



2010 Oregon Youth Services Survey for Families

**Oregon Department of Human
Services Addictions and Mental
Health Division**

January 2011

Contract #120923-5

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January 2011

Presented to the Oregon Department of Human Services,
Addictions and Mental Health Division

Acumentra Health prepared this report under contract with the Oregon Department of Human Services, Addictions and Mental Health Division (Contract No. 120923-5).

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EXECUTIVE SUMMARY

In mid-2010, the Addictions and Mental Health Division (AMH) surveyed family members¹ of children enrolled in the Oregon Health Plan (OHP) about their perceptions of the mental health services delivered to their children. The Youth Services Survey for Families (YSS-F) was mailed to family members of children who received OHP mental health services between June and December 2009. AMH received 2,186 responses, for an overall response rate of 19 percent.

AMH identified each child in the survey group as being enrolled in a mental health organization (MHO) from where he or she most recently received services (prior to December 2009), except when AMH did not identify an MHO for some children, or when a child was classified as a fee-for-service (FFS) client.

The YSS-F instrument asked questions related to family member's perception of services managed by the MHOs to children in seven performance domains:

- access to services
- appropriateness of services
- cultural sensitivity
- daily functioning
- family participation in treatment
- social connectedness
- treatment outcomes

The 2010 survey built on previous AMH surveys by asking family members to provide additional data about their perceptions of the services delivered to their children and the outcomes of those services, including

- services provided through the individual MHOs that serve OHP enrollees through managed care
- services provided at outpatient, psychiatric residential, and psychiatric day treatment facilities
- coordination of services among different mental health care providers, and between those providers and state government systems that provide other services for children: child welfare, the Oregon Youth Authority (OYA),

¹ The survey was mailed to parents and guardians (including residential treatment centers). This report refers to survey responders as “family members” throughout.

local juvenile justice, education, developmental disabilities services, and substance abuse treatment

- coordination of mental and physical health care

For the first time in 2010, the survey also gathered data for the daily functioning domain.

AMH will use the survey findings to help guide its ongoing efforts to improve the quality of state-funded mental health services and supports for children.

Highlights of the survey results

- The YSS-F scores increased in two domains (treatment participation and cultural sensitivity), stayed the same in two domains (appropriateness of services and social connectedness), and decreased in two domains (treatment outcomes and access to services).
- For enrollees served in outpatient settings, scores increased in treatment participation, cultural sensitivity, and social connectedness. For enrollees served in psychiatric day treatment facilities, domain scores fell in each domain except access to services.
- Family members of children in the 6–12 age group responded more positively in 4 of the 7 domains than did family members of children in the other age groups. Family members of those in the 18–19 age group responded least positively in 5 of the 7 domains.
- Domain scores for those living in urban areas were higher compared to those in rural areas. For access to services, appropriateness of services, cultural sensitivity, and treatment participation, the differences between urban and rural areas were statistically significant.
- From 2009 to 2010, domain scores for family members of Hispanic or Latino(a) children increased in all domains except access.
- A majority of family members reported being satisfied with the coordination of their children’s mental health services with other state-provided systems.
- Ninety-four percent of family members of children in the outpatient and psychiatric day treatment groups and 93 percent of family members of children in psychiatric residential treatment were satisfied with the coordination of care by the child’s mental health provider with the child’s physical healthcare provider.

- A majority of responders were satisfied with the coordination of all services their children received:
 - 85 percent of family members of children in psychiatric residential treatment
 - 84 percent of family members of children in psychiatric day treatment
 - 83 percent of family members of children in outpatient services

INTRODUCTION

The Mental Health Statistical Improvement Project (MHSIP) designed the YSS-F to measure the perceptions, in seven performance domains, of family members of children who receive mental health services²:

- access to services
- appropriateness of services
- cultural sensitivity
- daily functioning
- family participation in treatment
- social connectedness
- treatment outcomes

AMH started using the YSS-F survey in 2002 to measure family members' perceptions of outpatient mental health services received by their children.

In 2005, AMH widened the scope of the YSS-F by

- including in the survey population the families of children who received mental health services in psychiatric residential and psychiatric day treatment facilities
- adding questions about the coordination of services for children—both within the mental health system and between mental health care providers and other state-funded systems

In 2007, AMH again expanded the scope of the YSS-F by adding questions about social connectedness, a new domain recommended by the NASMHPD workgroup. AMH also added questions about each child's school attendance, arrest history, and use of alcohol or illegal drugs. The 2010 survey modified one question from the 2009 survey. Question 43, which asked the parent or caregiver to check which substances they suspected their child of using, was modified to give the choices of prescription drugs not prescribed for the child, and other drugs not sold in stores or not prescribed for the child.

In addition, for the 2010 survey AMH asked Acentra Health to analyze the daily functioning domain, comprising these questions:

² The YSS-F is endorsed by the National Association of State Mental Health Program Directors (NASMHPD). For more information, see the MHSIP website at www.mhsip.org.

- My child is better able to do things he or she wants to do.
- My child is better at handling daily life.
- My child gets along better with family members.
- My child gets along better with friends and other people.
- My child is doing better in school and/or work.
- My child is better able to cope when things go wrong.

The scores for this domain were not calculated for the youth survey results prior to 2010.

AMH will use the survey findings to help guide its ongoing efforts to improve the quality of state-funded mental health services and supports for children. Clinicians and researchers consider coordination of services for children who need mental health care a best practice for improving mental health outcomes. AMH focused on care coordination as part of the Children’s System Change Initiative (CSCI), and continues to do so under the Statewide Children’s Wraparound Initiative and the Integrated Services and Supports Rule (ISSR).

The Children’s Wraparound Initiative,³ enacted into law in 2009, aims to establish an integrated, community-based system of coordinated services for children with complex mental health needs. The initiative is currently in phase one, with three project demonstration sites focusing on children in Oregon’s foster care system.

The ISSR was established to: “(a) Promote recovery, resiliency, wellness, independence and safety for individuals receiving addictions and mental health services and supports; (b) Specify standards for services and supports that are person-directed, youth guided, family-driven, culturally competent, trauma-informed and wellness-informed; and (c) Promote functional and rehabilitative outcomes for individuals throughout a continuum of care that is developmentally appropriate.”⁴

³Statewide Children’s Wraparound Initiative.

<http://www.oregon.gov/DHS/mentalhealth/wraparound/main.shtml>

⁴ OAR 309-032-1500. Available at: <http://www.oregon.gov/DHS/addiction/rule/issr-rule.pdf>.

METHODOLOGY

As part of its ongoing monitoring of the quality of mental health services provided to OHP enrollees, AMH contracted with Acumentra Health to survey family members of children who received mental health services between June and December 2009, as identified by claims and encounter data from the Division of Medical Assistance Programs (DMAP).

The YSS-F survey instrument presents questions designed to measure responder perception of the performance and service of mental health treatment providers in the domains of access to services, family participation in treatment, cultural sensitivity, appropriateness of services, social connectedness, treatment outcomes, and daily functioning. The survey uses a 5-point Likert scale, with responses ranging from “Strongly Agree” (5) to “Strongly Disagree” (1).

Appendix C presents the English and Spanish language versions of the 2010 survey questionnaire.

Survey data security and quality assurance procedures

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

Data entry staff was trained on inputting survey data, and every 10th 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 application. 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 checks to make sure that the field corresponding to Question 1 is coded with 1–5 (Strongly Disagree to Strongly Agree), or 9 for NA, or 0 for missing or invalid response on the paper copy.

The second data quality tier was the SAS recheck programs, written by the data analyst. These programs scanned each field of each survey response and checked for missing and out-of-range data or logic check problems. If problems were found, the data analyst gave a report to the data entry staff describing the anomalies. Staff then located the paper copy of the survey and either verified the questionable data or corrected the electronic data. For example, many responders reported the date they ended therapy as being earlier than the date that they said they began therapy. The SAS recheck program checked for this logic issue and

issued a report when the problem appeared. Data entry staff located the paper copy and either inserted the correct data in the electronic database or verified that the information was entered as the responder reported.

Survey methods

The AMH 2010 survey population included family members of 12,607 children who received OHP mental health services from nine Oregon MHOs.

AMH classified the children according to the setting in which they received mental health services:

- The *Psychiatric Residential Treatment* group consisted of children who received at least one day of psychiatric residential treatment services.
- The *Psychiatric Day Treatment* group consisted of children who had received at least one day of psychiatric day treatment services, but who had received no psychiatric treatment in a residential facility.
- The *Outpatient Treatment* group consisted of children who received only outpatient mental health services.

AMH also identified each child in the survey group as being enrolled in a given MHO when he or she received the most recent service (prior to the questionnaire), except when AMH did not identify the MHO, or when a child was classified as a fee-for-service (FFS) client.

In May 2010, Acumentra Health mailed letters informing the children's family members of the upcoming AMH survey. Families received letters written in English or Spanish, depending on the family's language preference identified in the DMAP enrollment data. A list of children residing in residential settings was sent to each facility to get the current address of the parent or guardian.

In June 2010, Acumentra Health mailed the first round of AMH surveys. After filtering out incorrect addresses and responders who had returned the survey, Acumentra Health mailed a second survey form to non-responders on July 21.

For the 11,434 surveys mailed to valid addresses, 2,186 responders returned a survey form by the completion deadline, for an overall response rate of 19 percent. This reflects a 3 percent increase from last year's response rate of 16 percent. Acumentra Health excluded from the survey analysis data from surveys received after the deadline. The response rate was highest for the 6- to 12-year-old age group (20 percent) and lowest for those ages 5 or younger (17 percent).

Survey response

Currently, AMH contracts with nine MHOs to manage the delivery of mental health services through the OHP. They are:

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

Table 1 displays the survey responses from family members whose children received outpatient, psychiatric residential, and psychiatric day treatment services through assigned MHOs. Note: This table does not include responses from the family members of the 1,138 children for whom AMH did not identify an MHO, or whom AMH classified as FFS. However, those responses are included in the analysis of statewide data.

Table 1. Survey response rate by MHO.			
MHO	Number of responses	Number of surveys sent	Response rate (%)
ABHA	174	810	21%
CMHO	115	624	18%
FamilyCare	68	335	20%
GOBHI	212	994	21%
JBH	218	1071	20%
LaneCare	251	1361	18%
MVBCN	409	2231	18%
VIBHS	337	1989	17%
WCHHS	177	881	20%

Table 2 presents the survey response rate by the type of facility in which the responder's child was treated. Table 3 shows enrollee response rates by certain demographic variables.

Table 2. Survey response rate by treatment setting.

Setting	Number of responses	Number of surveys mailed	Response rate (%)
Outpatient	2104	10,997	19%
Psychiatric Day	61	283	22%
Psychiatric Residential	21	154	14%

Table 3. Survey response rate by certain demographic characteristics.

Characteristic		Number of responses	Number of surveys mailed	Response rate (%)
Gender	Female	943	5091	19%
	Male	1243	6343	20%
Age group	0–5	172	1033	17%
	6–12	1034	5264	20%
	13–17	862	4514	19%
	18–19	118	623	19%
Race*	Racial minorities	286	1677	17%
	White (Caucasian)	1494	7608	20%
Location of residence	Rural	894	4554	20%
	Urban	1277	6828	19%

*Indicates a statistically significant difference ($p < .05$) in response rates among demographic groups.

Data analysis

Acumentra Health calculated scores of responder perception of the services provided by the child’s provider for each performance domain, with higher Likert scores representing higher levels of positive perception (e.g., 4 = “Agree” and 5 = “Strongly Agree”). Data from surveys lacking responses for more than one-third of the items for a domain were excluded from the analysis of a domain.

Domain scores were calculated for a particular responder by averaging the scores on all answered items for a domain (as long as fewer than one-third of the items lacked responses). An average score greater than 3.5 represented positive perception of mental health services provided for the child in that domain. That is, the domain score is the percentage of family members who reported an average positive value (>3.5) for that domain.

For example, the Participation domain contains three items:

- “I helped to choose my child’s services.”
- “I helped to choose my child’s treatment goals.”
- “I participated in my child’s treatment.”

A responder’s score for this domain was calculated if the responder provided a score for at least two of the three items comprising the domain. If a responder answered all three and gave the scores 3, 4, and 5, respectively, the average of these scores would be $(3+4+5)/3 = 4$. Since 4 is greater than 3.5, this responder would be considered as positively perceiving within the Participation domain.⁵

Univariate analysis was used to determine demographic variables and other frequencies, cross-tabulations were used to examine the relationship between and among different variables, and chi-square analyses were used to compute statistical differences.

⁵ Note: The number of responses reported for each data table may be lower than the total number of survey responders, as some responders did not provide an answer to all items needed to calculate a particular domain score.

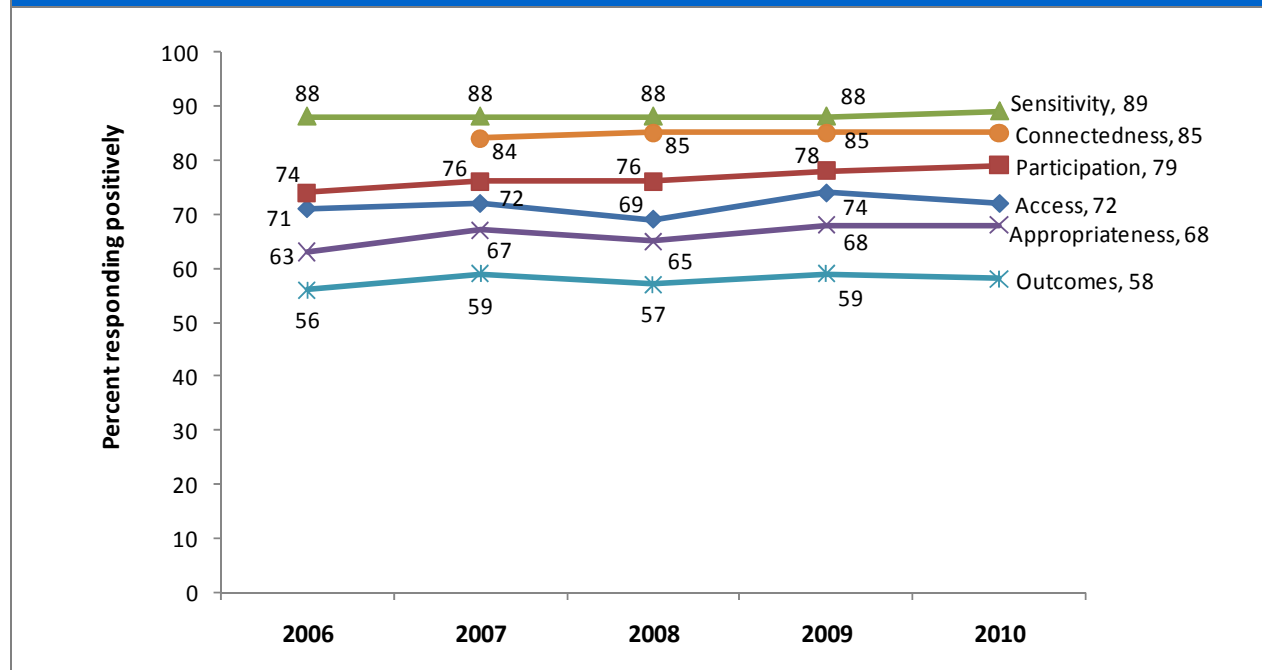
SURVEY RESULTS

Domain scores

Figure 1 shows that in 2010 a large proportion of family members had positive perceptions of treatment in all domains (except daily functioning, which was not measured until 2010). Compared to 2009, scores in the cultural sensitivity and treatment participation domain increased slightly.

Overall, domain scores have remained relatively stable over the past five years. Table B-1 in Appendix B presents these data in tabular form.

Figure 1. 2006–2010* Comparison of domain scores.



*Note: the social connectedness domain was not included until 2007, and scores for the daily functioning domain were not calculated until 2010, so it does not appear in this graph.

Domain scores by treatment setting

Table B-2 in Appendix B shows the domain scores of survey responders whose children received treatment in outpatient settings, grouped within each performance domain, from 2003 to 2010. No comparable data are available before 2005 from family members whose children received treatment in psychiatric residential and psychiatric day treatment settings.

Table 4 on page 13 shows the 2010 domain scores, with the 95 percent confidence intervals (CI), by treatment setting. The CI indicates the upper and lower limits

within which the score would be expected to fall 95 times if 100 identical surveys were conducted. For 2010, domain scores for the residential group were not calculable due to small sample sizes. Scores for the outpatient group were not strikingly different compared to the psychiatric day treatment group. Analysts tested for statistically significant differences in domain scores for one treatment setting compared to other treatment settings and found no statistically significant differences.

Table 5 on page 13 compares 2009 and 2010 domain scores for family members whose children received treatment in one of three treatment settings. In 2010, the largest increase was the treatment participation score for the outpatient group, which rose by 2 percent. For the psychiatric day treatment group, scores fell in six of the seven domains—all but in access to services.

Table 4. Domain scores by treatment setting, with 95 percent CI, 2010.

Facility type	Appropriateness (CI)	Treatment Outcomes (CI)	Participation (CI)	Cultural Sensitivity (CI)	Access (CI)	Social Connectedness (CI)	Daily Functioning (CI)
Outpatient	68 (66-70)	58 (56-60)	79 (77-80)	89 (88-91)	73 (71-75)	86 (84-87)	57 (55-59)
Psychiatric Residential*	NA	NA	NA	NA	NA	NA	NA
Psychiatric Day	64 (52-76)	61(49-73)	79 (68-89)	87 (78-95)	74 (63-85)	81 (71-91)	61 (49-73)
Aggregate	68 (66-70)	58 (56-60)	79 (77-80)	89 (88-90)	73 (71-74)	85 (84-87)	57 (55-59)

*The sample size for the 2010 residential population was too small to calculate domain scores.

Table 5. Domain scores by treatment setting, 2009–2010.

Treatment setting	Appropriateness		Treatment Outcomes		Participation		Cultural Sensitivity		Access		Social Connectedness		Daily Functioning**	
	2009	2010	2009	2010	2009	2010	2009	2010	2009	2010	2009	2010	2009	2010
Outpatient	68	68	59	58	77	79	88	89	75	73	85	86	–	57
Psychiatric Residential*	76	NA	59	NA	80	NA	77	NA	64	NA	80	NA	–	NA
Psychiatric Day	77	64	65	61	91	79	88	87	73	74	91	81	–	61
Aggregate	68	68	59	58	78	79	88	89	74	73	85	85	–	57

*The sample size for the 2010 residential population was too small to calculate domain scores.

**Scores for the daily functioning domain were not calculated until 2010.

MHO domain scores

Table 6 on page 15 shows the 2010 domain scores, with the 95 percent CI, by MHO. The domain scores were tested and statistically significant differences found among MHOs, as shown in the table. Analysts used three testing approaches. First, chi-square tests were used on each domain to compare each MHO's score to every other MHO individually. Then overall chi-square tests were used to measure differences among the MHOs in the percentages of family members who responded positively. Third, each MHO's score was tested against the combined score of all other MHOs. The third approach was thought best to show which MHO may stand out from the rest within a domain, and the data tables show results based on that approach. Note that these scores probably rate responders' perceptions of services provided by the MHO's contracted service providers rather than of the MHO itself.

MVBCN received the highest scores in 2010 in treatment outcomes, treatment participation, and daily functioning, while LaneCare and CMHO received the highest scores in appropriateness of services, cultural sensitivity, and social connectedness. GOBHI had score increases in the most domains (five) from 2009 to 2010.

ABHA received the lowest scores in the appropriateness of services, treatment participation, and cultural sensitivity domains. Scores in five domains decreased from 2009 to 2010 for FamilyCare and VIBHS.

Table 7 on page 16 shows the 2009 and 2010 domain scores by MHO. The MHOs' aggregate scores improved slightly from 2009 in three of the seven domains. Testing for trends from 2009 to 2010, analysts found the change in scores for treatment outcomes for VIBHS to be statistically significant.

Table 8 on pages 17 and 18 shows five years of domain scores by MHO.

Table 6. Domain scores by MHO, with 95 percent CI, 2010.

MHO	Appropriateness (CI)	Treatment Outcomes (CI)	Participation (CI)	Cultural Sensitivity (CI)	Access (CI)	Social Connectedness (CI)	Daily Functioning (CI)
ABHA	60 (53-68)*	58 (51-66)	70 (63-77)*	82 (76-88)*	69 (62-76)	82 (76-87)	58 (51-66)
CMHO	75 (67-83)	57 (48-66)	79 (71-86)	88 (81-94)	70 (62-79)	82 (75-89)	58 (49-67)
FamilyCare	61 (50-73)	54 (42-66)	76 (66-86)	86 (77-94)	72 (61-83)	85 (76-94)	52 (40-64)
GOBHI	62 (55-68)*	54 (47-61)	78 (73-84)	87(83-92)	73(67-79)	84 (79-89)	52 (46-59)
JBH	64 (58-70)	58 (52-65)	76 (70-82)	88 (84-93)	69 (63-75)	85 (81-90)	58 (51-65)
LaneCare	75 (70-81)*	60 (54-66)	82 (78-87)	93 (89-96)	75 (70-81)	88 (84-92)	59 (53-65)
MVBCN	74 (69-78)*	63 (58-67)*	83 (79-87)*	92 (89-95)	75 (70-79)	86 (83-90)	61 (56-66)
VIBHS	69 (64-74)	57 (51-62)	78 (74-83)	88 (85-92)	75 (70-79)	85 (81-89)	56 (51-61)
WCHHS	67 (60-74)	54 (47-62)	81 (75-87)	92 (88-96)	71 (64-77)	83 (78-89)	55 (48-63)

*Indicates a statistically significant difference ($p < .05$) in responders' scores for this MHO compared to those for the other MHOs as a group.

Table 7. Domain scores by MHO, 2009–2010.

MHO	Appropriateness		Treatment Outcomes		Participation		Cultural Sensitivity		Access		Social Connectedness		Daily Functioning**	
	2009	2010	2009	2010	2009	2010	2009	2010	2009	2010	2009	2010	2009	2010
ABHA	62	60	58	58	73	70	90	82	73	69	87	82	–	58
CMHO	64	75	58	57	79	79	86	88	74	70	88	82	–	58
FamilyCare	70	61	66	54	90	76	93	86	83	72	77	85	–	52
GOBHI	60	62	53	54	71	78	86	87	75	73	83	84	–	52
JBH	65	64	57	58	78	76	86	88	72	69	87	85	–	58
LaneCare	73	75	60	60	79	82	88	93	75	75	84	88	–	59
MVBCN	72	74	63	63	78	83	88	92	78	75	84	86	–	61
VIBHS	77	69	71	57*	86	78	94	88	73	75	88	85	–	56
WCHHS	63	67	55	54	78	81	89	92	64	71	84	83	–	55
Aggregate	68	69	59	58	78	79	88	89	74	73	85	85	–	57

*Indicates a statistically significant difference ($p < .05$) between responders' scores from 2009 to 2010 for that MHO.

**Scores for the daily functioning domain were not calculated until 2010.

Table 8. Domain scores by MHO, 2006–2010.

MHO	Appropriateness					Treatment Outcomes					Participation					Cultural Sensitivity				
	2006	2007	2008	2009	2010	2006	2007	2008	2009	2010	2006	2007	2008	2009	2010	2006	2007	2008	2009	2010
ABHA	59	70	75	62	60	58	58	60	58	58	66	77	79	73	70	83	92	92	90	82
CMHO	59	66	62	64	75	47	60	59	58	57	68	76	74	79	79	92	86	89	86	88
FamilyCare	71	78	69	70	61	73	63	61	66	54	85	95	82	90	76	97	98	87	93	86
GOBHI	57	67	59	60	62	49	61	53	53	54	66	72	70	71	78	83	85	85	86	87
JBH	59	66	61	65	64	51	62	60	57	58	75	73	77	78	76	89	87	89	86	88
LaneCare	68	66	70	73	75	60	58	60	60	60	83	79	81	79	82	89	91	90	88	93
MVBCN	63	67	69	72	74	58	59	59	63	63	73	76	80	78	83	88	89	90	88	92
VIBHS	64	64	62	77	69	54	54	51	71	57	73	77	72	86	78	87	86	85	94	88
WCHHS	62	69	63	63	67	58	55	53	55	54	71	82	79	78	81	92	86	91	89	92
Aggregate	63	67	65	68	69	56	58	57	59	58	74	76	76	78	79	88	88	88	88	89

Table 8. Domain scores by MHO, 2006–2010 (cont'd).*

MHO	Access to Services					Social Connectedness				Daily Functioning
	2006	2007	2008	2009	2010	2007	2008	2009	2010	2010
ABHA	72	68	79	73	69	86	85	87	82	58
CMHO	67	78	61	74	70	91	87	88	82	58
FamilyCare	59	66	76	83	72	73	84	77	85	52
GOBHI	67	73	67	75	73	82	78	83	84	52
JBH	76	74	75	72	69	85	87	87	85	58
LaneCare	76	71	70	75	75	82	82	84	88	59
MVBCN	70	70	70	78	75	85	85	84	86	61
VIBHS	69	72	69	73	75	85	89	88	85	56*
WCHHS	77	69	65	64	71	84	82	84	83	55
Aggregate	71	72	69	74	73	84	85	85	85	57

*Note: The social connectedness domain was not included until 2007, and the daily functioning domain was not included until 2010.

Table B-3 in Appendix B shows the percent of family members who agreed with each survey item from 2005 to 2010 (for outpatient services only). Table B-4 shows the aggregate percentages of positive responses to individual survey items by treatment setting in 2010. Table B-5 shows the percentages of positive responses to each item by MHO.

Comparing an individual MHO domain score with the aggregate scores for individual items within that domain can be misleading, for reasons related to the method for calculating the domain score, as established for the national YSS-F.

1. The domain score calculation excludes some responses to individual items if a responder provides responses to fewer than two-thirds of the items in that domain. However, these responses are included in the analysis of individual items within a domain.
2. The domain score calculation is designed such that a consistently positive response to the individual items within a domain is necessary to characterize a responder as having a positive perceptions of services in that domain. A domain score *greater than 3.5* is necessary to qualify a responder as positively perceiving (where “4” = Agree and “5” = Strongly Agree). A single negative response (“1” or “2”) to an item within a domain can pull down the domain score to 3.5 or less.

The Access domain, for example, contains two items. A response of “5” to one and “2” to the other would result in a domain score of $7/2$, or 3.5, which is not adequate to qualify a responder as positively perceiving services in that domain.

Demographic comparisons

Domain scores by age group

Family members' scores were clustered into groups based on the ages of the child receiving services: 0–5, 6–12, 13–17, and 18–19 years of age. (Note: clients were 18 or under when they received services during the survey period, but some had turned 19 by the time the survey was filled out by their family member.) Table 9 shows the proportion of family members who responded positively to survey items about their children's mental health providers in the 7 service domains.

In 2010, variations in domain scores by age group were statistically significant in the treatment participation, treatment outcomes, and daily functioning domains. Positive perceptions of daily functioning ranged from 50 percent for the 18–19 year old group, to 61 percent for the 6–12 year old group. In 4 of the domains, family members of children in the 6–12 group responded more positively than other groups, while family members of those in the 18–19 group had the lowest scores in 5 of the domains.

Table 9. Domain scores by child's age, 2008–2010.

Domain	Age range											
	0–5			6–12			13–17			18–19		
	2008	2009	2010	2008	2009	2010	2008	2009	2010	2008	2009	2010
Appropriateness	67	70	66	67	72	71	64	64	67	53	66	60
Access	64	74	68	70	78	72	70	71	74	65	71	71
Participation*	73	78	82	81	82	83	73	75	75	53	63	59
Treatment outcomes*	56	63	57	60	63	61	55	56	55	46	56	49
Cultural sensitivity	85	89	89	89	89	89	87	87	90	83	84	86
Social connectedness	93	83	90	85	87	86	83	83	83	82	80	90
Daily functioning ^{*a}	–	–	56	–	–	61	–	–	54	–	–	50

* Indicates a statistically significant difference ($p < .05$) in the responses among age groups. Note: statistical significance shown for 2010 only.

^a Scores for the daily functioning domain were not calculated until 2010.

Domain scores by gender

In 2010, family members with male children responded more positively to survey items in six of seven domains, all but appropriateness of services, compared to family members with female children.

Table 10 shows domain scores by gender for 2008, 2009, and 2010. For family members of males, the scores increased from 2008 to 2010 in the following domains: participation, cultural sensitivity, and social connectedness.

Table 10. Domain scores by child's gender, 2008–2010.						
Domain	Female			Male		
	2008	2009	2010	2008	2009	2010
Appropriateness	66	69	69	64	67	67
Access	69	76	72	69	73	73
Participation*	74	76	75	77	79	81
Treatment Outcomes	59	62	57	55	58	58
Cultural Sensitivity	89	87	88	87	88	90
Social Connectedness	88	84	85	83	85	86
Daily Functioning ^a	–	–	56	–	–	58

*Indicates a statistically significant difference ($p < .05$) in the responses between genders. Note: statistical significance shown for 2010 only.

^a Scores for the daily functioning domain were not calculated until 2010.

Domain scores by rural/urban residence

Family members were classified as rural or urban based on the ZIP Code of their current residence, even though their children may have received mental health services in another ZIP Code. As defined by the Office of Rural Health at Oregon Health & Science University, rural areas are “all geographic areas 10 or more miles from the centroid of a population center of 40,000 or more.” Table 11 displays the domain scores by family members’ place of residence.

In 2010, family members in urban areas responded more positively in every domain than did family members in rural areas. Also, chi-square tests revealed that positive responses to survey items regarding appropriateness of services, access to services, treatment participation, and cultural sensitivity were significantly higher for family members in urban areas compared to those in rural zones.

Positive responses to questions in the areas of appropriateness and social connectedness increased for rural responders from 2008 to 2010. The access domain score decreased from 2009 to 2010, also falling below the 2008 score. The treatment participation and cultural sensitivity domain scores increased for family members in urban areas from 2008 to 2010.

Table 11. Domain scores by rural/urban residence, 2008–2010.						
Domain	Rural			Urban		
	2008	2009	2010	2008	2009	2010
Appropriateness*	63	64	65	66	72	70
Access*	70	72	67	69	76	76
Participation*	73	77	76	77	78	80
Treatment Outcomes	57	56	56	57	63	59
Cultural Sensitivity*	88	87	87	88	88	90
Social Connectedness	83	84	85	86	85	86
Daily Functioning ^a	–	–	56	–	–	58

* Indicates a statistically significant difference ($p < .05$) in responders’ scores based on location of responder’s residence. Note: statistical significance shown for 2010 only.

^a Scores for the daily functioning domain were not calculated until 2010.

Domain scores by race

Table 12 displays 2010 domain scores by the race of the child receiving OHP mental health services. The table excludes Asian and Native Hawaiian/Pacific Islander because of small sample sizes. Family members responded most positively to questions regarding cultural sensitivity and social connectedness, and they responded the least positively to questions regarding treatment outcomes, which had the lowest scores compared to other domains for each racial group. In the access to services domain, the differences in scores between the racial groups was statistically significant.

Overall, family members of children in the “Other race” category had more positive responses than other racial groups in each domain except social connectedness. This group also had the most improvements from 2009, with scores increasing in 5 of the domains.

From 2009 to 2010, scores in the participation domain increased for all racial groups except White. For family members of African American children, scores increased slightly in the participation and social connectedness domains, but decreased in all other domains; the largest decrease was in the outcomes domain (from 60 in 2009 to 49 in 2010). The outcomes scores decreased slightly for three of the other racial groups.

Figures 2–6 show the 2006–2010 domain scores by race. For the White (Caucasian) group, which represents the majority of the sample population, scores have fluctuated slightly up and down, or stayed the same in some domains, over the years. For the other racial groups, which have much smaller sample sizes, the scores have fluctuated up and down between years, varying between domains and racial groups.

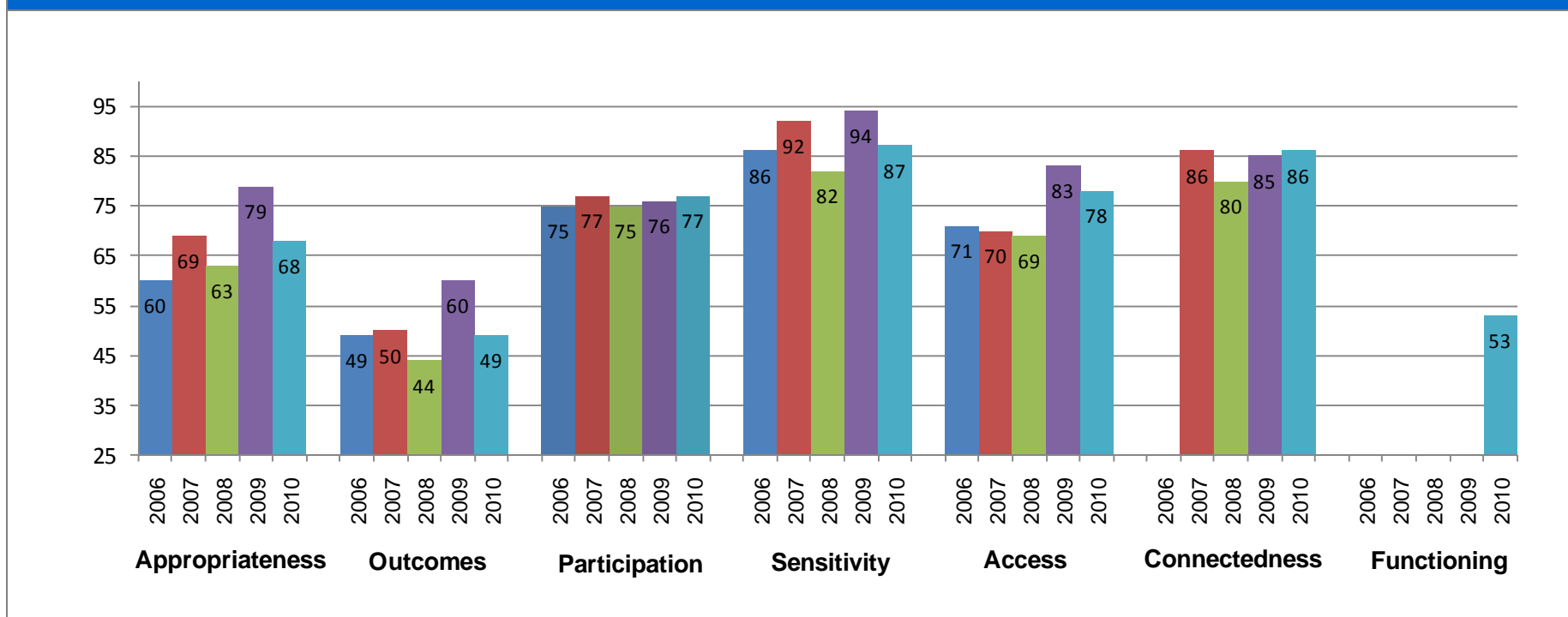
Table 12. Domain scores by child's race, 2009–2010.

Domain	Black (African American)		American Indian/Alaska Native		White (Caucasian)		Other		Multi-racial	
	2009	2010	2009	2010	2009	2010	2009	2010	2009	2010
Appropriateness	79	68	63	70	69	68	71	74	60	64
Access*	83	78	74	71	73	72	84	85	71	68
Participation	76	77	70	73	79	78	76	87	77	78
Treatment Outcomes	60	49	56	56	60	58	64	63	58	56
Cultural Sensitivity	94	87	86	89	88	89	86	96	86	87
Social Connectedness	85	86	90	86	85	86	82	84	84	85
Daily Functioning ^a	–	53	–	53	–	57	–	67	–	53

*Indicates a statistically significant difference ($p < .05$) in proportions satisfied by race. Note: statistical significance shown for 2010 only.

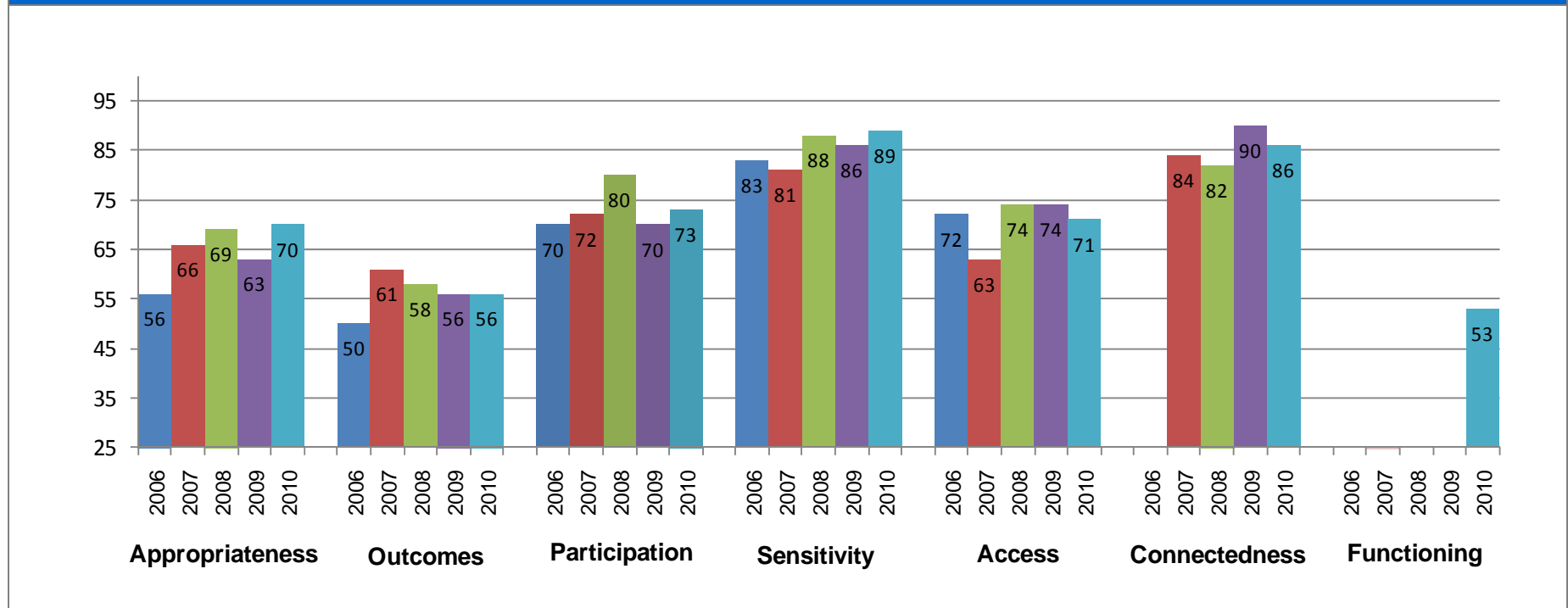
^a Scores for the daily functioning domain were not calculated until 2010.

Figure 2. Domain scores, 2006–2010: African American.



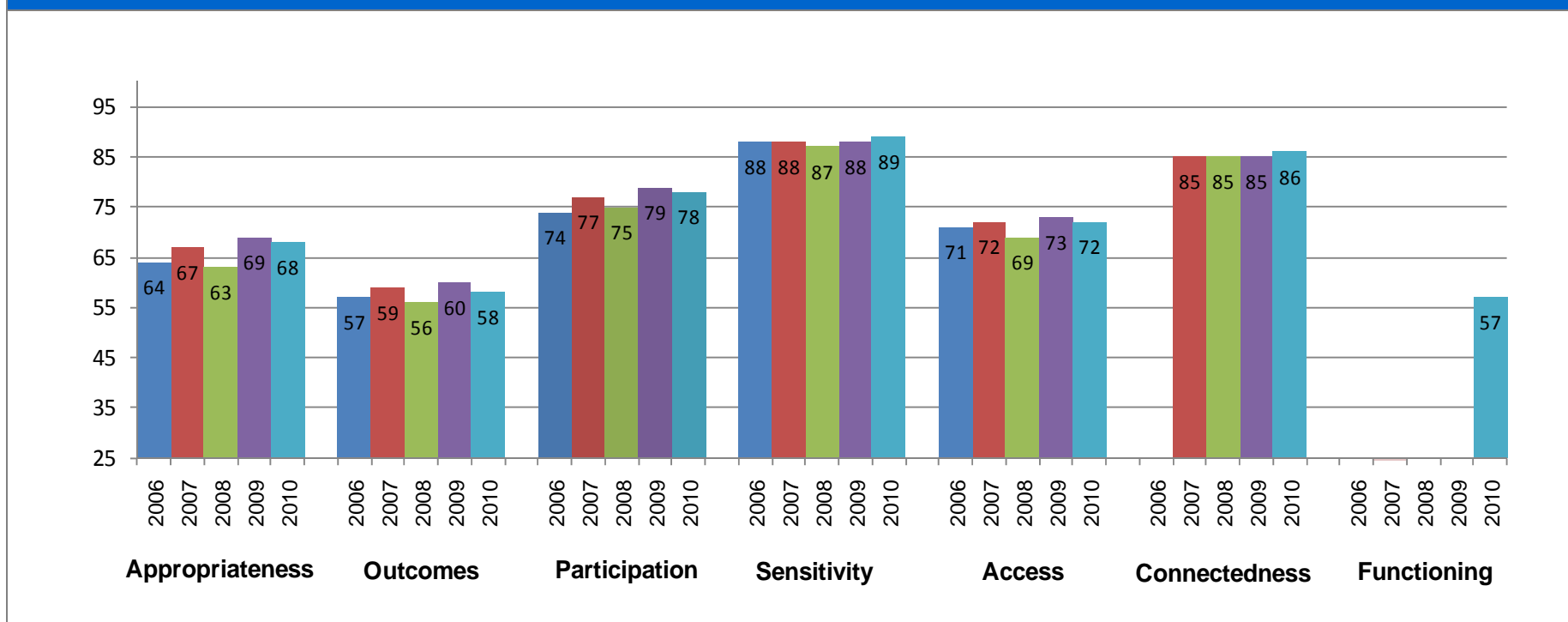
Note: Scores for the social connectedness domain were not calculated until 2007, and scores for the daily functioning domain were not calculated until 2010.

Figure 3. Domain scores, 2006–2010: American Indian/Alaska Native.



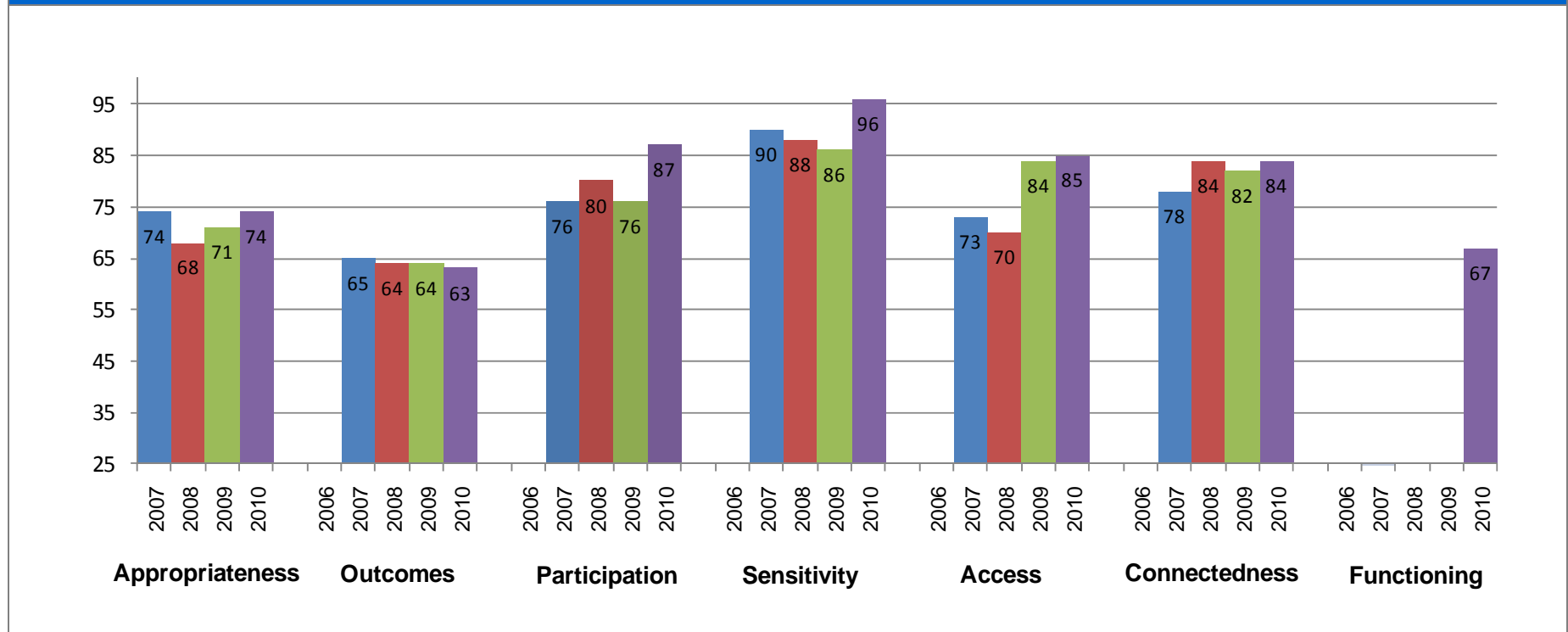
Note: Scores for the social connectedness domain were not calculated until 2007, and scores for the daily functioning domain were not calculated until 2010.

Figure 4. Domain scores, 2006–2010: White (Caucasian).



Note: Scores for the social connectedness domain were not calculated until 2007, and scores for the daily functioning domain were not calculated until 2010.

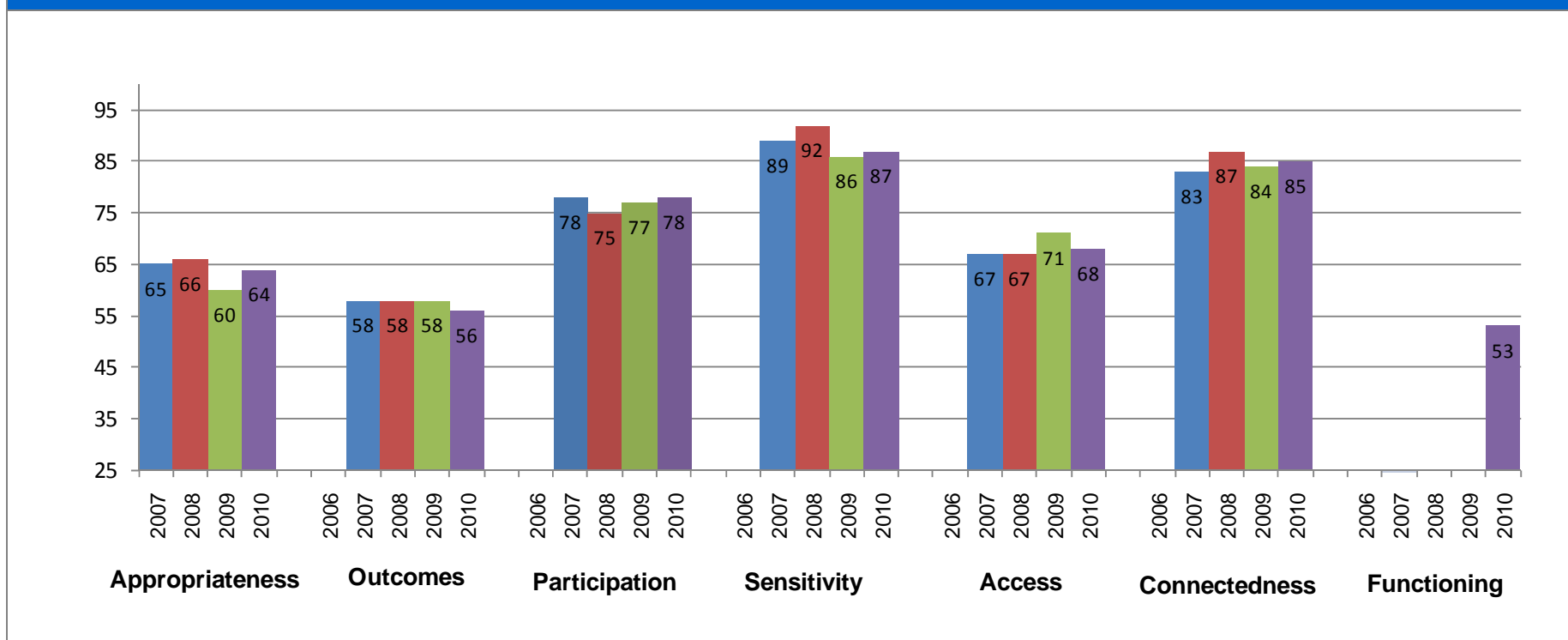
Figure 5. Domain scores, 2007–2010: Other race*.



*In 2006 the sample size for the other race category was too small to include.

Note: Scores for the social connectedness domain were not calculated until 2007, and scores for the daily functioning domain were not calculated until 2010.

Figure 6. Domain scores, 2007–2010: Multiracial.*



*In 2006 the sample size for the multiracial category was too small to include.

Note: Scores for the social connectedness domain were not calculated until 2007, and scores for the daily functioning domain were not calculated until 2010.

Domain scores by ethnicity

A separate question asked family members whether the child was of Hispanic or Latino(a) origin. Out of 2,025 responders, 21 percent reported the child’s ethnicity as Hispanic or Latino(a). Table 13 compares domain scores reported by those family members with scores reported by all other responders. Family members with Hispanic or Latino(a) children had more positive perceptions of appropriateness of care, access, treatment participation, outcomes, cultural sensitivity, and daily functioning than did family members of non-Hispanic or Latino(a) children. In the access to services and cultural sensitivity domains, the differences between ethnicities were statistically significant.

Table 13 also shows the 2009 domain scores for comparison. For family members of Hispanic or Latino(a) children, scores increased from 2009 to 2010 in all domains except access. For non-Hispanic families, scores increased from 2009 to 2010 in three domains and decreased in two.

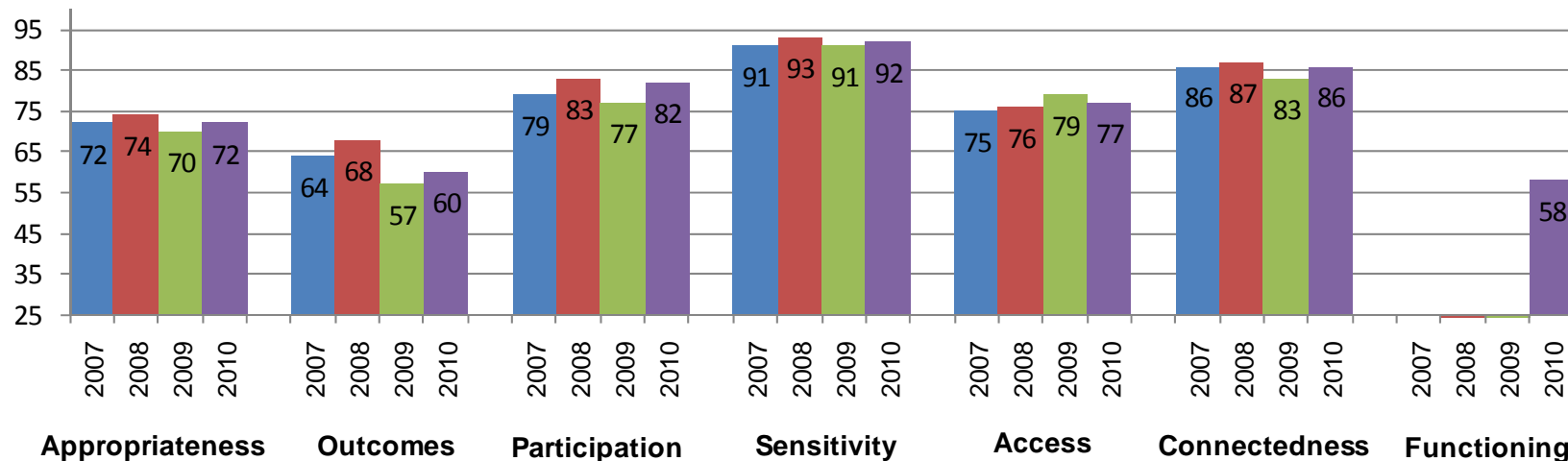
Figures 7 and 8 show domain scores from 2007 to 2010. In all domains, the scores for both Hispanic and non-Hispanic families fluctuated slightly between years.

Table 13. Domain scores by child’s ethnicity, 2009–2010.				
Domain	Hispanic or Latino(a)		Not Hispanic or Latino(a)	
	2009	2010	2009	2010
Appropriateness	70	72	67	68
Access*	79	77	73	71
Participation	77	82	78	78
Treatment Outcomes	57	60	60	57
Cultural Sensitivity*	91	92	87	88
Social Connectedness	83	86	85	86
Daily Functioning ^a	–	58	–	56

*Indicates a statistically significant difference ($p < .05$) in responders’ scores based ethnicity. (Note: statistical significance shown for 2010 only.)

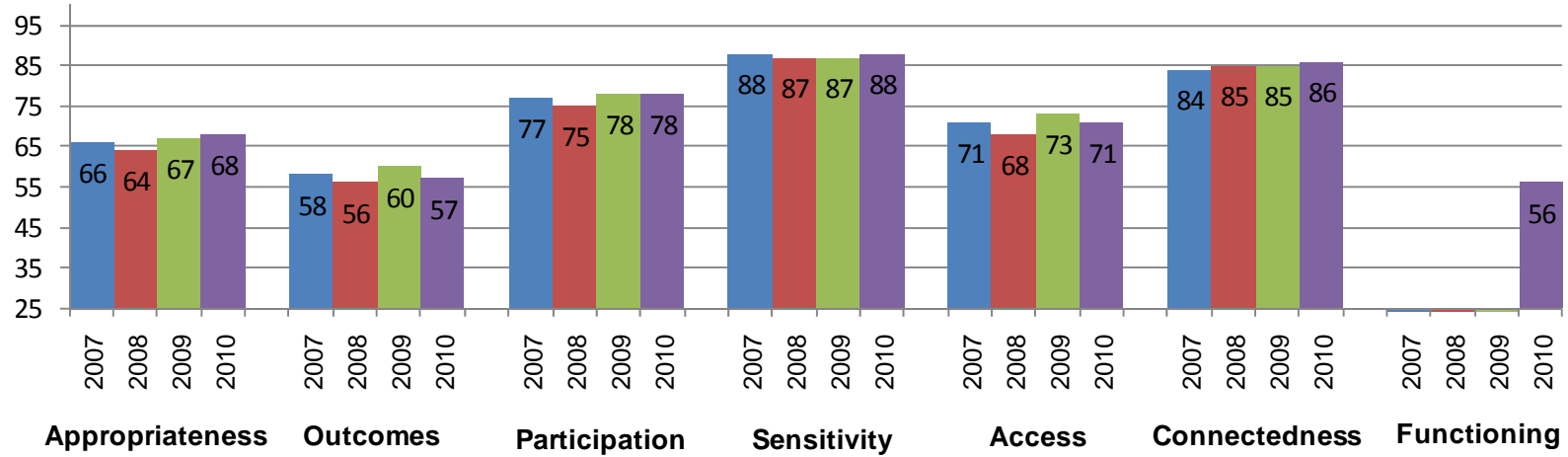
^aScores were not calculated for the daily functioning domain until 2010.

Figure 7. Domain scores, 2007–2010: Hispanic or Latino(a).



Note: Scores for the social connectedness domain were not calculated until 2007, and scores for the daily functioning domain were not calculated until 2010.

Figure 8. Domain scores, 2007–2010: Not Hispanic or Latino(a).



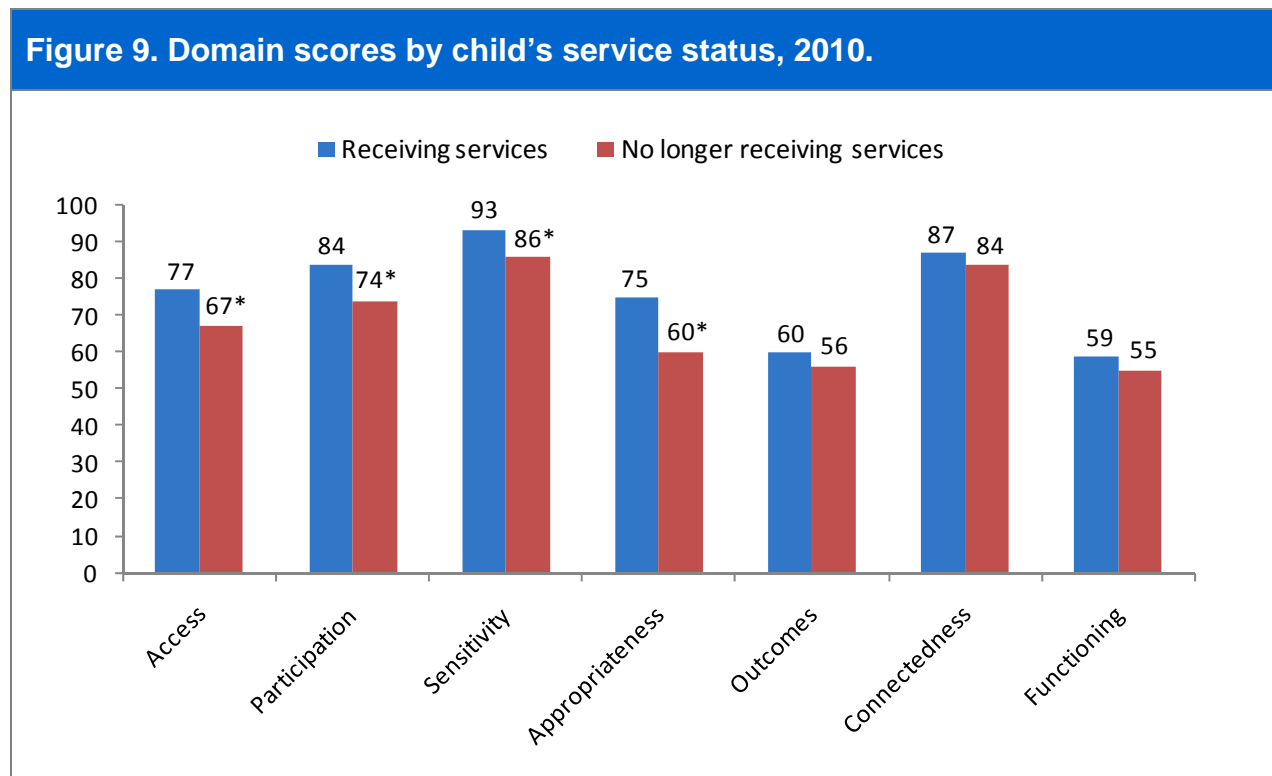
Note: Scores for the social connectedness domain were not calculated until 2007, and scores for the daily functioning domain were not calculated until 2010.

Domain scores by child’s service status

About 60 percent of the survey responders said their children still received OHP mental health services at the time of the survey; 36 percent said their children no longer received services; and 4 percent did not know whether their children were receiving services.

YSS-F survey responders were assigned to two groups based on their response to the question, “Is your child still receiving mental health services?” Data from family members who did not know their children’s service status were not included in this analysis. Domain scores were then computed for each group, as shown in Figure 9. Table B-6 in Appendix B presents these data in tabular form.

In a majority of domains, significantly higher percentages of family members whose children still received OHP mental health services had more positive perceptions of those services, compared with those whose children were no longer receiving OHP mental health services.



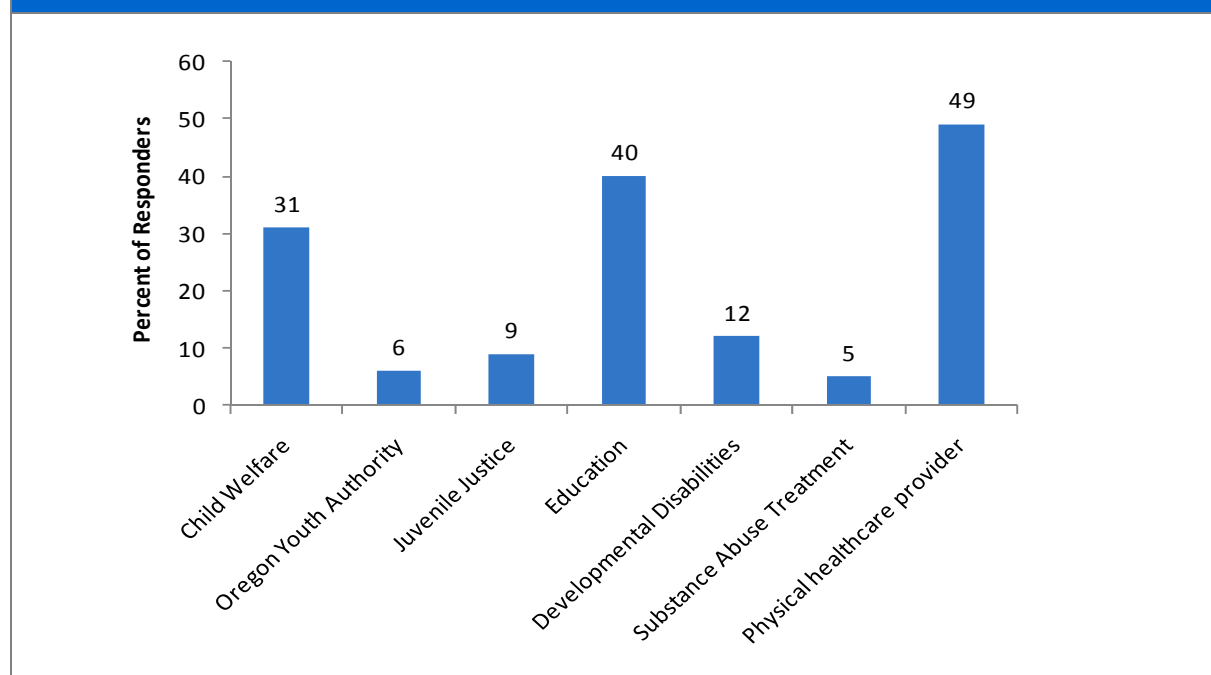
*Indicates a statistically significant ($p < .05$) difference between the groups’ scores.

Coordination of services

Many children receiving mental health services and supports under OHP receive services and supports from other state-funded systems. The survey asked family members to indicate their satisfaction with the coordination of their children’s mental health treatment with services provided by seven non-mental health services and agencies: child welfare, the OYA, juvenile justice, special education, services to persons with developmental disabilities, substance abuse treatment, and their physical healthcare provider.

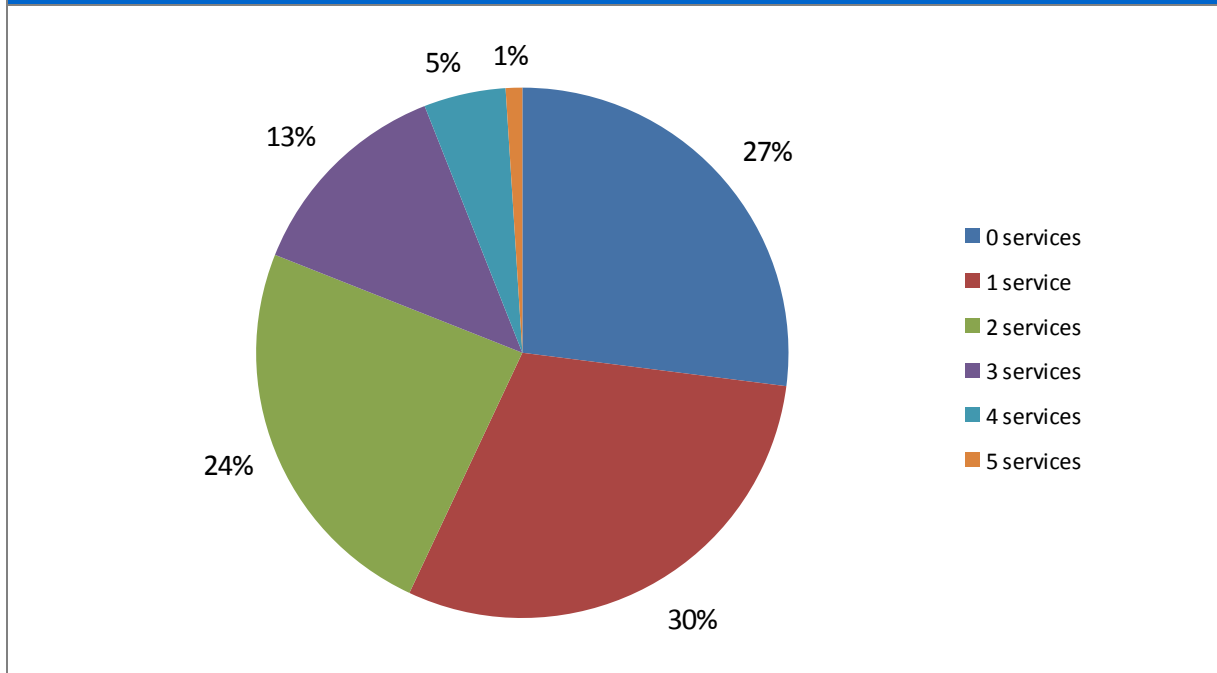
Figure 10 displays the percentages of family members who identified their children as receiving one or more of these services. On average, responders reported that their children received services from one of these seven agencies/systems, which is the same average as in the 2009 survey.

Figure 10. Percent of family members whose children received specific state-funded, non-mental health services, 2010.



As shown in Figure 11, 27 percent of family members in 2010 reported that their children received *none* of these state-funded, non-mental health services; 30 percent reported one service; and 6 percent reported requiring care coordination with more than three services.

Figure 11. Numbers of non-mental health services for which family members' children required coordination, 2010.



Satisfaction with coordination between systems

Family members reported their levels of satisfaction with the coordination of their children's services within the mental health system and between mental health providers and external systems.

Table 14 shows the percentages of family members in 2010 who were either “strongly satisfied,” “satisfied,” or “somewhat satisfied” with the coordination of their children's care among the specified programs, by treatment setting. Overall, at least 78 percent of family members were satisfied with the coordination of care between their mental health providers and every other system. Family members' satisfaction with coordination by their child's mental healthcare provider with the physical healthcare provider was 94 percent in the outpatient and psychiatric day treatment group. Satisfaction with coordination of care between the mental health provider and the substance abuse treatment system (providers) was 79 percent for those in the outpatient group.

The small number of responses for those served in psychiatric residential settings makes it hard to draw definitive conclusions concerning coordination of care.

Table 14 suggests that the proportion of responders satisfied with coordination of care between mental health service providers and other systems has increased substantially since 2008. However, the 2009 and 2010 responses are not directly comparable with responses from previous years because of changes beginning with the 2009 survey questionnaire. In previous years, the question measuring satisfaction was, “I have been satisfied with the coordination of my child's mental health services and...services provided by...Child Welfare, OYA...” etc. There were six possible responses: “does not apply, strongly agree, agree, undecided, disagree, and strongly disagree.” A responder was considered satisfied if he or she chose “strongly agree” or “agree.” In the 2009 survey, the question was changed to: “...to what extent have you been satisfied with the willingness and ability of your child's current (or most recent) mental health service provider to work together with...Child Welfare, OYA...” etc. More importantly, the responses were changed to “strongly satisfied, satisfied, somewhat satisfied, dissatisfied, strongly dissatisfied,” and two options for “does not apply.” In 2009, responders were considered satisfied if they marked either “strongly satisfied,” “satisfied,” or “somewhat satisfied.” The change in the determination of “satisfaction” may have had an impact on the higher scores for 2009 and 2010 reported in Table 14.

There were a few increases from 2009 to 2010: in four areas for the outpatient category and for three areas in psychiatric residential. Meanwhile, satisfaction with

coordination of care for specific services for children in psychiatric day treatment decreased in all areas.

Table 15 breaks down satisfaction with coordination of services by MHO in 2010.

Table 14. Percent (n) satisfied with coordination of agency-specific services provided to their children, by child's treatment setting, 2010.

Service	Outpatient			Psychiatric Day			Psychiatric Residential		
	2008	2009	2010	2008	2009	2010	2008	2009	2010
Among different mental health providers	60 (1169)	87 (581)	89 (807)	71 (73)	93 (28)	92 (37)	65 (55)	87 (31)	91 (11)
Child welfare	69 (1136)	89 (480)	88 (725)	77 (60)	93 (15)	88 (25)	65 (49)	91 (22)	91 (11)
Oregon Youth Authority	48 (453)	82 (134)	80 (181)	40 (10)	100 (5)	86 (7)	47 (17)	67 (6)	0 (1)
Juvenile justice	52 (573)	81 (179)	82 (249)	50 (26)	100 (6)	88 (8)	43 (21)	71 (7)	75 (4)
Special education*	—	87 (547)	86 (777)	—	94 (34)	92 (39)	—	96 (24)	75 (12)
Developmental disabilities	51 (607)	82 (272)	83 (383)	61 (28)	100 (19)	73 (15)	56 (34)	100 (14)	86 (7)
Substance abuse treatment	43 (395)	81 (108)	79 (172)	33 (9)	100 (2)	80 (5)	50 (20)	25 (4)	33 (3)
Physical health care provider	N/A	93 (626)	94 (869)	N/A	100 (22)	94 (33)	N/A	96 (23)	93 (14)

* The 2008 numbers are not included because the 2008 survey referred to “education,” while the 2009 and 2010 surveys referred to “special education.”

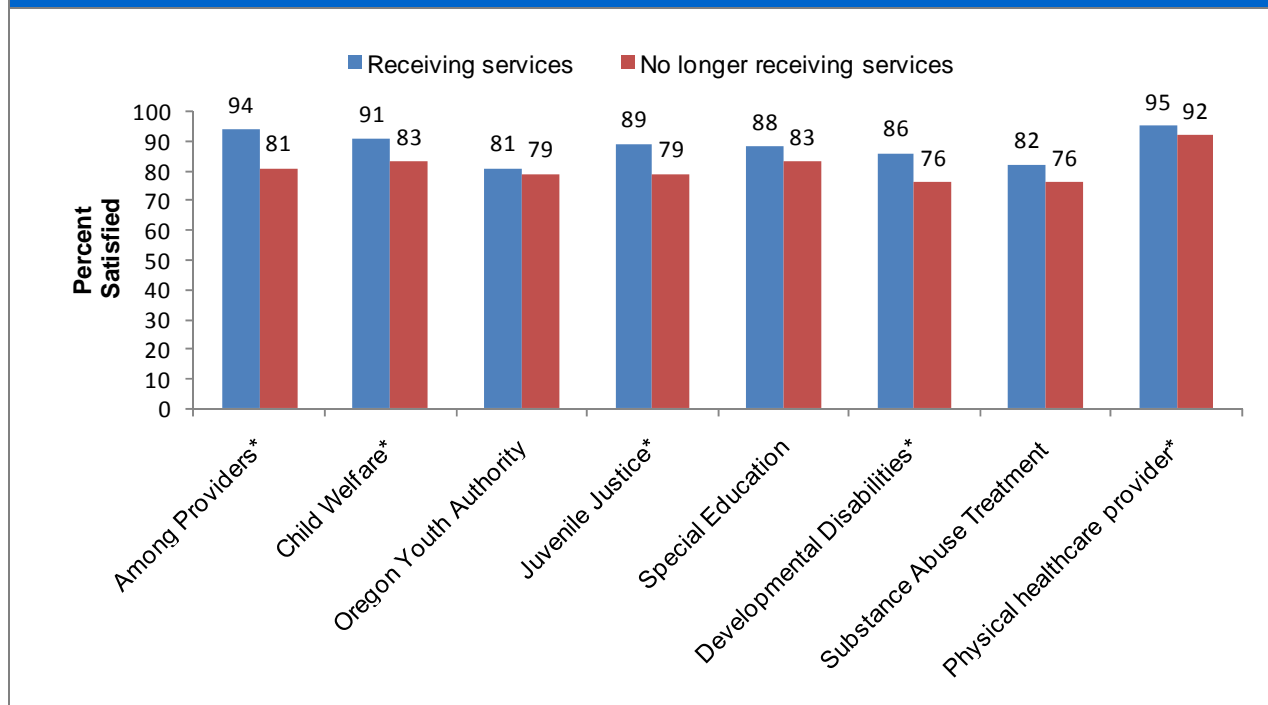
Note: The 2008 responses are not directly comparable to responses from 2009 and 2010 because the question and the possible responses were reworded in 2009, changing how satisfaction was determined (see previous page).

Table 15. Percent (n) of responders satisfied with coordination of agency-specific services, by MHO, 2010.

Service	ABHA	CMHO	Family Care	GOBHI	JBH	Lane Care	MVBCN	VIBHS	WCHHS
Among different mental healthcare providers	85 (62)	90 (50)	97 (29)	88 (100)	87 (98)	93 (80)	91(140)	89 (112)	88 (80)
Child welfare	88 (48)	90 (41)	81 (16)	88 (66)	87 (85)	88 (93)	89 (140)	88 (127)	88 (60)
Oregon Youth Authority	93 (14)	80 (10)	67 (6)	95 (19)	74 (27)	85 (13)	93 (29)	68 (28)	88 (17)
Juvenile justice	77 (22)	88 (16)	90 (10)	81 (31)	81 (31)	95 (19)	95 (42)	74 (31)	74 (19)
Special education	91 (54)	89 (53)	90 (20)	90 (78)	90 (86)	86 (100)	79 (129)	86 (132)	86 (71)
Developmental disabilities	83 (29)	96 (25)	89 (9)	87 (38)	87 (46)	84 (38)	77 (61)	79 (76)	80 (35)
Substance abuse treatment	82 (22)	83 (6)	78 (9)	89 (18)	83 (18)	80 (10)	81 (27)	68 (25)	69 (13)
Physical healthcare provider	95 (75)	92 (50)	93 (27)	91 (81)	97 (100)	98 (113)	96 (138)	93 (148)	92 (77)

Family members whose children were still receiving mental health services at the time of the survey reported more satisfaction with the care coordination with specific non-mental health services than did family members whose children no longer received mental health services (Figure 12 and Table B-7, Appendix B).

Figure 12. Percent satisfied with the coordination of specific services, by child's service status.



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

Next, analysts examined the percentage of responders who were satisfied with the coordination of their children's mental health services with *all* other systems the child received services from. Table 16 presents family members' satisfaction scores grouped by the setting in which their children received mental health treatment.

Table 16. Percent satisfied (n) with MHO coordination of all services, by child's treatment setting, 2008–2010.

Facility type	2008	2009	2010
Psychiatric Day	65 (102)	92 (38)	84 (49)
Psychiatric Residential	50 (78)	88 (40)	85 (20)
Outpatient	56 (1813)	83 (996)	83 (1384)

A higher percentage of responders whose children received services in psychiatric residential treatment facilities reported being satisfied with the coordination of all of their children's services, compared with responders whose children were treated in outpatient and psychiatric day treatment facilities.

Table 17 shows family members' satisfaction, reported by MHO, with the coordination of all the services their children received.

Table 17. Percent (n) satisfied with coordination of all services to their children, by MHO, 2010.

MHO	Percent (n)
ABHA	85 (113)
CMHO	83 (81)
FamilyCare	80 (41)
GOBHI	79 (135)
JBH	82 (164)
LaneCare	86 (173)
MVBCN	83 (248)
VIBHS	83 (218)
WCHHS	83 (115)

Family members' expectations about the effects of their children's mental health treatment

The 2010 survey asked family members about the expectations and hopes they held when their children began mental health treatment, and whether those expectations were met. As shown in Table 18, the most frequent expectations were that the child would feel better about himself or herself (76 percent) and would get along better with family (72 percent).

Table 18. Expectations of the child's mental health treatment (n=2186).		
Expectation	Number "Yes"	% of responses
Expected child would feel better about himself/herself	1654	76
Expected child would get along better with family	1582	72
Expected child would be happier	1499	69
Expected child would be more respectful	1493	68
Expected child would do better in school	1462	67
Expected child would be less anxious and fearful	1390	64
Expected child would get along better with other children	1316	60
Expected child would stop hurting others	549	25
Expected child would stop hurting himself or herself	530	24
Expected child would stop or reduce use of alcohol or drugs	198	9

Table 19 shows of the number of responders citing each of the expectations listed in Table 18; the number who said the expectation was met in treatment. For example, of the 1,654 responders who expected their child to feel better about himself or herself, 1,009 (61 percent) reported that their child felt better or about himself or herself as a result of treatment. Of the 198 responders who expected their child would stop or reduce use of alcohol or drugs, 107 (54 percent), said that their child has stopped or reduced the use of alcohol or drugs.

Table 19. Results of the child’s mental health treatment.

Result	Of those with expectation, number with result	% of those with expectation
Child felt better about himself or herself	1009	61
Child is getting along better with family	945	60
Child is happier	927	62
Child is being more respectful	772	52
Child is doing better in school	876	60
Child is less anxious or fearful	874	63
Child is getting along better with other children	740	56
Child has stopped hurting others	232	42
Child has stopped hurting himself/herself	295	56
Child has stopped or reduced use of alcohol or drugs	107	54

DISCUSSION AND RECOMMENDATIONS

Domain scores

In the aggregate, family members who answered the 2010 YSS-F survey had slightly more positive perceptions of their children’s mental health care in the treatment participation and cultural sensitivity domains, compared to family members in 2009. The percentage of positive responses in the appropriateness and social connectedness domains remained the same.

Table 20. 2009 and 2010 domain scores.

Domain	2009	2010
Access	74	72
Participation	78	79
Cultural Sensitivity	88	89
Appropriateness	68	68
Treatment Outcomes	59	58
Social Connectedness	85	85
Daily Functioning	–	57

Looking back to 2003, the year AMH began surveying family members whose children received outpatient mental health services through OHP, some trends are apparent (see Appendix B for data tables):

- Providers consistently have received high marks for cultural sensitivity, with 89 percent of family members in 2010 responding positively to questions in that area.
- Positive perceptions of treatment participation rose in 2010 to the highest score so far, 79 percent.
- Family members’ positive perceptions of access to services and treatment outcomes decreased slightly from 2009 to 2010, from 74 to 72 percent, and from 59 to 58 percent, respectively.

Overall, the 2010 survey results show domain scores remaining relatively stable, with a couple increasing, a couple staying the same, and the rest decreasing slightly.

Coordination of systems

As in previous surveys, in 2010, many family members whose children received mental health treatment through OHP also reported that the children received services from several other state-funded programs or agencies. Forty-nine percent of responders reported mental healthcare providers coordinating services for their children with physical healthcare providers, a small increase from the 47 percent in 2009. The percent of responders reporting provider coordination with child welfare increased from 27 percent in 2009 to 31 percent in 2010. There were slight increases or decreases in the other areas of care coordination.

Overall, at least 78 percent of family members were satisfied with the coordination of care between their mental health providers and every other system. Out of eight specific service areas, satisfaction was highest for care coordination with physical healthcare providers (94 percent in the outpatient and psychiatric day treatment group and 93 percent in the residential group).

From 2009 to 2010, satisfaction with coordination of services for children in outpatient care increased slightly in four of the eight service areas, including coordination with different mental health providers (from 87 percent in 2009 to 89 percent in 2010). Meanwhile, satisfaction with coordination of care for specific services for children in psychiatric day treatment decreased in all areas.

Next steps and recommendations

Ongoing surveys of family members' attitudes about the mental health care AMH provides to children through the OHP, and about the coordination of state-funded system delivery for children, will continue to provide feedback on progress toward a more family-focused and individualized model of mental health care. The survey results point to an ongoing need to improve family members' perceptions of the services delivered (and the results of those services) by their children's mental healthcare providers, related to outcomes and appropriateness of the mental health treatment their children receive and the daily functioning of the child.

AMH has previously focused on coordination of children's mental health care among healthcare providers and with the education and child welfare systems as part of CSCI implementation. AMH will continue to focus on the coordination of

its mental health services with other state-funded services for children under the Integrated Services and Supports Rule (ISSR) and the Statewide Children’s Wraparound Initiative.

Acumentra Health believes the following recommendations will benefit AMH, the MHOs, and their contractors and subcontractors in further improving mental health care for children.

1. Improve care coordination with other service delivery systems.

To continue increasing family members’ satisfaction with the care coordination provided by their children’s MHOs, AMH needs to shift its emphasis to improving care coordination with other entities providing services to children, especially substance abuse treatment facilities, the juvenile justice system, and the OYA.

2. Identify and implement best practices with MHOs.

AMH, in collaboration with the MHOs, should share best practices that have improved MHO coordination of children’s mental health care with physical health care and child welfare services, and examine if those (or similar) practices apply to care coordination involving other systems.

3. Study experiences of families whose children no longer receive mental health treatment through OHP to learn more about perceptions of the system.

Past surveys have revealed less positive perceptions among family members whose children no longer receive mental health services, compared with families whose children still do. AMH may wish to study the experiences of families whose children no longer receive mental health treatment through OHP to determine why the services were terminated, the reason(s) for the termination, and what effect the termination may have had on the family members’ overall perception of the AMH mental health system.

4. Focus on the impact of ISSR and the Statewide Children’s Wraparound Initiative.

The state could use survey results, as applicable, to help determine the effects of the new rules as experienced by consumers; for example, determining whether services and supports are culturally competent and whether care is considered appropriate (OAR 309-032-1500 (1)(b)-(c)). The survey could also be used to measure the effects of the care coordination rules (309-032-1530), among others. The Statewide Children’s Wraparound Initiative will use the survey results in the next survey to evaluate the impact of care coordination for the children served in the Initiative’s project

demonstration sites and to measure client (parent/guardian) satisfaction with services and supports.

APPENDIX A: ADDITIONAL ANALYSIS

In addition to analyzing the data on performance domains and coordination of services, Acumentra Health analyzed responses to the survey questions related to children’s school attendance, arrest history, and use of alcohol or illegal drugs. The following tables and charts summarize the results of frequency analysis of those data.

Children’s alcohol and drug use

Of 2,069 responders, 5 percent reported that their children were receiving treatment for alcohol or illegal drug abuse at the time of the survey (Figure A-1). Family members also stated that they thought or knew that their children were using various legal and illegal substances, as shown in Table A-1.

Figure A-1. Status of child’s substance abuse treatment (n=2069). “Has your child received treatment for an alcohol or drug problem?”

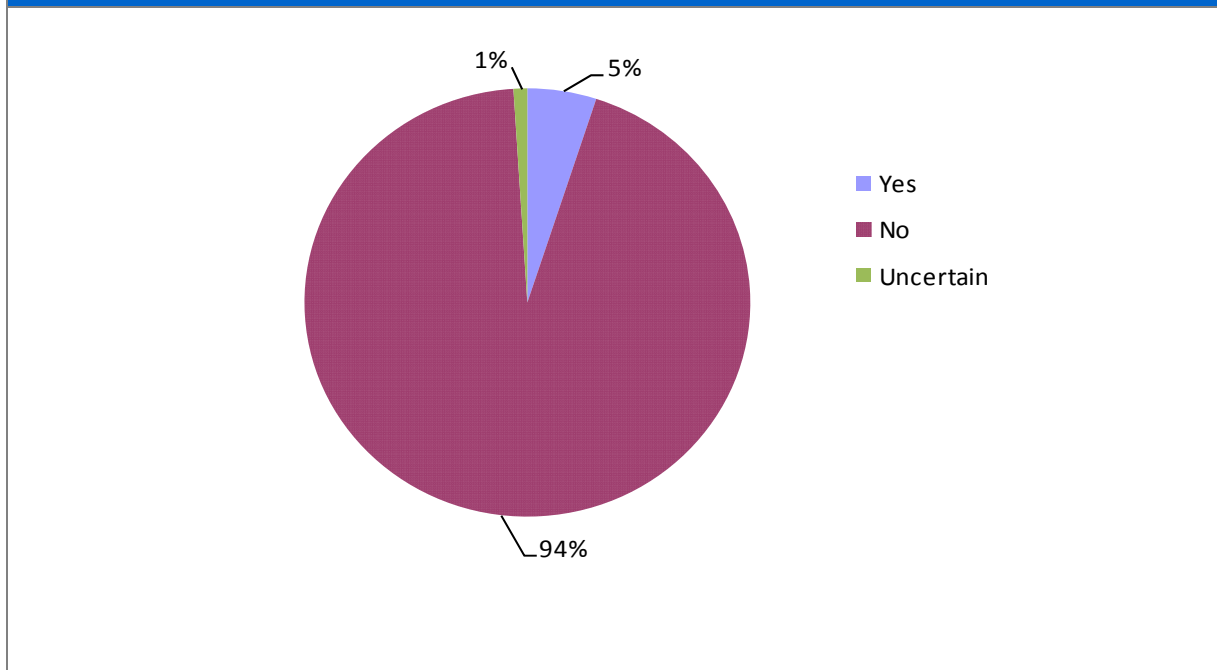


Table A-1. Responders' knowledge or suspicion of children's use of certain legal and illegal substances.

Substance	Number "Yes"	% of responses
Alcohol	325	15
Tobacco	306	14
Marijuana	314	14
Prescription drugs not prescribed to child	76	3
Other drugs	48	2
Methamphetamine	43	2
Inhalants	34	2
Cocaine or Crack	27	1
Heroin	14	1

School attendance

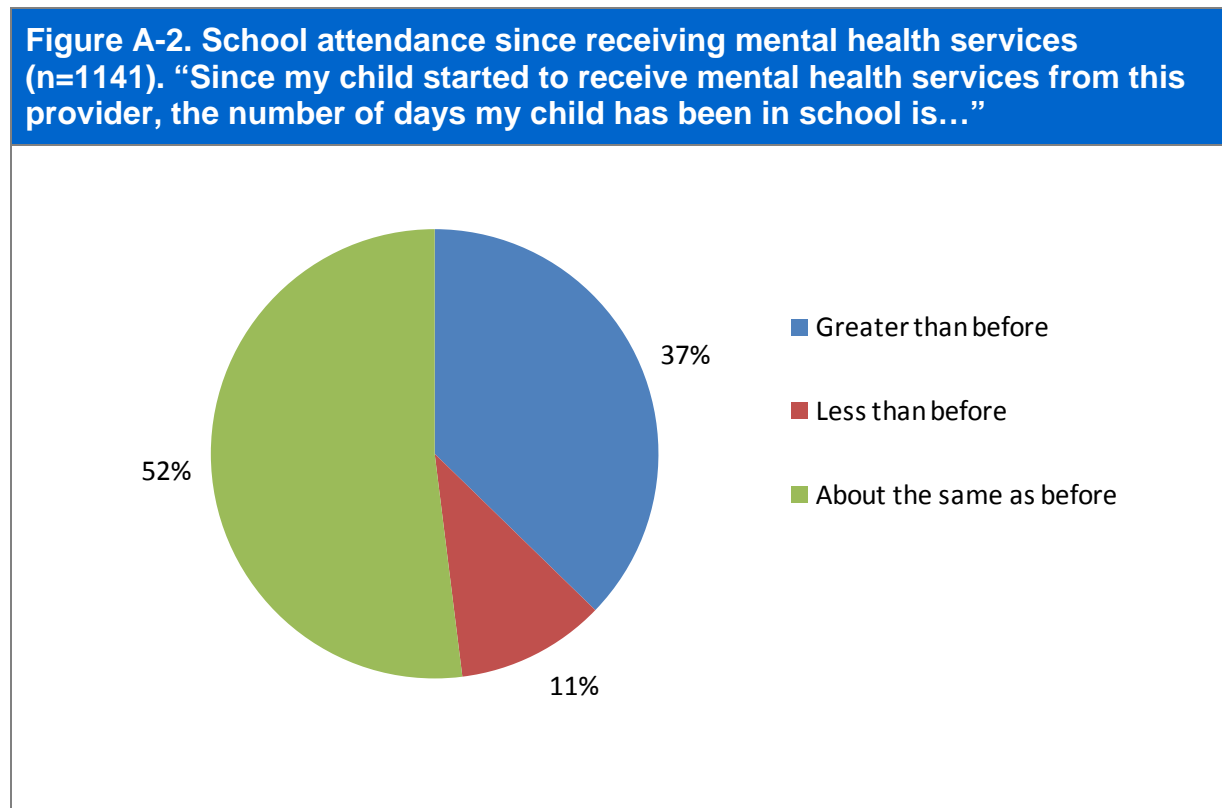
A total of 955 survey responders answered both questions about their children's history of suspensions from school. Of these 955 responders, 81 percent responded "no" and 19 percent responded "yes" to the following question: "Was your child suspended in the first 12 months (or less) *after* he or she began seeing his or her current (or most recent) provider?"

In response to the question, "Was your child suspended during the 12 months *before* he or she began seeing his or her current (or most recent) provider?" 81 percent replied "no" and 19 percent "yes."

Another question asked whether the child's school attendance had changed since he or she began to receive mental health services from the current or most recent provider. About 33 percent of the 1,694 survey responders said the question did not apply to them, for the following reasons: (1) the child had no problem with attendance before starting services, (2) the child was too young to be in school, (3) the child was expelled from school, (4) the child was home-schooled, or (5) the child dropped out of school (see Table A-2).

Table A-2. Reasons attendance question does not apply.	
Reason	Number
My child had no problem with attendance before starting services	365
My child is too young to be in school	35
My child is home schooled	19
My child dropped out of school	13
My child was expelled from school	9
Other reason	70

Of the 1,141 responders to whom the question applied, 37 percent said the child’s attendance had increased, while 11 percent said the child’s attendance had declined (Figure A-2).



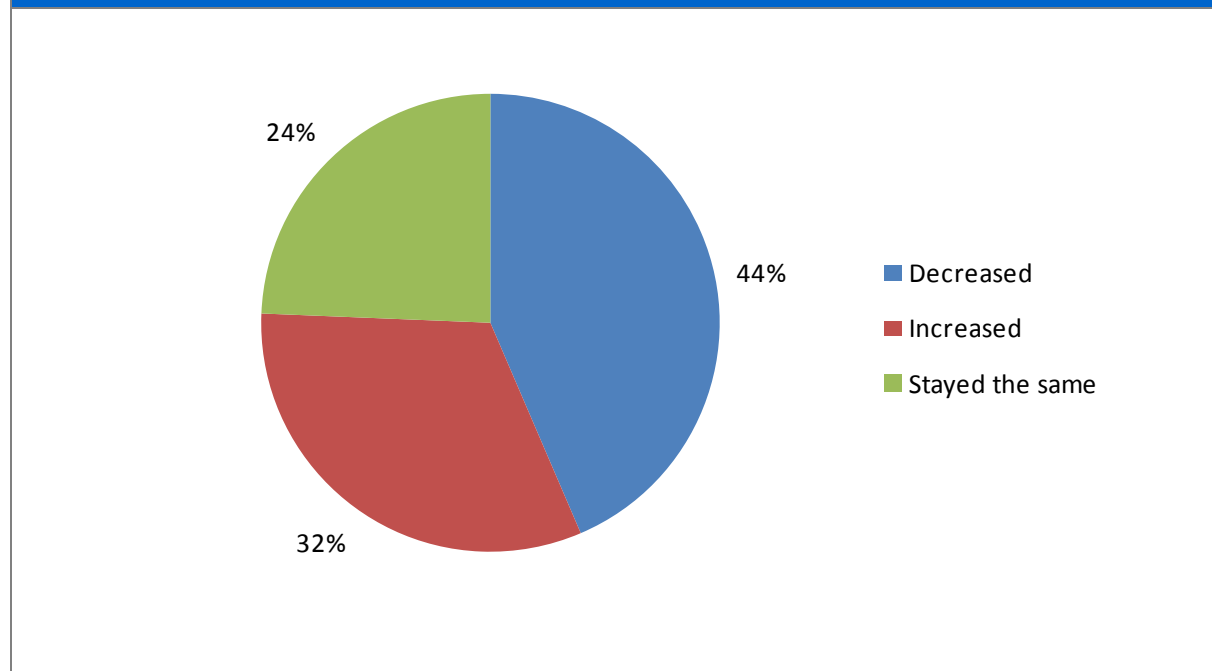
Child’s arrest history

A total of 1,047 responders answered both survey questions about their children’s arrest history before and since seeing the child’s current or most recent mental health provider. Of the 1,047 responders, 5 percent responded “yes” to the question about whether their child was arrested within 12 months (or less) *after* he or she began seeing the provider, and 95 percent responded “no/not applicable.”

Five percent responded “yes” to the question about whether their child was arrested in the 12 months *before* he or she started treatment (95 percent responded “no/not applicable”).

Another survey question asked whether the child’s encounters with police had changed since the child began receiving mental health services from the current or most recent provider. Encounters were defined as times the police harassed or arrested the child, or times the child was taken to a shelter or crisis program. Among 2,059 responders, 83 percent said the question did not apply because the child had had no such encounters since receiving mental health services. Of the 349 responders for whom the question applied, 44 percent said the encounters had decreased (Figure A-3).

Figure A-3. Child’s encounters with police since receiving mental health treatment (n=349). “Since your child began to receive mental health services from this provider, have his or her encounters with the police...”



APPENDIX B: DETAILED DATA TABLES

Tables B-1 and B-2 display historical performance domain scores. Table B-2 displays data for outpatient services only, because no comparable data for psychiatric residential and psychiatric day treatment are available for years before 2005. Similarly, Table B-3 reports agreement with survey items by MHO for outpatient services only, because of the relatively low numbers of responses on behalf of children served in psychiatric residential or psychiatric day treatment facilities.

Table B-1. Domain scores: All treatment settings, 2006–2010.

Domain	2006	2007	2008	2009	2010
Access	71	72	69	74	72
Participation	74	76	76	78	79
Cultural Sensitivity	88	88	88	88	89
Appropriateness	63	67	65	68	68
Treatment Outcomes	56	58	57	59	58
Social Connectedness	NA	84	85	85	85
Functioning	NA	NA	NA	NA	57

Table B-2. Domain scores: Outpatient setting only, 2003–2010.

Domain	2003	2004	2005	2006	2007	2008	2009	2010
Access	77	64	67	71	72	70	75	73
Participation	69	76	73	74	76	76	77	79
Cultural Sensitivity	91	87	86	88	88	88	88	89
Appropriateness	63	67	61	63	67	65	68	68
Treatment Outcomes	54	63	56	56	58	58	59	58
Social Connectedness	NA	NA	NA	84	84	85	85	86
Functioning	NA	NA	NA	NA	NA	NA	NA	57

Table B-3. Percent of survey responders who “Agree” or “Strongly Agree” with item about their MHO: outpatient only.

		2005	2006	2007	2008	2009	2010
Access							
1	The location of services was convenient	76	79	80	78	82	82
2	Services were available at convenient time	73	79	78	78	81	78
Participation							
3	I helped to choose my child’s services	70	71	74	74	75	76
4	I helped to choose my child’s treatment goals	72	75	76	75	77	77
5	I participated in my child’s treatment	82	86	87	86	87	88
Cultural Sensitivity							
6	Staff treated me with respect	87	90	91	90	91	92
7	Staff respected my family’s religious beliefs	82	85	86	85	84	87
8	Staff spoke with me in a way I can understand	90	93	93	94	94	93
9	Staff were sensitive to my cultural background	83	84	84	85	85	87
Appropriateness							
10	Overall, I am satisfied with the services	69	72	74	74	74	74
11	The people helping my child stuck with us	68	72	74	73	76	76

Table B-3. Percent of survey responders who “Agree” or “Strongly Agree” with item about their MHO: outpatient only (cont’d).

		2005	2006	2007	2008	2009	2010
Appropriateness (cont’d)							
12	I felt my child had someone to talk to	67	70	73	72	75	75
13	The services my child received were right	63	66	68	66	68	69
14	My family got the help we wanted for my child	60	62	64	64	65	66
15	My family got as much help as needed	50	54	55	55	58	58
Treatment Outcomes							
16	My child is better at handling daily life	61	62	63	63	65	63
17	My child gets along better with family	61	62	64	63	63	63
18	My child gets along better with friends	60	62	64	63	64	65
19	My child is doing better in school or at work	58	60	61	58	60	58
20	My child is better able to cope when things go wrong	52	53	54	53	55	54
21*	My child is better able to do the things he/she wants to do	—	59	62	59	63	60
22	I am satisfied with our family life right now	58	62	62	60	62	61
* Omitted from calculation of domain score to maintain consistency with national survey data.							

Table B-4. Percent of survey responders who “Agree” or “Strongly Agree” with survey item, by treatment setting, 2010.

		Out-patient	Psychiatric Day	Psychiatric Residential
Access to Care				
1	The location of services was convenient	82	80	45
2	Services were available at convenient time	78	79	80
Treatment Participation				
3	I helped to choose my child’s services	76	72	57
4	I helped to choose my child’s treatment goals	77	78	67
5	I participated in my child’s treatment	88	97	86
Cultural Sensitivity				
6	Staff treated me with respect	92	88	80
7	Staff respected my family’s religious beliefs	87	90	65
8	Staff spoke with me in a way I can understand	93	95	90
9	Staff were sensitive to my cultural background	87	84	72
Appropriateness of Care				
10	Overall, I am satisfied with the services	74	69	76
11	The people helping my child stuck with us	76	75	86
12	I felt my child had someone to talk to	75	77	71
13	The services my child received were right	69	70	70
14	My family got the help we wanted for my child	66	66	75
15	My family got as much help as needed	58	57	50

Table B-4. Percent of survey responders who “Agree” or “Strongly Agree” with survey item, by treatment setting, 2010 (cont’d).

		Out- patient	Psychiatric Day	Psychiatric Residential
Treatment Outcomes				
16	My child is better at handling daily life	63	63	57
17	My child gets along better with family	63	68	67
18	My child gets along better with friends	65	59	62
19	My child is doing better in school or at work	58	55	52
20	My child is better able to cope when things go wrong	54	58	52
21*	My child is better able to do the things he/she wants to do	60	65	43
22	I am satisfied with our family life right now	61	64	60
Social Connectedness				
23	I know people who will listen and understand me when I need to talk	82	78	81
24	I have people that I am comfortable talking to about private things	82	80	75
25	I have people that I am comfortable talking with about my child's problems	85	86	81
26	I have people with whom I can do enjoyable things	84	83	90
27	In a crisis, I would have the support I need from family or friends	83	78	85
28	I have more than one friend	85	86	85
29	I am happy with the friendships I have	86	85	80

Table B-5. Percent of survey responders who “Agree” or “Strongly Agree” with an item, by MHO, 2010.

Item	ABHA	CMHO	Family Care	GOBHI	JBH	Lane Care	MVBCN	VIBHS	WCHHS	Aggregate
1 The location of services was convenient	82	82	80	83	83	82	81	84	83	82
2 Services were available at convenient time	76	73	80	77	72	82	82	79	77	78
3 I helped to choose my child’s services	70	76	75	76	72	78	80	75	76	76
4 I helped to choose my child’s treatment goals	66	74	71	77	75	83	82	75	82	77
5 I participated in my child’s treatment	81	91	85	87	88	92	90	86	93	88
6 Staff treated me with respect	83	91	94	87	90	95	94	93	93	91
7 Staff respected my family’s religious beliefs	78	86	92	89	83	89	90	84	92	87

Table B-5. Percent of survey responders who “Agree” or “Strongly Agree” with an item, by MHO, 2010 (cont’d).

Item	ABHA	CMHO	Family Care	GOBHI	JBH	Lane Care	MVBCN	VIBHS	WCHHS	Aggregate
8 Staff spoke with me in a way I can understand	90	92	94	92	90	97	96	94	95	94
9 Staff were sensitive to my cultural background	79	87	81	90	85	90	91	84	88	87
10 Overall, I am satisfied with the services	68	81	72	72	69	84	78	73	75	75
11 The people helping my child stuck with us	67	80	72	72	72	89	79	75	73	76
12 I felt my child had someone to talk to	72	80	70	72	69	82	79	74	77	76
13 The services my child received were right	63	72	60	65	67	73	74	68	70	69

Table B-5. Percent of survey responders who “Agree” or “Strongly Agree” with an item, by MHO, 2010 (cont’d).										
Item	ABHA	CMHO	Family Care	GOBHI	JBH	Lane Care	MVBCN	VIBHS	WCHHS	Aggregate
14 My family got the help we wanted for my child	59	70	59	61	63	70	71	69	67	67
15 My family got as much help as needed	51	63	59	56	50	59	66	61	56	59
16 My child is better at handling daily life	67	64	65	55	59	67	65	67	59	64
17 My child is getting along better with family	58	61	69	60	65	64	66	65	60	63
18 My child gets along better with friends	62	65	67	64	65	66	69	65	60	65

Table B-5. Percent of survey responders who “Agree” or “Strongly Agree” with an item, by MHO, 2010 (cont’d).

Item	ABHA	CMHO	Family Care	GOBHI	JBH	Lane Care	MVBCN	VIBHS	WCHHS	Aggregate
19 My child is doing better in school or at work	62	55	55	52	60	64	59	58	57	59
20 My child is better able to cope when things go wrong	57	56	47	48	54	55	57	51	53	54
21 My child is better able to do the things he/she wants to do	64	54	55	58	60	60	64	61	58	60
22 I am satisfied with our family life right now	61	56	59	59	58	64	65	62	59	61
23 I know people who will listen and understand me when I need to talk	81	72	83	78	74	86	85	81	84	81

Table B-5. Percent of survey responders who “Agree” or “Strongly Agree” with an item, by MHO, 2010 (cont’d).

Item	ABHA	CMHO	Family Care	GOBHI	JBH	Lane Care	MVBCN	VIBHS	WCHHS	Aggregate
24 I have people that I am comfortable talking to about private things	80	76	80	81	78	86	86	78	83	82
25 I have people that I am comfortable talking with about child’s problems	83	81	83	84	82	89	89	82	87	85
26 I have people with whom I can do enjoyable things	80	76	79	84	79	88	84	87	83	83
27 In a crisis, I would have the support I need from family or friends	84	84	83	78	83	82	83	85	80	83
28 I have more than one friend	80	83	82	84	84	87	85	87	80	84
29 I am happy with the friendships I have	85	85	86	83	88	88	88	87	80	86

Table B-6. Domain scores by child's service status, 2010.*

Domain	Still receiving services	Not receiving services
Access*	77	67
Participation*	84	74
Cultural Sensitivity*	93	86
Appropriateness*	75	60
Treatment Outcomes	60	56
Social Connectedness	87	84
Daily Functioning	59	55

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

Table B-7. Percent satisfied with the coordination of specific services, by child's service status, 2010.*

Service	Still receiving services	Not receiving services
Among different providers*	94	81
Child Welfare*	91	83
Oregon Youth Authority	81	79
Juvenile Justice*	89	79
Special Education	88	83
Services for Persons with Developmental Disabilities*	86	76
Substance Abuse Treatment	82	76
Physical healthcare provider*	95	92

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

APPENDIX C: YSS-F SURVEY FORMS IN ENGLISH AND SPANISH



**Oregon Department of Human Services
Addictions and Mental Health Division
YOUTH SERVICES SURVEY FOR FAMILIES**

Study ID:

Note: This survey is being mailed to the parents or caregivers of thousands of children who received a publicly funded mental health service in Oregon on or after July 1, 2009. *As the same survey is mailed to all caregivers, some questions may not apply to your child.* A few questions mention drug/alcohol use, educational challenges, or legal concerns; these questions are included because many families ask for assistance with these issues, and we wish to determine if families' needs are being met. Please skip any questions that seem inappropriate to you.

Your answers to this survey are completely confidential (private). Your answers will not be shared with your child's health care providers or with any authorities. Your answers will not affect any benefits that you or your child are receiving or might receive.

Please tell us about the [outpatient mental health, psychiatric day treatment, psychiatric residential treatment] services that your child [fill in name in CAPS] received between July 1, 2009 and now. If your child has received services from more than one provider since July 2009, then please rate only your child's *current* [outpatient mental health, psychiatric day treatment, psychiatric residential treatment] provider. If your child is no longer receiving [outpatient mental health, psychiatric day treatment, psychiatric residential treatment] services, then please rate only your child's *most recent* [outpatient mental health, psychiatric day treatment, psychiatric residential treatment] provider.

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

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
A. The child's parent or caregiver made most of the treatment decisions, including decisions about the treatment plan and goals.	5	4	3	2	1
1. I have been satisfied with the services my child receives.	5	4	3	2	1
2. I helped to choose my child's services.	5	4	3	2	1
3. I helped to choose my child's treatment goals.	5	4	3	2	1
4. The people helping my child stuck with us no matter what.	5	4	3	2	1
5. I felt my child had someone to talk to when he or she was troubled.	5	4	3	2	1

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
6. I participated in my child's treatment.	5	4	3	2	1
7. The services my child and/or family received were right for us.	5	4	3	2	1
8. The location of services was convenient for us.	5	4	3	2	1
9. Services were available at times that were convenient for us.	5	4	3	2	1
10. My family got the help we wanted for my child.	5	4	3	2	1
11. My family got as much help as we needed for my child.	5	4	3	2	1
12. Staff treated me with respect.	5	4	3	2	1
13. Staff respected my family's religious/spiritual beliefs.	5	4	3	2	1
14. Staff spoke with me in a way that I understood.	5	4	3	2	1
15. Staff were sensitive to my cultural/ethnic background.	5	4	3	2	1
<i>AS A DIRECT RESULT OF THE MENTAL HEALTH SERVICES MY CHILD RECEIVED:</i>					
16. My child is handling daily life better.	5	4	3	2	1
17. My child is getting along better with family members.	5	4	3	2	1
18. My child is getting along better with friends and other people.	5	4	3	2	1
19. My child is doing better in school and/or at work.	5	4	3	2	1
20. My child is better able to cope when things go wrong.	5	4	3	2	1
21. My child is better able to do the things he or she wants to do.	5	4	3	2	1

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

30. When did your child *start* receiving mental health services from his or her current (or most recent) [outpatient mental health, psychiatric day treatment, psychiatric residential treatment] provider? (Your best guess is fine.)

Month: _____ Year: _____

31a. Is your child still receiving mental health services from this provider?

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

31b. If your child is no longer receiving mental health services from this provider, about when (month and year) did your child *last* see this provider?

Month: _____ Year: _____

32. During the time your child was served by his or her current (or most recent) [outpatient mental health, psychiatric day treatment, psychiatric residential treatment] provider, was your child *also* served by:

	Yes	No	Uncertain
a. ...another mental health provider?	1	0	9
b. ...a Child Welfare worker?	1	0	9
c. ...a parole officer of the Oregon Youth Authority?	1	0	9

d. ...the local Juvenile Justice department?	1	0	9
e. ...a special education teacher?	1	0	9
f. ...a Developmental Disabilities worker?	1	0	9
g. ...an alcohol or drug treatment provider?	1	0	9
h. ...a physical health care provider?	1	0	9

33. Different service providers might be working together to help your child. If so, to what extent have you been satisfied with the *willingness and ability* of your child's current (or most recent) [outpatient mental health, psychiatric day treatment, psychiatric residential treatment] provider to work *together* with...

	Strongly Satisfied	Satisfied	Somewhat Satisfied	Dissatisfied	Strongly Dissatisfied	Doesn't Apply: Child <u>didn't</u> need or receive services from this provider or agency	Doesn't Apply: Child <u>did</u> need but <u>didn't</u> receive services from this provider or agency
... another mental health provider?	5	4	3	2	1	9	8
... Child Welfare?	5	4	3	2	1	9	8
...the Oregon Youth Authority?	5	4	3	2	1	9	8
... Juvenile Justice?	5	4	3	2	1	9	8
...Special Education?	5	4	3	2	1	9	8
... Developmental Disabilities?	5	4	3	2	1	9	8
...an alcohol or drug treatment provider?	5	4	3	2	1	9	8
...a physical health care provider?	5	4	3	2	1	9	8

34. What did you *expect* to happen as a result of your child receiving mental health services from his/her current (or most recent) [outpatient mental health, psychiatric day treatment, psychiatric residential treatment] provider? "I expected that my child would..." (Check *all that apply*.)

<input type="checkbox"/> a. "...become happier."	<input type="checkbox"/> f. "...get along better with family."
<input type="checkbox"/> b. "...become less anxious or fearful."	<input type="checkbox"/> g. "...get along better with other children."
<input type="checkbox"/> c. "...become more respectful or responsible."	<input type="checkbox"/> h. "...stop or reduce use of drugs or alcohol."
<input type="checkbox"/> d. "...feel better about himself/herself."	<input type="checkbox"/> i. "...stop hurting others."
<input type="checkbox"/> e. "...do better in school."	<input type="checkbox"/> j. "...stop hurting himself or herself."

35. What has *actually happened* as a result of your child receiving mental health services from this provider? “My child has...” (Please check *all that apply.*)

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

36. If your child is no longer receiving services from this mental health service provider, then why? (Please check the *ONE* major reason why treatment ended)

<input type="checkbox"/> a. My child no longer needed treatment, because the problem that led to treatment was solved	<input type="checkbox"/> c. Treatment was no longer possible due to problems with transportation, paying for treatment, finding time for treatment, or other concerns <i>unrelated to treatment effectiveness</i>
<input type="checkbox"/> b. Treatment was not working as well as expected, so we stopped treatment with this provider	<input type="checkbox"/> d. Other (please explain):

37. During the time your child was served by his or her current (or most recent) [outpatient mental health, psychiatric day treatment, psychiatric residential treatment] provider, did your child attend a public or private school? (If “No,” skip to question 40.)

- a. Yes b. No c. Uncertain

38a. Was your child suspended from school during the 12 months *BEFORE* he or she began seeing this provider? (Please check one.)

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

38b. Was your child suspended from school in the first 12 months (or less) *AFTER* s/he began seeing his or her current (or most recent) [outpatient mental health, psychiatric day treatment, psychiatric residential treatment] provider? (Please check one.) a. Yes b. No / Not Applicable c. Don’t know / Don’t remember

39a. Was your child expelled from school during the 12 months *BEFORE* he or she began seeing this provider? (Please check one.)

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

39b. Was your child expelled from school in the first 12 months (or less) *AFTER* s/he began seeing his or her current (or most recent) [outpatient mental health, psychiatric day treatment, psychiatric residential treatment] provider? (Please check one.)

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

40. “Since my child started to receive mental health services from this provider, the number of days my child has been in school is...” (check one)

- a. “Greater than before.”

- b. "About the same as before."
- c. "Less than before."
- d. Does not apply (*Please select why the question does not apply:*)
 - i. My child had no problem with attendance before starting services
 - ii. My child is too young to be in school
 - iii. My child was expelled from school
 - iv. My child is home schooled
 - v. My child dropped out of school
 - vi. Other

41. Encounters with police include being arrested, hassled by police, or taken by the police to a shelter or crisis program. *Since your child began to receive mental health services from this provider, have his or her encounters with the police...*

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

42a. Was your child arrested in the 12 months *BEFORE* he or she started treatment with this provider? a. Yes b. No / Not Applicable c. Don't know / Don't remember

42b. Was your child arrested in the first 12 months (or less) *AFTER* s/he began seeing his or her current (or most recent) provider? (*Please check one.*)

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

43. Many children and teens use alcohol or drugs. Which of the following substances do you suspect or know that your child has used? (*Check all that apply*)

A. Alcohol	<input type="checkbox"/>
B. Tobacco (e.g., cigarettes)	<input type="checkbox"/>
C. Marijuana	<input type="checkbox"/>
<i>D. Cocaine or Crack</i>	<input type="checkbox"/>
<i>E. Methamphetamine</i>	<input type="checkbox"/>
<i>F. Inhalants (e.g., breathing glue or paint to get high)</i>	<input type="checkbox"/>
<i>G. Heroin</i>	<input type="checkbox"/>
H. Prescription drugs not prescribed to child (e.g., pain killers such as oxycontin, antianxiety such as xanax, stimulants such as ritalin)	<input type="checkbox"/>
I. Other drugs <u>not</u> sold in stores and <u>not</u> prescribed for your child by a doctor such as Ecstasy, LSD	<input type="checkbox"/>

44. Do you believe that your child either has abused or now abuses alcohol or drugs?

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

45. Has your child received treatment for an alcohol or drug abuse problem?

- a. Yes b. No c. Uncertain

46. In the past 3 years, how many times has your child changed residence (for example, moved from one house to another house, or moved from home to psychiatric residential treatment)?

_____ time(s) *or* Don't know / Don't remember

Federal authorities require us to ask you the following questions. Your response is appreciated but optional:

47. Is your child of Spanish/Hispanic/Latino Origin?

- a. Hispanic or Latino/a b. Not Hispanic or Latino/a

48. What is your child's race? (*Check all races that you consider your child to be.*)

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

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



N° del estudio:

Departamento de Servicios Humanos de Oregón
División de Adicciones y Salud Mental
ENCUESTA DE SERVICIOS JUVENILES PARA
LAS FAMILIAS

Nota: Esta encuesta se envía a los proveedores de cuidado de miles de niños que recibieron servicios de salud mental financiados con fondos públicos en Oregón desde el 1° de julio de 2009 y hoy. *Como todos los proveedores de cuidado reciben la misma encuesta, es posible que algunas preguntas no se apliquen a su hijo.* Algunas de las preguntas mencionan el uso de drogas/alcohol, dificultades educativas o preocupaciones legales. Estas preguntas se incluyen porque muchas familias solicitan asistencia para estos temas y deseamos determinar si se están cubriendo las necesidades de las familias. Por favor saltee cualquier pregunta que le parezca inapropiada.

Sus respuestas a esta encuesta serán completamente confidenciales (privadas). Sus respuestas no se compartirán con los proveedores de cuidado de la salud de su hijo ni con ninguna otra autoridad. Tampoco afectarán los beneficios que usted o su hijo están recibiendo o podrían recibir.

Por favor hablemos sobre los servicios de [salud mental para pacientes ambulatorios, tratamiento psiquiátrico diurno, tratamiento psiquiátrico para pacientes hospitalizados] que su hijo [LLENAR CON EL NOMBRE] recibió entre el 1° de julio de 2009 y hoy. Si su hijo recibió servicios de más de un proveedor desde julio de 2009, por favor evalúe sólo al proveedor *actual* de [salud mental para pacientes ambulatorios, tratamiento psiquiátrico diurno, tratamiento psiquiátrico para pacientes hospitalizados] de su hijo. Si su hijo ya no recibe servicios de [salud mental para pacientes ambulatorios, tratamiento psiquiátrico diurno, tratamiento psiquiátrico para pacientes hospitalizados], por favor evalúe sólo al proveedor *más reciente* de [salud mental para pacientes ambulatorios, tratamiento psiquiátrico diurno, tratamiento psiquiátrico para pacientes hospitalizados].

Por favor díganos si usted está Totalmente de acuerdo, De acuerdo, Indeciso, En desacuerdo o Totalmente en desacuerdo con cada uno de los siguientes enunciados marcando con un círculo UN número apropiado para cada enunciado.

	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo
A. El padre o proveedor de cuidado del niño tomó la mayoría de las decisiones sobre el tratamiento, incluyendo decisiones referentes al plan y a los objetivos del tratamiento.	5	4	3	2	1
1. Estoy satisfecho con los servicios que recibe mi hijo.	5	4	3	2	1
2. Ayudé a elegir los servicios para mi hijo.	5	4	3	2	1
3. Ayudé a elegir los objetivos del tratamiento de mi hijo.	5	4	3	2	1
4. Las personas que ayudaban a mi hijo permanecieron firmes con	5	4	3	2	1

	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo
nosotros en todo momento.					
5. Sentí que mi hijo siempre tuvo a alguien con quién hablar cuando tenía problemas.	5	4	3	2	1
6. Participé en el tratamiento de mi hijo.	5	4	3	2	1
7. Los servicios que recibió mi hijo y/o mi familia fueron los correctos.	5	4	3	2	1
8. La ubicación de los servicios era conveniente para nosotros.	5	4	3	2	1
9. Los servicios estaban disponibles en horarios que nos convenían.	5	4	3	2	1
10. Mi familia obtuvo la ayuda que deseábamos para mi hijo.	5	4	3	2	1
11. Mi familia obtuvo toda la ayuda que necesitábamos para mi hijo.	5	4	3	2	1
12. El personal me trató con respeto.	5	4	3	2	1
13. El personal respetó las creencias religiosas / espirituales de mi familia.	5	4	3	2	1
14. El personal me habló de tal manera que los pude entender.	5	4	3	2	1
15. El personal respetó mi entorno cultural / étnico.	5	4	3	2	1
COMO RESULTADO DIRECTO DE LOS SERVICIOS DE SALUD MENTAL QUE RECIBÍ MI HIJO:					
16. Mi hijo está manejando mejor su vida diaria.	5	4	3	2	1
17. Mi hijo se está llevando mejor con los miembros de la familia.	5	4	3	2	1
18. Mi hijo se está llevando mejor con sus amigos y otras personas.	5	4	3	2	1
19. A mi hijo le está yendo mejor en la escuela y/o el trabajo.	5	4	3	2	1
20. Mi hijo enfrenta mejor las cosas que salen mal.	5	4	3	2	1
21. Mi hijo es capaz de hacer las cosas que quiere hacer.	5	4	3	2	1
22. Estoy más satisfecho con nuestra vida familiar.	5	4	3	2	1
OTRAS PERSONAS QUE NO SEAN LOS PROVEEDORES DE SERVICIOS DE MI HIJO:					
23. Conozco personas que me escuchan y entienden cuando necesito hablar.	5	4	3	2	1

24. Tengo personas con las cuales tengo confianza para hablar de cosas privadas.	5	4	3	2	1
	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo
25. Tengo personas con las cuales tengo confianza para hablar acerca de los problemas de mi hijo.	5	4	3	2	1
26. Tengo personas con las que puedo hacer cosas agradables.	5	4	3	2	1
27. En una crisis, tengo el apoyo que necesito de mi familia o amigos.	5	4	3	2	1
28. Tengo más de un amigo.	5	4	3	2	1
29. Estoy feliz con los amigos que tengo.	5	4	3	2	1

30. ¿Cuándo comenzó su hijo a recibir servicios de su proveedor actual (o más reciente) de [salud mental para pacientes ambulatorios, tratamiento psiquiátrico diurno, tratamiento psiquiátrico para pacientes hospitalizados]? (una fecha aproximada está bien)

Mes: _____ Año: _____

31a. ¿Su hijo todavía recibe servicios de salud mental de este proveedor?

Sí No No sé / No recuerdo

31b. Si su hijo ya no recibe servicios de salud mental de este proveedor ¿cuándo vio su hijo por última vez a este proveedor (mes y año aproximados)?

Mes: _____ Año: _____

32. Durante el tiempo en que su hijo recibía servicios de su proveedor actual (o más reciente) de [salud mental para pacientes ambulatorios, tratamiento psiquiátrico diurno, tratamiento psiquiátrico para pacientes hospitalizados], ¿atendía también a su hijo:

	Sí	No	Indeciso
a. ...otro proveedor de salud mental?	1	0	9
b. ...un trabajador de Bienestar de niños?	1	0	9
c. ...un supervisor de libertad bajo palabra de la Autoridad de menores de Oregón?	1	0	9
d. ...el departamento de Justicia de menores local?	1	0	9
e. ...un maestro de educación especial?	1	0	9
f. ...un trabajador de Discapacidades del desarrollo?	1	0	9
g. ...un proveedor de tratamiento de alcohol o drogas?	1	0	9
h. ...un proveedor de atención de la salud física?	1	0	9

33. Puede haber distintos proveedores de servicios trabajando juntos para ayudar a su hijo. Si es así, ¿en qué medida estuvo usted satisfecho con la voluntad y capacidad del proveedor actual de [salud mental para pacientes ambulatorios, tratamiento psiquiátrico diurno, tratamiento psiquiátrico para pacientes hospitalizados] de su hijo para trabajar con ...

	Muy satisfecho	Satisfecho	Algo satisfecho	Insatisfecho	Muy insatisfecho	No corresponde (el niño no necesitó o no recibió servicios de este proveedor o agencia)	No corresponde (el niño necesitó pero no recibió servicios de este proveedor o agencia)
...otro proveedor de salud mental?	5	4	3	2	1	9	8
...Bienestar de niños?	5	4	3	2	1	9	8
...la Autoridad de menores de Oregón?	5	4	3	2	1	9	8
...Justicia de menores?	5	4	3	2	1	9	8
...Educación especial?	5	4	3	2	1	9	8
...Discapacidades del desarrollo?	5	4	3	2	1	9	8
...un proveedor de tratamiento de alcohol o drogas?	5	4	3	2	1	9	8
...un proveedor de atención de la salud física?	5	4	3	2	1	9	8

34. ¿Qué *esperaba* usted que sucediera gracias a los servicios de salud mental [salud mental para pacientes ambulatorios, tratamiento psiquiátrico diurno, tratamiento psiquiátrico para pacientes hospitalizados] que su hijo recibió de su proveedor actual (o más reciente)? “Esperaba que mi hijo...” (Marque *todo lo que corresponda*.)

<input type="checkbox"/> a. “...se sintiera más feliz.”	<input type="checkbox"/> f. “...se llevara mejor con la familia.”
<input type="checkbox"/> b. “...se volviera menos ansioso o temeroso.”	<input type="checkbox"/> g. “...se llevara mejor con otros niños.”
<input type="checkbox"/> c. “...se volviera más respetuoso o responsable.”	<input type="checkbox"/> h. “...detuviera o redujera el uso de drogas o alcohol.”
<input type="checkbox"/> d. “...tuviera una mejor imagen de sí mismo.”	<input type="checkbox"/> i. “...dejara de lastimar a otros.”

<input type="checkbox"/> e. "...le fuera mejor en la escuela."	<input type="checkbox"/> j. "...dejara de lastimarse a sí mismo."
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35. ¿Qué sucedió en realidad gracias a los servicios de salud mental que su hijo recibió de este proveedor? "Mi hijo ..." (Por favor marque todo lo que corresponda.)

<input type="checkbox"/> a. "...se siente más feliz."	<input type="checkbox"/> f. "...se lleva mejor con la familia."
<input type="checkbox"/> b. "...se ha vuelto menos ansioso o temeroso."	<input type="checkbox"/> g. "...se lleva mejor con otros niños."
<input type="checkbox"/> c. "...se ha hecho más respetuoso o responsable."	<input type="checkbox"/> h. "...dejó de usar o redujo el uso de drogas o alcohol."
<input type="checkbox"/> d. "...tiene una mejor imagen de sí mismo."	<input type="checkbox"/> i. "...dejó de lastimar a otros."
<input type="checkbox"/> e. "...le va mejor en la escuela."	<input type="checkbox"/> j. "...dejó de lastimarse a sí mismo."

36. Si su hijo ya no recibe servicios de este proveedor de salud mental, ¿por qué razón? (Por favor marque la principal razón (sólo UNA) por la que terminó el tratamiento.)

<input type="checkbox"/> a. Mi hijo ya no necesitó tratamiento porque el problema que condujo al tratamiento fue solucionado.	<input type="checkbox"/> c. El tratamiento ya no era posible debido a problemas de transporte, pago del tratamiento, falta de tiempo para el tratamiento u otras inquietudes <i>no relacionadas con la efectividad del tratamiento.</i>
<input type="checkbox"/> b. El tratamiento no estaba dando los resultados esperados, entonces detuvimos el tratamiento con este proveedor.	<input type="checkbox"/> d. Otro (por favor explique):

37. Durante el tiempo en que su hijo recibía atención de su proveedor actual (o más reciente) de [salud mental para pacientes ambulatorios, tratamiento psiquiátrico diurno, tratamiento psiquiátrico para pacientes hospitalizados], ¿asistió su hijo a una escuela pública o privada? (Si la respuesta es "No," pase a la pregunta 40.)

- a. Sí b. No c. No estoy seguro

38a. ¿Suspendieron a su hijo de la escuela en los primeros 12 meses (o menos) DESPUÉS de comenzar a ver a su proveedor actual (o más reciente) de [salud mental para pacientes ambulatorios, tratamiento psiquiátrico diurno, tratamiento psiquiátrico para pacientes hospitalizados]? (Por favor marque uno.)

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

38b. ¿Suspendieron a su hijo de la escuela durante los 12 meses ANTES de que comenzara a ver a este proveedor? (Por favor marque uno.)

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

39a. ¿Expulsaron a su hijo de la escuela durante los primeros 12 meses (o menos) DESPUÉS de que comenzara a ver a su proveedor actual (o más reciente) de [salud mental para pacientes ambulatorios, tratamiento psiquiátrico diurno, tratamiento psiquiátrico para pacientes hospitalizados]? (Por favor marque uno.)

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

39b. ¿Expulsaron a su hijo de la escuela durante los 12 meses ANTERIORES a que comenzara a ver a este proveedor? (Por favor marque uno.)

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

40. Desde que mi hijo comenzó a recibir servicios de salud mental de este proveedor, la cantidad de días que mi hijo ha pasado en la escuela es:

- a. Mayor que antes.
 b. Aproximadamente la misma que antes.

- c. Menor que antes.
- d. No corresponde (*seleccione por qué la pregunta no corresponde:*)
 - i. Mi hijo no tenía problemas con la asistencia antes de iniciar los servicios.
 - ii. Mi hijo es muy pequeño para asistir a la escuela.
 - iii. Mi hijo fue expulsado de la escuela.
 - iv. Mi hijo recibe educación en el hogar.
 - v. Mi hijo abandonó la escuela.
 - vi. Otro.

41. Los problemas con la policía incluyen arrestos, inconvenientes con la policía, o que la policía lleve al niño a un refugio o programa para adolescentes en crisis. Desde que su hijo comenzó a recibir servicios de salud mental de este proveedor, ¿cómo evolucionaron sus problemas con la policía?

- a. Se redujeron (menos problemas)
- b. Siguieron siendo los mismos
- c. Aumentaron (más problemas)
- d. No corresponde (nunca tuvo problemas con la policía)

42a. ¿Fue su hijo arrestado durante los primeros 12 meses (o menos) *DESPUÉS* de comenzar a ver a su proveedor actual (o más reciente)? (Por favor marque uno.)

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

42b. ¿Fue su hijo arrestado durante los 12 meses *ANTERIORES* a comenzar el tratamiento con este proveedor?

- Sí
- No / No corresponde
- No sé / No recuerdo

43. Muchos niños y adolescentes consumen alcohol o drogas. ¿Cuáles de las siguientes sustancias piensa usted que el niño ha consumido?

A. Alcohol	<input type="checkbox"/>
B. Tabaco (por ej., cigarrillos)	<input type="checkbox"/>
C. Marihuana	<input type="checkbox"/>
D. Cocaína o crack	<input type="checkbox"/>
E. Metanfetaminas	<input type="checkbox"/>
F. Sustancias para inhalar (por ej., inhalar pegamento o pintura para subir el ánimo)	<input type="checkbox"/>
G. Heroína	<input type="checkbox"/>
H. Otras drogas que no se venden en negocios y que ningún médico recetó al niño	<input type="checkbox"/>

44. ¿Cree usted que su hijo ha abusado o ahora abusa de alcohol o drogas?

- a. Sí
- b. No
- c. No estoy seguro

45. ¿Ha recibido su hijo tratamiento por un problema de abuso de alcohol o drogas?

- a. Sí
- b. No
- c. No estoy seguro

46. En los últimos 3 años, ¿cuántas veces cambió su hijo de domicilio (por ejemplo, se mudó de un hogar a otro o se mudó del hogar a un tratamiento hospitalario)?

_____ vez(ces) o No sé / No recuerdo

Las autoridades federales requieren que hagamos las siguientes preguntas. Su respuesta será apreciada pero es opcional:

47. ¿El origen del niño es español / hispano / latino?

Hispano o latino

No hispano o latino

48. ¿Cuál es la raza del niño? *(marque todas las razas que correspondan)*

a. Indígena americano o nativo de Alaska

d. Asiático

b. Nativo de Hawai o de otras islas del Pacífico

e. Blanco (caucásico)

c. Negro (afroamericano)

f. Otro

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