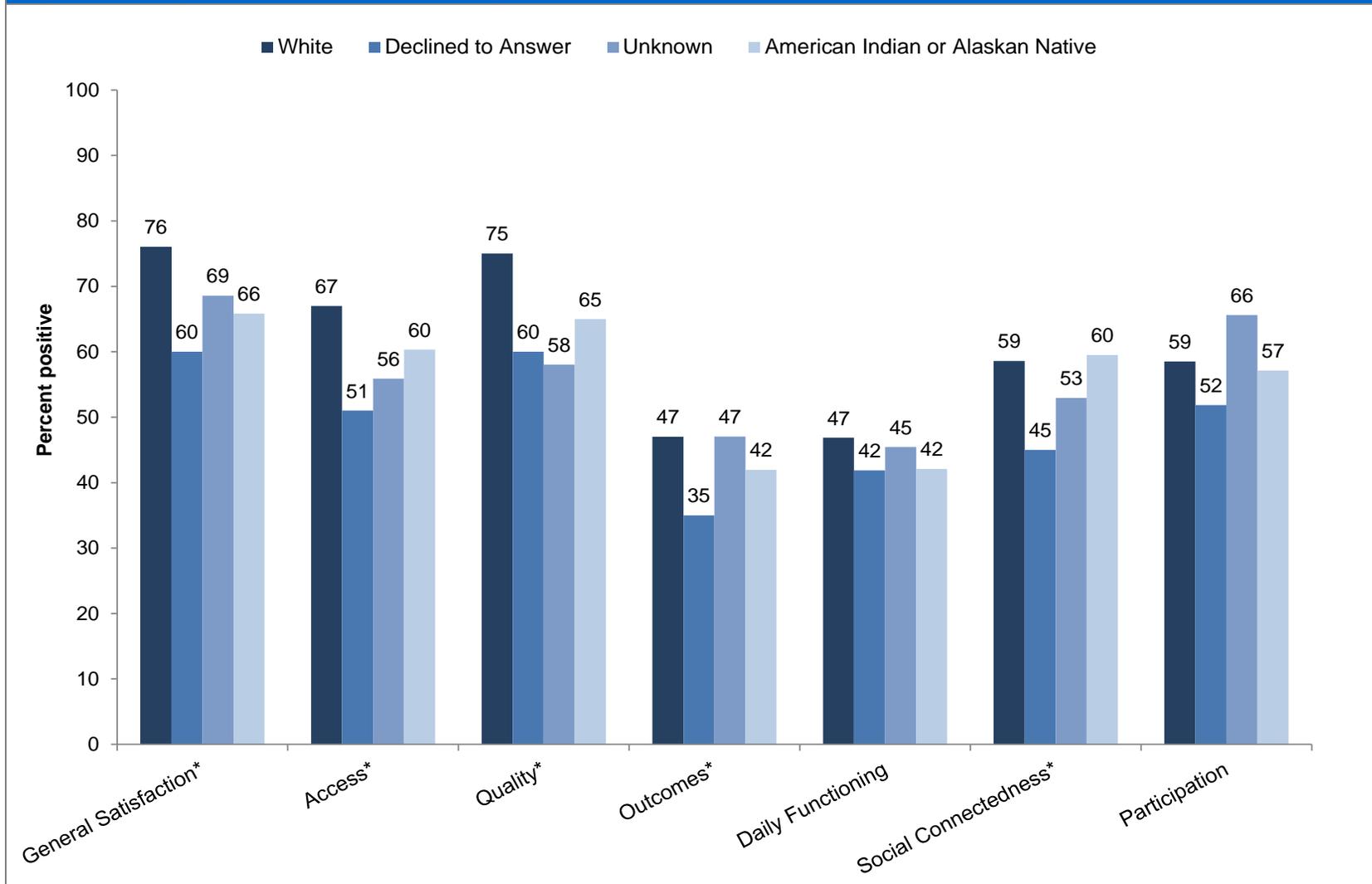
In previous years, race information was pulled from the state MMIS dataset. For the first time in 2015, race information was self-reported for this survey.

The self-reported race question provided the option to select more than one race category, so respondents may be overcounted. Respondents with more than one race identity have the lived experience of each race and, therefore, are reflected in each category to give a more accurate depiction of differences in satisfaction according to race.

Figure 6 displays satisfaction by the respondent's race (note: groups with fewer than 30 respondents are not included in the figure). Of the groups shown, white respondents had the highest percentages satisfied in most domains. The group that declined to answer had the lowest percentages satisfied in most domains.

Differences between the groups were statistically significant in general satisfaction, access, quality, outcomes, and social connectedness.

**Figure 6. Outpatient Domain Scores by Race.**



\*Indicates a statistically significant difference ( $p < .05$ ) between the race group and all other race groups combined.

The Asian, Black or African American, and Native Hawaiian or Other Pacific Islander groups each had fewer than 30 respondents and, therefore, were not included.

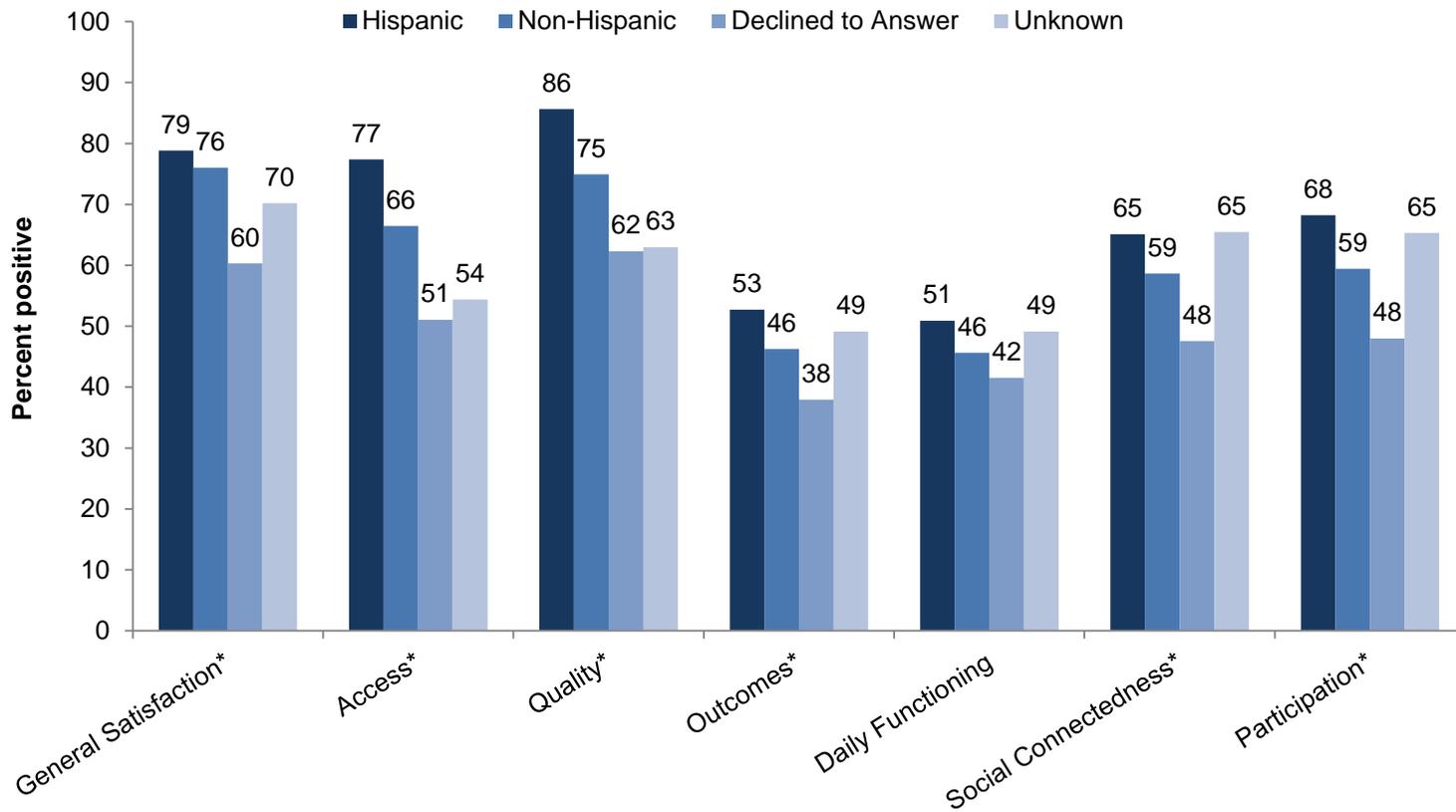
### Domain scores by ethnicity

Ethnicity information (Hispanic or not Hispanic) was also self-reported this year.

Figure 7 shows the percentage of Hispanic and non-Hispanic respondents who were satisfied in each domain. Also included are those who did not select ethnicity or ethnicity unknown.

As in previous years, a higher percentage of Hispanic respondents were satisfied than non-Hispanic respondents. This year, a greater percentage of Hispanic respondents were satisfied in all domains, with significant differences in six domains. The group that declined to answer had the least proportion satisfied in all domains.

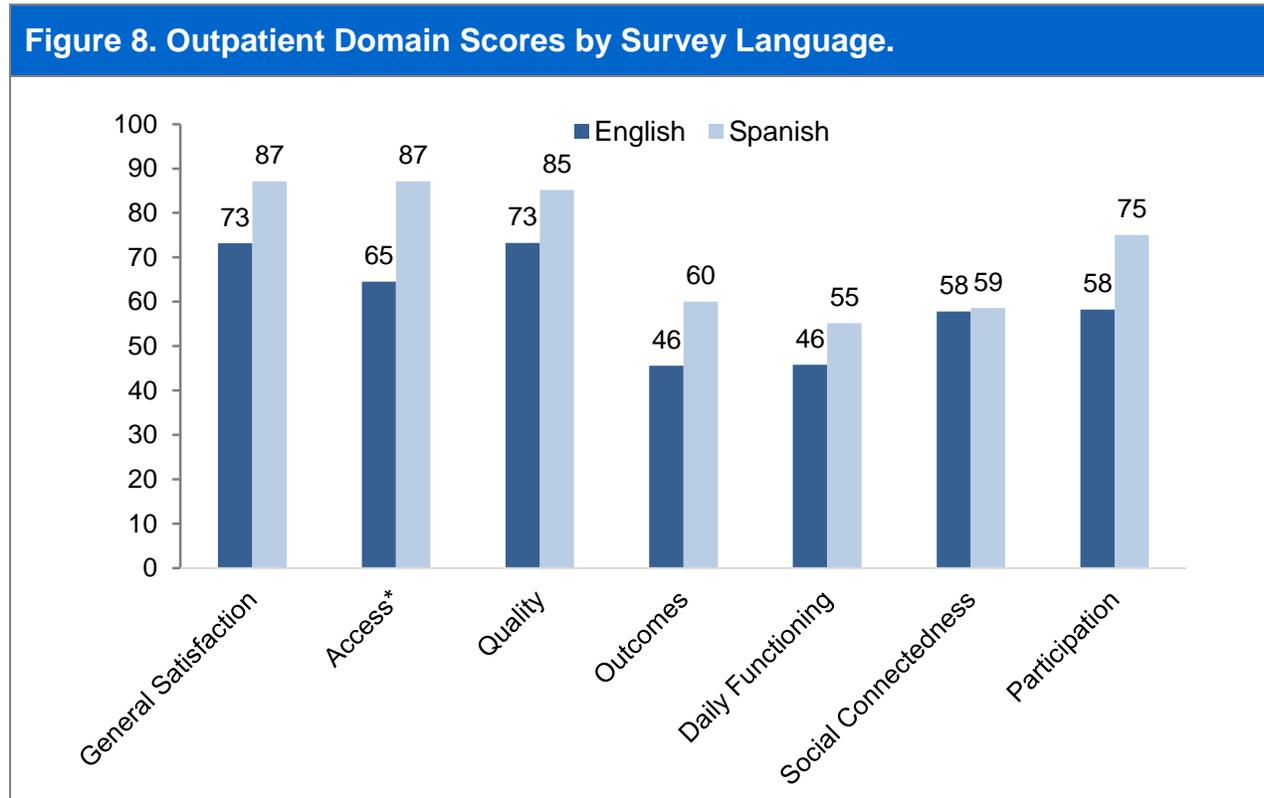
Figure 7. Outpatient Domain Scores by Ethnicity.



\*Indicates a statistically significant difference ( $p < .05$ ) between ethnicity groups.

### Domain scores by language

For the first time this year Acumentra Health analyzed results by the survey language. As shown in Figure 8, greater percentages of Spanish-language survey respondents were satisfied in all domains.



\*Indicates a statistically significant difference ( $p < .05$ ) between language groups.

## Additional Analysis

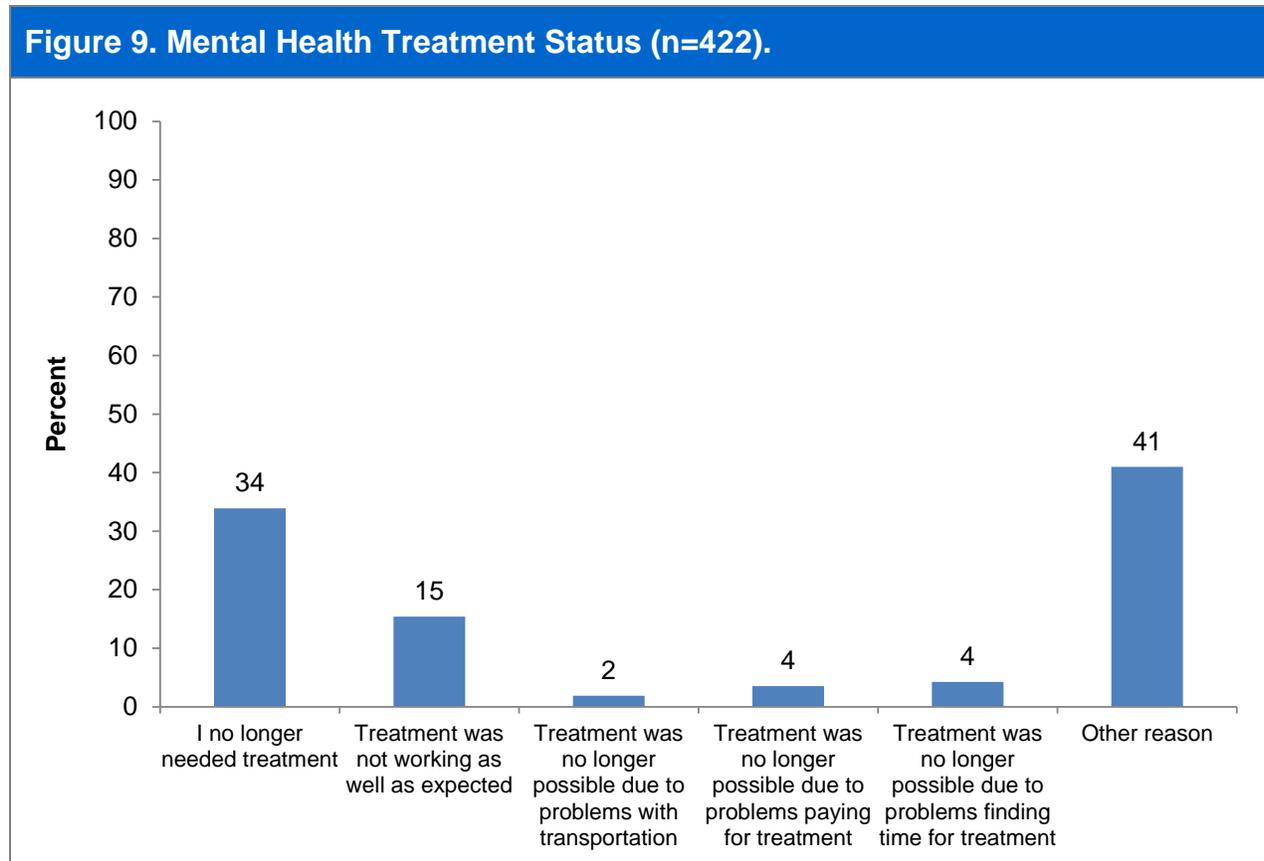
The 2015 survey preserved MHSIP domains and associated questions, while HSD added questions on other topics. The MHSIP portion of the survey has been validated as a stand-alone survey. Some of the state-added questions have not been validated, nor has the effect of the additional questions on the MHSIP items been tested.

Acumentra Health analyzed responses to survey questions added by the state, including questions about the respondents' treatment status, housing, employment, income source, assistance during mental health crisis, expectations for treatment outcomes vs. actual outcomes, current and recent living situation, arrest history, and recreational use of alcohol or drugs. The survey also asked about primary care providers and overall health, including whether providers had discussed specific issues (such as weight loss and smoking) with the member.

These are self-reported data and the usual cautions and limitations apply.

### Mental health treatment status

One question asked whether respondents were still receiving mental health services. Of 1,595 respondents, 1,022 (64%) were still receiving services (down from 80% in 2014) and 501 (31%) were not (up from 20% in 2014). Respondents who were no longer receiving services were asked to select one major reason why. Figure 9 shows the responses to this question.

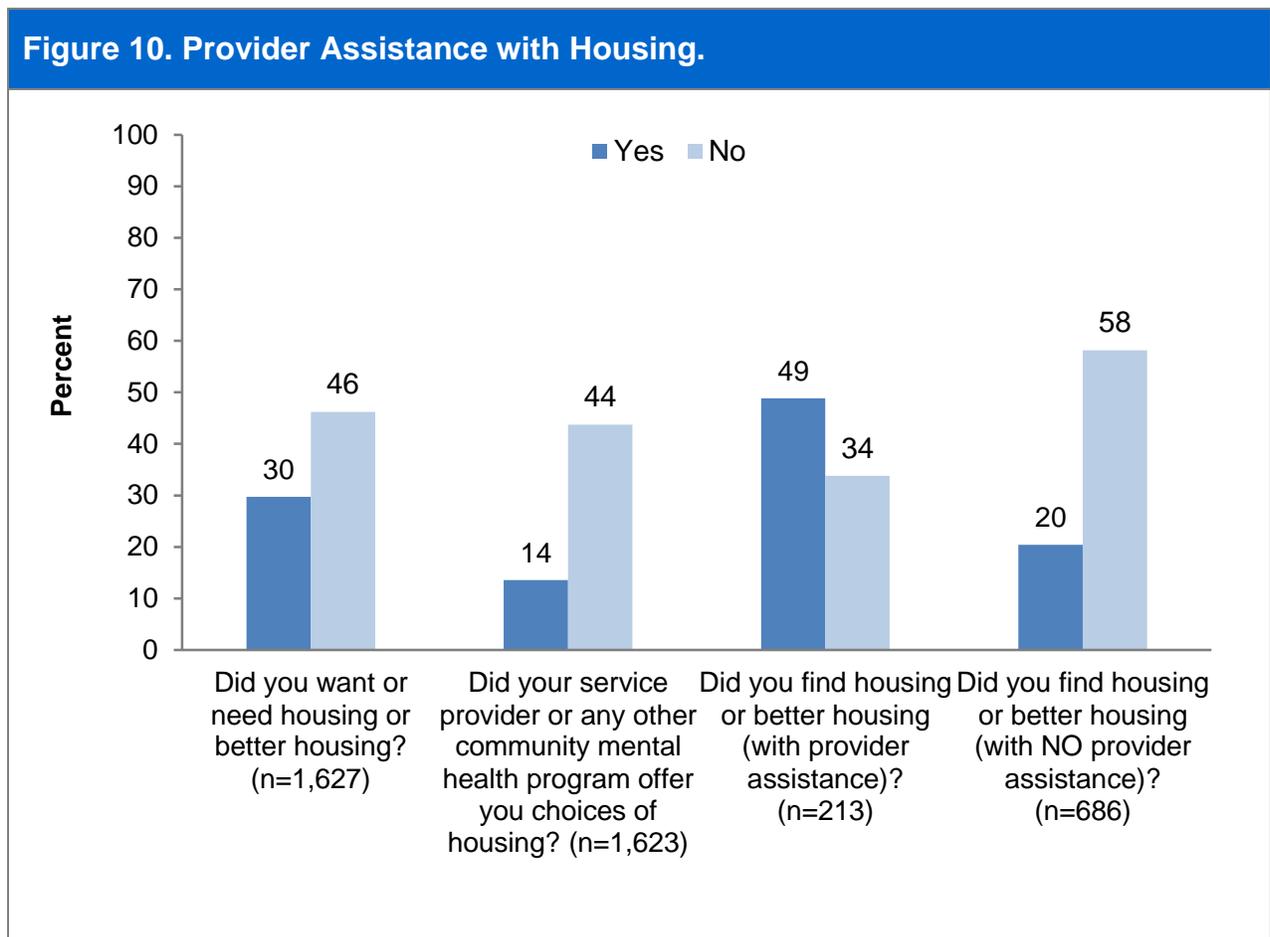


### Assistance by mental health provider

The survey asked respondents whether their mental health providers had tried to help them with housing, employment, and support during mental health crisis.

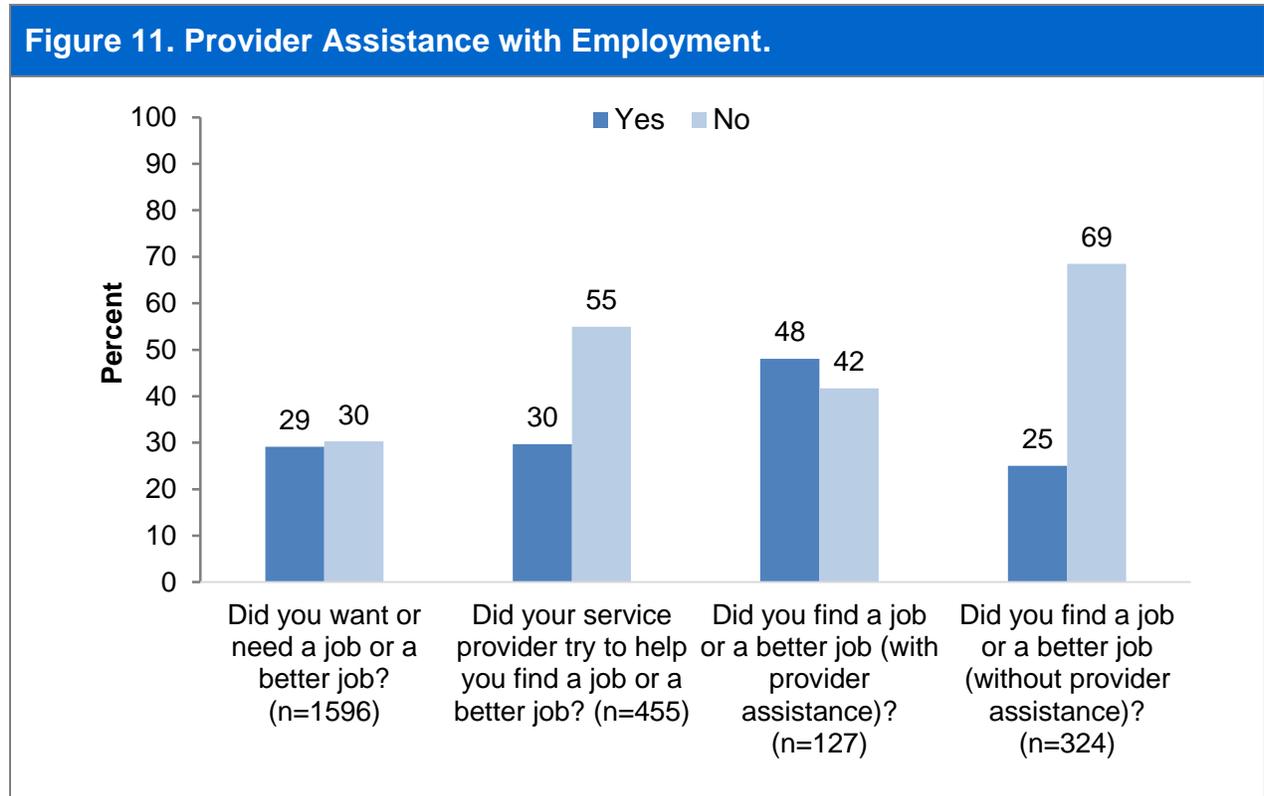
#### *Housing*

The survey asked respondents if they wanted or needed housing or better housing during the time they were seeing their current (or most recent) outpatient mental health service provider, and if the provider tried to help them find better housing. Figure 10 shows that 30% wanted or needed housing or better housing, a sizable decrease from 40% in 2014. Of those who found housing or better housing with assistance, there was a large decrease from 70% in 2014 to 49% in 2015.



**Employment**

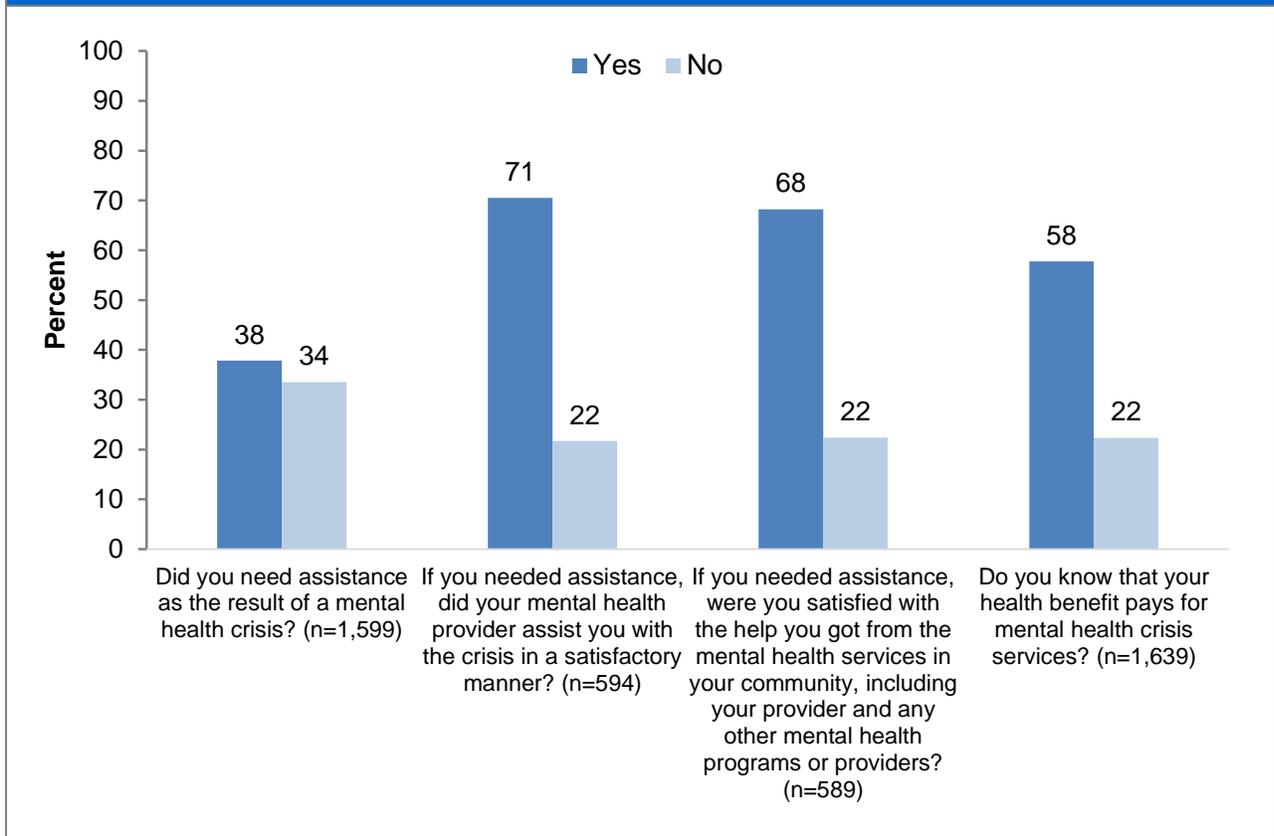
Figure 11 shows that 29% percent of respondents in 2015 wanted/needed a job or a better job, a significant decrease from the 46% in 2014. Of those who needed or wanted a job or better job, 30% received help from their providers. Of those receiving assistance, 48% found work, which was comparable to 2014. Among those who wanted/needed a job or a better job but did not receive assistance, 25% found work, an increase from 19% in 2014.



***Assistance with mental health crisis***

Figure 12 shows that 38% of respondents needed assistance as the result of a mental health crisis. The next question asked if their mental health care provider had assisted with the crisis in a satisfactory manner. Of the 594 who responded, 71% answered yes. Of those who needed assistance, 68% reported they were satisfied with the help they received. Of those who needed assistance, 68% reported they were satisfied with the help they received.

**Figure 12. Provider Assistance During Mental Health Crisis.**



### Service expectations and results

Two questions asked about respondents’ expectations for mental health services and actual results. As in previous years, the most frequently reported expectations were to “feel better about myself” (75%) and “become less anxious or fearful” (75%). Table 8 shows results for all of the options; respondents could select all that applied.

Table 8 also shows the number of respondents citing each expectation who reported having achieved the expected result. For the most common expectation, expecting to feel better about oneself, 62% reported they did feel better about themselves as a result of receiving services. Interestingly, the expectation with the least number of responses—stopping or reducing the use of drugs or alcohol—had the highest percentage achieving that expectation (72%). Doing better in school or work had the lowest percentage of results for an expectation (53%).

**Table 8. Expectations for Mental Health Services: “What did you expect to happen as a result of receiving outpatient mental health services from your current (or most recent) mental health provider?” (N=1,723), and Results of Mental Health Services: “What has actually happened as a result of you receiving mental health services from this provider?”**

<b>Expectation</b>	<b>Number “Yes”</b>	<b>% of responses</b>	<b>Outcome*</b>	<b>% of responses</b>
Feel better about myself	1294	75	808	62
Become less anxious or fearful	1289	75	793	62
Become happier	1130	66	680	60
Get along better with family	944	55	623	66
Become more respectful or responsible	551	32	374	68
Stop hurting myself	461	27	276	60
Start or continue a program of recovery	413	24	249	60
Do better in work or school	483	28	256	53
Stop hurting others	240	14	143	60
Stop or reduce the use of drugs or alcohol	233	14	167	72

\*Of those with that expectation, the number that reported experiencing that outcome. For example, 1,294 respondents expected to feel better about themselves; of those, 808 (62%) did feel better about themselves as a result of receiving mental health services.

## Residence

Another question asked, “Where are you currently living?” The majority of respondents (62%) owned or rented a home or apartment, followed by 23% who resided in someone else’s home or apartment (Table 9). These results are similar to last year.

<b>Table 9. Respondents’ Current Residence (N=1,625).</b>		
<b>Where are you currently living</b>	<b>N</b>	<b>% of responses</b>
Own or rent home or apartment	1005	62
Someone else's home or apartment	378	23
Other	189	12
Homeless or homeless shelter	31	2
Mental health residential treatment facility	13	1
Skilled nursing facility	5	<1%
Substance abuse residential treatment facility	4	<1%
Crisis program	0	<1%

The survey also asked, “Have you lived in any of the following places in the last 12 months?” and listed 11 options that respondents could select (check all that applied, including “other”). “Own or rent home or apartment” was the most commonly selected response, followed by “someone else’s home or apartment” (Table 9a).

**Table 9a. Respondents’ Residences in the Last 12 Months (N=1,723).**

<b>Have you lived in any of the following places in the last 12 months?</b>	<b>N</b>	<b>% of responses</b>
Own or rent home or apartment	1013	59
Someone else's home or apartment	498	29
Other	160	9
Homeless or homeless shelter	80	5
Mental health residential treatment facility	38	2
Psychiatric hospital	28	2
Medical hospital	31	2
Jail or correctional facility	38	2
Crisis program	16	1
Residential substance abuse treatment program	17	1
Skilled nursing facility	14	1

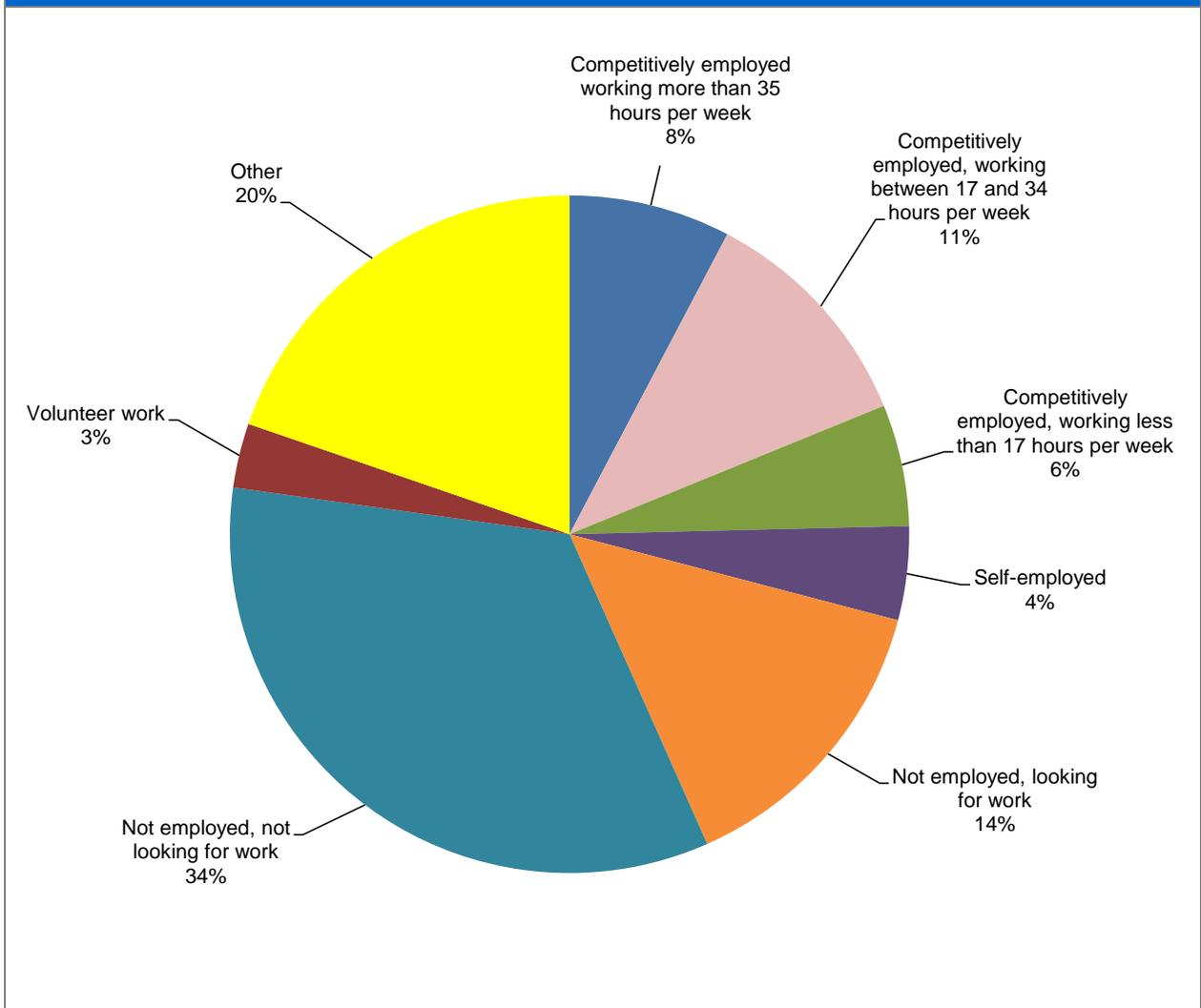
**Arrest history**

Two questions asked respondents about arrests before and after initiation of mental health services. Six percent reported an arrest in the 12 months before starting service, while 3% had an arrest after starting service.

**Current employment status and income source**

The 2015 survey contained three questions regarding employment and income. The first was “Are you currently employed?” Of 1,430 respondents who replied to this question, 34% were not employed and not looking for work (a decrease from last year), while 14% were not employed but were looking for work (Figure 13). The survey defined competitive employment as “a regular job in the community that is not reserved for people with disabilities and that pays at least minimum wage.”

Figure 13. Respondents' Employment Status (N=1,430).



In response to the question, “Do you receive assistance and supports to work?”, 77% of those who responded replied “no.” These results are consistent with 2014 results.

The survey also asked about current source of income, giving respondents several options (they could select all that applied). Table 10 lists all income sources.

The most commonly selected source was Supplemental Security Income at 27%, followed by earned employment (23%) and Social Security Disability Income (23%). The earned employment category had a marked increase from last year: 396 responders in 2015 (23%) vs. 141 in 2014 (12%).

<b>Table 10. Current Source of Income (N=1,723).</b>		
<b>Source</b>	<b>Number of responses</b>	<b>% of Responses</b>
Supplemental Security Income (SSI)	470	27
Earned employment	396	23
Social Security Disability Insurance (SSDI)	390	23
No income source	280	16
Family member/friends	250	15
Other	217	13
Social Security Retirement	88	5
Temporary Assistance to Needy Families (TANF)	78	5
Child support/Alimony	66	4
Unemployment Insurance	17	1
Pension from former job	14	1
Veteran’s disability payment	14	1
Trust	11	1
Private disability/Worker’s compensation	11	1

### Primary care and overall health

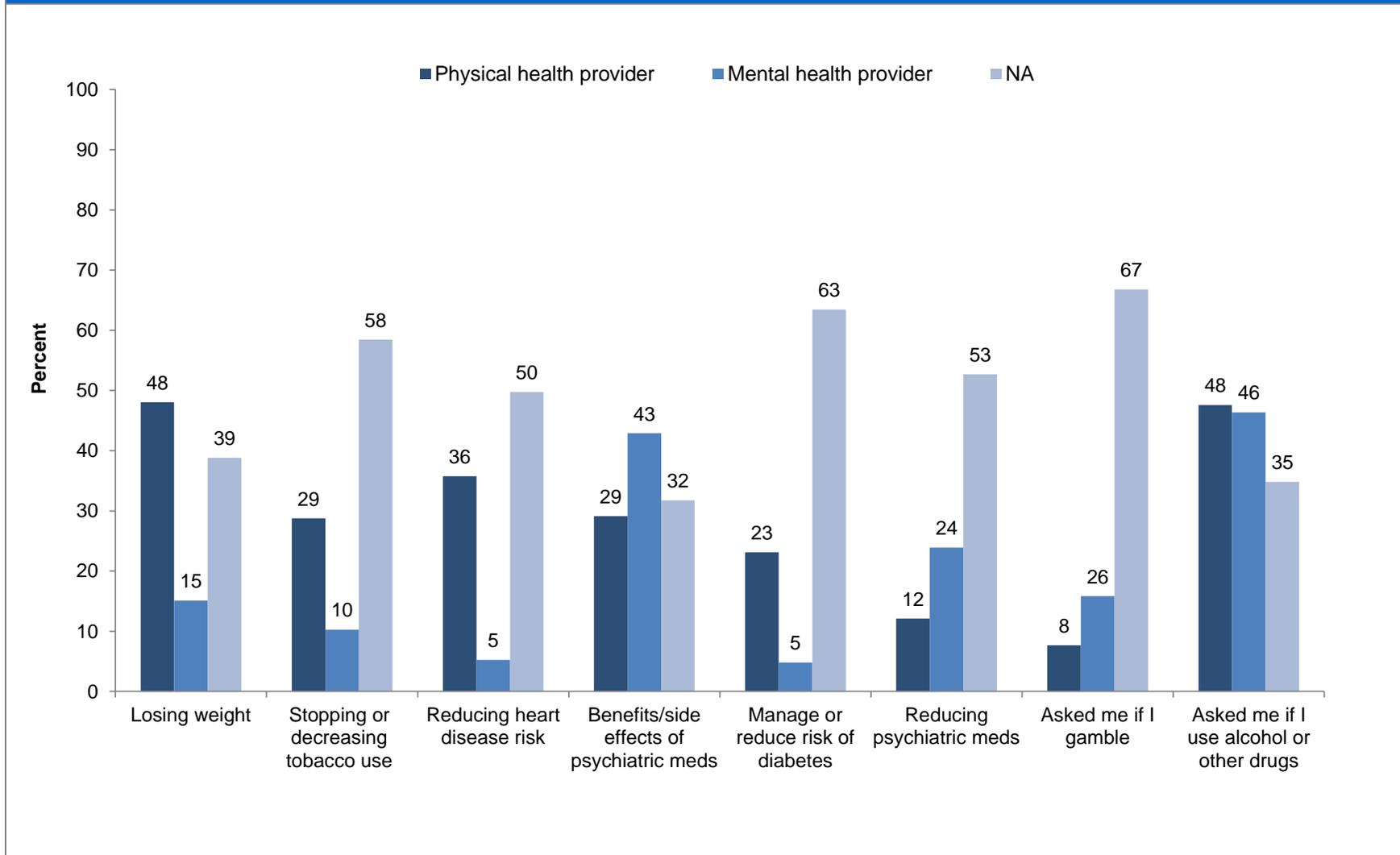
Respondents were asked if they had a physical health care provider. Of the 1,623 people who answered this question, 91% reported that they had a primary health care provider, consistent with 2014.

Another question asked respondents if their doctor or mental health care provider had talked to them about losing weight, stopping or decreasing smoking, how to reduce heart disease risk, benefits and side effects of psychiatric medication, how to reduce risk for or manage diabetes, the possibility of reducing psychiatric medications, and whether the respondent gambled or used alcohol or other drugs. Figure 14 shows the responses to this question.

Responses indicating that the physical health provider had talked to the respondent about a particular issue ranged from 8% (asked me if I gamble) to 48% (asked me if I used alcohol or drugs, and asked me about losing weight). Responses indicating the same of the mental health provider were lower for most categories, ranging from 5% for questions regarding heart disease risk and managing/reducing diabetes to 46% for asking about alcohol and drug use.

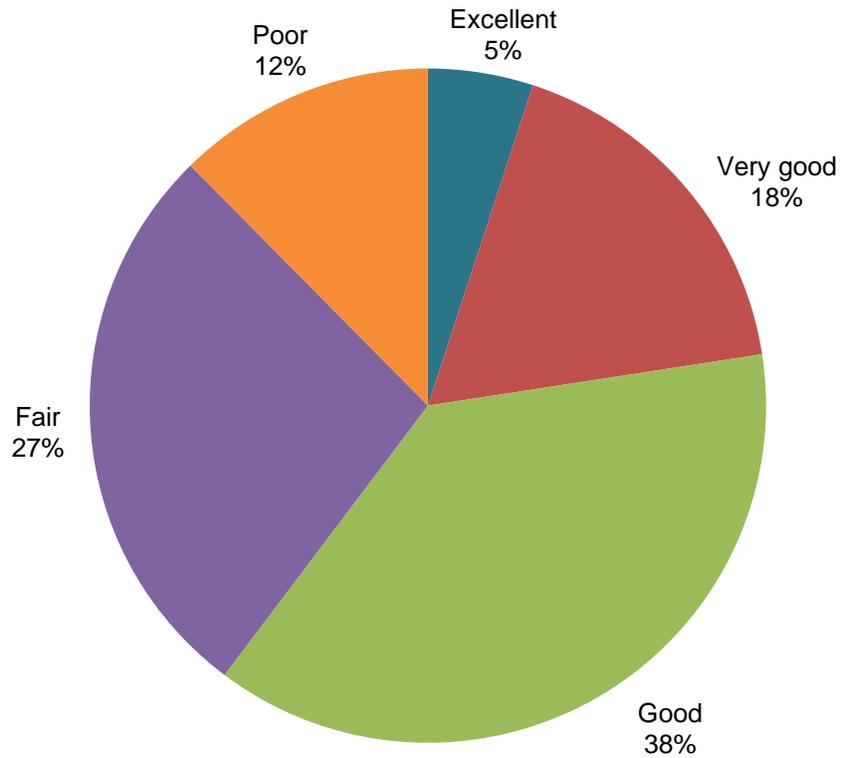
As in 2014, the percentage of respondents who reported that their mental health provider talked to them about the benefits/side effects of psychiatric medications decreased (from 51% in 2014 to 43% in 2015).

Figure 14. “My doctor or mental health service provider has talked to me about...” (N=1,723).



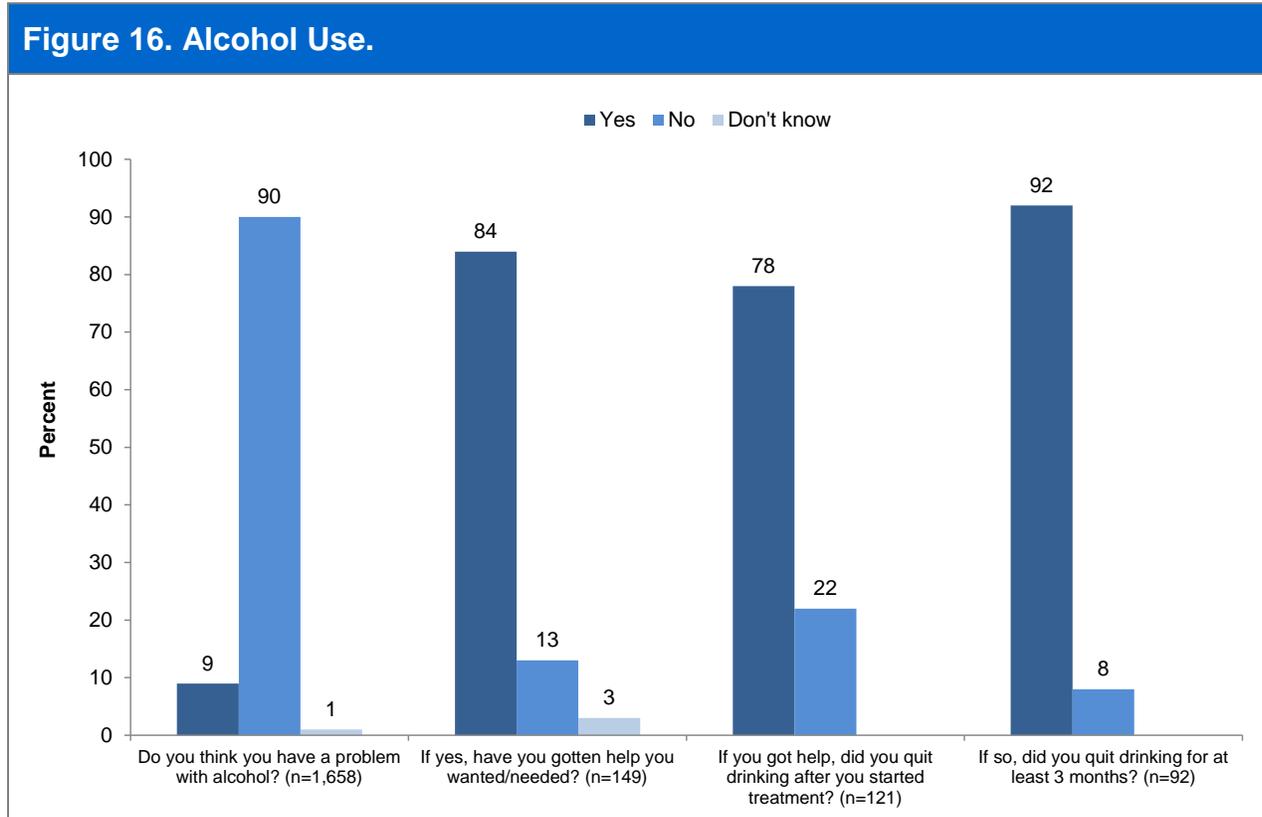
As shown in Figure 15, when asked about their general health, a majority of respondents reported that it was good (38%) or fair (27%). These results are similar to last year.

Figure 15. “Would you say your health in general is...” (N=1,631).



### Alcohol and drug use

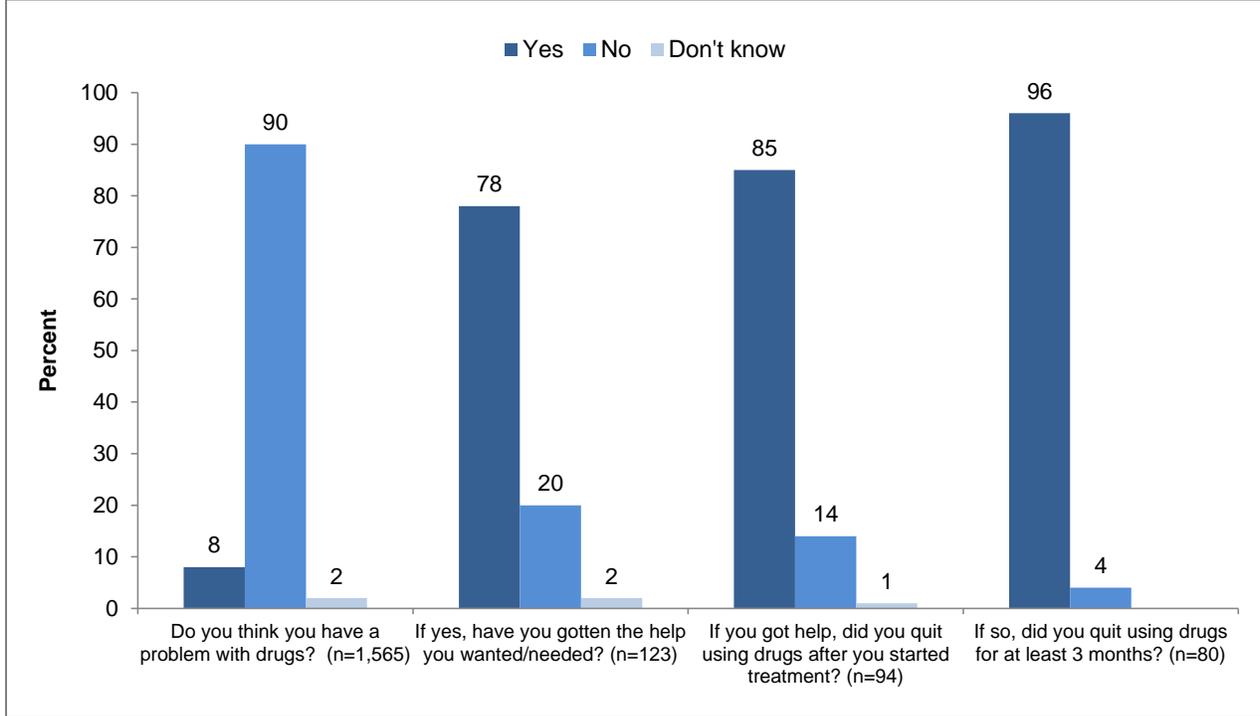
Additional questions addressed alcohol and drug use (Figure 16). Of the 149 who responded that they had a problem with alcohol or drugs and answered the second question, 125 (84%) said they had received help for the problem. This is an increase from 79% in 2014.



Note: The third and fourth questions also had the “don’t know” option, but no respondents selected it.

This same question pattern was repeated for drugs (Figure 17).

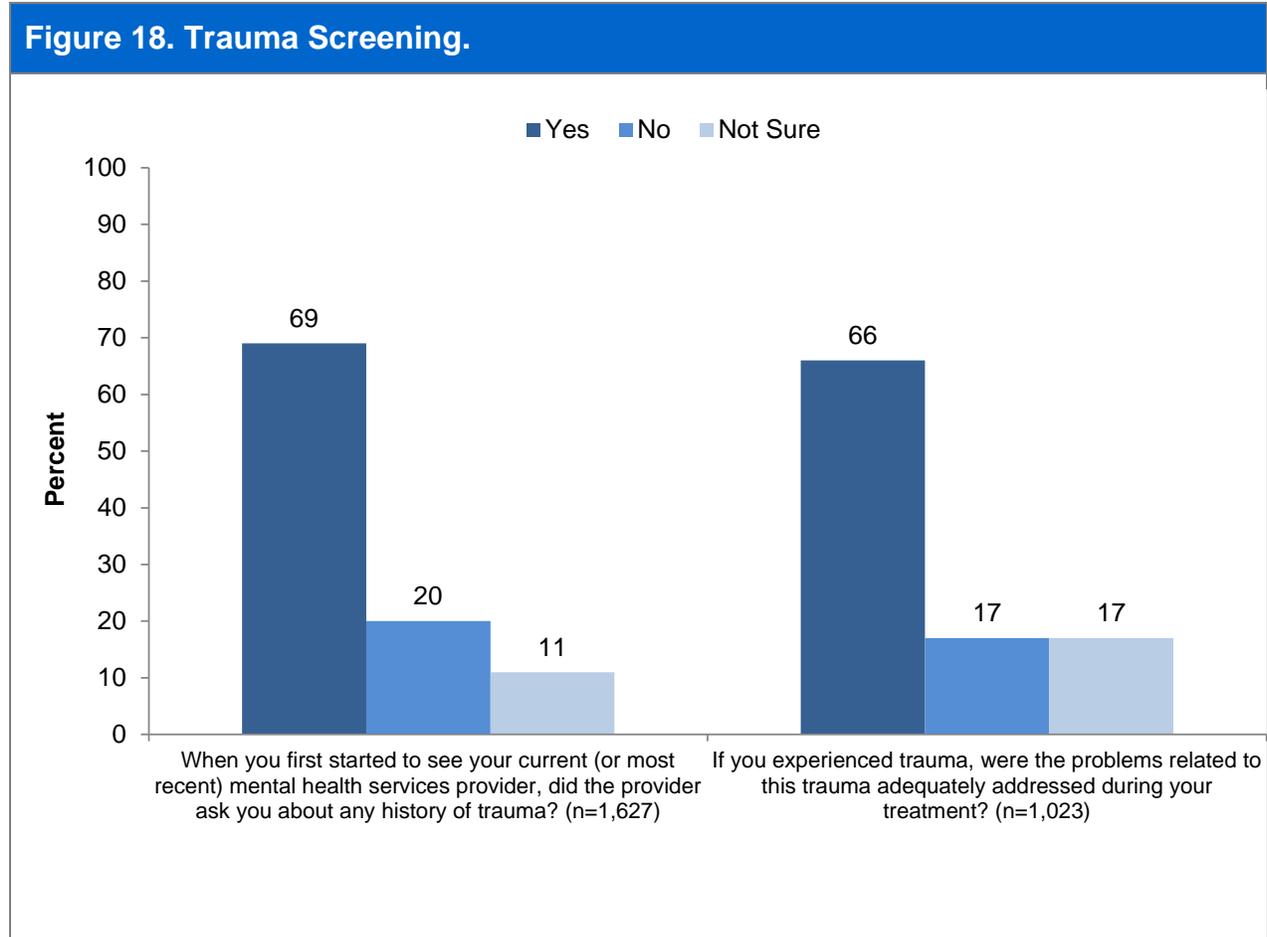
**Figure 17. Drug Use.**



Note: The last question also had the “don’t know” option, but no respondents selected it.

## Trauma

Two questions asked about trauma screening. The first asked if the mental health service provider had asked about any history of trauma when starting treatment. Trauma history includes severely stressful events like car wrecks, loss of loved ones, natural disasters, poverty, or physical or sexual abuse. Sixty-nine percent of the 1,627 respondents said “yes,” which was an increase from 66% last year (Figure 18).

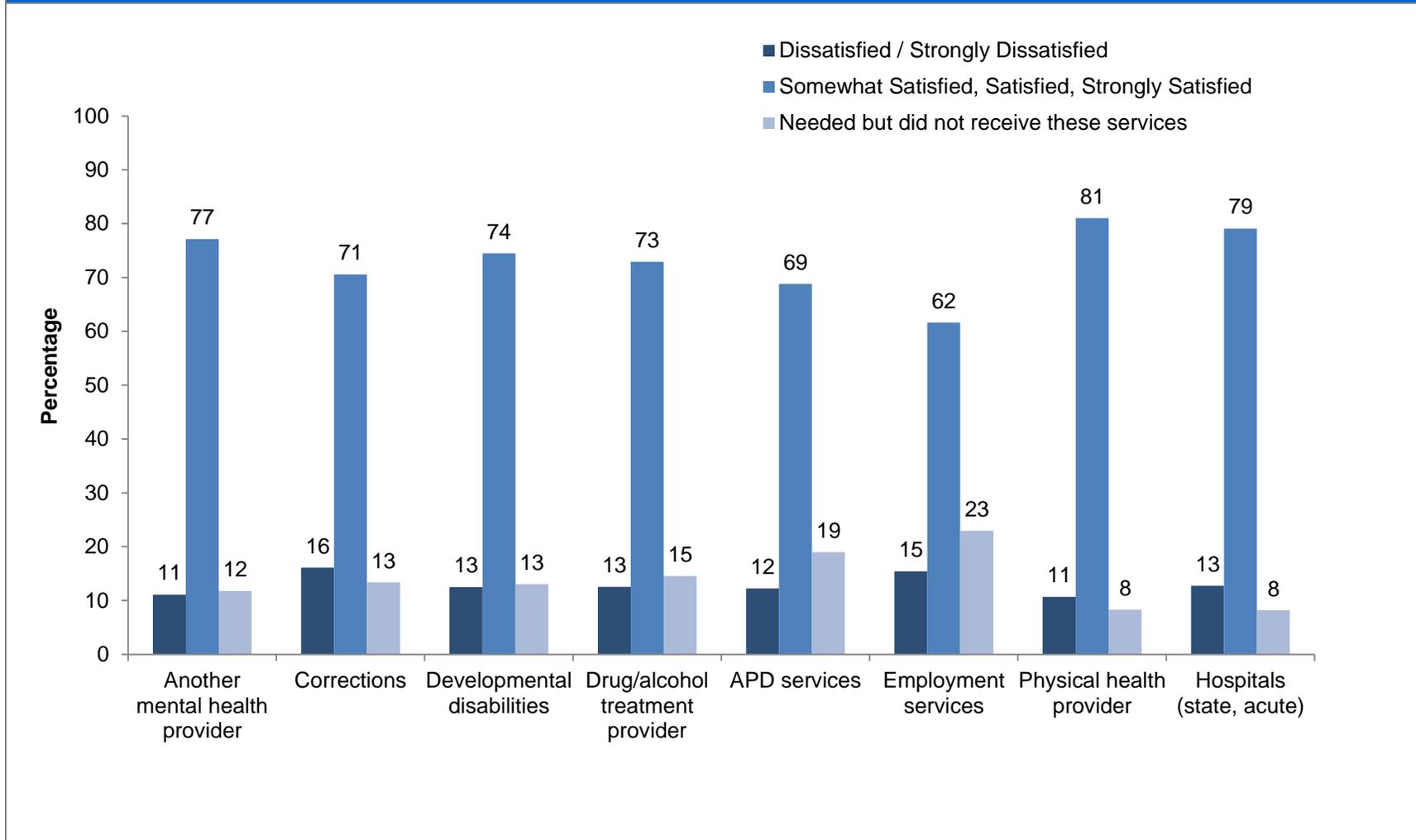


### Service coordination

Another question asked respondents about their satisfaction with the willingness and ability of their current mental health provider to work together with other service providers. Results are displayed in Figure 19.

Satisfaction was highest in collaboration with physical health providers (81%), hospitals (79%), and other mental health providers (77%). These results are consistent with findings in 2014. Satisfaction was lowest in collaboration between the mental health provider and employment services (62%), the same area where the most respondents (23%) said they needed but did not receive this service.

Figure 19. Satisfaction with Service Coordination (N=1,723).



APD = Aged and Physically Disabled.

## Residential Survey Results

The adult residential and foster care survey maintains the basic MHSIP questions presented on the adult outpatient survey, with added emphasis on:

- the recipient’s expectations about residential mental health services vs. the actual outcome of services
- current source of income and employment assistance
- primary health care services
- problem with alcohol or drugs
- reasons for living in a residential facility
- progress made in mental health, activities of daily living, self-care, and employment or education
- types of services received
- readiness for more independent living

### Domain Scores

Table 11 shows the 2014–2015 scores for each of the seven domains. In 2015, proportions of respondents satisfied ranged from 58% for participation to 79% for general satisfaction. These differences are similar to those in the outpatient survey in terms of which domains had greater satisfaction (general satisfaction and quality) and which had less (daily functioning and participation). A lower percentage of residential respondents were satisfied with their participation in treatment than outpatient respondents, but residential respondents had higher rates of satisfaction in all other domains.

<b>Domain</b>	<b>2014</b>	<b>2015</b>
General Satisfaction	78	79
Access	74	73
Quality	79	75
Outcomes	68	66
Functioning	66	65
Social Connectedness	74	72
Participation	60	58

There were no statistically significant differences between 2014 and 2015 scores.

Table 12 shows domain scores according to the method of survey completion. Unlike last year, percentages satisfied were higher in all but one domain for online respondents. Access had the most satisfaction, and a significantly higher percentage of online respondents who were satisfied compared to by-mail respondents, while the participation category had the least satisfaction.

<b>Table 12. Residential Survey Domain Scores by Method of Completion, 2015.</b>		
<b>Domain</b>	<b>Internet</b>	<b>Mail</b>
General Satisfaction	89	79
Access*	94	72
Quality	89	74
Outcomes	78	65
Functioning	68	65
Social Connectedness	84	71
Participation	56	58

\*Indicates a statistically significant difference ( $p < .05$ ) in proportions with positive response.

Due to small numbers in the residential population, Acumentra Health did not break down domain scores by additional groups for comparison (e.g., race and ethnicity) as in the outpatient survey results section.

## Additional Analysis

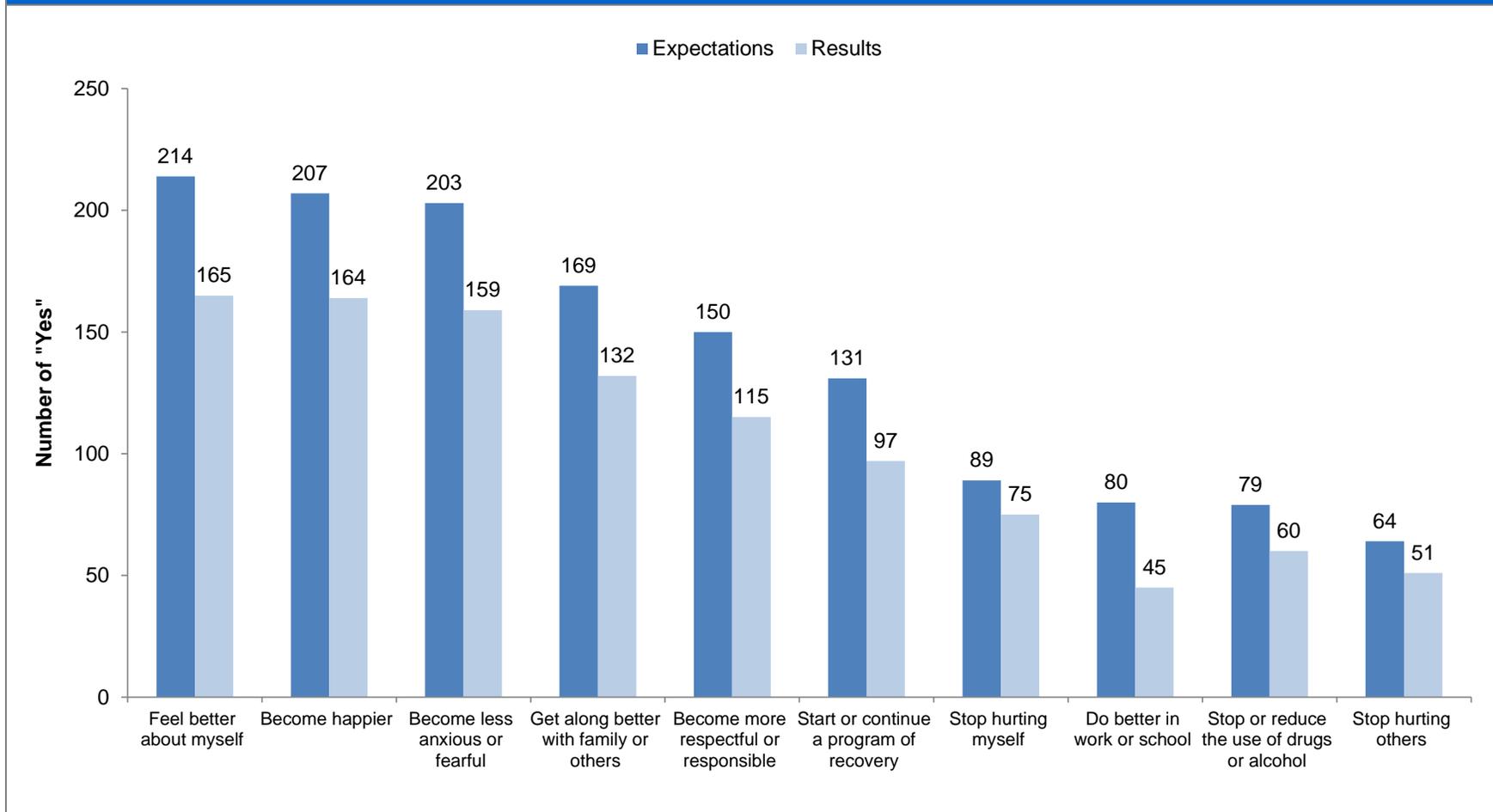
Below are results of the HSD-added questions. These are self-reported data and the usual cautions and limitations apply.

### Treatment expectations and results

The most commonly reported expectations for treatment were to “feel better about myself” (68%) followed by “become happier” (64%) and “become less anxious or fearful” (64%). These findings are consistent with treatment expectations in previous years.

Figure 20 shows the number of respondents citing each expectation who reported achieving the expected result. As in 2014, percentages of those achieving the expected results were fairly high, most in the seventies and lower eighties. Of those who expected to feel better about themselves, 77% said they did feel better about themselves as a result of receiving services. The highest percentages for results were 84% for “stop hurting myself”; the lowest was 56% for “doing better in work and school,” a decrease from 2014.

Figure 20. Treatment Expectations and Results.



### Current employment status and income source

In response to the question, “Are you currently employed?”, 63% of the 240 respondents reported that they were not employed and were not looking for work (Table 13).

<b>Table 13. Employment Status (N=240).</b>		
<b>Status</b>	<b>Number of responses</b>	<b>% of responses</b>
Not employed, not looking for work	150	63
Not employed, looking for work	38	16
Other	22	9
Volunteer work	20	8
Competitively employed less than 17 hours per week	5	2
Self-employed	2	1
Competitively employed working more than 35 hours per week	2	1
Competitively employed 17 to 34 hours per week	1	0

In response to the question, “Do you receive assistance and supports to work?”, 77% of the 225 respondents answered no, up from 71% in 2014.

The survey also asked about current source of income and gave several options for respondents to select (Table 14). Supplemental Security Income and Social Security Disability Insurance were the most common sources of income at 57% and 50%, respectively. These results are consistent with findings in previous years.

**Table 14. Current Source of Income (N=316).**

Source	Number of responses	% of responses
Supplemental Security Income (SSI)	180	57
Social Security Disability Insurance (SSDI)	158	50
Social Security Retirement	18	6
Family member/Friends	25	8
Other	23	7
Trust	15	5
Veteran’s disability payment	12	4
No income source	11	3
Earned employment	8	3
Pension from former job	5	2
Unemployment Insurance	4	1
Private disability/Worker’s compensation	3	1
Temporary Assistance to Needy Families (TANF)	3	1
Child support/Alimony	2	1

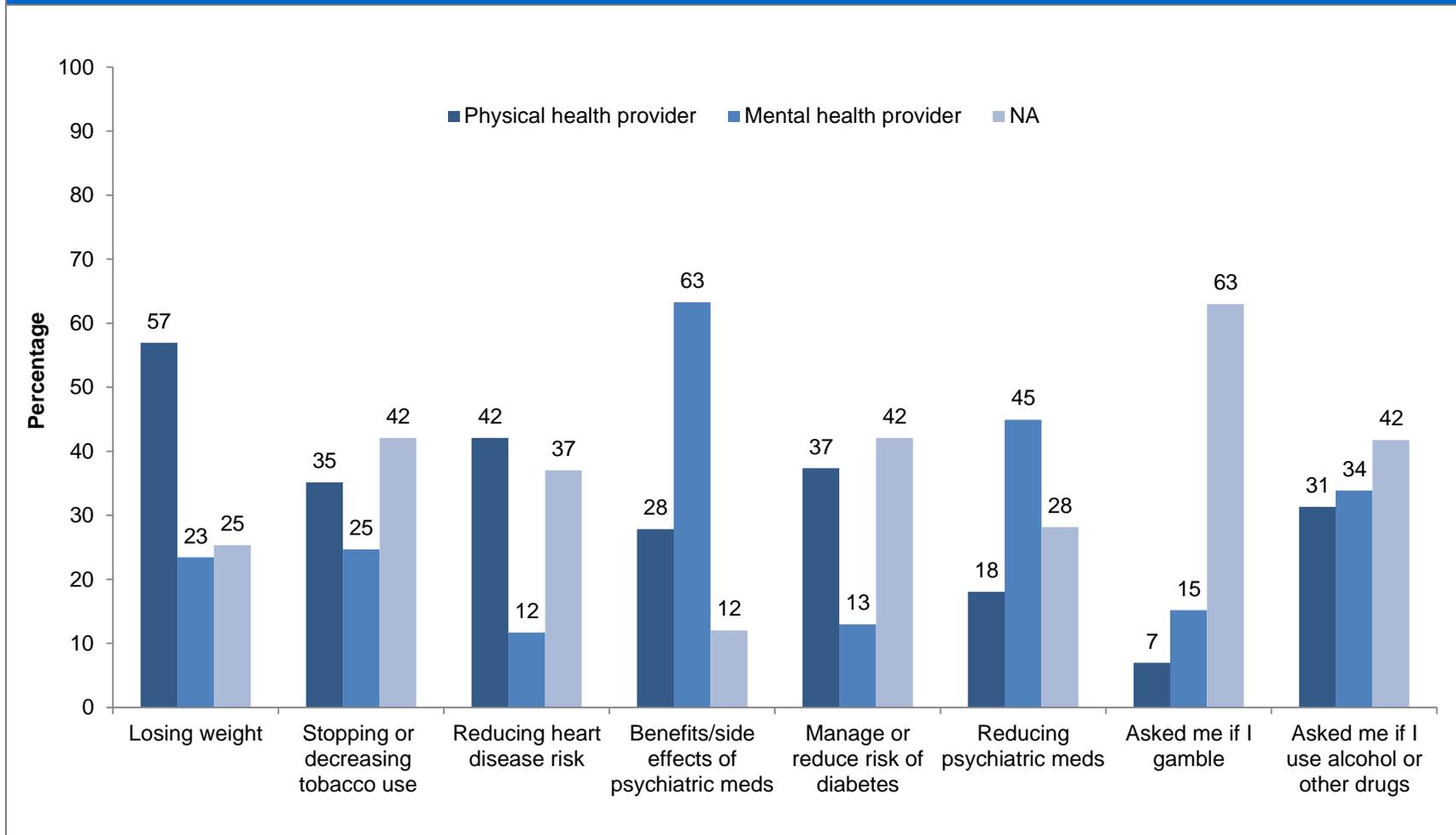
**Primary care and overall health**

Of 251 respondents in 2015, 92% reported that they had a physical health care provider. In 2014, 94% of respondents reported having a “primary care provider.”

The survey asked respondents to select health topics that their doctor or mental health care provider had talked to them about. As shown in Figure 21, 57% said their doctor had talked to them about losing weight, and 63% said their mental health provider had discussed benefits and side effects of psychiatric medications, which are increases from 2014. Questions about alcohol and drug use and tobacco use had low responses for both physical health and mental health providers.

When asked about their general health, 31% of the 293 respondents reported “excellent” or “very good” health, a slight downward shift from 2014, when 33% reported excellent or very good health. Residential respondents tended to assess their health more positively than did outpatient respondents, of whom 20% reported excellent or very good health.

Figure 21. “My doctor or mental health service provider has talked to me about...” (N=316)



**Living in residential care**

The survey asked why respondents were living in a residential facility and gave eight options; respondents could select all that applied. The most common reasons were to get help taking care of oneself, for housing, and for mental health treatment to get better (Table 15).

<b>Table 15. “Why are you living in a residential facility?” (N= 316).</b>		
	<b>Number of responses</b>	<b>% of responses</b>
I need help taking care of myself	137	43
I need housing	98	31
I want mental health treatment so I can get better	98	31
My guardian wants me to be here	44	14
Other	38	12
I am under the jurisdiction of the Psychiatric Security Review Board or I have other legal requirements	37	12
I am civilly committed and the county wants me to be here	28	9
I want addictions treatment so I can get better	9	3

Two questions asked about progress made while in residential care and types of services received. As shown in Figure 22, 68% of respondents indicated they had made progress in mental health (decrease in symptoms, medications, increased coping skills, better relationships, staying out of the hospital, fewer crises, etc.); this was an increase from 58% in 2014. More respondents reported progress in most other categories this year, including physical health and activities of daily living (cleaning, bathing, cooking, dressing, etc.). Jobs/school remained the same at 14%.

**Figure 22. “Since you’ve been here, do you feel like you’ve made progress in any of the following areas? (Please check all that apply)” (N=316).**

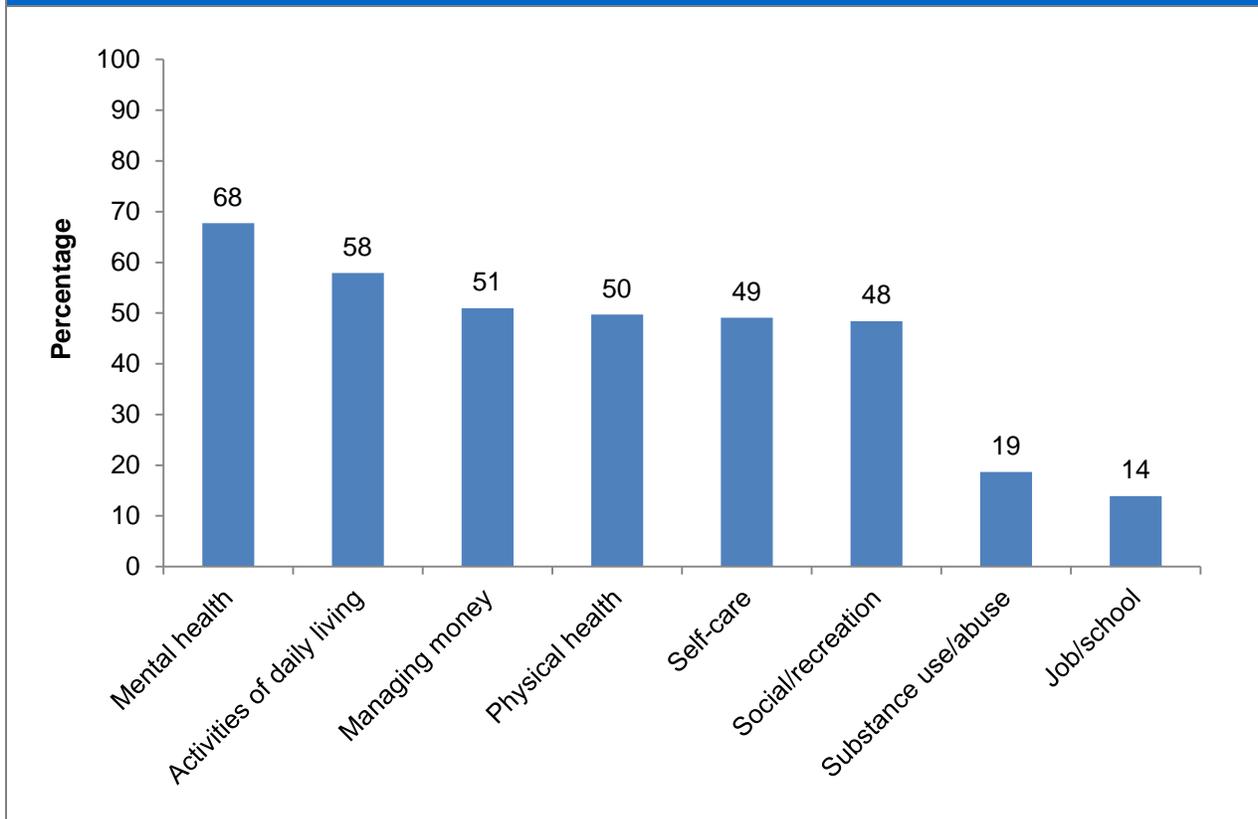


Table 16 shows the types of services respondents received in residential care (they could select all services that applied). Medication management, psychiatric visits, support with activities of daily living, and social/recreational activities were the most commonly selected. This is consistent with findings in previous years.

<b>Table 16. “What types of services do you receive? (Please check all that apply)” (N=316).</b>		
<b>Types of services</b>	<b>Number of responses</b>	<b>% of responses</b>
Medication management	212	67
Psychiatric visits	179	57
Support with activities of daily living	175	55
Social/recreational activities	159	50
Social skills training	111	35
Skills training either in a group or individually	108	34
Care coordination	103	33
Physical health counseling	102	32
Peer counseling/mentorship	89	28
Individual, family, or group psychotherapy	84	27
Community meetings	77	24
Formal mental health or chemical dependency assessments	72	23
Transition/discharge planning	50	16
Other	41	13
Vocational/Educational counseling	39	12
Chemical dependency education and counseling	38	12

## Independent living

The survey asked whether respondents felt ready for more independent living, and if not, why. Of 280 respondents, 48% said they did *not* feel ready for more independent living, down from 50% in 2014. Forty-one percent said they felt ready, and 11% were not sure.

Respondents selected several different reasons for not feeling ready for independent living (Table 17). The two most commonly selected were “I like it here” (69%) and “I don’t have the skills to live on my own” (63%).

Types of services	Number of responses	% of responses
I like it here	92	69
I don’t have the skills to live on my own	85	63
I am worried that if I leave I won’t get the help I need	57	43
I have lived on my own before and it did not work	67	50
I don’t know where else I would go	54	40
I am worried that I will get sick again	49	37
My symptoms are too bad right now	47	35
My family does not want me to leave	46	34
I don’t have a plan	33	25
Other	13	10
I don’t feel like I have support from staff	8	6
I have legal issues that keep me here	4	3

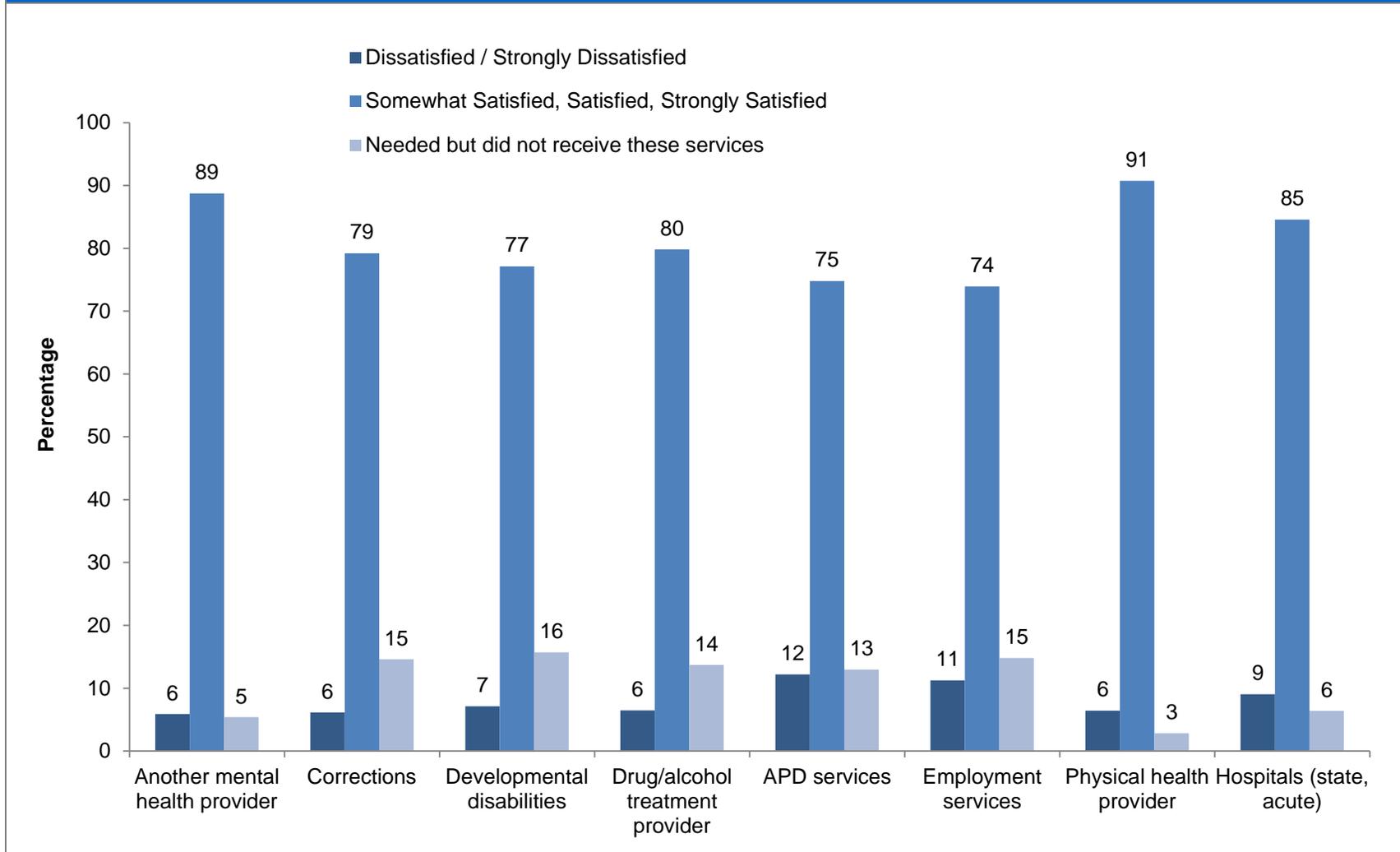
Respondents indicated that, if they were ready to move to more independent living, 42% (of 316) would have the option to live in their own apartment or home; 31% didn’t know where they would live; 14% would have the option to live with family or friends; and 15% selected “other.” Respondents could select as many answers as they wished.

### Service coordination

Another question asked respondents about their satisfaction with the willingness and ability of their current mental health provider to work together with other service providers. Reported satisfaction increased in most categories from 2014. Figure 23 shows the results from 2015. Satisfaction was highest for collaboration with physical health providers (91%). Most respondents were also satisfied with collaboration with other mental health providers (89%), and with drug/alcohol treatment (80%).

Satisfaction was lowest for collaboration between the mental health provider and employment services (74%), but still notably higher than the level of satisfaction reported in 2014 (65%). Fifteen percent of respondents again reported that they needed but did not receive employment services.

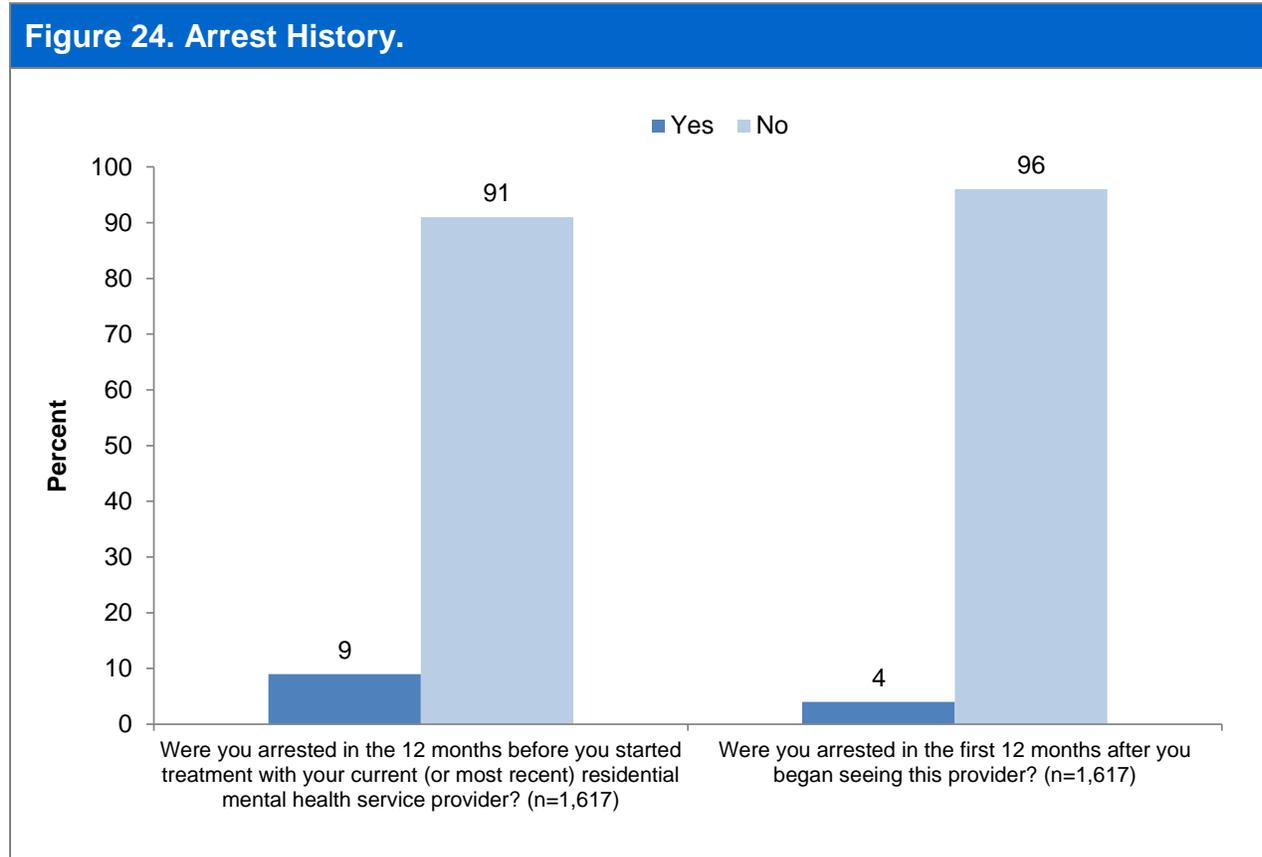
**Figure 23. Satisfaction with Service Coordination.**



APD = Aged and Physically Disabled.

### Arrest history

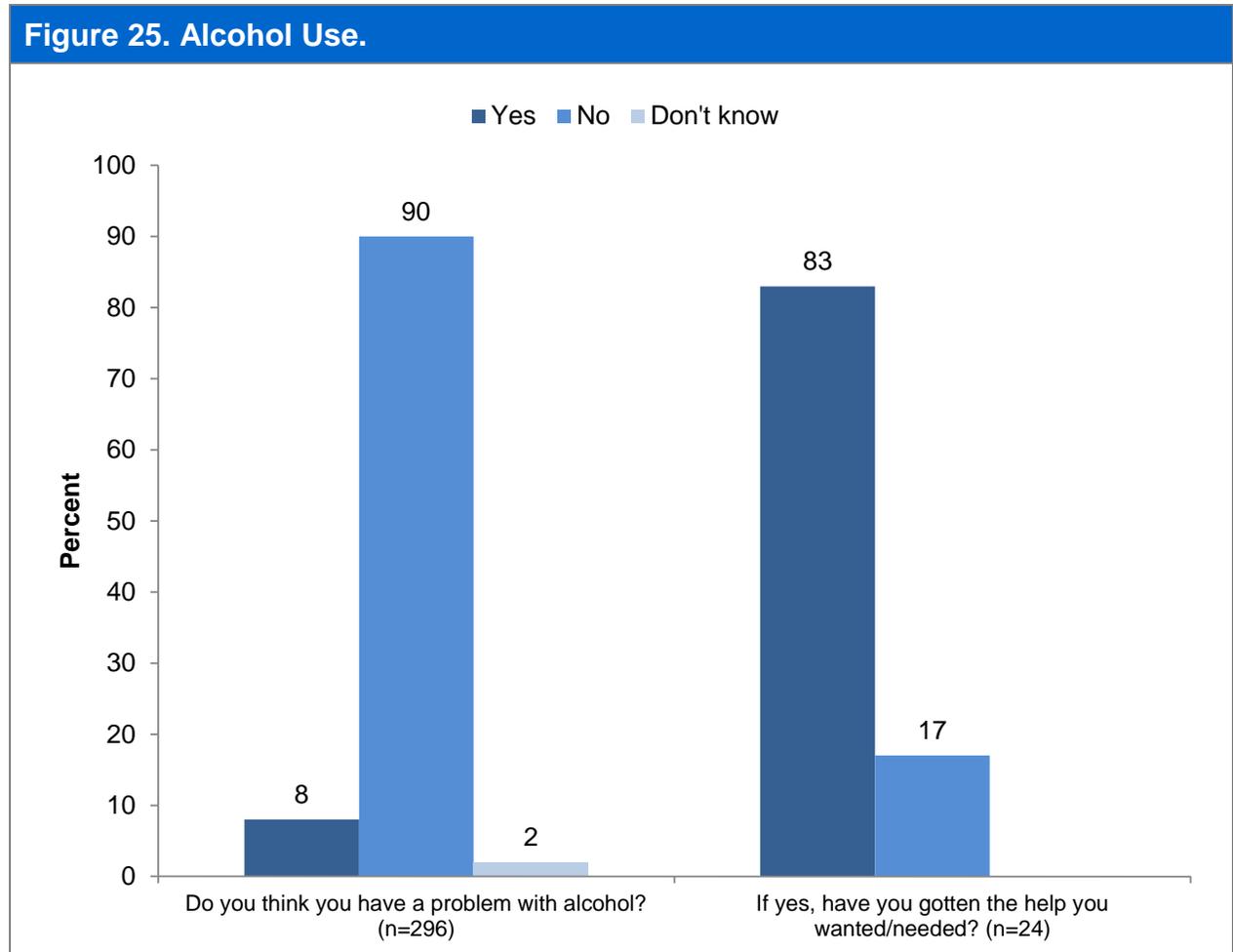
Two questions asked about arrests before and after initiation of mental health services. As shown in Figure 24, 9% reported an arrest in the 12 months before beginning services with their current residential mental health service provider, while 4% reported an arrest after starting service.



Another question asked about encounters with the police. Encounters include being arrested, hassled by police, or taken by the police to a shelter or crisis program. Since beginning treatment, 16% of respondents said their encounters with police had decreased; 3% said their encounters had increased (down from 10% in 2014); 5% said their encounters had stayed the same; and 77% said the question did not apply because they had no encounters with the police (up from 71% in 2014).

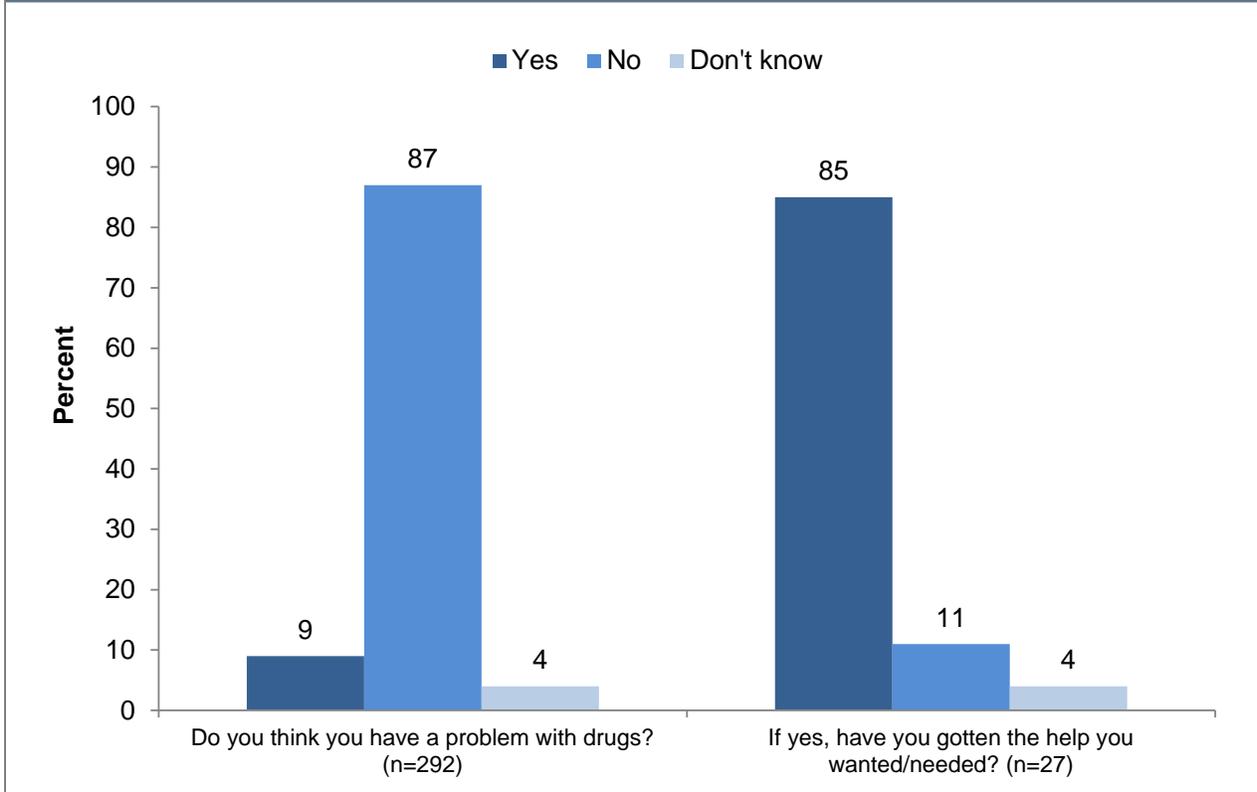
### Alcohol and drug use

The results of questions about alcohol and drug use appear in Figures 25 and 26.



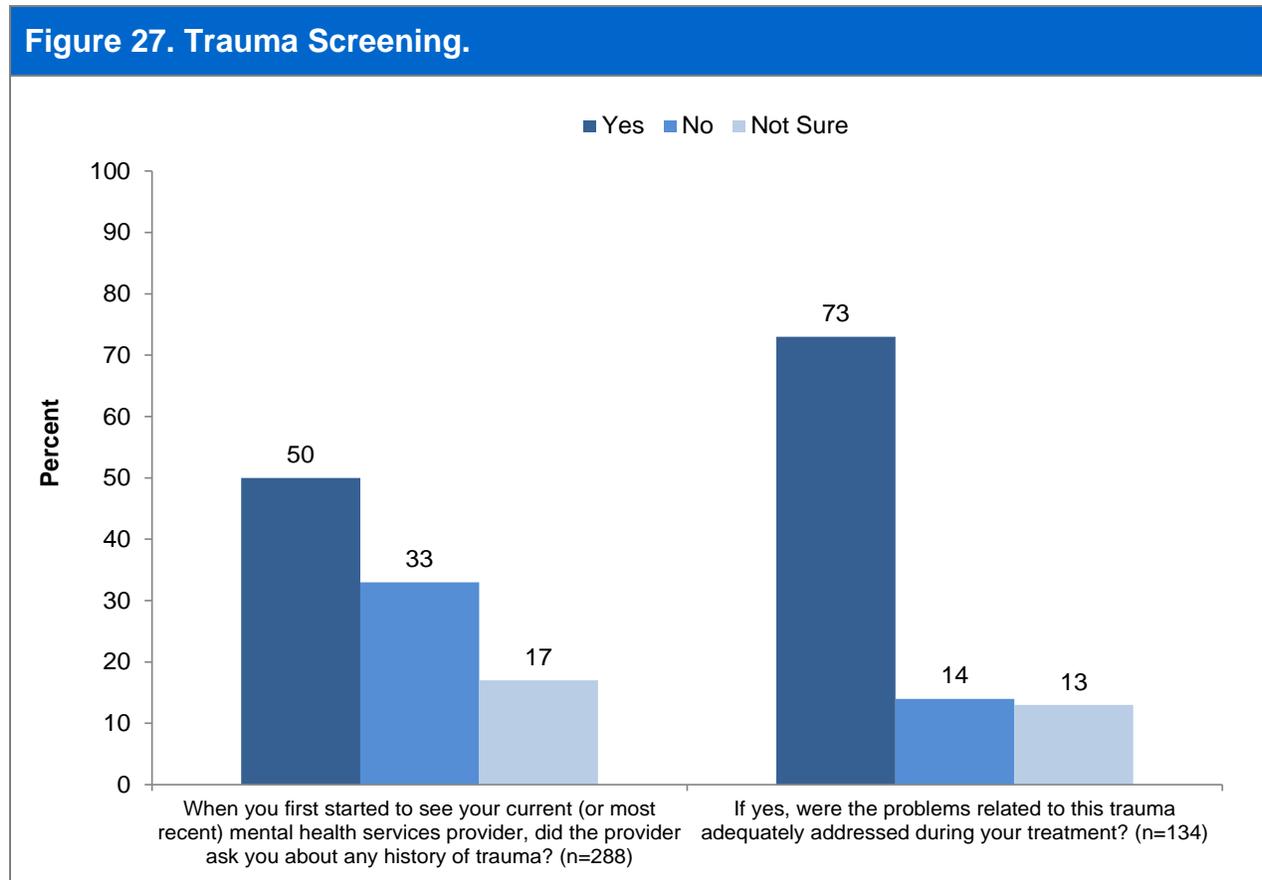
Note: The second question also had the “don’t know” option, but no respondents selected it.

**Figure 26. Drug Use.**



### Trauma

The survey included questions about whether the mental health care provider asked about any history of trauma when the respondent started treatment. Trauma history includes severely stressful events like car wrecks, loss of loved ones, natural disasters, poverty, or physical or sexual abuse. Figure 27 shows the results of these questions.



**Residence**

Respondents were asked where they were currently living. While respondents were in a residential treatment setting sometime between January and December 2014, they might have moved before receiving the survey. Forty-six percent were living in a mental health residential treatment facility; 18% reported owning or renting a home or apartment; 8% were living in someone else’s home or apartment. Twenty-seven percent of respondents selected “other.”

A second question asked respondents where they had lived in the past 12 months. About half (49%) had lived in a mental health residential treatment facility or home, 21% reported “other” living situations, and 17% owned or rented a home or apartment (Table 18).

<b>Table 18. Respondents’ Residences in the Last 12 Months (N=316).</b>		
<b>Have you lived in any of the following places in the last 12 months?</b>	<b>N</b>	<b>% of responses</b>
Residential treatment facility or home	156	49
Other	67	21
Own or rent home or apartment	54	17
Psychiatric hospital	28	9
Someone else's home or apartment	30	9
Medical hospital	15	5
Skilled nursing facility	9	3
Crisis program	11	3
Residential substance abuse treatment program	11	3
Homeless or homeless shelter	7	2
Jail or correctional facility	6	2

## DISCUSSION AND RECOMMENDATIONS

### Overall Survey Results

In 2015, a total of 2,039 adults returned surveys, for a response rate of 18.7%, a decrease from 24.1% in 2014 and 23.3% in 2013. The majority of respondents (84.5%) received outpatient services, while 7.8% were in residential treatment and 7.7% were in foster care. In 2015, satisfaction decreased slightly in all but social connectedness, but none of the changes were statistically significant.

As in previous years, outpatient respondents were significantly less satisfied than residential and foster care respondents in most domains, with significant differences in general satisfaction, access, treatment outcomes, daily functioning, and social connectedness. This disparity could be attributed to the reasons people are in residential care to begin with (for example, needing a place to live and assistance caring for oneself, in addition to mental health treatment).

### 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, perceptions of social desirability may bias some results. This is especially true of questions on sensitive topics such as alcohol and drug use.

While the MHSIP domain portions of the survey have remained untouched, OHA has added or removed additional questions in the past. No substantive changes were made to the survey this year. Some of these added 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 57 questions, the survey may take significant time to complete, especially for some respondents with mental or cognitive challenges.

Mental or cognitive challenges may also have affected the respondents' ability to understand and respond accurately to some questions. For instance, a question on the residential survey asked about what services the client was receiving. A client might not know the administrative terms (e.g., social skills training, formal mental health or chemical dependency assessments) for the services received, so services may be under- or over-reported in some instances.

Other items on the surveys asked respondents to report events that occurred one year prior to the start of services. Any question that relies on memory must be interpreted with caution.

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. Differences in age, disability, treatment setting, or living situation between online and paper respondents may affect the way they answered the questions. Web respondents may feel more anonymous and therefore may be 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

### *Response rates*

The overall response rate decreased from 24.1% in 2014 to 18.7% in 2015. Response rates ranged from 16.6% among respondents in residential treatment to 22.4% among adult foster care respondents.

- **HSD/OHA should continue efforts to increase awareness of the survey and work with CCOs and agency providers to maintain or improve this response rate.**

### *Alcohol and drug use treatment*

More individuals were asked by physical health providers about alcohol and other drug use than in 2014. In addition, more individuals who reported that they had a problem with alcohol or drugs received the help they wanted/needed.

The increase in physical health providers asking about the use of substances and the required referral to treatment may be attributed to an increased focus on the SBIRT incentive measure for CCOs.

- **HSD/OHA should continue to work with CCOs to ensure that screenings (such as the SBIRT) are included in encounter data (whether through \$0 claims, fee schedule charges, contracted amounts, etc.).**

## Outpatient survey

### *Outpatient vs. residential responses*

Outpatient respondents were less satisfied than residential respondents in six of the seven domains.

- **HSD/OHA should explore with CCOs why outpatient respondents are less satisfied overall.**

### *Responses by age*

From 2014 to 2015, satisfaction in the 18–25 age group increased for all domains except daily functioning and social connectedness. For first time in 2015, respondents ages 65 and over did not have the most positive responses in most domains.

- **HSD/OHA should explore reasons for the overall decrease in satisfaction for the older respondents.**

### *Urban vs. rural responses*

In all domains except general satisfaction, more urban respondents were satisfied than rural respondents.

- **HSD/OHA should work with rural CCOs to maintain access to mental health treatment, while examining why urban respondents were more satisfied with their access to care, quality of care, treatment outcomes, daily functioning, social connectedness, and participation in treatment.**

### *Housing*

While the percentage of individuals wanting or needing housing decreased this year (30% in 2015 vs. 40% in 2014), the proportions of those who received assistance from their provider or community mental health program decreased (14% in 2015 vs. 39% in 2014). Among those offered assistance, 49% obtained housing or better housing, a notable decrease from 70% in 2014.

- **HSD/OHA should work with CCOs and providers to ensure assistance with obtaining adequate housing is provided to enrollees. HSD/OHA should work with CCOs to explore new flexible spending options to assist enrollees with obtaining adequate housing.**

### *Employment*

Fewer respondents reported receiving assistance with finding employment this year: 30% who wanted or needed a job received help from their mental health providers (down from 37% in 2014). Respondents who did receive assistance were less satisfied than last year.

- **HSD/OHA should work with CCOs to ensure that enrollees receive supported employment and referrals to employment services. HSD/OHA should work with CCOs to explore new flexible spending options to assist enrollees in finding employment.**

### *Mental health crisis*

While fewer respondents reported needing assistance for a mental health crisis this year (38% in 2015 vs. 54% in 2014), fewer were satisfied with the assistance they received (71% in 2015 vs. 80% in 2014).

- **HSD/OHA and CCOs should continue efforts to ensure that clients' crisis plans are up to date and that providers are trained and prepared to respond to mental health crises.**

### *Benefits and side effects of psychotropic medications*

Of outpatient respondents, 43% indicated that their mental health service provider had discussed the benefits and side effects of psychotropic medications with them, a decrease from 51% in 2014 and a further decrease from 60% in 2013.

- **HSD/OHA should work with the CCOs to ensure that mental health providers discuss the benefits and side effects of psychotropic medications with individuals.**

### **Residential survey**

#### *Response method*

A majority of residential respondents (93%) replied via mail, with a small percentage (7%) responding online. This is similar to 2014, but down from 2013 when 16.3% completed the survey online.

- **HSD/OHA and CCOs should ensure that individuals receiving residential care have access to the Internet and support to respond to satisfaction surveys.**

### *Trauma treatment*

Of the residential respondents who reported experiencing a trauma, 73% reported that their issues of trauma were adequately addressed (up from 68% in 2014), and 13% were uncertain (down from 18% in 2014).

- **HSD/OHA should continue efforts to implement trauma-informed care across the state and across treatment settings.**

## APPENDIX A - DETAILED DATA TABLES

Table A-1 presents results for each domain question by treatment setting. These questions are not in numerical order but are grouped by domains, and the numbers correspond to the question numbers in the survey.

Tables A-2 through A-4 show 2014 and 2015 domain scores by age, gender, and residence location.

**Table A-1. Percent of Respondents Who Agree or Strongly Agree with an Item, by Treatment Setting, 2014–2015.**

		Outpatient		Residential		Foster	
		2014	2015	2014	2015	2014	2015
<b>General Satisfaction</b>							
13	I like the services I received here	78	75	83	77	83	86
14	If I had other choices, I would still get services from this agency	72	70	77	71	75	79
15	I would recommend this agency to a friend or family member	75	74	76	70	71	83*
<b>Treatment Access</b>							
16	The location of services was convenient	77	75	78	73	80	81
17	Staff were willing to see me as often as I felt it was necessary	72	72	82	81	78	80
18	Staff returned my call in 24 hours	67	68	66	63	66	72
19	Services were available at times that were good for me	76	74	79	81	80	83
20	I was able to get all the services I thought I needed	65	64	79	72	74	74
21	I was able to see a psychiatrist when I wanted to	56	54	74	71	69	73
<b>Quality/Appropriateness</b>							
22	Staff here believe that I can grow, change and recover	70	70	83	75	68	67
24	I felt free to complain	68	69	67	64	72	79

25	I was given information about my rights	83	81	81	77	81	88
26	Staff encouraged me to take responsibility for how I live my life	69	71	81	71*	74	79
27	Staff told me what side effects to watch out for	64	65	65	58	69	79*
28	Staff respected my wishes about who is and who is not to be given information about my treatment	81	82	78	75	83	82
30	Staff were sensitive to my cultural background	76	71*	73	65	73	75
31	Staff helped me obtain the information I needed so that I could take charge of managing my illness	67	65	76*	71	65	77*
32	I was encouraged to use consumer-run programs	68	65	67	73	65	72
<b>Treatment Outcomes</b>							
1	I deal more effectively with daily problems	58	58	72	65	69	66
2	I am better able to control my life	54	53	77	71	70	68
3	I am better able to deal with crisis	49	50	71	72	64	64
4	I am getting along better with my family	56	58	69	66	63	76*
5	I do better in social situations	45	45	65	70	61	67
6	I do better in school and/or work	37	44*	57	57	46	60
7	My housing situation has improved	52	44*	69	75	70	70
8	My symptoms are not bothering me as much	43	45	67	65	60	59

Daily Functioning							
8	My symptoms are not bothering me as much	43	45	67	65	60	59
9	I do things that are more meaningful to me	51	53	69	68	65	68
10	I am better able to take care of my needs	51	53	69	73	65	64
11	I am better able to handle things when they go wrong	45	49	65	58	60	59
12	I am better able to do things that I want to do	48	48	71	68	62	68
Social Connectedness							
34	I am happy with the friendships I have	61	63	74	72	81	85
35	I have people with whom I can do enjoyable things	64	68*	76	66	81	83
36	I feel I belong in my community	45	48	69	66	72	78
37	In a crisis, I would have the support I need from family or friends	68	70	72	72	76	83
Participation							
23	I felt comfortable asking questions about my treatment and medication	76	76	80	75	80	83
29	I, not staff, decided my treatment goals	61	58	63	55	58	63

No Domain							
33	My service provider gave me opportunities to learn skills that allow me to strengthen and maintain my wellness.	68	66	74	73	66	75

\*Indicates statistically significant difference ( $p < .05$ ) between 2014 and 2015 within treatment setting group.

**Table A-2. Domain Scores by Respondent's Age, 2014–2015.**

Domain	Age group					
	18–25		26–64		65+	
	2014	2015	2014	2015	2014	2015
General Satisfaction	65	69	76	74	83	72
Access	56	63	67	65	70	67
Quality/Appropriateness	66	74	74	74	81	68
Treatment Outcomes	45	48	45	46	62	45
Functioning	52	47	45	46	56	49
Social Connectedness	59	58	53	58	68	63
Participation	59	60	62	58	51	57

There were no statistically significant differences between age groups in 2015.

**Table A-3. Domain Scores by Respondent's Gender, 2014–2015.**

Domain	Female		Male	
	2014	2015	2014	2015
General Satisfaction	76	74	72	72
Access	66	66	67	63
Quality/Appropriateness	75	75	70	71
Treatment Outcomes	46	46	46	45
Functioning	47	46	45	45
Social Connectedness	55	57	54	59
Participation	62	59	60	58

There were no statistically significant differences between males and females in 2015.

**Table A-4. Domain Scores by Location of Respondent's Residence, 2014–2015.**

Domain	Rural		Urban	
	2014	2015	2014	2015
General Satisfaction	74	74	77	72
Access	66	64	66	66
Quality/Appropriateness	72	72	75	76
Treatment Outcomes	42	45	51	47
Functioning	42	45	52	49
Social Connectedness	55	57	55	59
Participation*	58	57	65	62

\*Indicates statistical significance ( $p < .05$ ) between urban and rural in 2015.

## **APPENDIX B - SURVEY DATA SECURITY AND QUALITY ASSURANCE PROCEDURES**

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

Data entry staff members were trained on inputting survey data, and every tenth survey was checked by other staff to make sure data entry was consistent and correct. Acumentra Health maintained data quality on two tiers. The first was the built-in data checks in the database and online survey software. These checks ensured that only valid field values were 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.

The second data-quality tier was the SAS recheck programs, written by the data analyst. These programs scanned each field of each survey response and checked for missing and out-of-range data or logic problems.

## APPENDIX C - MHSIP SURVEY FORMS



**ADDICTIONS AND MENTAL HEALTH DIVISION  
MENTAL HEALTH SERVICES SURVEY FOR ADULTS**

Kate Brown, Governor



Study ID: [Survey\_ID]

Please check this box if, for any reason, this survey is being completed by someone other than [FIRST\_NAME]. Please provide your relationship to [FIRST\_NAME]. Thank you.

Relationship to outpatient client: \_\_\_\_\_

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

**Please tell us about the outpatient mental health services you received between January 1 and December 31, 2014.** If you received services from more than one provider since January 2014, then please rate only your *current* outpatient mental health service provider. If you are no longer receiving services, then please rate only your *most recent* provider.

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

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<i>As a Direct Result of Services I Received from this Provider...</i>						
1. I deal more effectively with daily problems.	5	4	3	2	1	9
2. I am better able to control my life.	5	4	3	2	1	9
3. I am better able to deal with crisis.	5	4	3	2	1	9
4. I am getting along better with my family.	5	4	3	2	1	9
5. I do better in social situations.	5	4	3	2	1	9
6. I do better in school and/or work.	5	4	3	2	1	9
7. My housing situation has improved.	5	4	3	2	1	9
8. My symptoms are not bothering me as much.	5	4	3	2	1	9
9. I do things that are more meaningful to me.	5	4	3	2	1	9
10. I am better able to take care of my needs.	5	4	3	2	1	9
11. I am better able to handle things when they go wrong.	5	4	3	2	1	9

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<b>12.</b> I am better able to do things that I want to do.	5	4	3	2	1	9
<b><i>You should respond to the following items based on your experience with your most recent mental health provider.</i></b>						
<b>13.</b> I like the services that I received here.	5	4	3	2	1	9
<b>14.</b> If I had other choices, I would still get services from this agency.	5	4	3	2	1	9
<b>15.</b> I would recommend this agency to a friend or family member.	5	4	3	2	1	9
<b>16.</b> The location of services was convenient (parking, public transportation, distance, etc.).	5	4	3	2	1	9
<b>17.</b> Staff were willing to see me as often as I felt it was necessary.	5	4	3	2	1	9
<b>18.</b> Staff returned my call in 24 hours.	5	4	3	2	1	9
<b>19.</b> Services were available at times that were good for me.	5	4	3	2	1	9
<b>20.</b> I was able to get all the services I thought I needed.	5	4	3	2	1	9
<b>21.</b> I was able to see a psychiatrist when I wanted.	5	4	3	2	1	9
<b>22.</b> Staff here believe that I can improve and recover.	5	4	3	2	1	9
<b>23.</b> I felt comfortable asking questions about my treatment and medication.	5	4	3	2	1	9
<b>24.</b> I felt free to complain.	5	4	3	2	1	9
<b>25.</b> I was given information about my rights.	5	4	3	2	1	9
<b>26.</b> Staff encouraged me to take responsibility for how I live my life.	5	4	3	2	1	9
<b>27.</b> Staff told me what side effects to watch out for.	5	4	3	2	1	9
<b>28.</b> Staff respected my wishes about who is and who is not to be given information about my treatment.	5	4	3	2	1	9

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<b>29.</b> I, not staff, decided my treatment goals.	5	4	3	2	1	9
<b>30.</b> Staff were sensitive to my cultural background (race, religion, language).	5	4	3	2	1	9
<b>31.</b> Staff helped me obtain the information I needed so that I could take charge of managing my illness.	5	4	3	2	1	9
<b>32.</b> I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line).	5	4	3	2	1	9
<b>33.</b> My current service providers(s) give me opportunities to learn skills that allow me to strengthen and maintain my wellness.	5	4	3	2	1	9
<b>Questions 34-37, please answer for relationships with people <u>other than</u> your mental health providers</b>						
<b>34.</b> I am happy with the friendships I have.	5	4	3	2	1	9
<b>35.</b> I have people with whom I can do enjoyable things.	5	4	3	2	1	9
<b>36.</b> I feel I belong in my community.	5	4	3	2	1	9
<b>37.</b> In a crisis, I would have the support I need from family or friends.	5	4	3	2	1	9

**38. Are you still receiving mental health services?**     a. Yes     b. No     c. Don't know  
*(If yes, skip to question 40)*

**39. If you are no longer receiving mental health services please indicate why.**  
*(Please check the ONE major reason why treatment ended)*

<input type="checkbox"/> a. I no longer needed treatment because the problem that led to treatment was solved.	<input type="checkbox"/> d. Treatment was no longer possible due to problems paying for treatment.
<input type="checkbox"/> b. Treatment was not working as well as expected, so I stopped treatment with this provider.	<input type="checkbox"/> e. Treatment was no longer possible due to problems with finding time for treatment.
<input type="checkbox"/> c. Treatment was no longer possible due to problems with transportation.	<input type="checkbox"/> f. Other reason(s) (please explain):

**40. Different service providers might be working together. If so, to what extent have you been satisfied with the willingness and ability of your current (or most recent) mental health services provider to work together with:**

	Strongly Satisfied	Satisfied	Somewhat Satisfied	Dissatisfied	Strongly Dissatisfied	<u>Did not need or receive these services</u>	<u>Needed but did not receive these services</u>
Another mental health provider?	5	4	3	2	1	9	8
Corrections?	5	4	3	2	1	9	8
Developmental Disabilities?	5	4	3	2	1	9	8
Drug and Alcohol Treatment provider?	5	4	3	2	1	9	8
Aged & Physically Disabled (APD) Services?	5	4	3	2	1	9	8
Employment Services?	5	4	3	2	1	9	8
Physical Health Provider?	5	4	3	2	1	9	8
Hospitals (state, acute)?	5	4	3	2	1	9	8

**41. What did you *expect to happen* as a result of receiving outpatient mental health services from your current (or most recent) mental health provider?**

**“I expected that I would... (Please check all that apply)**

<input type="checkbox"/> a. ...become happier.”	<input type="checkbox"/> f. ...get along better with family and/or others.”
<input type="checkbox"/> b. ...become less anxious or fearful.”	<input type="checkbox"/> g. ...start or continue a program of recovery.”
<input type="checkbox"/> c. ...become more respectful or responsible.”	<input type="checkbox"/> h. ...stop or reduce the use of drugs or alcohol.”
<input type="checkbox"/> d. ...feel better about myself.”	<input type="checkbox"/> i. ...stop hurting others.”
<input type="checkbox"/> e. ...do better in work or school.”	<input type="checkbox"/> j. ...stop hurting myself.”

**42. What has *actually happened* as a result of receiving mental health services from this provider?**

**“I have... (Please check all that apply)**

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

**43. Would you say that your general health is: (Please check one)**

Excellent     Very good     Good     Fair     Poor

**44. Do you have a physical health care provider?     Yes     No**

**45. My physical health provider (checkups, routine medical care and advice) or mental health service provider has talked to me about:** *(Please check all that apply)*

Health Issues	Physical Health Provider	Mental Health Provider	N/A
a. Losing weight/maintaining healthy weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Stop using tobacco/maintaining tobacco free life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How to reduce my risk of heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I was informed about the benefits and side effects of my psychiatric medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. How to reduce my risk, or manage my diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Possibility of reducing psychiatric meds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Asked me if I gamble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Asked me if I use alcohol or other drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**46. During the time that you were seeing your current (or most recent) outpatient mental health service provider:**

Housing/Employment/Mental Health Crisis Services	Yes	No	Don't know	N/A
a. Did you want or need <b>housing</b> or better housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Did your service provider or any other community mental health program offer you choices of housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Did you find housing or better housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Did you want or need a <b>job</b> or a better job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Did your service provider try to help you find a job or a better job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Did you find a job or a better job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Did you need assistance as the result of a <b>mental health crisis</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. If you needed assistance, did your mental health provider assist you with the crisis in a satisfactory manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. If you needed assistance, were you satisfied with the help you got from mental health services in your community, including your provider and any other mental health programs or providers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Do you know that your health benefit pays for mental health crisis services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**47. Are you currently employed?** Competitive employment is a regular job in the community that is not reserved for people with disabilities and that pays at least minimum wage. *(Please check one)*

<input type="checkbox"/> a. Competitively employed, working more than 35 hours per week	<input type="checkbox"/> e. Not employed, looking for work
<input type="checkbox"/> b. Competitively employed, working between 17 and 34 hours per week	<input type="checkbox"/> f. Not employed, not looking for work
<input type="checkbox"/> c. Competitively employed, working less than 17 hours per week	<input type="checkbox"/> g. Volunteer work
<input type="checkbox"/> d. Self-employed	<input type="checkbox"/> h. Other

48. Do you receive assistance and supports to work?  Yes  No

49. What is your current source of income? (Please check all that apply)

<input type="checkbox"/> a. No income source	<input type="checkbox"/> h. Veteran's disability payment
<input type="checkbox"/> b. Earned employment	<input type="checkbox"/> i. Temporary Assistance to Needy Families (TANF)
<input type="checkbox"/> c. Unemployment Insurance	<input type="checkbox"/> j. Private disability/Worker's compensation
<input type="checkbox"/> d. Supplemental Security Income (SSI)	<input type="checkbox"/> k. Pension from former job
<input type="checkbox"/> e. Social Security Disability Insurance (SSDI)	<input type="checkbox"/> l. Child support/Alimony
<input type="checkbox"/> f. Social Security Retirement	<input type="checkbox"/> m. Trust
<input type="checkbox"/> g. Family member/Friends	<input type="checkbox"/> n. Other

Arrest History	Yes	No	Don't know
<b>50a.</b> Were you arrested in the 12 months <b>before</b> you started treatment with your current (or most recent) outpatient mental health service provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>50b.</b> Were you arrested in the first 12 months <b>after</b> you began seeing this provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>51.</b> Encounters with police include being arrested, hassled by police, or taken by the police to a shelter or crisis program. Since you began receiving services from this provider, have your encounters with the police... <input type="checkbox"/> a. Decreased (gone down) <input type="checkbox"/> c. Stayed the same <input type="checkbox"/> b. Increased (gone up) <input type="checkbox"/> d. Doesn't apply (no encounters with police)			

Alcohol/Drugs	Yes	No	Don't know
<b>52.</b> Do you think you have a problem with <b>alcohol</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>52a.</b> If yes, have you gotten the help you wanted/needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>52b.</b> If you got help, did you quit drinking after you started treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>52c.</b> If so, did you quit drinking for at least 3 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>53.</b> Do you think you have a problem with <b>drugs</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>53a.</b> If yes, have you gotten the help you wanted/needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>53b.</b> If you got help, did you quit using drugs after you started treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>53c.</b> If so, did you quit using drugs for at least 3 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Trauma	Yes	No	Not Sure
<b>54.</b> When you first started to see your current (or most recent) mental health services provider, did the provider ask you about any history of trauma (severely stressful events like car wrecks, loss of loved ones, natural disasters, poverty, or physical or sexual abuse)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>55.</b> If you experienced trauma, were the problems related to this trauma adequately addressed during your treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**56. Where are you currently living?** *(Please check one)*

<input type="checkbox"/> a. Own or rent home or apartment	<input type="checkbox"/> e. Skilled nursing facility
<input type="checkbox"/> b. Someone else's home or apartment	<input type="checkbox"/> f. Crisis program
<input type="checkbox"/> c. Substance abuse residential treatment facility	<input type="checkbox"/> g. Mental health residential treatment facility
<input type="checkbox"/> d. Homeless or homeless shelter	<input type="checkbox"/> h. Other

**57. Have you lived in any of the following places in the last 12 months?**

*(Please check all that apply)*

<input type="checkbox"/> a. Owned or rented home or apartment	<input type="checkbox"/> g. Psychiatric hospital
<input type="checkbox"/> b. Someone else's home or apartment	<input type="checkbox"/> h. Residential substance abuse treatment program
<input type="checkbox"/> c. Crisis program	<input type="checkbox"/> i. Skilled nursing facility
<input type="checkbox"/> d. Homeless or homeless shelter	<input type="checkbox"/> j. Residential treatment facility or home
<input type="checkbox"/> e. Jail or correctional facility	<input type="checkbox"/> k. Other
<input type="checkbox"/> f. Medical hospital	

**58. 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

**59. 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

**60. If you checked more than one race above, which one of the following do you consider 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	

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



N° de identificación del estudio: [Survey\_ID]

Marque este casillero si, por alguna razón, esta encuesta la llenará otra persona que no sea [FIRST\_NAME] y díganos cuál es su relación con [FIRST\_NAME]. Muchas gracias.

Relación con el cliente ambulatorio: \_\_\_\_\_

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

**Díganos los servicios de salud mental ambulatorios que usted recibió** entre el 1 de enero de 2014 y el 31 de diciembre de 2014. Si usted recibió servicios de más de un proveedor desde el 1 de enero de 2014, califique solamente a su proveedor *actual* de servicios ambulatorios. Si usted ya no recibe servicios, califique solamente al *último* proveedor de servicios de salud mental ambulatorios.

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

	Completamente de acuerdo	De acuerdo	Neutral	En desacuerdo	Completamente en desacuerdo	No corresponde
<b><i>Como resultado directo de los servicios que recibí de este proveedor...</i></b>						
<b>1.</b> Enfrento mis problemas diarios de manera más efectiva.	5	4	3	2	1	9
<b>2.</b> Puedo controlar mejor mi vida.	5	4	3	2	1	9
<b>3.</b> Puedo enfrentar mejor una crisis.	5	4	3	2	1	9
<b>4.</b> Me llevo mejor con mi familia.	5	4	3	2	1	9
<b>5.</b> Me va mejor en situaciones sociales.	5	4	3	2	1	9
<b>6.</b> Me va mejor en la escuela o el trabajo.	5	4	3	2	1	9
<b>7.</b> Mi situación de vivienda mejoró.	5	4	3	2	1	9
<b>8.</b> Mis síntomas ya no me molestan tanto.	5	4	3	2	1	9
<b>9.</b> Hago cosas que son más significativas para mí.	5	4	3	2	1	9
<b>10.</b> Puedo atender mejor mis propias necesidades.	5	4	3	2	1	9
<b>11.</b> Puedo manejar mejor las situaciones cuando las cosas salen mal.	5	4	3	2	1	9
<b>12.</b> Puedo hacer mejor las cosas que quiero.	5	4	3	2	1	9
<b><i>Responda a las siguientes afirmaciones según la experiencia que tuvo con su último proveedor de servicios de salud mental.</i></b>						
<b>13.</b> Me gustan los servicios que recibí aquí.	5	4	3	2	1	9
<b>14.</b> Si tuviera otras opciones, igualmente quisiera seguir recibiendo servicios de esta agencia.	5	4	3	2	1	9

	Completamente de acuerdo	De acuerdo	Neutral	En desacuerdo	Completamente en desacuerdo	No corresponde
<b>15.</b> Le recomendaría esta agencia a un amigo o familiar.	5	4	3	2	1	9
<b>16.</b> El lugar donde me proporcionaban los servicios era conveniente para mí (estacionamiento, transporte público, distancia, etc.).	5	4	3	2	1	9
<b>17.</b> El personal estuvo dispuesto a verme con la frecuencia con la que yo los necesitara.	5	4	3	2	1	9
<b>18.</b> El personal devolvió mis llamadas dentro de las 24 horas.	5	4	3	2	1	9
<b>19.</b> Los servicios estuvieron disponibles en los horarios que me convenían.	5	4	3	2	1	9
<b>20.</b> Obtuve todos los servicios que pensé que necesitaba.	5	4	3	2	1	9
<b>21.</b> Pude ver a un psiquiatra cuando quise.	5	4	3	2	1	9
<b>22.</b> El personal cree que puedo mejorar y recuperarme.	5	4	3	2	1	9
<b>23.</b> Me sentí cómodo para preguntar acerca de mi tratamiento y los medicamentos que tomo.	5	4	3	2	1	9
<b>24.</b> Tuve la libertad de quejarme.	5	4	3	2	1	9
<b>25.</b> Me dieron información sobre mis derechos.	5	4	3	2	1	9
<b>26.</b> El personal me animó a asumir mi responsabilidad por la manera en que vivo mi vida.	5	4	3	2	1	9
<b>27.</b> El personal me dijo cuáles podrían ser los efectos secundarios de los medicamentos que tomo.	5	4	3	2	1	9
<b>28.</b> El personal respetó mis deseos acerca de quién puede y quién no puede recibir información acerca de mi tratamiento.	5	4	3	2	1	9
<b>29.</b> Yo (no el personal) decidí cuáles serían mis metas de tratamiento.	5	4	3	2	1	9
<b>30.</b> El personal respetó mis antecedentes culturales (raza, religión, idioma).	5	4	3	2	1	9
<b>31.</b> El personal me ayudó a obtener la información necesaria para que yo pueda hacerme cargo de mi propia enfermedad.	5	4	3	2	1	9
<b>32.</b> Me animaron a participar en programas dirigidos por consumidores (grupos de ayuda, centros de atención de ingreso voluntario, líneas telefónicas de ayuda en crisis).	5	4	3	2	1	9

	Completamente de acuerdo	De acuerdo	Neutral	En desacuerdo	Completamente en desacuerdo	No corresponde
<b>33.</b> Mis proveedores de servicios actuales me dan oportunidades para aprender habilidades que me permiten fortalecer y mantener mi bienestar.	5	4	3	2	1	9
<b>Para las preguntas 34-37, responda acerca de sus relaciones con personas <u>que no sean</u> sus proveedores de servicios de salud mental.</b>						
<b>34.</b> Estoy feliz con las amistades que tengo.	5	4	3	2	1	9
<b>35.</b> Conozco personas con las que puedo pasar un buen rato.	5	4	3	2	1	9
<b>36.</b> Siento que pertenezco a mi comunidad.	5	4	3	2	1	9
<b>37.</b> En una crisis, puedo tener el apoyo que necesito de mis familiares o amigos.	5	4	3	2	1	9

**38. ¿Continúa recibiendo servicios de salud mental?**       a. Sí       b. No       c. No sé  
(Si respondió que sí, pase a la pregunta 40)

**39. Si usted 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. Ya no necesitaba tratamiento porque el problema que me llevó a tratarme se resolvió.	<input type="checkbox"/> d. No pude continuar el tratamiento debido a problemas para pagarlo.
<input type="checkbox"/> b. El tratamiento no funcionó como se esperaba, por lo que terminé el tratamiento con este proveedor.	<input type="checkbox"/> e. No pude continuar el tratamiento debido a problemas para dedicarle el tiempo necesario.
<input type="checkbox"/> c. No pude continuar el tratamiento debido a problemas con el transporte.	<input type="checkbox"/> f. Otra razón (explicar):

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

	Muy satisfecho	Satisfecho	Algo satisfecho	Insatisfecho	Muy insatisfecho	No necesité o recibí estos servicios	Necesitaba estos servicios, pero no los recibí
Otro proveedor de servicios de salud mental	5	4	3	2	1	9	8
Correccionales	5	4	3	2	1	9	8
Servicios de discapacidades del desarrollo	5	4	3	2	1	9	8
Un proveedor de tratamientos para la drogadicción y el alcoholismo	5	4	3	2	1	9	8
Servicios para Ancianos y Discapacitados (APD)	5	4	3	2	1	9	8
Servicios de empleo	5	4	3	2	1	9	8
Un proveedor de servicios de salud física	5	4	3	2	1	9	8
Hospitales (estatales, para enfermedades agudas)	5	4	3	2	1	9	8

**41. ¿Qué esperaba usted que sucediera como resultado de los servicios de salud mental ambulatorios que recibió de su actual (o último) proveedor de servicios de salud mental?**

“Esperaba... (marque *todas las que correspondan*)”

<input type="checkbox"/> a. ...estar más feliz”	<input type="checkbox"/> f. ...llevarme mejor con mi familia y con otras personas”
<input type="checkbox"/> b. ...tener menos ansiedad o temor”	<input type="checkbox"/> g. ...comenzar a participar o seguir participando en un programa de recuperación.”
<input type="checkbox"/> c. ...ser más respetuoso o responsable”	<input type="checkbox"/> h. ...dejar de consumir drogas o alcohol o consumir menos”
<input type="checkbox"/> d. ...sentirme mejor conmigo mismo”	<input type="checkbox"/> i. ...dejar de lastimar a otros”
<input type="checkbox"/> e. ...tener más éxito en el trabajo o la escuela”	<input type="checkbox"/> j. ...dejar de lastimarme a mí mismo”

**42. ¿Qué ocurrió en realidad como resultado de los servicios de salud mental que recibió de este proveedor? “Yo... (marque *todas los que correspondan*)”**

<input type="checkbox"/> a. ...estoy más feliz”	<input type="checkbox"/> f. ...me llevo mejor con mi familia o con otras personas”
<input type="checkbox"/> b. ...tengo menos ansiedad o temor”	<input type="checkbox"/> g. ...comencé a participar o seguí participando en un programa de recuperación”
<input type="checkbox"/> c. ...soy más respetuoso o responsable”	<input type="checkbox"/> h. ...dejé de consumir drogas o alcohol o consumo menos”
<input type="checkbox"/> d. ...me siento mejor conmigo mismo”	<input type="checkbox"/> i. ...dejé de lastimar a otros”
<input type="checkbox"/> e. ...tengo más éxito en el trabajo o la escuela”	<input type="checkbox"/> j. ...dejé de lastimarme a mí mismo”

**43. En general, ¿cómo calificaría su salud?: (marque *una*)**

- Excelente       Muy buena       Buena       Regular       Mala

**44. ¿Tiene usted un proveedor de servicios de salud física?       Sí       No**

**45. Mi proveedor de servicios de salud física (revisiones, atención médica de rutina y asesoramiento) o mi proveedor de servicios de salud mental conversaron conmigo acerca de lo siguiente: (marque *todas las que correspondan*)**

Problemas de salud	Proveedor de salud física	Proveedor de salud mental	N/C
a. Bajar de peso/mantener un peso saludable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Dejar de fumar/llevar una vida libre de tabaco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cómo disminuir el riesgo de contraer enfermedades cardíacas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Me informó sobre los beneficios y los efectos secundarios de mis medicamentos psiquiátricos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. La manera de reducir el riesgo de contraer diabetes o cómo tratarla	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. La posibilidad de reducir la medicación psiquiátrica	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Me preguntó si participo de juegos de apuestas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Me preguntó si consumo alcohol u otras drogas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**46. Durante el tiempo que estuvo viendo a su actual (o último) proveedor de servicios de salud mental ambulatorios:**

Vivienda/Empleo/Servicios para Crisis de Salud Mental	Sí	No	No sé	N/C
a. ¿Quería o necesitaba una <b>vivienda</b> o una vivienda mejor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ¿Le ofreció su proveedor de servicios o cualquier otro programa de salud mental de la comunidad opciones de vivienda?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ¿Encontró una vivienda o una vivienda mejor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. ¿Quería o necesitaba un <b>empleo</b> o un mejor empleo?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ¿Intentó su proveedor de servicios de salud mental ayudarlo a encontrar empleo o un empleo mejor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. ¿Encontró empleo o un empleo mejor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. ¿Necesitó ayuda como resultado de una <b>crisis de salud mental</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Si necesitó ayuda, ¿lo ayudó su proveedor de salud mental con su crisis satisfactoriamente?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Si necesitó ayuda, ¿estuvo satisfecho con la ayuda que recibió de los servicios de salud mental en su comunidad, incluyendo a su proveedor y a cualquier otro programa o proveedor de salud mental?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. ¿Sabe usted que su beneficio de salud paga los servicios para crisis de salud mental?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**47. ¿Tiene empleo actualmente?** El empleo competitivo es un empleo normal en la comunidad que no está reservado para discapacitados y por el que le pagan al menos el salario mínimo (*marque una*)

<input type="checkbox"/> a. Tengo un empleo competitivo y trabajo más de 35 horas por semana.	<input type="checkbox"/> e. No tengo empleo pero estoy buscando.
<input type="checkbox"/> b. Tengo un empleo competitivo y trabajo entre 17 y 34 horas por semana	<input type="checkbox"/> f. No tengo empleo y no estoy buscando.
<input type="checkbox"/> c. Tengo un empleo competitivo de menos de 17 horas por semana.	<input type="checkbox"/> g. Hago trabajo voluntario.
<input type="checkbox"/> d. Trabajo por mi cuenta	<input type="checkbox"/> h. Otro.

**48. ¿Recibe asistencia y ayuda para trabajar?**  Sí  No

**49. ¿Cuál es su fuente de ingreso actual?** (*marque todas las que correspondan*)

<input type="checkbox"/> a. Sin fuente de ingresos.	<input type="checkbox"/> h. Pagos por discapacidad de veteranos.
<input type="checkbox"/> b. Empleo con salario.	<input type="checkbox"/> i. Asistencia Temporal para Familias Necesitadas ( <i>Temporary Assistance to Needy Families</i> o TANF)
<input type="checkbox"/> c. Seguro de desempleo.	<input type="checkbox"/> j. Pagos privados por discapacidad o compensación de trabajadores.
<input type="checkbox"/> d. Ingresos Complementarios de Seguridad ( <i>Supplemental Security Income</i> o SSI).	<input type="checkbox"/> k. Pensión de un empleo anterior.
<input type="checkbox"/> e. Seguro por Discapacidad de Seguridad Social ( <i>Social Security Disability Insurance</i> o SSDI)	<input type="checkbox"/> l. Manutención de hijos o pensión alimenticia.
<input type="checkbox"/> f. Jubilación de seguridad social.	<input type="checkbox"/> m. Fideicomiso
<input type="checkbox"/> g. Familiares o amigos.	<input type="checkbox"/> n. Otro

<b>Antecedentes de arrestos</b>		<b>Sí</b>	<b>No</b>	<b>No sé</b>
<b>50a.</b>	¿Lo arrestaron en los 12 meses <b>anteriores</b> a comenzar el tratamiento con su actual (o último) proveedor de servicios de salud mental ambulatorios?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>50b.</b>	¿Lo arrestaron en los primeros 12 meses <b>después</b> de comenzar a ver a este proveedor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>51.</b>	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 empezó a recibir servicios de este proveedor, el número de sus encuentros con la policía: <input type="checkbox"/> a. Disminuyó (tuvo menos) <input type="checkbox"/> c. Se mantuvo igual <input type="checkbox"/> b. Aumentó (tuvo más) <input type="checkbox"/> d. No corresponde (no tuvo encuentros con la policía)			

<b>Alcohol / Drogas</b>		<b>Sí</b>	<b>No</b>	<b>No sé</b>
<b>52.</b>	¿Cree que tiene un problema con el <b>alcohol</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>52a.</b>	Si respondió que sí, ¿recibió la ayuda que quería o necesitaba?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>52b.</b>	Si recibió ayuda, ¿dejó de beber alcohol después de empezar el tratamiento?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>52c.</b>	De ser así, ¿dejó de beber alcohol durante por lo menos 3 meses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>53.</b>	¿Cree que tiene un problema con las <b>drogas</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>53a.</b>	Si respondió que sí, ¿recibió la ayuda que quería o necesitaba?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>53b.</b>	Si recibió ayuda, ¿dejó de consumir drogas después de empezar el tratamiento?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>53c.</b>	De ser así, ¿dejó de consumir drogas durante por lo menos 3 meses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Trauma</b>		<b>Sí</b>	<b>No</b>	<b>No sé</b>
<b>54.</b>	Cuando comenzó a ver a su actual (o último) proveedor de servicios de salud mental, ¿el proveedor le preguntó cuáles eran sus antecedentes traumáticos (situaciones gravemente estresantes, tales como accidentes de automóvil, pérdida de seres queridos, catástrofes naturales, pobreza o abuso físico o sexual)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>55.</b>	Si vivió traumas, ¿se trataron adecuadamente los problemas relacionados con su trauma en el tratamiento?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**56. ¿Dónde vive usted actualmente? (marque una)**

<input type="checkbox"/> a. En una casa o apartamento de su propiedad o que alquila.	<input type="checkbox"/> e. En un centro de enfermería especializada.
<input type="checkbox"/> b. En la casa o el apartamento de otra persona.	<input type="checkbox"/> f. En un programa para el tratamiento de crisis.
<input type="checkbox"/> c. En un centro de tratamiento para el abuso de sustancias residencial.	<input type="checkbox"/> g. En un centro de tratamiento de salud mental residencial.
<input type="checkbox"/> d. No tiene hogar o vive en un refugio para personas sin hogar.	<input type="checkbox"/> h. Otro.

**57. ¿Vivió usted en alguno de estos lugares en los últimos 12 meses?**

*(marque todas las que correspondan)*

<input type="checkbox"/> a. En una casa o apartamento de su propiedad o que alquila.	<input type="checkbox"/> g. En un hospital psiquiátrico.
<input type="checkbox"/> b. En la casa o el apartamento de otra persona.	<input type="checkbox"/> h. En un centro de tratamiento para el abuso de sustancias residencial.
<input type="checkbox"/> c. En un programa para el tratamiento de crisis.	<input type="checkbox"/> i. En un centro de enfermería especializada.
<input type="checkbox"/> d. No tiene hogar o vive en un refugio para personas sin hogar.	<input type="checkbox"/> j. En un centro u hogar de tratamiento residencial.
<input type="checkbox"/> e. En una cárcel o instituto correccional.	<input type="checkbox"/> k. Otro:
<input type="checkbox"/> f. En un hospital.	

**58. ¿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

**59. ¿Cuál es su raza? (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

**60. 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	

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



**ADDICTIONS AND MENTAL HEALTH DIVISION  
MENTAL HEALTH SERVICES SURVEY FOR ADULTS**

Kate Brown, Governor



Study ID: [Survey\_ID]

Please check this box if, for any reason, this survey is being completed by someone other than [FIRST\_NAME] and tell us what your relationship is to [FIRST\_NAME]. Thank you.

Relationship to client: \_\_\_\_\_

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

**Please tell us about the residential services that you received between January 1 and December 31, 2014.**

If you received services from more than one provider since January 2014, then please rate only your *current* residential provider. If you are no longer receiving services, then please rate only your *most recent* provider.

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

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<b><i>As a Direct Result of Services I Received From this Provider...</i></b>						
<b>1.</b> I deal more effectively with daily problems.	5	4	3	2	1	9
<b>2.</b> I am better able to control my life.	5	4	3	2	1	9
<b>3.</b> I am better able to deal with crisis.	5	4	3	2	1	9
<b>4.</b> I am getting along better with my family.	5	4	3	2	1	9
<b>5.</b> I do better in social situations.	5	4	3	2	1	9
<b>6.</b> I do better in school and/or work.	5	4	3	2	1	9
<b>7.</b> My housing situation has improved.	5	4	3	2	1	9
<b>8.</b> My symptoms are not bothering me as much.	5	4	3	2	1	9
<b>9.</b> I do things that are more meaningful to me.	5	4	3	2	1	9
<b>10.</b> I am better able to take care of my needs.	5	4	3	2	1	9
<b>11.</b> I am better able to handle things when they go wrong.	5	4	3	2	1	9
<b>12.</b> I am better able to do things that I want to do.	5	4	3	2	1	9
<b><i>You should respond to the following items based on your experience with your most recent mental health provider.</i></b>						
<b>13.</b> I like the services that I received here.	5	4	3	2	1	9
<b>14.</b> If I had other choices, I would still get services from this agency.	5	4	3	2	1	9
<b>15.</b> I would recommend this agency to a friend or family member.	5	4	3	2	1	9

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
16. The location of services was convenient (parking, public transportation, distance, etc.).	5	4	3	2	1	9
17. Staff were willing to see me as often as I felt it was necessary.	5	4	3	2	1	9
18. Staff returned my call in 24 hours.	5	4	3	2	1	9
19. Services were available at times that were good for me.	5	4	3	2	1	9
20. I was able to get all the services I thought I needed.	5	4	3	2	1	9
21. I was able to see a psychiatrist when I wanted.	5	4	3	2	1	9
22. Staff believe that I can grow, change and recover.	5	4	3	2	1	9
23. I felt comfortable asking questions about my treatment and medication.	5	4	3	2	1	9
24. I felt free to complain.	5	4	3	2	1	9
25. I was given information about my rights.	5	4	3	2	1	9
26. Staff encouraged me to take responsibility for how I live my life.	5	4	3	2	1	9
27. Staff told me what side effects to watch out for.	5	4	3	2	1	9
28. Staff respected my wishes about who is and who is not to be given information about my treatment.	5	4	3	2	1	9
29. I, not staff, decided my treatment goals.	5	4	3	2	1	9
30. Staff were sensitive to my cultural background (race, religion, language).	5	4	3	2	1	9
31. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	5	4	3	2	1	9
32. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line).	5	4	3	2	1	9
33. My current service providers(s) give me opportunities to learn skills that allow me to strengthen and maintain my wellness.	5	4	3	2	1	9
<b><i>For questions 34-37, please answer for relationships with people <u>other than</u> your mental health providers.</i></b>						
34. I am happy with the friendships I have.	5	4	3	2	1	9
35. I have people with whom I can do enjoyable things.	5	4	3	2	1	9
36. I feel I belong in my community.	5	4	3	2	1	9
37. In a crisis, I would have the support I need from family or friends.	5	4	3	2	1	9

**38. Are you still receiving mental health services?** (If yes, skip to question 40)

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

**39. If you are no longer receiving mental health services please indicate why.**

(Please check the ONE major reason why treatment ended)

<input type="checkbox"/> a. I no longer needed treatment, because the problem that led to treatment was solved.	<input type="checkbox"/> d. Treatment was no longer possible due to problems paying for treatment.
<input type="checkbox"/> b. Treatment was not working as well as expected, so I stopped treatment with this provider.	<input type="checkbox"/> e. Treatment was no longer possible due to problems with finding time for treatment.
<input type="checkbox"/> c. Treatment was no longer possible due to problems with transportation.	<input type="checkbox"/> f. Other reason (s) (please explain):

**40. Different service providers might be working together. If so, to what extent have you been satisfied with the willingness and ability of your current (or most recent) mental health services provider to work together with:**

	Strongly Satisfied	Satisfied	Somewhat Satisfied	Dissatisfied	Strongly Dissatisfied	<u>Did not need or receive these services</u>	<u>Needed but did not receive these services</u>
Other mental health provider?	5	4	3	2	1	9	8
Corrections?	5	4	3	2	1	9	8
Developmental Disabilities?	5	4	3	2	1	9	8
Drug and Alcohol Treatment provider?	5	4	3	2	1	9	8
Aged & Physically Disabled (APD) Services?	5	4	3	2	1	9	8
Employment Services?	5	4	3	2	1	9	8
Physical Health Provider?	5	4	3	2	1	9	8
Hospitals (state, acute)?	5	4	3	2	1	9	8

**41. What did you expect to happen as a result of receiving mental health services from your current (or most recent) mental health provider?** “I expected that I would... (Please check all that apply)

<input type="checkbox"/> a. ...become happier.”	<input type="checkbox"/> f. ...get along better with family and/or others.”
<input type="checkbox"/> b. ...become less anxious or fearful.”	<input type="checkbox"/> g. ...start or continue a program of recovery.”
<input type="checkbox"/> c. ...become more respectful or responsible.”	<input type="checkbox"/> h. ...stop or reduce the use of drugs or alcohol.”
<input type="checkbox"/> d. ...feel better about myself.”	<input type="checkbox"/> i. ...stop hurting others.”
<input type="checkbox"/> e. ...do better in work or school.”	<input type="checkbox"/> j. ...stop hurting myself.”

**42. What has actually happened as a result of receiving mental health services from this provider?** “I have ... (Please check all that apply)

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

43. Would you say that your general health is: (Please check one)

- Excellent       Very good       Good       Fair       Poor

44. Do you have a physical health care provider?       Yes       No

45. My physical health provider (check-ups, routine medical care and advice) or mental health service provider has talked to me about: (Please check all that apply)

Health Issues	Physical Health Provider	Mental Health Provider	N/A
a. Losing weight/maintaining healthy weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Stop using tobacco/maintaining tobacco free life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How to reduce my risk of heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I was informed about the benefits and effects of my psychiatric medications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. How to reduce my risk, or manage my diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Possibility of reducing psychiatric meds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Asked me if I gamble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Asked me if I use alcohol or other drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

46. During the time that you were seeing your current (or most recent) residential mental health service provider: (Please check one answer for each topic)

Housing/Employment/Mental Health Crisis Services	Yes	No	Don't know	N/A
a. Did you want or need <u>housing</u> or better housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Did your service provider try to help you find housing or better housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Did you find housing or better housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Did you want or need a <u>job</u> or a better job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Did your service provider try to help you find a job or a better job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Did you find a job or a better job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Did you need assistance as the result of a <u>mental health crisis</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Did your mental health provider assist you with the crisis in a satisfactory manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

47. Are you currently employed? Competitive employment is a regular job in the community that is not reserved for people with disabilities and that pays at least minimum wage. (Please check one)

<input type="checkbox"/> a. Competitively employed more than 35 hours per week	<input type="checkbox"/> e. Not employed, looking for work
<input type="checkbox"/> b. Competitively employed 17 to 34 hours per week	<input type="checkbox"/> f. Not employed, not looking for work
<input type="checkbox"/> c. Competitively employed less than 17 hours per week	<input type="checkbox"/> g. Volunteer work
<input type="checkbox"/> d. Self-employed	<input type="checkbox"/> h. Other

48. Do you receive assistance and supports to work?  Yes  No

49. What is your current source of income? (Please check all that apply)

<input type="checkbox"/> a. No income source	<input type="checkbox"/> h. Veteran's disability payment
<input type="checkbox"/> b. Earned employment	<input type="checkbox"/> i. Temporary Assistance to Needy Families (TANF)
<input type="checkbox"/> c. Unemployment Insurance	<input type="checkbox"/> j. Private disability/Worker's compensation
<input type="checkbox"/> d. Supplemental Security Income (SSI)	<input type="checkbox"/> k. Pension from former job
<input type="checkbox"/> e. Social Security Disability Insurance (SSDI)	<input type="checkbox"/> l. Child support/Alimony
<input type="checkbox"/> f. Social Security Retirement	<input type="checkbox"/> m. Trust
<input type="checkbox"/> g. Family member/Friends	<input type="checkbox"/> n. Other

Arrest History	Yes	No	Don't know
50a. Were you arrested in the 12 months <b>before</b> you started treatment with your current (or most recent) residential mental health service provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50b. Were you arrested in the first 12 months <b>after</b> you began seeing this provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Encounters with police include being arrested, hassled by police, or taken by the police to a shelter or crisis program. Since you began receiving services from this provider, have your encounters with the police... <input type="checkbox"/> a. Decreased (gone down) <input type="checkbox"/> c. Stayed the same <input type="checkbox"/> b. Increased (gone up) <input type="checkbox"/> d. Doesn't apply (no encounters with police)			

Alcohol/Drugs	Yes	No	Don't know
52. Do you think you have a problem with <b>alcohol</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52a. If yes, have you gotten the help you wanted/needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Do you think you have a problem with <b>drugs</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53a. If yes, have you gotten the help you wanted/needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Trauma	Yes	No	Not Sure
54. When you first started to see your current (or most recent) mental health services provider, did the provider ask you about any history of trauma (severely stressful events like car wrecks, loss of loved ones, natural disasters, poverty, or physical or sexual abuse)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. If yes, were the problems related to this trauma adequately addressed during your treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

56. Where are you currently living? (Please check one)

<input type="checkbox"/> a. Own or rent home or apartment	<input type="checkbox"/> e. Skilled nursing facility
<input type="checkbox"/> b. Someone else's home or apartment	<input type="checkbox"/> f. Crisis program
<input type="checkbox"/> c. Substance abuse residential treatment facility	<input type="checkbox"/> g. Mental health residential treatment facility
<input type="checkbox"/> d. Homeless or homeless shelter	<input type="checkbox"/> h. Other

**57. Have you lived in any of the following places in the last 12 months? (Please check all that apply)**

<input type="checkbox"/> a. Owned or rented home or apartment	<input type="checkbox"/> g. Psychiatric hospital
<input type="checkbox"/> b. Someone else's home or apartment	<input type="checkbox"/> h. Residential substance abuse treatment program
<input type="checkbox"/> c. Crisis program	<input type="checkbox"/> i. Skilled nursing facility
<input type="checkbox"/> d. Homeless or homeless shelter	<input type="checkbox"/> j. Residential treatment facility or home
<input type="checkbox"/> e. Jail or correctional facility	<input type="checkbox"/> k. Other
<input type="checkbox"/> f. Medical hospital	

**58. Why are you living in a residential facility? (Please check all that apply)**

<input type="checkbox"/> a. I am civilly committed and the county wants me to be here.	<input type="checkbox"/> e. I want addictions treatment so I can get better.
<input type="checkbox"/> b. My guardian wants me to be here.	<input type="checkbox"/> f. I need housing.
<input type="checkbox"/> c. I am under the jurisdiction of the Psychiatric Security Review Board or I have other legal requirements.	<input type="checkbox"/> g. I need help taking care of myself.
<input type="checkbox"/> d. I want mental health treatment so I can get better.	<input type="checkbox"/> h. Other:

**59. Since you've been here, do you feel like you've made progress in any of the following areas? (Please check all that apply)**

<input type="checkbox"/> a. Mental Health (decrease in symptoms, medications, increased coping skills, better relationships, staying out of the hospital, fewer crises, etc.)	<input type="checkbox"/> e. Physical Health (identification of physical health conditions, making appointments, managing physical health conditions.)
<input type="checkbox"/> b. Activities of daily living (cleaning, bathing, cooking, dressing, etc.)	<input type="checkbox"/> f. Social/Recreation (family, friends, hobbies, getting out in the community, etc.)
<input type="checkbox"/> c. Self-Care (nutrition, exercise, quitting smoking, spiritual life, establishing a recovery program, etc.)	<input type="checkbox"/> g. Substance Use/Abuse (awareness of problems and decreasing use)
<input type="checkbox"/> d. Job/School	<input type="checkbox"/> h. Managing Money (budgeting, managing your own money, spending money appropriately, shopping, etc.)

**60. What types of services do you receive? (Please check all that apply)**

<input type="checkbox"/> a. Community meetings	<input type="checkbox"/> i. Social/recreational activities
<input type="checkbox"/> b. Support with activities of daily living (cleaning, bathing, cooking, dressing, etc.)	<input type="checkbox"/> j. Skills training either in a group or individually
<input type="checkbox"/> c. Peer counseling/mentorship	<input type="checkbox"/> k. Physical health counseling
<input type="checkbox"/> d. Social skills training	<input type="checkbox"/> l. Vocational/Educational counseling
<input type="checkbox"/> e. Medication management	<input type="checkbox"/> m. Psychiatric visits
<input type="checkbox"/> f. Individual, family, or group psychotherapy	<input type="checkbox"/> n. Chemical dependency education and counseling
<input type="checkbox"/> g. Care coordination	<input type="checkbox"/> o. Formal mental health or chemical dependency assessments
<input type="checkbox"/> h. Transition/discharge planning	<input type="checkbox"/> p. Other

**61. Do you feel ready for more independent living?**       Yes       No       Not sure

**61a. If not, why?** *(Please check all that apply)*

<input type="checkbox"/> a. My symptoms are too bad right now.	<input type="checkbox"/> g. I don't feel like I have support from staff
<input type="checkbox"/> b. I don't know where else I would go.	<input type="checkbox"/> h. I don't have a plan.
<input type="checkbox"/> c. I am worried that if I leave I won't get the help I need.	<input type="checkbox"/> i. I am worried that I will get sick again
<input type="checkbox"/> d. I like it here.	<input type="checkbox"/> j. I don't have the skills to live on my own
<input type="checkbox"/> e. I have legal issues that keep me here.	<input type="checkbox"/> k. I have lived on my own before and it did not work
<input type="checkbox"/> f. My family does not want me to leave.	<input type="checkbox"/> l. Other

**62. What would be your options if you were ready to move to more independent living?**

<input type="checkbox"/> a. I don't know	<input type="checkbox"/> c. Living with family or friends
<input type="checkbox"/> b. Living in my own apartment or home	<input type="checkbox"/> d. Other

**63. 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

**64. 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

**65. If you checked more than one race above, which one of the following do you consider 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	

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



Marque este casillero si, por alguna razón, esta encuesta la llenará otra persona que no sea «FirstName» y díganos cuál es su relación con «FirstName». Muchas gracias.

Relación con el cliente: \_\_\_\_\_

**Díganos los servicios residenciales que recibió entre el 1 de enero de 2014 y el 31 de diciembre de 2014.**

Si usted recibió servicios de más de un proveedor desde enero de 2014, califique solamente a su proveedor **actual** de servicios residenciales. Si usted ya no recibe servicios, califique solamente a su **último** proveedor.

Indique si está completamente de acuerdo, de acuerdo, neutral, en desacuerdo o completamente en desacuerdo con cada una de las afirmaciones que aparecen a continuación, marcando con un círculo SOLAMENTE el número que corresponda.

	Completamente de acuerdo	De acuerdo	Neutral	En desacuerdo	Completamente en desacuerdo	No corresponde
<b><i>Como resultado directo de los servicios que recibí de este proveedor...</i></b>						
1. Enfrento mis problemas diarios de manera más efectiva.	5	4	3	2	1	9
2. Puedo controlar mejor mi vida.	5	4	3	2	1	9
3. Puedo enfrentar mejor una crisis.	5	4	3	2	1	9
4. Me llevo mejor con mi familia.	5	4	3	2	1	9
5. Me va mejor en situaciones sociales.	5	4	3	2	1	9
6. Me va mejor en la escuela o el trabajo.	5	4	3	2	1	9
7. Mi situación de vivienda mejoró.	5	4	3	2	1	9
8. Mis síntomas ya no me molestan tanto.	5	4	3	2	1	9
9. Hago cosas que son más significativas para mí.	5	4	3	2	1	9
10. Puedo atender mejor mis propias necesidades.	5	4	3	2	1	9
11. Puedo manejar mejor las situaciones cuando las cosas salen mal.	5	4	3	2	1	9
12. Puedo hacer mejor las cosas que quiero.	5	4	3	2	1	9
<b><i>Responda a las siguientes afirmaciones según la experiencia que tuvo con su último proveedor de servicios de salud mental.</i></b>						
13. Me gustan los servicios que recibí aquí.	5	4	3	2	1	9
14. Si tuviera otras opciones, igualmente quisiera seguir recibiendo servicios de esta agencia.	5	4	3	2	1	9

	Completamente de acuerdo	De acuerdo	Neutral	En desacuerdo	Completamente en desacuerdo	No corresponde
<b>15.</b> Le recomendaría esta agencia a un amigo o familiar.	5	4	3	2	1	9
<b>16.</b> El lugar donde me proporcionaban los servicios era conveniente para mí (estacionamiento, transporte público, distancia, etc.).	5	4	3	2	1	9
<b>17.</b> El personal estuvo dispuesto a verme con la frecuencia con la que yo los necesitara.	5	4	3	2	1	9
<b>18.</b> El personal devolvió mis llamadas dentro de las 24 horas.	5	4	3	2	1	9
<b>19.</b> Los servicios estuvieron disponibles en los horarios que me convenían.	5	4	3	2	1	9
<b>20.</b> Obtuve todos los servicios que pensé que necesitaba.	5	4	3	2	1	9
<b>21.</b> Pude ver a un psiquiatra cuando quise.	5	4	3	2	1	9
<b>22.</b> El personal de aquí cree que puedo crecer, cambiar y recuperarme.	5	4	3	2	1	9
<b>23.</b> Me sentí cómodo para preguntar acerca de mi tratamiento y los medicamentos que tomo.	5	4	3	2	1	9
<b>24.</b> Tuve la libertad de quejarme.	5	4	3	2	1	9
<b>25.</b> Me dieron información sobre mis derechos.	5	4	3	2	1	9
<b>26.</b> El personal me animó a asumir mi responsabilidad por la manera en que vivo mi vida.	5	4	3	2	1	9
<b>27.</b> El personal me dijo cuáles podrían ser los efectos secundarios de los medicamentos que tomo.	5	4	3	2	1	9
<b>28.</b> El personal respetó mis deseos acerca de quién puede y quién no puede recibir información acerca de mi tratamiento.	5	4	3	2	1	9
<b>29.</b> Yo (no el personal) decidí cuáles serían mis metas de tratamiento.	5	4	3	2	1	9
<b>30.</b> El personal respetó mis antecedentes culturales (raza, religión, idioma).	5	4	3	2	1	9
<b>31.</b> El personal me ayudó a obtener la información necesaria para que yo pueda hacerme cargo de mi propia enfermedad.	5	4	3	2	1	9

	Completamente de acuerdo	De acuerdo	Neutral	En desacuerdo	Completamente en desacuerdo	No corresponde
<b>32.</b> Me animaron a participar en programas dirigidos por consumidores (grupos de ayuda, centros de atención de ingreso voluntario, líneas telefónicas de ayuda en crisis).	5	4	3	2	1	9
<b>33.</b> Mis proveedores de servicios actuales me dan oportunidades para aprender habilidades que me permiten fortalecer y mantener mi bienestar.	5	4	3	2	1	9
<b>Para las preguntas 34-37, responda acerca de sus relaciones con personas <u>que no sean</u> sus proveedores de servicios de salud mental.</b>						
<b>34.</b> Estoy feliz con las amistades que tengo.	5	4	3	2	1	9
<b>35.</b> Conozco personas con las que puedo pasar un buen rato.	5	4	3	2	1	9
<b>36.</b> Siento que pertenezco a mi comunidad.	5	4	3	2	1	9
<b>37.</b> En una crisis, puedo tener el apoyo que necesito de mis familiares o amigos.	5	4	3	2	1	9

**38. ¿Continúa recibiendo servicios de salud mental?** (Si respondió que sí, pase a la pregunta 40)

- a. Si                       b. No                       c. No sé

**39. Si usted 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. Ya no necesitaba tratamiento porque el problema que me llevó a tratarme se resolvió.	<input type="checkbox"/> d. No pude continuar el tratamiento debido a problemas para pagarlo.
<input type="checkbox"/> b. El tratamiento no funcionó como se esperaba, por lo que terminé el tratamiento con este proveedor.	<input type="checkbox"/> e. No pude continuar el tratamiento debido a problemas para dedicarle el tiempo necesario.
<input type="checkbox"/> c. No pude continuar el tratamiento debido a problemas con el transporte.	<input type="checkbox"/> f. Otra razón (explicar):

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

	Muy satisfecho	Satisfecho	Algo satisfecho	Insatisfecho	Muy insatisfecho	No necesité o recibí estos servicios	Necesitaba estos servicios, pero no los recibí
Otro proveedor de servicios de salud mental	5	4	3	2	1	9	8

	Muy satisfecho	Satisfecho	Algo satisfecho	Insatisfecho	Muy insatisfecho	No necesité	Necesitaba
						o recibí estos servicios	estos servicios, pero no los recibí
Correccionales	5	4	3	2	1	9	8
Servicios de discapacidades del desarrollo	5	4	3	2	1	9	8
Un proveedor de tratamientos para la drogadicción y el alcoholismo	5	4	3	2	1	9	8
Servicios para Ancianos y Discapacitados (APD)	5	4	3	2	1	9	8
Servicios de empleo	5	4	3	2	1	9	8
Un proveedor de servicios de salud física	5	4	3	2	1	9	8
Hospitales (estatales, para enfermedades agudas)	5	4	3	2	1	9	8

**41. ¿Qué esperaba usted que sucediera como resultado de los servicios de salud mental que recibí de su actual (o último) proveedor de servicios de salud mental? “Esperaba... (marque todas las que correspondan)**

<input type="checkbox"/> a. ...estar más feliz”	<input type="checkbox"/> f. ...llevarme mejor con mi familia y con otras personas”
<input type="checkbox"/> b. ...tener menos ansiedad o temor”	<input type="checkbox"/> g. ...comenzar a participar o seguir participando en un programa de recuperación.”
<input type="checkbox"/> c. ...ser más respetuoso o responsable”	<input type="checkbox"/> h. ...dejar de consumir drogas o alcohol o consumir menos”
<input type="checkbox"/> d. ...sentirme mejor conmigo mismo”	<input type="checkbox"/> i. ...dejar de lastimar a otros”
<input type="checkbox"/> e. ...tener más éxito en el trabajo o la escuela”	<input type="checkbox"/> j. ...dejar de lastimarme a mí mismo”

**42. ¿Qué ocurrió en realidad como resultado de los servicios de salud mental que recibí de este proveedor? “Yo... (marque todas las que correspondan)**

<input type="checkbox"/> a. ...estoy más feliz”	<input type="checkbox"/> f. ...me llevo mejor con mi familia o con otras personas”
<input type="checkbox"/> b. ...tengo menos ansiedad o temor”	<input type="checkbox"/> g. ...comencé a participar o seguí participando en un programa de recuperación”
<input type="checkbox"/> c. ...soy más respetuoso o responsable”	<input type="checkbox"/> h. ...dejé de consumir drogas o alcohol o consumo menos”
<input type="checkbox"/> d. ...me siento mejor conmigo mismo”	<input type="checkbox"/> i. ...dejé de lastimar a otros”
<input type="checkbox"/> e. ...tengo más éxito en el trabajo o la escuela”	<input type="checkbox"/> j. ...dejé de lastimarme a mí mismo”

43. En general, ¿cómo calificaría su salud?: (marque una)

- Excelente       Muy buena       Buena       Regular       Mala

44. ¿Tiene usted un proveedor de servicios de salud física?       Sí       No

45. Mi proveedor de servicios de salud física (revisiones, atención médica de rutina y asesoramiento) o mi proveedor de servicios de salud mental conversaron conmigo acerca de lo siguiente: (marque todas las que correspondan)

Problemas de salud	Proveedor de salud física	Proveedor de salud mental	N/C
a. Bajar de peso/mantener un peso saludable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Dejar de fumar/llevar una vida libre de tabaco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cómo disminuir el riesgo de contraer enfermedades cardíacas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Me informó sobre los beneficios y los efectos secundarios de mis medicamentos psiquiátricos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. La manera de reducir el riesgo de contraer diabetes o cómo tratarla	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. La posibilidad de reducir la medicación psiquiátrica	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Me preguntó si participo de juegos de apuestas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Me preguntó si consumo alcohol u otras drogas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

46. Durante el tiempo que estuvo viendo a su actual (o último) proveedor de servicios de salud mental residenciales: (marque una respuesta para cada tema)

Vivienda/Empleo/Servicios para Crisis de Salud Mental	Sí	No	No sé	N/C
a. ¿Quería o necesitaba una <u>vivienda</u> o una vivienda mejor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ¿Lo ayudó su proveedor de servicios a buscar una vivienda o una vivienda mejor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ¿Encontró una vivienda o una vivienda mejor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. ¿Quería o necesitaba un <u>empleo</u> o un mejor empleo?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ¿Intentó su proveedor de servicios ayudarlo a encontrar empleo o un empleo mejor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. ¿Encontró empleo o un empleo mejor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. ¿Necesitó ayuda como resultado de una <u>crisis de salud mental</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. ¿Lo ayudó su proveedor de salud mental con su crisis satisfactoriamente?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

47. ¿Tiene empleo actualmente? El empleo competitivo es un empleo normal en la comunidad que no está reservado para discapacitados y por el que le pagan al menos el salario mínimo (marque una)

<input type="checkbox"/> a. Tengo un empleo competitivo y trabajo más de 35 horas por semana.	<input type="checkbox"/> e. No tengo empleo pero estoy buscando.
<input type="checkbox"/> b. Tengo un empleo competitivo y trabajo entre 17 y 34 horas por semana	<input type="checkbox"/> f. No tengo empleo y no estoy buscando.
<input type="checkbox"/> c. Tengo un empleo competitivo de menos de 17 horas por semana.	<input type="checkbox"/> g. Hago trabajo voluntario.
<input type="checkbox"/> d. Trabajo por mi cuenta	<input type="checkbox"/> h. Otro.

48. ¿Recibe asistencia y ayuda para trabajar?

Sí

No

49. ¿Cuál es su fuente de ingreso actual? (*marque todas las que correspondan*)

<input type="checkbox"/> a. Sin fuente de ingresos.	<input type="checkbox"/> h. Pagos por discapacidad de veteranos.
<input type="checkbox"/> b. Empleo con salario.	<input type="checkbox"/> i. Asistencia Temporal para Familias Necesitadas ( <i>Temporary Assistance to Needy Families</i> o TANF)
<input type="checkbox"/> c. Seguro de desempleo.	<input type="checkbox"/> j. Pagos privados por discapacidad o compensación de trabajadores.
<input type="checkbox"/> d. Ingresos Complementarios de Seguridad ( <i>Supplemental Security Income</i> o SSI).	<input type="checkbox"/> k. Pensión de un empleo anterior.
<input type="checkbox"/> e. Seguro por Discapacidad de Seguridad Social ( <i>Social Security Disability Insurance</i> o SSDI)	<input type="checkbox"/> l. Manutención de hijos o pensión alimenticia.
<input type="checkbox"/> f. Jubilación de seguridad social.	<input type="checkbox"/> m. Fideicomiso
<input type="checkbox"/> g. Familiares o amigos.	<input type="checkbox"/> n. Otro

<b>Antecedentes de arrestos</b>	<b>Sí</b>	<b>No</b>	<b>No sé</b>
<b>50a.</b> ¿Lo arrestaron en los 12 meses <b>anteriores</b> a comenzar el tratamiento con su actual (o último) proveedor de servicios de salud mental ambulatorios?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>50b.</b> ¿Lo arrestaron en los primeros 12 meses <b>después</b> de comenzar a ver a este proveedor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>51.</b> 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 empezó a recibir servicios de este proveedor, el número de sus encuentros con la policía: <input type="checkbox"/> a. Disminuyó (tuvo menos) <input type="checkbox"/> c. Se mantuvo igual <input type="checkbox"/> b. Aumentó (tuvo más) <input type="checkbox"/> d. No corresponde (no tuvo encuentros con la policía)			

<b>Alcohol / Drogas</b>	<b>Sí</b>	<b>No</b>	<b>No sé</b>
<b>52.</b> ¿Cree que tiene un problema con el <b>alcohol</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>52a.</b> Si respondió que sí, ¿recibió la ayuda que quería o necesitaba?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>53.</b> ¿Cree que tiene un problema con las <b>drogas</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>53a.</b> Si respondió que sí, ¿recibió la ayuda que quería o necesitaba?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Trauma</b>		<b>Sí</b>	<b>No</b>	<b>No sé</b>
<b>54.</b>	Cuando comenzó a ver a su actual (o último) proveedor de servicios de salud mental, ¿el proveedor le preguntó cuáles eran sus antecedentes traumáticos (situaciones gravemente estresantes, tales como accidentes de automóvil, pérdida de seres queridos, catástrofes naturales, pobreza o abuso físico o sexual)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>55.</b>	Si vivió traumas, ¿se trataron adecuadamente los problemas relacionados con su trauma en el tratamiento?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**56. ¿Dónde vive usted actualmente?** (marque *una*)

<input type="checkbox"/> a.	En una casa o apartamento de su propiedad o que alquila.	<input type="checkbox"/> e.	En un centro de enfermería especializada.
<input type="checkbox"/> b.	En la casa o el apartamento de otra persona.	<input type="checkbox"/> f.	En un programa para el tratamiento de crisis.
<input type="checkbox"/> c.	En un centro de tratamiento para el abuso de sustancias residencial.	<input type="checkbox"/> g.	En un centro de tratamiento de salud mental residencial.
<input type="checkbox"/> d.	No tiene hogar o vive en un refugio para personas sin hogar.	<input type="checkbox"/> h.	Otro.

**57. ¿Vivió usted en alguno de estos lugares en los últimos 12 meses?** (marque *todas las que correspondan*)

<input type="checkbox"/> a.	En una casa o apartamento de su propiedad o que alquila.	<input type="checkbox"/> g.	Hospital psiquiátrico.
<input type="checkbox"/> b.	En la casa o el apartamento de otra persona.	<input type="checkbox"/> h.	En un centro de tratamiento para el abuso de sustancias residencial.
<input type="checkbox"/> c.	En un programa para el tratamiento de crisis.	<input type="checkbox"/> i.	En un centro de enfermería especializada.
<input type="checkbox"/> d.	No tiene hogar o vive en un refugio para personas sin hogar.	<input type="checkbox"/> j.	En un centro u hogar de tratamiento residencial.
<input type="checkbox"/> e.	En una cárcel o instituto correccional.	<input type="checkbox"/> k.	Otro:
<input type="checkbox"/> f.	En un hospital.		

**58. ¿Por qué cree que está en un centro residencial?** (marque *todas las que correspondan*)

<input type="checkbox"/> a.	Tengo un confinamiento civil y el condado quiere que yo esté aquí.	<input type="checkbox"/> e.	Quiero recibir tratamiento contra las adicciones para poder mejorar.
<input type="checkbox"/> b.	Mi tutor quiere que yo esté aquí.	<input type="checkbox"/> f.	Necesito vivienda.
<input type="checkbox"/> c.	Estoy bajo la jurisdicción de la Junta de Revisión de Seguridad Psiquiátrica o tengo otros requisitos legales.	<input type="checkbox"/> g.	Necesito ayuda para cuidarme.
<input type="checkbox"/> d.	Quiero recibir tratamiento de salud mental para poder mejorar.	<input type="checkbox"/> h.	Otro:

**59. Desde que está en esta institución, ¿piensa usted que ha progresado en alguna de las siguientes áreas? (marque *todas las que correspondan*)**

<input type="checkbox"/> a. Salud mental (reducción de los síntomas, medicamentos, aumento de la capacidad para enfrentar situaciones, mejores relaciones con los demás, estadías fuera del hospital, menos crisis, etc.).	<input type="checkbox"/> e. Salud física (identificar las enfermedades físicas, programar citas con el médico, manejar los problemas de salud física).
<input type="checkbox"/> b. Actividades de la vida diaria (limpiar, bañarse, cocinar, vestirse, etc.).	<input type="checkbox"/> f. Vida social y recreación (familia, amigos, pasatiempos, salidas a la comunidad, etc.).
<input type="checkbox"/> c. Cuidado personal (alimentación, ejercicio, dejar de fumar, vida espiritual, establecimiento de un programa de recuperación, etc.).	<input type="checkbox"/> g. Consumo o abuso de sustancias (estar consciente de los problemas y reducir el consumo).
<input type="checkbox"/> d. Trabajo, escuela	<input type="checkbox"/> h. Administración del dinero (preparar presupuestos, administrar su propio dinero, gastar el dinero adecuadamente, hacer compras, etc.).

**60. ¿Qué tipos de servicios recibe usted? (marque *todos los que correspondan*)**

<input type="checkbox"/> a. Reuniones en la comunidad.	<input type="checkbox"/> i. Actividades sociales y recreativas.
<input type="checkbox"/> b. Ayuda con las actividades de la vida diaria (limpiar, bañarse, cocinar, vestirse, etc.)	<input type="checkbox"/> j. Capacitación en habilidades (grupal o individual).
<input type="checkbox"/> c. Consejería o tutoría de pares.	<input type="checkbox"/> k. Terapia para salud física.
<input type="checkbox"/> d. Capacitación en habilidades sociales.	<input type="checkbox"/> l. Terapia vocacional o educativa.
<input type="checkbox"/> e. Manejo de medicamentos.	<input type="checkbox"/> m. Visitas psiquiátricas.
<input type="checkbox"/> f. Psicoterapia individual, familiar o grupal.	<input type="checkbox"/> n. Educación y terapia sobre dependencia de sustancias químicas.
<input type="checkbox"/> g. Coordinación de los servicios de cuidado.	<input type="checkbox"/> o. Evaluaciones formales de salud mental o de dependencia de sustancias químicas.
<input type="checkbox"/> h. Planificación para la transición o el alta.	<input type="checkbox"/> p. Otro.

**61. ¿Siente que está listo para una vida más independiente?**  Sí  No  No sé

**61a. Si contestó “No”, ¿por qué? (marque *todas las que correspondan*)**

<input type="checkbox"/> a. Mis síntomas están demasiado mal en este momento.	<input type="checkbox"/> g. Siento que no tengo el apoyo del personal.
<input type="checkbox"/> b. No sé a qué otro lugar podría ir.	<input type="checkbox"/> h. No tengo un plan.
<input type="checkbox"/> c. Temo que si me voy no recibiré la ayuda que necesito.	<input type="checkbox"/> i. Temo volver a enfermarme.
<input type="checkbox"/> d. Me gusta estar aquí.	<input type="checkbox"/> j. No tengo las habilidades necesarias para vivir por mi cuenta.
<input type="checkbox"/> e. Tengo problemas legales que me mantienen aquí.	<input type="checkbox"/> k. Ya viví por mi cuenta antes y no funcionó.
<input type="checkbox"/> f. Mi familia no quiere que me vaya.	<input type="checkbox"/> l. Otro:

**62. ¿Cuáles serían sus opciones si usted estuviera listo para una vida más independiente?**

<input type="checkbox"/> a. No sé.	<input type="checkbox"/> c. Vivir con familiares o amigos.
<input type="checkbox"/> b. Vivir en mi propio apartamento u hogar.	<input type="checkbox"/> d. Otra:

**63. ¿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

**64. ¿Cuál es su raza? (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:

**65. 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	

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