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**2012 Oregon Mental Health  
Statistics Improvement Project  
Survey for Adults - Outpatient and  
Residential**

***Final Report***

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

**January 2013**

**Contract #120923-8**

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Presented to the Oregon Health Authority,  
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Acumentra Health prepared this report under contract with the Oregon Health Authority, Addictions and Mental Health Division (Contract No. 120923-8).

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## EXECUTIVE SUMMARY

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

Acentra Health distributed two separate surveys for the first time in 2012: one to adults who had received outpatient services through Oregon Health Plan (OHP) managed care, and the other to adult Medicaid fee-for-service (FFS) enrollees in residential treatment programs or foster care. While both surveys preserved basic MHSIP questions about enrollee satisfaction, certain questions were added to one survey or the other depending on the living circumstances of each group. The use of separate surveys gathered important information about consumer satisfaction and the provision of services and compared those across different settings in the community.

Acentra Health mailed the surveys to a total of 13,861 adults who had received mental health services during June–December 2011, including 12,000 adults receiving outpatient services and 1,861 adults in either residential or foster care. In all, 2,946 adults returned surveys, for a response rate of 24%. About 87% of responders received outpatient services, 7% were in residential treatment, and 6% were in foster care.

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

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

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

As in 2011, survey participants were given the option of completing the survey via the Internet. This year's analysis compares domain scores according to the method of survey response.

Below are highlights of the survey results—looking at overall results of both surveys combined, then by the outpatient and residential.

### Combined Survey Results

- From 2011 to 2012, satisfaction scores for all but one domain decreased. Scores for four of the domains (access, outcomes, functioning, and participation) dropped to their lowest level in five years.
- Outpatient survey responders reported less satisfaction than residential survey responders in all but the quality of care domain.
- Responders in outpatient settings reported significantly lower scores in daily functioning, treatment outcomes, and social connectedness than did responders in residential and foster care.

### Outpatient Survey Results

A total of 2,569 enrollees receiving outpatient services returned surveys, for a response rate of 24%. Among enrollees who responded, 16% completed the survey online. Of the three survey age groups, the 18–25 group had a significantly lower response rate (16%) than the 26–64 and 65-and-over age groups.

- As in the 2011 survey, 2012 survey participants responded most positively to questions related to quality and general satisfaction and least positively to questions related to treatment outcomes and daily functioning.
- The reported satisfaction scores were lower for online responders in three of the seven domains and higher in three domains.

- Acumentra Health calculated survey response rates and domain scores for each of the 10 mental health organizations (MHOs) that managed mental health services for OHP enrollees during the survey period. As a group, the MHOs' domain scores decreased in all but one domain from 2011 to 2012. Individually, all MHOs' domain scores either decreased or stayed the same in a majority of domains.
- As in 2011, adults 65 years of age and older responded more positively in all domains than those ages 18 to 64. The scores were significantly higher for the 65-and-over group in the general satisfaction, quality, outcomes, functioning, and social connectedness domains.
- Domain scores for female and male responders were the same or varied by only 1 or 2 percentage points in most domains. Female responders reported significantly higher scores for participation—a change from 2011, when male responders reported higher scores in a majority of domains.
- Enrollees living in urban areas responded more positively than those in rural areas in six of the seven domains, with a significantly higher score in the outcomes domain. However, positive responses decreased for both urban and rural responders. For urban responders, scores decreased in all domains from 2011 to 2012. For rural responders, scores fell in six of the seven domains from 2011 to 2012, and stayed the same in one domain (quality).
- Asian responders reported more positive responses than other racial groups in all domains, while Native American responders reported less positive responses than other groups in all but one domain. There were significant differences among scores for racial groups in the general satisfaction, access, outcomes, functioning, and social connectedness domains.
- Hispanic enrollees responded more positively than non-Hispanic enrollees in all domains. The differences between domain scores were significant in general satisfaction and social connectedness.
- Of responders who needed or wanted a job or a better job, 28% received help from their providers. Of those who received assistance from their providers, 39% reported finding a job or a better job.
- Among responders who reported needing assistance as the result of a mental health crisis, 83% received satisfactory help from their provider.

- The most frequently reported expectations for mental health treatment were “feel better about myself” (75%) and “become less anxious or fearful” (74%). When asked what actually happened as a result of treatment, 63% of responders reported feeling better about themselves and 60% said they were less anxious or fearful. The percentages for results of treatment ranged from a low of 51% for doing better in work and school to 74% for stopping/reducing drug or alcohol use.
- When asked if they were currently employed, 45% reported that they were not employed and were not looking for work; 19% reported that they were not employed and were looking for work.
- The survey asked if responders’ doctors or mental health service providers had talked to them about losing weight, stopping or decreasing smoking, reducing heart disease risk, effects of psychiatric medication on weight gain, and how to reduce risk for or manage diabetes. Responders said their doctors had talked to them about these issues between 20% and 38% of the time, depending on the issue. Percentages were lower for mental health providers, except that 27% of responders reported that their mental health provider had discussed the effects of psychiatric medication on weight gain.
- When asked about their general health, a majority of responders reported that it was good (34%) or fair (34%).

## Residential Survey Results

The separate survey for members in residential treatment asked specific questions related to both the services received in residential treatment and the individuals’ readiness to transition to more independent settings.

A statewide study of adult mental health residential programs conducted by Acentra Health in 2010 found that about 60% of residents appeared capable of transitioning to a lower level of residential care or to independent living. The study also found that most services offered in residential programs were related to daily care as opposed to rehabilitation that might help support such transitions. Also in 2010, AMH implemented the Adult Mental Health Initiative (AMHI), which aimed to promote the availability and quality of services at all levels of community-based care and to promote the availability of services in the least restrictive settings possible. Information about consumer satisfaction, services provided in residential settings, and individuals’ readiness for more independent living will be useful to AMH and the Oregon Health Authority as they assess, further develop, and refine mental health policies related to AMHI.

Acumentra Health mailed a total of 1,588 residential surveys to valid addresses; of these, 377 returned the survey for a response rate of 24%. Thirty-nine (10%) of these responders completed the survey online.

Positive responses were highest for the general satisfaction domain and lowest for treatment participation. Differences among domains were similar to those in the outpatient survey in terms of which domains had higher scores (satisfaction, quality, connectedness) and which had lower (outcomes and functioning).

Satisfaction scores were lower for Internet responders in all but one category (outcomes), which was slightly higher. Responses were significantly lower for online responders in the access domain than those who responded by mail.

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

- When asked about what they expected from treatment, responders most often answered “feel better about myself” (68%), “become less anxious or fearful” (66%), and “become happier” (63%).
- The rates of results matching expectations were higher for the residential survey than for the outpatient survey. Of those in residential treatment who expected to feel better about themselves, 80% reported that they did feel better about themselves as a result of receiving services. The highest percentages for results were 87% for becoming more respectful or responsible, followed by 86% for stopping or reducing use of drugs or alcohol; the lowest percentage was 68% for doing better in work and school.
- Sixty-five percent of 269 responders reported they were not currently employed and were not looking for work.
- Of the 335 people who responded, 98% reported that they had a primary care provider.
- When asked about their general health, 33% of the 353 responders selected good, 25% selected fair, 19% very good, 15% excellent, and 7% selected poor.
- The survey asked about progress made while in residential care and the types of services received. Responders indicated they had made the most progress in mental health (e.g., decrease in symptoms and medications, increased coping skills, etc.) and activities of daily living, and the least progress in job/school and substance use/abuse.

- When asked whether they felt ready for more independent living, 43% said they did not feel ready, 41% said they felt ready, and 15% were uncertain.
- The two most commonly reported reasons for not being ready for more independent living were “I like it here” (73%) and “I don’t have the skills to live on my own” (66%), based on responses from 145 individuals.
- When asked, “Is the staff in the program helping you get ready to transition to a more independent setting?”, 39% replied yes, 34% replied no, and 27% were uncertain.

## METHODOLOGY

The 2012 survey collected data concerning enrollees' perception of mental health services delivered in outpatient, residential, and adult foster care settings and the impact of those services on their lives.

### Survey Questionnaire

The instrument Acumentra Health used to conduct these surveys is the MHSIP Consumer Survey with additional questions added by AMH.<sup>1</sup> The National Association of State Mental Health Program Directors has endorsed Version 1.2 (the version AMH adapted) of the survey. The survey presents some three dozen questions with possible responses arrayed on a five-point Likert scale that ranges from “Strongly Agree” (5) to “Strongly Disagree” (1).

This survey is one of the performance measurement tools comprising the MHSIP Quality Report, used to assess and report on the quality and efficiency of mental health services.<sup>2</sup> The main purpose of the survey is to gather enrollees' subjective evaluations of their experience of mental health treatment and the outcomes of that care. AMH surveyed OHP enrollees on topics in seven performance domains:

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

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

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

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

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

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

AMH included similar additional questions in the residential survey:

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

Appendix B includes English and Spanish versions of the surveys.

## Survey Responder Population

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

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

AMH provided Acumentra Health with a random sample of 12,000 adult Medicaid enrollees who had received mental health outpatient services during June–December 2011. The outpatient group included a random sample of *all* enrollees receiving outpatient care, including those whose race was coded other than white (or Caucasian). Also included in the survey was a supplemental group consisting of enrollees who were non-white and/or served by FamilyCare. Because of the small numbers of enrollees in these groups, the survey included *all* members of these groups, not a random sample.

The residential survey population included FFS enrollees receiving services in foster care and residential services. Of the total of 1,861 adults, 45% were in foster care and 55% in residential care.

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

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

## Survey Mailings

On June 18, 2012, Acumentra Health mailed introductory letters to the potential participants in outpatient treatment, informing them of the upcoming survey. These letters also contained instructions, including the web address and individual password, for members to complete the survey online. On August 2, Acumentra

Health mailed similar introductory letters to the potential participants in residential treatment; subsequent letters also included instructions for completing the survey online.

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

The first outpatient survey was mailed on July 23. After Acumentra Health filtered out incorrect addresses and responders who had returned the survey, a second mailing went out to non-responders on August 24. The first residential survey was mailed on August 17; a second survey was sent to non-responders on August 30.

### **Survey Data Security and Quality Assurance Procedures**

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

Data entry staff was trained on inputting survey data, and every tenth survey was checked by other staff to make sure data entry was consistent and correct.

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

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

the correct data in the electronic database or verified that the information was entered as the responder reported.

## Domain Scoring Analysis

Computation of domain scores followed a methodology established for the MHSIP Consumer Survey, with higher scores representing more positive perceptions (e.g., 4 = “Agree” and 5 = “Strongly Agree”). In this report, the term “domain score” is used in two different ways. First, the domain score represents the average score on a set of questions. Second, the domain score represents the percentage of responders who reported an average positive value for that domain.

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

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

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

The domain score calculation sets a relatively high threshold for characterizing positivity of enrollee responses. A responder scoring a domain item with a “1” (Strongly Disagree) or a “2” (“Disagree”) can reduce the domain score to 3.5 or less. For example, in the Access domain, which contains two questions, a response of 5 (very positive) to one question and of 2 (negative) to the other question results in a domain score of  $7/2$ , or 3.5.

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

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

relationship between different variables; and chi-square analyses to compute statistical differences.<sup>4</sup>

It is important to remember that the domain scores reported here are sample scores and not the true population score. Changes or differences in domain scores can merely represent sample score differences, without any actual change in the true domain score for the population of interest. To detect changes in the population score or differences in different populations' domain scores, Acumentra Health performed statistical tests, usually chi-square tests of proportions. If significant results were found, they are noted in each table.

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

## OVERALL SURVEY RESULTS

For the first time in 2012, Acumentra Health distributed two separate surveys to the adult members who had received mental health services: one to those receiving outpatient services and the other to those in residential or foster care. Previously, these groups received the same survey.

This section reports the results of those two surveys combined. Detailed results for the outpatient and residential surveys follow.

### Survey Response

Acumentra Health mailed 10,600 outpatient surveys to valid addresses—this is the denominator for the response rate calculation. At the end of the data entry period, 409 responders (16%) had completed the online survey while 2,160 (84%) completed the survey by mail. A total of 2,569 enrollees returned their outpatient surveys, for a response rate of 24%. Acumentra Health excluded from the survey analysis data from surveys received after the deadline of September 10, 2012.

Acumentra Health mailed a total of 1,588 residential surveys to valid addresses. At the end of the data entry period, 39 responders (10%) had completed the survey online while 338 (90%) completed it by mail. A total of 377 turned in their surveys for a response rate of 24%.

Table 1 shows the response rates for the outpatient survey and the residential survey (which included the adult foster care group). Response was highest for the foster care group (27%) and lowest for the residential group (21%).

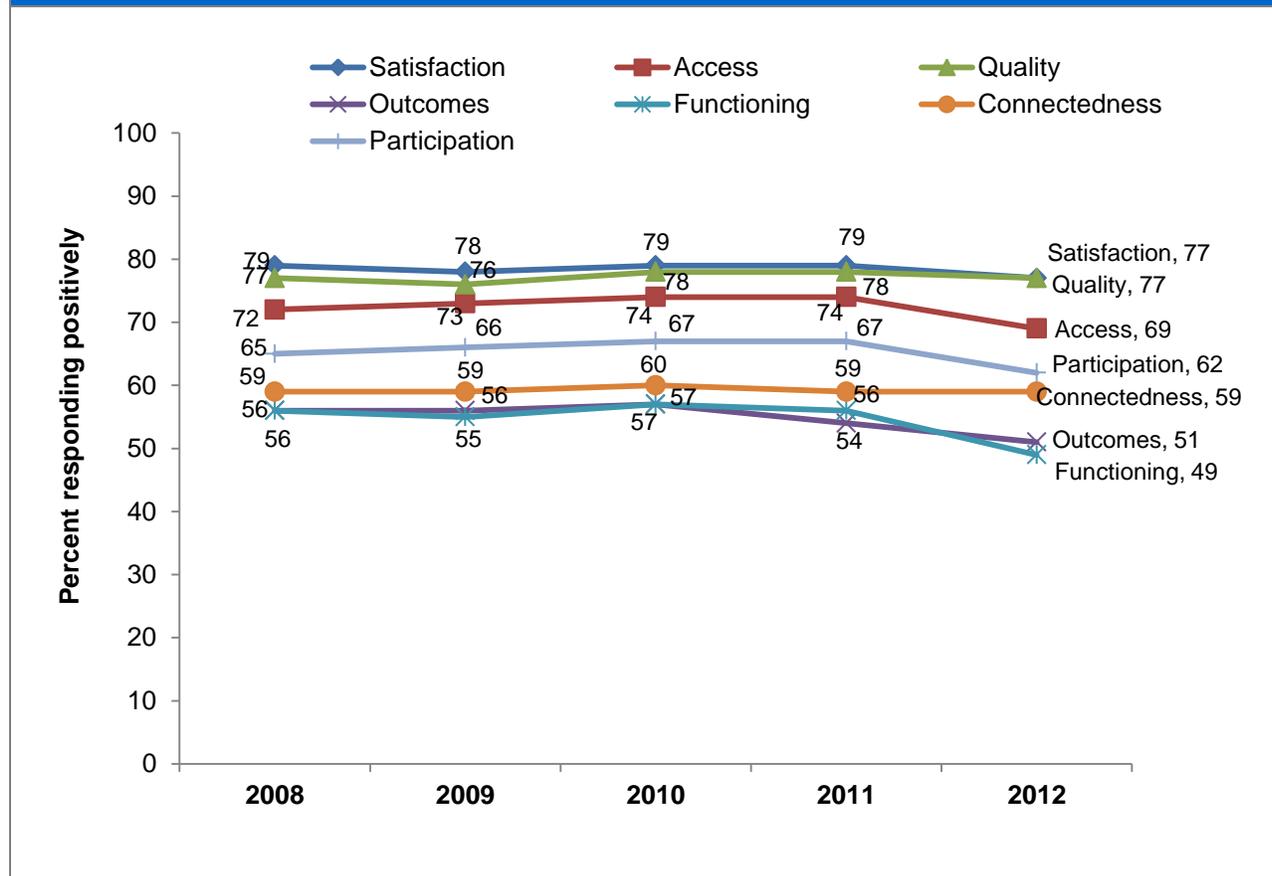
<b>Setting</b>	<b>Number of surveys sent</b>	<b>Number of responses</b>	<b>Response rate (%)</b>
<b>Outpatient</b>	<b>10,600</b>	<b>2,569</b>	<b>24</b>
<b>Residential total</b>	<b>1588</b>	<b>377</b>	<b>24</b>
Residential	844	173	21*
Adult Foster Care	744	204	27*
<b>Total</b>	<b>12,188</b>	<b>2,946</b>	<b>24</b>

\*Indicates a statistically significant difference in response rate between the residential and foster groups only.

## Domain Scores

Figure 1 shows overall domain scores (combining outpatient and residential scores) in the adult survey over the past five years. Domain scores gradually rose from 2008 through 2011, but in 2012, scores fell for all but one domain. Scores for four domains (access, outcomes, functioning, and participation) dropped to their lowest level in five years. In 2012, general satisfaction, quality, and access still had the most positive responses, while functioning and outcomes had the lowest.

Figure 1. 2008–2012 Comparison of Domain Scores.



### Overall domain score changes from 2011 to 2012

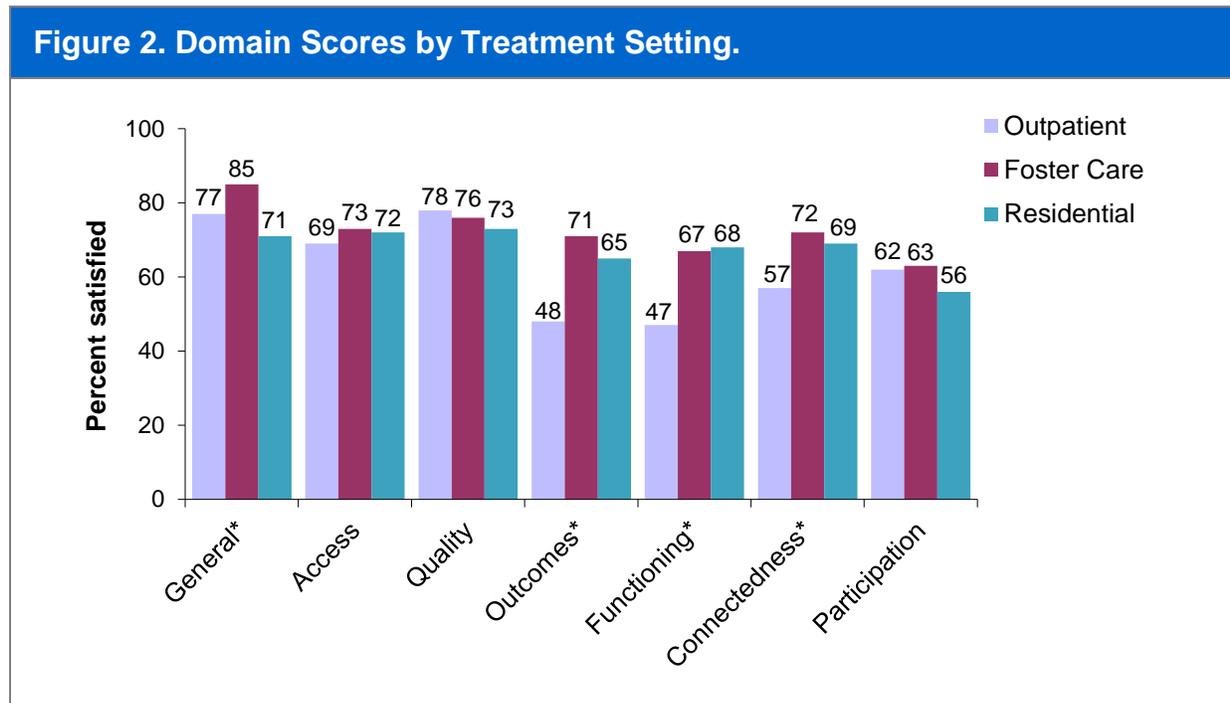
Table 2 shows the domain scores for 2011 and 2012. Scores for all but one domain decreased from 2011 to 2012. The score for social connectedness stayed the same from 2011 to 2012. Analysts tested trends for 2011 to 2012 for all domains and found statistically significant decreases ( $p < .05$ ) for four of the domains.

<b>Table 2. Domain Scores, 2011 to 2012, Adult Outpatient and Adult Residential Combined.</b>		
<b>Domain</b>	<b>2011</b>	<b>2012</b>
General Satisfaction	79	77
Access*	74	69
Quality	78	77
Outcomes*	54	51
Functioning*	56	49
Social Connectedness	59	59
Participation*	67	62

\*Indicates a statistically significant difference ( $p < .05$ ) between 2011 and 2012 scores.

### Domain scores by treatment setting

Figure 2 and Table 3 display the 2012 domain scores according to the treatment setting in which the enrollee received services. Analysts tested survey data for differences among treatment settings.



\*Indicates a statistically significant difference in domain scores among treatment settings.

Individuals in adult foster care responded most positively in five of the seven domains, and the scores for general satisfaction, outcomes, functioning, and social connectedness were significantly higher. Scores for responders in residential treatment were lower than those in foster care in all but the functioning domain.

Responders in outpatient settings were less satisfied in four of the seven domains. In the treatment outcomes, daily functioning, and social connectedness domains, the outpatient group’s domain scores were significantly lower than the foster care and residential groups; this difference is similar to previous years’ survey results.

Table 3 also presents the 95% confidence interval (CI) for each score. The CI indicates the upper and lower limits within which the score would be expected to fall 95 times if Acumentra Health conducted 100 identical surveys. A smaller CI indicates greater precision, usually due to adequate sample sizes.

Table A-2 in Appendix A shows the percentage of positive responses to individual survey items by the responder’s treatment setting.

**Table 3. Domain Scores by Treatment Setting, with 95% Confidence Intervals.**

Facility Type	General satisfaction (CI)	Access (CI)	Quality (CI)	Outcomes (CI)	Functioning (CI)	Social connectedness (CI)	Participation (CI)
Outpatient	77 (75-78)	69 (67-71)	78 (76-79)	48 (46-50)*	47 (45-49)*	57 (55-59)*	62 (60-64)
Residential	71 (64-78)	72 (66-79)	73 (66-80)	65 (58-73)*	68 (61-75)*	69 (62-77)*	56 (48-63)
Foster Care	85 (80-90)*	73 (67-79)	76 (70-82)	71 (65-77)*	67 (61-74)*	72 (66-79)*	63 (57-70)
<b>Aggregate</b>	<b>77</b>	<b>69</b>	<b>77</b>	<b>51</b>	<b>49</b>	<b>59</b>	<b>62</b>

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

## OUTPATIENT SURVEY RESULTS

### Survey Response

A total of 2,569 adults enrolled in outpatient services returned their surveys by the deadline. Table 4 shows response rates by demographic characteristics of those served in outpatient settings. Response rates are based on the number of surveys sent to valid addresses.

<b>Table 4. Outpatient Survey Response Rate by Gender, Age, Race, and Rural/Urban Residence.</b>				
<b>Characteristic</b>		<b>Number of responses</b>	<b>Number of surveys sent</b>	<b>Response rate (%)</b>
Gender	Female	1,723	7,118	24
	Male	846	3,482	24
Age group*	18–25	267	1,719	16
	26–64	2,164	8,379	26
	65+	138	502	27
Race/Ethnicity	Non-White	423	1,793	24
	White	1,801	7,003	26
Rural/Urban	Rural	840	3,483	24
	Urban	1,722	7,081	24

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

At the end of the data entry period, 409 responders (16%) had completed the online survey while 2,160 (84%) completed it by mail (Table 5).

<b>Table 5. Outpatient Survey Response by Method of Survey Completion.</b>		
<b>Method</b>	<b>Number of responses</b>	<b>Percent of total</b>
Mail	2,160	84
Internet	409	16
<b>Total</b>	<b>2,569</b>	<b>100</b>

At the time of the survey, AMH contracted with 10 MHOs to manage OHP mental health services during the survey period:

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

Table 6 displays the survey response from enrollees who received services from identified MHOs. Note: This table excludes responses for enrollees who were not assigned to an MHO for analytical purposes or who were classified as FFS. Those employees, however, are included in the analyses of responses by facility type and by demographic group.

<b>Table 6. Outpatient Survey Response Rate by MHO.</b>			
<b>MHO</b>	<b>Number of responses</b>	<b>Number of surveys sent</b>	<b>Response rate (%)</b>
ABHA	53	193	27
CMHO	101	450	22
FamilyCare	243	972	25
GOBHI	192	780	25
JBH	169	645	26
LaneCare	337	1,251	27
MVBCN	376	1,583	24
PacificSource	81	393	21
VIBHS	560	2,323	24
WCHHS	166	693	24

## Domain Scores

Table 7 shows the overall response to questions in each domain by enrollees served in outpatient settings. The outpatient scores for outcomes, functioning, and social connectedness were significantly lower than the scores reported by enrollees served in residential and adult foster care facilities.

Domain	Score
General Satisfaction	77
Access	69
Quality	78
Outcomes	48
Functioning	47
Social Connectedness	57
Participation	62

### Domain scores by response method

Table 8 compares the domain scores of Internet vs. mail responders. Differences were significant in the outcomes and functioning domains.

Domain	Internet	Mail
General Satisfaction	73	78
Access	65	70
Quality	76	78
Outcomes*	54	47
Functioning*	54	45
Social Connectedness	57	57
Participation	63	62

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

### Domain scores by MHO

Figures 3–9 display domain scores by MHO, with 95% confidence intervals (Table A-1 shows these data in tabular form). Note that these scores may rate responder perception of the MHO’s contracted service providers rather than of the MHO itself.

Responders receiving services through LaneCare and MVBCN reported a higher level of satisfaction in a majority of domains (4 of the 7) than did responders served by other MHOs. ABHA and PacificSource each had higher scores in three of the domains.

Figure 3. MHO General Satisfaction Scores with 95% CI.

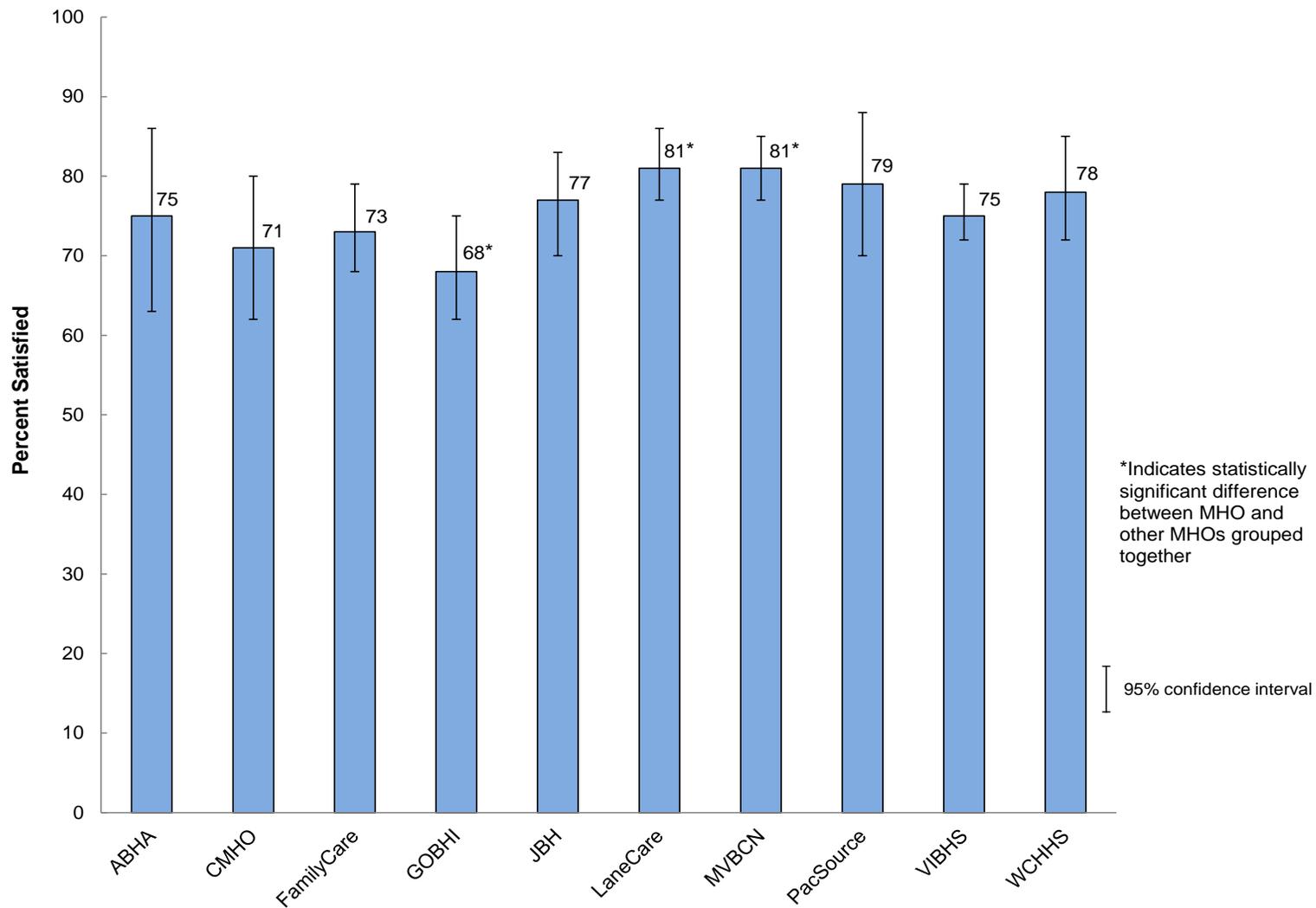


Figure 4. MHO Access Scores with 95% CI.

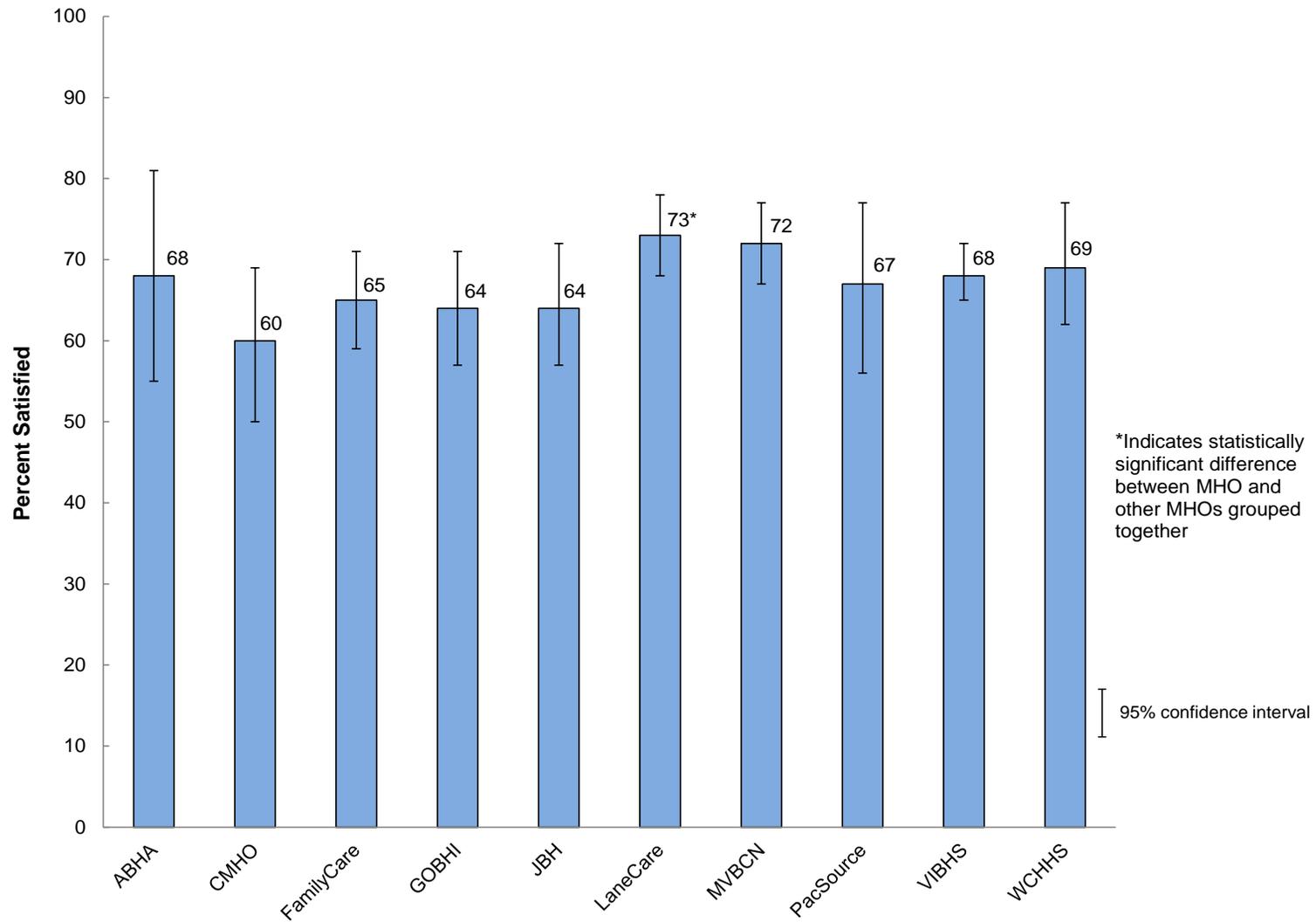


Figure 5. MHO Quality Scores with 95% CI.

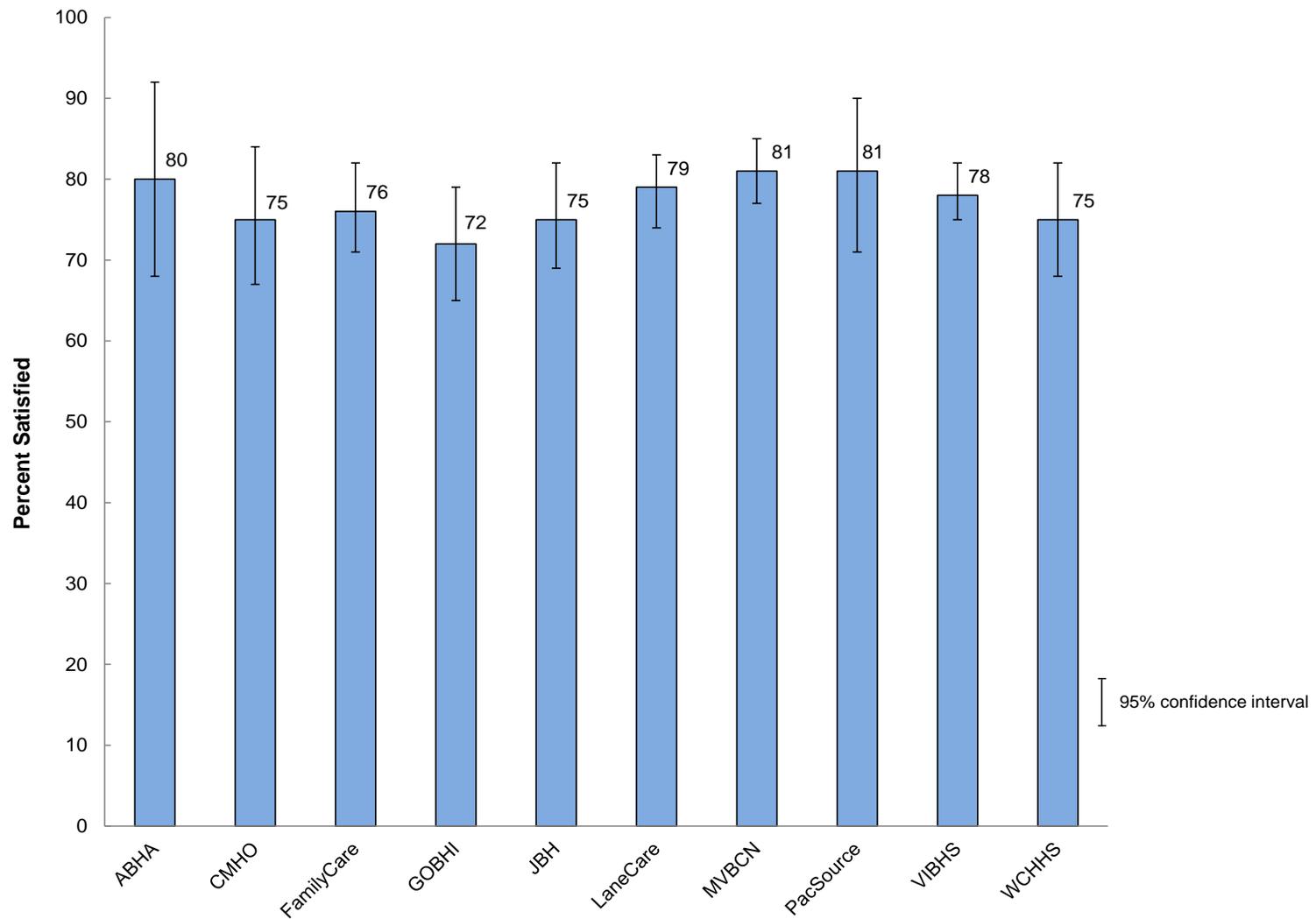


Figure 6. MHO Outcomes Scores with 95% CI.

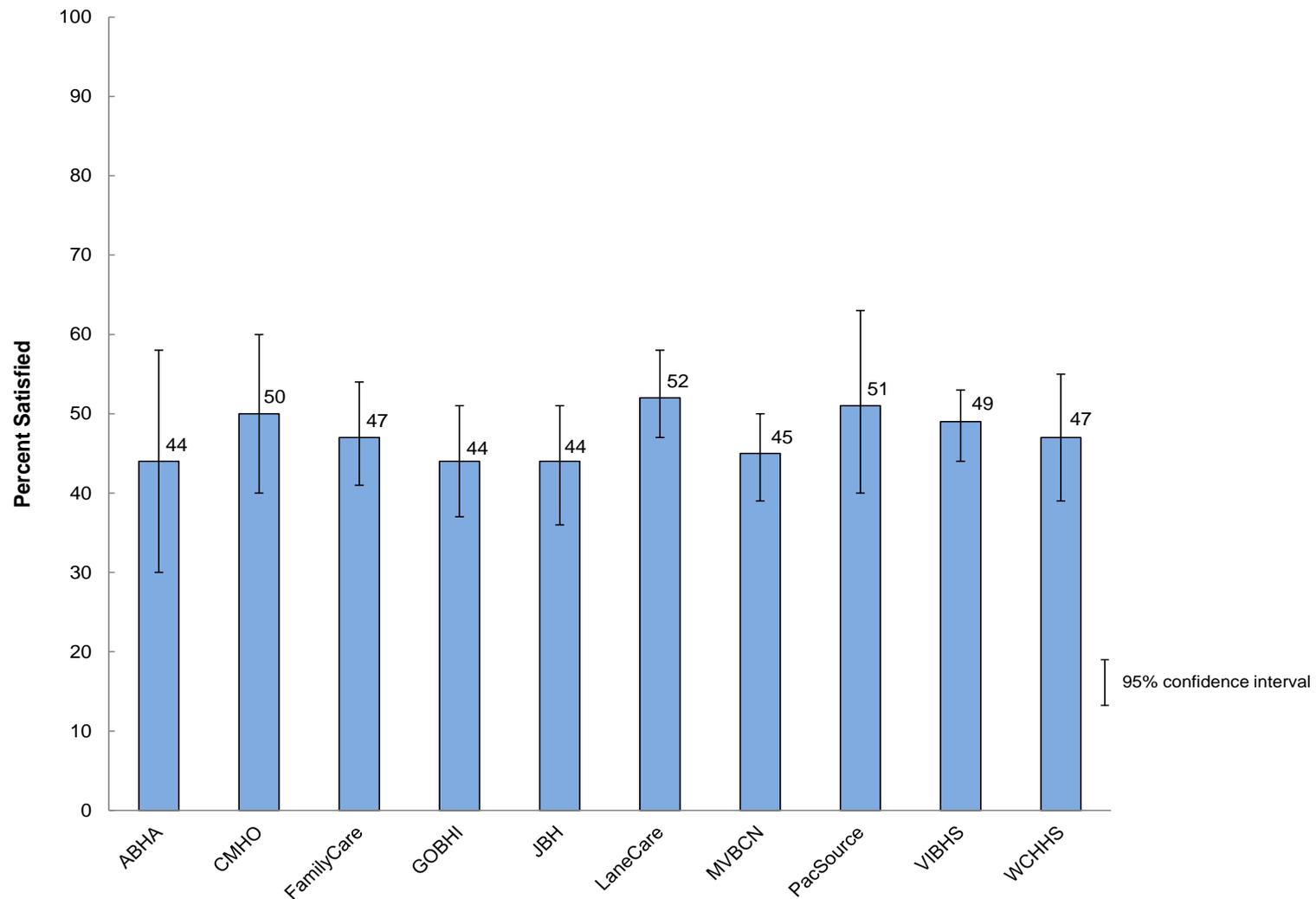


Figure 7. MHO Functioning Scores with 95% CI.

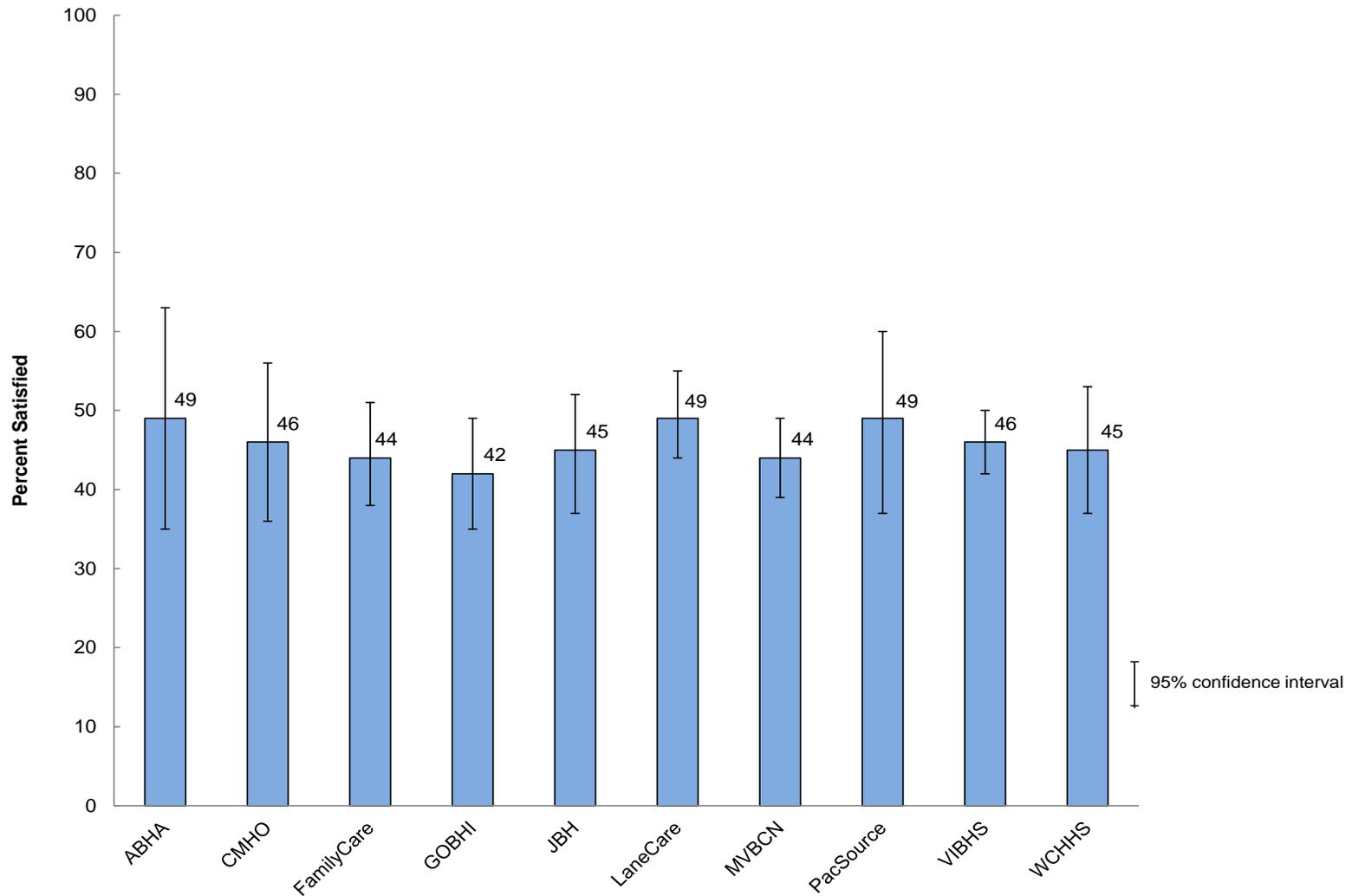


Figure 8. MHO Social Connectedness Scores with 95% CI.

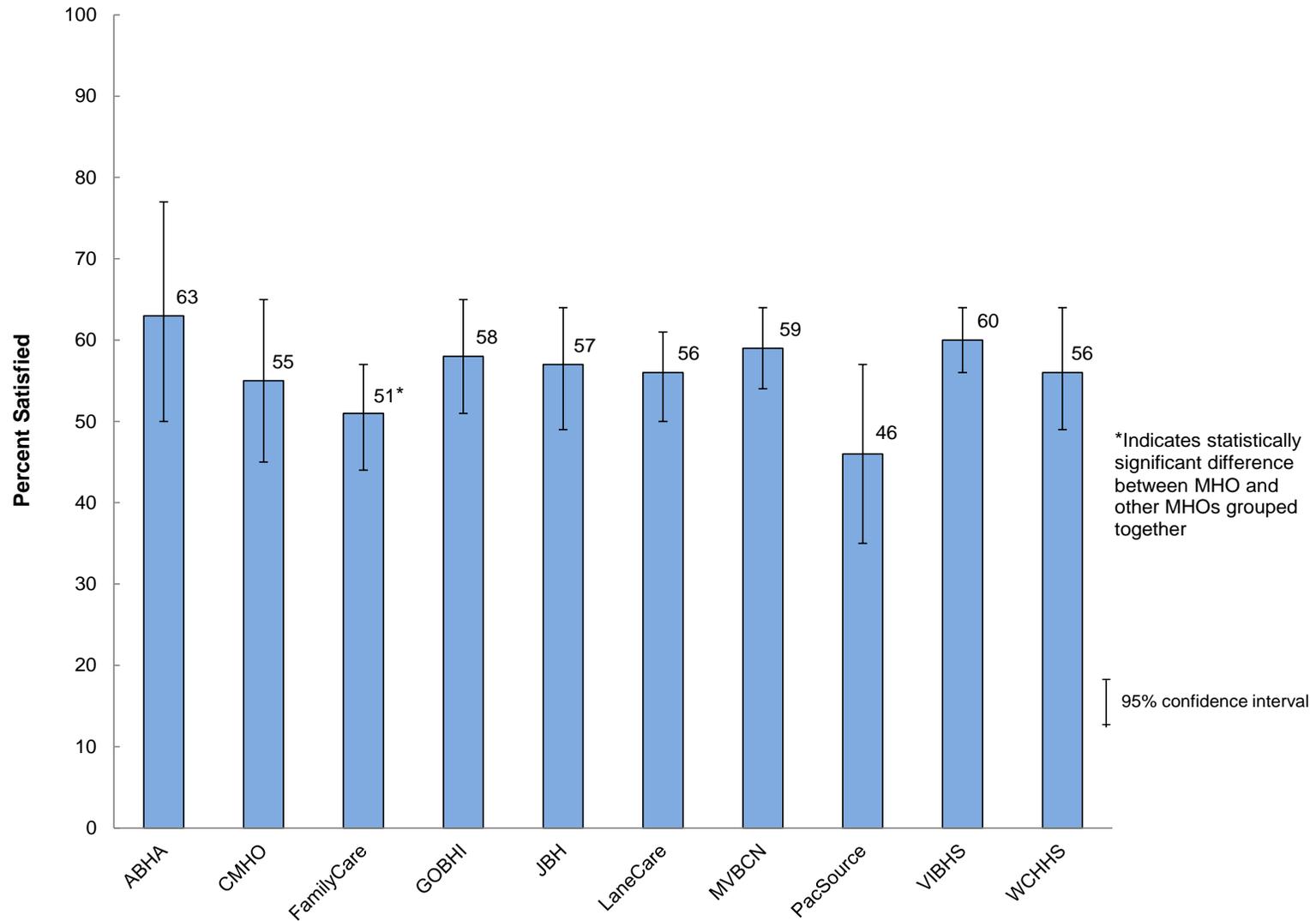
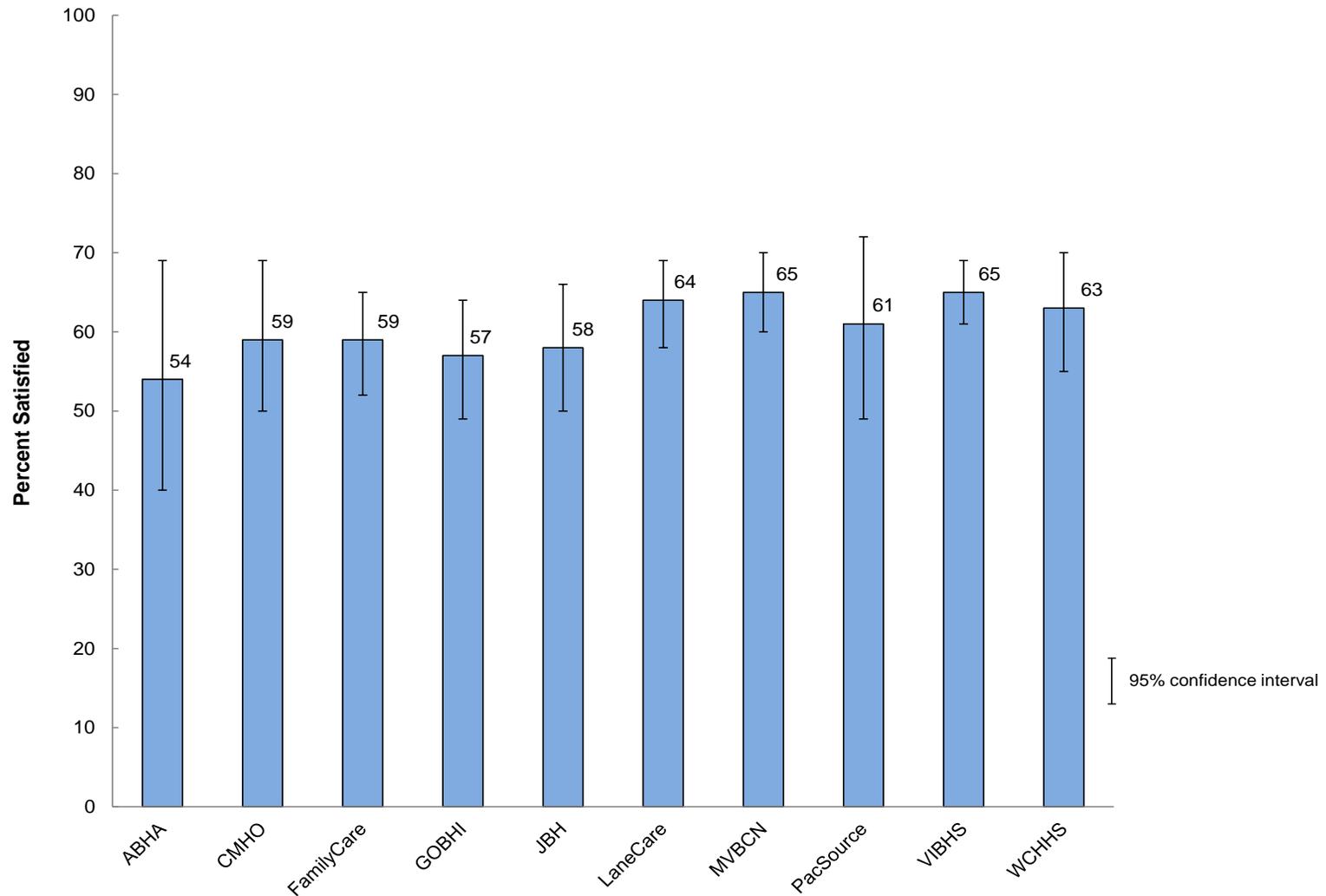


Figure 9. MHO Participation Scores with 95% CI.



Figures 10–18 compare the MHOs’ domain scores from 2008 through 2012. Scores have fluctuated, decreasing or increasing slightly from year to year. In 2012, most domain scores either decreased or stayed the same.

Table A-3 in Appendix A shows the percentage of positive responses to individual survey items, analyzed by MHO.

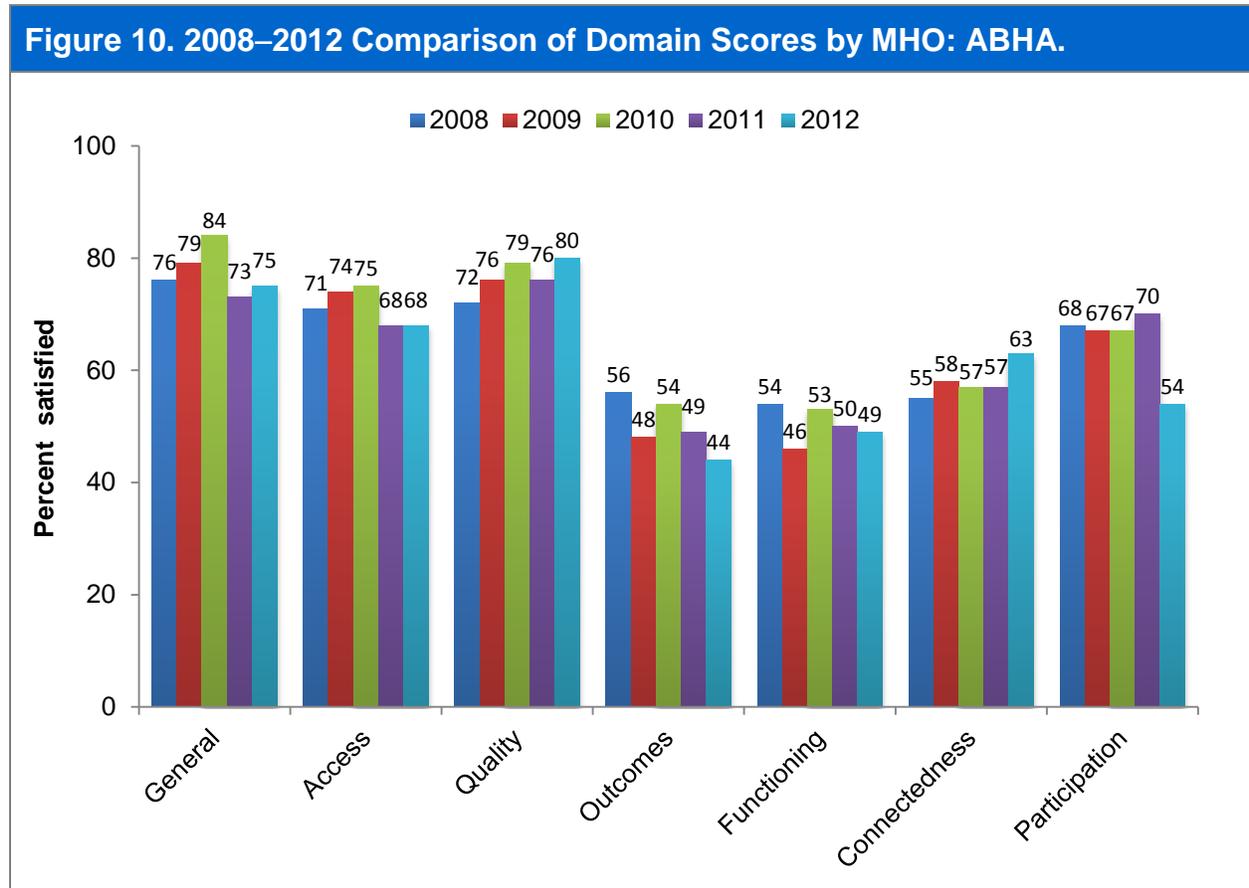


Figure 11. 2008–2012 Comparison of Domain Scores by MHO: CMHO.

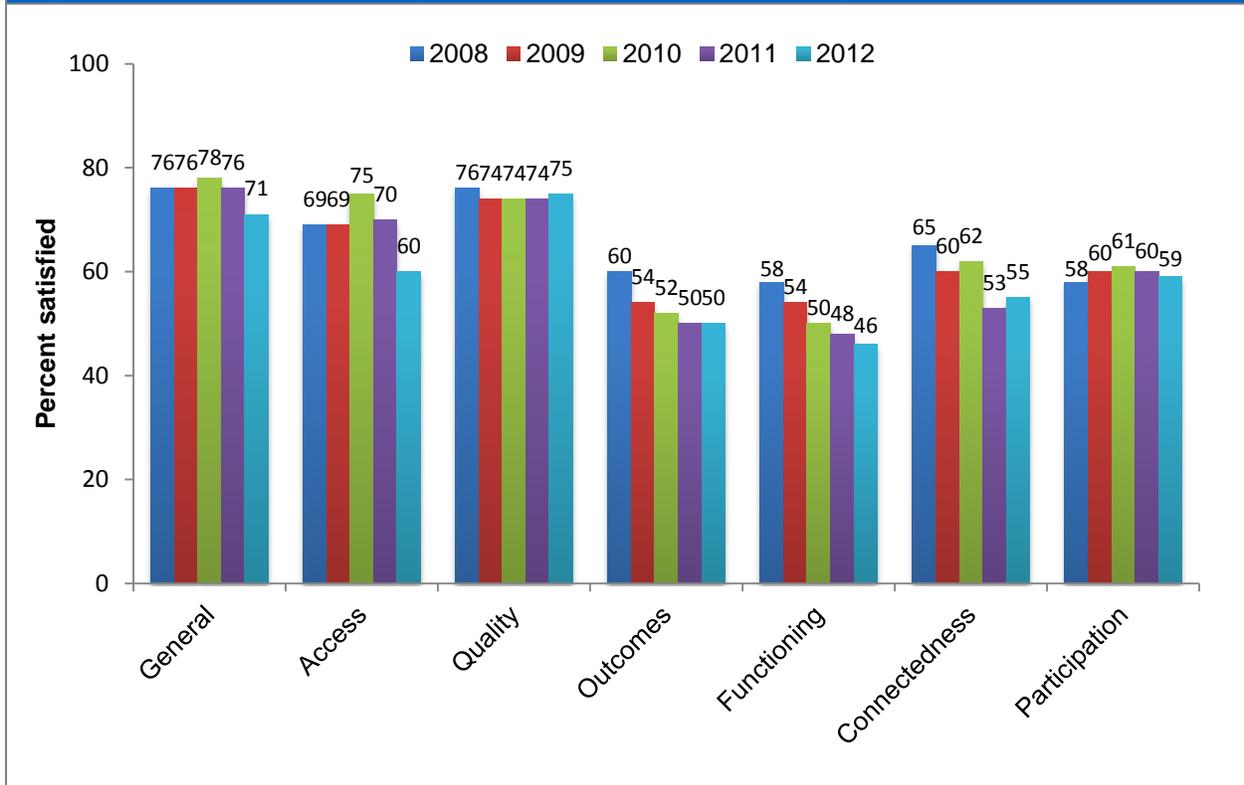


Figure 12. 2008–2012 Comparison of Domain Scores by MHO: FamilyCare.

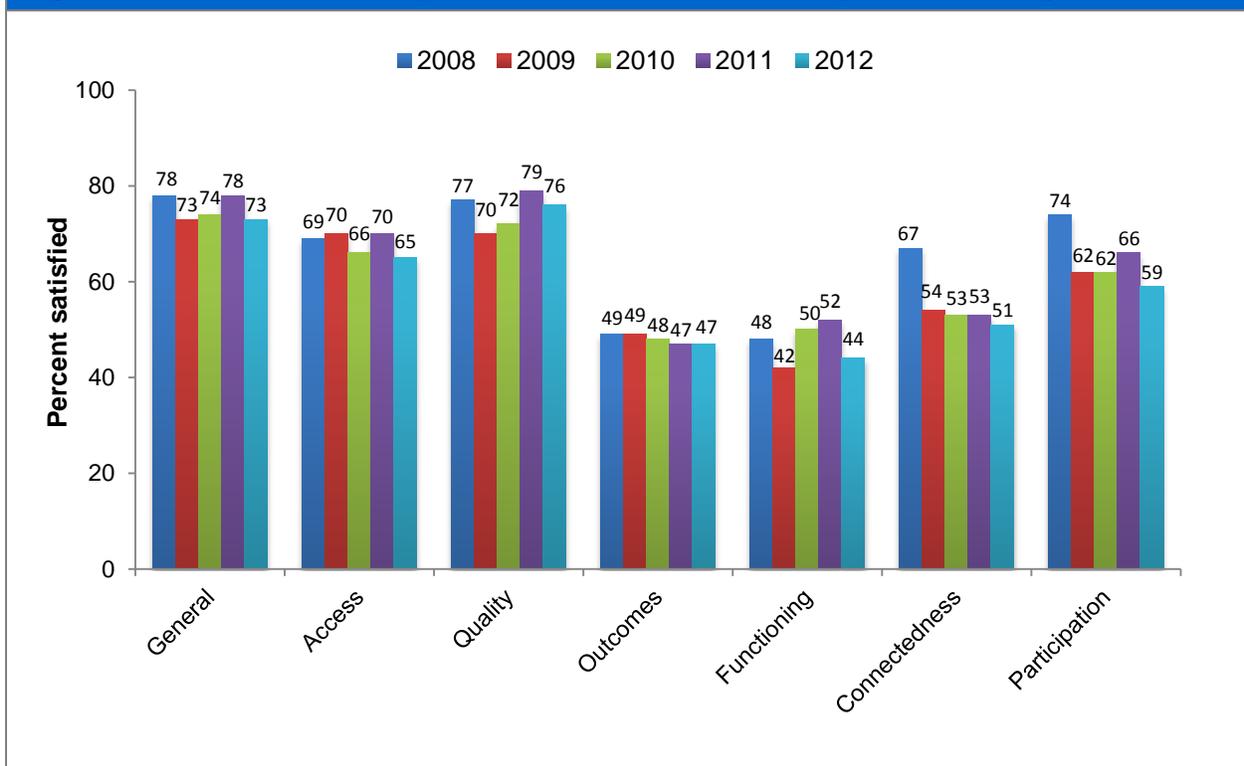


Figure 13. 2008–2012 Comparison of Domain Scores by MHO: GOBHI.

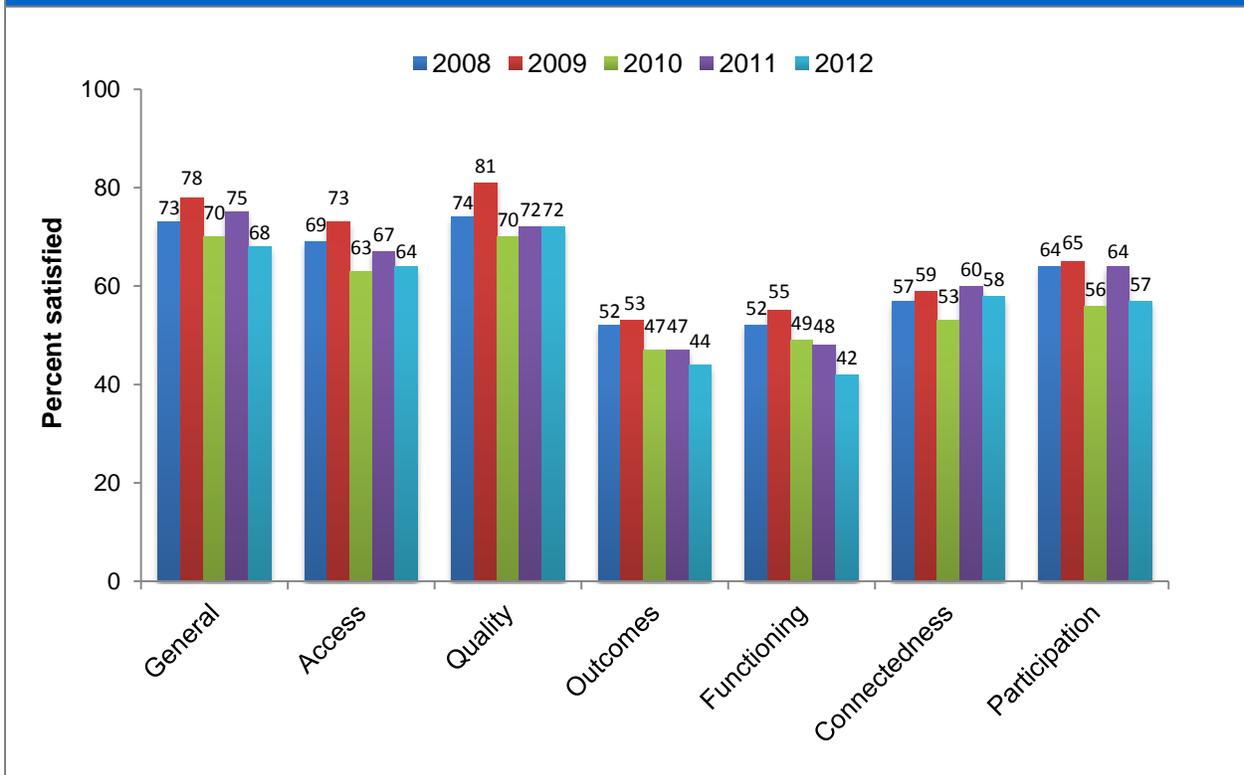


Figure 14. 2008–2012 Comparison of Domain Scores by MHO: JBH.

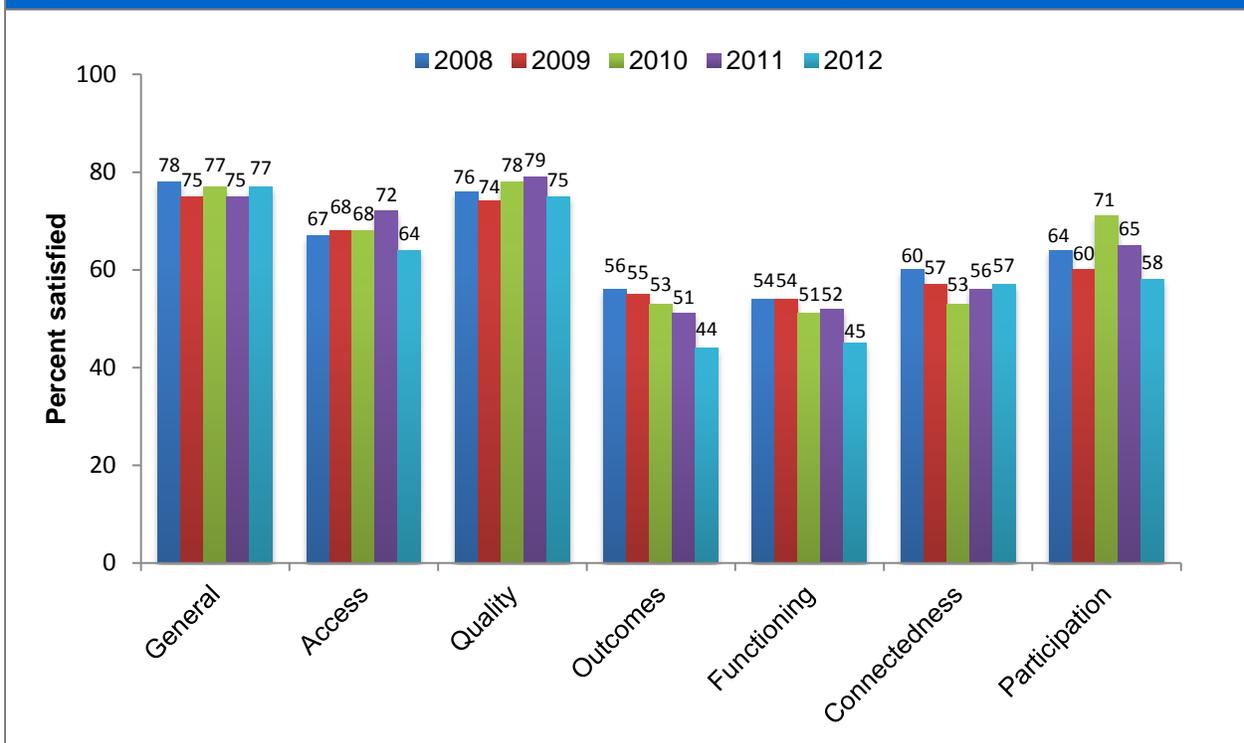


Figure 15. 2008–2012 Comparison of Domain Scores by MHO: LaneCare.

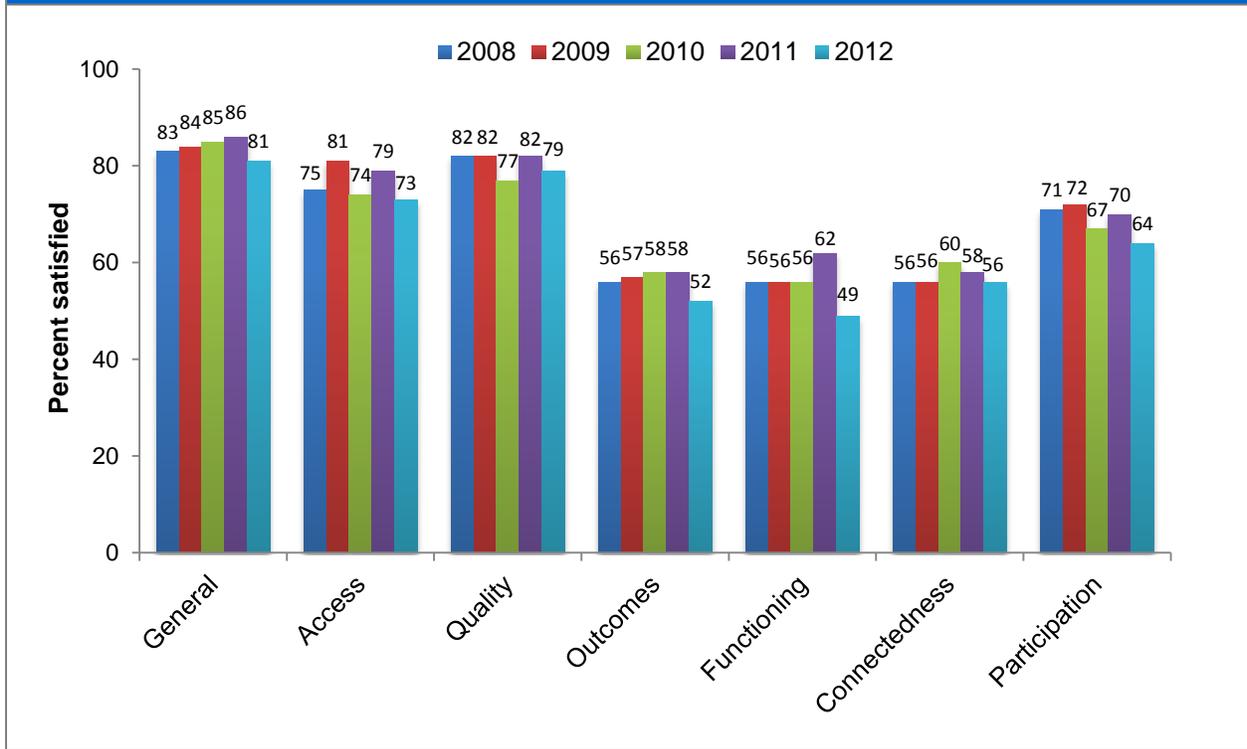


Figure 16. 2008–2012 Comparison of Domain Scores by MHO: MVBCN.

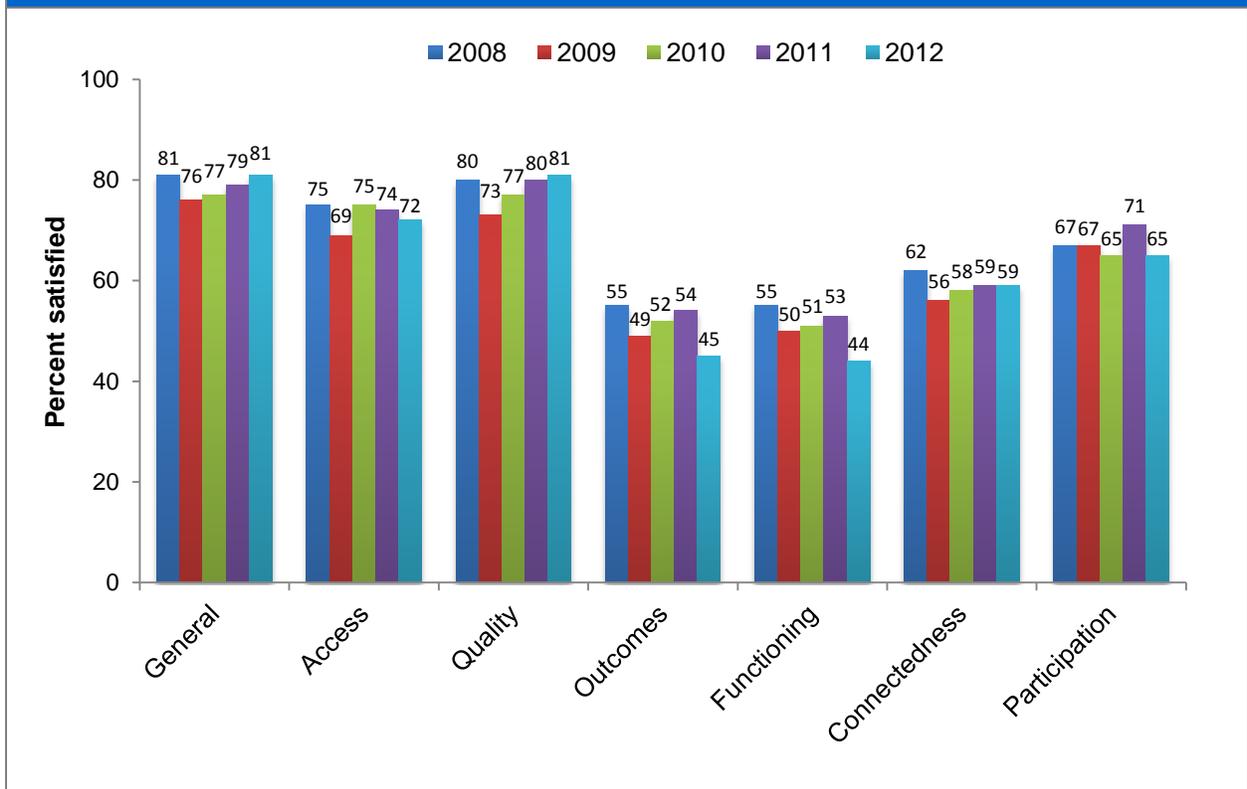


Figure 17. 2008–2012 Comparison of Domain Scores by MHO: VIBHS.

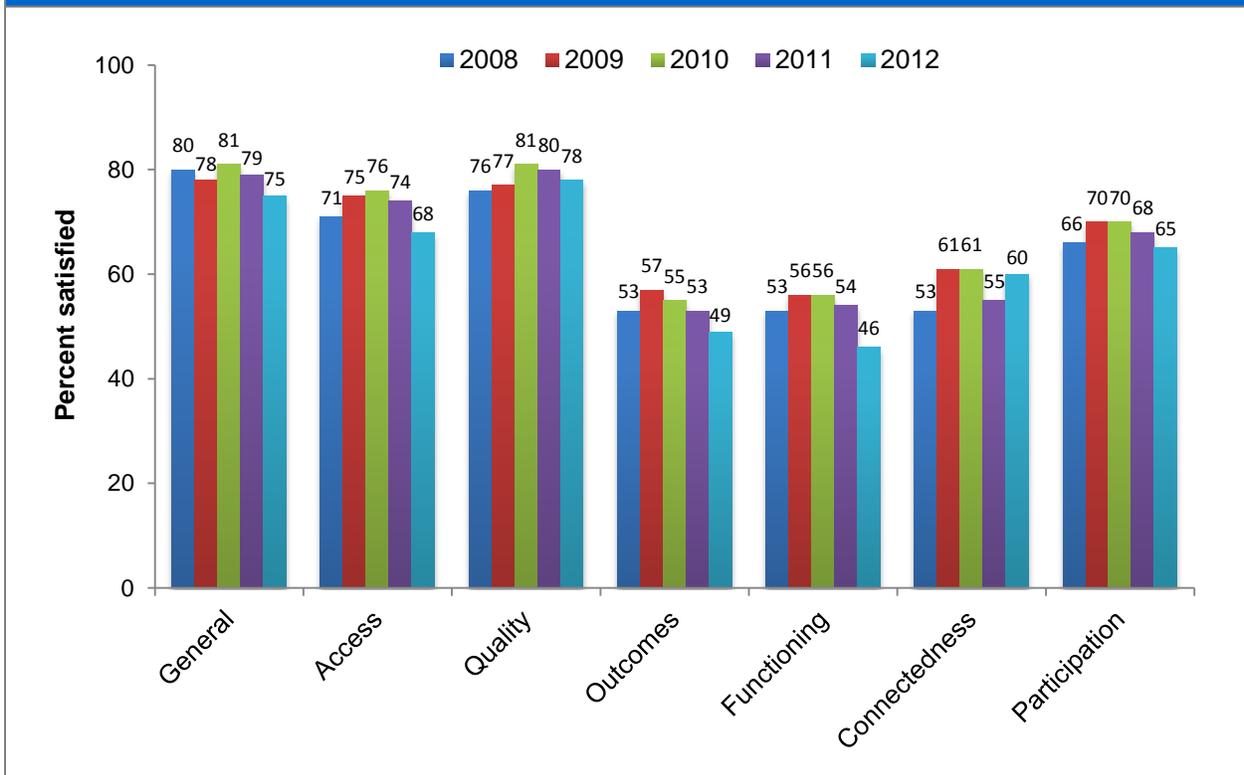
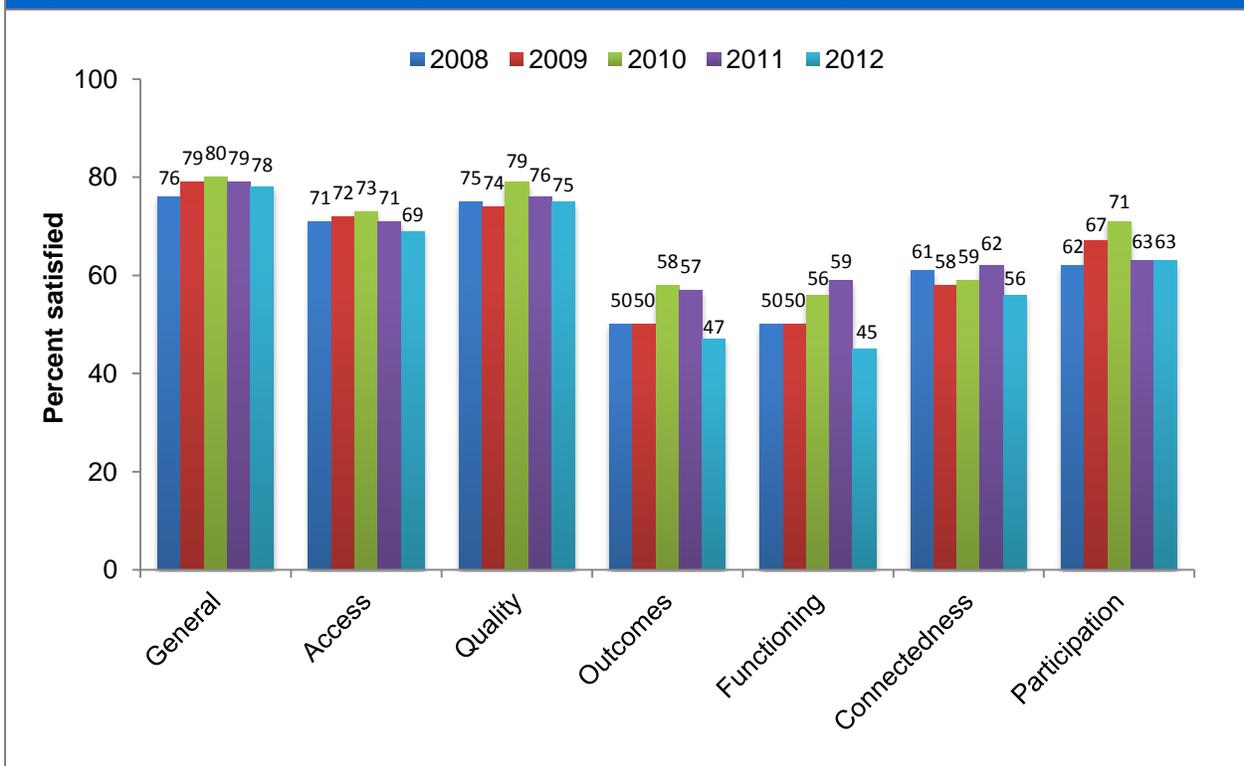


Figure 18. 2008–2012 Comparison of Domain Scores by MHO: WCHHS.



Scores for PacificSource were calculated for the first time in 2012 (Table 9).

<b>Table 9. 2012 PacificSource Domain Scores.</b>	
<b>Domain</b>	<b>Score</b>
General Satisfaction	79
Access	67
Quality	81
Outcomes	51
Functioning	49
Social connectedness	46
Participation	61

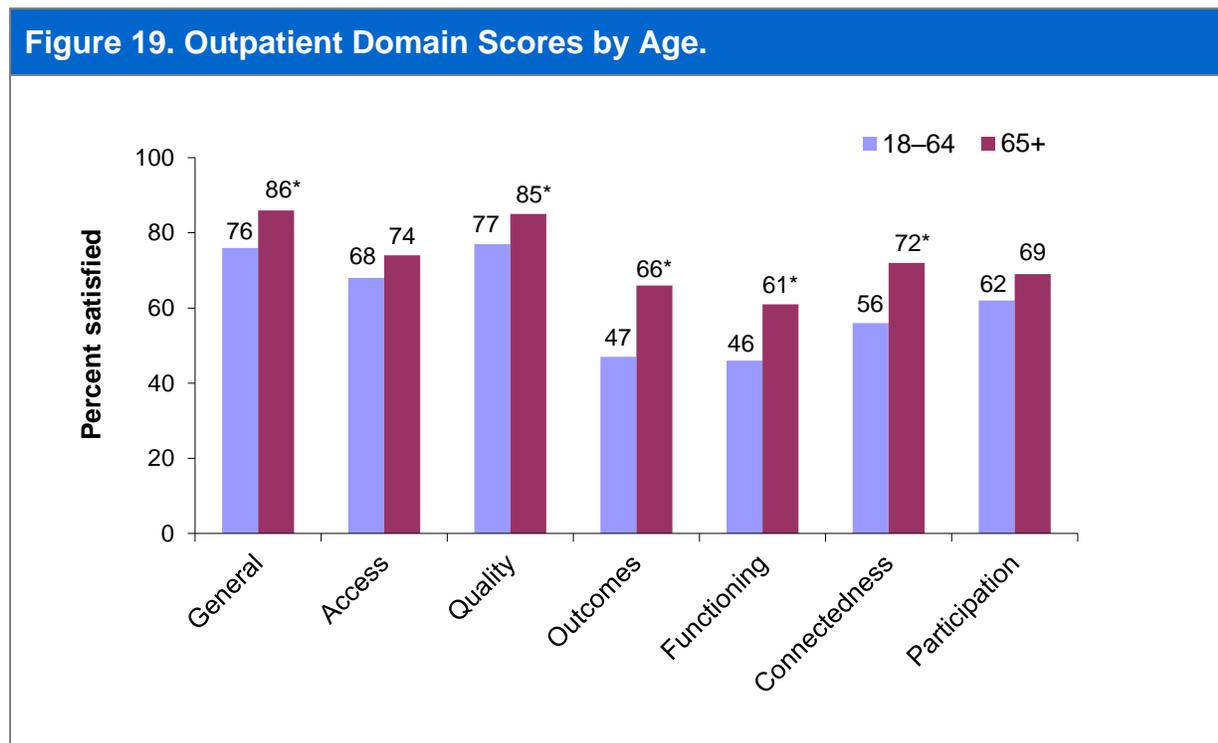
## Demographic Comparisons

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

### Domain scores by age group

Responders were split into two groups for analysis, based on age at the time of the survey: 18–64 years and 65 years or older. Figure 19 shows domain scores by age group in 2012; Table A-4 in Appendix A presents these data, along with the 2011 data, in tabular form.

As shown, responders age 65 years or older reported more positive responses in all seven domains. Differences were statistically significant in five domains.

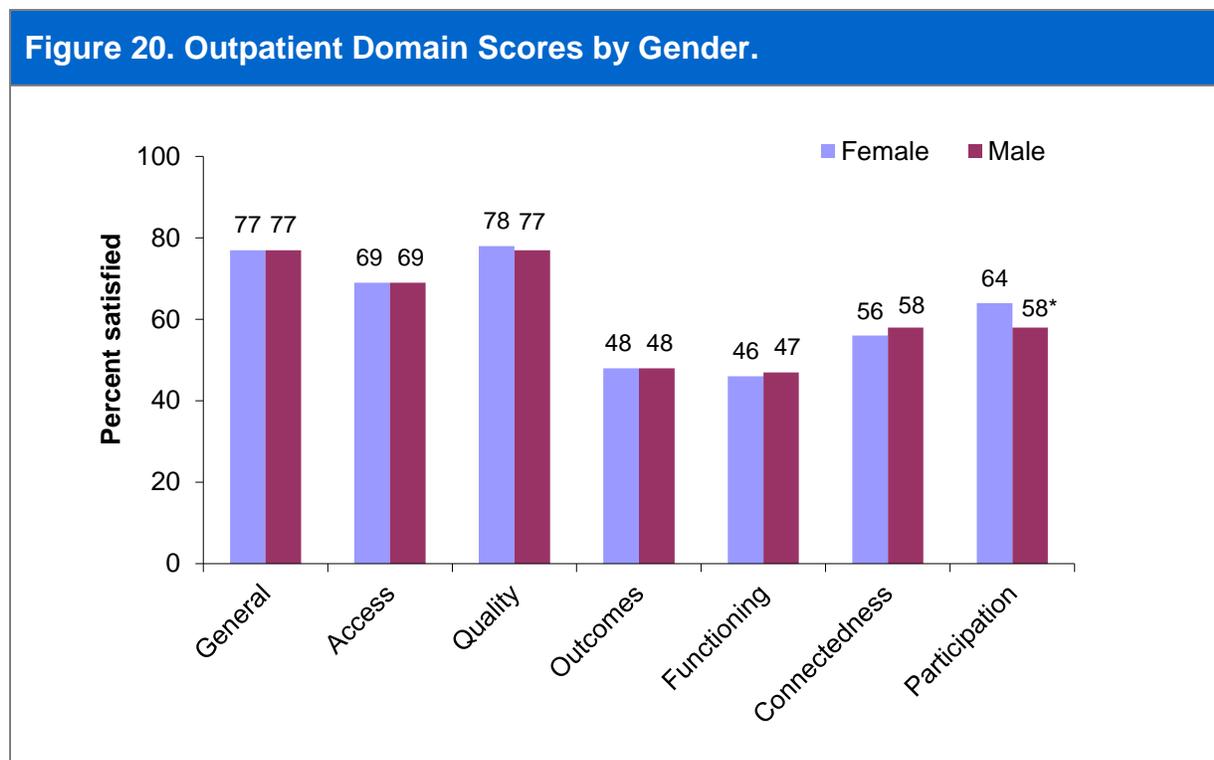


\*Indicates a statistically significant difference ( $p < .05$ ) among age group proportions for that domain.

### Domain scores by gender

Figure 20 shows domain scores by gender in 2012. Table A-5 in Appendix A presents these data, along with the 2011 data, in tabular form.

Results for female and male responders were the same or varied by just 1 or 2 percentage points in most domains. Female responders were significantly more satisfied in the participation domain than were male responders.

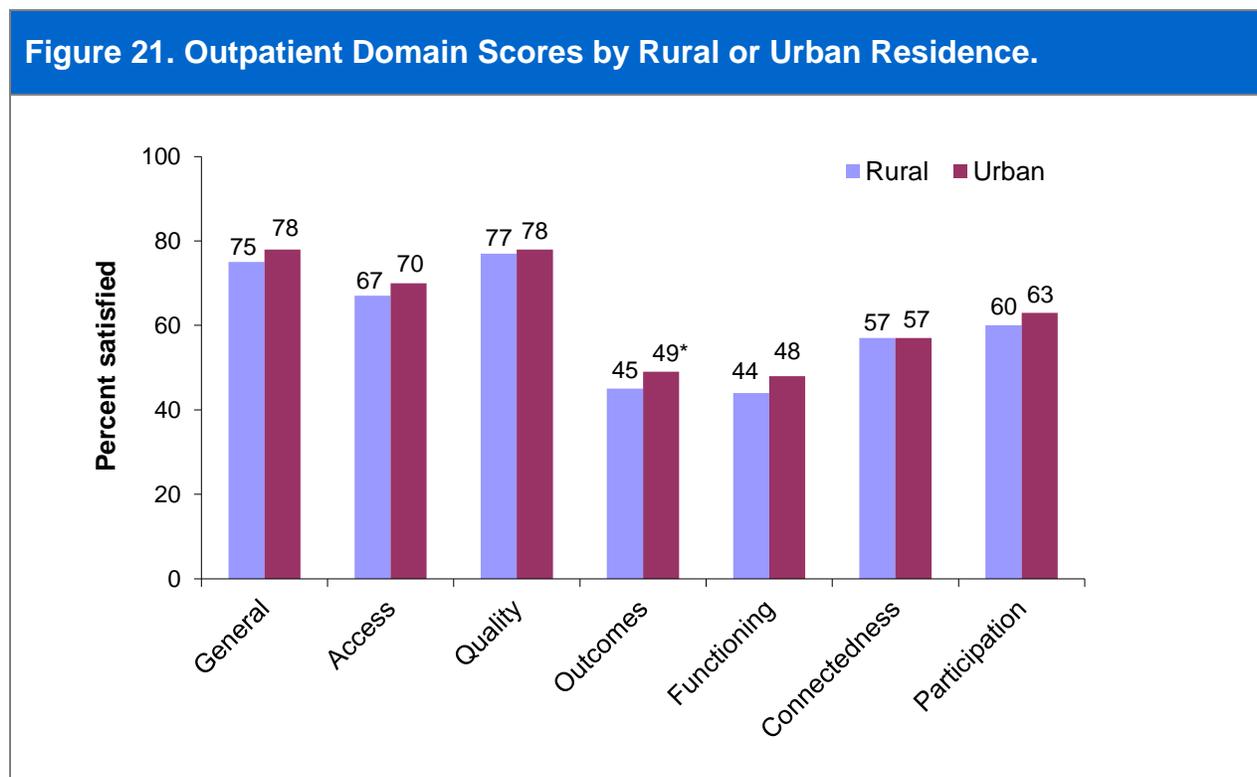


\*Indicates a statistically significant difference ( $p < .05$ ) between genders for that domain.

**Domain scores by rural/urban residence**

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

Figure 21 displays domain scores by place of residence in 2012. Urban residents responded more positively than those in rural areas in six domains. However, the difference was statistically significant only for the outcomes domain.



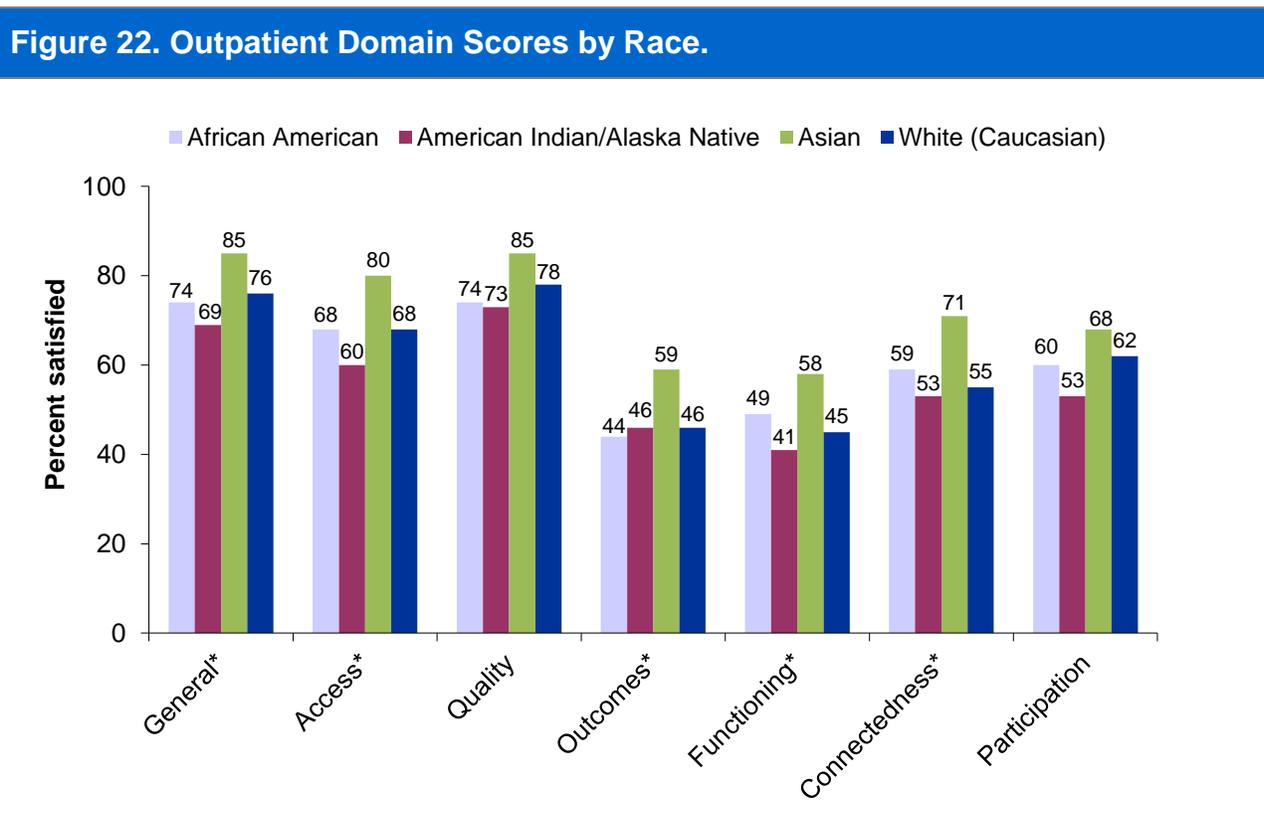
\*Indicates a statistically significant difference ( $p < .05$ ) between urban/rural proportions for that domain.

Table A-6 in Appendix A presents these data along with the 2011 data in tabular form. For rural responders, scores decreased in seven of the eight domains from 2011 to 2012, and stayed the same in one domain (quality). For urban responders, scores decreased in all domains from 2011 to 2012.

### Domain scores by race

Figure 22 displays the 2012 domain scores by the responder’s race. Domain scores were higher for Asian responders than for other groups in all domains, while domain scores were lowest for American Indian/Alaska Native responders in all but one domain.

Unlike in previous years, racial data were not self-reported by 2012 survey responders, but were obtained from state data sets. Therefore, the 2012 data may not be comparable to data from previous years.



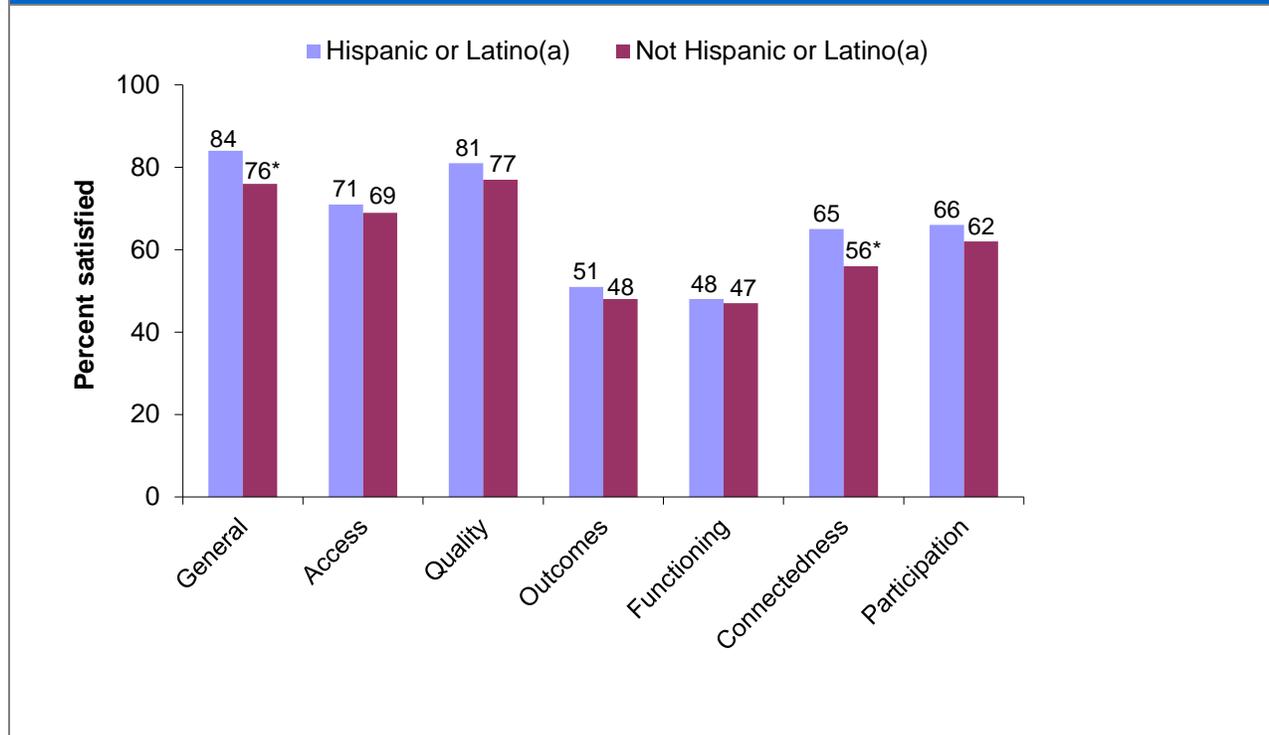
\*Indicates a statistically significant difference ( $p < .05$ ) among racial group proportions for that domain.

**Domain scores by ethnicity**

A separate question asked whether the survey responder was of Hispanic or Latino origin. Figure 23 shows domain scores by ethnicity. Hispanic enrollees responded more positively than non-Hispanic enrollees in all domains; differences between domain scores were significant in the general satisfaction and social connectedness domains.

Unlike in previous years, the data regarding ethnicity were not self-reported by 2012 survey responders, but were obtained from state data sets. Therefore, the 2012 data may not be comparable to data from previous years.

**Figure 23. Outpatient Domain Scores by Ethnicity.**



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

## Additional Analysis

Although the 2012 survey preserved basic MHSIP questions about satisfaction in each domain, certain additional questions that had appeared in 2011 were omitted, while questions were added on other topics—most notably, on assistance during mental health crisis, the enrollee’s expectation for treatment outcomes vs. actual outcomes, the enrollee’s current and recent living situation, and primary care providers and overall health. The survey also asked whether providers had discussed specific issues, including weight loss and smoking, with the member.

Acumentra Health also analyzed responses to survey questions about the responder’s arrest history, recreational use of alcohol or drugs, employment status and whether the responder’s mental health provider had tried to help the responder obtain housing and employment.

This section summarizes the results of that analysis.

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

### Mental health treatment status

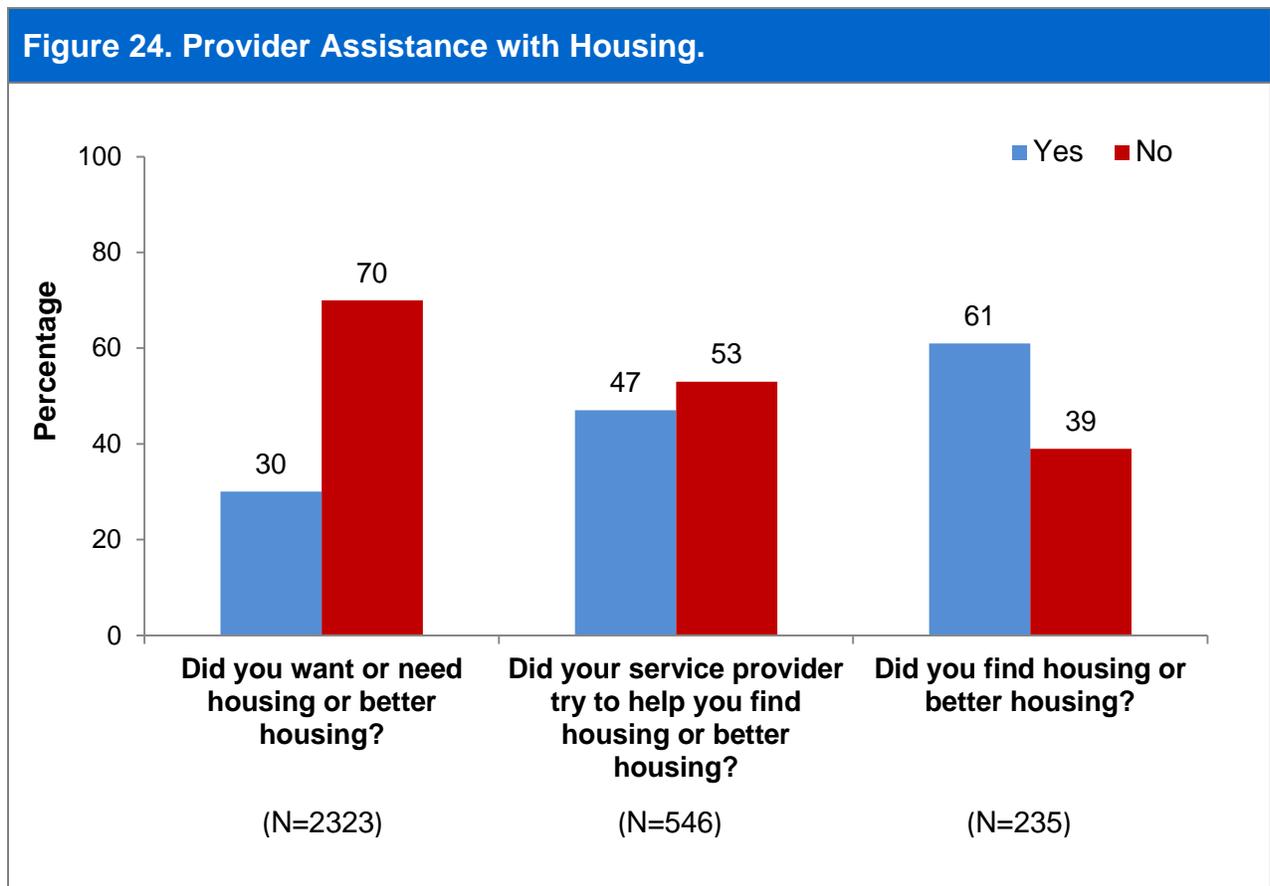
One question asked whether responders were still receiving mental health services. Of 2,383 responders, 1,870 (78%) were still receiving services and 513 (22%) were not. The survey then asked those responders who were no longer receiving services to select the one major reason why. Out of the 450 who answered, most selected “other reason” (36%) or treatment no longer needed (31%). The other reasons selected were treatment was not working (15%), problems paying for treatment (7%), problems with transportation (6%), and finding time for treatment (6%).

**Assistance by mental health provider**

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

***Housing***

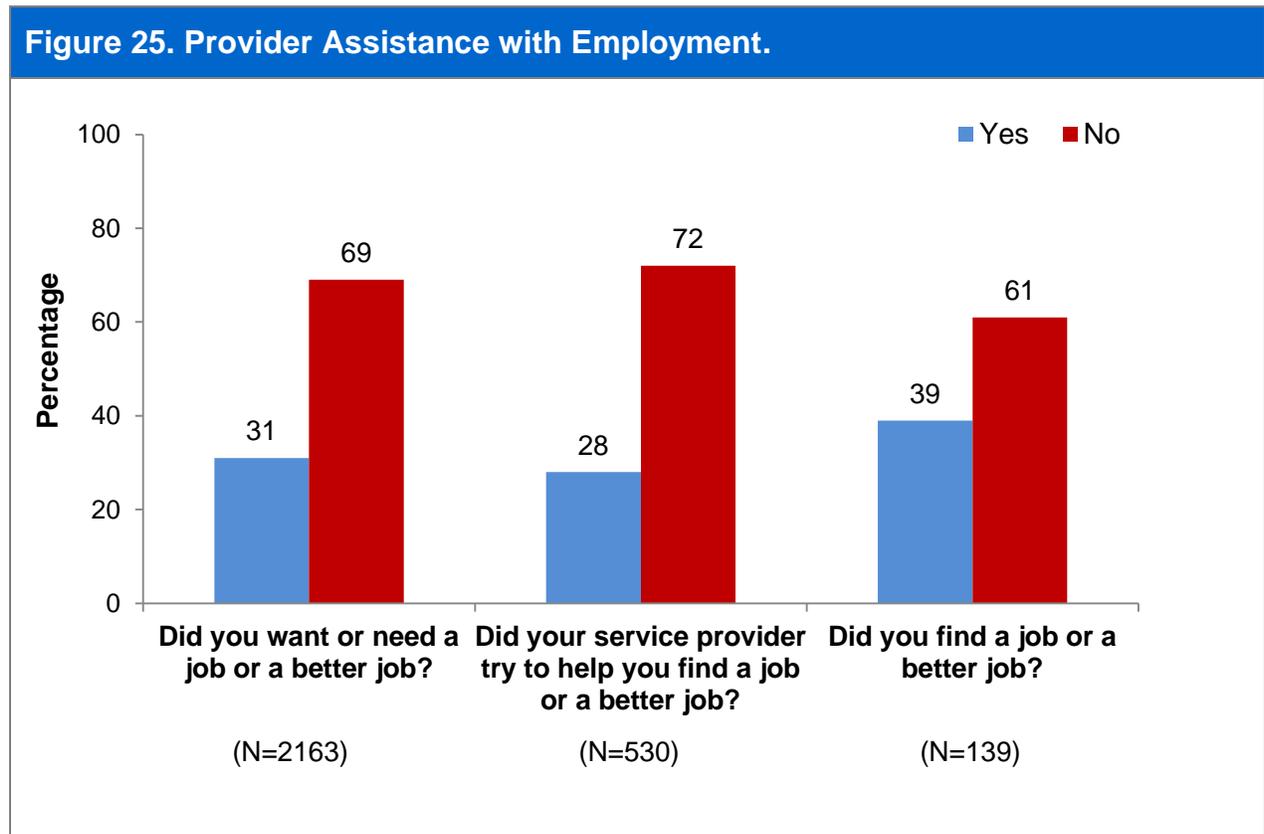
The survey asked if responders wanted or needed housing or better housing during the time they were seeing their current (or most recent) outpatient mental health service provider and if the provider tried to help them find better housing. Figure 24 shows that 30% wanted or needed housing or better housing, a slight decrease from the 35% in 2011. Of those who wanted or needed housing or better housing, 47% actually received help from providers (the same percentage as in 2011), and of those receiving help, 61% actually found new or better housing, which was a decrease from the 70% in 2011.



**Employment**

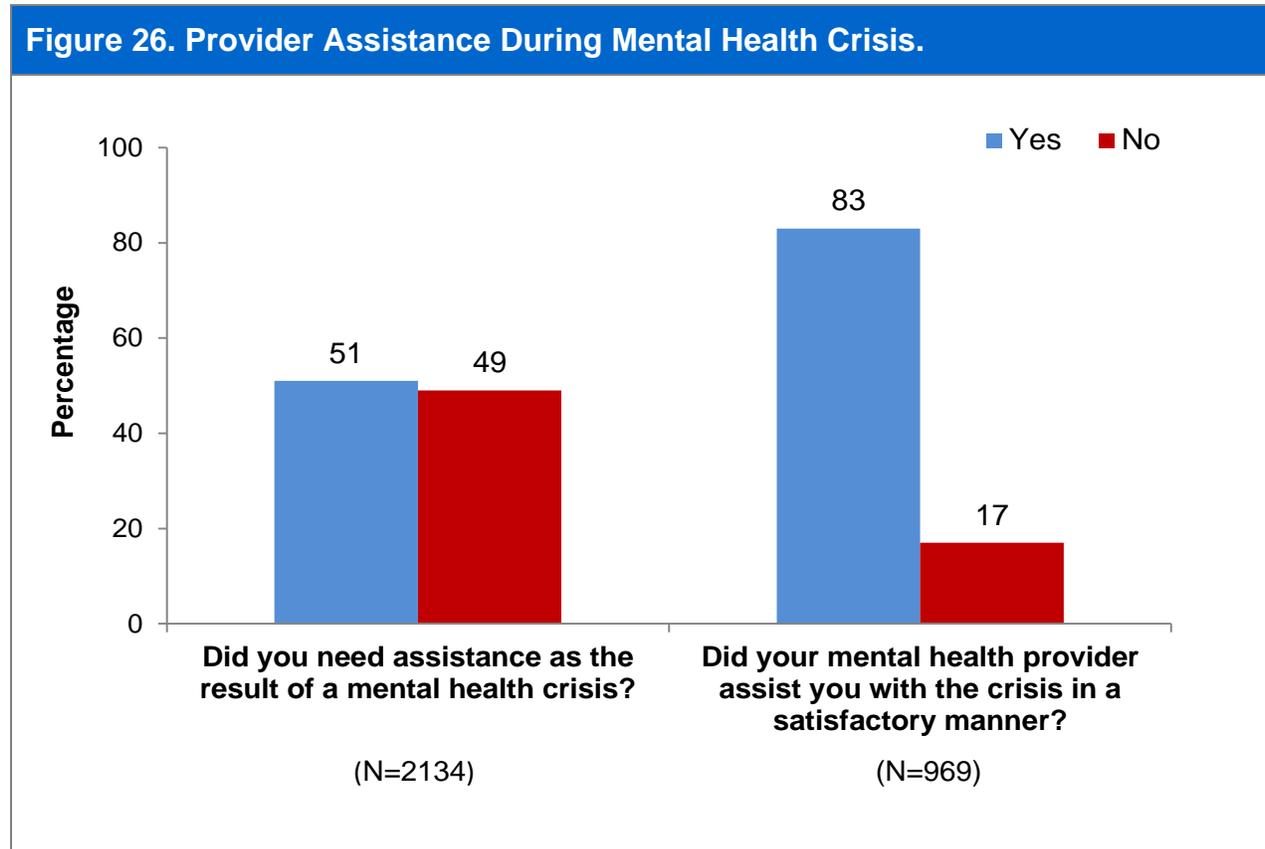
Figure 25 shows that 31% percent of responders wanted/needed a job or a better job, a slight increase from last year’s 30%. Of those who needed or wanted a job or better job, 28% received help from their providers, a decrease from the 34% in 2011.

Figure 25 also shows that of those receiving assistance, 39% found work, compared with 34% who found work with provider assistance in 2011. However, a lower percentage of responders received assistance looking for work in 2012.



**Assistance with mental health crisis**

New in 2012 were two questions about provider assistance during mental health crisis. When asked if they needed assistance as the result of a mental health crisis, 51% replied “yes” (Figure 26). The next question asked if their mental health provider assisted with the crisis in a satisfactory manner. Of the 969 that responded, 83% answered yes.



**Treatment expectations and results**

Two new questions asked about responders’ expectations for mental treatment and actual results. In response to the question about expectations, the most frequent responses were to “feel better about myself” (75%) and “become less anxious or fearful” (74%), as shown in Table 10 (responders could select all that applied).

Table 11 shows the number of responders citing each expectation that reported the expected result (they could select all that applied). Of the 1,918 responders who expected to feel better about themselves, 63% reported they did feel better about themselves as a result of receiving services. The highest percentage for results was 74% for stopped or reduced drug or alcohol use, while “do better in work or school” had the lowest percentage for results at 51%.

**Table 10. Expectations for Mental Health Treatment: “What did you expect to happen as a result of receiving outpatient mental health services from your current (or most recent) mental health provider?”**

<b>Expectation</b>	<b>Number “Yes”</b>	<b>% of responses</b>
Feel better about myself	1918	75%
Become less anxious or fearful	1912	74%
Become happier	1686	66%
Get along better with family	1300	51%
Get along better with friends or others	1227	48%
Become more respectful or responsible	944	37%
Stop hurting myself	731	28%
Do better in work or school	642	25%
Stop or reduce the use of drugs or alcohol	441	17%
Stop hurting others	404	16%

**Table 11. Results of Mental Health Treatment: “What has actually happened as a result of you receiving mental health services from this provider?”**

<b>Result</b>	<b>Of those with expectation, number with result</b>	<b>% of responses</b>
Stopped or reduced the use of drugs or alcohol	326	74%
Become more respectful or responsible	633	67%
Been getting along better with family	853	66%
Been feeling better about myself	1199	63%
Stopped hurting others	255	63%
Been getting along better with friends and others	754	61%
Become less anxious or fearful	1155	60%
Stopped hurting myself	433	59%
Become happier	986	58%
Done better in work or school	325	51%

**Residence**

Another question asked, “Where are you currently living?” The majority of responders (64.3%) owned or rented a home or apartment, followed by 20.9% who resided in someone else’s home or apartment (Table 12).

**Table 12. Responders’ Current Residence (N=2,378).**

Where are you currently living	N	% of responses
Own or rent home or apartment	1528	64.3%
Someone else's home or apartment	497	20.9%
Other	267	11.2%
Homeless or homeless shelter	37	1.6%
Mental health residential treatment facility	22	0.9%
Skilled nursing facility	16	0.7%
Substance abuse residential treatment facility	7	0.3%
Crisis program	4	0.2%

The survey also asked, “Have you lived in any of the following places in the last 12 months?” and listed 11 options that responders could select (could check all that applied, including “other”). Of the 2,569 responders who answered this question, 61% had owned or rented a home or apartment and 26% had lived in someone else’s home or apartment. The rest of the responses included: other, 9%; homeless or homeless shelter, 5%, medical hospital, 3%; psychiatric hospital, 3%; residential treatment facility or home, 2%; residential substance abuse treatment program, 2%; jail or correctional facility, 2%; crisis program, 1%; and skilled nursing facility, 1%.

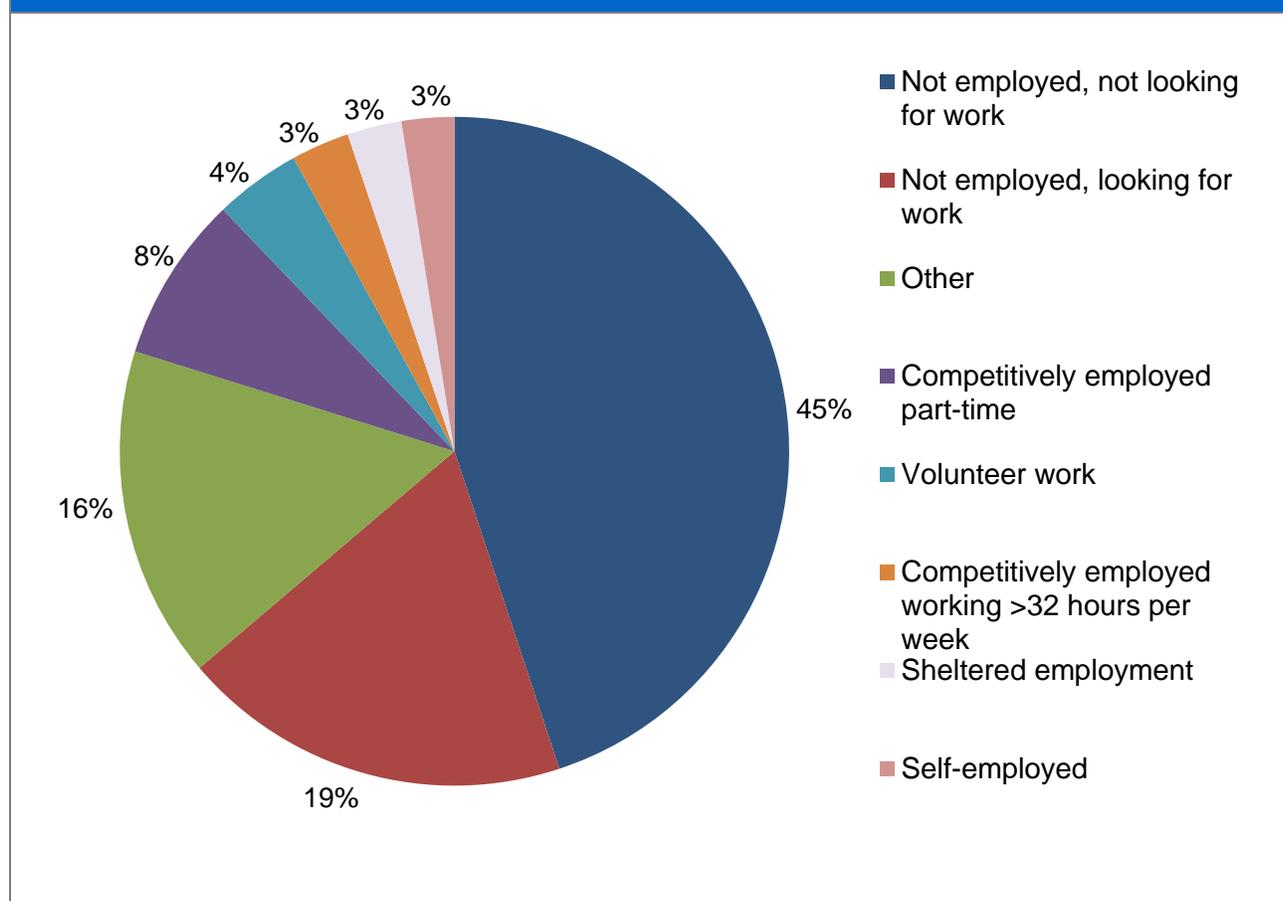
### Arrest history

Ninety-three percent of responders answered questions about their arrest history before and since beginning treatment with their current mental health providers. Unlike previous years, time since starting services and length of time in service were not taken into account; however, analysis was limited to those who answered both questions. Of the 2,388 who responded, 6% reported an arrest before starting service, while only 3% had an arrest after starting service.

### Current employment status and income source

The 2012 survey contained three questions regarding employment and income. The first was, “Are you currently employed?” Of the 2,206 responders that replied to the question, 45% were not employed and not looking for work (Figure 27). Nineteen percent were not employed and were looking for work.

**Figure 27. Responders’ Employment Status (N=2,206).**



In response to the question, “Do you receive assistance and supports to work?” the majority (80%) of those who responded replied “no.”

The survey also asked about current source of income, giving responders several options (they could select all that applied). Of the 2,569 people who responded to this question, 38% selected Supplemental Security Income and 31% selected Social Security Disability Insurance. Table 13 lists all income sources.

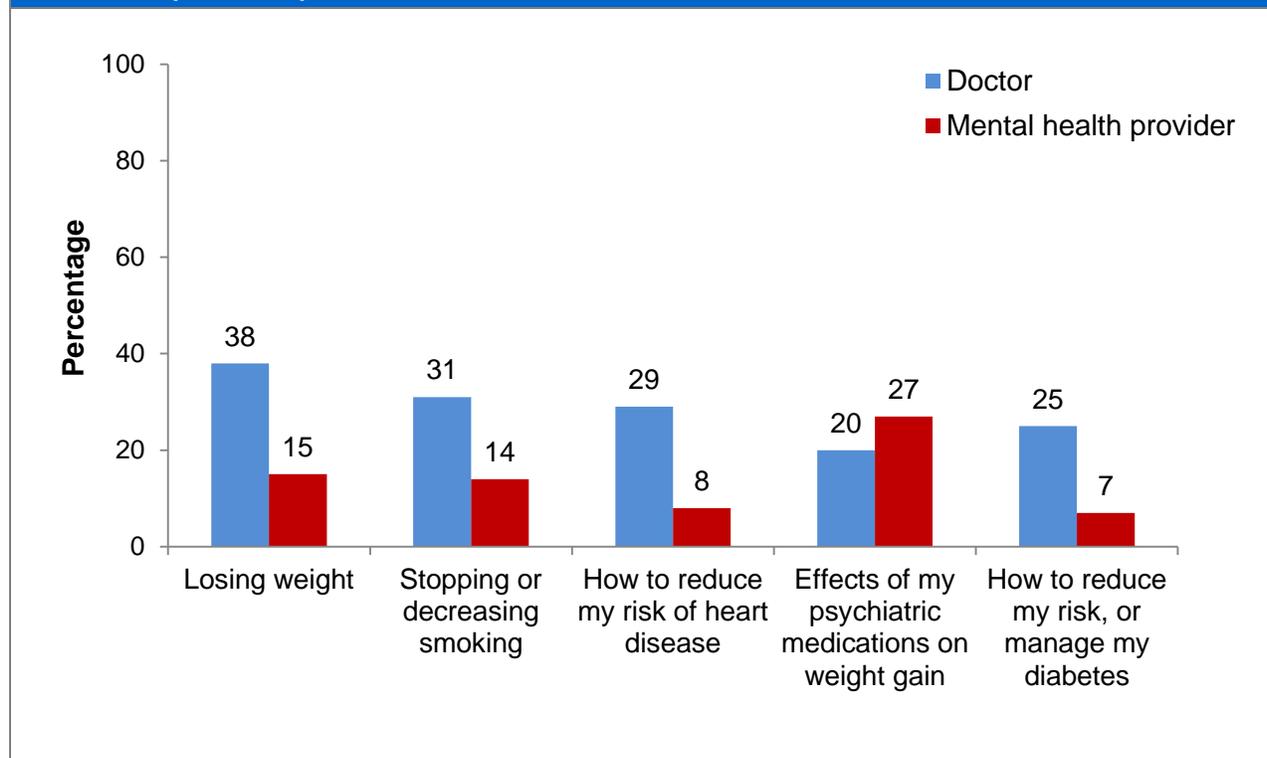
<b>Table 13. Current Source of Income (N=2,569).</b>		
<b>Source</b>	<b>Number of responses</b>	<b>% of Responses</b>
Supplemental Security Income (SSI)	976	38%
Social Security Disability Insurance (SSDI)	798	31%
No income source	353	14%
Earned employment	297	12%
Family member/Friends	265	10%
Temporary assistance to needy families (TANF)	229	9%
Social Security Retirement	109	4%
Child support/Alimony	107	4%
Unemployment Insurance	37	1.4%
Trust	19	0.7%
Pension from former job	15	0.6%
Other	15	0.6%
Veteran’s disability payment	13	0.5%
Private disability/Worker’s compensation	9	0.4%

### Primary care and overall health

A new question asked responders if they had a primary health care provider. Of the 2,397 people who answered this question, 92% reported that they had a primary health care provider.

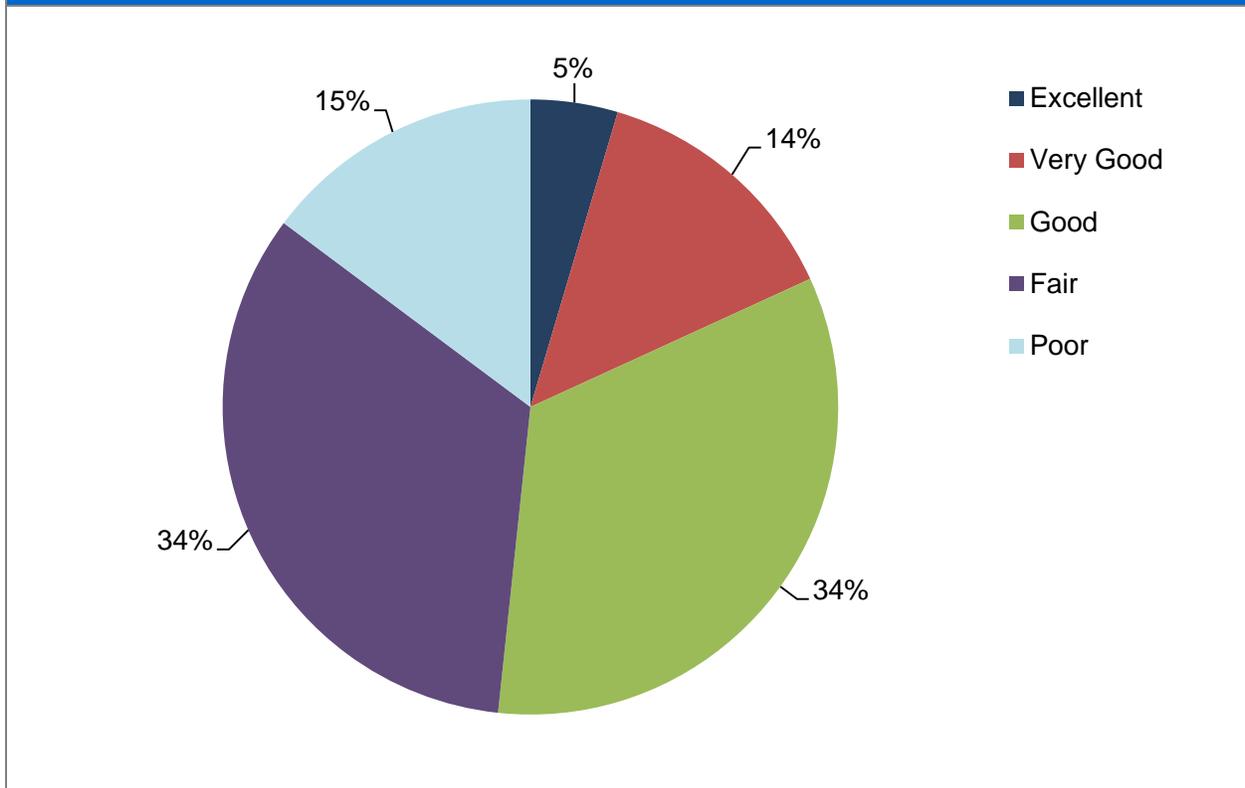
Another question asked responders if their doctor or mental health service provider had talked to them about losing weight, stopping or decreasing smoking, reducing heart disease risk, effects of psychiatric medication on weight gain, and how to reduce risk for or manage diabetes. Responses indicating that their doctor had talked to them about the particular issue ranged from 20% to 38% (Figure 28). The percentages were lower for mental health providers, except for the 27% that reported that their mental health provider had discussed with them the effects of psychiatric medication on weight gain.

**Figure 28. “My doctor or mental health service provider has talked to me about...” (N=2,569).**



As shown in Figure 29, when asked about their general health, a majority of responders reported it was good (34%) or fair (34%).

**Figure 29. “Would you say your health in general is...” (N=2,467).**



### Alcohol and drug use

Three survey questions were about alcohol and drug use. The first asked, “Have you used alcohol or drugs recreationally in the past 12 months?” Of the 2,514 people who answered this question, 73% said no and 27% said yes.

One question asked, “Do you feel you have had a problem with alcohol or drugs?” Of the 2,506 people who answered this question, 80% said no, 16% said yes, and 4% were not sure.

Another question asked, “If yes, have you gotten help?” Of the 404 who responded that they had a problem with alcohol or drugs, 339 (84%) said they had received help for the problem.

## Residential Survey Results

For 2012, AMH and Acentra Health revised the survey questionnaire sent to adults who received services in residential treatment and adult foster care facilities. The new survey form preserved basic MHSIP questions about satisfaction with services, while adding questions about:

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

## Survey Response

Acentra Health mailed a total of 1,588 residential surveys to valid addresses; of these, 377 returned their surveys for a response rate of 24%. Table 14 shows response rates by demographic characteristics of responders served in residential settings.

**Table 14. Residential Survey Response Rate by Gender, Age, Race, and Rural/Urban Residence.**

Characteristic		Number of responses	Number of surveys sent	Response rate (%)
Gender	Female	158	612	26
	Male	219	976	22
Age group	18–25	15	83	18
	26–64	340	1,392	24
	65+	22	113	19
Race/Ethnicity	Non-White	32	143	22
	White	340	1,386	25
Rural/Urban	Rural	126	513	25
	Urban	248	1,065	23

At the end of the data entry period, 39 responders (10%) had completed the survey online while 338 (90%) completed it by mail (Table 15).

**Table 15. Residential Survey Method of Completion.**

Method	Number of responses	Percent of total
Mail	338	90
Internet	39	10
<b>Total</b>	<b>377</b>	<b>100</b>

### Domain Scores

Table 16 shows the scores for each of the seven domains. General satisfaction was the highest, while participation was the lowest (a difference of 19 points). These differences are similar to those in the outpatient survey in terms of which domains had higher scores (satisfaction, quality, connectedness) and which had lower (outcomes and functioning).

**Table 16. Residential Survey Domain Scores, 2012.**

Domain	Score
General Satisfaction	79
Access	73
Quality	75
Outcomes	68
Functioning	68
Social Connectedness	71
Participation	60

Acumentra Health looked at differences in domain scores reported by those who completed the survey online and by those who mailed in the survey (Table 17). Domain scores were lower for Internet responders in all but one category.

**Table 17. Residential Survey Domain Scores by Method of Completion, 2012.**

Domain	Internet	Mail
General Satisfaction	69	80
Access*	59	75
Quality	62	76
Outcomes	69	68
Functioning	59	69
Social Connectedness	64	72
Participation	57	60

\*Indicates a statistically significant difference in proportions satisfied.

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

## Additional Analysis

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

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

### Treatment expectations and results

In response to the question about expectations, the most frequent responses were to “feel better about myself” (68%) and “become less anxious or fearful” (66%), followed by “become happier” (63%), as shown in Table 18.

**Table 18. Expectations for Mental Health Treatment: “What did you expect to happen as a result of receiving residential mental health services from your current (or most recent) mental health provider?”**

Expectation	Number “Yes”	% of responses
Feel better about myself	257	68%
Become less anxious or fearful	247	66%
Become happier	238	63%
Get along better with friends or others	214	57%
Become more respectful or responsible	198	53%
Get along better with family	190	50%
Stop or reduce the use of drugs or alcohol	106	28%
Stop hurting myself	98	26%
Do better in work or school	94	25%
Stop hurting others	81	21%

Table 19 shows the number of responders citing each expectation who reported having achieved the expected result. The percentages of those achieving the expected results were high, ranging from 68% to 87%. Of the 257 responders who expected to feel better about themselves, 80% said they did feel better about themselves as a result of receiving services. The highest percentage for results was 87% for becoming more respectful or responsible and the lowest was 68% for doing better in work and school, which was the lowest percentage for the outpatient results.

**Table 19. Results of Mental Health Treatment: “What has actually happened as a result of you receiving mental health services from this provider?”**

<b>Result</b>	<b>Of those with expectation, number with result</b>	<b>% of Responses</b>
Become more respectful or responsible	173	87%
Stopped or reduced the use of drugs or alcohol	91	86%
Stopped hurting myself	82	84%
Stopped hurting others	68	84%
Been feeling better about myself	206	80%
Become happier	190	80%
Been getting along better with family	150	79%
Been getting along better with friends and others	166	78%
Become less anxious or fearful	187	76%
Done better in work or school	64	68%

**Current employment status and income source**

In response to the question, “Are you currently employed?”, 65% of the 269 responders reported that they were not currently employed and not looking for work (Table 20).

<b>Table 20. Employment Status (N=269).</b>		
<b>Status</b>	<b>Number of responses</b>	<b>% of responses</b>
Not employed, not looking for work	174	65%
Not employed, looking for work	26	10%
Other	23	9%
Volunteer work	21	8%
Competitively employed part-time	15	6%
Self-employed	5	2%
Sheltered employment	4	1%
Competitively employed working more than 32 hours per week	1	0.4%

In answer to the question, “Do you receive assistance and supports to work?”, 70% of the 254 responders answered no.

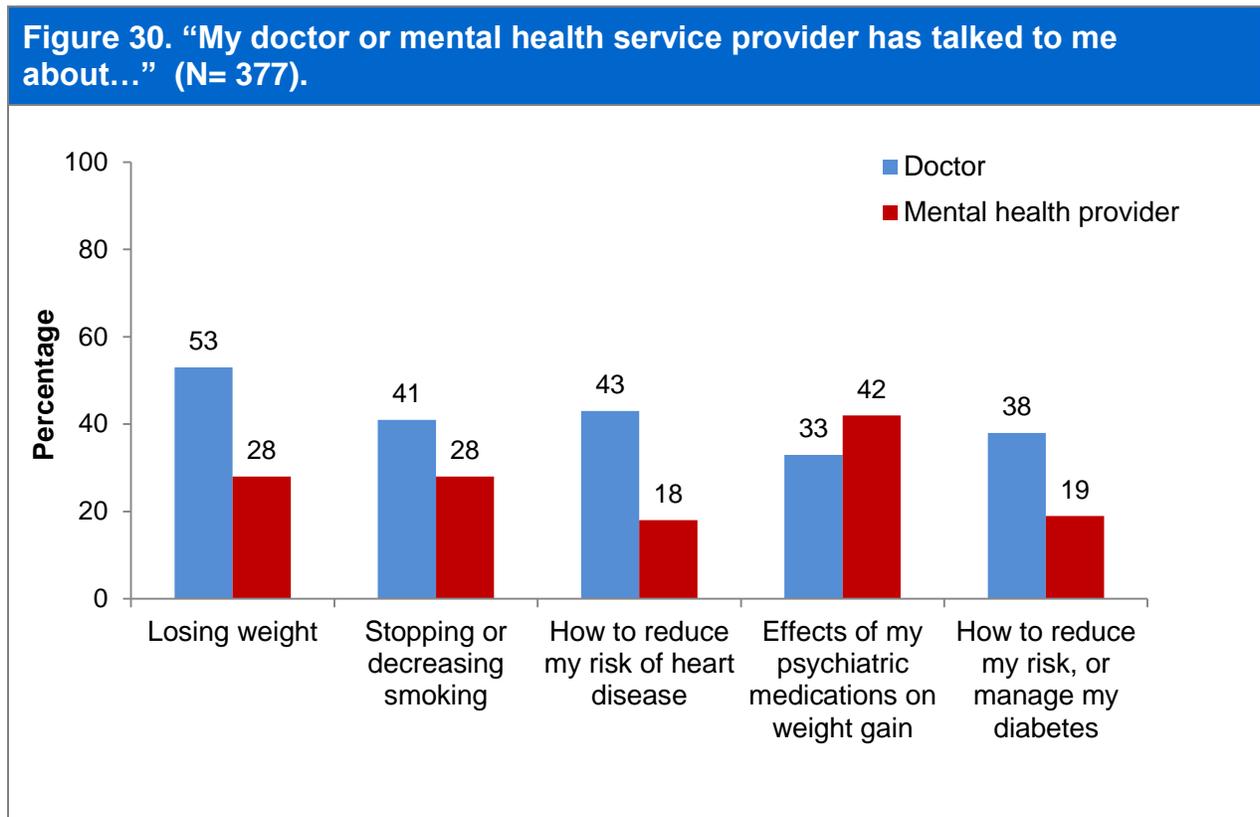
The survey also asked about current source of income and gave several options for responders to select (Table 21). Supplemental Security Income and Social Security Disability Insurance were the most common sources of income at 55% and 52%, respectively.

<b>Table 21. Current Source of Income (N=377).</b>		
<b>Source</b>	<b>Number of responses</b>	<b>% of responses</b>
Supplemental Security Income (SSI)	208	55%
Social Security Disability Insurance (SSDI)	196	52%
Other	36	10%
Social Security Retirement	29	8%
Family member/Friends	26	7%
Earned employment	20	5%
No income source	18	5%
Trust	17	5%
Temporary assistance to needy families (TANF)	12	3%
Veteran's disability payment	8	2%
Private disability/Worker's compensation	6	2%
Pension from former job	6	2%
Unemployment Insurance	5	1%
Child support/Alimony	3	1%

### Primary care and overall health

Of the 335 people who responded, 98% reported that they had a primary care provider.

The survey asked responders to select health topics that their doctor or mental health service provider had talked to them about. As shown in Figure 30, 53% indicated that their doctor had talked to them about losing weight. Forty-two percent indicated that their mental health service provider had discussed the effects of psychiatric medication on weight gain.



When asked about their general health, 33% of the 353 responders selected good, 25% selected fair, 19% very good, 15% excellent, and 7% selected poor.

### Living in residential care

The survey asked responders why they are living in a residential facility and gave eight options (could select all that applied). As shown below in Table 22, the most common reasons were mental health treatment to get better, for housing, and to help to take care of oneself.

<b>Table 22. “Why are you living in a residential facility?” (N= 377).</b>		
	<b>Number of responses</b>	<b>% of responses</b>
I want mental health treatment so I can get better.	186	49%
I need housing.	176	47%
I need help taking care of myself.	173	46%
I am under the jurisdiction of the Psychiatric Security Review Board or I have other legal requirements.	66	18%
My guardian wants me to be here.	65	17%
I am civilly committed and the county wants me to be here.	63	17%
Other	59	16%
I want addictions treatment so I can get better.	39	10%

Two questions asked about progress made while in residential care and types of services received. As shown in Figure 31, responders indicated they had made the most progress in mental health (decrease in symptoms, medications, increased coping skills, better relationships, staying out of the hospital, fewer crises, etc.) and activities of daily living (cleaning, bathing, cooking, dressing, etc.).

**Figure 31. “Since you’ve been here, do you feel like you’ve made progress in any of the following areas? (Please check all that apply)” (N=377).**

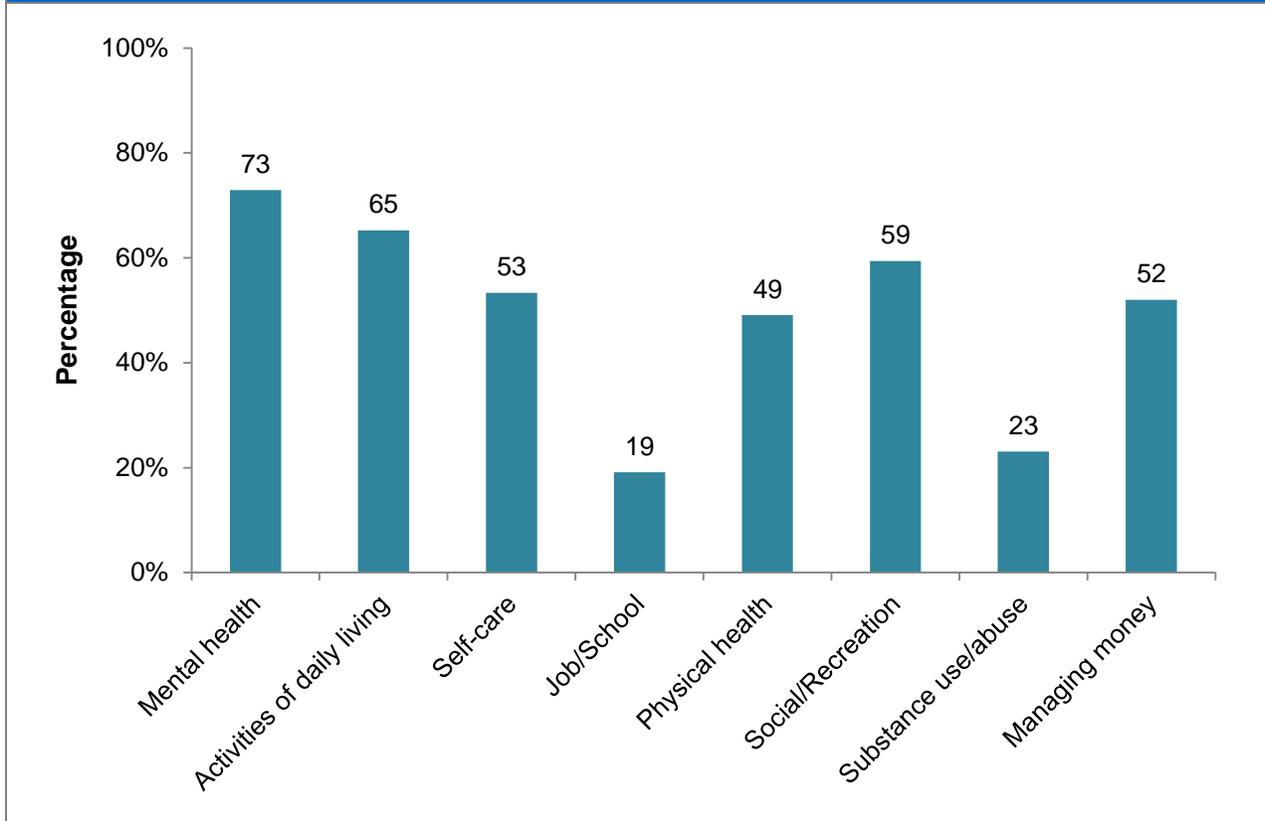


Table 23 shows the types of services responders received in residential care. Medication management, psychiatric visits, and support with activities of daily living were the most commonly selected.

<b>Table 23. “What types of services do you receive? (Please check all that apply)” (N=337).</b>		
<b>Types of services</b>	<b>Number of responses</b>	<b>% of responses</b>
Medication management	263	78%
Psychiatric visits	248	74%
Support with activities of daily living	226	67%
Social/recreational activities	191	57%
Individual, family, or group psychotherapy	143	42%
Care coordination	141	42%
Skills training either in a group or individually	138	41%
Social skills training	133	39%
Physical health counseling	126	37%
Peer counseling/mentorship	115	34%
Community meetings	104	31%
Formal mental health or chemical dependency assessments	102	30%
Chemical dependency education and counseling	65	19%
Transition/discharge planning	56	17%
Vocational/Educational counseling	50	15%
Other	48	14%

**Independent living**

The survey asked whether responders felt ready for more independent living, and if not, why. Of 336 responders, 43% said they did not feel ready for more independent living, 41% said they felt ready, and 15% were uncertain.

Responders selected several different reasons for not feeling ready for independent living (Table 24). The two most commonly selected were “I like it here” (73%) and “I don’t have the skills to live on my own” (66%).

<b>Table 24. Reasons responders do not feel ready for independent living. (N=145).</b>		
<b>Types of services</b>	<b>Number of responses</b>	<b>% of responses</b>
I like it here	106	73%
I don’t have the skills to live on my own	96	66%
I am worried that if I leave I won’t get the help I need	85	59%
I have lived on my own before and it did not work	83	57%
I am worried that I will get sick again	81	56%
My symptoms are too bad right now	71	49%
I don’t know where else I would go	65	45%
My family does not want me to leave	65	45%
I don’t have a plan	42	29%
I don’t feel like I have support from staff	18	12%
I have legal issues that keep me here	17	12%
Other	10	7%

When asked, “Is the staff in the program helping you get ready to transition to a more independent setting?”, 39% replied yes, 34% replied no, and 27% were uncertain.

Responders indicated that, if they were ready to move to more independent living, 44% (of 377) would live in their own apartment or home; 33% didn’t know where they would live; 14% would live with family or friends; and 16% selected “other.”

## DISCUSSION AND RECOMMENDATIONS

In 2012, separate surveys were conducted of adult OHP members receiving outpatient services and adults in residential treatment and foster care. Overall, responders to the residential survey expressed higher levels of satisfaction with services.

Responders in outpatient treatment accounted for 87% of the total survey population this year, and as in previous years, they were less satisfied in most domains than responders in foster care and residential care. Domain scores for the outpatient population either decreased or stayed the same from 2011 to 2012.

Overall, the 2012 survey results show that AMH/OHA needs to continue working to improve enrollees' perceptions of care, most notably with treatment outcomes and daily functioning.

### Overall Survey Results

In examining the results of the two surveys together, satisfaction scores fell in all but one domain from 2011 to 2012, after showing a slight upward trend each year from 2008 to 2011. The survey results indicate that progress in improving enrollee satisfaction has stalled.

Domain scores for the outpatient survey were lower than those for the residential survey in all but the quality of care domain. The disparity between outpatient and residential scores could possibly be explained by looking at the reasons why people are in residential care to begin with (for example, needing a place to live and assistance caring for oneself in addition to mental health treatment). Also, responders in residential care more often reported that the results of treatment they received matched their expectations.

### Outpatient Survey Results

As in previous years, there was a wide gap between outpatient responders' perceptions of general satisfaction, access, and quality of care, compared to the less positive perceptions of outcomes, functioning, and social connectedness. The quality and general satisfaction domains had the most positive responses (78% and 77%, respectively). Functioning and outcomes had the least positive responses (47% and 48%).

As in previous years, older responders (65 and above) were more satisfied with care than those under 65, and responders living in urban areas were more satisfied

than those in rural areas. AMH/OHA may wish to investigate further to identify the causes of these differences.

In 2012, smaller percentages of responders reported receiving assistance from providers to obtain “ancillary” services (housing and employment). However, 83% of responders received help during mental health crisis, and 84% received help with alcohol/drug problems.

New survey questions about treatment expectations and actual results of treatment revealed that outpatient responders experienced lower rates of results matching expectations, compared with the residential population. Outpatient results ranged from 51% (improved in work or school) to 74% (stopped use of drugs or alcohol).

The majority (92%) of responders reported having a primary care provider; 34% said their general health was good and 34% said it was fair.

## Residential Survey Results

For the residential survey, satisfaction was highest in the general satisfaction (79%) and quality (75%) domains, and the lowest in participation (60%).

The majority (98%) of responders reported having a primary care provider. About half of responders (53%) indicated their doctor had talked with them about losing weight, and 28% said their mental health provider had discussed this. Forty-two percent reported that their mental health provider had spoken with them about effects of psychiatric medication.

The rates of treatment results matching the responders’ expectations were higher than those for the outpatient group. Eighty percent reported feeling better about themselves; the rates for the various treatment results ranged from 68% (improved in work or school) to 87% (become more respectful or responsible).

The reasons most commonly identified for living in residential care were wanting mental health treatment to get better, needing housing, and needing help to care for themselves. When asked about progress they had made in residential care, responders most commonly pointed to mental health, followed by activities of daily living and social/recreation. The areas least identified were job/school and substance use/abuse.

Asked about their readiness for more independent living, 43% of responders said they did not feel ready, while 41% said they felt ready and 15% were uncertain. Of those who did not feel ready, the two most common reasons cited were “I like it here” and “I don’t have the skills to live on my own.”

## Next Steps and Recommendations

Ongoing surveys of adults' perceptions of state-funded mental health care will guide efforts to improve the quality of services, especially during the transition to coordinated care organizations (CCOs) for managing care.

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

- 1. Identify unmet needs, specific treatment concerns, and expectations of outpatient enrollees.**

This could include identifying additional services and guiding development of a more extensive service array for outpatient clients that would help better meet their varied needs and improve their perceptions of services. To focus their efforts, AMH/OHA could examine the results of the questions regarding treatment expectations and actual treatment results.

The community-based services and resources developed as part of AMHI to serve adults transitioning out of residential care could also be used to benefit outpatient enrollees.

- 2. Provide guidance and resources to assist CCOs as they transition to managing residential care in 2013.**

Guidance and assistance from AMH/OHA will be valuable to the CCOs as they take on the new responsibility of managing adult residential care services in 2013. The residential survey results could be used to identify areas where further attention may be needed to improve member care and satisfaction.

Also, results from the residential survey regarding consumer satisfaction, services provided in residential settings, and individuals' readiness for more independent living should help AMH/OHA assess, further develop, and refine mental health policies related to AMHI.

- 3. Implement further resilience and recovery initiatives for adult consumers.**

In 2006, AMH adopted a resilience and recovery policy to move toward a recovery-focused system. In a 2009 policy statement, AMH described its support for “resiliency and recovery for people of all ages who experience or are at risk for psychiatric and/or substance use disorders.”<sup>5</sup> The desired outcomes are “maximized quality of life for individuals and families, success in work and/school, improved health status and functioning, development and maintenance of social relationships, and participation in the community of choice.”

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<sup>5</sup> Addictions and Mental Health Division. Resilience and Recovery Policy Statement, January 1, 2009.

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

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

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

**5. Continue to focus on integration of physical and behavioral health services to improve the overall health of OHP enrollees.**

Since most survey responders reported that they had a primary care provider, AMH/OHA may want to consider asking members in the future whether they are receiving preventative care, are being seen on a regular basis, and are receiving care for chronic conditions (e.g., diabetes).

## Appendix A. Detailed Data Tables

**Table A-1. Outpatient Domain Scores by MHO, with 95 Percent Confidence Intervals.**

MHO	General satisfaction (CI)	Access (CI)	Quality (CI)	Outcomes (CI)	Functioning (CI)	Social connectedness (CI)	Participation (CI)
ABHA	75 (63-86)	68 (55-81)	80 (68-92)	44 (30-58)	49 (35-63)	63 (50-77)	54 (40-69)
CMHO	71(62-80)	60 (50-69)	75 (67-84)	50 (40-60)	46 (36-56)	55 (45-65)	59 (50-69)
FamilyCare	73 (68-79)	65 (59-71)	76 (71-82)	47 (41-54)	44 (38-51)	51 (44-57)*	59 (52-65)
GOBHI	68 (62-75)*	64 (57-71)	72 (65-79)	44 (37-51)	42 (35-49)	58 (51-65)	57 (49-64)
JBH	77 (70-83)	64 (57-72)	75 (69-82)	44 (36-51)	45 (37-52)	57 (49-64)	58 (50-66)
LaneCare	81 (77-86)*	73 (68-78)*	79 (74-83)	52 (47-58)	49 (44-55)	56 (50-61)	64 (58-69)
MVBCN	81 (77-85)*	72 (67-77)	81 (77-85)	45 (39-50)	44 (39-49)	59 (54-64)	65 (60-70)
PacificSource	79 (70-88)	67 (56-77)	81 (71-90)	51 (40-63)	49 (37-60)	46 (35-57)	61 (49-72)
VIBHS	75 (72-79)	68 (65-72)	78 (75-82)	49 (44-53)	46 (42-50)	60 (56-64)	65 (61-69)
WCHHS	78 (72-85)	69 (62-77)	75 (68-82)	47 (39-55)	45 (37-53)	56 (49-64)	63 (55-70)
<b>Aggregate</b>	<b>76</b>	<b>68</b>	<b>78</b>	<b>47</b>	<b>46</b>	<b>57</b>	<b>62</b>

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

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

**Table A-2. Percent of responders who agree or strongly agree with an item, by treatment setting, 2011–2012.**

		Outpatient		Residential*		Foster	
		2011	2012	2011	2012	2011	2012
<b>General Satisfaction</b>							
1	I like the services I received here	81	78*	85	65	85	85
2	If I had other choices, I would still get services from this agency	75	74	76	56	82	80
3	I would recommend this agency to a friend or family member	78	77	75	59	79	84
<b>Treatment Access</b>							
4	The location of services was convenient	77	76	84	63	78	82
5	Staff were willing to see me as often as I felt it was necessary	78	76	88	68	86	81
6	Staff returned my call in 24 hours	72	71	73	49	77	65*
7	Services were available at times that were good for me	81	79	84	63	82	82
8	I was able to get all the services I thought I needed	72	67*	76	60	81	73*
9	I was able to see a psychiatrist when I wanted to	63	61	73	59	80	75
<b>Quality/Appropriateness</b>							
10	Staff here believe that I can grow, change and recover	74	72	82	65	75	70
11	I felt comfortable asking questions about my treatment and medication	81	78*	80	66	81	79
12	I felt free to complain	73	71	70	52	70	71
13	I was given information about my rights	83	86*	82	60	86	81
14	Staff encouraged me to take responsibility for how I live my life	78	75	82	68	80	78
15	Staff told me what side effects to watch out for	71	70	65	55	67	70

\*Indicates a statistically significant difference between the 2011 and 2012 results. For the residential results, the difference between 2011 and 2012 was statistically significant for all questions.

**Table A-2. Percent of responders who agree or strongly agree with an item, by treatment setting, 2011–2012 (cont.).**

		Outpatient		Residential*		Foster	
		2011	2012	2011	2012	2011	2012
16	Staff respected my wishes about who is and who is not to be given information about my treatment	84	84	79	61	86	84
17	I, not staff, decided my treatment goals	66	63*	63	45	74	62*
18	Staff were sensitive to my cultural background	79	77	72	55	82	80
19	Staff helped me obtain the information I needed so that I could take charge of managing my illness	74	68*	73	58	78	75
20	I was encouraged to use consumer-run programs	67	65	73	59	73	72
21	My service provider gave me opportunities to learn skills that allow me to strengthen and maintain my wellness.	N/A	66	N/A	63	N/A	75
<b>Treatment Outcomes</b>							
22	I deal more effectively with daily problems	63	60*	74	59	76	76
23	I am better able to control my life	61	56*	77	61	71	77
24	I am better able to deal with crisis	56	52*	74	56	70	67
25	I am getting along better with my family	61	58*	67	56	73	76
26	I do better in social situations	50	46*	68	55	69	64
27	I do better in school and/or work	44	42	56	35	53	56
28	My housing situation has improved	55	49*	68	57	78	74
29	My symptoms are not bothering me as much	49	44*	64	51	69	62

\*Indicates a statistically significant difference between the 2011 and 2012 results. For the residential results, the difference between 2011 and 2012 was statistically significant for all questions.

**Table A-2. Percent of responders who agree or strongly agree with an item, by treatment setting, 2011–2012 (cont.).**

		Outpatient		Residential*		Foster	
		2011	2012	2011	2012	2011	2012
<b>Daily Functioning</b>							
30	I do things that are more meaningful to me	57	54*	75	58	79	72
31	I am better able to take care of my needs	59	54*	72	60	72	68
32	I am better able to handle things when they go wrong	53	48*	68	52	67	66
33	I am better able to do things that I want to do	55	48*	68	56	70	66
<b>Social Connectedness</b>							
34	I know people who will listen and understand me when I need to talk	70	N/A	75	N/A	76	N/A
35	When I need help right away, I know people I can call on	69	N/A	76	N/A	80	N/A
36	I have more than one friend	65	N/A	73	N/A	76	N/A
37	I am happy with the friendships I have	64	62	73	59	72	75
38	I have people with whom I can do enjoyable things	68	67	75	60	74	78
39	I feel I belong in my community	48	50	66	59	69	70
40	In a crisis, I would have the support I need from family or friends	69	69	74	63	71	78

\*Indicates a statistically significant difference between the 2011 and 2012 results. For the residential results, the difference between 2011 and 2012 was statistically significant for all questions.

**Table A-3. Percent of responders who agree or strongly agree with an item, by MHO, 2012.**

Item	ABHA	CMHO	Family Care	GOBHI	JBH	Lane Care	MVBCN	Pacific Source	VIBHS	WCHHS	Aggregate
1 I like services I received	76	70	77	71	78	83	81	73	77	80	78
2 If I had other choices, I would still get services from this agency	72	70	69	70	73	76	80	80	71	81	74
3 I would recommend this agency to a friend or family member	78	75	71	68	80	82	79	80	75	78	77
4 The location of services was convenient	84	69	71	75	77	74	77	77	79	74	76
5 Staff were willing to see me as often as I felt it was necessary	73	76	78	73	73	78	76	73	77	80	76
6 Staff returned my call in 24 hours	56	69	70	65	76	71	74	76	73	71	71
7 Services were available at times that were good for me	78	74	73	74	78	83	80	79	80	79	79
8 I was able to get all the services I thought I needed	65	55	62	59	65	72	69	63	69	67	66
9 I was able to see a psychiatrist when I wanted to	53	47	58	54	53	67	63	59	63	64	60
10 Staff here believe that I can grow, change and recover	78	69	73	62	75	73	70	78	75	70	72
11 I felt comfortable asking questions about my treatment/ medication	74	71	78	73	74	81	79	85	77	76	77

**Table A-3. Percent of responders who agree or strongly agree with an item, by MHO, 2011 (cont.).**

Item	ABHA	CMHO	Family Care	GOBHI	JBH	Lane Care	MVBCN	Pacific Source	VIBHS	WCHHS	Aggregate
12 I felt free to complain	73	72	70	71	69	72	69	72	73	65	71
13 I was given information about my rights	79	86	85	83	91	90	89	92	85	87	87
14 Staff encouraged me to take responsibility for how I live my life	76	73	70	73	74	77	77	83	76	72	75
15 Staff told me what side effects to watch out for	76	62	67	65	71	70	73	61	72	68	70
16 Staff respected my wishes about who is to be given information about my treatment	85	79	82	84	84	86	88	82	84	86	85
17 I, not staff, decided my treatment goals	50	59	58	58	57	63	68	54	68	63	63
18 Staff were sensitive to my cultural background	69	74	76	68	72	79	78	80	79	72	76
19 Staff helped me obtain the information I needed to take charge of managing my illness	67	61	64	60	71	66	70	70	70	70	67
20 I was encouraged to use consumer-run programs	63	67	62	60	67	65	69	64	65	66	65
21 My current service provider gave me opportunities to learn skills that allow me to strengthen and maintain my wellness	54	66	69	64	59	68	67	72	66	62	66

**Table A-3. Percent of responders who agree or strongly agree with an item, by MHO, 2011 (cont.).**

Item	ABHA	CMHO	Family Care	GOBHI	JBH	Lane Care	MVBCN	Pacific Source	VIBHS	WCHHS	Aggregate
22 I deal more effectively with daily problems	57	55	61	58	53	65	61	63	60	58	60
23 I am better able to control my life	62	57	55	52	52	61	52	59	57	56	56
24 I am better able to deal with crisis	50	52	54	49	46	55	52	60	50	49	51
25 I am getting along better with my family	51	53	56	55	60	60	56	56	57	62	57
26 I do better in social situations	49	47	43	40	42	49	46	45	48	50	46
27 I do better in school and/or work	40	45	49	38	39	44	42	41	42	40	42
28 My housing situation has improved	49	43	45	49	51	53	48	49	48	45	48
29 My symptoms are not bothering me as much	38	46	40	38	47	46	42	45	45	44	44
30 I do things that are more meaningful to me	56	47	51	52	54	55	57	51	52	56	53
31 I am better able to take care of my needs	60	50	57	43	53	60	52	52	54	48	53
32 I am better able to handle things when they go wrong	51	47	51	40	44	53	46	51	46	46	47
33 I am better able to do things I want to do	53	48	45	45	43	49	50	49	48	44	48

**Table A-3. Percent of responders who agree or strongly agree with an item, by MHO, 2011 (cont.).**

Item	ABHA	CMHO	Family Care	GOBHI	JBH	Lane Care	MVBCN	Pacific Source	VIBHS	WCHHS	Aggregate
34 I know people who will listen and understand me when I need to talk	NA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
35 When I need help right away, I know people I can call on	NA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
36 I have more than one friend	NA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
37 I am happy with the friendships I have	59	57	59	62	60	62	65	57	62	61	61
38 I have people with whom I can do enjoyable things	69	63	65	68	66	68	69	65	67	66	67
39 I feel I belong in my community	53	51	45	48	48	45	50	36	55	53	50
40 In a crisis, I would have the support I need from family or friends	64	61	66	70	69	67	70	61	69	75	68

**Table A-4. Domain Scores by Responder's Age, 2011–2012.**

Domain	Age group			
	18–64		65+	
	2011	2012	2011	2012
General Satisfaction	78	76	88	86*
Access	73	68	83	74
Quality/Appropriateness	78	77	85	85*
Treatment Outcomes	54	47	65	66*
Functioning	55	46	65	61*
Social Connectedness	58	56	69	72*
Participation	67	62	72	69

\*Indicates significant result in chi-square test of proportions ( $p < 0.05$ ). Note: statistical significance shown for 2012 only.

**Table A-5. Domain Scores by Responder's Gender, 2011–2012.**

Domain	Female		Male	
	2011	2012	2011	2012
General Satisfaction	79	77	79	77
Access	72	69	77	69
Quality/Appropriateness	79	78	78	77
Treatment Outcomes	52	48	59	48
Functioning	55	46	58	47
Social Connectedness	57	56	61	58
Participation	68	64	66	58*

\*Indicates significant result in chi-square test of proportions ( $p < 0.05$ ). Note: statistical significance shown for 2012 only.

**Table A-6. Domain Scores by Location of Responder's Residence, 2011–2012.**

Domain	Rural		Urban	
	2011	2012	2011	2012
General Satisfaction	77	75	80	78
Access	71	67	75	70
Quality/Appropriateness	77	77	79	78
Treatment Outcomes	54	45	55	49*
Functioning	54	44	57	48
Social Connectedness	58	57	59	57
Participation	67	60	68	63

\*Indicates significant result in chi-square test of proportions ( $p < 0.05$ ). Note: statistical significance shown for 2012 only.

## APPENDIX B - MHSIP SURVEY FORMS



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

NOTE: This survey is mailed to thousands of people who received a publicly funded mental health service in Oregon in 2011/2012. We ask questions about financial, educational, job-related, legal and health challenges to see if you are receiving the services and supports you want and need and to determine the quality of those services and supports. *Some of the questions may not apply to you.* Please answer the ones that do.

Your answers to this survey are **completely confidential** and private. Your answers will not be shared with your health care providers or other authorities, and will not affect any benefits that you are receiving or might receive. Your responses are important to improving our services. However, if you feel uncomfortable with answering a question or if it does not apply to you, please feel free to skip that question.

**Please tell us about the outpatient mental health services that you received between July 1, 2011 and now.** If you received services from more than one provider since July 2011, then please rate only your **current** outpatient mental health service provider. If you are no longer receiving services, then please rate only your **most recent** provider.

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

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<b><i>As A Direct Result of Services I Received From this Provider...</i></b>						
<b>1.</b> I deal more effectively with daily problems.	5	4	3	2	1	9
<b>2.</b> I am better able to control my life.	5	4	3	2	1	9
<b>3.</b> I am better able to deal with crisis.	5	4	3	2	1	9
<b>4.</b> I am getting along better with my family.	5	4	3	2	1	9
<b>5.</b> I do better in social situations.	5	4	3	2	1	9
<b>6.</b> I do better in school and/or work.	5	4	3	2	1	9
<b>7.</b> My housing situation has improved.	5	4	3	2	1	9

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<b>8.</b> My symptoms are not bothering me as much.	5	4	3	2	1	9
<b>9.</b> I do things that are more meaningful to me.	5	4	3	2	1	9
<b>10.</b> I am better able to take care of my needs.	5	4	3	2	1	9
<b>11.</b> I am better able to handle things when they go wrong.	5	4	3	2	1	9
<b>12.</b> I am better able to do things that I want to do.	5	4	3	2	1	9
<b><i>You should respond to the following items based on your experience with your most recent mental health provider.</i></b>						
<b>13.</b> I like the services that I received here.	5	4	3	2	1	9
<b>14.</b> If I had other choices, I would still get services from this agency.	5	4	3	2	1	9
<b>15.</b> I would recommend this agency to a friend or family member.	5	4	3	2	1	9
<b>16.</b> The location of services was convenient (parking, public transportation, distance, etc.).	5	4	3	2	1	9
<b>17.</b> Staff were willing to see me as often as I felt it was necessary.	5	4	3	2	1	9
<b>18.</b> Staff returned my call in 24 hours.	5	4	3	2	1	9
<b>19.</b> Services were available at times that were good for me.	5	4	3	2	1	9
<b>20.</b> I was able to get all the services I thought I needed.	5	4	3	2	1	9
<b>21.</b> I was able to see a psychiatrist when I wanted.	5	4	3	2	1	9
<b>22.</b> Staff here believe that I can grow, change and recover.	5	4	3	2	1	9
<b>23.</b> I felt comfortable asking questions about my treatment and medication.	5	4	3	2	1	9
<b>24.</b> I felt free to complain.	5	4	3	2	1	9

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<b>25.</b> I was given information about my rights.	5	4	3	2	1	9
<b>26.</b> Staff encouraged me to take responsibility for how I live my life.	5	4	3	2	1	9
<b>27.</b> Staff told me what side effects to watch out for.	5	4	3	2	1	9
<b>28.</b> Staff respected my wishes about who is and who is not to be given information about my treatment.	5	4	3	2	1	9
<b>29.</b> I, not staff, decided my treatment goals.	5	4	3	2	1	9
<b>30.</b> Staff were sensitive to my cultural background (race, religion, language).	5	4	3	2	1	9
<b>31.</b> Staff helped me obtain the information I needed so that I could take charge of managing my illness.	5	4	3	2	1	9
<b>32.</b> I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line).	5	4	3	2	1	9
<b>33.</b> My current service providers(s) give me opportunities to learn skills that allow me to strengthen and maintain my wellness.	5	4	3	2	1	9
<b><i>For questions 34-37, please answer for relationships with people <u>other than</u> your mental health providers.</i></b>						
<b>34.</b> I am happy with the friendships I have.	5	4	3	2	1	9
<b>35.</b> I have people with whom I can do enjoyable things.	5	4	3	2	1	9
<b>36.</b> I feel I belong in my community.	5	4	3	2	1	9
<b>37.</b> In a crisis, I would have the support I need from family or friends.	5	4	3	2	1	9

**38. Are you still receiving mental health services?**

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

**38a. If you are no longer receiving mental health services please indicate why. (Please check the ONE major reason why treatment ended)**

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

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

**a. Did you want or need housing or better housing?**

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

**b. Did your service provider try to help you find housing or better housing?**

- a. Yes     b. No     c. Don't know / Don't remember     d. N/A

**c. Did you find housing or better housing?**

- a. Yes     b. No     c. Don't know / Don't remember     d. N/A

**d. Did you want or need a job or a better job?**

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

**e. Did your service provider try to help you find a job or a better job?**

- a. Yes     b. No     c. Don't know / Don't remember     d. N/A

**f. Did you find a job or a better job?**

- a. Yes     b. No     c. Don't know / Don't remember     d. N/A

**g. Did you need assistance as the result of a mental health crisis?**

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

**h. Did your mental health provider assist you with the crisis in a satisfactory manner?**

- a. Yes     b. No     c. Don't know / Don't remember     d. N/A

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

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

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

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

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

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

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

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

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

**44. Were you arrested in the 12 months before you started treatment with your current (or most recent) outpatient mental health service provider?**

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

**45. Were you arrested in the first 12 months after you began seeing this provider?**

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

**46. Are you currently employed?** *(Please check one)*

(Competitive employment is a regular job in the community that is not reserved for people with disabilities and that pays at least minimum wage)

<input type="checkbox"/> a. Competitively employed working more than 32 hours per week	<input type="checkbox"/> e. Not employed, looking for work
<input type="checkbox"/> b. Competitively employed part-time	<input type="checkbox"/> f. Not employed, not looking for work
<input type="checkbox"/> c. Self-employed	<input type="checkbox"/> g. Sheltered employment
<input type="checkbox"/> d. Other	<input type="checkbox"/> h. Volunteer work

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

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

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

**49. Do you have a primary health care provider?**  Yes  No

**50. My doctor or mental health service provider has talked to me about:** *(Please check all that apply)*

Topic	Doctor	Mental Health Provider
a. Losing weight	<input type="checkbox"/>	<input type="checkbox"/>
b. Stopping or decreasing smoking	<input type="checkbox"/>	<input type="checkbox"/>
c. How to reduce my risk of heart disease	<input type="checkbox"/>	<input type="checkbox"/>
d. Effects of my psychiatric medications on weight gain	<input type="checkbox"/>	<input type="checkbox"/>
e. How to reduce my risk, or manage my diabetes	<input type="checkbox"/>	<input type="checkbox"/>

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

<input type="checkbox"/> Excellent	<input type="checkbox"/> Very good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
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**52. Have you used alcohol or drugs recreationally in the past 12 months?**

Yes  No

**53. Do you feel you have had a problem with alcohol or drugs?**

Yes  No  Uncertain

**53a. If yes, have you gotten help?**  Yes  No

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



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

NOTA: Estamos enviando esta encuesta por correo a miles de personas que recibieron algún servicio de salud mental con fondos públicos en Oregon en 2011/2012. La encuesta contiene preguntas acerca de desafíos financieros, educativos, laborales, legales y de salud, para ver si usted está recibiendo los servicios y ayudas que desea y necesita, y también para determinar la calidad de estos servicios y ayudas. *Es posible que algunas de las preguntas no correspondan a su caso.* Conteste las que sí le correspondan.

Sus respuestas a esta encuesta son **completamente confidenciales** y privadas. Sus respuestas no se darán a conocer a sus proveedores de atención de la salud ni a las autoridades, y tampoco afectarán los beneficios que usted esté recibiendo o vaya a recibir en el futuro. Sus respuestas son **importantes** para poder mejorar nuestros servicios. Sin embargo, si usted se siente incómodo respondiendo alguna pregunta o si la pregunta no corresponde a su caso, puede saltarla.

**Díganos los servicios de salud mental ambulatorios que usted recibió desde el 1° de julio de 2011 hasta la fecha.** Si usted recibió servicios de más de un proveedor desde julio de 2011, califique solamente a su proveedor **actual** de servicios ambulatorios. Si usted ya no recibe servicios, califique solamente al **último proveedor de servicios de salud mental ambulatorios**.

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

	Completamente de acuerdo	De acuerdo	Neutral	En desacuerdo	Completamente en desacuerdo	No corresponde
<b><i>Como resultado directo de los servicios que recibí de este proveedor...</i></b>						
<b>1.</b> Enfrento mis problemas diarios de manera más efectiva.	5	4	3	2	1	9
<b>2.</b> Puedo controlar mejor mi vida.	5	4	3	2	1	9
<b>3.</b> Puedo enfrentar mejor una crisis.	5	4	3	2	1	9
<b>4.</b> Me llevo mejor con mi familia.	5	4	3	2	1	9
<b>5.</b> Me va mejor en situaciones sociales.	5	4	3	2	1	9
<b>6.</b> Me va mejor en la escuela o el trabajo.	5	4	3	2	1	9
<b>7.</b> Mi situación de vivienda mejoró.	5	4	3	2	1	9
<b>8.</b> Mis síntomas ya no me molestan tanto.	5	4	3	2	1	9

	Completamente de acuerdo	De acuerdo	Neutral	En desacuerdo	Completamente en desacuerdo	No corresponde
<b>9.</b> Hago cosas que son más significativas para mí.	5	4	3	2	1	9
<b>10.</b> Puedo atender mejor mis propias necesidades.	5	4	3	2	1	9
<b>11.</b> Puedo manejar mejor las situaciones cuando las cosas salen mal.	5	4	3	2	1	9
<b>12.</b> Puedo hacer mejor las cosas que quiero.	5	4	3	2	1	9
<b>Responda a las siguientes afirmaciones según la experiencia que tuvo con su último proveedor de servicios de salud mental.</b>						
<b>13.</b> Me gustan los servicios que recibí aquí.	5	4	3	2	1	9
<b>14.</b> Si tuviera otras opciones, igualmente quisiera seguir recibiendo servicios de esta agencia.	5	4	3	2	1	9
<b>15.</b> Le recomendaría esta agencia a un amigo o familiar.	5	4	3	2	1	9
<b>16.</b> El lugar donde me proporcionaban los servicios era conveniente para mí (estacionamiento, transporte público, distancia, etc.).	5	4	3	2	1	9
<b>17.</b> El personal estuvo dispuesto a verme con la frecuencia con la que yo los necesitara.	5	4	3	2	1	9
<b>18.</b> El personal devolvió mis llamadas dentro de las 24 horas.	5	4	3	2	1	9
<b>19.</b> Los servicios estuvieron disponibles en los horarios que me convenían.	5	4	3	2	1	9
<b>20.</b> Obtuve todos los servicios que pensé que necesitaba.	5	4	3	2	1	9
<b>21.</b> Pude ver a un psiquiatra cuando quise.	5	4	3	2	1	9
<b>22.</b> El personal cree que puedo crecer, cambiar y recuperarme.	5	4	3	2	1	9
<b>23.</b> Me sentí cómodo para preguntar acerca de mi tratamiento y los medicamentos que tomo.	5	4	3	2	1	9
<b>24.</b> Tuve la libertad de quejarme.	5	4	3	2	1	9
<b>25.</b> Me dieron información sobre mis derechos.	5	4	3	2	1	9

	Completamente de acuerdo	De acuerdo	Neutral	En desacuerdo	Completamente en desacuerdo	No corresponde
<b>26.</b> El personal me animó a asumir mi responsabilidad por la manera en que vivo mi vida.	5	4	3	2	1	9
<b>27.</b> El personal me dijo cuáles podrían ser los efectos secundarios de los medicamentos que tomo.	5	4	3	2	1	9
<b>28.</b> El personal respetó mis deseos acerca de quién puede y quién no puede recibir información acerca de mi tratamiento.	5	4	3	2	1	9
<b>29.</b> Yo (no el personal) decidí cuáles serían mis metas de tratamiento.	5	4	3	2	1	9
<b>30.</b> El personal respetó mis antecedentes culturales (raza, religión, idioma).	5	4	3	2	1	9
<b>31.</b> El personal me ayudó a obtener la información necesaria para que yo pueda hacerme cargo de mi propia enfermedad.	5	4	3	2	1	9
<b>32.</b> Me animaron a participar en programas dirigidos por consumidores (grupos de ayuda, centros de atención de ingreso voluntario, líneas telefónicas de ayuda en crisis).	5	4	3	2	1	9
<b>33.</b> Mis proveedores de servicios actuales me dan oportunidades para aprender habilidades que me permiten fortalecer y mantener mi bienestar.	5	4	3	2	1	9
<b><i>Para las preguntas 34-37, responda acerca de sus relaciones con personas <u>que no sean</u> sus proveedores de servicios de salud mental.</i></b>						
<b>34.</b> Estoy feliz con las amistades que tengo.	5	4	3	2	1	9
<b>35.</b> Conozco personas con las que puedo pasar un buen rato.	5	4	3	2	1	9
<b>36.</b> Siento que pertenezco a mi comunidad.	5	4	3	2	1	9
<b>37.</b> En una crisis, puedo tener el apoyo que necesito de mis familiares o amigos.	5	4	3	2	1	9

**38. ¿Usted todavía recibe servicios de salud mental?**

- a. Sí       b. No       c. No sé / No me acuerdo

**38a. Si usted ya no recibe servicios de salud mental, ¿cuál es la razón? (marque SOLAMENTE la razón principal por la que se terminó el tratamiento)**

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

**39. Mientras usted veía a su actual (o último) proveedor de servicios de salud mental ambulatorios:**

**a. ¿Quería o necesitaba una vivienda o una vivienda mejor?**

- a. Sí       b. No       c. No sé / No me acuerdo

**b. El proveedor de servicios ¿lo ayudó a usted a conseguir una vivienda o una vivienda mejor?**

- a. Sí       b. No       c. No sé / No me acuerdo       d. No corresponde

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

- a. Sí       b. No       c. No sé / No me acuerdo       d. No corresponde

**d. ¿Quería o necesitaba un empleo o un empleo mejor?**

- a. Sí       b. No       c. No sé / No me acuerdo

**e. El proveedor de servicios ¿lo ayudó a usted a conseguir un empleo o un empleo mejor?**

- a. Sí       b. No       c. No sé / No me acuerdo       d. No corresponde

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

- a. Sí       b. No       c. No sé / No me acuerdo       d. No corresponde

**g. ¿Necesitó ayuda como resultado de una crisis de salud mental?**

- a. Sí       b. No       c. No sé / No me acuerdo

**h. El proveedor de servicios de salud mental ¿lo ayudó en la crisis de manera satisfactoria?**

- a. Sí       b. No       c. No sé / No me acuerdo       d. No corresponde

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

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

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

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

**42. ¿Dónde vive usted actualmente? (marque uno)**

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

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

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

**44. ¿Lo arrestaron en los 12 meses anteriores a comenzar el tratamiento con su actual (o último) proveedor de servicios de salud mental ambulatorios?**

- a. Sí       b. No       c. No sé / No me acuerdo

**45. ¿Lo arrestaron en los primeros 12 meses después de comenzar a ver a este proveedor?**

- a. Sí       b. No       c. No sé / No me acuerdo

**46. ¿Tiene empleo actualmente? (marque uno)**

(El empleo competitivo es un empleo normal en la comunidad que no está reservado para discapacitados y por el que le pagan al menos el salario mínimo.)

<input type="checkbox"/> a. Tengo un empleo competitivo y trabajo más de 32 horas por semana.	<input type="checkbox"/> e. No tengo empleo pero estoy buscando.
<input type="checkbox"/> b. Tengo un empleo competitivo a tiempo parcial.	<input type="checkbox"/> f. No tengo empleo y no estoy buscando.
<input type="checkbox"/> c. Soy independiente (autónomo).	<input type="checkbox"/> g. Tengo un empleo en un taller protegido.
<input type="checkbox"/> d. Otro.	<input type="checkbox"/> h. Hago trabajo voluntario.

47. ¿Recibe usted asistencia y ayuda para trabajar?  Sí  No

48. ¿Cuál es su fuente de ingresos actual? (marque todas las que correspondan)

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

49. ¿Tiene usted un proveedor de atención de la salud principal?  Sí  No

50. Mi médico o proveedor de servicios de salud mental conversó conmigo acerca de lo siguiente: (marque todas las que correspondan)

Tema	Médico	Proveedor de servicios de salud mental
a. Perder peso.	<input type="checkbox"/>	<input type="checkbox"/>
b. Dejar de fumar o fumar menos.	<input type="checkbox"/>	<input type="checkbox"/>
c. Cómo reducir el riesgo de tener un ataque cardíaco.	<input type="checkbox"/>	<input type="checkbox"/>
d. De qué manera los medicamentos que tomo afectan mi posibilidad de subir de peso.	<input type="checkbox"/>	<input type="checkbox"/>
e. Cómo reducir el riesgo de tener diabetes o controlar mi diabetes.	<input type="checkbox"/>	<input type="checkbox"/>

51. En general ¿cómo calificaría su salud? (marque una)

<input type="checkbox"/> Excelente	<input type="checkbox"/> Muy buena	<input type="checkbox"/> Buena	<input type="checkbox"/> Regular	<input type="checkbox"/> Mala
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52. ¿Consumió usted alcohol o drogas en forma recreativa en los últimos 12 meses?

Sí  No

53. ¿Piensa que ha tenido problemas con el alcohol o las drogas?

Sí  No  No sé

53a. Si contestó “Sí”, ¿recibió ayuda?  Sí  No

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



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

John A. Kitzhaber, MD, Governor



Study ID: [Survey\_ID]

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

NOTE: This survey is mailed to thousands of people who received a publicly funded mental health service in Oregon in 2011/2012. We ask questions about financial, educational, job-related, legal and health challenges to see if you are receiving the services and supports you want and need and to determine the quality of those services and supports. *Some of the questions may not apply to you.* Please answer the ones that do.

Your answers to this survey are **completely confidential** and private. Your answers will not be shared with your health care providers or other authorities, and will not affect any benefits that you are receiving or might receive. Your responses are **important** to improving our services. However, if you feel uncomfortable with answering a question or if it does not apply to you, please feel free to skip that question.

**Please tell us about the residential services that you received between July 1, 2011 and now.** If you received services from more than one provider since July 2011, then please rate only your **current** residential provider. If you are no longer receiving services, then please rate only your **most recent** provider.

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

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

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<b>10.</b> I am better able to take care of my needs.	5	4	3	2	1	9
<b>11.</b> I am better able to handle things when they go wrong.	5	4	3	2	1	9
<b>12.</b> I am better able to do things that I want to do.	5	4	3	2	1	9
<b><i>You should respond to the following items based on your experience with your most recent mental health provider.</i></b>						
<b>13.</b> I like the services that I received here.	5	4	3	2	1	9
<b>14.</b> If I had other choices, I would still get services from this agency.	5	4	3	2	1	9
<b>15.</b> I would recommend this agency to a friend or family member.	5	4	3	2	1	9
<b>16.</b> The location of services was convenient (parking, public transportation, distance, etc.).	5	4	3	2	1	9
<b>17.</b> Staff were willing to see me as often as I felt it was necessary.	5	4	3	2	1	9
<b>18.</b> Staff returned my call in 24 hours.	5	4	3	2	1	9
<b>19.</b> Services were available at times that were good for me.	5	4	3	2	1	9
<b>20.</b> I was able to get all the services I thought I needed.	5	4	3	2	1	9
<b>21.</b> I was able to see a psychiatrist when I wanted.	5	4	3	2	1	9
<b>22.</b> Staff here believe that I can grow, change and recover.	5	4	3	2	1	9
<b>23.</b> I felt comfortable asking questions about my treatment and medication.	5	4	3	2	1	9
<b>24.</b> I felt free to complain.	5	4	3	2	1	9
<b>25.</b> I was given information about my rights	5	4	3	2	1	9

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<b>26.</b> Staff encouraged me to take responsibility for how I live my life..	5	4	3	2	1	9
<b>27.</b> Staff told me what side effects to watch out for.	5	4	3	2	1	9
<b>28.</b> Staff respected my wishes about who is and who is not to be given information about my treatment.	5	4	3	2	1	9
<b>29.</b> I, not staff, decided my treatment goals.	5	4	3	2	1	9
<b>30.</b> Staff were sensitive to my cultural background (race, religion, language).	5	4	3	2	1	9
<b>31.</b> Staff helped me obtain the information I needed so that I could take charge of managing my illness.	5	4	3	2	1	9
<b>32.</b> I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line).	5	4	3	2	1	9
<b>33.</b> My current service providers(s) give me opportunities to learn skills that allow me to strengthen and maintain my wellness.	5	4	3	2	1	9
<b><i>For questions 34-37, please answer for relationships with people <u>other than</u> your mental health providers.</i></b>						
<b>34.</b> I am happy with the friendships I have.	5	4	3	2	1	9
<b>35.</b> I have people with whom I can do enjoyable things.	5	4	3	2	1	9
<b>36.</b> I feel I belong in my community.	5	4	3	2	1	9
<b>37.</b> In a crisis, I would have the support I need from family or friends.	5	4	3	2	1	9

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

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

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

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

**40. Are you currently employed? (Please check one)**

(Competitive employment is a regular job in the community that is not reserved for people with disabilities and that pays at least minimum wage)

<input type="checkbox"/> a. Competitively employed working more than 32 hours per week	<input type="checkbox"/> e. Not employed, not looking for work
<input type="checkbox"/> b. Competitively employed part-time	<input type="checkbox"/> f. Sheltered employment
<input type="checkbox"/> c. Self-employed	<input type="checkbox"/> g. Volunteer work
<input type="checkbox"/> d. Not employed, looking for work	<input type="checkbox"/> h. Other

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

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

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

43. Do you have a primary health care provider?  Yes  No

44. My doctor or mental health service provider has talked to me about.

Topic	Doctor	Mental Health Provider
a. Losing weight	<input type="checkbox"/>	<input type="checkbox"/>
b. Stopping or decreasing smoking	<input type="checkbox"/>	<input type="checkbox"/>
c. How to reduce my risk of heart disease	<input type="checkbox"/>	<input type="checkbox"/>
d. Effects of my psychiatric medications on weight gain	<input type="checkbox"/>	<input type="checkbox"/>
e. How to reduce my risk, or manage my diabetes	<input type="checkbox"/>	<input type="checkbox"/>

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

Excellent  Very Good  Good  Fair  Poor

46. I believe I have had a problem with alcohol or drugs.

Yes  No  Uncertain

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

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

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

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

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

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

**50. Do you feel ready for more independent living?**       Yes    No    Uncertain

**50a. If no, why? (Please check all that apply)**

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

**51. Is the staff in the program helping you get ready to transition to a more independent setting?**    Yes    No    Uncertain

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

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

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



DIVISIÓN DE ADICCIONES Y SALUD MENTAL  
ENCUESTA PARA ADULTOS SOBRE SERVICIOS DE SALUD MENTAL

John A. Kitzhaber, MD, Gobernador



Para completar esta encuesta en Internet, vaya a: <https://info.acumentra.org/XXXXXX/>

Ingrese contraseña: [password]

NOTA: Estamos enviando esta encuesta a miles de personas que recibieron servicios de salud mental con fondos públicos en Oregon en 2011/2012. La encuesta contiene preguntas sobre dificultades financieras, educativas, laborales, legales y de salud, para ver si usted está recibiendo los servicios y ayudas que desea y necesita, y para determinar la calidad de estos servicios y ayudas. *Algunas las preguntas tal vez no correspondan a su caso.* Conteste las que correspondan.

Sus respuestas a esta encuesta son **completamente confidenciales** y privadas. Sus respuestas no se darán a conocer a sus proveedores de atención de la salud ni a otras autoridades, y tampoco afectarán los beneficios que usted esté recibiendo o vaya a recibir en el futuro. Sus respuestas son **importantes** para poder mejorar nuestros servicios. Sin embargo, si le resulta incómodo responder alguna pregunta o si la pregunta no corresponde a su caso, puede saltarla.

**Háblenos sobre los servicios residenciales que usted recibió del 1º de julio de 2011 hasta la fecha.** Si usted recibió servicios de más de un proveedor desde julio de 2011, califique solamente a su proveedor **actual** de servicios residenciales. Si usted ya no recibe servicios, califique solamente al **último** proveedor.

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

	Completamente de acuerdo	De acuerdo	Neutral	En desacuerdo	Completamente en desacuerdo	No corresponde
<b><i>Como resultado directo de los servicios que recibí de este proveedor...</i></b>						
<b>1.</b> Enfrento mis problemas diarios de manera más efectiva.	5	4	3	2	1	9
<b>2.</b> Puedo controlar mejor mi vida.	5	4	3	2	1	9
<b>3.</b> Puedo enfrentar mejor las crisis.	5	4	3	2	1	9
<b>4.</b> Me llevo mejor con mi familia.	5	4	3	2	1	9
<b>5.</b> Me va mejor en situaciones sociales.	5	4	3	2	1	9
<b>6.</b> Me va mejor en la escuela o el trabajo.	5	4	3	2	1	9
<b>7.</b> Mi situación de vivienda ha mejorado.	5	4	3	2	1	9
<b>8.</b> Mis síntomas ya no me molestan tanto.	5	4	3	2	1	9
<b>9.</b> Hago cosas que tienen más significado para mí.	5	4	3	2	1	9
<b>10.</b> Puedo atender mejor mis propias necesidades.	5	4	3	2	1	9

	Completamente de acuerdo	De acuerdo	Neutral	En desacuerdo	Completamente en desacuerdo	No corresponde
<b>11.</b> Puedo reaccionar mejor cuando las cosas salen mal.	5	4	3	2	1	9
<b><i>Responda a las siguientes afirmaciones según la experiencia que tuvo con su último proveedor de servicios de salud mental.</i></b>						
<b>12.</b> Puedo hacer mejor las cosas que quiero hacer.	5	4	3	2	1	9
<b>13.</b> Me gustan los servicios que recibí aquí.	5	4	3	2	1	9
<b>14.</b> Aunque tuviera otras opciones, querría seguir recibiendo servicios de esta agencia.	5	4	3	2	1	9
<b>15.</b> Recomendaría esta agencia a amigos o familiares.	5	4	3	2	1	9
<b>16.</b> El lugar donde recibí servicios era conveniente para mí (estacionamiento, transporte público, distancia, etc.).	5	4	3	2	1	9
<b>17.</b> El personal estaba dispuesto a verme con la frecuencia con la que yo los necesitara.	5	4	3	2	1	9
<b>18.</b> El personal devolvió la llamada dentro de las 24 horas.	5	4	3	2	1	9
<b>19.</b> Los servicios estaban disponibles en horarios que me convenían.	5	4	3	2	1	9
<b>20.</b> Pude recibir todos los servicios que pensé que necesitaba.	5	4	3	2	1	9
<b>21.</b> Pude ver a un psiquiatra cuando quise.	5	4	3	2	1	9
<b>22.</b> El personal de aquí cree que puedo crecer, cambiar y recuperarme.	5	4	3	2	1	9
<b>23.</b> Me sentí cómodo cuando hice preguntas sobre mi tratamiento y los medicamentos que tomo.	5	4	3	2	1	9
<b>24.</b> Me sentí con libertad para quejarme.	5	4	3	2	1	9
<b>25.</b> Me informaron sobre mis derechos.	5	4	3	2	1	9
<b>26.</b> El personal me animó a hacerme responsable por la manera en que vivo mi vida.	5	4	3	2	1	9
<b>27.</b> El personal me informó sobre los efectos secundarios que podía esperar.	5	4	3	2	1	9
<b>28.</b> El personal respetó mis deseos	5	4	3	2	1	9

	Completamente de acuerdo	De acuerdo	Neutral	En desacuerdo	Completamente en desacuerdo	No corresponde
acerca de quién puede y quién no puede recibir información sobre mi tratamiento.						
<b>29.</b> Yo (no el personal) decidí cuáles serían mis metas de tratamiento.	5	4	3	2	1	9
<b>30.</b> El personal respetó mis antecedentes culturales (raza, religión, idioma).	5	4	3	2	1	9
<b>31.</b> El personal me ayudó a obtener la información necesaria para que yo pudiera hacerme cargo de mi propia enfermedad.	5	4	3	2	1	9
<b>32.</b> Me animaron a participar en programas dirigidos por consumidores (grupos de ayuda, centros de acogida, líneas telefónicas de ayuda para crisis).	5	4	3	2	1	9
<b>33.</b> Mis proveedores de servicios actuales me dan oportunidades para aprender habilidades que me permiten fortalecer y mantener mi salud.	5	4	3	2	1	9

***Para las preguntas 34-37, responda acerca de sus relaciones con personas que no sean sus proveedores de servicios de salud mental.***

<b>34.</b> Estoy feliz con las amistades que tengo.	5	4	3	2	1	9
<b>35.</b> Conozco personas con las que puedo pasar un buen rato.	5	4	3	2	1	9
<b>36.</b> Siento que pertenezco a mi comunidad.	5	4	3	2	1	9
<b>37.</b> En una crisis, tendría el apoyo que necesito de mis familiares o amigos.	5	4	3	2	1	9

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

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

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

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

**40. ¿Tiene empleo actualmente? (marque uno)**

(El empleo competitivo es un empleo normal en la comunidad que no está reservado para discapacitados y por el que le pagan al menos el salario mínimo.)

<input type="checkbox"/> a. Tengo un empleo competitivo y trabajo más de 32 horas por semana.	<input type="checkbox"/> e. No tengo empleo y no estoy buscando.
<input type="checkbox"/> b. Tengo un empleo competitivo a tiempo parcial.	<input type="checkbox"/> f. Tengo un empleo en un taller protegido.
<input type="checkbox"/> c. Trabajo por mi cuenta.	<input type="checkbox"/> g. Hago trabajo voluntario.
<input type="checkbox"/> d. No tengo empleo, pero estoy buscando.	<input type="checkbox"/> h. Otro.

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

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

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

**43. ¿Tiene usted un proveedor primario de atención de la salud?  Sí  No**

**44. Mi médico o proveedor de servicios de salud mental conversó conmigo acerca de lo siguiente:**

Tema	Médico	Proveedor de servicios de salud mental
a. Adelgazar.	<input type="checkbox"/>	<input type="checkbox"/>
b. Dejar de fumar o fumar menos.	<input type="checkbox"/>	<input type="checkbox"/>
c. Cómo reducir el riesgo de ataque cardíaco.	<input type="checkbox"/>	<input type="checkbox"/>

d. Efectos de mis medicamentos psiquiátricos sobre la suba de peso.	<input type="checkbox"/>	<input type="checkbox"/>
e. Cómo reducir el riesgo de tener diabetes o controlar mi diabetes.	<input type="checkbox"/>	<input type="checkbox"/>

**45. En general ¿cómo calificaría su salud?** (*marque una*)

Excelente  Muy buena  Buena  Regular  Mala

**46. Creo que he tenido un problema con el alcohol o las drogas.**

Sí  No  No sé

**47. ¿Por qué vive usted en una institución residencial?** (*marque todas las que correspondan*)

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

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

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

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

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

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

**50a. Si contestó “No”, ¿por qué? (marque todos los que correspondan)**

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

**51. El personal del programa, ¿lo está ayudando a estar listo para hacer la transición hacia una vida más independiente?       Sí    No    No sé**

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

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

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