2011 Oregon Mental Health Statistics Improvement Project Survey for Adults

Oregon Health Authority, Addictions and Mental Health Division

December 2011

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EXECUTIVE SUMMARY

The Addictions and Mental Health Division (AMH) surveys adult enrollees who have received mental health treatment services through Oregon Health Plan (OHP) managed care as part of its ongoing program for monitoring the quality of mental health services. AMH contracts with Acumentra Health to distribute, process, and analyze the survey, which is based on the Mental Health Statistics Improvement Program (MHSIP) instrument.

AMH provided Acumentra Health with a random sample of 15,164 adult OHP enrollees who had received mental health services from June through December 2010. After accounting for enrollees who opted out of the survey and or invalid addresses, Acumentra Health mailed the survey to 13,519 enrollees. A total of 3,400 enrollees returned surveys, for an overall response rate of 25 percent.

For the first time this year, survey participants were given the option of completing the surveys online. Of the 3,400 adults who completed the survey, 519 (15 percent) opted to complete it via the Internet.

The survey results provide AMH with data to assess enrollees' perceptions of services delivered in outpatient, residential, and adult foster care settings and the impact of those services on their lives. The survey probed issues related to services within seven domains:

- General Satisfaction
- Access to Services
- Service Quality
- Daily Functioning
- Social Connectedness
- Treatment Participation
- Treatment Outcomes

Each domain has corresponding survey items that collectively gauge responders' perceptions of that area. Additional survey questions addressed the length of time the responder received treatment services, the responder's arrest history, and other information.

About 88 percent of the adults surveyed receive outpatient mental health services through the OHP. Also surveyed were adults receiving services in foster care and

residential settings through Medicaid fee-for-service. About 5 percent of the survey population was in foster care and 6 percent in residential care.

This year, as in previous years, enrollees in outpatient treatment reported less positive perceptions of their treatment and treatment outcomes than did enrollees in residential and foster care settings.

The new analysis conducted in 2011 included analysis of domain scores by survey response method (Internet vs. surface mail).

Highlights

- The 2011 results show a leveling off of domain scores, compared to the period from 2007 to 2010. Since Acumentra Health began administering the surveys, 2011 was the first year that showed no increase in any domain.
- The outcomes domain score decreased significantly from 2010 to 2011, meaning that the true level of satisfaction in this domain has probably decreased compared to the previous year.
- Responders receiving treatment services in adult foster care gave more positive responses in five domains compared to responders receiving treatment in outpatient and residential settings.
- Responders receiving outpatient treatment responded less positively than those in residential or foster care to survey items related to services and results covered by the functioning, outcomes, access, and social connectedness domains.
- Five of the nine MHOs showed improvement in most domains from 2010 to 2011, including Mid-Valley Behavioral Care Network, which received higher scores in six of seven domains. Four MHOs' scores stayed the same or declined in most domains, with one MHO's scores decreasing in every category.
- Male responders reported higher scores in a majority of domains.
- As in 2010, scores for responders 65 years of age and older were higher in all domains than for responders aged 18 to 64.
- In all domains, responders in urban areas were more likely to respond positively than responders in rural areas.
- African-American responders had more positive responses in six of seven domains compared to the other racial/ethnic groups.

- The percent of respondents using peer-delivered services stayed the same compared to 2010, at 18 percent.
- Of the 18 percent of enrollees who reported using peer-delivered services, 46 percent found the services very helpful, 44 percent somewhat helpful.
- Alcohol (28 percent), tobacco (41 percent), and marijuana (12 percent) were the substances respondents most frequently reported using in the previous 12 months.
- Ten percent of respondents reported having been arrested in the 12 months before treatment, compared to 5 percent during the 12 months after treatment began.
- Sixty percent of respondents reported that their doctor or mental health provider talked to them about losing weight or stopping smoking.
- Fifty-two percent of respondents reported that their doctor discussed the effects of their psychiatric medications on weight gain with them.
- Responders often reported that their mental health service providers had helped them obtain needed social services; for example:
    - 47 percent received help from their providers in finding housing, and 70 percent of those who received provider assistance found housing
    - 34 percent received help from their providers in finding employment, and 34 percent of those who received such help found new employment

Survey findings will help to guide AMH's ongoing efforts to improve the quality of mental health services for adults.

METHODOLOGY

The 2011 survey collected data concerning enrollees' perception of mental health services delivered in outpatient, residential, and adult foster care settings and the impact of those services on their lives.

As in 2010, the survey gathered data about enrollees' arrest histories, problems with abuse of alcohol or illegal drugs, employment, and assistance by mental health service providers in obtaining housing and employment. The survey also asked questions concerning barriers to employment and days incarcerated before and after beginning mental health services.

In 2011, Acumentra Health offered for the first time the option of completing the surveys online. Of the 3,400 adults who completed the survey, 519 (15 percent) opted to complete via the Internet.

The Consumer Survey Questionnaire

The instrument Acumentra Health used to conduct this survey is the MHSIP Consumer Survey with additional questions added by AMH.[1] The National Association of State Mental Health Program Directors has endorsed Version 1.2 (the version AMH adapted) of the survey. The survey presents 36 questions with possible responses arrayed on a five-point Likert scale that ranges from "Strongly Agree" (5) to "Strongly Disagree" (1).

The MHSIP Consumer 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 care services.[2] The primary purpose of the survey is to gather enrollees' subjective evaluations of their experience of mental health care treatment and the outcomes of that care. AMH surveyed OHP enrollees on topics in seven performance domains:

- General Satisfaction
- Access to Services

[1] 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. MHSIP's goal is to improve the quality of mental health programs and service delivery decision-making at all levels of government through guidance and technical assistance on the design, structure, content, and use of mental health information systems.

[2] 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.

- Service Quality
- Daily Functioning
- Social Connectedness
- Treatment Participation
- Treatment Outcomes

As shown in Table A-1, each domain has corresponding survey items that collectively gauge responders' perceptions of that area. Additional survey questions addressed the length of time the responder received treatment services, the responder's arrest history, and other information.

AMH added to Version 1.2 of the MHSIP Consumer Survey by adding items on the following topics:

- whether a mental health provider had tried to help a responder obtain housing or employment
- problems a responder may have had with the abuse of alcohol or illegal drugs
- a responder's current employment situation
- factors affecting responders' employment
- whether responders had used peer-delivered services (supportive services provided by trained peers)
- coordination of care between the physical and mental health providers

Appendix B includes English and Spanish versions of the survey instrument.

The Survey Responder Population

AMH classified the adult enrollees in the survey population according to the setting in which the responder received mental health services.

- The *Residential Treatment* group consists of responders who received at least one day of treatment services in a residential setting.
- The *Adult Foster Care Treatment* group consists of responders who received at least one day of mental health treatment services in an adult foster care facility, but who received no residential services.
- The *Outpatient Treatment* group includes responders who received mental health services only in an outpatient setting.

AMH provided Acumentra Health with a random sample of 15,164 adult Medicaid enrollees who had received mental health services between June 1 and December 31, 2010. Of these, 13,409 (88 percent) were OHP enrollees who received mental health treatment in an outpatient setting.

The outpatient group also included a random sample of *all* enrollees receiving outpatient care, including those whose race was coded other than white (or Caucasian). Also included in the survey was a supplemental group consisting of enrollees who were non-white, served by FamilyCare, and/or residents of a sparsely populated county. Because of the small numbers of enrollees in these groups, the survey included *all* members of these groups, not a random sample.

Also included in the survey population were adults receiving services in foster care and residential services through Medicaid fee-for-service (FFS). Of the 15,164 adults, 805 (5 percent) were in foster care and 950 (6 percent) in residential care.

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

AMH identified the mental health organization (MHO) in which each survey responder was enrolled when he or she received the most recent service (prior to the questionnaire), except in cases where AMH did not provide an MHO identifier or when an enrollee was classified as FFS.

Survey Mailings

The sample of 15,164 adult enrollees provided by AMH was slightly larger than the sample provided in 2010; therefore, Acumentra Health mailed more adult surveys in 2011 than in 2010.

On May 23, 2011, Acumentra Health mailed letters to all potential participants, informing them of the upcoming survey. Each enrollee received the letter and the subsequent survey in English or Spanish, depending on the language preference identified in the DMAP 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 mailing list who opted out of the survey, had bad addresses, or completed the survey online.

The first survey was mailed on June 30, 2011. After Acumentra Health filtered out incorrect addresses and responders who had returned the survey, a second mailing went out to non-responders on August 23, 2011.

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 was 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 check problems. If problems were found, the data analyst gave a report to the data entry staff describing the anomalies. Staff then located the paper copy of the survey and either verified the questionable data or corrected the electronic data. For example, many responders reported the date they ended therapy as being earlier than the date that they said they began therapy. The SAS recheck program checked for this logic issue and issued a report when the problem appeared. Data entry staff located the paper copy and either inserted the correct data in the electronic database or verified that the information was entered as the responder reported.

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”). 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 responders who reported an average positive value for that domain.

A domain score of 3.5 or greater indicated that the responder 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 responder 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 responder would be considered as positively perceiving the services in that domain.

The domain score calculation sets a relatively high threshold for characterizing positivity of enrollee responses. A responder scoring a 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 5 (very positive) to one question and of 2 (negative) to the other question results in a domain score of 7/2, or 3.5.

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 responder 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.[3] 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.[4]

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.

[3] 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).

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

SURVEY RESULTS

Survey Response

Acumentra Health initially mailed introduction letters to 15,163 enrollees. Many of those names later were removed from the mailing list because either a valid address could not be identified, the enrollee opted out of survey participation, or the enrollee opted to complete the survey online. Ultimately, Acumentra Health mailed a total of 13,519 surveys to valid addresses—this is the denominator for the response rate calculation.

A total of 3,400 enrollees returned their surveys, for an overall response rate of 25 percent. Acumentra Health excluded from the survey analysis data from surveys it received after the deadline of October 7, 2011.

Tables 1–3 show response rates by demographic characteristics, by treatment setting, and by MHO. These tables show the number of surveys sent to valid addresses.

Table 1. Survey response rate by gender, age, race, and rural/urban residence.

Characteristic		Number of responses	Number of surveys sent	Response rate (%)
Gender	Female	2,199	8,724	25
	Male	1,201	4,795	25
Age*	18–25	333	2,078	16
	26–64	2,909	10,809	27
	65+	158	632	25
Race/Ethnicity*	Non-White	282	1,296	22
	White	2,876	10,906	26
Rural/Urban	Rural	1,210	4,730	26
	Urban	2,175	8,732	25

*Indicates a statistically significant difference in response rate within group proportions.

Table 2. Survey response rate by treatment setting.			
Setting	**Number of responses**	**Number of surveys sent**	**Response rate (%)***
Outpatient	2,989	11,987	25
Residential	184	812	23
Adult Foster Care	227	720	32
Total	3,400	13,519	25

*Indicates a statistically significant difference in response rate among facility types.

Currently, AMH contracts with 10 MHOs to manage the provision of mental health services through OHP:

- Accountable Behavioral Health Alliance (ABHA)
- Clackamas Mental Health Organization (CMHO)
- FamilyCare, Inc.
- Greater Oregon Behavioral Health, Inc. (GOBHI)
- Jefferson Behavioral Health (JBH)
- LaneCare
- Mid-Valley Behavioral Care Network (MVBCN)
- Multnomah Verity Integrated Behavioral Healthcare Systems (VIBHS)
- PacificSource[5]
- Washington County Health and Human Services (WCHHS)

[5] In January 2011, PacificSource began operating as an MHO and contracted with ABHA to manage mental health services in PacificSource's coverage area. Since 2011 was PacificSource's first year of operation and this survey pertained to services received from June to December 2010, PacificSource was not included in the survey results.

Table 3 displays the survey response from enrollees who received services from identified MHOs. Note: This table excludes responses for enrollees who were not assigned to an MHO for analytical purposes or who were classified as FFS, and it excludes enrollees in residential or foster care. However, those enrollees (FFS, residential, and foster care) are included in the analyses of responses by facility type and by demographic group in the previous tables.

Table 3. Survey response rate by MHO.

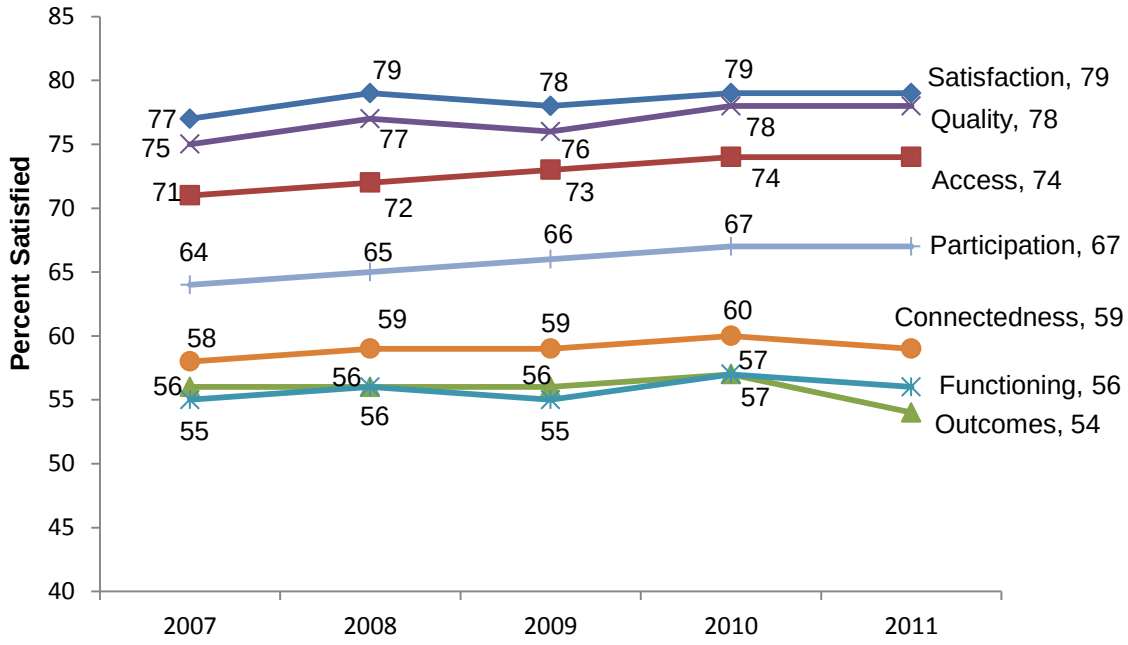
MHO	Number of responses	Number of surveys sent	Response rate (%)*
ABHA	276	1,106	25
CMHO	132	649	20
FamilyCare	267	1,111	24
GOBHI	255	1,071	24
JBH	278	1,071	26
LaneCare	475	1,532	31
MVBCN	539	2,096	26
VIBHS	564	2,495	23
WCHHS	203	856	24

*Indicates a statistically significant difference in response rate among MHOs.

Domain Scores

Since 2006, Acumentra Health has contracted with AMH to survey adult enrollees receiving mental health services through OHP. As shown in Figure 1 below, domain scores gradually rose from 2007 through 2010, with some staying the same or dropping slightly in 2011. There was no increase in any domain in 2011.

Figure 1. 2007–2011 comparison of domain scores.



Overall domain score changes from 2010 to 2011

Table 4 shows the domain scores for 2010 and 2011. Scores for all domains either stayed the same or decreased from 2010 to 2011. General satisfaction, access to services, quality of services, and treatment participation scores remained the same. For the daily functioning and social connectedness domains, scores fell 1 percent, and the treatment outcomes score decreased by 3 percent.

Analysts tested trends for 2010 to 2011 for all domains and found a significant result ($p<0.05$) for the outcomes domain, meaning that the true level of satisfaction in this domain has probably decreased compared to the previous year, for the whole population of those receiving mental health services.

Table 4. Domain scores, 2010 vs. 2011.		
Domain	**2010**	**2011**
General Satisfaction	79	79
Access to Services	74	74
Quality of Services	78	78
Treatment Outcomes*	57	54
Daily Functioning	57	56
Social Connectedness	60	59
Treatment Participation	67	67

*Indicates a statistically significant difference from 2010 to 2011.

Domain scores by treatment setting and MHO

Analysts tested survey data for differences between treatment settings, and determined that satisfaction in the treatment outcomes, functioning, access to services, and social connectedness domains was lower for responders treated in outpatient settings than for responders served in residential and adult foster care settings. Figure 2 displays the 2011 domain scores according to the treatment setting in which the enrollee received services.

Figure 2. Domain scores by treatment setting.

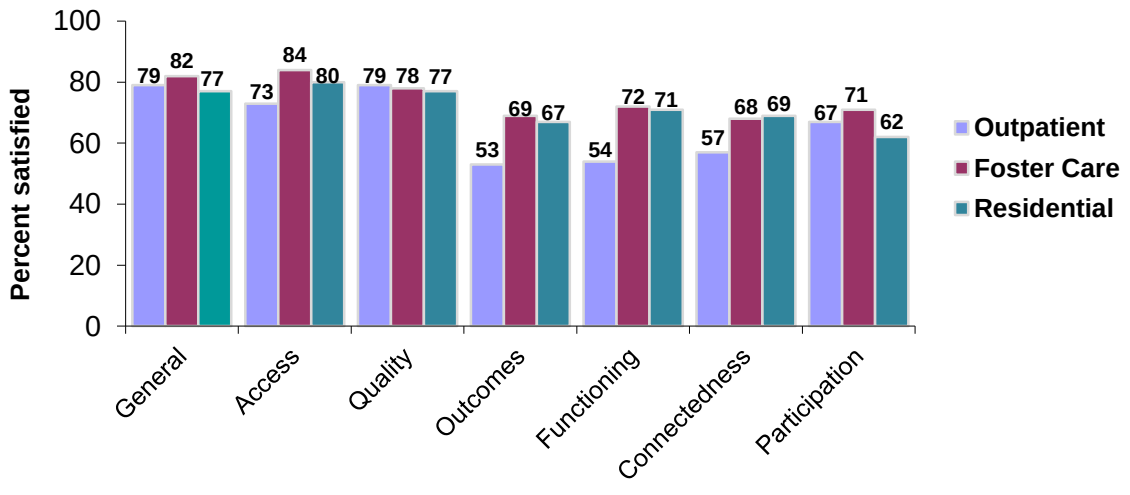


Table 5 presents these data in tabular form, along with the aggregate domain scores based on all survey responses. This table also presents the 95 percent confidence interval (CI) for each score. The CI indicates the upper and lower limits within which the score would be expected to fall 95 times if Acumentra Health conducted 100 identical surveys. A smaller CI indicates greater precision, usually due to adequate sample sizes.

As Figure 2 and Table 5 show, responders in adult foster care gave higher scores for five of the seven domains: general satisfaction, access, treatment outcomes, daily functioning, and treatment participation. In contrast, those treated in outpatient settings gave much lower scores for treatment outcomes, daily functioning, and social connectedness; the outcomes score was about 15 percentage points lower than responders in foster care. This difference between the outpatient and foster care and residential group in the outcomes, functioning, and connectedness domains was shown in previous years' survey results.

Analysts tested trends for domain score changes from 2010 to 2011 by facility type and MHO, and found a decrease in the treatment outcomes score for the residential group (from 82 to 67 percent).

Table 6 displays responders' positive domain scores by MHO, with 95 percent confidence intervals. Note that these scores may rate responder perception of the MHO's contracted service providers rather than of the MHO itself. In 2011, responders receiving services through LaneCare reported a higher level of satisfaction in a majority of domains than did responders served by other MHOs. Compared to those treated by other MHOs' providers, LaneCare enrollees reported greater positive responses in the general satisfaction, access to services, quality of services, treatment outcomes, and daily functioning domains. GOBHI enrollees reported lower positive responses in the access to services and quality of services domains compared to other MHOs grouped together.

Table 5. Domain scores by treatment setting, with 95 percent confidence intervals.

Facility Type	General satisfaction (CI)	Access (CI)	Quality (CI)	Outcomes (CI)	Functioning (CI)	Social connectedness (CI)	Participation (CI)
Outpatient	79 (77-80)	73 (71-74)*	79 (77-80)	53 (51-54)*	54 (52-56)*	57 (55-59)*	67 (66-69)
Residential	77 (71-84)	80 (74-86)	77 (70-83)	67 (60-74)*	71 (64-77)*	69 (62-76)*	62 (55-70)
Foster Care	82 (77-87)	84 (79-89)*	78 (73-84)	69 (63-75)*	72 (66-78)*	68 (62-74)*	71 (65-77)
Aggregate	**79**	**74**	**78**	**54**	**56**	**59**	**67**

*Indicates a statistically significant difference in proportion responding positively for facility type compared to other facility types grouped together, for that domain.

Table 6. Domain scores by MHO, with 95 percent confidence intervals.

MHO	General satisfaction (CI)	Access (CI)	Quality (CI)	Outcomes (CI)	Functioning (CI)	Social connectedness (CI)	Participation (CI)
ABHA	73 (68-79)*	68 (62-74)	76 (71-82)	49 (43-55)	50 (44-56)	57 (51-63)	70 (64-75)
CMHO	76 (68-83)	70 (62-78)	74 (67-82)	50 (41-59)	48 (39-57)	53 (44-62)	60 (51-69)
FamilyCare	78 (73-83)	70 (64-76)	79 (74-84)	47 (41-53)	52 (46-58)	53 (47-59)	66 (60-72)
GOBHI	75 (69-80)	67 (61-73)*	72 (66-78)*	47 (41-53)	48 (41-54)	60 (54-67)	64 (57-70)
JBH	75 (70-81)	72 (67-78)	79 (74-84)	51 (45-57)	52 (45-58)	56 (50-62)	65 (59-71)
LaneCare	86 (83-89)*	79 (75-82)*	82 (78-85)	58 (54-63)*	62 (57-66)*	58 (54-63)	70 (65-74)
MVBCN	79 (76-83)	74 (70-78)	80 (77-84)	54 (49-58)	53 (49-58)	59 (55-63)	71 (67-75)
VIBHS	79 (75-82)	74 (70-78)	80 (76-83)	53 (49-57)	54 (49-58)	55 (51-60)	68 (64-72)
WCHHS	79 (73-84)	71 (65-78)	76 (69-82)	57 (49-64)	59 (52-66)	62 (55-69)	63 (55-70)
Aggregate	**79**	**73**	**79**	**53**	**54**	**57**	**67**

*Indicates a statistically significant difference in proportion responding positively for MHO compared to all other MHOs grouped together for that domain.
Note: This table excludes responses for enrollees who were not assigned to an MHO for analytical purposes or who were classified as FFS, and does not include enrollees in residential and foster care.

Table 7 compares the MHOs' scores from 2010 to 2011. As a group, the MHOs had sample score increases in three domains, and the remaining domain scores either stayed the same or decreased. However, five MHOs had increases in a majority of domains. MVBCN's scores increased in six domains, and FamilyCare, GOBHI, and LaneCare increased in five. By contrast, VIBHS's scores decreased in all seven domains.

As in the 2010 survey, 2011 survey participants responded least positively to survey items related to treatment outcomes and daily functioning. Responders' 2011 scores for those domains were, in some cases, 20 to 30 percentage points lower than other domains for the same MHO. For example, responders enrolled in ABHA perceived treatment outcomes less positively (score of 49), but had greater general satisfaction (score of 73).

Table A-1 in Appendix A shows the positive enrollee responses to individual domain items, analyzed by treatment setting. Table A-2 in Appendix A shows the percentage of positive enrollee responses to individual survey items, analyzed by MHO.

Tables 8a and 8b compare the MHOs' domain scores from 2007 to 2011. MHOs' scores from 2007 to 2011 show a gradual increase over time in some domains, like access to services and quality of services. However, in other domains, like social connectedness, the scores have fluctuated around a central value, decreasing and increasing slightly year to year, with no significant increase.

Table 7. Domain scores by MHO, 2010–2011.

MHO	General satisfaction		Access		Quality		Outcomes		Functioning		Social connectedness		Participation	
	2010	2011	2010	2011	2010	2011	2010	2011	2010	2011	2010	2011	2010	2011
ABHA	84	73	75	68	79	76	54	49	53	50	57	57	67	70
CMHO	78	76	75	70	74	74	52	50	50	48	62	53	61	60
FamilyCare	74	78	66	70	72	79	48	47	50	52	53	53	62	66
GOBHI	70	75	63	67	70	72	47	47	49	48	53	60	56	64
JBH	77	75	68	72	78	79	53	51	51	52	53	56	71	65
LaneCare	85	86	74	79	77	82	58	58	56	62	60	58	67	70
MVBCN	77	79	75	74	77	80	52	54	51	53	58	59	65	71
VIBHS	81	79	76	74	81	80	55	53	56	54	61	55	70	68
WCHHS	80	79	73	71	79	76	58	57	56	59	59	62	71	63
Aggregate	**79**	**79**	**73**	**73**	**77**	**79**	**53**	**53**	**53**	**54**	**58**	**57**	**66**	**67**

*Indicates a statistically significant difference in proportion of positive responses for MHO from 2010 to 2011.

Note: This table excludes responses for enrollees who were not assigned to an MHO for analytical purposes or who were classified as FFS, and it does not include enrollees in residential and foster care.

Table 8a. Domain scores by MHO, 2007–2011: Satisfaction, Access, Quality, and Outcomes.

MHO	General satisfaction					Access					Quality					Outcomes				
	2007	2008	2009	2010	2011	2007	2008	2009	2010	2011	2007	2008	2009	2010	2011	2007	2008	2009	2010	2011
ABHA	87	76	79	84	73	82	71	74	75	68	84	72	76	79	76	55	56	48	54	49
CMHO	69	76	76	78	76	61	69	69	75	70	66	76	74	74	74	51	60	54	52	50
FamilyCare	79	78	73	74	78	64	69	70	66	70	82	77	70	72	79	52	49	49	48	47
GOBHI	70	73	78	70	75	64	69	73	63	67	73	74	81	70	72	54	52	53	47	47
JBH	77	78	75	77	75	70	67	68	68	72	77	76	74	78	79	57	56	55	53	51
LaneCare	84	83	84	85	86	75	75	81	74	79	77	82	82	77	82	57	56	57	58	58
MVBCN	77	81	76	77	79	70	75	69	75	74	76	80	73	77	80	52	55	49	52	54
VIBHS	76	80	78	81	79	70	71	75	76	74	73	76	77	81	80	56	53	57	55	53
WCHHS	77	76	79	80	79	76	71	72	73	71	80	75	74	79	76	57	50	50	58	57
Aggregate	**77**	**79**	**78**	**79**	**79**	**71**	**72**	**73**	**73**	**73**	**75**	**77**	**76**	**77**	**79**	**56**	**56**	**56**	**53**	**53**

Note: This table excludes responses for enrollees who were not assigned to an MHO for analytical purposes or who were classified as FFS, and it does not include enrollees in residential and foster care.

Table 8b. Domain scores by MHO, 2007–2011: Functioning, Connectedness, and Participation.															
	Functioning					Social connectedness					Participation				
MHO	2007	2008	2009	2010	2011	2007	2008	2009	2010	2011	2007	2008	2009	2010	2011
ABHA	59	54	46	53	50	68	55	58	57	57	79	68	67	67	70
CMHO	54	58	54	50	48	59	65	60	62	53	55	58	60	61	60
FamilyCare	53	48	42	50	52	54	67	54	53	53	67	74	62	62	66
GOBHI	54	52	55	49	48	62	57	59	53	60	65	64	65	56	64
JBH	59	54	54	51	52	60	60	57	53	56	65	64	60	71	65
LaneCare	57	56	56	56	62	51	56	56	60	58	65	71	72	67	70
MVBCN	51	55	50	51	53	49	62	56	58	59	65	67	67	65	71
VIBHS	51	53	56	56	54	60	53	61	61	55	59	66	70	70	68
WCHHS	54	50	50	56	59	63	61	58	59	62	68	62	67	71	63
Aggregate	**55**	**56**	**55**	**53**	**54**	**58**	**59**	**59**	**58**	**57**	**64**	**65**	**66**	**66**	**67**

Note: This table excludes responses for enrollees who were not assigned to an MHO for analytical purposes or who were classified as FFS, and it does not include enrollees in residential and foster care.

Demographic Comparisons

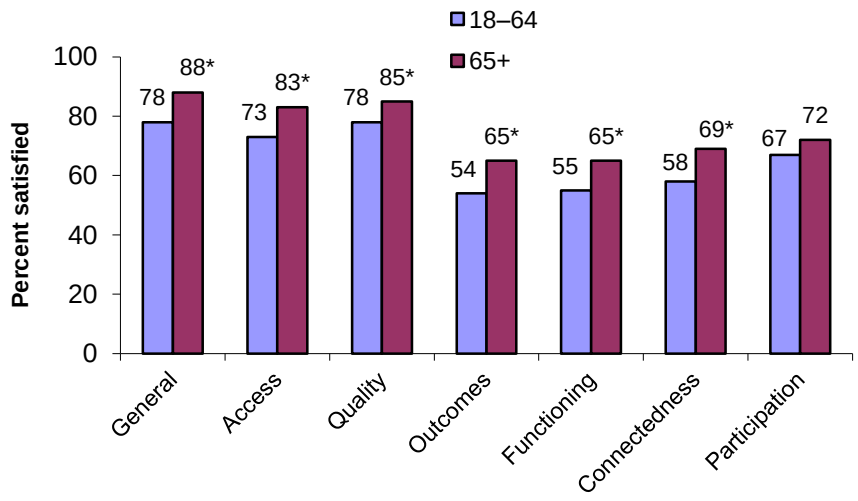
Acumentra Health analysts used chi-square tests to identify where scores in each domain may be different, by demographic characteristic.

Domain scores by age group

Responders were split into two groups for analysis, based on age at the time of the survey: 18–64 years and 65 years or older. Figure 3 shows domain scores by age group in 2011; Table A-3 in Appendix A presents these data, along with the 2010 data, in tabular form.

As shown, responders age 65 years or older reported higher domain scores in all seven domains. Differences were statistically significant in six domains.

Figure 3. Domain scores by age.



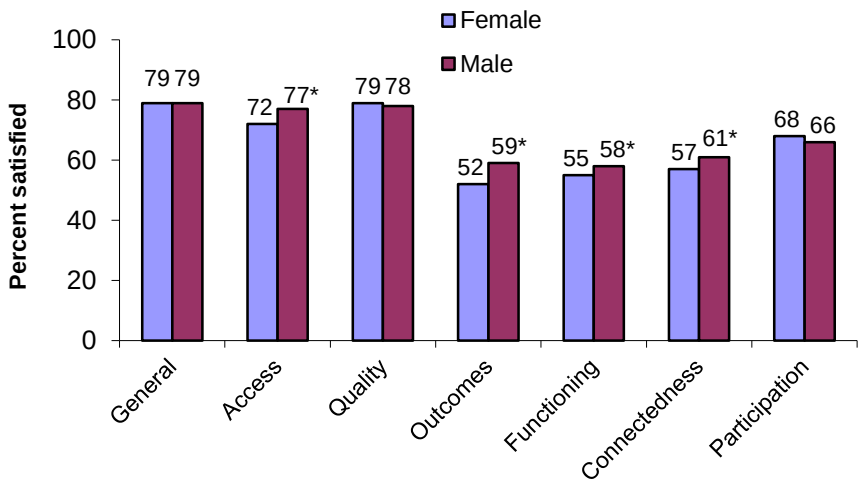
*Indicates significant result in chi-square test of proportions ($p<0.05$).

Domain scores by gender

Figure 4 shows domain scores by gender in 2011. Table A-4 in Appendix A presents these data, along with the 2010 data, in tabular form.

Scores for male responders were higher in the access to services, treatment outcomes, daily functioning, and social connectedness domains.

Figure 4. Domain scores by gender.



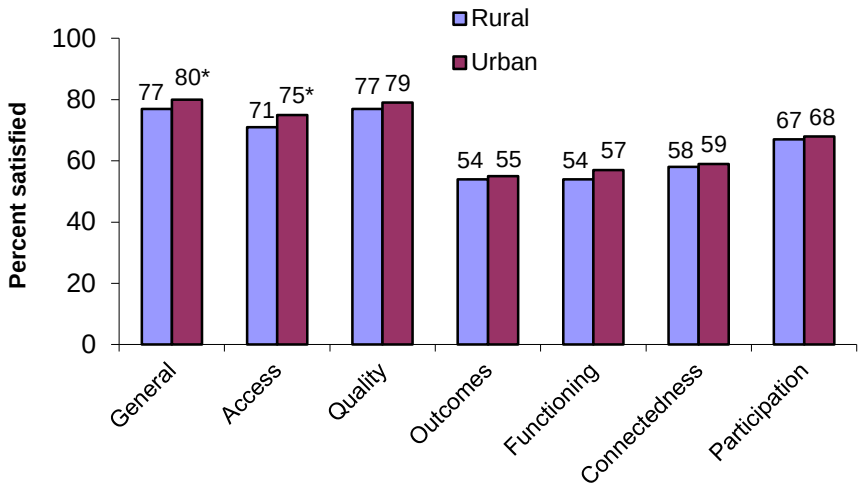
*Indicates significant result in chi-square test of proportions ($p<0.05$).

Domain scores by rural/urban residence

Responders 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."

Figure 5 displays domain scores by place of residence in 2011. The scores were higher for urban responders compared to rural responders in every domain.

Figure 5. Domain scores by rural or urban residence.



*Indicates significant result in chi-square test of proportions ($p<0.05$).

Table A-5 in Appendix A presents these data along with the 2010 data in tabular form. For rural responders, scores either decreased or remained the same in 2011 compared to 2010. For urban responders, scores rose in two domains: treatment participation and quality of services.

Domain scores by race

Table 9 displays the 2010 and 2011 sample domain scores by the responder's race. Data for Native Hawaiian/Pacific Islander responders were not included due to the small survey sample size.

Domain scores were higher for African American responders than for responders in other racial categories in a majority of domains. This is a change from previous survey results, which showed Asian responders reporting the highest domain scores in most domains. Domain scores for multiracial responders were the lowest in three domains. From 2010 to 2011, domain scores increased in every domain for the African American and Native American groups, and scores increased in five domains for the Multiracial group.

Figures 6–11 show the 2007–2011 domain scores by race. For the White (Caucasian) group, which represents the majority of the sample population, scores in most domains were gradually increasing; however, in 2011, most of the domain scores either leveled off or decreased.

Table 9. Domain scores by race, 2010–2011.

	General satisfaction		Access		Quality		Outcomes		Functioning		Social connectedness		Participation		# changed from 2010 to 2011**		
Race	2010	2011	2010	2011*	2010	2011	2010	2011	2010	2011	2010	2011	2010	2011	+	same	–
Black (African American)	80	87	75	82	77	89	55	68	59	69	58	62	66	72	7	0	0
Native American	74	83	66	74	66	74	51	55	50	59	54	61	56	70	7	0	0
Asian	90	85	86	81	88	79	65	54	63	54	73	62	74	71	0	0	7
Other	79	81	75	70	78	77	63	54	59	55	63	55	68	63	1	0	6
White (Caucasian)	79	78	74	74	78	79	57	55	57	56	60	58	67	68	2	1	4
Multiracial	75	77	67	67	74	78	53	51	52	54	52	59	62	64	5	1	1

*Indicates significant result in chi-square test of proportions ($p<0.05$). Note: statistical significance shown for 2011 only.

**The total number of scores that increased (+) from 2010 to 2011, number that decreased (–), and number that did not change.

Figure 6. Domain scores, 2007–2011: Black (African American).

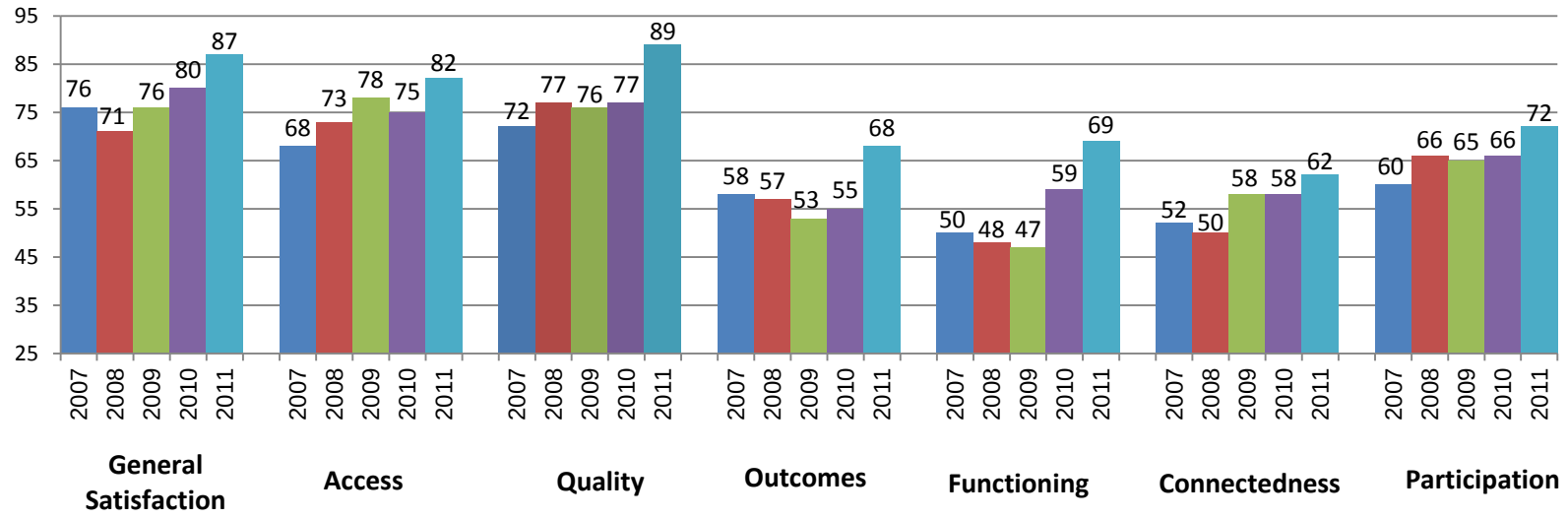


Figure 7. Domain scores, 2007–2011: Native American.

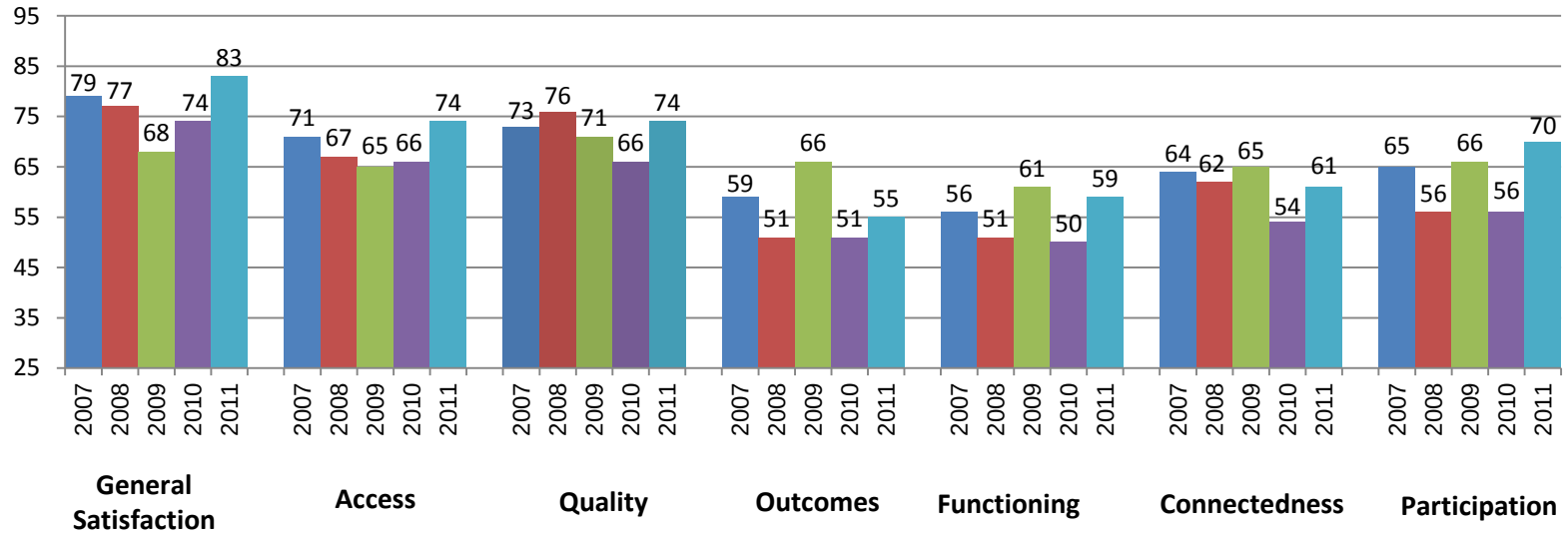


Figure 8. Domain scores, 2007–2011: Asian.

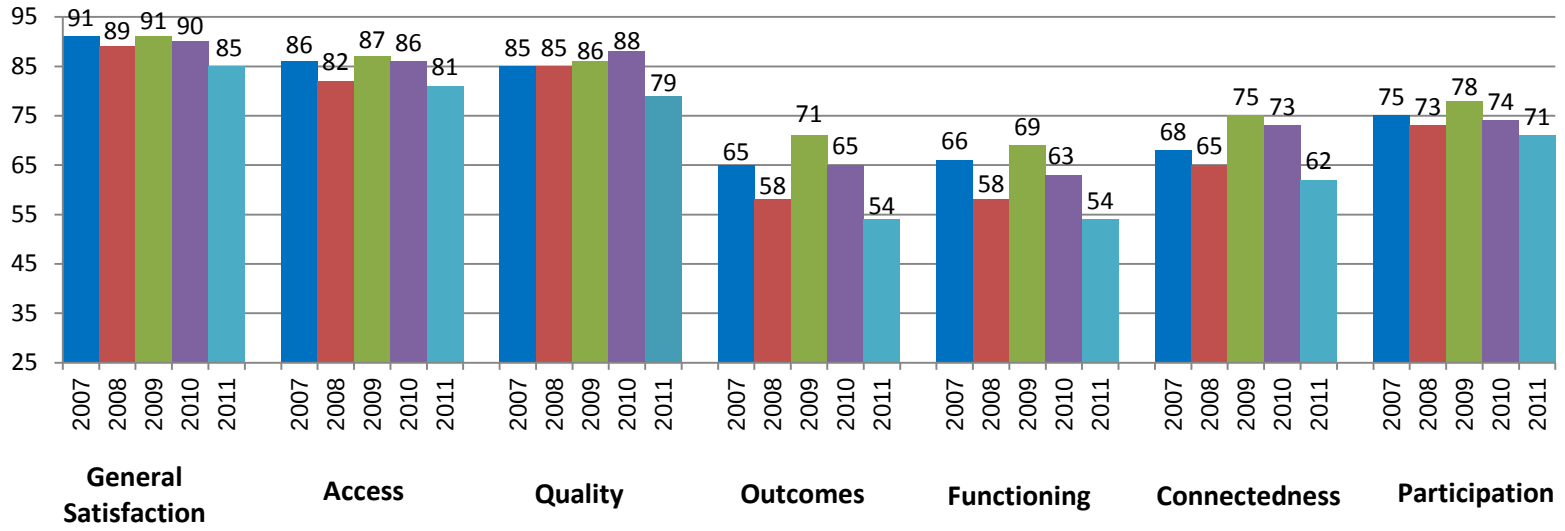


Figure 9. Domain scores, 2007–2011: Other Races.

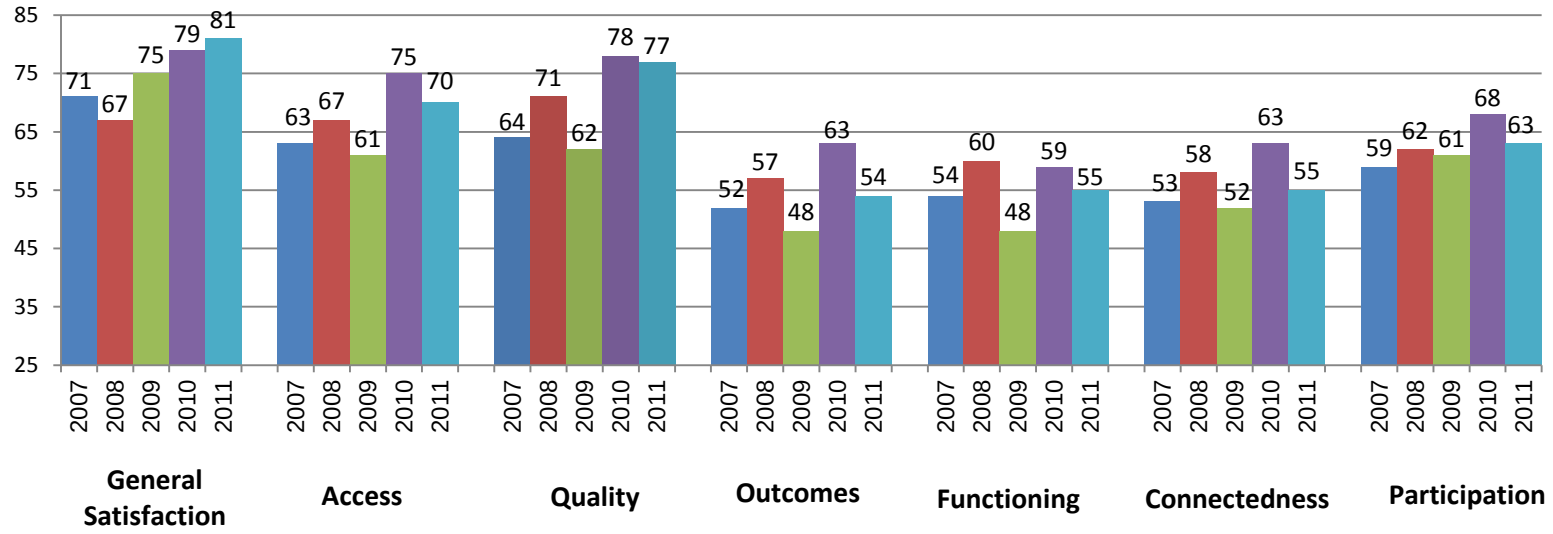


Figure 10. Domain scores, 2007–2011: White (Caucasian).

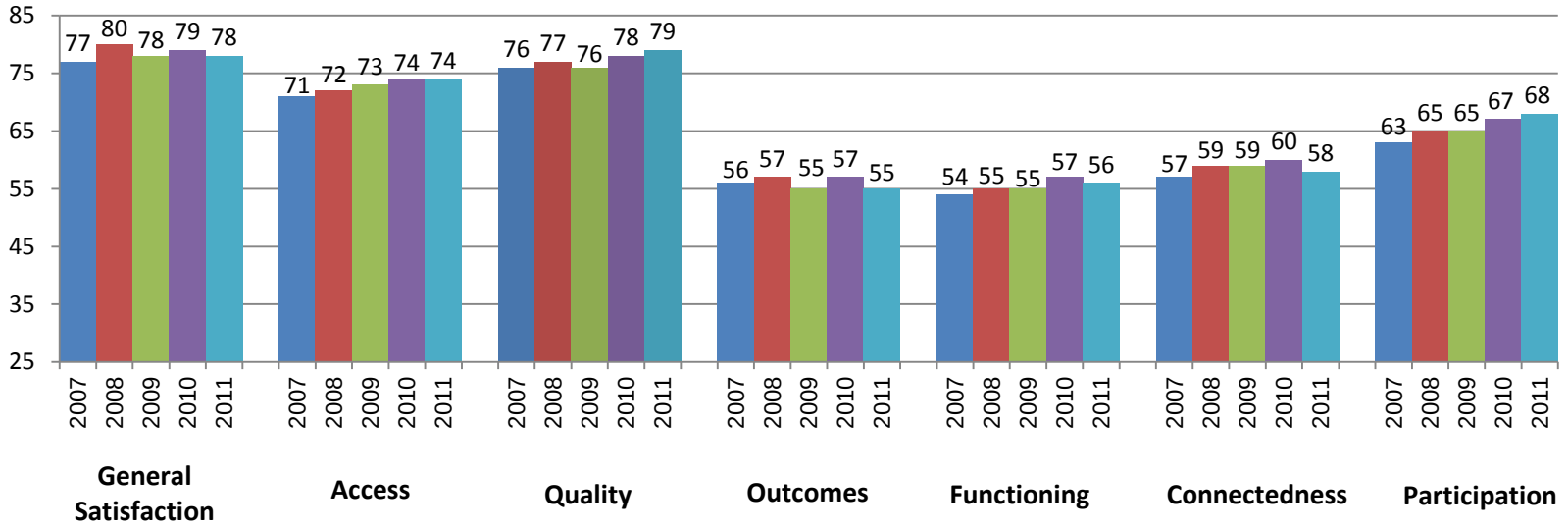
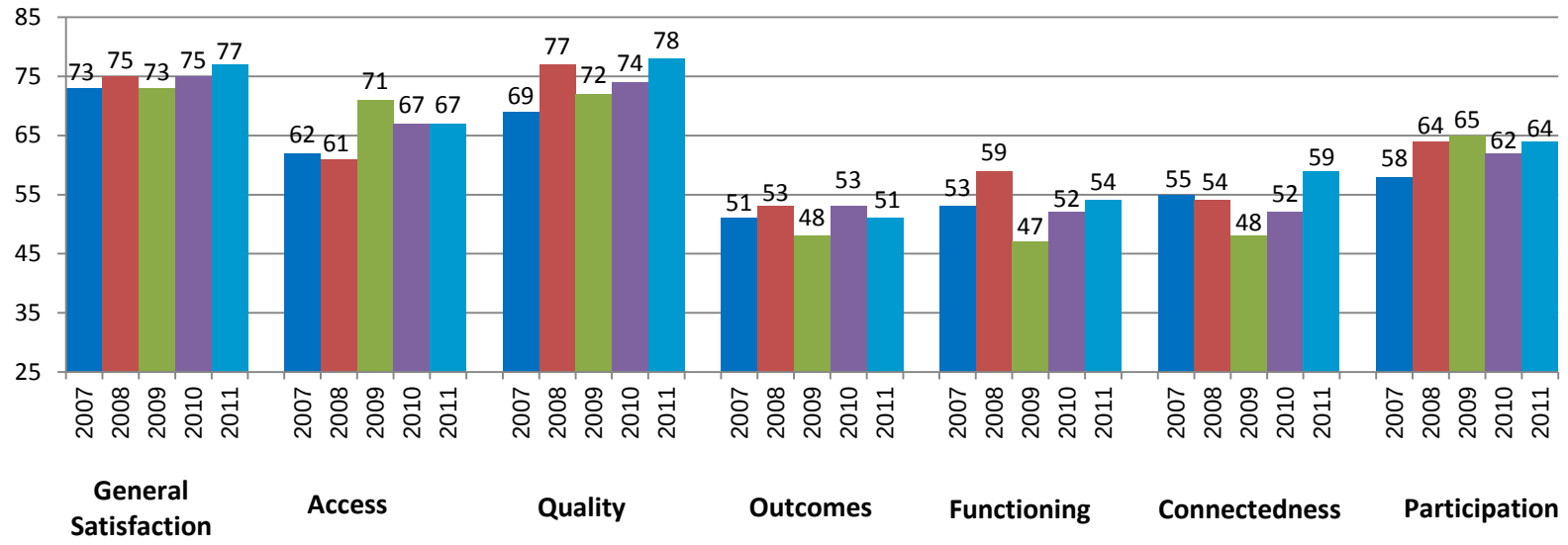


Figure 11. Domain scores, 2007–2011: Multiracial.



Domain scores by ethnicity

A separate question asked whether the survey responder was of Hispanic or Latino origin. Out of 3,155 responders, 8 percent reported their ethnicity as Hispanic or Latino. Table 10 compares domain scores for those responders with the scores for all other responders.

In 2011, the domain scores were higher for those of Hispanic ethnicity compared to non-Hispanics in six of the seven domains. However, from 2010 to 2011, domain scores fell for Hispanic enrollees in six domains. For non-Hispanic enrollees, the scores decreased in two domains and stayed the same in the rest.

Figures 12 and 13 show domain scores by ethnicity from 2007 to 2011. In most domains, for both Hispanics and non-Hispanics, the scores don't appear to rise or fall over time, but fluctuate around a central value.

Table 10. Domain scores by ethnicity, 2010–2011.

Race	General satisfaction		Access		Quality		Outcomes		Functioning		Social connectedness		Participation		# changed from 2010 to 2011*		
	2010	2011	2010	2011	2010	2011	2010	2011	2010	2011	2010	2011	2010	2011	+	same	–
Hispanic	84	83	76	75	84	82	62	56	67	56	64	62	68	70	1	0	6
Non-Hispanic	79	79	74	74	78	78	57	55	56	56	60	59	67	67	0	5	2

*The total number of scores that increased (+) from 2010 to 2011, number that decreased (–), and number that did not change.

Figure 12. Domain scores, 2007–2011: Hispanic enrollees.

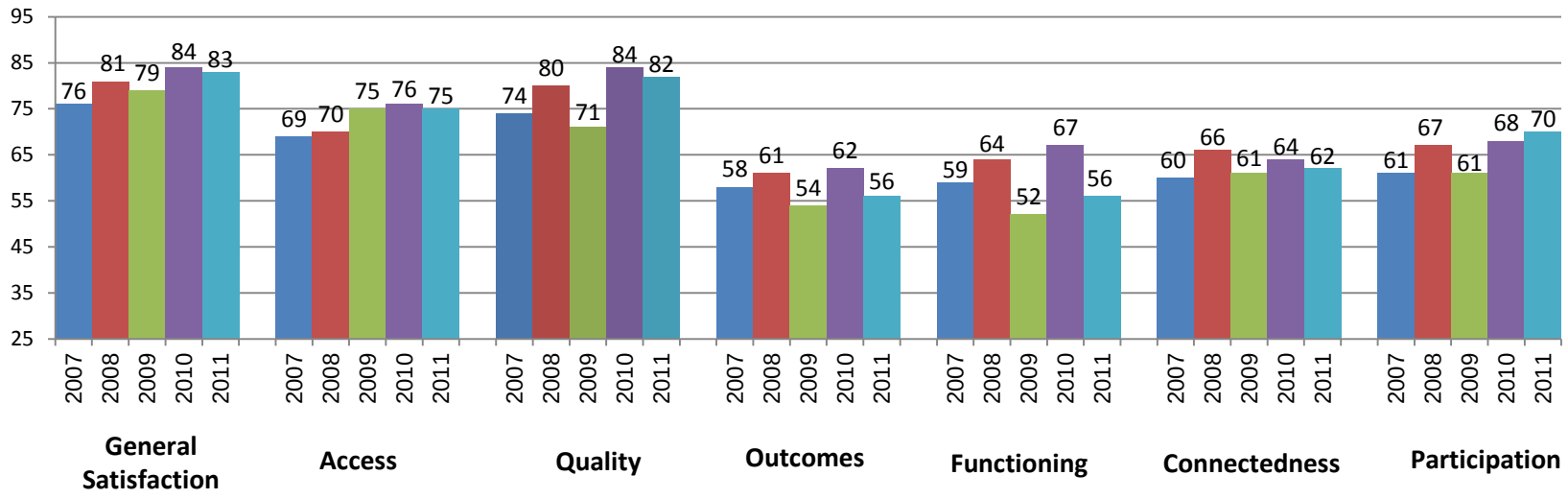
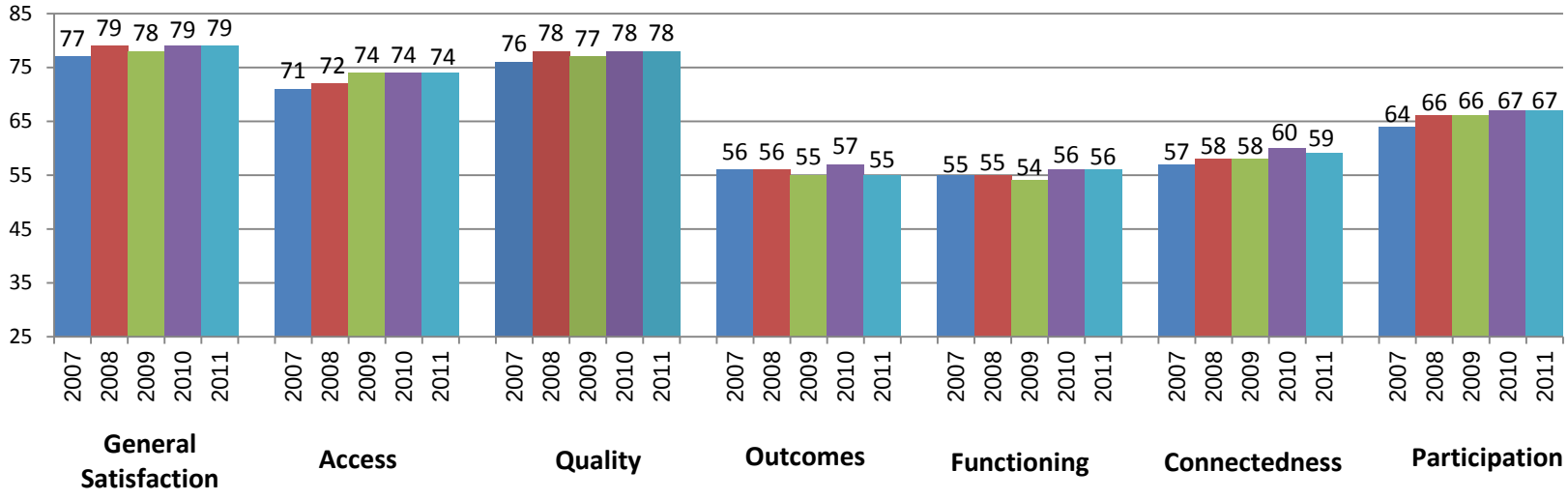


Figure 13. Domain scores, 2007–2011: Non-Hispanic enrollees.



Domain Scores by Response Method

In 2011, Acumentra Health for the first time offered the option to complete the survey online. Enrollees were given, in the introduction letter and each mailed survey, the website of the survey and a passcode. The online survey was offered in English and Spanish versions.

At the end of the data entry period, 519 responders had completed the online survey. Acumentra Health looked at domain score differences between those who completed the survey online and those who mailed in the survey, to determine if these different groups reported differing levels of service satisfaction.

Table 11 compares the domain scores of Internet and mail responders.

Table 11. Domain scores, Internet vs. mailed responses.

Domain	Internet	Mail
General Satisfaction*	74	80
Access*	70	75
Quality	78	78
Outcomes	54	55
Functioning	57	56
Social Connectedness*	53	60
Participation	65	68

*Indicates significant result in chi-square test of proportions ($p<0.05$).

The sample domain scores were lower for Internet responders in five of the seven domains. In the general satisfaction, access to services, and social connectedness domains, the difference was significant.

Additional Analysis

Acumentra Health analyzed the responses to additional survey questions about the responders' arrest history, use of alcohol or illegal drugs, barriers to employment, and whether the responders' mental health provider had tried to help the responder obtain housing and employment. The following section summarizes the results of that analysis.

The reader should exercise caution in interpreting the results in this section. In some cases, these self-reported data, especially regarding the responders' arrest history and use of alcohol or illegal drugs, may be inconsistent and/or less than fully reliable. Although broad conclusions based on these results cannot be made with confidence, the results may suggest areas where more rigorous investigation would be beneficial.

Arrest history

More than 3,285 responders (97 percent) answered questions about their arrest history before and since beginning treatment with their current mental health providers. After taking into account the time since starting services and limiting the analysis to those who had seen their providers for at least 12 months and answered both Questions 47 and 48, 1,726 responses were appropriate for analysis. As shown in Table 12, the percent reporting arrest was higher for the year before starting services with the current provider, compared with the year following.

Analysts also examined average number of days incarcerated, limiting the analysis to 1,402 responders who had received services for at least 12 months and had answered both Questions 49 and 50. For this group, the average number of days in a controlled environment was higher in the 12 months before starting treatment compared to the 12 months after treatment began.

Table 12. Responder's arrest history.

Arrest period	Percent reporting arrest (n=1,726)	Average days in controlled environment* (n=1,402)
12 months before starting treatment	10%	4
12 months after starting treatment	5%	2

*Indicates significant result in paired t-test ($p<0.05$).

Assistance by mental health provider

The survey asked whether the responders' mental health providers had tried to help them with housing and employment. Figure 14, based on Question 46a, "During the time you were seeing your provider: Did you want or need housing or better housing?" shows that 35 percent wanted or needed better housing, a slight increase from the 34 percent in 2010.

Figure 14. During time seeing provider, responders wanting or needing housing or better housing (n=3,120).

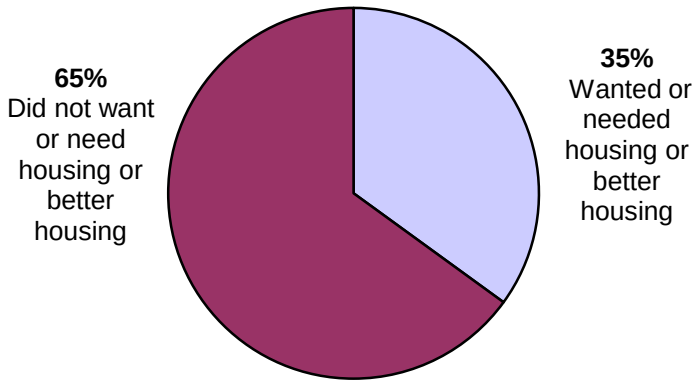


Figure 15 shows that 47 percent of those who wanted or needed better housing actually received help from providers—a slight decrease from the 50 percent in 2010.

Figure 15. Provider assistance to responders who needed housing or better housing (n=963).

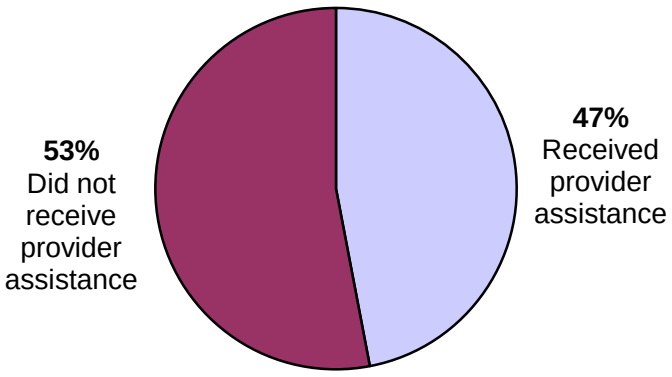


Figure 16 shows that of those receiving help, 70 percent actually found new or better housing, a slight decrease from 2010's 74 percent.

Figure 16. Responders receiving provider assistance who found housing (n=441).

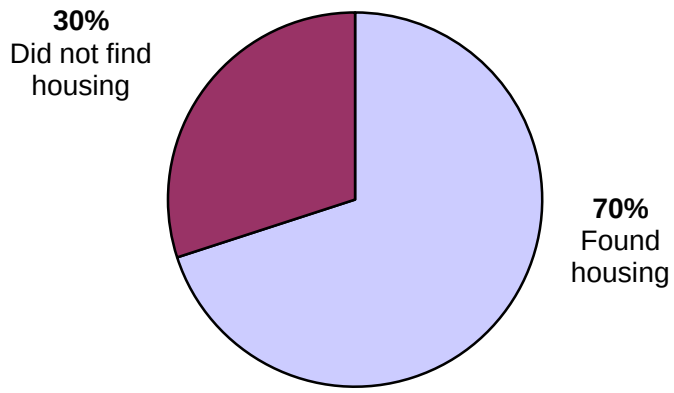


Figure 17, based on Question 46d, "During the time you were seeing your provider: Did you want or need a job or better job?" shows that 30 percent of responders wanted/needed a job or a better job. This is a slight increase from last year's 26 percent who wanted/needed a job or better job.

Figure 17. Responders wanting or needing a job or a better job (n=2,904).

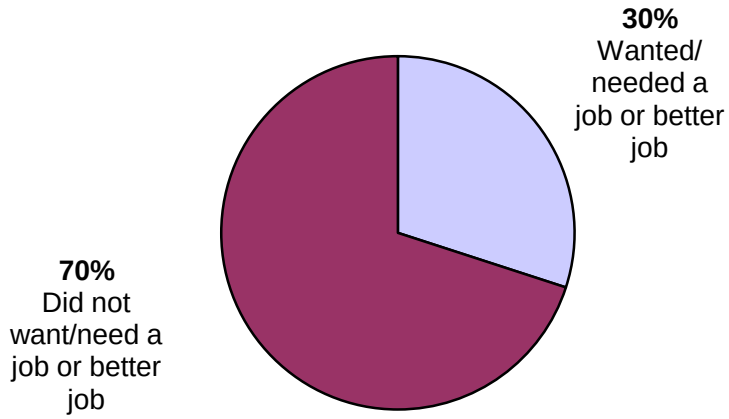


Figure 18 shows the percentage of those who needed a job who received help from their providers: 34 percent, about the same as the 33 percent who received assistance in 2010.

Figure 18. Responders who wanted/needed a job or a better job who received provider assistance (n=805).

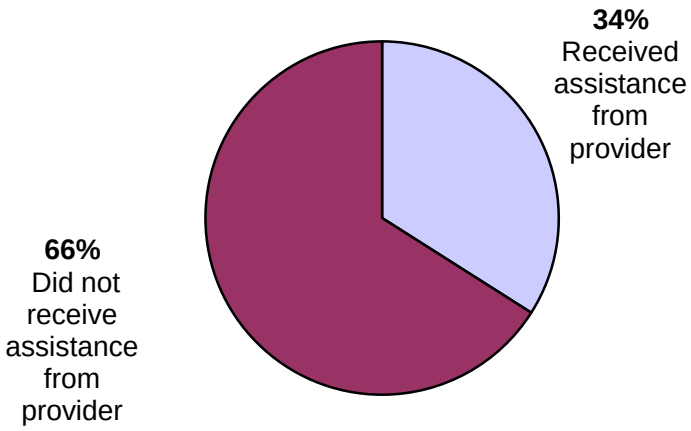
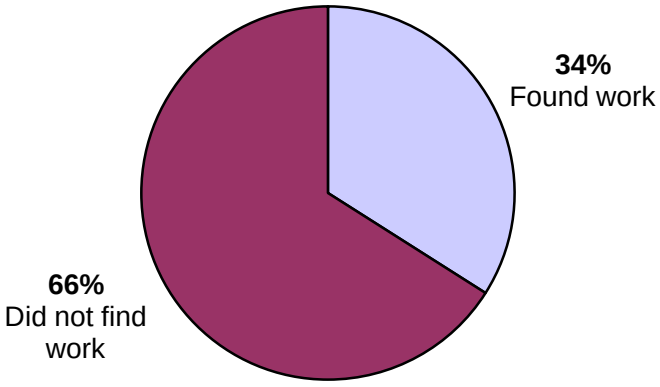


Figure 19 shows that 34 percent of those receiving help actually found work, compared to 35 percent who found work with provider assistance in 2010.

Figure 19. Responders who found employment with provider assistance (n=262).



Alcohol and drug use

Among those who responded to questions about their alcohol and drug use, 28 percent said they had received treatment for problems with alcohol or illegal drugs (Figure 20). Responders enumerated the substances they had used in the previous 12 months, as shown in Table 13.

Figure 20. Responders who have received treatment for problems with alcohol or drug use (n=3,193).

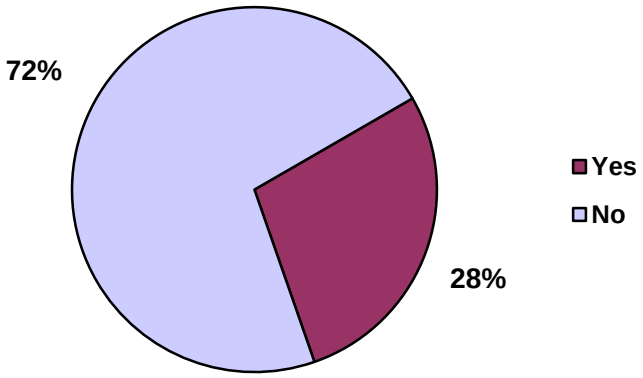


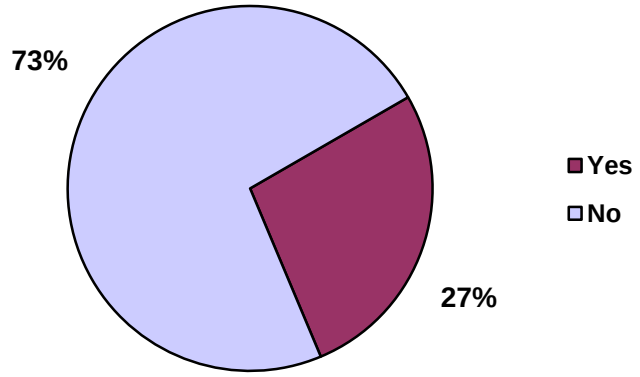
Table 13. Substances used by responders in previous 12 months (n=3,400).

Substance	Number "yes"	% of responders
Tobacco	1,403	41%
Alcohol	958	28%
Marijuana	398	12%
Heroin, morphine, other narcotics	136	4%
Methamphetamine/amphetamines	107	3%
Other drugs	87	3%
Cocaine or crack	55	2%

Note: A responder could check more than one substance.

When asked whether they believed they had a problem with alcohol or illegal drugs, 27 percent of responders said "Yes" (Figure 21). This was a slight increase from the 25 percent who reported a problem with alcohol or illegal drugs in 2010.

Figure 21. Responders' perception of whether they have a problem with alcohol or illegal drugs (n=3,119).



Factors affecting ability to work

The 2011 survey asked responders to select factors affecting their ability to work. As shown in Table 14, the most frequently cited issues affecting employment were mental health condition (60 percent) and physical health condition (46 percent).

Table 14. Factors affecting ability to work (n=3,400).

Factor	Number "yes"	% of responders
Mental health condition	2034	60%
Physical health condition	1557	46%
Lack of job training / education	752	22%
Medication side effects	695	20%
Lack of transportation	636	19%
Lack of good jobs	632	19%
Concern about losing other benefits	620	18%
Concern about losing Medicaid benefits	567	17%
Workplace attitudes about mental illness	476	14%
Other reason	451	13%
Age (e.g., retired)	424	12%
Arrest history	358	11%
Other responsibilities (e.g., parenting)	260	8%
Student/in school	196	6%
Lack of affordable child care	157	5%
Provider discourages me	89	3%

Analysts also examined survey items about factors affecting ability to work and whether enrollees are still in treatment (their treatment status). Analysts wanted to look at whether possible barriers to employment (lack of transportation, lack of affordable child care, etc.) might also affect the length of stay in treatment. Table 15 shows the number of enrollees citing each factor as affecting their ability to work and, of that number, the percent still in treatment.

Only 4 percent cited lack of affordable child care as affecting their ability to work (Table 14). However, of those who selected this as a factor, only 65 percent are still in treatment (Table 15), which could indicate that lack of affordable child care is a hindrance to staying in treatment; 65 percent is statistically significantly lower than those not citing this factor, 80 percent. It is also notably lower than for those who cited *no* factor, 77 percent of whom are still in treatment. Two other factors had the next lowest percentages of members still in treatment: "Student/in school" (68 percent) and "Other responsibilities (e.g., parenting)" (68 percent).

Table 15. Factors affecting ability to work and treatment status.

Factor	% still in treatment
Mental health condition (n=1871)	85%
Physical health condition (n=1426)	80%
Lack of job training/education (n=697)	78%
Medication side effects (n=651)	84%
Concern about losing other benefits (n=578)	83%
Lack of transportation (n=569)	78%
Lack of good jobs (n=583)	75%
Concern about losing Medicaid benefits (n=524)	83%
Other reason (n=409)	75%
Workplace attitudes about mental illness (n=444)	85%
Age (e.g., retired) (n=389)	81%
Arrest history (n=327)	77%
Other responsibilities (e.g., parenting) (n=242)	68%
Student/in school (n=188)	68%
Lack of affordable child care (n=147)	65%
Provider discourages me (n=82)	84%

Peer-delivered services

The 2011 survey asked two questions about peer-delivered services (supportive services provided by trained peers): "Have you used peer-delivered services?" and "If you have used peer-delivered services, how helpful were these services?"

As shown in Table 16, 18 percent of responders had used peer-delivered services. Of those that used these services, 46 percent found them very helpful (Table 17).

Table 16. Used peer-delivered services (n=3,200).

	Number	% of responders
Yes	569	18%
No	2,208	69%
Uncertain	423	13%

Table 17. If used peer-delivered services, how helpful they were (n=551).

	Number	% of responders
Very helpful	256	46%
Somewhat helpful	240	44%
Not at all helpful	55	10%

Coordination of care between mental and physical health

The 2011 survey asked a question about coordination of care between the responder's physical and mental health provider. As shown in Table 18, 49 percent of responders agreed or strongly agreed with this statement: "My current (or most recent) mental health provider has worked together with my physical healthcare provider to come up with a clear, consistent approach to helping me."

Table 18. Response to statement: My mental health provider has worked with my physical healthcare provider to come up with a clear, consistent approach to helping me (n=3,070).

	Number	% of responders
Strongly agree	620	20%
Agree	887	29%
Uncertain	924	30%
Disagree	367	12%
Strongly disagree	272	9%

Advice of doctors on losing weight and reducing heart disease risk

The 2011 survey asked three questions concerning the advice given to enrollees about the effects of their medications on weight gain, how to reduce heart disease risk, and losing weight or stopping smoking. Figure 22 shows that 60 percent of enrollees said their doctor or mental health service provider talked to them about losing weight or stopping smoking.

Figure 22. Responders whose doctor or mental health provider talked to them about losing weight or stopping smoking (n=2,933).

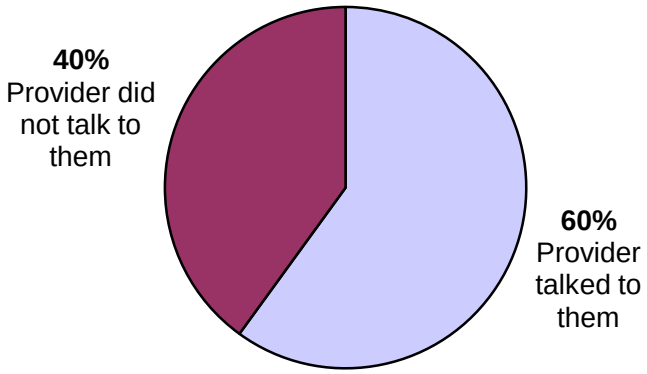


Figure 23 shows the percent of enrollees whose doctor noticed they were at risk for heart disease and gave them advice on how to reduce the risk. Figure 24 shows that 52 percent of enrollees said their medical provider talked to them about the effect of their medications on weight gain.

Figure 23. Responders whose doctor noticed they were at risk for heart disease and gave them advice on how to reduce risk (n=2,722).

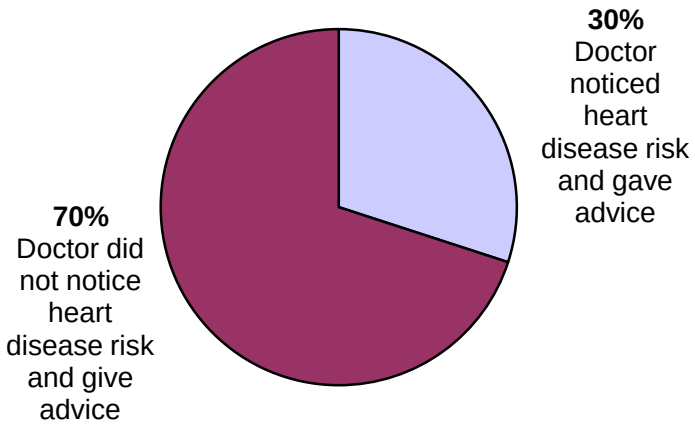
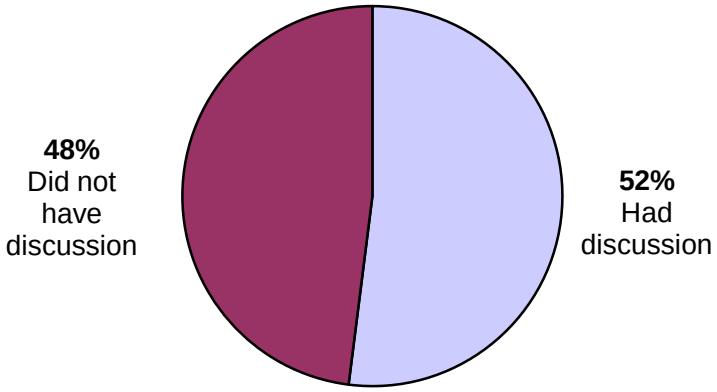


Figure 24. Responders whose doctor discussed with them the impact of their psychiatric medications on weight gain (n=2,750).



DISCUSSION AND RECOMMENDATIONS

For the first time in the past five years of this survey, the domain scores either remained the same from 2010 to 2011 or decreased. Scores did not increase in any domain. As Table 18 shows, scores in each domain showed a slight upward trend each year until 2011.

Overall, the results of the 2011 survey show that MHOs and their providers need to continue working to improve enrollees' perceptions of care, most notably with treatment outcomes, daily functioning, and social connectedness.

Table 19. Domain scores, 2007–2011.

Domain	2007	2008	2009	2010	2011
General Satisfaction	77	79	78	79	79
Access	71	72	73	74	74
Quality	75	77	76	78	78
Outcomes	56	56	56	57	54
Functioning	55	56	55	57	56
Social Connectedness	58	59	59	60	59
Participation	64	65	66	67	67

Scores by Treatment Setting

In 2011, as in previous years, there remains a wide gap in responders' perceptions of general satisfaction, access, quality, and participation compared to outcomes, functioning, and social connectedness. This difference is due mainly to the lower scores in the outpatient group, which accounts for 88 percent of the survey sample. The outpatient group's scores are significantly below those of the residential and foster care groups in the outcomes, functioning, access, and social connectedness domains.

A possible reason for this disparity could be that people in residential or foster care experience greater relief from or reduction in their symptoms than those people with less severe mental health concerns who are receiving outpatient treatment. These responders may have more positive perceptions of the intensive services they receive in residential and foster care settings. Further investigation and

research are needed to determine the reasons for the disparity between the outpatient group and those served in residential and foster care.

Domain Scores by MHO

As a group, the MHOs' scores increased in three domains: quality of services, daily functioning, and treatment participation. The quality of services domain score rose 2 percent from 2010 to 2011, while the daily functioning and treatment participation domain scores increased 1 percent. Domain scores remained the same for general satisfaction, access, and outcomes, and fell in the social connectedness domain. Five MHOs had increases in a majority of domains.

MHOs' scores from 2007 to 2011 show a gradual increase over time in some domains, such as access to services and quality of services. However, in other domains, like social connectedness, the scores have fluctuated around a central value, decreasing and increasing slightly year to year, with no significant increase.

Demographic Comparisons

Acumentra Health's analysis revealed some significant differences in domain scores among demographic groups. AMH may wish to investigate further to identify the causes of these differences.

- *Gender:* Male responders reported higher scores for access to services, treatment outcomes, daily functioning, and social connectedness than did female responders.
- *Age:* Similar to previous years' results, there was a significant gap in the domain scores between the 18–64 and the 65+ cohorts. The 65-and-older group reported significantly higher scores in every domain except treatment participation compared to the 18–64 group.
- *Race:* In the access to services domain, there was a statistically significant difference in the proportions of responders' positive responses by racial category. Domain scores for African Americans were higher compared to responders in other racial categories. In previous years, Asian responders had higher scores in each domain compared to every other racial group.

  Scores have leveled off in most domains over the past five years for the Caucasian group, which represents the majority of the sample population. For the other racial groups, which have much smaller sample sizes, the scores have fluctuated more. Some racial groups, like African Americans,

showed an upward trend in most domain scores while other groups showed a downward tendency.

- *Rural/Urban:* In each domain, those living in urban areas reported slightly higher scores when compared to those in rural areas. The difference was statistically significant in the general satisfaction and access to services domains.

Provider Assistance with Non-Mental Health Services

Thirty-four percent of responders in 2011 who sought a job or a better job got help from their providers. Of those who received help, 34 percent were able to find work. These are slight increases from 2010, when 33 percent received assistance in searching for a job/better job, and of those, 33 percent found work with provider assistance. This is a reversal of the general decrease from year to year (from 2008 to 2010) in the percentage of responders who received assistance from providers in their employment search and a decrease in those who actually found employment with assistance.

The percentages of responders reporting that they received assistance with housing decreased slightly from 2010. Of those seeking new or better housing, 47 percent reported receiving help from their providers in 2011. Of those responders receiving provider assistance, 70 percent found new or better housing.

Positive Trends

The survey results demonstrated slight improvement in the percentage of mental health consumers who received treatment for a problem with alcohol or illegal drugs. The percent who received treatment increased from 27 to 28 percent from 2010 to 2011. This may reflect a more integrated approach to co-occurring disorders. Continued support for efforts to integrate behavioral health treatment may continue this positive trend.

The 2011 results show how helpful peer-delivered services were to those receiving them (46 percent found them very helpful, and 44 percent somewhat helpful).

Next Steps and Recommendations

Ongoing surveys of adult enrollees' perceptions of OHP mental health care will guide AMH's efforts to improve the quality of services.

Findings from the 2011 survey indicate that the state may want to increase the availability and use of peer-delivered supportive services because of consumers' positive response to those services.

The great majority of OHP enrollees receive mental health services through outpatient care. This year, as in previous years, survey responders in outpatient treatment reported less positive perceptions of their care overall than did responders in residential and foster care settings (particularly in the treatment outcomes, daily functioning, and social connectedness domains).

Acumentra Health believes the following recommendations will benefit AMH and its contractors and subcontractors in this important work.

1. **Conduct a more thorough analysis of the outpatient enrollees' survey responses to determine why they perceive their treatment outcomes less positively than responders in residential and foster care facilities.**

   Work with MHOs to identify unmet needs, specific treatment concerns, and expectations of outpatient enrollees. This could identify additional services and guide development of a more extensive service array for outpatient clients that would help better meet their varied needs and improve their perceptions of services.

   AMH could incorporate this analysis into its efforts to develop a greater array of community-based services as part of the Adult Mental Health Initiative (AMHI). AMHI brings together MHOs, community mental health programs, providers, and consumers in an effort to ensure that adults with mental illness receive the right services at the right time. A key component is transferring responsibility for managing adult residential care services to the MHOs, improving coordination and community responsibility for those services. The community-based services and resources developed as part of AMHI to serve adults transitioning out of residential care could also be used to benefit outpatient enrollees as well.

2. **Implement further resilience and recovery initiatives for adult consumers.**

   In 2006, AMH adopted a resilience and recovery policy to move toward a recovery-focused system. In a 2009 policy statement, AMH described its support for "resiliency and recovery for people of all ages who experience or

are at risk for psychiatric and/or substance use disorders."[6] The desired outcomes are "maximized quality of life for individuals and families, success in work and/school, improved health status and functioning, development and maintenance of social relationships, and participation in the community of choice."

AMH should continue moving toward a recovery-focused system and identify initiatives that can accomplish resilience and recovery goals specifically for the adult outpatient system. AMH should continue to provide leadership in developing services based on the recovery model and should define additional services as needed.

3. **Identify and implement best practices from other states.**

   AMH could identify other state mental health agencies with high positive MHSIP survey responder domain scores and evaluate whether adoption of some of those states' program elements or program implementation methods would benefit OHP enrollees.

[6] Addictions and Mental Health Division. Resilience and Recovery Policy Statement, January 1, 2009.

Appendix A. Detailed Data Tables

Table A-1. Percent of responders who agree or strongly agree with an item, by treatment setting, 2010–2011.

		Outpatient		Residential		Foster	
		2010	2011	2010	2011	2010	2011
General Satisfaction							
1	I like the services I received here	82	81	75	85	87	85
2	If I had other choices, I would still get services from this agency	76	75	74	76	82	82
3	I would recommend this agency to a friend or family member	78	78	70	75	83	79
Treatment Access							
4	The location of services was convenient	76	77	72	84	82	78
5*	Staff were willing to see me as often as I felt it was necessary	79	78	81	88	81	86
6	Staff returned my call in 24 hours	71	72	68	73	82	77
7	Services were available at times that were good for me	81	81	77	84	86	82
8*	I was able to get all the services I thought I needed	74	72	69	76	82	81
9*	I was able to see a psychiatrist when I wanted to	65	63	73	73	81	80
Quality/Appropriateness							
10	Staff here believe that I can grow, change and recover	74	74	73	82	76	75
11	I felt comfortable asking questions about my treatment and medication	81	81	80	80	86	81
12	I felt free to complain	74	73	66	70	76	70
13	I was given information about my rights	84	83	80	82	85	86
14	Staff encouraged me to take responsibility for how I live my life	78	78	82	82	82	80
15	Staff told me what side effects to watch out for	71	71	64	65	70	67

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

Table A-1. Percent of responders who agree or strongly agree with an item, by treatment setting, 2010–2011 (cont.).							
		Outpatient		Residential		Foster	
		2010	2011	2010	2011	2010	2011
16	Staff respected my wishes about who is and who is not to be given information about my treatment	84	84	80	79	85	86
17	I, not staff, decided my treatment goals	65	66	67	63	72	74
18*	Staff were sensitive to my cultural background	77	79	73	72	80	82
19	Staff helped me obtain the information I needed so that I could take charge of managing my illness	72	74	77	73	77	78
20	I was encouraged to use consumer-run programs	67	67	74	73	78	73
Treatment Outcomes							
21*	I deal more effectively with daily problems	65	63	79	74	82	76
22*	I am better able to control my life	64	61	81	77	77	71
23*	I am better able to deal with crisis	58	56	77	74	75	70
24*	I am getting along better with my family	63	61	71	67	75	73
25*	I do better in social situations	52	50	73	68	68	69
26*	I do better in school and/or work	47	44	65	56	56	53
27*	My housing situation has improved	57	55	81	68	78	78
28*	My symptoms are not bothering me as much	49	49	79	64	70	69

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

Table A-1. Percent of responders who agree or strongly agree with an item, by treatment setting, 2010–2011 (cont.).							
		Outpatient		Residential		Foster	
		2010	2011	2010	2011	2010	2011
Daily Functioning							
29*	I do things that are more meaningful to me	59	57	79	75	81	79
30*	I am better able to take care of my needs	60	59	81	72	77	72
31*	I am better able to handle things when they go wrong	55	53	72	68	72	67
32*	I am better able to do things that I want to do	56	55	78	68	76	70
Social Connectedness							
33	I know people who will listen and understand me when I need to talk	70	70	80	75	78	76
34*	When I need help right away, I know people I can call on	69	69	79	76	77	80
35*	I have more than one friend	64	65	80	73	73	76
36*	I am happy with the friendships I have	64	64	74	73	76	72
37*	I have people with whom I can do enjoyable things	67	68	75	75	77	74
38*	I feel I belong in my community	52	48	68	66	73	69
39	In a crisis, I would have the support I need from family or friends	70	69	78	74	74	71

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

Table A-2. Percent of responders who agree or strongly agree with an item, by MHO, 2011.											
Item		**ABHA**	**CMHO**	**Family Care**	**GOBHI**	**JBH**	**Lane Care**	**MVBCN**	**VIBHS**	**WCHHS**	**Aggregate**
1*	I like services I received	78	80	83	76	78	87	83	80	80	**81**
2*	If I had other choices, I would still get services from this agency	66	72	72	70	76	82	77	76	75	**75**
3*	I would recommend this agency to a friend or family member	75	72	76	73	75	85	77	78	78	**78**
4	The location of services was convenient	78	74	77	73	72	78	76	80	79	**77**
5*	Staff were willing to see me as often as I felt it was necessary	75	78	78	72	76	84	79	78	75	**78**
6	Staff returned my call in 24 hours	68	71	70	69	71	77	71	72	74	**72**
7*	Services were available at times that were good for me	77	85	77	79	79	88	82	80	79	**81**
8*	I was able to get all the services I thought I needed	66	71	68	70	71	79	74	70	72	**72**
9*	I was able to see a psychiatrist when I wanted to	59	60	60	53	65	71	66	64	61	**63**
10*	Staff here believe that I can grow, change and recover	75	68	76	66	69	78	77	72	76	**74**
11	I felt comfortable asking questions about my treatment/ medication	80	77	83	75	80	86	80	81	82	**81**
12	I felt free to complain	71	68	71	71	72	77	74	74	71	**73**

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

Table A-2. Percent of responders who agree or strongly agree with an item, by MHO, 2011 (cont.).

Item		ABHA	CMHO	Family Care	GOBHI	JBH	Lane Care	MVBCN	VIBHS	WCHHS	Aggregate
13	I was given information about my rights	84	83	85	80	85	86	85	81	77	**83**
14	Staff encouraged me to take responsibility for how I live my life	79	78	78	71	77	81	77	80	71	**78**
15	Staff told me what side effects to watch out for	67	72	66	66	75	73	72	73	70	**71**
16	Staff respected my wishes about who is to be given information about my treatment	80	81	85	81	83	86	88	83	81	**84**
17	I, not staff, decided my treatment goals	69	61	65	64	65	68	71	66	59	**66**
18	Staff were sensitive to my cultural background	78	78	78	78	76	80	80	78	80	**79**
19	Staff helped me obtain the information I needed to take charge of managing my illness	70	69	73	69	75	75	77	74	71	**74**
20	I was encouraged to use consumer-run programs	70	71	62	64	71	65	68	69	62	**67**
21*	I deal more effectively with daily problems	61	51	61	57	63	70	63	62	71	**63**
22	I am better able to control my life	61	55	56	55	63	64	62	60	68	**61**
23*	I am better able to deal with crisis	56	48	51	50	56	60	55	56	64	**56**

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

Table A-2. Percent of responders who agree or strongly agree with an item, by MHO, 2011 (cont.).											
Item		**ABHA**	**CMHO**	**Family Care**	**GOBHI**	**JBH**	**Lane Care**	**MVBCN**	**VIBHS**	**WCHHS**	**Aggregate**
24	I am getting along better with my family	61	56	59	59	61	63	61	61	63	**61**
25	I do better in social situations	50	48	51	46	44	54	53	49	53	**50**
26	I do better in school and/or work	43	34	41	39	43	47	46	42	52	**44**
27*	My housing situation has improved	54	54	46	50	51	63	57	54	62	**55**
28	My symptoms are not bothering me as much	50	48	49	44	47	54	50	47	53	**49**
29*	I do things that are more meaningful to me	53	50	57	49	53	65	58	58	61	**57**
30*	I am better able to take care of my needs	57	54	55	53	57	68	55	58	64	**59**
31	I am better able to handle things when they go wrong	50	49	52	46	50	57	53	55	58	**53**
32*	I am better able to do things I want to do	51	49	52	49	50	61	57	54	58	**55**
33	I know people who will listen and understand me when I need to talk	65	68	64	70	70	72	73	69	74	**70**
34*	When I need help right away, I know people I can call on	64	70	60	70	70	74	72	67	70	**69**

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

Table A-2. Percent of responders who agree or strongly agree with an item, by MHO, 2011 (cont.).											
35	I have more than one friend	63	62	64	65	62	65	65	66	68	**65**
36	I am happy with the friendships I have	64	63	59	69	63	61	66	64	68	**64**
37	I have people with whom I can do enjoyable things	67	64	65	71	64	70	71	64	71	**68**
38	I feel I belong in my community	46	45	44	48	48	49	49	48	48	**48**
39	In a crisis, I would have the support I need from family or friends	68	71	63	72	69	70	71	65	74	**69**

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

Table A-3. Domain scores by responder's age, 2010–2011.				
	Age group			
	18–64		65+	
Domain	2010	2011	2010	2011
General Satisfaction	79	78	85	88*
Access	73	73	82	83*
Quality/Appropriateness	77	78	89	85*
Treatment Outcomes	56	54	71	65*
Functioning	56	55	69	65*
Social Connectedness	59	58	76	69*
Participation	66	67	71	72

*Indicates significant result in chi-square test of proportions (p<0.05). Note: statistical significance shown for 2011 only.

Table A-4. Domain scores by responder's gender, 2010–2011.				
	Female		Male	
Domain	2010	2011	2010	2011
General Satisfaction	79	79	79	79
Access	72	72	77	77*
Quality/Appropriateness	78	79	77	78
Treatment Outcomes	55	52	62	59*
Functioning	55	55	61	58*
Social Connectedness	59	57	63	61*
Participation	68	68	65	66

*Indicates significant result in chi-square test of proportions (p<0.05). Note: statistical significance shown for 2011 only.

Table A-5. Domain scores by location of responder's residence, 2010–2011.

Domain	Rural		Urban	
	2010	2011	2010	2011
General Satisfaction	78	77	80	80*
Access	72	71	75	75*
Quality/Appropriateness	77	77	78	79
Treatment Outcomes	55	54	59	55
Functioning	54	54	59	57
Social Connectedness	59	58	61	59
Participation	67	67	67	68

*Indicates significant result in chi-square test of proportions ($p<0.05$). Note: statistical significance shown for 2011 only.

APPENDIX B - MHSIP SURVEY FORMS

ADDICTIONS AND MENTAL HEALTH DIVISION
MENTAL HEALTH SERVICES SURVEY FOR ADULTS

John A. Kitzhaber, MD, Governor

Oregon Health Authority

Study ID: [Survey_ID]

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

NOTE: This survey is mailed to thousands of people who received a publicly funded mental health service in Oregon in 2010/2011. As the same survey is mailed to all people, it is possible that some questions will not apply to you. Many people ask for help in overcoming an addiction, or in dealing with a financial, educational, job-related, or legal problem. We ask questions about financial, educational, job-related, legal and health challenges to assess whether you are receiving the same level of care as everyone else. Your answers to this survey are completely confidential (private). Your answers will not be shared with your health care providers or other authorities, and will not affect any benefits that you are receiving or might receive. Your responses are important to improving our services. However, if you feel uncomfortable with answering a question, please feel free to skip that question.

To provide you with the best possible mental health services, we need to know what you think about the [**Survey_type**] services you received **between July 1, 2010 and now.** If you received [**Survey_type**] services from more than one provider since July 2010, then **please rate only your current provider (if you have one) or your most recent provider.**

Please tell us how much you agree or disagree with each statement below by circling ONE appropriate number after each statement. If the statement is about something you haven't experienced, circle the 9 to indicate that the item is "not applicable" to you. **Again, these statements refer ONLY to your current (or most recent) [Survey_type] service provider.**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	5	4	3	2	1	9
2. If I had other choices, I would still get services from this agency.	5	4	3	2	1	9
3. I would recommend this agency to a friend or family member.	5	4	3	2	1	9
4. The location of services was convenient (parking, public transportation, distance, etc.).	5	4	3	2	1	9
5. Staff were willing to see me as often as I felt it was necessary.	5	4	3	2	1	9

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
6. Staff returned my call in 24 hours.	5	4	3	2	1	9
7. Services were available at times that were good for me.	5	4	3	2	1	9
8. I was able to get all the services I thought I needed.	5	4	3	2	1	9
9. I was able to see a psychiatrist when I wanted.	5	4	3	2	1	9
10. Staff here believes that I can grow, change and recover.	5	4	3	2	1	9
11. I felt comfortable asking questions about my treatment and medication.	5	4	3	2	1	9
12. I felt free to complain.	5	4	3	2	1	9
13. I was given information about my rights.	5	4	3	2	1	9
14. Staff encouraged me to take responsibility for how I live my life.	5	4	3	2	1	9
15. Staff told me what side effects to watch out for.	5	4	3	2	1	9
16. Staff respected my wishes about who is and who is not to be given information about my treatment.	5	4	3	2	1	9
17. I, not staff, decided my treatment goals.	5	4	3	2	1	9
18. Staff were sensitive to my cultural background (race, religion, language).	5	4	3	2	1	9
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	5	4	3	2	1	9
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line).	5	4	3	2	1	9

AS A DIRECT RESULT OF SERVICES I RECEIVED FROM THIS PROVIDER…						
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
21. I deal more effectively with daily problems.	5	4	3	2	1	9
22. I am better able to control my life.	5	4	3	2	1	9
23. I am better able to deal with crisis.	5	4	3	2	1	9
24. I am getting along better with my family.	5	4	3	2	1	9
25. I do better in social situations.	5	4	3	2	1	9
26. I do better in school and/or work.	5	4	3	2	1	9
27. My housing situation has improved.	5	4	3	2	1	9
28. My symptoms are not bothering me as much.	5	4	3	2	1	9
29. I do things that are more meaningful to me.	5	4	3	2	1	9
30. I am better able to take care of my needs.	5	4	3	2	1	9
31. I am better able to handle things when they go wrong.	5	4	3	2	1	9
32. I am better able to do things that I want to do.	5	4	3	2	1	9
For questions 33-39, please answer for relationships with people <u>other than</u> your mental health providers.						
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
33. I know people who will listen and understand me when I need to talk.	5	4	3	2	1	9
34. When I need help right away, I know people I can call on.	5	4	3	2	1	9
35. I have more than one friend.	5	4	3	2	1	9
36. I am happy with the friendships I have.	5	4	3	2	1	9

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
37. I have people with whom I can do enjoyable things.	5	4	3	2	1	9
38. I feel I belong in my community.	5	4	3	2	1	9
39. In a crisis, I would have the support I need from family or friends.	5	4	3	2	1	9

40. **Name your current (or most recent) [Survey_type] provider: _____**

40a. **Approximately when did you start receiving mental health services from your current (or most recent) [Survey_type] provider? (Your best guess is fine.)**
Month: _____Year: _____

41. **Are you still receiving mental health services from this provider?**

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

41a**. If you are no longer receiving mental health services from this provider, about when (month and year) did you last see this provider?** Month: _____Year: _____

42. **If you are no longer receiving services from this mental health service provider, then why?** *(Please check the ONE major reason why treatment ended)*

☐ a. I no longer needed treatment, because the problem that led to treatment was solved	☐ d. Treatment was no longer possible due to problems paying for treatment.
☐ b. Treatment was not working as well as expected, so I stopped treatment with this provider	☐ e. Treatment was no longer possible due to problems with finding time for treatment, or other concerns *unrelated to treatment effectiveness*
☐ c. Treatment was no longer possible due to problems with transportation.	☐ f. Other (please explain):

43. **My doctor or mental health service provider has talked with me about losing weight and/or stopping smoking.**

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

44. **My doctor has noticed that I am at risk for heart disease and has given me advice about how to reduce my risk.**

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

45. **My doctor and I have discussed the effect of my psychiatric medications on weight gain.**

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

46. **During the time that you were seeing your current (or most recent) [Survey_type]**

a. **Did you want or need housing or better housing?**
☐ a. Yes ☐ b. No ☐ c. Don't know / Don't remember

b. **Did your service provider try to help you find housing or better housing?**
☐ a. Yes ☐ b. No ☐ c. Don't know / Don't remember

c. **Did you find housing or better housing?**
☐ a. Yes ☐ b. No ☐ c. Don't know / Don't remember

d. **Did you want or need a job or a better job?**
☐ a. Yes ☐ b. No ☐ c. Don't know / Don't remember

e. **Did your service provider try to help you find a job or a better job?**
☐ a. Yes ☐ b. No ☐ c. Don't know / Don't remember

f. **Did you find a job or a better job?**
☐ a. Yes ☐ b. No ☐ c. Don't know / Don't remember

The next several questions ask about legal problems you may have had in the past.

47. **Were you arrested in the 12 months before you started treatment with your current (or most recent) [Survey_type] service provider?**
☐ a. Yes ☐ b. No ☐ c. Don't know / Don't remember

48. **Were you arrested in the first 12 months after you began seeing this provider?**
☐ a. Yes ☐ b. No ☐ c. Don't know / Don't remember

49. **About how many days (or months) did you spend in a jail, prison, or other detention center during the 12 months before you started treatment with your current (or most recent) [Survey_type] service provider? (Please estimate the number of days or months (your best guess is fine), OR mark "None," OR mark "Don't know / Don't remember").**
_____ days _____ months ☐ None ☐ Don't know / Don't remember

50. **How many days (or months) did you spend in a jail, prison, or other detention center in the first 12 months *after* you started treatment with this provider?**
_____ days _____ months ☐ None ☐ Don't know / Don't remember

***Now please indicate whether each statement below is true for you*.**

51. **I believe I have had a problem with abusing alcohol or drugs.**
☐ a. Yes ☐ b. No ☐ c. Uncertain

52. **I have received treatment for a problem with abusing alcohol or drugs.**
☐ a. Yes ☐ b. No

53. **In the past 12 months, I used the following at least once (*check all that apply*):**

☐ a. Alcohol
☐ b. Tobacco (such as cigarettes)
☐ c. Marijuana (non-prescription)
☐ d. Cocaine or Crack
☐ e. Methamphetamine / Amphetamines
☐ f. Heroin, Morphine, Other Narcotics
☐ g. Other drugs not sold in stores and not prescribed to you (example: illegal drugs)

54. **Peer delivered services are services provided by people who have experienced mental illness and who work to help others with a mental illness. Examples are self-help groups, drop-in centers, Warmlines, and peer specialist services.**

Have you used peer-delivered services?

☐ a. Yes ☐ b. No ☐ c. Uncertain / Don't know what they are

54a. **If you have used peer-delivered services, how helpful were these services?**

☐ a. Very Helpful ☐ b. Somewhat Helpful ☐ c. Not at All Helpful

55. **My current (or most recent) [Survey_type] provider has worked together with my physical health care provider to come up with a clear, consistent approach to helping me.** Please check ONE.

☐ Strongly Agree ☐ Agree ☐ Uncertain ☐ Disagree ☐ Strongly Disagree

56. **What is your current employment (job) situation? (*Please check one*.)**

☐ a. Unemployed, & either can't work, don't need to work, or don't want to work	☐ d. Working part-time (between 17 and 34 hours per week)
☐ b. Unemployed, but able to work and want to work	☐ e. Working less than 17 hours per week, or my hours vary a lot
☐ c. Working full-time (35 hours per week or more)	☐ f. Retired

57. **Which of the following things affect your ability to work or your decisions about working? (*Please check all that apply*.)**

☐ a. Lack of good jobs	☐ i. Lack of affordable child care
☐ b. Concern about losing Medicaid benefits	☐ j. Other responsibilities (e.g., parenting)
☐ c. Concern about losing other benefits	☐ k. Provider discourages me
☐ d. Lack of transportation	☐ l. Medication side effects
☐ e. Physical health condition	☐ m. Age (e.g., retired)
☐ f. Mental health condition	☐ n. Student / In school
☐ g. Arrest history	☐ o. Workplace attitudes about mental illness
☐ h. Lack of job training / education	
☐ p. Other reason:	

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

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

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

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

División de Adicciones y Salud Mental
ENCUESTA DE SERVICIOS DE SALUD MENTAL PARA ADULTOS
John A. Kitzhaber, MD, Governor

Oregon Health Authority

Nº de estudio: [Survey_ID]

Para acceder a la encuesta en línea, visite: https://info.acumentra.org/ASpanish/
Ingrese su contraseña: [password]

NOTA: Esta encuesta se le envía a miles de personas que recibieron servicios de salud mental financiados con fondos públicos en Oregón en 2010/2011. Como todas las personas reciben la misma encuesta, es posible que algunas preguntas no se apliquen a usted. Muchas personas solicitan ayuda para superar adicciones o para afrontar problemas financieros, educativos, laborales o legales. Hacemos preguntas sobre inconvenientes financieros, educativos, laborales, legales y de salud para evaluar si usted está recibiendo el mismo nivel de atención que los demás. Sus respuestas a esta encuesta serán completamente confidenciales (privadas). Sus respuestas no se compartirán con sus proveedores de atención de la salud ni con ninguna otra autoridad. Tampoco afectarán los beneficios que usted está recibiendo o que podría recibir. Sus respuestas son importantes para poder mejorar nuestros servicios. Sin embargo, si le resulta incómodo responder alguna pregunta en particular, tenga la libertad de no contestarla.

Para poder brindarle los mejores servicios de salud mental posibles, necesitamos saber lo que usted piensa acerca de los servicios de **[Survey_type]** que usted recibió **entre el 1º de julio de 2010 y hoy.** Si usted recibió servicios de [**Survey_type**] de más de un proveedor desde julio de 2010, **por favor evalúe únicamente a su proveedor actual (si tiene uno) o a su proveedor más reciente.**

Por favor, díganos en qué medida está de acuerdo o en desacuerdo con cada uno de los siguientes enunciados marcando con un círculo UN número apropiado después de cada enunciado. Si el enunciado se refiere a algo que usted no ha experimentado, haga un círculo en el número 9 para indicar que el ítem "no corresponde" en su caso. **Nuevamente, estos enunciados se refieren SÓLO a su proveedor actual (o más reciente de servicios de [Survey_type].**

	Totalmente de acuerdo	De acuerdo	Neutral	En desacuerdo	Totalmente en desacuerdo	No corresponde
1. Me gustan los servicios que recibí aquí.	5	4	3	2	1	9
2. Si tuviera otras opciones, igualmente recibiría los servicios de esta agencia.	5	4	3	2	1	9
3. Recomendaría esta agencia a un amigo o familiar.	5	4	3	2	1	9
4. La ubicación de los servicios era conveniente (estacionamiento, transporte público, distancia, etc.).	5	4	3	2	1	9
5. El personal estaba dispuesto a verme con la frecuencia que yo necesitara.	5	4	3	2	1	9
	Totalmente de acuerdo	De acuerdo	Neutral	En desacuerdo	Totalmente en	No corresponde

					desacuerdo	
6. El personal devolvía mis llamadas dentro de las 24 hrs.	5	4	3	2	1	9
7. Los servicios estaban disponibles en horarios que me convenían.	5	4	3	2	1	9
8. Pude obtener todos los servicios que necesitaba.	5	4	3	2	1	9
9. Pude ver a un psiquiatra cada vez que lo necesité.	5	4	3	2	1	9
10. El personal piensa que puedo crecer, cambiar y recuperarme.	5	4	3	2	1	9
11. Me sentí cómodo haciendo preguntas acerca de mi tratamiento y medicación.	5	4	3	2	1	9
12. Me sentí en libertad para quejarme.	5	4	3	2	1	9
13. Recibí información sobre mis derechos.	5	4	3	2	1	9
14. El personal me animó a ser más responsable por cómo llevo adelante mi vida.	5	4	3	2	1	9
15. El personal me dijo qué efectos secundarios podría experimentar.	5	4	3	2	1	9
16. El personal respetó mis deseos acerca de a quién darle información sobre mi tratamiento y a quién no.	5	4	3	2	1	9
17. Yo decidí los objetivos de mi tratamiento (no el personal).	5	4	3	2	1	9
18. El personal respetó mi entorno cultural (raza, religión, idioma).	5	4	3	2	1	9
19. El personal me ayudó a obtener la información necesaria para poder hacerme cargo de mi enfermedad.	5	4	3	2	1	9
20. Me animaron a utilizar programas dirigidos por consumidores (grupos de apoyo, centros de día, línea de emergencias ante las crisis).	5	4	3	2	1	9

COMO RESULTADO DIRECTO DE LOS SERVICIOS QUE RECIBÍ DE ESTE PROVEEDOR…						
	Totalmente de acuerdo	De acuerdo	Neutral	En desacuerdo	Totalmente en desacuerdo	No corresponde
21. Trato mis problemas diarios con más efectividad.	5	4	3	2	1	9
22. Puedo controlar mejor mi vida.	5	4	3	2	1	9
23. Puedo enfrentar mejor las crisis.	5	4	3	2	1	9
24. Me llevo mejor con mi familia.	5	4	3	2	1	9
25. Me va mejor en situaciones sociales.	5	4	3	2	1	9
26. Me va mejor en la escuela y/o el trabajo.	5	4	3	2	1	9
27. Mi situación de vivienda mejoró.	5	4	3	2	1	9
28. Mis síntomas ya no me molestan tanto.	5	4	3	2	1	9
29. Hago cosas que son más importantes para mí.	5	4	3	2	1	9
30. Puedo suplir mejor mis necesidades.	5	4	3	2	1	9
31. Puedo llevar mejor las cosas cuando algo sale mal.	5	4	3	2	1	9
32. Puedo hacer las cosas que me gusta hacer.	5	4	3	2	1	9

Para las preguntas 33-39, responda acerca de su relación con otras personas <u>que no sean</u> sus proveedores de servicios de salud mental.

	Totalmente de acuerdo	De acuerdo	Neutral	En desacuerdo	Totalmente en desacuerdo	No corresponde
33. Conozco personas que me escuchan y entienden cuando necesito hablar.	5	4	3	2	1	9
34. Cuando necesito ayuda urgente, conozco personas a quienes puedo llamar.	5	4	3	2	1	9
35. Tengo más de un amigo.	5	4	3	2	1	9
36. Estoy feliz con los amigos que tengo.	5	4	3	2	1	9
37. Tengo personas con las que puedo hacer cosas agradables.	5	4	3	2	1	9

38. Siento que pertenezco a mi comunidad.	5	4	3	2	1	9
39. En una crisis, tengo el apoyo que necesito de mi familia o amigos.	5	4	3	2	1	9

40. **Indique el nombre de su proveedor actual (o más reciente) de servicios [Survey_type]:**
_____

40a. **¿Cuándo aproximadamente comenzó a recibir servicios de salud mental de su proveedor actual (o más reciente) de [Survey_type]? (puede dar una fecha aproximada)** Mes: _____
Año: _____

41. **¿Sigue recibiendo servicios de salud mental de este proveedor?**
☐ a. Sí ☐ b. No ☐ c. No sé / No recuerdo

41a. **Si ya no recibe servicios de salud mental de este proveedor ¿aproximadamente cuándo vio por última vez a este proveedor (mes y año aproximados)?** Mes: _____ Año: _____

42. **Si ya no recibe servicios de este proveedor de servicios de salud mental, indique la razón** *(marque UNA razón principal por la que terminó el tratamiento).*

☐ a. Ya no necesitaba el tratamiento porque había solucionado el problema que me llevó a buscar el tratamiento.	☐ d. Ya no era posible seguir con el tratamiento porque tenía problemas para pagarlo.
☐ b. El tratamiento no estaba dando los resultados que yo esperaba, por lo que dejé de tratarme con este proveedor.	☐ e. Ya no era posible realizar el tratamiento por problemas para encontrar el tiempo necesario para el mismo u otros problemas *no relacionados con la efectividad del tratamiento*.
☐ c. El tratamiento ya no era posible por problemas de transporte.	☐ f. Otra (explicar):

43. **Mi médico o proveedor de servicios de salud mental ha hablado conmigo sobre la necesidad de bajar de peso o dejar de fumar.**
☐ a. Sí ☐ b. No ☐ c. No sé / No recuerdo

44. **Mi médico se ha dado cuenta de que corro el riego de sufrir una cardiopatía y me dio consejos sobre la forma de reducir el riesgo.**
☐ a. Sí ☐ b. No ☐ c. No sé / No recuerdo

45. **Mi médico y yo hemos platicado sobre el efecto de los medicamentos psiquiátricos que tomo sobre el aumento de peso.**
☐ a. Sí ☐ b. No ☐ c. No sé / No recuerdo

46. **Durante el tiempo en que usted veía a su proveedor de servicios de [Survey_type] actual (o más reciente):**

a. **¿Deseaba o necesitaba usted vivienda o una vivienda mejor?**
☐ a. Sí ☐ b. No ☐ c. No sé / No recuerdo

b. **¿Trató su proveedor de servicio de ayudarlo a conseguir vivienda o una vivienda mejor?**

☐ a. Sí ☐ b. No ☐ c. No sé / No recuerdo

c. **¿Consiguió usted vivienda o una vivienda mejor?**

☐ a. Sí ☐ b. No ☐ c. No sé / No recuerdo

d. **¿Deseaba o necesitaba usted empleo o un empleo mejor?**

☐ a. Sí ☐ b. No ☐ c. No sé / No recuerdo

e. **¿Trató su proveedor de servicio de ayudarlo a conseguir empleo o un empleo mejor?**

☐ a. Sí ☐ b. No ☐ c. No sé / No recuerdo

f. **¿Consiguió usted empleo o un empleo mejor?**

☐ a. Sí ☐ b. No ☐ c. No sé / No recuerdo

Las siguientes preguntas son sobre los problemas legales que usted tal vez haya tenido en el pasado.

47. **¿Fue usted arrestado en los 12 meses anteriores a comenzar el tratamiento con su proveedor de servicios de [Survey_type] actual (o más reciente)?**

☐ a. Sí ☐ b. No ☐ c. No sé / No recuerdo

48. **¿Lo arrestaron alguna vez durante los primeros 12 meses después de comenzar a recibir los servicios de este proveedor?**

☐ a. Sí ☐ b. No ☐ c. No sé / No recuerdo

49. **¿Aproximadamente cuántos días (o meses) pasó en la cárcel, en prisión u otro centro de detención durante los 12 meses anteriores a comenzar el tratamiento con su proveedor de servicio de [Survey_type] actual (o más reciente) (Calcule la cantidad aproximada de días o meses, [puede dar un número aproximado], marque "Ninguno" o marque "No sé / No recuerdo")**

_____ días _____ meses ☐ Ninguno ☐ No sé / No recuerdo

50. **¿Cuántos días (o meses) pasó en la cárcel, en prisión u otro centro de detención durante los primeros 12 meses después que comenzó el tratamiento con su proveedor actual (o más reciente) de servicios de salud mental?**

_____ días _____ meses ☐ Ninguno ☐ No sé / No recuerdo

Ahora indique si las siguientes afirmaciones son verdaderas en su caso.

51. **Creo que he tenido un problema de abuso de alcohol o drogas.**

☐ a. Sí ☐ b. No ☐ c. No sé

52. **He recibido tratamiento por un problema de abuso de alcohol o drogas.**

☐ a. Sí ☐ b. No

53. **En los últimos 12 meses, consumí lo siguiente al menos una vez *(*marcar todos los que correspondan*)*:**

☐ a. Alcohol.
☐ b. Tabaco (por ej., cigarrillos).
☐ c. Marihuana (venta libre).
☐ d. Cocaína o crack.
☐ e. Metanfetaminas / anfetaminas.
☐ f. Heroína, morfina, otros narcóticos.
☐ g. Otras drogas que no se venden en negocios ni están recetadas por un médico (por ej., drogas ilegales).

54. **Los servicios brindados por pares son aquellos servicios provistos por personas que experimentaron enfermedades mentales y que trabajan para ayudar a otras personas que también sufren este tipo de enfermedades, como por ejemplo, los grupos de autoayuda, los centros de día, las líneas telefónicas de ayuda y los servicios de pares especialistas.**

¿Usó usted alguna vez servicios brindados por pares?
☐ **a. Sí** ☐ **b. No** ☐ **c. No sé /** No sé de qué se trata

54a. **Si usó servicios brindados por pares ¿cuán útiles fueron estos servicios?**
☐ a. Muy útiles ☐ b. Algo útiles ☐ c. Para nada útiles

55. Mi proveedor actual (o más reciente) de servicios [Survey_type] ha trabajado junto con mi proveedor de salud física para crear un enfoque claro y consistente para ayudarme. **Por favor marque UNO.**
☐ Totalmente de acuerdo ☐ De acuerdo ☐ No sé ☐ En desacuerdo ☐ Totalmente en desacuerdo

56. **¿Cuál es su situación laboral (de trabajo) actual?** ***(marque uno)***

☐ a. Desempleado y no puede / no necesita / no quiere trabajar.	☐ d. Trabaja a tiempo parcial (entre 17 y 34 horas por semana).
☐ b. Desempleado pero puede y quiere trabajar.	☐ e. Trabaja menos de 17 horas por semana o las horas de trabajo varían mucho.
☐ c. Trabaja a tiempo completo (35 horas por semana o más).	☐ f. Jubilado.

57. **¿Cuál de las siguientes cosas afectan su capacidad para trabajar o sus decisiones acerca de si trabajar o no, o cuánto trabajar? (marque todos los que correspondan)**

☐ a. Falta de buenos trabajos.	☐ i. Falta de servicios de cuidado de niños de precio accesible.
☐ b. Preocupación por perder los beneficios de Medicaid.	☐ j. Otras responsabilidades (por ej., crianza de los hijos).
☐ c. Preocupación por perder otros beneficios.	☐ k. El proveedor me recomienda que no trabaje.
☐ d. Falta de transporte.	☐ l. Efectos secundarios de los medicamentos.
☐ e. Problema de salud física.	☐ m. Edad (por ej., jubilado).
☐ f. Problema de salud mental.	☐ n. Estudiante / en la escuela.
☐ g. Antecedentes de arrestos.	☐ o. Actitudes sobre la enfermedad mental en el lugar de trabajo
☐ h. Falta de educación / capacitación laboral.	
☐ p. Otra razón:	

58. **¿Su origen es español / hispano / latino?** ☐ a. Sí ☐ b. No

59. **¿Cuál es su raza?** ***(marque todas las que correspondan)***
☐ a. Indígena americano o nativo de Alaska
☐ b. Negro (afroamericano)
☐ c. Nativo de Hawai o de otras islas del Pacífico
☐ d. Asiático
☐ e. Blanco (caucásico)
☐ f. Otra

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