



**2013 Oregon Mental Health
Statistics Improvement Project
Survey for Adults–Outpatient and
Residential**

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

**Final Report
December 2013**

Contract #142877

**Presented by
Acumentra Health
2020 SW Fourth Avenue, Suite 520
Portland, Oregon 97201-4960
Phone 503-279-0100
Fax 503-279-0190**

2013 Oregon Mental Health Statistics Improvement Project Survey for Adults - Outpatient and Residential

December 2013

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

Acumentra Health prepared this report under contract with the Oregon Health Authority (Contract No. 142877).

Director, State and Private Services..... Michael Cooper, RN, MN
Account ManagerJody Carson, RN, MSW, CPHQ
Project Coordinator Ellen Gehringer
Research Analyst.....Sara Hallvik, MPH
Mental Health QI SpecialistErin Schwartz, PhD
EditorErica Steele Adams
Project Assistant.....David Sobieralski

Table of Contents

EXECUTIVE SUMMARY 1

METHODOLOGY..... 7

 Survey Respondent Population..... 7

 Service Regions 8

 Survey Questionnaire..... 8

 Survey Mailings 10

 Survey Data Security and Quality Assurance Procedures 10

 Domain Scoring Analysis 11

OVERALL SURVEY RESULTS..... 13

 Survey Response..... 13

 Domain Scores 14

OUTPATIENT SURVEY RESULTS 18

 Survey Response..... 18

 Domain Scores 22

 Demographic Comparisons..... 31

 Additional Analysis 36

RESIDENTIAL SURVEY RESULTS 49

 Survey Response..... 49

 Domain Scores 52

 Additional Analysis 53

DISCUSSION AND RECOMMENDATIONS..... 65

 Overall Survey Results 65

 Survey Limitations..... 65

 Recommendations..... 66

APPENDIX A. DETAILED DATA TABLES..... A-1

APPENDIX B. MHSIP SURVEY FORMS B-1

Index of Tables and Figures

Table 1. Survey Response Rate by Treatment Setting.	14
Table 2. Domain Scores, 2012–2013, Adult Outpatient and Adult Residential Combined.	16
Table 3. Outpatient Survey Response Rate by Gender, Age, Race, and Rural/Urban Residence.	18
Table 4. Outpatient Survey Response by Method of Survey Completion.....	19
Table 5. Outpatient Survey Response Rate by County and Region.	21
Table 6. Outpatient Survey Domain Scores, 2012–2013.	22
Table 7. Outpatient Domain Scores by Method of Survey Completion.....	23
Table 8. Expectations for Mental Health Treatment.....	40
Table 9. Results of Mental Health Treatment.....	40
Table 10. Respondents’ Current Residence.	41
Table 10a. Respondents’ Residences in the Last 12 Months 2013.	41
Table 11. Current Source of Income.....	43
Table 12. Residential Survey Response Rate by Gender, Age, Race, and Rural/Urban Residence.	49
Table 13. Residential Survey Method of Completion.	50
Table 14. Residential Survey Response Rate by Region.....	50
Table 15. Residential Survey Domain Scores, 2013.	52
Table 16. Residential Survey Domain Scores by Method of Completion, 2013. ...	52
Table 17. Expectations for Mental Health Treatment	53
Table 18. Results of Mental Health Treatment.....	54
Table 19. Employment Status.	55
Table 20. Current Source of Income.....	56
Table 21. “Why are you living in a residential facility?”.	58
Table 22. “What types of services do you receive?”.	60
Table 23. Reasons respondents do not feel ready for independent living..	61
Table 24. Respondents’ Residences in the Last 12 Months, 2013.	64

Table A-1. Percent of respondents who agree or strongly agree with an item, by treatment setting, 2012–2013..... A-2

Table A-2. Outpatient Domain Scores by Region, with 95 Percent Confidence Intervals..... A-5

Table A-3. Percent of outpatient respondents who agree or strongly agree with an item, by region. A-6

Table A-4. Percent of adult outpatient respondents who agree or strongly agree with an item, by region and county..... A-10

Table A-5. Domain Scores by Respondent’s Age, 2012–2013..... A-25

Table A-6. Domain Scores by Respondent’s Gender, 2012–2013..... A-25

Table A-7. Domain Scores by Location of Respondent’s Residence, 2012–2013.A-26

Table A-8. Domain Scores by Respondent’s Race, 2012–2013..... A-26

Table A-9. Domain Scores by Respondent’s Ethnicity, 2012–2013..... A-27

Table A-10. Percent of adult residential respondents who agree or strongly agree with an item, by region and county..... A-28

Figure 1. 2008–2013 Comparison of Domain Scores. 15

Figure 2. Domain Scores by Treatment Setting with 95% CI..... 17

Figure 3. Oregon Regions..... 20

Figure 4. General Satisfaction Scores with 95% CI by Region..... 24

Figure 5. Access Scores with 95% CI by Region..... 25

Figure 6. Quality Scores with 95% CI by Region. 26

Figure 7. Outcomes Scores with 95% CI by Region. 27

Figure 8. Functioning Scores with 95% CI by Region..... 28

Figure 9. Social Connectedness Scores with 95% CI by Region. 29

Figure 10. Participation Scores with 95% CI by Region..... 30

Figure 11. Outpatient Domain Scores by Age..... 31

Figure 12. Outpatient Domain Scores by Gender..... 32

Figure 13. Outpatient Domain Scores by Rural or Urban Residence..... 33

Figure 14. Outpatient Domain Scores by Race..... 34

Figure 15. Outpatient Domain Scores by Ethnicity..... 35

Figure 16. Provider Assistance with Housing. 37

Figure 17. Provider Assistance with Employment. 38

Figure 18. Provider Assistance During Mental Health Crisis. 39

Figure 19. Respondents’ Employment Status..... 42

Figure 20. “My doctor or mental health service provider has talked to me about”. 45

Figure 21. “Would you say your health in general is”. 46

Figure 22. Satisfaction with Service Coordination..... 48

Figure 23. “My doctor or mental health service provider has talked to me about”. 57

Figure 24. “Since you’ve been here, do you feel like you’ve made progress in any of the following areas?”..... 59

Figure 25. Satisfaction with Service Coordination..... 62

EXECUTIVE SUMMARY

Each year, the Addictions and Mental Health Division (AMH) of the Oregon Health Authority (OHA) surveys adult Oregonians to determine their satisfaction with access to and quality and outcomes of the state-funded mental health services they have received. OHA contracts with Aumentra Health to distribute, process, and analyze the survey, which is based on the national Mental Health Statistics Improvement Program (MHSIP) survey instrument.

The State of Oregon is transforming its health care delivery system by adopting a triple aim of health care: improving the overall health of Oregonians, improving the quality of health care for individuals, and reducing costs. In an effort to bring the triple aim to fruition, OHA has established an integrated and coordinated system of care through community-based coordinated care organizations (CCOs) throughout the state. In August 2012, the CCOs began managing physical and behavioral health services for Oregon Health Plan (OHP) enrollees, taking over responsibilities previously held by various managed care organizations. Analysis of the data was conducted by region.

Aumentra Health distributed two separate surveys in 2013: one to adults who had received outpatient services through OHP managed care, and the other to adult Medicaid fee-for-service (FFS) enrollees in residential treatment programs or foster care. While both surveys preserved basic MHSIP questions about enrollee satisfaction, questions were added to both surveys to reflect the living circumstances of each group. The separate surveys gathered important information about consumer satisfaction and the provision of services and compared those across different settings in the community.

The survey results provide 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. Survey questions probed issues related to services within seven domains as defined by the MHSIP:

- **General Satisfaction:** questions about whether the client would get services at the agency again or recommend the agency to a friend or family member
- **Access to Services:** service location, frequency and availability of appointments, and responsiveness of staff
- **Service Quality:** staff sensitivity to client culture, empowerment, consumer-run programs, belief in client's recovery, and client education about rights and medications

- **Daily Functioning:** ability to take care of needs, reduction in symptoms, and participation in meaningful activities
- **Social Connectedness:** friendships, belonging, and social supports
- **Treatment Participation:** client’s participation in determining treatment goals and comfort in asking questions
- **Treatment Outcomes:** client’s ability to deal with problems and crisis, control life, relationships with family, functioning in social situations and school or work, housing, and reduction in symptoms

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

In 2013, the state added new questions to both surveys regarding respondents’ satisfaction with their mental health provider’s coordination efforts with other services, such as physical health providers and employment services. The state also added new questions about trauma screening and treatment to both surveys.

It is important to remember that results presented here reflect the survey sample rather than the whole population. Changes or differences in survey scores can merely represent sample differences, without any actual change in the true score for the population of interest. To detect changes in population results or differences in different populations’ results, Acentra Health performed statistical tests, usually chi-square tests of proportions. If significant results were found, they are noted in each table.

Below are highlights of the 2013 survey results, including the outpatient and residential surveys combined, followed by individual survey results.

Combined Survey Results

Acentra Health mailed the surveys to a total of 13,706 adults who had received mental health services during July–December 2012, including 11,925 adults receiving outpatient services and 1,781 adults in either residential or foster care. In all, 2,800 adults returned surveys, for a response rate of 23.3%, after excluding 1,535 bad addresses and the 178 opt-outs from the denominator. This is consistent

with previous years' response rates for this population. The reason most often given for opting out of the survey was inability to comprehend the questions (usually due to mental illness or language barrier), followed by “don't want to participate.”

About 87.5% of respondents received outpatient services, 5.5% were in residential treatment, and 7.0% were in foster care.

Highlights of the overall results include:

- Scores in all seven domains have decreased significantly between 2010 and 2013. Satisfaction decreased in most domains for the second year in a row, with scores in five of the seven domains decreasing to their lowest level in five years.
- As in previous years, outpatient respondents were least satisfied in the outcomes, functioning, and connectedness domains, which were significantly lower than foster care and residential.
- Individuals in adult foster care had the highest average scores in the general satisfaction, access, and social connectedness domains.
- Scores for respondents in residential treatment were comparable or higher than adult foster care scores in the outcomes, functioning, and participation domains.
- The response rate was highest for the foster care group (28.6%) and lowest for the residential group (18.9%).
- Most respondents (71%) who reported having a problem with alcohol or drugs indicated that they received help.

Outpatient Survey Results

A total of 2,451 enrollees returned their outpatient surveys for a response rate of 23.3%. The majority of respondents returned their surveys by mail (86.9%), while 13.1% completed the survey online.

Clients age 18–25 had a significantly lower response rate (16%) than the 26–64 and 65-and-over age groups.

- As in previous years, adults 66 years of age and older responded more positively in all domains than those ages 18–25 or 26–64. The scores were significantly ($p < .05$) higher in all domains.

- Significant differences in survey responses based on gender were not found except for the functioning domain, where male respondents had significantly higher satisfaction than female respondents.
- Urban residents responded more positively than those in rural areas in every domain; however, the difference was statistically significant only in the access and functioning domains.
- Domain scores were higher for Asian respondents than for other groups in all domains. This is consistent with previous years.
- Hispanic enrollees responded more positively than non-Hispanic enrollees in five domains, but there were no significant differences.
- As in 2012, the most frequently reported expectations for mental health treatment were “feel better about myself” (75%) and “become less anxious or fearful” (73%). Among all expected treatment outcomes, these two had the lowest percentage of respondents who achieved these treatment outcomes: 70% of respondents who expected to feel better about themselves and 68% of respondents who expected to become less anxious or fearful did so as a result of receiving services. In contrast, 89% of respondents who expected to stop or reduce drug or alcohol use did so as a result of receiving services.
- The percentage of respondents reporting that they had a primary care provider decreased slightly from 92% in 2012 to 89% in 2013.
- A new question in 2013 asked respondents about their satisfaction with the willingness and ability of their current mental health provider to work together with other service providers.
 - Respondents were most satisfied with collaboration between mental health and physical health providers (83%), followed by collaboration with other mental health providers (79%).
 - Respondents were least satisfied with collaboration with employment services (59%), the same area where the greatest proportion of respondents (24%) said they needed but did not receive this service.
- Forty-eight percent of respondents wanted or needed a job or a better job in 2013, an increase from 31% in 2012. Of those, 35% received provider assistance, with 40% finding a job or a better job. Without assistance, only 16% found a job or a better job.

- Forty-two percent of respondents needed assistance with housing, an increase from 30% in 2012. Of those, 46% received provider assistance, with 58% of those respondents finding housing or better housing. Without assistance, only 29% found housing or better housing.
- A new question related to trauma history asked whether problems related to past trauma were adequately addressed during treatment. Sixty-five percent of the 1,319 respondents reported that their trauma was adequately addressed, while 18% were uncertain.
- Respondents ages 18–25, considered transitional aged youth, were significantly less satisfied ($p<.05$) in the general satisfaction and access domains than older respondents.

Residential and Foster Care Survey Results

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

Acumentra Health mailed a total of 1,487 residential and foster care surveys to valid addresses; of these, 349 returned the survey for a response rate of 23.5%. Fifty-seven (16.3%) of these respondents completed the survey online.

Acumentra Health analyzed the responses to additional survey questions and found:

- The number of respondents who reported having a primary care provider decreased from 98% in 2012 to 91% in 2013.
- “I like it here” was the second most common reason selected for why respondents do not feel ready for independent living, following “I don't have the skills to live on my own.”
- When asked which services they receive in residential treatment, less than one-third of respondents reported receiving psychotherapy (30%) or a formal mental health assessment (24%). Rates for the most common services were still low: 66% for medication management, 57% for psychiatric visits, and 54% for support with activities of daily living.

- Residential respondents who completed the survey online reported less satisfaction in every domain than those who completed the paper survey, although none of the differences were statistically significant.
- Seventy-three percent of respondents who had a history of trauma reported that their trauma was adequately addressed in treatment.
- Residential and foster care respondents were most satisfied with their mental health providers' coordination of services with their physical health provider (70%) and other mental health providers (69%). Satisfaction was lowest regarding coordination of services between the mental health provider and employment services (44%), the same area where the most respondents (12%) reported needing but not receiving these services.

METHODOLOGY

The 2013 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.

Survey Respondent Population

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

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

AMH provided Acentra Health with a random sample of 11,925 adult Medicaid enrollees who had received mental health outpatient services during July–December 2012. The outpatient group included a random sample of enrollees receiving outpatient care, plus a supplemental group of enrollees whose race was indicated as non-white, and enrollees whose ethnicity was indicated as Hispanic.

The residential survey population included FFS enrollees receiving services in foster care and residential services. Of the total of 1,781 adults, 44% were in foster care and 56% in residential care.

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

Service Regions

AMH provided a crosswalk that placed every county into one of six regions (see pages 20–22 in Outpatient Results section). This crosswalk was used to identify the region in which each survey respondent resided when he or she received the most recent service prior to the questionnaire.

Survey Questionnaire

Acumentra Health used the MHSIP Consumer Survey with additional questions added by AMH to conduct these surveys.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 37 questions with possible responses arrayed on a five-point Likert scale that ranges from “Strongly Agree” (5) to “Strongly Disagree” (1).

This survey is one of the performance measurement tools comprising the MHSIP Quality Report, used to assess and report on the quality and efficiency of mental health services.² The main purpose of the survey is to gather enrollees’ subjective evaluations of their experience of mental health treatment and the outcomes of that care. AMH surveyed OHP enrollees on topics in seven performance domains: General Satisfaction, Access to Services, Service Quality, Daily Functioning, Social Connectedness, Treatment Participation, and Treatment Outcomes.

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

AMH expanded the outpatient survey by adding questions on the following topics:

- treatment status
- assistance by mental health providers with obtaining housing and employment
- assistance by mental health providers during mental health crises
- treatment expectations and actual outcomes
- current and recent residence
- arrest histories before and after treatment

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.

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.

- current employment status
- current income sources
- whether the members had primary care providers
- whether their doctor or mental health provider discussed certain health topics with them, including weight loss and smoking
- general health
- alcohol and recreational drug use
- trauma screening
- service coordination

AMH included similar additional questions in the residential survey:

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

Appendix B includes English and Spanish versions of the surveys.

Survey Mailings

On May 13, 2013, Acumentra Health mailed introductory letters to the potential participants in outpatient treatment, informing them of the upcoming survey. These letters also contained instructions, including the web address and individual password, for members to complete the survey online. On May 28, 2013, Acumentra Health mailed similar introductory letters to the potential participants in residential treatment and foster care; subsequent letters also included instructions for completing the survey online.

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

The first outpatient survey was mailed on June 27, 2013. After Acumentra Health filtered out incorrect addresses and responders who had returned the survey, a second mailing went out to non-responders on July 31. The first residential survey was mailed on July 11; a second survey was sent to non-responders on August 26.

Survey Data Security and Quality Assurance Procedures

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

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

The second data-quality tier was the SAS recheck programs, written by the data analyst. These programs scanned each field of each survey response and checked for missing and out-of-range data or logic problems. 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, some respondents 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 respondent 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”). There were no reverse-scored items in the survey. In this report, the term “domain score” is used in two different ways. First, the domain score represents the average score on a set of questions. Second, the domain score represents the percentage of respondents who reported an average positive value for that domain.

A domain score of 3.5 or greater indicated that the respondent positively perceived the services offered in that domain. For example, the general satisfaction domain contains three items:

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

If a respondent scored these items 3, 4, and 5, respectively, the average score would be $(3+4+5)/3 = 4$. Since 4 is greater than 3.5, this respondent would be considered as positively perceiving the services in that domain.

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

Acumentra Health excluded from the analysis of a domain any survey responses lacking scores for more than one-third of the items for that domain. For example, a respondent would have to provide responses to at least two of the three items in the general satisfaction domain to have his or her responses included in the data for

that domain.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.

OVERALL SURVEY RESULTS

For the second year, Acumentra Health distributed two surveys: one to adults receiving outpatient services and one to those receiving care in residential or foster care settings. This section reports the results of the outpatient and residential surveys combined. Detailed results for each survey follow in separate sections.

Survey Response

Acumentra Health mailed the surveys to a total of 13,706 adults who had received mental health services during July–December 2012, including 11,925 adults receiving outpatient services and 1,781 adults in either residential or foster care. In all, 2,800 adults returned surveys, for a response rate of 23.3%. Acumentra Health excluded from the survey analysis data from surveys received after the deadline of September 30, 2013.

The total excludes 1,535 bad addresses and the 178 opt-outs from the denominator. The reason most often cited for opting out of the survey was “unable to comprehend questions” (79 of the total 178 opt-outs; 44.4%); many of these were due to mental illness, as reported by a guardian or residential facility staff member, or language barrier. Other reasons for opting out included “don’t want to participate” (25.3%) and “haven’t received services” (11.8%). Surveys that were returned blank (9.6%) and surveys sent to clients who were unavailable (9.0%) were also counted as opt-outs.

Table 1 shows the response rates for the outpatient survey and the residential survey (which included the adult foster care group). Response was highest for the foster care group (28.6%) and lowest for the residential group (18.9%).

Table 1. Survey Response Rate by Treatment Setting.

Setting	Number of surveys sent	Number of responses	Response rate (%)
Outpatient	10,506	2451	23.3
Residential total**‡	1487	349	23.5
Residential	800	151	18.9
Adult Foster Care	685	196	28.6
Total‡	11,993	2800	23.3

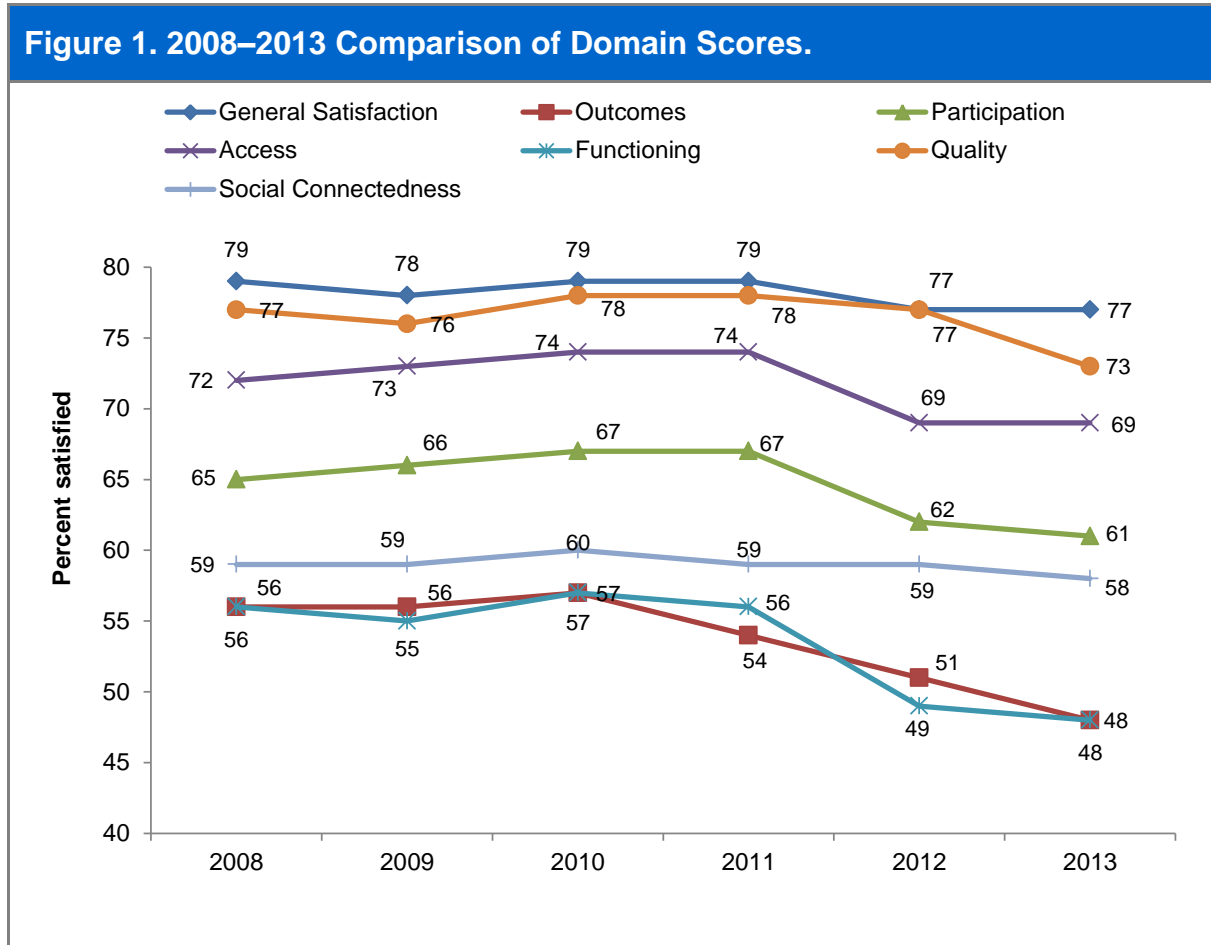
Note: Surveys sent excludes opt-outs and bad addresses.

*Indicates a statistically significant ($p < .05$) difference in response rate between the residential and foster groups only.

‡ Includes two respondents without treatment setting information who are not counted in stratified “residential” and “adult foster care” rows.

Domain Scores

Figure 1 shows overall domain scores (combining outpatient and residential scores) in the adult survey over the past six years. Domain scores gradually rose from 2008 through 2011, dropped in all but one domain in 2012, and dropped again in five of the seven domains in 2013. These five domains (outcomes, participation, functioning, quality, and connectedness) dropped to their lowest level in six years, while satisfaction remained steady. Access remained consistent with 2012 results, which was the lowest level of satisfaction in five years. In 2013, general satisfaction, quality, and access still had the most positive responses, while functioning and outcomes had the lowest.



Overall domain score changes

Table 2 shows the domain scores for 2012 and 2013. Scores for all but two domains decreased, while the scores for satisfaction and access stayed the same. Analysts tested trends for 2012 to 2013 for all domains and found statistically significant decreases ($p < .05$) in the quality and outcomes domains. All seven domain score trends decreased significantly between 2010 and 2013 ($p < .05$).

Table 2. Domain Scores, 2012–2013, Adult Outpatient and Adult Residential Combined.

Domain	2012	2013
General Satisfaction	77	77
Access	69	69
Quality*	77	73
Outcomes*	51	48
Functioning	49	48
Social Connectedness	59	58
Participation	62	61

*Indicates a statistically significant difference ($p < .05$) between 2012 and 2013 scores.

Domain scores by treatment setting

Figure 2 displays the 2013 domain scores according to the treatment setting in which the enrollee received services. Analysts tested survey data for differences among treatment settings.

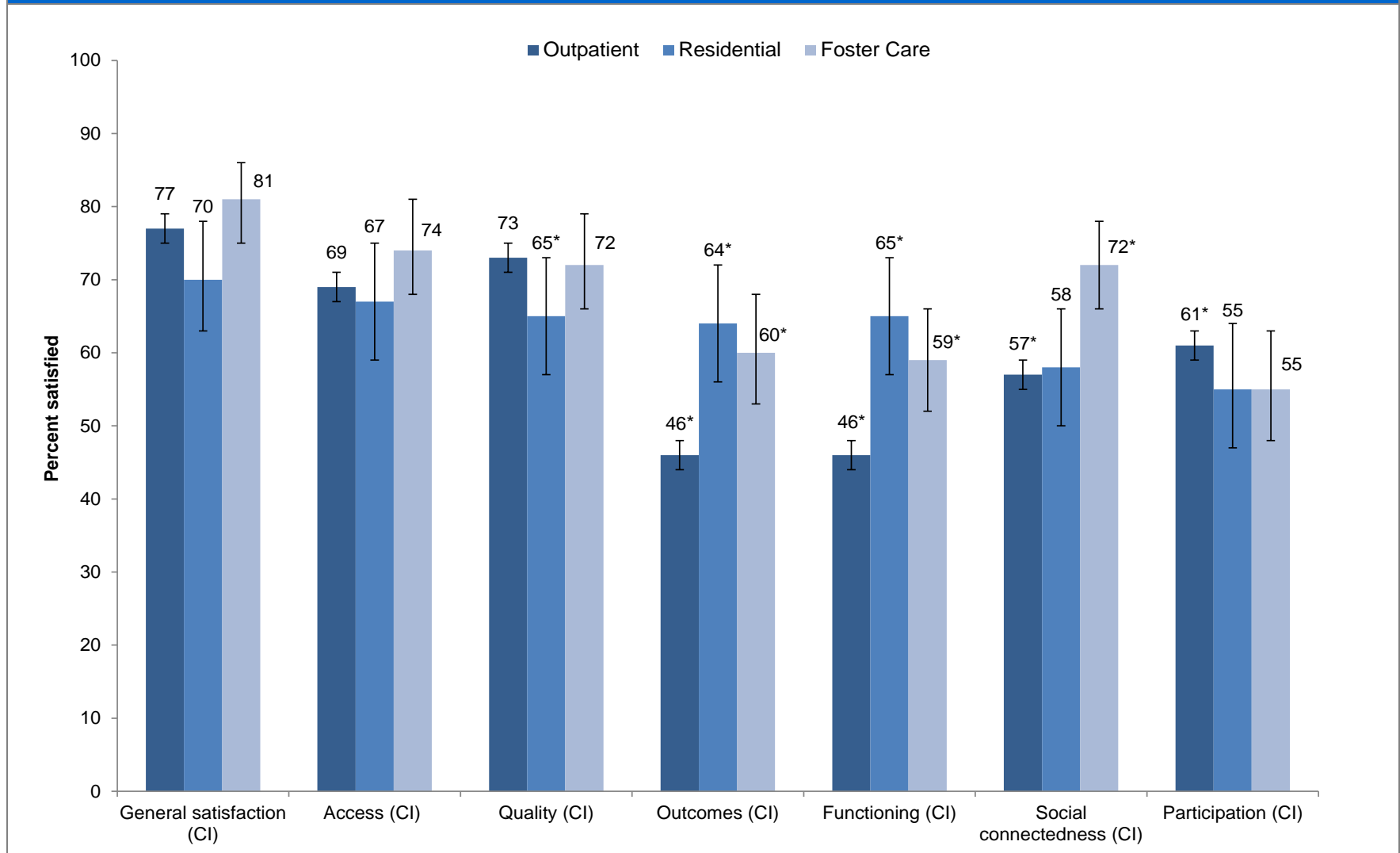
Individuals in adult foster care responded most positively in three of the seven domains, and the score for connectedness was significantly higher than for respondents in outpatient or residential services. Scores for respondents in residential treatment were comparable or higher than adult foster care scores in the outcomes, functioning, and participation domains.

Respondents in outpatient settings were least satisfied in three of the seven domains, but had the highest scores in the quality and participation domains. Scores in the outcomes, functioning, and connectedness domains were significantly lower than for respondents in foster care and residential; this difference is similar to previous years' survey results.

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

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

Figure 2. Domain Scores by Treatment Setting with 95% CI.



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

OUTPATIENT SURVEY RESULTS

Survey Response

Acumentra Health mailed 10,506 outpatient surveys to valid addresses (excluding 1,305 bad addresses and 114 opt-outs)—this is the denominator for the response rate calculation. A total of 2,451 enrollees returned their outpatient surveys by the deadline for a response rate of 23.3%. Table 3 shows response rates by demographic characteristics of those served in outpatient settings. Response rates are based on the number of surveys sent to valid addresses.

Table 3. Outpatient Survey Response Rate by Gender, Age, Race, and Rural/Urban Residence.				
Characteristic		Number of responses	Number of surveys sent	Response rate (%)
Gender	Female	1603	6906	23.2
	Male	846	3598	23.5
Age group*	18–25	188	1464	12.8
	26–64	1790	8097	22.1
	65+	152	624	24.4
Race/Ethnicity*	Non-White	572	2763	20.7
	White	1638	6599	24.8
Rural/Urban*	Rural	783	3047	25.7
	Urban	1654	7397	22.4

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

At the end of the data entry period, 321 respondents (13.1%) had completed the online survey while 2,130 (86.9%) completed it by mail (Table 4).

Table 4. Outpatient Survey Response by Method of Survey Completion.

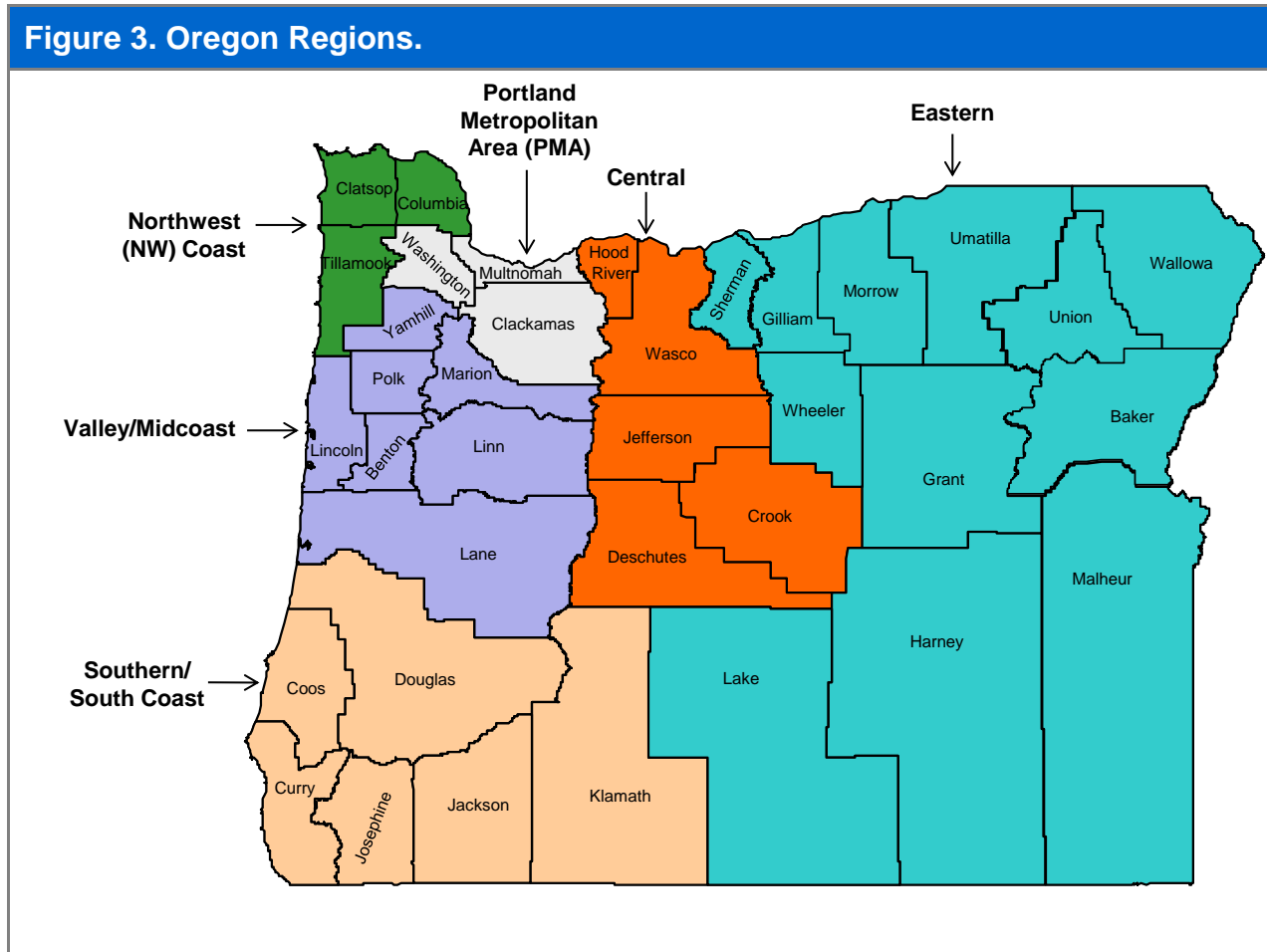
Method	Number of responses	Percent of total
Mail	2130	86.9
Internet	321	13.1
Total	2451	100.0

At the time of the survey, OHA contracted with 14 CCOs to manage OHP mental health services during the survey period:

- AllCare Health Plan
- Columbia Pacific Coordinated Care Organization
- Eastern Oregon Coordinated Care Organization
- FamilyCare, Inc.
- Health Share of Oregon
- Intercommunity Health Network Coordinated Care Organization
- Jackson Care Connect
- Pacific Source Community Solutions
- PrimaryHealth of Josephine County
- Trillium Community Health Plan
- Umpqua Health Alliance
- Western Oregon Advanced Health, LLC
- Willamette Valley Community Health, LLC
- Yamhill County Care Organization

OHA also contracted with Greater Oregon Behavioral Health, Inc. (GOBHI), a managed mental health organization. (Note: a fifteenth CCO, Cascade Health Alliance, is not included in the above list because it did not become a CCO until September 2013.)

Due to the timing of the survey administration, it was not possible to group respondents according to CCO for survey analysis this year. Instead, analysis is conducted according to the assigned region of each county. Figure 3 shows a map with the six regions of Oregon.



Source: Oregon Health Authority.

Table 5 displays the survey response from enrollees who received services from each county and region.

Table 5. Outpatient Survey Response Rate by County and Region.

Region	County	Number of responses	Number of surveys sent	Response rate (%)
NW Coast	Clatsop	14	49	28.6
	Columbia	27	126	21.4
	Tillamook	10	38	26.3
	NW Coast Total	51	213	23.9
Valley/ Midcoast	Benton	35	141	24.8
	Lincoln	33	113	29.2
	Linn	94	341	27.6
	Lane	391	1472	26.6
	Marion	228	920	24.8
	Polk	25	130	19.2
	Yamhill	37	182	20.3
	Valley/Midcoast Total	843	3299	25.6
Portland Metropolitan Area (PMA)	Clackamas	135	679	19.9
	Multnomah	715	3369	21.2
	Washington	194	957	20.3
	PMA Total	1044	5005	20.9
Central	Hood River	7	38	18.4
	Wasco	17	52	32.7
	Crook	10	45	22.2
	Deschutes	55	254	21.7
	Jefferson	12	46	26.1
	Central Total	101	435	23.2
Eastern	Baker	1	8	12.5
	Gilliam	0	0	n.a.
	Grant	1	1	100
	Harney	1	2	50
	Lake	0	0	n.a.
	Malheur	25	107	23.4
	Morrow	2	8	25
	Sherman	0	0	n.a.
	Umatilla	54	205	26.3
	Union	7	32	21.9
	Wallowa	3	4	75
	Wheeler	0	0	n.a.
	Eastern Total	94	367	25.6

Southern/ South Coast	Coos	55	172	32
	Curry	15	64	23.4
	Douglas	54	210	25.7
	Jackson	86	346	24.9
	Josephine	63	207	30.4
	Klamath	41	177	23.2
	Southern/ South Coast Total	314	1176	26.7

Note: response rates are marked as “n.a.” when no surveys were sent to the listed county.

Domain Scores

Table 6 shows the overall response to questions in each domain by enrollees served in outpatient settings in 2012 and 2013. There was a statistically significant drop in satisfaction in the quality domain.

Table 6. Outpatient Survey Domain Scores, 2012–2013.		
Domain	2012	2013
General Satisfaction	77	77
Access	69	69
Quality*	78	73
Outcomes	48	46
Functioning	47	46
Social Connectedness	57	57
Participation	62	61

*Indicates a statistically significant difference ($p < .05$) in response rate between 2012 and 2013.

Domain scores by response method

Table 7 compares the domain scores of Internet vs. mail respondents. Differences were significant in the access and quality domains.

Table 7. Outpatient Domain Scores by Method of Survey Completion.

Domain	Internet	Mail
General Satisfaction	73	78
Access*	61	70
Quality*	68	74
Outcomes	42	46
Functioning	50	46
Social Connectedness	52	57
Participation	62	61

*Indicates a statistically significant difference ($p < .05$) in proportions satisfied.

Domain scores by region

Figures 4–10 display domain scores by region, with 95% confidence intervals (Table A-2 shows these data in tabular form). Note that these scores may rate respondent perception of the region’s contracted service providers rather than that of the region’s CCO(s).

Table A-3 in Appendix A shows the percentage of positive responses to individual survey items, analyzed by region, and Table A-4 shows the responses by each county.

Figure 4. General Satisfaction Scores with 95% CI by Region.

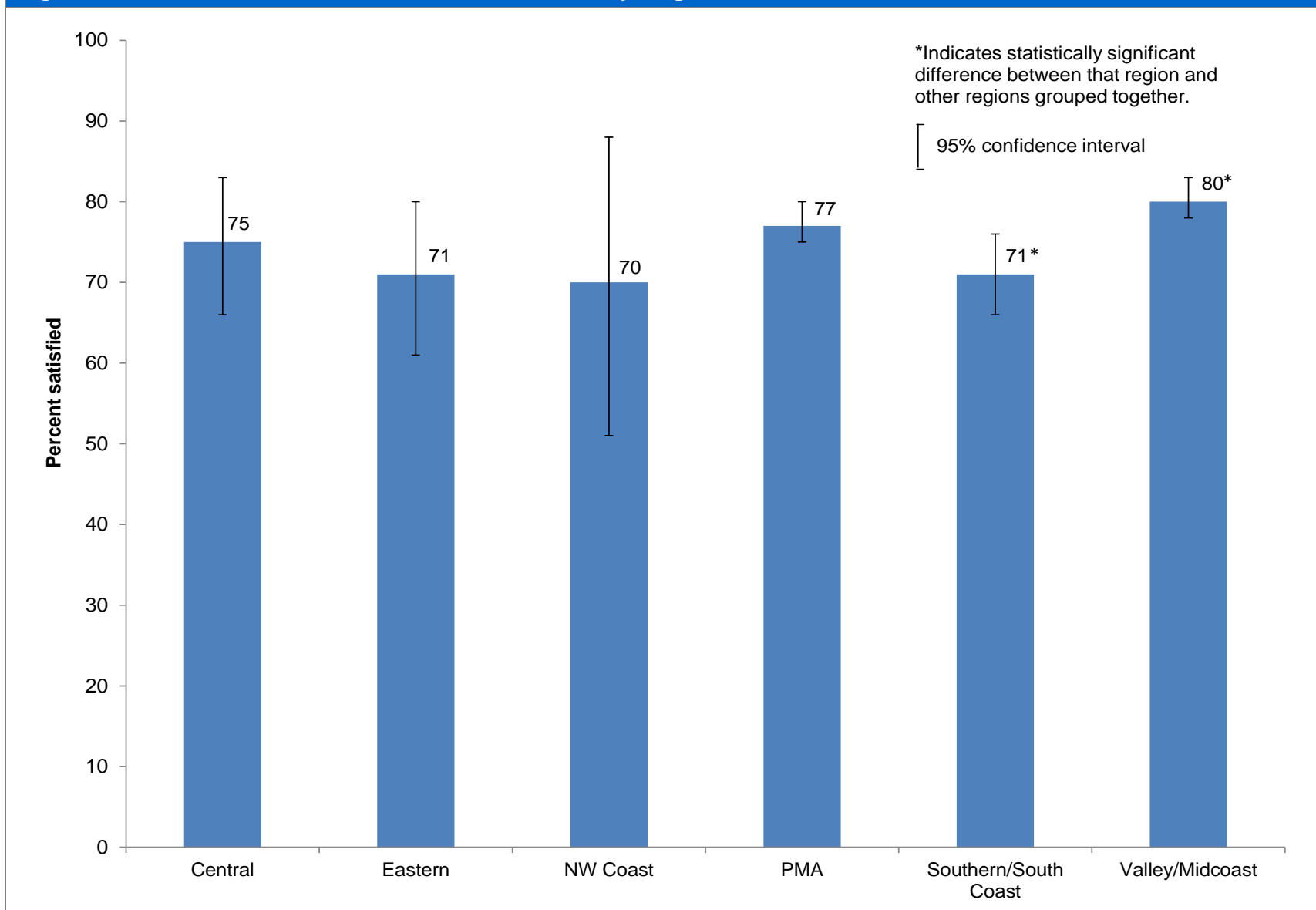


Figure 5. Access Scores with 95% CI by Region.

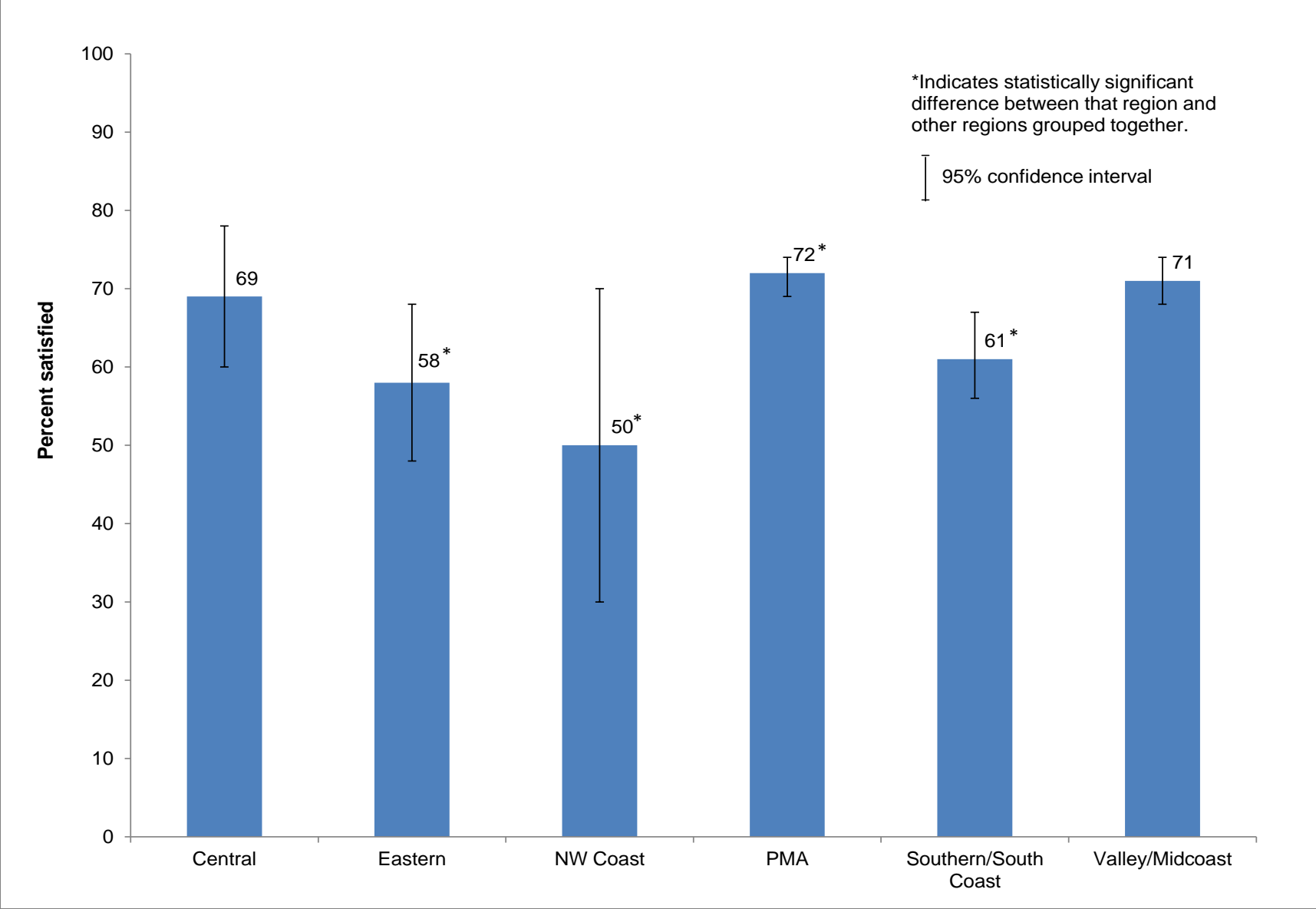


Figure 6. Quality Scores with 95% CI by Region.

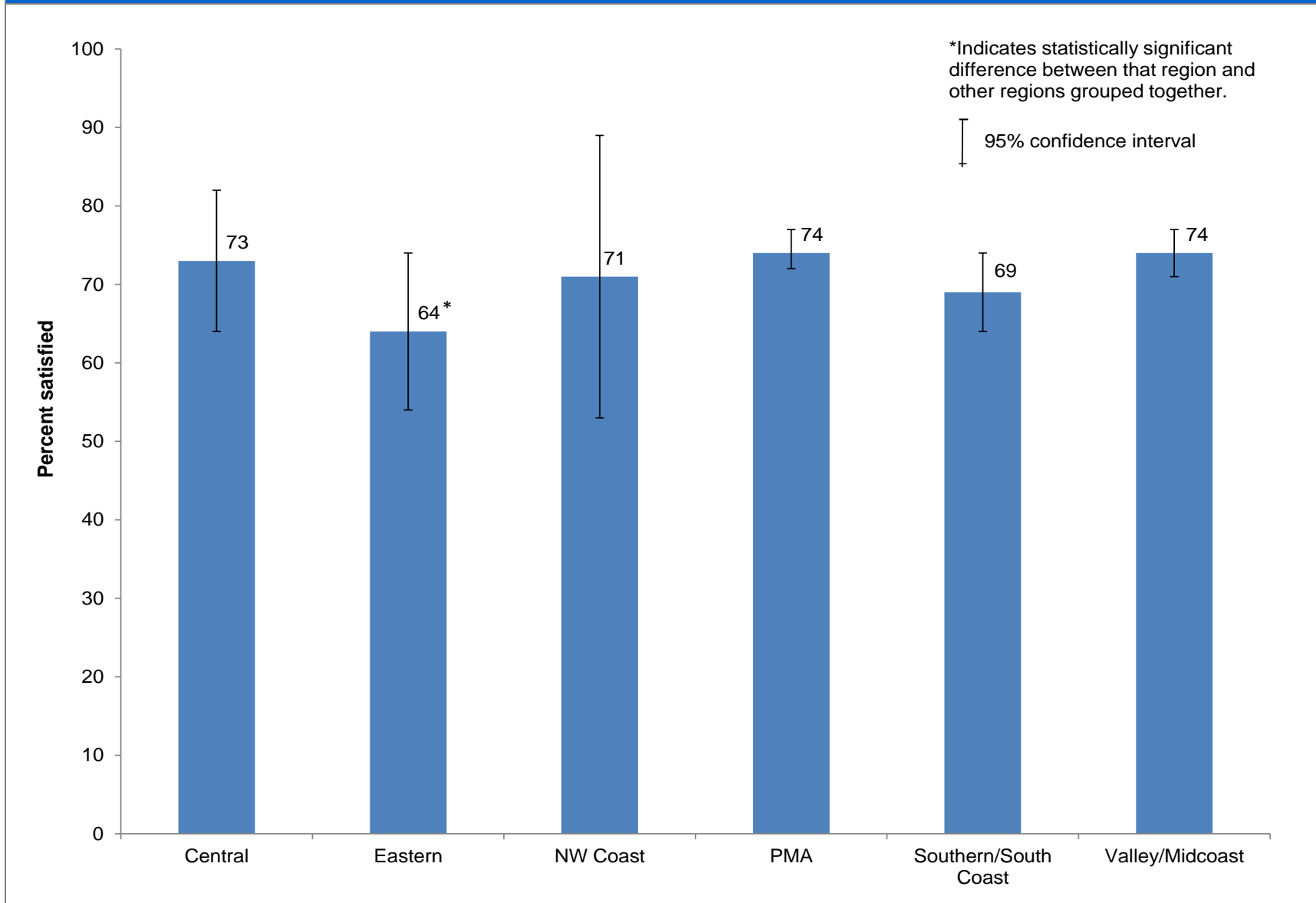


Figure 7. Outcomes Scores with 95% CI by Region.

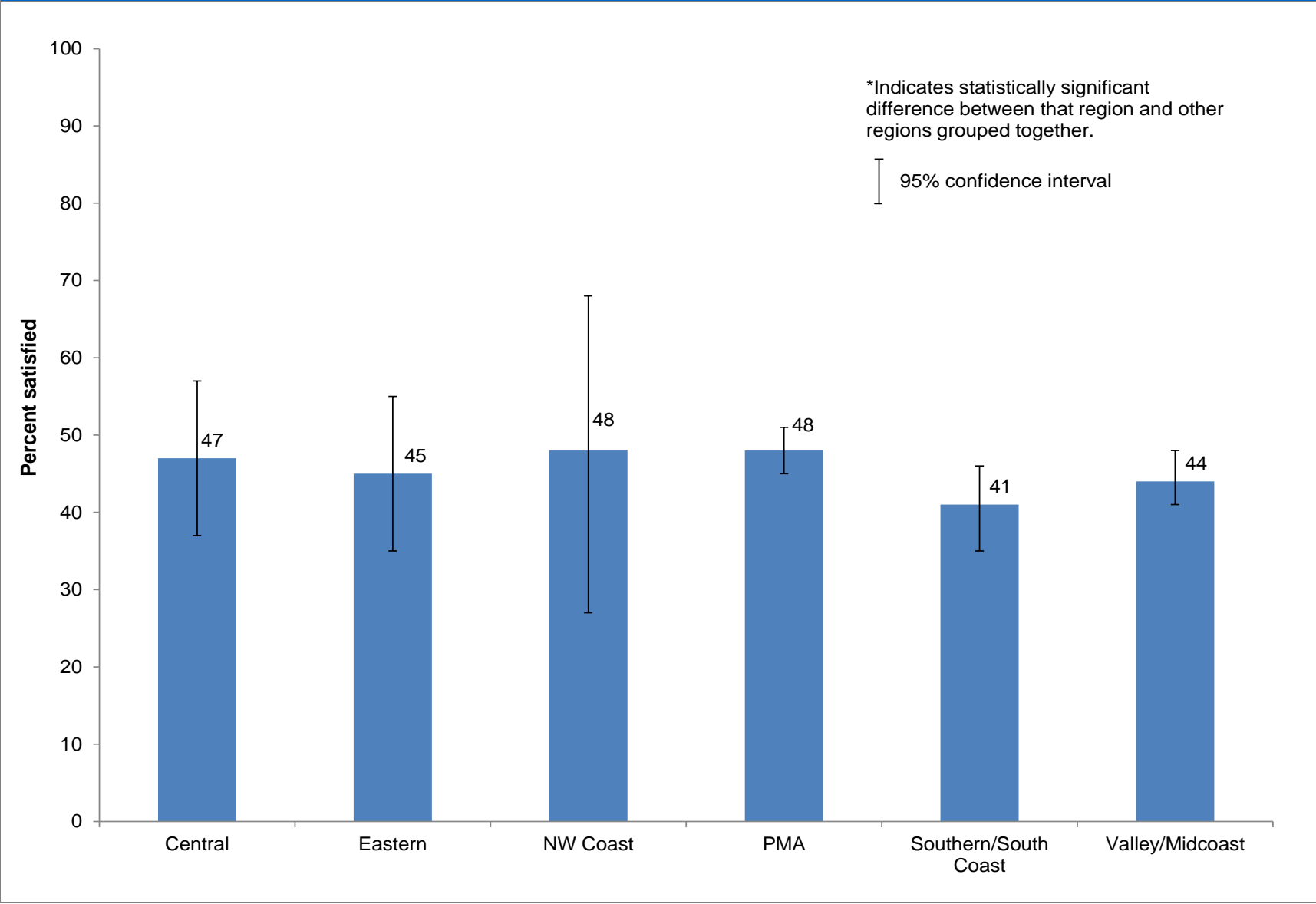


Figure 8. Functioning Scores with 95% CI by Region.

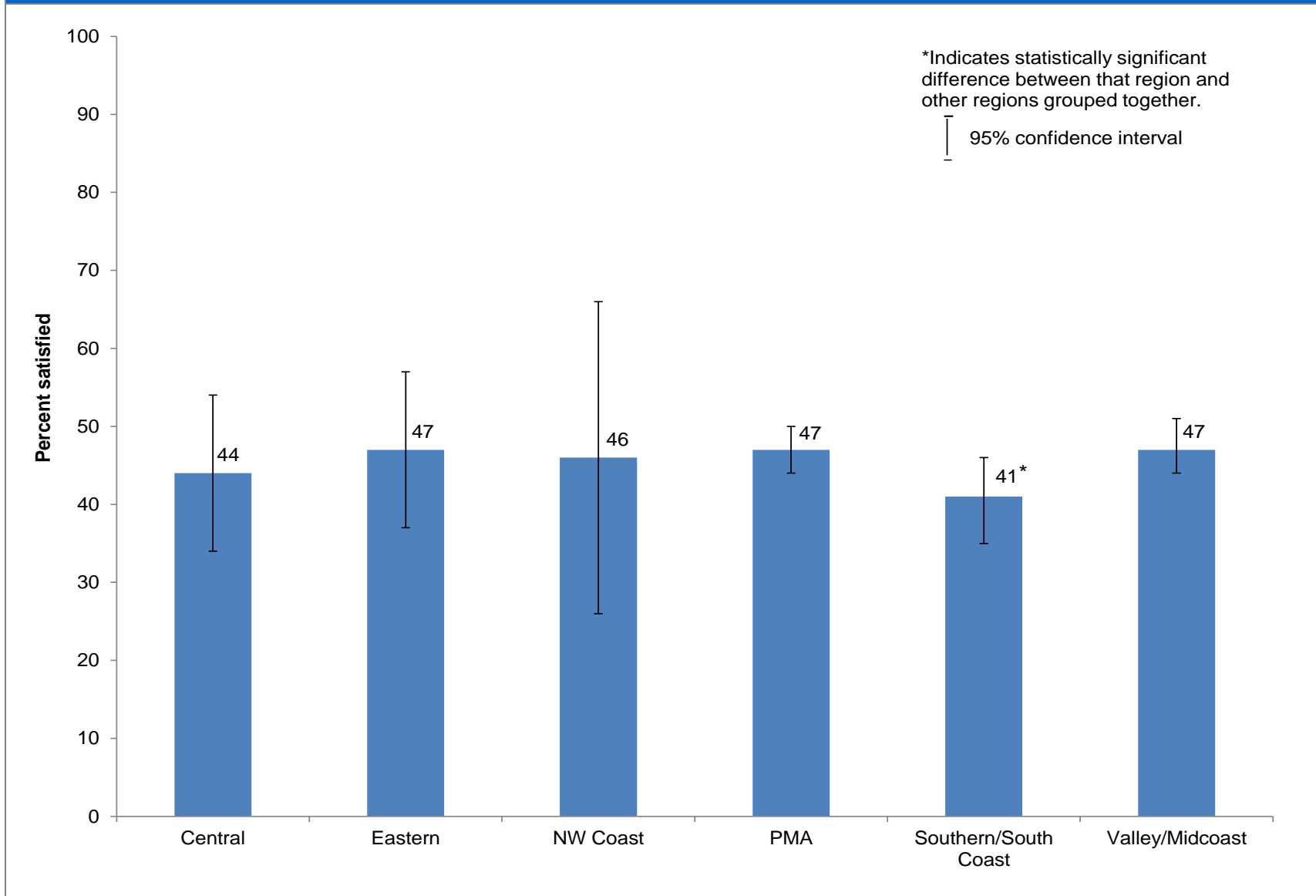


Figure 9. Social Connectedness Scores with 95% CI by Region.

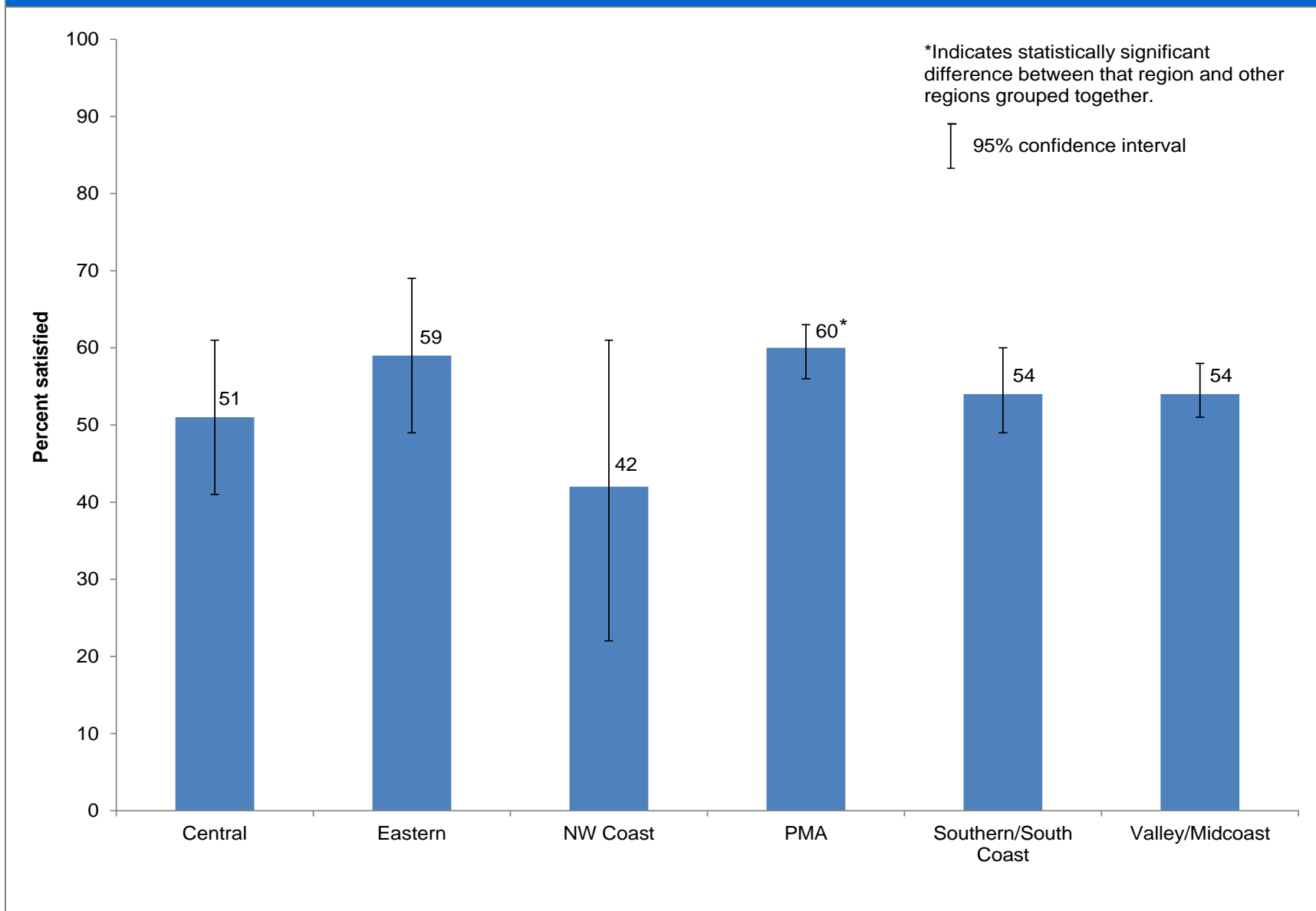
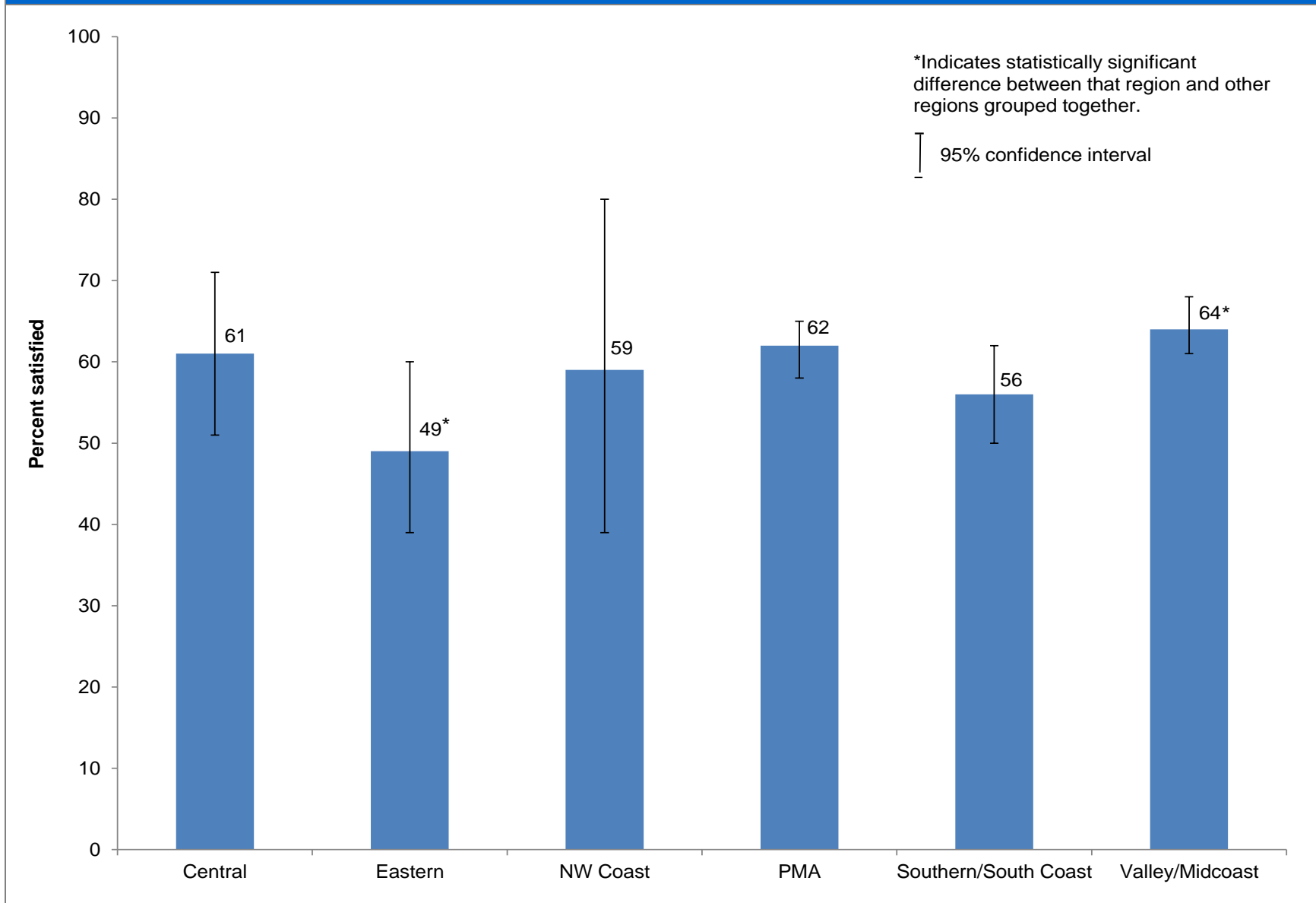


Figure 10. Participation Scores with 95% CI by Region.



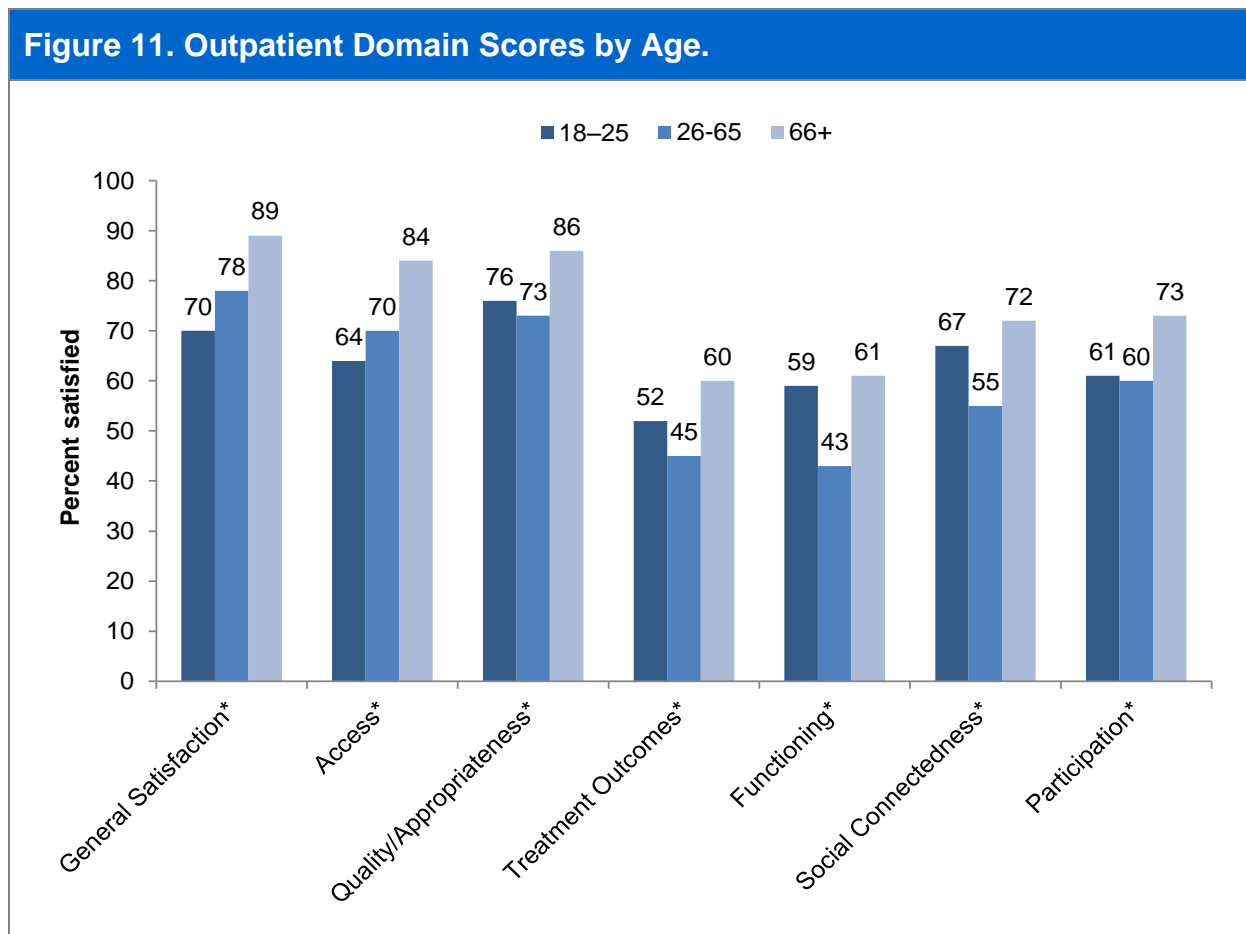
Demographic Comparisons

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

Domain scores by age group

Respondents were split into three groups for analysis, based on age at the time of the survey: 18–25 years to encompass the transition-age youth; 26–65 years, and 66 years or older. Figure 11 shows domain scores by age group in 2013; Table A-5 in Appendix A presents these data, along with the 2012 data, in tabular form.

As shown, respondents age 66 years or older reported more positive responses in all seven domains. Differences were statistically significant in all domains.

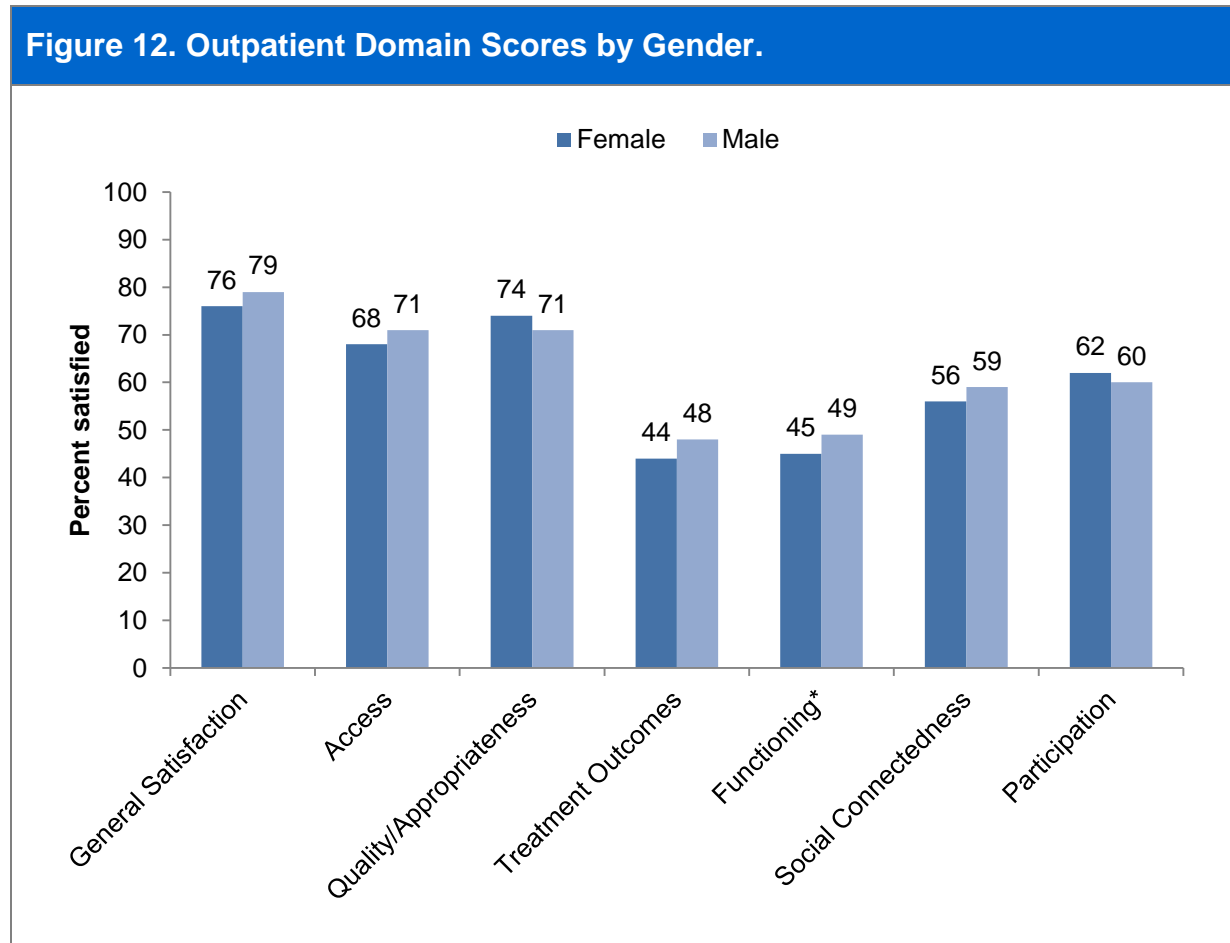


*Indicates a statistically significant difference ($p < .05$) among age group proportions for that domain.

Domain scores by gender

Figure 12 shows domain scores by gender in 2013. Table A-6 in Appendix A presents these data, along with the 2012 data, in tabular form.

Results for female and male respondents varied by just a few percentage points in most domains. Male respondents were significantly more satisfied in the functioning domain than were female respondents.

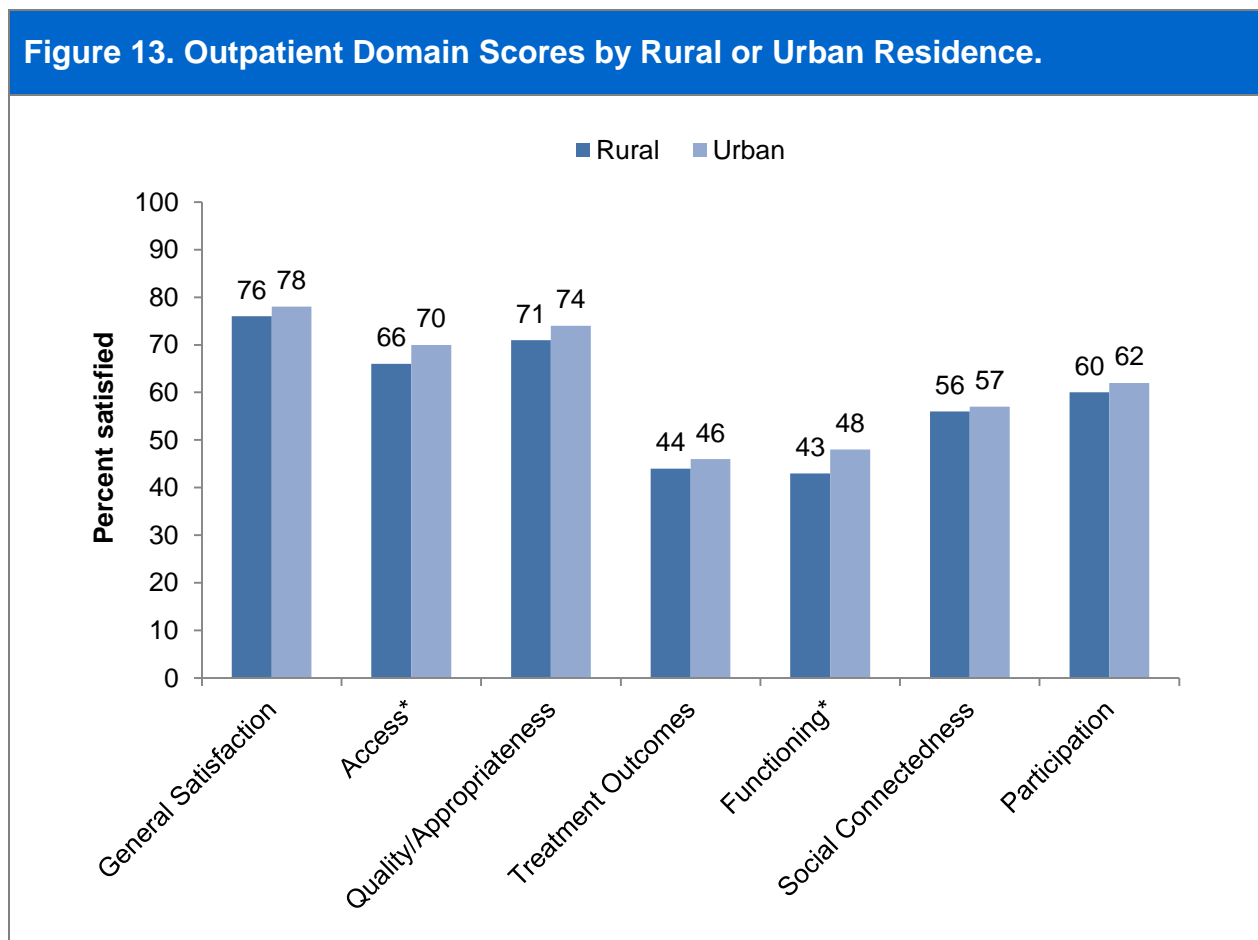


*Indicates a statistically significant difference ($p < .05$) between genders for that domain.

Domain scores by rural/urban residence

Respondents were classified as rural or urban based on the ZIP code of their current residence, even though they may have received mental health care in another area. As defined by the Office of Rural Health at Oregon Health & Science University, rural areas are “all geographic areas 10 or more miles from the centroid of a population center of 40,000 or more.”

Figure 13 displays domain scores by place of residence in 2013. Urban residents responded more positively than those in rural areas in every domain. However, the difference was statistically significant only in the access and functioning domains.



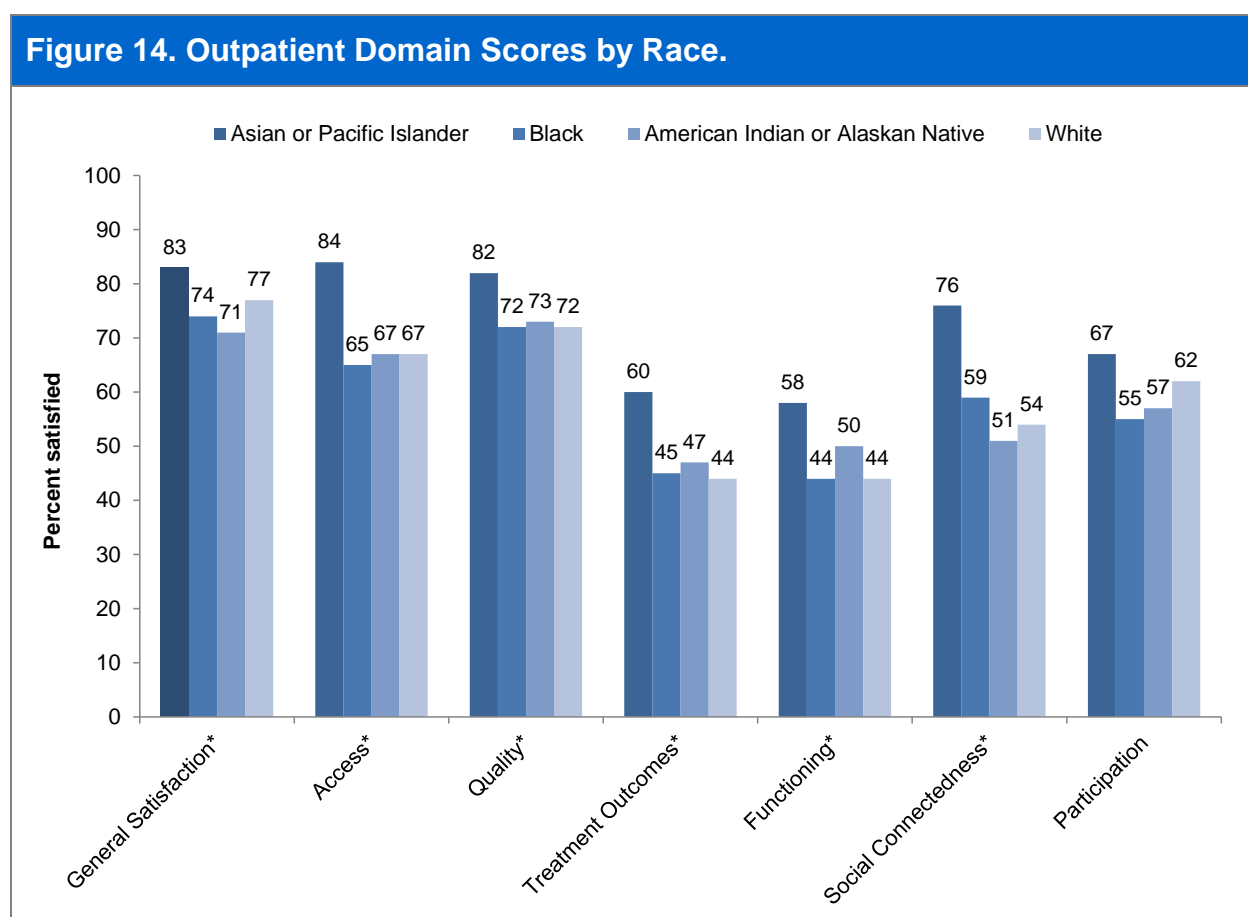
*Indicates a statistically significant difference ($p < .05$) between urban/rural proportions for that domain.

Table A-7 in Appendix A presents these data along with the 2012 data in tabular form. For rural respondents, scores decreased in five of the seven domains from 2012 to 2013, stayed the same in one domain (participation), and increased in one

domain (general satisfaction). For urban respondents, scores decreased in three domains and remained the same in the other four domains between 2012 and 2013.

Domain scores by race

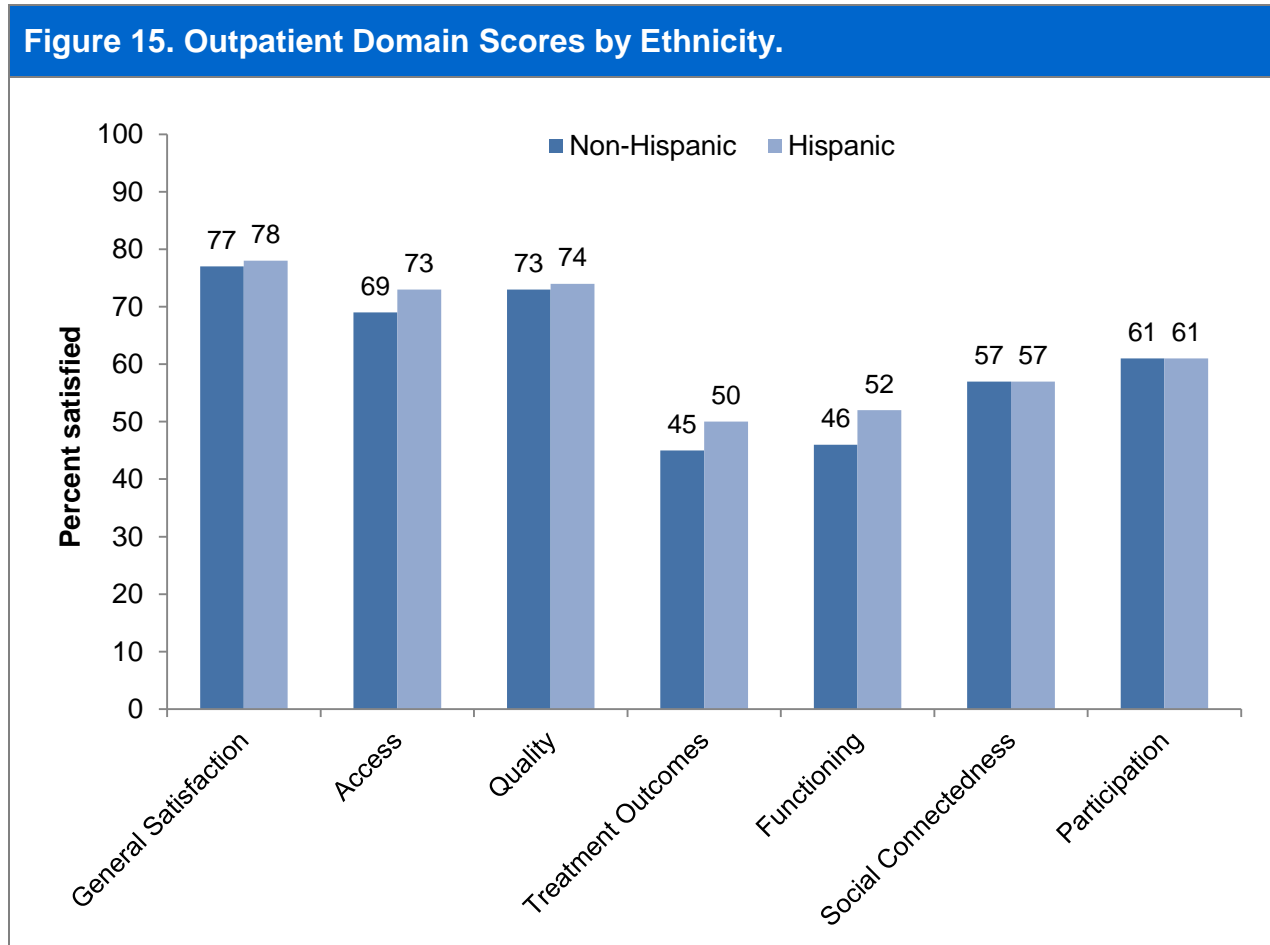
Figure 14 displays the 2013 domain scores by the respondent’s race. Domain scores were higher for Asian respondents than for other groups in all domains, and there was a statistically significant difference between racial groups in every domain except participation. Table A-8 presents the results in 2013 compared to 2012 in tabular form.



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

Domain scores by ethnicity

Figure 15 shows domain scores by ethnicity. Hispanic enrollees responded more positively than non-Hispanic enrollees in five domains, but there were no significant differences between ethnicity group proportions. Table A-9 in Appendix A presents these results compared to 2012 in tabular form.



No statistically significant differences.

Additional Analysis

The 2013 survey preserved MHSIP domains and associated questions, while AMH added questions on other topics—most notably trauma history and service coordination. The MHSIP portion of the survey has been validated as a stand-alone survey. Some of the state-added questions have not been validated, nor has the effect of the additional questions on the MHSIP items been tested.

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

The reader should exercise caution in interpreting survey results. These self-reported data, especially regarding the respondents' arrest history and use of alcohol or drugs and other sensitive topics, 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. The limitations of this survey are consistent with limitations of any self-report survey.

Mental health treatment status

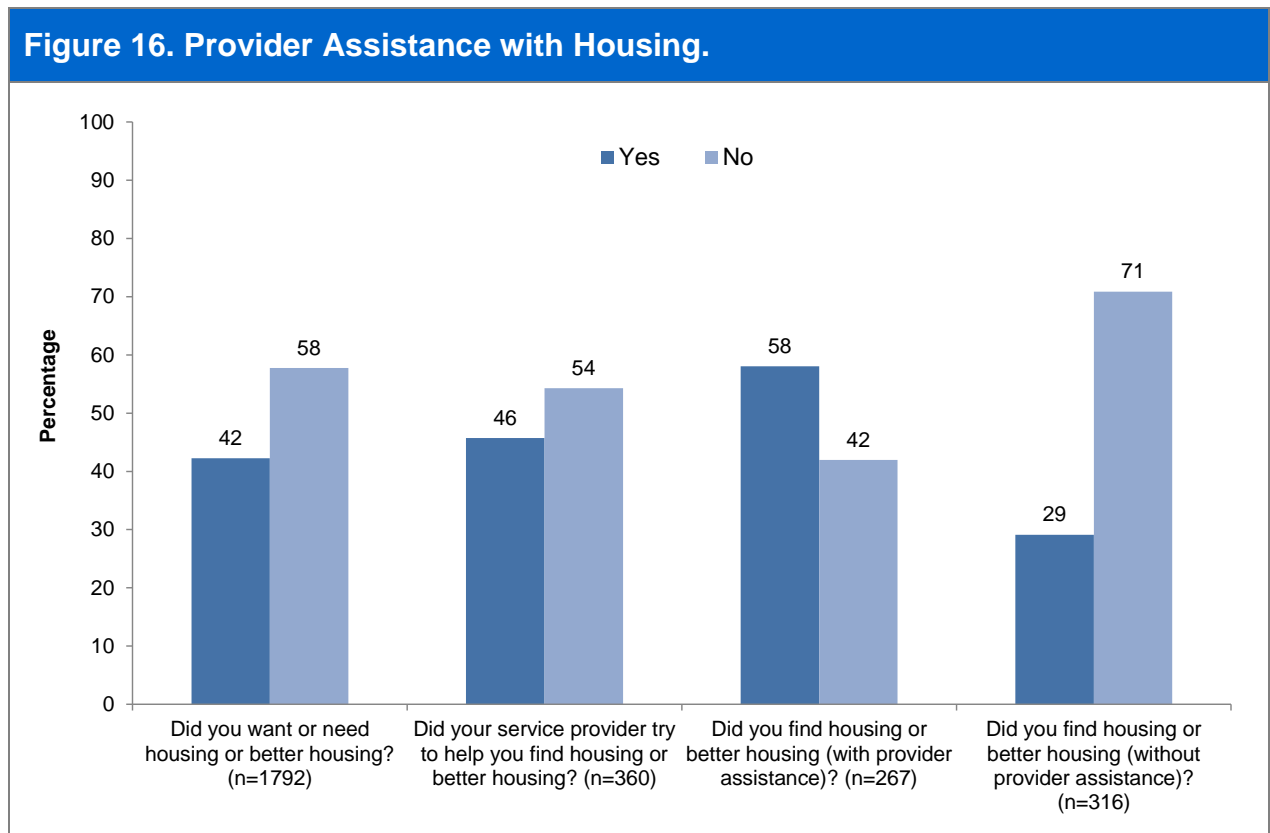
One question asked whether respondents were still receiving mental health services. Of 2,451 respondents, 1,773 (72%) were still receiving services and 678 (28%) were not. Respondents who were no longer receiving services were asked to select one major reason why. Of the 449 who answered, most selected “other reason” (35%) or treatment no longer needed (23%). The other reasons selected were: treatment was not working (15%), problems paying for treatment (8%), problems with transportation (5%), and finding time for treatment (5%).

Assistance by mental health provider

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

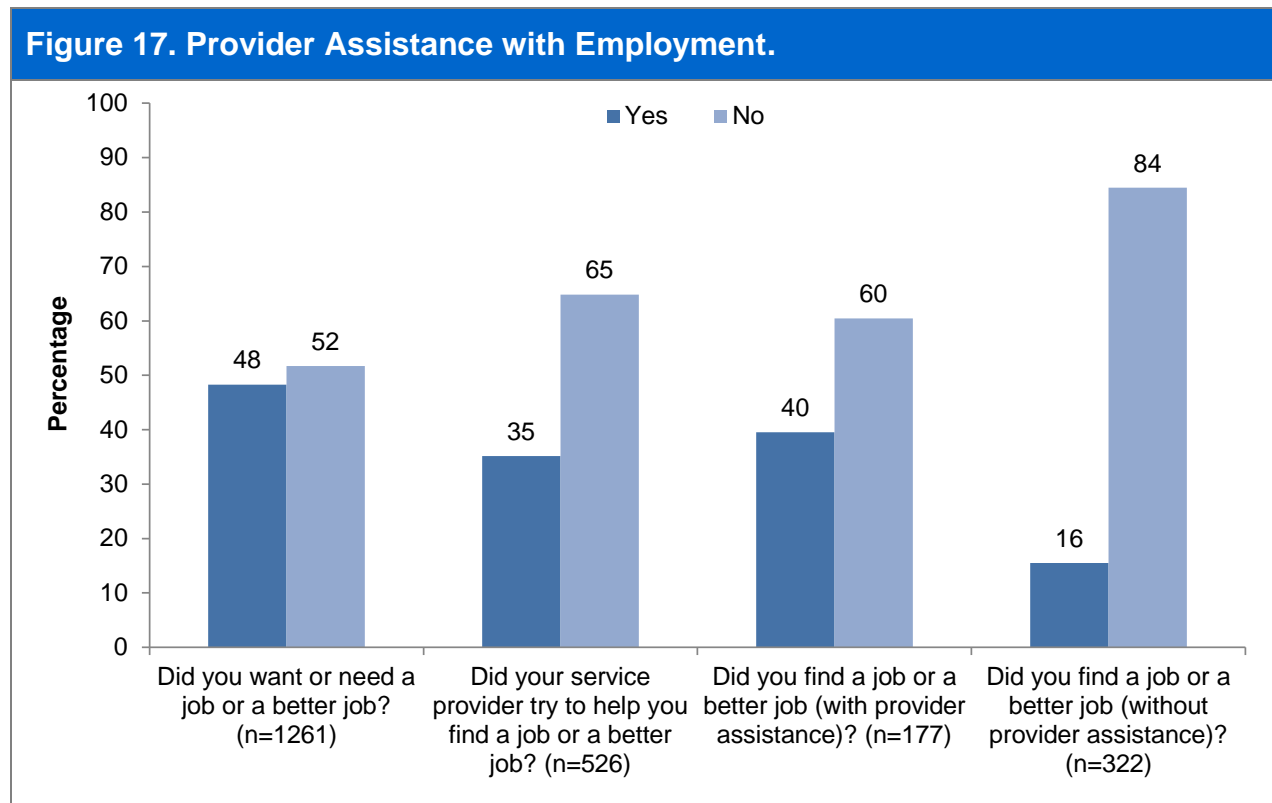
Housing

The survey asked respondents if they wanted or needed housing or better housing during the time they were seeing their current (or most recent) outpatient mental health service provider. The survey also asked if the provider tried to help them find better housing. Figure 16 shows that 42% wanted or needed housing or better housing, an increase from 30% in 2012. Of those who wanted or needed housing or better housing, 46% received help from their provider (similar to 2012). Among those who received assistance, 58% found housing or better housing, but among those who needed housing but did not receive assistance, only 29% found housing or better housing.



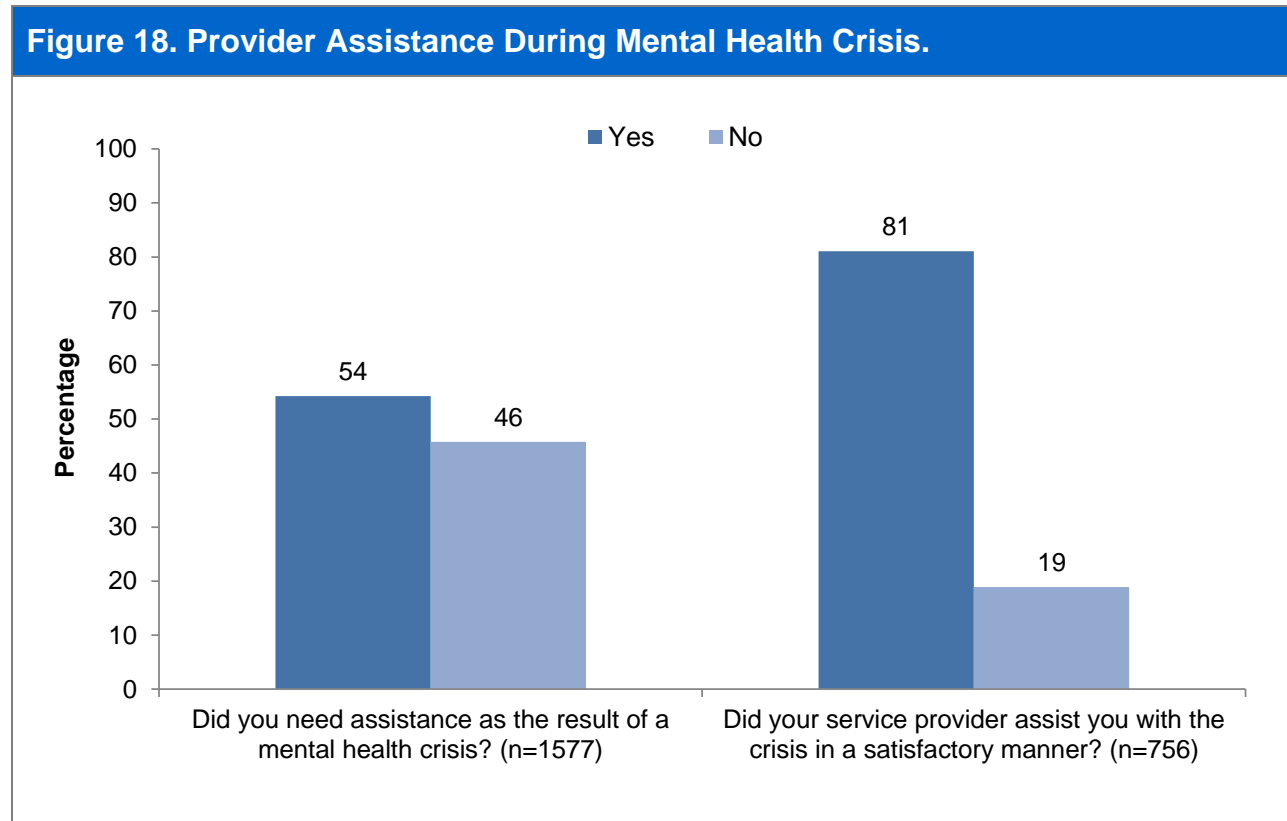
Employment

Figure 17 shows that 48% percent of respondents wanted/needed a job or a better job. Of those who needed or wanted a job or better job, 35% received help from their providers. Of those receiving assistance, 40% found work. Among those who wanted/needed a job or a better job but did not receive assistance, only 16% found work. Compared to 2012, more people wanted/needed a job or a better job (48% vs. 31% in 2012), but more people also received assistance from their providers, and more people found work.



Assistance with mental health crisis

Figure 18 shows that 54% of respondents needed assistance as the result of a mental health crisis, a slight increase from 51% in 2012. The next question asked if their mental health provider assisted with the crisis in a satisfactory manner. Of the 756 that responded, 81% answered yes, similar to the 83% that were satisfied in 2012.



Treatment expectations and results

Two questions asked about respondents’ expectations for mental health treatment and actual results. In response to the question about expectations, the most frequent responses were to “feel better about myself” (75%) and “become less anxious or fearful” (73%), which were also the two most common in 2012 (see Table 8; respondents could select all that applied).

Table 9 shows the number of respondents citing each expectation who reported the expected result (they could select all that applied). Of the 1,845 respondents who expected to feel better about themselves, 70% reported they did feel better about themselves as a result of receiving services. The highest percentage for results was 89% for stopped or reduced drug or alcohol use, while “become happier” and “become less anxious or fearful” tied for the lowest percentage for results at 68%.

This is noteworthy, as “become less anxious or fearful” was the second most common expectation of treatment, selected by 73% of respondents. The least frequent treatment expectations—stop hurting others (26%) and stopping or reducing the use of drugs or alcohol (25%)—were the most frequent treatment outcomes (82% and 89%, respectively).

Table 8. Expectations for Mental Health Treatment: “What did you expect to happen as a result of receiving outpatient mental health services from your current (or most recent) mental health provider?”

Expectation	Number “Yes”	% of responses
Feel better about myself	1845	75
Become less anxious or fearful	1794	73
Become happier	1703	70
Get along better with family	1520	62
Become more respectful or responsible	1094	45
Stop hurting myself	928	38
Get along better with friends or others	890	36
Do better in work or school	815	33
Stop hurting others	644	26
Stop or reduce the use of drugs or alcohol	622	25

Table 9. Results of Mental Health Treatment: “What has actually happened as a result of you receiving mental health services from this provider?”

Result	Of those with expectation, number with result	% of responses
Stopped or reduced the use of drugs or alcohol	556	89
Stopped hurting others	528	82
Become more respectful or responsible	848	78
Been getting along better with friends and others	683	77
Stopped hurting myself	679	73
Been getting along better with family	1092	72
Done better in work or school	580	72
Been feeling better about myself	1288	70
Become less anxious or fearful	1223	68
Become happier	1159	68

Residence

Another question asked, “Where are you currently living?” The majority of respondents (61%) owned or rented a home or apartment, followed by 22% who resided in someone else’s home or apartment (Table 10).

Table 10. Respondents’ Current Residence (N= 2,268).		
Where are you currently living	N	% of responses
Own or rent home or apartment	1375	61
Someone else's home or apartment	493	22
Other	282	12
Homeless or homeless shelter	51	2
Mental health residential treatment facility	39	2
Skilled nursing facility	23	1
Substance abuse residential treatment facility	5	0
Crisis program	0	0

The survey also asked, “Have you lived in any of the following places in the last 12 months?” and listed 11 options that respondents could select (check all that applied, including “other”). Results are displayed in Table 10a.

Table 10a. Respondents’ Residences in the Last 12 Months (n=2,451).		
Have you lived in any of the following places in the last 12 months?	N	% of responses
Own or rent home or apartment	1395	57
Someone else's home or apartment	643	26
Other	245	10
Homeless or homeless shelter	117	5
Mental health residential treatment facility	76	3
Psychiatric hospital	72	3
Medical hospital	69	3
Jail or correctional facility	47	2
Crisis program	34	1
Residential substance abuse treatment program	34	1
Skilled nursing facility	31	1

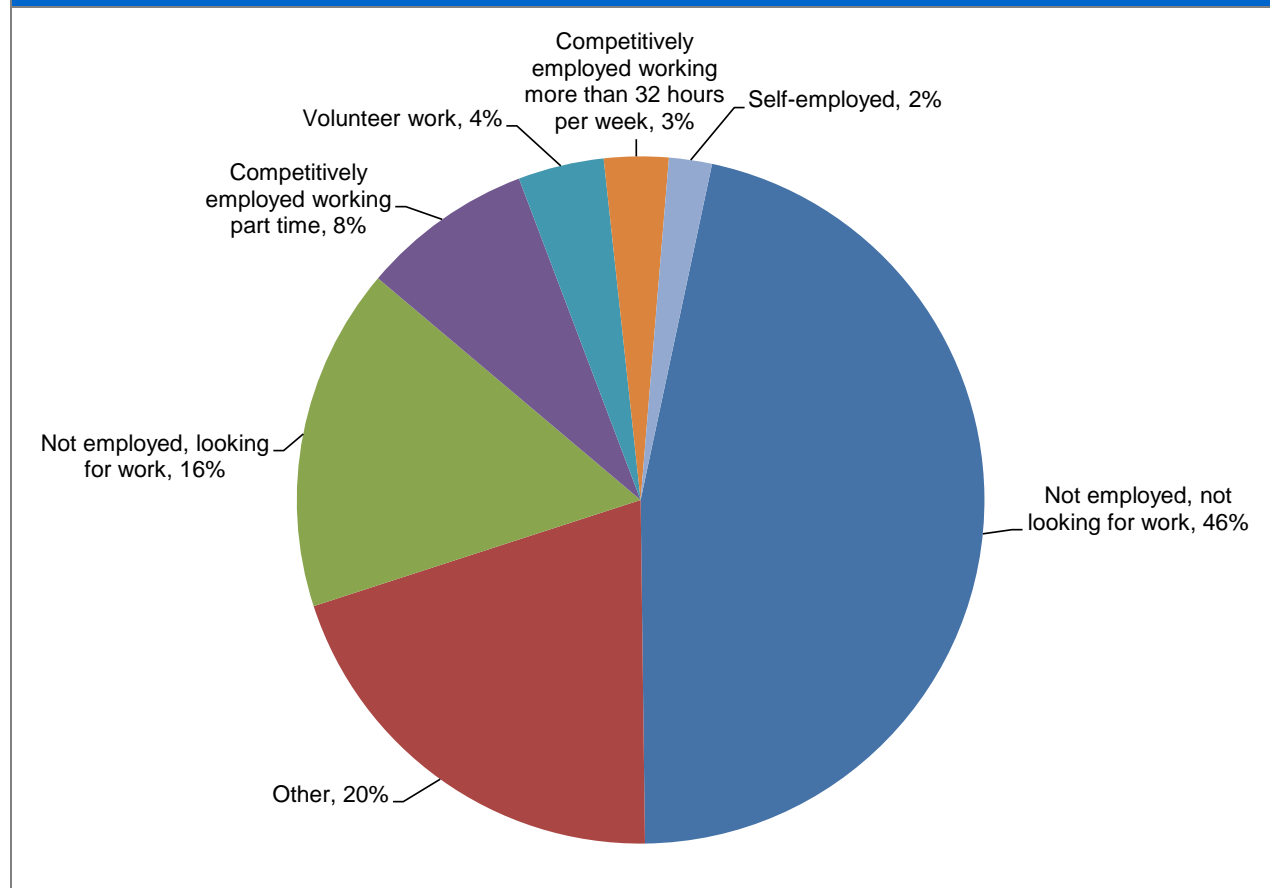
Arrest history

Twenty-three percent (n=568) of respondents had been receiving services for at least one year and answered two questions about arrests prior to and following initiation of mental health services. Within this group, 10% reported an arrest in the 12 months before starting service, while only 5% had an arrest after starting service.

Current employment status and income source

The 2013 survey contained three questions regarding employment and income. The first was, “Are you currently employed?” Of the 2,019 respondents who replied to the question, 46% were not employed and not looking for work (Figure 19). Sixteen percent were not employed but were looking for work. The survey defined competitive employment as “a regular job in the community that is not reserved for people with disabilities and that pays at least minimum wage.”

Figure 19. Respondents’ Employment Status (N=2,019).



In response to the question, “Do you receive assistance and supports to work?” the majority (79%) of those who responded replied “no.”

The survey also asked about current source of income, giving respondents several options (they could select all that applied). Half (50%) selected Supplemental Security Income and 41% selected Social Security Disability Insurance. Table 11 lists all income sources.

Table 11. Current Source of Income (N=2,451).		
Source	Number of responses	% of Responses
Supplemental Security Income (SSI)	1227	50
Social Security Disability Insurance (SSDI)	1013	41
No income source	591	24
Earned employment	530	22
Family member/friends	518	21
Temporary assistance to needy families (TANF)	503	21
Other	525	21
Social Security retirement	422	17
Child support/alimony	376	15
Unemployment insurance	350	14
Trust	347	14
Pension from former job	334	14
Veteran’s disability payment	336	14
Private disability/worker’s compensation	331	14

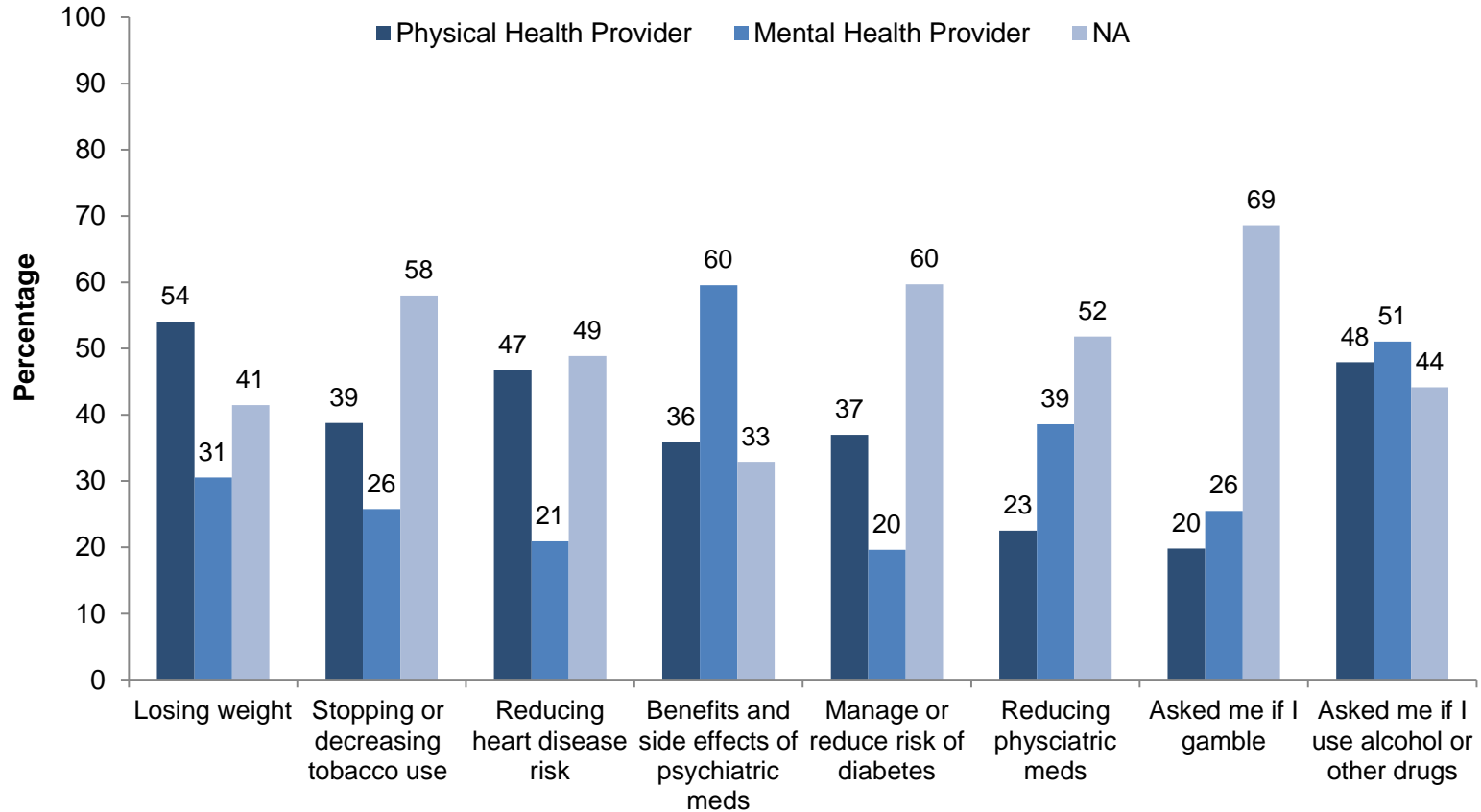
Primary care and overall health

Respondents were asked if they had a primary health care provider. Of the 2,137 people who answered this question, 89% reported that they had a primary health care provider, down from 92% in 2012.

Another question asked respondents if their doctor or mental health service provider had talked to them about losing weight, stopping or decreasing smoking, reducing heart disease risk, benefits and side effects of psychiatric medication, how to reduce risk for or manage diabetes, and the possibility of reducing psychiatric medications.

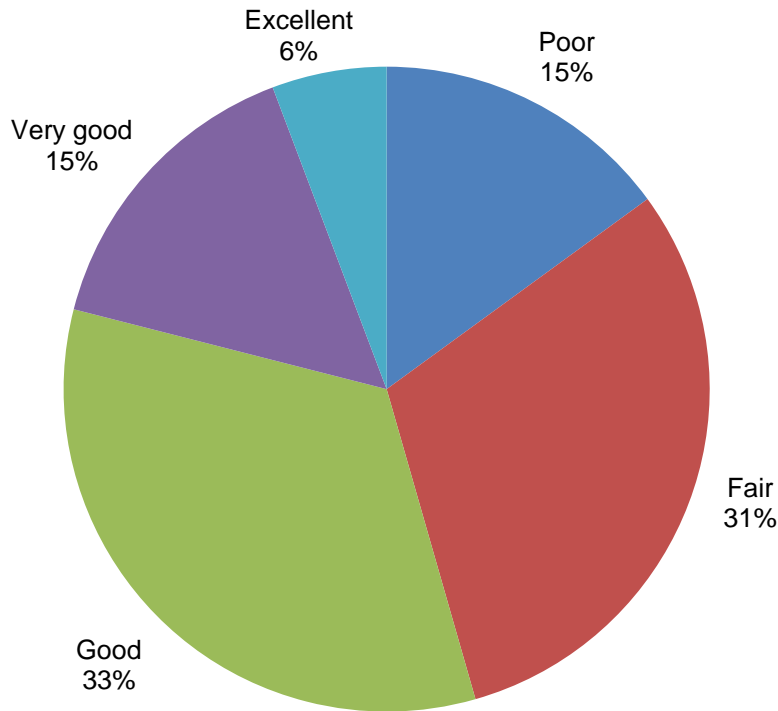
The survey also asked if the provider asked whether the respondent gambled or used alcohol or other drugs. Responses indicating that their physical health provider had talked to them about the particular issue ranged from 20% to 54%, while responses indicating the same of the mental health provider were similar, ranging from 20% to 51% (Figure 20). The percentages were generally lower for mental health providers, except that 60% reported that their mental health provider had discussed with them the benefits and side effects of psychiatric medication. Many respondents reported that the topics of gambling (69%), diabetes (60%), and tobacco use (58%) did not apply to them.

Figure 20. “My doctor or mental health service provider has talked to me about...” (N=2,451).



As shown in Figure 21, when asked about their general health, a majority of respondents reported it was good (33%) or fair (31%).

Figure 21. “Would you say your health in general is...” (N=2,265).



Alcohol and drug use

Two survey questions were about alcohol and drug use. The first asked, “Do you think you have had a problem with alcohol or drugs?” Of the 2,365 people who answered this question, 87% said no, 11% said yes, and 2% were not sure.

A second question asked, “If yes, have you gotten the help you wanted/needed?” Of the 254 who responded that they had a problem with alcohol or drugs, 181 (71%) said they had received help for the problem.

Trauma

Two new questions were added in 2013 about trauma screening. The first asked if the mental health services provider asked about any history of trauma when starting treatment. Trauma history includes severely stressful events like car wrecks, loss of loved ones, natural disasters, poverty, or physical or sexual abuse.

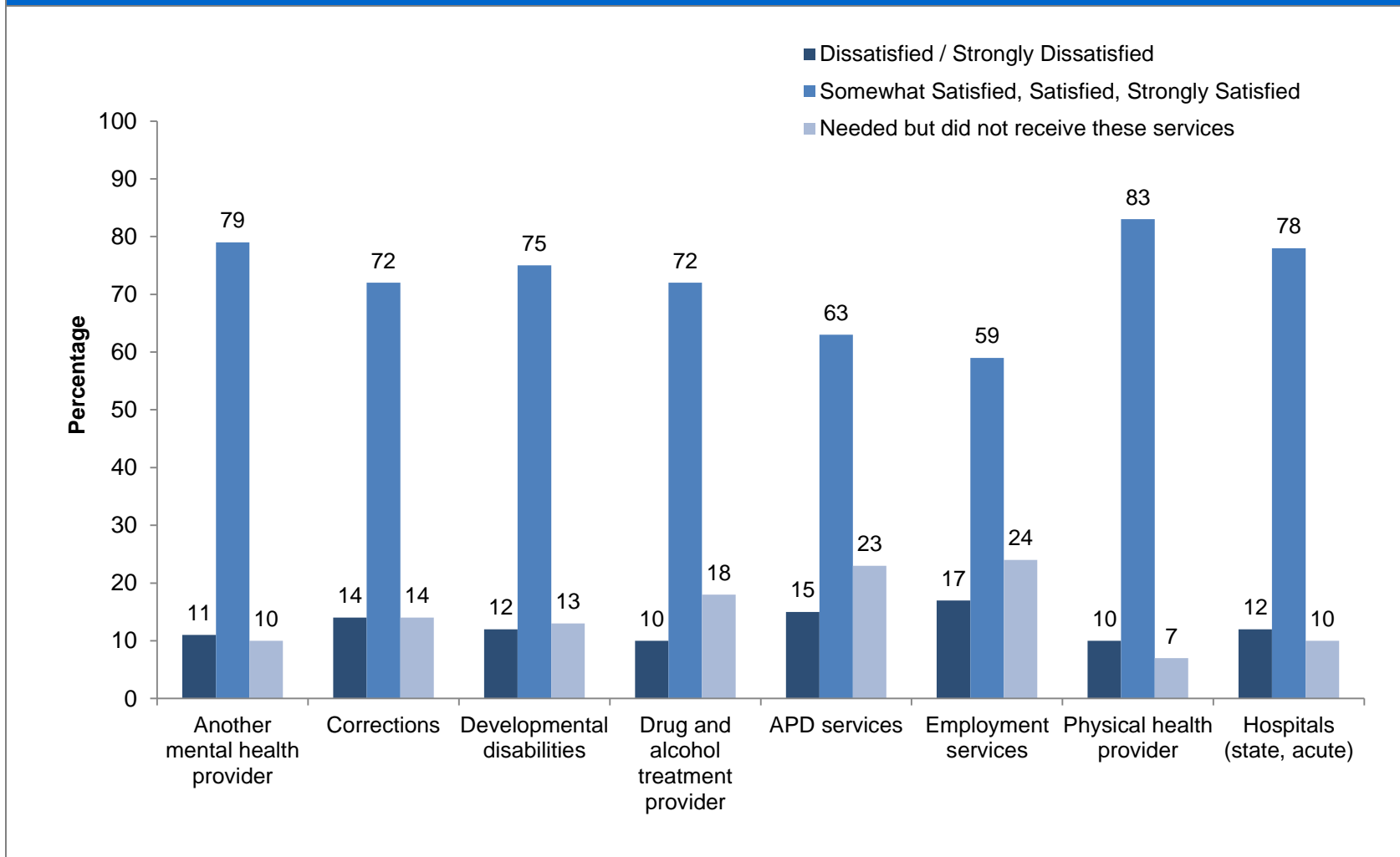
Sixty-four percent of the 2,281 respondents said “yes,” while 14% were uncertain if they had been asked about trauma.

A second question asked if problems related to this trauma were adequately addressed during treatment, if the respondent answered “yes” to the previous question. Sixty-five percent of the 1,319 respondents reported that their trauma was adequately addressed, while 18% were uncertain.

Service coordination

A new question in 2013 asked respondents about their satisfaction with the willingness and ability of their current mental health provider to work together with other service providers. Results are displayed in Figure 22. Satisfaction was highest in collaboration with physical health providers (83%) and other mental health providers (79%). Satisfaction was lowest in collaboration between the mental health provider and employment services (59%), the same area where the most respondents (24%) said they needed but did not receive this service.

Figure 22. Satisfaction with Service Coordination (n=2,451).



APD = Aged & Physically Disabled.

Residential Survey Results

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

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

Survey Response

Acumentra Health mailed a total of 1,487 residential surveys to valid addresses; of these, 349 returned their survey for a response rate of 23.5%. This is similar to the response rate in 2012, when 377 of 1,588 (23.7%) surveys were returned. Table 12 shows response rates by demographic characteristics of respondents served in residential settings.

Table 12. Residential Survey Response Rate by Gender, Age, Race, and Rural/Urban Residence.				
Characteristic		Number of responses	Number of surveys sent	Response rate (%)
Gender	Female	147	585	25.1
	Male	202	902	22.4
Age group	18–25	10	55	18.2
	26–64	305	1299	23.5
	65+	34	133	25.6
Race/Ethnicity	Non-White	26	126	20.6
	White	317	1309	24.2
Rural/Urban	Rural	117	483	24.2
	Urban	231	997	23.2

At the end of the data entry period, 292 (83.7%) had completed the survey by mail, while 57 respondents (16.3%) had completed the survey online (Table 13). Two of the web survey respondents had identification numbers that classified them as outpatient clients who were believed to be deceased. These respondents were retained in the analysis sample, but were excluded from stratifications by setting (residential vs. foster care).

Table 13. Residential Survey Method of Completion.		
Method	Number of responses	Percent of total
Mail	292	83.7
Internet	57	16.3
Total	349	100

Table 14 below presents the number of responses and number of surveys sent to valid addresses according to recipient county and region.

Table 14. Residential Survey Response Rate by Region.				
Region	County	Number of responses	Number of surveys sent	Response rate (%)
NW Coast	Clatsop	2	2	100%
	Columbia	5	28	18%
	Tillamook	2	4	50%
	NW Coast Total	9	34	26%
Valley/Midcoast	Benton	8	30	27%
	Lincoln	1	10	10%
	Linn	3	27	11%
	Lane	50	176	28%
	Marion	39	161	24%
	Polk	6	43	14%
	Yamhill	4	29	14%
	Valley/Midcoast Total	111	476	23%
PMA	Clackamas	24	92	26%
	Multnomah	61	327	19%

	Washington	47	142	33%
	PMA Total	132	561	24%
Central	Hood River	0	1	0%
	Wasco	0	7	0%
	Crook	0	0	n.a.
	Deschutes	6	37	16%
	Jefferson	0	0	n.a.
	Central Total	6	45	13%
Eastern	Baker	3	5	60%
	Gilliam	0	0	n.a.
	Grant	0	0	n.a.
	Harney	1	14	7%
	Lake	0	0	n.a.
	Malheur	4	24	17%
	Morrow	0	13	0%
	Sherman	0	0	n.a.
	Umatilla	17	42	40%
	Union	1	2	50%
	Wallowa	8	32	25%
	Wheeler	0	0	n.a.
	Eastern Total	34	132	26%
Southern/South Coast	Coos	5	24	21%
	Curry	0	9	0%
	Douglas	8	20	40%
	Jackson	26	92	28%
	Josephine	13	53	25%
	Klamath	4	36	11%
	Southern/South Coast Total	56	234	24%

Domain Scores

Table 15 shows the scores for each of the seven domains. General satisfaction was the highest, while participation was the lowest (a difference of 21 points). These differences are similar to those in the outpatient survey in terms of which domains had higher scores (satisfaction, quality, connectedness) and which had lower (outcomes and functioning). Table A-10 shows the responses by region and by each county.

Domain	Score
General Satisfaction	76
Access	70
Quality	69
Outcomes	62
Functioning	61
Social Connectedness	66
Participation	55

Acumentra Health looked at differences in domain scores reported by those who completed the survey online and by those who mailed in the survey (Table 16). Domain scores were lower for Internet respondents in all categories, but there were no significant differences.

Domain	Internet	Mail
General Satisfaction	74	77
Access	60	72
Quality	64	70
Outcomes	55	63
Functioning	52	63
Social Connectedness	64	66
Participation	46	57

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

Additional Analysis

The following section summarizes the results of Acumentra Health’s analysis of the additional survey questions.

The reader should exercise caution in interpreting survey results. These self-reported data, especially regarding the respondents’ arrest history and use of alcohol or drugs and other sensitive topics, 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. The limitations of this survey are consistent with limitations of any self-report survey.

Treatment expectations and results

In response to the question about expectations, the most frequent responses were to “feel better about myself” (67%) and “become less anxious or fearful” (63%), followed by “become happier” (60%), as shown in Table 17. These findings are consistent with treatment expectations in 2012.

Table 17. Expectations for Mental Health Treatment: “What did you expect to happen as a result of receiving residential mental health services from your current (or most recent) mental health provider?”		
Expectation	Number “Yes”	% of responses
Feel better about myself	233	67
Become less anxious or fearful	221	63
Become happier	209	60
Get along better with family	175	50
Become more respectful or responsible	158	45
Get along better with friends or others	136	39
Stop hurting myself	92	26
Do better in work or school	83	24
Stop or reduce the use of drugs or alcohol	71	20
Stop hurting others	57	16

Table 18 shows the number of respondents citing each expectation who reported having achieved the expected result. The percentages of those achieving the expected results were high, ranging from 60% to 82%. Of the 233 respondents who expected to feel better about themselves, 73% said they did feel better about themselves as a result of receiving services. The highest percentage for results was 82% for stopping or reducing the use of drugs or alcohol and the lowest was 60% for doing better in work and school.

Table 18. Results of Mental Health Treatment: “What has actually happened as a result of you receiving mental health services from this provider?”		
Result	Of those with expectation, number with result	% of Responses
Stopped or reduced the use of drugs or alcohol	58	82
Been getting along better with friends and others	108	79
Been getting along better with family	136	78
Become happier	160	77
Become less anxious or fearful	165	75
Stopped hurting others	42	74
Stopped hurting myself	67	73
Been feeling better about myself	171	73
Become more respectful or responsible	111	70
Done better in work or school	50	60

Current employment status and income source

In response to the question, “Are you currently employed?”, 67% of the 271 respondents reported that they were not currently employed and not looking for work (Table 19).

Table 19. Employment Status (N=271).		
Status	Number of responses	% of responses
Not employed, not looking for work	182	67
Not employed, looking for work	26	10
Other	26	10
Volunteer work	17	6
Competitively employed working less than 32 hours per week	13	5
Self-employed	5	2
Competitively employed working more than 32 hours per week	2	1

In answer to the question, “Do you receive assistance and supports to work?”, 80% of the 233 respondents answered no.

The survey also asked about current source of income and gave several options for respondents to select (Table 20). Supplemental Security Income and Social Security Disability Insurance were the most common sources of income at 57% and 49%, respectively.

Table 20. Current Source of Income (N=349).		
Source	Number of responses	% of responses
Supplemental Security Income (SSI)	200	57
Social Security Disability Insurance (SSDI)	170	49
Social Security retirement	28	8
Family member/friends	26	8
Other	23	7
Earned employment	18	5
Trust	19	5
Veteran's disability payment	13	4
No income source	12	3
Temporary assistance to needy families (TANF)	10	3
Pension from former job	11	3
Unemployment insurance	9	3
Child support/alimony	12	3
Private disability/worker's compensation	7	2

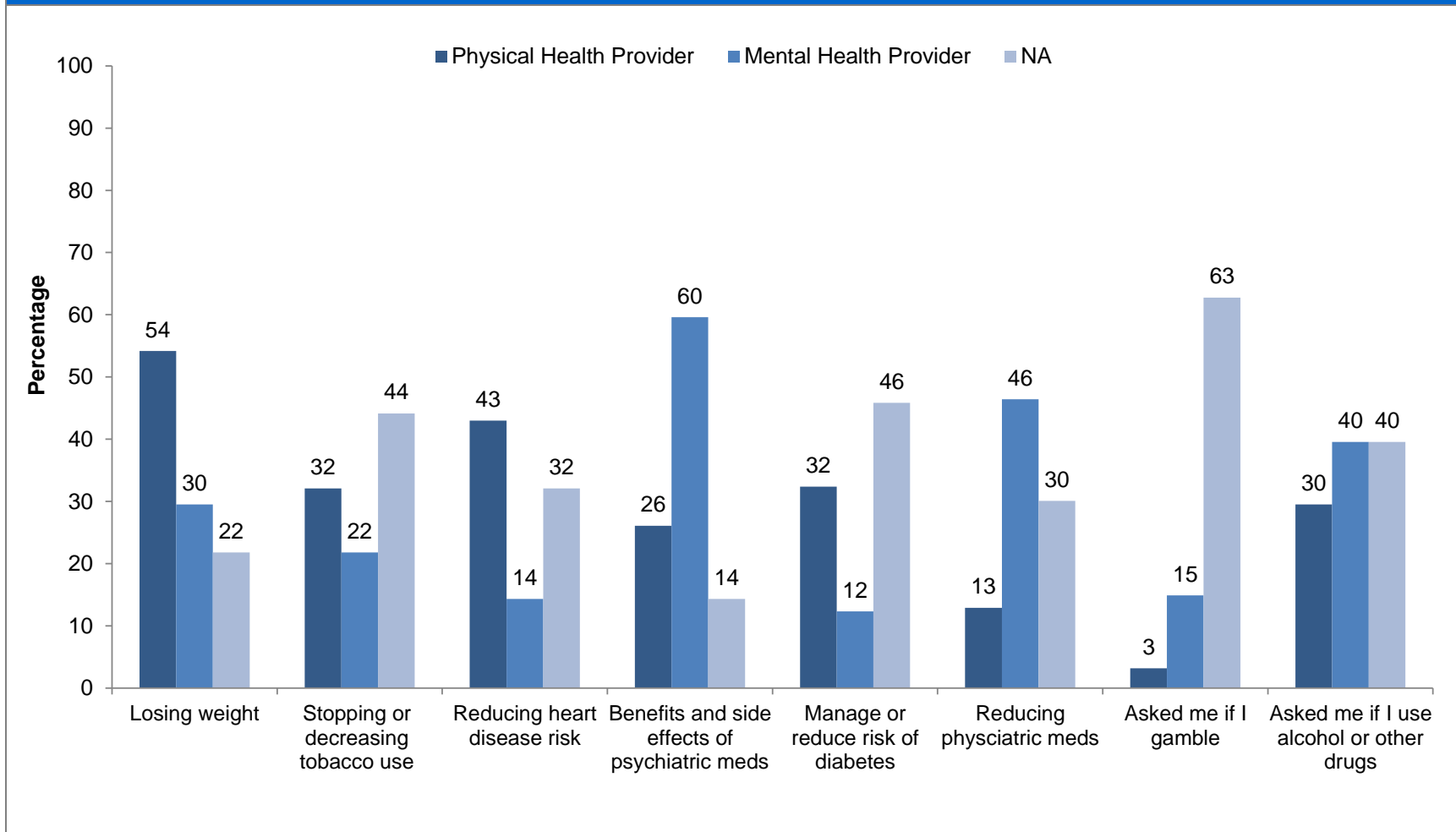
Primary care and overall health

Of the 302 people who responded, 91% reported that they had a primary care provider, a decrease from 98% in 2012.

The survey asked respondents to select health topics that their doctor or mental health service provider had talked to them about. As shown in Figure 23, 54% indicated that their doctor had talked to them about losing weight. Sixty percent indicated that their mental health service provider had discussed benefits and side effects of psychiatric medications.

When asked about their general health, 11% of the 319 respondents selected excellent, 16% selected very good, 40% good, 24% fair, and 9% poor.

Figure 23. “My doctor or mental health service provider has talked to me about...” (N= 349).



Living in residential care

The survey asked respondents why they are living in a residential facility and gave eight options (could select all that applied). As shown below in Table 21, the most common reasons were to get help taking care of oneself, for housing, and for mental health treatment to get better.

Table 21. “Why are you living in a residential facility?” (N= 349).		
	Number of responses	% of responses
I need help taking care of myself.	144	41
I need housing.	136	39
I want mental health treatment so I can get better.	122	35
My guardian wants me to be here.	53	15
Other	49	14
I am under the jurisdiction of the Psychiatric Security Review Board or I have other legal requirements.	47	13
I am civilly committed and the county wants me to be here.	44	13
I want addictions treatment so I can get better.	24	7

Two questions asked about progress made while in residential care and types of services received. As shown in Figure 24, respondents indicated they had made the most progress in mental health (decrease in symptoms, medications, increased coping skills, better relationships, staying out of the hospital, fewer crises, etc.) and activities of daily living (cleaning, bathing, cooking, dressing, etc.).

Figure 24. “Since you’ve been here, do you feel like you’ve made progress in any of the following areas? (Please check all that apply)” (N=349).

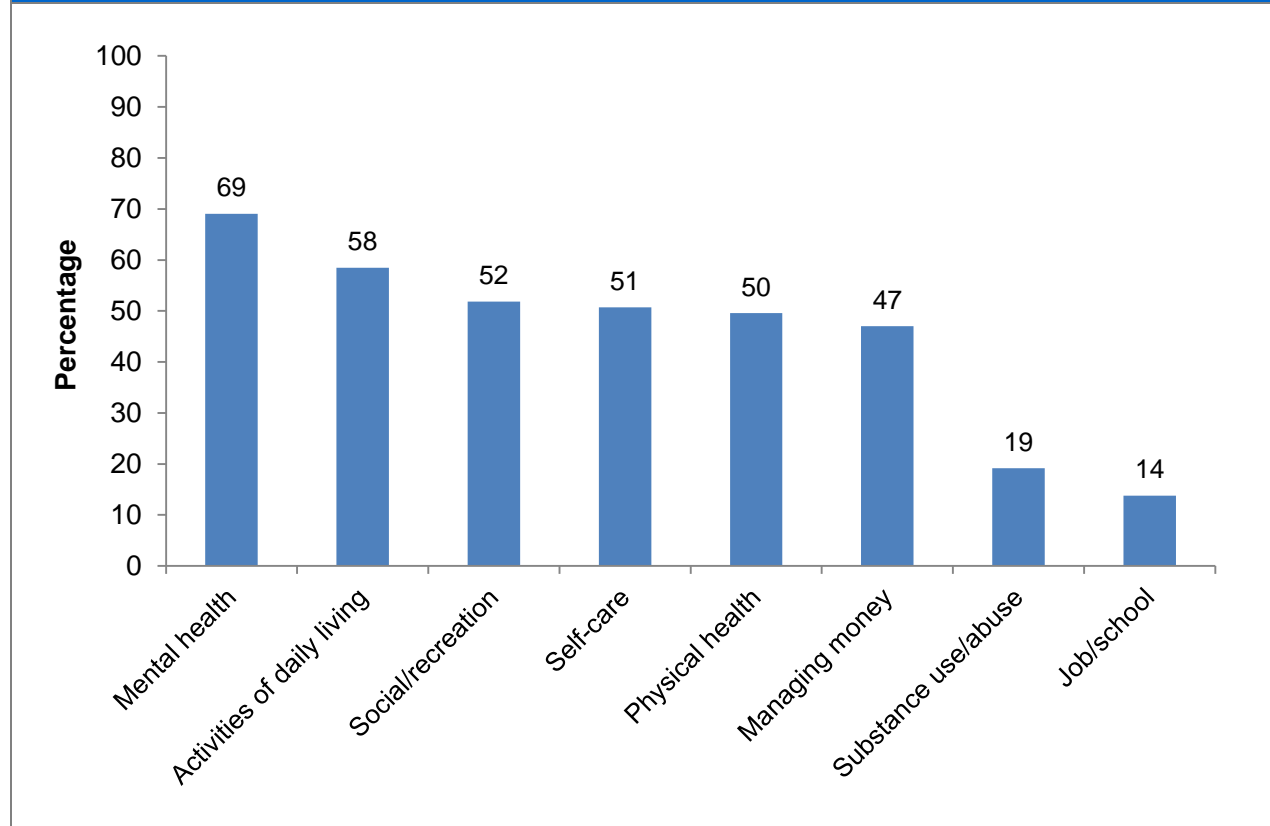


Table 22 shows the types of services respondents received in residential care. Medication management, psychiatric visits, and support with activities of daily living were the most commonly selected.

Table 22. “What types of services do you receive? (Please check all that apply)” (N=349).		
Types of services	Number of responses	% of responses
Medication management	230	66
Psychiatric visits	198	57
Support with activities of daily living	188	54
Social/recreational activities	167	48
Social skills training	116	33
Care coordination	115	33
Physical health counseling	110	32
Skills training either in a group or individually	108	31
Individual, family, or group psychotherapy	105	30
Peer counseling/mentorship	92	26
Community meetings	86	25
Formal mental health or chemical dependency assessments	84	24
Transition/discharge planning	54	15
Chemical dependency education and counseling	49	14
Vocational/educational counseling	33	9
Other	25	7

Independent living

The survey asked whether respondents felt ready for more independent living, and if not, why. Of 305 respondents, 43% said they did not feel ready for more independent living, 40% said they felt ready, and 17% were uncertain.

Respondents selected several different reasons for not feeling ready for independent living (Table 23). The two most commonly selected were “I don’t have the skills to live on my own” (73%) and “I like it here” (63%).

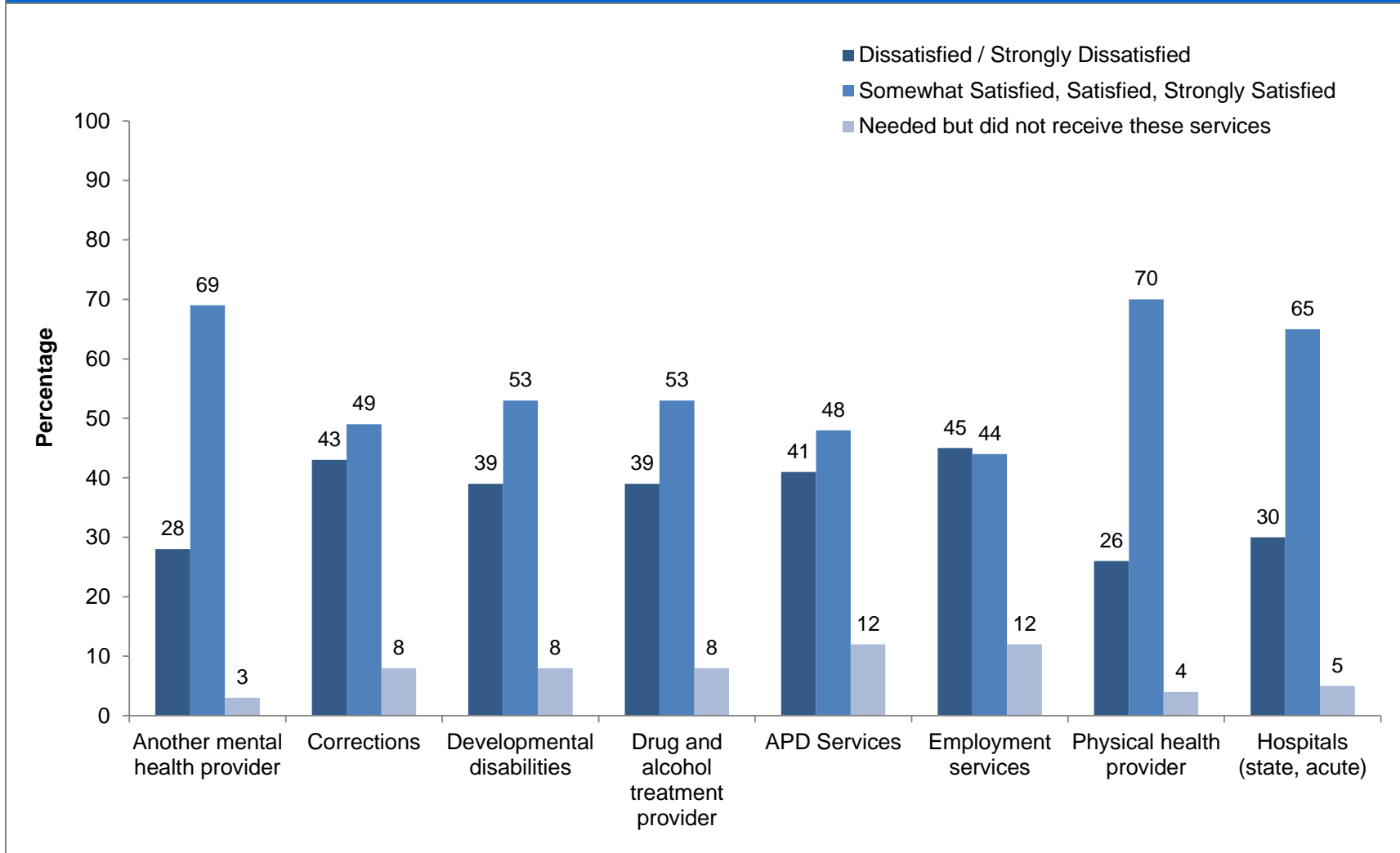
Types of services	Number of responses	% of responses
I don’t have the skills to live on my own	96	73
I like it here	83	63
I am worried that if I leave I won’t get the help I need	60	45
I have lived on my own before and it did not work	59	45
My symptoms are too bad right now	52	39
I don’t know where else I would go	47	36
I am worried that I will get sick again	46	35
My family does not want me to leave	46	35
I don’t have a plan	29	22
I have legal issues that keep me here	10	8
Other	7	5
I don’t feel like I have support from staff	6	5

Respondents indicated that, if they were ready to move to more independent living, 40% (of 349) would live in their own apartment or home; 34% didn’t know where they would live; 12% would live with family or friends; and 15% selected “other.”

Service coordination

A new question in 2013 asked respondents about their satisfaction with the willingness and ability of their current mental health provider to work together with other service providers. Results are displayed in Figure 25 below. Satisfaction was highest in collaboration with physical health providers (70%) and other mental health providers (69%). Satisfaction was lowest in collaboration between the mental health provider and employment services (45%), the same area where 12% of respondents said they needed but did not receive this service.

Figure 25. Satisfaction with Service Coordination (n=349).



APD = Aged & Physically Disabled.

Arrest history

Thirty-one percent (n=108) of respondents had been receiving services for at least one year, and answered two questions about arrests prior to and following initiation of mental health services. Within this group, 18% reported an arrest in the 12 months before beginning services with their current residential mental health service provider, while only 7% had an arrest after starting service.

Alcohol and drug use

Two survey questions addressed alcohol and drug use. The first asked, “Do you think you have had a problem with alcohol or drugs?” Of the 326 people who answered this question, 85% said no, 11% said yes, and 3% were not sure.

A new question asked, “If yes, have you gotten the help you wanted/needed?” Of the 37 who responded that they had a problem with alcohol or drugs, 29 (78%) said they had received help for the problem.

Trauma

Two new questions were added in 2013 about trauma screening. The first asked if the mental health services provider asked about any history of trauma when starting treatment. Trauma history includes severely stressful events like car wrecks, loss of loved ones, natural disasters, poverty, or physical or sexual abuse. Forty-six percent of the 322 respondents said “yes,” while 20% were uncertain if they had been asked about trauma.

A second question asked if problems related to this trauma were adequately addressed during treatment, if the respondent answered “yes” to the previous question. Seventy-three percent of the 138 respondents reported that their trauma was adequately addressed, while 12% were uncertain.

Residence

“Residential” treatment setting encompasses many types of residential settings. The survey asked respondents to specify their current residential treatment setting. Ninety-two percent of respondents reported currently living in a mental health residential treatment facility; 3% were in a substance abuse residential treatment facility, and 5% were living in a skilled nursing facility.

A second question asked respondents where they had lived in the past 12 months. Half had lived in a mental health residential treatment facility, and 18% reported “other” living situations (Table 24).

Table 24. Respondents’ Residences in the Last 12 Months (n=349).

Have you lived in any of the following places in the last 12 months?	N	% of responses
Mental health residential treatment facility	175	50
Other	63	18
Own or rent home or apartment	43	12
Psychiatric hospital	26	7
Someone else's home or apartment	24	7
Medical hospital	21	6
Skilled nursing facility	16	5
Crisis program	13	4
Residential substance abuse treatment program	12	3
Homeless or homeless shelter	10	3
Jail or correctional facility	7	2

DISCUSSION AND RECOMMENDATIONS

Overall Survey Results

In 2013, a total of 2,800 adult OHP members returned surveys, for a response rate of 23.3%, a slight decrease from 24% in 2012. Eighty-eight percent of respondents received outpatient services, 5% were in residential treatment, and 7% were in foster care. Satisfaction decreased in most domains for the second year in a row, with scores in five of the seven domains decreasing to their lowest level in five years.

As in previous years, outpatient responders were least satisfied in the outcomes, functioning, and connectedness domains, which were significantly lower than foster care and residential. The disparity between outpatient and residential scores could be attributed to the reasons people are in residential care to begin with (for example, needing a place to live and assistance caring for oneself in addition to mental health treatment).

Individuals in foster care had the highest domain scores in general satisfaction, access, and social connectedness. This is not surprising; the nature of foster care lends itself to immediate and around-the-clock access to care and companionship.

Overall, the 2013 survey results show that AMH/OHA needs to determine why satisfaction decreased across domains, and continue working to improve enrollees' perceptions of care, most notably with treatment outcomes and daily functioning.

Survey Limitations

While a client survey has many benefits (e.g. ease of administration, first-hand experience reports, and client involvement), there are limitations as well. As in any survey, social desirability may bias some results. This is especially true in questions on sensitive topics such as alcohol and drug use.

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

The length of the survey may deter some potential respondents. Totalling seven printed pages with 57 questions, the survey is lengthy and may take significant time to complete, especially for some respondents with mental or cognitive challenges.

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

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

Finally, survey results are a combination of surveys completed on paper and returned by mail, and surveys completed online. There are potential differences in the way respondents answer the same questions in the two modes. There may be age, disability, treatment setting, or differences in living situation between web and paper respondents that would impact the way they answered the questions. Web respondents may feel more anonymous and therefore likely to answer more honestly than paper survey respondents. These differences were not the focus of this survey or analysis, but may be interesting to study in the future.

Recommendations

Outpatient survey

As in previous years, satisfaction in some domains varied according to respondent demographic characteristics. Respondents age 66 and older responded more positively in all domains than those ages 18–25 or 26–65; scores were significantly higher ($p < .05$) in all domains. Respondents age 18–25, considered transitional aged youth, were significantly less satisfied than older respondents in the general satisfaction and access domains. Men were significantly more satisfied in the functioning domain, and urban residents were significantly more satisfied in the access and functioning domains.

- **AMH/OHA should further investigate the causes of these differences according to demographic characteristics.**

As in 2012, the most frequently reported expectations for mental health treatment were “feel better about myself” (75%) and “become less anxious or fearful” (73%). Of all the listed expected outcomes, these two were at the bottom of the list when ranked in order of respondents who achieved these treatment outcomes. Seventy percent of respondents who expected to feel better about themselves, and 68% of respondents who expected to become less anxious or fearful, did so as a result of receiving services. The relatively low proportion of respondents achieving these

treatment outcomes may also be reporting dissatisfaction in the treatment outcomes and functioning domains.

- **AMH/OHA may wish to investigate programmatic shifts to improve satisfaction in the outcomes and functioning domains.**

The number of respondents reporting that they had a primary care provider decreased slightly from 92% in 2012 to 89% in 2013.

- **This decrease should be watched closely in the future as CCOs continue to integrate mental and physical health services. It will be important for CCOs to monitor the increasing number of mental health clients that are now included in their membership.**

In recent years, research has emerged that highlights the impact a client's history of trauma has on their likelihood of positive mental health treatment outcomes. A new question on the survey asked whether problems related to past trauma were adequately addressed during treatment. Nearly one-third of respondents reported that their trauma was not adequately addressed.

- **AMH/OHA should continue efforts to educate providers about the importance of properly addressing trauma and ensure that they have the tools and training to do so.**

New questions in 2013 asked respondents about their satisfaction with the willingness and ability of their current mental health provider to work together with other service providers. Respondents were most satisfied with collaboration between their mental health provider and physical health providers (83%) and other mental health providers (79%).

- **This collaboration between mental and physical health is one of the key tenets of coordinated care. AMH/OHA should continue efforts to improve collaboration.**

Respondents were least satisfied with collaboration with employment services (59%), the same area where the greatest proportion of respondents (24%) said they needed but did not receive services. Employment was in high demand, as 48% of respondents said they wanted to needed a job or a better job. Of those, only 35% received assistance finding work from their mental health provider. Forty percent of those who received assistance found a job or a better job, but only 16% found a job or a better job without provider assistance.

Results were similar with regard to housing. Forty-two percent of respondents needed assistance with housing, an increase from 30% in 2012. Of those, 46%

received provider assistance. With assistance, 58% of clients found housing or better housing. Without assistance, only 29% found housing or better housing.

- **AMH/OHA should work with providers to determine ways to encourage and enable providers to help clients in find employment and housing.**

Residential survey

As with the outpatient population, the proportion of respondents who reported having a primary care provider decreased. Among residential clients, the proportion dropped from 98% in 2012 to 91% in 2013.

- **AMH/OHA should investigate the cause of this decrease in primary care and ensure that all residential treatment clients have access to primary care. Given the heightened vulnerability of this population, good access to primary and preventative care is especially important.**

“I like it here” was the second most common reason selected when respondents were asked why they did not feel ready for independent living, following “I don’t have the skills to live on my own.” Enjoyment of one’s living situation is positive, but it does not constitute medical necessity and should not be a factor when determining one’s readiness to move to a less intensive treatment setting.

- **AMH/OHA should investigate level-of-care transition practices to ensure that medical necessity criteria are being followed.**

When asked which services they receive in residential treatment, less than one-third of respondents reported receiving psychotherapy (30%) or a formal mental health assessment (24%). Rates for the more common services were still low: 66% for medication management and 54% for support with activities of daily living. These low reported service rates may be due to respondents not understanding the different terms used, but warrant additional follow-up. Mental health and chemical dependency assessments are required annually for all clients in residential treatment, and psychotherapy is generally provided to residents, so these findings contradict other service information.

Residential respondents who completed the survey online reported lower satisfaction scores in every domain than those who completed the paper survey, although none of the differences were statistically significant. Web respondents may respond more honestly to survey questions due to increased feelings of anonymity online than those mailing a paper survey. It is also unknown in a residential setting whether paper survey respondents were able to complete the

surveys privately and independently. If this was not the case, responses may have been skewed by social pressure from residential staff.

- **As computers with Internet connections become more accessible in residential settings, OHA/AMH may wish to attempt to increase the web response rate by offering incentives or other methods.**

As with the outpatient results, 73% of residential respondents who reported having a history of trauma also reported that their trauma was adequately addressed in treatment. While this is a positive finding, there are more than one quarter of residential clients with a history of trauma whose trauma was not adequately addressed, significantly hampering their chance at achieving positive treatment outcomes.

Also consistent with the outpatient population, residential and foster care respondents were most satisfied with their mental health providers' coordination with their physical health provider (70%) and other mental health providers (69%). Satisfaction was lowest regarding coordination of services between mental health providers and employment services (44%), the same area where the most respondents (12%) reported needing but not receiving these services.

- **OHA/AMH may wish to examine ways to increase employment opportunities for residential treatment clients, and enable treatment providers to assist clients in finding work.**

APPENDIX A. DETAILED DATA TABLES

The following tables contain results for each domain question by treatment setting (Table A-1), by region and county for the outpatient survey (Tables A-3 and A-4), and by region/county for the residential survey (Table A-10). These questions are not in numerical order, but instead are grouped by the domains, and the numbers correspond to the question numbers in the survey.

Tables A-5–A-9 show 2012 and 2013 domain scores by age, gender, residence, race, and ethnicity.

Table A-1. Percent of respondents who agree or strongly agree with an item, by treatment setting, 2012–2013.

		Outpatient		Residential		Foster	
		2012	2013	2012	2013	2012	2013
General Satisfaction							
13	I like the services I received here	78	79	76	74	85	84
14	If I had other choices, I would still get services from this agency	74	74	67	63	80	80
15	I would recommend this agency to a friend or family member	77	76	70	70	84	75*
Treatment Access							
16	The location of services was convenient	76	76	75	74	82	78
17	Staff were willing to see me as often as I felt it was necessary	76	75	80	75	81	76
18	Staff returned my call in 24 hours	71	72	61	61	65	64
19	Services were available at times that were good for me	79	78	75	74	82	82
20	I was able to get all the services I thought I needed	67	68	71	70	73	76
21	I was able to see a psychiatrist when I wanted to	61	61	71	64	75	76
Quality/Appropriateness							
22	Staff here believe that I can grow, change and recover	72	72	77	76	70	62
24	I felt free to complain	71	69	63	63	71	72
25	I was given information about my rights	86	81*	71	70	81	78
26	Staff encouraged me to take responsibility for how I live my life	75	71*	81	72	78	75
27	Staff told me what side effects to watch out for	70	67*	66	61	70	69

Table A-1. Percent of respondents who agree or strongly agree with an item, by treatment setting, 2012–2013.

		Outpatient		Residential		Foster	
		2012	2013	2012	2013	2012	2013
28	Staff respected my wishes about who is and who is not to be given information about my treatment	84	82*	73	68	84	80
30	Staff were sensitive to my cultural background	77	75	67	66	80	74
31	Staff helped me obtain the information I needed so that I could take charge of managing my illness	68	68	69	64	75	68
32	I was encouraged to use consumer-run programs	65	64	72	69	72	70
Treatment Outcomes							
1	I deal more effectively with daily problems	60	57	70	69	76	65*
2	I am better able to control my life	56	55	73	70	77	65*
3	I am better able to deal with crisis	52	50	66	65	67	62
4	I am getting along better with my family	58	57	67	65	76	69
5	I do better in social situations	46	45	65	62	64	62
6	I do better in school and/or work	42	41	46	53	56	52
7	My housing situation has improved	49	48	68	70	74	68
8	My symptoms are not bothering me as much	44	42	61	59	62	54
Daily Functioning							
8	My symptoms are not bothering me as much	44	42	61	59	62	54
9	I do things that are more meaningful to me	54	52	68	65	72	66
10	I am better able to take care of my needs	54	53	72	72	68	65

Table A-1. Percent of respondents who agree or strongly agree with an item, by treatment setting, 2012–2013.

		Outpatient		Residential		Foster	
		2012	2013	2012	2013	2012	2013
11	I am better able to handle things when they go wrong	48	47	62	60	66	57
12	I am better able to do things that I want to do	48	48	67	66	66	59
Social Connectedness							
34	I am happy with the friendships I have	62	62	70	63	75	75
35	I have people with whom I can do enjoyable things	67	66	71	66	78	74
36	I feel I belong in my community	50	48	71	65	70	67
37	In a crisis, I would have the support I need from family or friends	69	68	75	66	78	81
Participation							
23	I felt comfortable asking questions about my treatment and medication	78	77	79	75	79	77
29	I, not staff, decided my treatment goals	63	62	54	53	62	59
No Domain							
33	My service provider gave me opportunities to learn skills that allow me to strengthen and maintain my wellness.	66	67	75	71	75	66*

*Indicates a statistically significant difference between the 2012 and 2013 results.

Table A-2. Outpatient Domain Scores by Region, with 95 Percent Confidence Intervals.

Region	General satisfaction (CI)	Access (CI)	Quality (CI)	Outcomes (CI)	Functioning (CI)	Social connectedness (CI)	Participation (CI)
Central	75 (66-83)	69 (60-78)	73 (64-82)	47 (37-57)	44 (34-54)	51 (41-60)	61 (51-71)
Eastern	71 (61-80)	58 (48 - 68)*	64 (54-74)*	45 (35-55)	47 (37-57)	59 (49-69)	49 (39-60)*
NW Coast	70 (51-88)	50 (30-70)*	71 (53-89)	48 (27-68)	46 (26-66)	42 (22-61)	59 (39-80)
PMA	77 (75-80)	72 (69-74)*	74 (72-77)	48 (44-51)	47 (44-50)	60 (56-63)*	62 (58-65)
Southern/ South Coast	71 (66-76)*	61 (56-67)*	69 (64-74)	41 (35-46)	41 (35-46)*	54 (49-60)	56 (50-62)*
Valley/Midcoast	80 (77-83)*	71 (68-74)	74 (71-77)	44 (41-48)	47 (44-51)	54 (51-58)	64 (61-68)*
Aggregate	76	70	69	62	61	66	55

*Indicates a statistically significant difference in proportion responding positively for region compared to all other regions grouped together for that domain.

Table A-3. Percent of outpatient respondents who agree or strongly agree with an item, by region.

		Central	Eastern	NW Coast	PMA	Southern/ South Coast	Valley/ Midcoast
General Satisfaction							
13	I like the services I received here	76	72	65	79	73	82
14	If I had other choices, I would still get services from this agency	74	70	61	74	67	76
15	I would recommend this agency to a friend or family member	74	69	61	77	69	80
Treatment Access							
16	The location of services was convenient	82	72	67	77	73	75
17	Staff were willing to see me as often as I felt it was necessary	76	66	64	77	71	76
18	Staff returned my call in 24 hours	73	61	65	74	68	73
19	Services were available at times that were good for me	79	76	65	78	74	79
20	I was able to get all the services I thought I needed	67	59	54	70	62	68
21	I was able to see a psychiatrist when I wanted to	61	51	38	63	53	63
Quality/Appropriateness							
22	Staff here believe that I can grow, change and recover	72	65	70	73	65	74
24	I felt free to complain	63	66	64	71	62	72
25	I was given information about my rights	78	75	70	82	82	81
26	Staff encouraged me to take responsibility for how I live my life	75	62	61	71	65	74

Table A-3. Percent of outpatient respondents who agree or strongly agree with an item, by region.

		Central	Eastern	NW Coast	PMA	Southern/ South Coast	Valley/ Midcoast
27	Staff told me what side effects to watch out for	63	54	70	68	66	69
28	Staff respected my wishes about who is and who is not to be given information about my treatment	75	79	71	83	79	84
30	Staff were sensitive to my cultural background	67	67	68	75	72	78
31	Staff helped me obtain the information I needed so that I could take charge of managing my illness	70	53	57	70	59	70
32	I was encouraged to use consumer-run programs	75	63	67	66	56	63
Treatment Outcomes							
1	I deal more effectively with daily problems	61	55	45	59	49	58
2	I am better able to control my life	57	51	52	57	49	56
3	I am better able to deal with crisis	51	41	43	51	47	50
4	I am getting along better with my family	56	60	65	58	51	55
5	I do better in social situations	43	48	45	46	38	44
6	I do better in school and/or work	46	43	39	43	37	38
7	My housing situation has improved	49	52	55	50	50	44
8	My symptoms are not bothering me as much	38	41	42	43	40	42

Table A-3. Percent of outpatient respondents who agree or strongly agree with an item, by region.

		Central	Eastern	NW Coast	PMA	Southern/ South Coast	Valley/ Midcoast
Daily Functioning							
8	My symptoms are not bothering me as much	38	41	42	43	40	42
9	I do things that are more meaningful to me	53	54	50	54	46	52
10	I am better able to take care of my needs	49	50	52	54	49	55
11	I am better able to handle things when they go wrong	47	42	38	48	44	47
12	I am better able to do things that I want to do	51	52	46	49	42	49
Social Connectedness							
34	I am happy with the friendships I have	58	64	52	65	56	61
35	I have people with whom I can do enjoyable things	57	66	58	67	61	67
36	I feel I belong in my community	46	51	35	52	41	46
37	In a crisis, I would have the support I need from family or friends	68	64	55	69	65	67
Participation							
23	I felt comfortable asking questions about my treatment and medication	70	68	61	79	74	79
29	I, not staff, decided my treatment goals	57	57	59	60	58	66

Table A-3. Percent of outpatient respondents who agree or strongly agree with an item, by region.

		Central	Eastern	NW Coast	PMA	Southern/ South Coast	Valley/ Midcoast
No Domain							
33	My service provider gave me opportunities to learn skills that allow me to strengthen and maintain my wellness.	69	68	58	69	60	67

Table A-4. Percent of adult outpatient respondents who agree or strongly agree with an item, by region and county. *								
NW Coast Region		Clatsop		Columbia			Tillamook	
All counties in the NW Coast Region had less than 30 respondents		N=14		N=25			N=10	
Valley/Midcoast Region		Benton	Lane	Lincoln	Linn	Marion	Polk	Yamhill
General Satisfaction								
13	I like the services I received here	88	83	85	81	78	N=24	87
14	If I had other choices, I would still get services from this agency	79	77	79	73	74	N=23	78
15	I would recommend this agency to a friend or family member	82	80	82	80	80	N=23	89
Treatment Access								
16	The location of services was convenient	82	74	69	71	78	N=23	75
17	Staff were willing to see me as often as I felt it was necessary	84	74	73	70	81	N=24	86
18	Staff returned my call in 24 hours	64	74	84	67	72	N=21	69
19	Services were available at times that were good for me	85	78	85	70	81	N=23	84
20	I was able to get all the services I thought I needed	88	66	70	68	68	N=23	68
21	I was able to see a psychiatrist when I wanted to	68	64	47	67	60	N=21	61
Quality/Appropriateness								
22	Staff here believe that I can grow, change and recover	N=28	75	78	67	76	N=21	68

* Percent of respondents who agree or strongly agree is only presented when more than 30 respondents answered the question. If less than 30 responses were received, N represents the total number of respondents regardless of the answer.

Table A-4. Percent of adult outpatient respondents who agree or strongly agree with an item, by region and county (cont'd).*

Valley/Midcoast Region (continued)		Benton	Lane	Lincoln	Linn	Marion	Polk	Yamhill
24	I felt free to complain	80	70	78	66	72	N=23	85
25	I was given information about my rights	93	78	88	84	82	N=22	83
26	Staff encouraged me to take responsibility for how I live my life	77	72	87	67	76	N=25	74
27	Staff told me what side effects to watch out for	91	69	N=29	62	69	N=21	64
28	Staff respected my wishes about who is and who is not to be given information about my treatment	88	84	94	79	85	N=25	79
30	Staff were sensitive to my cultural background	N=28	77	N=27	82	76	N=20	84
31	Staff helped me obtain the information I needed so that I could take charge of managing my illness	81	69	79	63	71	N=23	86
32	I was encouraged to use consumer-run programs	N=29	57	80	54	70	N=22	79
Treatment Outcomes								
1	I deal more effectively with daily problems	58	58	63	58	56	N=24	63
2	I am better able to control my life	55	57	59	55	57	N=24	56
3	I am better able to deal with crisis	47	51	53	43	52	N=24	60
4	I am getting along better with my family	N=25	58	55	54	53	N=23	55
5	I do better in social situations	43	46	59	36	44	N=25	47
6	I do better in school and/or work	N=20	36	N=19	31	43	N=16	N=18
7	My housing situation has improved	N=27	42	N=26	44	44	N=20	30

* Percent of respondents who agree or strongly agree is only presented when more than 30 respondents answered the question. If less than 30 responses were received, N represents the total number of respondents regardless of the answer.

Table A-4. Percent of adult outpatient respondents who agree or strongly agree with an item, by region and county (cont'd).*

Valley/Midcoast Region (continued)		Benton	Lane	Lincoln	Linn	Marion	Polk	Yamhill
8	My symptoms are not bothering me as much	42	43	41	47	40	N=22	40
Daily Functioning								
8	My symptoms are not bothering me as much	42	43	41	47	40	N=22	40
9	I do things that are more meaningful to me	N=29	52	56	49	53	N=21	47
10	I am better able to take care of my needs	N=29	55	58	52	59	N=23	39
11	I am better able to handle things when they go wrong	N=29	48	47	37	50	N=24	47
12	I am better able to do things that I want to do	45	50	52	46	52	N=24	31
Social Connectedness								
34	I am happy with the friendships I have	65	61	66	62	60	N=24	65
35	I have people with whom I can do enjoyable things	64	66	72	68	69	N=24	60
36	I feel I belong in my community	52	45	31	47	46	N=23	51
37	In a crisis, I would have the support I need from family or friends	68	66	74	68	67	N=24	69
Participation								
23	I felt comfortable asking questions about my treatment and medication	90	80	78	73	77	N=24	86
29	I, not staff, decided my treatment goals	72	67	74	63	64	N=23	69

* Percent of responders who agree or strongly agree is only presented when more than 30 responders answered the question. If less than 30 responses were received, N represents the total number of respondents regardless of the answer.

Table A-4. Percent of adult outpatient respondents who agree or strongly agree with an item, by region and county (cont'd).*

Valley/Midcoast Region (continued)		Benton	Lane	Lincoln	Linn	Marion	Polk	Yamhill
No Domain								
33	My service provider gave me opportunities to learn skills that allow me to strengthen and maintain my wellness.	60	66	66	63	72	N=24	69
PMA Region		Clackamas		Multnomah		Washington		
General Satisfaction								
13	I like the services I received here	80		77		84		
14	If I had other choices, I would still get services from this agency	76		74		76		
15	I would recommend this agency to a friend or family member	77		76		79		
Treatment Access								
16	The location of services was convenient	77		77		77		
17	Staff were willing to see me as often as I felt it was necessary	81		75		79		
18	Staff returned my call in 24 hours	75		73		75		
19	Services were available at times that were good for me	82		77		80		
20	I was able to get all the services I thought I needed	71		69		74		
21	I was able to see a psychiatrist when I wanted to	65		63		60		

* Percent of respondents who agree or strongly agree is only presented when more than 30 respondents answered the question. If less than 30 responses were received, N represents the total number of respondents regardless of the answer.

Table A-4. Percent of adult outpatient respondents who agree or strongly agree with an item, by region and county (cont'd).*

PMA Region (continued)		Clackamas	Multnomah	Washington
Quality/Appropriateness				
22	Staff here believe that I can grow, change and recover	75	71	78
24	I felt free to complain	72	71	70
25	I was given information about my rights	86	81	84
26	Staff encouraged me to take responsibility for how I live my life	73	70	76
27	Staff told me what side effects to watch out for	61	69	67
28	Staff respected my wishes about who is and who is not to be given information about my treatment	84	82	86
30	Staff were sensitive to my cultural background	77	74	78
31	Staff helped me obtain the information I needed so that I could take charge of managing my illness	69	70	70
32	I was encouraged to use consumer-run programs	63	66	69
Treatment Outcomes				
1	I deal more effectively with daily problems	55	58	66
2	I am better able to control my life	53	55	66
3	I am better able to deal with crisis	43	51	60
4	I am getting along better with my family	54	57	66
5	I do better in social situations	39	45	54
6	I do better in school and/or work	43	42	48

* Percent of respondents who agree or strongly agree is only presented when more than 30 respondents answered the question. If less than 30 responses were received, N represents the total number of respondents regardless of the answer.

Table A-4. Percent of adult outpatient respondents who agree or strongly agree with an item, by region and county (cont'd).*

PMA Region (continued)		Clackamas	Multnomah	Washington
7	My housing situation has improved	48	49	55
8	My symptoms are not bothering me as much	40	41	52
Daily Functioning				
8	My symptoms are not bothering me as much	40	41	52
9	I do things that are more meaningful to me	50	53	60
10	I am better able to take care of my needs	54	53	59
11	I am better able to handle things when they go wrong	44	46	57
12	I am better able to do things that I want to do	46	48	56
Social Connectedness				
34	I am happy with the friendships I have	59	66	65
35	I have people with whom I can do enjoyable things	59	68	71
36	I feel I belong in my community	46	53	52
37	In a crisis, I would have the support I need from family or friends	65	69	74
Participation				
23	I felt comfortable asking questions about my treatment and medication	79	79	79
29	I, not staff, decided my treatment goals	59	59	65
No Domain				
33	My service provider gave me opportunities to learn skills that allow me to strengthen and maintain my wellness.	65	69	72

*Percent of respondents who agree or strongly agree is only presented if more than 30 respondents answered the question. If less than 30 responses were received, N represents the total number of respondents regardless of their answer.

Table A-4. Percent of adult outpatient respondents who agree or strongly agree with an item, by region and county (cont'd).*

Central Region		Crook	Deschutes	Hood River	Jefferson	Wasco
General Satisfaction						
13	I like the services I received here	N=10	79	N=7	N=12	N=15
14	If I had other choices, I would still get services from this agency	N=9	81	N=7	N=12	N=16
15	I would recommend this agency to a friend or family member	N=10	75	N=7	N=12	N=16
Treatment Access						
16	The location of services was convenient	N=10	84	N=7	N=12	N=15
17	Staff were willing to see me as often as I felt it was necessary	N=10	83	N=6	N=12	N=16
18	Staff returned my call in 24 hours	N=10	77	N=7	N=12	N=16
19	Services were available at times that were good for me	N=10	81	N=7	N=12	N=16
20	I was able to get all the services I thought I needed	N=9	67	N=7	N=12	N=16
21	I was able to see a psychiatrist when I wanted to	N=7	61	N=7	N=12	N=14
Quality/Appropriateness						
22	Staff here believe that I can grow, change and recover	N=9	71	N=6	N=12	N=15
24	I felt free to complain	N=9	69	N=7	N=12	N=15
25	I was given information about my rights	N=10	81	N=7	N=12	N=16
26	Staff encouraged me to take responsibility for how I live my life	N=10	77	N=6	N=12	N=16

*Percent of respondents who agree or strongly agree is only presented if more than 30 respondents answered the question. If less than 30 responses were received, N represents the total number of respondents regardless of their answer.

Table A-4. Percent of adult outpatient respondents who agree or strongly agree with an item, by region and county (cont'd). *

Central Region (continued)		Crook	Deschutes	Hood River	Jefferson	Wasco
27	Staff told me what side effects to watch out for	N=10	65	N=6	N=12	N=15
28	Staff respected my wishes about who is and who is not to be given information about my treatment	N=10	80	N=5	N=12	N=16
30	Staff were sensitive to my cultural background	N=7	67	N=5	N=12	N=13
31	Staff helped me obtain the information I needed so that I could take charge of managing my illness	N=8	73	N=6	N=12	N=15
32	I was encouraged to use consumer-run programs	N=10	79	N=5	N=11	N=15
Treatment Outcomes						
1	I deal more effectively with daily problems	N=10	67	N=7	N=11	N=17
2	I am better able to control my life	N=10	59	N=7	N=12	N=17
3	I am better able to deal with crisis	N=8	53	N=7	N=12	N=17
4	I am getting along better with my family	N=9	54	N=7	N=11	N=17
5	I do better in social situations	N=9	42	N=7	N=12	N=16
6	I do better in school and/or work	N=4	42	N=6	N=6	N=9
7	My housing situation has improved	N=9	40	N=7	N=11	N=15
8	My symptoms are not bothering me as much	N=10	43	N=7	N=12	N=17

*Percent of respondents who agree or strongly agree is only presented if more than 30 respondents answered the question. If less than 30 responses were received, N represents the total number of respondents regardless of their answer.

Table A-4. Percent of adult outpatient respondents who agree or strongly agree with an item, by region and county (Cont'd). *

Central Region (continued)		Crook	Deschutes	Hood River	Jefferson	Wasco
Daily Functioning						
8	My symptoms are not bothering me as much	N=10	43	N=7	N=12	N=17
9	I do things that are more meaningful to me	N=8	53	N=7	N=12	N=17
10	I am better able to take care of my needs	N=9	51	N=7	N=12	N=17
11	I am better able to handle things when they go wrong	N=8	49	N=6	N=12	N=17
12	I am better able to do things that I want to do	N=9	52	N=7	N=12	N=17
Social Connectedness						
34	I am happy with the friendships I have	N=10	59	N=7	N=11	N=17
35	I have people with whom I can do enjoyable things	N=10	59	N=7	N=11	N=17
36	I feel I belong in my community	N=10	44	N=6	N=12	N=17
37	In a crisis, I would have the support I need from family or friends	N=9	67	N=7	N=12	N=17
Participation						
23	I felt comfortable asking questions about my treatment and medication	N=9	73	N=6	N=12	N=16
29	I, not staff, decided my treatment goals	N=10	61	N=6	N=12	N=16
No Domain						
33	My service provider gave me opportunities to learn skills that allow me to strengthen and maintain my wellness.	N=9	69	N=5	N=12	N=15

*Percent of respondents who agree or strongly agree is only presented if more than 30 respondents answered the question. If less than 30 responses were received, N represents the total number of respondents regardless of their answer.

Table A-4. Percent of adult outpatient respondents who agree or strongly agree with an item, by region and county (cont'd).*

Eastern**		Baker	Grant	Harney	Malheur	Morrow	Umatilla	Union	Wallowa
General Satisfaction									
13	I like the services I received here	N=1	N=1	N=1	N=25	N=2	75	N=7	N=3
14	If I had other choices, I would still get services from this agency	N=1	N=1	N=1	N=24	N=2	77	N=7	N=3
15	I would recommend this agency to a friend or family member	N=1	N=1	N=1	N=25	N=2	73	N=7	N=3
Treatment Access									
16	The location of services was convenient	N=1	N=1	N=1	N=24	N=2	73	N=7	N=3
17	Staff were willing to see me as often as I felt it was necessary	N=1	N=1	N=1	N=23	N=2	69	N=6	N=3
18	Staff returned my call in 24 hours	N=1	N=1	N=1	N=23	N=2	57	N=6	N=3
19	Services were available at times that were good for me	N=1	N=1	N=1	N=25	N=2	79	N=6	N=3
20	I was able to get all the services I thought I needed	N=1	N=1	N=1	N=24	N=2	56	N=6	N=3
21	I was able to see a psychiatrist when I wanted to	N=1	N=1	N=1	N=24	N=2	50	N=5	N=3
Quality/Appropriateness									
22	Staff here believe that I can grow, change and recover	N=0	N=1	N=1	N=24	N=2	69	N=6	N=3
24	I felt free to complain	N=1	N=1	N=1	N=24	N=2	73	N=6	N=3
25	I was given information about my rights	N=1	N=1	N=1	N=24	N=2	73	N=6	N=3
26	Staff encouraged me to take responsibility for how I live my life	N=1	N=1	N=1	N=25	N=2	64	N=5	N=3

*Percent of respondents who agree or strongly agree is only presented if more than 30 respondents answered the question. If less than 30 responses were received, N represents the total number of respondents regardless of their answer.

**No responses were received from Gilliam, Lake, and Sherman counties; they are not included here.

Table A-4. Percent of adult outpatient respondents who agree or strongly agree with an item, by region and county (cont'd).*

Eastern** (continued)		Baker	Grant	Harney	Malheur	Morrow	Umatilla	Union	Wallowa
27	Staff told me what side effects to watch out for	N=0	N=1	N=1	N=22	N=2	52	N=5	N=3
28	Staff respected my wishes about who is and who is not to be given information about my treatment	N=1	N=1	N=1	N=24	N=2	80	N=5	N=3
30	Staff were sensitive to my cultural background	N=1	N=1	N=1	N=24	N=2	67	N=5	N=3
31	Staff helped me obtain the information I needed so that I could take charge of managing my illness	N=1	N=1	N=1	N=24	N=2	59	N=5	N=3
32	I was encouraged to use consumer-run programs	N=0	N=1	N=1	N=22	N=2	63	N=5	N=3
Treatment Outcomes									
1	I deal more effectively with daily problems	N=1	N=1	N=1	N=25	N=2	58	N=7	N=3
2	I am better able to control my life	N=1	N=1	N=1	N=25	N=2	55	N=7	N=3
3	I am better able to deal with crisis	N=1	N=1	N=1	N=24	N=2	41	N=7	N=3
4	I am getting along better with my family	N=0	N=1	N=1	N=21	N=2	64	N=7	N=3
5	I do better in social situations	N=1	N=1	N=1	N=23	N=2	48	N=6	N=3
6	I do better in school and/or work	N=0	N=0	N=1	N=15	N=1	42	N=4	N=3
7	My housing situation has improved	N=1	N=1	N=1	N=23	N=2	46	N=7	N=3
8	My symptoms are not bothering me as much	N=0	N=1	N=1	N=25	N=2	43	N=7	N=3
Daily Functioning									
8	My symptoms are not bothering me as much	N=0	N=1	N=1	N=25	N=2	43	N=7	N=3
9	I do things that are more meaningful to me	N=1	N=1	N=1	N=24	N=2	62	N=7	N=3
10	I am better able to take care of my needs	N=1	N=1	N=1	N=23	N=2	50	N=7	N=3

*Percent of respondents who agree or strongly agree is only presented if more than 30 respondents answered the question. If less than 30 responses were received, N represents the total number of respondents regardless of their answer.

**No responses were received from Gilliam, Lake, and Sherman counties; they are not included here.

Table A-4. Percent of adult outpatient respondents who agree or strongly agree with an item, by region and county (cont'd).*

Eastern**		Baker	Grant	Harney	Malheur	Morrow	Umatilla	Union	Wallowa
11	I am better able to handle things when they go wrong	N=1	N=1	N=1	N=24	N=2	42	N=7	N=3
12	I am better able to do things that I want to do	N=1	N=1	N=1	N=25	N=2	52	N=7	N=3
Social Connectedness									
34	I am happy with the friendships I have	N=1	N=1	N=1	N=23	N=2	65	N=5	N=3
35	I have people with whom I can do enjoyable things	N=1	N=1	N=1	N=24	N=2	62	N=5	N=3
36	I feel I belong in my community	N=1	N=1	N=1	N=23	N=2	51	N=5	N=3
37	In a crisis, I would have the support I need from family or friends	N=1	N=1	N=1	N=24	N=2	62	N=5	N=3
Participation									
23	I felt comfortable asking questions about my treatment and medication	N=1	N=1	N=1	N=24	N=2	72	N=6	N=3
29	I, not staff, decided my treatment goals	N=1	N=1	N=1	N=23	N=2	58	N=5	N=3
No Domain									
33	My service provider gave me opportunities to learn skills that allow me to strengthen and maintain my wellness.	N=1	N=1	N=1	N=21	N=2	70	N=4	N=3

*Percent of respondents who agree or strongly agree is only presented if more than 30 respondents answered the question. If less than 30 responses were received, N represents the total number of respondents regardless of their answer.

**No responses were received from Gilliam, Lake, and Sherman counties; they are not included here.

Table A-4. Percent of adult outpatient respondents who agree or strongly agree with an item, by region and county (cont'd).*

Southern/South Coast		Coos	Curry	Douglas	Jackson	Josephine	Klamath
General Satisfaction							
13	I like the services I received here	79	N=15	81	70	58	84
14	If I had other choices, I would still get services from this agency	73	N=13	77	61	61	73
15	I would recommend this agency to a friend or family member	77	N=14	74	62	60	80
Treatment Access							
16	The location of services was convenient	72	N=15	79	74	66	76
17	Staff were willing to see me as often as I felt it was necessary	81	N=15	77	66	59	78
18	Staff returned my call in 24 hours	78	N=13	67	63	62	79
19	Services were available at times that were good for me	75	N=15	78	65	69	87
20	I was able to get all the services I thought I needed	79	N=15	62	52	54	74
21	I was able to see a psychiatrist when I wanted to	65	N=14	58	42	47	57
Quality/Appropriateness							
22	Staff here believe that I can grow, change and recover	62	N=13	65	68	58	81
24	I felt free to complain	64	N=15	72	62	53	68
25	I was given information about my rights	79	N=15	91	84	78	83
26	Staff encouraged me to take responsibility for how I live my life	58	N=12	72	70	59	64
27	Staff told me what side effects to watch out for	69	N=13	73	58	68	63

*Percent of respondents who agree or strongly agree is only presented if more than 30 respondents answered the question. If less than 30 responses were received, N represents the total number of respondents regardless of their answer.

Table A-4. Percent of adult outpatient respondents who agree or strongly agree with an item, by region and county (cont'd).*

Southern/South Coast (continued)		Coos	Curry	Douglas	Jackson	Josephine	Klamath
28	Staff respected my wishes about who is and who is not to be given information about my treatment	78	N=14	86	68	83	82
30	Staff were sensitive to my cultural background	78	N=13	73	64	73	78
31	Staff helped me obtain the information I needed so that I could take charge of managing my illness	65	N=14	64	54	54	70
32	I was encouraged to use consumer-run programs	59	N=15	58	54	50	60
Treatment Outcomes							
1	I deal more effectively with daily problems	51	N=14	47	51	37	70
2	I am better able to control my life	53	N=14	48	48	44	56
3	I am better able to deal with crisis	52	N=14	50	42	40	59
4	I am getting along better with my family	54	N=14	46	43	56	60
5	I do better in social situations	44	N=13	34	35	34	51
6	I do better in school and/or work	N=28	N=7	N=28	27	36	N=23
7	My housing situation has improved	55	N=13	42	52	44	66
8	My symptoms are not bothering me as much	50	N=13	33	29	41	56
Daily Functioning							
8	My symptoms are not bothering me as much	50	N=13	33	29	41	56
9	I do things that are more meaningful to me	47	N=14	37	43	50	61
10	I am better able to take care of my needs	54	N=13	48	49	49	49

*Percent of respondents who agree or strongly agree is only presented if more than 30 respondents answered the question. If less than 30 responses were received, N represents the total number of respondents regardless of their answer.

Table A-4. Percent of adult outpatient respondents who agree or strongly agree with an item, by region and county (cont'd).*

Southern/South Coast (continued)		Coos	Curry	Douglas	Jackson	Josephine	Klamath
11	I am better able to handle things when they go wrong	48	N=14	37	43	45	50
12	I am better able to do things that I want to do	39	N=14	39	38	40	59
Social Connectedness							
34	I am happy with the friendships I have	63	N=14	59	48	54	66
35	I have people with whom I can do enjoyable things	74	N=14	63	48	65	67
36	I feel I belong in my community	47	N=14	43	28	47	47
37	In a crisis, I would have the support I need from family or friends	72	N=15	65	52	72	78
Participation							
23	I felt comfortable asking questions about my treatment and medication	77	N=15	76	75	69	80
29	I, not staff, decided my treatment goals	60	N=14	62	48	58	76
No Domain							
33	My service provider gave me opportunities to learn skills that allow me to strengthen and maintain my wellness.	64	N=14	64	56	48	72

*Percent of respondents who agree or strongly agree is only presented if more than 30 respondents answered the question. If less than 30 responses were received, N represents the total number of respondents regardless of their answer.

Table A-5. Domain Scores by Respondent's Age, 2012–2013.

Domain	Age group					
	18–25		26-65		66+	
	2012	2013	2012	2013	2012	2013
General Satisfaction	71	70	77	78	87	89*
Access	63	64	69	70	76	84*
Quality/Appropriateness	75	76	77	73	85	86*
Treatment Outcomes	51	52	46	45	69	60*
Functioning	56	59	44	43	61	61*
Social Connectedness	66	67	54	55	72	72*
Participation	60	61	62	60	71	73*

*Indicates significant result in chi-square test of proportions ($p < .05$). Note: statistical significance shown for 2013 only.

Table A-6. Domain Scores by Respondent's Gender, 2012–2013.

Domain	Female		Male	
	2012	2013	2012	2013
General Satisfaction	77	76	77	79
Access	69	68	69	71
Quality/Appropriateness	78	74	77	71
Treatment Outcomes	48	44	48	48
Functioning	46	45	47	49*
Social Connectedness	56	56	58	59
Participation	64	62	58	60

*Indicates significant result in chi-square test of proportions ($p < .05$). Note: statistical significance shown for 2013 only.

Table A-7. Domain Scores by Location of Respondent's Residence, 2012–2013.

Domain	Rural		Urban	
	2012	2013	2012	2013
General Satisfaction	75	76	78	78
Access	67	66	70	70*
Quality/Appropriateness	77	71	78	74
Treatment Outcomes	45	44	49	46
Functioning	44	43	48	48*
Social Connectedness	57	56	57	57
Participation	60	60	63	62

*Indicates significant result in chi-square test of proportions ($p < 0.05$). Note: statistical significance shown for 2013 only.

Table A-8. Domain Scores by Respondent's Race, 2012–2013.

Domain	Asian or Pacific Islander		Black		American Indian or Alaska Native		White	
	2012	2013	2012	2013	2012	2013	2012	2013
General Satisfaction*	85	83	74	74	69	71	76	77
Access*	80	84	68	65	60	67	68	67
Quality/Appropriateness*	85	82	74	72	73	73	78	72
Treatment Outcomes*	59	60	44	45	46	47	46	44
Functioning*	58	58	49	44	41	50	45	44
Social Connectedness*	71	76	59	59	53	51	55	54
Participation	68	67	60	55	53	57	62	62

*Indicates significant result in chi-square test of proportions ($p < 0.05$). Note: statistical significance shown for 2013 only.

Table A-9. Domain Scores by Respondent's Ethnicity, 2012–2013.

Domain	Non-Hispanic		Hispanic	
	2012	2013	2012	2013
General Satisfaction	76	77	84	78
Access	69	69	71	73
Quality/Appropriateness	77	73	81	74
Treatment Outcomes	48	45	51	50
Functioning	47	46	48	52
Social Connectedness	56	57	65	57
Participation	62	61	66	61

Table A-10. Percent of adult residential respondents who agree or strongly agree with an item, by region and county.*								
NW Coast Region		Clatsop		Columbia			Tillamook	
All counties in the NW Coast Region had less than 30 responders.		N=2		N=5			N=2	
Valley/Midcoast Region		Benton	Lane	Lincoln	Linn	Marion	Polk	Yamhill
General Satisfaction								
13	I like the services I received here	N=7	79	N=1	N=3	87	N=6	N=3
14	If I had other choices, I would still get services from this agency	N=7	78	N=1	N=3	78	N=6	N=3
15	I would recommend this agency to a friend or family member	N=7	70	N=1	N=3	74	N=6	N=3
Treatment Access								
16	The location of services was convenient	N=7	83	N=0	N=3	72	N=5	N=3
17	Staff were willing to see me as often as I felt it was necessary	N=7	81	N=1	N=3	88	N=5	N=3
18	Staff returned my call in 24 hours	N=6	68	N=0	N=3	N=27	N=5	N=2
19	Services were available at times that were good for me	N=7	76	N=0	N=3	77	N=6	N=3
20	I was able to get all the services I thought I needed	N=7	71	N=1	N=3	80	N=6	N=3
21	I was able to see a psychiatrist when I wanted to	N=7	66	N=1	N=3	72	N=6	N=3
Quality/Appropriateness								
22	Staff here believe that I can grow, change and recover	N=28	75	78	67	76	N=21	68

* Percent of responders who agree or strongly agree is only presented when more than 30 responders answered the question. If less than 30 responses were received, N represents the total number of responders regardless of the answer.

Table A-10. Percent of adult residential respondents who agree or strongly agree with an item, by region and county (cont'd).*

Valley/Midcoast Region (continued)		Benton	Lane	Lincoln	Linn	Marion	Polk	Yamhill
24	I felt free to complain	N=7	61	N=1	N=3	85	N=5	N=3
25	I was given information about my rights	N=7	71	N=1	N=3	82	N=5	N=3
26	Staff encouraged me to take responsibility for how I live my life	N=7	73	N=1	N=3	79	N=5	N=3
27	Staff told me what side effects to watch out for	N=7	69	N=1	N=3	70	N=6	N=3
28	Staff respected my wishes about who is and who is not to be given information about my treatment	N=7	65	N=1	N=3	89	N=6	N=3
30	Staff were sensitive to my cultural background	N=7	73	N=0	N=3	78	N=5	N=3
31	Staff helped me obtain the information I needed so that I could take charge of managing my illness	N=7	56	N=1	N=3	82	N=6	N=3
32	I was encouraged to use consumer-run programs	N=7	67	N=1	N=3	N=29	N=6	N=2
Treatment Outcomes								
1	I deal more effectively with daily problems	N=7	53	N=1	N=2	61	N=6	N=3
2	I am better able to control my life	N=7	50	N=1	N=2	70	N=6	N=3
3	I am better able to deal with crisis	N=6	48	N=1	N=2	66	N=6	N=2
4	I am getting along better with my family	N=7	56	N=0	N=2	88	N=6	N=2
5	I do better in social situations	N=7	56	N=1	N=2	54	N=6	N=3
6	I do better in school and/or work	N=6	N=23	N=0	N=1	N=19	N=2	N=0
7	My housing situation has improved	N=6	57	N=0	N=2	N=28	N=6	N=3
8	My symptoms are not bothering me as much	N=7	42	N=1	N=3	63	N=5	N=3

*Percent of responders who agree or strongly agree is only presented when more than 30 responders answered the question. If less than 30 responses were received, N represents the total number of responders regardless of the answer.

Table A-10. Percent of adult residential respondents who agree or strongly agree with an item, by region and county (cont'd). *

Valley/Midcoast Region (continued)		Benton	Lane	Lincoln	Linn	Marion	Polk	Yamhill
Daily Functioning								
8	My symptoms are not bothering me as much	N=7	42	N=1	N=3	63	N=5	N=3
9	I do things that are more meaningful to me	N=7	60	N=1	N=2	77	N=5	N=3
10	I am better able to take care of my needs	N=7	59	N=1	N=3	68	N=6	N=3
11	I am better able to handle things when they go wrong	N=7	44	N=1	N=2	65	N=6	N=3
12	I am better able to do things that I want to do	N=7	46	N=1	N=3	71	N=5	N=3
Social Connectedness								
34	I am happy with the friendships I have	N=8	74	N=1	N=3	76	N=6	N=3
35	I have people with whom I can do enjoyable things	N=7	70	N=1	N=3	80	N=6	N=3
36	I feel I belong in my community	N=8	63	N=0	N=3	81	N=5	N=3
37	In a crisis, I would have the support I need from family or friends	N=8	72	N=1	N=3	89	N=6	N=3
Participation								
23	I felt comfortable asking questions about my treatment and medication	N=7	72	N=1	N=3	88	N=5	N=3
29	I, not staff, decided my treatment goals	N=7	50	N=1	N=3	74	N=5	N=3
No Domain								
33	My service provider gave me opportunities to learn skills that allow me to strengthen and maintain my wellness.	N=8	58	N=1	N=2	94	N=6	N=3

* Percent of respondents who agree or strongly agree is only presented when more than 30 respondents answered the question. If less than 30 responses were received, N represents the total number of respondents regardless of the answer.

Table A-10. Percent of adult residential respondents who agree or strongly agree with an item, by region and county (cont'd).*

PMA Region		Clackamas	Multnomah	Washington
General Satisfaction				
13	I like the services I received here	N=24	85	84
14	If I had other choices, I would still get services from this agency	N=23	71	82
15	I would recommend this agency to a friend or family member	N=24	79	83
Treatment Access				
16	The location of services was convenient	N=23	83	73
17	Staff were willing to see me as often as I felt it was necessary	N=24	70	71
18	Staff returned my call in 24 hours	N=18	59	78
19	Services were available at times that were good for me	N=23	82	81
20	I was able to get all the services I thought I needed	N=24	76	77
21	I was able to see a psychiatrist when I wanted to	N=21	67	84
22	Staff here believe that I can grow, change and recover	N=24	71	59
24	I felt free to complain	N=24	68	68
25	I was given information about my rights	N=23	85	76
26	Staff encouraged me to take responsibility for how I live my life	N=24	79	76
27	Staff told me what side effects to watch out for	N=23	64	66
28	Staff respected my wishes about who is and who is not to be given information about my treatment	N=21	73	83

* Percent of respondents who agree or strongly agree is only presented when more than 30 respondents answered the question. If less than 30 responses were received, N represents the total number of respondents regardless of the answer.

Table A-10. Percent of adult residential respondents who agree or strongly agree with an item, by region and county (cont'd).*

PMA Region (continued)		Clackamas	Multnomah	Washington
Quality/Appropriateness				
30	Staff were sensitive to my cultural background	N=23	69	70
31	Staff helped me obtain the information I needed so that I could take charge of managing my illness	N=24	64	67
32	I was encouraged to use consumer-run programs	N=20	66	68
Treatment Outcomes				
1	I deal more effectively with daily problems	N=24	62	67
2	I am better able to control my life	N=24	60	74
3	I am better able to deal with crisis	N=24	63	66
4	I am getting along better with my family	N=22	67	71
5	I do better in social situations	N=23	60	68
6	I do better in school and/or work	N=16	50	N=18
7	My housing situation has improved	N=22	77	73
8	My symptoms are not bothering me as much	N=24	53	55
Daily Functioning				
8	My symptoms are not bothering me as much	N=24	53	55
9	I do things that are more meaningful to me	N=24	54	67
10	I am better able to take care of my needs	N=24	60	74
11	I am better able to handle things when they go wrong	N=24	52	67
12	I am better able to do things that I want to do	N=23	61	64

* Percent of respondents who agree or strongly agree is only presented when more than 30 respondents answered the question. If less than 30 responses were received, N represents the total number of respondents regardless of the answer.

Table A-10. Percent of adult residential respondents who agree or strongly agree with an item, by region and county (cont'd).*

PMA Region (continued)		Clackamas	Multnomah	Washington		
Social Connectedness						
34	I am happy with the friendships I have	N=23	66	76		
35	I have people with whom I can do enjoyable things	N=24	80	73		
36	I feel I belong in my community	N=24	61	53		
37	In a crisis, I would have the support I need from family or friends	N=23	72	74		
Participation						
23	I felt comfortable asking questions about my treatment and medication	N=24	78	74		
29	I, not staff, decided my treatment goals	N=23	54	60		
No Domain						
33	My service provider gave me opportunities to learn skills that allow me to strengthen and maintain my wellness.	N=23	76	70		
Central Region						
Central Region		Crook	Deschutes	Hood River	Jefferson	Wasco
The only responses for Central Region were from Deschutes County.		N=0	N=6	N=0	N=0	N=0

*Percent of respondents who agree or strongly agree is only presented if more than 30 respondents answered the question. If less than 30 responses were received, N represents the total number of respondents regardless of their answer.

Table A-10. Percent of adult residential respondents who agree or strongly agree with an item, by region and county (cont'd).*

Eastern**		Baker	Harney	Malheur	Umatilla	Union	Wallowa
General Satisfaction							
13	I like the services I received here	N=3	N=1	N=4	N=17	N=1	N=8
14	If I had other choices, I would still get services from this agency	N=3	N=1	N=4	N=17	N=1	N=7
15	I would recommend this agency to a friend or family member	N=3	N=1	N=4	N=16	N=1	N=7
Treatment Access							
16	The location of services was convenient	N=3	N=1	N=4	N=15	N=1	N=8
17	Staff were willing to see me as often as I felt it was necessary	N=3	N=1	N=4	N=15	N=1	N=7
18	Staff returned my call in 24 hours	N=3	N=1	N=3	N=15	N=1	N=7
19	Services were available at times that were good for me	N=3	N=1	N=4	N=17	N=1	N=7
20	I was able to get all the services I thought I needed	N=3	N=1	N=4	N=17	N=1	N=7
21	I was able to see a psychiatrist when I wanted to	N=3	N=1	N=4	N=14	N=1	N=8
Quality/Appropriateness							
22	Staff here believe that I can grow, change and recover	N=3	N=1	N=4	N=16	N=1	N=8
24	I felt free to complain	N=3	N=1	N=4	N=15	N=1	N=7
25	I was given information about my rights	N=3	N=1	N=4	N=16	N=1	N=8

*Percent of respondents who agree or strongly agree is only presented if more than 30 respondents answered the question. If less than 30 responses were received, N represents the total number of respondents regardless of their answer.

**No responses were received from Gilliam, Grant, Lake, Morrow, or Sherman counties; they are not included here.

Table A-10. Percent of adult residential respondents who agree or strongly agree with an item, by region and county (cont'd).*

Eastern** (continued)		Baker	Harney	Malheur	Umatilla	Union	Wallowa
26	Staff encouraged me to take responsibility for how I live my life	N=3	N=1	N=4	N=17	N=1	N=8
27	Staff told me what side effects to watch out for	N=3	N=1	N=4	N=16	N=1	N=7
28	Staff respected my wishes about who is and who is not to be given information about my treatment	N=3	N=1	N=4	N=16	N=1	N=8
30	Staff were sensitive to my cultural background	N=2	N=1	N=4	N=13	N=1	N=7
31	Staff helped me obtain the information I needed so that I could take charge of managing my illness	N=3	N=1	N=4	N=17	N=1	N=7
32	I was encouraged to use consumer-run programs	N=3	N=1	N=4	N=17	N=1	N=8
Treatment Outcome							
1	I deal more effectively with daily problems	N=3	N=1	N=4	N=16	N=1	N=8
2	I am better able to control my life	N=3	N=1	N=4	N=17	N=1	N=7
3	I am better able to deal with crisis	N=3	N=1	N=4	N=17	N=1	N=6
4	I am getting along better with my family	N=3	N=1	N=4	N=14	N=1	N=5
5	I do better in social situations	N=3	N=1	N=4	N=16	N=1	N=7
6	I do better in school and/or work	N=2	N=1	N=4	N=12	N=0	N=4
7	My housing situation has improved	N=3	N=1	N=4	N=17	N=1	N=8
8	My symptoms are not bothering me as much	N=3	N=1	N=4	N=17	N=1	N=5

*Percent of respondents who agree or strongly agree is only presented if more than 30 respondents answered the question. If less than 30 responses were received, N represents the total number of respondents regardless of their answer.

**No responses were received from Gilliam, Grant, Lake, Morrow, or Sherman counties; they are not included here.

Table A-10. Percent of adult residential respondents who agree or strongly agree with an item, by region and county (cont'd).*

Eastern** (continued)		Baker	Harney	Malheur	Umatilla	Union	Wallowa
Daily Functioning							
8	My symptoms are not bothering me as much	N=3	N=1	N=4	N=17	N=1	N=5
9	I do things that are more meaningful to me	N=3	N=1	N=4	N=17	N=1	N=8
10	I am better able to take care of my needs	N=3	N=1	N=4	N=15	N=1	N=8
11	I am better able to handle things when they go wrong	N=3	N=1	N=4	N=17	N=1	N=8
12	I am better able to do things that I want to do	N=3	N=1	N=4	N=17	N=1	N=8
Social Connectedness							
34	I am happy with the friendships I have	N=3	N=1	N=4	N=17	N=1	N=8
35	I have people with whom I can do enjoyable things	N=3	N=1	N=4	N=17	N=1	N=8
36	I feel I belong in my community	N=2	N=1	N=4	N=17	N=1	N=8
37	In a crisis, I would have the support I need from family or friends	N=2	N=1	N=4	N=17	N=1	N=8
Participation							
23	I felt comfortable asking questions about my treatment and medication	N=3	N=1	N=4	N=16	N=1	N=8
29	I, not staff, decided my treatment goals	N=3	N=1	N=4	N=17	N=1	N=8
No Domain							
33	My service provider gave me opportunities to learn skills that allow me to strengthen and maintain my wellness.	N=3	N=1	N=4	N=17	N=1	N=7

*Percent of respondents who agree or strongly agree is only presented if more than 30 respondents answered the question. If less than 30 responses were received, N represents the total number of respondents regardless of their answer.

**No responses were received from Gilliam, Grant, Lake, Morrow, or Sherman counties; they are not included here.

Table A-10. Percent of adult residential respondents who agree or strongly agree with an item, by region and county (cont'd).*

Southern/South Coast**		Coos	Douglas	Jackson	Josephine	Klamath
General Satisfaction						
13	I like the services I received here	N=5	N=8	N=25	N=13	N=4
14	If I had other choices, I would still get services from this agency	N=5	N=7	N=23	N=13	N=4
15	I would recommend this agency to a friend or family member	N=5	N=8	N=23	N=12	N=4
Treatment Access						
16	The location of services was convenient	N=5	N=7	N=25	N=12	N=4
17	Staff were willing to see me as often as I felt it was necessary	N=5	N=7	N=24	N=12	N=4
18	Staff returned my call in 24 hours	N=5	N=6	N=17	N=9	N=4
19	Services were available at times that were good for me	N=5	N=7	N=23	N=12	N=4
20	I was able to get all the services I thought I needed	N=5	N=7	N=25	N=13	N=4
21	I was able to see a psychiatrist when I wanted to	N=5	N=6	N=23	N=13	N=4
Quality/Appropriateness						
22	Staff here believe that I can grow, change and recover	N=5	N=7	N=23	N=13	N=3
24	I felt free to complain	N=5	N=6	N=23	N=13	N=3
25	I was given information about my rights	N=5	N=7	N=24	N=13	N=4
26	Staff encouraged me to take responsibility for how I live my life	N=5	N=6	N=23	N=13	N=4

*Percent of respondents who agree or strongly agree is only presented if more than 30 respondents answered the question. If less than 30 responses were received, N represents the total number of respondents regardless of their answer.

**In the Southern/South Coast Region, no responses were received from Curry County; it is not included here.

Table A-10. Percent of adult residential respondents who agree or strongly agree with an item, by region and county (cont'd).*

Southern/South Coast** (continued)		Coos	Douglas	Jackson	Josephine	Klamath
27	Staff told me what side effects to watch out for	N=5	N=7	N=23	N=12	N=4
28	Staff respected my wishes about who is and who is not to be given information about my treatment	N=5	N=7	N=23	N=12	N=4
30	Staff were sensitive to my cultural background	N=5	N=6	N=21	N=12	N=3
31	Staff helped me obtain the information I needed so that I could take charge of managing my illness	N=5	N=8	N=23	N=13	N=4
32	I was encouraged to use consumer-run programs	N=5	N=6	N=21	N=13	N=4
Treatment Outcomes						
1	I deal more effectively with daily problems	N=5	N=8	N=24	N=13	N=4
2	I am better able to control my life	N=5	N=8	N=24	N=13	N=4
3	I am better able to deal with crisis	N=5	N=8	N=24	N=13	N=4
4	I am getting along better with my family	N=4	N=8	N=24	N=12	N=4
5	I do better in social situations	N=5	N=8	N=25	N=13	N=4
6	I do better in school and/or work	N=2	N=3	N=10	N=6	N=1
7	My housing situation has improved	N=5	N=8	N=23	N=12	N=4
8	My symptoms are not bothering me as much	N=5	N=8	N=25	N=13	N=4

*Percent of respondents who agree or strongly agree is only presented if more than 30 respondents answered the question. If less than 30 responses were received, N represents the total number of respondents regardless of their answer.

**In the Southern/South Coast Region, no responses were received from Curry County; it is not included here.

Table A-10. Percent of adult residential respondents who agree or strongly agree with an item, by region and county (cont'd).*

Southern/South Coast** (continued)		Coos	Douglas	Jackson	Josephine	Klamath
Daily Functioning						
8	My symptoms are not bothering me as much	N=5	N=8	N=25	N=13	N=4
9	I do things that are more meaningful to me	N=5	N=8	N=25	N=12	N=4
10	I am better able to take care of my needs	N=5	N=7	N=25	N=13	N=4
11	I am better able to handle things when they go wrong	N=5	N=8	N=25	N=13	N=4
12	I am better able to do things that I want to do	N=5	N=8	N=25	N=13	N=4
Social Connectedness						
34	I am happy with the friendships I have	N=5	N=8	N=25	N=12	N=4
35	I have people with whom I can do enjoyable things	N=5	N=8	N=25	N=12	N=3
36	I feel I belong in my community	N=5	N=7	N=24	N=13	N=4
37	In a crisis, I would have the support I need from family or friends	N=5	N=8	N=24	N=13	N=4
Participation						
23	I felt comfortable asking questions about my treatment and medication	N=5	N=7	N=23	N=13	N=3
29	I, not staff, decided my treatment goals	N=5	N=8	N=21	N=13	N=3
No Domain						
33	My service provider gave me opportunities to learn skills that allow me to strengthen and maintain my wellness.	N=5	N=8	N=24	N=13	N=4

*Percent of respondents who agree or strongly agree is only presented if more than 30 respondents answered the question. If less than 30 responses were received, N represents the total number of respondents regardless of their answer.

**In the Southern/South Coast Region, no responses were received from Curry County; it is not included here.

APPENDIX B - MHSIP SURVEY FORMS